CAREAssist Advisory Group Meeting Notes

September 20, 2023

Announcements

- Based on findings from a poll of members, CAREAssist Advisory Group (CAG) meetings will remain virtual at this time.
- CAREAssist has two new staff members: Carrie McKowen & Eduardo Medina Esparza.
- Beginning October 1, 2023, CAREAssist will be able to accept electronic signatures on CER applications and residency forms.
- Amanda Hurley will be leaving her position as manager of the Part A Program and transitioning to a project manager position in the Multnomah County Director's Office. Her last day in her current role will be Oct 5.
- Cascade AIDS Project has a new CEO, Paul Lumley, who is the former director of the Native American Youth and Family Center (NAYA).
- If passed, Oregon House Bill 2574 would require hospitals to adopt policies and procedures to ensure provision of HIV post-exposure prophylactic (PEP) following a patient's possible exposure to human immunodeficiency virus.

CAREAssist client survey results

The 2023 CAREAssist client survey was administered by Program Design and Evaluation Services (PDES) to assess client satisfaction with the program, service needs, and health and well-being. The survey was completed both electronically and via paper by a random sample of 124 clients that reflect the diversity of CAREAssist clients (by gender, race/ethnicity, and region [Part A and Part B]).

Program satisfaction was high:

- 68% rated overall program quality as "excellent," and 26% as "good."
- Clients were very satisfied with privacy, respect, staff knowledge, and promptness.
- 84% said written instructions on program forms were "very clear"
- 38% reported annual contact with a caseworker; 36% had contact twice per year.

Trauma informed care:

- 93% reported staff understand and respect their gender identity.
- 92% reported staff understand and respect their sexual orientation
- 90% felt they could be their authentic self with staff.

Social support:

- 82% were satisfied with support from family and friends

Health and well-being:

- 84% of clients self-reported good, very good, or excellent health
- 26% reported worsened physical health, and 22% reported worsened mental health in the last year.
- Comorbidities were common. Half (51%) reported 3 or more chronic health conditions—a 34% increase since 2013.
- 61% reported depression, anxiety, or emotional problems. White and male and respondents were more likely to report any condition.
- 62% of clients had a dental visit, and 40% had an eye exam in the past year.

Health insurance:

- 60% felt the transition to a silver level off-exchange program was somewhat or very beneficial. A quarter (25%) stated this did not apply to them.
- 67% reported having dental insurance.

Health literacy is high.

- 90% of respondents stated their HIV medications are working well.
- 81% were familiar with U=U.
- 63% stated they track their viral load carefully and are aware of their numbers.
- 2% stated they are HIV negative.

Comments from survey participants:

- 45% expressed gratitude for CAREAssist.
- 7% shared concerns related to customer service, and 7% shared concerns related to resource limitations.

Discussion

- How has client contact with CAREAssist caseworkers changed over time?
    - From 2013 to 2023, there was an increase in the proportion of clients who reported seeing their CAREAssist caseworker once per year (29% in 2013 vs. 38% in 2023) and a corresponding decrease in the proportion who reported seeing their caseworker more than once per year (71% in 2013 vs. 58% in 2023).
- Two members stated they have not heard from their Kaiser case managers for years.
    - There has been a change in case managers at Kaiser IDC in the past year. If you need anything from your case manager, you can contact Heather Leffler at 503-249-5533 or Lauren Stoner at 503-249-5515.
- The high levels of social support were surprising. Many clients who are isolated struggle to access care, food, and other services.
- It would be interesting to survey clients who have detectable viral loads and compare the findings. Does the MMP data differ?
    - OHA response: We'll be able to share new MMP data about clients with detectable viral loads in the near future.

CER Group 2 Pilot Project

An annual CER process (rather than every 6 months) was implemented for Group 2 clients in July. Group 2 clients have OHP or VA as their primary insurance and received a letter in July informing them of this pilot project. Case workers verify client eligibility using MMIS, an OHP database. If the client information on file with CAREAssist does not match the client information in MMIS, CAREAssist staff will reach out to the client to determine which information is accurate—advising the client to update their information with OHP or sending the client a long CER to update their information with CAREAssist.

The vast majority of state AIDS Drug Assistance Programs (ADAPs) do not include Medicaid clients in the program; Oregon is unique in this regard.

The pilot project period is 12 to 16 months and will help CAREAssist determine whether an annual CER is more or less efficient for clients and for CAREAssist staff. Notably, some other states have seen an increase in re-enrollments after implementing an annual CER process.

Discussion

- Q: Why does the MMIS data that confirms clients are enrolled in OHP/residency and Income all meet CA requirements not count as eligibility? I continue to be confused by how MMIS verification doesn't qualify as eligibility for OHP folks and how much has been asked of the PO r/t the fact that there is no out lay of funds for OHP folks and it confirms eligibility. Especially when the unwinding happens – for what must be a very small number of folks who are still on OHP and >500 FPL.
    - A: MMIS information, when applicable, for the pilot project is being used in lieu of a mid-year CER for CAREAssist to consider permanently adopting as a HRSA Best Practice. It is a little tricky right now as we know that due to the PHE, Medicaid extended eligibility to all clients without verifying eligibly. We are trying to avoid the ADAP determining eligibility with Medicaid data that may no longer be valid.
- Q: Is CAREAssist exploring whether all clients might have an annual recertification at some point?
    - A: Not at this time due to program costs associated with paying for clients' insurance who may have moved out of state while still enrolled in CAREAssist.
- Q: Several of us had the understanding that this pilot project is a step towards a yearly CER (rather than two per year), and I would like to continue this discussion.
    - A: The project is being piloted with CAREAssist Group 2, Medicaid and VA clients. It is too early to speculate if we would adopt new policy related to the project or pilot other client groups.
- Q: Why are CERs necessary twice per year for some clients?

    - A: HRSA requires AREAssist to check in with clients twice per year (even if no client contact is needed) to assess whether their contact information has changed.
- Q: What about clients who do not have insurance paid for by CAREAssist, like Medicaid clients?
    - A: It's very rare to have a CAREAssist client who is not receiving some kind of supplemental insurance from CAREAssist.
- CAREAssist's twice-per-year recertification process is not standard for other federal programs. Other programs are also transitioning to longer recertification periods.
    - HRSA will not allow CAREAssist to give eligibility to a client past 12 months.
- The 6-month CER process is easy and fast for many clients, but challenging for others (e.g., people who have moved and may not have received mail sent to an old address).

Peer chart review

The purpose of CAREAssist's Peer Chart Review is to 1) ensure that CAREAssist is following federal eligibility documentation requirements and 2) identify process improvements. The chart review can reveal staff training and other quality improvement needs. Each case worker reviewed 10 charts—answering 94 questions about each chart.

Over 3 years, compliance has steadily increased. In 2023, the overall compliance rate was 91.4%.

- 75% of the 94 questions had a compliance rate of 95-100% (compared to 54% the prior year).
- Eight items did not receive an 80% compliance rate. The HIV Quality Improvement Strategist met with the Caseworkers and CAREAssist leadership to develop a 'Plan of Correction' for these items.

340B Drug Pricing Program update

OHA received the following updates related to 340B medication access from three manufacturers:

- GSK has granted an exception to its 340B contract pharmacy integrity policy to Oregon ADAP. This exception is designed to support access to GSK pharmaceutical products to Oregon ADAP patients. GSK reserves the right to end this voluntary exception at any time.
- AstraZeneca is unable to provide an exemption from its contract pharmacy policy to Oregon's AIDS Drug Assistance Program.
- Boehringer Ingelheim granted an exception to its policy, allowing access to active contract pharmacies registered to the covered entity on HRSA.

OHA continues to advocate for the ADAP and educate manufacturers.

Discussion

- Many states, including Oregon, have filed or joined lawsuits against drug manufacturers.
- Q: Is Oregon planning to change income requirements for CAREAssist eligibility.
    - A: No changes are planned at this time.
- Q: Is 340B a significant source of funding for CAREAssist?
    - A: Yes, this funding helps support Oregon's ADAP.

ARV Sample Connect

Rapid initiation of antiretrovirals (ART) is a key strategy in ending the HIV epidemic. Early initiation of ART (as soon as possible after diagnosis) has been shown to improve linkage to and retention in care; reduce time to viral suppression; decrease viral transmission; and decrease morbidity and mortality for people with HIV.

CAREAssist's Bridge meets Rapid Start. CAREAssist has been looking for additional ways to assist the community in serving clients during non-business CAREAssist hours and weekends. CAREAssist contacted drug manufacturers to assess interest in participating in a pilot program around sample packs. Gilead already provides free samples of ARVs to providers who wish to have starter packs on hand for clients who test positive for HIV. CAREAssist hopes that more manufacturers will also participate in this project, which has the potential to benefit folks in rural areas of the state. Sample packs are not new. CAREAssist is raising awareness of their existence. By raising awareness of sample packs, CAREAssist hopes to raise awareness at the provider level of CAREAssist benefits for people living with HIV.

Discussion

- Q: How is this different from past efforts involving starter packs? Will this be allowable by institutions?
    - A: The education and information about sample packs will come from the manufacturer. While sample packs can be distributed now, few are taking advantage of sample packs. OHA is working to raise awareness that this is an option and a resource. Institutions may have to navigate their internal policies if they decide to use and offer sample packs.
- Q: How will providers know this is an option?
    - A: CAREAssist will provide information about how to connect with Sample Packs via the CAREAssist listserv and will try to connect with providers who have prescribed ARVs in rural areas. This initiative will also serve the goal of helping educate providers about the Bridge Program and CAREAssist ongoing.

- Q: Will clinics be unhappy having a pharmaceutical representative show up in person?
    - A: Clinics can request that the sample packs be delivered in a manner they prefer. This is between the requester and the manufacturer.
- A sample pack does not necessarily meet the full need of a client who may need more than seven days to enroll in CAREAssist. Bridge is available.
- We are using the term “sample” because “starter packs” are sellable items. Manufacturers use the term “sample” when they do not want the products to be sold.
- Most Bridge applications received during business hours are processed within an hour.

Comments from meeting participants:

- I feel uncomfortable with referrals to manufacturers for provider education. It would limit shared decision making and patient choice. I would prefer neutral messaging and education (e.g., a national hotline).
- Medication samples are reportable information.
- There are 3 regimens that are appropriate for rapid start depending on the situation. One is from Gilead and is the most commonly used.
- If a client starts on an HIV medication and needs to switch to a new medication, there is no data to suggest this transition caused any harm.
- Co-pays for appointments can result in huge costs to clients who are unaware of CAREAssist.
- There is an ongoing request/need for presumptive eligibility for newly diagnosed, expansion of the Bridge to include insured clients and Retroactive Payments.
    - OHA response: The ADAP is the funder of last resort and with that, if a client or a potential client is insured, insurance must be billed so that CAREAssist is not paying full cost for medications or CPT codes and is only paying copays and deductibles, as needed, and when no other payer is identified.
- There are concrete requests from MCM that would help with the issue of ARV access that have been requested and we have not been discussing, versus this solution that does not do anything to address the access issues that we are working around. The ARV access that we need would be impacted by the changes in Bridge and retro, but the sample link on CAREAssist website won’t impact the issues with the folks we are working with.