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3 **INTEGRATION OF CARE COMMITTEE**

4
5 LGBT Center
6 208 W. 13th Street
7 July 13, 2016, 3:30-5pm
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9 **DRAFT MINUTES**

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11 **Members Present:** Christopher Joseph (Co-Chair) , Lisa Zullig (Co-Chair), Amber Casey (for
12 Graham Harriman), Christopher Cunningham, Michael Ealy, Dorothy Farley, Deborah Greene,
13 Peter Laqueur, Jan Carl Park, David Price, John Schoepp
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15 **Members Absent:** Peter Campanelli, PsyD, Joan Edwards, Janet Goldberg, Terry Hamilton,
16 Zach Hennessey, Julie Lehane, PhD, Gina Quattrochi, Bobby Rallakis, Claire Simon, Brenda
17 Starks-Ross
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19 **Other Council Members Present:** Matt Baney, Carlos Rosario
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21 **Staff Present:** David Klotz, Darryl Wong, Kate Penrose, Nasra Aidarus (NYC DOHMH);
22 Bettina Carroll (by phone, Public Health Solutions)
23

24 **Guests Present:** Reed Vreeland (Housing Works); Noah Hean (Lower East Side Harm
25 Reduction Center); Luis Santiago (Act-Up)
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28 **Agenda Item #1: Welcome/Introductions/Moment of Silence/Minutes**
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30 *Mr. Joseph and Ms. Zullig* opened the meeting followed by introductions and a moment of
31 silence. As there was no quorum, the minutes from the meeting on July 6th were reviewed but
32 not accepted. The meeting packet was reviewed.
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34 **Agenda Item #2: HIV/Hepatitis C Co-infection**
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36 *Mr. Park* gave a presentation on overcoming barriers to a cure for HCV. There are about 3.5
37 million Americans (200,000 New Yorkers) with HCV and about half are unaware of their status.
38 New medications (DAAs) can cure someone in 2-3 months. Of those who have been diagnoses,
39 lack of access to care and treatment drives increased mortality. There are 11,049 people known
40 to be HIV/HCV co-infected in NYC at the end of 2014. 3,977 of them are current or former
41 Ryan White Part A clients. Among CHAIN participants, 207 (38%) were co-infected. Of those,
42 119 (44%) have never been treated for HCV. Hepatitis C killed 19,659 Americans in 2014 and

1 in NYC the age-adjusted rate for HCV-related deaths increased from 1999-2011 by 46%. 5,475
2 co-infected New Yorkers died between 2000-11. The death rate from HCV will soon overtake
3 that of HIV. Of 2,430 co-infected Ryan White clients, 2,173 have public insurance (Medicaid,
4 Medicare, VA, etc.), 36 have private insurance, and 221 have ADAP only or are uninsured.

5
6 The Needs Assessment Committee recommended setting up a local pharmaceutical assistance
7 program (LPAP). Of the 53 Part A EMAs/TGAs in the USA, 29 have LPAPs, whose purpose is
8 to provide therapeutics to treat HIV or prevent poor health outcomes arising from HIV in eligible
9 individuals and is to supplement state ADAP programs when an ADAP has cost containments
10 (formulary or eligibility restrictions). Nationally, there is \$25.8M in Part A funding for LPAPs.
11 LPAPs must function under the guidance of an advisory board that ensures that all Ryan White
12 program requirements are met. The advisory board functions like the state ADAP advisory
13 board, setting the formulary and eligibility criteria.

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15 This committee can either support the NAC recommendation, or offer an alternative solutions to
16 meet the needs of Ryan White clients who cannot access DAAs through ADAP. The cons of an
17 LPAP are: cost, difficult to implement, likelihood that ADAP will add DAAs to the formulary
18 before an LPAP is operating (which at the earliest would be next July), LPAPs are for areas with
19 poorly resources state ADAP programs, and using ADAP funds for an LPAP will destabilize the
20 Part A portfolio by drawing contractor administrative costs from 12% to 10%. The pros of an
21 LPAP are: addresses a need that will grow in the future, offers a way to access DAAs and other
22 medications for those in need, joins other cities and states that have addressed co-infected
23 populations.

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25 The following is a summary of the discussion:

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- 27 • There are also “upstream” barriers to accessing care, including testing and confirmatory
28 tests.
- 29 • NYSDOH has not yet added DAAs due to price. Negotiating lower prices will allow
30 them to serve more people. While some drug companies have agreed to a lower price,
31 Gilead has not lowered the price of Harvoni, which is considered a better option as it
32 cures more genotypes. Gilead is also about to release a new drug that is pan-genotypic.
- 33 • The administrative costs of an LPAP will depend on how the grantee implements it (e.g.,
34 using a pharmacy benefits manager).
- 35 • If an LPAP is established and ADAP adds DAAs to its formulary, there will still be
36 administrative overhead costs for the LPAP.

37
38 The committee co-chairs asked questions of the invited guests (Mr. Hean, Mr. Vreeland, Mr.
39 Rosario, Mr. Santiago). The following is a summary of their comments:

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41 *Mr. Hean:* the biggest barriers to HCV treatment are access to/maintenance in care and
42 adherence issues due to the life challenges of many HCV patients (e.g., drug use, housing
43 instability). LESHRC uses peer navigators to assist with those issues.

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45 *Mr. Vreeland:* Housing Works offers testing, linkage, adherence support and treatment.
46 Everyone with HCV, especially those co-infected with HIV, need a cure.

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2 *Mr. Santiago:* Act-Up is focusing on getting drug companies to lower their costs. Medicaid has
3 lowered the threshold for fee-for-service patients, but not those in managed care plans. Anything
4 that brings greater access to treatment is good.

5
6 *Mr. Rosario:* VOCAL does testing and linkage through partners. Some people can benefit from
7 an LPAP, but screening and education is also needed.

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9 There was a discussion on patient assistance programs (PAPs), which are difficult to enroll in,
10 requiring prior authorization. Drug companies will help people through the appeals process.
11 DOHMH is training Ryan White provider staff in Care Coordination programs to assist with the
12 appeals process. An LPAP, as payer of last resort, cannot circumvent this process, but can only
13 provide medications after a patient has been denied a determined number of appeals. Specialty
14 pharmacies have had a lot of success getting people approved quickly (doctors rarely have the
15 time for the appeals process).

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17 *Ms. Penrose* reported that DOHMH is getting data that 33% of ADAP clients are still getting
18 access to DAAs as demonstrated by negative RNA tests.

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20 **Agenda Item #3: Public Comment**

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22 *M. Brown:* The undocumented have no resources and need access to care. Also, we need doctors
23 to teach us about which drugs work best.

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25 There being no further business, the meeting was adjourned.