CAREAssist Advisory Group Meeting Notes

June 20, 2024

Announcements

- If you know someone, client or consumer, who is interested in joining the CAREAssist Advisory Group, please invite them to reach out to Joanna, Kris, or Dano.
- 340B Update: April 1st CAREAssist was made aware of drugmaker Sumitomo notice on their website: “In an effort to uphold the integrity of the 340B program and address the risk of duplicate discounts and diversion, SMPA is implementing a policy regarding contract pharmacies’ eligibility to receive products at the 340B discount price," At that time, CAREAssist made the decision to move Sumitomo products from replenishment to rebate only effective 5/1/24. This includes the following drugs: Aptiom, Gemtesa, Myfembree and Orgovyx. This is the same response that CAREAssist has taken with other drugmakers with similar requirements. CAREAssist continues to analyze and follow potential program financial impacts around manufacture 340B policy changes and hopes to provide some preliminary financial impact data late in the year when the budget is presented or in early 2025.
- Updates to Rapid ART Bridge Application: CAREAssist made a couple of minor edits to the Rapid ART Bridge Application, in the language around HIV verification and eligible billing period:
    - Verifying a client’s HIV status - Instead of saying “I confirm I have reviewed the applicant’s labs…” removing the part about labs, so that MCMs or RWCMs needn’t have concerns because they have not analyzed any labs specifically. It now simply reads, “I confirm that I am a licensed HIV medication prescribing provider or Ryan White Case Manager and have confirmed that this client is HIV positive.” This is also in alignment with RWCM requirements for program eligibility.
    - Eligible billing period - Instead of saying “I understand that this client must be approved FIRST for CAREAssist aid before any outpatient medical services will be incurred or submitted for reimbursement from any medical facility” it now reads, “I understand that this client must first be approved for CAREAssist aid before outpatient medical services can be billed from any medical facility.” The new version of the Rapid ART Bridge Application is attached and can also now be found on the CAREAssist website.
- CAREAssist brochures are available in English and Spanish. They are geared toward clients and providers alike. People can order up to 100 brochures via the Online Order Form and they can be found on the CAREAssist website (under General Information / Brochures) for quick printing.
- The CAREAssist Client Handbook update is complete. It is now 10 pages and will be made available in English and Spanish by next week, as the final edits are being reviewed for the Spanish version. Kris thanked everyone who participated

in the committee meetings, the two Rectify meetings (in which the Client Handbook was the topic), and CAREAssist bilingual staff who carefully reviewed the Spanish-translated handbook.

- The Medical Monitoring Project (MMP), locally known as Your Voice Matters, kicked off its 2024 data collection cycle. This project is designed to produce nationally representative data on people living with HIV in the United States. In Oregon, 400 people, including those in and out of care, are randomly chosen and given the opportunity to participate in a one-hour interview over the phone (in person as needed.) Clients receive a $75 token of appreciation for participation. Staff have begun sending letters and calling clients to explain this opportunity. In August, staff will send postcards, as well. Please let your clients/community members know that this is a legitimate survey, that their data will be kept confidential, and that their unique experiences are important. More information about how MMP data is used can be found on the CDC and OHA site, including the newly updated MMP dashboard.

Discussion:

- Q: How can I get a hard copy of the CAREAssist brochure without going to a CBO or agency?
    - A: You can do this a number of ways: 1) print one off our website under the General Information/Brochures section, 2) use the Online Order Form to request anywhere from 1-100 copies, or 3) contact Kris Harvey, CAREAssist Program Coordinator, directly at: kris.a.harvey@oha.oregon.gov who will be happy to mail to you.
- We would love to have the CAREAssist brochure in Russian and Vietnamese.

ORCares Sneak Peek

CAREAssist's legacy electronic database was built in 2004 and was difficult to modify and adapt to changing circumstances. During the past two HRSA site visits, HRSA asked OHA to work on developing a new system. ORCares, which will replace the current CAREAssist database, will address these challenges. When the ORCares case manager platform becomes available for testing, partners will be invited to help with the ORCares testing.

CAREAssist's legacy electronic database was built in 2004 and was difficult to modify and adapt to changing circumstances. To address these challenges, CAREAssist is developing ORCares, a soon-to-be released electronic health records system. CAREAssist client information has been transferred to the new system. Partners will be invited to help with ORCares testing.

Benefits of the new intake system include:

- Reduced redundancy;
- Enhanced record management; and

- The ability to capture SOGI and REALD data to help identify and address health inequities. REALD data will not impact any benefits from the state (e.g., SNAP or Oregon Health Plan/CAWEM) and will not be shared with other state agencies, including immigration officials.

The ORCares dashboard leverages data to better assist caseworkers so that they can communicate and respond to client needs in a timely manner.

Features for clients include the ability to:
- Complete and submit Client Eligibility Reviews (CERs);
- Send a direct message to a caseworker to inform them of changes in health insurance, household members, mailing and home address, and more;
- Attach required documents without mailing or dropping them off;
- Check the status of CAREAssist eligibility; and
- Receive timely notifications from CAREAssist through the Direct Message Center.

Discussion
- Q: Can the ORCares slides be shared?
    - All three slide decks will be shared (main presentation, ORCares presentation, and the 'Red Binder').
- Q: What is the expected rollout date?
    - A: CAREAssist expects that program staff will begin to use ORCares in mid-2025 and that partners will have access approximately 6 months later, followed by clients.
- Some clients might not be tech-savvy and go online to use this system.
    - While ORCares will be available to all clients, CAREAssist will continue to accept paper applications and will continue to mail CCRs to clients, as well.

Policy Inquiries

Question #1

For all eligible clients, regardless of insurance status, to be able to access insurance and medications quickly upon diagnosis or re-engagement into care, we request that a full CAREAssist application be accepted with self-attestation. If the client is unable to provide income at the time of application, could CAREAssist staff utilize the database they have access to in order to confirm income when applicable, and/or could MCM (medical case management) staff work with a client to get documentation within a reasonable timeframe?
- The Part B program conducted an analysis and found that:
- HRSA doesn't allow 'self-attestation' for new applications, but it does allow for a rapid eligibility process that must be reconciled to verify eligibility. CAREAssist uses the full app to reconcile a Rapid Bridge application.

- Rapid Bridge program applications are processed within 2 hours (about 32/year). The CAREAssist Program does not have the staff capacity to process applications more quickly for all new CAREAssist clients (about 275/year).
- HRSA requires that the program assume financial responsibility for funds spent on persons who are later identified as ineligible. The HIV/STD/TB Section has no alternative funding source to meet this requirement. CAREAssist addresses and mitigates this risk by providing limited services prior to reconciling eligibility.
- Case Workers have limited access to the employment department and OHP systems. Only the employment department system provides income information and is not reliable enough to verify initial income for all clients.
- The program did consider the intent of the question and would like to offer an alternative: To improve access to rapid ART for both insured and uninsured CAREAssist could modify eligibility for the Rapid Bridge Program. The Rapid Bridge could become a program that serves only newly diagnosed and persons who are out of care, when persons are not eligible for the Oregon Health Plan (about 80/year). CAREAssist estimates that they can likely process applications within 1 business day. Insured persons would need to submit their insurance card and insurance would need to be billed as primary. If this is something that the group feels would be an improvement, the CAREAssist team could explore further and bring more information back at a future meeting.

Question #2

To ensure that all eligible clients, regardless of the clinic or health system they receive care from, have access to Rapid Start HIV medications, we request that the initial fill of HIV medications be considered an urgent fill and allowed at non-CAREAssist pharmacies when assessed to be necessary.

The program's analysis found that:

- CAREAssist is required to acquire drugs "in the most economical manner feasible" (42 CFR part 50, subpart E). CAREAssist uses a contract pharmacy model to comply. This model allows the program to maximize cost savings through insurance reimbursement.
- CAREAssist contract pharmacies were established under a competitive RFP. Contract pharmacies are required to stock and dispense ARV medications per RFP/contract.
- Although CAREAssist OAR currently allows for acute medications to be filled outside of its network, this policy may conflict with federal law, as CAREAssist is receiving no discounts when this occurs. CAREAssist will continue to explore this issue with HRSA and other state ADAP programs.
- CAREAssist will continue to work collaboratively with providers to develop systems that leverage program services and hopes to identify a trainer position that can support this work.

This request is not something OHA will approve.

Discussion

- The alternative proposed in response to question #1 would be amazing!
- Thank you to OHA staff for looking into this!
- Q: Would Rapid Bridge only serve folks who are out of care? And add people who are insured to a Rapid Bridge as long as we submit for their insurance. Have you considered that someone could have full CA and bill the insurance without all the paperwork?
    - A: The proposal is to modify eligibility for the Bridge for newly diagnosed and for persons who are out of care. For someone who has insurance, CAREAssist must use it. For someone coming to CAREAssist who is uninsured and has no options for insurance, an UPP application can be used as is current policy. There is no way to make Bridge accessible to all clients with a processing time of 2 hours so we will need to adjust processing times to account for additional persons entering the Bridge.
- Q: Are we defining “out of care” differently?
    - A: CAREAssist would take steps to ensure its definition of “out of care” aligns with the CDC definition that is used for surveillance purposes. This definition is based on the date of the client’s last lab test.
- Q: Is it a problem to wait 1 or 2 days for medication after diagnosis?
    - This is a fair point; 96% of CAREAssist clients are virally suppressed, suggesting program clients are well served.
    - Research shows that immediate (same-day) access to medication benefits adherence and engagement in care.
- Some clinics are using sample packs.
- Samples are good, but don’t cover the other costs for labs and being seen.
- I'd also love to know ways to access medication for clients who cannot afford their insurance copay and do not yet have CAREAssist. I'm assuming this is Viiv, Gilead, etc. but would like to know of any other forms of assistance. Thanks for speaking to this issue.
- For a client to access medications at a CAREAssist pharmacy, a completed application, full or Bridge will be needed in order for CAREAssist to add client information to the pharmacy systems.
- People who don’t immediately get approved for OHP are often undocumented. Sometimes approval can take weeks or months. These delays can have unintended consequences since clients cannot get medications until they have OHP approval.
    - CAREAssist will consider this comment when developing a proposal.
- Q: Is there any possibility, if there are UPP savings, that those dollars could be used?
    - A: All dollars collected by CAREAssist are considered Ryan White dollars and must follow the same rules. There is no general fund for the CAREAssist program.

CAREAssist History

Kris gave a presentation, highlighting the historical significance of the "Red Binder" which contains hand-written client enrollment information, dating back to the first client in 1987. These initial client records were kept on paper and the pages had the header "AZT clients" - later changed to "ADAP Clients." Over time, additional data elements were captured on these hand-written records, reflecting the increased complexity of the program itself as it grew over the years. Staff have taken steps to preserve these historical records and to document long-term survivorship trends among CAREAssist clients over time.

Discussion:

Q: Is the red binder stored in a secure location?

- A: The red binder is stored securely, in the same locking file system where active client records are stored.

The Role of the CAREAssist Advisory Group

The Ryan White HIV/AIDS Program legislation does not mandate an AIDS Drug Assistance Program (ADAP) advisory committee; however, the Oregon ADAP, CAREAssist, convenes an advisory group meeting quarterly. The CAREAssist Advisory Group is an open meeting comprised of clinicians, pharmacists, service providers, people with HIV, representatives from other RWHAP Parts, health department staff, contractors, and other state program staff. The advisory group convenes to address needs of the ADAP, which may include program policy, benefits, utilization, quality management, and formulary. The advisory group is a venue to share informed perspectives, advice, and recommendations. It is not a decision-making body.