



April 2024 OVHC Meeting

5:00 - 6:05 pm

Zoom: <https://zoom.us/j/822177325>

Attending: Dane, Michael, Lorren, Amelia, Adrienne, Jeanine, Ana, Emily, Jess & Teresa, Orion, Ann, Jude, Dayna

Agenda Item		
10 Minutes	Welcome, Introductions	Good to see new faces on the call!
25 minutes	Partner updates	<p>Lorren – Prescription Drug Affordability Board flyer Medford meeting needs a participants please. https://dfr.oregon.gov/pdab/Documents/PDAB-forum-flyer.pdf</p> <ul style="list-style-type: none"> • Advocates have pushed the prescription drug advisory board (PDAB) to listen to community about medication affordability. • If you'd like to join or share information about the PNW Advocates Confab for policy and practice change for people living with chronic conditions, please contact Lorren directly. <p>Dane – HIV, HepC, and Syphilis testing is being done in 4 counties!!! Dane met with Jess & Teresa at AVIVA to discuss collaboration and have PATHS internal to HIV Alliance support them as well as using ADAPT team. On coast partners are Bay Area First Step (PRIME+) and ADAPT (all 4 of the counties HIVA is in have ADAPT), for mental health SUD treatment, and Peer-Assisted Telehealth for HepC and Syphilis.</p> <p>Dane Had a very positive jail commander experience who referred an adult-in-custody for linkage to care for HCV treatment. Dane reached out to try and get the person LTC.</p> <p>Orion – Carceral roll out W1115 not until 2026. An executive team has been stood up between ODOC, OHA, and OYA to look at infrastructure needed. Confound: to bill Medicaid they need to become HIPAA covered entities, correctional settings are not currently HIPAA covered entities due to their primary function not being health care. There also seems to be some challenging policy rules such that FQHCs, should they</p>

Agenda Item	
	<p>choose to partner with county jails, may not be able to bill Medicaid at present. Who is working on this at the Medicaid level?</p> <p>Dayna - In some counties FQHCs may be able to cover some of the strategies for jail W1115 work, Oregon Primary Care Association (OPCA) where MWAETC is housed, has been very involved in waiver work, and perhaps could continue to be involved in implementation.</p> <p>WA State, Clark County jail and LPHA are working together to do DIS work in jail and get people linked to care. Much work has gone into this relationship-building and the jail staff see the benefit to all of this partnership.</p> <p>Benton County jail is very interested in partnering with FQHC as well. Have one RN who performs continuity of care and triage and is interested in partnering to do syndemic work.</p> <p>OPCA 2024 Annual Conference Registration (whova.com). Please share with colleagues: https://orpca.org/events/annual-conference-2024/</p> <p>Dane – can we pilot FQHC-jail partnership work in counties that have peers who can do LTC?</p> <p>Jess & Teresa – Umpqua Health Authority (CCO) is primary insurer for AVIVA patients. AVIVA has a pharmacy but people with HCV have to get meds from a specialty pharmacy per UHA, and that requires a higher-threshold engagement than a lot of the people can undertake (i.e. telephone calls, etc.).</p> <p>Lorren will check into see if a bill that passed recently makes specialty pharmacies not required, might give AVIVA some leverage for in-house pharmacy-based medication access.</p> <p>Emily from Douglas Public Health Network is hearing from DIS that AVIVA is doing great work! <i>GO Teresa and Jess!</i></p> <p>Dane indicated that HIV Alliance holds meds for PATHS program participants (lockers?), so people without addresses can access their meds.</p> <p>Jude wished to ensure that folks knew that the model PATHS is using does not 'dispense' medications as this would be against OAR/ORS per Pharmacy board</p>

Agenda Item		
		<p>regarding how and when medications can be stored and <i>handed out</i>.</p> <p>Amelia - 340B partnerships may also play a role in addressing the issue of cost of HCV Tx in correctional settings. At present HIV/STD/TB program at OHA (HST) is working on some 340b partnerships with correctional facilities, already have MOU w/ODOC for 340b partnership. 340b is a drug pricing program that covers different kinds of entities, and HST can use their state STI-authority to establish partnerships. Partnering entities must agree to perform specific pieces of STI grant activities, and then they can get dramatically reduced drug costs. Eligibility relies on sexual health screening, and other parameters.</p> <p>ODOC is rolling-out opt-out testing as it is an advantage to partner entities to designate those AIC as <i>340b patients</i> to get all meds covered. ODOC is rolling out opt-out testing at CCCF. Hoping to get more and more county jails involved in this process.</p> <p>Orion – implementing carceral CD work is a long-term endeavor, starting now is great.</p> <p>Ana – jail and HCV data is sparse nationally, especially in rural jails. Canada has great peer-led models in correctional facilities.</p> <p>Jeanine – OWhN PATHS and PRIME+ peers go into the jails and would OWhN would love to be part of a pilot.</p> <p>Ana – is there a place for cheap HEPLISASV-B vaccine in OR? Ann checked with the Oregon Immunization Program (OIP) and VFC-enrolled providers can indeed order HEPLISAV-B. Non-enrolled providers have to get through normal channels, so probably not ‘cheap’. More on Heparin-B: https://www.cdc.gov/vaccines/acip/recs/grade/hepb.html</p>
25 minutes	Hot topic: OR VH Elimination Plan Next Steps	Goals 2 and 3 were discussed in the context of an Jail LTC (with FQHC’s?) pilot proposed by Dane and Dayna.
5 mins	Wrap up	<p>2 Ad Hoc Workgroups will be formed:</p> <ol style="list-style-type: none"> 1. HCV medication pharmacy access ad hoc will look at options to diminish the use of specialty pharmacies which cause barriers to Cure access. People: Teresa, Lorren, Ann – others?

Agenda Item	
	2. Develop Pilot Program - Jail in-reach for testing and linkage to care (LTC) ad hoc will convene to discuss how, where, who, etc. People: Dayna, Dane, Jeanine, Lorren, Ann (others?)