

Health

New York-Presbyterian to host virtual symposium: 'Lessons Learned from COVID-19'

New York-Presbyterian Hospital and The Rogosin Institute will hold their annual symposium virtually this Thursday, Sept. 17 from 2-5 p.m., with a focus on lessons learned from the COVID-19 pandemic. Attendees will hear from experts on the impact COVID-19 has had on physicians, nurses, kidney patients and the patient experience.

David A. Wyman, interim president of The Rogosin Institute and president and CEO of Gracie Square Hospital, will host the symposium, moderated by Dr. Jeffrey Silberzweig, chief medical officer of The Rogosin Institute. Dr. Nicole Lurie, strategic adviser to the CEO at the Coalition for Epidemic Preparedness Innovations, will present the keynote presentation on the essentials of leadership during a public health crisis. Lillian A. Pryor, president, American Nephrology Nurses Association; Tod Ibrahim, executive vice president, American Society of Nephrology; and Richard Knight, president, American Association of Kidney Patients will provide additional remarks and participate in the audience Q&A alongside Dr. Lurie.

Presentations will include:

- "Essentials of Leadership During

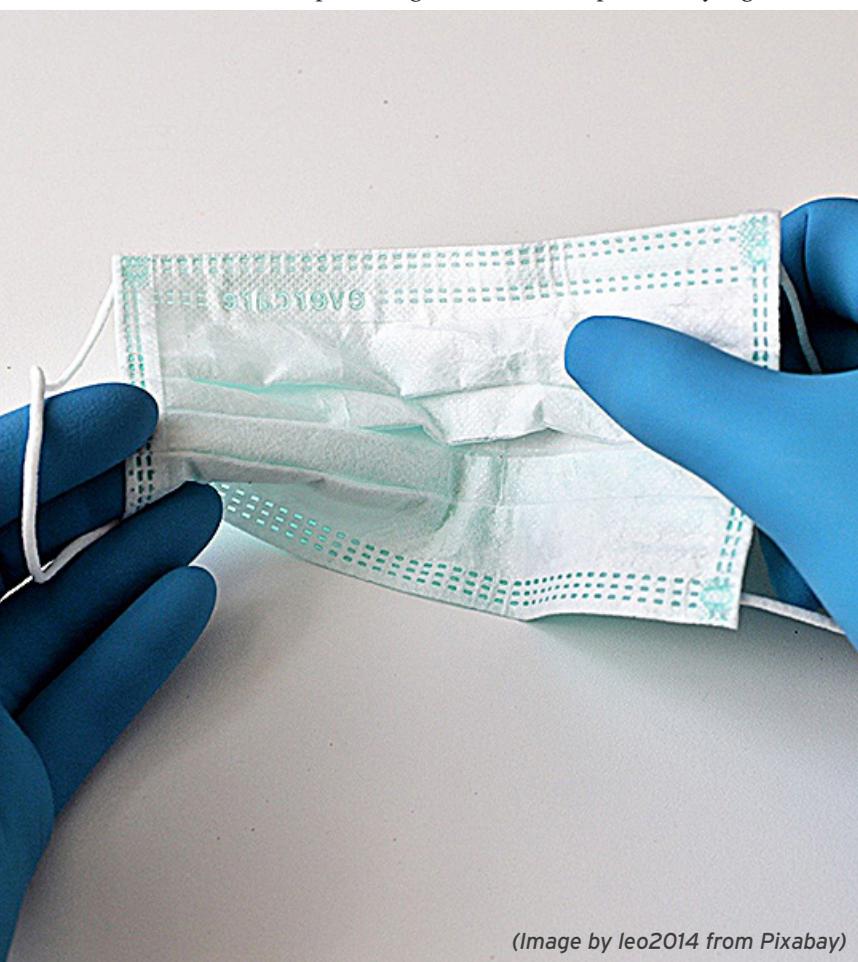
Time of Public Health Crisis" presented by Nicole Lurie, M.D., strategic advisor to the CEO, Coalition for Epidemic Preparedness Innovations, and former assistant secretary for Preparedness Response, United States Department of Health and Human Services (2009-2017)

- "Impact of COVID-19 on Nephrology Nurses" presented by Lillian A. Pryor, M.S.N., R.N., C.N.N., president, American Nephrology Nurses Association and renal clinic nurse, Atlanta VA Medical Center

- "How the COVID-19 Pandemic Will Accelerate Needed Changes to Kidney Medicine" presented by Tod Ibrahim, executive vice president, American Society of Nephrology

- "Impact of COVID-19 on Kidney Patients" presented by Richard Knight, MBA, president, American Association of Kidney Patients

Registration for the symposium is free and required in order to receive the event's Zoom link. For more information, please visit: www.rogosin.org/events/professional-educational-events/.
RSVP at <https://bit.ly/3gSlafE>.



(Image by leo2014 from Pixabay)

Many New Yorkers May Lose Tailored Pharmacy Care

Charlotte, an African American woman in her 50s, had struggled to manage multiple chronic conditions and her HIV for years. Her health plan's pharmacy team used real time access to patients' pharmacy data to alert Charlotte's clinical care team that she had not been consistently filling her required HIV prescription. In addition, they noticed that she had been missing appointments that monitor her HIV viral load—the amount of virus in her blood. Charlotte's situation changed when the pharmacy benefit team stepped in to address her concerns about medication side effects and how to take her multiple prescriptions most effectively.

Charlotte's care team helped her adhere to treatment; as a result, her HIV dropped to an undetectable level. When she was diagnosed with Hepatitis C, she was cured within months. Through these connections to health care, Charlotte discovered that she had breast cancer, and the Amida Care team guided her through treatment with no interruption to her other care.

Now, Charlotte's personalized pharmacy care is in jeopardy due to planned changes to New York State Medicaid.

Charlotte is a member of Amida Care, New York's largest Medicaid Special Needs Health Plan, which serves individuals like her who are living with HIV or those placed at elevated risk for HIV. Amida Care's pharmacy team is integrated into her comprehensive care team who take all of her chronic conditions into account. When barriers to care arise, the pharmacy benefit team intervenes to ensure that Charlotte can access treatment when she needs it. Maintaining a low viral load is vital to Charlotte's health, and significantly reduces her chances of extended hospital stays and transmitting HIV to someone else.

"Amida Care works closely with me

to help me manage multiple medications and doctor's appointments to take control of my health," says Charlotte. "Thanks to them, not only was my Hepatitis C cured, but now my HIV viral load is undetectable."

"It is crucial for patients living with multiple chronic conditions to receive this kind of comprehensive care," said Nabil Umer, Director of Pharmacy at Amida Care. "By working closely with patients and providers, we are able to use pharmacy data to spot trends, avoid potentially life-threatening drug-on-drug interactions and ensure uninterrupted access to care."

But New York State intends to "carve out" the Medicaid pharmacy benefit and shift its administration from managed care/Special Needs Health Plans, like Amida Care, to the state. Instead of an expert team that knows her and specializes in treating individuals living with HIV, Charlotte would be pooled with 6 million other Medicaid recipients, dealing with an impersonal, one-size-fits-all bureaucracy.

The state asserts that these measures would save money, but studies show that costs under the carve-out are actually higher. One study found that the carve-out would cost the state \$219 million more annually.

Amida Care's experience confirms this: "Our model of care is tailored to address the health needs of our members on an individual basis—saving lives and dollars," said Doug Wirth, President and CEO of Amida Care. "Our hope is that pharmacy care management can be preserved within Medicaid managed care health plans, especially in Special Needs Plans whose members rely on highly personalized care to address complex medical conditions. Pharmacy care management is critical in safeguarding the health of vulnerable New Yorkers, especially during these unprecedented times."



1997

Early antiretroviral therapy treatment for HIV was life-saving but meant taking multiple drugs at different times and managing complicated drug interactions and side effects.



2005

Various multiple-drug one-pill regimens greatly simplified HIV treatment, reduced side effects, and helped people live healthier, longer lives.



2020

Almost half of people living with HIV in the U.S. are over the age of 50. Many must manage HIV and other age-related chronic conditions like diabetes, cardiovascular disease, arthritis, kidney and lung disease, and depression. This means juggling multiple drug treatments with complicated interactions and side effects.