Impact of ACA on HIV Clinics: A Case Study from Alabama (and beyond)

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ART 2013

Easier, less toxic, and more potent therapy
Stage 3 (AIDS) Classifications and Deaths of Persons with HIV Infection Ever Classified as Stage 3 (AIDS), among Adults and Adolescents, 1985–2010—United States and 6 Dependent Areas

Note. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Deaths of persons with HIV infection, stage 3 (AIDS) may be due to any cause.
Persons Living with Diagnosed HIV Infection Ever Classified as Stage 3 (AIDS), by Race/Ethnicity, 1993–2010—United States and 6 Dependent Areas

- Black/African American
- White
- Hispanic/Latino
- American Indian/Alaska Native
- Multiple races
- Asian
- Native Hawaiian/Other Pacific Islander

Note. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

- Hispanics/Latinos can be of any race.
- Includes Asian/Pacific Islander legacy cases.
1763 HIV discordant couples
(HIV+ partner CD4 350-550)

886 immediate HAART
All receiving HIV prevention services
1 transmission*
& 3 cases of extrapulmonary TB

877 delayed HAART (CD4 250)
27 transmissions*
& 17 cases of extrapulmonary TB

*96% reduction in HIV transmission to HIV-negative partner,
median follow-up 2 years

Most New Infections Transmitted by Persons who Do Not Know Their Status

~25% Unaware of Infection account for...

~75% Aware of Infection

~54% New Infections

~46% of New Infections

Source: G. Marks et al. AIDS 2006
HIV Treatment Cascade

21% Undiagnosed

49%

Adapted from: Gardner et al. Clin Infect Dis 2011;52:793; Cohen et al. MMWR 2011;60:1618
NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES

JULY 2010
Ryan White Program Not Keeping Pace with Need

Sources:
- Ryan White Appropriations History, Health Resources and Services Administration, ftp://ftp.hrsa.gov/hab/fundinghis06.xls
- Inflation calculated using http://www.usinflationcalculator.com
- "Funding, FY2007-FY2010 Appropriations by Program," hab.hrsa.gov/reports/funding.html
Celebrating 25 years of service!

The 1917 Outpatient, Research and Dental Clinic

July 19, 2013
<table>
<thead>
<tr>
<th></th>
<th>Females (%)</th>
<th>Males (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>143 (22)</td>
<td>911 (45)</td>
<td>1,054 (39)</td>
</tr>
<tr>
<td>Black</td>
<td>490 (75)</td>
<td>1074 (53)</td>
<td>1,564 (58)</td>
</tr>
<tr>
<td>Other</td>
<td>17 (3)</td>
<td>51 (2)</td>
<td>68 (3)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>650 (24)</td>
<td>2,036 (76)</td>
<td>2,686</td>
</tr>
</tbody>
</table>

- On ARV Therapy 2,316 (86%)
- On ADAP 605 (26%)
- On ADAP Waiting List 55 (2.4%)
- Inability to pay Co-Pay 660 (28%)
Multispecialty Medical Home

A variety of specialists come to the 1917 Clinic so patients do not have to travel all over the city when specialty care is needed.

- Psychiatry
- Neurology
- Palliative Care
- Dermatology
- Nephrology
- Women’s Clinic
- Liver Clinic
- Endocrinology
- Oral Health Clinic
- Clinical Trials Clinic
- Vaccine Research Clinic
Medical case management
Coordination of home health care
Health insurance consultation
Medication acquisition through patient assistance programs (PAPs)
Assistance with applications to federal and state assistance programs (ADAP)
Psychological and spiritual counseling, and hospice care
Onsite Support Services

- Linkage to care “orientation visits”
- Substance Abuse Treatment – Substance abuse counselors
- Mental Health Counseling - LPC
- Nutrition Counseling – Nutritionist
- Medication Adherence Counseling - PharmD
- Social Workers for case management
- Spiritual counseling - Chaplains
NOTES: 1 - Exploring an approach to Medicaid expansion likely to require waiver approval.  2- Discussion of a special session being called on the Medicaid expansion.

SOURCES: Based on KCMU analysis of recent news reports, executive activity and legislative activity in states. Data reported here are as of June 20. It is important to note that per CMS guidance, there is not deadline for states to implement the Medicaid expansion. Requirements for legislation to implement the Medicaid expansion vary across states.
Medicaid Expansion: Estimated Increase in Enrollment by State

- **West**: CA, NV, AZ, OR, WA, MT, ID, UT, WY, CO, NM, WY
- **Midwest**: MN, WI, MI, IA, IL, MO, NE, ND, SD
- **Northeast**: ME, NH, VT, MA, RI, CT, NY, PA, NJ, DE, MD, DC
- **South**: TX, LA, MS, AL, GA, SC, FL, NC, VA, TN, KY, OK, AR

- **2.0% - 21.7%**
- **25.2% - 32.4%**
- **32.9% - 40.0%**
- **40.4% - 61.7%**

**Medicaid Expansion to 133% of Federal Poverty Level (FPL): Increase in Enrollment and Spending Relative to Baseline: Enrollment in 2019**
Ryan White Core Services vs. EHB

Ryan White Core Services

✓ Ambulatory and outpatient care
✓ AIDS pharmaceutical assistance
✓ Mental health services
✓ Substance abuse outpatient care
  • Home health care
  • Medical nutrition therapy
  • Hospice services
  • Home and community-based health services
  • Medical case management, including treatment adherence services
  • Oral health care (not an EHB)

ACA “Essential Health Benefits”*

• Emergency services
• Prescription Drugs
• Hospitalization
• Maternity and newborn care
• Rehabilitative and habilitative services and devices
• Pediatric services, including oral and vision care
Income Status of All Ryan White Clients

- < 100% FPL, 59%
- 100 to 200%, 19%
- Other/UNK, 22%

Income Status of 1917 Clinic Patients

- RW: 36%
- Medicare: 11%
- Medicare/ Medicaid: 9%
- Medicaid: 8%
- Commercial Ins: 1%
- Uninsured / Self: 35%
Implications

• “Health Insurance Coverage” (ACA) isn’t enough for high-functioning (true) Medical Homes
• HIV / AIDS fortunate to have a Ryan White Program
• RW required owing to disproportionate number of patients who are poor / on Medicaid and Public Health benefit
Recommendations

• Let Clinics do Medical Care / Medical Case Management

• Let CBOs do “Community” Case Management in Full Partnership with Clinics

• Make RW Program a patient centric, ‘Capitated’ system: Goal is to create equity across US

• Funding goes to clinics for distribution to health systems / CBOs / other partners

• Hold the clinics accountable for outcomes

• Use HIV / AIDS Ryan White Clinics as models for delivery of Primary Care in US
The end of AIDS?

How 5 million lives have been saved, and a plague could now be defeated
THANKS!

HIV Medicine Association

Project Inform

Treatment Access Expansion Project

UAB CFAR - 1917 Clinic
Jim Raper / Mary Dougherty