HIV in the ACA Era: A Case Study from Alabama (and beyond)

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Learning Objectives

• Analyze the impact of current and future macro-level issues on providing HIV care in the US.

• Assess the interplay between the Affordable Care Act and the Ryan White Care Act now and in the future.
What is a Medical Home?

A. A medical facility that provides comprehensive medical, multidisciplinary, and psychosocial support to patients and their families
B. A place where medical providers reside
C. A cabinet where drugs are stored
D. Roger Bedimo’s house
Celebrating 27 years of service!

The 1917 Outpatient, Research and Dental Clinic

April 30, 2015
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
How many states have expanded Medicaid so far?

A. 15
B. 21
C. 24
D. 30
E. 39
F. 48
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.
Current Status of State Medicaid Expansion Decisions
April 30, 2015

Adopted (30 States including DC)

Adoption under discussion (5 States)

Not Adopting At This Time (16 States)

U.S. Uninsured Rate Continues to Drop
Adults 18 & Older

Uninsured Rate in KY Dropped from 20.4% in 2013 to 11.9% in 2014

Shop for Affordable Drug Coverage

Plans with Co-insurance over 30% for Specialty Tiers

Ongoing Role for Ryan White

• Source of care for the uninsured
• May cover those who fail to enroll after RW providers “vigorously pursue” and document enrollment attempts
• Cover services not covered or not fully covered by insurance
• Help with premiums and cost sharing
• Support ACA enrollment

See policy notices and more at:
http://hab.hrsa.gov/affordablecareact/index.html
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 1917 Clinic Patients

- RW: 36%
- Medicare: 9%
- Medicare/Medicaid: 8%
- Medicaid: 11%
- Commercial Ins: 1%
- Uninsured/Self: 35%
What does it cost /yr to provide outpatient care of a patient with HIV?

A. $ 359 / pt / year
B. $ 404 / pt / year
C. $ 1247 / pt / year
D. $ 1651 / pt / year
E. $ 7134 / pt / year
F. The amount isn’t known
G. I don’t have a clue
Balance Sheet: 1917 Clinic*
Under Full ACA

*PRELIMINARY FINDINGS: NOT FOR DISTRIBUTION

N = 2164 pts / FY 2012

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<th>Expenses</th>
<th>Revenues**</th>
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<tr>
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<table>
<thead>
<tr>
<th>TOTAL</th>
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Cost $1651 /pt/yr

Deficit: $998,508/yr

**Assuming ALL patients were on Medicare
ADAP/Part B Programs Currently Purchasing Qualified Health Plans (QHPs) for Clients (February 2015)

Several states that did not have statewide insurance purchasing programs in 2014 are planning to roll out plans for 2015; check with your state ADAP!

- ADAP purchasing QHPs (premiums, Rx co-pays, or deductibles)
- ADAP piloting QHP purchase
- ADAP not currently purchasing QHPs (most are planning)

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
Ryan White Program Not Keeping Pace with Need

Number of People Living with AIDS in the US vs. Ryan White Funding (adjusted for inflation by CPI)

HIV Treatment Cascade

21% Undiagnosed

49%

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
THANKS!

HIV Medicine Association

Project Inform

Treatment Access Expansion Project

UAB CFAR - 1917 Clinic

Jim Raper / Mary Dougherty