

# Virginia's HIV Care Services and AIDS Drug Assistance Program (ADAP) Update

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## HIV Care Services

- Clinical services
  - Outpatient medical care, dental care, mental health & substance abuse services
- Support services
  - Case management, transportation, interpretation
- Insurance purchasing
- Linkages to care
  - Helping newly infected/identified patients access care and medications earlier in the course of their illness
- Medication services (ADAP)

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## **ADAP Background**

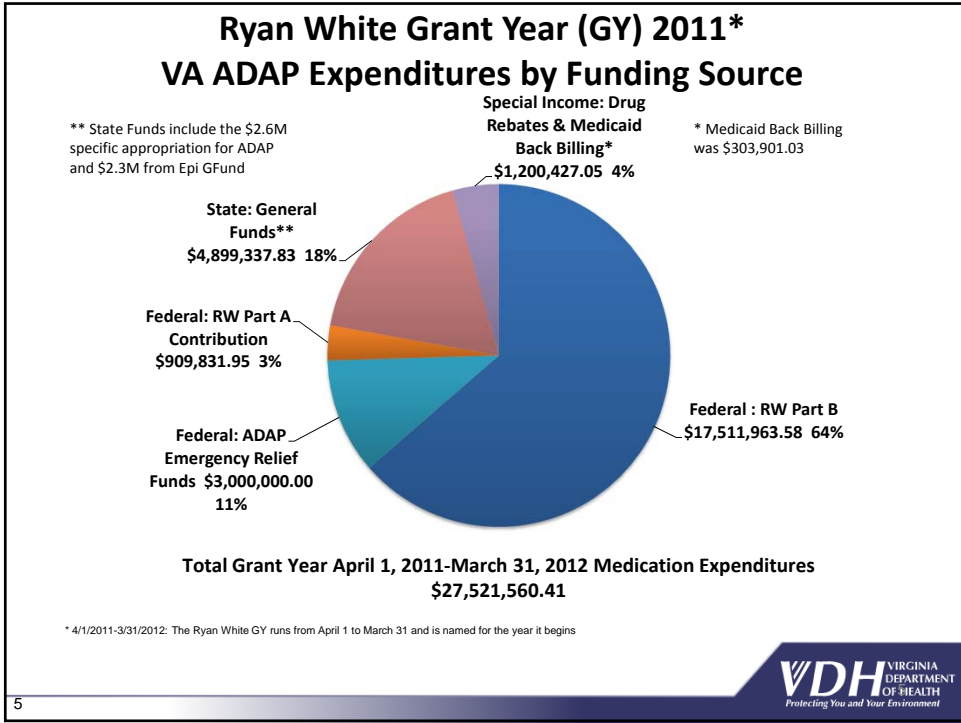
- ADAP provides life-saving medications to treat HIV and related illnesses for low-income clients without medication coverage
- In 2010, ADAP experienced unprecedented increases in program utilization and expenditures
- Service utilization outpaced available resources
- Aggressive cost-containment measures were implemented in November 2010, restricting enrollment and resulting in a wait list

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## **Summary of Current Program Status**

- Additional funding has been identified and strategies have been implemented to address the challenges ADAP encountered
- These actions have allowed Virginia Department of Health (VDH) to broaden ADAP enrollment criteria and eliminate the wait list

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## Cost Containment Measures and Key Strategies

Program efficiencies

- Reallocated GY 2011 Ryan White service funds to purchase ADAP medications
- Improved ADAP client eligibility and recertification processes

Pharmacy efficiencies

- Strict inventory control measures
- Temporary formulary reduction
- Identifying alternative resources for medication access
- Providing information on clinically equivalent regimens

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## Maximizing Use of Other Medication Programs

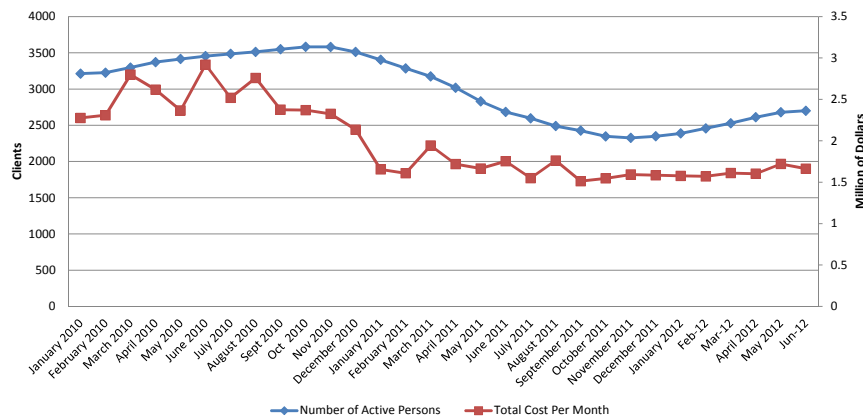
- Increased Medicaid back billing revenue, including developing agreements with Medicaid HMOs
- Used ADAP dollars toward Medicare Part D True Out of Pocket (TrOOP) expenses (allowable under federal law January 2011) resulting in increased program income through rebates
  - In Grant Year 2011, VDH spent \$517,000 in co-pays for medications and has received about \$3 for every \$1 spent.

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## Current ADAP Trends

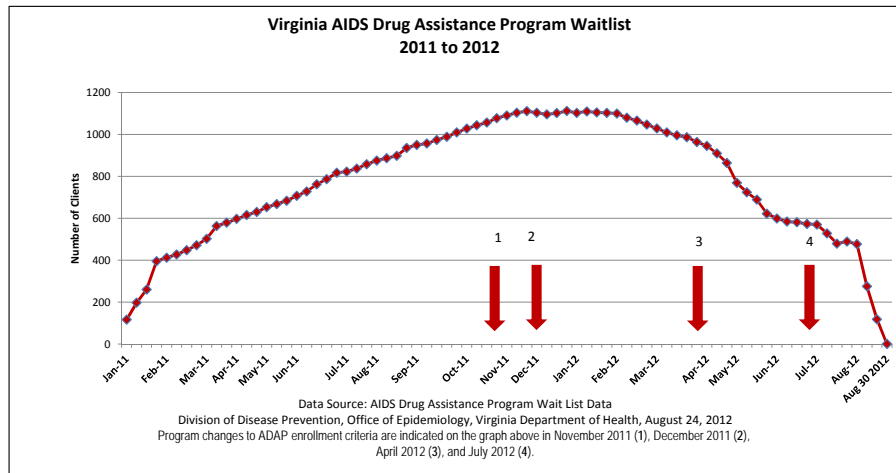
**VA ADAP: Persons and Cost, 2010-2012**



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## Virginia ADAP Wait List Changes to Enrollment Criteria



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## ADAP Wait List Client Management

- VDH attempted to contact all individuals on wait list every 6 months to recertify eligibility and to assess each individual's access to medications
- Of clients reached, 97.4% were receiving medications from drug manufacturers' patient assistance programs (PAP), Medicaid or private insurance
- Of all clients, including those not able to be reached, 9.6% could not be confirmed as receiving medications
  - Assessment to identify appropriate medication source
  - Referral to case manager and/or communication with medical provider to ensure individual had assistance to enroll into a PAP or other appropriate medication source

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## ADAP Sustainability

- Strengthening and improving the eligibility processes for all HIV services
- Moving toward a model of insurance coverage
  - Other state ADAPs successfully purchase health insurance in order to provide medication to more clients (rather than directly providing medication alone)
  - VA ADAP plans to transition eligible clients to coverage under the Pre-Existing Condition Insurance Plan (PCIP) and other insurance purchasing options
  - PCIP is cost-effective and covers services *and* medications

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## ADAP Program Summary

- VDH's Division of Disease Prevention - HIV Care Services Program successfully expanded enrollment criteria and eliminated the wait list
- These changes are the result of aggressive program management, cost-savings efforts, implementation of strategies to meet client demand and sustain program capacity, and identification of additional funding sources
- Collaborative efforts of medical providers and their staffs, community partners and advocates, local health departments, elected officials, ADAP staff, and Virginia's client community were critical in addressing the challenges this program faced

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## Public Health Importance of Access to HIV Care & Treatment

- HIV treatment plays a critical role in HIV prevention
- Medications reduce the amount of HIV in a person's body (viral load) and, therefore, significantly reduce the risk that a person receiving medications will transmit HIV
- Current HIV treatment guidelines promote a "test and treat" philosophy

***By initiating and adhering to HIV treatment earlier, this effective prevention strategy can change the course of the epidemic***

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## Future of Care Services for Persons Living with HIV

- There are many unknowns. What is known is that HIV care services will still be needed to ensure that all Virginians living with HIV are in care and on treatment to prevent new infections.
- Clients on PCIPs are expected to transition to a health insurance plan under a health insurance exchange, but impacts may depend on whether Virginia uses a federal or a state-managed exchange.
- Hospitals serving a high volume of Ryan White clients (VCU and UVA) may feel the impact of reduced resources for Disproportionate Share Hospitals.
- Ryan White legislation is scheduled for reauthorization in 2013.
- Impact of sequestration on Ryan White is unknown.

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