Virginia HIV/AIDS Prevention and Treatment Programs

Joint Commission on Health Care
Healthy Living/Health Services Sub-Committee
October 6, 2010 Meeting

Michele Chesser, Ph.D.
Senior Health Policy Analyst

Purpose of Study

- A 2009 presentation to JCHC by Kathryn Hafford, Director of VDH's Division of Disease Prevention, and Sue Rowland, Executive Director of Virginia Organizations Responding to AIDS (VORA), resulted in the following policy option:
  - Include in the 2010 JCHC work plan, a study of Virginia's current HIV prevention and treatment programs. Focus shall be given to assessing program and policy effectiveness in reducing the incidence of new HIV cases in Virginia.

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Presentation Outline

- Scope of HIV/AIDS in Virginia
- Description of Virginia's Prevention and Treatment Programs
- Effectiveness of Virginia's Programs in Reducing New HIV Infection Rates
- Considerations for Successful Reduction in New HIV Infection Rates
- Policy Options

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Scope of HIV/AIDS in Virginia

Incidence and Prevalence of HIV in Virginia

- About 21,000 Virginians (1 in 380) were known to be living with HIV infection in 2009
  - 74% are men
  - 62% are Black
  - 44% are men who have sex with men (MSM)
- 1 in 1,400 Virginians are infected with HIV and *does not know* his/her infection status.
- For every 5 Virginians diagnosed with HIV infection, approximately:
  - 4 are men
  - 3 are Black
  - 3 live in the Eastern or Northern region
  - 3 are men who have sex with men (MSM)
  - 2 are ages 20 to 34 at diagnosis

Source: Virginia HIV/AIDS Epidemiological Profile 2009, VDH

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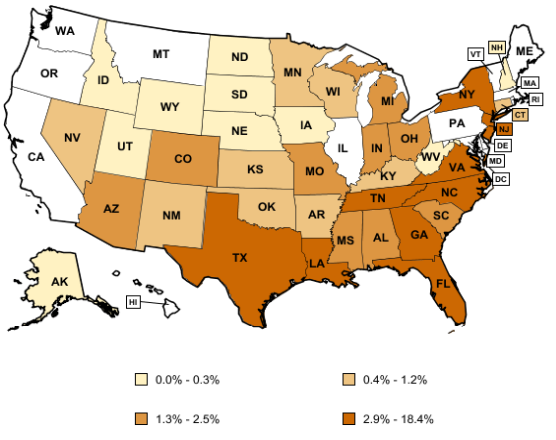
Estimated Percentage of Total U.S. Cases of HIV Infection by State, 2008



Estimated Numbers of Diagnoses of HIV Infection, All Ages, 2008

statehealthfacts.org
Your source for state health data

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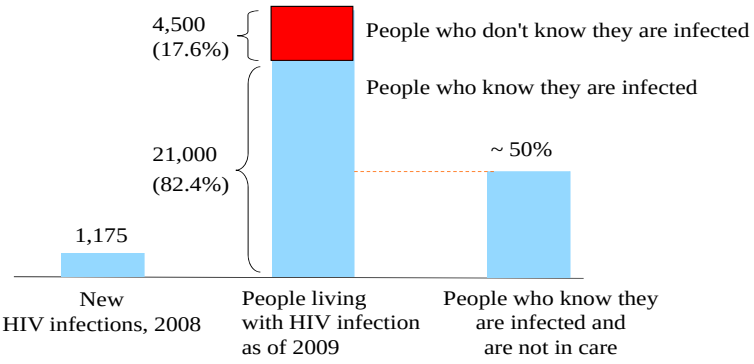
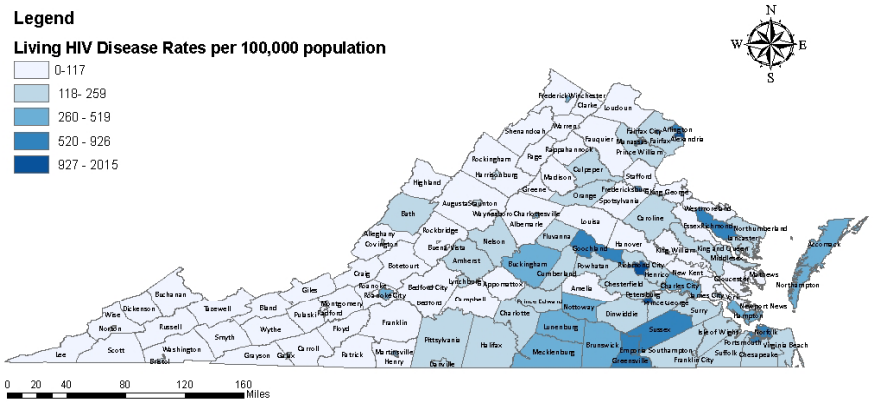


Source: Virginia HIV/AIDS Epidemiological Profile 2009, VDH

Rates of Persons Living with HIV Disease by City/County
Virginia- As Of March 2010



Created by Health Informatics & Integrated Surveillance Systems, Division of Disease Prevention
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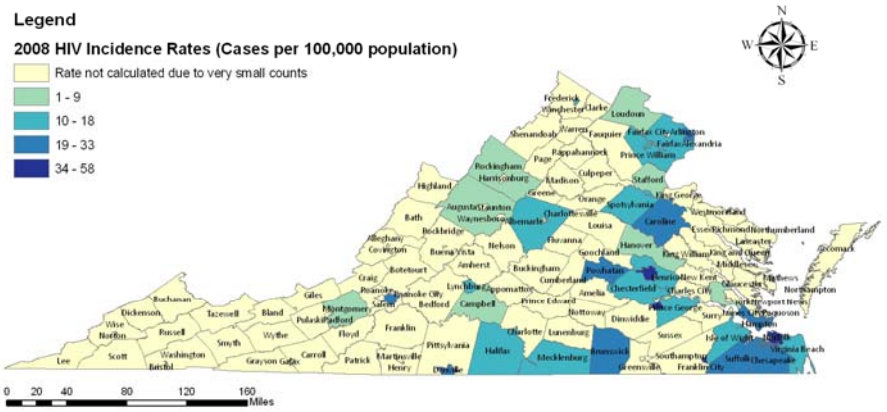
Rates of Persons Diagnosed with HIV Disease in 2008 by City/County Virginia- As of May 31, 2010



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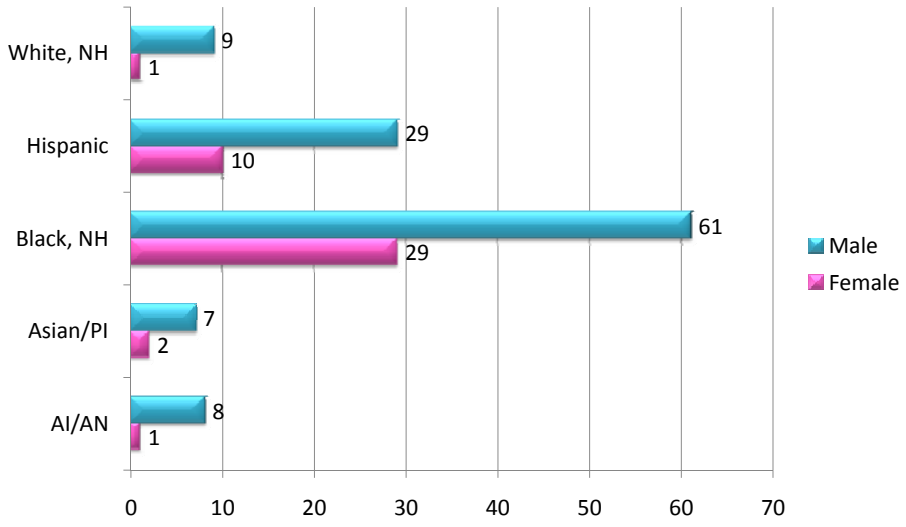
Rates* of HIV Infection Diagnoses by Race/Ethnicity and Sex in Virginia, 2004-2008



*Rate per 100,000. Source: Virginia HIV/AIDS Epidemiological Profile 2009, VDH.

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Virginia's HIV/AIDS Prevention and Treatment Programs

HIV Federal Funding for VDH's Division of Disease Prevention (DDP)

- Health Resources and Services Administration: $29.8 M
  - Ryan White Part B Grant (ADAP and care services): $29,303,928
  - ADAP Shortfall Relief: $407,816
  - Special Projects of National Significance: $100,000
- Centers for Disease Control and Prevention: $7.4 M
  - HIV Prevention: $4,801,029
  - HIV/AIDS Surveillance: $1,312,847
  - Medical Monitoring Project: $493,400
  - Expanded and Integrated HIV Testing: $804,587
- **Total: $37.2 M**

Source: VDH, Division of Disease Prevention. Figures current as of September 3, 2010

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State Funding for HIV/AIDS Programs

	FY 2008	FY 2011	Amount of Decrease	% Decrease
Division of Disease Prevention HIV Budget:				
	$4,894,689	$4,316,096	-$578,593	-11.8%
Direct General Assembly Appropriations (Pass-through):				
	$681,262	$553,689	-$127,573	-18.7%
Totals	$5,575,951	$4,869,785	-$706,166	-12.3%

Source: VDH, Division of Disease Prevention

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HIV/AIDS Prevention Programs

1. AIDS Drug Assistance Program (ADAP)
2. Chlamydia Prevention
3. Integration of HIV/AIDS Surveillance Data with a GIS
4. HIV/AIDS Surveillance
5. HIV Care Services
6. HIV Community Planning Group
7. **HIV Prevention**
8. Medical Monitoring Project (MMP)
9. Newcomer Health Program
10. Pharmacy Services
11. Program Evaluation and Monitoring System (PEMS)
12. Resource and Consultation Center
13. **STD Prevention Program**
14. State Pharmaceutical Assistance Program (SPAP)
15. STD Surveillance Network (SSuN)
16. Syphilis Elimination
17. Tuberculosis Control
18. Viral Hepatitis

* HIV/AIDS Related Programs

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HIV Prevention Program

Grant programs targeting priority populations

State Funded:

- AIDS Services and Education Grants
- Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI)
  - Coordination between HIV Prevention and HIV Care Services programs

Federally Funded:

- African-American Faith Initiative
- Community HIV Testing Services
- High-Risk Youth and Adults Grants
- Men who Have Sex with Men HIV Prevention Program
- Minority AIDS Project
- Primary Prevention with People Living with HIV

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HIV Prevention Program: Interventions and Strategies

DEBI Interventions	Choosing Life: Empowerment! Action! Results!	Best Evidence/ Compendium Interventions	Be a Responsible Teen
	Community Promise		Be-Proud! Be Responsible!
	d-Up: Defend Yourself!		Healthy Living Project
	Healthy Relationships		Intensive AIDS Education
	Focus on Youth		Personalized Cognitive Risk-Reduction Counseling
	Mpowerment		Safe in the City
	Popular Opinion Leader		Social Skills Training
	RESPECT	Other HERR Interventions	Breaking the Silence
	Sisters Informing, Healing, Living & Empowering		In-House Education Course
	Sisters Informing Sisters on Topics about AIDS		Keeping it Real!
	Street Smart		Talking Drums
	Video Opportunity for Innovative Condom Educ. & Safer Sex		Time Out for Men
	Women Involved in Life Learning from Other Women	Other Health Strategies	Comprehensive Risk Counseling & Services
Other Strategies	Health Communication Public Information		Counseling, Testing & Referral
	Social Marketing		Partner Services

DEBI: Diffusion of Effective Behavioral Interventions
HERR: Health Education/Risk Reduction

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HIV Prevention Program: Participating Agencies

ACCESS	Norfolk
AIDS/HIV Services Group	Valley and Central Regions
Better World Advertising	National
Council of Community Services	West Central Region
Faith Community Baptist Church	Richmond
Fredericksburg HIV/AIDS Support Services	Northern Region & Orange
Fan Free Clinic	Central Region
Health & Home Support Services	Statewide
International Black Women's Congress	Norfolk
K.I. Services	Northern Virginia
Minority Health Consortium	Richmond, Petersburg
Northern Virginia AIDS Ministry	Northern Virginia
Tidewater AIDS Community Taskforce	Norfolk
Virginia Commonwealth University	Richmond
The Way of the Cross	Louisa, Fluvanna

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HIV/AIDS Care and Treatment Programs

1. **AIDS Drug Assistance Program (ADAP)**
2. Chlamydia Prevention
3. Integration of HIV/AIDS Surveillance Data with a GIS
4. HIV/AIDS Surveillance
5. **HIV Care Services**
6. HIV Community Planning Group
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8. Medical Monitoring Project (MMP)
9. Newcomer Health Program
10. Pharmacy Services
11. Program Evaluation and Monitoring System (PEMS)
12. Resource and Consultation Center
13. STD Prevention Program
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18. Viral Hepatitis

* HIV/AIDS Related Programs

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HIV/AIDS Care and Treatment Programs

- HIV Care Services
  - Ryan White Part B funding
  - Medical care and support services to persons living with HIV/AIDS
  - Strategies linking underserved populations to treatment (e.g. Minority AIDS Initiative)
- AIDS Drug Assistance Program (ADAP)
  - Provides AIDS medications to persons who are uninsured or underinsured, do not qualify for Medicaid and have no other means of paying
  - Eligibility limited to individuals at or below 400% FPL
  - Formulary consists of over 100 medications
  - Beginning January 1, 2011, ADAP financial assistance will count toward "true out-of-pocket" costs so a Medicare client reaches catastrophic coverage sooner (i.e. moves out of the donut hole)

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HIV/AIDS Care and Treatment Programs

- State Pharmaceutical Assistance Program (SPAP)
  - Program created in 2006
  - Pays Medicare Part D costs for people who receive medicines through ADAP
    - Medicare Part D monthly premiums covered for all SPAP clients
    - Some SPAP clients get assistance with their medication co-pays/coinsurance, deductibles and costs during gaps in coverage (the "donut hole")
    - SPAP financial assistance counts toward "true out-of-pocket" costs so client reaches catastrophic coverage sooner (i.e. moves out of the donut hole)
    - SPAP provides assistance with all medications (ADAP does not)
  - SPAP has been a state funded program; however, due to national health care reform, states will be allowed to use federal ADAP funds for SPAP beginning January 1, 2011
  - ADAP average monthly cost per client: $1300
    SPAP average monthly cost per client: $ 384
    monthly savings per client: $ 916
    (For 100 clients, savings≈$1 million per year)

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Number of Persons Served in Prevention, Care and Treatment Programs in Virginia, 2009

- HIV Testing: 70,952
- HIV Prevention (evidence-based interventions): 14,318
- HIV Prevention (outreach and health communications): 69,707
- ADAP: 3,807 persons served; 62,392 prescriptions filled
  - 89% of clients had an income ≤ 200% FPL
  - 51% of clients had an income < 100% FPL
- SPAP: 137
- HIV Care Services: 3,500

Source: "Progress Toward Goals of the 2009-2012 State Comprehensive Plan for HIV Services" Shelley Taylor-Donahue. VDH.

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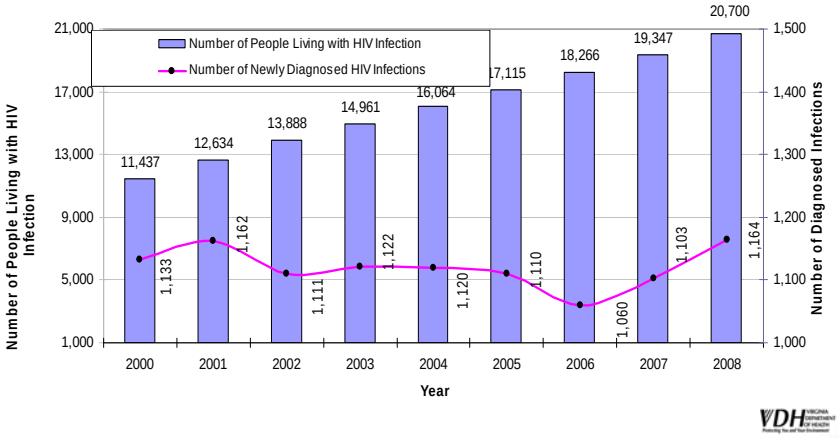
Effectiveness of Virginia's Programs in Reducing New HIV Infection Rates

Number of Newly Diagnosed HIV Infections and People Living with HIV in Virginia, 2000-2008



Source: Kathy Hafford, August 12, 2009 presentation to JCHC

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Effectiveness of Virginia's HIV Prevention & Treatment Programs in Reducing the Rate of New HIV Infections

- Like the rest of the nation, Virginia's rate of HIV transmission has declined significantly since the peak of the epidemic in 1991
- New HIV infection rates have remained relatively stable since the late 1990's in the U.S. and Virginia
- Prevention efforts (especially in at-risk populations) must reach a saturation point in order to further reduce HIV transmission
- Increased prevention funding and greater access to testing, post-testing services, and treatment are needed

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Considerations for Successful Reduction in New HIV Infection Rates

Testing + Treatment = Prevention Model

- Increased emphasis on, and funding for, this model
  - "Early knowledge of HIV infection is now recognized as a critical component in controlling the spread of HIV infection. Therefore, HIV counseling, testing, and referral is a critical part of any successful HIV prevention program." Centers for Disease Control and Prevention (CDC)[1]
- Highly Active Anti-Retroviral Treatment (HAART) results in a significant reduction in transmission rates[2]
  - 2009 study of 5021 serodiscordant heterosexual couples found a 92% decrease in transmission among groups receiving HAART
  - Rate of transmission with a viral load <400 was 0 in two other studies (n=291)
  - To decrease rates of transmission, it is important that individuals begin treatment directly after testing positive
- Estimated savings in health care costs: $380,000 per case prevented[3]

1) Source: http://www.cdcnpin.org/scripts/hiv/ctr.asp
2) Source: Attia, S. AIDS. 2009, vol. 23
3) Estimate in 2004 dollars. Source: Valenti, William. The AIDS Reader. May, 2007.

Treatment Funding Challenges

ADAP

Cost

- $3.2 M increase in last year
- Cost per person increased by 18.7% in last 5 years to $1308 per month

Persons

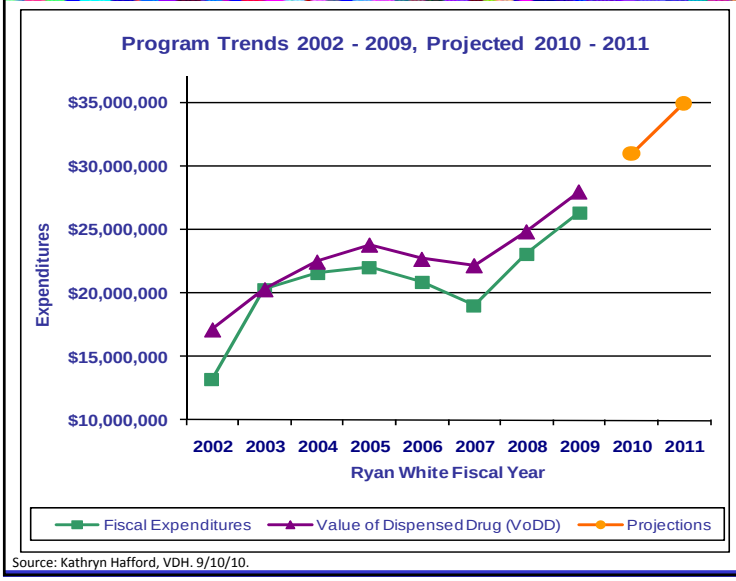
- Program currently serves about 3,900 clients
- Average of 1,783 persons receiving a Rx per month
- Increase of 7.5% in last year (21% increase 2007-2009)

Drugs

- Average person receives 4.4 drugs
- 4.3% increase in number of medications in last 5 years

Data Source: Virginia ADAP Database, Ryan White Fiscal Year 4/1/2009 – 3/31/2010

Treatment Funding Challenges



-2005-7 cost savings resulted from initial implementation of Medicare prescription benefit.

- Because the VoDD does not capture discounts provided to the program, it has historically exceeded true expenditures.

- Expenditures have aligned with VoDD as discounts have diminished and client enrollment and drug cost increased.

- This projection predicts demand for medications will exceed ADAP resources before the end of the current grant year (3/31/11).

Source: Kathryn Hafford, VDH. 9/10/10.

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Treatment Funding Challenges

- ADAP

	SFY 2011	SFY 2012	SFY 2013
Annual Medication Costs	$30 M	$35 M	$40.6 M
Budget Shortfall	$2.267*	$14.6 M**	$20.2 M**
Estimated PPACA Savings		$2 M	$2.5M
Total Budget Shortfall	$2.267*	$12.6 M**	$17.7 M**

Projections based on current trends of level funding, increased enrollment, and current eligibility requirements.
*Actual shortfall = $6.9 M; Received $4.68 M in one-time only funding assistance.
**Estimated shortfall. Shortfalls would be larger, but include $1-1.4 M in redirected funds from HIV Services budget (This will result in a 15%-20% decrease in HIV services).

- SPAP
  - FY 2010 budget was reduced from $285,000 to $200,000
    - Displaced 63 Medicare patients to ADAP, resulting in an increased cost of $360,000 for Virginia

Source: Communications with VDH staff.

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Treatment Funding Challenges

To address the shortfall, the ADAP Advisory Committee met on 10/1/10 and made the following recommendations to VDH:

- Limit access to antiretroviral medications to the following HIV-infected populations:
  - Individuals with CD4 count less than or equal to 400
  - Pregnant women
  - Children 13 years and younger (includes perinatally exposed newborns)
  - Individuals applying to the program already on antiretroviral therapy from another payer source
- Reduce ADAP formulary to cover only antiretrovirals, medications to prevent and treat opportunistic infections, and vaccines

These recommendations currently are under consideration by the Department of Health. If these changes to eligibility requirements are made:

- Approximately 408 new clients per year will no longer qualify
- Virginia's ADAP program will no longer meet established standards of care

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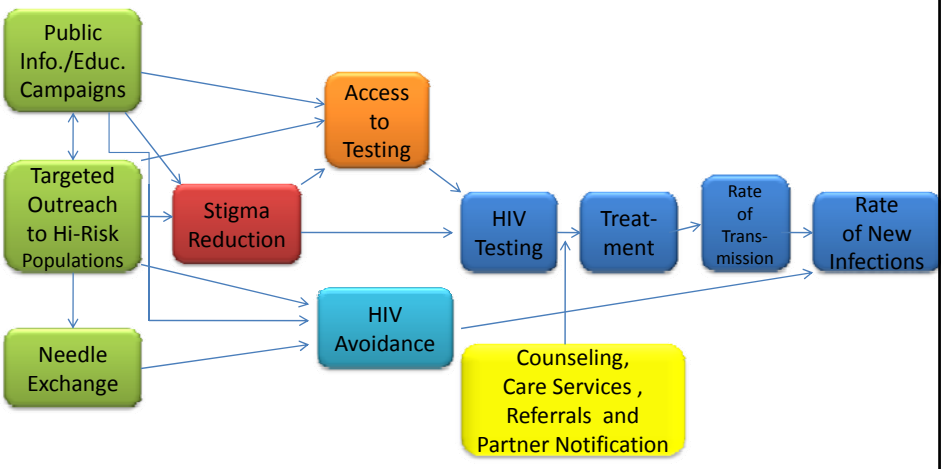
Continued Importance of a Multipronged Approach



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Continued Importance of a Multipronged Approach

- Key factors in decreasing rates of HIV infection
  - Public Information/Education Campaigns
    - VDH currently does not have a budget for these programs and is using carry over funds from the CDC
  - Targeted outreach to high-risk populations
  - Needle exchanges/access to clean needles
    - Injection drug users (IDUs) account for 17% of AIDS cases and 10% of HIV cases in Virginia
    - African Americans (primarily male) make up 75% of IDU cases in Virginia
    - As of 2008, states are now allowed to use federal funds for needle exchange programs
  - Reduction in stigma
    - Especially in minority communities and rural areas

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Continued Importance of a Multipronged Approach

- Key factors in decreasing rates of HIV infection
  - Increased access to testing
    - "Normalize" testing by making HIV testing standard in physician practices and emergency departments
    - Include HIV testing among the preventive services covered free of cost for all health plans (including "grandfathered" plans)
  - Counseling, care services, and partner notification
  - Consistent funding for prevention
    - This year no Virginia prevention programs received CDC grant funding
      - A loss of $650,000 for Virginia
      - Due to the CDC rating Virginia as more successful in reducing rates of HIV infection relative to other southern states even though Virginia's HIV infection rates are relatively high when compared to all states

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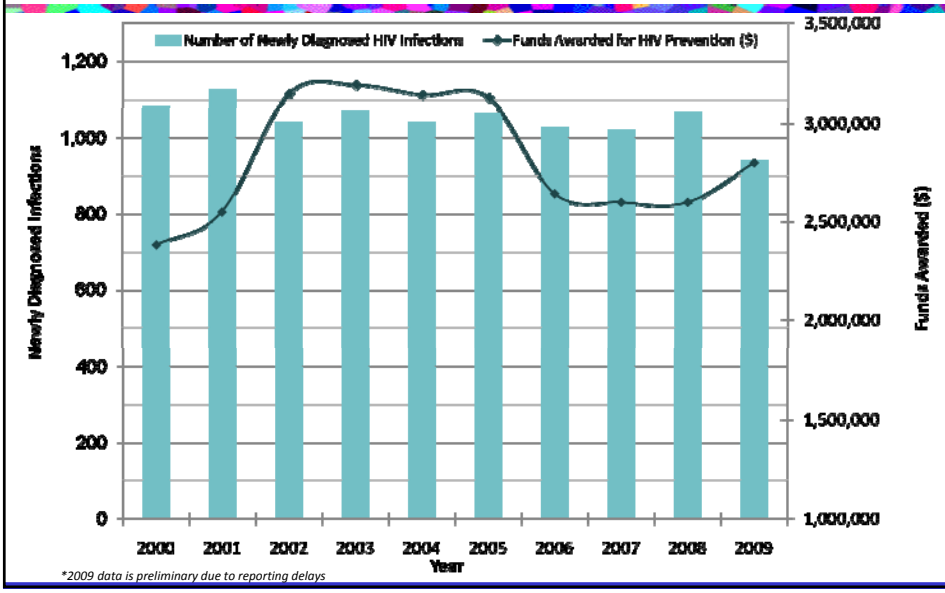
Funds Awarded For HIV Prevention and the Number of Newly Diagnosed HIV Infections, Virginia 2000-2009



*2009 data is preliminary due to reporting delays

Policy Options

Option 1: Take no action.

Option 2: Introduce a budget amendment (language and funding) during the 2011 Session to restore $100,000 GFs to the AIDS Services and Education Grants program.

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Policy Options

Option 3: Introduce a budget amendment (language and funding) during the 2011 Session to provide $12.6 million of additional general funds to ADAP to address expected shortfall in FY 2012.

Option 4: Introduce legislation to amend §54.1-3466 of the *Code of Virginia* to remove penalties for the possession and distribution of hypodermic syringes/needles without a prescription.

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Policy Options

Option 5: Introduce a budget amendment (language and funding) during the 2011 Session to provide additional funding for the Department of Health's HIV Prevention Program to be used for anti-stigma campaigns in Virginia's Black and Latino Communities.

a) $100,000 GFs; or

b) other level of funding.

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Policy Options

Option 6: Request by letter of the JCHC Chairman that the Medical Society of Virginia encourage physicians to routinely offer opt-out HIV testing

a) for all patients between 13 and 64 years of age regardless of recognized risk factors, as per the Centers for Disease Control and Prevention (CDC) recommendation; or

b) when testing for other sexually transmitted diseases (STDs).

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Policy Options

Option 7: Request by letter of the JCHC Chairman that the Virginia Hospital and Healthcare Association (VHHA) encourage hospitals to routinely offer opt-out HIV testing in their emergency departments for all patients between 13 and 64 years of age.

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Policy Options

Option 8: Request by letter of the JCHC Chairman that the Virginia Association of Health Plans (VAHP) encourage all health plans (including grandfathered/exempt plans) to include HIV testing among the preventive services covered free of cost (as part of the new federal health care reform preventive care provision).

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Public Comments

- Written public comments on the proposed options may be submitted to JCHC by close of business on October 22, 2010. Comments may be submitted via:
  - E-mail: sreid@jchc.virginia.gov
  - Facsimile: 804-786-5538 or
  - Mail to: Joint Commission on Health Care
    P.O. Box 1322
    Richmond, Virginia 23218
- Comments will be summarized and presented during the JCHC meeting on November 3rd.

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Internet Address

Visit the Joint Commission on Health Care website:
http://jchc.virginia.gov

Contact Information
mchesser@jchc.virginia.gov
900 East Main Street, 1st Floor West
P. O. Box 1322
Richmond, VA 23218
804-786-5445
804-786-5538 fax

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