Medicaid and Public Health Partnerships in Virginia:

Improving Access to Care for People Living with HIV

Dec 13, 2022

VISION

State and territorial health agencies advancing health equity and optimal health for all.

MISSION

To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.

Agenda

- Introductions + Overview of Project: ASTHO, NASTAD
- Virginia Presentation: Medicaid and Ryan White HIV/AIDS Program (RWHAP) Partnerships in Virginia
  - Kimberly Scott, M.S.P.H
  - Dr. Kate McManus
  - Dr. Chethan Bachireddy
- Q&A

ASTHO's Population Health Portfolio

- Population Health at ASTHO is focused on establishing, reinforcing, and designing systems to shape health outcomes
- Today's focus: Public Health and Medicaid Partnerships in Virginia
- Upcoming blog (early 2023): Public Health and Medicaid Partnerships in Iowa

Why Public Health and Medicaid Alignment?

- Overlapping Populations
- Overlapping Programs/Services
- State/Territorial Health Official Oversight of Medicaid Programs
  - **7** S/THOs have statutory oversight of Medicaid
  - **15** Medicaid and public health agencies in the same umbrella agency

ASTHO/NASTAD: Supporting Medicaid and Ryan White HIV/AIDS Program Alignment

ASTHO and NASTAD have partnered to advance partnerships and foster alignment between state Medicaid and public health agencies to improve population health and health equity.

Crosswalk of RWHAP/Medicaid Services

- ASTHO conducted a crosswalk of Alabama's Medicaid and Ryan White HIV/AIDS Program services to identify overlapping areas and gaps.
  - Care coordination
  - Case management
  - HIV testing/treatment

HIV Dashboard Review

- Developed summary of 3-5 states' design and user experience:
  - HIV dashboard scan and analysis (Excel)
  - Summary presentation slide deck handed off to the state to reference while developing their new data dashboard

Highlighting Medicaid/RWHAP Alignment

- Today's webinar with Virginia Medicaid and Ryan White Officials.
- Upcoming Q&A blog highlighting how Iowa's recent Health and Human Service Alignment has impacted Medicaid and RWHAP alignment. Features Q&A with:
  - Sarah G. Reisetter J.D., Iowa HHS Deputy Director & Chief of Compliance
  - Randy Mayer, MS, MPH, Chief, Bureau of HIV, STI, and Hepatitis Iowa Department of Public Health

Ending the HIV Epidemic (EHE) Systems Coordination Provider (SCP) Project Team

astho™ NACCHO NASTAD JSI SAC SOUTHERN AIDS COALITION

National Technical Assistance Provider

Systems Coordination Provider (SCP)

- All Phase 1 EHE Jurisdictions and those that did not receive funding but are working towards the EHE goals.
- Assists in coordinating initiative planning, funding sources, and programs within the existing HIV care delivery systems
- Identifies existing and new stakeholders, as well as collate and disseminate best practices, innovative approaches, and interventions identified by the TAP that facilitate the success of the initiative

SCP TA: Summary of Themes

HE funding stream coordination	Implementation of Rapid ART	340B overview and leverage
Data Sharing and Partnerships	Coalition Building	Coordination of EHE health department staff across HIV and care programs
HIV workforce onboarding and professional development	Coordination with HOPWA and Housing Providers	Program eligibility requirements between RWHAP and EHE

Interagency Alignment in Virginia

Kimberly Scott, M.S.P.H

Director Ryan White HIV/AIDS Program Part B & Director HIV Care Services, Virginia Department of Health

Kathleen McManus, MD

Assistant Professor in Infectious Diseases and International Health at the University of Virginia

Chethan Bachireddy, MD

Chief Medical Officer at Virginia Department of Medical Assistance Services

Virginia Ryan White HIV/AIDS Program Part B (RWHAP B)

Kimberly A. Scott
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VDH VIRGINIA DEPARTMENT OF HEALTH

Contextual Significance

- Wrap around services for “traditional Medicaid” beneficiaries
- HIV Affinity Group (2016)
- Streamlined access to HCV medication and treatment (2019)
- Virginia Medicaid expansion (2019)
- Virginia Medicaid streamlining access to HIV medications (2021-2022)
- Unique partnerships with advisory bodies & researchers

Virginia Medicaid Expansion

- Launch: January 1, 2019
- Effect of Expansion: Don’t panic, analyze!
- Life Preservers and Lifelines
- Relationships are key
- Lots of Meetings

Challenges and Solutions

Challenges	Solutions
RWHAP B program knowledge for Medicaid	Educated Medicaid peers; produced crosswalks for services under each program
Limited data sharing between VDH and DMAS	Expanded overall data sharing agreement to receive monthly HIV extract files; data for WICY waiver
Client and provider perceived stigma about quality of Medicaid coverage	Excellent DMAS media campaign with key messages addressing concerns from focus groups
Consumer fear about losing preferred providers	RWHAP B pushed communication to providers to check their credentialing and contracting status with Medicaid's managed care organizations
Volume of client tracking and enrollment in expanded Medicaid and ACA coverage	VDH and DMAS formalized and outsourced enrollment assistors

Virginia Medicaid Streamlines Access to HIV Medications

VDH hosted a briefing to HIV stakeholders on proposed changes to improve access to ART (August 2021)

VDH Division of Pharmacy Services and DMAS Pharmacy Services collaboration

Previous work included review of ADAP formulary and ARV utilization

Generated excitement among stakeholders including prescribers to eliminate PAs; reinforced positive intentions and mutual beneficence to provide quality care for People with HIV in Commonwealth

Reduced the amount of time our ADAP staff assisted prescribers with PAs from Medicaid

Advisory and Research Partnerships

- VA ADAP Advisory Committee → ADAP sustainability
- Virginia Consumer Advisory Committee (VACAC) → critical engagement partner
- Academic medical centers and universities→ implementation science & research support policymaking and service delivery system strengthening/changes
- Capacity of state agency staff to participate in/conduct research or understand findings → policy & program evaluation

Lessons Learned Spotlight

- Seeds do grow into fruit-bearing trees
- Understand intentionality & focus on mutual beneficence
- Relationships and trust take time→ build and nurture
- Data sharing agreements are important
- Resign yourself to lots of meetings → bidirectional learning
- Check in with cross-programmatic peers when things are going well too

Contact Information

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from the Perspective of Academic Partner

Kathleen A. McManus MD MSCR

University of Virginia

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VDH & UVA- Shared Goals

- Goal of improving the health of people with HIV (PWH) in Virginia
- Excitement about the innovation of integrating options from Affordable Care Act (ACA) into the AIDS Drug Assistance Program (ADAP)

- Hopeful that the program change would improve health of PWH
- Unsure if the program change would improve health of PWH

- Willing to study it in an objective way

Health Policy Laws
(Affordable Care Act)

Ryan White HIV/AIDS Program
(AIDS Drug Assistance Programs)

Medicaid/Medicare
and Insurance

Lab Based Research

Clinical Trials

New Treatments

Income

Education

Housing

Food

Transportation

Cell phone
& Internet

Mental
Health

Social
Support

Alcohol
& Drugs

Stigma

Trust

2022 World AIDS Day theme:
"Putting Ourselves to the Test: Achieving Equity to End HIV"

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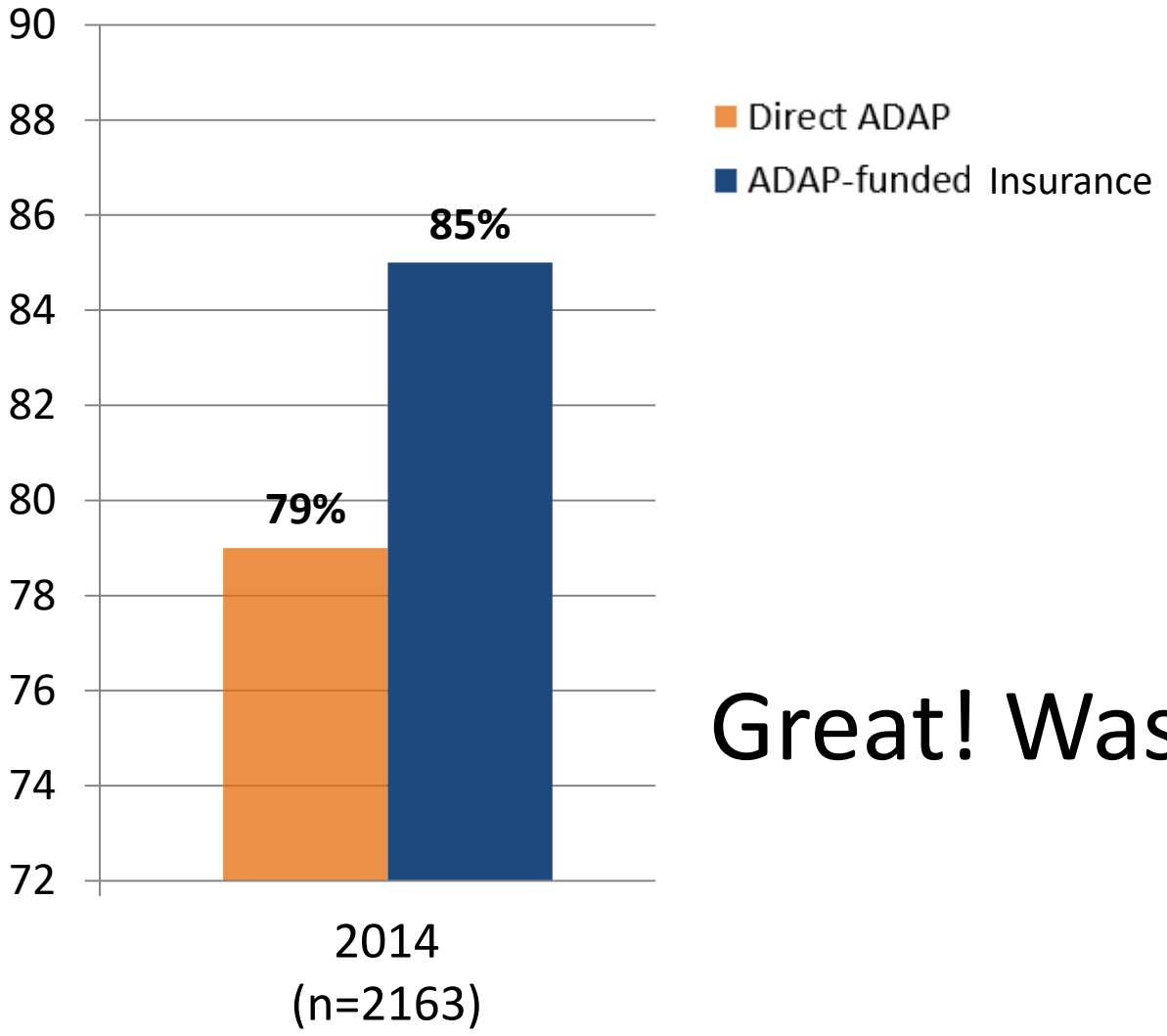
HIV Viral Suppression by ADAP Coverage

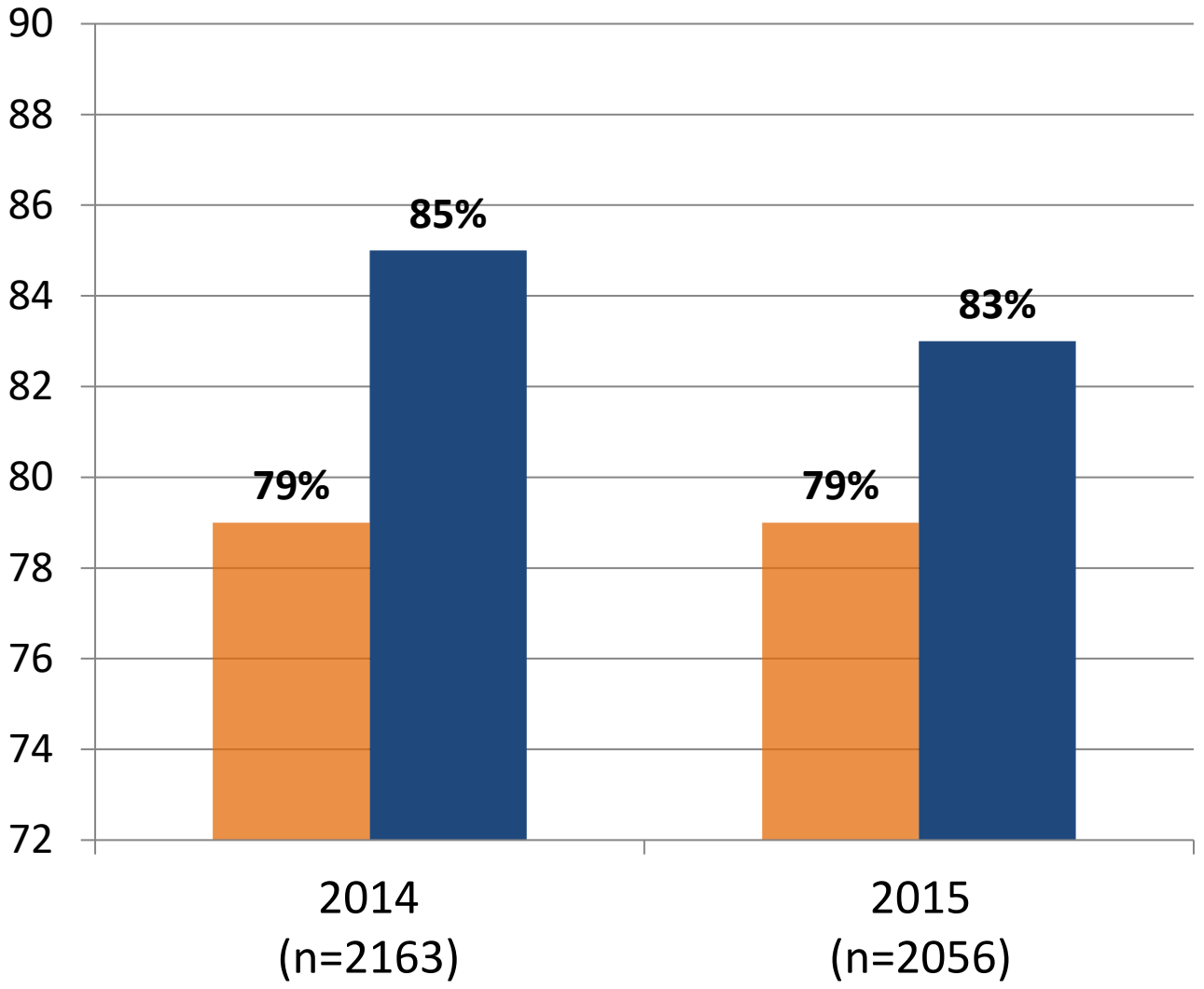


Statistically significant after controlling for initial viral suppression status, time, age, sex, race/ ethnicity, income, region of Virginia, AIDS diagnosis, HIV clinic.

Great! Was it sustained?

McManus KA, et al. *Clin Infect Dis*. 2016.

HIV Viral Suppression by ADAP Coverage

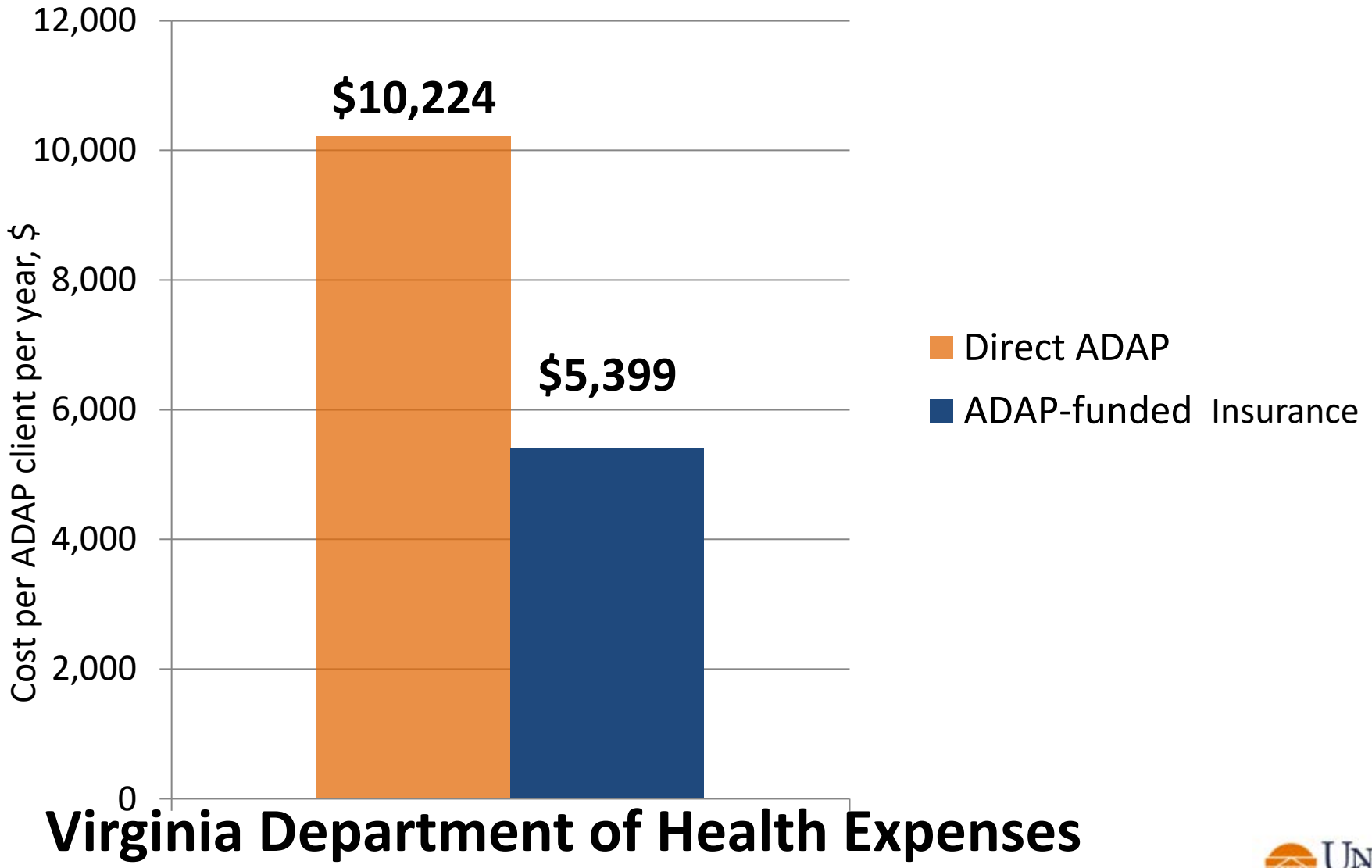


Statistically significant after controlling for initial viral suppression status, time, age, gender, race/ ethnicity, income, region of Virginia, AIDS diagnosis, previous ADAP program.

McManus KA, et al. *Clin Infect Dis*. 2016.
McManus KA, et al. *Open Forum Infect Dis*. 2018

University of Virginia

What does this ADAP healthcare delivery change cost?



McManus KA, et al. *AIDS Res Hum Retroviruses*. 2016.

University of Virginia

Real World Policy Implications

A SUSTAINABLE FUTURE FOR THE NC AIDS DRUG ASSISTANCE PROGRAM

NC AIDS Action Network
Education. Advocacy. Community.

SOUTHERN HIV/AIDS STRATEGY INITIATIVE

THE DUKE LEGAL CLINICS | Health Justice Clinic

LACK OF PREMIUM ASSISTANCE IN NORTH CAROLINA THREATENS ADAP BUDGET

INSURANCE PREMIUM PAYMENTS RESULT IN IMPROVED PERSONAL & PUBLIC HEALTH

Why Improved Health Outcomes?

Generally, people with insurance are able to get the medications and treatment they need to stay healthy, which also lowers the risk that they will transmit the virus to others.

The University of Virginia Study[4]

A study done by researchers at the University of Virginia's School of Medicine found that ACA health insurance enrollment is positively correlated with viral suppression. Viral suppression occurs when the HIV virus cannot be detected in the blood. When a person is virally suppressed, he or she feels healthier and is much less likely to develop other major health conditions. The patient also has a much lower chance of transmitting HIV to other people. In the Virginia Study, 85% of persons with ACA insurance achieved viral suppression compared with 78.7% of those on ADAP without insurance. Moving persons from diagnosis to viral suppression averts new HIV transmissions, saving health and money.[5]

Policy Brief courtesy of Allison Rice, Director, Health Justice Clinic, Duke Law School

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Important Step: Understanding Why

- Excited about the outcome
- Seemed like a real effect….
- But both groups should have access to antiretroviral therapy so why is there a difference?

- Importance of talking to people about their experiences

Why does ADAP-funded insurance result in higher viral suppression rates?

- We hypothesize that the improved viral suppression is due to one (or a combination) of the following:

1. either perceived or actual improved medication coverage

2. improved method of obtaining medication for those who preferred receiving medications by mail

3. increased access to overall healthcare leading to improved engagement in healthcare, including HIV care

McManus KA, et al. *AIDS Res Hum Retroviruses*. 2019.

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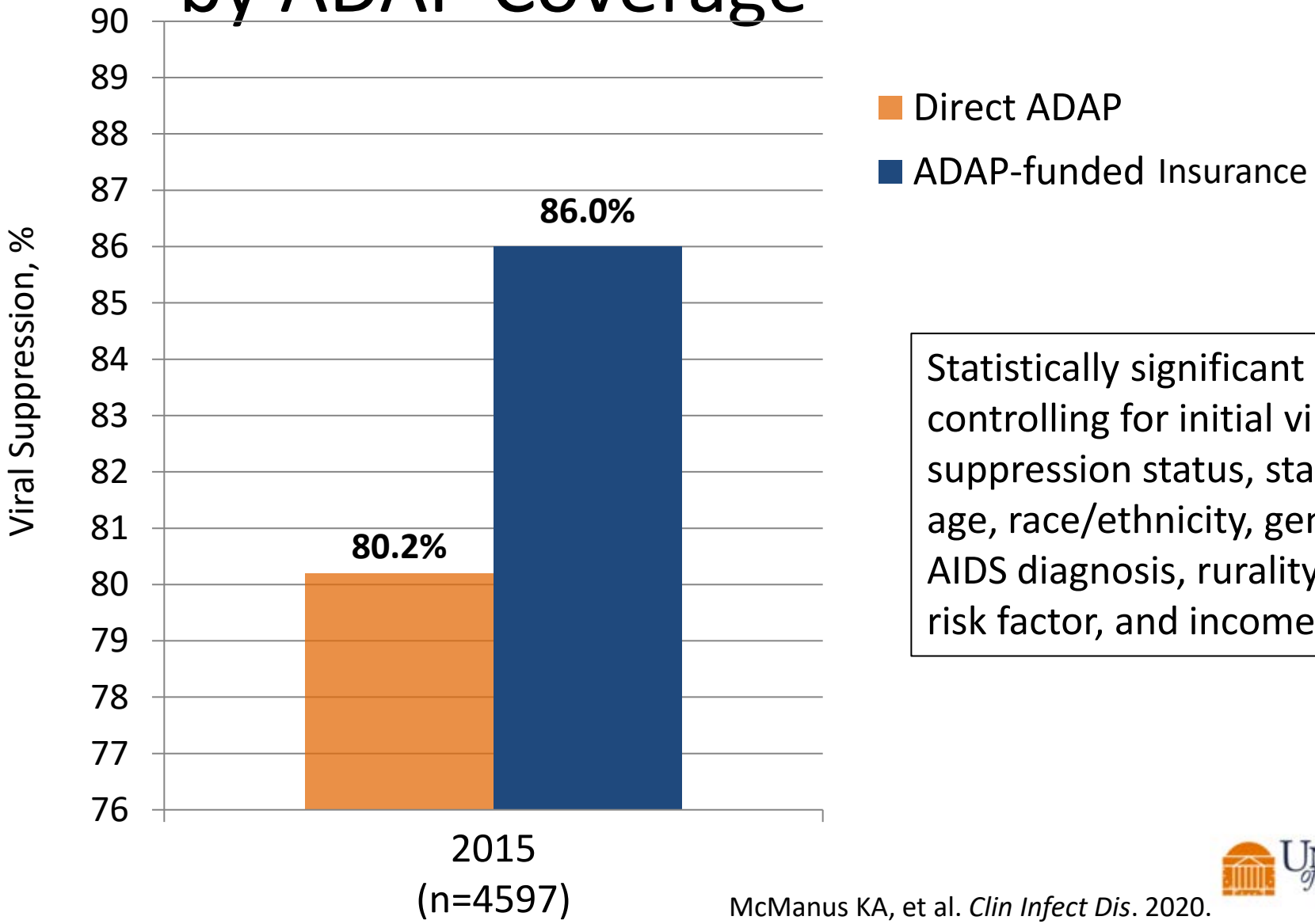
Multistate HIV Viral Suppression by ADAP Coverage



Statistically significant after controlling for initial viral suppression status, state, age, race/ethnicity, gender, AIDS diagnosis, rurality, HIV risk factor, and income.

McManus KA, et al. *Clin Infect Dis*. 2020.

University of Virginia

ADAP-funded Insurance: Number needed to treat/enroll

- Number needed to treat (NNT)/enroll in ADAP-funded Insurance for an additional person with HIV to achieve viral suppression

	NNT (95% Confidence Interval)
Overall	**20 (14.1-34.5)**

McManus KA, et al. *Clin Infect Dis*. 2020.

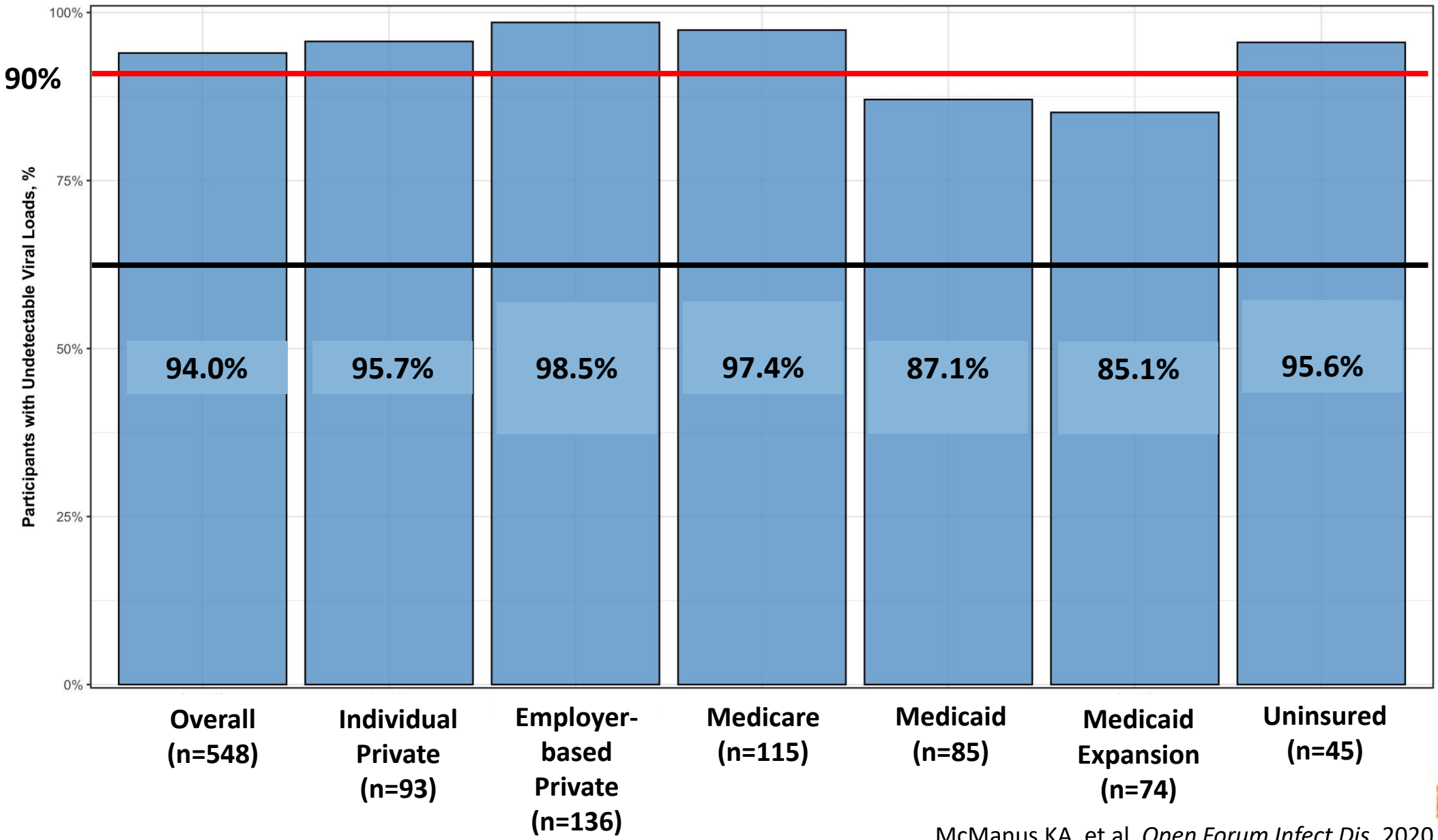
The Washington Post
Democracy Dies in Darkness

Virginia General Assembly approves Medicaid expansion to 400,000 low-income residents

By Laura Vozzella and Gregory S. Schneider
May 30, 2018 at 8:30 p.m. EDT

Senate Minority Leader Richard L. Saslaw (D-Fairfax), left, Sen. Emmett W. Hanger, Jr. (R-Augusta) and Senate Majority Leader Thomas K. Norment Jr. (R-James City) have a spirited discussion during the floor session of the Virginia Senate as it met to deal with the state budget at the State Capitol on May 22, 2018. (Bob Brown/AP)

Viral Suppression by Insurance Status, 2019



65-68% Historical Medicaid Viral Suppression Rates

McManus KA, et al. *Open Forum Infect Dis*. 2020.

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Important Step: Understanding Why

- Not the outcome we hoped to find
- We hoped to find equivalence

- Again, decided to talk to people about their experiences

Patients' Experience with Medicaid Expansion

- Participants had mostly positive perceptions of Medicaid both before and after enrollment.
- Most felt that their own health improved after Medicaid enrollment and that Medicaid allowed people with HIV to have good care.
- Specific Benefits Discussed:
  - affordability of care
  - access to HIV care and other medical and dental care
  - access to HIV and non-HIV medications
  - transportation assistance.

McManus KA, et al. *AIDS Res Hum Retroviruses*. 2022.

Patients' Experience with Medicaid Expansion

- However, some negative experiences were also reported.
- Negative Issues Discussed:
  - difficulty understanding insurance-related information
  - challenges with the enrollment and re-enrollment process
  - interruptions in access to care and medications due to re-enrollment problems or changes in insurance providers
  - unexpected increases in costs for medications or services not sufficiently covered
  - missed appointments due to cost concerns
  - unreliable transportation

McManus KA, et al. *AIDS Res Hum Retroviruses*. 2022.

Suggestions For Improvement From Participants

- More access or easier access to information about Medicaid and more explanation of Medicaid benefits

- Other suggestions from participants included
  - having more assistance with enrollment
  - improvements in the enrollment and re-enrollment processes
  - better coverage and lower cost to patients
  - improvements in the transportation assistance
  - ensuring uninterrupted timely access to medications

McManus KA, et al. *AIDS Res Hum Retroviruses*. 2022.

Ryan White | Medical Providers Coalition

Became part of HIVMA's Ryan White Medical Providers Coalition

Visit Capitol Hill with stories about:

- How Ryan White Clinics care for the whole person
- VDH innovation in HIV care in the setting of no Medicaid Expansion

University of Virginia

VDH

Became part of VDH's ADAP Advisory Committee

- Put expertise into practice
  - ADAP research
  - Real world ADAP experience as a clinician
- Working with VDH on current issues including prioritizing ADAP sustainability as antiretroviral costs continue to increase

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Maximizing an Academic-Public Health Partnership

- Lots of communication
- Understand that research is in addition to partners' full time job
- Becoming familiar with partners' deadlines/busy times
- Notify partners about deadlines well in advance
- Plan for 2+ weeks for review of written work

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Unified by pursuit of improving the health of people with HIV in Virginia

VDH

Time
Ideas
Education
Data
Opportunities

Time
Clinical Care
Research Skills
Research Results
Quantitative
Qualitative
Service

UVA

Time
Research Results
Quantitative
Qualitative

Virginia Medicaid
Department of Medical Assistance Services

Time
Education
Opportunities

University of Virginia

Increasing Timely Access to HIV Care: The Role of Medicaid

Chethan Bachireddy, MD, MSc, FACP, AAHIVS
Chief Medical Officer, Virginia Medicaid

The Problem

- Nationally, Medicaid covers **~40%** of adults with HIV.
- In Virginia Medicaid, more than **1 in 5** of those with a diagnosis of HIV are not currently receiving antiretroviral therapy (ART).
- **Consistent receipt of and adherence to ART is necessary** to achieve viral load suppression, which in turn reduces morbidity and mortality and prevents further transmission of HIV.
- **Insurance "churn" is common** and can result in interruptions in receipt of ART.

Source: "Insurance Coverage and Viral Suppression Among People with HIV, 2018". Kaiser Family Foundation. 2020.

How can we do **better**?

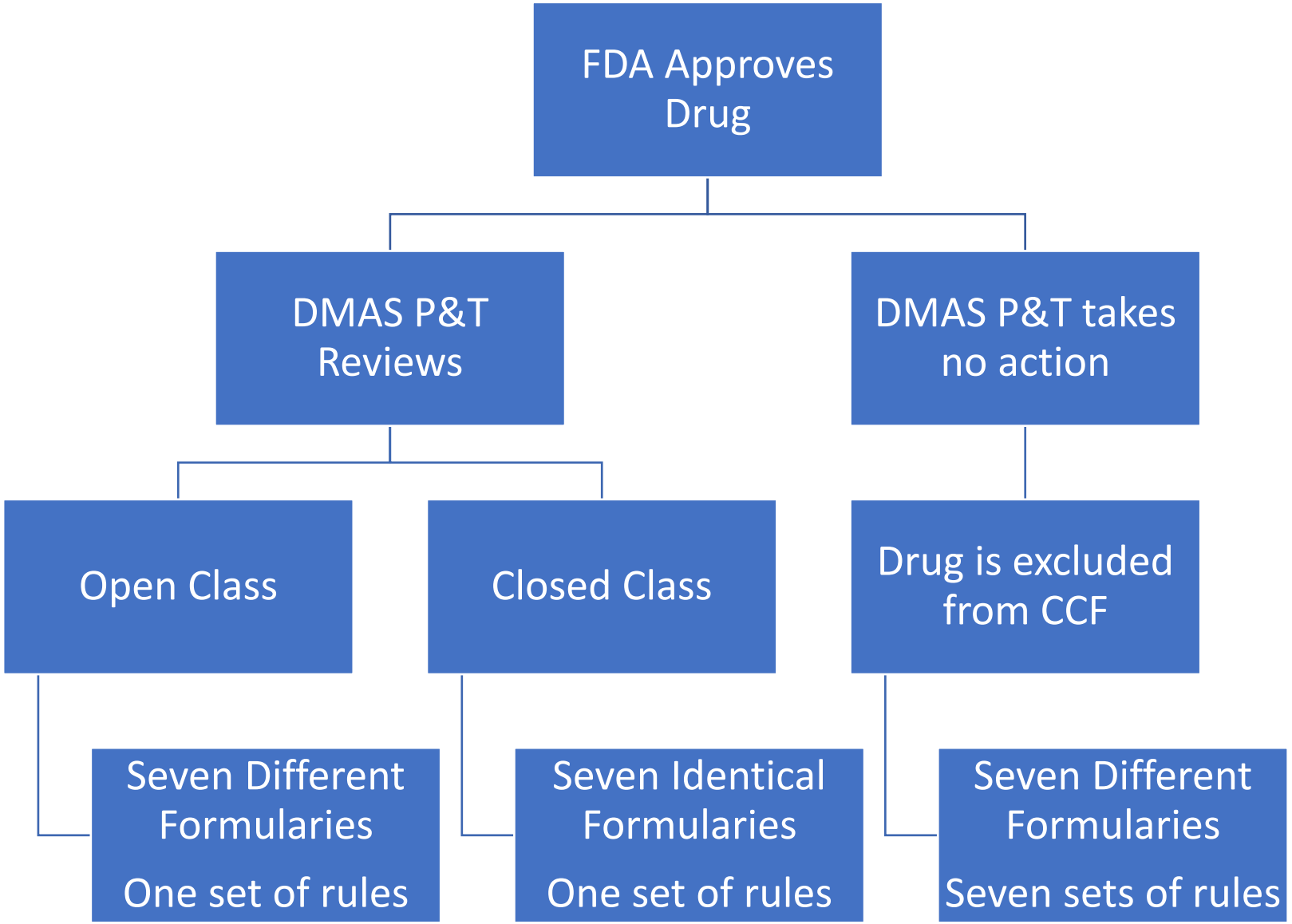
What if we **made it easy** to access HIV Care?

Seven Different Formularies, Seven Sets of Rules

- Only 22% of HIV drugs are preferred by all plans (i.e. no PA)
  - However, of these only Isentriss and Tivicay make the top 10 drugs dispensed
  - 32-58% of single-tablet regimens were restricted
  - Even when preferred, many drugs required specialty pharmacy dispensing

	FFS	MCO 1	MCO 2	MCO 3	MCO 4	MCO 5	MCO 6
TIVICAY	NOT MANAGED	QTY LIMITS	SPECIALTY QTY LIMITS	SPECIALTY	QTY LIMITS	DIAGNOSIS REQ QTY LIMITS	NONE
Tenofovir disoproxil / emtricitabine	NOT MANAGED	QTY LIMITS	SPECIALTY QTY LIMITS	SPECIALTY	QTY LIMITS	DIAGNOSIS REQ QTY LIMITS	NONE
DESCOVY	NOT MANAGED	QTY LIMITS	PA REQ	SPECIALTY QTY LIMITS	QTY LIMITS	NON-PREF DIAGNOSIS REQ QTY LIMITS	NON-FORM
SYMTUZA	NOT MANAGED	PA REQ	PA REQ	SPECIALTY	NONE	PA REQ	NON-FORM
BIKTARVY	NOT MANAGED	QTY LIMITS	SPECIALTY QTY LIMITS	SPECIALTY	QTY LIMITS	PA REQ QTY LIMITS	QTY LIMITS

The Common Core Formulary (CCF)



- MCOs must cover preferred drugs in the DMAS CCF
- No PAs or Step Therapy for most preferred drugs in the DMAS CCF
- Each MCO has a formulary for drugs not included in the DMAS CCF

P&T Recommendation beginning January 1, 2022 Seven Identical Formularies, One Set of Rules

- Add all HIV drugs preferred except Trogarzo
  - Clinicians may choose appropriate therapy for patients without PA restrictions for almost all drugs, with standardized criteria across plans
  - All first-line and Rapid Start therapies must be available at retail pharmacies
  - These therapies are eligible for 90 day supplies

	FFS	MCO 1	MCO 2	MCO 3	MCO 4	MCO 5	MCO 6
TIVICAY	NONE	NONE	NONE (Spec+Retail)	NONE (Spec+Retail)	NONE	NONE	NONE
Tenofovir disoproxil / emtricitabine	NONE	NONE	NONE (Spec+Retail)	NONE (Spec+Retail)	NONE	NONE	NONE
DESCOVY	NONE	NONE	NONE	NONE (Spec+Retail)	NONE	NONE	NONE
SYMTUZA	NONE	NONE	NONE	NONE (Spec+Retail)	NONE	NONE	NONE
BIKTARVY	NONE	NONE	NONE (Spec+Retail)	NONE (Spec+Retail)	NONE	NONE	NONE

Designing Systems Around People

- Align drug formularies between ADAP and Medicaid
- Remove prior authorizations on first line medications for HIV and co-occurring conditions
- Ensure first line medications are available in retail pharmacies (not just specialty pharmacies)
- Ensure that generalists as well as specialists can prescribe
- Allow 90-day supplies of maintenance medications
- Remove co-pays on medications
- Reimburse for telehealth visits
- Leverage pharmacy data to identify interruptions in care and activate outreach *(In Progress)*

How do you actually get this done?

- **Be Intentional** about your goals
- **Partner with Internal Champions** who can cut the path
- **Make the Case for Change** through data and narrative
- **Make it Easy** for decision-makers to say yes

This is a Cross-Cultural Enterprise that Requires Learning, Trust, Translation, and Persistence to Transform Systems of Care.

Questions?

Contact Information

Presenters:

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- Kathleen McManus, MD, Assistant Professor in Infectious Diseases and International Health at the University of Virginia km8jr@hscmail.mcc.virginia.edu
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TELL US WHAT YOU THINK >>

Help ASTHO evaluate
Medicaid and Public Health Partnerships in Virginia: Improving Access to Care for People Living with HIV by visiting https://bit.ly/3VOHCLe
on your device now!