



## **National ADAP TA Meeting Summary March 31 – April 2, 2006**

NASTAD convened its first National ADAP Technical Assistance (TA) Meeting March 31-April 2, 2006 at the Key Bridge Marriott in Arlington, VA. The purpose of the meeting was to provide AIDS directors and ADAP coordinators with programmatic, technical, and clinical information to help them meet the increasing challenges of providing medications to those in need. Representatives from 48 states, the District of Columbia, and three territories attended the meeting. Industry partners, representatives from HRSA/HAB and the Office of Pharmacy Affairs (OPA), and community group advocates were also in attendance. The meeting served as a valuable networking opportunity and venue for the sharing of ideas, strategies, and best practices. Several topics were discussed, including emergency preparedness, the Medicare Part D drug benefit, reauthorization of the Ryan White CARE Act, cost-containment, drug purchasing and pricing, ADAP/community group collaboration, and HIV/HCV co-infection. Presentations were also made on major findings from the National ADAP Monitoring Report and on NASTAD's technical assistance program. Detailed descriptions of key topics covered at the ADAP TA Meeting are as follows:

### **Day One**

Day One consisted of pre-conference meetings including an ADAP 101, overviews of drug purchasing/pricing issues and of the Medicare Part D drug benefit, an ADAP Crisis Task Force (ACTF) update, and breakout sessions by drug purchasing method. Lanny Cross (NY) and Dwayne Haught (TX) facilitated the ADAP 101 session, which provided general information about cost containment, formulary management, and the recertification process. Cross also led the [drug purchasing session](#), which provided an overview of drug pricing issues and the various drug purchasing mechanisms. Christine Rivera (NY) presented a breakdown of the various populations of Medicare Part D-eligible beneficiaries and the extent of drug coverage for each group during the [Medicare 101 session](#). The ADAP Crisis Task Force closed session consisted of introductions of the current Task Force members and an overview of the various pricing agreements with pharmaceutical industry partners.

### **Drug Purchasing Breakout Sessions**

Several themes emerged from the drug purchasing breakout sessions, including tracking and calculating rebates, ensuring that ADAPs receive the “best price” for drugs, managing access to Fuzeon, and determining the appropriateness of drug expenditures. Below are key topics discussed in each session.

### *Rebate States*

Rebate state session participants raised concerns about a variety of issues, including keeping rebate dollars in ADAP (rather than having them go to state general revenue funds), seeking rebates for expenses related to Part D, requests for client claims data from pharmaceutical companies, and managing access to Fuzeon. Technical assistance was specifically requested for the following topics:

- Tracking/calculating rebates
- Expenditure models to help prioritize and maximize funding
- Determining the appropriateness of expenditures for particular drugs

### *Direct Purchase States*

Discussion during the direct purchase state session focused on monitoring prices and rebates, conducting cost-benefit analyses related to combination drugs, individual state programs to monitor client adherence, and the need for assistance with administrative functions associated with the Part D benefit. Specific requests for technical assistance included:

- Developing a tool to help states monitor prices and ACTF-negotiated rebates
- Alerts from NASTAD immediately following FDA approval of new HIV-medications
- Assistance negotiating additional rebates from wholesalers

### *Hybrid States*

Much of the hybrid state session was devoted to a discussion of how to ensure that ADAPs are capturing all eligible rebates. Session participants shared information about mechanisms used to ensure that ADAPs are receiving the best price for prescription drugs. Participants also expressed interest in learning more about how other states monitor drug purchasing.

### **Opening Dinner**

Julie Scofield, NASTAD's Executive Director, welcomed conference attendees during the opening dinner. Dr. Victoria Jenkins provided a clinical update, recapping results of studies presented at the recent Conference on Retroviruses and Opportunistic Infections (CROI).

### **Day Two**

Day Two of the TA Meeting included a welcome by Michael Montgomery, NASTAD's chair and Chief of the California Office of AIDS, a keynote address, three plenary sessions, and four incidence-based caucus sessions. Dorothy Kevelle, founder of the National ADAP Working Group, delivered the keynote address. Her presentation focused on the importance of collaborations with an eye toward the future needs of ADAPs. Plenary I was devoted to [emergency preparedness](#) and included presentations from Beth Scalco (LA) and Nancy Abraham (IL). Meeting attendees requested technical assistance from NASTAD on this topic. They also expressed interest in obtaining other states' plans related to data storage, leadership/management, lab processing, communications, protocols for dealing with third party vendors, and pharmacy networks. Plenary II included a [presentation](#) on NASTAD's Technical Assistance program, an [overview of the ADAP Monitoring Report](#) by Jen Kates of the Kaiser Family Foundation, and a Reauthorization update. Plenary III consisted of a [presentation](#) and panel discussion on Medicare Part D (see description below). During the incidence-based caucuses, major topics covered included drug purchasing and pricing, cost containment strategies, improving access to care, and the Medicare Part D drug benefit (see descriptions below).

## **Medicare Part D**

Medicare Part D was a major focus throughout the TA Meeting. Questions raised during the Medicare Part D plenary related to seeking rebates on Part D co-pays, data sharing, and reporting to the TrOOP coordinator. Meeting participants expressed a need for clarification from HRSA regarding how to handle clients who do not enroll in Part D. There was also discussion about coordination of benefits, HIPAA, changing formularies on Part D plans, steering clients into a particular Part D plan, and the May 15<sup>th</sup> enrollment deadline and late enrollment penalty. Technical assistance was requested on comparing costs/cost-effectiveness of various forms of coordination with Part D and on SPAPs, how to set them up, and how to coordinate with existing SPAPs to wrap-around Part D.

## **Incidence-Based Caucuses**

### *High Incidence*

Participants in the High Incidence Caucus raised concerns about a variety of issues, many of which related to implementing the new Part D benefit. Discussion topics also included insurance purchasing, particularly mechanisms to establish cost-effective insurance purchasing programs. Technical assistance was specifically requested for the following topics:

- best practices of insurance purchasing
- working with HRSA and CMS to obtain “matching” data on Part D-eligible ADAP clients
- information about individual state successes and failures related to implementing cost-containment strategies

### *Medium Incidence*

Participants in the Medium Incidence Caucus also raised concerns about a variety of issues, many of which related to implementing the new Part D benefit. Discussion topics included establishing relationships and coordinating with particular prescription drug plans, choosing plans with formularies that meet client needs, identifying Part D-eligible ADAP clients, and predicting Part D cost savings. Caucus participants also expressed concern about facilitated enrollment of certain client sub-groups. Other issues covered during the session included establishing and coordinating with SPAPs, partnering with senior citizen groups and the disability community, and strengthening relationships with the pharmaceutical industry at the state level. Technical assistance was specifically requested for the following topics:

- invoicing (related to drug rebates)
- working with HRSA and CMS to obtain “matching” data on Part D-eligible ADAP clients
- establishing and coordinating with SPAPs
- collaborating with the pharmaceutical industry
- information about individual state successes and failures related to implementing cost-containment strategies

### *Low Incidence*

The Low Incidence Caucus session consisted of a general discussion of the need for more peer-to-peer TA and the possibility of organizing a regional TA opportunity with HRSA about cost containment issues. Medicare Part D was a key topic of conversation at the session. Participants discussed a need for more background on how other states made decisions about coordination

with Medicare Part D and about establishing and coordinating with SPAPs. Other issues raised included steering clients into a particular Part D plan and engaging the advocacy community. Specific requests for technical assistance related to the following topics:

- managing waiting lists in light of changes related to Medicare Part D
- financial forecasting
- strategies to achieve cost savings
- securing rebates on health insurance partial payments

### *U.S. Territories*

The U.S. Territories Caucus focused largely on sharing the various forms of TA available through NASTAD and obtaining feedback on the territories' needs. Participants discussed HIV surveillance, reporting, ADAP, and clinical care issues. They also expressed concerns about the impact on client access to care of the limited availability of clinicians trained in HIV, as well as stigma and discrimination. Participants agreed to greater information exchange with NASTAD in order to increase NASTAD's capacity to provide technical assistance.

### **Day Three**

Day Three of the TA Meeting consisted of concurrent workshops on a variety of specific topics related to administering ADAPs. Below are brief descriptions of each session.

#### *ADAP/Community Group Coordination*

John Coburn of [Health & Disability Advocates](#) led the ADAP/Community Group Coordination workshop, which focused on the importance of collaboration to maximize drug coverage for consumers and savings to ADAPs. Coburn discussed strategies to facilitate enhanced collaboration with the aging community and other Medicare beneficiary groups, as well as strategies related to establishing an SPAP and working with existing SPAPs to wrap-around Part D.

#### *Meeting Client Demands*

Julie Cross (CA) presented on California's innovative approach to evaluating and addressing the needs of clients. Participants discussed successes working with community partners and challenges related to case management and client refusal to enroll in Medicare Part D.

#### *HRSA and OPA Update*

Doug Morgan (HAB) and Jimmy Mitchell (OPA) discussed recent developments at HAB and OPA, including President Bush's funding request to help OPA assist entities in receiving the correct price and manufacturer rebates. Mitchell also mentioned a letter that will be sent to ADAPs clarifying the partial rebate issue. Morgan discussed the ADAP Supplemental and the President's FY2007 budget request for ADAP. Clarification was provided on opportunistic infection (OI) drugs to be reported in the ADAP quarterly report.

#### *HIV/HCV Co-infection*

Dr. Wayne Duffus (SC) provided an overview of the epidemiology of HIV and hepatitis C (HCV) in South Carolina and discussed challenges related to clinician and client education. He also discussed South Carolina's Supplemental Application to ADAP for access to HCV treatment and care.

### *Switching to Direct Purchase*

Steve Sherman (NC) provided an [overview](#) of North Carolina's experience in switching from a rebate to a direct purchase model.

### *ADAP Financial Forecasting Tool*

Focal Point, Inc., the contractor HRSA has employed to update the ADAP financial forecasting tool, presented an overview of the process used to update the tool as well as the preliminary tool itself. Attendees provided feedback on the tool and Focal Point agreed to work to incorporate concerns expressed. NASTAD will continue to follow up with development of the tool. Pilot testing is scheduled in several jurisdictions in April and May 2006.

### *Cost Containment Strategies*

Lanny Cross (NY) facilitated a discussion regarding cost containment strategies for ADAPs. There were many specific discussion points but most technical assistance needs centered around:

- managing waiting lists in light of changes related to Medicare Part D
- financial forecasting
- strategies to achieve cost savings
- securing rebates on health insurance partial payments
- formulary management