

## Background

In the United States (US), people with HIV (PWH) with low incomes who are uninsured or underinsured can receive core medical and support services from state Ryan White HIV/AIDS Program (RWHAP) Part B programs. For this population, the AIDS Drug Assistance Program (ADAP) is a component of RWHAP Part B that provides prescription drug coverage or subsidized insurance plan coverage.

In 2020, the COVID-19 pandemic upended the economy and led to record unemployment. The demand on income eligibility-based safety net programs may surge when economic disruptions occur.

## Objective

To explore how RWHAP Part B and ADAPs responded to the COVID-19 pandemic, what challenges they faced, and what innovations were developed in response

## Methods

Data were collected via the 2021-2022 NASTAD National RWHAP Part B and ADAP Monitoring Project Report, a cross-sectional survey of state, district, and territorial programs. The survey reports on RWHAP Part B and ADAP utilization, expenditures, and client outcomes. To understand the impact of COVID-19, Likert-style and open-ended questions were added to the 2021-2022 survey. Responses were collected between May - July 2021.

For the Likert-style questions, we calculated overall response rates for each question and reported at the national and regional level. Descriptive statistics were used to assess proportional differences.

For the open-ended questions, we utilized both an inductive and directed approach using content analysis. The quality of the data was assessed concurrently through the iterative development and refinement of the codebook. Codes present in >5% of responses are represented graphically using a situational map (Figure 1). Based on responses and reviewer interpretation, interconnected categories are represented using arrows/lines.

Challenges and innovations are described for five categories: Eligibility and Enrollment, Administrative, Medical, Ancillary Services, and Policy.

## Results

**Table 1:** Challenges During First Year of the COVID-19 Pandemic for ADAPs, Overall and by Region, 2020

Challenges	Total (n=47)		Region								p*
			Midwest (n=11)		Northeast (n=9)		South (n=15)		West (n=12)		
	n	%	n	%	n	%	n	%	n	%	
<b>Managing Client Eligibility</b>											0.4
Very Challenging	15	32%	3	27%	2	22%	5	33%	5	42%	
Somewhat Challenging	23	49%	3	27%	6	67%	8	53%	6	50%	
Not Challenging	9	19%	5	45%	1	11%	2	13%	1	8%	
Not Applicable	0	0%	0	0%	0	0%	0	0%	0	0%	
<b>IT issues - Document Sharing</b>											>0.9
Very Challenging	10	22%	1	9%	2	22%	4	27%	3	27%	
Somewhat Challenging	18	39%	5	45%	3	33%	6	40%	4	36%	
Not Challenging	16	35%	5	45%	3	33%	5	33%	3	27%	
Not Applicable	2	4%	0	0%	1	11%	0	0%	1	9%	
<b>IT issues - HIPAA-specific</b>											0.8
Very Challenging	6	13%	0	0%	1	11%	3	20%	2	17%	
Somewhat Challenging	12	26%	5	45%	2	22%	3	20%	2	17%	
Not Challenging	28	60%	6	55%	6	67%	9	60%	7	58%	
Not Applicable	1	2%	0	0%	0	0%	0	0%	1	8%	
<b>Staff Turnover</b>											0.06
Very Challenging	9	20%	1	9%	4	44%	1	7%	3	27%	
Somewhat Challenging	11	24%	4	36%	1	11%	6	40%	0	0%	
Not Challenging	20	43%	6	55%	3	33%	7	47%	4	36%	
Not Applicable	6	13%	0	0%	1	11%	1	7%	4	36%	
<b>Remote Work / Telework</b>											0.5
Very Challenging	9	19%	0	0%	2	22%	5	33%	2	17%	
Somewhat Challenging	24	51%	8	73%	4	44%	5	33%	7	58%	
Not Challenging	14	30%	3	27%	3	33%	5	33%	3	25%	
Not Applicable	0	0%	0	0%	0	0%	0	0%	0	0%	
<b>Churning on and off ADAP</b>											0.12
Very Challenging	5	11%	3	27%	0	0%	0	0%	2	17%	
Somewhat Challenging	25	54%	5	45%	5	56%	7	50%	8	67%	
Not Challenging	15	33%	3	27%	4	44%	7	50%	1	8%	
Not Applicable	1	2%	0	0%	0	0%	0	0%	1	8%	
<b>Churning within ADAP programs</b>											0.8
Very Challenging	5	11%	2	18%	1	11%	1	7%	1	8%	
Somewhat Challenging	24	52%	6	55%	4	44%	6	46%	8	67%	
Not Challenging	15	33%	3	27%	4	44%	6	86%	2	17%	
Not Applicable	2	4%	0	0%	0	0%	1	100%	1	8%	

**Table 2:** Innovations and Allowances Enacted by ADAPs During First Year of the COVID-19 Pandemic, Overall and by Region, 2020

Innovations & Allowances	Total (n=47)		Region								p*
			Midwest (n=11)		Northeast (n=9)		South (n=15)		West (n=12)		
	n	%	n	%	n	%	n	%	n	%	
<b>More than 30 days of Medication</b>											0.8
Did Offer	37	79%	9	82%	7	78%	10	67%	11	92%	
Did not Offer	6	13%	1	9%	1	11%	3	20%	1	8%	
Considered / Considering	3	6%	1	9%	0	0%	2	13%	0	0%	
Not Applicable	1	2%	0	0%	1	11%	0	0%	0	0%	
<b>E-certification for Eligibility</b>											0.4
Did Offer	29	62%	7	64%	3	33%	10	67%	9	75%	
Did not Offer	12	26%	3	27%	2	22%	4	27%	3	25%	
Considered / Considering	2	4%	0	0%	2	22%	0	0%	0	0%	
Not Applicable	4	9%	1	9%	2	22%	1	7%	0	0%	
<b>Newly started to Mail Medications</b>											0.05
Did Offer	11	23%	2	18%	0	0%	2	13%	7	58%	
Did not Offer	9	19%	1	9%	2	22%	4	27%	2	17%	
Not Applicable	27	57%	8	73%	7	78%	9	60%	3	25%	

**Figure 1:** Situational Map of Categories and Subcategories Describing the Challenges of COVID-19 and Subsequent Innovations Implemented by RWHAP and ADAPs



## Results

Forty-seven state and D.C. programs responded to the Likert-style COVID-19 questions (92% response rate) and 45 responded to the open-ended questions (88% response rate).

## Challenges

ADAPs indicated the maintenance of client eligibility was the most challenging issue (81%, 'very' or 'somewhat')(Table 1). 44% of ADAPs found staff turnover to be 'very' or 'somewhat' challenging, and 60% found remote work to be 'very' or 'somewhat' challenging. Qualitatively, RWHAP Part B programs noted clinic closures (22%) and delayed or closed lab services (20%) to be challenging.

## Innovations

The majority of ADAPs allowed clients to obtain more than a 30 day supply of medications (79%), particularly in West states (92%)(Table 2). 62% developed e-certification for assessing eligibility, and 23% elected to deliver medications through mail. RWHAP Part B programs noted the development of a new telehealth platform (29%), secure document sharing and emailing applications (20%) and the introduction of grace periods and/or waivers to continue providing coverage (20%).

## Conclusions

Overall, our findings characterize the measures RWHAP Part B and ADAPs took to provide clients with essential services during the first year of the COVID-19 pandemic. Further study is warranted to evaluate the impact these innovations had for patients and what adopted flexibilities can be extended to optimize service delivery beyond the pandemic.

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