Exploring the Changing Landscape of Partnerships in HIV Care

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Happy Birthday Diana

Dianna loves the refrigerator
and is hard to keep out.
She is persistent and
has a temper.

so what has changed?
25,690 people living with HIV
5,200 enrolled in AIDS Drug Assistance Program (ADAP)

Summary of Persons Living with HIV Disease in Virginia as of December 31, 2013

- Male: 74.4%
- Female: 25.6%

Age at Diagnosis:
- 55+
- 45-54
- 35-44
- 25-34
- 15-24

Transmission Risk:
- Men who have sex with men (MSM): 56.9%
- Heterosexual contact: 23.4%
- Injection drug use (IDU): 12.5%
- MSM-IDU: 5.1%
- Other (perinatal and receipt of blood products): 2.1%

Ethnicity:
- Black, non-Hispanic (59.6%)
- White, NH (30.1%)
- Hispanic (7.5%)
- Asian/Hawaiian/PI (1.2%)
- Other (1.5%)
- Population 8.3M
- Politically red and blue, jurisdiction by jurisdiction
  - Democratic Governor and Republic General Assembly
- Adjacent to the nation’s capitol
- Heavy military infrastructure
Virginia’s Third Party Payer Environment

• No high risk insurance pool prior to Affordable Care Act (ACA) implementation
• Virginia implemented the first HIV specific State Pharmaceutical Assistance Program (SPAP)
• Virginia remains embattled over Medicaid expansion
Virginia ADAP
Clients Served and Enrolled
2009-2014

[Graph showing clients served over time with a peak labeled "waitlist"]
Communicate Early, Often, and Openly

• Have a communication plan
  – Establish frequency and mechanisms
  – Vet through leadership
  – Use talking points to improve consistency

• Operate transparently
  – Share projections, expenditures, perspectives

• Use all existing forums
  – Like community planning groups, planning councils, public hearings, contractors meetings, trainings...
Increasing stakeholder interest and engagement

• Maintain longstanding collegial relationships in good and bad times

• Build on prior successes
  – SPAP
  – Budget amendment

• Follow the community’s lead
  – Legislative requirement to report annually to the General Assembly
Health Care Reform
COMFORT ZONE

THINGS THAT MAKE LIFE WORTHWHILE AND INTERESTING
What is the Insurance Regulatory Structure?

- Bureau of Insurance
- State Corporation Commission
- General Assembly
- Office of Licensure and Certification
- Virginia Department of Health
- Secretary of Health and Human Resources
- Governor
Stakeholder Evolution

- Elected and appointed officials
- Legislative staff
- Lobbyists

- Insurance Carriers
- Pharmaceutical Manufacturers

Vulnerable Populations

Consumers

Other Service Providers

Medical Service Providers

- Professional Associations
- Medical Societies

- Health System Administrators
- ACA enrollment proponents
ADAP Enrolled by Program: 2012 to 2015

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<th>Month</th>
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<th>ICAP</th>
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Legend:
- Direct ADAP
- Medicare D
- PCIP
- ICAP
- ACA
ADAP Makes the Medicaid Expansion Case

All ADAP Enrolled by Federal Poverty Level

- 59.8% less than 100% FPL
- 20.9% 101 to 138% FPL
- 12.4%* 139 to 250% FPL
- 7.0% 251 to 400% FPL

*Eligible for Medicaid
Clients Receiving a Medication/Copayment Charged to ADAP

![Bar chart showing clients receiving a medication/copayment charged to ADAP from January 2012 to January 2015. The chart includes data for Direct ADAP, MPAP, PCIP, ICAP, and ACA.]
Next Steps

• Improve data sharing
• Leverage progress in other areas
• Incorporate new stakeholders in established structures
If you want something you've never had then you've got to do something you've never done.