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"Disease Management Programs HIV/AIDS"
Disease Management Colloquium
Philadelphia, PA
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Scott C. Howell, DO, MPH&TM, CPE

AIDS Healthcare Foundation Bureau Chief, Southeast and Caribbean Regions

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AIDS Healthcare Foundation RECAP: **Managing HIV/AIDS Populations in State or Federal Programs**

- FULL Risk-Bearing Medicaid MCO in California for AIDS diagnosis
  - Successful 10 year history of shared savings
  - Never had to use reinsurance
  - Expertise in utilization review
  - Successful inspections by MediCal and CMS-Medicare
- Disease Management Florida HIV/AIDS
  - **10,000** covered lives in all 67 Counties
  - Saved **$21 Million** net in 65 Counties from 1 July 99 through 1 Nov 01
    - SSI, TANF and PAC Waiver

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AIDS Healthcare Foundation RECAP

Depth of Medical HIV/AIDS Expertise

- 14 Domestic Medical Clinics
  - 30 Board Certified Physicians
  - 20 certified AAHIVM physicians
- 13 International Clinics: Uganda, South Africa, Zambia, Honduras, Haiti
- Medical Advisory Board from Top Academic Institutions: UCLA, USC, U of Miami, etc…..
- Nine Pharmacies with specialized HIV pharmacists
  - 16,000 Rx per month; 340(b) program
- Nationally Recognized Adherence Program

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Paradigm Shift in HIV/AIDS

The initiation of Protease Inhibitors in 1995 transformed treatment modalities from ACUTE treatment of inpatient opportunistic infections to CHRONIC outpatient viral suppression

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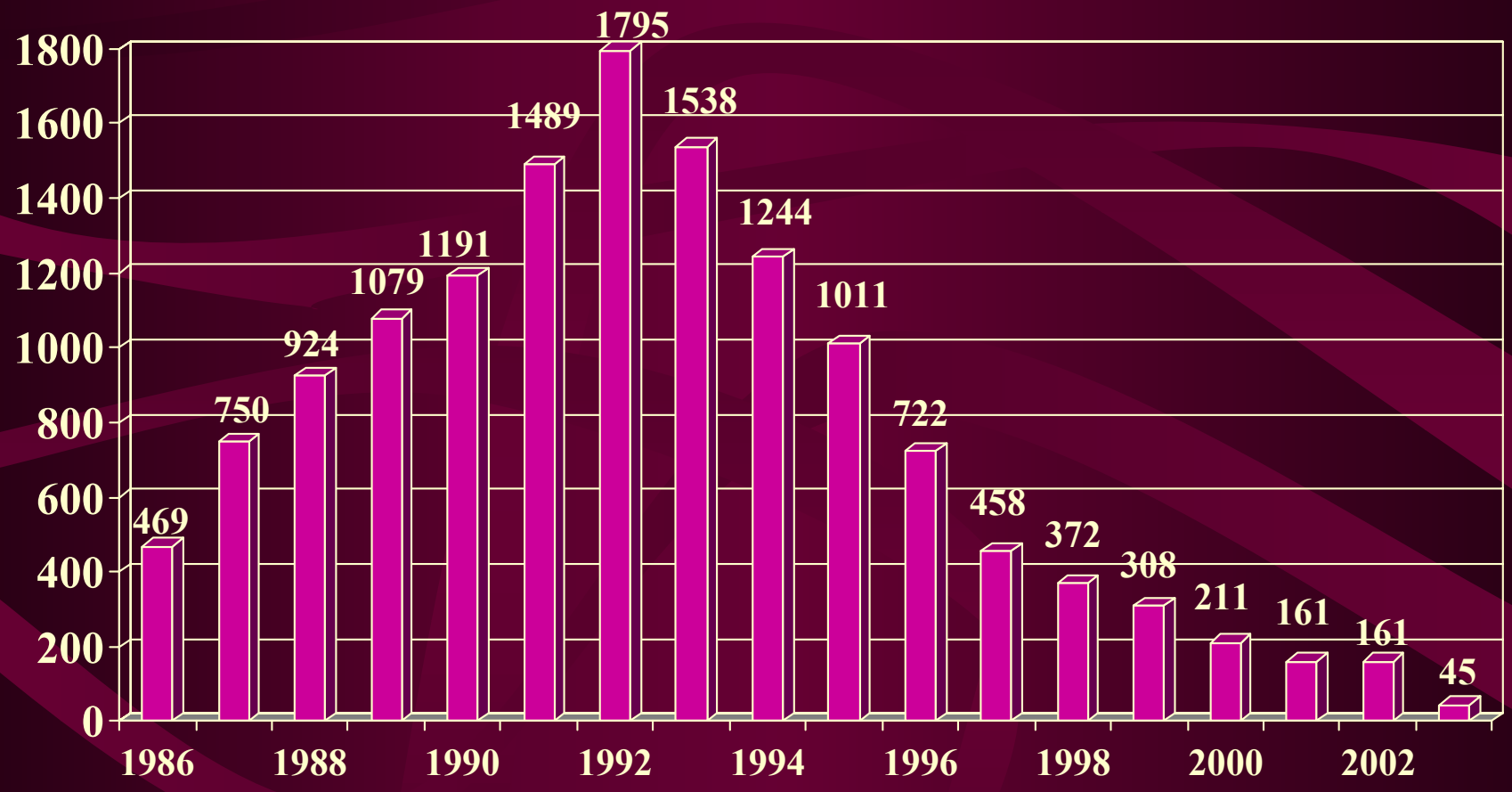
Pennsylvania Annual Incidence 1986-2003
Current AIDS Mortality: Year of Diagnosis



Death Rate by Year for AIDS Diagnosis

Source: Pennsylvania Department of Health; HIV/AIDS Surveillance Biannual Summary; 31 Dec 03

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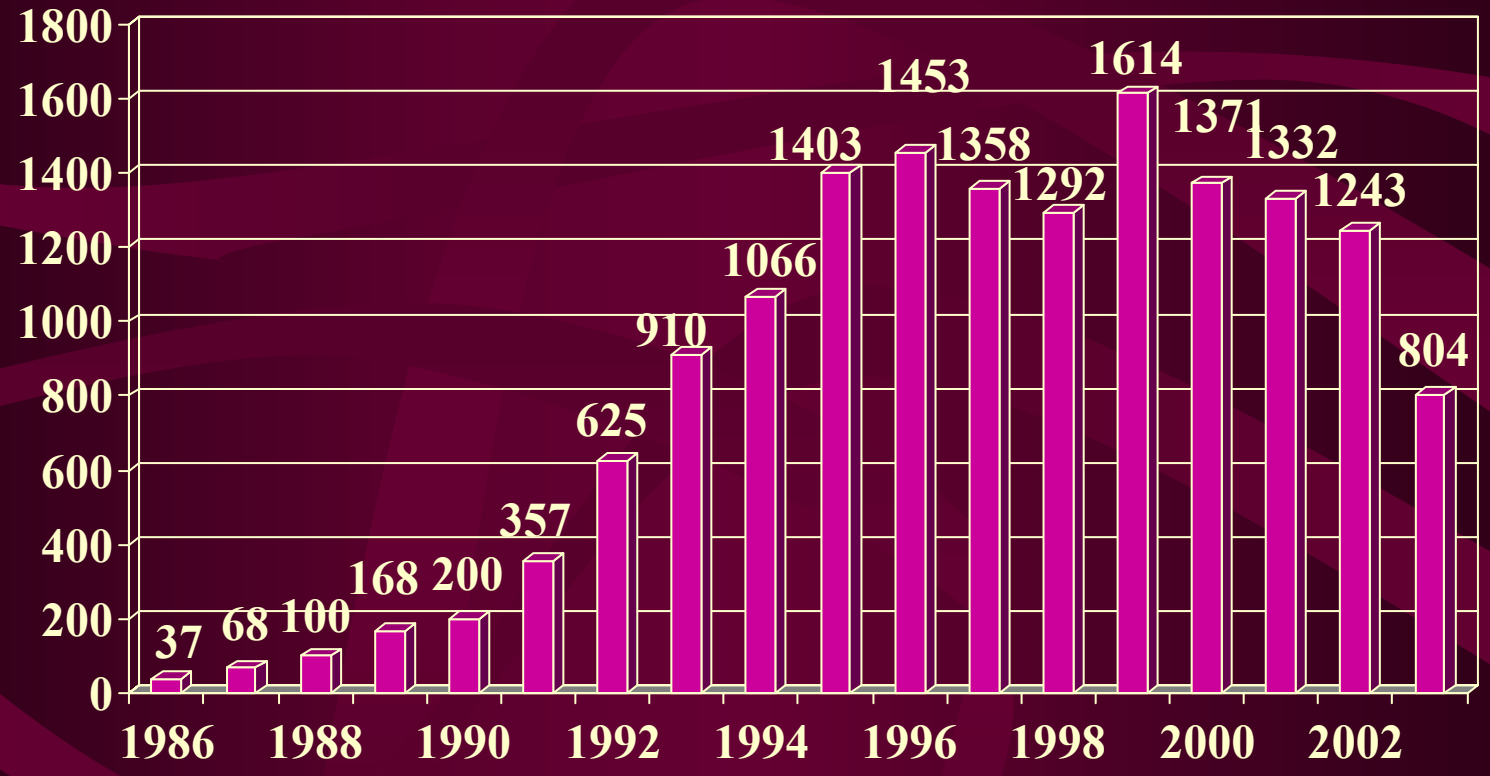
Pennsylvania Annual Incidence 1986-2003
Current AIDS Living: Year of Diagnosis



Alive Rate by Year for AIDS Diagnosis

Source: Pennsylvania Department of Health; HIV/AIDS Surveillance Biannual Summary; 31 Dec 03

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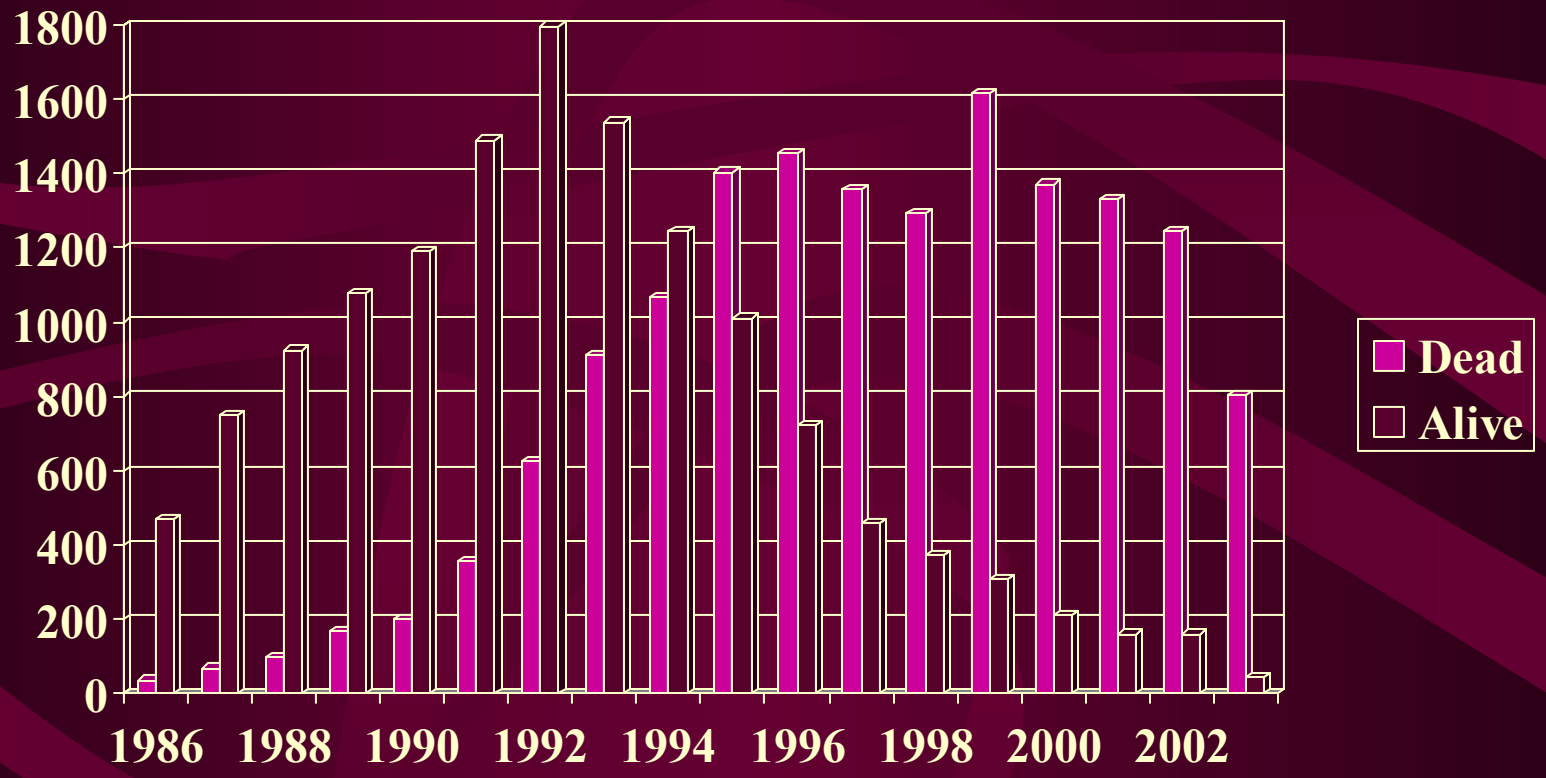
Pennsylvania Annual Incidence 1986-2003 Current AIDS Mortality and Living: Year of Diagnosis



Combined Dead and Alive AIDS Cases by Year

Source: Pennsylvania Department of Health; HIV/AIDS Surveillance Biannual Summary; 31 Dec 03

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HIV/AIDS Disease Management?

HIV/AIDS is UNLIKE the other standard disease management illnesses of congestive heart failure, asthma, diabetes mellitus or hemophilia

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HIV/AIDS Disease Management?

HIV/AIDS is still a **PUBLIC HEALTH** concern with potential sexual and blood-borne transmission.

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Indirect Benefits

- States that initiate HIV/AIDS disease management programs gain in not only optimizing individual care but also INDIRECTLY through population dynamics by reducing HIV, Hepatitis B, STD and tuberculosis transmissions

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HIV/AIDS Disease Management?

- Why would HIV/AIDS be considered for Disease Management or Capitation?
  - Long-Term Progressive Disease
  - Effective Treatment with Antiretrovirals
  - Problematic Adherence to Medications
  - Extremely Expensive Treatment Failures for Salvage Therapies and Hospitalizations

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Virologic Failure Definition

- Virologic Failure:
  - Confirmed HIV RNA level >400 copies/ml after 24 weeks, > 50 copies/ml after 48 weeks or a repeated HIV RNA level > 400 copies/ml after prior suppression of viremia below 400 copies/ml

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Treatment Naïve Recommendations

Preferred Regimens	Regimens	No. of Pills
NNRTI -based	**Sustiva + (3TC/FTC) + (AZT/TFV)**	**2-3 pills**
PI-based	**Kaletra + (3TC/FTC) + AZT**	**8-9 pills**
Alternative Regimens		
NNRTI-based	Sustiva + (3TC/FTC) + (ABC/DDI/D4T)	2-4 pills
	Viramune + (3TC/FTC) + AZT/D4T/DDI/ABC/TFV)	3-6 pills
PI-based	Reyataz +(3TC/FTC) + (AZT/D4T/ABC/TFV) or (TFV and RTV)	3-6 pills
	Lexiva + (3TC/FTC) + (AZT/D4T/ABC/TFV/DDI)	5-8 pills
	Lexiva/Norvir + (3TC/FTC) + (AZT/D4T/ABC/TFV/DDI)	5-8 pills
	Crixivan/Norvir + (3TC/FTC) + (AZT/D4T/ABC/TFV/DDI)	7-12 pills
	Kaletra + (3TC/FTC) + (AZT/D4T/ABC/TFV/DDI)	7-10 pills
	Viracept + (3TC/FTC) + (AZT/D4T/ABC/TFV/DDI)	5-8 pills
	Fortovase/Norvir + (3TC/FTC) + (AZT/D4T/ABC/TFV/DDI)	13-16 pills
3 NRTI-based	ABC +AZT +3TC (only when preferred or alternative can't be used)	

Department of Health and Human Services Guidelines: 29 Oct 04

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Treatment Goals

- Reduce HIV-related morbidity and mortality
- Improve quality of life
- Restore and preserve immunological function
- Maximally and durably suppress viral load

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Review of Preferred Regiments

- NNRTI-Based
  - Viread/Emtriva/Sustiva or Combivir/Sustiva
- Protease Inhibitor-Based
  - Kaletra/Combivir

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NNRTI-Based Regiments

- Gilead Sciences Study 934
  - Preliminary 48 week data of the Phase III multicenter open label 96 week clinical trial
  - Compared two treatment preferred regiments:

Viread/Emtriva/Sustiva

Verse

Combivir/Sustiva

Analysis of n=487 patients

End point TLOVR: Time to Loss of Virologic Response algorithm Viral Load of > 400 copies/ml

84% with Undetectable Viral Loads< 400 copies/ml 48 weeks

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Protease Inhibitor-Based Regiments

- Kaletra Containing Regiments
  - Study M98-863 compared Kaletra to Viracept with 2 NRTIs in 653 treatment naïve people
    - **60 weeks data demonstrates 64%** on Kaletra have viral loads < 50 copies/ml
  - Study M97-720 Kaletra dosing equivalence of 100 treatment naïve people
    - **96 weeks data showed 78%** had viral loads < 50 copies/ml
    - After 4 years 70% had viral loads < 50 copies/ml

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What Does all Mean?

- The first naïve treatment regiment is the best for maximal and durable suppression.
- The treatment regiments today in CLINIAL TRIALS is at best 84% to < 400 copies/ml

Outside of clinical trials with barriers of social factors, socio-economic conditions, stigma, and medication adverse reactions the reality of suppression is **40-50%**

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Barriers to Treatment

- Social Stigma
  - Program that integrates into the different AIDS Service Organizations (ASOs)
  - Integrate into social service organizations
  - Integrate with Ryan White programs and ADAP pharmacies
    - Transitions into programs without losing interruptions of antiretrovirals

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Florida Medicaid Program

Budget	$8.8 billion FY 00-01 $15 billion FY 05-06
Expenditures	41st in nation per capita expenditures
Eligibles	2.1 million 4th largest Medicaid population in US
Providers/Plans	81,000 FFS Providers 11 Medicaid HMOs
Managed Care Systems	•PCCM 39% •HMO 60% •PSN 1%
Claims	•116 millions claims annually •450,000 daily

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Florida Medicaid DM HIV/AIDS Current Perspective

- Why HIV/AIDS DM in Florida?
  - 95, 141 Floridians living with HIV/AIDS
    (December 2003, Florida Department of Health)
  - 22,191 Medicaid Recipients are living with HIV/AIDS
    (June 2004, AHCA)

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Florida Medicaid DM Initial Objectives

- Provide and test disease management models
- Encourage the organization and delivery of services resulting :
  - Better Educated Consumers
  - Promoting Best Practices
  - Improved Care
  - Improved Health Outcomes
  - Reduced Inpatient Hospitlaization
  - Reduced Emergency Room Visits
  - Lower Total Costs

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Florida Medicaid DM HIV/AIDS Current Perspective

- Medicaid Service Provision
  - Medicaid HMO (no PAC)
  - Fee for Service
  - Promary Care Case Managament (MediPass)
    - Disease Management
    - Home and Community Based Waiver (Project AIDS Care –PAC)

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Florida Medicaid DM HIV/AIDS Successes

- Enrollment
  - "On the ground" Nurse Care Manager presence
  - Face to Face Initial Assessment
- Barriers:
  - Stigma of Illness
  - Program Branding
  - Beneficiary Contact Information
  - "Churn"-loss of Medicaid eligibility

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Florida Medicaid DM HIV/AIDS Successes

- Data
  - Identification of Outliers
  - Implementation of Prior Authorization fro Certain Drugs
- Clinical Practice
  - Reaching Rural Providers
  - Reaching Providers with small HIV/AIDS practice
- Outcomes
  - Decreased Inpatient LOS
  - Decreases Medical Claims Costs

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What Does all Mean?

HIV/AIDS disease progression will continue for many and more complex treatment regimens follow along with morbidity of opportunistic infections associated with immune-destruction.

Disease Management or capitation is essential to eliminate these barriers to attain maximum and durable viral suppression