AIDS Drug Assistance Program (ADAP) Advisory Committee Meeting

Agenda

October 30, 2019

4:00pm-5:00pm

Description & Teleconference Details
Dial In Number: 866-845-1266
Participant Passcode: 37681298

- **Welcome and Introductions (Dr. Brennan)**

- **<u>A</u>ntiretroviral Improvement among <u>M</u>edicaid Enrollee<u>S</u> (AIMS) (Facilitated by Anne Rhodes)-Handout provided**
    1. **Background information of the study**
    2. **Open discussion of role of AAC**
    3. **Final Questions or Comments**

Preview

- **Long acting ARV drugs**
- **Delstrigo on formulary**

Antiretroviral Improvement among Medicaid EnrolleeS (AIMS):
An Insurance-Based Data to Care Intervention

Project Summary and Role of the ADAP Advisory Committee

Antiretroviral therapy (ART) has transformed the health landscape, with effective ART decreasing morbidity, mortality, and onward HIV transmission [1, 2]. While ART is recommended for all people living with HIV (1), an estimated 1 in 5 of the nearly 700,000 Americans diagnosed with HIV and in care do not receive ART [3] and an estimated 30% of providers do not prescribe it [4]. Reasons for lack of ART use are complex: Providers may defer ART initiation due to clinical or social barriers to patient adherence (e.g., mental illness, homelessness), patient affordability concerns, or disagreement with or lack of knowledge about HIV guidelines [5]; patients, on the other hand, may refuse ART prescriptions, stop taking medication due to adherence challenges, or fall out of care [3-4, 6].

Data to Care initiatives, which leverage real-time data to support the HIV care continuum, identify those in need of HIV care services and facilitate service linkages. Early Data to Care findings using surveillance data are promising [7-9]. However, evidence is limited, primarily focusing on individuals out of care for an extended period and addressing patient-level barriers to ART use. We propose to fill these gaps through earlier identification of patients at risk of falling out of care, by using additional real-time data sources, and by addressing patient and provider barriers to ART use.

In the current study, we will leverage real-time administrative claims from Virginia's statewide Medicaid program and HIV surveillance data from Virginia Department of Health (VDH) to implement ***A****ntiretroviral* ***I****mprovement among* ***M****edicaid Enrollee****S*** *(**AIMS**): An Insurance-based Data-to-Care Intervention in Virginia*. We have the following aims:

1) Validate an algorithm to identifying people diagnosed with HIV using real-time Medicaid claims and HIV surveillance data
2) Implement and evaluate AIMS, a cluster randomized, controlled insurance-based Data to Care intervention with peer-to-peer provider consultation for providers who are not prescribing ART or enhanced patient support to improve ART adherence for Medicaid enrollees with late ART prescriptions >30 days
3) Conduct a cost-effectiveness analysis of the AIMS patient- and provider interventions

Participation of Virginia's ADAP Advisory Committee (AAC) is crucial to the successful completion of this study. As part of the Data to Care intervention, we propose a provider intervention consisting of a brief peer-to-peer provider consultation. In this consultation, an AAC member will review reasons for lack of ART prescription, share best practices and guideline-based treatment recommendations, suggest methods for overcoming provider- or patient-level barriers to ART prescribing and adherence, provide lists of potential resources, and/or collect important data about barriers encountered by providers who do not prescribe. As leaders in the field of HIV care who are intimately familiar with HIV treatment guidelines, state-of-the-art knowledge of ART regimens, and real-world barriers faced by providers of HIV care in Virginia, the AAC will provide indispensable expertise. We request the AAC's assistance as follows:

1) **Collaborate with VDH and Virginia Commonwealth University to inform development of provider-level intervention materials.** Materials include a script for provider peer-to-peer consultations, outreach and recruitment plans, and resource packets.
2) **Implement the provider-level intervention.** An AAC member or their designee will conduct the proposed peer-to-peer provider consultation, provide messaging on ART initiation, and distribute resource packets. AAC members or study staff will also collect data on provider barriers to ART prescribing.

This study will provide critical evidence-based knowledge for providing timely support to patients not accessing ART and their providers. In so doing, study findings can contribute to improved individual and population health for all people living with HIV both in Virginia and beyond.

References

1. Antiretroviral Therapy Cohort Collaboration. Life expectancy of individuals on combination antiretroviral therapy in high-income countries: a collaborative analysis of 14 cohort studies. Lancet 2008;372:293-99.
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3. Iqbal K, Huang YA, Peters P, Weidle P, Hoover K. Antiretroviral treatment among commercially insured persons living with HIV in an era of universal treatment in the United States - 2012-2014. AIDS Care 2018;30:1128-34.
4. Weiser J, Brooks JT, Skarbinski J, West BT, Duke CC, Gremel GW, et al. Barriers to universal prescribing of antiretroviral therapy by HIV care providers in the United States, 2013-2014. J Acquir Immun Defic Syndr 2017;74:479-87.
5. Beer L, Weiser J, Shouse RL. Trends in provider-advised HIV antiretroviral therapy deferral in the United States, 2009-2014. AIDS Care 2019;31:821-26.
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7. Beltrami J, Dubose O, Carson R, Cleveland JC. Using HIV surveillance data to link people to HIV medical care, 5 US states, 2012-2015. Public Health Rep. 2018;133:385-91.
8. Sweeney P, Hoyte T, Mulatu MS, Bickham J, Brantley AD, Hicks C, et al. Implementing a Data to Care strategy to improve health outcomes for people with HIV: A report from the Care and Prevention in the United States Demonstration Project. Public Health Rep 2018;133(Suppl 2):60S-74S.
9. Tesoriero JM, Johnson BL, Hart-Malloy R, Cukrovany JL, Moncur BL, Bogucki KM, et al. Improving retention in HIV care through New York's expanded partner services Data-to-Care pilot. J Public Health Manag Pract 2017;23:255-63.