

Ryan White and a Reformed Health System: Grantee Perspectives on the Next Reauthorization



Overview of Presentation

- Health reform provisions most affecting people living with HIV/AIDS
- ADAP perspective – Christine Rivera
- Clinic perspective – Donna Sweet, MD
- CBO perspective – Joseph Interrante
- Steps for next Ryan White reauthorization
- Discussion

The Affordable Care Act

- Most far reaching health legislation since the creation of the Medicare and Medicaid programs in the 1960s.
- Establishes a mandate that all U.S citizens and legal residents maintain health insurance
- Provides subsidies to help low-income people maintain insurance
- Most significant changes are enacted in 2014

The Affordable Care Act – Medicaid & Medicare

- Medicaid expanded to all individuals under 65 with incomes up to 133% FPL (\$14,400) in 2014
- States have the option beginning in 2011 to expand to childless adults
- ADAP expenditures will count towards TrOOP under Medicare Part D
 - 50% reduction in cost of on-formulary brand name drugs during donut hole
- Phase down of donut hole to 25% in 2020

The Affordable Care Act – Private Insurance

- Creation of health insurance exchanges
 - Portals for consumers to compare and buy health plans
- Subsidies available up to 400% FPL for purchasing of private insurance
- Creates mandatory benefits package – prescription drugs, prevention services, etc.
- Eliminates lifetime limits

Health Care Reform & RWCA Reauthorization

The ADAP Perspective

Christine Rivera

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Health Reform and ADAP

- ADAP and RW partners play a critical role in engaging PLWHA's in health care.
- Engaging and retaining people in HIV health care is critical to public health efforts to reduce new infections and improve the health and quality of life for PLWHA's.
- Health reform provides the framework for access to care but it does not guarantee access to care.

Health Reform and ADAP

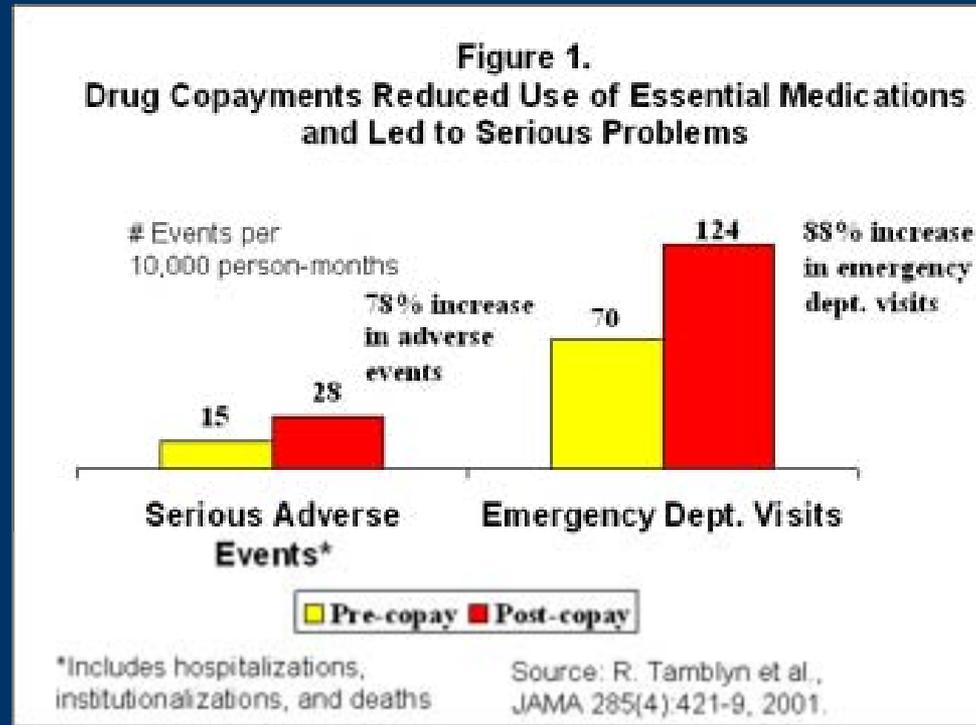
- The need for supportive services including case management, transportation, home health care, stable housing, coverage negotiation and others are not mitigated by access to health insurance.
- Ensuring continued engagement in care will require RW ADAP and Part B support systems to fill the gaps that access to health insurance implies.

Health Reform and ADAP

- ADAP opportunities;
 - High Risk Pools – 2010,
 - ADAP will count toward True Out Of Pocket, TrOOP, Expenditures under Medicare Part D – 2011,
 - Medicaid expansion to non-disabled at 133% of FPL across the country - 2014,
 - Insurance Exchanges and mandatory health coverage enrollment – 2014.

Health Reform and ADAP

- Studies show that as health care cost sharing increases people access less preventive and ongoing health care and more emergent and costly health care.



Health Reform and ADAP

- Costs for coverage through insurance exchange plans are beyond the reach of people who rely on ADAP and RW for assistance. Even with subsidies, people living with HIV and AIDS will face significant costs for health care coverage.

Health Reform Cost Sharing

	Income	Health Exchange Costs			After Tax income	Health Exchange Costs	
		Premium %	Cost Share %	Dollars		Percent of Income*	
Federal Poverty Level						pre - tax	post - tax
200%	\$21,672	4.0%	15.0%	\$4,118	\$17,182	19.0%	24.0%
250%	\$27,090	6.3%	27.0%	\$7,657	\$21,374	28.3%	35.8%
300%	\$32,508	8.1%	30.0%	\$8,583	\$25,564	26.4%	33.6%
350%	\$37,926	9.5%	30.0%	\$9,553	\$29,362	25.2%	32.5%
400%	\$43,344	9.5%	30.0%	\$10,068	\$33,011	23.2%	30.5%

Notes -

* Post Tax income assumes 7.65% deduction for SS and Medicare and Federal Income tax only
state income tax will further reduce available income.

Health Reform and ADAP

- To adhere to RW payer of last resort requirements and assure access to care, ADAPs and Part B providers will need to review their enrollment and utilization by coverage categories to refine expenditure projections and implement revised program planning to meet the needs of the emerging categories of eligible enrollees.

ADAP – no other coverage

ADAP - Medicare

ADAP – Medicare and Retiree Coverage

ADAP – Private Self Pay Insurance

ADAP – COBRA Coverage

ADAP – Risk Pool Coverage

ADAP - Employer Based Coverage

ADAP - Exchange Coverage

ADAP – Medical Needy Medicaid Coverage

ADAP – PRUCOL Coverage

ADAP – Transitional Coverage

ADAP – etc., ADAP – etc., ADAP – etc.

Health Reform and ADAP

- ADAPs will be required to develop systems and operational capacity to coordinate health care reform opportunities with RW funding to ensure access to comprehensive health care services for all people living with HIV and AIDS.
- The original intent of the Ryan White CARE Act was to fill gaps in care/support services for people living with HIV and AIDS. This intent must remain intact both now and into the future.



The Clinic Perspective

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Medical Practice Association Ryan White Programs

20 Years of Leadership
A LEGACY OF CARE



20th RYAN WHITE ALL GRANTEES MEETING AND 10th ANNUAL CLINICAL CONFERENCE

Facing Facts...

Changes starting in 2014 in the health reform laws will lead to health insurance coverage needed for

32 million more people

<http://www.kaiserhealthnews.org/Daily-Report.aspx>, 7/28).

Facing Facts...

- Fewer HIV experts will be available to provide care
- Not all HIV patients will be insured

The Graying of HIV Providers

- Nationwide, a quarter of physicians are over sixty.
 - In California, which leads the nation in doctors nearing retirement, that number is 29 percent.
- HIV workforce is largely first generation HIV medical providers
 - Entered the field more than 20 years ago.
 - Increasing caseloads
 - Serious challenges recruiting and retaining HIV clinicians.
 - **Reimbursement**
 - **Lack of qualified providers**

Source: HIVMA, *The Looming Crisis in HIV Care: Who Will Provide the Care?* June 2010

Many patients will remain uninsured or underinsured in 2014

Undocumented

Most insurance is not comprehensive

Ryan White programs will still be needed to cover those gaps in care!

Ryan White Programs Still Needed

Insurance will not cover what we are doing and must continue to do on a daily basis beyond providing basic medical care...

■ Case Management Services

- Food
- Clothing
- Housing
- Support groups
- Adherence Counseling
- Community resource connection

■ Prevention

- HIV Testing
- Patient education
- Partner education
- Community education
- Condoms, etc.

Creating a Medical Home...

Kansas Ryan White Programs

■ Linkage to Care

- Part B collaboration to facilitate newly diagnosed patients into care
- Intensive case management the first 90 days to prevent loss to care
- Patients assigned to continued case management based on acuity of need

■ Ongoing Part B and C Case management

- Continued close follow up
- Referral to Part D for more intensive assistance for children, youth and women

Meeting the Current Needs

Kansas Ryan White Programs

- **Mid-Level HIV Specialists (ARNP/PA-C)**
 - Helps meet the gaps in HIV trained physicians
 - Assists physicians in providing day-to-day care
- **HIV trained nursing and support staff**
 - Facilitates patient education and communication
 - Maintains close communication with patients
 - Identifies issues between office appointments
 - Frees providers to deal with urgent needs

Taking the Show on the Road...



■ Outreach clinics

- Reaches rural patients who cannot travel for care
- Fly to outreach clinics every 6 weeks in three distant parts of the state
- Home community case management provides support between visits and coordinates care with our outreach case manager

Ryan White Was a Home builder.

Ryan White CARE Act was the first medical home!

“The act created in his memory, unintentionally, created medical homes that are the best examples of how all of us should receive primary care.” Michael Saag, MD

A home we cannot keep without continued Ryan White funding.



Source: *The Unintentional Home Builder*, Michael Saag.
<http://www.theaidsreader.com/display/article/1145619/1408105>

Health Care Reform & RWCA Reauthorization

A CBO Perspective

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RWCA Roles

- ASO / CBO

Core Medical & Supportive Services
IAP

- TGA Planning Council

- PLWHA & Caregiver

NQC Consumer Advisory Ctte

- Advocate

AIDS Action Council
Southern AIDS Coalition



The TennCare Example

- Pre TennCare (1994)
Medications, Medical Care
- TennCare (1994-1995)
Centers of Excellence System
IAP
Oral Health
- Post TennCare (2006)
Safety Net Stress
ADAP Waiting List

HCR: Promise & Challenge

- Cost “Transfers”

Reduced Outpatient & Direct ADAP Expenditures (?) but....

IAP Premium / Deductible / Co-Pay Assistance

ADAP as TrOOP

Oral Health (?)

MH / A&D (?)

- Continued “Ancillary” Services Essential

MCM/CM, Transportation, Nutrition, Housing, etc.

- Increased / Standard Income Eligibility Criteria ?

Any decrease in need for RW funding is uncertain....

Background and Process

Ryan White Working Group

- **Original Working Group of the Federal AIDS Policy Partnership (FAPP) (2003)**
- **Coalition of national, local and community-based service providers and HIV/AIDS organizations**
 - HIV/AIDS service and medical providers
 - public health advocates
 - people living with HIV/AIDS
- **Consensus/Sign-on Process**
 - **Wanted to do things differently after difficult 2006 process**

Community Process Begins

- **Full Face to Face Meeting Convened – Sept. 10, 2008**
 - **Implementation issues – case by case**
 - **Sorted issues into “baskets”**
 - **Agreement to Develop Sign-On Consensus Document**
 - **Operating under extension for three years**
 - **Agreement to Revisit after elections**
 - **Subgroups on Hold Harmless, Core Services, Etc.**
 - **Additional Meetings Through December**

Ryan White HIV/AIDS Treatment Extension Act of 2009 (S 1793)

- Based on community consensus document
 - Signed into law Oct 30, 2009
- Current Reauthorization Ends Sept. 30, 2013
- Next Steps
 - Implementation
 - Community
 - Congress
 - Administration

How Will Ryan White Programs Change?

- *Should Ryan White funds pay for high risk pools?*
- *Use Ryan White funds for insurance on state health exchanges (2014)?*
- *As Medicaid eligibility expands to 133% in 2014, how many people will shift into Medicaid from Ryan White?*
- *Will Ryan White providers become “medical homes/community providers?”*
- *As the health care reform changes take affect, who will still lack access to appropriate services? Will Ryan White provide a safety net for those people?*
- *Should Ryan White embrace other functions like HIV testing and HIV prevention services?*