NATIONAL PARAMETER & TREATMENT



Improving Access to PrEP Through Innovative Strategies ID #11022

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Increasing Collaboration between State Medicaid and Public Health Officials to Improve PrEP Program Implementation

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Participant Learning Objectives

- Discuss opportunities for state Medicaid and public health officials to collaborate in expanding PrEP access through innovative financing and data sharing models.
- Identify successful strategies for PrEP program expansion through collaboration between state Medicaid and state/local health departments.
- Discuss technical assistance needs to address through enhanced peer-to-peer engagement and best practice dissemination.



National Need for PrEP Programs

- Total of 77,120 people were using PrEP in 2016 (CROI 2018)
- Of potential candidates for PrEP in the U.S., only 8% are receiving it (CDC 2018)
- Use of PrEP remains largely limited to white men age 25 and older
 - Two-thirds of people who could potentially benefit from PrEP are African-American or Latino, yet account for the smallest percentage of prescriptions
 - 500,000 African-Americans and nearly 300,000 Latinos across the nation could have potentially benefited from PrEP based on CDC clinical guidelines



PrEP Implementation Challenges

- Inadequate funding and reimbursement mechanisms
- Limited community education
- Lack of provider capacity
- Incomplete data to track PrEP utilization
- Administrative issues navigating insurance coverage and patient assistance programs.

Collaboration between state Medicaid and health departments is needed to overcome financial, regulatory, policy, and administrative challenges to PrEP implementation.



PrEP Policy Learning Series Methodology

- Highly-interactive 5-part webinar series with opportunities to engage with peer organizations from different states/jurisdictions, leading policymakers, and subject-matter experts
- Web-based collaborative platform to facilitate sharing of implementation tools and resources
- Technical assistance through HealthHIV's Three D HIV Prevention Program



Lessons Learned

- Strong partnerships are key
 - Both public health and state Medicaid have important roles to play in structuring and sustaining PrEP programs.
- Must use data to improve policy and program planning
 - Both public health agencies and state Medicaid have data that can help state policy makers better understand how and where to target scarce PrEP resources.
- Build workforce capacity
 - Both public health and state Medicaid can participate in provider training to increase knowledge of clinical protocols as well as administrative procedures (billing and prior-authorization navigation).



Model Practices

- "End AIDS" Initiatives can serve as catalysts to engage legislature, health care
 providers and systems, state Medicaid, insurance plans, the state's social
 services and behavioral health agencies, and others in coordinated efforts to
 reduce new HIV infections
- Multi-pronged data strategies can better inform its policy-making and use of resources: surveys of providers and clients; data from large insurers on PrEP utilization (data use agreements); and STI surveillance data
- Provider outreach campaigns, such as Project ECHO and cross-training of HIV and STI staff, can support health provider long-distance learning, expand existing infrastructure for PrEP prescribing, and ensure PrEP capacity is embedded throughout the continuum of care



Paying for PrEP

States can marshal resources across state agencies to support PrEP:

- Illinois' PrEP Demonstration project provides mini-grants to local public health departments to build infrastructure for PrEP prescribing at local clinics.
- The Washington Department of Health created a PrEP drug assistance program (PrEP-DAP) funded with state general funds. Eligibility for the program is determined by risk level, not income.
- Medi-Cal has made policy changes to increase access to PrEP: the service is available to
 Medi-Cal members without prior authorization or limitations on quantity, frequency, and
 duration of PrEP treatment. Medi-Cal also provides a PrEP Assistance Program (PrEP-AP),
 which covers the cost gap between a member's insurance plan and the manufacturer's copayment assistance program.



Conclusions & Next Steps

- Many states particularly smaller, more rural states have fewer available resources for comprehensive HIV prevention approaches
- Strategies to overcome this challenge are collaboration, cross-agency partnerships, targeting scarce resources
 - Especially helpful for state policymakers in states without significant infrastructure who are looking to increase use of PrEP services.
- High-level leadership that articulates HIV prevention as a clear state priority is essential to moving PrEP programs forward



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