

National Alliance of State and Territorial AIDS Directors:

NASTAD At-A-Glance

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Agenda

- Overview of NASTAD
- In-depth: Health Care Access and Health System Integration
- Key ACA-related issues for ADAPs

About NASTAD

- NASTAD is an international non-profit association of U.S. state health department HIV/AIDS program directors who administer HIV/AIDS and viral hepatitis programs funded by U.S. state and federal governments.
- NASTAD was established in 1992 as the voice of the states.
- NASTAD is governed by a 20 member, elected Executive Committee charged with making policy and program decisions on behalf of the full membership.
- NASTAD has a Washington, DC headquarters with 48 staff and field offices/programs around the world with 40 staff.

About NASTAD

Mission

NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis.

Vision

NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.

NASTAD Programs

- Health Care Access
- Health Systems Integration
- Health Equity & Prevention
- Policy & Legislative Affairs
- Viral Hepatitis
- Global

Overarching Services

- Advocacy
- TA
 - Mentorship
 - Site visits
 - Webinars
 - Documents
- Education
- Professional development

Health Systems Integration

- Continue to conduct jurisdiction-specific and regional ACA implementation meetings (funded via MAC AIDS Foundation and various other private funders), expanding to include both care and prevention health department staff
- Provide updates and in-depth information on pertinent issues:
 - Issues Briefs on various topics and regulatory issues: immigrants, case management, plan assessment, Essential Health Benefits, outreach and enrollment
- Facilitate health department relationships with health care stakeholders (Medicaid, departments of insurance, issuers)

Health Systems Integration TA

- Overarching goals of NASTAD health systems integration TA to assist jurisdictions in their efforts to:
 - **Maximize Medicaid reform** in expanding and non-expanding states
 - Increase access to comprehensive private insurance through **insurance purchasing** and other opportunities
 - Examine and increase strategies for **outreach and enrollment**
 - Engage **providers** in their efforts to adjust to a changing landscape

CEBACC Goals

Develop, Design, and Disseminate

Two Year HRSA Cooperative Agreement

**Providers, Patients,
Consumers**

Develop a Resource Inventory on HIV Care for Black MSM

Design CME Units to Accelerate Delivery of High Quality HIV Care for Black MSM Patients

Disseminate Technical Assistance and CME training to Provider and Patient Audiences

HIV Prevention

- NASTAD is a CBA provider for health departments.
 - **Funded under PS14-1403:** *Capacity Building Assistance for High-Impact Prevention* for Category A (health departments)
 - **Five year cooperative agreement with CDC DHAP Capacity Building Branch:** April 2014 – March 2019
 - **Focus Areas:** HIV testing, prevention with positives, and policy
 - **Delivery Mechanism:** Information dissemination, trainings, technical assistance, regional meetings, e-learning communities

HIV Prevention

- Funded through CDC DHAP Office of the Director via PS14-1405 Technical Assistance to Support AIDS Directors and HIV Prevention Managers in the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands and Pacific Jurisdictions
- Five year cooperative agreement April 2014 – March 2019
- Activities include:
 - Supporting TA on any/all component of a jurisdiction's HIV prevention programming
 - Information sharing via listservs, calls and webinars
 - Gay Men's Health Equity Work Group
 - An emphasis on use of data to improve programmatic outcomes (e.g., data to care and data feedback loops)
 - HI-TAPS

Highly Intensive-Technical Assistance and Problem Solving (HI-TAPS)

- HI-TAPS goes beyond HIV prevention by considering other components of a state HIV program portfolio (i.e., care and treatment, STD, VH, TB, etc.)
- NASTAD will help facilitate a 360 assessment of a state HIV portfolio
- HI-TAPS is responsive to HD priorities, as identified by the HD either prior to HI-TAPS or in conjunction with NASTAD assessment process

Highly Intensive-Technical Assistance and Problem Solving (HI-TAPS)

- Not a “one size fits all” program. HI-TAPS is contextual, driven by assessment and action plans for each jurisdiction that participates
- HI-TAPS is a strengths-based initiative, considering what HDs can actually do in light of their context of resources and capacity
- HI-TAPS TA provided on an ongoing basis, with access to full breadth of NASTAD program areas

Health Equity TA/CBA

- NASTAD continues to advance our “Getting to Zero” efforts on gay men/MSM
 - Provide TA to a subset of states (primarily in the South) to address the epidemic among Black gay men via Ford Foundation-funded work
 - Funded by the MAC AIDS Fund, NASTAD and NCSD recently launched a toolkit to assist health departments in reducing stigma and addressing the “bar before the bars”

Health Equity TA/CBA

- Funded by the MAC AIDS Fund, NASTAD is advancing its “Statement of Commitment to Injecting Drug User Health”
 - NASTAD recently convened meeting with 13 jurisdictions to launch year-long TA initiative
- NASTAD provides TA on internal policies around HIV criminalization
 - CDC/DOJ report on HIV criminalization
 - States that are working with communities to consider modernization of policies

Viral Hepatitis TA/CBA

- Provide TA/CBA for Viral Hepatitis Prevention Coordinators (VHPC) through program management, **policy** development, **planning** and **evaluation**
- Facilitate peer-to-peer mentoring to the VHPCs through work group, teleconferences, webinars, on-site TA and in-person meetings and trainings
- Assist states in their efforts to leverage the HHS Viral Hepatitis Action Plan, health reform implementation and USPSTF recommendations for HBV and HCV testing

Overall TA

- Informal TA
 - Listservs, workgroups, RFIs and surveys, presentations, advocacy efforts, policy statements, blogs, website
- Formalized TA
 - Webinars, conference calls, topic-specific workshops, face-to-face meetings
- Intensive TA
 - SWOT analysis, peer-to-peer TA, mentorship

In-depth: Health Care Access and Health Systems Integration

Outside of Cooperative Agreement

- NASTAD's Health Care Access program operates several projects outside of our Cooperative Agreement, including:
 - National ADAP Monitoring Project
 - ADAP Crisis Task Force
 - National Prevention and Care Technical Assistance Meeting
 - Policy and advocacy
 - General Part B and ADAP TA
 - Community Health Centers

National ADAP Monitoring Project: Annual Report and Formulary Database

- Documents new developments and challenges facing ADAPs, assessing key trends over time, and providing the latest available data on the status of ADAPs.
- Questions in the survey address topics including:
 - Monthly and annual snapshots of ADAP budgets
 - Prescription utilization and expenditures
 - Current and programmatic cost-containment measures
 - Program eligibility criteria
 - Program demographics
- Details ADAPs' coverage of medications including ARVs, A1 OI medications, treatments for hepatitis B and C, mental health and substance use treatment medications as well as vaccines and various laboratory tests.

ADAP Crisis Task Force

- The ADAP Crisis Task Force (ACTF) negotiates reduced drug prices for all AIDS Drug Assistance Programs (ADAPs).
- ACTF membership is currently comprised of representatives from state HIV/AIDS divisions.
- The ACTF was formed in December 2002 by a group of state AIDS/ADAP directors concerned about the nationwide fiscal crisis facing ADAPs.
 - In March 2003, NASTAD provided logistical support for the first Task Force negotiation sessions between representatives from the ten (10) largest ADAP programs and the eight (8) companies that manufacture antiretroviral (ARV) drugs.
- The current agreements with manufacturers reduced ADAPs' antiretroviral costs by \$308 million in 2014. The cumulative savings of the Task Force agreements, from 2003 to 2014, totals more than \$2 billion.

National Technical Assistance Meeting

- NASTAD's National Prevention and Care Technical Assistance (TA) Meeting, *Eliminating New Infections & Optimizing Holistic Health Outcomes: Integrating Prevention, Care and ADAP*, allowed ADAP coordinators, Part B coordinators and prevention managers to participate in conversations about HIV and viral hepatitis policy, clinical developments and innovative programming.

Policy and Advocacy

- Federal AIDS Policy Partnership (FAPP)
 - NASTAD serves as a co-chair and participates with the broader HIV/AIDS Community in FAPP, which focuses on policy related to appropriations, health care access, the Ryan White Program, and prevention.
- ADAP Coalition
 - NASTAD convenes the ADAP Coalition, a partnership of pharmaceutical companies and HIV community stakeholders. The Coalition focuses on ADAP appropriations.
- AIDS Budget and Appropriations Coalition (ABAC)
 - NASTAD participates in and co-chairs ABAC, a sub committee of FAPP. The group advocates for increased resources for domestic HIV/AIDS programs across the federal government.

Other Activities

- General TA
 - Topic-specific
- Community Health Centers
- Drug pricing overall
 - Fair Pricing Coalition
 - 340B Coalition

NASTAD and HRSA Cooperative Agreement: Ryan White Part B and ADAP TA

- NASTAD has been funded by HRSA/HAB to provide TA to Ryan White Part B/ADAPs from July 2014 - June 2017
- Provide TA to ADAPs to implement an effective **ADAP financial forecasting model**
- Assist Part B/ADAPs in conducting **analysis and evaluation of health plans** and identifying barriers to access
- Provide TA to Part B/ADAPs to **leverage data to improve health outcomes** across the HIV Care Continuum (i.e., Data to Care), including building and enhancing comprehensive systems of care
- Assist Part B/ADAPs in implementing and participating in **integrated planning** processes

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NASTAD and HRSA Cooperative Agreement: Ryan White Part B and ADAP TA

- Provide TA to Part B/ADAPs to strengthen capacity to implement and administer **insurance purchasing** programs
- Assist Part B/ADAPs in implementing **effective cost-containment strategies** and preventing the use of waiting lists, including participating in the 340B program, CMS data sharing, and other data sharing
- Assist ADAPs in their efforts to **“get the best price”** and explore opportunities to negotiate or gain access to discounts on high utilization, non-HIV-specific drugs
- Provide on-going mentorship and peer-to-peer training and educational opportunities

Key ACA-related issues for ADAPs

ADAP clients are obtaining new forms of coverage

- Following the implementation of the Affordable Care Act (ACA), ADAPs continue to assist clients in transitioning to new forms of coverage such as Medicaid and Qualified Health Plans.
- ADAP remains the primary payer for those individuals whose insurance cost-sharing responsibilities (e.g., premium, deductible and co-payment/co-insurance) are a barrier to purchasing and maintaining insurance.

ADAP QHP Assistance

- ADAPs play a pivotal role in identifying and addressing potential access barriers for their clients enrolled in a QHP on/off the ACA Marketplace.
 - Care:
 - Provider networks
 - Treatment:
 - Tiering/cost-sharing
 - “Utilization management”
 - “Fail first”
 - Prior authorization
 - Mail order requirements

ADAP and Medicaid

- Disparities continue to exist among states that have and have not expanded Medicaid.
- The “Medicaid Gap” has placed a significant burden on ADAPs in non-Medicaid expansion states to continue to provide a safety net for low-income clients left out of reform.
- With this burden, ADAPs in non-expansion states may be hindered in expanding and strengthening the program in new and innovative ways (e.g., expanding formulary access).

Questions?

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