

Specialty Care For Beneficiaries With Complex Health Care Needs

October 11, 2013

Donna Stidham

Chief, Managed Care

AIDS Healthcare Foundation



Who Is AIDS Healthcare Foundation

- **501(c)(3) Not-For-Profit Organization – Founded In Los Angeles County, CA 1988**
- **Mission driven organization: *Cutting edge medicine and advocacy regardless of the ability to pay***
- **Staunch National and International Advocate For Treatment Access For Persons With HIV/AIDS. Roots Are In Advocacy And Providing The Best Care For PLWHA In Coordinated Care Environment**

Who Is AHF

- **Largest Direct Provider of HIV Medical Care in the United States (11 States)**
- **22 Countries (227,000 People In Care)**
- **36 Healthcare Centers And 2 Mobile Health Centers in 11 States**
- **32 Pharmacies**
- **20 Out Of The Closet Thrift Stores (11 Also Have HIV Testing)**
- **10 Testing and Linkage Mobile Units**
- **7 STD Testing and Treatment Sites in CA And FL**

Who Is AHF

- **2 MA-PD HIV/AIDS SNPS –**
 - 2006: Positive Healthcare Partners, Los Angeles County, CA
 - 2008: Positive Healthcare Partners, Broward And Miami-Dade Counties 2008, FL
- **3 Medicaid HIV/AIDS SNPs –**
 - 1995 – Medi-Cal AIDS SNP, Los Angeles County CA
 - 2010 – Medicaid Reform HIV/AIDS SNP, Broward County, FL
 - 2011 – Medicaid Non-reform HIV/AIDS SNP, Miami-Dade County
- **Research Division**

Who Is In Our HIV/AIDS SNP?

Demographic	PHP	National
Gender: Male	63%	29.71%
Gender: Female	37%	70.29%
Age:		
Less than 65	72.55%	12.19%
65-69	18.55%	23.63%
70-74	7.84%	23.92%
75-79	.39%	17.98%
80 or older	.39%	22.29%
Race/Ethnicity;		
Black or African American	60.27%	26.81%
White	32.88%	53.81%
Hispanic or Latino	10.29%	17.98%
American Indian or Alaska Native	1.37%	3.95%
Native Hawaiian or Pacific Islander	1.37%	1.20%
Asian	0.00%	4.21%
Education:		
High school or less	72.60%	65.21%
Some college	20.55%	27.83%
College graduate or more	6.85%	6.96%

Who Is In Our HIV/AIDS SNP?

Demographic	PHP	National
Marital Status:		
Married:	9.8%	54.6%
Widowed:	13.1%	26.0%
Divorced/Separated:	39.3%	15.3%
Never Married:	37.7%	4.1%
Annual Household Income:		
Less than \$10,000:	18.3%	13.0%
\$10,000-\$19,000:	18.3%	21.2%
\$20,000-\$29,000:	38.3%	17.3%
\$30,000-\$49,000:	13.3%	19.7%
\$50,000 or more	1.7%	16.5%
Don't know:	10.0%	12.2%
Percent Living Alone:	53.54%	35.57%
Medicaid Status:		
Medicaid	35.9%	18.6%
Non-Medicaid	64.1%	81.4%

Multiple Comorbidities

Risk Score Averages CA and FL Plans 2.4 to 2.0

Prevalent Comorbidities

- **Positive Depression Screen Average 72%**
- **Hypertension 63%**
- **Cardiovascular Disease 54% (MI, CHF, CAD, Stroke)**
- **Depression And Other Mental Health Issues 50%**
- **Substance Use 45%**
- **Hepatitis C 40%**
- **Diabetes 20%**
- **Osteoporosis 16%**
- **Cancer 14%**

73% are less than 65!

Primary Drivers To Change Usual Access To Care Practices

- **Not A Typical Medicare Population**
- **Younger Population**
- **Predominantly MSM But Female Population Growing**
- **Disproportionately Growing In Minority Community**
- **Significant Percentage of Members Below Or Near Poverty Level**
- **HIV/AIDS Stigma**
- **Fear**
- **Prejudice**
- **Judgment**
- **High Incidence Of Dual and Triple Diagnosis**
 - HIV, Mental Health, Drug Abuse
- **Poor**
- **Homeless**

Primary Drivers To Change Usual Care Practices

- **Complex Medical Disease With Social Overlay**
- **Treatment Requires Specialized Medical Knowledge**
HIV/AIDS Effects All Systems
- **Accelerated Aging**
- **Multiple Co-morbid Health Conditions**
- **High Incidence Of Depression And Other Behavioral Health Issues**
- **High Incidence Of Substance Abuse**
- **Barriers And Access To Care Affect Engagement, Retention, Adherence And Clinical Outcomes**
- **Life Long Adherence To Treatment Regimen**
- **Location Of Primary Care Practice**

Remove Barriers

Modify Primary, Acute, Long-term care, Behavioral Health Approach for the HIV/AIDS Population

Networks Are Customized:

- Primary Care Providers Are HIV/AIDS Experts
- Primary Care Practices Located Conveniently
- Primary Care Medical Home Is A Safe Place
- Primary Care Staff Are Friendly and Nonjudgemental
- PCPs Participate In Network Development By Recommending:
 - High Volume Specialists Who Have Experience With HIV Within Their Own Specialty
 - Facilities and Ancillary Services Have Experience And Are Accepting Of Persons With HIV/AIDS
- Specialty Network Must Be Accepting Of Persons With HIV/AIDS

Modify Primary, Specialty, Acute, Long-Term Care, Behavioral Health for the HIV/AIDS Population

Acute Care Hospital Education And Relationship Building Critical For Admission and Transition Of Care Management

- **Emergency Room**
 - Prevention – PCP Access
 - ER MD and Staff Education by Plan
 - Patient Education
- **Inpatient Admission- Acute, Skilled And Long Term**
 - Preadmission Education For Elective Admissions
 - Inpatient Visits By Care Manager
 - Admission and Discharge Medication Review – ARV Continuity
 - Collaborative Discharge Planning
 - IDT Participation

Modify Primary, Specialty, Acute, Long-term care, Behavioral Health Approach for the HIV/AIDS Population

- **Discharge And Transition Of Care**
 - **In-Network Utilization Education Of Facilities**
 - **Personal RN Care Manager In Hospital Visit Essential**
 - **Medication Reconciliation**
 - **ARV Continuity**
 - **Unique Prescriptions Secured**
 - **Discharge/Transition Education- Member, Family, Care Giver**
 - **Services and Equipment In Place**
 - **Follow-Up Appointments Made PCP, Specialist, Behavioral Health**
 - **Post Discharge Home/Facility Visit By Member IDT Essential**
 - **Facility/Service HIV Education**
 - **Monitoring Of Patient/Family Satisfaction**
 - **ARV Continuity Monitoring**

Modify to Primary, Specialty, Acute, Long-Term Care, Behavioral Health Approach for the HIV/AIDS Population

**2013 Positive Depression Screen 82.3% CA
64% FL – National HOS 39.6%**

- Integration of Behavioral Health Providers And Primary Care Essential For Improved Outcomes**
- Social Worker Embedded In PCP Medical Home Wherever Possible**
- Patient Centered Care Plan Integrates Medical And Behavioral Health Goals And Interventions**

Tailor Benefits To Address Population And Unmet Need

HIV Expert is PCP

All ARV's First Tier

No Part C Deductible Or Co-pays

RN Led CCTeam For Each Member

Expanded Dental

Vision

Gym Membership

Transportation

Nutritional Support

Seamless Ryan White Integration

Modify Traditional MA-PD Care Management To A Model Of Care Which Optimizes Outcomes

Forget Telephonic Care Management!

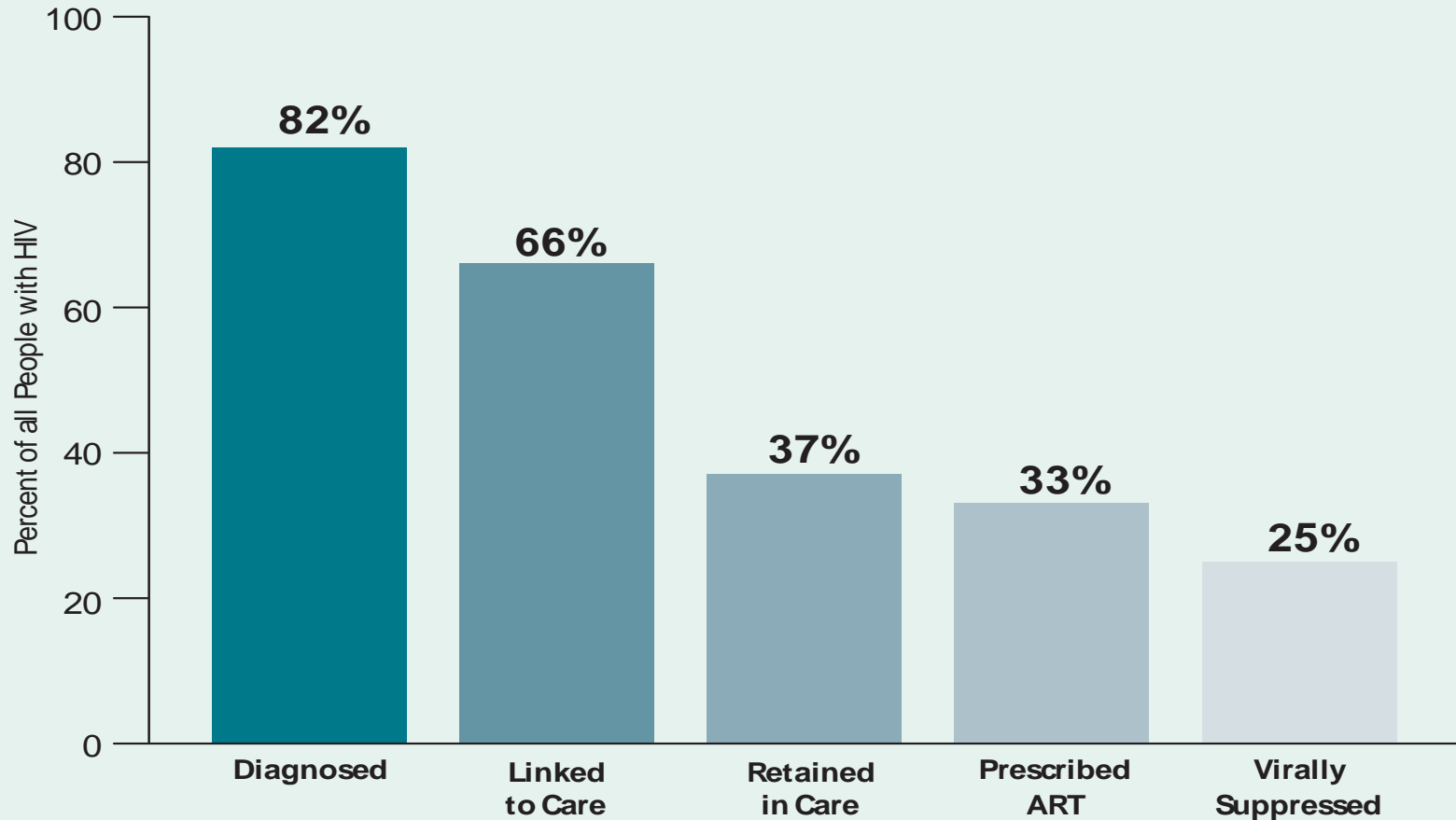
- All Members Are In Care Management Program
- Primary Focus Is Member Continual Engagement In Care
- Care Management Staff Embedded In PCP Office
- Interdisciplinary Care Team Formed At PCP Site And Plan Level
- Behavioral Health Integrated Into Medical Plan Of Care
 - Adherence To HIV Primary Care Appointments And Medication Adherence Are Closely Monitored Regardless Of Acuity Stratification
 - Ryan White Program Wrap Around Service Linkage

Modify Traditional MA-PD Care Management To A Model of Care Which Optimizes Outcomes

- **Outreach For Missed Appointments**
- **Adherence To HIV Primary Care Visits Closely – 104 Day Action Plan**
- **Adherence To ARV Medication Regimen Closely – 35 Day Chronic Medication Fill Action Plan**
- **Ryan White Program Wrap Services To Support Adherence**
- **House Calls By Plan ICT**
- **Provider Visit Support By Plan RNCM**
- **Unmet Need Management Plan ICT**
 - **Legal, Housing, Prevention for Positives, Substance Abuse Programs, Drug Assistance Programs, Food Bank, Government Support Programs, Employment, Transportation, Pets**

HIV/AIDS In The United States

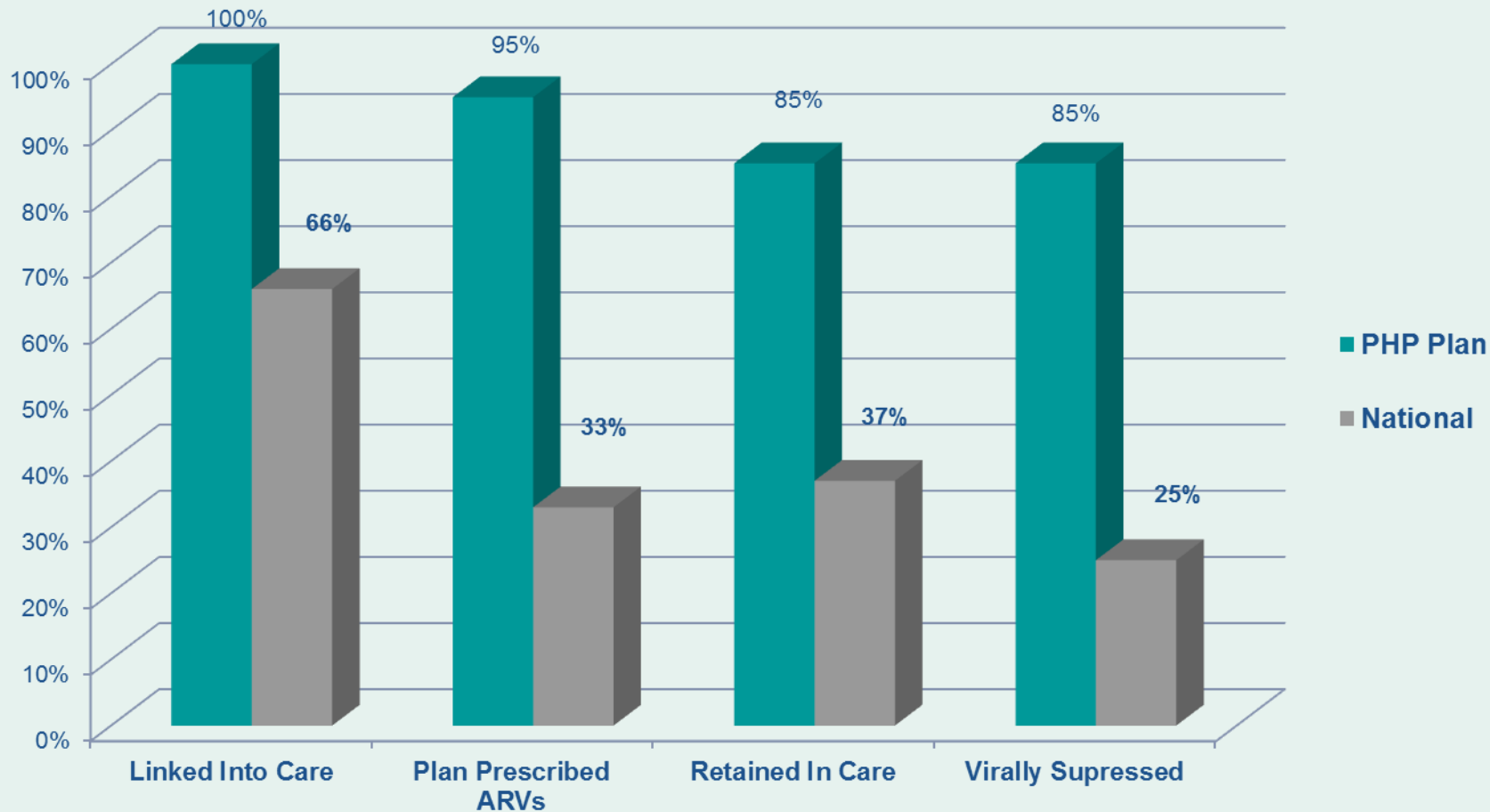
OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.



CDC "HIV Stages of Care in the United States: The Stages of Care" July 2012

Positive Healthcare Partners vs. CDC National Data

The Special Needs Plan Model of Care Makes a Difference in Shaping the Arc and Outcome of HIV/AIDS



Conclusion

**Lack of Engagement Is Costly
High Touch May Be Costly
However,
Engagement And Adherence Is Priceless**

Thank You

**Donna Stidham
AHF Chief, Managed Care
donnas@aidhealth.org**