ACA Challenges + Opportunities: HIV Medical Provider Perspectives

Andrea Weddle
HIV Medicine Association
Executive Director
aweddle@hivma.org
(703) 299-0915
www.hivma.org
HIV Medicine Association

- Represent frontline HIV medical providers and researchers
- Advocate quality HIV care and a comprehensive and humane response to the HIV pandemic informed by science and social justice
- Sponsor Ryan White Medical Providers Coalition

Alice Thornton, MD, RWMP Co-chair, Testifying at LHHS Appropriations Hearing
It’s A Whole New Health Care World (In Some States)

• Medicaid Expansion
  – 27 states + DC

• Marketplace Coverage
  – All but 7 states using RW $ for premiums, deductibles & copays
Regional Distribution of Uninsured Adults in the Coverage Gap, 2014

NOTE: Excludes undocumented immigrants. Totals may not sum due to rounding.
What a Difference Medicaid CAN Make:
One Part C Clinic in KY had Uninsured # Drop by 70%!

Insurance Status of Newly Insured Patients

- Medicaid: 70%
- Kynect: 23%
- Other New Option: 7%

Kynect
23%

Other New Option
7%

Medicaid
70%
Even with Medicaid Expansion – Implementation Varies by State

Nominal Impact (so far) in a Part C Clinic in Ohio

2013 Patient Insurance Status

- Private: 30%
- Medicaid: 28%
- Medicare: 22%
- Uninsured: 20%

2014 Patient Insurance Status (as of August)

- Private: 30%
- Medicaid: 26%
- Medicare: 22%
- Uninsured: 22%
Big Opportunities

• Improve & Increase Access to Comprehensive Care and Treatment for People Living with HIV

• Develop Integrated Systems of Care
  – Greater Linkages Clinics and ASOs

• Fully Leverage Ryan White Resources
Adapting to Health Reform

Opportunities

• Increased access to health insurance
• Systems integration & data sharing

Challenges

• Increased restrictions on care and treatment
• Electronic Health Records

More Admin Less Patient Time!
Barriers to Providing Quality HIV Care

- High Co-payments/Cost-Sharing
- Restrictive Formularies
  - Not covering combination medications
  - Limit who can prescribe
- Prior Authorizations
  - ARVs losing protections
- Pharmacy Restrictions
  - Mail order
The Costs of Prior Authorizations: Lessons from Medicare Part D

- Delays for patients (3 to 8 days)
- Nearly 40 minutes of staff time/prior auth
- Average 6 pages of paperwork
- Most approved (73%)
- Cost = $41.60 per prior auth

"Physician experiences documented by the AMA and RAND demonstrate that most electronic health record systems fail to support efficient and effective clinical work," said AMA President-elect Steven J. Stack, M.D. "This has resulted in physicians feeling increasingly demoralized by technology that interferes with their ability to provide first-rate medical care to their patients."

“If anything makes me decide to leave clinical medicine, it will be the EMR.”

Long-time Ryan White Provider
Access to Providers

• Ryan White Providers Are “Essential Community Providers”
  – Plans expected to contract with 30% ECPs & offer contracts to at least 1 of each ECP type

• No data released on ECP contracting

• ECP/RW Providers not identified with provider directories

Important Issues to Work Out...

• Other Restrictions on Accessing HIV Providers, e.g., PCP referrals, limiting prescribing to specialists

• Coverage Transitions - Continuity of Care

• Confusion about HIV/AIDS Bureau Guidance – enrollment, payer of last resort
Turning Opportunity to Reality: The Role of Medical Providers

- Support Medicaid Expansion in Every State

- Make new friends, e.g., insurance commissioners, Medicaid MCOs

- Join HIV community advocacy efforts

- Document and report impact on patients
Thank you!

Special Thanks to Members of the RWMPC Steering Committee for Contributing to this Presentation

Provider Resources @ www.hivma.org

Coming Soon: www.hivclinician.org

Email me: aweddle@hivma.org