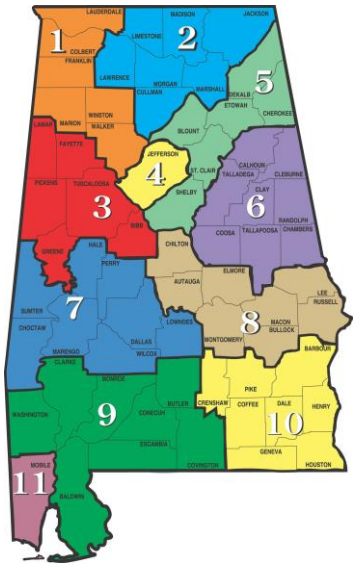
State of Alabama

Ryan White HIV/AIDS Program

AIDS Drug Assistance Program (ADAP) and

Part B Core Medical and Support Services

Report



This report reflects clients receiving services as of, as of December 31, 2016

Prepared by:

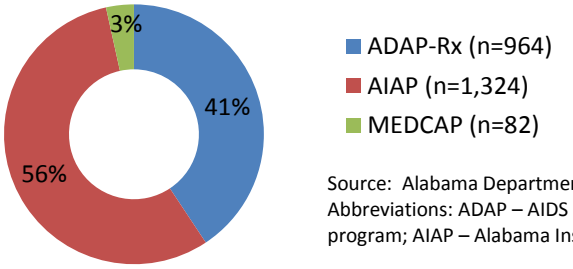
Division of HIV Prevention and Care

Direct Care Management Services Branch

For additional information, please visit http://adph.org/aids

The Ryan White HIV/AIDS Program (RWHAP) supports a comprehensive system of care that ensures ongoing access to high quality HIV care, treatment, and support services. The RWHAP provides services to low-income people living with HIV (PLWH), as well as their families, who have no health care coverage (public or private), have insufficient health care coverage, or lack financial resources to get the HIV care and treatment they need to achieve positive health outcomes. Alabama's AIDS Drug Assistance Program (ADAP) provides continuous access to life-saving treatment and care for low-income, uninsured, and underinsured PLWH in Alabama. Alabama's ADAP is comprised of two main components: 1) a full-pay prescription program (ADAP-Rx) and 2) the purchase of cost-effective insurance coverage through the Alabama Insurance Assistance Program (AIAP) and the Medicare Part D Client Assistance Program (MEDCAP). Alabama's ADAP is intended to reduce the morbidity and mortality experienced by PLWH, while also assisting PLWH achieve and maintain viral suppression, thus decreasing the risk of HIV transmission to non-infected individuals. The percentage of ADAP clients served by each program category as of December 31, 2016 is depicted in Figure 1. In addition to ADAP, Alabama provides RWHAP Part B core medical and support services to provide seamless care and support across the HIV care continuum. Part B core medical and support services data are presented after ADAP data in Figures 10 and 11. For more information about Alabama's RWHAP Part B Program, including eligibility requirements and a current list of all formulary medications covered by ADAP, please visit http://adph.org/aids.

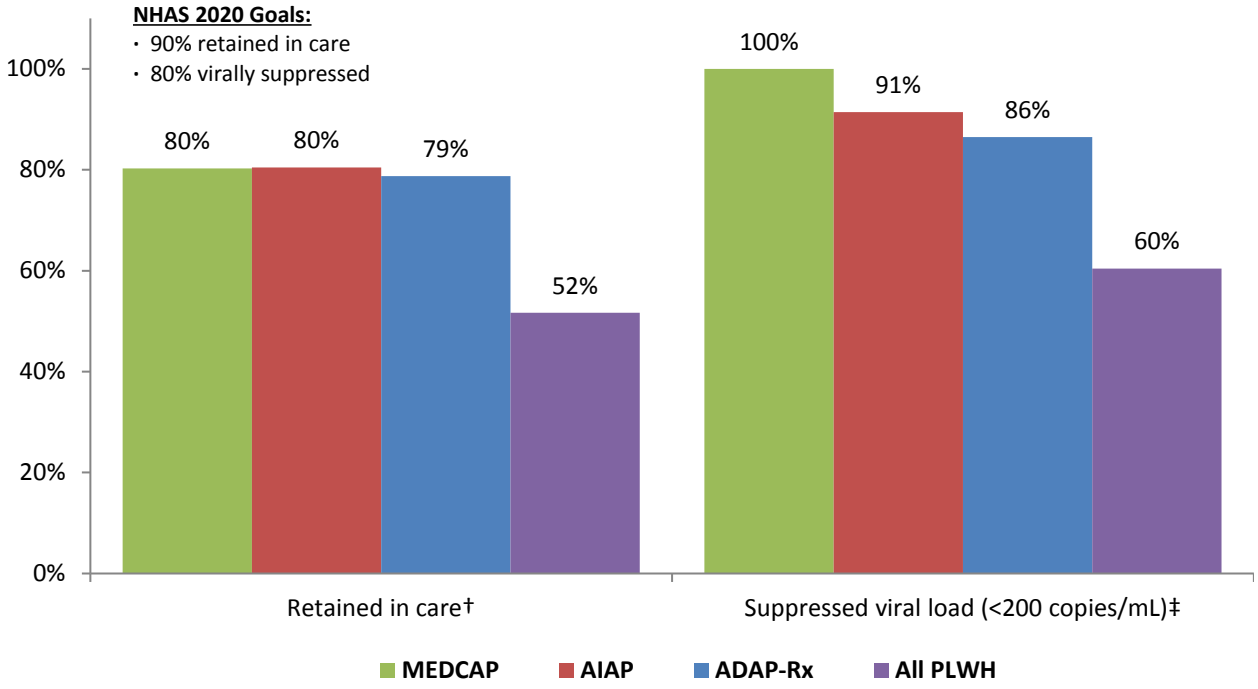
Figure 1. ADAP Clients Served by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; ADAP-Rx - ADAP full-pay prescription only program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance

ADAP plays an integral role in the achievement of the National HIV/AIDS Strategy (NHAS) updated goals for 2020, which include: 1) reducing new HIV infections; 2) increasing access to care and improving health outcomes for PLWH; 3) reducing HIV-related health disparities; and 4) achieving a more coordinated national response to the HIV epidemic. ADAP has a measurable impact on multiple bars of the HIV care continuum, most notably retention in care and viral load suppression. Being virally suppressed improves the health of PLWH and enhances their lifespan, while also significantly reducing the risk of transmitting HIV to others. PLWH who adhere to antiretroviral therapy (ART) and have suppressed viral loads can reduce the risk of sexual transmission of HIV by 96 percent. ADAP-Rx, AIAP and MEDCAP clients have already surpassed the NHAS 2020 goal of 80 percent viral suppression, compared to only 60 percent of all PLWH in Alabama (Figure 2). The NHAS 2020 goal for retention in care is 90 percent. Approximately 80 percent of ADAP clients were continuously retained in HIV medical care during the preceding 12 months (AIAP – 80 percent, MEDCAP – 80 percent, and ADAP-Rx – 79 percent), compared to only 52 percent of all PLWH in Alabama (which includes ADAP, AIAP, and MEDCAP clients).

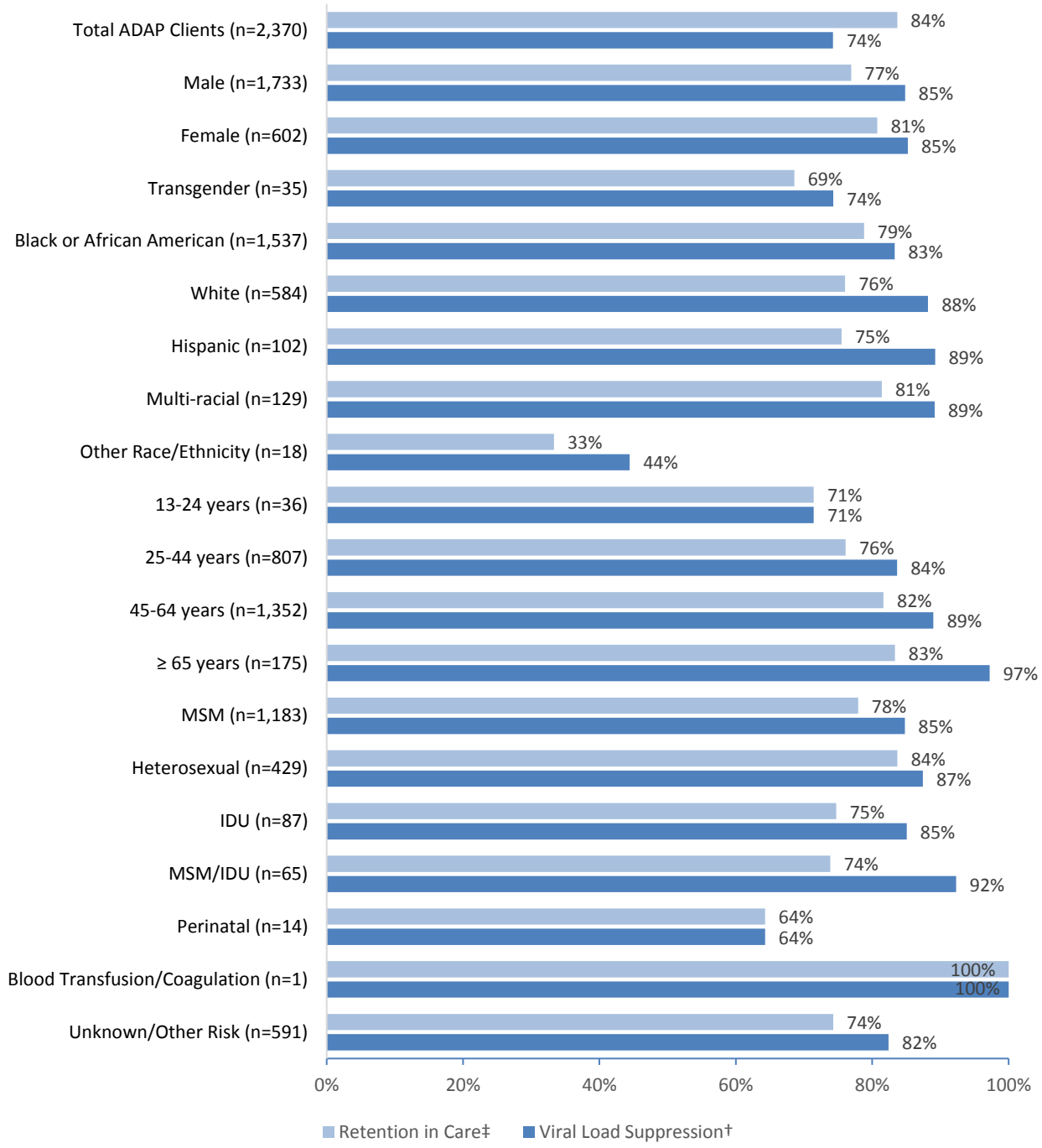
Figure 2. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program AIDS Drug Assistance Program Services by Service Category and Among all Persons Living With HIV, Alabama



Sources: Alabama Department of Public Health, Division of HIV Prevention and Care; Centers for Disease Control and Prevention, HIV Surveillance Supplemental Report, 2014;19 (No. 3).
Abbreviations: ADAP – AIDS Drug Assistance Program; ADAP-Rx – ADAP full-pay prescription only program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program; NHAS – National HIV/AIDS Strategy; PLWH – all persons living with HIV (including ADAP, AIAP, and MEDCAP clients).
Calculations include persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016, allowing a full 12 months to assess retention in care and viral suppression.
† Calculated as the percentage of persons accessing care during the previous 12 months (i.e., January 1, 2016 to December 31, 2016), among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.
‡Calculated as the percentage of persons who had suppressed viral load (<200 copies/mL) during the previous 12 months (i.e., January 1, 2016 to December 31, 2016), among those diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016.

Retention in care and viral load suppression among clients served by Alabama's ADAP vary by race/ethnicity (Figure 3). While 79 percent of Blacks or African Americans were retained in care, 83 percent achieved viral suppression (<200 copies/mL), evidenced by ≥2 CD4 and/or viral load test results collected at least 90 days apart during the previous 12 months. Among Whites, 76 percent were retained in care and 88 percent were virally suppressed. Seventy-five percent of Hispanics were retained in care and 89 percent achieved viral suppression. Eighty-one percent of individuals identifying as multi-racial were retained in care and 89 percent achieved viral suppression. Individuals identifying as transgender achieved a lower percentage of retention in care and viral load suppression compared to individuals identifying as male or female. Only 69 percent of transgender persons living with HIV were retained in care and only 74 percent were virally suppressed, signifying a need for targeted interventions among transgender persons.

Figure 3. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program ADAP Services by Client Characteristic, Alabama

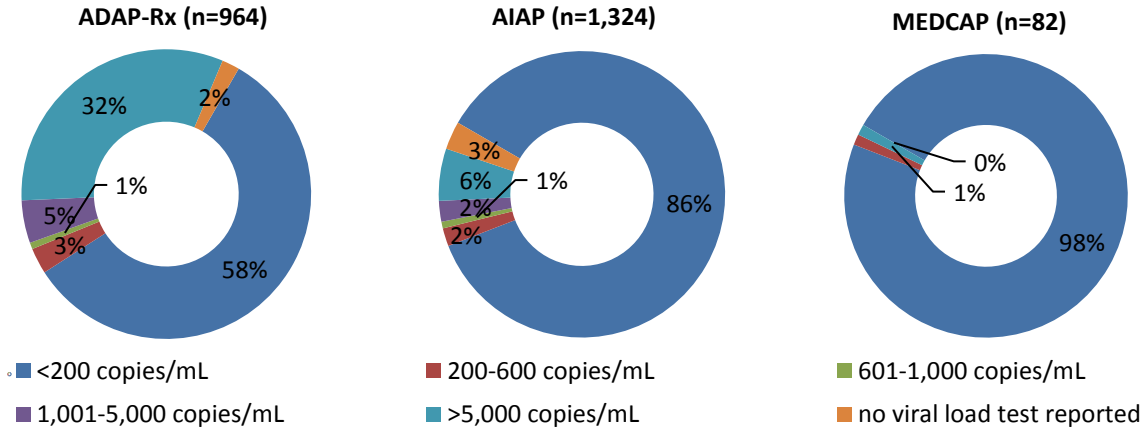


Sources: Alabama Department of Public Health, Division of HIV Prevention and Care.
Abbreviations: ADAP – AIDS Drug Assistance Program; IDU – intravenous drug use; MSM – men who have sex with men.
Calculations include persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016, allowing a full 12 months to assess retention in care and viral suppression. Age represents prevalent age as of December 31, 2016.
† Calculated as the percentage of ADAP clients diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016 who had suppressed viral load (<200 copies/mL) during the previous 12 months (i.e., January 1, 2016 to December 31, 2016).
‡ Calculated as the percentage of ADAP clients diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016 retained in care during the previous 12 months (i.e., January 1, 2016 to December 31, 2016), evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

Stratifying clients served by Alabama's ADAP by risk factor also reveals variation in retention in care and viral load suppression (Figure 3). While 78 percent of men who have sex with men (MSM) were retained in care, only 85 percent achieved viral suppression. Among heterosexuals, 84 percent were retained in care and 87 percent achieved viral suppression. Among injection drug users (IDU), 75 percent were retained in care and 85 percent achieved viral suppression. Among individuals reporting combined MSM/IDU, 74 percent were retained in care and 92 percent were virally suppressed. Individuals infected via perinatal exposure experienced the worst overall outcomes, with 64 percent retention in care and viral suppression. As perinatally infected clients transition into adulthood and begin to manage their own health, extra care should be taken to ensure adherence to ART and retention in care. When considering clients infected via blood transfusion/coagulation, it should be noted that analyses conducted on sample sizes less than twelve are not considered statistically significant and results may be due to chance.

The majority of clients actively served by ADAP reported viral suppression at the last viral load test collected during the preceding twelve months (Figure 4). However, the level of viral suppression varied by service category with MEDCAP reporting the most virally suppressed clients (98 percent), followed by AIAP (86 percent) and ADAP=Rx (58 percent). As only fifty-eight percent of active ADAP-Rx prescription only clients are currently virally suppressed, this indicates a need for improved adherence to antiretroviral therapy (ART) and retention in care in this service category. However, it should be mentioned that many newly diagnosed clients eligible for RWHAP ADAP and Part B services are enrolled in ADAP-Rx until the next AIAP open enrollment period. These newly diagnosed clients may not have been in care long enough to achieve viral suppression. Ensuring all ADAP clients recertify during federally required biannual eligibility reviews will improve access to continuous ART.

Figure 4. ADAP Clients Viral Load Range at Last Reported Test by Service Category, Alabama

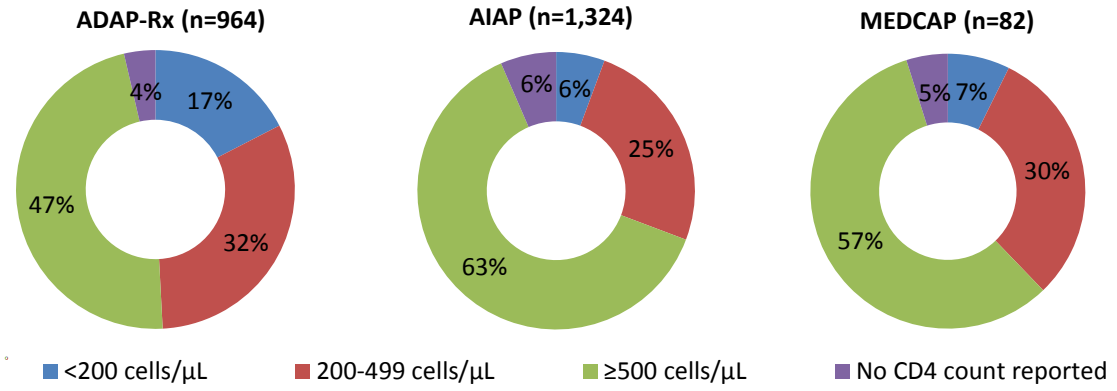


Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; ADAP-Rx – ADAP full-pay prescription only program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Viral load reported during the previous 12 months (i.e., October1, 2015 to December 31, 2016). Percentages may not total 100% due to rounding.

In addition to viral load suppression, improved access to care and ART adherence is associated with increased CD4 counts and reduced progression to AIDS. Stratification by program category

reveals the majority of clients actively served by ADAP as of December 31, 2016 reported non-AIDS defining CD4 counts (i.e., CD4 ≥200 cells/µL) during the previous 12 months (Figure 5).

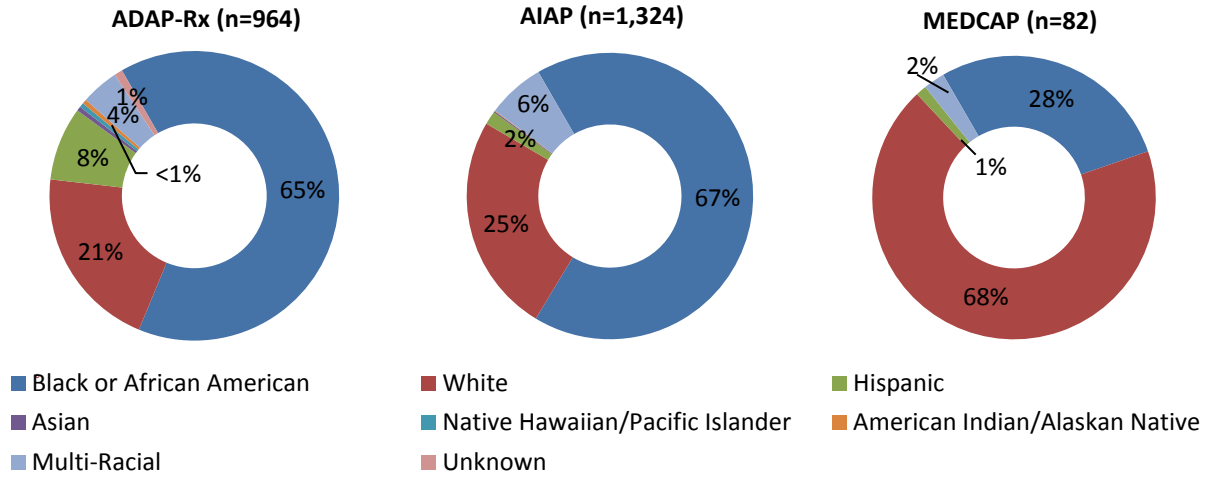
Figure 5. ADAP Clients CD4 Count Range at Last Reported Test by Service Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; ADAP-Rx – ADAP full-pay prescription only program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. CD4 counts reported during the previous 12 months (i.e., January 1, 2016 to December 31, 2016). Percentages may not total 100% due to rounding.

Racial and ethnic differences are seen when stratifying by program category. While the majority of ADAP-Rx and AIAP clients are Black or African American, the majority of MEDCAP clients are White (Figure 6). This suggests an underutilization of MEDCAP among African Americans. HIV surveillance data indicate African Americans continue to be disproportionately affected by HIV in Alabama. While African Americans comprise only 27 percent of Alabama's population, they represent 71 percent of newly diagnosed infections in current years and 70 percent of all persons living with HIV in Alabama.

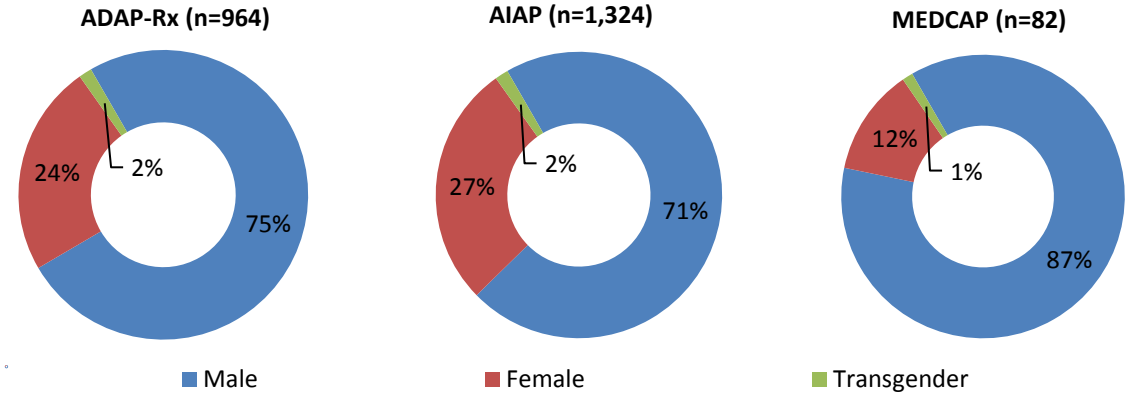
Figure 6. ADAP Clients Race/Ethnicity by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; ADAP-Rx – ADAP full-pay prescription only program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

Stratification by gender reveals the majority of clients report male for both birth sex and current gender identity across program categories (Figure 7). However, Alabama's transgender population is growing with thirty-five clients identifying transgender as of December 31, 2016.

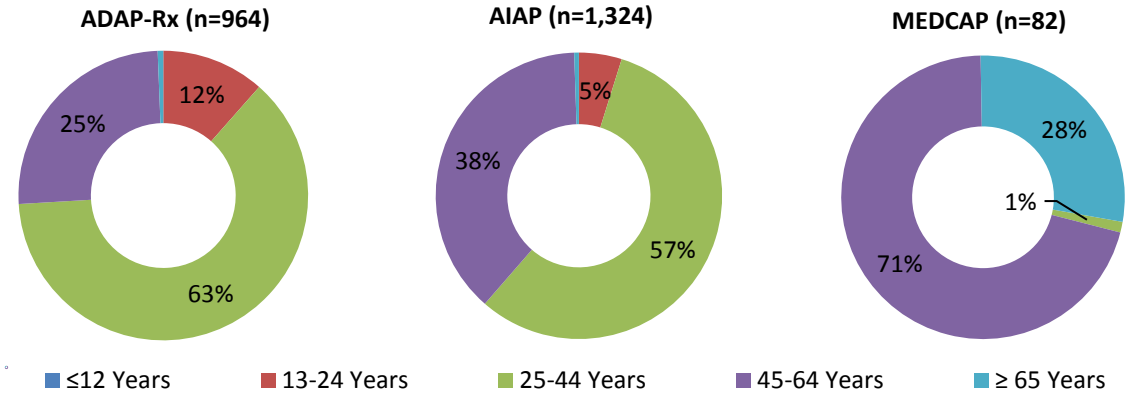
Figure 7. ADAP Clients Gender by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; ADAP-Rx – ADAP full-pay prescription only program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Percentages may not total 100% due to rounding.

While the majority of ADAP-Rx and AIAP clients served as of December 31, 2016 were 25 to 44 years old, a larger percentage of 45 to 64 years olds utilized AIAP compared to ADAP (Figure 8). MEDCAP clients represent an older population, with the majority of clients age 45 or older. No clients served by ADAP, AIAP, or MEDCAP were 12 years old or younger. By law, the Ryan White HIV/AIDS Program (including ADAP) must be the payer of last resort. Children of low income families are able to obtain healthcare coverage through Alabama's Medicaid and AllKids insurance programs.

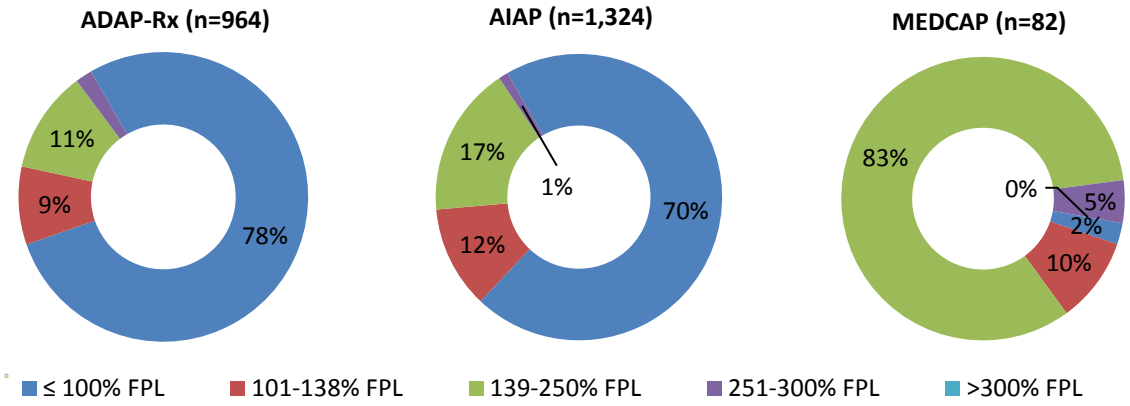
Figure 8. ADAP Clients Age by Program Category, Alabama



Source: Alabama Department of Public Health, Division of HIV Prevention and Care
Abbreviations: ADAP – AIDS Drug Assistance Program; ADAP-Rx – ADAP full-pay prescription only program; AIAP – Alabama Insurance Assistance Program; MEDCAP – Medicare Part D Client Assistance Program. Age as of December 31, 2016. Percentages may not total

Alabama's income eligibility criteria for all RWHAP Part B programs (including ADAP-Rx, AIAP, MEDCAP, and other Part B services) is currently set at 300 percent of the federal poverty level (FPL). The income level of ADAP-Rx, AIAP, and MEDCAP clients served is depicted in Figure 9. While the majority of ADAP-Rx and AIAP clients are below 138 percent of the FPL, the majority of MEDCAP clients are between 139 to 250 percent of the FPL.

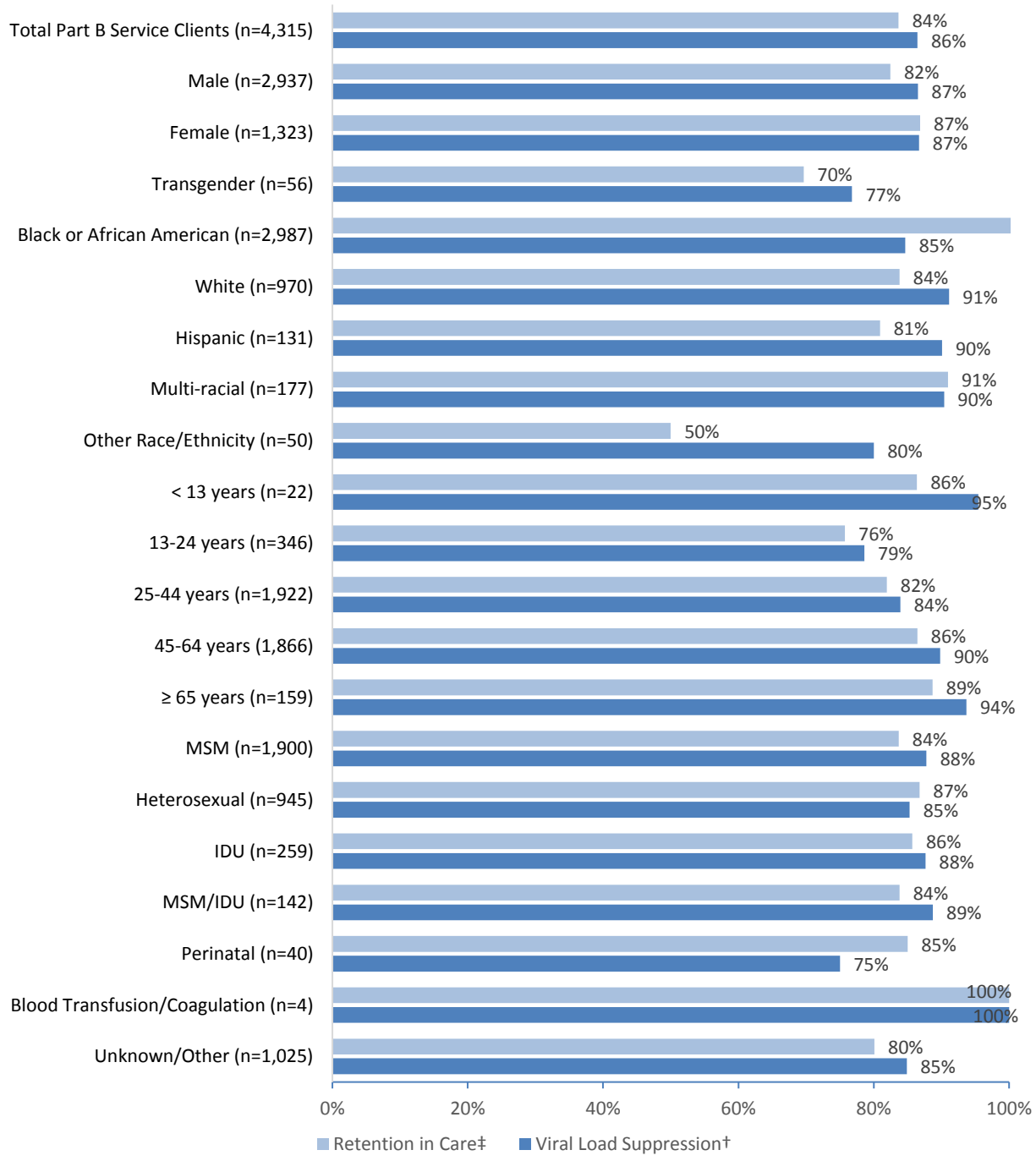
Figure 9. ADAP Clients Income Level by Program Category, Alabama



Sources: Alabama Department of Public Health, Division of HIV Prevention and Care. *Federal Register*, Vol. 81, No. 15, January 25, 2016, pp. 4036-4037. Also see https://aspe.hhs.gov/poverty-guidelines.
Abbreviations: ADAP - AIDS Drug Assistance Program; ADAP-Rx – ADAP full-pay prescription only program; AIAP - Alabama Insurance Assistance Program; FPL - Federal Poverty Level; MEDCAP - Medicare Part D Client Assistance Program. Percentages may not total 100%

Alabama's RWHAP also provides Part B core medical and support services to provide seamless care and support across the HIV care continuum. Currently, Alabama funds seventeen Ryan White Providers across the state that provide core medical and support services to an estimated 4,315 HIV positive clients. As not all Ryan White Providers provide direct medical care, linkage to HIV Surveillance data was conducted to determine the level of retention in care and viral suppression among these clients. Retention in care and viral suppression data is currently available for 4,315 clients receiving Part B services (Figure 10). Eighty-four percent of clients receiving at least one Part B core medical or support service were retained in care and 86 percent achieved viral suppression. While individuals identifying as male or female have similar retention in care and viral suppression, individuals identifying as transgender achieve a lower percentage of retention in care and viral load suppression compared to individuals identifying as male or female. Only 70 percent of transgender persons living with HIV were retained in care and only 77 percent were virally suppressed, signifying a need for targeted interventions among transgender persons. Racial and ethnic differences are seen with individuals identifying as multi-racial and whites exhibiting the best retention in care and viral suppression, followed by black or African Americans and Hispanics. Individuals with other or unknown race/ethnicity exhibit the worst outcomes with 50 percent retention in care and 80 percent viral suppression. Retention in care and viral suppression improved with age, excluding children under 13 years of age, with adolescents and young adults age 13 to 24 years being identified as a target group for improved HIV prevention and care efforts.

Figure 10. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program Part B Core Medical and Support Services by Client Characteristic, Alabama 2017



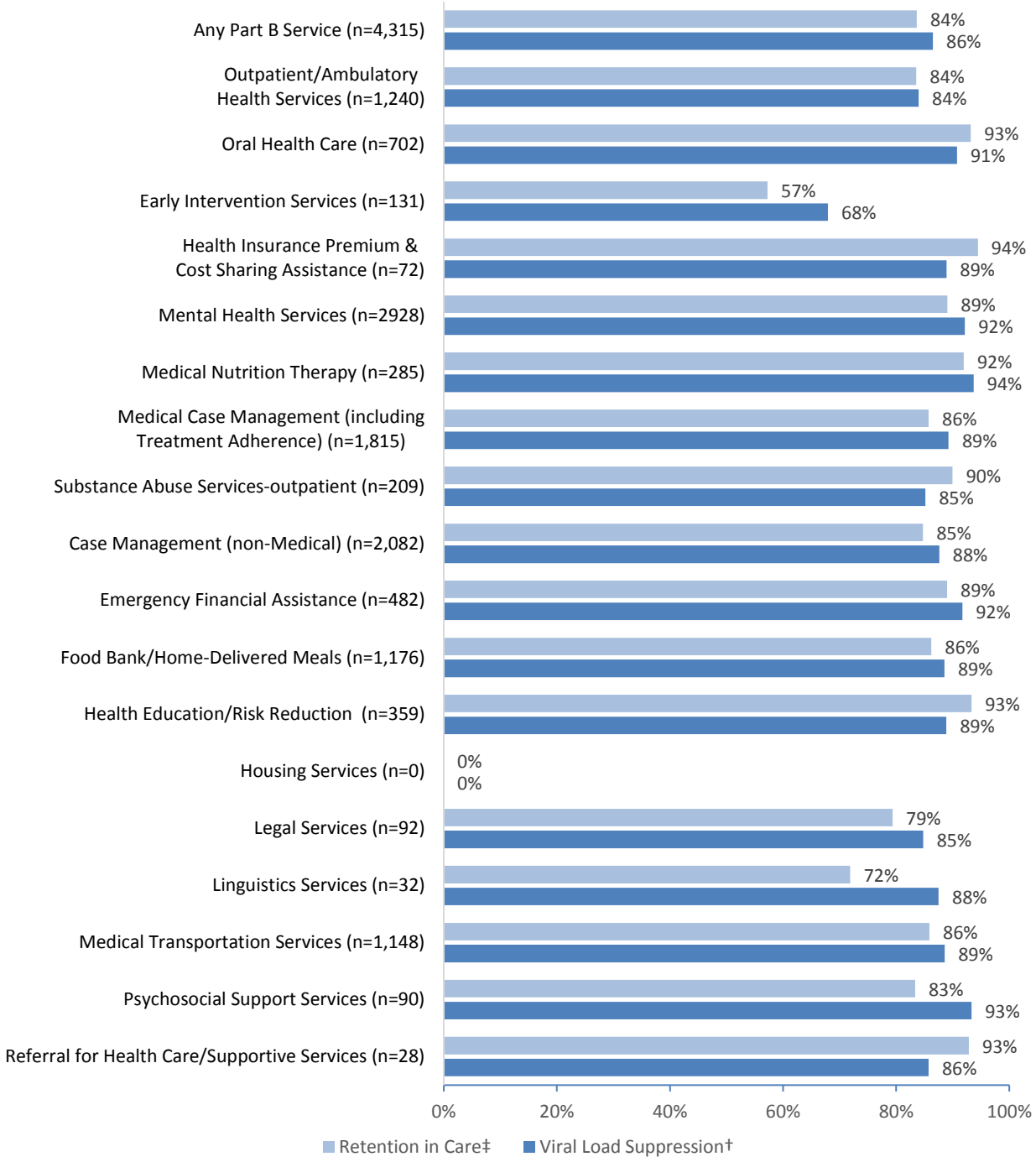
Sources: Alabama Department of Public Health, Division of HIV Prevention and Care.
Abbreviations: IDU – intravenous drug use; MSM – men who have sex with men.
Calculations include persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016, allowing a full 12 months to assess retention in care and viral suppression. Age represents prevalent age as of December 31, 2016.
† Calculated as the percentage of clients diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016 who had suppressed viral load (<200 copies/mL) during the previous 12 months.
‡ Calculated as the percentage of clients diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016 retained in care during the previous 12 months, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.

Stratifying clients by risk factor also reveals variation in retention in care and viral load suppression (Figure 10). While MSM, IDU, combined MSM/IDU, and heterosexuals achieved similar retention in care and viral suppression, individuals infected via perinatal exposure or with unknown/other risk factors did significantly worse. Eighty-five percent of individuals infected via perinatal exposure were retained in care and only 75 percent achieved viral suppression, while 80 percent of unknown/other risk were retained in care and 85 percent achieved viral suppression. As with ADAP clients, extra focus should be given to perinatally infected Part B services clients as these individuals transition into adulthood, begin managing their own health, and deal with the psychological effects of treatment fatigue. When considering clients infected via blood transfusion/coagulation, it should be noted that analyses conducted on sample sizes less than twelve are not considered statistically significant and results may be due to chance.

Stratifying clients by Part B service category also reveals variation in retention in care and viral load suppression (Figure 11). Clients receiving oral health care, health insurance premium and cost sharing assistance, medical nutrition therapy, and health education/risk reduction have already surpassed the NHAS 2020 goals of 90 percent retention in care and 80 percent viral suppression. Clients receiving mental health, medical nutrition therapy, and psychosocial support services also achieve optimal outcomes, with at least 90 percent of clients accessing these services achieving viral suppression. Among the 4,315 clients for which retention in care and viral suppression data is available, case management (non-medical) services (n=2,082) and medical case management (including treatment adherence) (n=1,815) are the most frequently utilized Part B service categories. Eighty-five percent of clients receiving case management (non-medical) services were retained in care and 88 percent achieved viral suppression. Among clients receiving medical case management, 86 percent were retained in care and 89 percent achieved viral suppression. Other highly utilized service categories include outpatient/ambulatory health services (n=1,240), food bank/home-delivered meals (n=1,176), and medical transportation services (n=1,148). Eighty-four percent of clients receiving outpatient/ambulatory health services were retained in care and 84 percent achieved viral suppression. Among clients receiving food bank/home-delivered meals, 86 percent were retained in care and 89 percent achieved viral suppression. Eighty-six percent of clients receiving medical transportation services were retained in care and 89 percent achieved viral suppression. Legal services were provided to 92 clients and helped 79 percent of these individuals remain retained in care and 85 percent achieve viral suppression. Linguistics services were provided to 32 non-English speaking clients and helped 72 percent of these individuals remain in care and 88 percent achieve viral suppression.

Although early intervention services (retention in care, 57 percent and viral suppression, 68 percent) do not appear to impact retention in care and viral suppression as effectively as other Part B service categories, the importance of offering a wide range of core medical and support services is necessary to assist PLWH achieve optimal health outcomes and adherence to ART to maintain viral suppression. When assessing retention in care and viral suppression among Part B Services clients, it should be noted that Part B core medical and support service categories are not mutually exclusive and cannot be compared as such (i.e., a client may receive multiple core medical and/or support services through Alabama's RWHAP Part B program).

Figure 11. Retention in Care and Viral Suppression Among Clients Receiving Ryan White HIV/AIDS Program Part B Core Medical and Support Services by Service Category, Alabama



Sources: Alabama Department of Public Health, Division of HIV Prevention and Care.

Note: Part B core medical and support service categories are not mutually exclusive and cannot be compared as such (i.e., a client may receive multiple core medical and/or support services through Alabama's Ryan White HIV/AIDS Part B program).

Calculations include persons diagnosed with HIV infection through December 31, 2015 and alive as of December 31, 2016, allowing a full 12 months to assess retention in care and viral suppression.

† Calculated as the percentage of clients diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016 who had suppressed viral load (<200 copies/mL) during the previous 12 months.

‡ Calculated as the percentage of clients diagnosed with HIV through December 31, 2015 and alive as of December 31, 2016 retained in care during the previous 12 months, evidenced by ≥2 CD4 and/or viral load tests collected at least 90 days apart.