

Centralized Portal Access to HIV Medication Significantly Improves Biologic Outcomes for the Uninsured



Background and Public Health Question:

Can a centralized portal for medication access improve adherence for uninsured patients?

Objective:

To improve ART adherence rates of uninsured persons with HIV





- HarborPath is able to provide the full regimen of HIV medications to the uninsured
 - Through partnering with clinics in the U.S.
 - Through use of a streamlined, online portal process.
- Donated medications are applied for online on behalf of the patient.
- Medications are mailed in approximately 48 hours.

This process:

- Shortens the patient's wait-time
- May increase adherence.

Please Note:

Effect of participation in the program was assessed by comparing VL suppression (<200 copies/mL) at baseline versus follow up after 4 weeks (but within a year) after enrollment



✓ Online PAP Application

 Health professionals enter patient eligibility data into singe application to access multiple medications

✓ Eligibility

- Processes and provides immediate notification
- Auto population application fields and generates hard copy for patient and healthcare provider signatures

✓ Documentation and Portal Tracking

 Healthcare professionals upload or fax eligibility documentation and medication script

✓ Pharmacy Services

All medications are shipped directly to the patient or healthcare facility

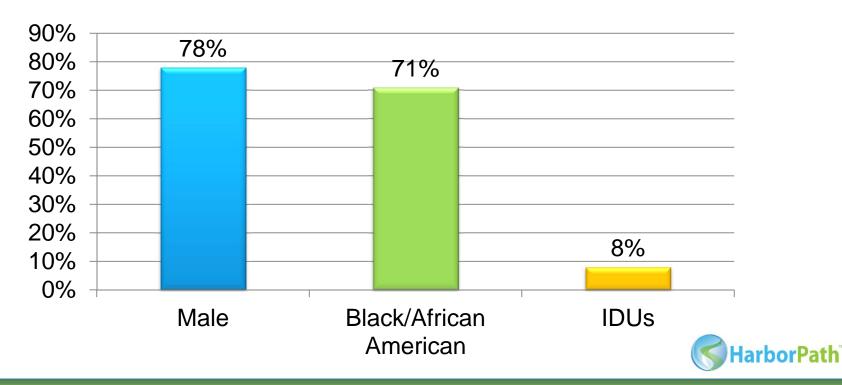
✓ Medication Adherence

 Online refills, IVR and personal customer service help provide prompt refills

HarborPath[®]



A total of 594 patients with a mean age of 39 years were approved for the HarborPath program at partnering academic institution University of Alabama at Birmingham from January 2013 to January 2015



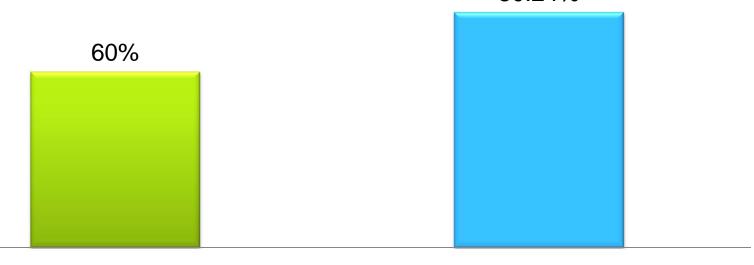
Results

- ✓ Median time from application to program approval was 1.5 days
- ✓ Median time from application to medication distribution was 4.0 days
- √ 5% of medications were shipped directly to patients
- ✓ 95% were shipped to the clinic.





495 patients for whom both baseline and follow up viral load were available:



80.24%

Suppressed Viral Load at Enrollment Suppressed viral Load After At Least 4
Weeks of Enrollment

(p<.001 up to 1 year follow-up)

Viral load suppression increased significantly from baseline





Improved efficiency in access to HIV medication therapy provides clinically significant outcome results for uninsured patients.

The HarborPath model provides a solution for reducing HIV transmission rates and improving patient outcome by effectively eliminating barriers to treatment and providing ease of therapy access for the uninsured.

