KAISER PERMANENTE® thrive

Track C/Session 1: What We Know and What We Don't Know about the Effectiveness of Implementing Routine HIV Testing

The Private Sector Perspective
Michael Horberg, MD MAS FACP
Director, HIV/AIDS
Kaiser Permanente

care management | institute

HMOs and Health Insurance Plans

KAISER PERMANENTE® thrive

- 602 HMOs in US as of July 2007
  - Varies from 1/state (AK, MS, ND, WY) to 49/state (CA)
  - Nearly 1,300 health insurance plans in US (source: AHIP)
- Can vary from non-profit to for-profit
  - Note: Some companies have non-profit plans and for-profit plans, depending sometimes on state law
- In general, data on HIV testing and identifying patients at risk is quite limited
  - Most cite legal reasons for not previously collecting such data
  - No explicit data documenting consistent refusal to pay or specific plan testing rates
  - This will likely change with new HEDIS measures (NCQA)
    - However, HIV testing rates are not yet HEDIS measures

KP/GHC HIV Demographics

KAISER PERMANENTE® thrive

- Over 9 million members nationally (9 states and DC)
- We now have over 17,000 active HIV-infected patients in our care.
- We are the second largest provider of integrated HIV care in the United States.
- Our population is aging, and (thankfully) not dying. Our mortality is significantly less (1.6%) than the national average (3.4%).
- While majority of cases are still GWM, there are rising numbers of black and Latino. Percent female is steady.
- Medications used to treat HIV are the single most expensive line item in the pharmacy budget –and has been rising steadily
- However, we are not testing all of our patients at risk

Are we testing our patients for HIV?

KAISER PERMANENTE® thrive

For example, in KPNC significantly less than 50% of current members have ever been tested for HIV.

Region	HIV tests by year*	
	2004	2005
KPCO	12,090	13,689
KPGA	10,938	
GHC	8170	9518
KPHI	7873	6777
KPMAS	22,190	21,252
KPNC	94,798	104,079
KPNW	10,160	11,405
KPOH	2892	3072
KPSC	161,359	171,016
TOTAL	**330470**	**340808**

*--where available; does not include members tested outside of Kaiser Permanente

Majority in most regions are female tested

Are we testing our patients at risk?

KAISER PERMANENTE® thrive

From the KP Interregional HIV Quality Measures Program:

HIV Antibody Co-testing in Incident STD+, HIV- Patients*.

Overall –7320/13,120 or **only 55.8%**

If no prior negative HBV/HCV test the numbers are even less encouraging—9400/23,532 or **only 39.9%**

***--HIV- and diagnosed with ≥1 STD (chlamydia, gonorrhea, primary syphilis, new hepatitis B or new hepatitis C) during the measurement period, percent of patients also tested for HIV within a -10 to +90 day window around the STD test date for each STD.**

2005-2006 data; from both California, Georgia, and Northwest regions

We are testing earlier

KAISER PERMANENTE® thrive

Previously, over 40% of our patients had CD4<200 /µL at time of diagnosis

However, with earlier testing:

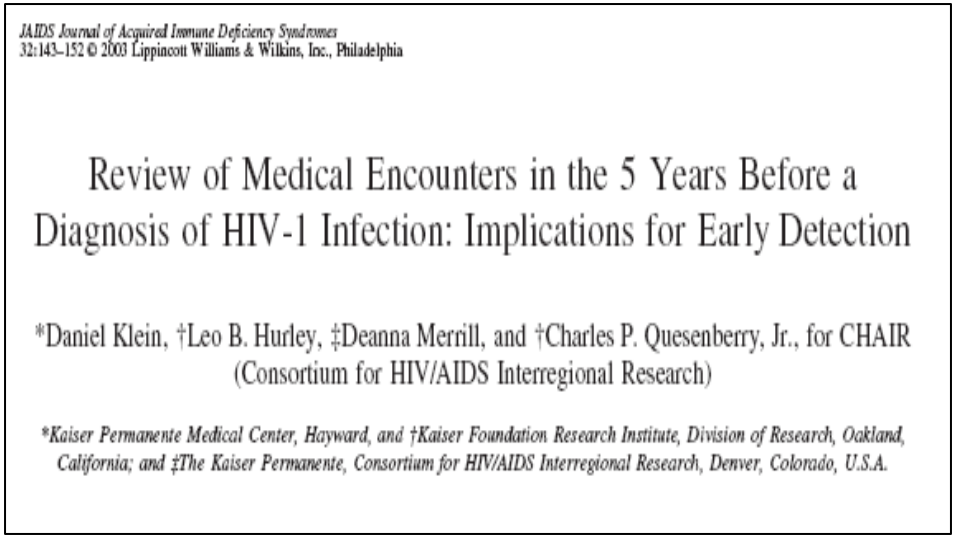
(from the KP Interregional HIV Quality Measures Program)

Early detection

Of members newly identified with HIV, EXCLUDING transfers, percent of patients whose lowest CD4 <200 cells (i.e. AIDS-defining)

229/867 or 28.8% had CD4 <200/µL at time of diagnosis*

Median lowest CD4 among cohort within 90 days of HIV infection diagnosis—329/µL*



JAIDS Journal of Acquired Immune Deficiency Syndromes
32:143–152 © 2003 Lippincott Williams & Wilkins, Inc., Philadelphia

Review of Medical Encounters in the 5 Years Before a Diagnosis of HIV-1 Infection: Implications for Early Detection

*Daniel Klein, †Leo B. Hurley, ‡Deanna Merrill, and †Charles P. Quesenberry, Jr., for CHAIR (Consortium for HIV/AIDS Interregional Research)

*Kaiser Permanente Medical Center, Hayward, and †Kaiser Foundation Research Institute, Division of Research, Oakland, California; and ‡The Kaiser Permanente, Consortium for HIV/AIDS Interregional Research, Denver, Colorado, U.S.A.

*--2005-2006 data; from both California, Georgia, and Northwest regions

What we can do?
What is being done?

KAISER PERMANENTE® thrive

Nationally

- Reconcile USPSTF and CDC recommendations
  - Most managed care plans follow USPSTF recommendations
- Make HIV testing a HEDIS measure (NCQA, CMS, NQF)
- Public reporting of testing rates
- Public reporting of stage of disease at time of diagnosis
- Reward improvements in HIV testing rates at all levels
- Consideration of all costs of HIV testing and care

Kaiser Permanente (as an example)

- New HIV testing guidelines (expansion of USPSTF recommendations)
- Continued reporting of testing rates
  - Both interregionally and intra-regionally
- Creating tools to make it easier for providers to talk to patients about testing and risk behaviors
  - We do not favor separating testing and counseling
- Make testing easier on EMR
- Better identify patients at risk
- Empower patients to seek HIV testing (kp.org)