Overview of National HIV/AIDS Strategy Implementation

National Summit
November 28, 2012

Grant Colfax, MD
Director, Office of National AIDS Policy
Domestic Policy Council
The White House

The National HIV/AIDS Strategy Overview

Goals

1. Reduce the number of people who become infected with HIV
2. Increase access to care and optimize health outcomes for people living with HIV
3. Reduce HIV-related health disparities
4. Achieving a more coordinated national response to the HIV epidemic

Facets of the Strategy

- Limited number of action steps
- 5-year targets
- Emphasis on evidence-based approaches
- Multiple Federal agencies charged with Strategy implementation: HHS, HUD, VA, DOJ, DOL, SSA; HHS lead coordinating agency.
- Roadmap for all public and private stakeholders responding to the domestic epidemic
- Focus on improving coordination and efficiency across and within Federal, state, local and tribal governments
- Emphasis on concentrating efforts where HIV is most concentrated and in populations with greatest disparities, including: gay men, people of color, and transgender individuals.

THE WHITE HOUSE
WASHINGTON

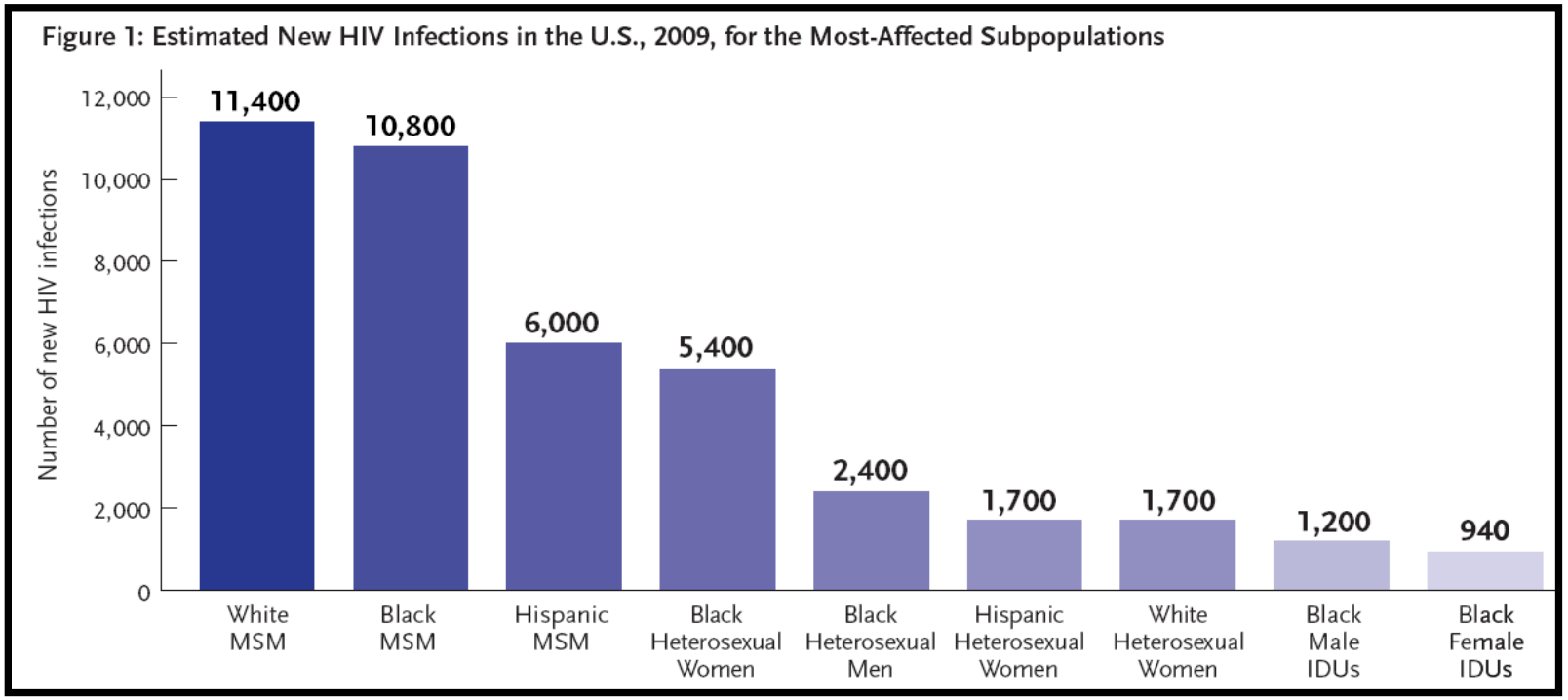
Achieving the goals of the Strategy

Guiding Principles

- Align resources with epidemic
- Shared responsibility
- Accountability
- Evidence-based approach

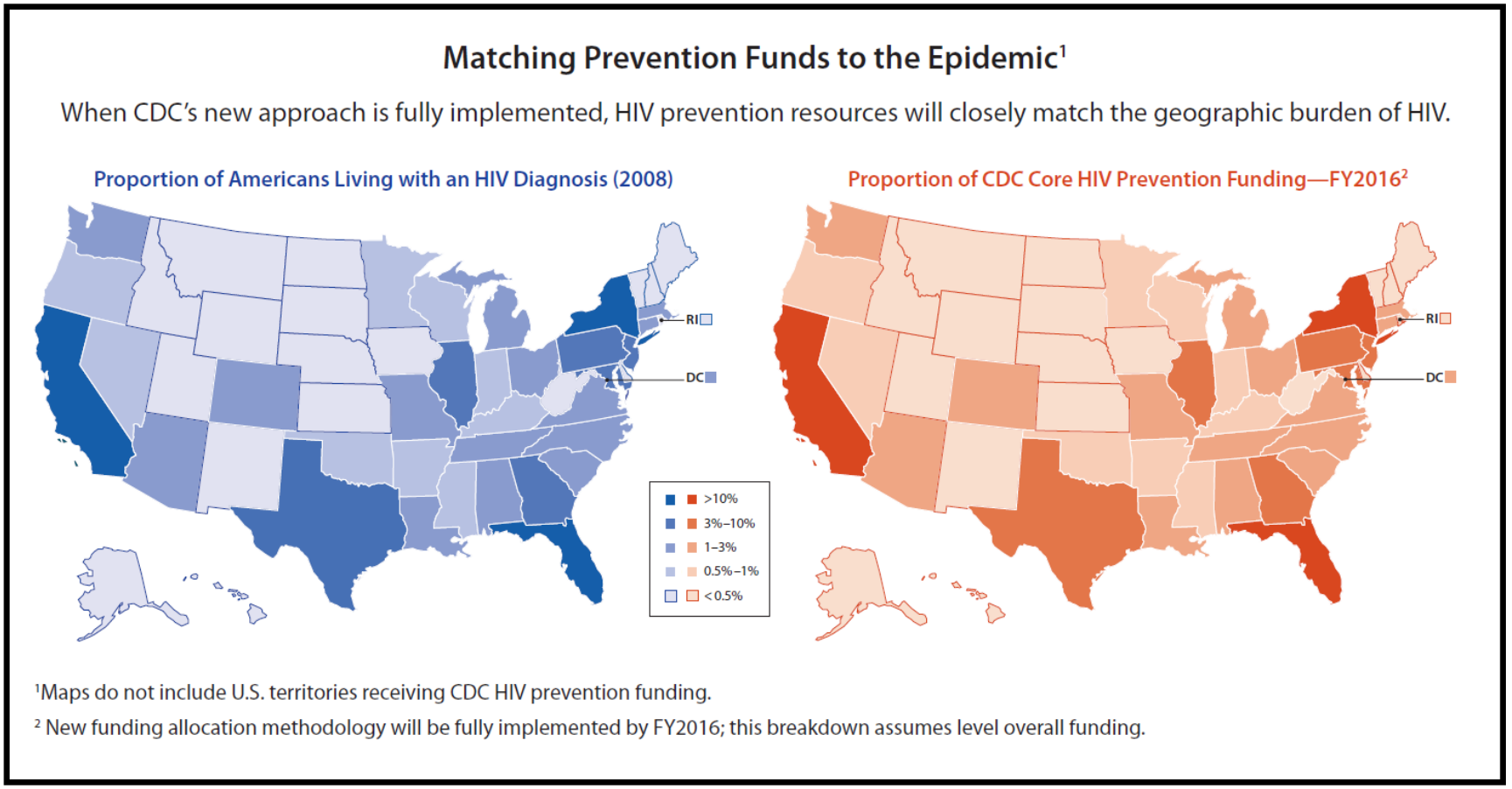
New HIV Infections in the U.S.

- Estimated 50,000 new HIV infections annually in U.S.
- MSM 64% of new infections; 48% increase in young black MSM
- HIV prevalence among MSM >40 times higher than other men
- Black women most impacted among all women
- Latinos disproportionately impacted compared to whites



(Prejean et al., 20011)

Aligning Prevention Resources with the Epidemic



Greater emphasis on: testing, linkage to care

Effective, Evidence-based Approaches We Know Prevent HIV

- Condoms
- Comprehensive drug treatment
- HIV testing (awareness of status)
- Circumcision (limited potential in US)
- Antiretroviral therapy for people living with HIV
- Antiretroviral therapy for high risk negatives
- Serosorting (among positives)
- Testing pregnant women

Best combination of HIV prevention approaches that will have a population-level impact for specific populations is unknown

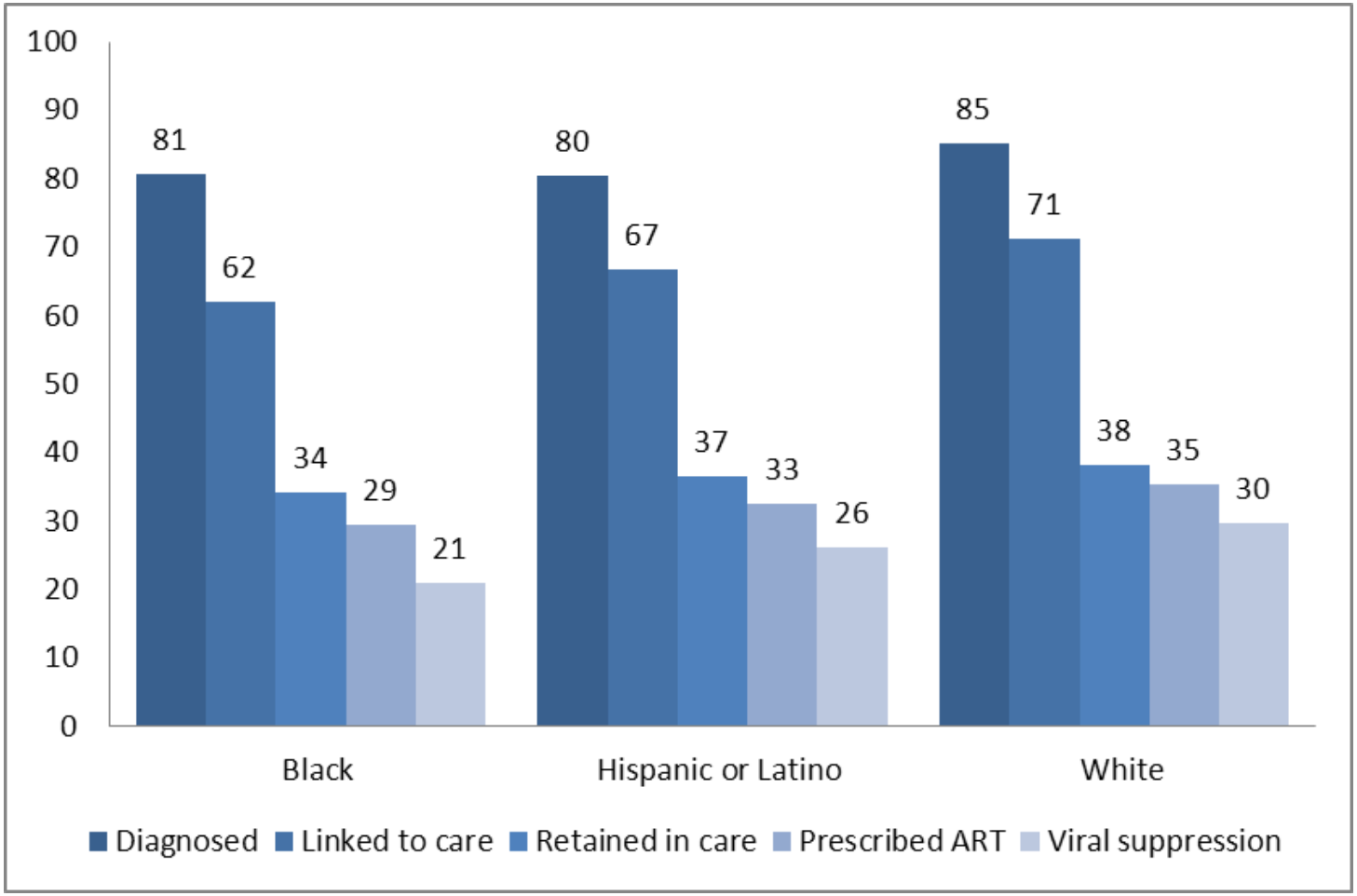
Making Smarter Investments: CDC Modeling for Philadelphia

Untargeted interventions	Cost per new infection averted (rank)		
Testing in clinical settings	51,293 (3)		
Partner services	99,105 (7)		
Linkage to care	114,644 (8)		
Retention in care	75,665 (5)		
Adherence to ART	42,753 (2)		
Targeted interventions	**HRH**	**IDU**	**MSM**
Testing in non-clinical settings	866,272 (12)	53,935 (4)	17,965 (1)
Behavioral intervention for HIV+ people	594,796 (10)	700,005 (11)	97,410 (6)
Behavioral intervention for HIV- people	15,642,127 (14)	2,931,406 (13)	327,210 (9)

ART, Antiretroviral therapy
HRH, High risk heterosexuals
IDU, Injection drug users
MSM, Men who have sex with men

Sansom et al, CDC Grand Rounds August 21, 2012

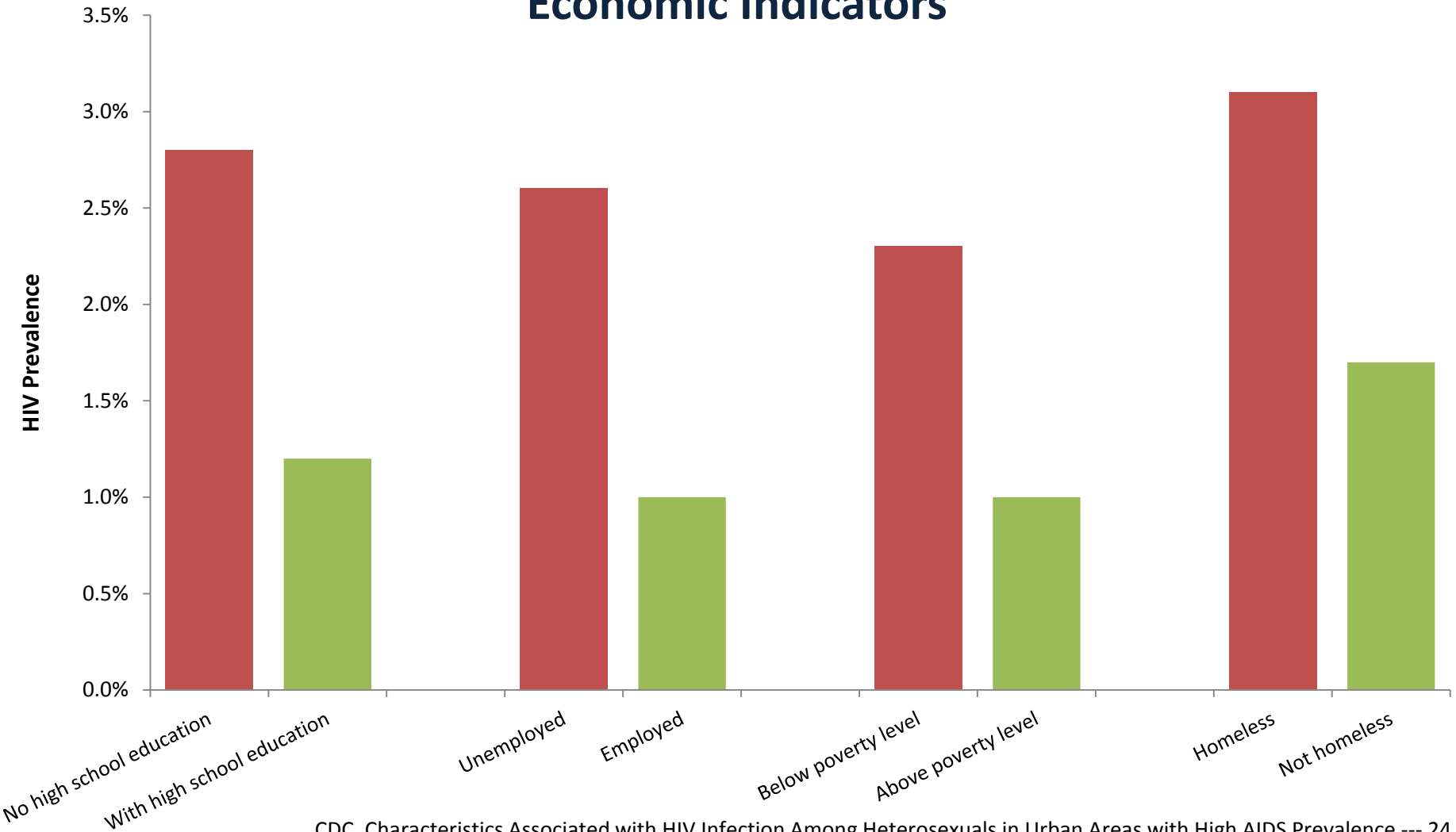
Percentage of persons with HIV engaged in selected stages of the continuum of care, by race/ethnicity – United States



Hall et al, IAS, July 27, 2012

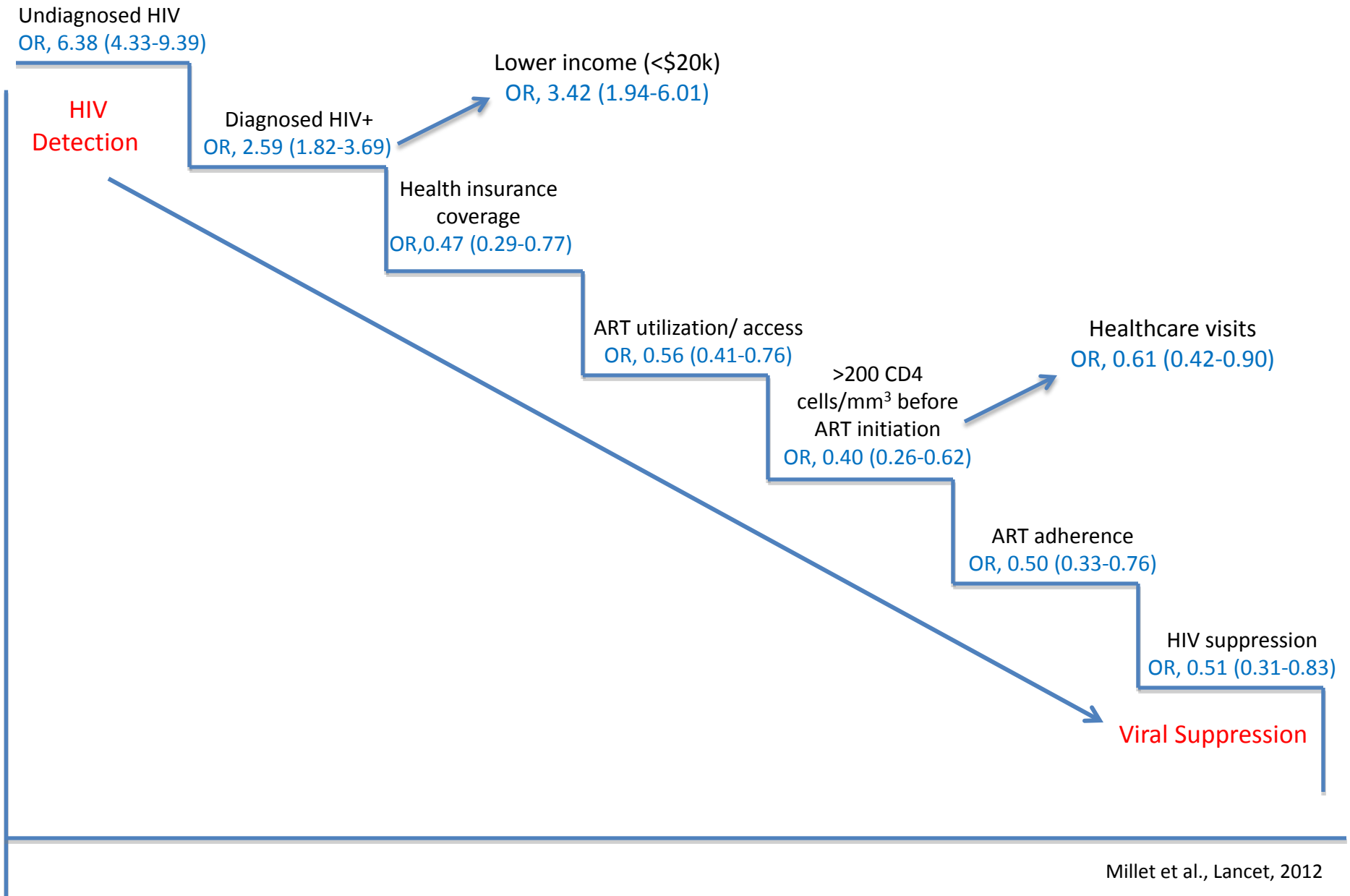
HIV Tracks with Social and Economic Disparities

HIV Infection Among Heterosexuals in Urban Areas, by Socio-Economic Indicators



CDC. Characteristics Associated with HIV Infection Among Heterosexuals in Urban Areas with High AIDS Prevalence --- 24 Cities, United States, 2006--2007. MMWR 2011;60:1045-1049.

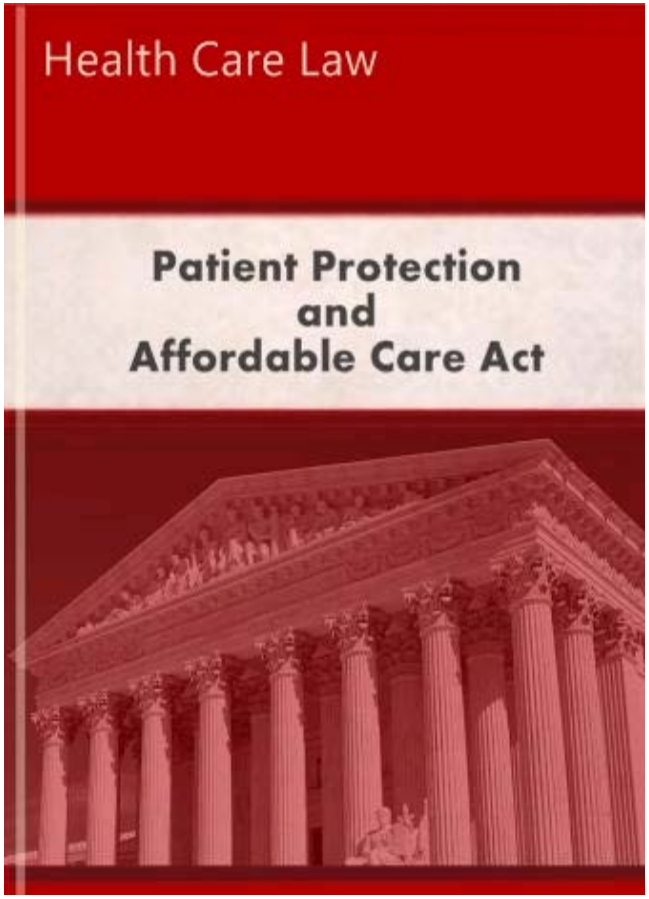
Care cascade for black MSM



Millet et al., Lancet, 2012

Toward Health Equity: The Affordable Care Act

- Expands coverage to over 30 million Americans
  - 9 million uninsured Latinos will have access to coverage
  - 7 million uninsured African-Americans will have access to coverage



Source: Office of the Assistant Secretary for Planning and Evaluation, 2012

The Affordable Care Act: Meaningful Change Now

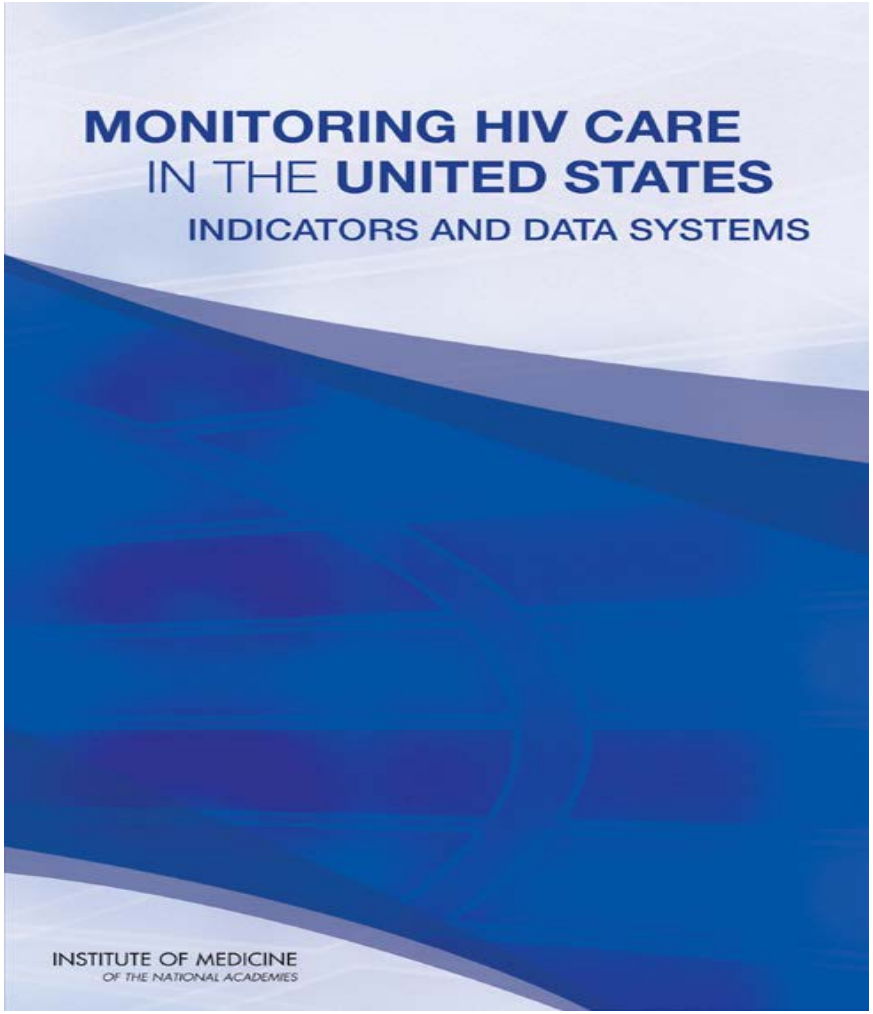
- 54 million additional Americans receiving preventive services
- More than 3 million young adults insured by remaining on parent's private insurance
- Eliminated lifetime limits for 105 million Americans
- Hundreds of persons living with HIV now covered under Pre-existing Condition Insurance Plans
- ADAP benefits considered contribution toward true out-of-pocket expenses, helping fill "donut hole"
- Insurers cannot rescind coverage except in cases of fraud or intentional misrepresentation
- Expanded National Health Service Corps
  - 3600 providers (2008) to 10,000 (2011)
  - Increased patients served from 3.7 to 10.5 million

Affordable Care Act: 2014

- No denial of coverage for pre-existing conditions (includes HIV)
- Expands Medicaid eligibility to 133% of Federal poverty level
- Creates affordable insurance exchanges with a choice of private insurance plans and with tax credits to make coverage affordable
- Increased resources to community health centers ($11 billion over 5 years)

Measuring HIV-related Outcomes: Towards a National Consensus

- Parsimony
- Harmony
- Achievable
- Sustainable
- Usable
- Shareable



Secretary's Memo to Identify Core Variables and Reduce Reporting Burden

Calls upon HHS offices to:

- Finalize a set of common core HIV/AIDS indicators consistent with IOM's recommendations
- Reduce reporting burden by at least 20-25%
- Streamline data collection

Measuring outcomes: VA System

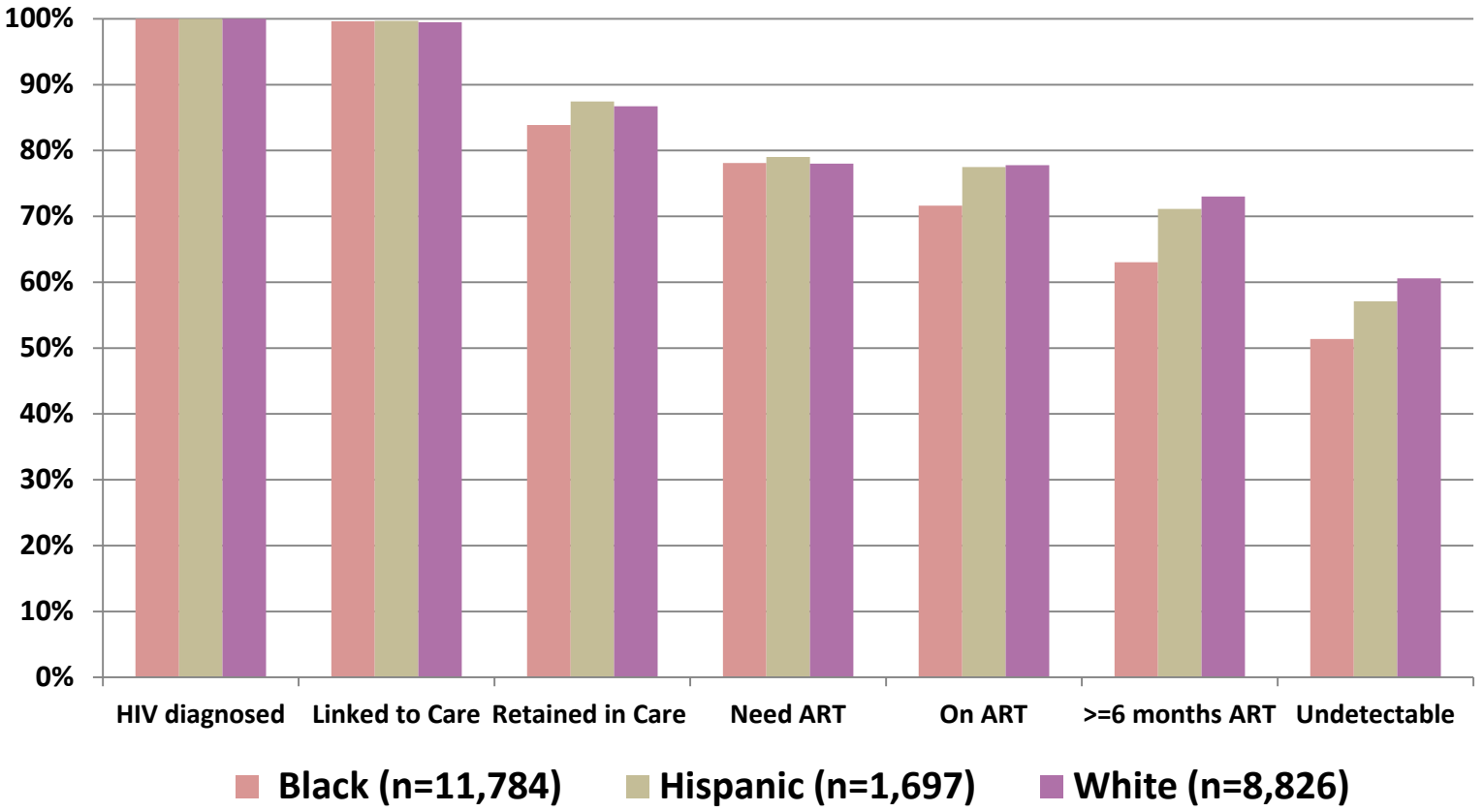
Table 2. National and Facility Rates for 10 National Quality Forum Measures for HIV/AIDS Care

			73 Facilities With ≥ 100 HIV Caseload	
Measure	**Eligible, No.**	**National Rate, %**	**Minimum Facility Rate, %**	**Maximum Facility Rate, %**
Medical Visit	21564	83	73	96
HBV Screening	17904	97	88	100
HCV Screening	17904	98	92	100
HBV vaccination	16606	81	53	98
TB screening	16526	65	30	94
Syphilis screening	17904	54	8	97
CD4 lymphocyte count	17904	93	81	100
Potent ART	14508	91	75	99
HIV RNA control	15537	73	28	91
PCP prophylaxis	2709	72	20	93

Abbreviations: ART, antiretroviral therapy; HBV, hepatitis B virus; HCV, hepatitis C virus; HIV, human immunodeficiency virus; PCP, *Pneumocystis* pneumonia; TB, tuberculosis

Backus, L., Boothroyd, D., Phillips, B., Belperio, P., Halloran, J., Valdiserri, R., Mole, L. (2010). National Quality Forum Performance Measures for HIV/AIDS Care: The Department of Veterans Affairs' Experience. *Archives of Internal Medicine , 170*(14), 1239-1246

Engagement in Care by Race/Ethnicity



VA HEALTH CARE Defining EXCELLENCE in the 21st Century

Implementation Research Questions

- What is the acceptable level of evidence needed to move interventions forward?
- What combination of interventions is optimal for achieving the greatest effect?
- What are the core structural and operational components of a sustainable program?
- How do we maintain the flexibility needed on the ground to implement and scale-up programs, while also maintaining the core principles of an evidence-based approach?
- How do we measure the effectiveness of interventions in an ever-changing environment?
- How do we adapt interventions for different populations and/or environments?
- How long to we give a program to succeed?

The NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Mortality and Access to Care among Adults after State Medicaid Expansions

Benjamin D. Sommers, M.D., Ph.D., Katherine Baicker, Ph.D., and Arnold M. Epstein, M.D.

ABSTRACT

BACKGROUND

Several states have expanded Medicaid eligibility for adults in the past decade, and the Affordable Care Act allows states to expand Medicaid dramatically in 2014. Yet the effect of such changes on adults' health remains unclear. We examined whether Medicaid expansions were associated with changes in mortality and other health-related measures.

METHODS

We compared three states that substantially expanded adult Medicaid eligibility since 2000 (New York, Maine, and Arizona) with neighboring states without expansions. The sample consisted of adults between the ages of 20 and 64 years who were observed 5 years before and after the expansions, from 1997 through 2007. The primary outcome was all-cause county-level mortality among 68,012 year- and county-

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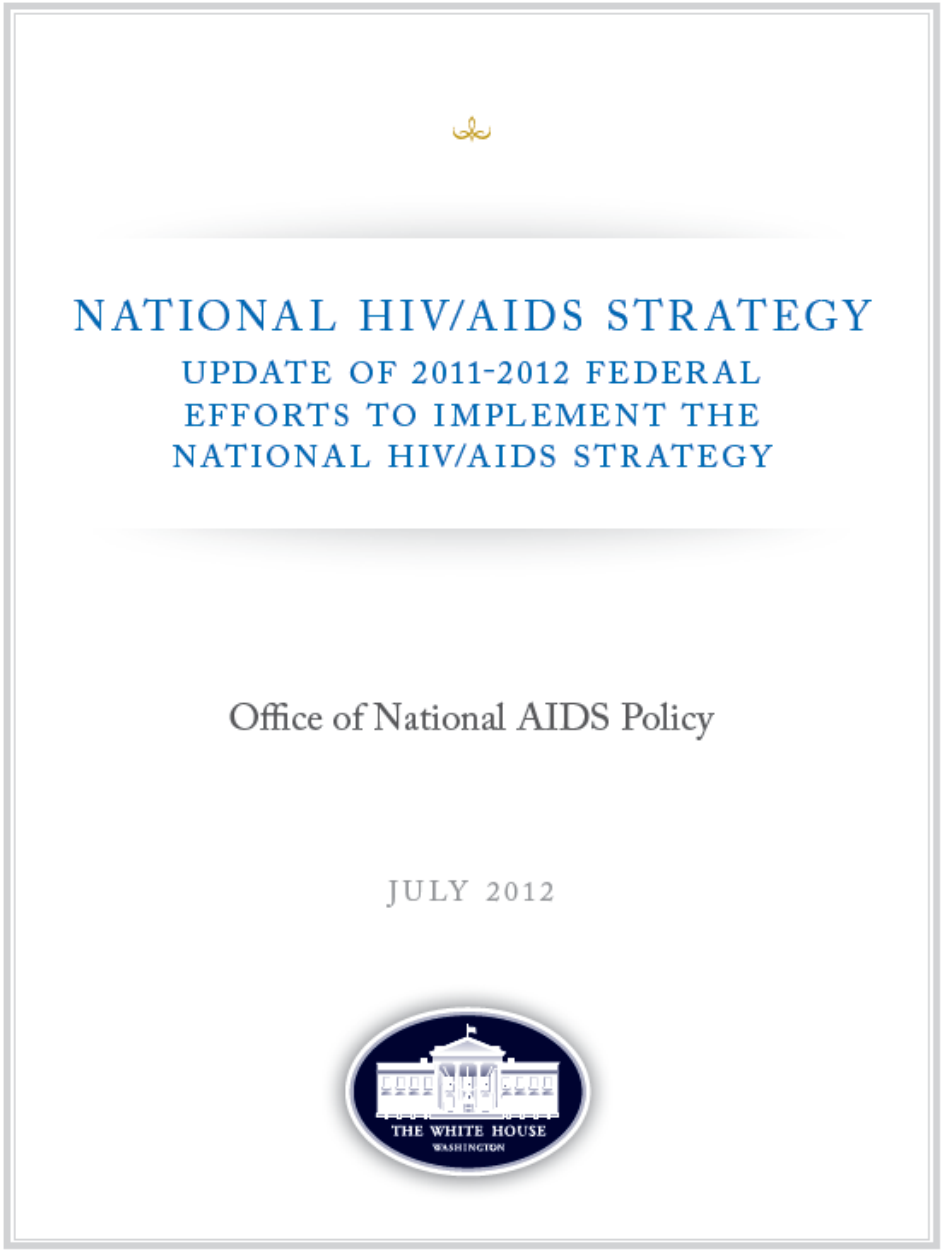
DOI: 10.1056/NEJMsa1202099

Sommers, Benjamin D., Katherine Baicker, and Arnold M. Epstein. "Mortality and Access to Care among Adults after State Medicaid Expansion." The New England Journal of Medicine 367 (2012): 1025-034

Moving Forward…

Report details:

- Update on ongoing Federal efforts
- New Federal initiatives



Ongoing National HIV/AIDS Strategy Implementation Needs

- **Continued collaboration among Federal, State, local government, and private partners**
- **Flexibility at local level while maintaining alignment with NHAS principles**
- **Prioritize maximizing the continuum of care**
- **Research to determine best ways to move forward among multiple options**
- **Technical assistance to prepare HIV workforce for ongoing changes in environment**
- **Shift from process-oriented to outcome-oriented metrics**
- **More rapid analyses of surveillance data and use of data for public health purposes**
- **Ongoing support for basic and clinical research**

NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES

Vision for the National HIV/AIDS Strategy

"The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination"

Acknowledgements

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