HIV/AIDS Today:  
*Treatment Costly But Effective*

Healthcare Financial Management Association  
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Outline

• State of HIV treatment and epidemic
• Challenges facing HIV service organizations
• Treatment approach
• Market review
Today’s HIV Epidemic

• Treatable and preventable
• Normal life expectancy possible
• Annual new infection rate is in a steady decline
• Infection rates on the rise in specific populations
• Health disparities are impacting outcomes
HIV/AIDS Epidemic, U.S.

http://www.mdwhitestmedicalinstitute.org
HIV Treatment

• “The breadth and depth for the HIV therapy pipeline may arguably be among the most successful for treatment of any single human disease.”
Evolution of HIV/AIDS Care

1981-1996: Crisis

1996-2003: Mission & priorities reset

2004-2012: Improving health outcomes for people living with HIV

2012-2017: New competitive landscape, healthcare reform
Figure 1

U.S. Federal Funding for HIV/AIDS, by Category, FY 2017 Request

US$ Billions

- Global: $6.6 billion (19%)
- Domestic Care & Treatment: $20.8 billion (61%)
- Domestic Cash & Housing Assistance: $3.1 billion (9%)
- Domestic Research: $2.7 billion (8%)
- Domestic Prevention: $0.9 billion (3%)

Total: $34.0 Billion

NOTE: Categories may include funding across multiple agencies/programs; global category includes international HIV research at NIH. SOURCE: KFF analysis of data from FY2017 President's Budget, Congressional Budget Justifications, White House Office of Management and Budget personal communication.
Latest News from the CDC

50% of African American gay men will become infected in their lifetime.

Source: Centers for Disease Control and Prevention
HIV Prevalence Rate, by Country

Treatment Prevents HIV Transmission

• Zero transmissions in couples with viral loads below 400 copies/mL
• Treatment reduces infection risk by 96%
• Swiss Consensus statement (2008): an HIV-infected person effectively treated is not sexually infectious

www.aidsmap.com
HIV/AIDS Service Organizations

- 75% reported an operating loss for at least one of last three years
- 38% reported losses in two of last three years
- 15% reported losses for last three consecutive years
- Small number operating with available cash of $2.5 to $5 million

Healthcare Provider Supply

- Significant shortage of HIV providers expected and demand will increase by 14% over next five years
- Many providers treat only a small number of HIV patients
- 42% of physician HIV specialists report receiving Ryan White funding

Prism Health North Texas

• Local non-profit in North Texas serving as a medical home for people living with HIV
• Provides services to everyone, most patients are lower income
• Extensive programs such as prevention, linkage, mental health, case management, pharmaceutical assistance
The Approach to Care

• The goal is retention in care
  – Comprehensive primary medical care, including behavioral health
  – Case management and medical case management services
  – Financial assistance programs

• Establishment of patient/provider relationship

• Preventive care lowers the likelihood of both AIDS and non-AIDS related health events
Estimated number of new HIV transmissions along the care continuum

Skarbinski, J. et al., JAMA, February 2015
HIV Medical Home

• Utilizes Patient-Centered Medical Home building blocks
  – Population management
  – Empanelment
  – Team-based care
  – Data-driven improvement
  – Coordination of care

• Medicaid managed care benefits
Example of Market Consolidation

• 72,0058 patients in care
• Located in 38 countries
• 5,528 full time employees
• Operating in 15 states
• $1.4 billion annual budget
• Over seven acquisitions since 2012

www.aidshealth.org
Healthcare Reform and HIV

• Health plan drug coverage decisions discourage plan selection\(^1\)
  – 12 of 48 plans have evidence of adverse tiering
  – Adverse tiering plans more than triple out-of-pocket costs

• Provider networks are failing to comply with ACA guidelines\(^2\)

• Exchange plans high deductibles

1. Jacobs D and Sommers B. NEJM. 2015; 372L 399-402