PA HIV Planning Group
Priority Setting Session

PSRA Subcommittee
November 12, 2014
• Priority Setting Overview and Deliverables
• Process Questions
• Conflict of Interest
• Key Findings
• Preliminary Priority Rankings
• Voting Process Explanation

• Priority Setting Discussion and Final Rankings
• Development of Rationale

Priority Setting Activities
• Assignments
  • Time-keeper
  • Note-taker
  • COI management
• Observer role
• Handouts provided
  • Service definitions
  • Charts

Before we start...
The process of deciding which HIV/AIDS services are the most important according to the criteria the HPG has established.

Part of the scope of the PSRA subcommittee work is to facilitate this process for RW Part B core and supportive services.

Priority Setting
• A prioritized list of service categories
• Recommendations to the grantee on how to meet the priorities
• Explanation of any core service that HPG did not prioritize
• A fully documented description of the steps and decision-making processes used

Expected Outcomes of PS
• PSRA subcommittee:
  ➢ Ensure that the decision-making process is compatible with legislative requirements and HAB/DSHAP guidance
  • Provide overview of the process including activities, timeline, and responsibilities to the full HPG at the start of each priority setting year
  ➢ Develop the timeline for “inputs” to be presented
  ➢ Make request of the presenters for the “input” presentations
  ➢ Document the work and bring process decisions such as proposed procedures and criteria for decision-making to the full HPG for review and approval
• Facilitate the priority setting and resource allocation process
• Identify needed improvements to the process
• Full HPG:
  • Manage conflict of interest
  • Participate in discussion and decision-making process
  ➢ Complete the tool for the facilitation of priority setting
  • Make priority recommendations to the PA DOH
  • Review draft/update of a jurisdictional plan to ensure that it 1) identifies populations with the greatest burden of disease and those at the greatest risk of HIV transmission and acquisition and 2) allocates and disseminates resources to populations with the greatest burden of disease and those at the greatest risk of HIV transmission and acquisition.
Principles - serve as the foundation of the decision-making process

- Decisions must be based on documented needs
  - Services must be responsive to the epidemiology of HIV in the State of PA
  - Priorities should contribute to strengthening the agreed-upon continuum of care (the Prevent-Test-Link-Treat-Retain Model)
- Decisions are expected to address overall needs within the service area, not narrow advocacy concerns
- Services must be culturally and linguistically appropriate
- Services should focus on the needs of low-income, underserved, and disproportionately impacted populations
- Equitable access to services should be provided across the State and across subpopulations (equitable access used here to mean all services should be available in each region, this is regardless of funding stream)
- Services should meet Public Health Service treatment guidelines and other standards of care and be of demonstrated quality and effectiveness
• Documented need, based on:
  • The epidemiology of the epidemic in PA
  • Service needs specified in the needs assessment including unmet need of individuals who are HIV-positive but not in care (aware and unaware) and of historically underserved communities
  • Other standard sources of information (inputs provided on an annual basis)
• Quality, cost effectiveness, and outcome effectiveness of services, as measured through outcomes evaluation, clinical quality management programs, client satisfaction surveys, and other evaluation methods.
• Consumer input or priorities, including services and interventions for particular populations, especially those with severe need, historically underserved communities, and individuals who know their status but are not in care.
• Consistency with the Prevent-Test-Link-Treat-Retain Model, and its underlying priorities.
• Balance between ongoing service needs and emerging needs, reflecting the changing epidemiology of HIV/AIDS.

Criteria
• When documentation does not exist to apply all principles, lack of information should be specified for future years to the appropriate committee as a gap in data.

• Priorities should reflect the HPG’s judgment concerning what services are needed to provide the continuum of care, regardless of how these services are being funded, therefore these criteria do not and should not include considerations such as availability of other funding streams.

Process Considerations
• Am I ranking highest the services most needed by low-income, underserved, and disproportionately impacted populations of people living with HIV/AIDS (PLWH) in all parts of the state?
• Am I ranking services in order of importance, regardless of how they are being funded?
• Am I placing a special emphasis on eliminating service gaps and disparities in access to services? Am I making sure that all services are available to all PLWH in all parts of the state?
• Does my ranking reflect and address identified needs of individuals who are in care and individuals who are out of care?
• Am I adhering to the Conflict of Interest policy? Are my decisions addressing the overall PLWH needs within the state rather than my personal concerns or those of an agency with which I am affiliated?

**Focus during the process**
• Defined as: An interest by a planning body member in an action that may result in personal, organizational, or professional gain
• Actual or perceived
• “Affiliated” is defined as being an employee, paid consultant, contractor, officer or board member of an agency receiving or competing for Part B funds or any funding administered by the Pennsylvania Department of Health Division of HIV/AIDS in a specific service category.
• “Family member” is defined as spouse, partner, mother, father, child, or sibling. Being a client of a provider is not considered a conflict of interest.
• During priority setting, an affiliated planning body member may not vote on a motion involving a service category(ies) in which they have a conflict of interest.
• During priority setting an affiliated planning body member may vote on a slate of priorities that includes multiple service categories even if they have a conflict of interest with one or more of the grouped categories.

Conflict of Interest
• Epidemiology
• Testing and Partner Services and Linkage to Care Activities (including performance and outcomes evaluation data for each)
• Special Pharmaceutical Benefits Program
• Needs Assessment Findings

Key Findings
Pennsylvania Department of Health
Division of HIV/AIDS

Summaries of Presentations for HPG
• Identifying,
• Counseling,
• Testing,
• Informing, and
• Referring of diagnosed and undiagnosed individuals to appropriate services, as well as
• Linking newly diagnosed HIV positive individuals to care.

**EIIHA Definition (IIRL)**
EIIHA in PA includes:

- Counseling, Testing and Referral
- Partner Services
- Critical Phase Intervention
- PA Expanded HIV Testing Initiative
- Individual Interventions
• **Category A Testing** - Publicly funded/supported (CDC and State) HIV Testing in over 390 testing sites (145 agencies), both healthcare and non-healthcare settings:
  - Grants (e.g. County/Municipal Health Departments)
  - Fee-For-Service Participating Provider Agreements (PPA)
  - Laboratory support only

• **Category B Testing** - Pennsylvania’s Expanded HIV Testing Initiative (PEHTI) – healthcare settings only

• **Category C Testing** – Testing done through the Demonstration Project in Pittsburgh – Project Silk – intended to reach high risk African American MSM and transgender individuals - non-healthcare setting

**HIV Testing**
Where are we testing?
• CDC Funds –
  • Category A = $1,085,153
  • Category B = $633,006
  • Category C = $85,693
• State Funds –
  • PPAs = $476,268
  • CMHDs = $370,681
• TOTAL for HIV Testing = $2,674,533

2013 Funding for HIV Testing
• Total Tests = 20,697
• Total HIV Positive Test Events = 124
• # Newly Identified HIV Positive Tests = 64
• Overall Positivity rate = 0.31%
  • Healthcare settings – 0.23%
  • Non-healthcare settings – 0.38%

2013 HIV Testing – Category A
• HIV Testing – (Category A)
  • Achieve 0.1% seropositivity in healthcare settings
    • PA Performance 2013 (Category A) – 0.23%
    • PA Performance January through June 2014 – 0.41%
  • Achieve 1.0% seropositivity in non-healthcare settings
    • PA Performance 2013 – 0.38%
    • PA Performance January through June 2014 – 0.79%

Pennsylvania Performance
HIV Prevention
HIV Testing – Category B
2013 HIV Testing – Category C

- Total Tests = 70 (68 valid test events)
- Total HIV Positive Test Events = 4
- # Newly Identified HIV Positive Tests = 4
People who test positive for HIV in PA are offered an interview to discuss sexual and/or needle-sharing contacts

- PS is voluntary
  - We cannot force someone to discuss their partners
- Division Priorities
  - Newly Diagnosed HIV+ (including co-occurring STD)
  - All Named Partners of Above
  - Previous HIV+ with New STD infection
  - Previous HIV+ Named as a Partner to New HIV+
2013 Partner Services

- Number of PS interviews by jurisdiction

- Allegheny
- Allentown
- Bethlehem
- Bucks
- Chester
- Erie
- Montgomery
- Wilkes-Barre
- York City
- Southwest
- Southcentral
- Southeast
- Northeast
- Northcentral
- Northwest
Comprehensive Prevention with Positives
(includes Partner Services and CD4 & VL testing)

- Provided by Department field staff and CMHD staff
- 2013 Funding for CPwP:
  - CDC Funding – $535,947
  - State Funding (CMHDs) – $129,686
- TOTAL for CPwP - $665,633
• Comprehensive HIV Prevention with Positives
  • Link at least 80% of newly identified HIV positive persons to medical care
    • PA Performance 2013 (Category A) – 68.75%
    • PA Performance January through June 2014 (Category A) – 82%
  • Interview at least 75% newly identified HIV positive persons for Partner Services
    • PA Performance 2013 (Category A) – 73.58%
    • PA Performance January through June 2014 (Category A) – 80%
Anti-Retroviral Treatment and Access to Services (ARTAS)

Linkage to Care Initiative
• The goal is to assist people in linking with medical care soon after receiving a positive test result for HIV.
• ARTAS is time – and Session limited (up to 5 sessions if needed).
• Provides practical assistance to the client.
• Helps client identify personal strengths and overcome barriers to achieve goals by linking to care.
• ARTAS Session Plans are created to guide the process and track the client’s work.
• Sessions can take place at a location, time and day of the client’s choice.
• Identify and accessing resources and personal strengths promoting access to services
• Encourage linkage to medical care and facilitate linkage if requested.
• Follow-up with client to assure retention in care services.
• ARTAS is being funded in the following regions in PA:
  • Philadelphia - 4 Providers
  • AIDSNET – 1 Provider
  • North East – 1 Provider
Special Pharmaceutical Benefits Program (SPBP)
Ryan White Part B AIDS Drug Assistance Program (ADAP)
• ADAP Medications accessed through a statewide pharmacy network of approximately 2800 enrolled pharmacies.

• Network is comprised of:
  - commercial pharmacies
  - 340B contracted pharmacies
  - mail order pharmacies
Out of state, not shown on map:
- Out of State Mail Order (n=14; 0.5%)
- Out of State Others (n=18; 0.64%)

See tabulation of county locations of all SPBP-contracted pharmacies on next slide.
SPBP/ADAP-Contracted Pharmacies – Pennsylvania

Overlaid on the Percentile Distribution of Persons Diagnosed & Living with HIV/AIDS (PDLWH/A) by County, 1/1/2012

*Percentile Interpretation: Counties shown with higher percentiles of PDLWH/A have a higher % of PDLWH/A among all PDLWH/A in PA

Out of state, not shown on map:
- Out of State Mail Order (n=14; 0.5%)
- Out of State Others (n=18; 0.64%)

*See tabulation of county locations of all SPBP-contracted pharmacies on next slide
<table>
<thead>
<tr>
<th>Pharmacy Type</th>
<th>Number of Pharmacies</th>
<th>Percent of Total</th>
<th>Summary of County Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA Mail Order 340B</td>
<td>4</td>
<td>0.14</td>
<td><em>Legend on Map: Blue star</em> These pharmacies are only located in Allegheny, Cumberland, &amp; Delaware Counties</td>
</tr>
<tr>
<td>PA Mail Order non-340B</td>
<td>6</td>
<td>0.21</td>
<td><em>Legend on Map: Yellow star:</em> These pharmacies are only located in Bucks, Erie, Indiana, Luzerne, Monroe, &amp; Northumberland Counties</td>
</tr>
<tr>
<td>PA All Others 340B</td>
<td>370</td>
<td>13.21</td>
<td><em>Legend on Map: Orange Square</em> None of these pharmacies are located in Berks, Bradford, Carbon, Centre, Clinton, Forest, Juniata, Lebanon, Mifflin, Monroe, Northumberland, Perry, Pike, Schuylkill, Snyder' Sullivan, Union, Warren, Wayne, &amp; Wyoming Counties</td>
</tr>
<tr>
<td>PA All Others non-340B</td>
<td>2388</td>
<td>85.29</td>
<td><em>Legend on Map: Pink Square</em> None of these pharmacies are located in Cameron, Fulton, &amp; Potter Counties</td>
</tr>
<tr>
<td>Out of State Mail Order</td>
<td>14</td>
<td>0.5</td>
<td>These pharmacies are not mapped as they are not located in PA (i.e. located out of state)</td>
</tr>
<tr>
<td>Out of State Others</td>
<td>18</td>
<td>0.64</td>
<td>These pharmacies are not mapped as they are not located in PA (i.e. located out of state)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2800</strong></td>
<td><strong>100</strong></td>
<td><em>Total may not add up to exactly 100% due to rounding</em></td>
</tr>
</tbody>
</table>
• Lab services are accessed through any Medicaid enrolled lab which bills electronically.

• Part D Premium Assistance is accessed via auto enrollment or by contacting the vendor* managing the Part D services on behalf of the SPBP.

* Magellan Health Services 1-800-225-7223
• Total Enrolled: 8,396

• Total Clients Served: 7,700 (92% of Enrolled)
  • Average Claims per Client Served: 34
  • Average Yearly Cost Per Client Served with Insurance: $5,025
  • Average Yearly Cost Per Client Served without Insurance: $14,699

• Clients with Case Managers: 5,233 or 62%

Client Utilization
April 1, 2013 – March 31st, 2013
• Total Pharmaceutical Cost: $93,142,083
  • Total Cost on ARVs (Anti-Retrovirals): 91%
  • Total Cost on Nutritional Supplements: ≤1%
  • Total Cost on All Other Medications: 9%
• Total # of Claims: 265,138
  • Total Claims for Medicaid No Rx(Prescription): 5%
  • Total Claims for Medicare Part D: 32%
  • Total Claims for Private Insurance: 54%
  • Total Claims for No Insurance: 9%

Pharmaceutical Utilization
Current Picture – Race

* slide from SPBP Disenrollment Study 2014 using a 5% random sample
SPBP Client Enrollment History vs. Gender

Overall History of Disenrollment
Overall History of Complete Coverage
2013 Disenrollment
2013 Complete Coverage

Current Picture – Gender

*slide from SPBP Disenrollment Study 2014 using a 5% random sample
Needs Assessment of Linkage to Care for Clients from Rural Areas of Pennsylvania

Sarah Krier, PhD, MPH
University of Pittsburgh
HIV/AIDS SERVICE MODEL

- Prevent
- Retain/Re-engage
- Test
- Treat
- Link
Facilitators to successful linkage

- Early intervention
- In-person LTC support
- Client-centered approach
- Outreach
- Confidential services
- Co-location of services
- Community and provider networks
- More supported in sexuality
• Dual diagnosis strongly associated with delay or no LTC
• Lack of understanding
• Stigma
• Social support

Psycho-Social Factors
Healthcare Experiences

• Negative health care experiences in testing and post-test counseling with medical providers

• Stigma, judgment, failure to provide counsel and information about care, prognosis, and treatment
• Transportation- unique to rural areas in terms of the extent, clinic distance, not crossing county lines
  
  • “Because of shortage of transport and size of territory it becomes inevitable that we have case managers who take active role in getting clients to HIV-related appointments. Biggest barriers or challenges: so costly.”
  
  • “Confidentiality and transportation is a major issue – taking them to a DOH clinic. News flies so quickly in rural community.”
  
• Insurance Status

Practical Barriers
Structural Barriers

- Too few HIV Providers
- Too few field staff
- Waiting time, Hours
- Availability and access to dental services
- Cultural sensitivity and skills
• Questions for Presenters?
Service Definitions

- AIDS Drug Assistance Program (ADAP/SPBP)
- AIDS Pharmaceutical Assistance (local)
- Child Care Services
- Early Intervention Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Health Insurance Premium/Cost Sharing Assistance
- Home & Community-based Health Services
- Home Health Care
- Hospice Services
- Housing Services
- Legal Services

- Linguistic Services
- Medical Case Management (including treatment adherence)
- Medical Nutrition Therapy
- Medical Transportation Services
- Mental Health Services
- Non-Medical Case Management
- Oral Health Care
- Outpatient/Ambulatory Medical Care
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care/Supportive Services
- Rehabilitation Services
- Respite Care
- Substance Abuse – Outpatient
- Substance Abuse – Residential
- Treatment Adherence Counseling
• Consumer Results
• HPG Results
• Consumer and HPG Results (combined and weighted)

Preliminary Priority Rankings
• Electronic Voting (clickers)
• Throughout the process – 3 main options
  • Fully support
  • Support with minor issues
  • Cannot support
• Index cards to address issues
• Working through issues
  • Voting options of yes or no
• After each round of issues - a new support vote will be conducted
• Sections of 10 services
• Process will continue until majority vote to fully support each section of 10 services

Voting Process and Rationale