

How to Cost-Effectively Manage the Care of HIV-Infected Individuals

The 2008 Ryan White HIV/AIDS Program
Grantee Meeting

Presentation Partners:



We would like to thank the following companies for their support!

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The Policy of Opt-Out HIV Testing:

Who will take care of newly diagnosed patients?

Michael S. Saag, MD

Center for AIDS Research

University of Alabama at Birmingham

USA

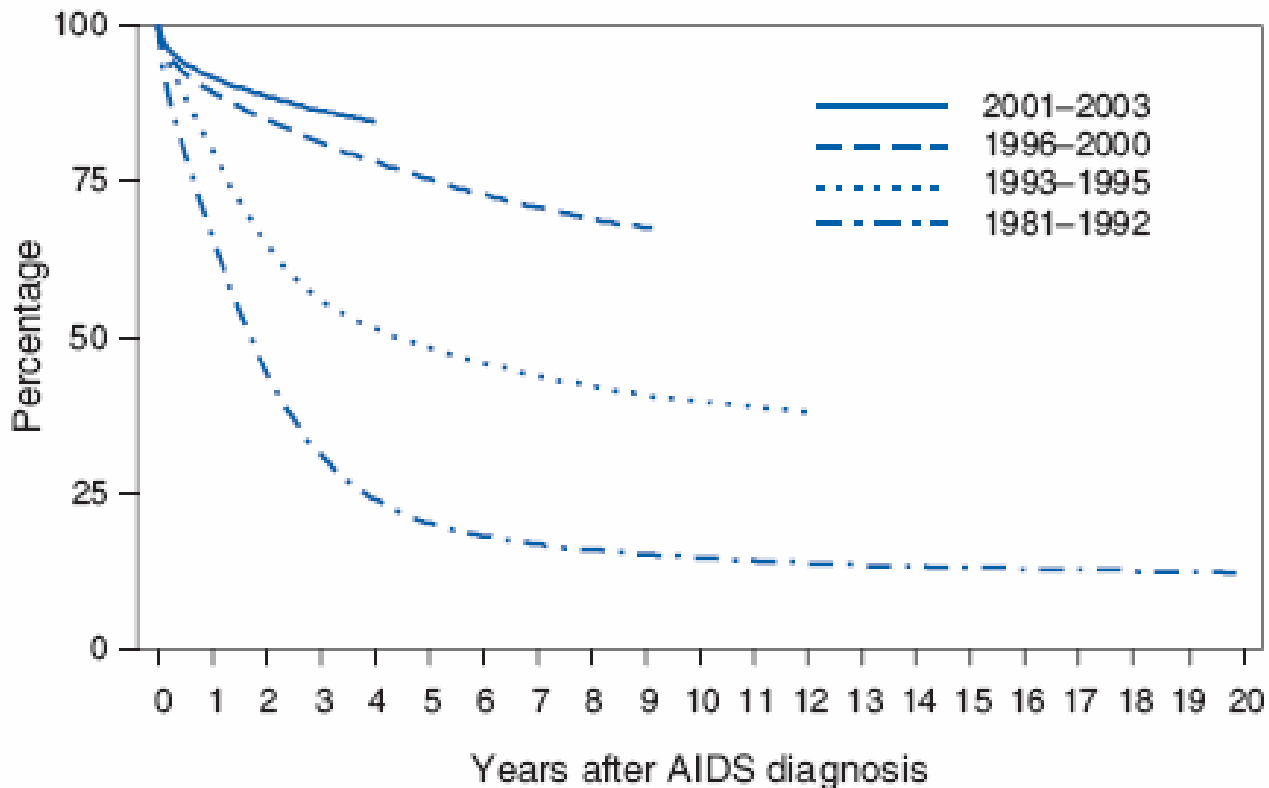
Those Infected with HIV in 1999-2006

Among 18-49 year olds:

- 0.47 % overall infected
- 0.7 % Men
- 0.2% Women
- 2% of Blacks
- 0.3 % of Mexican-Americans
- 0.23 % of Whites

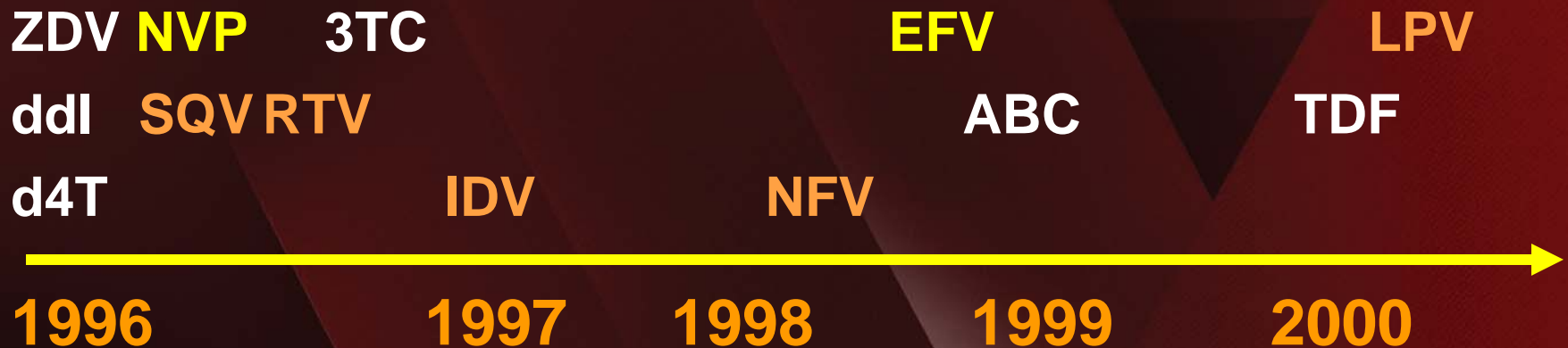
Survival Data – Years After AIDS Diagnosis

FIGURE 2. Percentage of persons surviving through June 2005, by years after acquired immunodeficiency syndrome (AIDS) diagnosis cohorts during 1981–2003 and by year of diagnosis — United States



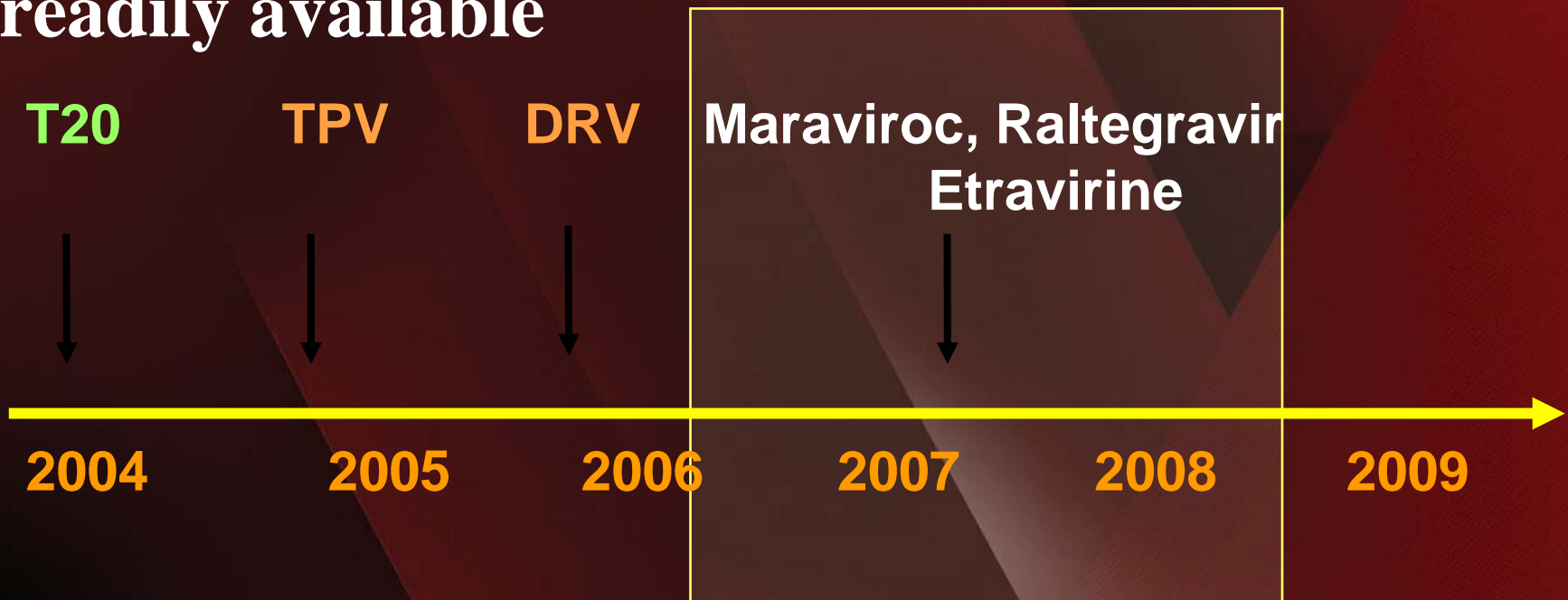
How Did We Get Here?

Sequential exposure to effective “monotherapy” in a population of largely adherent, aggressively treated patients created a cohort of individuals with highly-resistant HIV

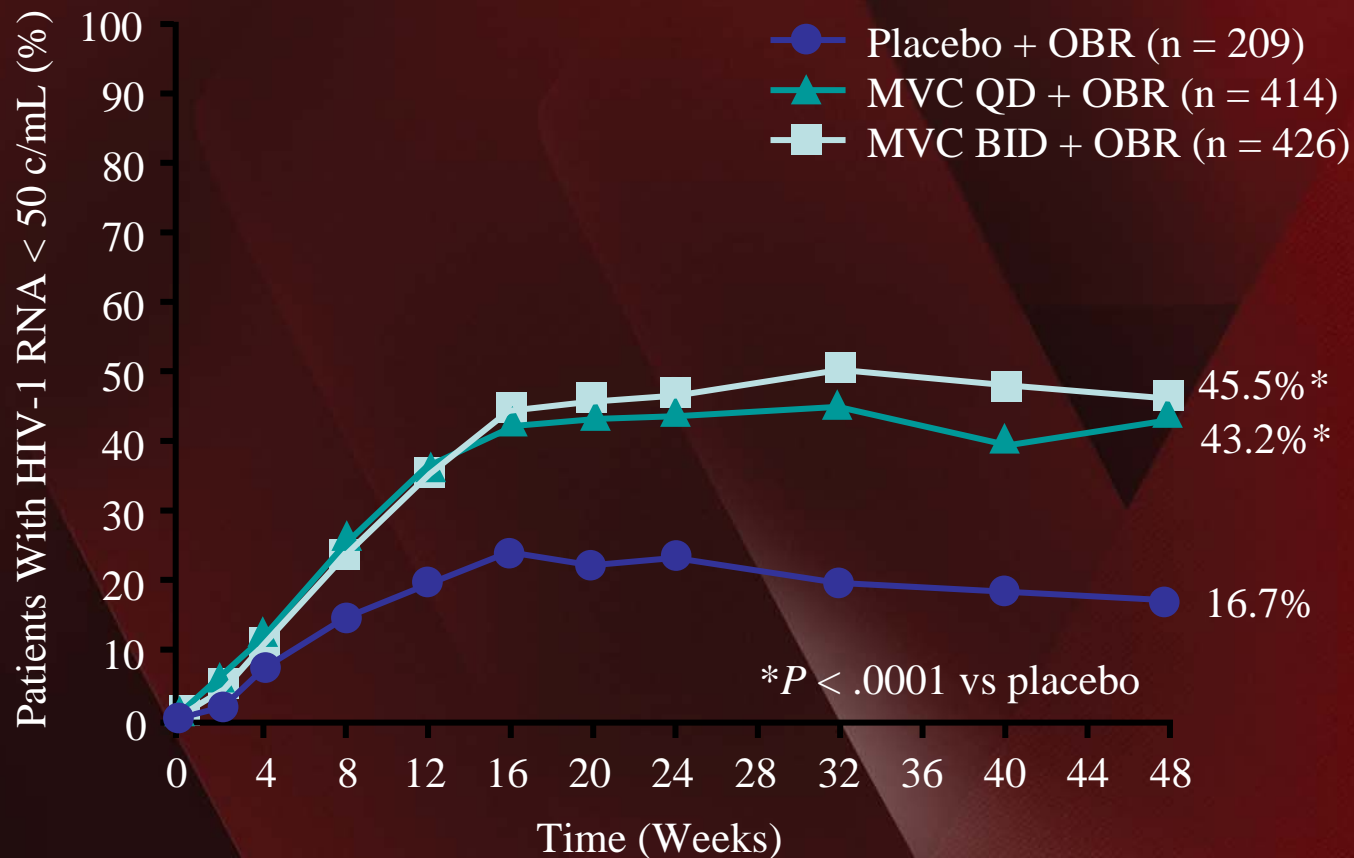


New HAART Era

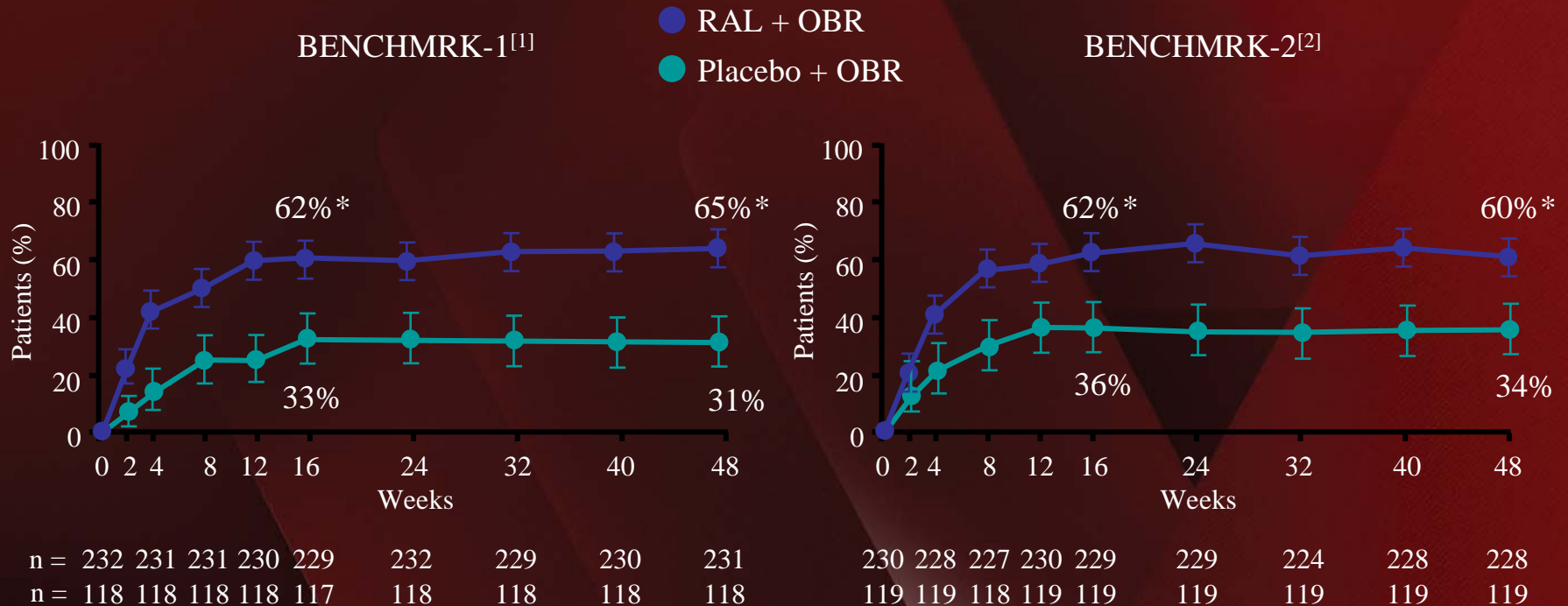
After years of sequential “monotherapy” many patients with MDR are now entering a period where more than one new medication may be readily available



MOTIVATE 1 & 2: Combined Virologic Efficacy at Week 48

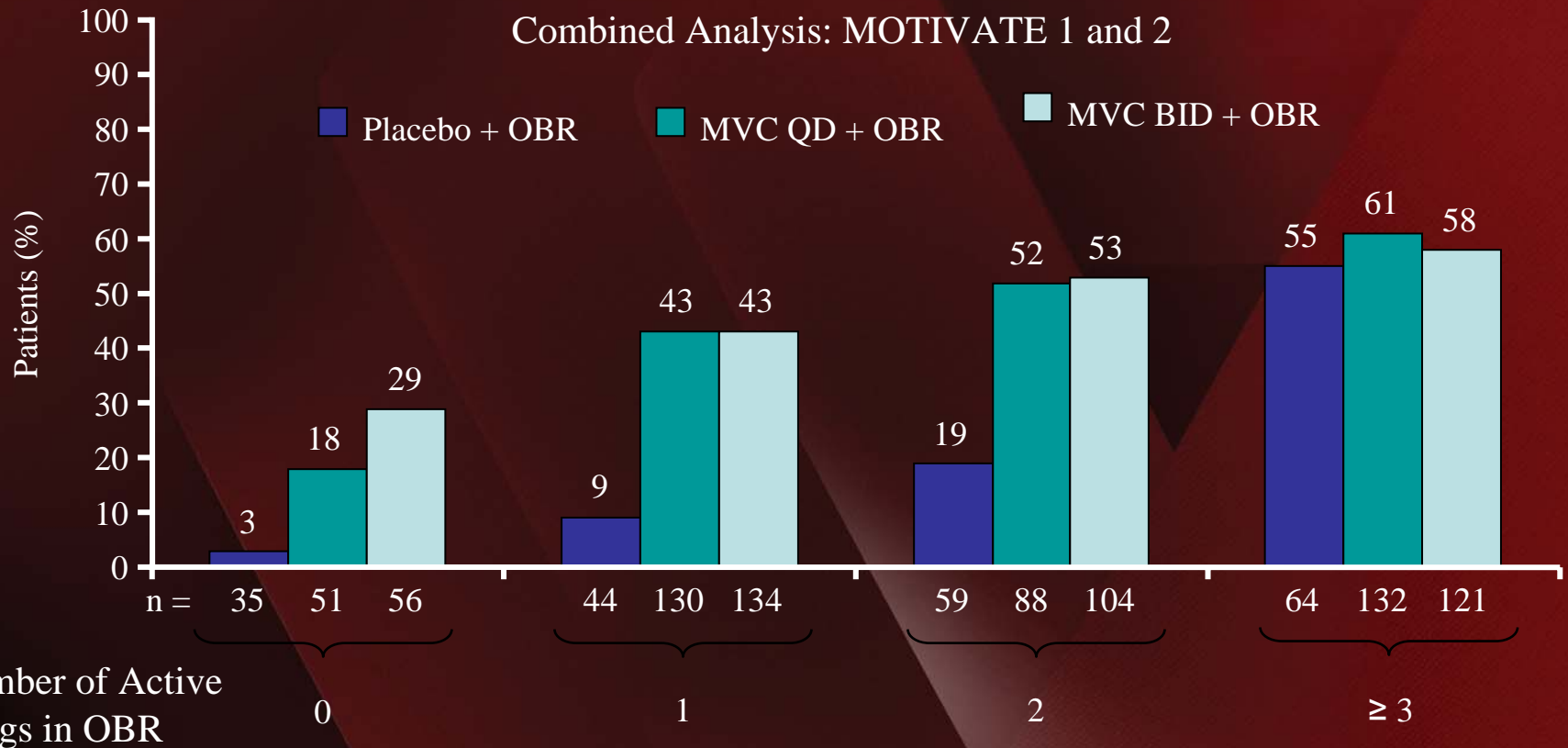


BENCHMRK-1 & -2: Patients With HIV-1 RNA < 50 c/mL at Week 48



* $P < .001$ for RAL vs placebo, derived from a logistic regression model adjusted for baseline HIV-1 RNA level (\log_{10}), first ENF use in OBR, first DRV use in OBR, active PI in OBR.

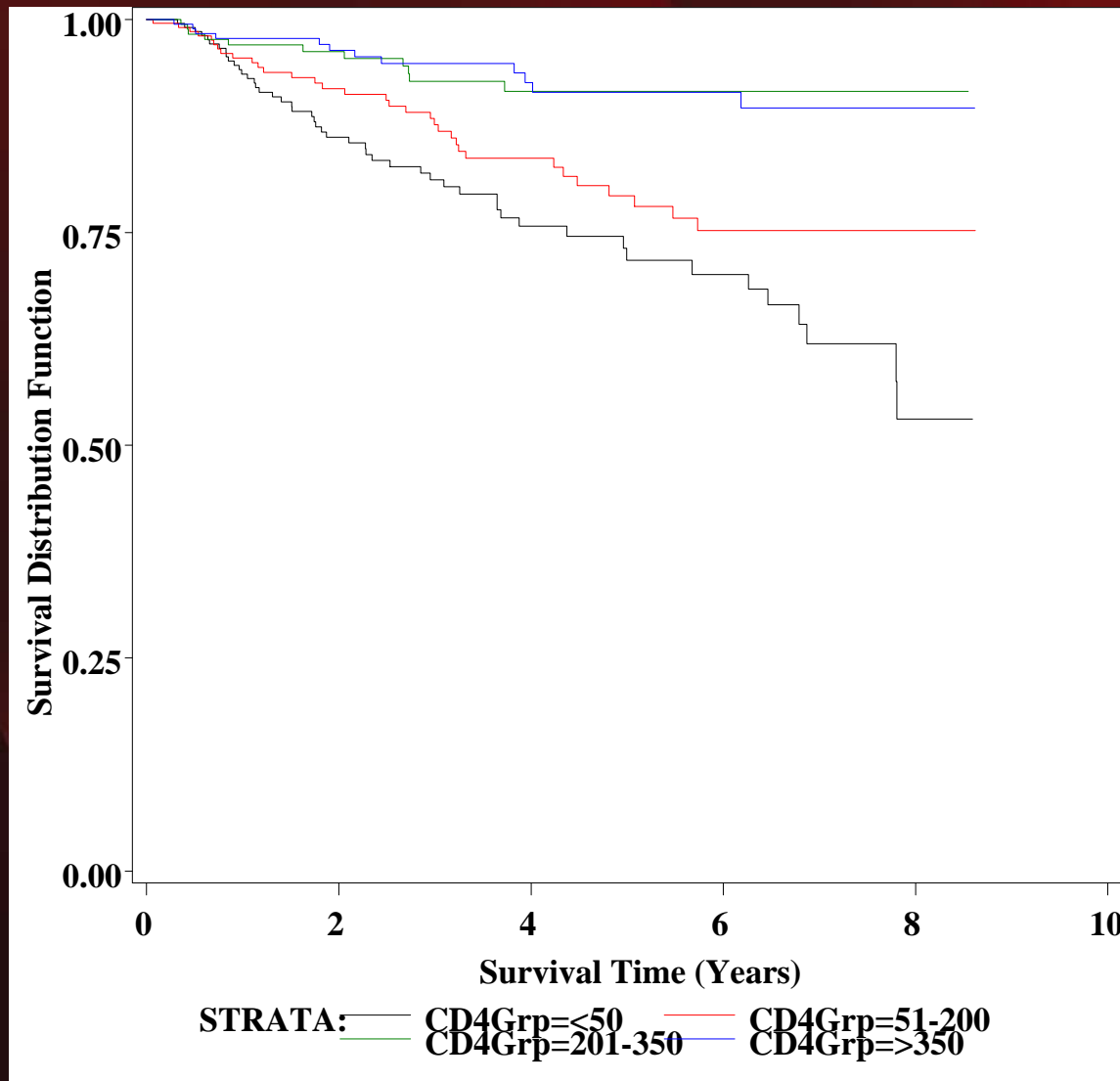
MOTIVATE 1 & 2: HIV-1 RNA < 50 c/mL at Wk 24 by No. of Active Drugs in OBR



Key Principles of HIV Therapy

- ARV Success = Tolerability
- ARV Rx: At Least 2 FULLY ACTIVE drugs
- Missed doses = Resistance
- Resistance Tests are Required in Selecting Rx
- ARV Rx needs to be Started Early

8 Year Survival in HAART Era



CD4 Count at HAART Initiation

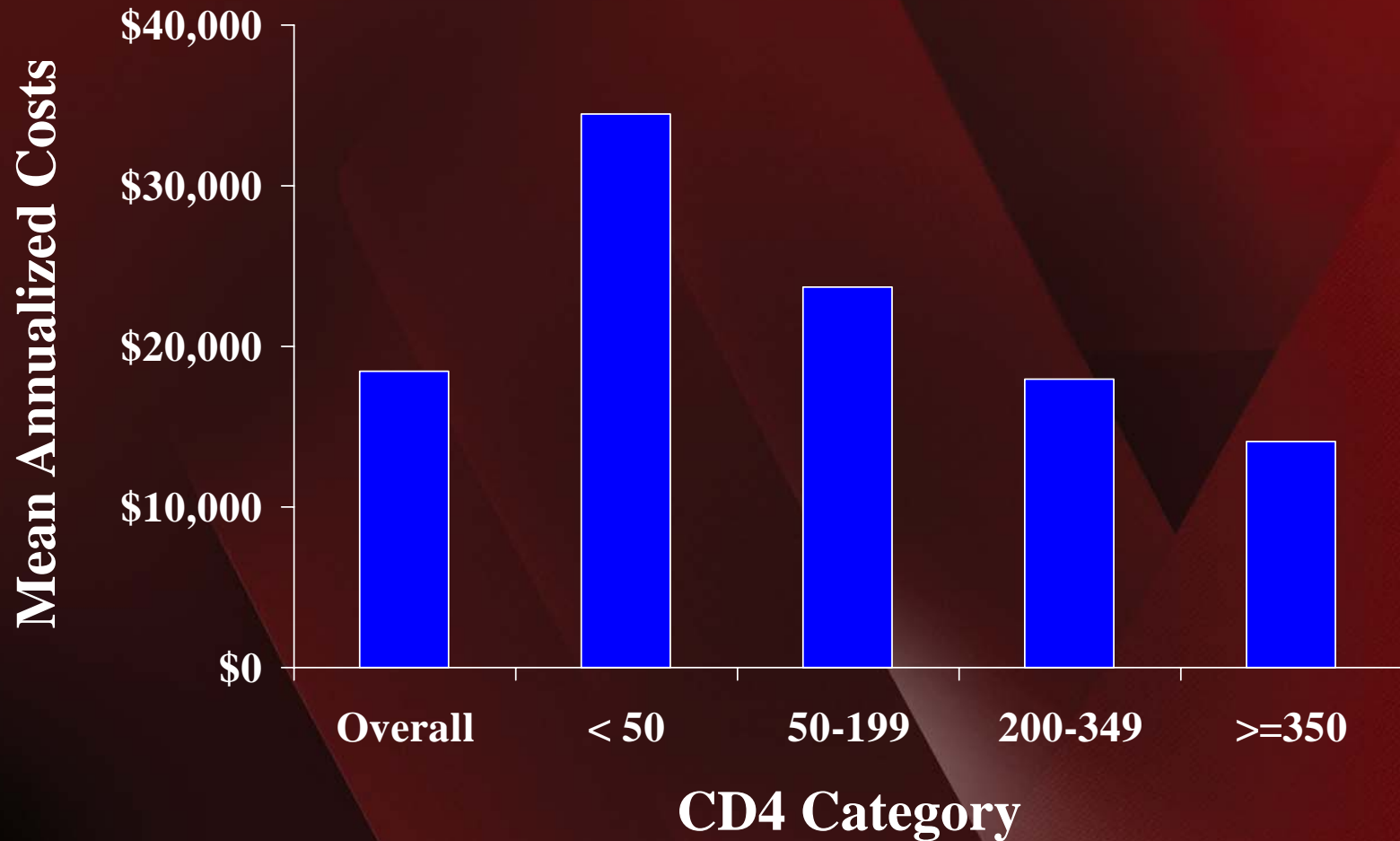
	Median CD4	% CD4 < 200		Median CD4	% CD4 < 200
1996	115	62.8%			
1997	180	53.8%			
1998	221	47.8%			
1999	212	49.3%			
2000	197	50.1%			
2001	277	39.5%			
2002	210	48.8%			
2003	220	47.2%			
2004	207	49.1%			
			2005	278	39.6%
			2006	300	35.4%
			2007	296	35.2%
			2008	310	29.4%

Key Point:

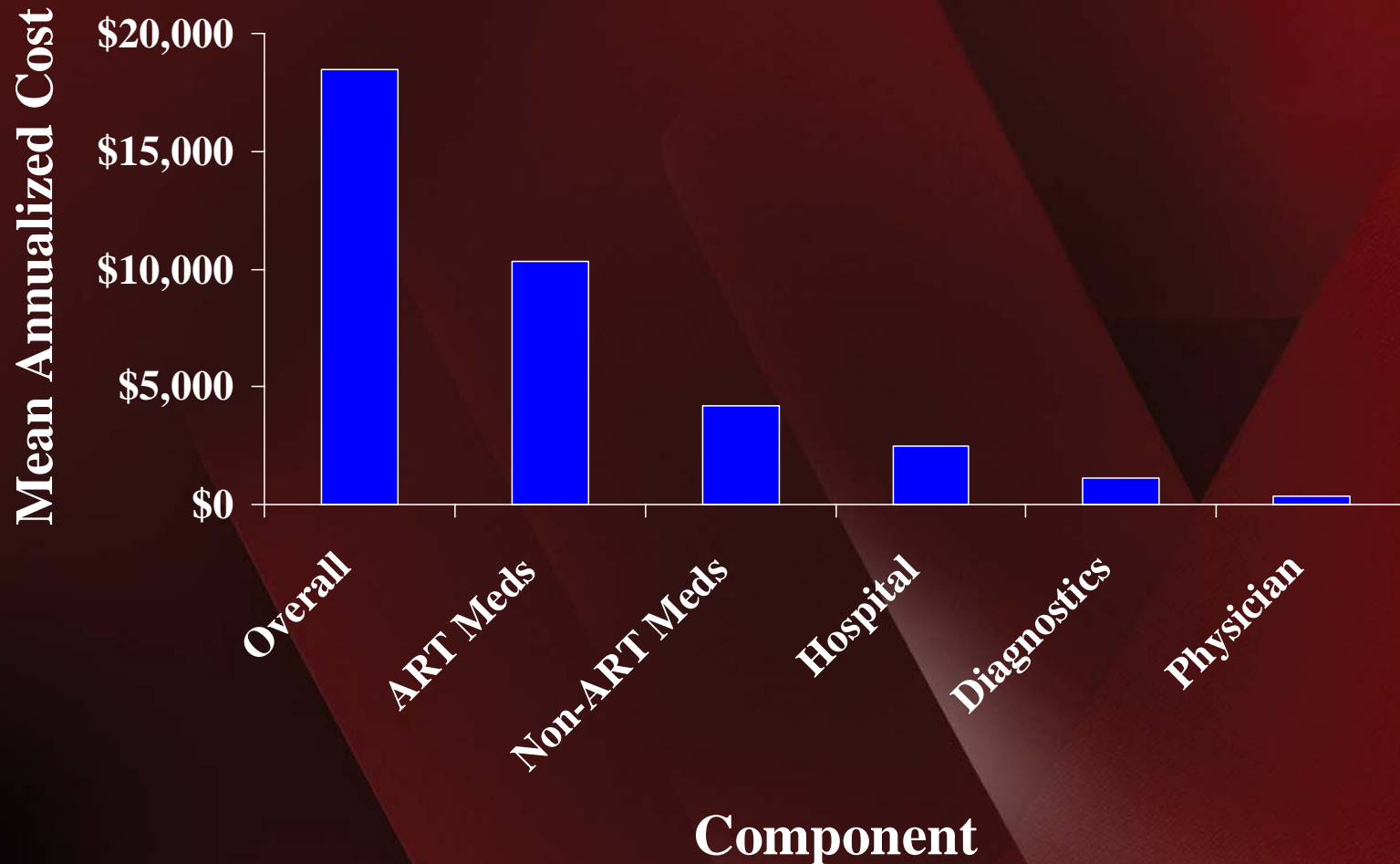
Many (? Most) HIV infected patients in the US don't know they are infected

- Universal, opt-out testing is needed

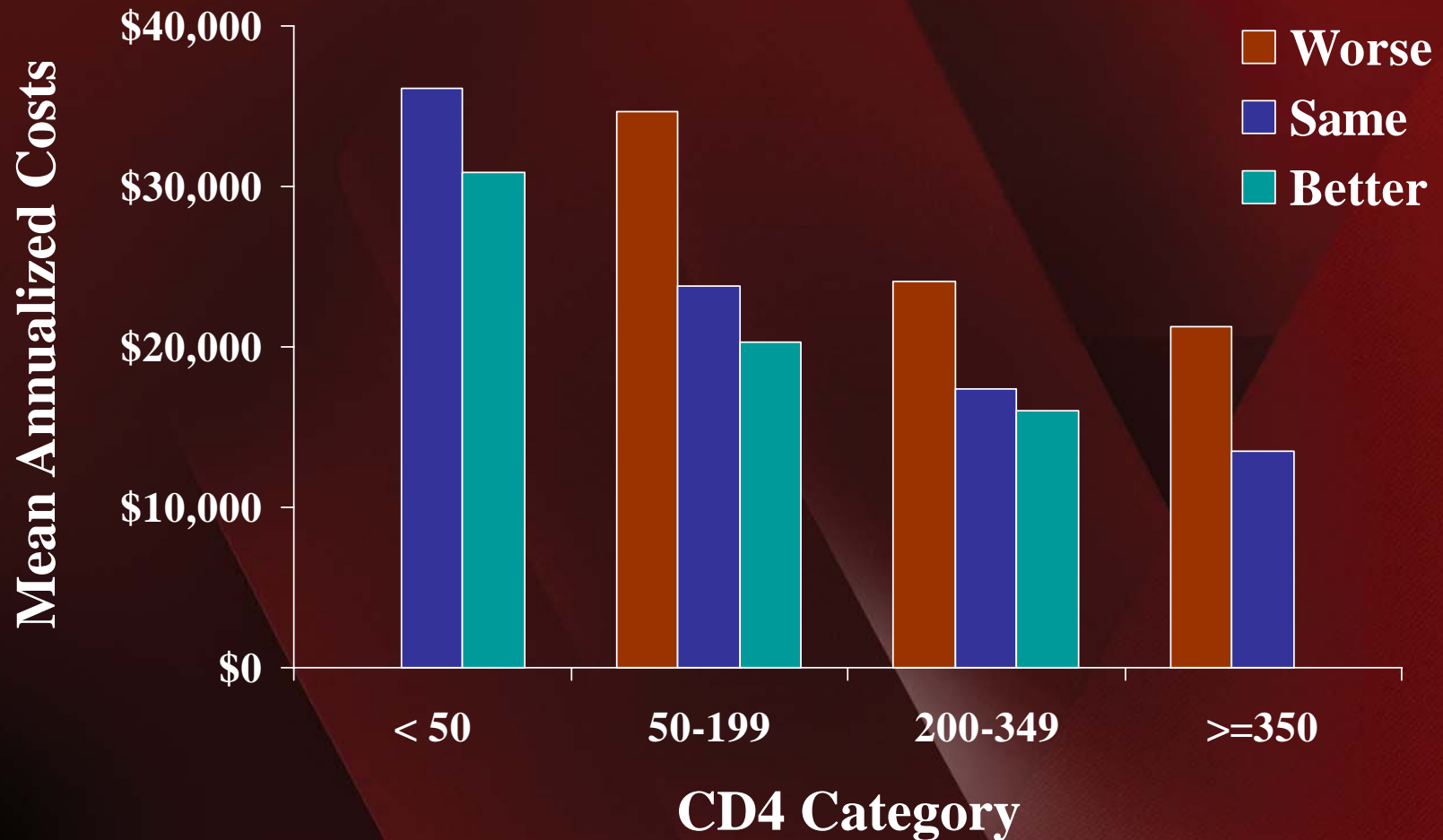
Mean Annual Total Patient Costs by CD4 Count (cells/ul)



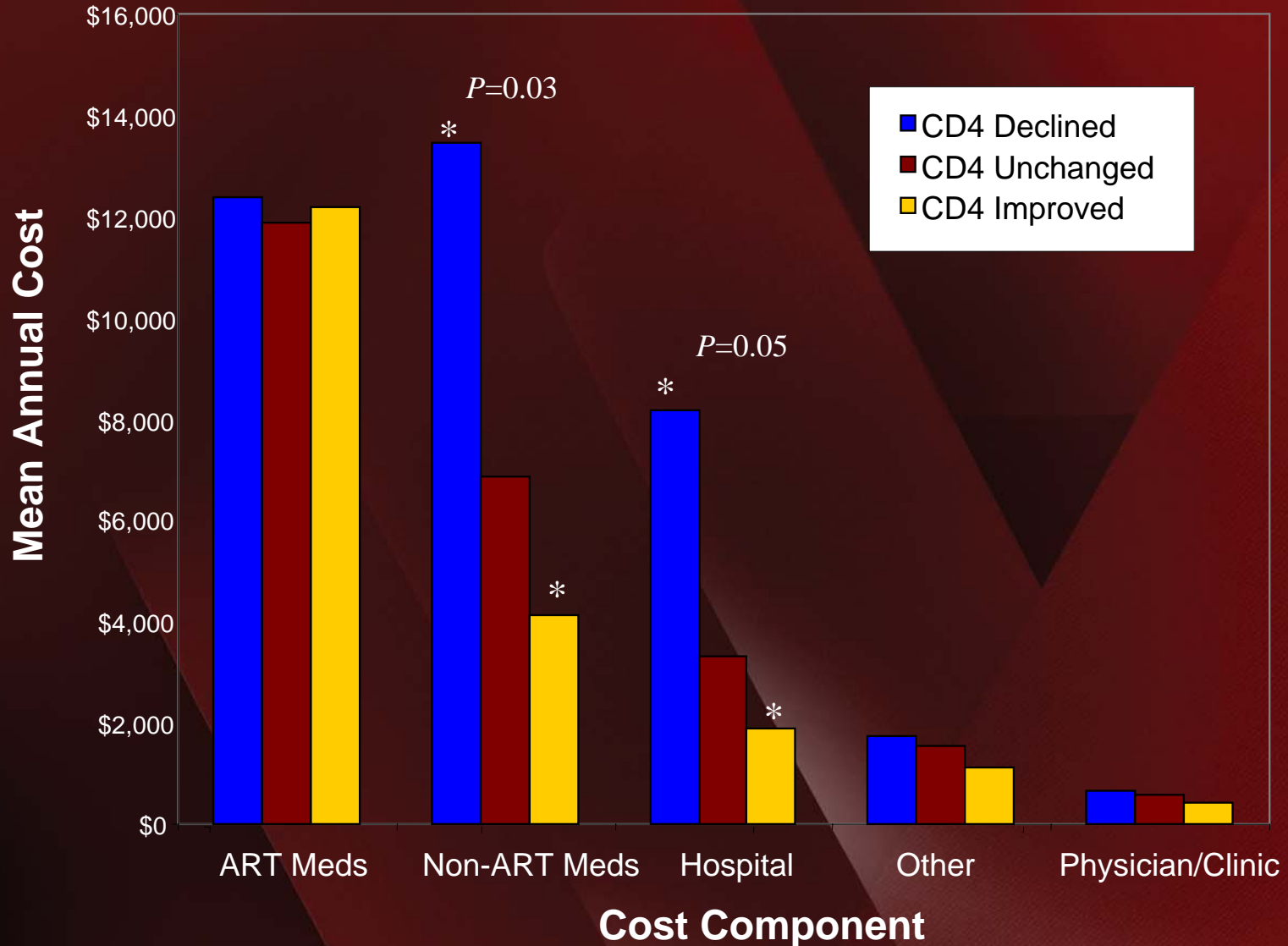
Mean Annual Total Patient Costs by Component



Mean Annualized Total Patient Costs by CD4 and Improvement



Change in clinical status



Major Focus of Appropriations: Provision of medications

- Over the last several years ~ all increases in the RW Care Act have gone to ADAP
- Care dollars are targeted through redistribution of residual dollars from existing programs (eg. ADAP)

Policy Implications

- Provision of antiretroviral and other essential medications
 - Funding for ADAPs

Reality Check

- Operating budget of our clinic: \$2.1M / yr
- Third party payment ~ \$ 500,000/yr
- RW Title III \$508,000/yr
 - Flat Funded for 9 years
 - 2.5% cut in 2006 and 2007
 - Despite 100% increase in patient volume over last 8 years
- **Annual Deficit \$1.1M per year**

Key Points

- Mortality is much higher when patients are diagnosed late in the course of infection (CD4 < 200 /u1)
- The majority (> 75%) of newly diagnosed patients are diagnosed late (except preg Women)
- Many (? Most) HIV infected patients in the US don't know they are infected
- Universal, opt-out testing is needed

With more universal testing, a 25 -50% increase in patient volume will occur

Who will take care of these
patients?

Policy Implications

- Provision of antiretroviral and other essential medications
 - Funding for ADAPs
- Need dramatic increase in funding to increase clinic capacity
 - Increase Title III funding
 - Provide incentives for younger MDs to go into HIV Medicine

Provision of Medications

- “Every American who needs HIV treatment and care should have access to it”
- “People who are HIV-positive need essential medications”
- “Without the drugs, providing care is difficult to impossible”

Provision of HIV CARE

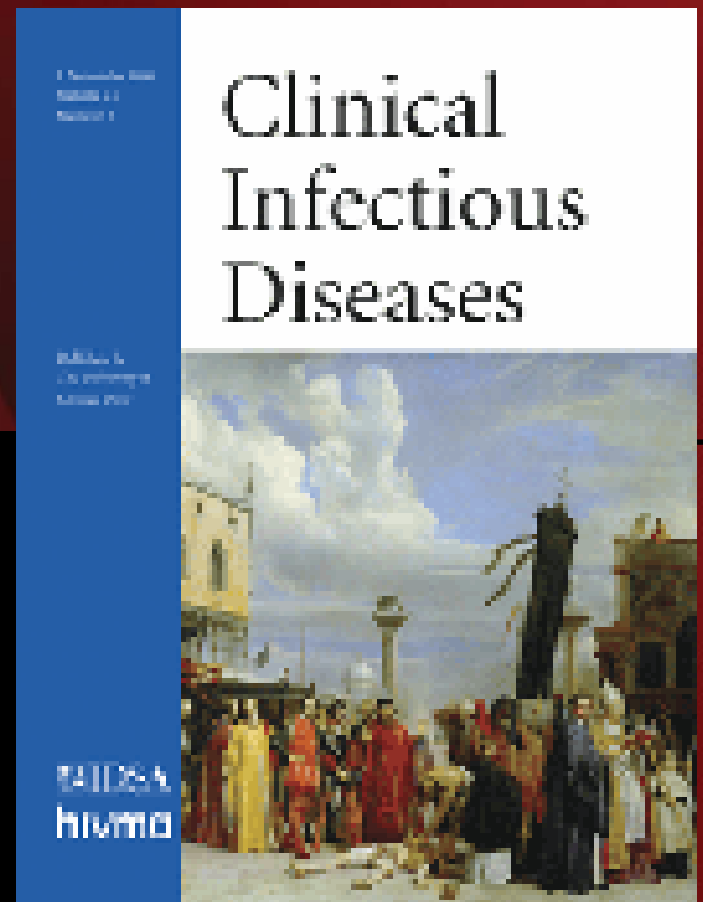
- “Every American who needs HIV treatment and care should have access to it”
- “People who are HIV-positive need essential medications”
- “Without the drugs, providing care is difficult to impossible”
- “Without qualified HIV care providers and clinics, HIV drugs mean nothing”

EDITORIAL COMMENTARY

Which Policy to ADAP-T: Waiting Lists or Waiting Lines?

Michael S. Saag

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Center for AIDS Research



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Question

How would your clinic handle an increased influx of newly diagnosed HIV+ patients?

1. There is enough staff to handle more patients
2. There is a need for additional staff to handle more patients
3. There needs to be additional HIV providers in my area to handle an additional identified HIV patients
4. The infrastructure would be overwhelmed

Acknowledgements

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Joe Schumacher

Christa Nevin

Ashlee Chatham

Pei-Wen Chang

Mohit Varshney

Sunil Adusumilli

Ed Acosta

Victoria Johnson

Laura Bachmann

Michael Kilby

Craig Hoesley

Tavo Heudebert

Steve Cole

Mari Kitahata

Richard Kaslow

Malcolm Marler

George Shaw

Beatrice Hahn



Panel Discussion

- Please note; there are question cards on each table and in the back of the room
- Please write your question on the card and raise your hand and someone will be by to collect your question

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Question & Answer Session

Thank you for your attendance

- Please stop by the exhibit tables before you leave
- Please remember to complete your evaluation form; leave at your place and someone will be by to pick them up

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