

# The Massachusetts Approach to HIV Prevention and Care after Health Care Reform

California Conference of Local Health Officers  
The Promise of the Affordable Care Act  
October 2, 2014



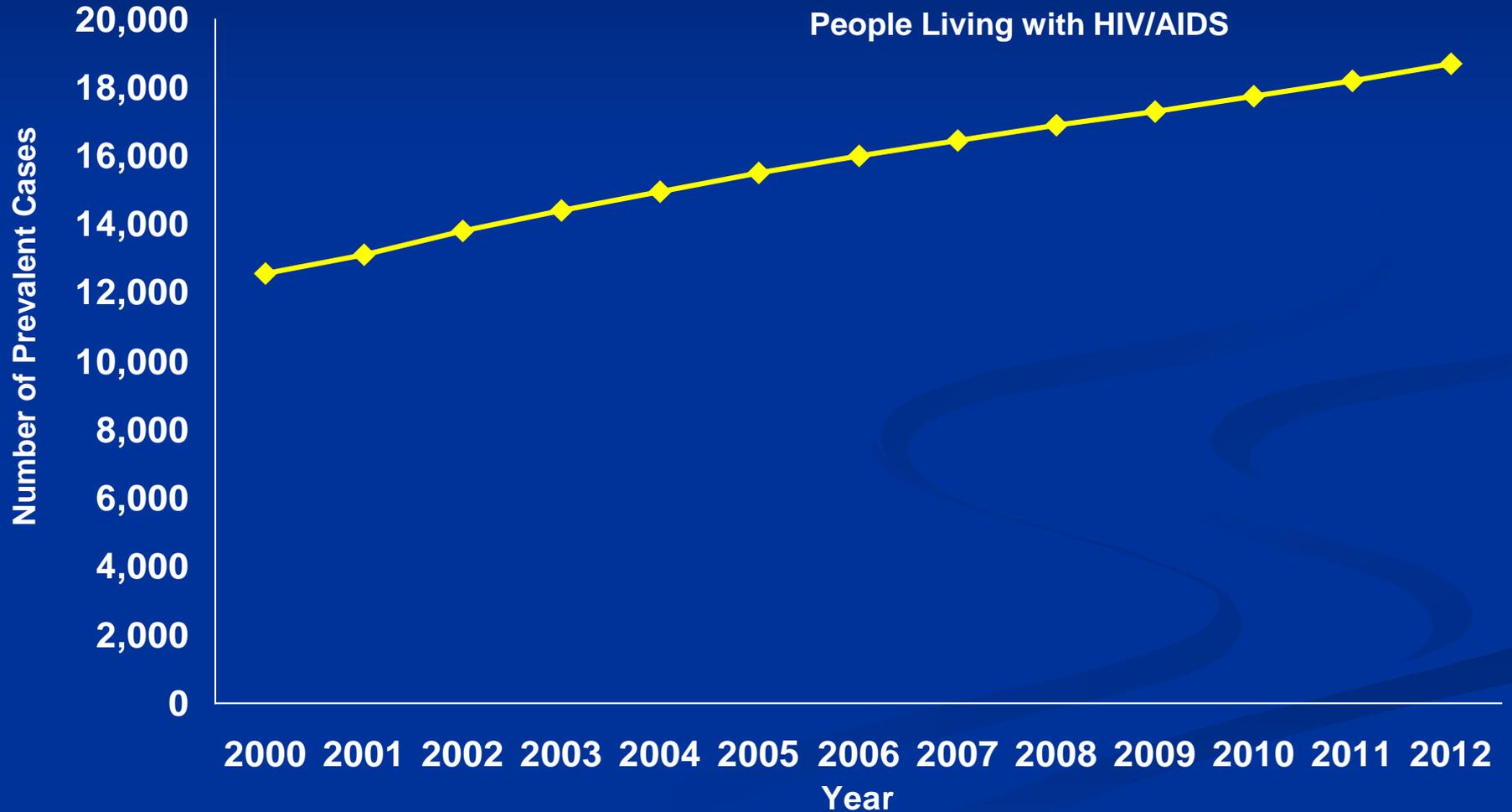
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Massachusetts Department of Public Health

# Overview

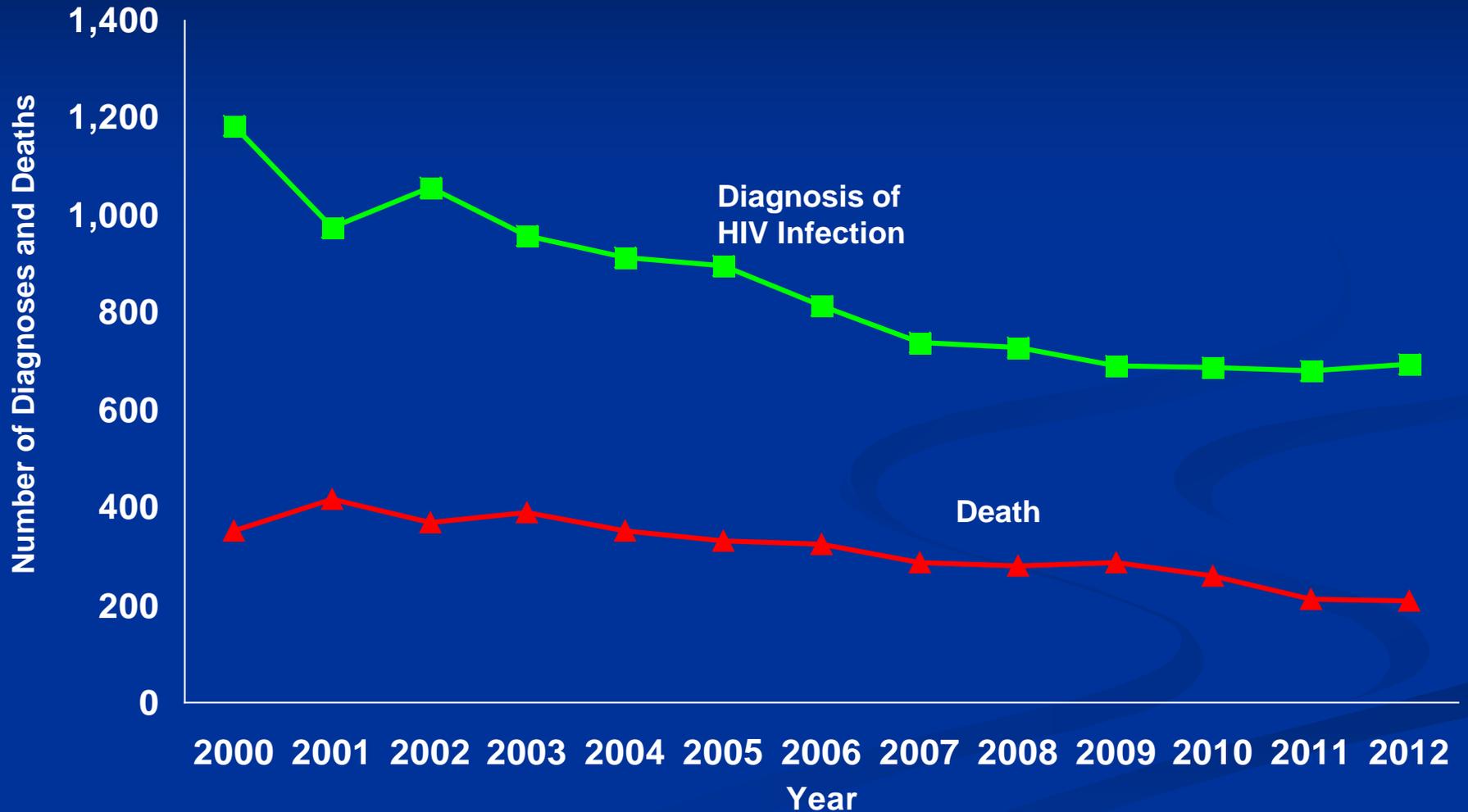
- Review of Massachusetts HIV/AIDS epidemiology
- History of Massachusetts health reform efforts relative to HIV/AIDS prevention and care
- Core and evolving elements of HIV prevention and care post-health care reform



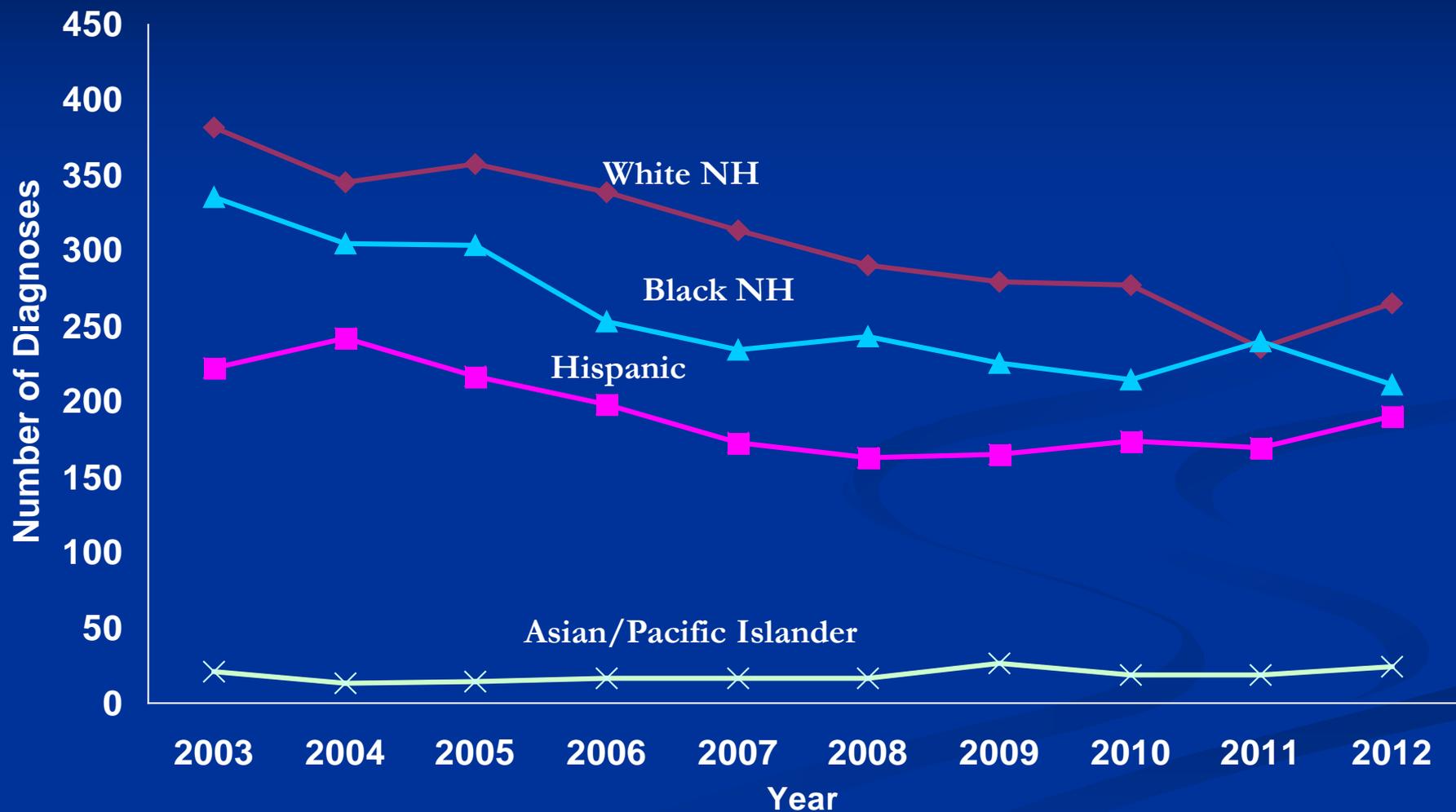
# Trends in HIV/AIDS Prevalence by Year: Massachusetts, 2000–2012



# Trends in HIV Infection and Death among People Reported with HIV/AIDS by Year: Massachusetts, 2000–2012



# People Diagnosed with HIV Infection by Race/Ethnicity and Year of Diagnosis<sup>1</sup>: Massachusetts, 2003–2012



<sup>1</sup> Reflects year of diagnosis for HIV infection among all individuals reported with HIV infection, with or without an AIDS diagnosis.

Data Source: MDPH HIV/AIDS Surveillance Program; NH = Non-Hispanic; Data as of 1/1/14

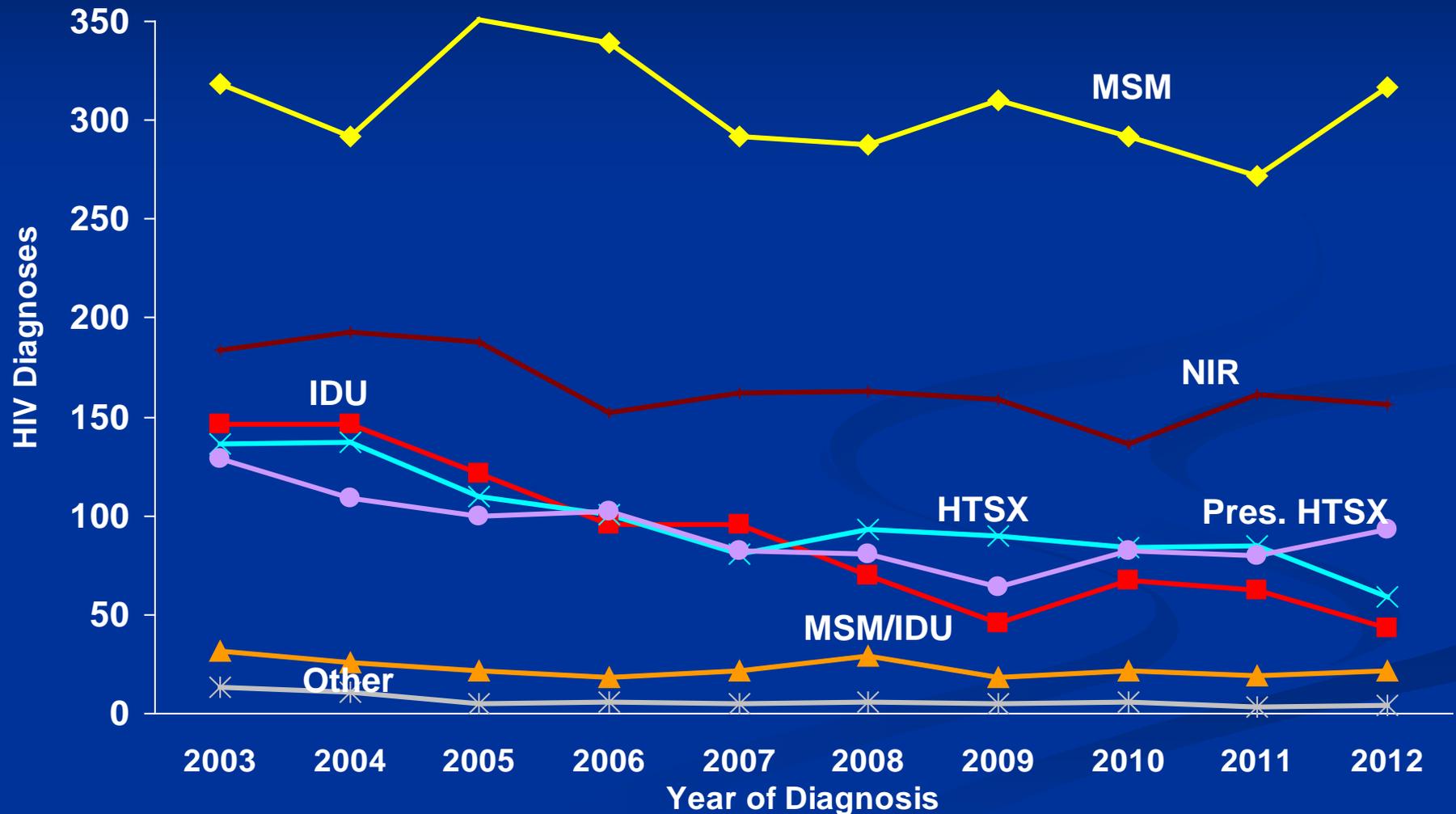
# People Diagnosed with HIV Infection by Age at Diagnosis and Year of Diagnosis<sup>1</sup>: Massachusetts, 2003–2012



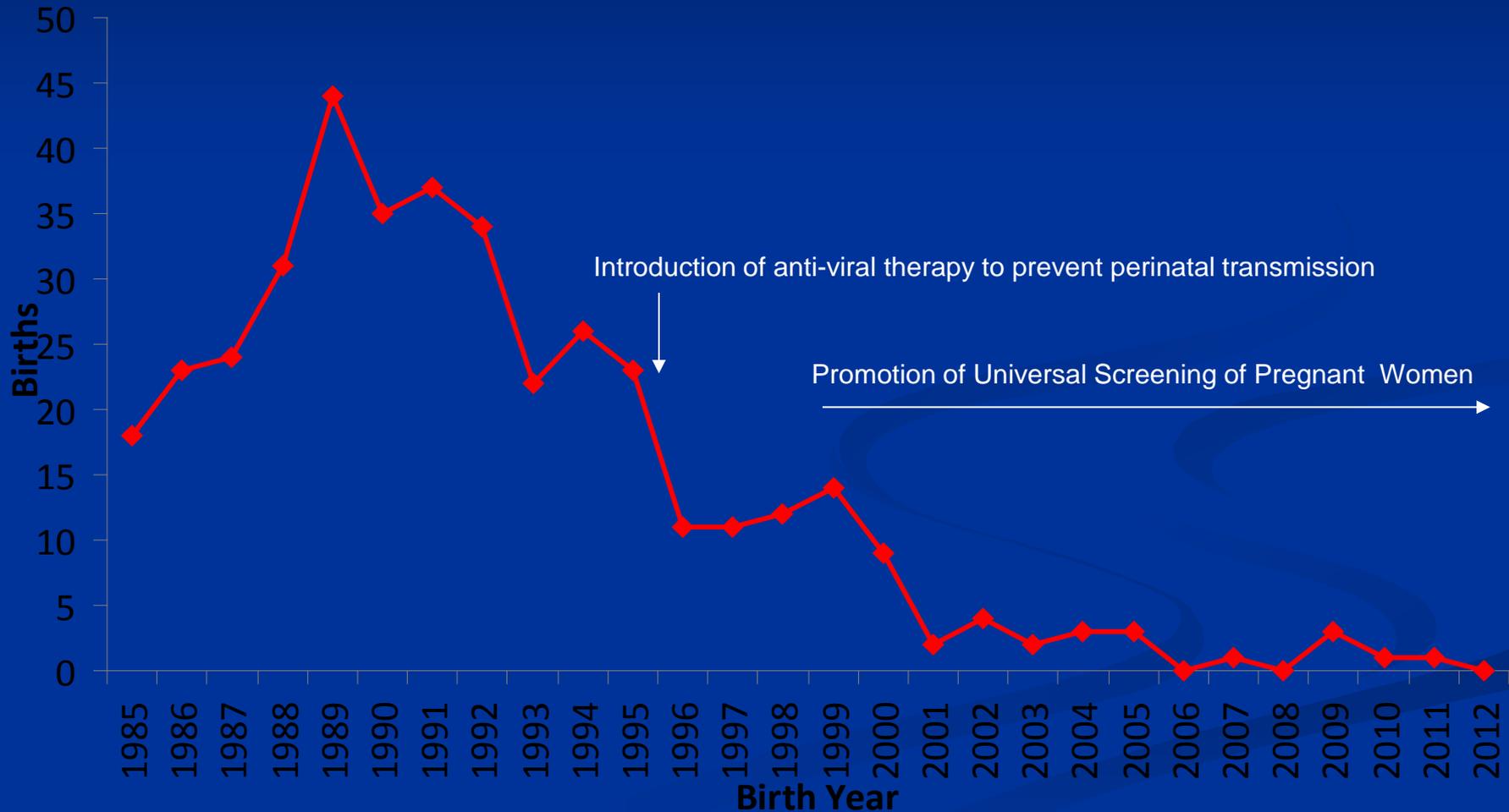
<sup>1</sup> Reflects year of diagnosis for HIV infection among all individuals reported with HIV infection, with or without an AIDS diagnosis.

Data Source: MDPH HIV/AIDS Surveillance Program; NH = Non-Hispanic; Data as of 1/1/14

# Individuals Diagnosed with HIV Infection by Exposure Mode and Year of Diagnosis: Massachusetts, 2003–2012

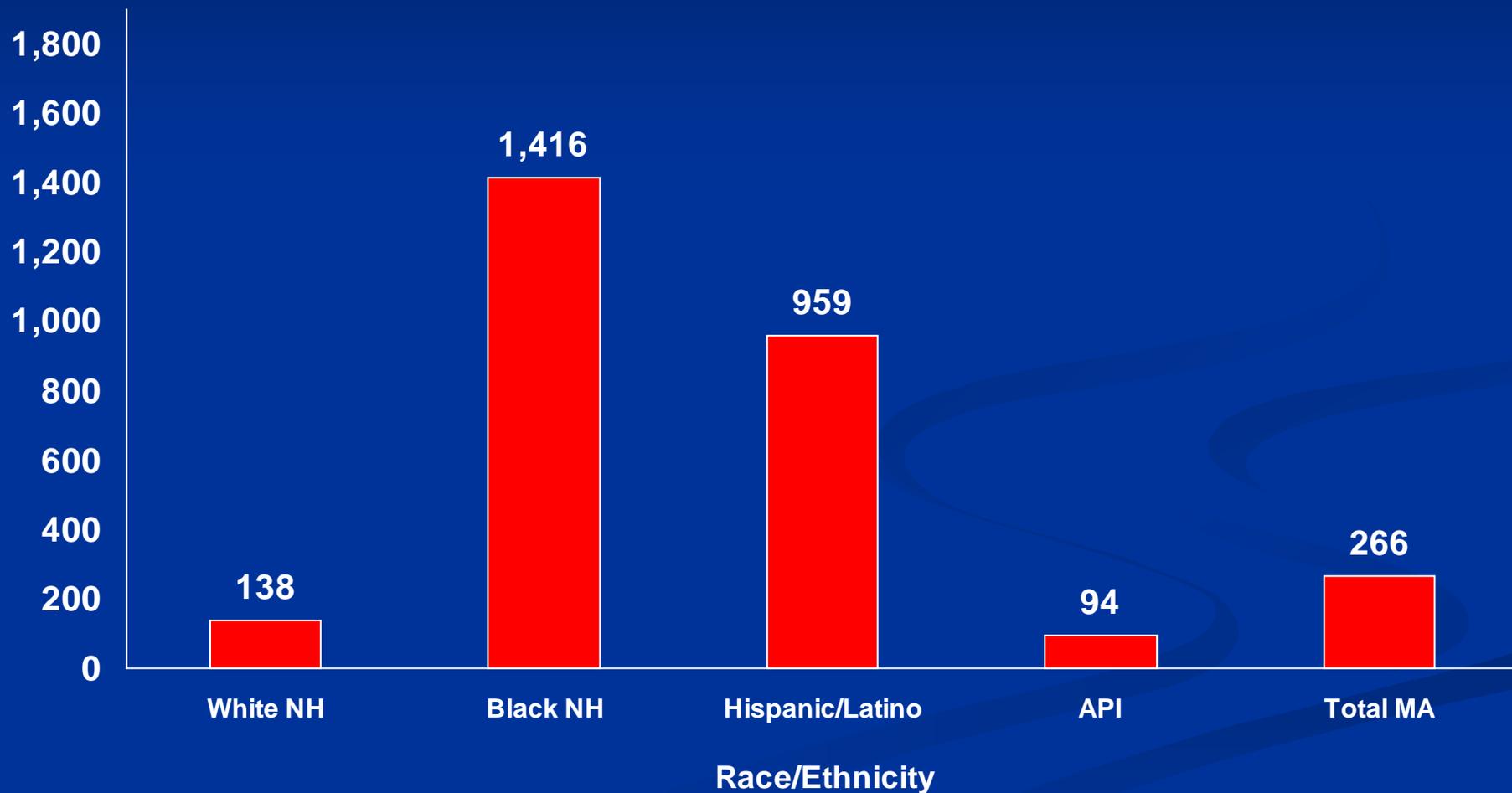


# Identified Mother-to-Child Transmission of HIV Infection By Year of Birth, Massachusetts, 1985–2012



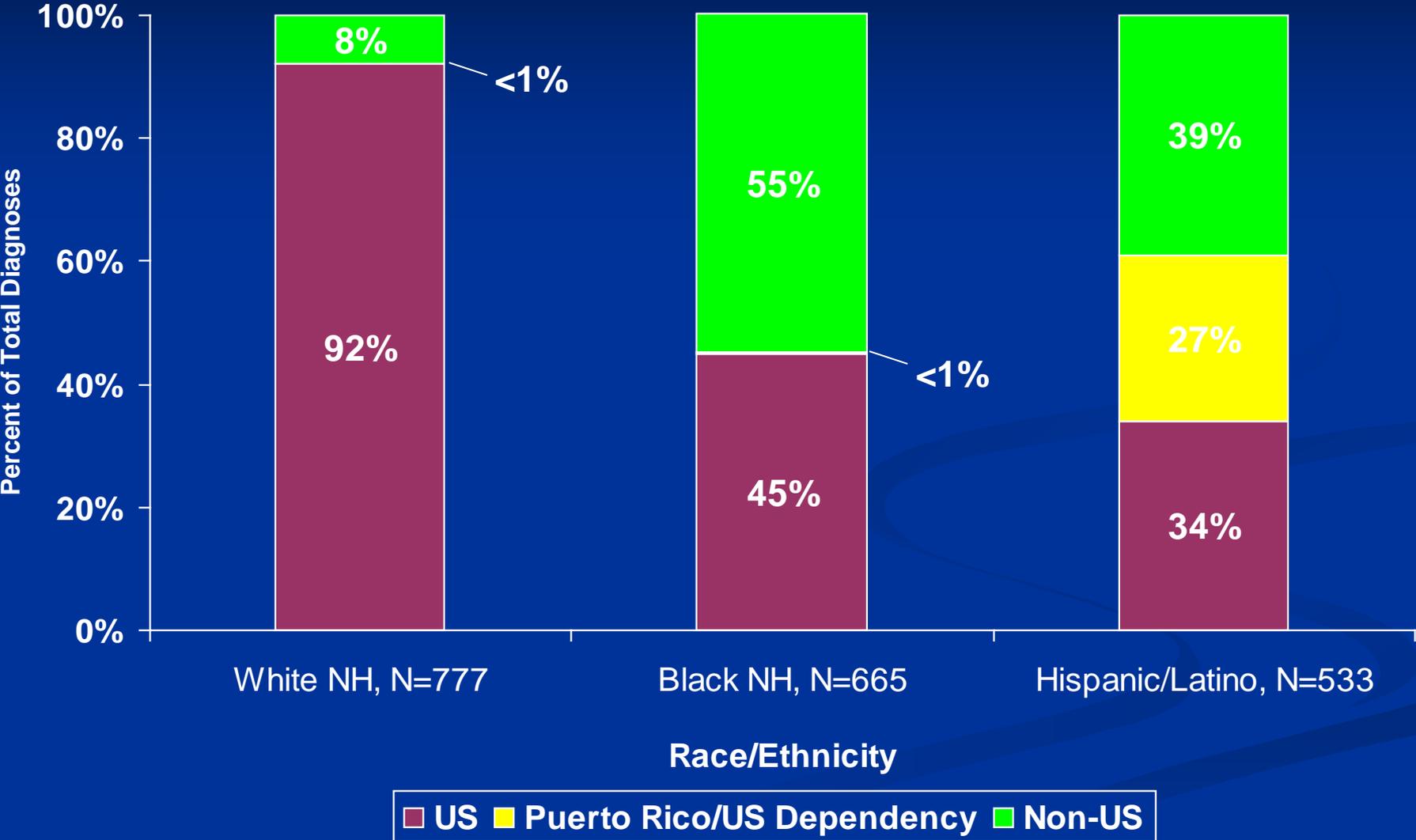
# Age-Adjusted HIV/AIDS Prevalence Rate per 100,000<sup>1</sup> Population by Race/Ethnicity: Massachusetts, 1/1/14

Prevalence per  
100,000



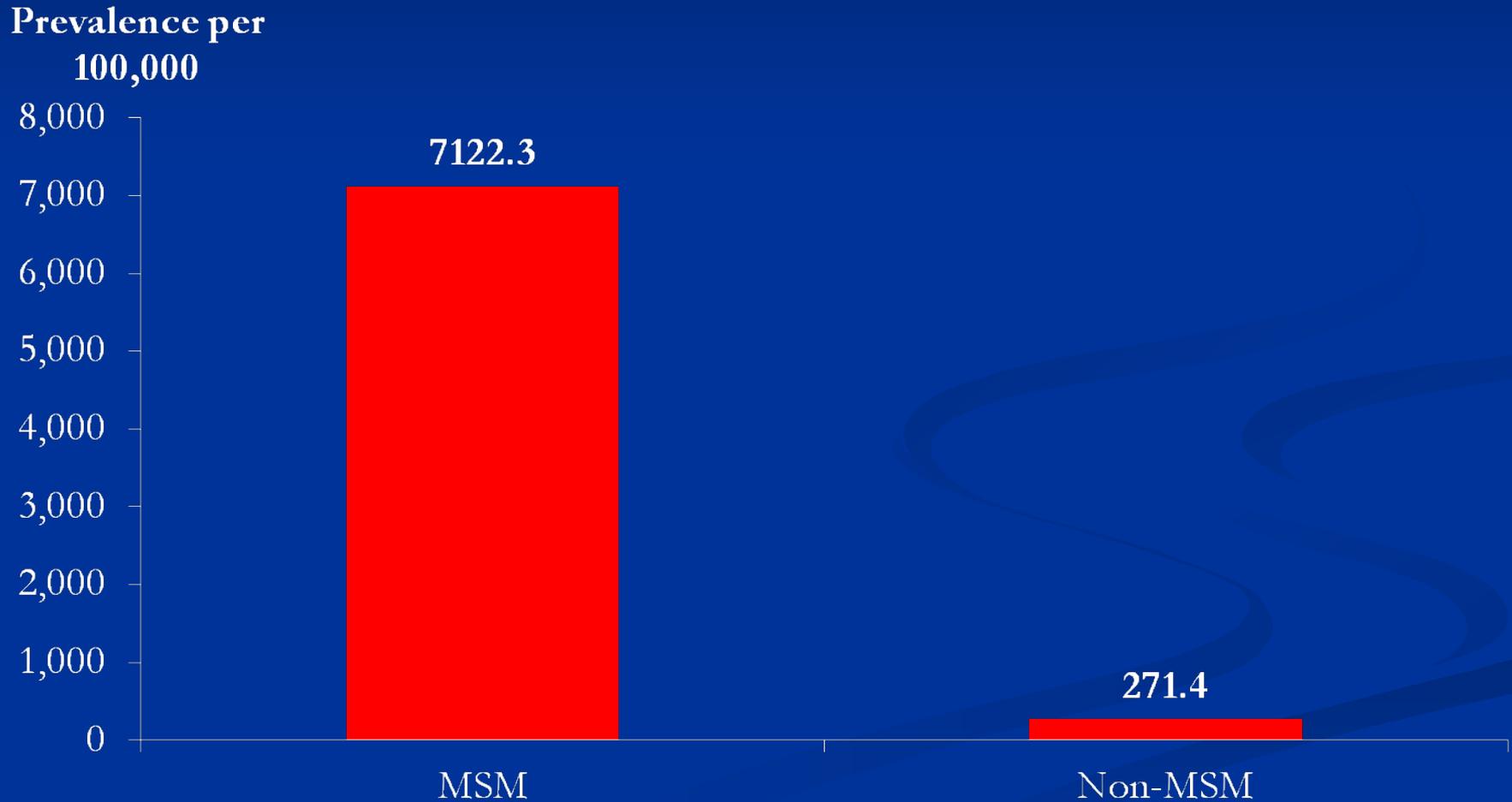
<sup>1</sup> Population sizes for rate calculations are based on 2010 population estimates from the MDPH Bureau of Health Information, Statistics, Research and Evaluation; NH= Non-Hispanic, API = Asian/Pacific Islander;  
Data Source: MDPH HIV/AIDS Surveillance Program, data as of 1/1/14

# People Diagnosed with HIV Infection within the Years 2010–2012 by Race/Ethnicity and Place of Birth: Massachusetts



Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

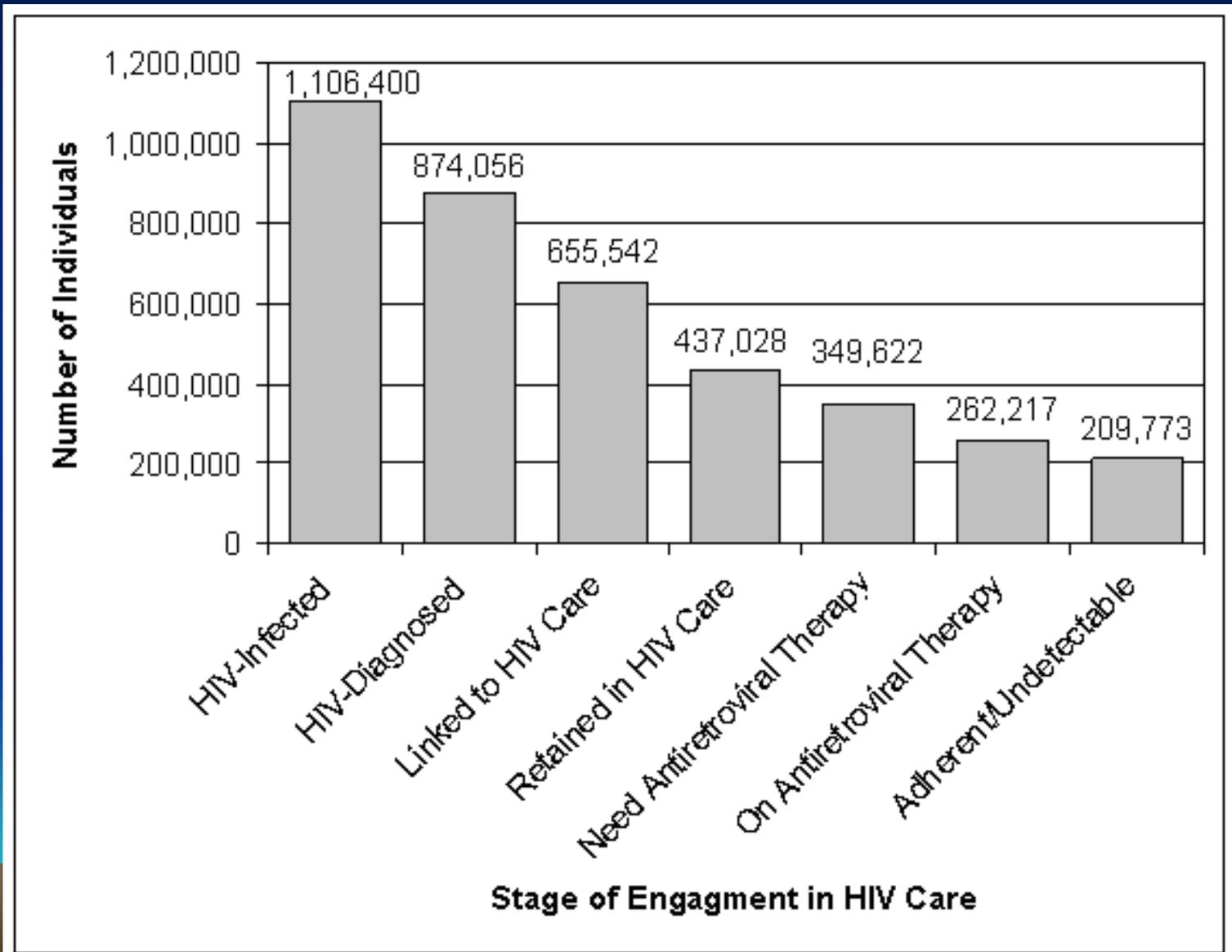
**Estimated<sup>1</sup> HIV/AIDS Prevalence Rate per 100,000  
Population: MSM Compared to non-MSM (males only)  
Ages 18–64 Years: Massachusetts, January 1, 2014**



<sup>1</sup> Multiple source estimation method for MSM rate (BRFSS, 2010 US Census)  
NH= Non-Hispanic, Data Source: MDPH HIV/AIDS Surveillance Program, Data as of 1/1/14

# Spectrum of Engagement in HIV Care in the US

(Gardner, et al *Clin Infect Dis.* (2011) 52 (6))



# History of MA Investment in HIV/AIDS Care

- One of the highest levels of state resources for HIV/AIDS services in the nation (\$32M)
- State assistance with access to AZT pre-dates Ryan White Care Act
- Investment of Ryan White and state resources into existing community health center system incentivized provision of care for PLWH/A; no stand-alone “Ryan White clinics”
- Expansion of state Medicaid in 2001 to cover single, childless persons with HIV (non-AIDS) earning under 200% FPL
- Transformation of state HDAP in 2004 to insurance continuation and co-payment coverage rather than purchase of medications (saving >\$10K/person/year)



# Core Health Reform Components

- Medicaid expansion (Massachusetts 1115 waiver, 2001)
  - PLWH/A earning up to 200% FPL
  - No longer dependent on disability status
  - Full HIV formulary coverage
- Health insurance access (Massachusetts, 2006)
  - Further Medicaid expansion
  - Individual and corporate health insurance mandate
  - Commonwealth Connector (“State Exchange”)
  - Subsidies according to income level and family size (201-300% FPL)
  - Health Safety Net for non-eligible residents
  - Enhanced reimbursement of primary care providers
- Ongoing health care system improvements (Massachusetts, 2012)
  - Payment reform (movement to ACOs and global payments)
  - Enhanced data access (cost and quality)
  - Cost containment (health care and benchmarks)



# Coverage options for persons with HIV/AIDS in Massachusetts

- HIV+ residents earning up to 200% FPL are eligible for Medicaid
- HIV+ residents earning 201% - 400% FPL can purchase subsidized health insurance plans under Commonwealth Care
- Persons with HIV/AIDS up to 500% FPL eligible for premium assistance through HDAP
- Minimal reliance on pharma-sponsored patient assistance programs



# Critical public health functions to enhance HIV/AIDS response

- Surveillance
- Screening and testing (preferably across infectious disease risk)
- Public education
- Clinical guidance
- Risk and harm reduction education (for both HIV- and HIV+)
- Access to preventive materials/devices (condom and syringe access)
- Referral to health care
- Referral to behavioral health services (including overdose prevention)
- Health care system navigation
- Benefits education
- Partner services
- Follow-up on those lost to care



# Shift toward clinical integration

- Consumers have requested “one-stop shopping” for HIV services
- Adoption of 4<sup>th</sup> generation HIV assay and integrated HIV/STD/HCV screening via phlebotomy
- Merger of social and medical case management and care coordination
- Pre-exposure prophylaxis
- Treatment as prevention
- Complementary role of CBOs for linguistic/cultural access and community-based testing and education
  - Movement toward strategic alignment with clinical providers



# Enhanced use of surveillance data

- Electronic laboratory reporting
  - All CD4+ and HIV viral load values
- Line lists of those seemingly lost to care
  - Feedback to clinical providers
- Outreach to acutely infected and those lost to care
  - By clinicians, community health workers, DIS
- Partner services



Thank you.

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