

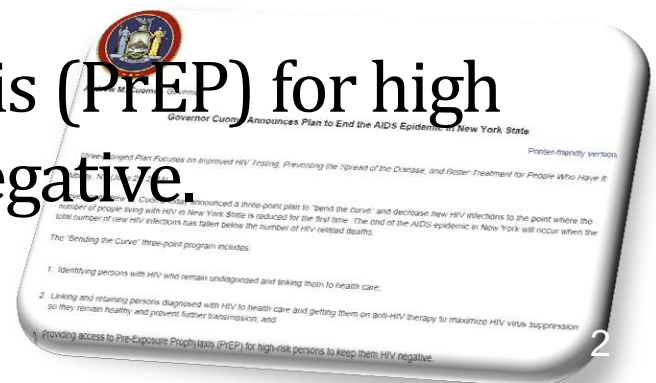
# **Ending the AIDS Epidemic In New York State**



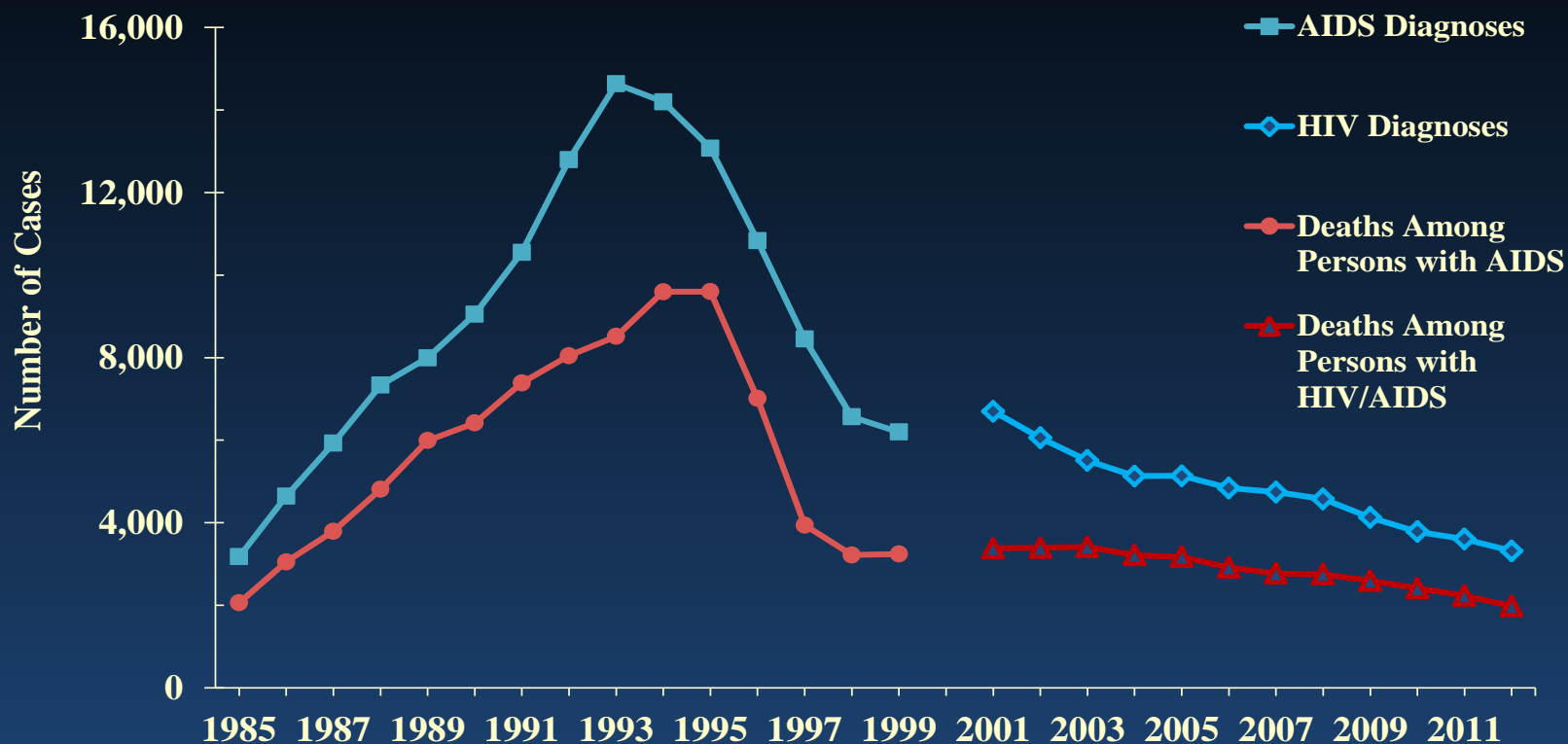
***Decreasing new HIV infections to reduce the number of persons living with HIV in New York State for the first time.***

# Bending the Curve: 3-Point Program

1. Identify all persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain those with HIV in health care, to treat them with anti-retroviral therapy (ART) to maximize virus suppression so they remain healthy and prevent further transmission.
3. Provide Pre-Exposure Prophylaxis (PrEP) for high risk persons to keep them HIV negative.



# Newly Diagnosed HIV/AIDS Cases\* and Deaths Among Persons with AIDS or HIV, by Year New York State



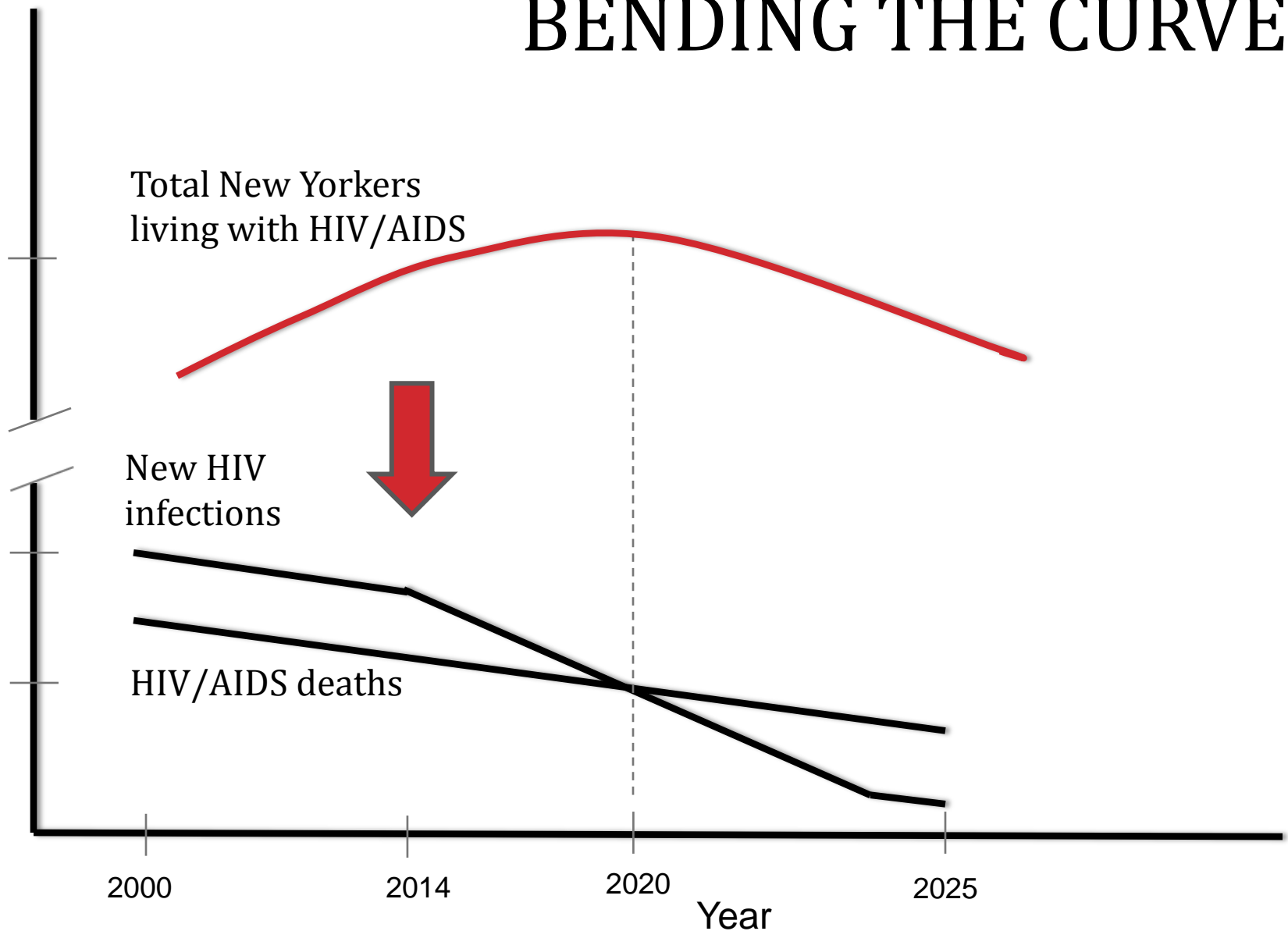
\*HIV reporting started in New York State in June 2000.

New HIV diagnoses, regardless of concurrent or subsequent AIDS diagnosis.

Data as of April 2014

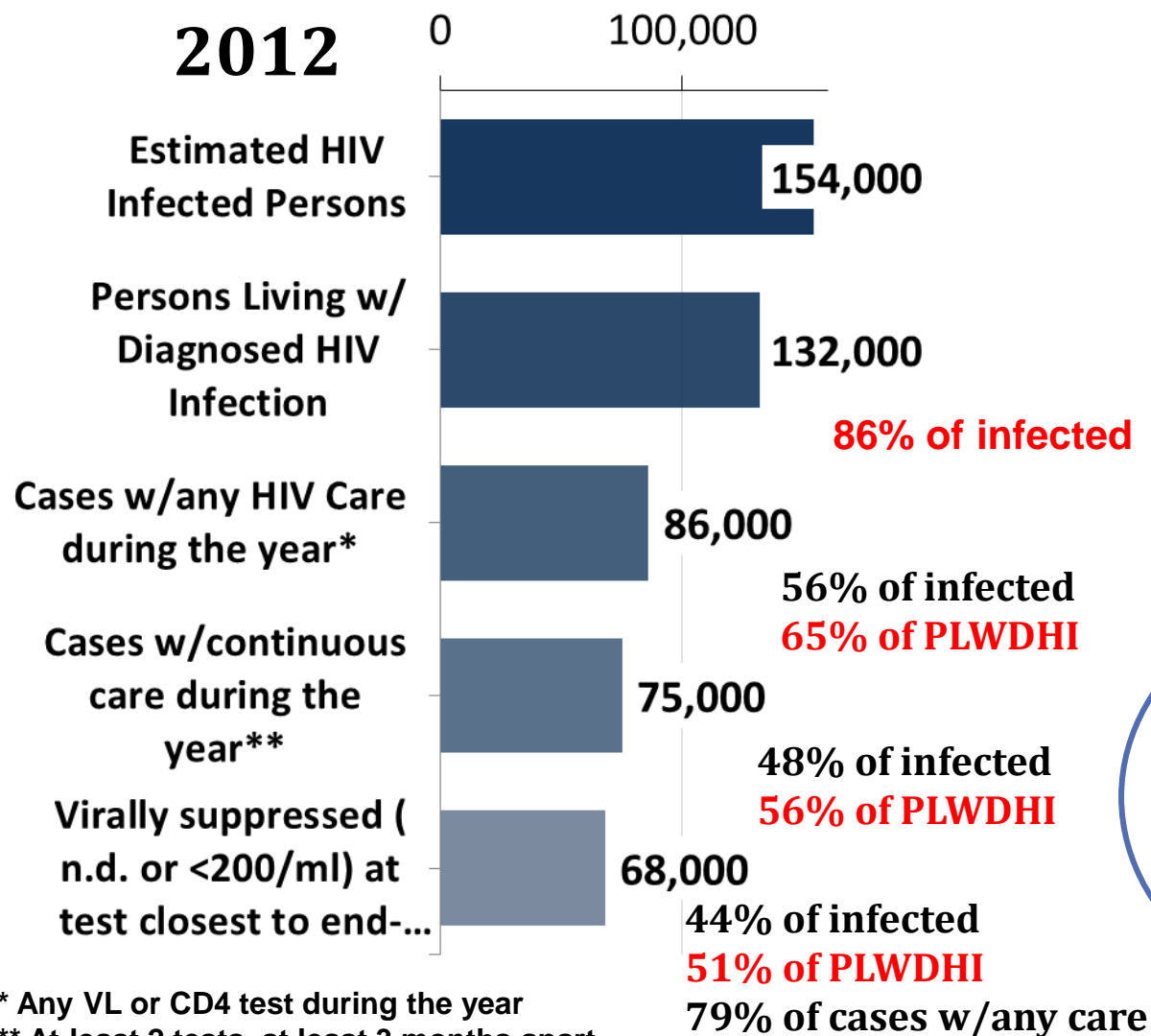
NYSDOH/AI/BHAE

# BENDING THE CURVE



# WHAT IS THE STATUS OF HIV TREATMENT IN NEW YORK STATE?

**2012**



The provision of appropriate medical care for persons living with diagnosed HIV infection (PLWDHI) is a key feature of the fight against HIV.

In addition to the direct benefit to the infected individuals, it is recognized that 'treatment is prevention', i.e. persons retained in successful treatment are less likely to transmit the virus to others.

**More than half of New Yorkers with diagnosed HIV are already virally suppressed, meaning they are unlikely to develop AIDS or transmit the HIV virus to anyone else.**

## Reduction in new HIV infections

- Reduce from 3,000 to 750 new HIV infections per year by 2020.
- Decrease the number of New Yorkers living with HIV for the first time.

Reduce by 50% the rate at which persons diagnosed with HIV progress to AIDS within two years.

# Investment and Outcomes

- Medicaid has successfully **negotiated supplemental rebates** with three pharmaceutical companies representing 70% of the HIV market to enable the State to stay within the Global Cap.
- Prevent 3,420 new cases of HIV.
- Negotiations with the additional manufacturers continue.

# **QARR Results (2012) HIV Comprehensive Care**

Based on HIV membership identified by each plan:

- Engaged in Care (83%, 89%)\*
- Viral Load Monitoring (72%, 81%)\*
- Syphilis Screening (71%, 81%)\*
- SNPs have additional HIV measures;  
retention (71%), prescribed ART (97%),  
VL suppression (65%)



# HIV Medicaid Match with the HIV/AIDS Registry

## Preliminary Estimates for Number of Medicaid members not on ARVs:

**70,000** = Total HIV+ Medicaid members in FFY 2013

**36,000** = Approximate number of HIV+ members not on ARVs

**- 14,000** = Dual eligible for Medicaid and Medicare (estimated percentage)

**19,000 – 22,000** estimated Medicaid members NOT on ARVs

## Forthcoming results from this match will include:

- Updated numbers from HIV/AIDS screened data 2012-2013 (73,000)
- Total number of members matched to registry (confirmed)
- Viral Load information (suppressed vs. non-suppressed)
- ARV usage
- Medicaid health plan membership (aggregated)
- Provider information (aggregated)

# Ending the Epidemic - Something to Think About

- How does plan encourage HIV testing?
- How does plan identify HIV experienced providers for HIV+ members? What % of HIV+ members have encounters with HIV providers?
- Are HIV+ members consistently filling scripts for ARV?
- Does plan's pharmacy management program include any barriers to consistent adherence with ARV? No disruptions in treatment?
- Does plan have means to target members who are out of care or detectable VL?

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