The Emerging Crisis in HIV Care Provision

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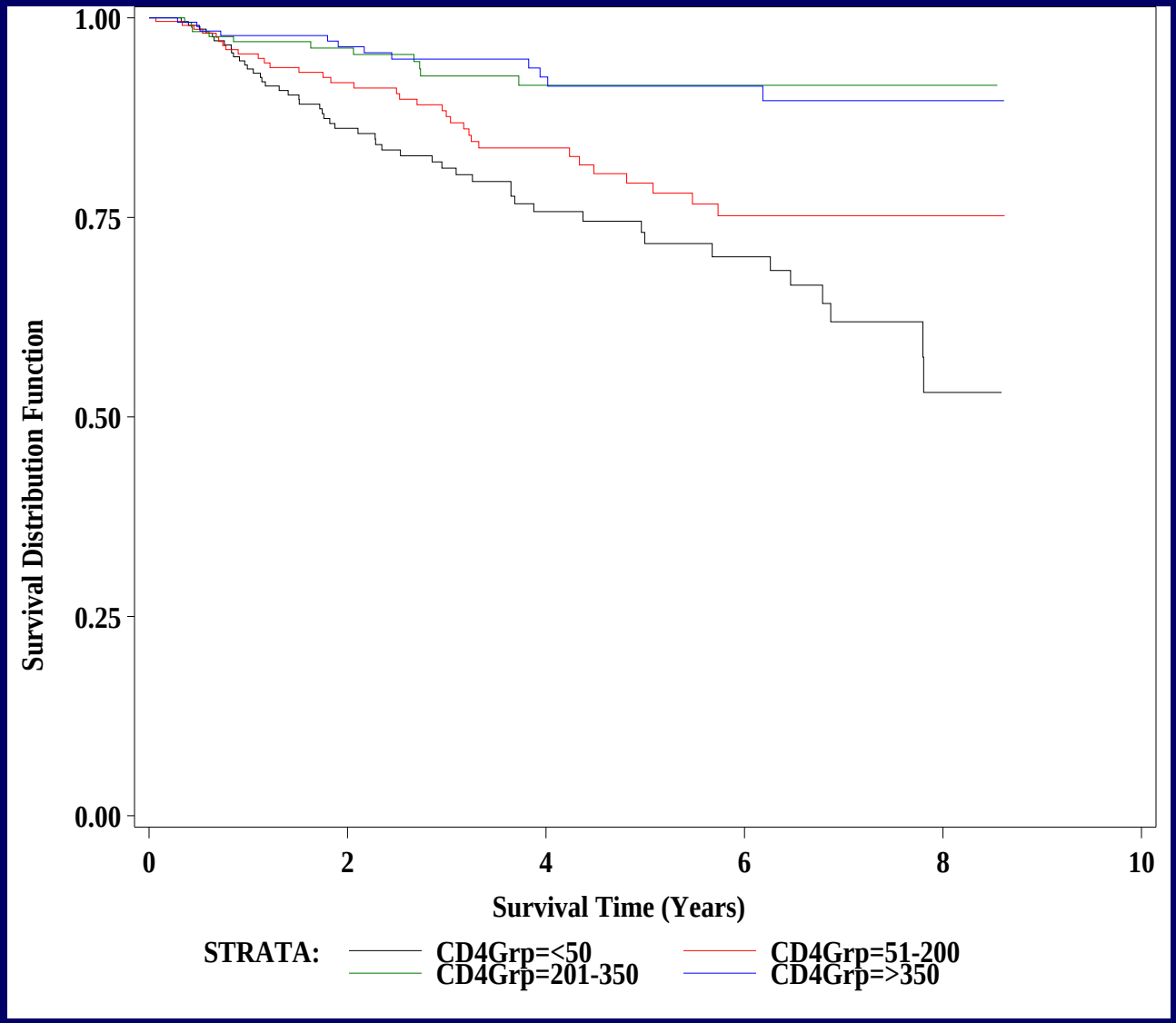
8 Year Survival in HAART Era



Updated from Chen, et al, 8th CROI, 2001

CD4 Count at HAART Initiation

	Median CD4	0-50	51-200	201-350	>350
1996	115	32.6%	30.2%	24.4%	12.8%
1997	180	21.4%	31.8%	16.9%	29.9%
1998	221	16.1%	31.3%	26.3%	26.3%
1999	212	23.9%	25.4%	21.1%	29.6%
2000	144	34.7%	23.5%	20.4%	21.4%
2001	202	25.0%	23.9%	23.9%	27.3%
2002	166	30.3%	23.3%	24.4%	22.1%
2003	98	36.5%	23.5%	24.7%	15.3%
2004	170	31.3%	23.4%	28.1%	17.2%

Key Point:

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

- Universal, opt-out testing is needed

Overall expenditures

CD4 strata (cells/μL)	Total	ARV	Non-ARV	Hospital	Other Outpt.	Physician /clinic
< 50	$36,532	$10,885	$14,882	$8,353	$1,909	$533
50-199	$23,864	$11,862	$6,685	$3,369	$1,416	$532
200-349	$18,274	$11,935	$3,452	$1,186	$1,365	$336
≥ 350	$13,885	$9,407	$1,855	$1,408	$930	$285
All	$18,640	$10,500	$4,240	$2,342	$1,199	$359

Patients with CD4 counts < 50 expend 2.6 times more health care dollars than those with CD4 counts ≥ 350 (P<0.001)

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The increased expenditures for patients with more advanced disease are largely due to non-ARV medication and hospitalization costs

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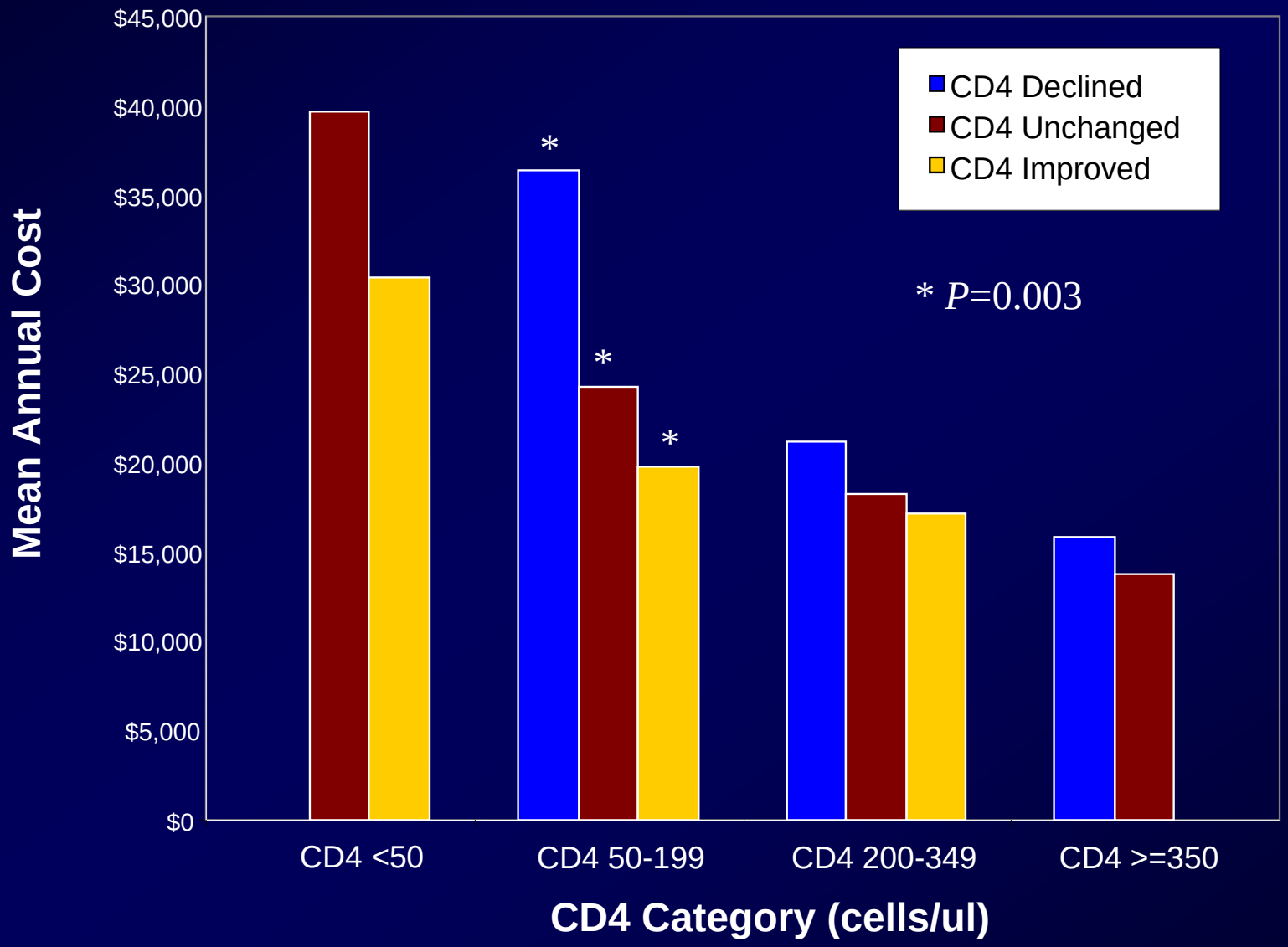
Expenditures for physician/clinic costs account for ≤ 2% of overall expenditures

Change in clinical status



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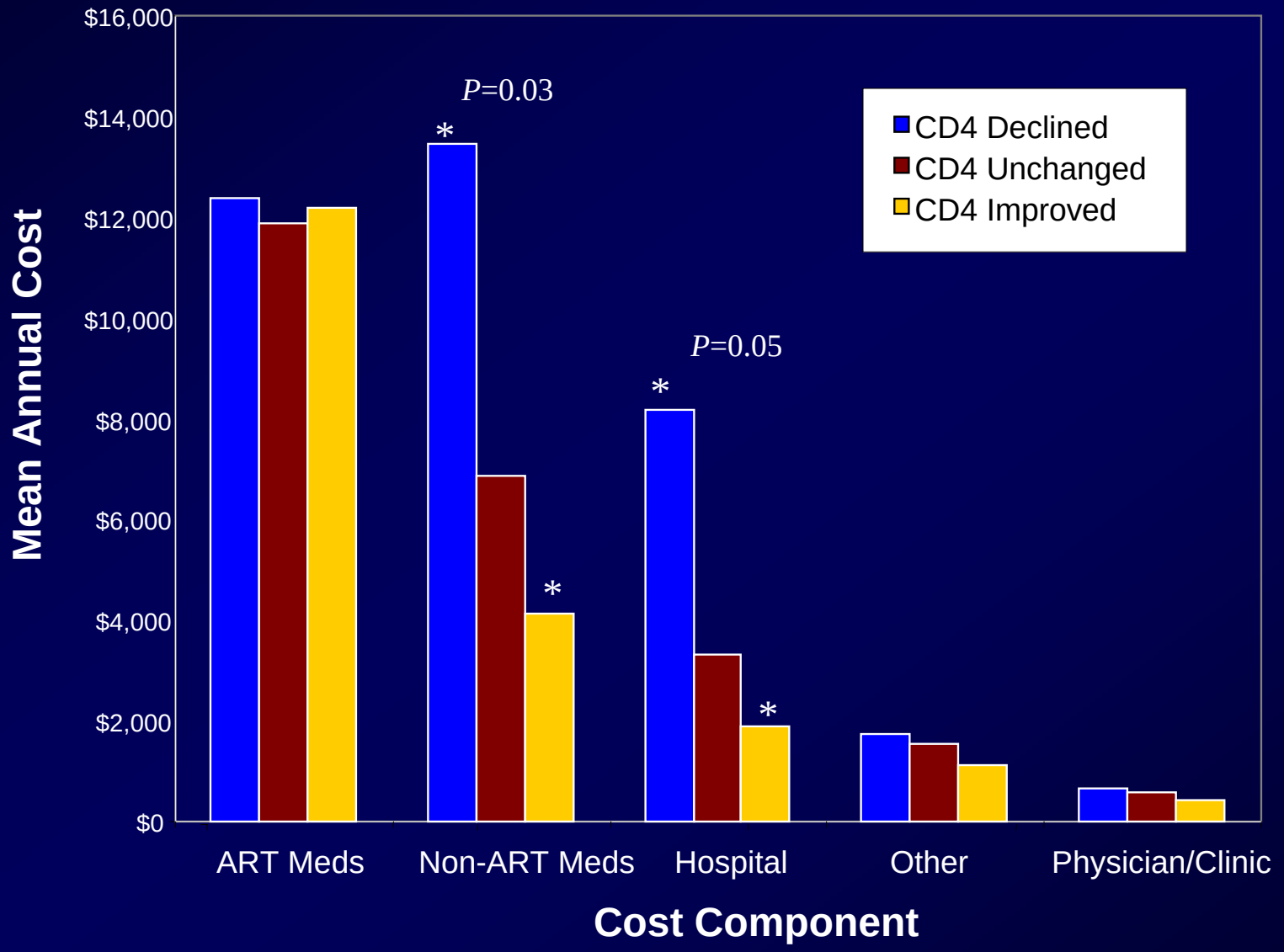

Major Focus of Appropriations: Provision of medications

- The majority of the $70M new dollars in the current iteration of the RW appropriation of the President's budget is targeted for Title II
- Over the last 4 years all increases in the RW Care Act have gone to ADAP
- Care dollars are targeted through redistribution of dollars from existing RW Funding / programs

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 7 years
  - 2.5% cut in 2006
  - Despite 60% increase in patient volume over last 5 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 /ul)
- 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?

Montgomery Alabama:

Dr. LW, Medical Director, resigned from MAO 6/7/06. I will be the Acting Medical Director while we recruit and hire a new Medical Director. We are currently actively looking to fill two positions: A full time Medical director, and a part-time physician to see patients mainly in our rural satellite clinics.…

As you know, Montgomery AIDS Outreach (MAO) is a Ryan White Funded Agency. We currently have myself and two Nurse Practitioners as provider staff. We have full time clinics in Montgomery, and Dothan, and hold once or twice a month clinics in six other satellite clinic sites. We follow 1000 patients over a 23 county area of south central Alabama. Please contact me for any other information.

Dr. Laurie Dill

9 June 2006

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”

PACHA. Achieving and HIV-Free Generation; IDSAnews 2006;16(1):7

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”

PACHA. Achieving and HIV-Free Generation; IDSAnews 2006;16(1):7