HIV in Maine – An Update

Jamie Cotnoir, MPH
HIV/STD Surveillance Coordinator
Maine CDC, Division of Disease Control

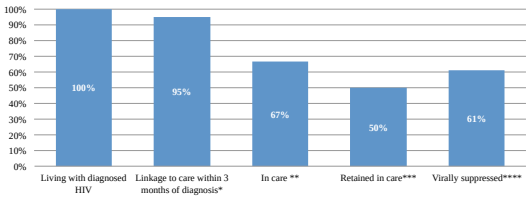
Objectives

Provide overview of
- The HIV Care Continuum
- HIV testing recommendations
- HIV surveillance data
- Linkage to care efforts
- Ryan White Part B programs

The HIV Care Continuum

Outlines the sequential steps or stages of HIV care
- From initial diagnosis to achieving the goal of viral suppression
- The proportion of individuals living with HIV who are engaged at each stage

HIV Care Continuum Among Adult PLWH in Maine, 2014



Source: Maine electronic HIV and AIDS Reporting System (eHARS)

HIV Testing

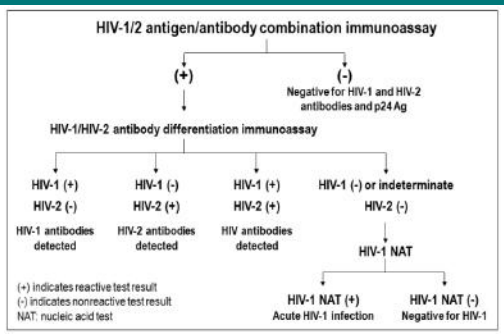
Increasing the number of people who know their HIV status

HIV Screening Guidelines

- All patients ages 13 – 64 in all health care settings (at least once in lifetime)
- All adolescents and adults at increased risk for infection should have more frequent screening (annually)
  - MSM
  - People who inject drugs
  - Commercial sex workers
  - Unprotected sex and multiple partners

Centers for Disease Control. (2016). http://cdc.gov/hiv

HIV Testing Algorithm



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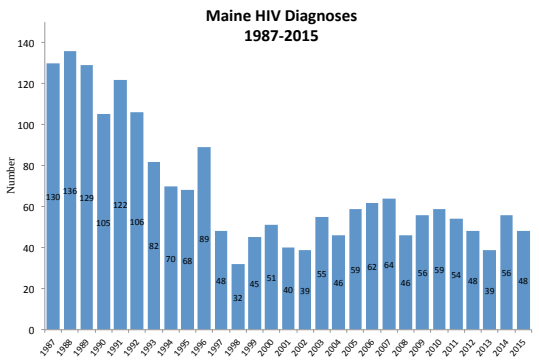
Centers for Disease Control (2014) https://stacks.cdc.gov/view/cdc/23447

HIV Epidemiology

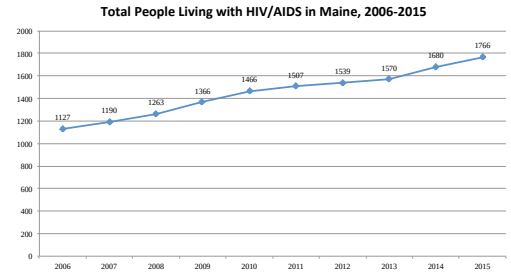
- 1.2 million people living with HIV in U.S.
  - 50,000 new infections each year
  - 12.8% unaware they have it (1 in 8 infections)
  - 13,712 deaths annually
- 36.9 million people living with HIV globally
  - 2 million new cases, 1.2 million deaths annually
    - Sub-Saharan Africa: ~70% of new infections
  - 34 million deaths since 1980's
- Disproportionate Impact
  - Race/Ethnicity, Transmission Category, Geography

Centers for Disease Control. (2016). http://cdc.gov/hiv



Maine Center for Disease Control. (2015). http://mainepublichealth.gov/hiv

Prevalence



Source: Maine electronic HIV and AIDS Reporting System (eHARS)

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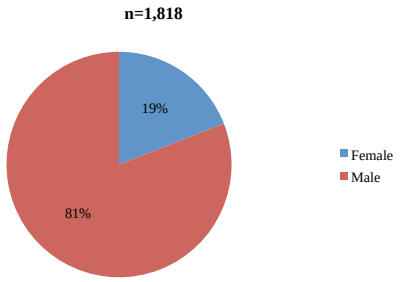
HIV Prevalence by Sex



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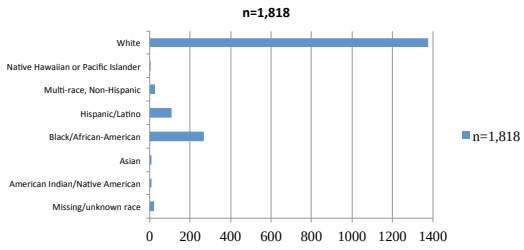
HIV Prevalence by Race



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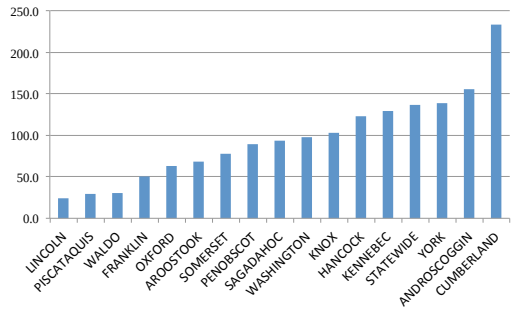
Rate per 100,000



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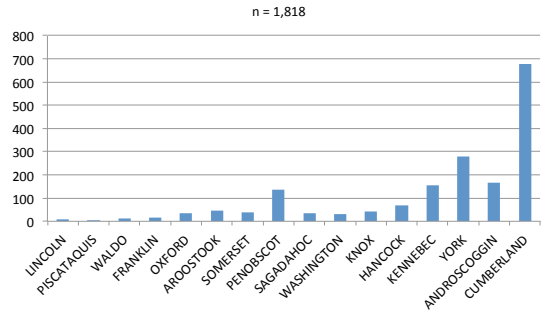
Case Count



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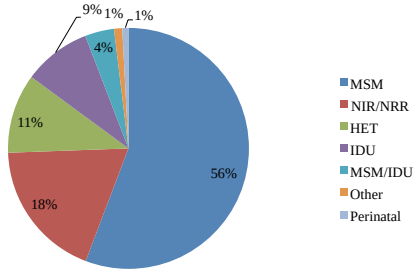
HIV Transmission Risk Categories



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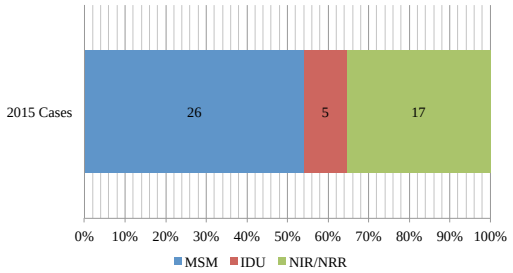
HIV Transmission Risk Categories in Maine, 2015



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Linkage to Care

Ensuring people are linked to and retained in HIV care

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Linkage to Care

- Follow up with newly identified HIV cases
  - Referral to HIV care services
  - Provision of Partner Services

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Data to Care

- Using HIV surveillance data to identify cases for whom no labs have been reported and determine reasons why
  - Reporting gap
  - Need for reengagement in care
  - Other

Ryan White Part B Services

Removing barriers to help people get linked to and stay retained in care as well as achieve viral suppression

Overview of Ryan White Part B and ADAP

ADAP

- Deductibles and copays for covered medications
- Insurance Premiums
- Laboratory Bills

Ryan White Part B Program

- Dental Assistance
- Housing Assistance
- Food Assistance
- Medical Case Management

AIDS Drug Assistance Program (ADAP)

What does the ADAP do?

- **Assists clients with access the prescription medications needed to:**
  - Manage and treat HIV
  - Prevent and treat illnesses
    - Develop as a result of a suppressed immune system

ADAP Eligibility

- **Eligibility is based on five (5) requirements:**
  1. A documented HIV status
  2. Resident of Maine
  3. Income below the ADAP limit
     - Currently set at 500% of FPL
  4. Member has applied for all eligible health insurance programs
  5. Completion of the ADAP application and required documents

Ways ADAP can help

- **Claims billed directly to GHS at the pharmacy**
  - All other insurances must be billed before ADAP
- **Insurance Premiums**
  - MaineCare, Medicare Part D, Private insurance and certain plans on the Health Exchange. Clients must send bills to ADAP for us to pay
- **Laboratory bills:**
  - HIV Viral load
  - CD4
  - Other HIV-specific labs
- ***ADAP has to be the payer of last resort***

Maintaining ADAP membership

- Clients must recertify every six months to maintain enrollment in the program
- Recertification forms are mailed directly to clients

The Ryan White Part B Program

Ryan White Part B Services

The Ryan White Program can help with:

- Financial Assistance
  - Housing Assistance
  - Food Assistance
  - Dental Assistance
- Medical Case Management

Annual cap per client for financial assistance

- This is subject to availability of funds.

RW Financial Services Eligibility

- **Available to people with HIV/AIDS who:**
  - Live in Maine;
  - Make less than 300% of the federal poverty level
  - Unable to get help anywhere else
  - Have not met the annual cap
- **Additional Dental Eligibility:**
  - Live in any of the following counties:
    - York, Cumberland, Androscoggin, Oxford, Kennebec, Somerset, Sagadahoc, Lincoln, Knox, or Waldo

Housing Assistance

Housing Assistance Includes:

- Rent, security deposits, or temporary/transitional housing
- Utilities - heat and electricity
  - Bills cannot be older than 90 days.

Not included:

- Mortgages
- Old charges
- Reimbursing clients directly for payments they may have made

Food Assistance

- Grocery store cards
  - Maximum $50 once a month to people who are eligible
  - The cards can only be used for food
- Food cards available for:
  - Hannaford
  - Shaw's

Dental Assistance

- Dental insurance
- Pay a dentist for basic services
  - cleanings, exams, X-rays, fillings, etc.
- The client submits either a signed estimate or treatment plan
- Bills cannot be older than 90 days
- The Ryan White Part B Program will not pay for orthodontics (braces) or cosmetic dentistry (whitening, veneers, etc.).

Extensive Dental Assistance

- Separate funds to those who qualify for extensive dental assistance
- Examples of extensive dental needs:
  - Dentures, bridges, root canals, extractions, procedures requiring anesthesia
- Cap: $2,000 per client annually
  - One-time assistance with dentures is capped at $1,000 per arch
- Does not count toward $750 Assistance Cap

Medical Case Management

- Provide treatment adherence services
  - Assure low-income people with HIV/AIDS have access to insurance, medical care, and medications as needed
  - Refer clients to other care and services as needed
- Eligibility
  - Similar as other services
  - 500% FPL
- Payer of last resort

How do clients access services?

If a client is a current, active ADAP client:

- Will need to complete an application for the requested assistance

If the client is not a current, active ADAP client:

- Will need to complete a full Ryan White Part B application AND the application for the requested assistance

Pulling it all Together – Why we do what we do

- Improved health outcomes and decreased burden
  - Greater quality of life
  - Longer lives
  - Decreased transmission risk

The HIV Care Continuum

Questions?

Jamie Cotnoir, MPH
HIV/STD Surveillance Coordinator
Jamie.Cotnoir@maine.gov