

**OPPORTUNITIES FOR IMPROVING**

**HIV**

**DIAGNOSIS, PREVENTION &  
ACCESS TO CARE IN THE U.S.**

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# Delivering on the Promise: The Managed Care View

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# KP/GHC\* HIV Demographics— Overview

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- Over 16,000 active HIV-infected patients in our care
- Second largest provider of HIV care in the United States
- Regional range from ~180 patients to nearly 5,500 patients
- Regional demographic reflect the states we serve

\*We include Group Health Cooperative in all of our interregional HIV efforts.

# KP/GHC HIV Demographics— Overview (2)

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- Over 100 providers in 8 KP regions plus Group Health Cooperative
- Just over 200 HIV-infected patients 19 years old or younger
- Nearly 100,000 total HIV-infected patient-years in our system
- HIV-infected population is aging
- Our mortality rate is <2% (national average 3.4%)

# KP GHC demographics—2006

## (some results are estimates)

Region	Number Active	% Active of Total Active	% Female*	% Black/ % Latino (% API)*	Total Ever Cared for in Region
Colorado	600	3.7%	9%	Not available	2000
Georgia	1050	6.4%	24%	Not available	1939
GHC	495	3.0%	9%	10%/5% (2%)	800
Hawaii	420	2.6%	12%	<5%/<5%	2500
Mid-Atlantic	1899	11.6%	36%	Not available	4484
Northern California	5398	33.0%	11%	18%/13% (5%)	17300
Ohio	180	1.1%	15%	50%/15%	500
Oregon	890	5.4%	12%	5%/ 7% (approx.)	3000
Southern California	5448	33.3%	11%	16%/26% (3%)	16000
<b>TOTAL</b>	<b>16,380</b>		<b>16%</b>		<b>48,523</b>

\*While majority of cases are still GWM, there are rising numbers of black and Latino.  
% female is steady.

# KP HIV Model of Care

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- HIV specialty care model
- Multi-disciplinary HIV care team:
  - HIV specialist
  - Case manager (RN and/or PharmD and/or MA)
  - RN and/or PharmD (if not above)
  - Social worker +/- benefits coordinator
  - Mental health support
  - Health educator
  - Regional coordinator for larger regions

# KP/GHC HIV Clinical Results

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- Over 60% with CD4 counts  $>350$  cells/ $\mu$ L
- BUT majority of newly diagnosed are still meeting AIDS criteria
- $>90\%$  are in care within 120 days of being diagnosed/identified
- Of those on HAART,  $>80\%$  viral loads below quantification
- Over 74% ever been on HAART
- $>70\%$  on HAART in the last year
- No difference by gender or race/ethnicity

# KP HIV Antibody Testing

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- Most states we serve still require written informed consent for testing
- We differentiate between screening and testing
  - Screening is testing without counseling
  - Testing is HIV antibody test with pre- and post-test counseling and patient education
- Testing in KP/GHC is desired norm
- We are rolling out rapid testing but mainly for Labor/Delivery and Occupational Exposure



# KP HIV Testing Philosophy

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- **Testing is a process, not just the test itself**
  - Need procedures to handle newly identified cases
  - Need procedures to confidentially convey HIV- test results
- **Testing should be part of primary, routine care**
  - Includes discussion of risk behavior, sexuality, harm reduction, and STD testing
  - Frequency of testing and counseling individually determined
  - Testing just once in a patient's life is probably insufficient. Sexuality and sexual expression can change and progress over a lifetime.

# KP/GHC HIV Test Statistics

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- > 340,000 HIV antibody tests performed annually
- BUT total membership in 2005 of 8,404,304 with 6,051,099 13-65 years old
- Thus, only 15% of the target population has been tested
- By some estimates, only 8% have been tested

# What Increased Testing Would Mean

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- Thus, need to test 5,143,434 more members to meet the new CDC guidelines
- Anticipate identification of 1773 new cases (assume prevalence of 0.3%—present prevalence KP/GHC)
- This would likely cost us \$26,599,450 per annum (assume ~\$15,000/yr/patient)

# The View of Other Managed Care Organizations

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- Most managed care organizations (MCO) follow USPTF recommendations
- USPTF recommendations require resolution with CDC recommendations
- Most MCO support greater targeted testing (if indications).
- Most MCO have not generated new policies based on new CDC recommendations

# HIV Care in KP—Concerns for the Future

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- #1 line item in pharmacy budget for larger regions
- Increased testing needed and implications of that
- Confident we can handle all new HIV-infected patients identified
- Uncomfortable screening without a proper testing process

**So, Let the Good Work Begin.**

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Thank you.