

**Ryan White Part A Drug Reimbursement and
Ryan White Part B ADAP Services
Access and Utilization
West Palm Beach, Florida
Eligible Metropolitan Area**



**Prepared by
Treasure Coast Health Council, Inc.
Promoting Access to High Quality Healthcare
600 Sandtree Drive • Suite 101 • Palm Beach Gardens, FL 33403 • 561.844.4220
www.carecouncil.org and www.tchealthcouncil.org**

**Funded through the Ryan White HIV/AIDS Treatment Modernization Act of 2006
Department of Community Services, Palm Beach County, Florida**

Prepared by
Treasure Coast Health Council, Inc.
600 Sandtree Drive, Suite 101
Palm Beach Gardens, Florida 33403

Questions? Contact
Sonja Swanson, MPH
sswanson@thealthcouncil.org
(561) 844-4220 ext. 14
fax (561) 844-3310

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Introduction

In November 2007, the findings of the Comprehensive HIV/AIDS Needs Assessment 2007-2010 were presented to the Planning Committee of the CARE Council. Based on these findings, Planning Committee members developed several recommendations. Two recommendations were relevant to drug reimbursement services as follows:

1. Increase access to HIV medications by:
 - Reviewing and considering revision of the eligibility process for clients to access medications.
 - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
2. Ensure continuity of care for PLWHA upon release from incarceration.

The Planning Committee requested that the Ryan White health planner follow-up on these recommendations by reviewing the current system of care to assess the eligibility process to access medications and to identify possible reasons for a declining trend in Ryan White Part A expenditures for drug reimbursement services. Subsequently, data from the needs assessments, Ryan White Part A and Part B ADAP expenditure trends, ADAP utilization trends, and Health Care District (HCD) Ryan White Client Satisfaction Survey were reviewed. Interviews with key eligibility case managers were conducted to assess PLWHA ability to access Part A drug reimbursement and ADAP services. In addition, a meeting with key HCD staff, Ryan White Grantee staff, and Ryan White health planner was held to discuss relevant eligibility determination processes. The HCD is the service provider for drug reimbursement services for Ryan White Part A and Ryan White Part B ADAP services.

1. Comprehensive HIV/AIDS Needs Assessment 2007-2010 Data

Survey Data

Surveys of PLWHA were conducted as part of the Comprehensive HIV/AIDS Needs Assessments of 2000, 2003 and 2007. The tables below summarize drug reimbursement service utilization, gaps, and barrier data from each study. Analyses were conducted to identify trends from 2000 through 2007. As displayed in the table below, utilization of drug reimbursement services decreased from a high of 56.3% in 2003 to 31.0% (a 44.9% decrease) between the 2003 and 2007.

Decreased Utilization of Drug Reimbursement Services 2000-2007

2000 (n=271)		2003 (n=400)		2007 (n=252)		
rank	percent	rank	percent	rank	#	percent
8	53.0%	7	56.3%	17	78	31.0%

Source: Comprehensive HIV/AIDS Needs Assessment 2007-2010, TCHC

The data from the needs assessments also identified gaps in drug reimbursement services in which respondents indicated they “need, can’t get” the service. As displayed in the table below, the gaps for drug reimbursement services increased from 11.0% to 26.6% (an increase of 231%) between 2000 and 2007.

Increased Gaps in Drug Reimbursement Services 2000-2007

2000 (n=271)		2003 (n=400)		2007 (n=252)		
rank	percent	rank	percent	rank	#	percent
17	11.0%	20	11.5%	5	67	26.6%

Source: Comprehensive HIV/AIDS Needs Assessment 2007-2010, TCHC

Input from Key Provider

A provider who works with persons who have recently been released from jail or prison explained that upon release from jail and prison, PLWHA should receive a three-day prescription for HIV-related medications. PLWHA typically have difficulty filling that prescription, and there can be a wait of as long as two months to see a doctor after release from incarceration.

Focus Group Data

During a focus group of women who said they were recovered from substance use or were currently in treatment for substance abuse, all of the participants said they had been out of care in the past. The following reasons mentioned for being out of care include:

- Difficulties with the eligibility process.
- They had been out of care while waiting for approval from the Health Care District for medications.
- “The process, it’s ridiculous, you call there, you can’t get through, you go there, and you sit for hours and don’t get a doctor.”

- Another woman stated, “You don’t know who to talk to, where to go. It’s like you’re lost. You go through struggles, like a puppet on a string. All this time you are sick.”
- Another woman stated, “I wasn’t on medications for a while and to be honest with you it wasn’t just because I relapsed, it was because I didn’t want to go through the eligibility process.”
- Another woman stated, “I went to the Health Care District yesterday, was there for 10 hours, and then I went today. ADAP said I had to go to COMPASS and it was like pass-the-buck. I felt like I was playing racquetball. I just felt like saying, ‘bye’ you know? Just walking out, but I know like she said I have to be there, I need them (medications). I went five days before my medication ran out and I feel like, if you need your medication you should be able to get your medication. And it’s hard because you’re not supposed to mess up your regimen.”

Based on findings from the Comprehensive HIV/AIDS Needs Assessment 2007-2010, the Planning Committee made several recommendations related to drug reimbursement services as follows:

1. Increase access to HIV medications by:
 - Reviewing and considering revision of the eligibility process for clients to access medications.
 - Identifying and remedying the reasons that Part A monies have not been spent down in this service category.
2. Ensure continuity of care for PLWHA upon their release from incarceration.

2. Drug Reimbursement (Ryan White Part A) and ADAP (Ryan White Part B) Funding Trends

There are several sources for drug reimbursement services including Ryan White Part A and Ryan White Part B ADAP (AIDS Drug Assistance Program). Analyses were conducted on the drug reimbursement expenditures by the Part A program. The expenditures decreased since 2005 (from \$911,693 to \$745,652), a reduction of 18%, as displayed in the table to the right. The actual number of clients served and their demographic data is not available.

**Ryan White Part A
Drug Reimbursement
Expenditures 2002-2007**

Year	Expenditures	% change
2002	\$ 673,609	
2003	\$ 803,926	19.3%
2004	\$ 877,250	9.1%
2005	\$ 911,693	3.9%
2006	\$ 780,734	-14.4%
2007	\$ 745,652	-4.5%

Source: Funding Grid, TCHC

ADAP data was reviewed for FY 2004-2007. As displayed in the table below, between 2004 and 2007 the average annual cost per person increased by 36% from \$4,744.29 to \$6,443.75. During the same time frame the number of PLWHA served increased 8% from 965 to 1,045.

ADAP Trends 2004-2007

Indicator	2004	2005	2006	2007
Expenditures	\$4,578,243.61	\$6,252,204.59	\$6,070,108.22	\$6,733,714.63
PLWHA served	965	980	1016	1045
Average cost per patient	\$ 4,744.29	\$ 6,379.80	\$ 5,974.52	\$ 6,443.75

Source: Department of Health

A comparison of the changes in Part A and ADAP funding is summarized in the following table.

**Comparison of Changes in Part A Drug
Reimbursement and ADAP Funding
2004-2007**

Year	Part A \$	Part A % Change	ADAP \$	ADAP % Change
2004	\$ 877,250		\$ 4,578,244	
2005	\$ 911,693	3.9%	\$ 6,252,205	36.6%
2006	\$ 780,734	-14.4%	\$ 6,070,108	-2.9%
2007	\$ 745,652	-4.5%	\$ 6,733,715	10.9%

Sources: Funding Grid, TCHC & Department of Health

3. Input from the Ryan White Part A Grantee and Health Care District

On February 2, 2008, a meeting was held with HCD staff, Ryan White Part A Grantee staff, and the Ryan White health planner to discuss several topics including the Comprehensive HIV/AIDS Needs Assessment 2007-2010 findings.

The HCD staff explained that lower costs for medications were due to several reasons:

- Pharmaceutical companies have reduced the price of generic and combination medications by 40%.
- HCD has consolidated the ADAP formulary to a more cost effective list.
- HCD implemented a more consistent eligibility process ensuring only HIV related medications are covered, as mandated by the Ryan White program.

During the meeting, HCD staff explained some of the challenges regarding on-going efforts to improve the application and eligibility process, including the following:

- For many clients, collecting documentation of income is difficult because eight weeks of income data is required to process a HCD application.
- To mitigate language barriers, HCD encourages clients to meet in-person with HCD staff located at all DOH sites where staffs who speak English, Spanish and French Creole are available.
- Upon request, HCD staff provides ongoing eligibility education for provider agencies. In addition, training sessions are available twice a year through the Eligibility Department.
- Prospective clients can schedule an appointment when they pick up an application packet at the ADAP offices.
- HCD works closely with their collaborative agencies which include but are not limited to Caridad, Samaritan Garden, 45th Street, and Healthy Mothers, Healthy Babies.

Near the end of 2007, the HCD conducted a Ryan White client satisfaction survey.

Highlights from the report, published in December 27, 2007:

- 100% (100) indicated that the pharmacy staff was courteous and professional.
- 100% (100) indicated that they were satisfied with the answers provided by pharmacy staff to questions regarding their prescriptions.
- General comments:
 - Good service
 - I am happy with the pharmacy
 - Thanks a lot
 - I have always had a good experience with the pharmacy staff
 - I appreciate the service; congratulations
 - I have no complaints about the staff, everything is OK
 - They are very good workers. I have been getting my meds on time. Personality is excellent. I hope they keep doing what they do best
 - Very good workers
 - Everything is fine for me
 - No complaints

- Just thanks for helping us
- I was upset when I called
- After she was finished with me I felt better. When I call, someone picks up the phone fast.
- They are patient with me until I get it together. They treat me nice, like a real person, and I am thankful. Tracy was so nice... she is always happy. Tracy always makes my day; they are very helpful

In 2008, the HCD conducted a Ryan White client satisfaction survey. The report is below.

A set of self-administered questionnaire were distributed to all five pharmacy sites in Palm Beach County. Each survey questionnaire consists of three questions and a general comment section. All willing clients were directed by pharmacy staff on how to complete the questionnaire anonymously and place the completed questionnaires in a designated box. These anonymous client responses where surveyed over a two week period and SPSS software was used to conduct descriptive analysis.

From March 2008 through September 2008, all the pharmacies served an average of 459 client each month and approximately 230 clients every two weeks. The total number of respondents was 65; hence the sample size for this survey was 28.26%. Based on the responses received from the respondents, the following analysis was made. The tables below provide a summary of questions and the analysis:

Number of Prescriptions filled in the past 6 months

In the past 6 months, 53.8% of the clients had filled the prescriptions more than 4 times. Moreover, 15.4% had filled the prescription for 3 to 4 times and 21.5% had filled prescriptions 1 to 2 times in last 6 months.

The following table shows the number and percentage of clients with specified prescriptions filled.

Number of prescriptions filled in the past 6 months	Number of Clients	Percent
1 to 2	14	21.5
3 to 4	10	15.4
More than 4	35	53.8
Missing responses	6	9.2
Total	65	100.0

Was the pharmacy staff courteous and professional? Yes _____ No _____

98.5% of the respondents indicated that the pharmacy staff was courteous and professional.

Response of the Clients	Number of Clients	Percent
Yes	64	98.5
No	0	0
Missing responses	1	1.5
Total	65	100.0

Did the pharmacy staff answer all your questions regarding prescription you picked up? Yes _____ No _____

98.5% of the clients were satisfied with the answers provided by pharmacy staff to questions regarding their prescription.

Response of the Clients	Number of Clients	Percent
Yes	64	98.5
No	1	1.5
Total	65	100.0

General Comments and Suggestions

Here are some key comments that were provided by respondents:

1. "Always courteous and kind. Always asks if there are any questions."
2. "Good job! Service was excellent. Thanks."
3. "Great people with great attitudes. Good people. Thank God for them."
4. "I really appreciate ADAP."
5. "The staff is very useful, friendly and in assisting needs. Major improvement in service when compared to two years ago."
6. "Your staff is always good to me and accommodating of my deafness. Thank you."
7. "Everyone is very helpful. Thank you."
8. "Very efficient plus courteous staff."
9. "Couldn't be a better staff."
10. "Pharmacy staff is very professional and nice. Also very helpful."
11. "They are very good, smiling faces all the time, even when they are so busy, good personality. They need to stay there all the time for good services."
12. "They run a good shop".

4. Linking PLWHA with Drug Reimbursement and ADAP Services

Interviews were conducted with several experienced eligibility case managers who have worked with the Ryan White program for several years. The questions and responses suggest the need for more extensive discussion to identify potential solutions to the issues identified.

Are your clients able to access services from the Ryan White Part A drug reimbursement and Ryan White Part B ADAP programs?

- Respondents indicated that Ryan White Part A drug reimbursement program is accessible for their eligible clients.
- The Part A grantee processes overrides quickly.
- One respondent stated that some of his clients are unaware of the available services.
- One respondent stated that sometimes her clients are asked by the HCD to request free medications from various pharmaceutical companies. This process, which can be a lengthy and time consuming process, has delayed treatment for some patients.
- Respondents indicated that overall the Ryan White Part B ADAP program is accessible for their clients, although some respondents indicated areas that could be improved.
- Occasionally, clients are referred to their case managers for a determination of ADAP eligibility rather than eligibility being determined at the ADAP locations.
- ADAP eligibility paperwork has improved, although case managers stated that a detailed check list of the required client information would be helpful.
- In some ADAP locations the wait can be long. Clients reported to case managers that they have had to wait for ADAP personnel to take lunch breaks before processing paperwork.
- Other stated barriers in accessing medications included very strictly enforced dates and times during when clients can pick up their medications. This has become an issue when clients have transportation limitations and during hurricanes.

Have there been any changes in accessing these programs over the past few years?

Respondents indicated that accessing both the Part A drug reimbursement and the Part B ADAP programs are easier this year than last year. Several respondents cited changes in more stringent eligibility requirements that resulted in clients' no longer being eligible.

Do you have any recommendations to improve the system for accessing HIV medications?

- HCD could contract with pharmacies that provide home delivery to clients.
- HCD could contract with pharmacies that provide locations throughout Palm Beach County and nationally.

- ADAP personnel could notify clients when it is time for them to pick up their medications, and monitor clients' adherence. This can be documented in the client database system.
- Improved collaboration between HCD and Department of Children and Families (DCF) in providing Medicaid eligibility letters, necessary to access Ryan White medications.
- Ryan White Part A drug reimbursement overrides could be completed by ADAP personnel rather than case managers.
- Reduce or streamline the required eligibility documentation.
- Ensure HCD pharmacist has access to and reviews all clients' medications to avoid contraindications.
- Increase clients' knowledge of available services through client education sessions.
- Part A and Part B Grantee monitors could increase private physicians' knowledge of drug reimbursement services available, and encourage them to refer patients to these programs.
- Part A Grantee could develop and implement standard of care mandating that determination of override is received within 24 hours.

An interview was conducted with the ADAP Coordinator in Palm Beach County. The following is a summary of our discussion.

Are your clients able to access services from the Ryan White Part A drug reimbursement and Ryan White Part B ADAP programs?

PLWHA can access the ADAP program by walking in to the clinic or via referral. When PLWHA walk in to the ADAP clinics they can have their prescriptions filled right away as long as they provide the required eligibility documentation. Clients who are referred are scheduled for the next available appointment. The required eligibility documents include proof of income, Palm Beach County residency, blood work (CD4 and viral load), and prescription. By the second visit a Medicaid denial letter and HIV+ confirmatory test is required.

Also, Palm Beach County was one of five counties to be awarded "best practices" by the state.

Have there been any changes in accessing these programs over the past few years?

Several changes in the ADAP program have been implemented to accommodate clients' needs and promotion of adherence including:

- ADAP staffs contact clients 1 month prior to their next refill.
- ADAP staffs coordinate lunch break with pharmacy to avoid extensive client wait time.
- ADAP staffs provide checklists specifically for new clients as well as for clients at their 6 months refills.

- ADAP staffs waive Medicaid denial letter and proof of HIV+ test, if not available, until second visit.
- ADAP director promotes the ADAP program in the Creole language on 1340 AM Tuesdays 1:15 pm-1:25 pm.
- The Fast Track Program has been implemented, where patients are able to request prescriptions to be filled and pick them up 48 hours later. (See patient contract in the Appendix)

Despite all of ADAP's effort one of the major challenges is that clients do not come with the required eligibility documentation.

Do you have any recommendations to improve the system for accessing HIV medications?

- Educate community that services exist by advertising services on local busses and on the radio.
- Educate clients on the importance on not waiting until the last minute to fill their prescription.
- Increase workers' patience and compassion for clients.

5. Summary of Finding and Recommendations

Findings

Overall, the perspectives of PLWHA (per Comprehensive HIV/AIDS Needs Assessment surveys and focus group data) are somewhat different from those of the HCD. Needs Assessment, focus group data, and prescription drug funding data cite declining utilization, increasing gaps and persistent barriers while the HCD reports the following:

- Over the past couple of years the HCD has streamlined the eligibility criteria and made the process more stringent, implementing a more cost effective system.
- As discussed above, the HCD makes a great effort to educate clients and providers about the eligibility criteria for the drug reimbursement program. The services provided are culturally competent and cost effective.
- The Ryan White client satisfaction survey conducted by the HCD suggests a high level of client satisfaction.

Recommendations

- Further study is needed to confirm and, if necessary, remedy the discrepancies noted above.
- The CARE Council should continue to monitor drug reimbursement service utilization.
- Additional efforts should be made during the next scheduled Comprehensive HIV/AIDS Needs Assessment, in early 2010, to collect more detailed data on clients' access to HIV/AIDS medications.
- The HCD should provide more extensive client education.
- The HCD should increase provider education sessions for Ryan White case management agencies.
- The Ryan White Grantee staff should encourage Ryan White outreach providers to become HCD collaborative agencies.
- The HCD should provide a detailed check list of required client information.
- The Ryan White Grantee staff should mandate accurate client demographic data and number of clients served by Ryan White Part A drug reimbursement services.
- The Planning Committee should develop a plan to ensure continuity of care for persons recently released from correctional facilities and request that the Ryan White Grantee staff procure organization/s to implement plan.
- The Planning Committee along with the Part A and Part B Grantees should assess the feasibility of implementing the recommendations listed in Section 4.

Appendix



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

Patient Statement of Understanding Fast Track Contract

_____ I understand that I must take my medicine the way my doctor has told me to take it.

_____ I understand that I must contact the ADAP office at the Health Department every month to request a refill of my medications two days prior to my pick up date.

_____ I understand the importance of not stopping my medication.

_____ I understand that if I am late picking up my medication, the ADAP Program will discontinue my Fast Track privileges.

_____ I understand that If I am going to be late picking up my medications, I need to call ADAP to advise them of my emergency or of the circumstances that are preventing me from picking up my medications on time.

_____ I understand that if I pick up more than five days late, the pharmacy will contact ADAP and I will lose my Fast Track privileges.

_____ I understand that I must come in to ADAP every 6 months for a full enrollment and eligibility redetermination. At That time I must provide all requested documentation for the re-enrollment.

_____ I understand that the Fast Track program is available up to 6 months at a time.

_____ I understand that repeated rescheduling of my appointments for picking up my medication or re-enrollment will lead to termination of my services through the Fast Track program.

_____ I understand that I must not break any medical or lab appointments while on the Fast Track.

_____ I understand that my Provider will monitor my medical progress closely while on the Fast Track Program.

_____ I understand that if I don't follow these requirements the Fast track privileges can be stopped at any time.

_____ I have read and understood all of the above information and I agree to all of the Fast Track requirements



PALM BEACH COUNTY HEALTH DEPARTMENT
Human Resource Management
Post Office Box 29 / 826 Evernia Street, West Palm Beach, FL 33402
www.pbchd.com

PATIENT SIGNATURE

PATIENT PRINTED NAME

DATE

ADAP STAFF

DATE