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**Service Category Definition - DSHS State Services-R
September 1, 2019 - August 31, 2020**

Local Service Category:	Referral for Health Care: ADAP Enrollment Worker
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions (TRG Only) :	Maximum 10% of budget for Administrative Cost. No direct medical costs may be billed to this grant.
DSHS Service Category Definition:	Direct a client to a service in person or through telephone, written, or other types of communication, including management of such services where they are not provided as part of Ambulatory Outpatient Medical Care or Case Management Services.
Local Service Category Definition:	<p>AIDS Drug Assistance Program (ADAP) Enrollment Workers (AEWs) are co-located at Ryan-White funded clinics to ensure the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP). AEWs will meet with all potential new ADAP enrollees, explain ADAP program benefits and requirements, and assist clients with the submission of complete, accurate ADAP applications. AEWs will submit annual re-certifications by the last day of the client's birth month and semi-annual Attestations six months later to ensure there is no the lapse in ADAP eligibility and loss of benefits. Other responsibilities will include:</p> <ul style="list-style-type: none"> • Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible; • Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible; <p>AEWs must maintain relationships with the Ryan White ADAP Network (RWAN).</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	People living with HIV in the Houston HDSA in need of medications through the Texas HIV Medication Program.
Services to be Provided:	Services include but are not limited to completion of ADAP applications/six-month attestations/recertifications, gathering of supporting documentation for ADAP applications/six-month attestations/recertifications, submission of ADAP applications/six-month attestations/recertifications, and interactions with clients as part of the ADAP application process.
Service Unit Definition(s) (TRG Only) :	One unit of service is defined as 15 minutes of direct client services or coordination of application process on behalf of client.
Financial Eligibility:	Income at or below 300% of Federal Poverty Guidelines
Client Eligibility:	People living with HIV in the Houston HDSA
Agency Requirements (TRG Only) :	Agency must be funded for Outpatient Ambulatory Medical Care bundled service category under Ryan White Part A/B/DSHS SS.
Staff Requirements:	Not Applicable.
Special Requirements (TRG Only) :	The agency must comply with the DSHS Referral to Healthcare Standards of Care and the Houston HSDA Referral for Health Care and Support Services Standards of Care . The agency must have policies and procedures in place that comply with the standards <i>prior</i> to delivery of the service.

FY 2020 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/13/19
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/06/19
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Improvement Committee		Date: 05/14/19
Recommendations:	Approved: Y: _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMN Workgroup #1		Date: 04/23/19
Recommendations:	Financial Eligibility: 300%	
1.		
2.		
3.		

**RYAN WHITE PART B/DSHS STATE SERVICES
1920 HOUSTON HSDA SERVICE-SPECIFIC STANDARDS OF CARE
REFERRAL FOR HEALTH CARE AND SUPPORT SERVICES
SERVICE STANDARD**

Definition:

Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. This service may include referrals to assist eligible clients to obtain access to other public or private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer’s Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans).

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
9.1	<p><u>Scope of Services</u> Referral for Health Care and Support Services includes benefits/entitlement counseling and referral to health care services to assist eligible clients to obtain access to other public and private programs for which they may be eligible.</p> <p><i>AEW Benefits Counseling:</i> Services should facilitate a client’s access to public/private health and disability benefits and programs. This service category works to maximize public funding by assisting clients in identifying all available health and disability benefits supported by funding streams other than RWHAP Part B and/or State Services funds. Clients should be educated about and assisted with accessing and securing all available public and private benefits and entitlement programs.</p>	<ul style="list-style-type: none"> • Program’s Policies and Procedures indicate compliance with expected Scope of Services. • Documentation of provision of services compliant with Scope of Services present in client files.
	<p><u>Provision of Services</u> Staff will educate clients about available benefit programs, assess eligibility, assist with applications, provide advocacy with appeals and denials, assist with re-certifications and provide advocacy in other areas relevant to maintaining benefits/resources.</p> <p>ADAP Enrollment Workers (AEW) will meet with new potential and established ADAP enrollees to:</p> <ol style="list-style-type: none"> 1. Explain ADAP program benefits and requirements 2. Assist clients and or staff with the submission of complete, accurate ADAP applications 3. Ensure there is no lapse in ADAP eligibility and loss of benefits, and 4. AEW will maintain relationships through the Ryan White ADAP Network (RWAN). 	<ul style="list-style-type: none"> •

	<p><u>Staff Qualifications</u> All personnel providing care shall have (or receive training) in the following minimum qualifications:</p> <ul style="list-style-type: none"> • Ability to work with diverse populations in a non-judgmental way • Working with Persons Living With HIV/AIDS or other chronic health conditions; • Ability to (demonstrate) or learn health care insurance literacy, (Third Party Insurance and Affordable Care Act (ACA) Marketplace plans). • Ability to perform intake/eligibility, referral/ linkage and/or basic assessments of client needs preferred. <ul style="list-style-type: none"> ➤ Data Entry <p>Quickly establish rapport in respectable manner consistent with the health literacy, preferred language, and culture of prospective client.</p>	<ul style="list-style-type: none"> • Personnel Qualification on file • Documentation of orientation of file
	<p><u>Staff Education</u></p> <ul style="list-style-type: none"> • Education to be defined locally, but must have at minimum a high school degree or equivalency 	<ul style="list-style-type: none"> • Documentation of education and/ or certification located in personnel file.
	<p><u>Staff Training Requirement:</u></p> <ul style="list-style-type: none"> • THMP Training Modules within 30 days of hire • Complete all training required of Agency new hires, including any training required by DSHS HIV Care 	<ul style="list-style-type: none"> • Materials for staff training and continuing education are on file • Staff interviews indicate compliance
9.2	<p><u>AEW Placement</u> AIDS Drug Assistance Program (ADAP) Enrollment Workers will be co-located at Ryan-White Part A funded primary care providers to ensure the efficient and accurate submission of ADAP applications to the Texas HIV Medication Program (THMP).</p>	<ul style="list-style-type: none"> •

#	STANDARD	MEASURE
9.0 Service-Specific Requirements		
	<p><u>Initial Provision of Client Education</u> The initial education to clients regarding the THMP process should include, but not limited to:</p> <ul style="list-style-type: none"> • Discussion of confidentiality, specific to the THMP process including that THMP regards all information in the application as confidential and the information cannot be released, except as allowed by law or as specifically designated by the client. 	<ul style="list-style-type: none"> • Documented evidence of education provided on other public and/or private benefit programs in the primary client record.

	<ul style="list-style-type: none"> • Applicants should realize that their physician and pharmacist would also be aware of their diagnosis. • Discussion outlining that approved medication assistance through THMP may require a \$5.00 co-payment fee per prescription to the participating pharmacy for each month's supply at the time the drug is dispensed and the availability of financial assistance for the dispensing fee. 	
<p>9.3</p>	<p><u>Benefits Counseling</u> Activities should be client-centered facilitating access to and maintenance of health and disability benefits and services. It is the primary responsibility of staff to ensure clients are receiving all needed public and/or private benefits and/or resources for which they are eligible.</p> <p>Staff will explore the following as possible options for clients, as appropriate:</p> <ul style="list-style-type: none"> • AIDS Drug Assistance Program (ADAP) • Health Insurance Plans/Payment Options (CARE/HIPP, COBRA, OBRA, Health Insurance Assistance (HIA), Medicaid, Medicare, Private, ACA/Marketplace) • SNAP • Pharmaceutical Patient Assistance Programs (PAPS) • Social Security Programs (SSI, SSDI, SDI) • Temporary Aid to Needy Families (TANF) • Veteran's Administration Benefits (VA) • Women, Infants and Children (WIC) • Other public/private benefits programs • Other professional services <p>Staff will assist eligible clients with completion of benefits application(s) as appropriate within (14) business days of the eligibility determination date.</p> <p>Conduct a follow-up within 90 days of completed application to determine if additional and/or ongoing needs are present.</p>	<ul style="list-style-type: none"> • Documented evidence of other public and/or private benefit applications completed as appropriate within 14 business days of the eligibility determination date in the primary client record. • Eligible clients with documented evidence of the follow-up and result(s) to a completed benefit application in the primary client record.
<p>9.4</p>	<p><u>Health Care Services</u> Clients should be provided assistance in accessing health insurance or Marketplace plans to assist with engagement in the health care system and HIV Continuum of Care, including medication payment plans or programs.</p> <ul style="list-style-type: none"> • Eligible clients will be referred to Health Insurance Premium and Cost-Sharing Assistance (HIA) to assist clients in accessing health insurance or Marketplace plans within one (1) week of the referral for health care and support services intake. 	<ul style="list-style-type: none"> • Documented evidence of assistance provided to access health insurance or Marketplace plans in the primary client record. • Clients who received a referral for other core services who have documented evidence of the education provided to the client on how to access these services in the primary client record. • Clients who received a referral for other support services who have documented evidence of the education

	<p>Eligible clients should be referred to other core services (outside of a medical, MCM, or NMCM appointment), as applicable to the client’s needs, with education provided to the client on how to access these services.</p> <ul style="list-style-type: none"> Eligible clients are referred to additional support services (outside of a medical, MCM, NMCM appointment), as applicable to the client’s needs, with education provided to the client on how to access these services. 	<p>provided to the client on how to access these services in the primary client record.</p> <ul style="list-style-type: none"> Clients with documented evidence of referrals provided for HIA assistance that had follow-up documentation within 10 business days of the referral in the primary client record. Clients with documented evidence of referrals provided to any core services that had follow-up documentation within 10 business days of the referral in the primary client record. Clients with documented evidence of referrals provided to any support services that had follow-up documentation within 10 business days of the referral in the primary client record.
	<p><u>THMP Intake Process</u> Staff are expected to meet with new/potential clients to complete a comprehensive THMP intake including explanation of program benefits and requirements. The intake will also include the determination of client eligibility for the ADAP program in accordance with the THMP eligibility policies including Modified Adjusted Gross Income (MAGI).</p> <p>Staff should identify and screen clients for third party payer and potential abuse</p> <p>Staff should obtain, maintain, and submit the required documentation for client application including residency, income, and the THMP Medical Certification Form (MCF).</p>	<ul style="list-style-type: none">
<p>9.5</p>	<p><u>Benefits Continuation Process (ADAP)</u> ADAP Enrollment Workers are expected to meet with new potential and established ADAP enrollees; explain ADAP program benefits and requirements; and assist clients and or staff with the submission of complete, accurate ADAP applications.</p> <p><u>Birth Month/Recertification</u></p> <ul style="list-style-type: none"> Staff should conduct annual Recertifications for enrolled clients in accordance with THMP policies. Recertification should include completion of the ADAP application, obtaining and verifying all eligibility documentation and timely submission to THMP for approval. Recertification process should include screening clients for third party payer to avoid potential abuse; Complete ADAP application includes proof of residency, proof of income, and the THMP Medical Certification Form (MCF). 	<ul style="list-style-type: none">

	<ul style="list-style-type: none"> • Staff must ensure Birth Month/Recertifications are submitted by the last day of client’s birth month to ensure no lapse in program benefits. <p>Half-Birth Month/ 6-month Self Attestation</p> <ul style="list-style-type: none"> • Staff should conduct a 6-month half-birth month/self-attestation for all enrolled clients in accordance with THMP policies. Staff will obtain and submit the client’s self-attestation with any applicable updated eligibility documentation. • Proactively contact ADPAP enrollees 60-90 days prior to the enrollee’s recertification or attestation deadline to ensure all necessary documentation is gathered to complete the re-certification/attestation on or before the deadline. • Half-birth/6-month self-attestations must be submitted by the last day of the client’s half-birth month to ensure no lapse in program benefits. 	
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#	STANDARD	MEASURE
9.7	<p><u>ARIES Document Upload Process</u> ARIES Upload ensures uniform practice for the completion and contents for the process of uploading documentation in the AIDS Regional Information and Evaluation System (ARIES).</p> <ul style="list-style-type: none"> • Completed ADAP Applications (with supportive documentation) must be uploaded into ARIES for THMP consideration. All uploaded applications must be reviewed and certified as “complete” prior to upload. • ADAP applications should be uploaded according to the THMP established guidelines and applicable as given by AA. • To ensure timely access to medications, all completed ADAP applications must be uploaded into ARIES within one (1) business day of completion • To ensure receipt of the completed ADAP application by THMP, notification must be sent according to THMP guidelines within three (3) business days of the completed upload to ARIES. • Upload option is only available for ADAP applications; other benefits applications should be maintained separately and submitted according to instruction. <p>Houston Only: Medication Certification forms for changes to medication should be faxed to THMP for approval.</p>	<ul style="list-style-type: none"> • ;
9.8	<p><u>Tracking ADAP Applications</u> Track the status of all pending applications and promptly follow-up with applicants regarding missing documentation or other needed information to ensure completed applications are submitted as quickly as feasible</p>	<ul style="list-style-type: none"> •

	<p>Maintain communication with designated THMP staff to quickly resolve any missing or questioned application information or documentation to ensure any issues affecting pending applications are resolved as quickly as possible</p>	
<p>9.11</p>	<p><u>Case Closure Summary</u> Clients who are no longer in need of assistance through Referral for Health Care and Support Services must have their cases closed with a case closure summary narrative documented in the client primary record. The case closure summary must include a brief synopsis of all services provided and the result of those services documented as ‘completed’ and/or ‘not completed.’ A supervisor must sign the case closure summary.</p>	<ul style="list-style-type: none"> • Clients who are no longer in need of assistance through Referral for Health Care and Support Services that have a documented case closure summary in the primary client record.

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 43-44.
 HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April 2013. p. 42-43.
[Virginia Department of Health, Division of Disease Prevention, HIV Care Services Referral for Health Care/Supportive Services \(PDF\)](#)
[HRSA/HAB Ryan White & Global HIV/AIDS Programs, Program & Grants Management, Policy Notices and Program Letters, Policy Clarification Notice 16-02](#)
 DSHS Policy 591.000, Section 5.3 regarding Transitional Social Service linkage.

Houston HSDA ADAP Enrollment Worker

Presented by: Marcus Benoit, Ryan White Regional Liaison MSW, LBSW

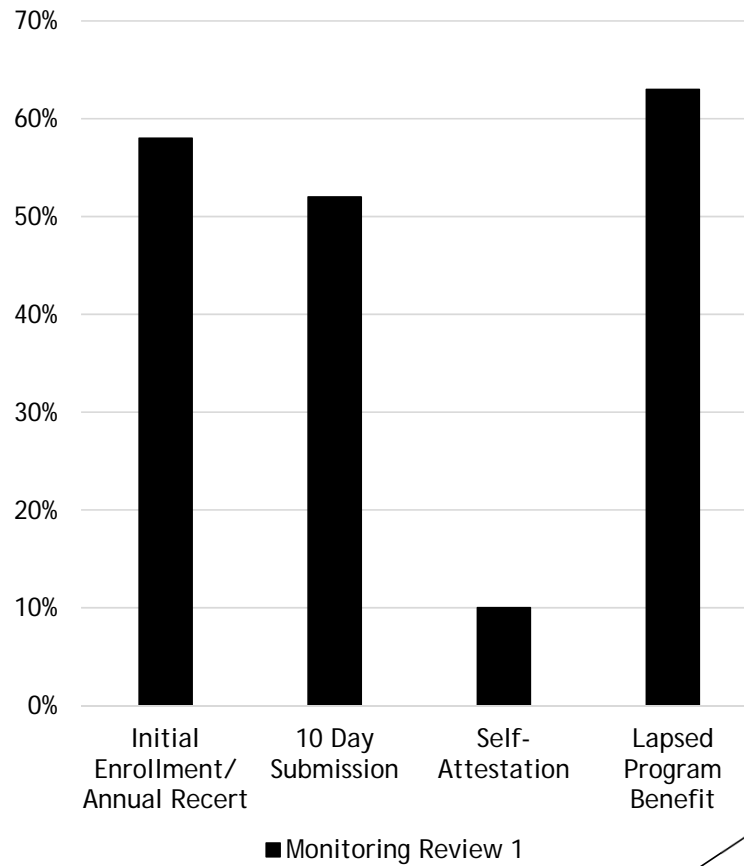
The Call To Action

- ▶ In September 2016, The Houston Regional HIV/AIDS Resource Group (TRG) took on the role of monitoring, implementing, and providing technical assistance for the AIDS Drug Assistance Program in the Eastern Texas region (Rural & Houston HSDA). In January 2017, TRG added the Houston HSDA to the Ryan White ADAP Network. This included 12 none funded agencies; 7 agencies who directly assisted with ADAP applications and 4 support service; The areas of monitoring included:
 - ▶ Applications for Initial Enrollments
 - ▶ Annual Recertifications;
 - ▶ Self Attestation;
 - ▶ 10 days submission; and
 - ▶ Lapsed of Program Benefits.

Year 2017, for the months of March - July 31 the Houston ADAP Enrollment Pilot (HAEP) began with the 4 identified "Part A" Primary Care Providers (Houston HSDA) and 950 applications were received. These applications included Initial Enrollments, Annual Recertifications, and Self-Attestation. Data concluded that 58% of Initial Enrollments and Annual Recertifications applications were completed upon initial submission. 52% submitted within ten business days of initial contact and 10% of the Six Month Self-Attestation being complete. During this time 63% of the applications were documented as lapsed of their program benefits.

(Lapsed of Program Benefits means to be dropped from THMP due to incomplete and/or none submission of an Birthday Month Recertification, Half Birthday Month Self Attestation, or inactivity for 6 months).

Monitoring Review 1





Client Hold- When a client can not order medication from THMP due to outstanding items.

1. Bad Addresses (The address on file is undeliverable)
2. Client Half Birth month Self Attestation is not received and processed by due date (Due Date last day of the Half Birth month "30 days")
3. Client Birth month Recertification is not received and processed by due date (Due Date last day of the Birth month "30 days")
4. HMS Hold: Medications will be dropped due to possible insurance.
5. SPAP Coordinator will place clients on HOLD who has Medicare with an active Part D Plan.

**Holds can not be lifted until the outstanding item is received and processed*

Client Drop- When a client is removed from THMP:

1. Inactivity for 6 months of client not ordering medication
2. Market Place Insurance is gained by the client
3. Medicare Part D plan with full LIS
4. Medicaid, or Medicare is gained by client (at this point clients maybe switched to the TIAP program which pays insurance premiums).
5. Private insurance with prescription drug benefit that does not work with TIAP.
6. Client Half Birth month Self Attestation is not received and processed by the due date (Due Date is the last day of the following month "60 days")
7. Client Birth month Recertification is not received and processed. (Due Date is the last day of the following month "60 days")
8. Clients who complete their Birth Month Recertifications and exceed income guidelines (200% FPL)

CHALLENGES?

While conducting site visits, TRG identified the following challenges within the Houston HSDA agencies:

- No official application review process internally at agencies.
 - Caused barriers for clients as their Initial Enrollment, Recertification or Self Attestation were denied due to being incomplete and they were placed on HOLD or rejected.
- No official process to track the status of clients who were placed on HOLD
 - Caused barriers for clients who needed refills of medications
- No official process to track clients Self Attestation or Annual Recertifications due dates
 - Caused barriers for clients who solely depended on the Texas HIV Medication Program for their Medications to be placed on HOLD and/or DROPPED
- Late follow up on clients applications submissions.
 - Caused barriers for clients who were approved but continue to order from the Patient Assistance Program (PAP).

Overall Identified Problems

A multitude of staff in various positions were responsible for completing and submitting applications. It was identified that the majority of staff had no review or follow process in place. No official structure or training was provided to staff who completed any parts of the ADAP process; One particular agency had 17 different staff members completing and submitting applications.

Resolution

After site visits were conducted and challenges were identified;

- TRG identified an ADAP point of contact at each agency while establishing a Memorandum of Understanding.
- TRG and DSHS also conducted multiple ADAP trainings and meetings with those individuals who were identified to create the Ryan White ADAP Network (RWAN). During these meetings and trainings, Technical Assistance and Updates were provided to assist agencies with bettering their ADAP processes.
- During the implementation of agencies ADAP processes, TRG performed monthly site visits, pilots, and monitoring in efforts to capture the agency's strengths and inefficacy's.

TRG GOAL

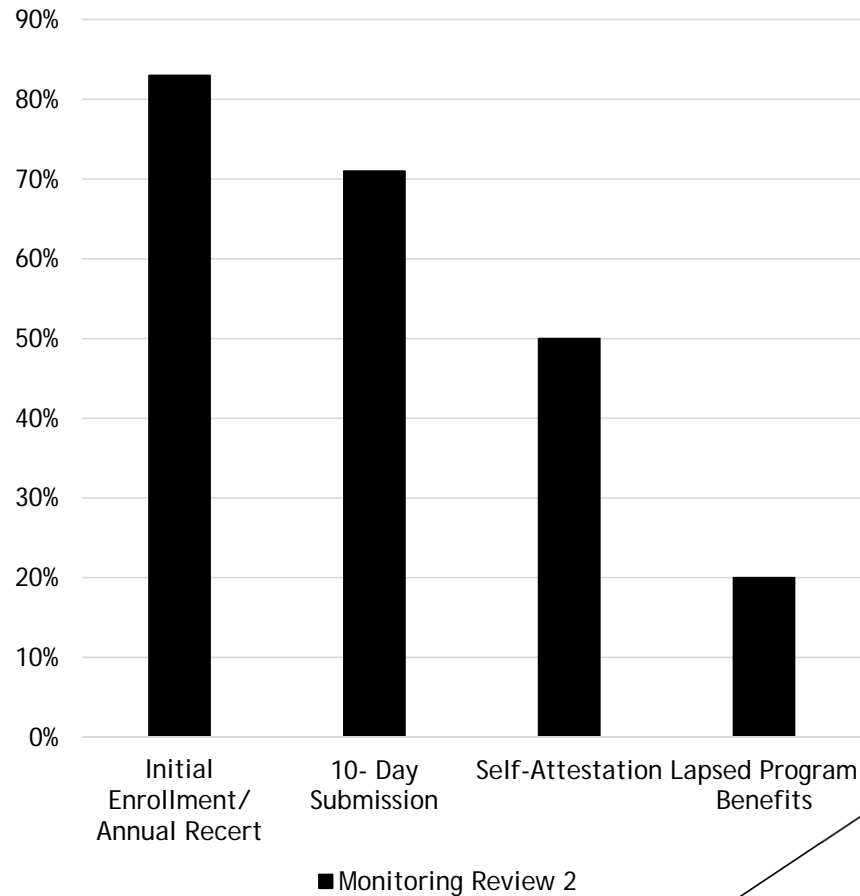
Provide and personalize recommendations and work one on one with agencies administrative and direct service staff to assist with their ADAP process internally. This would result in fewer clients Lapsing their Program Benefits and being place on HOLD or DROPPED from THMP.

Year 2017, for the months August, *September*, October, and November data concluded that the Houston HSDA area processed 1,100 applications. Overall, **83%** of Initial Enrollments and Annual Recertifications were completed and processed, reflecting a **25%** progression, with a **19%** progress for applications being submitted within ten business days of initial contact. **50%** of the Self Attestations were identified complete and processed which showed a **40%** progression rate. Clients who Lapsed Program Benefits Decreased by **43%** which showed a all time low of only **20%** of clients lapsing.

September 1, 2017- AEW were funded in the Houston HSDA.

(Lapsed of Program benefits means to be dropped from THMP due to incomplete and/or none submission of an Birthday Month Recertification, Half Birthday Month Attestation, or inactivity for 6 months).

Monitoring Review 2



Birth of the AEW in Houston

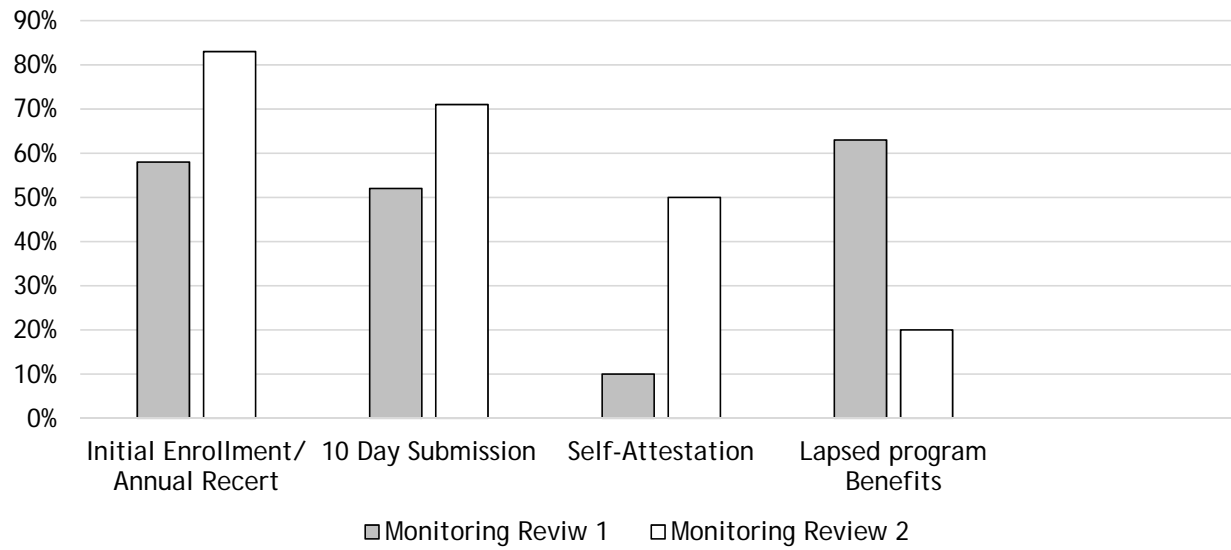
Role and Responsibilities:

ADAP Enrollment Worker:

- Assist clients with accessing ADAP services via in person, telephone, written, or other forms of communication.
- Meet with (if work flow allows) ALL potential and established ADAP clients and explain ADAP Program benefits/ requirement, assist with any parts of ADAP application process, and address any concerns the client may have.
- Obtain, maintain, and submit required documentation for clients ADAP applications including Residency, Income, Medical Certification Form (if applicable), and 3rd party insurance information.
- Review ALL submissions completed by other staff internally to ensure applications and documentation is efficient, complete, accurate, and ready to be submitted to the Texas HIV Medication Program (THMP) via the established method of submission.
- Promptly follow up with ALL applicants or staff regarding any incomplete, missing, or other needed information to ensure completed applications and documentation is submitted as quickly and feasible.
- Serve as the primary person to submit ALL ADAP related items from their agencies to THMP via the established method of submission.
- Follow up with ALL clients 60-90 days prior to their Birth Month Recertification and Half Birth Month Self Attestation to ensure clients are aware of their update time period.
- Ensure ALL clients have completed their Birth Month Recertification and Half Birth Month Self Attestation by the established deadline to ensure no Lapse or Loss of Program Benefits.
- Maintain communication with designated TMHP staff to quickly resolve any outstanding items to ensure client is not placed on a Hold or Dropped.
- Track the status of ALL submissions to THMP via the most effective method.
- Ensure appropriate documentation is recorded into ALL clients primary record
- Ensure ALL clients Service encounters are entered into ARIES

Beginning September 01, 2017 the identified 4 Part A funded agencies received SSR funding for the AEW position.

Monitoring Review 1 VS Monitoring Review 2



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Results

While having access to resources such as identifying;

- A point of contact, providing trainings, hiring an ADAP Enrollment Worker, continuous technical assistance and monitoring; the Houston HSDA has demonstrated progression related to indicators that correlate with the AIDS Drug Assistance Program.
- After the adoption of the ADAP Enrollment Worker agencies submission increased to **83%** for completed Initial Enrollment and Birth Month Recertifications applications versus **58%**.
- Previously, the Houston HSDA were only submitting **52%** of their applications within 10 business days. Now **71%** of the applications are being submitted within 10 business days which gives clients sooner access to the program and has a positive impact on Medication Adherence.
- Self-Attestation were identified as a barrier as the agencies were not completing this process which resulted in THMP not having the most current information for clients and in some cases clients being dropped. Once the Enrollment Worker was in place **50%** of Self-Attestations were being reported as complete compared to only **10%** in the past.
- **63%** of clients Lapsed Program Benefits which resulted in the client being dropped from THMP. The Houston HSDA has since decreased to **43%** of clients who Lapse in their program benefits.

The AEW is Charged with:

Achieving the program goals by ensuring at least 95% of Initial Enrollments are not only accepted but submitted within 1 business days via ARIES. Each agency and their AEW are accountable to demonstrate a minimum of 95% Birth Month Recertifications and Half Birth Month Self- Attestations before the Lapse of THMP program benefits.

ARIES Documentation Upload

Implemented in Houston HSDA 05/01/18

- Established guidelines and uniform practices for the completion and contents for the process of uploading ADAP applications into the AIDS Regional Information and Evaluation System (ARIES).
- Client-level documentation upload is established to ensure access to the Texas HIV Medication Program via online method of submission while adhering to Confidentiality requirements.
- Direct communication is achieved between the AEW and DSHS-ADAP team regarding clients status of approval or denial.
- Barriers for expediated clients as well as for all clients who are being Initially enrolled, completing their Half Birth Month Self Attestation, and Birth Month Recertification are alleviated.



Non-adherence to HIV treatment for cost-saving reasons reported by 8% in American study

Roger Pebody
Published: 27 March 2019

Much of the excessive cost of prescription drugs in the United States falls on patients, and national surveillance data has now found that this has a real impact on HIV treatment outcomes. A study presented at the [Conference on Retroviruses and Opportunistic Infections \(CROI 2019\)](#) earlier this month found that 13% of people with diagnosed HIV reported at least one cost-saving strategy, including 8% who did not always adhere to their treatment to cut costs. Rates of viral suppression and engagement in care were lower in those reporting non-adherence for economic reasons.

Dr Linda Beer of the Centers of Disease Control and Prevention (CDC) presented the study. Data came from the Medical Monitoring Project, which collects clinical and behavioural information from individuals carefully sampled to be representative of the range of people diagnosed with HIV in the United States. Interview data and medical records were available for 3650 people taking prescription drugs in 2015-2016.

Based on self-report:

- 8% had asked their doctor for a lower-cost medication to save money
- 1% had bought prescription drugs from another country to save money
- 2% had used alternative therapies to save money
- 4% had skipped medication doses to save money
- 4% had taken less medicine to save money
- 6% had delayed filling a prescription to save money

Looking specifically at the last three of those strategies, they were more common in individuals with private insurance (prevalence ratio 1.76, $p < 0.01$), reflecting the problem of incomplete coverage and co-payments associated with private insurance. As might be expected, they were more common in individuals who had sought, but not received, help from the Ryan White AIDS Drug Assistance Program (prevalence ratio 3.88, $p < 0.01$). They were also more common in individuals who had a disability (prevalence ratio 1.91, $p < 0.01$).

Individuals reporting these cost-saving non-adherence strategies were significantly less likely to be virally suppressed (prevalence ratio 0.83, $p < 0.01$) or engaged in care (prevalence ratio 0.88, $p < 0.01$).

They were also more likely to have visited an emergency room or been hospitalised more than once.

Reference

Beer L et al. *Nonadherence due to prescription drug costs among U.S. adults with HIV, 2015-2016*. Conference on Retroviruses and Opportunistic Infections, Seattle, abstract 1078, 2019.

[View the abstract and poster on the conference website.](#)



This content was checked for accuracy at the time it was written. It may have been superseded by more recent developments. NAM recommends checking whether this is the most current information when making decisions that may affect your health.