Review of ODH Treatment Programs

JMOC Staff Report

December 17, 2015

Our Charge

- Review ODH treatment programs
  - Review demand for and use of services since ACA
  - Detail funding sources, MOE, grant restrictions
- Identify ways to integrate these programs towards the formal health care system
  - Reduce duplication
  - Simplify and defragment existing system
  - Keep people covered and engaged in care

Our Approach

- Comprehensive health care is the desired state
- These programs are important to the people they serve, but they have limitations
  - Generally do not offer comprehensive coverage
  - Serve people with certain diagnoses or in a limited age range
- Federal funding is substantial and flexible
  - Are there opportunities to reprogram funds to improve population health and systems of care?

Major ACA Changes Affecting ODH Programs

- Federal coverage mandate
- Coverage Expansions
  - Medicaid
  - Health Exchange
    - Premium subsidies/cost sharing limits
- Insurance reforms
  - Guaranteed Issue
  - Elimination of lifetime limits
  - Coverage of pre-existing conditions
  - Preventive services without cost sharing
  - Essential health benefits
- Closing the Medicare Part D donut hole

Challenges Remain/Some Opportunities Emerge

- Health care prices, especially for prescription drugs, are rising
- Use of high deductible plans continues to increase
  - ➢ Makes care/coverage more expensive for those that are sick

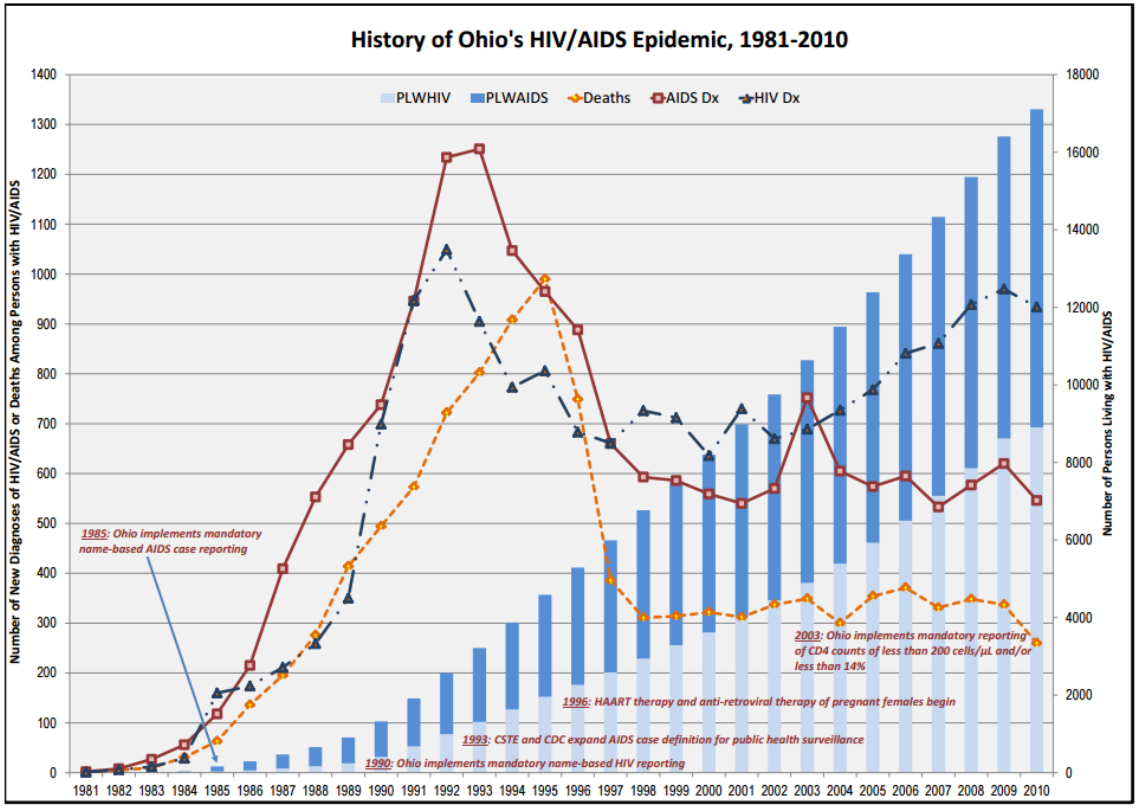
- Federal funding is substantial for these programs
- Need for services traditionally provided has dropped in some programs
  - ➢ Creates reinvestment opportunities for supportive and other services to improve health

RYAN WHITE PROGRAM

The Ryan White Part B Program

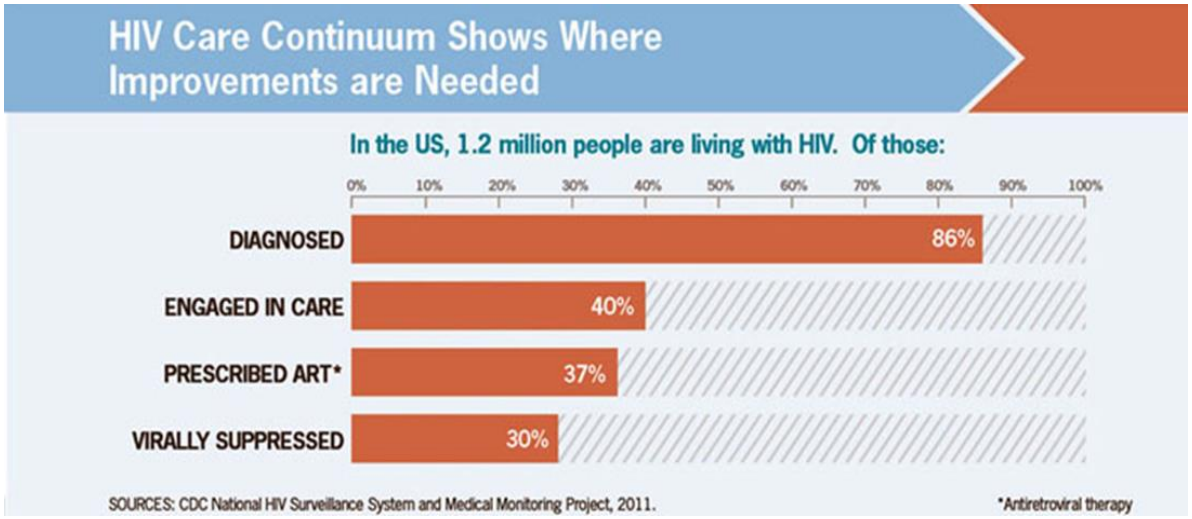
- Created through the Ryan White CARE Act in 1990, re-authorized most recently in 2009
- Provides medical and supportive services to persons living with HIV/AIDS (PLWHA)
- Part B is the largest part of the program and is funded through federal grants, state match funding, and pharmaceutical rebates

HIV/AIDS Epidemic in Ohio



Source: Ohio Department of Health HIV/AIDS Surveillance Program
Note: Data represents Ohio cases diagnosed through December 31, 2010 and reported to the Ohio Department of Health through December 31, 2011.
Persons may be counted as both an HIV diagnosis in one year and an AIDS diagnosis in a subsequent year.
PLWAIDS = Persons Living With AIDS; PLWHIV= Persons Living With HIV; AIDS Dx = Persons Diagnosed with AIDS; HIV Dx = Persons Diagnosed with HIV;
Deaths = Deaths among reported HIV/AIDS cases; deaths are for all causes.
CSTE - Council for State and Territorial Epidemiologists; CDC - Centers for Disease Control and Prevention; HAART - Highly Active AntiRetroviral Therapy

Connection to Care, Treatment, and Viral Suppression

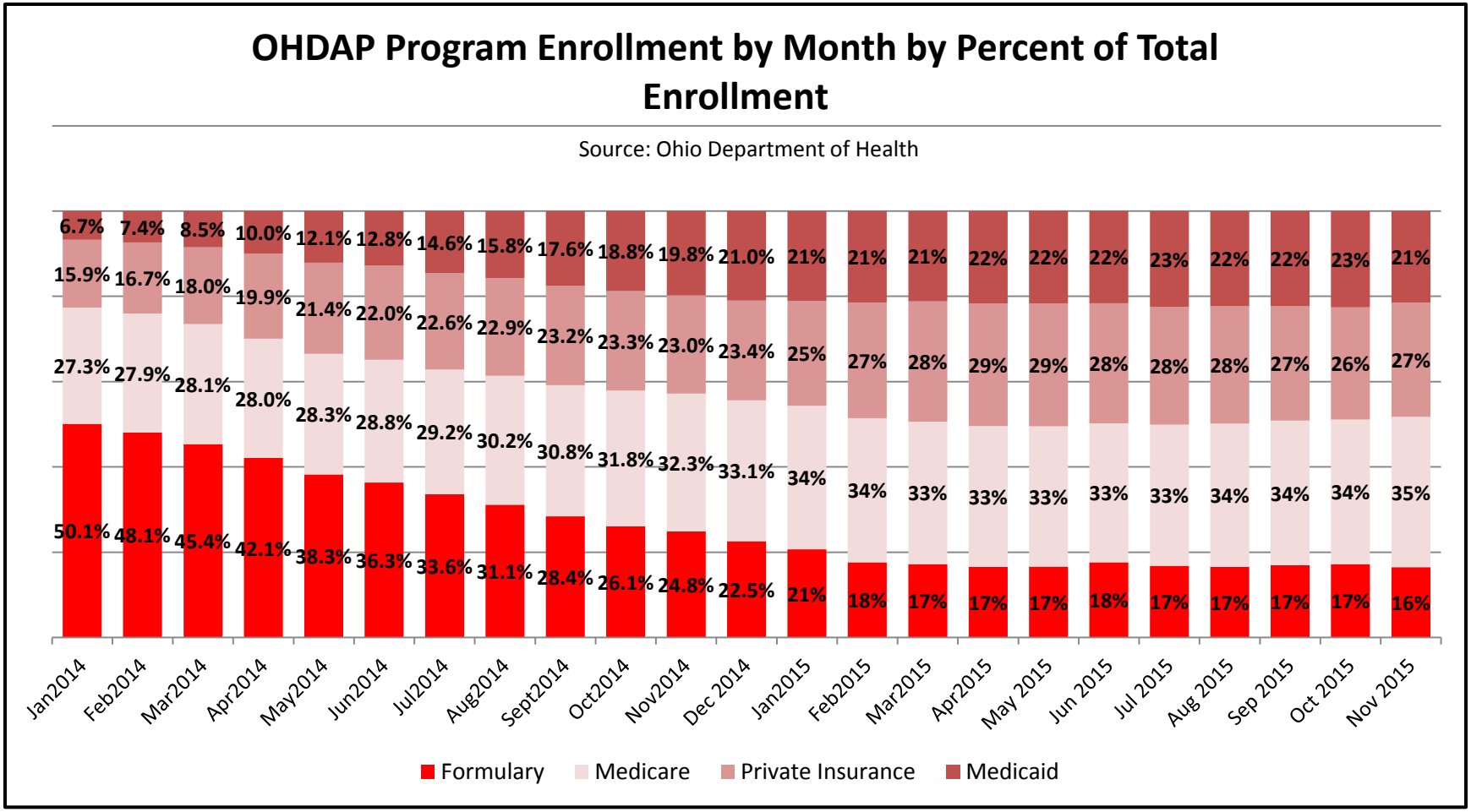


- A crucial component of the fight against HIV/AIDS is the connection to and continuation of medical care
- HIV/AIDS is a complex disease and requires a high level of monitoring and treatment adherence
- Through proper treatment, PLWHA can achieve viral suppression and have a life expectancy comparable to the general population
- Viral suppression is also critical in slowing the number of new HIV infections

ACA Changes and Ryan White Part B

- ACA coverage and Medicaid expansion have markedly shifted the coverage makeup of Ryan White Part B clients
- Medicaid available to more Ryan White clients
- Private insurance coverage easier to attain through the federal exchange
- This shift necessitates a pivot to integrate Ryan White Part B into the new healthcare landscape
- No longer simply “putting pills in mouths”

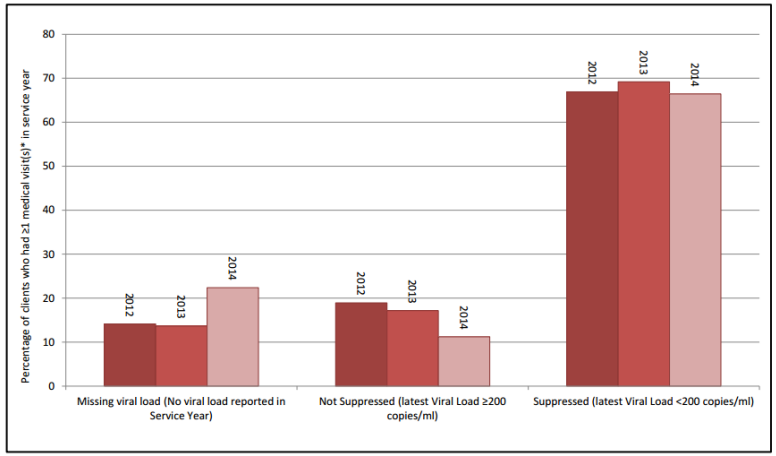
ACA Changes and Ryan White Part B



Strengths of Ohio's Part B Program

- Medical case management, connection to care, and stability for high-risk clients
- Level of treatment for clients and disease-specific expertise
- ODH efforts to get clients into comprehensive coverage

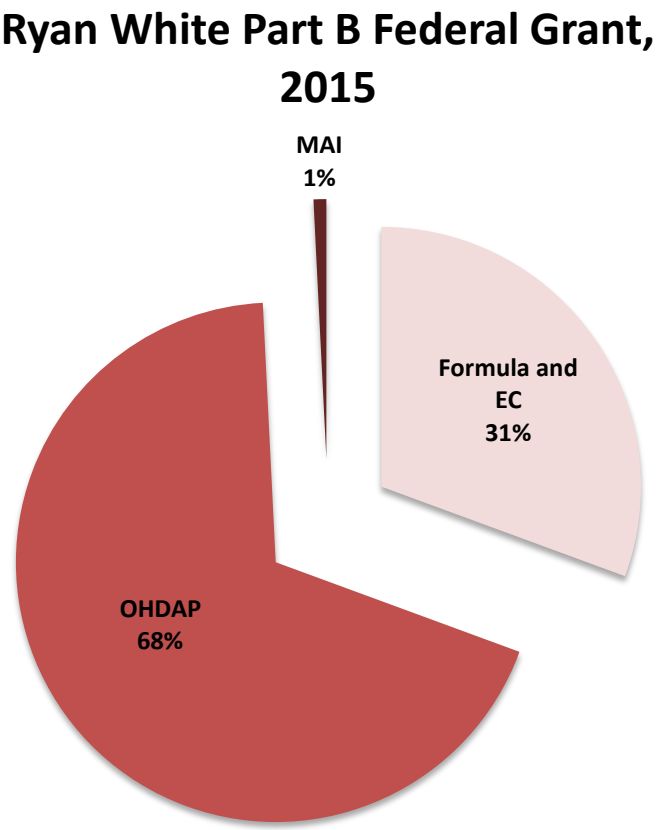
Figure 2: Percentage of clients who are virally suppressed, not suppressed or missing a viral load out of clients who had ≥1 medical visit(s)* in service year.



*For the purposes of data analysis, a program client who has received assistance with one or more of the following services through the Ryan White Part B program is considered to have had a medical visit—diagnostic and monitoring tests; medical office visits (not including vision care); medication copayment assistance; and/or a dispense from the program pharmacy.

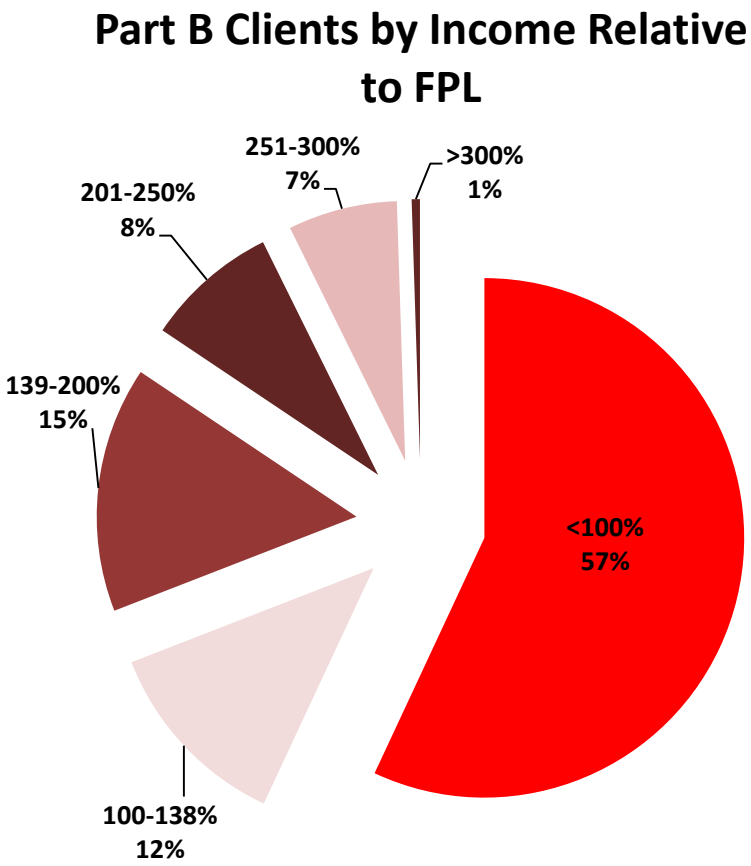
Challenges to Overcome in the Ryan White Part B Program

- Estimated 4,000+ HIV-positive individuals unaware of their infection
- Pace of shift in ODH priorities using OHDAP funding for comprehensive coverage
- Return of $8.5 million in federal Part B grant funds in the latest program year



Challenges to Overcome in the Ryan White Part B Program

- PLWHA Medicaid clients not connected with the Ryan White program
- Private insurance formulary coverage gaps
- End of the Ohio HIV Medicaid Spend Down Payment Program
- PLWHA population characteristics and health needs



Opportunities Moving Forward

- Use Ryan White Program for medical case management services to PLWHA in the Medicaid program
- Increased wrap and supportive services for high-risk clients to ensure proper treatment to reduce viral load
- More targeted and strategic use of Part B Funds
- Increased outreach, education, and prevention services particularly in high-risk populations
- Increased efforts to develop an Ohio-specific treatment cascade to better inform the state's HIV/AIDS needs
- Greater engagement, monitoring, and performance incentives for Medicaid Managed Care plans around HIV/AIDS outcome measures

BREAST AND CERVICAL CANCER SCREENING

Ohio Cancer Statistics

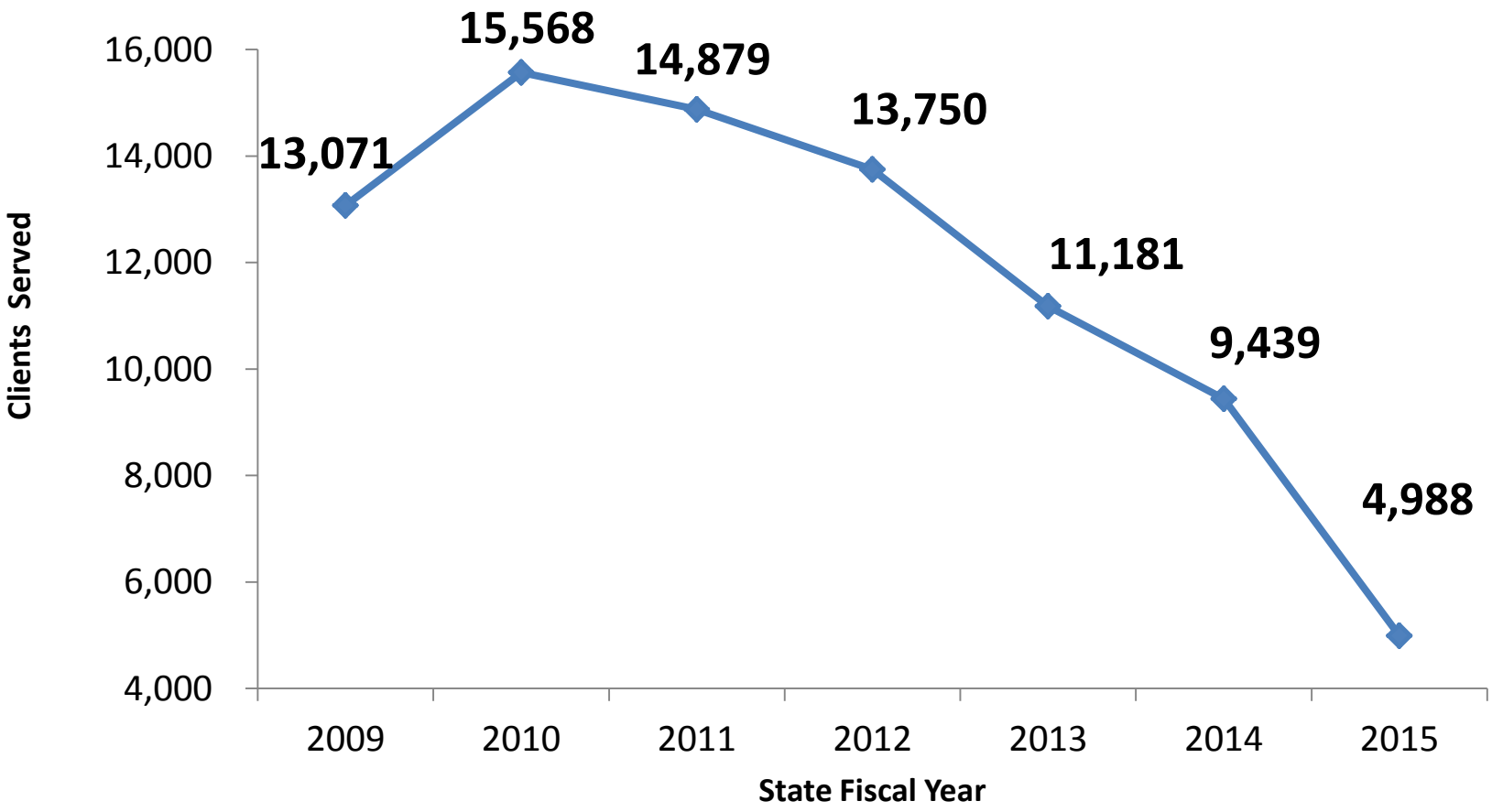
All people, 2012

Primary Cancer Site/Type	New Diagnoses		Deaths	
	Cases	Rate	Cases	Rate
Lung and Bronchus	9,292	66.9	7,512	54.1
Female Breast	8,642	120.3	1,736	22.6
Prostate	6,877	103.7	1,066	19.2
Uterus	2,030	26.9	384	4.9
Ovary	822	11.4	597	7.8
Cervix	401	6.5	161	2.4

Source: Ohio Annual Cancer Report, Ohio Department of Health

ACA Impact:

Number of women served



Program Funding

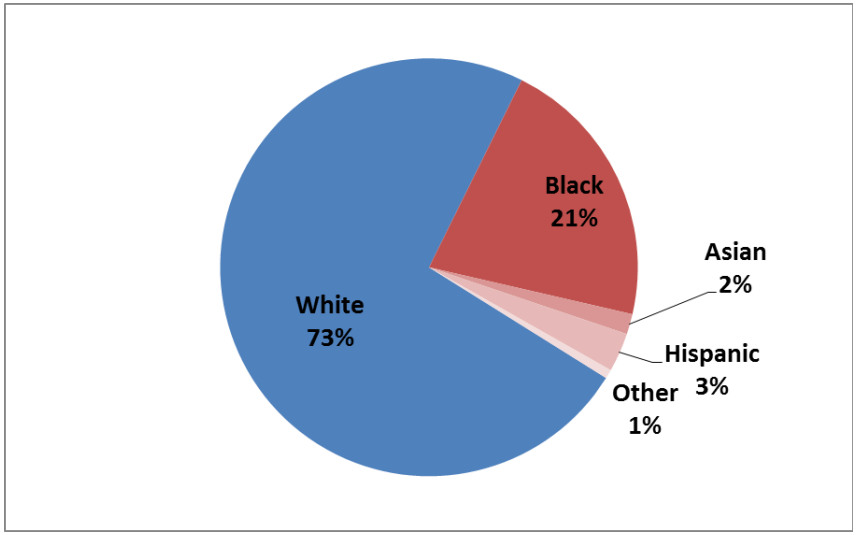
Fund	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate
GRF	$ 817,567	$ 823,217	$ 817,318	$ 658,574*
Other State	$ 211,347	$ 24,498	$ -	$ 300,000
Federal	$ 4,120,989	$ 3,859,241	$ 3,350,550	$ 2,221,209
Total	$ 5,149,903	$ 4,706,956	$ 4,167,868	$ 3,179,783
Total # Served	11,181	9,439	4,988	
Total Cost per Woman Served	$ 460.59	$ 498.67	$ 835.58	

Program Statistics

Screenings Completed

	GY 2014	GY 2015
Women Served (unduplicated count)	9,519	5,091
# Mammograms	6,223	3,299
# Cervical Cancer Screens	8,440	5,159

Distribution by Race/Ethnicity



Opportunities Moving Forward

- Improve targeting of underserved at-risk women, particularly women who have never been screened
  - May require working with different partners
- Align rates with Medicaid
- Reduce the incidence of cervical cancer by improving HPV vaccination rates
- Increase primary prevention

BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (BCMH)

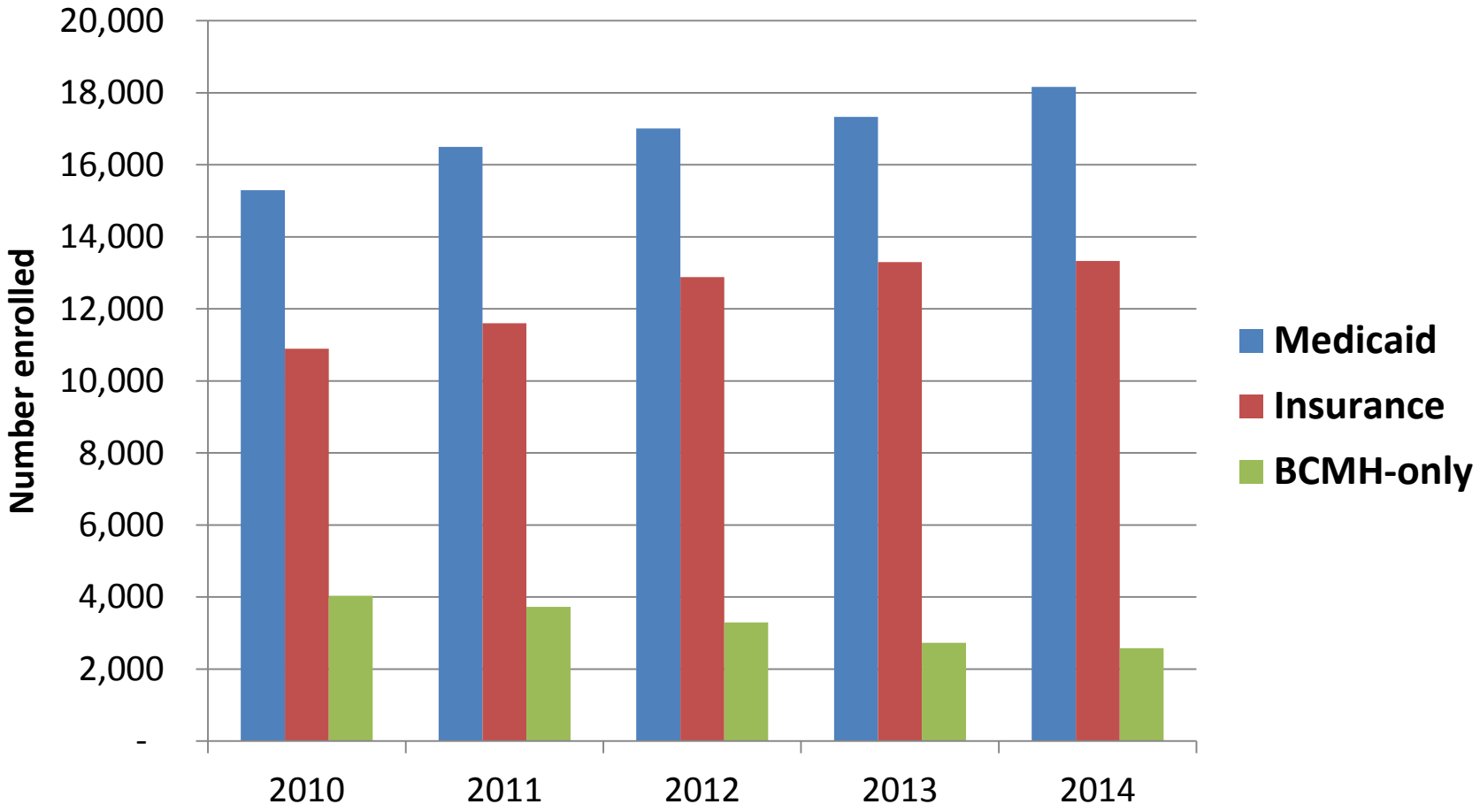
BCMH Program Funding

$ in millions

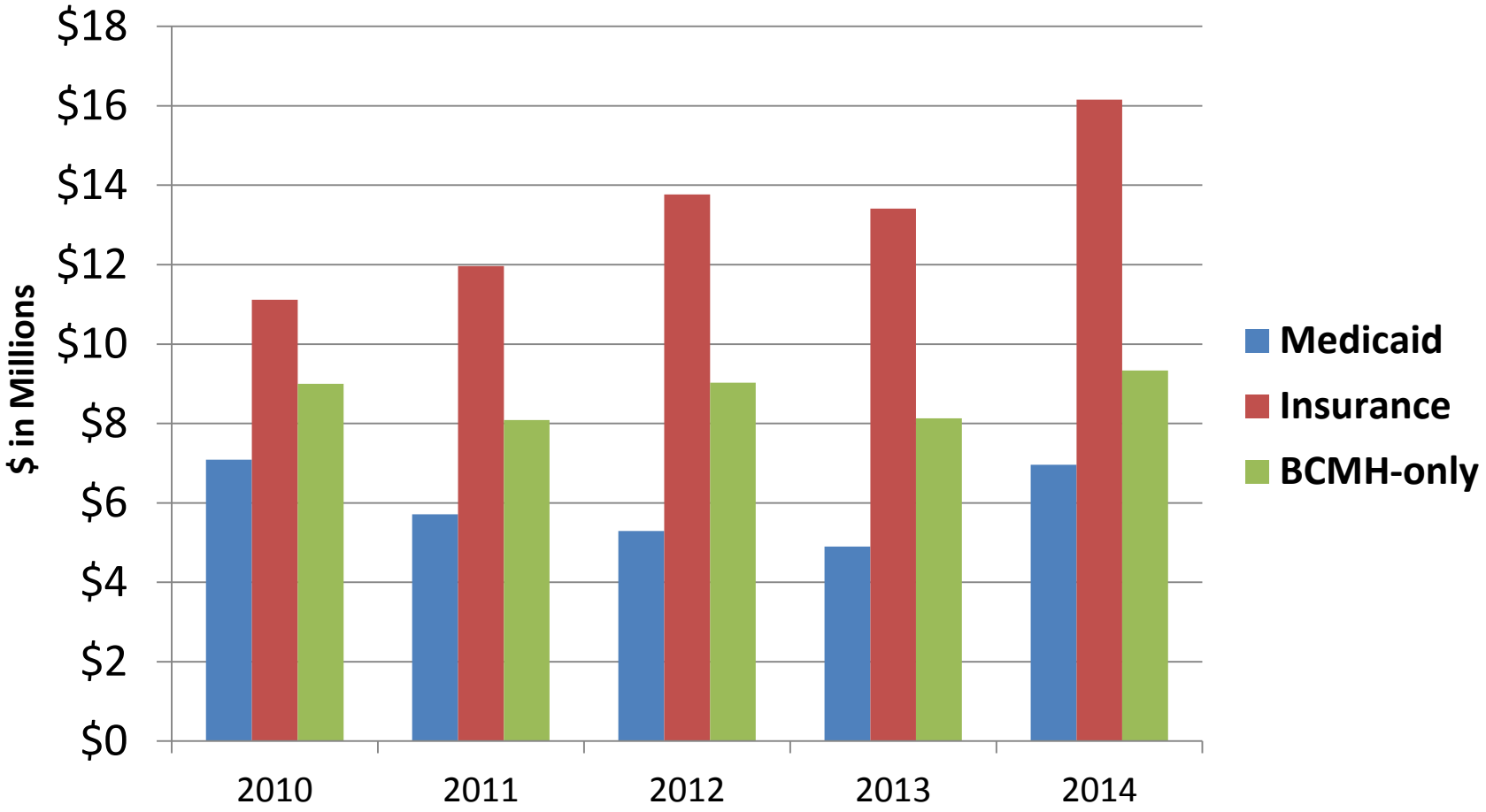
	FY 2013 Actual	FY 2014 Actual	FY 2015 Actual	FY 2016 Estimate
County Assessment	$19.2	$23.2	$23.2	$19.7
Federal MCBG	$4.2	$4.1	$5.8	$6.1
GRF Kids (440505)	$7.5	$7.5	$7.5	$6.0*
Audits & Settlements	$2.6	$2.6	$2.5	$3.7
Federal Medicaid Admin Claiming	$1.3	$2.0	$1.7	$1.6
GRF Adults (440507)	$1.0	$1.1	$1.0	$1.1
Other Sources	$1.8	$2.0	$1.4	$0.7
Total	**$37.7**	**$42.6**	**$43.0**	**$38.9**

Numbers may not add due to rounding

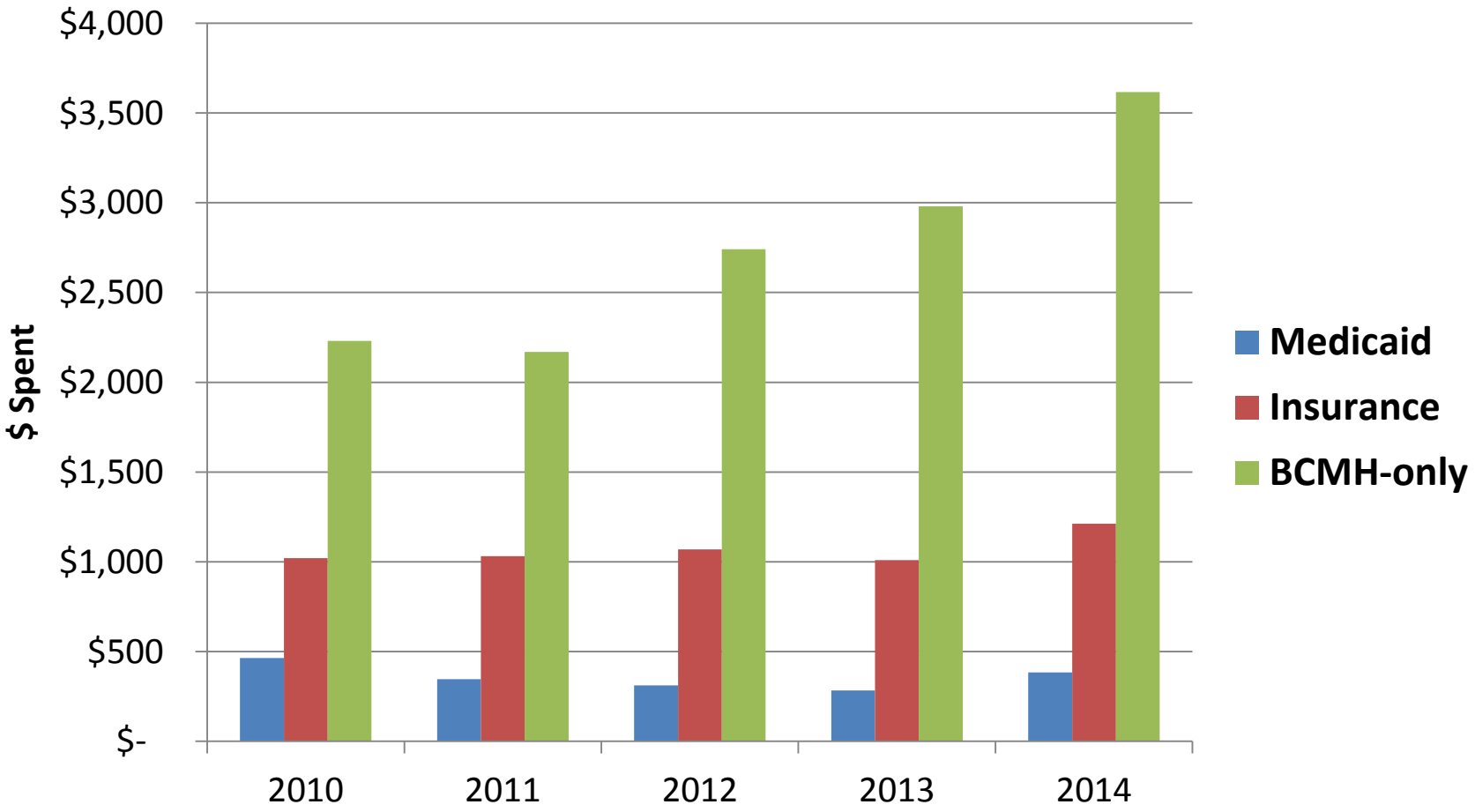
BCMH Caseload by Payer



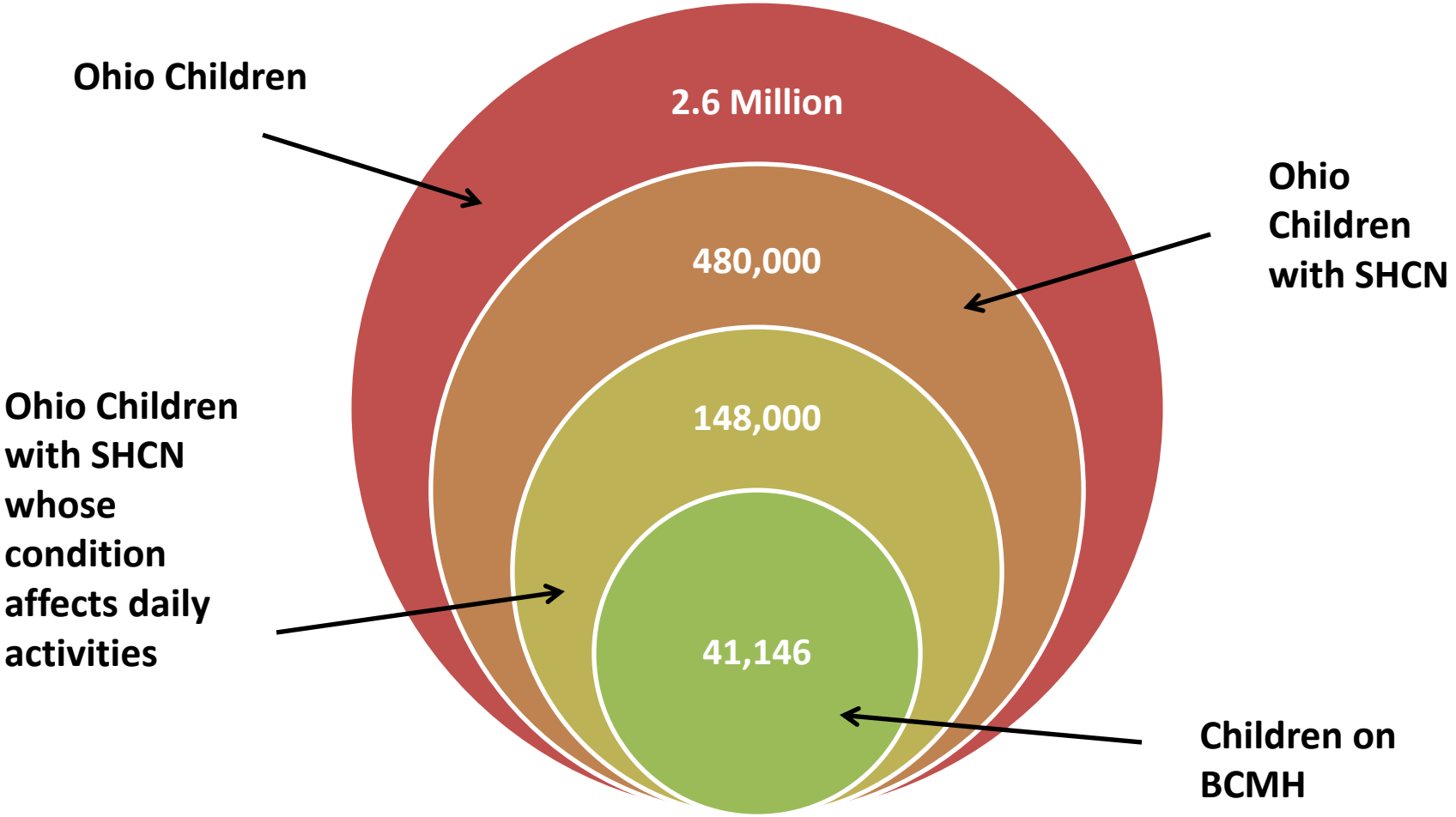
Annual Spending by Payer



Annual Spending Per Person by Payer



Ohio Children with Special Health Care Needs (SHCN)



BCMH Recommendations

- Need to look at this program differently
  - More rigorous budget/caseload forecasting
  - Need more refined knowledge of payers & consumers
    - Better understanding of where gaps occur and what policy options are available to fix them
- Align Ohio's health-related programs to improve health systems for children special health needs
  - Increase interaction with Medicaid and ODI
  - Align eligibility standards – with Medicaid/Exchange & within BCMH program
  - Align payment policies with Medicaid
  - Eliminate duplication in care coordination
  - Transitions to adulthood

MOTHERS AND CHILDREN SAFETY NET/ REPRODUCTIVE HEALTH

Mothers and Children Safety Net/ Reproductive Health

	FY 2013	FY 2014	FY 2015	FY 2016
GRF	$3,571,856	$2,971,646	$3,054,490	$2,870,934*
Federal	$10,568,884	$13,061,969	$12,076,499	$10,408,056
Total	**$14,140,740**	**$16,033,615**	**$15,130,989**	**$13,278,990**

Mothers and Children Safety Net/ Reproductive Health

- Most funding in this area is for infrastructure and population health work
- Perinatal Program and Child Health Services
  - A total of $378,000 was spent on direct services to local health departments in the following counties:
    - **Perinatal:** Lake, Miami, Stark, and Warren
    - **Child and Adolescent Health:** Ashtabula, Clermont, Geauga, Lake, Medina, Noble, Stark, Tuscarawas, and Warren
  - Income limits for these programs align with Medicaid
- Reproductive Health
  - Ohio clinics reported that 53% of clients had health insurance
  - Title X clinics in Ohio served about 65,000 women in 2014

IMMUNIZATIONS

Immunizations

- Access and consumer affordability has improved
- Ohio's vaccination rates for children could be higher
- Ohio's Immunization Registry is underutilized
  - Increase provider participation rates
  - Leverage payers to target under-vaccinated children