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Amida Care Spearheads New NYC Innovator Accountable Care Organization

As We Mark World AIDS Day, Health Care Providers Are Enlisted to Produce Better Health Outcomes for New Yorkers Living with HIV

New York, NY (December 5, 2016) –Amida Care, New York’s largest Medicaid Special Needs health Plan (SNP) for people with chronic conditions including HIV/AIDS and behavioral health disorders, is developing a provider-led [Innovator Accountable Care Organization](#) (IACO) pilot focused on utilizing Medicaid Redesign to prevent new HIV infections and improve health outcomes for people living with HIV/AIDS in New York City.

The Innovator ACO pilot will consist of a network of NYC community health providers working in coordination to deliver high-quality, comprehensive care and service to New York Medicaid recipients living with HIV/AIDS. The goals of this coordinated effort will be to improve the health and quality of life of people living with HIV/AIDS, decrease the costs associated with poor health outcomes, promote HIV prevention, and, ultimately, help to achieve the goals of Governor Andrew Cuomo’s initiative to [End the AIDS Epidemic in New York State by 2020 \(EtE\)](#). Amida Care is currently enlisting community health care providers to participate in the pilot, which is intended to be launched in 2017.

On World AIDS Day (December 1, 2016), New York communities reflected on the progress made since the EtE initiative was launched. NYC Department of Health and Mental Hygiene data from 2015 shows that HIV diagnoses dropped below 2,500 for first time in NYC history and that there were no HIV infections among infants born in NYC. In recent years, NYC’s viral suppression rate has grown steadily, with 69% of people living with HIV in NYC being virally suppressed in 2010, 76% in 2012, and 81% in 2014. The HIV Innovator ACO pilot will align with Medicaid Redesign and EtE initiatives to drive up NYC’s viral suppression rate and reach the goals of EtE by the year 2020.

“We can end HIV/AIDS as an epidemic in New York City if providers come together to advance key goals that will produce transformative health outcomes. Because of the investment and commitment New York has already made to end the epidemic, we have continued to make incremental progress, but we can do even more if we look for innovative solutions. This IACO pilot can be a model for driving *exponential* improvements in viral load suppression rates and preventing new infections,” said Doug Wirth, President and CEO of Amida Care. “HIV has no political affiliation, and this approach can be a win-win for everyone — Medicaid members with HIV will benefit from decreased viral loads so they can lead healthier lives and get about the business of living, health care providers get paid for outcomes over volume, and the State will benefit from reduced health care costs as a result of an improved health care delivery system and better health outcomes for New Yorkers.”

Improving the health of people living with HIV/AIDS and the quality of services provided will reduce unnecessary health costs, including avoidable emergency department visits, hospitalizations, and intensive health care services. It is estimated that preventing one HIV infection can avert average HIV-related lifetime medical costs of close to half a million dollars, resulting in nearly one billion dollars in savings over the next several decades. By investing in individual health outcomes, there will be increased cost-savings and better health outcomes for the entire New York community. The Medicaid cost savings from the ACO can be reinvested back into HIV/AIDS treatment and prevention as well as social services that affect social determinants of health, such as stable housing and workforce development.

“ACOs have a proven track record for improving health outcomes and generating cost savings,” said Charles King, President and CEO of Housing Works, Secretary of Amida Care’s Board of Directors, and Co-Chair of the EtE Taskforce. “The HIV Innovator ACO will help people living with HIV become virally suppressed and could also be a great resource to help those most at risk of HIV infection—people who are homeless, people of color, young men having sex with men, and transgender individuals—remain HIV negative. We need initiatives like this to make the end of AIDS as an epidemic in New York a reality.”

“Linking people diagnosed with HIV to the HIV continuum of care, including care coordination, antiretroviral therapy, and social supports, helps them attain and maintain viral suppression as well as improve outcomes from other concurrent illnesses. This in turn helps them live longer, healthier lives, significantly reduces the risk of transmitting HIV to others, and produces long-term cost savings,” said Dr. Jerry Ernst, Chief Medical Officer of Amida Care.

Amida Care has observed positive outcomes first-hand as a result of its own care coordination model, which helps to ensure that members get and stay in care and get connected to housing, transportation, workforce development, and other supportive services that have an impact on their health. Amida Care has achieved a 75% viral suppression rate among HIV-positive members living with three or more chronic conditions, and in recent findings from 2008 to 2014, Amida Care saw a dramatic 74% reduction in hospitalizations and 64% decline in emergency room visits accounting for more than \$110 million during 2008-15 from in-patient cost-savings and other averted health care costs (including pharmacy) to New York State.

The IACO would utilize the New York State’s Value-Based Payment Innovator Program, a part of the Delivery System Reform Incentive Payment (DSRIP) program, as outlined by New York’s Medicaid Director, Jason Helgeson, which seeks to achieve improved health care delivery and reduction in avoidable hospital use. The IACO would utilize health care delivery system centers of excellence to drive positive health outcomes under the value-based payment model by coordinating care and providing payment incentives to providers for improving quality of care. These quality of care measures include greater anti-retroviral (ARV) utilization and adherence to help members achieve and maintain viral suppression; improved access to housing; and increased Hepatitis C screening and treatment. About one quarter of people living with HIV are co-infected with Hepatitis C; early Hep C screening and treatment can prevent advanced, life-threatening liver disease, avoid higher medical costs, and move us toward eradication of the Hep C virus. The IACO will also streamline administrative functions, such as utilization review, utilization care and management, disease management, and drug utilization review.

“Community-based nonprofit organizations came together in 2003 to establish Amida Care because they recognized that people living with HIV/AIDS needed a care model that would address their specific, complex health challenges,” said Paul Vitale, President and CEO of Brightpoint Health and Chair of Amida Care’s Board of Directors. “SNPs have a proven and highly effective model for accessing HIV care and support services and already have the HIV service infrastructure in place. An IACO built upon

Amida Care's model of care can fill gaps in care as well as maximize and maintain EtE savings within the system."

Results at the end of this pilot have the potential to be expanded to a statewide organization. Establishing a single, statewide HIV IACO will also streamline administrative costs, aggregate savings, and reach areas of the state that are not served by regional ACOs.

All providers in the IACO will have opportunity for sponsorship, with diversified governance. Providers interested in joining the HIV Innovator ACO may contact Lyndel Urbano, Director of Public Policy and Government Relations for Amida Care, at lurbano@amidacareny.org for more information or to attend a town hall meeting about ACO participation.

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