How a Medicaid HIV Special Needs Managed Care Plan in NYC Achieved Cost Savings and Successful Clinical Outcomes

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OBJECTIVES

1. Verify that an Integrated Care Team (ICT) approach to managing HIV/HCV co-infected members assured that appropriate patients received successful drug regimens.
2. Determine the impact of this approach on Hepatitis C drug costs.

BACKGROUND

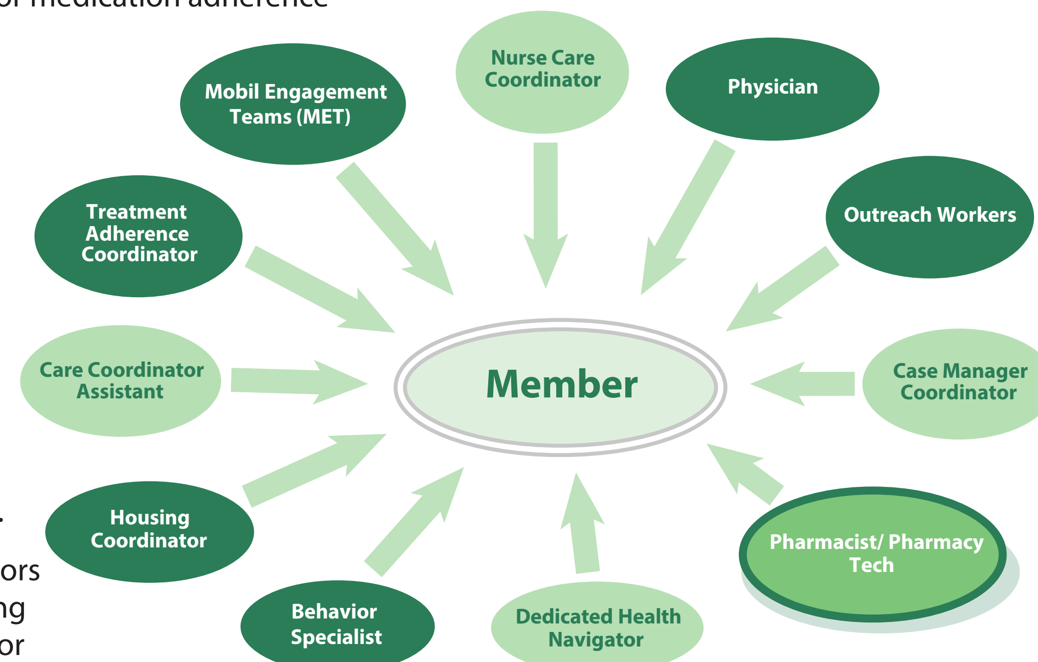
Little is known about the impact of an integrated team approach to managing hepatitis C (HCV) in HIV/HCV co-infected patients. Previous treatment regimens for HCV infections were lengthy, difficult to tolerate, and resulted in suboptimal outcomes. Newer therapies are costly and challenge payers to balance the costs of treatment versus the risk of poor adherence.

METHODS

We performed a retrospective MR review of HIV/HCV patients enrolled in a Special Needs Plan who qualified for direct-acting antiviral (DAA) treatment according to guidelines.

Integrated Care Team (ICT): The ICT is a multidisciplinary care team that works together to coordinate the overall care of all members, including Hepatitis C patients, to ensure that members are getting the care required to optimize their health status.

- The ICTs approach to managing members with HCV is coordinated by a pharmacy staff member (the "Coordinator") who closely monitors each patient for evidence of effective antiviral therapy (HCV suppression):
  - Prescription dispensing data for medication adherence
  - Prescriber management
  - Hepatitis C drug costs
  - Ongoing laboratory results to determine outcomes from treatment request through treatment completion
- The Nurse Care Coordinator as the team lead coordinates the care necessary to support the individual throughout their Hep C treatment with the required member(s) of the team.
- Treatment Adherence Coordinators also play a crucial role in assessing members believed to be at risk for non-adherence, working with the patient on a plan and providing necessary health care education.



- The Pharmacist is available throughout treatment to discuss side-effect management with the member and assist the coordinator in overall patient management issues.

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RESULTS (Dec. 2013-April 2015)

Drug Treatment ±

	SOF+ Riba	SOF+ Peg + Riba	SOF+ SIM	SOF+ SIM + Riba	SOF+LED +/-Riba	OMB+PAR+RIT +DAS +/- Riba	Total
Approved	67	68	31	2	178	15	361 (84%)
Not Approved	13	6	22	2	28	0	71 (16%)
Completed	42	50	26	2	47	3	170 (47%)
Did Not Complete	8	17	5	0	5	0	35 (10%)
Currently on Treatment	17	1	0	0	126	12	156 (43%)

± DAS = dasabuvir, LED = ledipasvir, OMB = ombitasvir, PAR = paritaprevir, Peg = peginterferon alfa-2a, Riba = ribavirin, RIT = ritonavir, SIM = simeprevir, SOF = sofosbuvir

Of the 170 that completed therapy, HCV RNA was available for 111 (65 %) and of the 111 only 7 (6%) did not achieve an undetectable viral load.

CONCLUSION

An integrated, multidisciplinary team approach and continuous follow-up was effective in HCV treatment, maximized outcomes and minimized costs.

COST AVOIDANCE ASSESSMENT

Savings opportunity	No.	Costs Avoided
Medication request denied/ Did not meet criteria	26	$3,360,749
Unable to reach member within allotted start time (1.5 months after approval)	4	$469,453
Member Dis-enrolled	5	$376,684
Member Incarcerated	2	$175,290
Member Deceased	2	$126,293
Prescriber Withdrawn Initial request	4	$731,832
Member unable to tolerate side effects	5	$335,141
Additional billed claims reversed	1	$10,000
Provider discontinuation	7	$545,294
Total		**$6,120,735**

As a result of the ICT's efforts a total cost savings of $6,120,000 was achieved, that is 15% of the projected HCV drug costs of $38,795,196.

- The primary savings opportunity was not approving payment for those patients where, based on the information provided and available clinical evidence, the treatment was deemed not to be medically appropriate.
- Another key savings opportunity that was discovered is stopping payment to the pharmacy in situations (e.g. incarceration, death) where the member was not able to use the medication being dispensed. Many pharmacies do not perform good care coordination and consistently dispense/ship medications to members when they will not be used.
- Several patients were not able to tolerate the prescribed therapy which resulted in discontinuation of therapy.