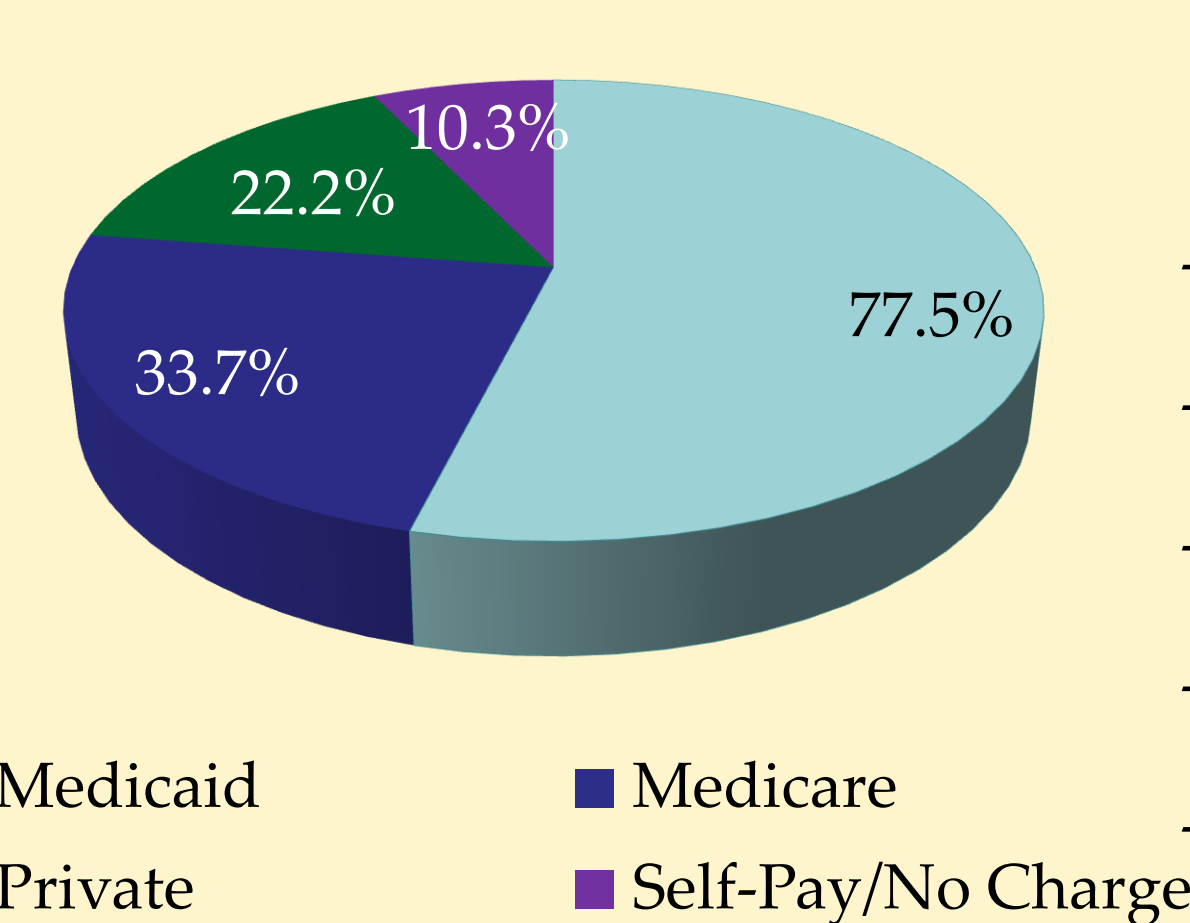


Brett Hensley, Pharm.D.; Mara Villanueva, Pharm.D.; Evelyn Hermes-DeSantis, Pharm.D., BCPS  
Robert Wood Johnson University Hospital, New Brunswick, New Jersey and  
Rutgers, The State University of New Jersey, Ernest Mario School of Pharmacy, Piscataway, New Jersey

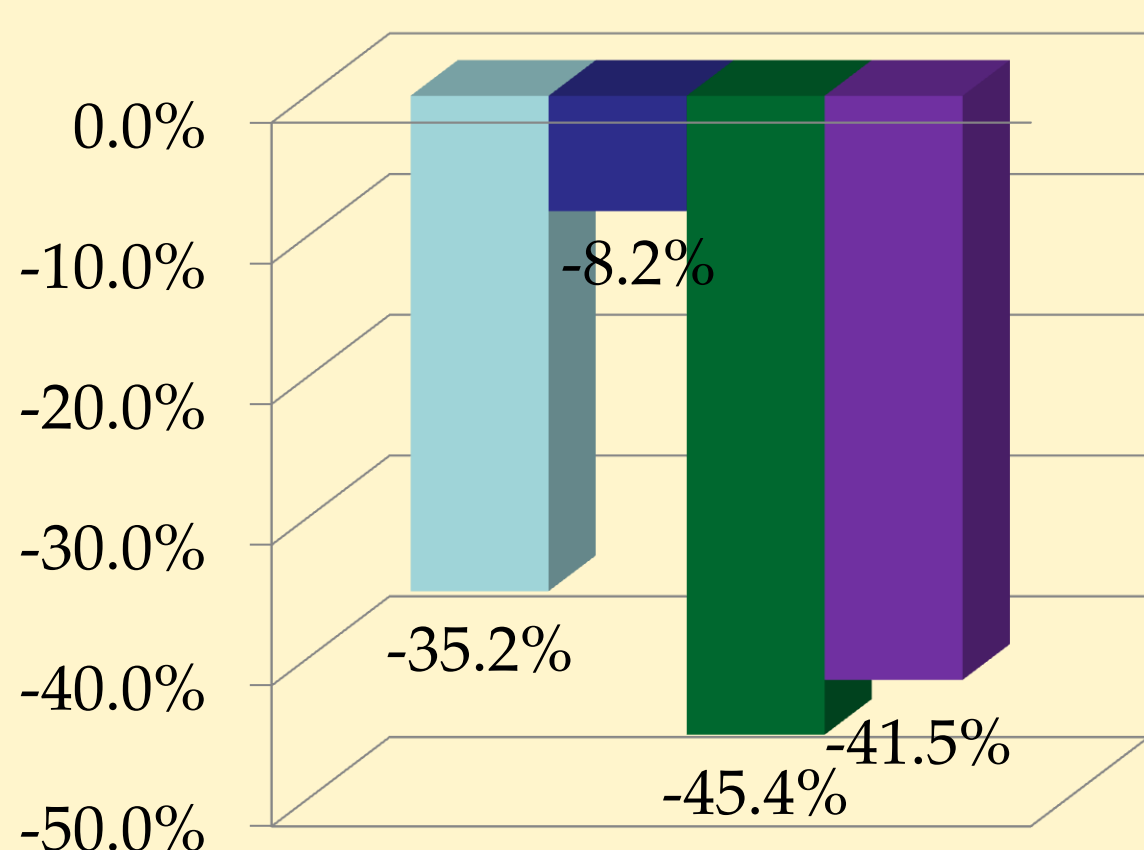
## Introduction

- Prior to 2003, many studies identified public insurance and lack of insurance as major barriers to optimal care for individuals infected with HIV. However, healthcare utilization trends and outcomes related to HIV therapy have improved markedly over the past decade.
- Studies published between 1999 and 2003 identified uninsured and Medicaid-insured respondents as less likely to use highly active antiretroviral therapy (HAART) and prophylaxis against *Pneumocystis jirovecii* pneumonia (PCP) vs. privately insured respondents (Figures 1 and 2).<sup>1-3</sup> Lower mortality rates for privately-insured respondents were also reported.<sup>4</sup>
- Keruly et al. found that uninsured or Medicaid-insured HIV patients were less likely than privately insured persons to receive HAART prior to December 1997.<sup>5</sup> In 2005, Goldstein et al. found that publicly and privately insured survey participants in Los Angeles, Milwaukee, New York City, and San Francisco were similar in receipt of HAART and PCP prophylaxis, but uninsured participants were less likely to receive antiretrovirals.<sup>6</sup> Bhattacharya et al. showed that HIV-related admissions were lowest for privately insured, higher for Medicaid recipients, and highest for Medicare recipients.<sup>7</sup>
- AIDS Drug Assistance Programs (ADAPs) provide HIV-related prescription drugs to low-income patients with HIV/AIDS who have limited or no prescription drug coverage.
  - **New Jersey 2010:** 8,259 out of 34,131 patients living with HIV/AIDS enrolled (5<sup>th</sup> largest enrollment in the country)
- As resources such as ADAPs become increasingly more available to many HIV patients, the disparities between patients with different types of insurance are expected to decrease.

**Figure 1. HIV/AIDS patient hospital admissions in 2000**



**Figure 2. HIV/AIDS patient admission rates from 1996-2000**

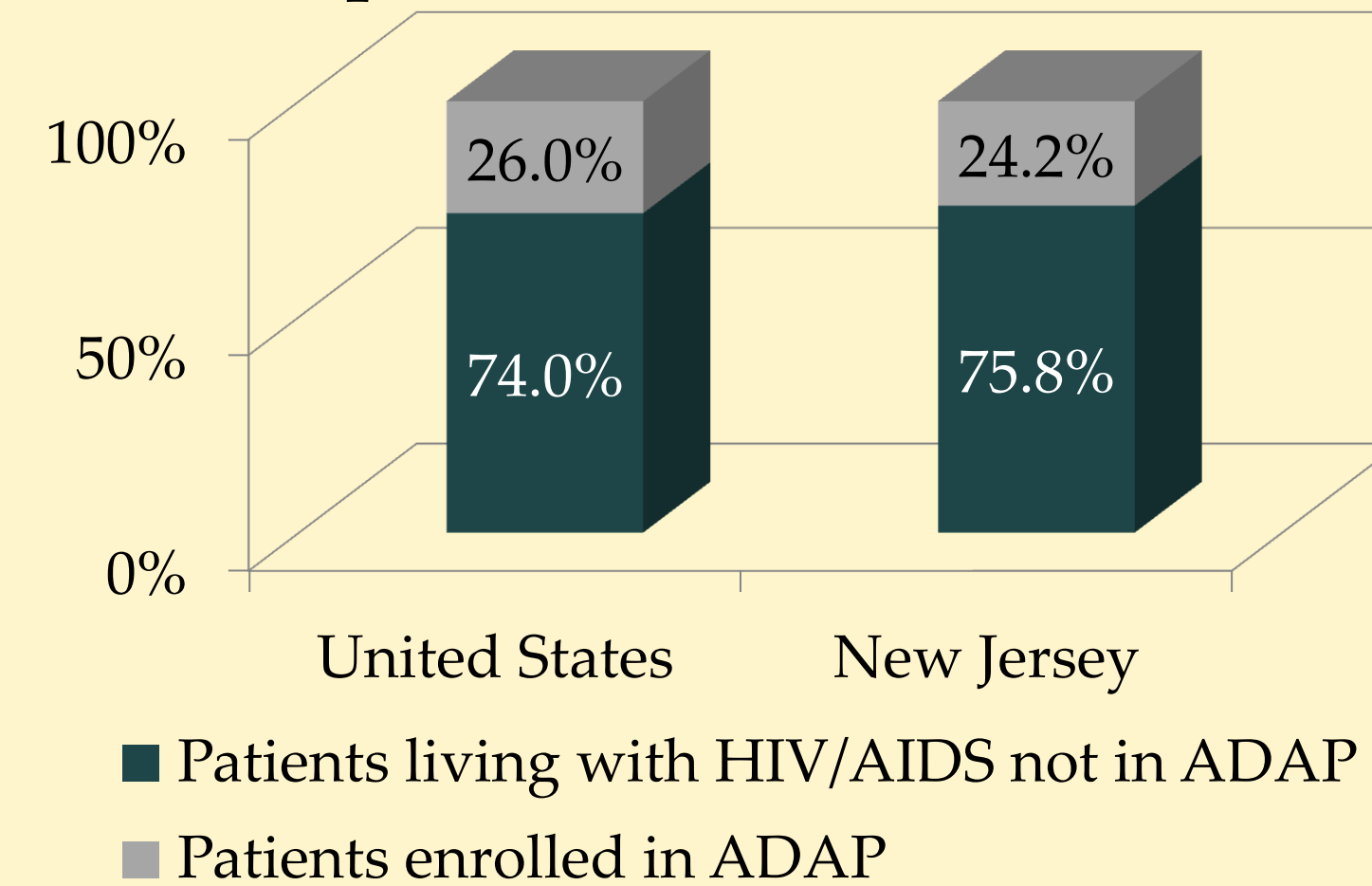


## Objective

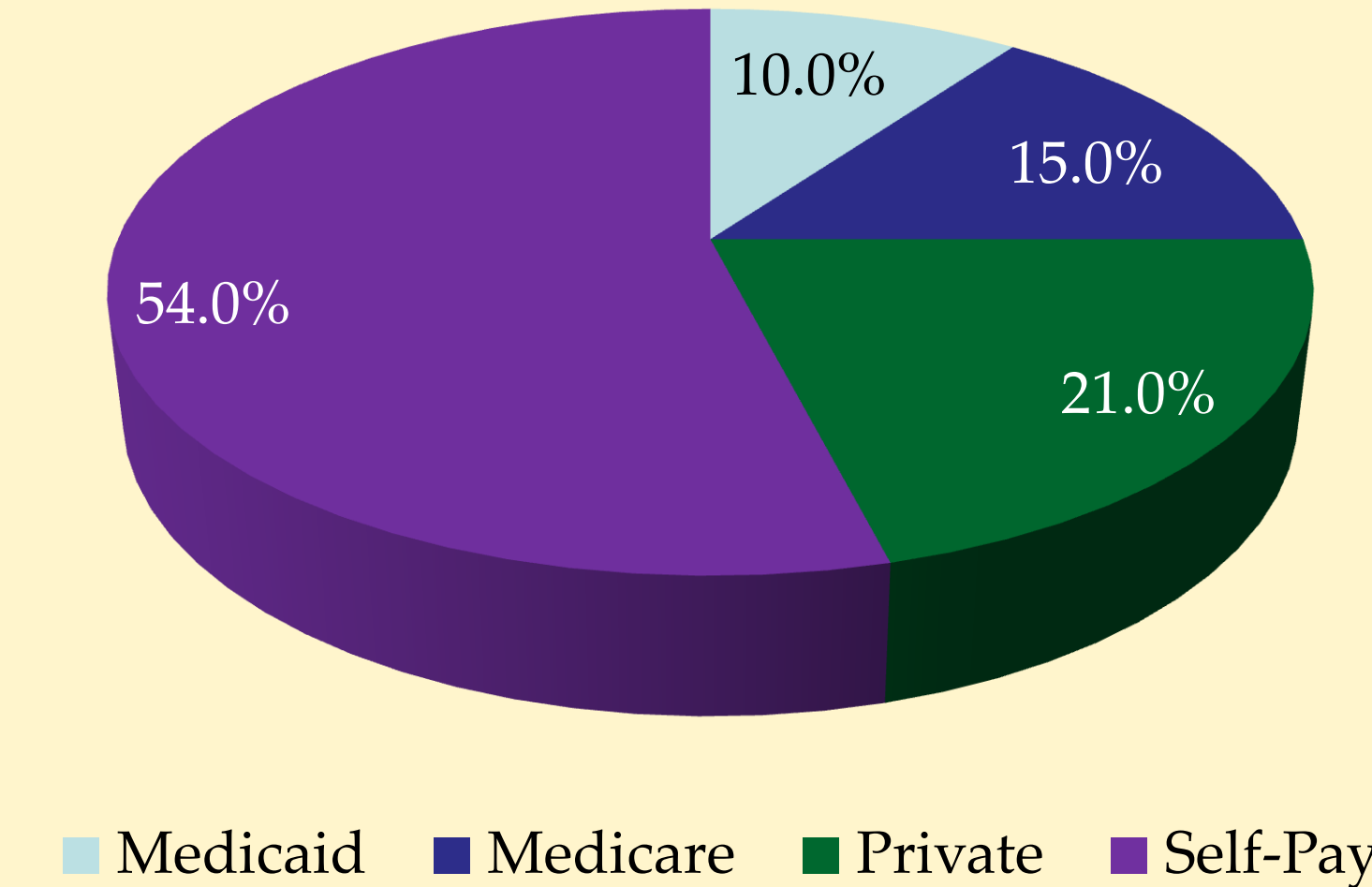
- Primary Endpoint: To evaluate the correlation between insurance coverage and admission for treatment of an opportunistic infection (OI) among HIV-infected patients admitted to a tertiary care University facility.

## Background

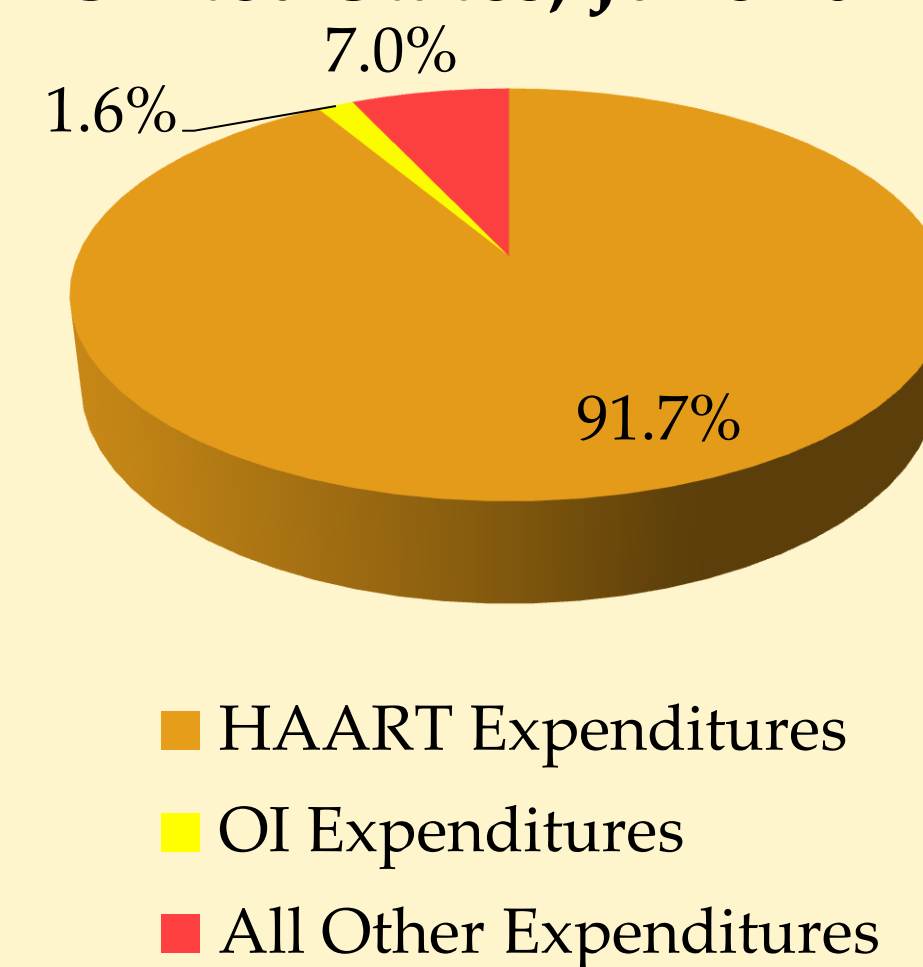
**Figure 3. HIV/AIDS population in the United States and New Jersey vs. patients enrolled in ADAPs<sup>8,9</sup>**



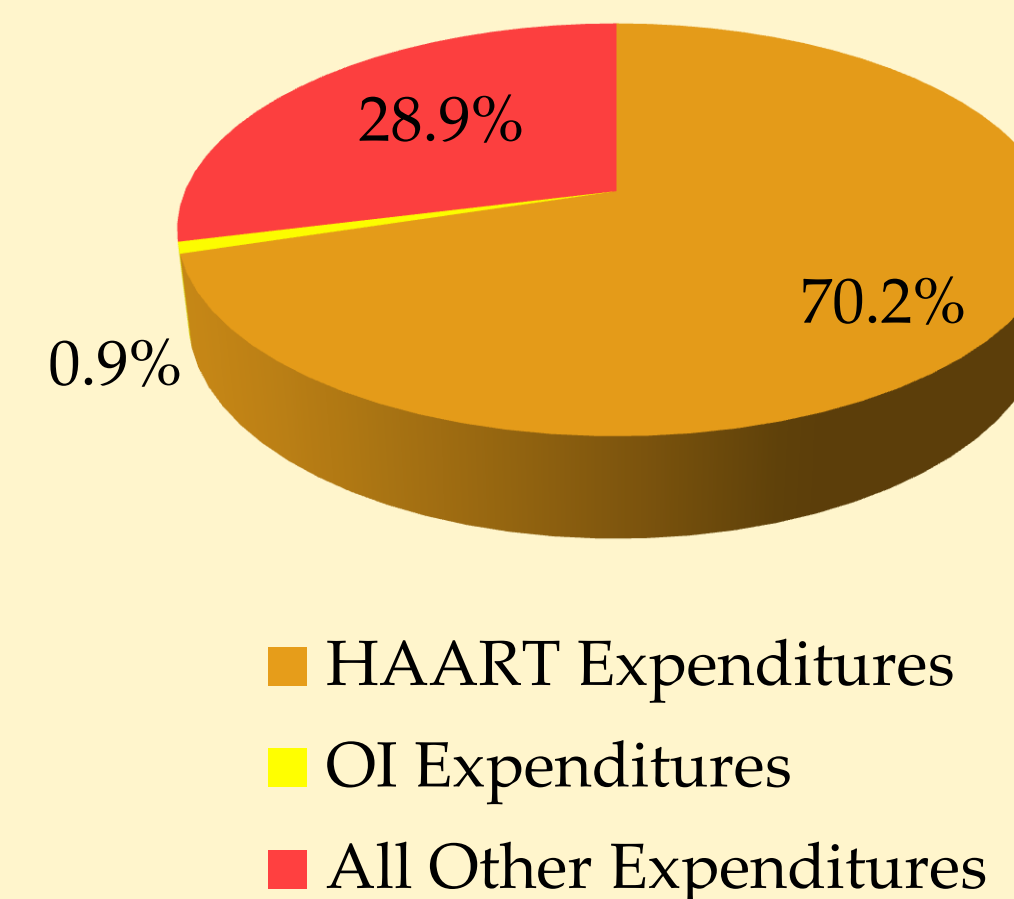
**Figure 4. Insurance Status of ADAP patients in the United States, June 2011<sup>9</sup>**



**Figure 5. ADAP Drug Expenditures by Drug Class in the United States, June 2011<sup>9</sup>**



**Figure 6. ADAP Drug Expenditures by Drug Class in New Jersey, June 2011<sup>9</sup>**

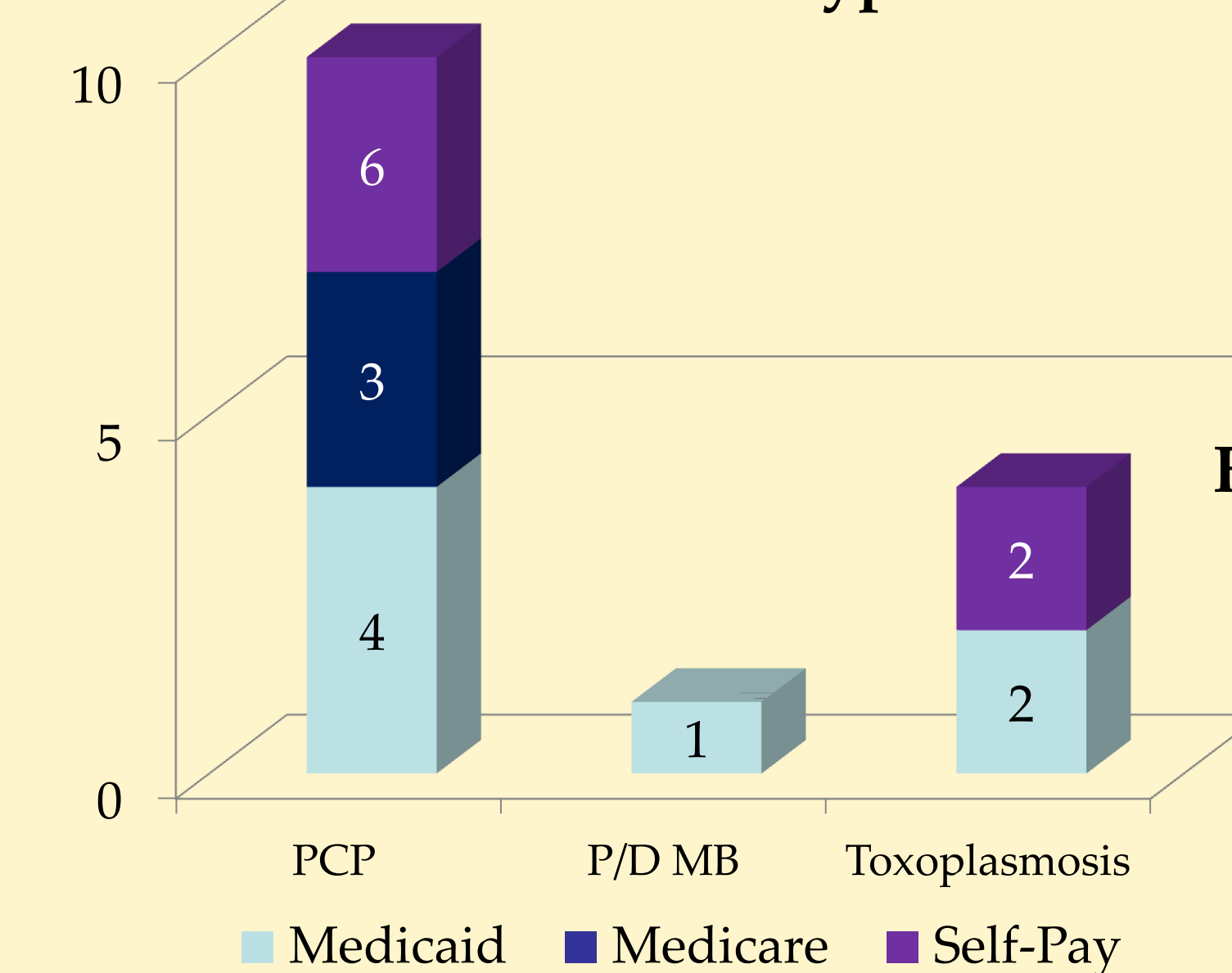


## Methods

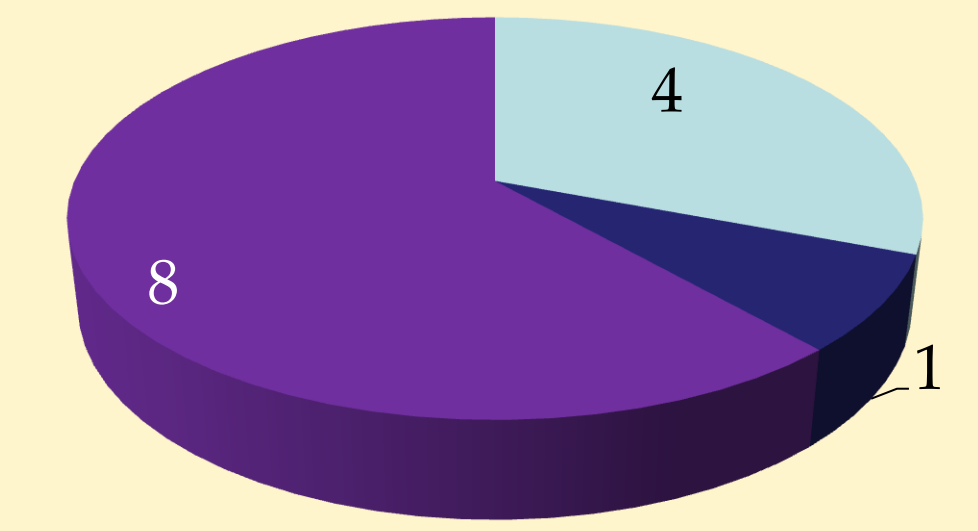
- Clinical Decisions Support will retrospectively identify symptomatic HIV-infected patients who were admitted between Oct. 1, 2009 and Sept 30, 2012 with a preventable OI, specifically PCP, toxoplasmosis, or pulmonary or disseminated mycobacteria (P/D MB) based on ICD 9 codes.
- Patients will be stratified according to type of insurance (private, public, charity care, none) and evaluated based on whether or not they received previous antiretroviral therapy and/or OI prophylaxis.
- The electronic medical record will be used to access: gender, age, race/ethnicity, month/year of admission, OI diagnosis, receipt of OI prophylaxis, OI prophylaxis regimen, HIV treatment regimen, insurance type, length of stay, and mortality.
- All data will be de-identified to maintain confidentiality.

## Preliminary Results

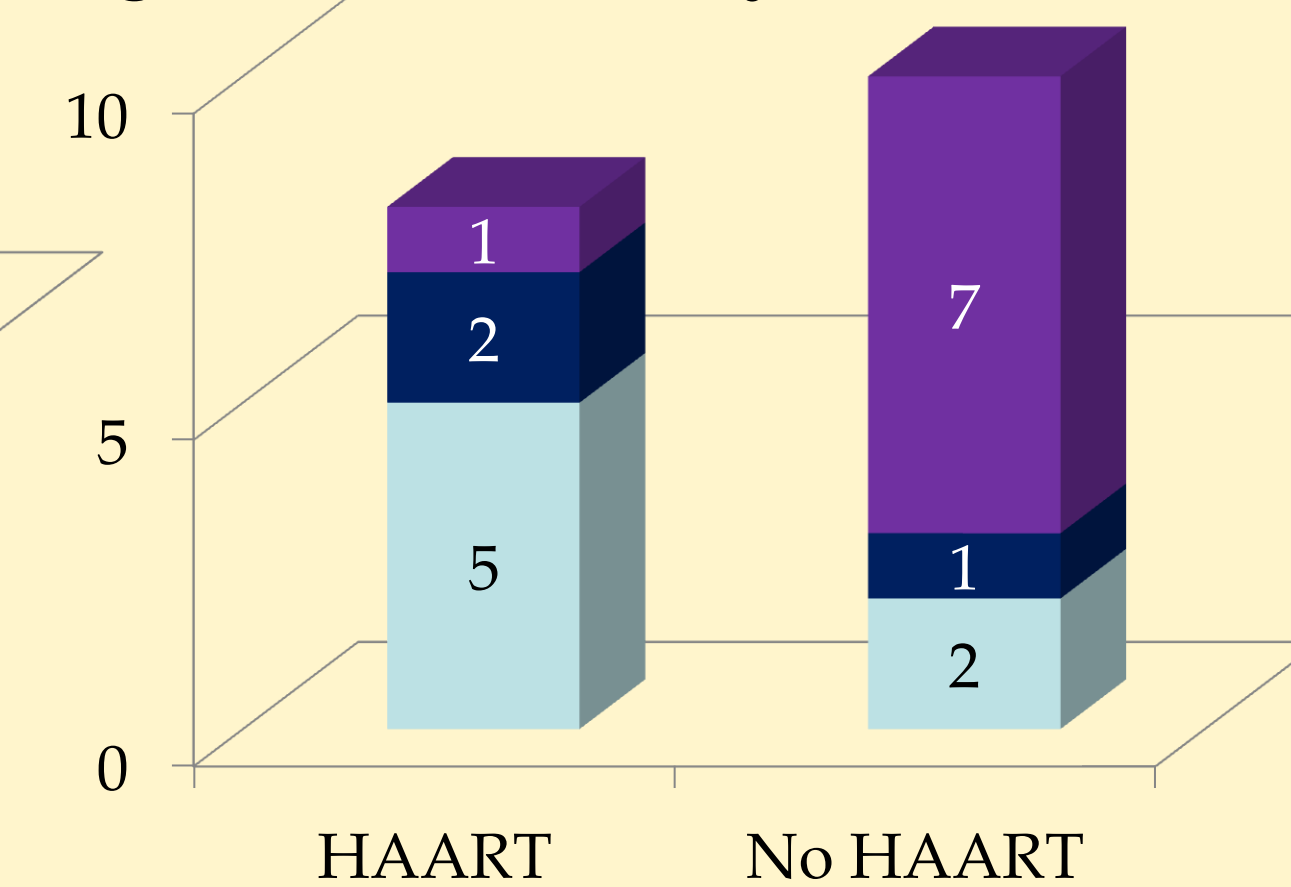
**Figure 7. OI Diagnosis by Insurance Type**



**Figure 8. No OI Prophylaxis**



**Figure 9. HAART by Insurance Status**



## Discussion

- After an initial evaluation of patients from January 1, 2011 through September 30, 2012, 18 patients have been identified.
- Of the 18 patients, the insurance coverage is: 7 Medicaid, 3 Medicare, and 8 Self-pay.
- All 8 (100%) self-pay patients did not receive OI prophylaxis, while 4 of 7 (57%) Medicaid and 1 of 3 (33%) Medicare patients did not receive OI prophylaxis.
- HAART was received by: 5/7 (71%) of Medicaid patients, 2/3 (67%) of Medicare patients, but only 1/8 (12.5%) of Self-pay patients.

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### Author Contact Information

Bhensle@its.jnj.com  
Mara.Villanueva@rwjuh.edu  
Ehermesd@pharmacy.rutgers.edu  
(732) 937-8842

### Author Contact Information

1 Robert Wood Johnson Place  
New Brunswick, NJ 08901

### Disclosure

The authors have nothing to disclose.