Rapid Initiation of Antiretroviral Treatment During Diagnosis of Human Immunodeficiency Virus Among Medicad-covered Patients: A Real-world Evaluation

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BACKGROUND

In 2015, 30% of individuals had health care coverage through Medicaid in the United States (US), within the 12 months preceding diagnosis of HIV-1 among adults living with HIV (HIV/AIDS) (1). Within the same timeframe, 14% of adults with HIV/AIDS were living with depressive disorders (2), substance use disorders (3), and other mental disorders (4). Many individuals receive antiretroviral therapy (ART) for a shorter period of time than recommended due to delayed treatment initiation (5).

OBJECTIVE

To assess the real-world time to ART initiation and describe clinical and economic outcomes in Medicaid patients based on timeliness of ART initiation.

METHODS

Data Sources

• The data were obtained from Medicaid claims databases in 20 US states (2010–2012) (1, 6).
• All data were de-identified in compliance with the patient confidentiality requirements of the Health Insurance Portability and Accountability Act (HIPAA) (7).
• The study was approved by each state’s institutional review board.

Inclusion Criteria

• Medicaid enrollees who received ART for ≥1 claim for any antiretroviral agent after the first HIV-1 diagnosis, in 2012 or after
• Medicaid enrollees who received ART for ≥1 claim for an antiretroviral agent at any time before the first HIV-1 diagnosis or who had ≥6 months of continuous insurance eligibility before the date of the first HIV-1 diagnosis
• Both pharmacy and medical claims records available

Exclusion Criteria

• First diagnosis of HIV-1: Patients with a diagnosis of HIV-1 or AIDS within 30 days of ART initiation
• Incomplete data: Patients with missing data on the claims records

RESULTS

The average time to ART initiation was 88.8 days (SD=94.8, median=46.0) (Table 1). Since Medicaid insurance payments per patient with HIV were 7 times higher than those made for the general population, Medicaid patients received a higher share of medical care costs compared to pharmacy costs. The average 12-month total cost was $10,837; in the first 6 months, this cost was $5,794.

CONCLUSIONS

This study revealed that only 20.4% of Medicaid patients initiated ART within 14 days of HIV-1 diagnosis. Approximately one third of patients (36% of 14-day ART initiators) were treated within ≤14 days of diagnosis, with the median time to ART initiation being 46 days, which is considerably longer than recommended. Although the proportion of patients treated within ≤14 days was higher among patients treated within ≤360 days, the proportion of patients treated within ≤60 days was low across all cohorts (6.6% and 9.4%). Furthermore, a lower proportion of patients initiated ART within ≤14 days among patients with multiple diagnoses (13.3%) compared to those with a single diagnosis (16.8%).


LIMITATIONS

• The data were obtained from Medicaid claims databases and thus may not be generalizable to the overall Medicaid population, other states, non-Medicaid patients, or non-HIV-infected patients.
• The analysis was based on observed data and therefore could not account for potential confounders.

CONCLUSIONS

• This study revealed that only 20.4% of Medicaid patients initiated ART within 14 days of HIV-1 diagnosis and average delay of ART initiation was 64.8 days.
• Approximately one third of patients (36% of 14-day ART initiators) were treated within ≤14 days of diagnosis. This proportion was higher among patients treated within ≤360 days of diagnosis.
• The proportion of patients treated within ≤60 days was low across all cohorts.
• A lower proportion of patients initiated ART within ≤14 days among patients with multiple diagnoses compared to those with a single diagnosis.

REFERENCES

5. For more information, see: The Health Insurance Portability and Accountability Act (HIPAA) (7).

DISCLOSURES

None.