The HIV Care Cascade in Medicaid, 2001-2015

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OBJECTIVE

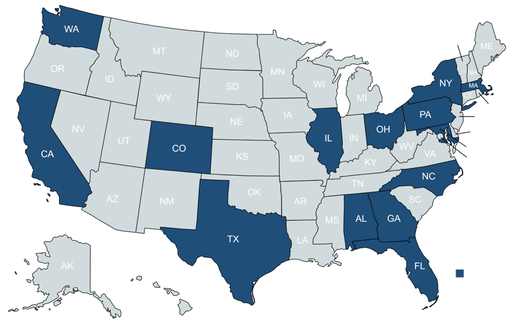
- Characterize the HIV care cascade among Medicaid beneficiaries enrolled 2001-2015, overall and by sex, race/ethnicity, and region

BACKGROUND

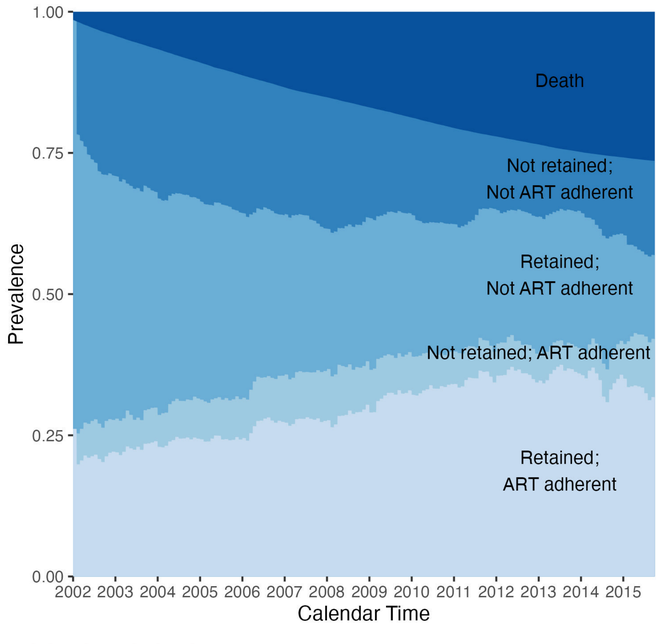
- Disparities in HIV care by socioeconomic status, race/ethnicity, and place of residence are structural barriers toward achieving the goals set by the Ending the HIV Epidemic in the United States (US) initiative
- Medicaid – a public health insurance for people of low income – is the largest source of health insurance for people with HIV in the US
- No study has comprehensively characterized retention in HIV care or antiretroviral therapy (ART) adherence among people with HIV enrolled in Medicaid

METHODS

- MAX and TAF outpatient claims from 14 US States
- Baseline: Month after classified as having HIV
- Followed until death, disenrollment from Medicaid, age 65, or September 30, 2015
- Retention in care: 1 office visit, viral load, or CD4 cell count every 6 months
- ART adherence: medication possession ratio > {0, 70%, 80%, 90%}
- Non-parametric multi-state model to estimate prevalence of care cascade categories and incidence of mortality
- Inverse probability of censoring weights to account for informative disenrollment from Medicaid



Despite being linked to care, less than half of 246,127 Medicaid beneficiaries with HIV were ART adherent at any point in follow-up – even during the "Treat All" era



RESULTS

- 246,127 Medicaid beneficiaries with HIV (median follow-up: 18 months)
- Proportion retained/ART adherent increased across time from 22.1% in 2002 to peak of 35.9% in 2013
- Non-Hispanic Black beneficiaries had a lower prevalence of retained/ART adherent compared to non-Hispanic white beneficiaries (2002: 19.4% vs. 25.7%; 2015: 27.4% vs. 35.7%) and higher cumulative incidence of death across follow-up
- Female beneficiaries had marginally lower prevalence of adherence compared to male beneficiaries, regardless of retention status
- The US South and Midwest had lower prevalence of retained/ART adherent than the West and Northeast

Table. Sample characteristics at baseline

N	246,127
Age, median (IQR)	42.6 (34.7, 50.1)
Sex	
Female	110,506 (40.4%)
Male	152,316 (61.9%)
Race/ethnicity	
Non-Hispanic Black	122,487 (49.8%)
Non-Hispanic white	58,839 (23.9%)
Hispanic	23,358 (9.5%)
Other	41,443 (16.8%)
Enrollment period	
2001-2005	123,058 (50.0%)
2006-2010	50,435 (20.5%)
2011-2015	72,634 (29.5%)
Number of comorbidities	
0	146,507 (59.5%)
1	58,347 (23.7%)
2+	41,273 (16.8%)

CONCLUSIONS

- Proportion of beneficiaries with HIV retained in care/ART adherent increased across follow-up, overall and among all subgroups examined
- Less than half of beneficiaries with HIV were classified as ART adherent at any point in follow-up
- Even among Medicaid beneficiaries, meaningful disparities exist by race/ethnicity and US Census Region
- Findings for retention in care similar to published literature; however, estimates of ART adherence lower
- Future directions: (1) explore whether engagement with HIV care improved among Medicaid beneficiaries, 2016-2021; (2) investigate specific barriers to engagement in care among people with HIV insured by Medicaid

ADDITIONAL INFORMATION

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