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Research Triangle Park
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August 24, 2015

To: The Washington State Health Care Authority and Department of Social and Health Services

ViiV Healthcare is a global specialist HIV company dedicated to delivering advances in treatment and care for people living with HIV. The company's aim is to take a deeper and broader interest in HIV/AIDS than any company has done before and take a new approach to deliver effective and new HIV medicines as well as support communities affected by HIV. To address the breadth of change in the U.S. healthcare system, ViiV Healthcare endorses a multi-faceted public policy strategy to promote effective and appropriate prevention and treatment of HIV.

We appreciate the opportunity to comment on the Washington State Medicaid Transformation Waiver Application. Specifically, we will be commenting on the proposed transformation projects and the incorporation of relevant performance and outcome measures to support consistent Medicaid priorities and that reflect the State's commitment for consistent, standardized performance measures across health systems.

If you have any questions about these comments, please contact Fran Barnes-Melvin, Vice President, Market Access, at fran.b.barnes-melvin@viivhealthcare.com.

Sincerely,

A handwritten signature in black ink that reads "Fran Barnes-Melvin".

Fran Barnes-Melvin
Vice President, Market Access

ViiV Healthcare Comments on the Washington State Medicaid Transformation Waiver Application

1. Evolution of Washington Medicaid Program and Defining the Projects to Enable Transformation

- **ViiV Healthcare recommends that the Washington State Health Care Authority and Department of Social and Health Services include HIV in their list of priorities for transformation projects described in the waiver**

As stated in the waiver application, as a result of the Medicaid expansion, Washington's Medicaid program that historically served children, families and people with disabilities has expanded by 50% and is being stretched to now serve a brand new population with different care needs, utilization patterns and pent-up demands. The Medicaid program now serves a population that is primarily adults, about 56% of whom are new to Medicaid and often have previously unmet health care needs.ⁱ

Included in that transformation is a likely increase in people living with HIV: Medicaid is the largest payer for HIV care in the United States. The expansion of Medicaid to low-income childless adults is particularly important for many living with HIV who were previously ineligible for Medicaid and yet remain the population most affected by the HIV epidemic.ⁱⁱ

Despite groundbreaking treatments that have slowed the progression and burden of the disease, treatment of the disease is low: Only four in 10 of those diagnosed with HIV are receiving treatment, according to the Centers for Disease Control and Prevention (CDC).ⁱⁱⁱ And the pace of new infections continues at a high level.^{iv}

ViiV Healthcare commends and supports the Washington State Health Care Authority and Department of Social and Health Services commitment to shifting the current Medicaid system to becoming fully integrated, community-driven, and focused on providing high quality cost effective and well-coordinated care.

We believe this transformation is also important to those living with HIV in Washington. Because of the important role Medicaid plays in HIV health care and the integrated, community-driven, coordinated approach needed to appropriately address HIV, ViiV Healthcare recommends that the Washington State Health Care Authority and Department of Social and Health Services include HIV in their list of priorities for transformation projects described in the waiver.

Including HIV will also align with the Governor's plan to *End AIDS in Washington State*, which has set goals of reducing the rate of new HIV diagnoses in Washington by 50% by 2020 and reducing disparities in health outcomes.^v

2. Payments for Transformation Projects Will Align with Relevant Performance Measures

- **ViiV Healthcare recommends including NQF #2082: HIV Viral Load Suppression in transformation project performance measures**

As stated in the waiver application, transformation projects will incorporate relevant performance and outcome measures that apply across ACHs, MCOs and BHOs to support consistent Medicaid priorities. The waiver mentions using HEDIS measures, the Statewide Common Core Set, and a list of measures to be included in the Medicaid MCO and BHO contracts for 2016.

ViiV Healthcare commends Washington State Health Care Authority and Department of Social and Health Services for using performance measures as quality measurement is critical to establishing an evidence-based, patient-centered approach to improving healthcare quality in the U.S. healthcare system.

As stated previously, ViiV Healthcare recommends including HIV as a priority area in the waiver, and as such we also recommend including NQF #2082: HIV Viral Load Suppression in transformation project performance measures.

Reduced viral load has been linked with improved quality of life and survival, delayed or the prevention of the emergence of drug-resistance, and decreased risk of HIV transmission.^{vi,vii,viii} Data suggest that HIV-infected persons with undetectable viral load are less infectious, and may be less likely to transmit HIV via sexual contact: A 2011 study from the National Institutes of Health found that treating HIV-positive people with antiretroviral treatment (ART) reduces the risk of transmitting the virus to HIV-negative sexual partners by 96%.^{ix,x}

We believe this important addition would be a strategic improvement in HIV care and help support and improve the outcomes of people living with HIV in Washington as well as help meet public health goals:

- NQF #2082: HIV Viral Load Suppression is an outcomes measure, and therefore we believe reflects higher performance in helping to achieve patient-centered outcomes.
- It is already in the Medicaid Adult Core Measure set, and has also been adopted by Medicare's Physician Quality Reporting System (PQRS) and Meaningful Use (MU) quality programs. Because the measure is aligned across multiple care settings and providers and is harmonized across various quality reporting programs, its adoption in Washington Medicaid programs may help reduce reporting burden and accelerate improvement.
- The measure has been endorsed by the multi-stakeholder, evidence-based quality organization National Quality Forum (NQF).
- It is also included in HRSA's HIV/AIDS Bureau Core Performance Set of quality measures: The Core Performance Set emphasizes the essential aspects of HIV care and treatment and aligns with the milestones along the HIV care continuum.^{xi}
- The White House's National HIV/AIDS Strategy Updated for 2020 released in August 2015 specifically recommends that "*The Federal government should support ongoing development and reporting of core HIV quality measures.*"^{xii}

In conclusion, ViiV Healthcare recommends that the Washington State Health Care Authority and Department of Social and Health Services Social and Health Services:

- Include HIV in their list of priorities for waiver transformation projects, and,
- Include the adoption of NQF #2082: HIV Viral Load Suppression into new payment methodologies integrated into those transformation projects.

We believe this strategic addition will help create a more-patient care approach for people living with HIV in Washington, help align the program with the state's transformational goals as well as national quality and HIV programs, and help improve outcomes and achieve public health goals.

ⁱ Washington State Medicaid Transformation Waiver Application

ⁱⁱ The Affordable Care Act and HIV/AIDS, <https://www.aids.gov/federal-resources/policies/health-care-reform/>

ⁱⁱⁱ HIV Care Saves Lives, CDC, <http://www.cdc.gov/vitalsigns/hiv-aids-medical-care/index.html>, accessed December 2, 2014

^{iv} <http://www.cdc.gov/hiv/statistics/basics/ata glance.html>

^v <http://endaids.washington.org/wp-content/uploads/2015/04/End-AIDS-in-Washington-State-2014.pdf>

^{vi} D. Donnell, et al., *Heterosexual HIV-1 Transmission After Initiation of Antiretroviral Therapy: A Prospective Cohort Analysis*, 375 *The Lancet* 2092, 2095 (Jun. 2010)

^{vii} Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents, NIH,

<http://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf>

^{viii} World Health Organization (WHO). Adherence to long term therapies—evidence for action. 2003. Available at

http://www.who.int/chp/knowledge/publications/adherence_full_report.pdf

^{ix} <http://www.cdc.gov/hiv/prevention/research/art/>

^x Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505

^{xi} HAB HIV Performance Measures, <http://hab.hrsa.gov/deliverhivaids/care/habperformmeasures.html>

^{xii} NATIONAL HIV/AIDS STRATEGY for the UNITED STATES: UPDATED TO 2020, <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>