



## ADAP RESOURCE VIRTUAL TRAINING APPLICATION:

### Linking AIDS Drug Assistance Programs to Pharmaceutical Prescription & Co-Payment Assistance Programs

#### Purpose:

AIDS Drug Assistance Programs (ADAPs) are in a state of emergency. In recent months, we have witnessed an exponential growth in ADAP waiting lists. According to the National Alliance for State and Territorial AIDS Directors (NASTAD), wait lists have tripled by state and increased by over 1,000% by count since the beginning of 2009. Furthermore, state budget cuts in AIDS programs to the tune of \$167 million has truly shaken ADAPs nationwide – but especially in the ten (10) states that were forced to institute waiting lists. In 2000, Congress appropriated seventy-two (72%) of the federal ADAP earmark; a number which fell to fifty-four (54%) in 2009. This severe drop in the federal commitment to ADAP – in addition to state budget crises – has largely been the catalyst for the most recent spike in HIV patients placed on wait lists. It is anticipated that at least twelve additional states will have to implement some form of cost containment measure in the upcoming months, including wait lists. In light of our present predicament, training applications designed to educate stakeholders about available resources – including prescription assistance programs and co-payment assistance programs – are urgently needed. Only through a coordinated effort of public-private resources can the wait list crisis be averted.

The problem of growing ADAP waiting lists is exacerbated because we are facing an American HIV/AIDS epidemic of devastating proportion. According to some estimates, the number of people living with HIV/AIDS in the United States will be approximately two million by the end of 2010. These numbers are not due to decrease in the near future. In 2006 alone, the Centers for Disease Control & Prevention (CDC) estimated that there have been more than 56,000 new HIV infections per year for the last decade. If this was not severe enough, the disease is far from color blind. Currently, the incidence rate of new HIV infection among African American men and women is seven times that of the Caucasian population. Furthermore, racial disparities are echoed regionally as the epidemic has seen its most recent unfettered growth in Southern states, which often times have smaller state budgets and fewer access points to comprehensive care.

The good news is that with the advent of new medicines, people living with HIV/AIDS are able to live full and productive lives. The bad news is that it is increasingly difficult for people living with HIV/AIDS to afford their medications. Life saving medications can cost a single patient up to \$20,000 per year. This is compounded by the fact that nearly three quarters of all people with HIV/AIDS are either uninsured or dependent on public insurance. This makes strengthening our public HIV/AIDS healthcare system of critical importance – but in the meantime our efforts should concentrate on eliminating the wait lists.

With ADAP budgets stretched to the limit, other resources are needed to help plug the gap. Enter prescription assistance programs (PAPs) and co-payment assistance programs. Pharmaceutical company PAPs make available free or low-cost medications to eligible patients, while co-pay programs provide financial assistance for certain health care costs to patients who qualify financially and medically.

PAPs are designed to support low income U.S. residents with free or low cost prescriptions. The programs usually cover brand name drugs only and are administered individually by the pharmaceutical companies that manufacture the drugs. PAP programs are administered differently by manufacturer and sometimes by drugs within the same manufacturer. In most cases the programs are designed around income guidelines. Most often income has to be below or just above the poverty guideline set by the federal government. There are some companies that go as high as 2-3 times the poverty guidelines. The majority of the programs require the patients to be U.S. residents, be uninsured, and meet the income requirements. Income verification in the form of W-2, 1099, pay stub, etc. must be provided, as well as any benefit statement received. There are exceptions to these requirements. Some programs, for example, allow insurance but no drug coverage, Medicare D recipients are eligible in some cases. Each program has specific eligibility requirements with some are more stringent than others.

There exists an immediate need in ten states to link stakeholders with these two important resources. NASTAD is now reporting 663 individuals are currently on ADAP waiting lists, as of March 5, 2010 – including Arkansas: 18 individuals, Idaho: 17 individuals, Iowa: 55 individuals, Kentucky: 172 individuals, Montana: 14 individuals, North Carolina: 168 individuals, South Dakota: 26, individuals, Tennessee: 110 individuals, Utah: 69 individuals and Wyoming: 13 individuals.

In response to this growing crisis, please participate in an online training on the state of the epidemic and what you can do to help. **The ADAP Advocacy Association (aaa+), in coordination with the Community Access National Network (CANN), Flowers Heritage Foundation (FHF), National Alliance of State & Territorial AIDS Directors (NASTAD) and National Network of ADA Centers (DBTACs) – which all work to ensure access to care and treatment for every person with HIV in need – is extending this invitation to all ADAP Stakeholders in Arkansas, Idaho, Iowa, Kentucky, Louisiana, Montana, Nebraska, North Carolina, South Carolina, South Dakota, Tennessee, Utah and Wyoming** to gain a fuller perspective from the pharmaceutical companies about how their prescription assistance and co-payment assistance programs can address the many issues confronting people living with HIV disease on wait lists.

Registration FREE, but you must RESIDE OR WORK IN one of the states with an ADAP waiting list to register.

This virtual training application will cover a wide range of topics including intersections between ADAPs, prescription assistance programs, co-payment assistance programs and other available resources to move patients off wait lists. Particularly, the virtual training application will offer:

- Current prescription programs standards offered by pharmaceutical companies;
- Eligibility criteria;
- Other available resources being made available; and
- Practical applications to connect stakeholders to the aforementioned programs and resources.

### **Sustainability Model:**

After the initial virtual training application and implementing the program in the ten states with current ADAP waiting lists, the application will be virally spread through peers in the respective states. As other states institute ADAP waiting lists, we can evaluate whether additional virtual training applications should be offered in those states.

A virtual conference platform provides the most accessible conferencing and collaboration experience available, anywhere in the world. No new hardware is needed. All you need is a PC with a soundcard, headset, and a high-speed connection to the Internet; and you can hold fully accessible, 508 compliant online conferences from your desktop, from anywhere in the world, right now! It is ideal because it...<sup>1</sup>

- Can host any size web conference, webinar, course, e-learning event, meeting or presentation;
- Helps you give dynamic and influential presentations to local, regional, national, and international audiences;
- Eliminates travel time and costs for participants and presenters;
- Delivers your message over the Internet, thus cutting out the cost of conferencing over phone;
- Available 24 hours a day, 7 days a week;
- Makes your presenters available to anyone, anytime, from anywhere they are located;
- Allows users to question speakers live;
- Enables presentations to be delivered from a presenter's PC;
- Is a hosted service... so you can be up-and-running very quickly; and
- No additional hardware required or software to purchase.

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<sup>1</sup> IDEAL Group, IDEAL Conference Online System, 2002-10.

The process will be repeated ten times over the course of two months until all states with waiting lists have been offered this virtual training application; they will also be archived so that interested parties not able to attend in-person can access the virtual training application at a later time and view it in real time as if they were there participating. Additionally, all sessions will be real-time captioned, thereby creating a textual log of the virtual training application.

All virtual training applications will be fully-accessible for people with disabilities.

### **Expertise Needed:**

We can design the virtual conference room and the interaction models for the training application but need programming partners to build the educational content, thereby linking ADAP stakeholders to the appropriate resources. We wish to work with a virtual conference center with experience in building *fully accessible, 508-compliant online conferencing systems*. By integrating data and voice within standard web browsers, this platform enables people to participate in the training application over the Internet from just about any computer with a network connection and a web browser. By design, it empowers participants to benefit from e-learning and virtual online conferencing and collaboration services.<sup>2</sup>

Each pharmaceutical company with prescription assistance or co-payment assistance programs for HIV medications is being invited to participate in this 9-part virtual series. With audiences of all ADAP stakeholders in each of the states with waiting lists, each pharmaceutical company will be provided the opportunity to present an overview of its prescription assistance programs and/or co-payment assistance programs, as well as other relevant information that could be deemed important by ADAP stakeholders.

### **Project Timeline: (each session will occur from 1:00 pm to 2:30 pm EST):**

- April 14 – Arkansas & Louisiana
- April 21 – Iowa
- April 28 – Kentucky
- May 5 – North Carolina & South Carolina
- May 11 – Nebraska **TUESDAY**
- May 19 – Montana & South Dakota
- May 26 – Tennessee
- June 1 – Utah **TUESDAY**
- June 9 – Idaho & Wyoming

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<sup>2</sup> IDEAL Group, IDEAL Conference Online System, 2002-10.

### **Project Goals:**

1. Facilitating participatory development workshop on virtual training application with key stakeholders including State AIDS Directors, Community Health Centers, AIDS Service Organizations, case managers, etc.;
2. Developing prototype virtual training application for education, usability and technical issues;
3. Developing a prototype virtual training application that can be replicated to meet demand in case waiting lists spread to other states and territories;
4. Linking stakeholders with available resources inside and outside the pharmaceutical industry; and
5. Starting viral campaign with key stakeholders to spread virtual training application.

### **Learning Objectives:**

1. To provide information to appropriate ADAP stakeholders on pharmaceutical prescription assistance and co-payment assistance programs, and other resources.
2. To link ADAP stakeholders with relevant, timely and useful resources to alleviate programmatic funding shortfalls by enrolling patients into these programs.
3. To facilitate ongoing dialogue between ADAP stakeholders, pharmaceutical industry and other applicable entities in order to collectively identify practical strategies to improve access to care by removing patients from wait lists.

### **Conclusion:**

With ADAPs in crisis in nine states, and possibly more to follow, our 9-part series of ninety (90) minute sessions will offer a virtual training application to link ADAP stakeholders to pharmaceutical company prescription assistance programs, co-payment assistance programs and other resources. It is designed to link the patients waiting to access medications available under federally-funded programs to other industry resources to insure timely access to care for the 663 individuals currently in need.