

Primary Medical Care Responses

Questions from July 15, 2014 Presentation to Planning Council

1. What actions does your clinic take to encourage the uninsured to get covered?
 - We actively sent notice to our patients about the ACA changes before they took place and had individuals from the state on site in the clinic twice weekly to enroll subjects. We continue to have an insurance navigator on site once weekly. Patients presenting with no insurance meet with the client, assess and then assist with getting the necessary paperwork in place to access insurance. (I may not be referring to the insurance navigator correctly-Dennis Rivera would have the correct title for this person. This is an individual from an outside agency who is knowledgeable about the qualifications for state and commercial programs and who assists the client directly).

2. Are you seeing that you can prescribe antivirals as prevention where insurance companies are paying?
 - We have a small number of clients referred to our program who we follow and treat to prevent HIV infection. Some commercial companies are requesting pre-authorization. We have no instances where a patient was unable to receive medication.

3. Are you getting any requests for HIV pre-exposure prophylaxis? Where do you feel this particular service would fall on the spectrum of care?
 - We have few requests for this as our program basically provides care to those who have HIV infection. There is an expansion planned (new space and bringing in new services – mono infected hepatitis C patients, for example) that is expected to occur in 24 months. This type of care is directed to those who are HIV uninfected. Expansion could include provision of care to partners of our HIV infected clients. We do not yet have the capacity to provide this service consistently.

4. How much of the low retention rates do you feel are due to unreported stigma?
 - Stigma is a barrier to retention as well as a barrier to engaging in care. Removing stigma in the community and helping the individual confront and deal with stigma is a process that takes time, compassion and trust. Trying to match that process with the need of initiating and keeping an individual in care at the same time present challenges. We try to understand this by conducting studies to assess beliefs, interventions which might help and then disseminate the information in the community.

5. Does emergency medicine coverage include emergency contraception?

- If the provider sends the client to the social worker with the stated need and the contraception was not covered by the insurer and we continue to have adequate funds for payment of emergency medications through Ryan White, this would be covered.