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Australasian Society for
HIV, Viral Hepatitis and
Sexual Health Medicine

Medicare Ineligible Factsheet & HIV and Immigration Resources Launch

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WHAT IS MEDICARE INELIGIBLE FACTSHEET ?



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MEDICARE INELIGIBLE F A C T S H E E T HOW TO ACCESS HIV MEDICAL CARE AND TREATMENT IN QUEENSLAND

All people living with HIV should have regular consultations/appointments with a doctor experienced in the management and monitoring of HIV as part of their health care team. Your doctor will see you regularly, organise relevant blood tests (pathology tests) to monitor your treatment and health, and issue your prescription for medicine (when required) during your consultations.

A Medicare card is issued to Australian citizens, permanent residents (or those applying for permanent residency visas) and New Zealand citizens living in Australia. Medicare provides access to free public health care, or subsidised private health care for these groups of people.

OPTIONS FOR ACCESSING HIV MEDICAL CARE IN QUEENSLAND

Early linkage to HIV care is important for someone who is newly diagnosed. If you do not have access to Medicare (Medicare Ineligible, MI), you can access medical care through the following pathways

- 1) No Medicare / No Reciprocal Health Care Agreement / No Private Insurance
- 2) No Medicare / No Reciprocal Health Care Agreement / Private Insurance
- 3) No Medicare / Reciprocal Health Care Agreement

1) No Medicare / No Reciprocal Health Care Agreement / No Private Insurance
To see a doctor for your HIV care, medical consultations can be made with a Generalist Public

Visit the Queensland Health website at
<http://tinyurl.com/gm6x46>

Alternatively, you can also see a HIV managing doctor (\$100 General Practitioner / \$100 GP) in a private practice if you can afford to pay the full fee. The choice is yours. You are not required to attend a Public HIV/Sexual Health service.

If you are unsure where to find a HIV managing doctor (either public or private doctor), please go to <https://www.ashm.org.au/prescriber-locator/> to find an HIV doctor in your area.

When making your appointment, you are strongly advised to ask your doctors practice what the fee would be for your consultation. Private fees can range from AUD \$40 - \$200 depending on how long or complicated your consultation is. You will also have to consider how much your pathology/blood tests would cost privately in addition to the consultation fee.

2) No Medicare / No Reciprocal Health Care Agreement / Private Insurance
You have the same choices for accessing medical care as pathway 1); however if you choose to see a private \$100 GP, certain insurance policies will pay for a part of your consultation and pathology fees. You will have to check with your insurance company how much you will get back from the fee charged by your doctor. Generally, you will have to pay the full amount then make a claim with the insurance company.

- Newly revised factsheet targeted for PLHIV ineligible for Medicare (studying, working, or holidaying)
- Options to access to HIV care and treatment
- Available in 6 languages: English, Amharic, Swahili, Chinese, Portuguese, & Spanish
- <https://www.qpp.org.au/qpp-publications/medicare-ineligible-factsheet>



WHY DO WE NEED MEDICARE INELIGIBLE FACTSHEET ?

CSIRO PUBLISHING

Sexual Health
http://dx.doi.org/10.1071/SH16237

Funding antiretroviral treatment for HIV-positive temporary residents in Australia prevents transmission and is inexpensive

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Abstract. Background: The aim of this study is to estimate the reduction in new HIV infections and resultant cost outcomes of providing antiretroviral treatment (ART) through Australia's 'universal access' health scheme to all temporary residents with HIV infection living legally in Australia, but currently deemed ineligible to access subsidised ART via this scheme. **Methods:** A mathematical model to estimate the number of new HIV infections averted and the associated lifetime costs over 5 years if all HIV-positive temporary residents in Australia had access to ART and subsidised medical care was developed. Input data came from a cohort of 180 HIV-positive temporary residents living in Australia who are receiving free ART donated by pharmaceutical companies for up to 4 years. **Results:** Expanding ART access to an estimated total 450 HIV+ temporary residents in Australia for 5 years could avert 80 new infections. The model estimated the total median discounted (5%) cost for ART and associated care to be A\$36 million, while the total savings in lifetime-discounted costs for the new infections averted was A\$22 million. **Conclusions:** It is estimated that expanded access to ART for all HIV-positive temporary residents in Australia will substantially reduce HIV transmission to their sexual partners at little additional cost. In the context of Australia's National HIV strategy and Australia's endorsement of global goals to provide

ATRAS Study (2011 – 2015): At enrolment, 63% of ATRAS patients (n = 180) were receiving ART from alternative sources, with only 70% having a suppressed viral load → indicates suboptimal treatment



WHY DO WE NEED MEDICARE INELIGIBLE FACTSHEET ?

RECOMMENDATION:

By denying ART access to HIV+ temporary residents via Medicare, the Australian Government increases the risk of HIV transmission and the future long-term costs of providing HIV care and treatment, eroding any savings gained by denying HIV+ temporary residents access to subsidised treatment. The Australian Government already allows HIV+ temporary residents to live and work in Australia, and contribute economically through taxation. Providing these individuals with subsidised ART will cost little overall and help Australia achieve its National HIV Strategy targets.

(Gray, et al., 2017)



WHY DO WE NEED **MEDICARE INELIGIBLE FACTSHEET** ?

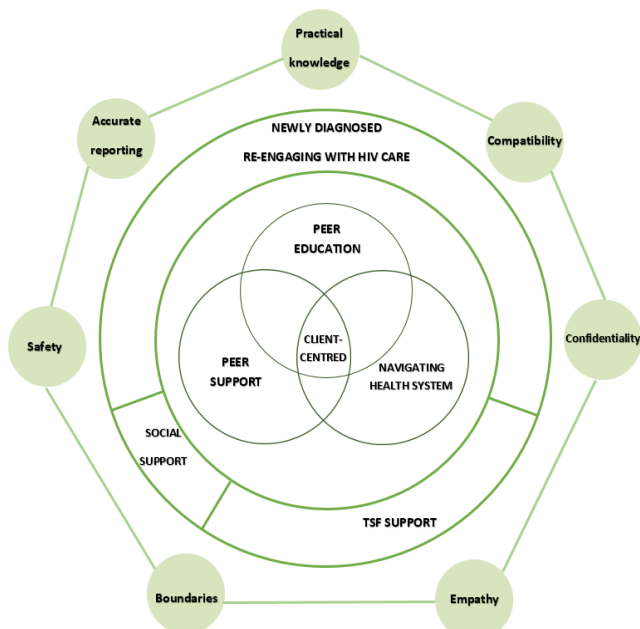
HIV Foundation Queensland &
Queensland Positive People

Peer Navigation for Medicare Ineligible PLHIV: Evaluation Report 2017



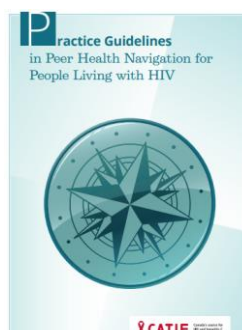
REALITY:

“Access to HIV-related services and treatment for Medicare ineligible PLHIV in Queensland is unwieldy and time consuming for clients and staff and can be described as postcode lottery. Some Hospital and Health Services (HHS) have clear policies, some do not.”



“Peer Navigation Framework:
Lived experience is the key”

Aligned with the following
guidelines and standards:



QPP's MEDICARE INELIGIBLE PEER NAVIGATION

- Pilot phase: June 2016 – June 2017, funded by HIV Foundation Queensland
- Extended phase: July 2017 – June 2018, funded by Communicable Diseases Branch, Queensland Health
- This project is strategically aligned with Queensland HIV Action Plan 2016 – 2021 Goal 3: “Increase treatment uptake by people living with HIV.” The target populations of this goal is all people living with HIV, including people ineligible for Medicare.

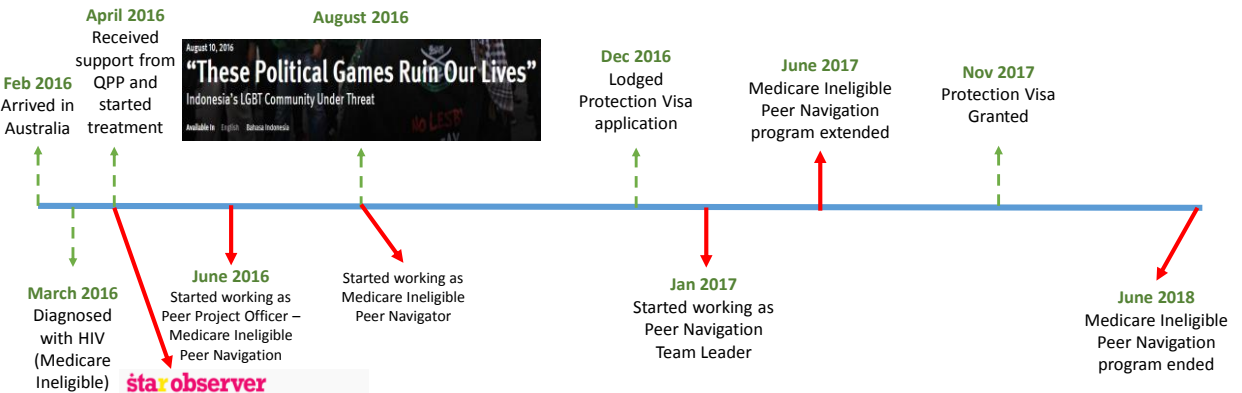
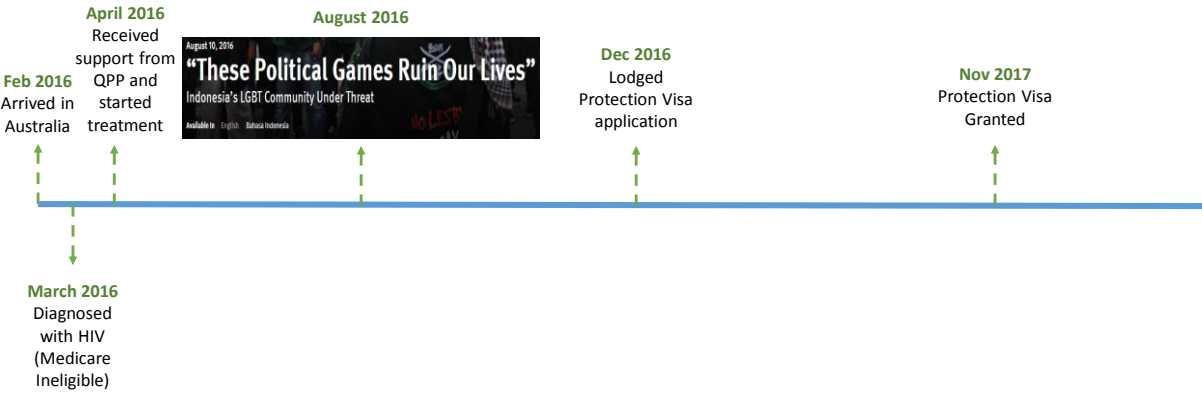


QPP's MEDICARE INELIGIBLE PEER NAVIGATION

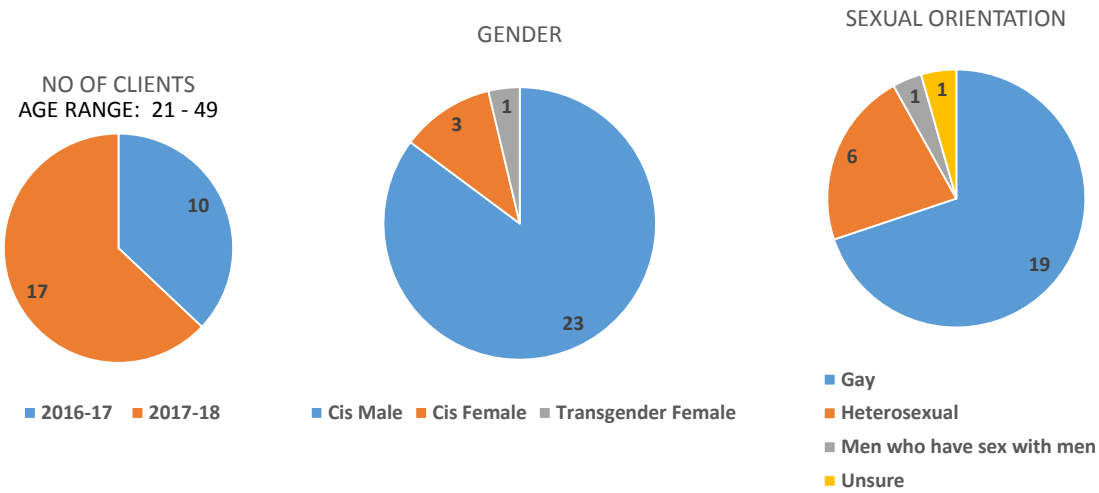
Objectives:

- Increase the number of Medicare ineligible PLHIV **accessing HIV-related services and treatment**
- Facilitate **early treatment uptake** for Medicare ineligible PLHIV being supported through the PN program
- Increase the **individual health literacy and self-management** of both newly diagnosed Medicare ineligible PLHIV and those re-engaging in care within a highly structured environment of time-limited interventions, operated by professionally trained and supervised Peer Navigators
- Identify **one-off and ongoing barriers and gaps experienced by Medicare ineligible PLHIV** when accessing HIV-related treatment and care in Queensland
- Identify **key outcomes, lessons learnt, and recommendations** for provision of ongoing support for Medicare ineligible PLHIV

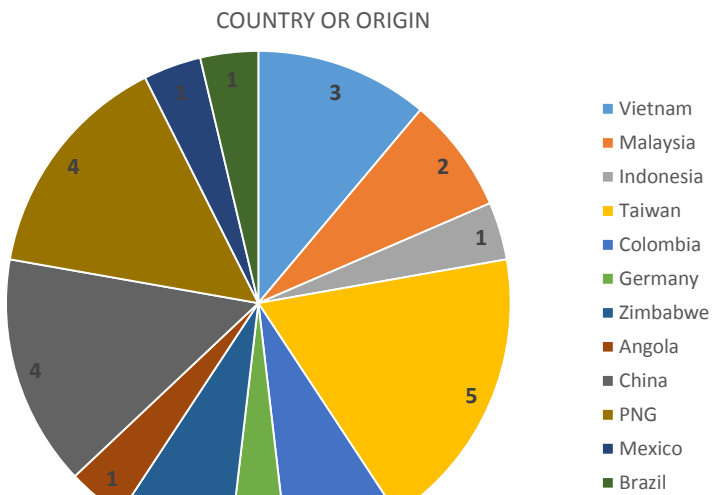




QPP's MEDICARE INELIGIBLE PEER NAVIGATION

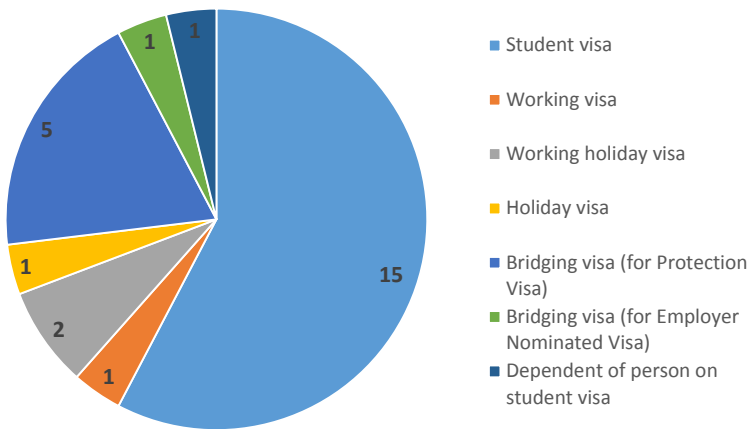


QPP's MEDICARE INELIGIBLE PEER NAVIGATION



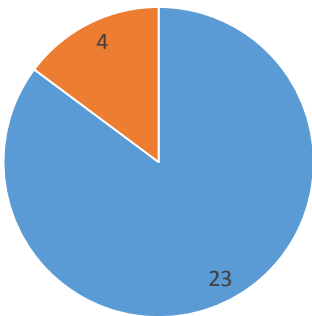
QPP's MEDICARE INELIGIBLE PEER NAVIGATION

VISA TYPE



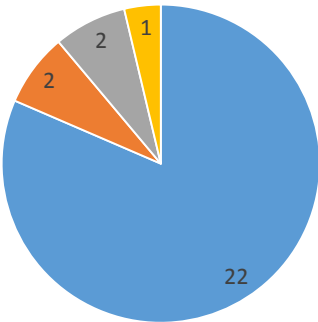
QPP's MEDICARE INELIGIBLE PEER NAVIGATION

TIME OF DIAGNOSIS



■ < 2 years ■ > 2 years

REGION

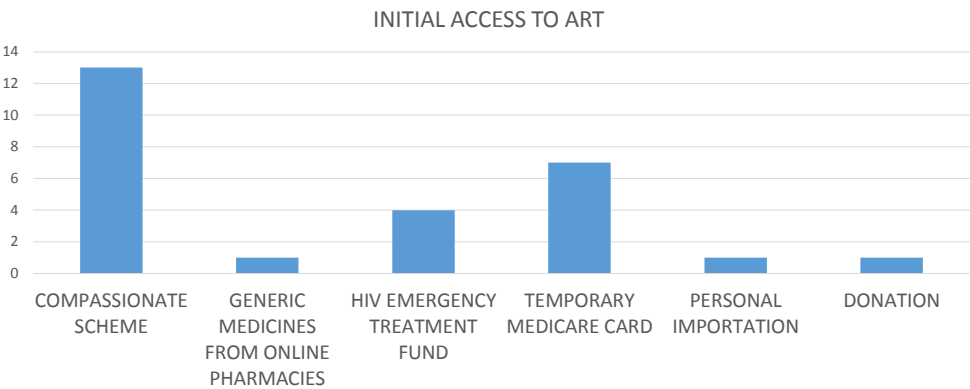


■ Brisbane ■ Gold Coast ■ Mackay ■ Cairns



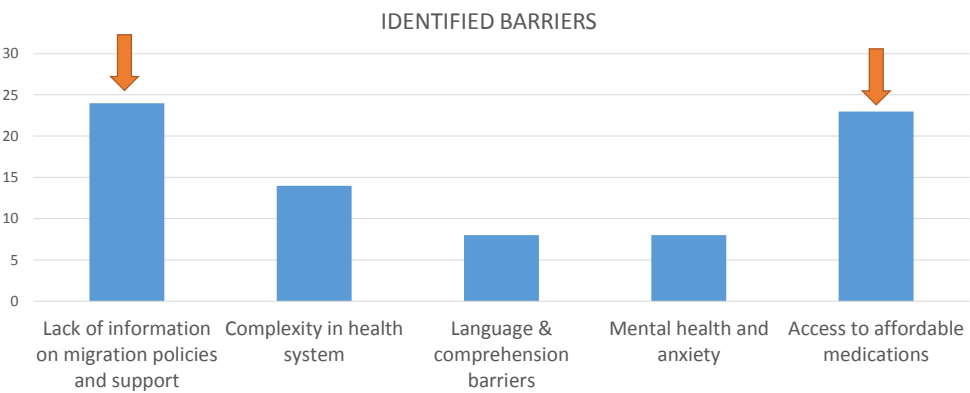
WHAT ARE THE OUTCOMES?

100% clients initiated treatment within 3 months and engaged with HIV care

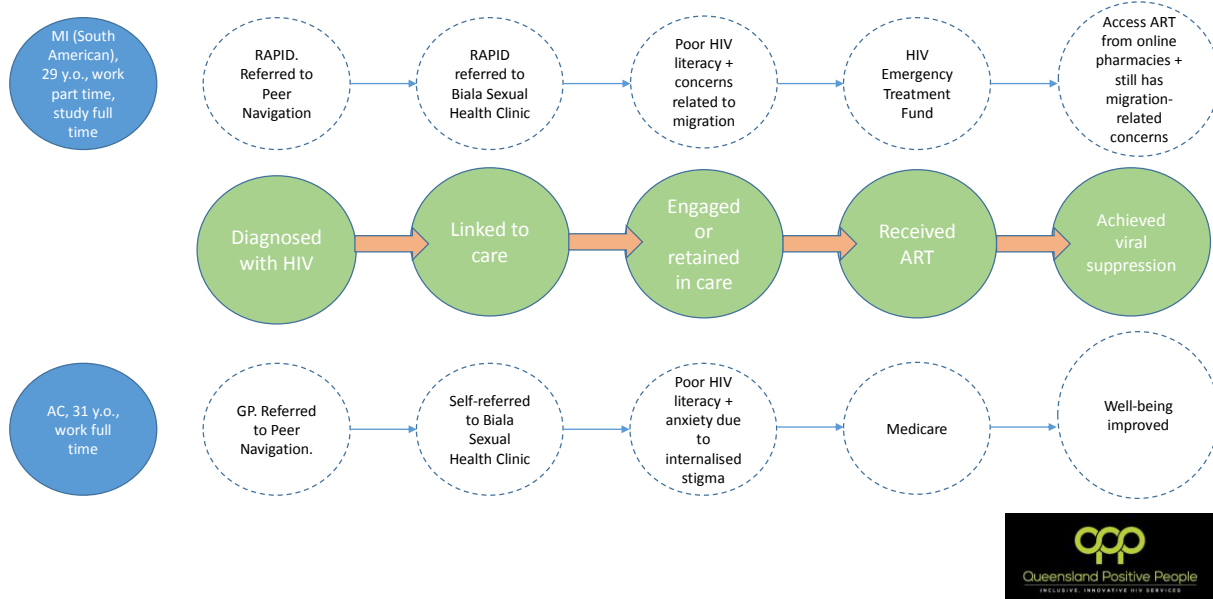


WHAT ARE THE OUTCOMES?

HIV literacy is evaluated externally by researchers
School of Public Health, University of Queensland (conclude in December 2018)



CASE STUDIES OF MEDICARE INELIGIBLE CLIENT'S JOURNEY ACROSS HIV CASCADE CARE



HIV AND IMMIGRATION



HIV and immigration

This template has been developed to support clinicians who have patients living with HIV applying for a permanent visa.

- Targeted for clinicians who have HIV-positive patients applying for Permanent Residency
- 2 parts: a) information section; b) sample template
- Developed with Emma Drynan (Freedom Migration)
- <https://www.ashm.org.au/product/product/hivandimmigration>



WHY DO WE NEED HIV AND IMMIGRATION ?

RESEARCH ARTICLE

[< Previous](#) | [Next >](#)

The impact of visa status and Medicare eligibility on people diagnosed with HIV in Western Australia: a qualitative report

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+ Author Affiliations

Sexual Health 9(5) 407-413 <https://doi.org/10.1071/SH111181>

Submitted: 16 December 2011 Accepted: 2 April 2012 Published: 20 August 2012

Abstract

Background: In Australia, temporary visa holders are ineligible for Medicare and subsidised antiretroviral drugs. Additionally, HIV testing is not mandatory for visas unless applicants seek work in the health sector. We sought to understand the impact of HIV and issues of access and adherence to antiretroviral therapy (ART) in people holding temporary visas and permanent residents. **Methods:** Data were gathered from interviews with 22 participants. Information concerning medication adherence, side effects, CD4 T-cell count, viral load and rate of response to generic drugs were

- Interview with 22 participants
- 8 participants were taking generic ART at an average cost of \$180 per month
- Adherence was excellent and self-reported side-effects were relatively infrequent.
- Participants applying for visa continuations and permanent residency were fearful, believing their HIV serostatus would prejudice their applications.



WHY DO WE NEED HIV AND IMMIGRATION ?

REVIEW AND RECOMMENDATIONS FOR REFORM OF AUSTRALIAN LAWS AND POLICIES RELATING TO ENTRY, STAY AND RESIDENCE FOR PEOPLE LIVING WITH HIV

Prepared by Alexandra Stratigos, Mary Crock, Indrajeet Chatterjee and Ron McCallum AO¹

With the assistance of John De Wit, David Fowler, Hannah Martin, Raunak Vallabhji and Melissa Woodroffe²

This paper was commissioned by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in the context of global efforts to support the elimination of HIV-related restrictions on entry, stay and residence. The views expressed in this paper are those of the authors and do not necessarily reflect the views, opinions and policies of the UNAIDS Secretariat or its co-sponsoring organizations. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.

Executive Summary

This report was commissioned to review and analyse Australia's migration framework and how it affects people living with HIV and their opportunities for entry, stay and residence.

The authors outline the health requirements in Australian migration law (the *Migration Act 1958* and *Migration Regulations 1994*) and policy (the *Procedure Advice Manual – PAM3*). They evaluate Australia's compliance with obligations assumed in becoming party to the major international human rights instruments, including the *Convention on the Rights of Persons with Disabilities* (CRPD), and the *International Covenant on Civil and Political Rights* (ICCPR). Australia's laws and policies are also assessed against the findings and recommendations of the International Task Team on HIV-related Travel Restrictions ('Task Team').

Australia's current migration legislation and policies are assessed in three parts:

- Published in July 2014
- “The biggest hurdle for applicants with HIV is the requirement in the health Public Interest Criteria that their disease or condition not pose the risk of ‘significant cost’ to the Australian community”
- “Significant cost is any cost of \$40,000 over the life of the visa for a temporary visa or in the case of a permanent visa either 5 years or a lifetime”



WHY DO WE NEED HIV AND IMMIGRATION ?

- Some visas have health waiver option
- Factors (broadly):
 - **The benefits the applicant and/or sponsors bring to the Australian community and the economy;**
 - The applicant and/or sponsor's ability to offset the potential cost;
 - The disadvantages visa refusal would bring to the applicant and/or sponsor, the Australian community and economy;
 - Any relevant humanitarian considerations
 - Any regional location of applicant
 - The applicant's compliance with migration requirements to date



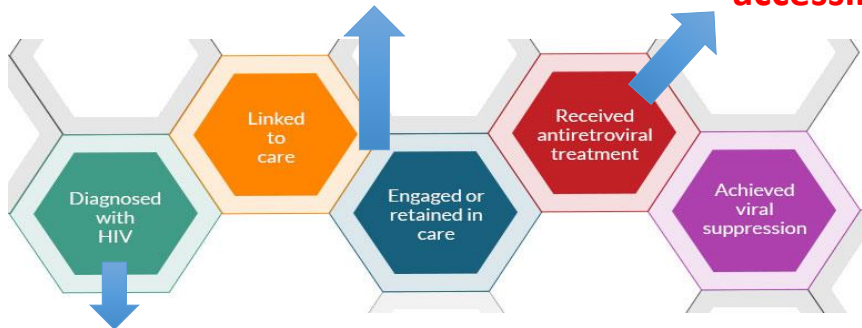
WHY DO WE NEED HIV AND IMMIGRATION ?

The clinician's provision of a 'positive' report in support of a migration application is very important with respect to health criteria and contributes to a favourable outcome for the applicant-patient.



- Lack of knowledge about sexual health services
- Higher level of HIV stigma in home country
- Language and cultural barriers
- Mobility (e.g. working holiday visa)
- Lack of migration information and support

**Financial
barriers in
accessing ART**



- Different sex negotiation
- Infrequent testers
- Late diagnosis
- Diagnosed during visa application process



MEDICARE INELIGIBLE PLHIV WORKING GROUP (June – October 2018)

- 1 Updating the Medicare Ineligible Factsheet with comprehensive information on treatment and care for MI PLHIV.
- 2 Presenting at ASHM Dinner in December 2018 on the contemporary practice in clinical and non-clinical support for MI PLHIV in Queensland.
- 3 Developing a template for medical letter to support MI PLHIV facing migration issues.



MEDICARE INELIGIBLE PLHIV WORKING GROUP (June – October 2018)

- Satrio Nindyo Istiko (Peer Navigation Team Leader, QPP)
- Katelin Haynes (ASHM Queensland Program Manager)
- Dr Julian Langton-Lockton (Clinical Director, Sexual Health & HIV Service, Metro North HHS)
- Dr Andrew Redmond (Infectious Diseases Unit, RBWH, Metro North HHS)
- Dr Diane Rowling (Senior Staff Specialist, Sexual Health & HIV Service, Metro North HHS)
- Dr David Siebert (Princess Alexandra Sexual Health (PASH), Metro South HHS)
- Dr Mekala Srirajalingam (Ipswich Sexual Health Service, West Moreton HHS)
- Dr Caroline Thng (Gold Coast Sexual Health, Gold Coast HHS)
- Dr Ken Koh (General Practitioner/S100 Prescriber, Holdsworth House)



WHAT IS NEXT?

Local evidence on Medicare ineligible PLHIV using biomedical (HIV cascade care) and social model (narrative approach; social determinants of HIV)

Evidence-informed strategies to HIV prevention for international students

Evidence-informed approach to provision of HIV care and treatment: Subsidise ART for PLHIV ineligible for Medicare



ACKNOWLEDGEMENTS

- Medicare Ineligible PLHIV Working Group
- ASHM
- HIV Foundation QLD and Communicable Diseases Branch, Queensland Health
- All of my inspiring Peer Navigators and Clients

