

Ensuring Access to Care and Improving Health Outcomes: The Role of the Ryan White HIV/AIDS Program

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RWHAP Program Overview



HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.



HIV/AIDS Bureau Priorities

- National Goals to End the HIV Epidemic/
President's Emergency Plan For AIDS Relief
(PEPFAR) 3.0
- Leadership
- Partnerships
- Integration
- Data Utilization



Alignment of HHS Principles of Patient-Centered Health Care System in the Ryan White HIV/AIDS Program

Quality

- Clinical quality management is built into the RWHAP
- Better health outcomes for PLWH than PLWH outside RWHAP

Accessibility

- RWHAP is a national program
- Geographically diverse providers to meet need

Affordability

- Clients receive services at reduced charges
- Clients cannot be denied services for inability to pay

Choices

- Services provided are based on locally-developed needs assessment
- Support services available to improve health outcomes based on need

Innovation

- RWHAP providers identify new approaches to reach PLWH
- New approaches to improve health outcomes among all PLWH

Responsiveness

- Providers rapidly adopt advances in medicine and care for PLWH
- Service utilization driven by client need



Purpose of Ryan White HIV/AIDS Program

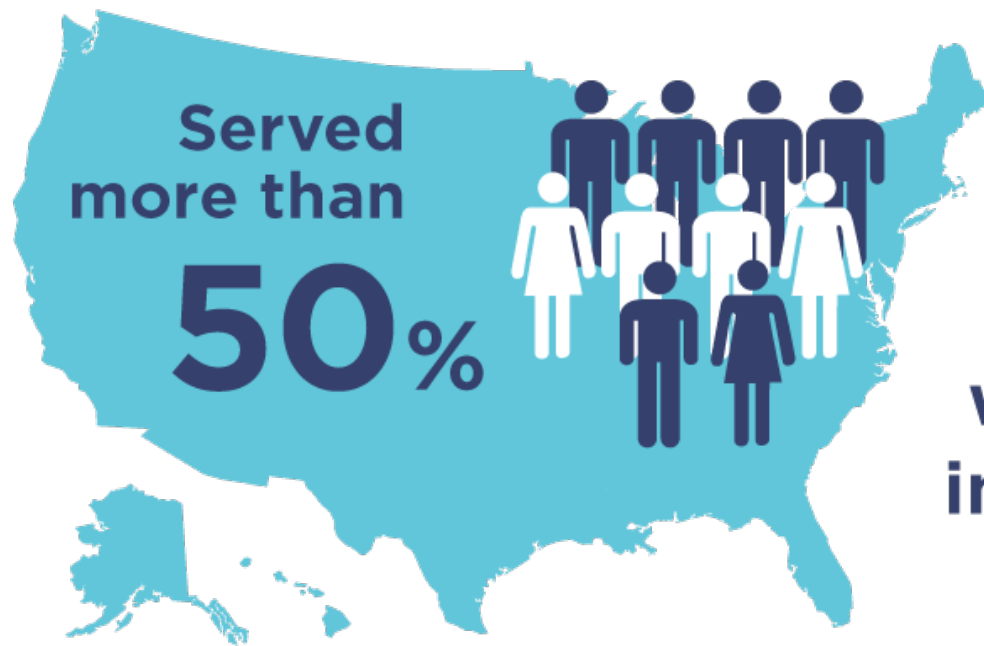
**RYAN WHITE
HIV/AIDS PROGRAM
MOVING FORWARD
FRAMEWORK**



- Public health approach to provide a comprehensive patient-centered system of HIV care
- Ensure low-income people living with HIV (PLWH) receive optimal care and treatment

RYAN WHITE HIV/AIDS PROGRAM

Numbers: 2015 BY THE NUMBERS: 2015



of people living with diagnosed HIV in the United States.

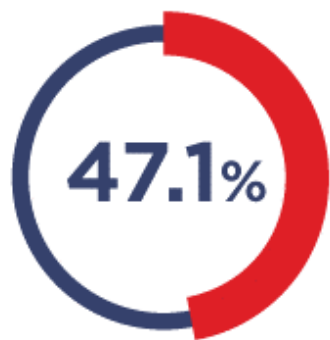


RYAN WHITE HIV/AIDS PROGRAM

Ryan White HIV/AIDS Program by the Numbers: 2015

BY THE NUMBERS: 2015

73% of clients were racial/ethnic minorities*



of clients identified as **Black/African American**



of clients identified as **Hispanic/Latino**

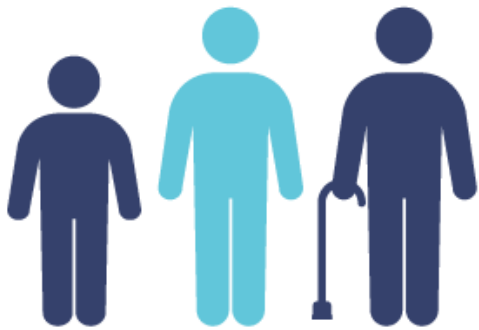
*Clients self-identified as less than 2% each American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and persons of multiple races.



RYAN WHITE HIV/AIDS PROGRAM

Ryan White HIV/AIDS Program by the Numbers: 2015

The client population is **aging**.



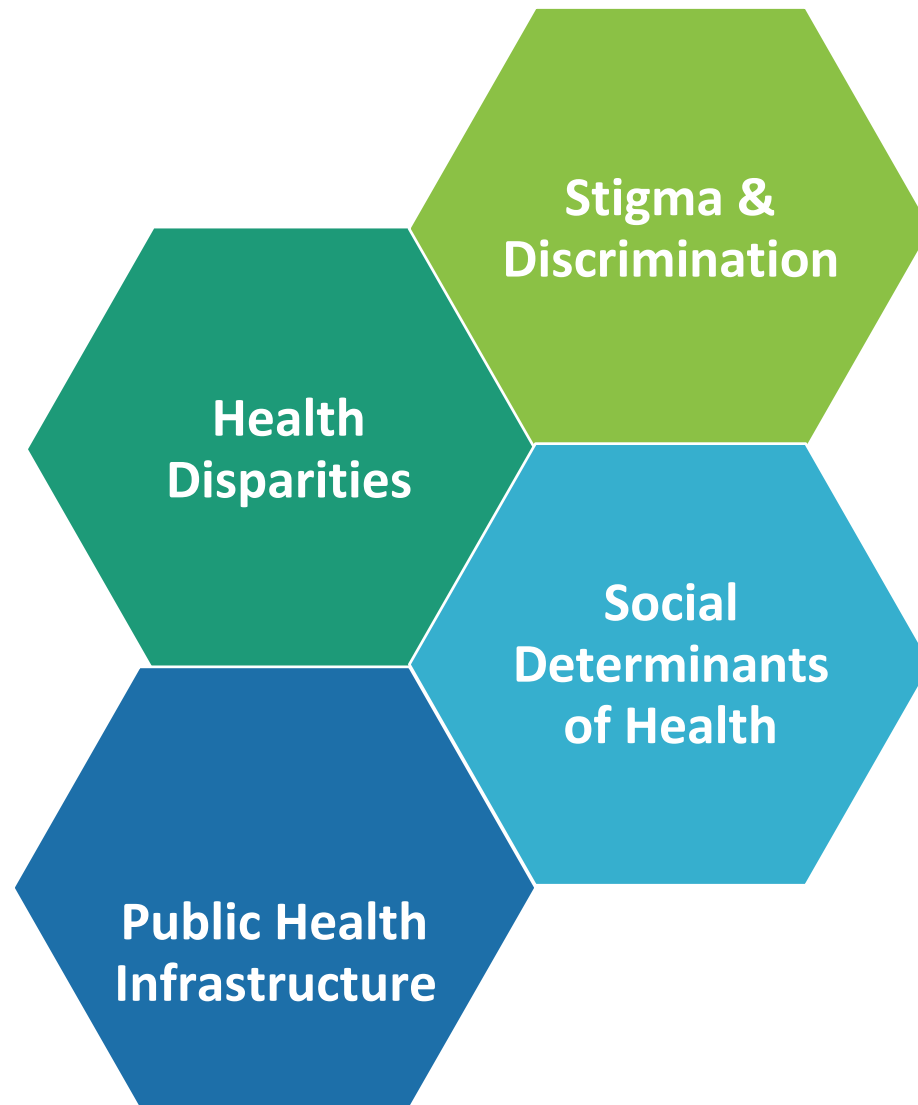
Ryan White HIV/AIDS Program by the Numbers: 2015



*Viral suppression is based on data for people living with HIV who had at least one outpatient ambulatory medical care visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.



Structural Barriers to PLWH-Centered Health Care System



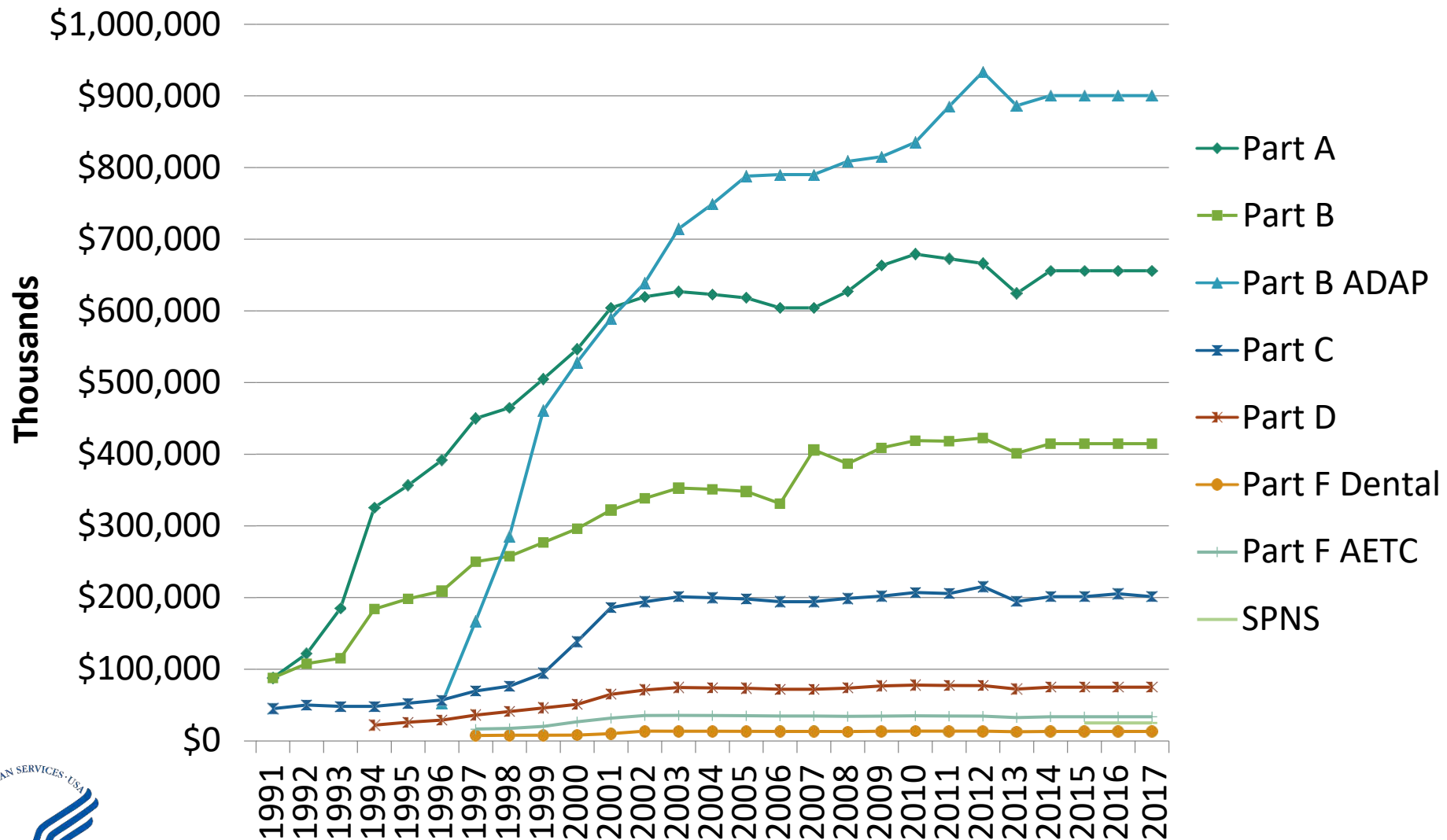
**PUBLIC HEALTH
as a KEY DRIVER
OF SUCCESS**

Ryan White HIV/AIDS Program – Parts

- **Parts A (Cities), B (States), C (Community based organizations), and D (Community based organizations for women, infants, children, and youth) services include:**
 - Medical care, medications, and laboratory services
 - Clinical quality management and improvement
 - Support services including case management, medical transportation, and other services
- **Part F services**
 - Clinician training, dental services, and dental provider training
 - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations



Ryan White HIV/AIDS Program Appropriations History FY 1991-FY 2017

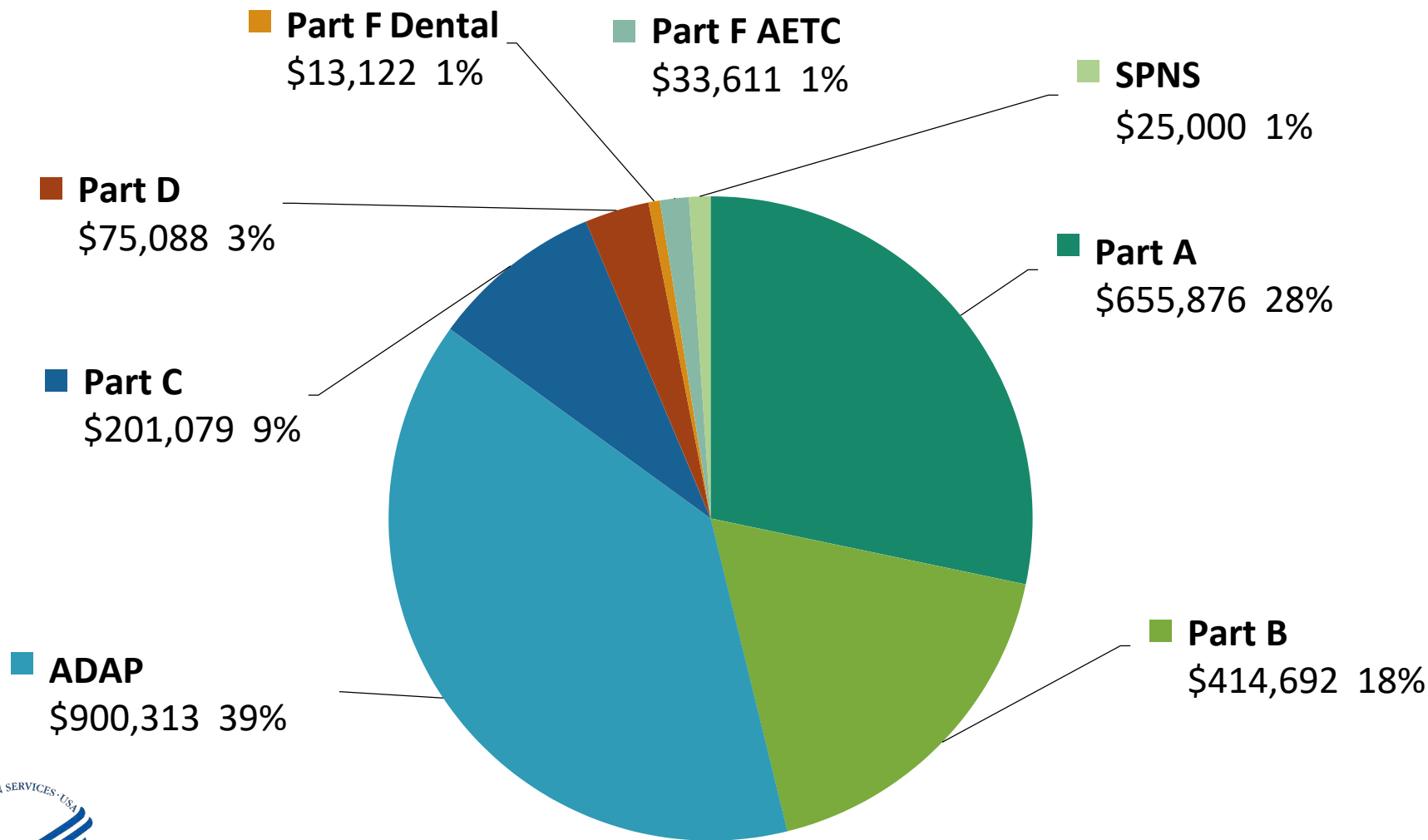


Ryan White HIV/AIDS Program Appropriations History FY 1991-FY 2017



Ryan White HIV/AIDS Program FY 2017

Full-Year Appropriation- \$2,318,781 (in thousands)

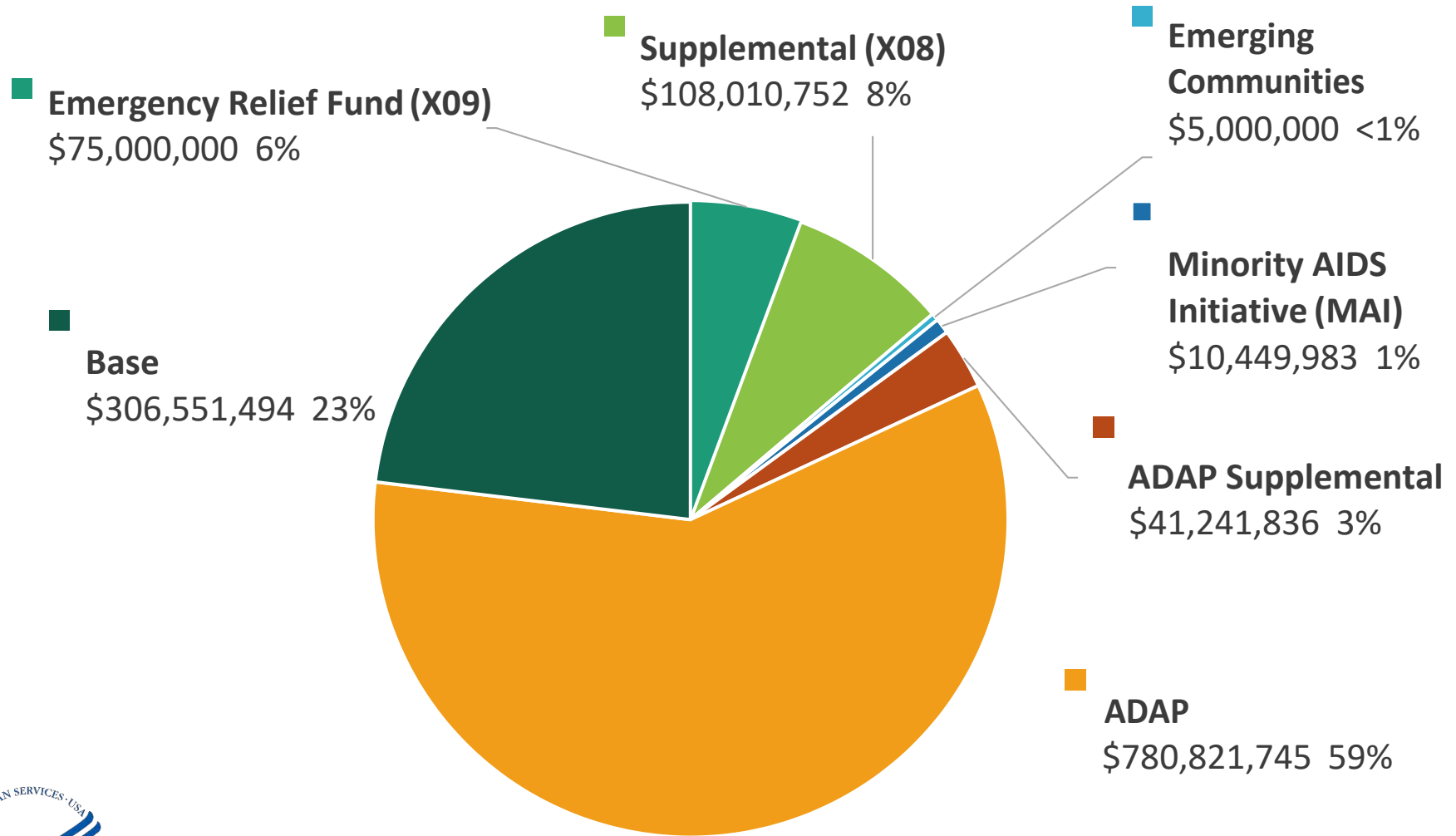


Ryan White HIV/AIDS Program FY 2017

Full-Year Appropriation- \$2,318,781 (in thousands)



Ryan White HIV/AIDS Program Part B/ADAP FY 2016 Awarded Funds - \$1,327,075,810



RWHAP Effectiveness



Demonstrating Effectiveness of Program Investments

- **Parts A, B, C, & D represent the majority of RWHAP resources**
 - Program data needed to measure program effectiveness
- **Ryan White Services Report (RSR)**
 - Annual data on clients served by RWHAP Parts A-D
 - Services funded and provided
 - Client characteristics and health outcomes, i.e., viral suppression
- **RSR data links improved health outcomes to RWHAP services**
 - Viral suppression is a primary outcome that demonstrates RWHAP effectiveness
 - Also identifies health disparities and areas for improvement
 - Better understand best practices to improve health outcomes

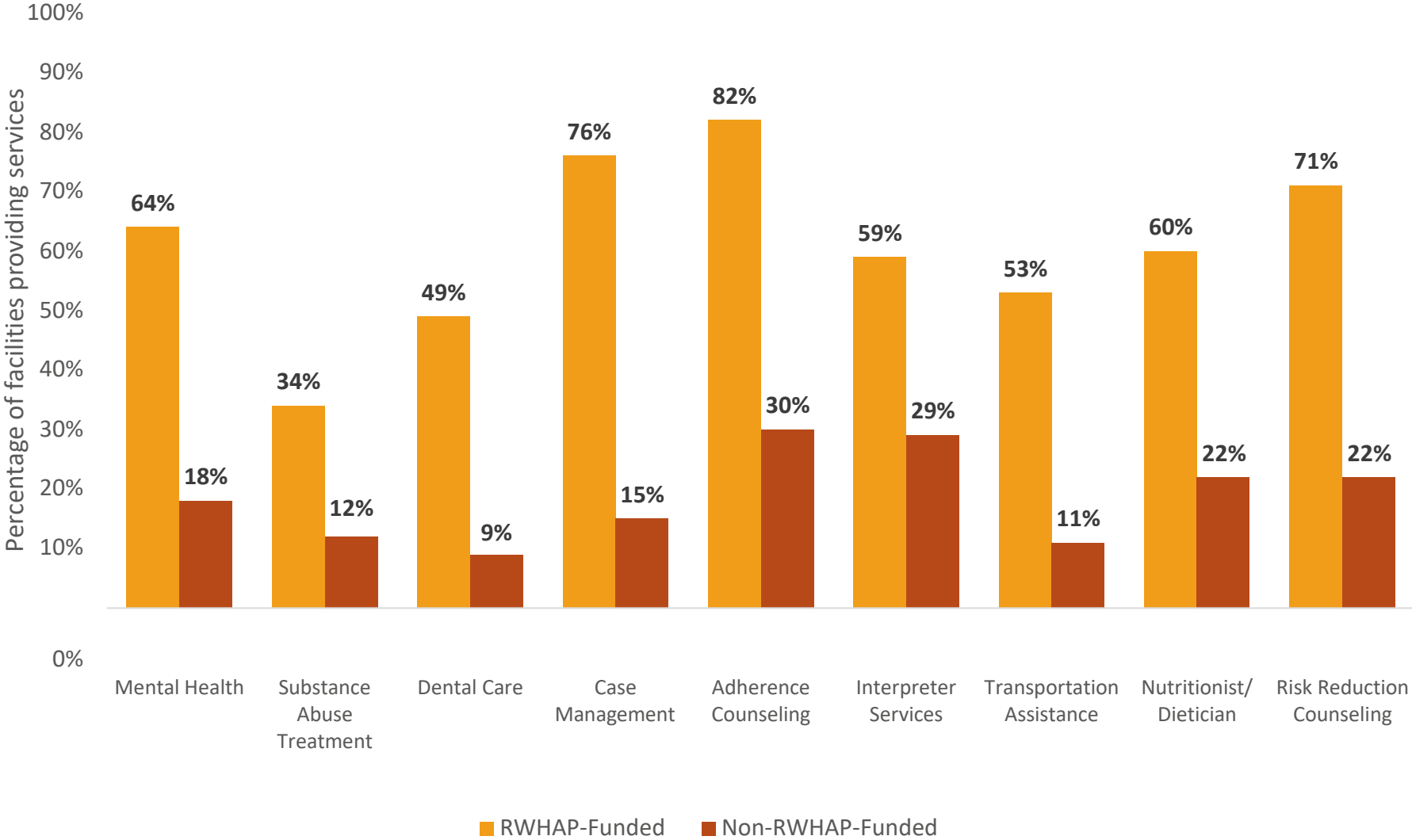


2015 Core Medical Services & Support Services Utilization by Ryan White HIV/AIDS Program Clients

	Core Medical Services	Support Services
1	Outpatient/Ambulatory Health Services	Non-Medical Case Management
2	Medical Case Management	Medical Transportation
3	Oral Health Care	Food Bank/Home Delivered Meals
4	Mental Health Services	Health Education/Risk Reduction
5	Medical Nutrition Therapy	Referral for Health Care and Support Services



Services Provided by RWHAP-Funded and Non-RWHAP-Funded Outpatient Facilities: Medical Monitoring Project (MMP) 2009-2012^a

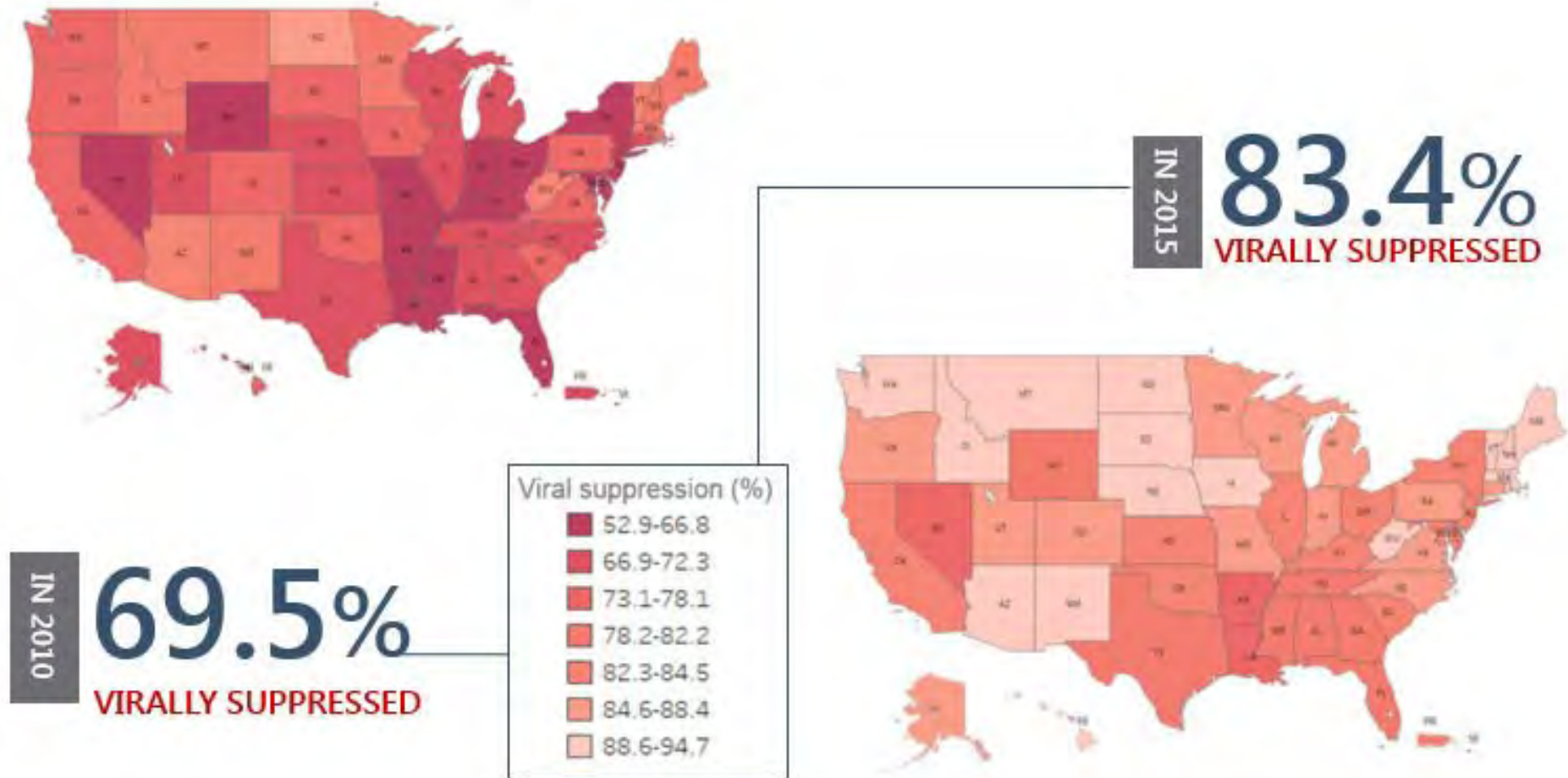


Services Provided by RWHAP-Funded and Non-RWHAP-Funded Outpatient Facilities: Medical Monitoring Project (MMP) 2009-2012^a

^aSource: Weiser J, Beer L, Frazier E, et al. Service delivery and patient outcomes in Ryan White HIV/AIDS Program-funded and -nonfunded health care facilities in the United States. JAMA Intern Med 2015;4095.



Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by State, 2010–2015—United States and 2 Territories^a

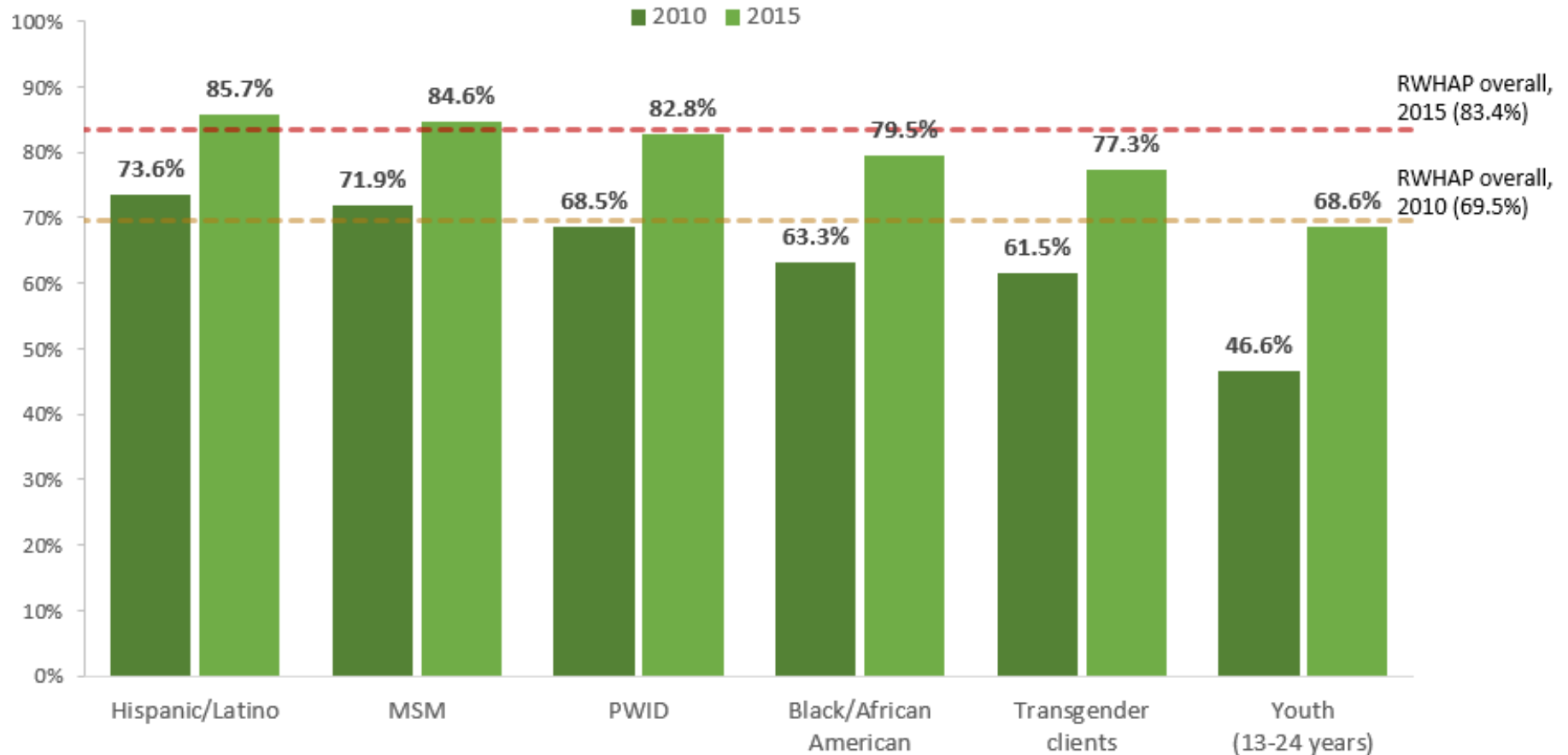


Viral suppression: ≥ 1 OAMC visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Puerto Rico and the U.S. Virgin Islands. Due to low numbers, data for Guam are not presented.



Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010–2015—United States and 3 Territories^a



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAMC visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

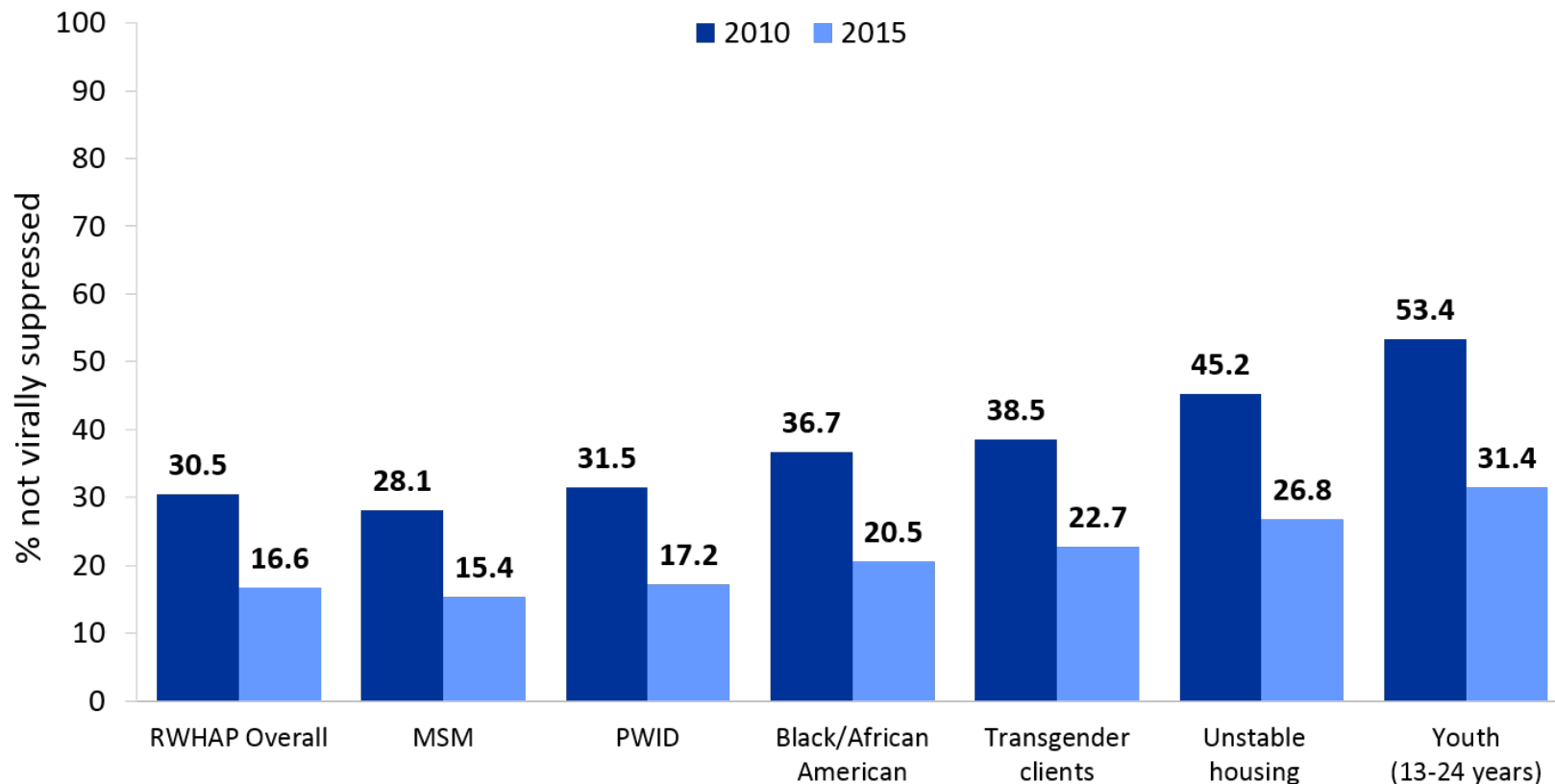


Improving Outcomes



Focus on PLWH with Detectable Viral Load

Not Virally Suppressed among Key Populations Served by the Ryan White HIV/AIDS Program, 2010-2015, United States & 3 Territories^a



MSM: men who have sex with men; PWID: persons who inject drugs.

Viral suppression: ≥ 1 outpatient/ambulatory medical care visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Improving Health Outcomes: Addressing Social Determinants of Health

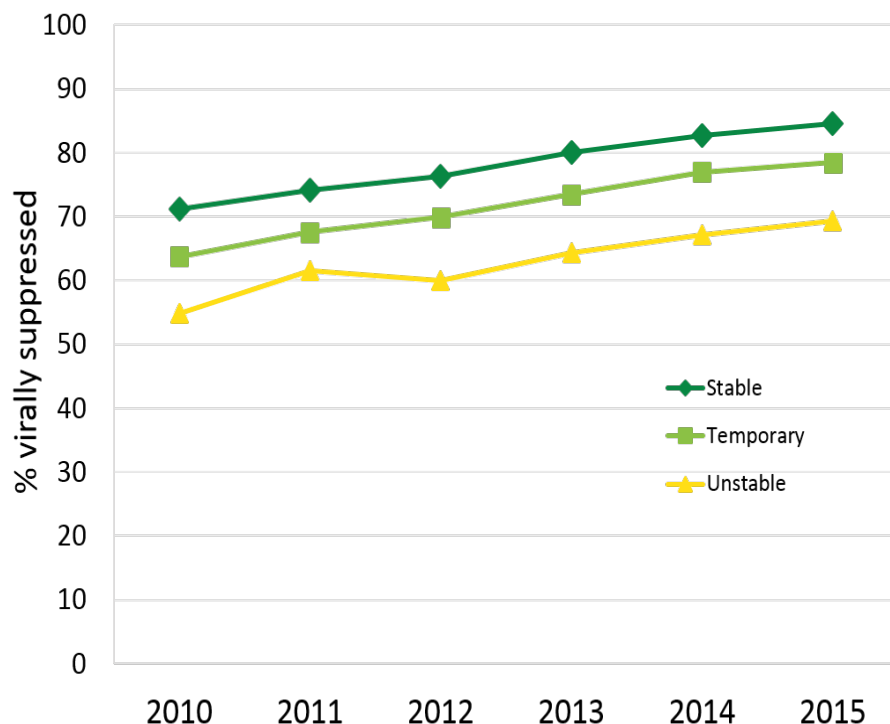
Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services

Supports coordination of HIV care, treatment, housing, and employment services to improve HIV health outcomes for low-income, PLWH in racial and ethnic minority communities

HIV Care & Housing – Using Data Integration to Improve Health Outcomes along HIV Care Continuum

Promotes integration and coordination of HIV and housing services using IT to improve entry, engagement, and retention in care for homeless & unstably housed PLWH with mental illness and substance abuse disorders

Viral Suppression among Clients Served by the RWHAP, by Housing Status, 2010–2015—United States and 3 Territories^a



Viral suppression: ≥ 1 OAMC visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.

^aGuam, Puerto Rico, and the U.S. Virgin Islands.



Improving Health Outcomes: **Addressing Social Determinants of Health**

Improving Health Outcomes: Curing Hepatitis C Infection in RWHAP

- **Estimated 20-25% of RWHAP clients are coinfecting with HCV**
- **Curing HCV among RWHAP clients is achievable**
- **Encourage recipients to leverage RWHAP effective approach to cure HCV among their clients**
 - Increase availability of HCV treatment and care
 - Increase number of clients receiving HCV treatment and care
- **Describe the successes, barriers and costs related to HCV treatment among PLWH who receive services through the RWHAP**
- **Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color**
 - Funds three RWHAP Part A jurisdictions and two RWHAP Part B jurisdictions
 - Increase HCV screening, care, and treatment systems for HIV/HCV coinfecting people of color



Improving Health Outcomes: Enhancing Partnerships

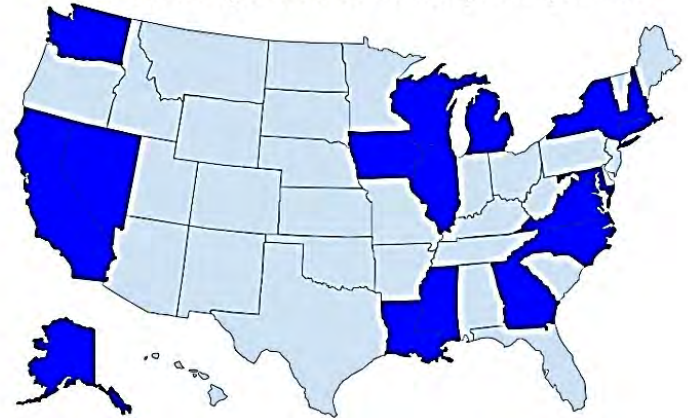
HIV Health Improvement Affinity Group

- Support state collaborations between public health and Medicaid programs
- Improve rates of viral suppression among Medicaid and CHIP enrollees living with HIV
- The Affinity Group is comprised of 19 states which represent over 55% of known living HIV cases in the U.S.

HIV Health Improvement Affinity Group (HHIAG)



HIV Health Improvement Affinity Group States



Improving Health Outcomes: Building Community Capacity

- **Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas**
 - Increase capacity to improve health outcomes for minority MSM, youth, cisgender and transgender women, and people who inject drugs
- **Improving Access to Care Using Community Health Workers to Improve Linkage and Retention in HIV Care**
 - Increase the use of community health workers to strengthen the health care workforce and improve access to health care and health outcomes for racial and ethnic minority PLWH
- **Technical Assistance for RWHAP Parts A & B to Support Integrated HIV Planning Implementation**
 - Support activities related to the CDC/HRSA Integrated HIV Prevention and Care Plans
 - Funding to encourage a streamlined approach to HIV planning and promote effective local and state decision making to develop systems of prevention and care
- **Leadership Training for People of Color Living with HIV**
 - Support increased engagement of transgender women of color living with HIV in leadership opportunities and support national leadership training
<http://www.blochiv.org/>



Improving Health Outcomes: Identifying Effective Interventions

Using Evidence Informed Interventions to Improve Health Outcomes among People Living with HIV

- Improving HIV health outcomes for transgender women
- Improving HIV health outcomes for black men who have sex with men (MSM)
- Integrating behavioral health with primary medical care for PLWH
- Identifying and addressing trauma among PLWH

Dissemination of Evidence-Informed Interventions to Improve Health Outcomes Along the HIV Care Continuum

- Developing Four evidence-informed Care and Treatment Interventions (CATI) for linkage and retention
- Based on evidence informed interventions: SPNS Jail, SPNS Buprenorphine, SPNS Outreach, and SMAIF Re-Engagement and Retention initiatives



Improving Health Outcomes: Improving Quality of Services

National Quality Forum

- Recertifying measures
- E-specification

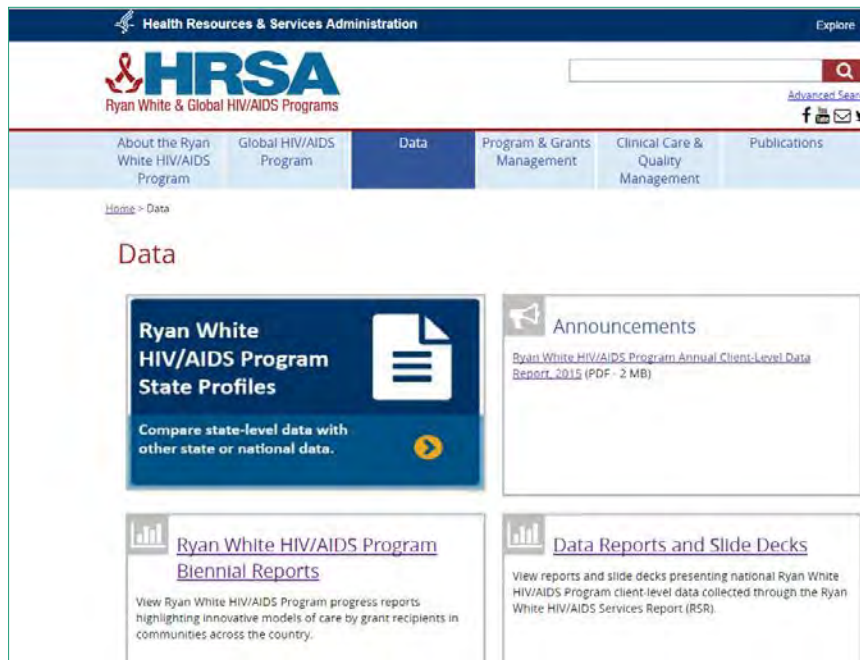
HIV Quality Measures (HIVQM) Module

- Clinical quality management is a requirement of RWHAP recipients
- HIVQM is designed to help recipients track their clinical quality performance measures
- Recipients enter performance measure data multiple times per year
- Generates easy to understand summary reports that allow an organization to compare themselves against other organizations
- There are 42 possible performance measures



HAB Reports and Other Resources

Find the client-level data report and other resources online:
<https://hab.hrsa.gov/data>



The screenshot shows the HRSA website's 'Data' section. The header includes 'Health Resources & Services Administration' and 'HRSA Ryan White & Global HIV/AIDS Programs'. A navigation menu contains 'About the Ryan White HIV/AIDS Program', 'Global HIV/AIDS Program', 'Data', 'Program & Grants Management', 'Clinical Care & Quality Management', and 'Publications'. The main content area is titled 'Data' and features several tiles: 'Ryan White HIV/AIDS Program State Profiles' (with a sub-header 'Compare state-level data with other state or national data.'), 'Announcements' (with a link to 'Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2015 (PDF - 2 MB)'), 'Ryan White HIV/AIDS Program Biennial Reports', and 'Data Reports and Slide Decks' (with a sub-header 'View reports and slide decks presenting national Ryan White HIV/AIDS Program client-level data collected through the Ryan White HIV/AIDS Services Report (RSR)').

Slide Decks

Clients Served by the Ryan White HIV/AIDS Program, 2015

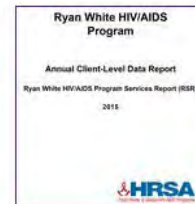
The following slide decks present national Ryan White HIV/AIDS Program client-level data collected through the Ryan White HIV/AIDS Program Services Report (RSR) in 2015.

- [Overview of clients served by RWHAP 2015](#) (PPT - 793 KB)

Ryan White HIV/AIDS Program Client Populations

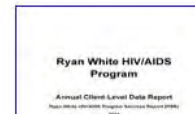
- [Race/ethnicity, 2014](#) (PPT - 1.4 MB)
- [Men who have sex with men, 2014](#) (MSM) (PPT - 532 KB)
- [Transgender clients, 2014](#) (PPT - 700 KB)

Annual Client-Level Data Reports



[Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2015](#) (PDF - 1.2 MB)

This report features Ryan White HIV/AIDS Program Services Report (RSR) data about all clients served by the RWHAP during calendar years 2011 through 2015. The publication provides an in-depth look at demographics and socio-economic factors among clients served, such as age, race/ethnicity, transmission risk category, federal poverty level, health care coverage, and housing status. In addition, the report provides selected analyses to measure RWHAP's progress toward achieving HIV-related health outcomes.



[Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2014](#) (PDF - 1.5 MB)

This report features Ryan White HIV/AIDS Program Services Report (RSR) data on all clients served by the RWHAP during calendar years

Thank You!

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