

Trends and Factors in RWHAP Parts A and B Expenditures: 2011-2015

December 2018

Steven R. Young, MSPH

Director-Division of Metropolitan HIV/AIDS Programs

Acting Director – Division of State HIV/AIDS Programs

Rene Sterling, PhD, MHA

Deputy Director-Division of State HIV/AIDS Programs

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)



Health Resources and Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are:
 - geographically, economically or medically vulnerable
- Awarded through grants and cooperative agreements to more than 3,000 awardees, including:
 - community and faith-based organizations,
 - colleges and universities,
 - hospitals,
 - state, local, and tribal governments,
 - private entities
- HRSA programs serve tens of millions of people,
 - people living with HIV/AIDS,
 - pregnant women, mothers and their families,
 - Individuals otherwise unable to access quality health care



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.



Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
 - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
 - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 59.8%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)



Learning Objectives

- Participants will be able to identify the three programmatic areas which received the largest increase in funding from Part A and B recipients.
- Participants will be able to identify the three programmatic areas which received the largest decrease in funding from Part A and B recipients
- Participants will be able to articulate potential factors for shifts in how funds are expended by RWHAP Part A and B recipients.



Outline

- Analytic Approach
- Shifts in Expenditures for RWHAP Parts A and B
- Potential Factors for Shifts

Analytic Objectives

- Describe trends in expenditures for RWHAP Parts A and B HIV services
 - focus on the highest amount of expenditures
 - Focus on the greatest shifts in core medical and support services
- Consider whether the RWHAP is responsive to:
 - policy flexibility,
 - the evolving healthcare landscape,
 - epidemiologic changes.

Data Analysis

- RWHAP Part A and B Recipient Expenditure Reports from 2011 through 2015 were analyzed to understand year to year expenditure shifts
 - Expenditures were aggregated into Core Medical or Support Services
 - Expenditures were also summarized by RWHAP Part, service category, and year
- Ryan White HIV/AIDS Program Services Report (RSR) from 2011-2015 were used to describe changes in the RWHAP client demographics

Core Medical Services – (*)

1. Outpatient and ambulatory health services
- 2-3. Medications: AIDS Drug Assistance Program (ADAP) and Local Pharmaceutical Assistance Programs (LPAP)
4. Oral health care
5. Early intervention services (EIS)
6. Substance abuse services – outpatient
7. Mental health services
8. Medical case management including treatment adherence
9. Health insurance premium & cost sharing assistance
10. Home health care
11. Home & community-based health services
12. Medical nutrition therapy
13. Hospice services

(*) https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf



Support Services – (*)

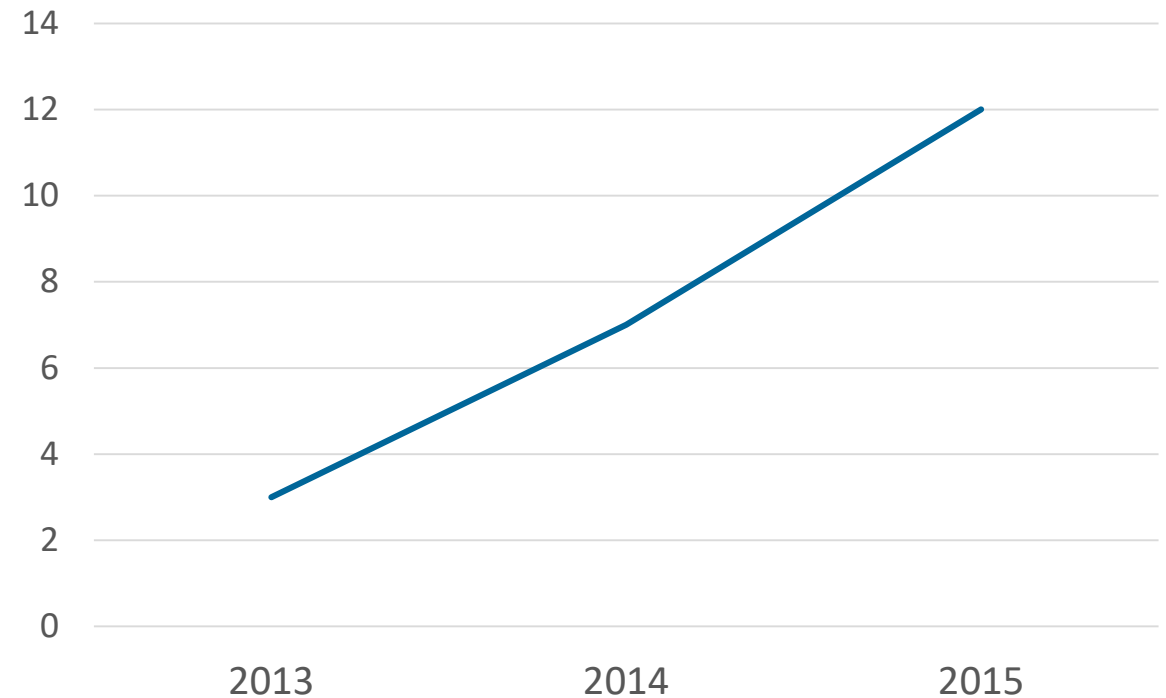
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal
- Linguistic Services
- Medical Transportation
- Non-Medical Case Management Services
- Other Professional Services
- Outreach Services
- Permanency Planning
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services (residential)



Core Medical Service Waivers

- RWHAP Part A and B recipients can receive approval for a core medical services waiver, allowing them to utilize less than the required 75% of grant funds for such purpose.
- All approved waivers were from jurisdictions in states that had expanded Medicaid.

RWHAP Part A and B Recipients Receiving Core Medical Services Waivers



Shifts in Expenditures

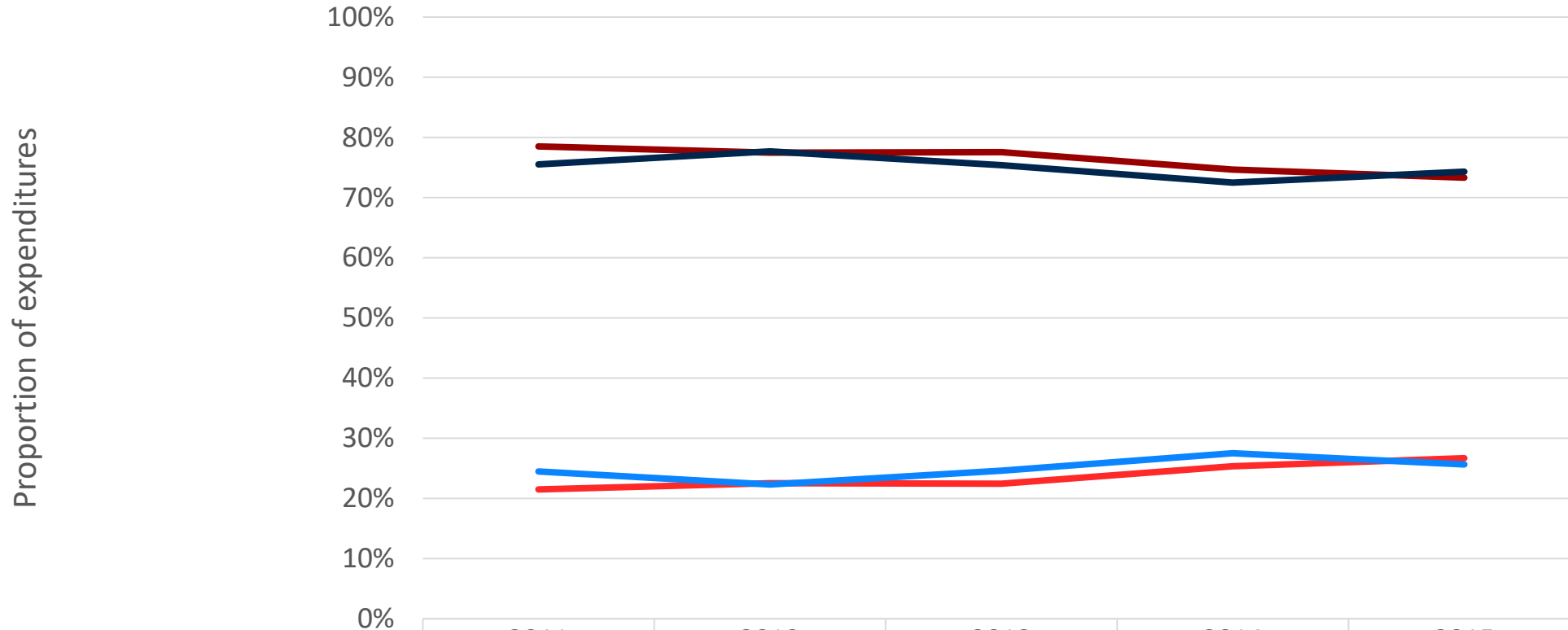


Core Medical vs. Support Services

- Expenditures for core medical services decreased for both RWHAP Parts A and B, as well as both Parts in aggregate from 77.7% in 2011 to 73.6% in 2015.
- Correspondingly, expenditures for support services increased for both RWHAP Parts A and B, as well as both Parts in aggregate from 22.3% in 2011 to 26.4% in 2015.



Changes in Core Medical and Support Services Expenditures Over Time by RWHAP Part, 2011-2015



	2011	2012	2013	2014	2015
Part A Core Medical Service	78.5%	77.5%	77.5%	74.7%	73.3%
Part A Support Services	21.5%	22.5%	22.5%	25.3%	26.7%
Part B Core Medical Services	75.5%	77.7%	75.4%	72.5%	74.3%
Part B Support Services	24.5%	22.3%	24.6%	27.5%	25.7%

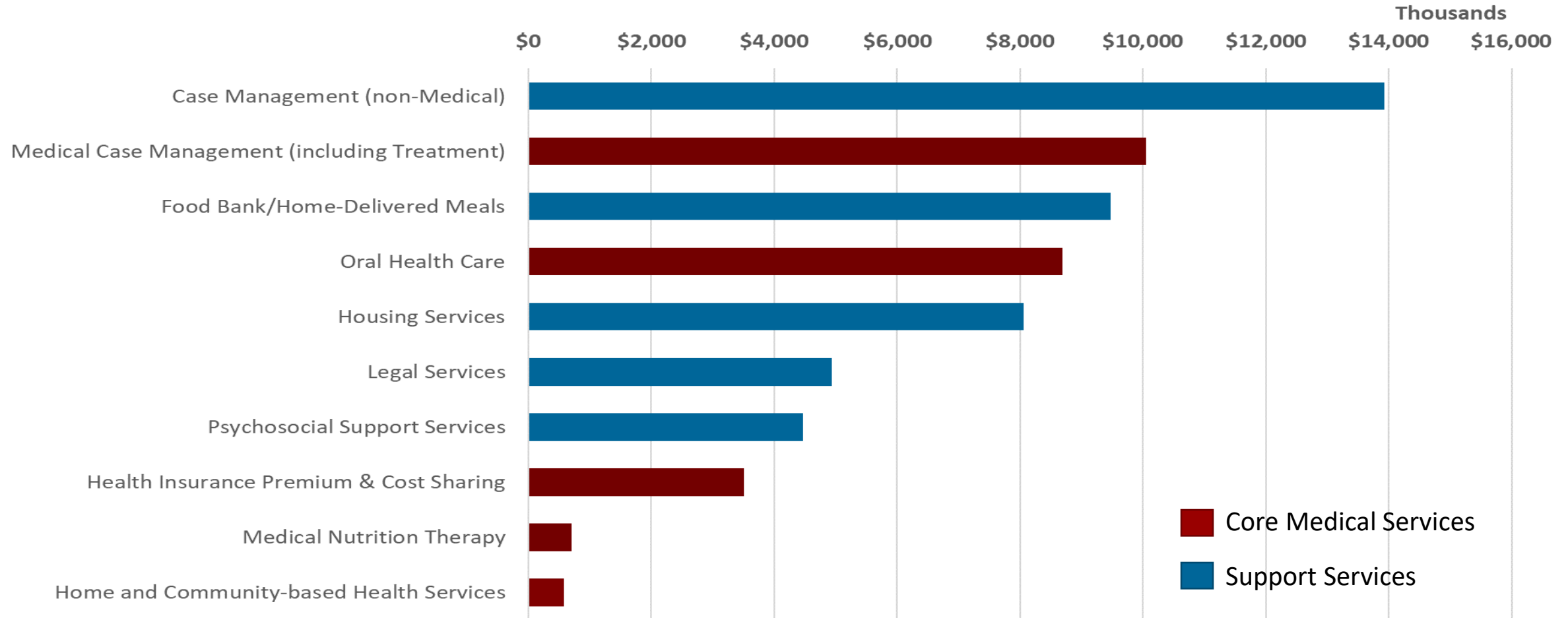


Change in Expenditures (2011-2015) for 2011 Top Expenditure Service Categories

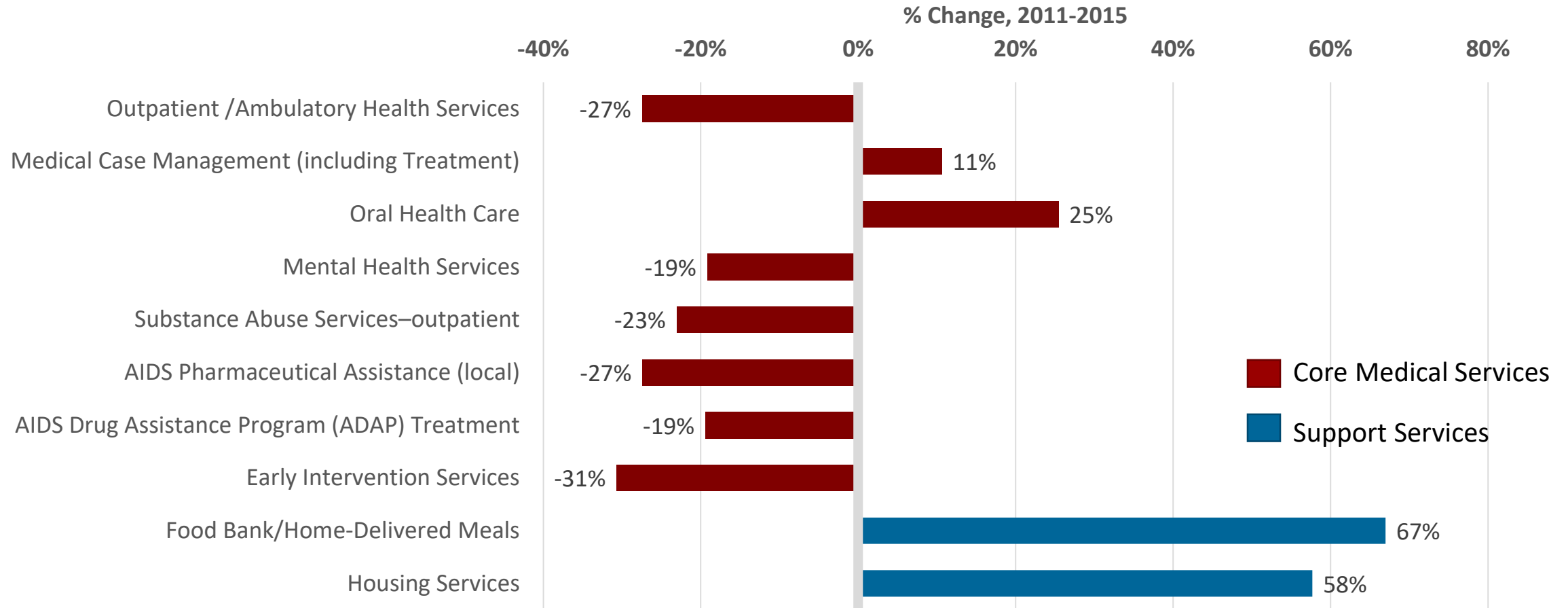
Part A	2011 Expenditures	2015 Expenditures	Total Change	% Change
Outpatient /Ambulatory Health Services	\$ 167,794,722	\$ 121,745,791	-\$46,048,931	-27.4%
Medical Case Management (including Treatment)	\$ 94,690,668	\$ 104,744,075	\$10,053,407	10.6%
Oral Health Care	\$ 34,180,431	\$ 42,874,421	\$8,693,990	25.4%
Mental Health Services	\$ 29,207,536	\$ 23,606,251	-\$5,601,285	-19.2%
Substance Abuse Services—outpatient	\$ 22,950,615	\$ 17,661,076	-\$5,289,539	-23.0%
Part B	2011 Expenditures	2015 Expenditures	Total Change	% Change
Medical Case Management (including Treatment)	\$ 62,191,932	\$ 47,235,908	-\$14,956,024	-24.0%
Outpatient /Ambulatory Health Services	\$ 60,180,446	\$ 40,549,947	-\$19,630,499	-32.6%
Case Management (non-Medical)	\$ 21,383,372	\$ 13,193,818	-\$8,189,554	-38.3%
Oral Health Care	\$ 12,253,495	\$ 16,744,483	\$4,490,988	36.7%
Mental Health Services	\$ 7,626,502	\$ 2,965,160	-\$4,661,342	-61.1%



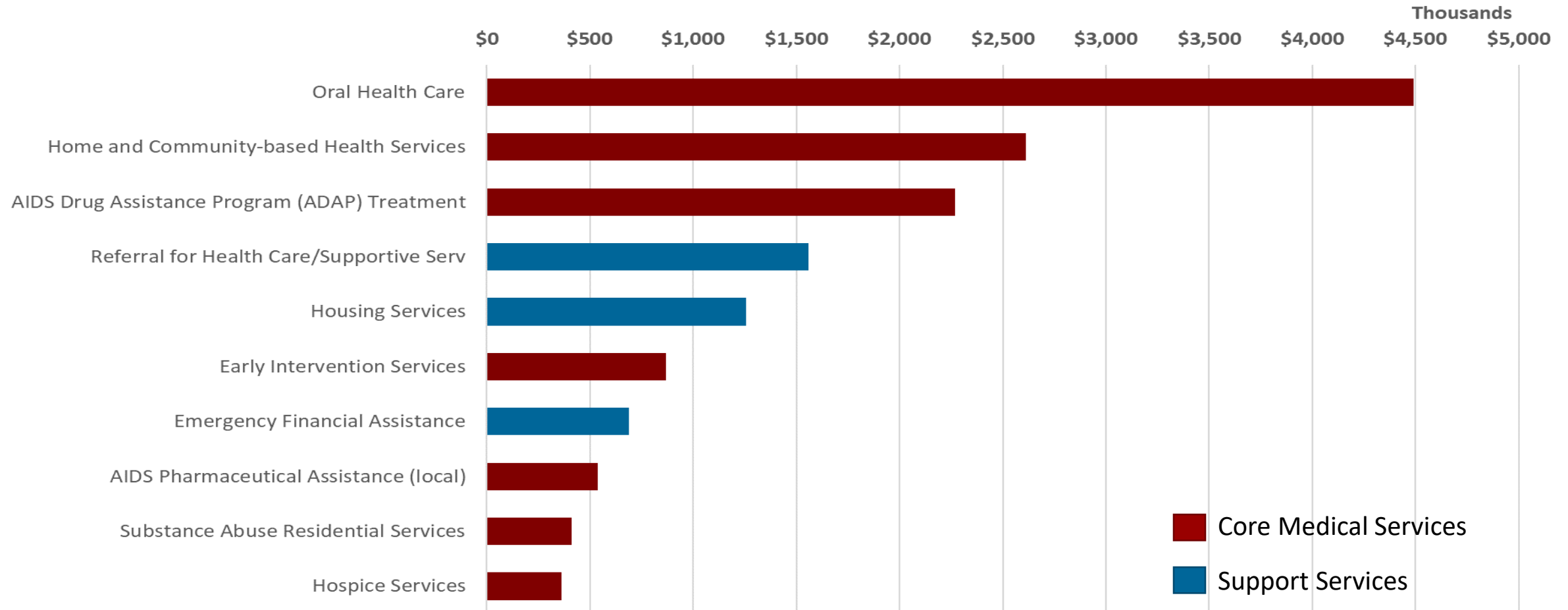
RWHAP Part A Largest Increase in Expenditure Amounts by Service Category, 2011 Compared to 2015



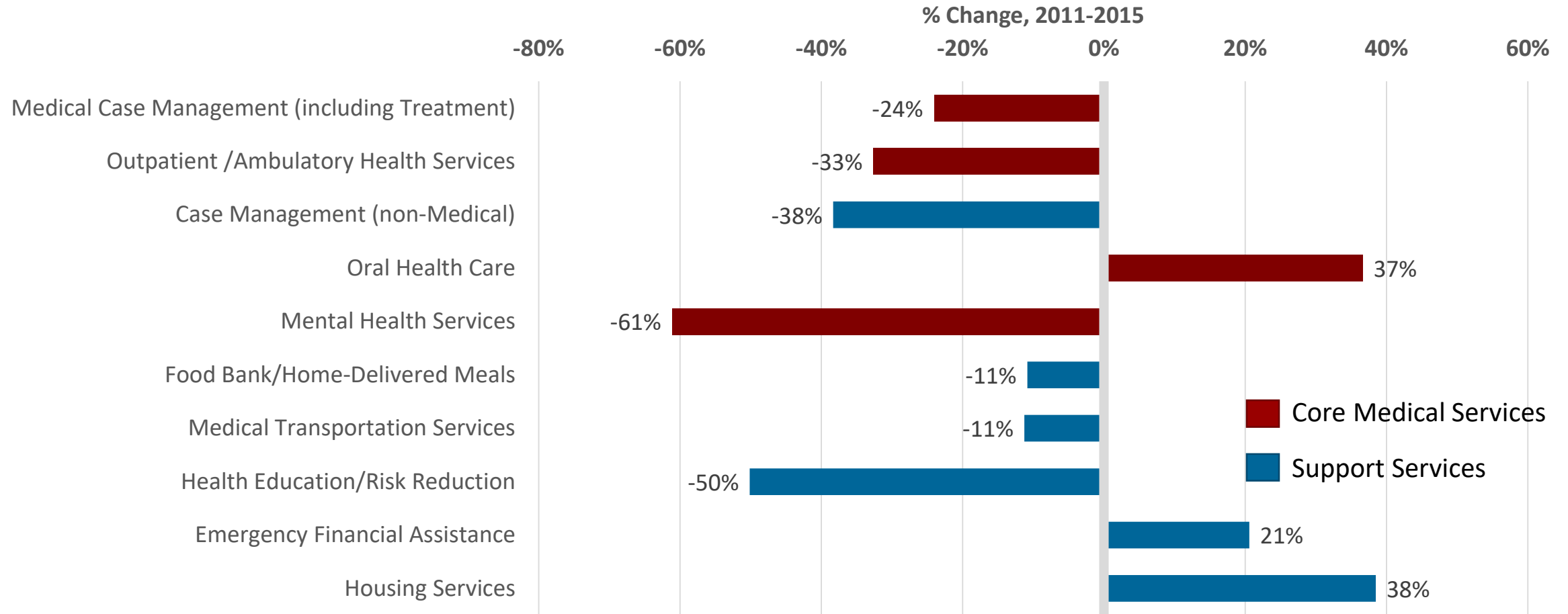
RWHAP Part A: Percent Change in Expenditures (2011 to 2015) for the 2011 Top Expenditure Service Category



RWHAP Part B Largest Increase in Expenditure Amounts by Service Category, 2011 Compared to 2015



RWHAP Part B: Percent Change in Expenditures (2011 to 2015) for the 2011 Expenditure Top Service Category



Potential Factors for Shifts

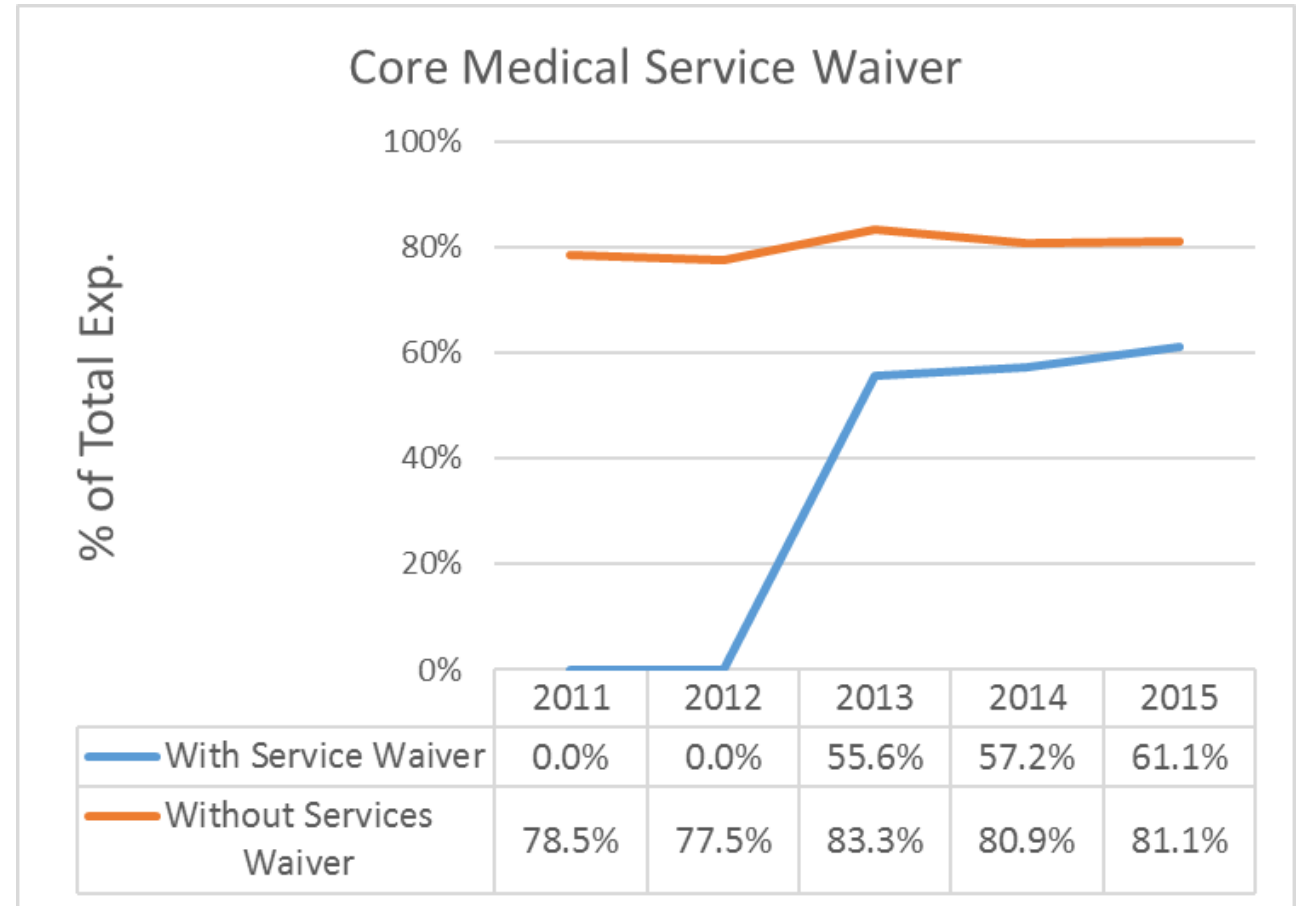


Contributing Factors

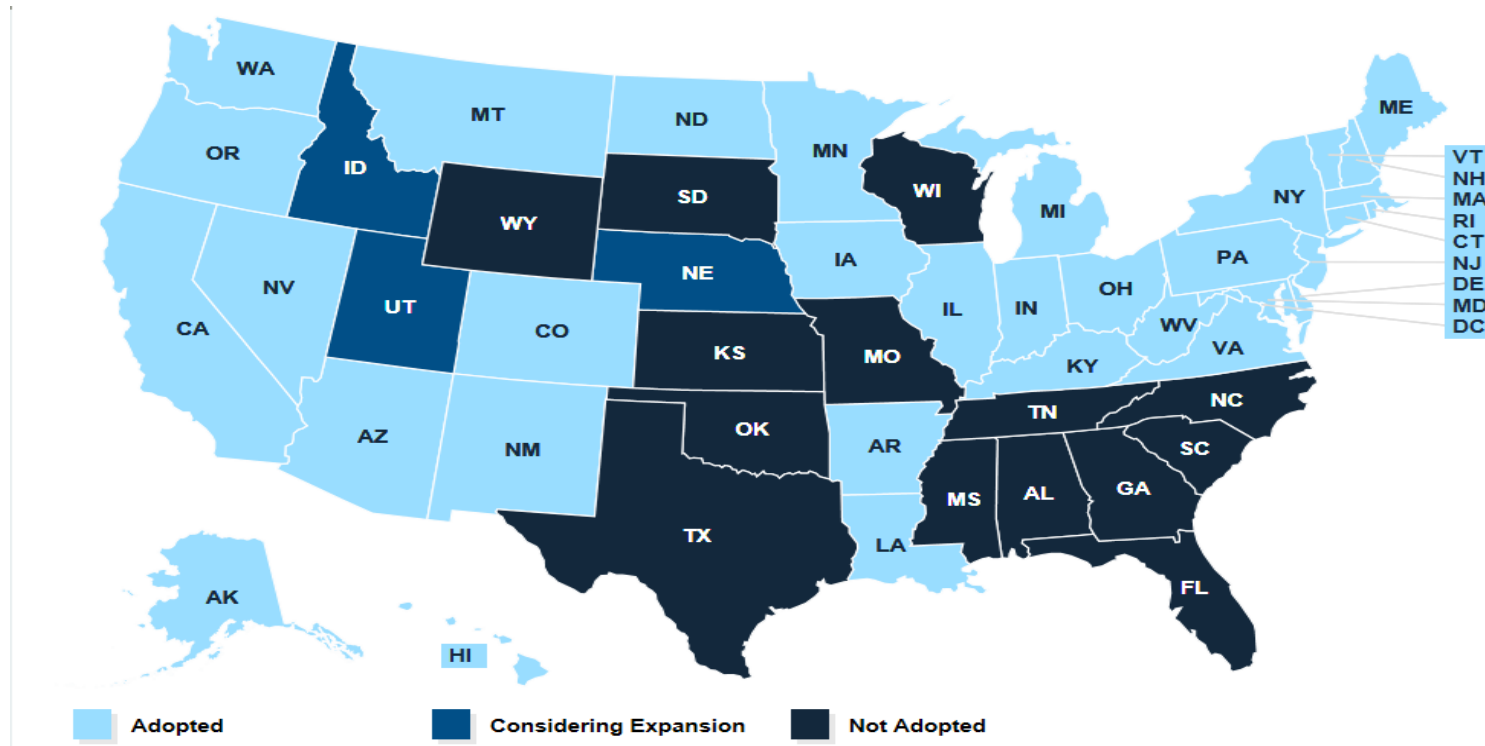
- Policy flexibility – Core Medical Services Waivers
- Medicaid expansion
- Generation of additional resources – program income and pharmaceutical rebates
- Demographics

RWHAP Part A Expenditures and Core Medical Services Waivers

- In 2015, RWHAP Part A jurisdictions with a core medical service waiver spent 61.1% and 38.9% of their funds respectively on core versus supportive services (as indicated by the blue line).
- In 2015, RWHAP Part A jurisdictions without a core medical service waiver spent 81.1% and 18.9% of their funds respectively on core versus supportive services (as indicated by the orange line).



States with Medicaid Expansion



- All approved core medical service waivers are from jurisdictions within Medicaid expansion states
- Is there an increase in “support services” less likely to be covered by Medicaid?

Generation of Additional Resources

- RWHAP Part A programs and Part B and AIDS Drug Assistance Programs (ADAP) have been able to generate program income, which serve as additional resources to address unmet need.
- Depending on the origin of these additional resources, such funds can be distributed through other Parts and can thus influence the expenditure of funds within jurisdictions.

Demographic Changes in RWHAP Clients 2011 to 2015, RSR

Major Shifts






- Age
 - Proportion of RWHAP Clients in 55-64 year age group increased from 15.0% to 20.2%
 - Proportion of RWHAP Clients in 65+ year age group increased 3.1% to 5.3%
- Insurance Status
 - Proportion of RWHAP clients who were uninsured decreased from 27.2% to 20.7%

Minor Shifts

- Sex
 - Proportion of Female RWHAP clients decreased from 30.1% to 27.6%
- Transmission
 - Proportion of RWHAP clients whose primary mode of transmission was MSM increased from 41.8% to 45.3%
 - Proportion of RWHAP clients whose primary mode of transmission was IDU decreased from 9.8% to 7.4%


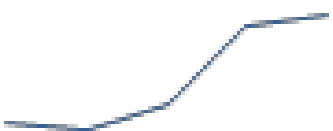

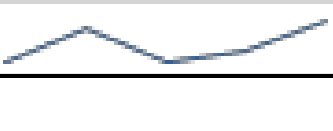



Demographic Changes in RWHAP Clients

	Year					5 Year Trend
	2011	2012	2013	2014	2015	
Age						
Under 55	81.9	80.2	78.7	76.6	74.5	
55 +	18.1	19.8	21.3	23.4	25.5	
Risk						
MSM	41.8	43	43.9	44.4	45.3	
IDU	9.8	9	8.7	8	7.4	
Insurance						
Uninsured	27.2	27.6	27.8	25.4	20.7	



RWHAP Service Use in 65+ Population

Top Five Service Categories	Year					Five Year Trend
	2011	20.12	2013	2014	2015	
Outpatient/ambulatory medical care	52%	54%	52%	52%	62%	
Referral for health care/supportive services	5%	5%	6%	8%	8%	
Oral health care	17%	18%	19%	20%	19%	
Food bank/home-delivered meals	12%	12%	13%	13%	14%	
Medical transportation services	11%	12%	11%	12%	13%	



Conclusion

- It appears that with the decrease in RWHAP Part A and B clients who are uninsured from 27.2% to 20.7%, RWHAP Part A and B programs increasingly looked at core medical service waivers and decreased their grant expenditures for such services, while looking toward other services that helped link and engage individuals in regular medical care.
- Service categories with a small overall expenditure were not included in this analysis as percentage increases/decreases were skewed by data from individual recipients .
- It is not yet clear what impact the changes in the RWHAP Part A and B client demographics, such as age, have had on service.



Conclusion

- Modest changes in expenditures were identified within the Federal funds provided to Part A and B programs, supportive of the policy that local autonomy and decision-making can best address change at the community level and the gaps in needed health care services for targeted populations.

Contact Information

Steven R. Young, MSPH

Director-Division of Metropolitan HIV/AIDS Programs

Acting Director – Division of State HIV/AIDS Programs

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: syoung@hrsa.gov

Phone: (301) 443-7136

Web: hab.hrsa.gov

Rene Sterling, PhD, MHA

Deputy Director-Division of State HIV/AIDS Programs

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: rsterling@hrsa.gov

Phone: (301) 443-9017

Web: hab.hrsa.gov





Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov



Sign up for the HRSA *eNews*

FOLLOW US:

