

Do HIV patients have better outcomes at Ryan White-funded facilities?

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Health Resources and Services Administration (HRSA)

Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable 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, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those 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
- 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 55%



Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)



Overview of Presentation

The Centers for Disease Control and Prevention, in partnership with the Health Resources and Services Administration HIV/AIDS Bureau has conducted multiple studies that include data on how the role and impact of the Ryan White HIV/AIDS Program (RWHAP) on HIV care, treatment and service provision in the United States.

Key findings from the Medical Monitoring Project have investigated differences in service delivery, provider experience, stigma and discrimination patient experiences, hepatitis prevention and treatment, and HIV outcomes between sites funded by the RWHAP and non-RWHAP sites.



Learning Outcomes

- **Understand differences between Infectious Disease Specialists that work in RWHAP and non-RWHAP funded sites**
- **Learn how retention and HIV viral suppression outcomes are different in RWHAP and non-RWHAP funded sites**
- **Understand hepatitis screening differences for people living with HIV at RWHAP and non-RWHAP funded sites**
- **Understand stigma and discrimination experiences reported by people living with HIV at RWHAP sites and non-RWHAP sites**



Overview of Studies

John Weiser, CDC



Do HIV patients have better outcomes at Ryan White-funded facilities?

John Weiser, MD, MPH
Medical Monitoring Project



Overview

■ Objectives

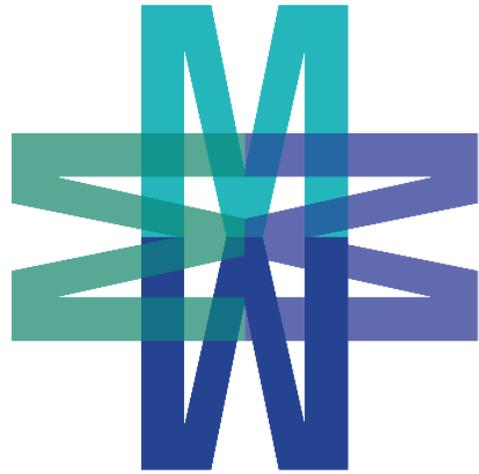
- Describe whether outcomes differ based on
 - RWHAP patient assistance (e.g. ADAP)
 - Facility RWHAP funding status

■ Methods

- Sampling and weighting
- Nationally representative data

Overview

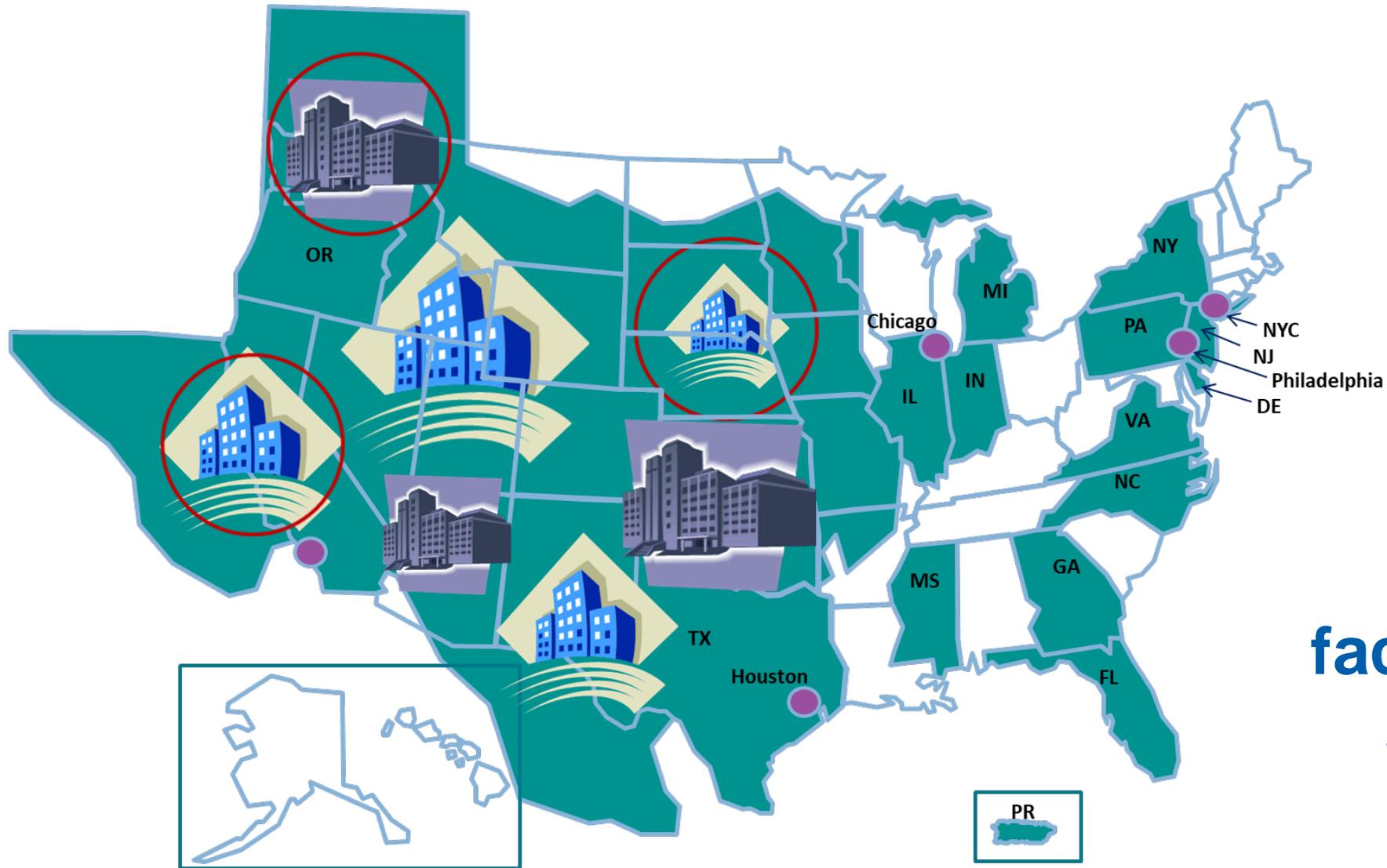
- **Findings and implications**
 - RWHAP patient assistance
 - RWHAP facility funding
 - Patient level
 - Facility level
 - Provider level



**MEDICAL
MONITORING
PROJECT**



15 states and Puerto Rico were sampled.



**Over 500
facilities were
sampled.**

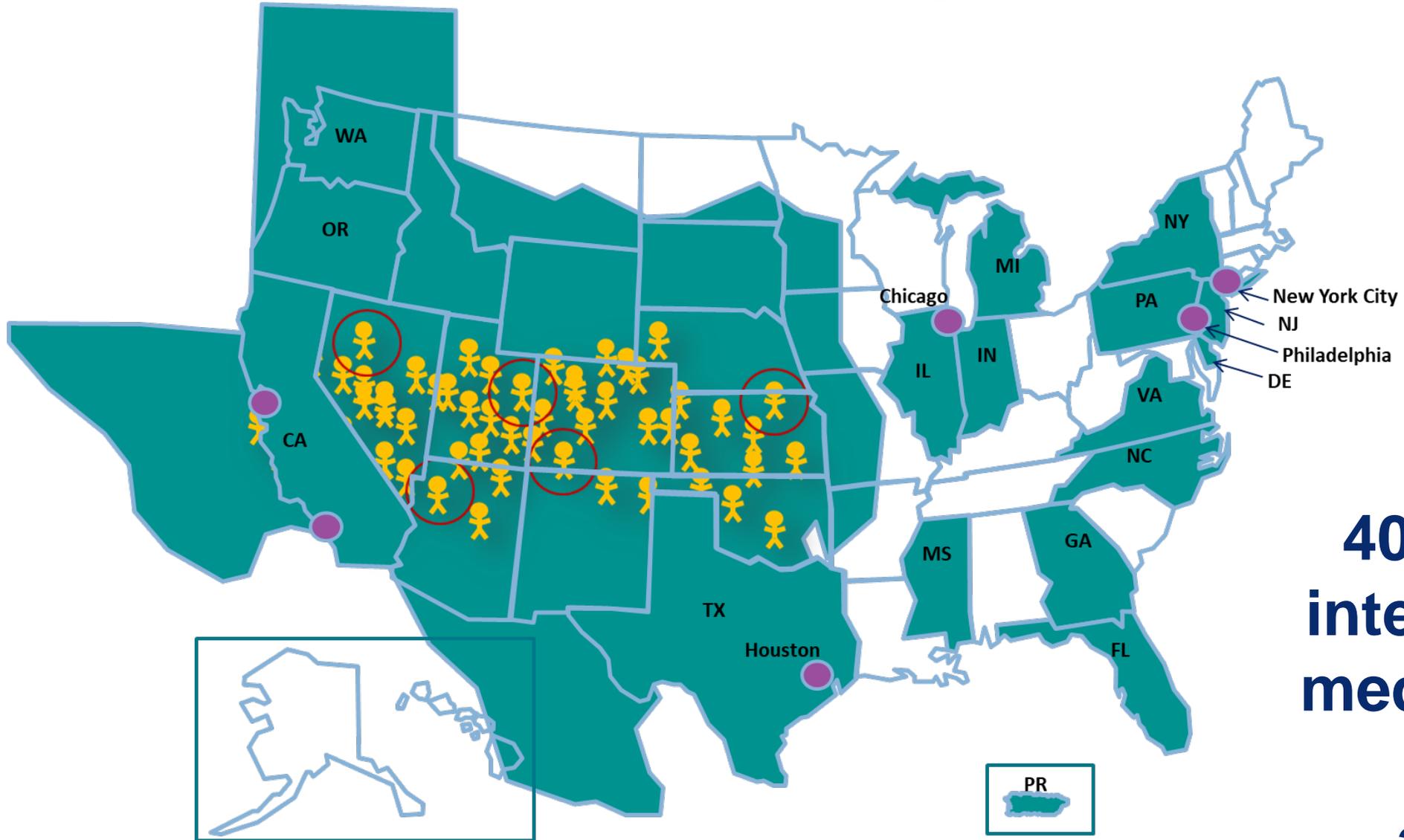


**5000 patient interviews
and medical record
reviews annually**

**All sampled
facilities surveyed.**

**Over 1200 providers
surveyed.**

2015-2020 Sampling Methods



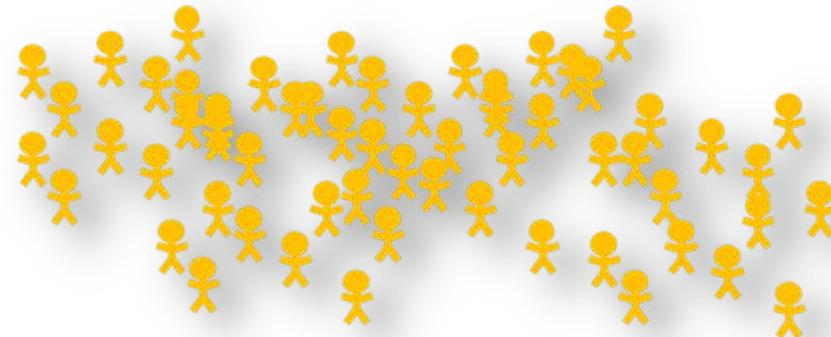
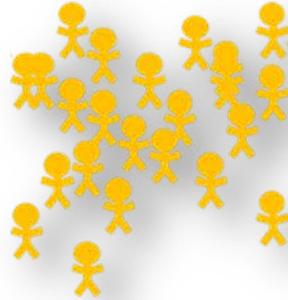
**4000 patient
interviews and
medical record
reviews
annually**

US population
of people with
diagnosed HIV

Respondents



Sample



Recruitment

Sample draw



Respondents



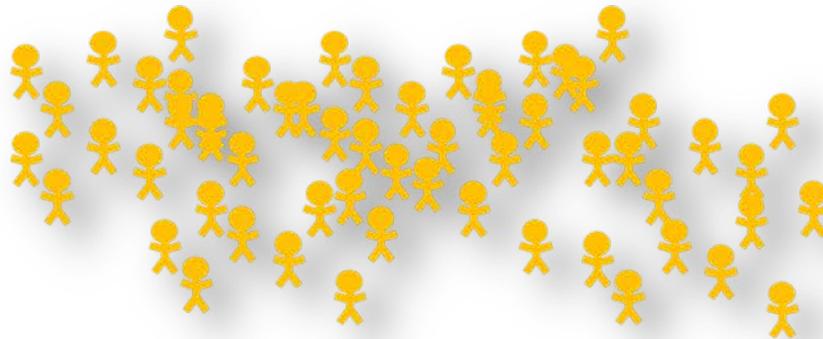
Sample



Non-participation
adjustment



US population
of people with
diagnosed HIV

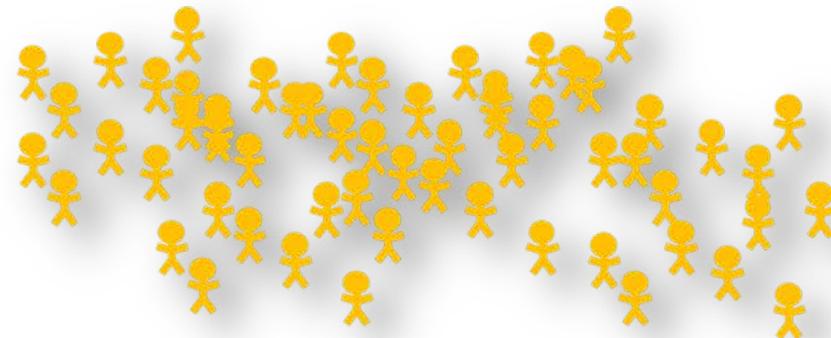
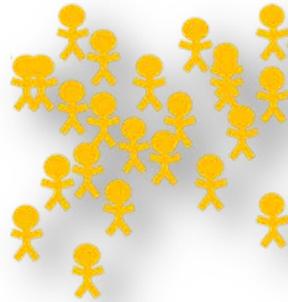


US population
of people with
diagnosed HIV

Respondents



Sample



Non-participation
adjustment

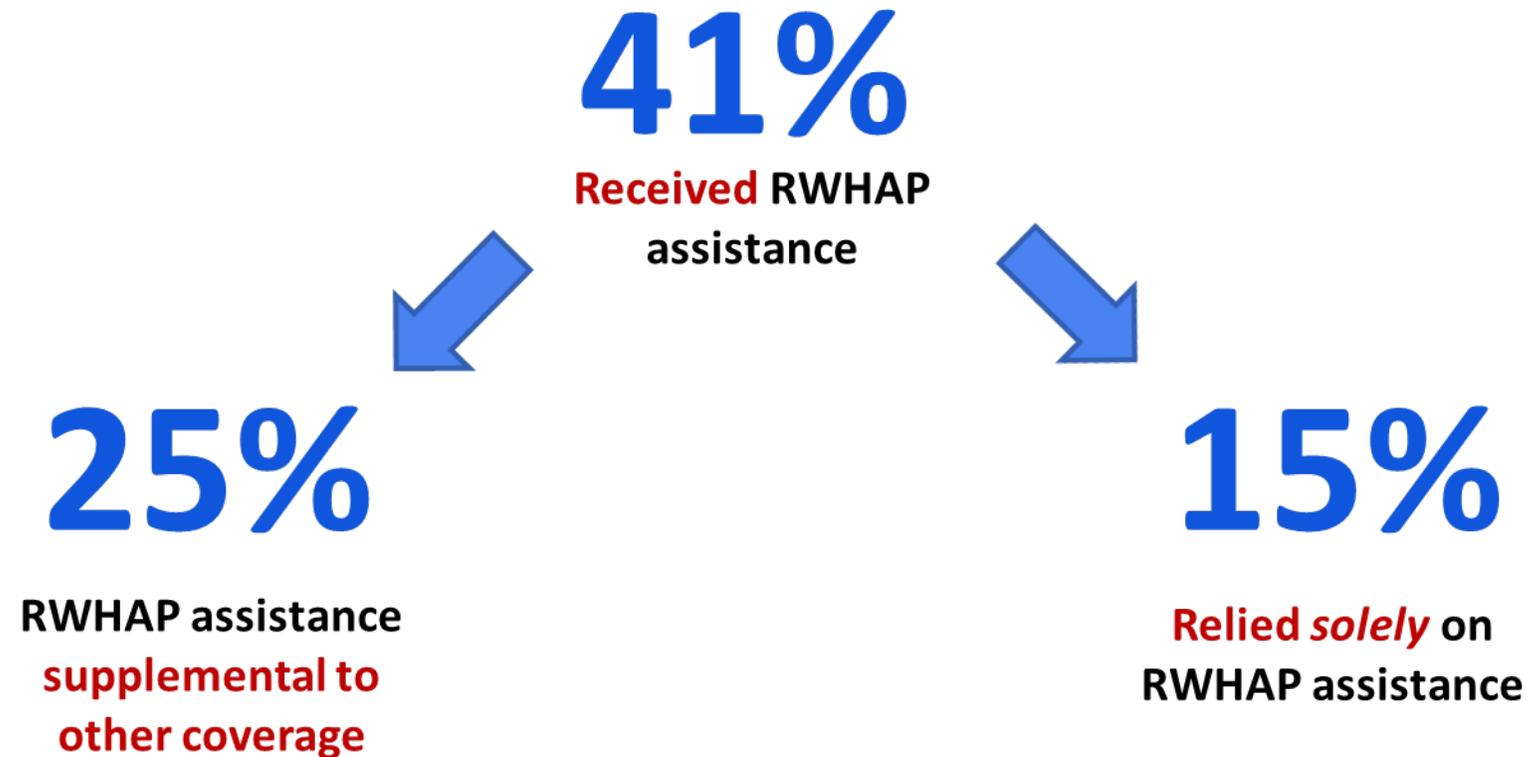
Design
weighting



Findings



The Reach of Ryan White Patient Assistance (2009-2013)



Viral Suppression Among **Uninsured** Patients

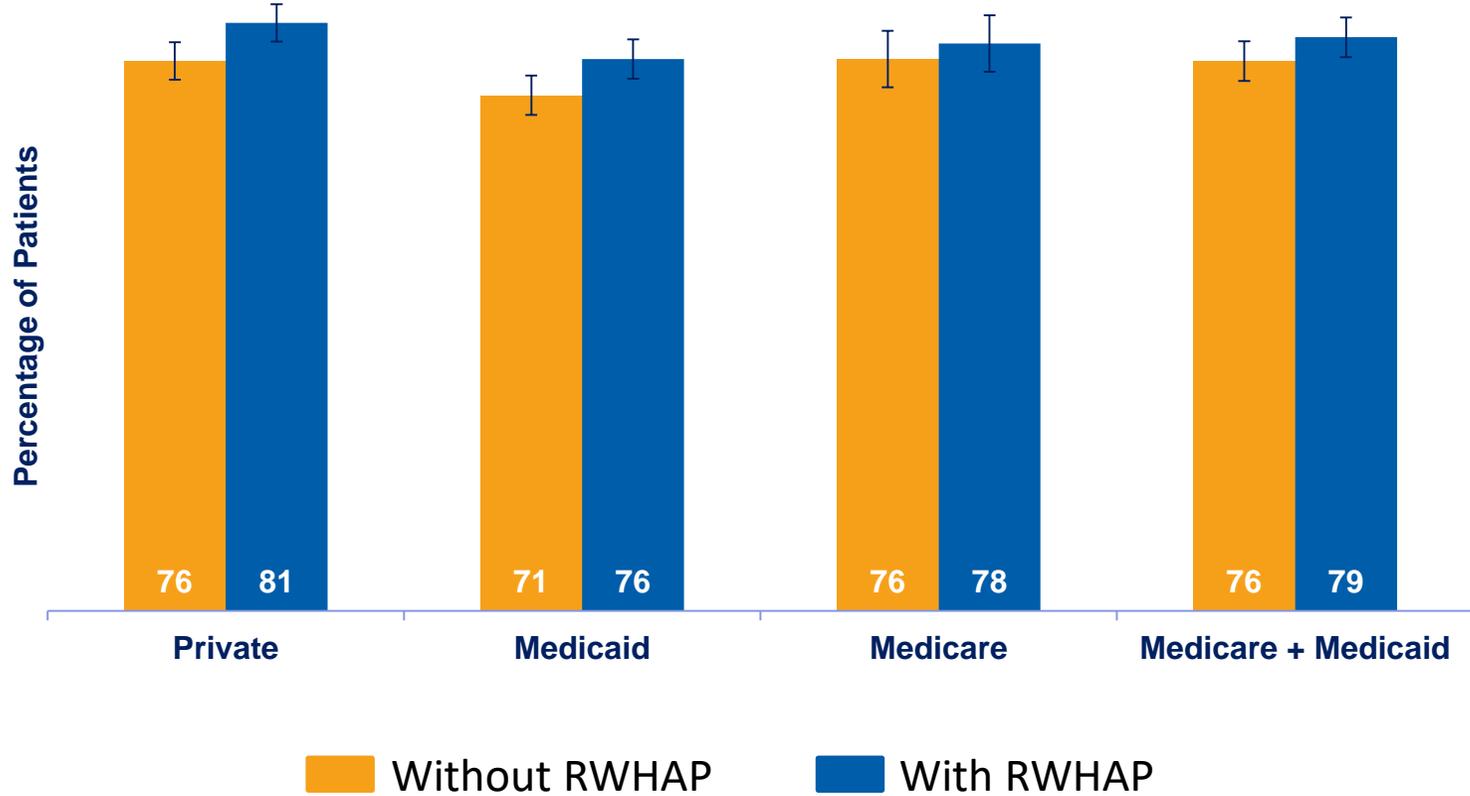
77%

With RWHAP Assistance

39%

Without RWHAP Assistance

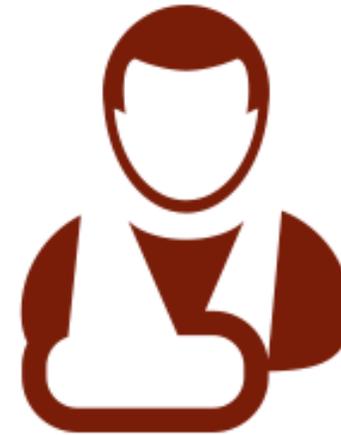
Viral Suppression Among Insured Patients



The Reach of Ryan White Facility Funding (2013-2014)



**34% of facilities
were funded**



**73% of patients
attended a funded facility**

Patients at funded facilities often lack resources to support health.

	Funded Facilities	Non-funded Facilities
Less than high school education	26%	11%
Living in poverty*	54%	24%
Homeless*	10%	5%
Incarcerated*	6%	3%
No health insurance	25%	6%

* In the past 12 months

Patient demographics differed.

	Funded Facilities	Non-funded Facilities
Age 18-29 years	9%	5%
Black/non-Hispanic	48%	26%
Hispanic	23%	13%

Substance abuse was not more common among patients at funded facilities.

	Funded Facilities	Non-funded Facilities
Binge alcohol use*	16%	17%
Non-injection drug use*	26%	30%
Injection drug use*	3%	2%

* Difference not statistically significant

Health Care **Discrimination** Among Patients in Poverty



15%

RWHAP-funded
Facilities

28%

Non-Ryan White-
funded Facilities

Viral Suppression and Facility Type

	Funded Facilities	Non-funded Facilities
Overall*	74%	79%
After adjusting for population differences		
Above poverty level*	74%	77%
Below poverty level§	73%	67%

§ $P < .05$

* Difference not statistically significant

**Poor patients are more likely to be virally suppressed
at Ryan White-funded facilities.**



Higher percentages received preventive services.

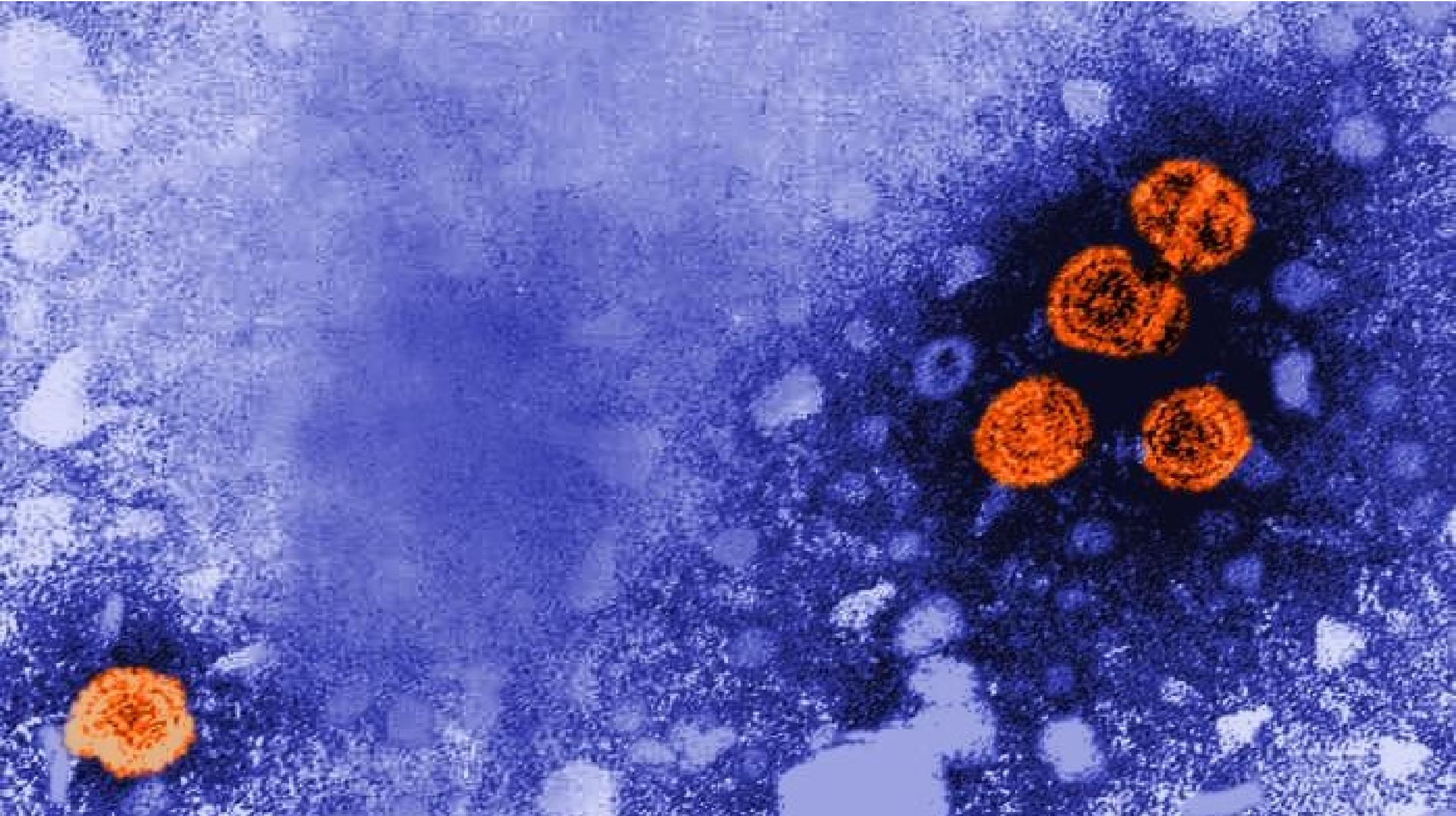
- Received free condoms: 76% vs. 57%
- Received informational materials: 65% vs. 55%
- Reported condomless anal sex: 60% vs. 41%
- Conversation with health care worker: 62% vs. 51%
- Conversation with prevention worker: 39% vs. 25%
- Conversation with organized group: 15% vs. 10%

And higher percentages had STD testing.

- Syphilis: 78% vs. 61%
- Anal or pharyngeal gonorrhea: 14% vs. 7%
- Anal or pharyngeal chlamydia: 14% vs. 7%

There are strategies to increase STD testing.

- Patient self-testing
- Nurse led testing programs
- Clinical reminders in electronic health records
- Patient registries



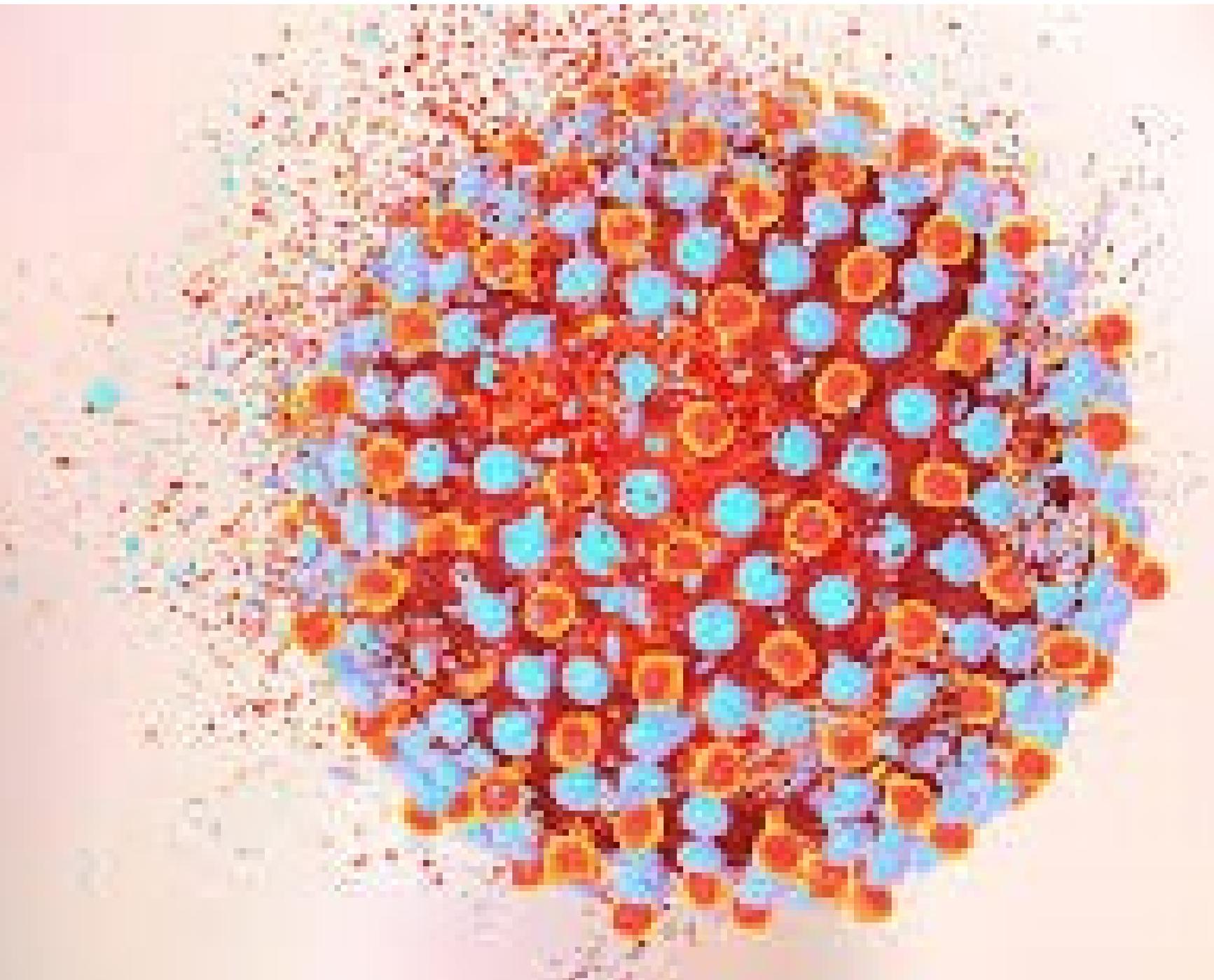
One-third of HIV patients had not been vaccinated for hepatitis B.

A higher percentage of patients at RWHAP-funded facilities were vaccinated.

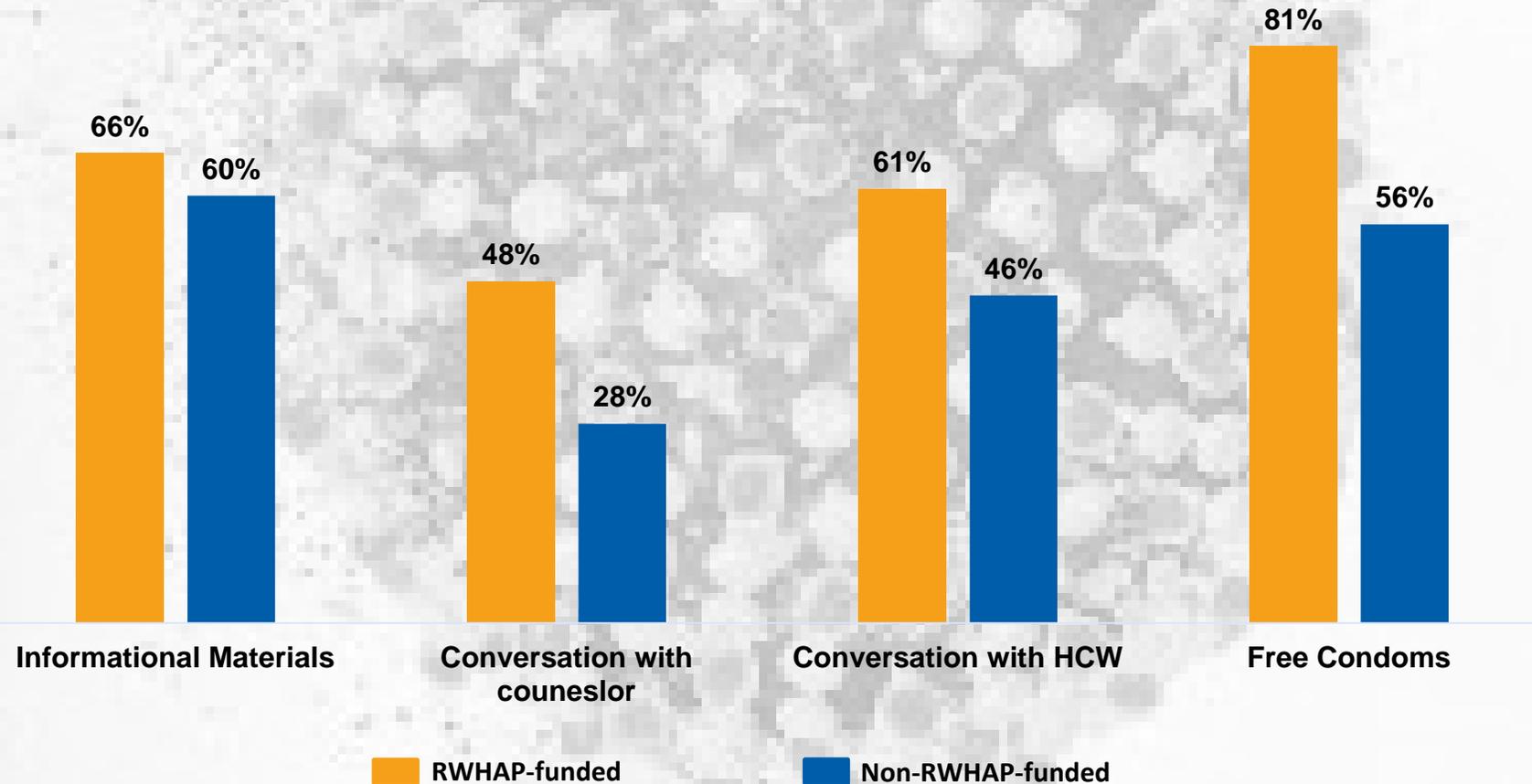
- 13% at funded facilities
- 4% at non-funded facilities

Strategies to increase hepatitis B vaccination:

- Standing orders to vaccinate during first visit
- Clinical reminders in health records
- Patient registries
- Nurse-led vaccination programs
- Clear messaging that vaccination is safe and effective



Higher percentages of HIV/hepatitis C co-infected patients received services to prevent transmission.



Recap: Patients at funded (vs. non-funded) facilities:

- **Many faced challenges and lack resources**
- **Not more likely to use drugs or binge drink**
- **Poor patients are:**
 - Less likely to report health care discrimination
 - More likely to be virally suppressed

Recap: Patients at funded (vs. non-funded) facilities:

- **MSM at funded facilities:**
 - Lower behavioral risk for STDs
 - More likely to receive STD prevention services
 - More likely to be tested for STDs and hepatitis C
- **Hepatitis B vaccination candidates**
 - More likely to be vaccinated at RWHAP-funded facilities
- **Patient with HIV/hepatitis C coinfection**
 - More likely to receive prevention services at RWHAP-funded facilities

Facility Factors



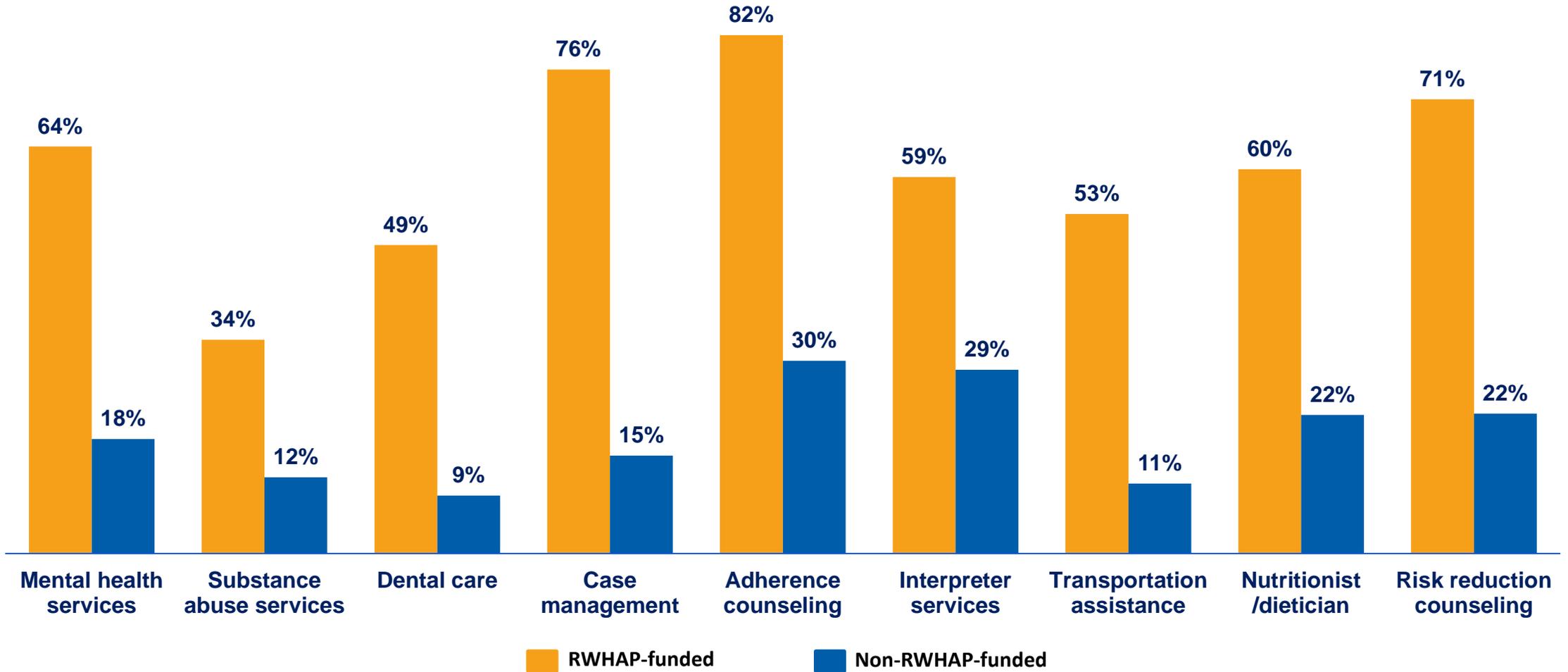
How do funded and non-funded facilities differ?



How do funded and non-funded facilities differ?

	Funded Facilities	Non-funded Facilities
HIV caseload <50	30%	60%
Community health center	45%	5%
Community-based organization	13%	1%
Health department	16%	1%
Private practice	19%	78%

Onsite Support Services



Systematic Monitoring of Retention in Care

92%

RWHAP-funded

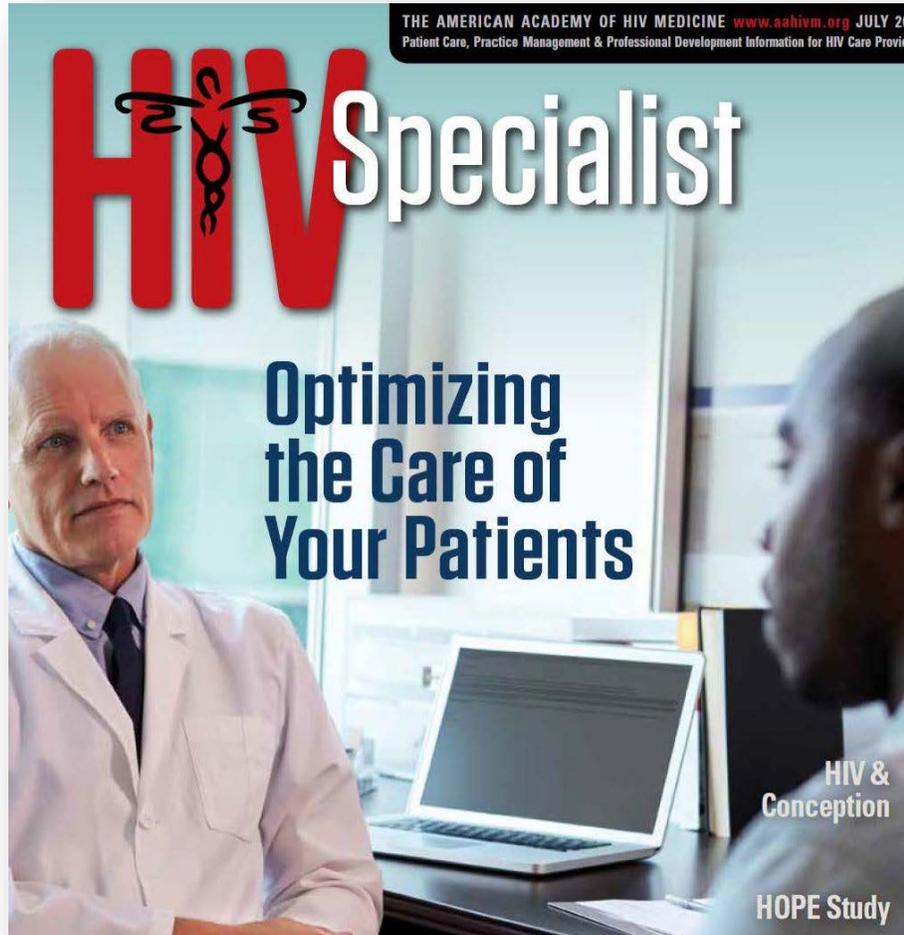
51%

Non-RWHAP-funded

Provider Factors



Providers Who Are HIV Specialists



73%

RWHAP-funded
Facility

42%

Private Practice

Utilizes an integrated Team



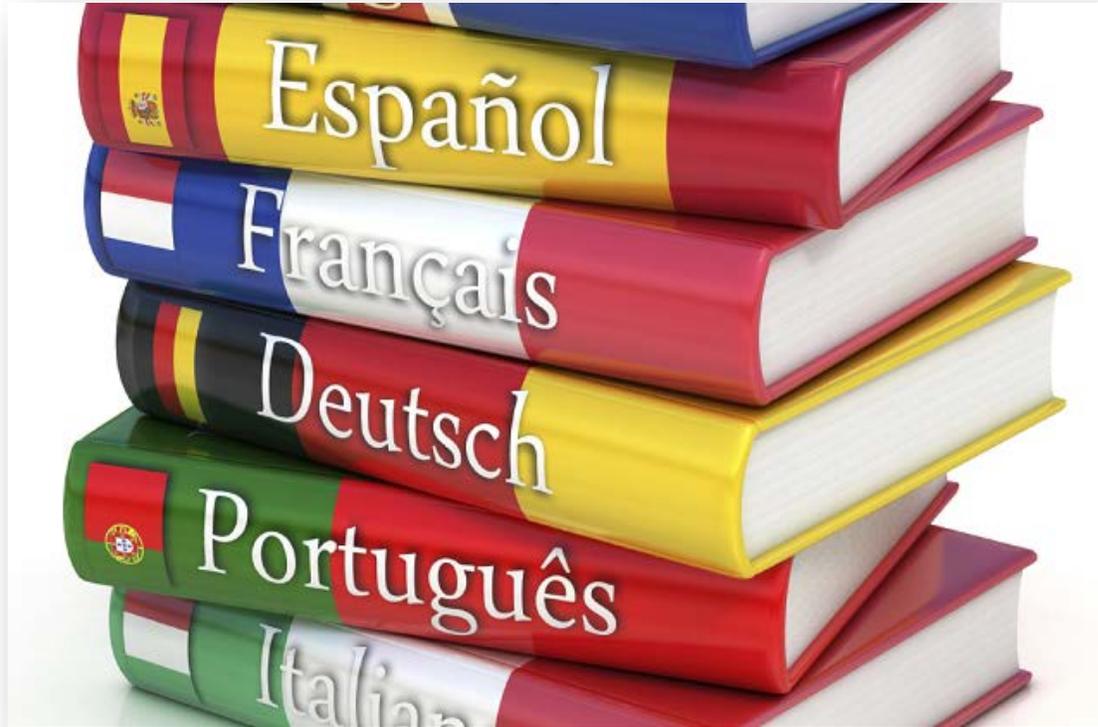
89%

**RWHAP-funded
Facility**

15%

Private Practice

Provides Care in a Language Other than English



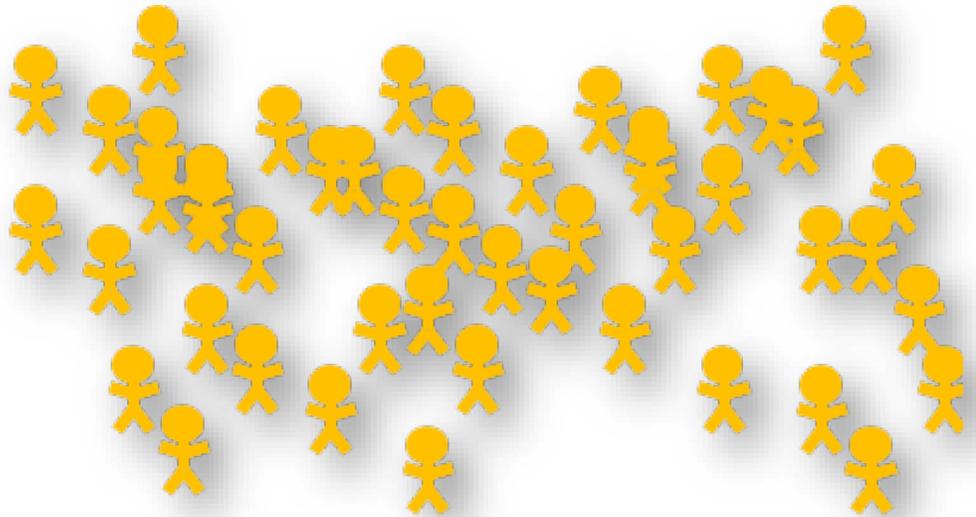
48%

RWHAP-funded
Facility

31%

Private Practice

Providers with HIV Patient Caseload >200



38%

RWHAP-funded
Facility

15%

Private Practice

Initiated ART Regardless of CD4 Count



80%

**RWHAP-funded
Facility**

62%

Private Practice

Comprehensive Adherence Support

- Assess adherence at every visit
- Refer for supportive services
- Offer education, advice, tools

53%

RWHAP-funded
Facility

32%

Private Practice

Providers Who are Nurse Practitioners



26%

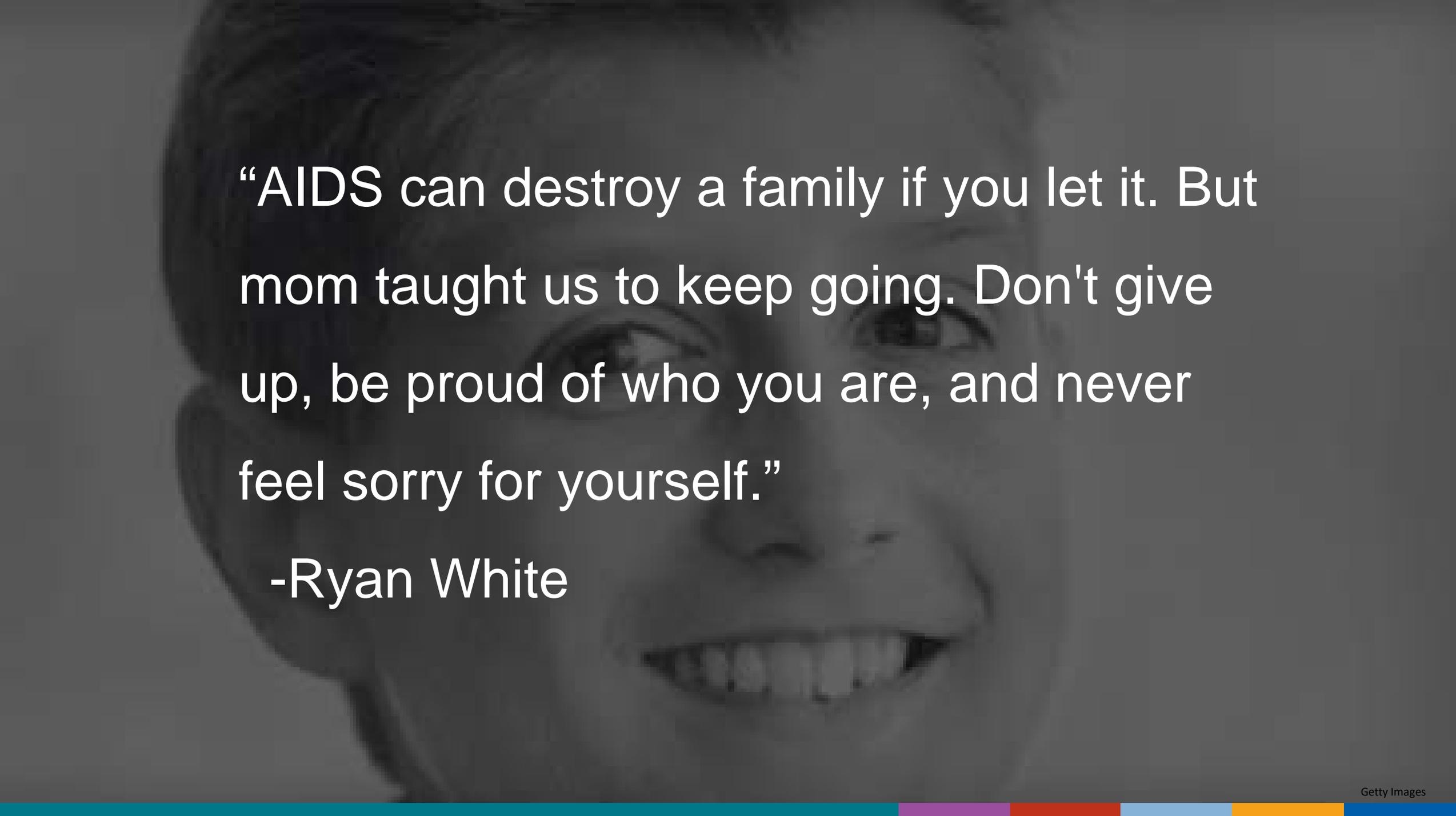
**RWHAP-funded
Facility**

6%

Private Practice

Recap: Possible reasons for better outcomes:

- **Funded facilities more likely to:**
 - Have larger HIV caseloads
 - Be CHCs, CBOs, or health departments
 - Provide onsite supportive services
 - Systematically monitor retention in care
- **Providers more likely to:**
 - Be highly qualified
 - Follow HIV treatment guidelines
 - Be nurse practitioners



“AIDS can destroy a family if you let it. But mom taught us to keep going. Don't give up, be proud of who you are, and never feel sorry for yourself.”

-Ryan White

Contact Information

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