

Impact of the Affordable Care Act on the Ryan White HIV/AIDS Program

Michael Costa, Abt Associates

Liza Solomon, Abt Associates

Robert Mills, HIV/AIDS Bureau

Antigone Dempsey, HIV/AIDS Bureau

Pamela Klein, HIV/AIDS Bureau

Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Compare how the Affordable Care Act differentially impacted Ryan White HIV/AIDS Program clients and providers in Medicaid expansion states and non-Medicaid expansion states
2. Discuss the important role of the Ryan White HIV/AIDS Program in the post-Affordable Care Act healthcare landscape
3. Describe the range of services provided for different client profiles and the drivers of longer and shorter outpatient ambulatory medical care (OAMC) service times

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

Presentation Outline

- Study Overview
- Selected Findings
 - Provider-Level
 - Services and Service Utilization
 - Client Characteristics and Outcomes
- Questions

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- Antigone Dempsey, MEd.
- HAB Advisory Group
- All of the participating RWHAP site staff

Study Purpose

- To assess:
 - the current status of Ryan White services during the early and later stages of ACA implementation;
 - how well the RWHAP is positioned to improve clinical outcomes, including viral suppression, retention to care, and linkage to care services; and,
 - the efforts of RWHAP providers to adapt to the implementation of the ACA
- Collect information on service provision, quality of care, barriers, gaps, and challenges related to ACA implementation in 2014.

Mixed Methods Design

- Qualitative Analyses:
 - 2 sets of Interviews with 30 RWHAP sites: June – July 2014 and February – March 2015.
 - Grant application narratives.
 - State Insurance Department info re: Qualified Health Plans (QHP) Benchmark and Medicaid Alternative Benefit Plans.
- Quantitative Analyses:
 - 2013 and 2014 RSR client-level data (preliminary).
 - ~44,000 cases/yr.
 - Interview data (events – counts/duration)

Site Sample Criteria

Criteria	Site Selection
Medicaid expansion	10 expansion states/ 5 non-expansion states
Prevalence	1/3 of sites are high, mid or low prevalence (4=ECHPP “12 Cities”)
Population density	Metropolitan, micropolitan, and rural
# and types of RWHAP services	1 – 21 services 23 serve > 50% OAMC clients / 7 serve < 50% OAMC clients
Numbers of clients served	116 – 4,286
Part funding	92% have Parts A and/or B funding 33% have Parts C and/or D funding 26% have a funding from both of the above categories

Study Sites States

Expansion

- Arizona
- Arkansas
- Colorado
- Illinois
- Maryland
- Michigan
- New Jersey
- New Mexico
- Oregon
- Washington

Non-Expansion

- Alabama
- Florida
- Louisiana
- New Hampshire
- Texas

Overall Conclusions

- RWHAP funding continues to be critical to ensure the care necessary to fill gaps in essential services for clients.
- There is a divergence of experience between expansion and non-expansion states that will likely continue.
- RWHAP sites are successfully adapting to ACA, but challenges remain.
- Some RWHAP clients experienced fragmentation of care due to RWHAP sites' lack of contracts with new insurers.
- Sites added additional insurance enrollment/billing staff.
- Fewer clients received OAMC services in expansion states after ACA implementation.
 - However, we cannot statistically distinguish this reduction from an overall downward trend in all states.

Selected Findings

Provider Programs and Staffing

Leveraging of ACA

- **Cost Savings.** Some sites that successfully established billing agreements with MCOs and private insurers reported increased revenues.
 - Increased revenues allowed sites to increase staff, and/or offer additional services by reprogramming funds.
- **Increased Access to Specialty Providers and Services.** Sites in 3 expansion states and 1 site in a non-expansion states (TX) noted that clients who gained insurance through MCOs/QHPs experienced increased access to both providers and services.
- **Continued Availability of RWHAP Funding.** All sites noted that sustained RWHAP funding is essential to maintaining the level and quality of care needed by RWHAP clients.

RWHAP Services Remain Available to Almost All Clients

- Nearly all sites noted that they still provide all RWHAP services as needed to newly-insured clients regardless of their insurance status or ability to meet cost-sharing requirements
- However, one site noted they would not provide non-urgent care to insured RWHAP-eligible clients without co-pay

Staffing Changes

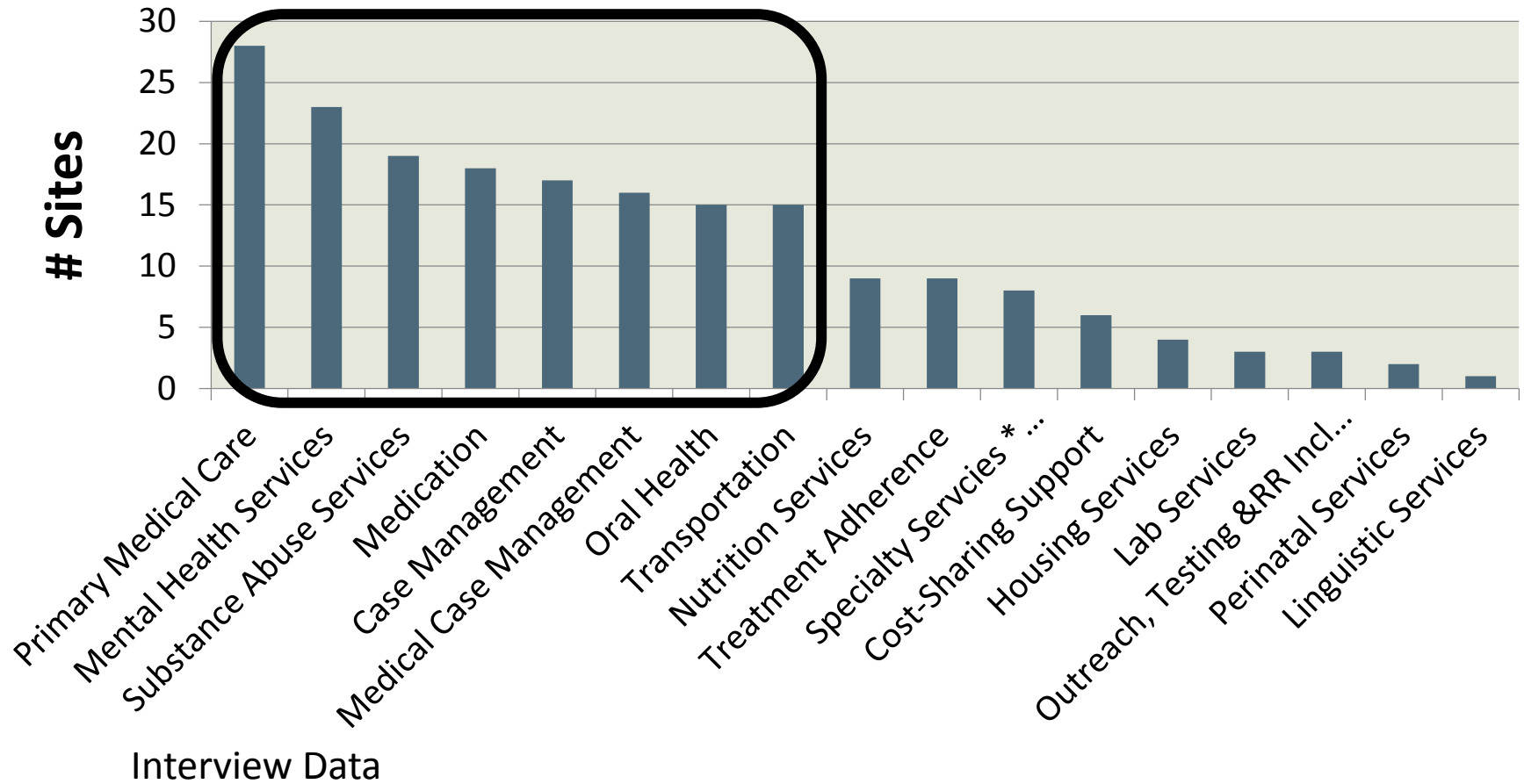
- The majority of sites reported increasing staff to assist with client enrollment and new insurer requirements:
 - Case Managers
 - Benefits Counselors
 - Resource Specialists
 - Certified Application Counselors
 - Billing Specialists
- Staff were also hired to assist with:
 - Early Intervention Services (EIS)
 - Patient navigation services
 - Mental health services

New Insurer-Related Challenges

- Sites in 6 states noted that some clients experienced a disruption in care due to providers experiencing difficulty with obtaining contracts with insurers.
 - No contract with insurers
 - Contracts with insurers that designated HIV providers as specialty care providers, not PCPs.
- Some sites were able to ameliorate the impact, others were not.

Essential Set of RWHAP Services

Sites identified essential RWHAP services.



RWHAP Services Received by Newly Insured Clients

Insured services do not always fulfill the range of services or intensity needed.

Service	Expansion 18 Sites # (%)	Non-Expansion 12 Sites # (%)	Total 30 Sites
Medical Case Mgt	11 (61)	4 (33)	15 (50)
Oral Health	8 (44)	6 (50)	14 (47)
Mental Health	7 (39)	6 (50)	13 (43)
Case Management	5 (28)	6 (50)	11 (37)
Nutritional Assistance	2 (11)	3 (25)	6 (20)
Transportation	4 (22)	2 (17)	6 (20)
Substance Abuse Svc	Reported by less than 20% of either group		
Alternative Care			
Treatment Adherence			
Lab Work			
Social Services			

OAMC Use

8.0% decrease in OAMC services in expansion state sites. Other core medical services and support services, showed little change.

	2013	2014	Change ¹
OAMC Services: Expansion	59%	55%	-8.0%*
OAMC Services: Non-Expansion	59%	57%	-3.0%
Other Core Medical Services: Expansion	71%	70%	-2.0%
Other Core Medical Services: Non-Expansion	62%	63%	1.0%
Support Services: Expansion	46%	47%	1.0%
Support Services: Non-Expansion	68%	67%	-2.0%

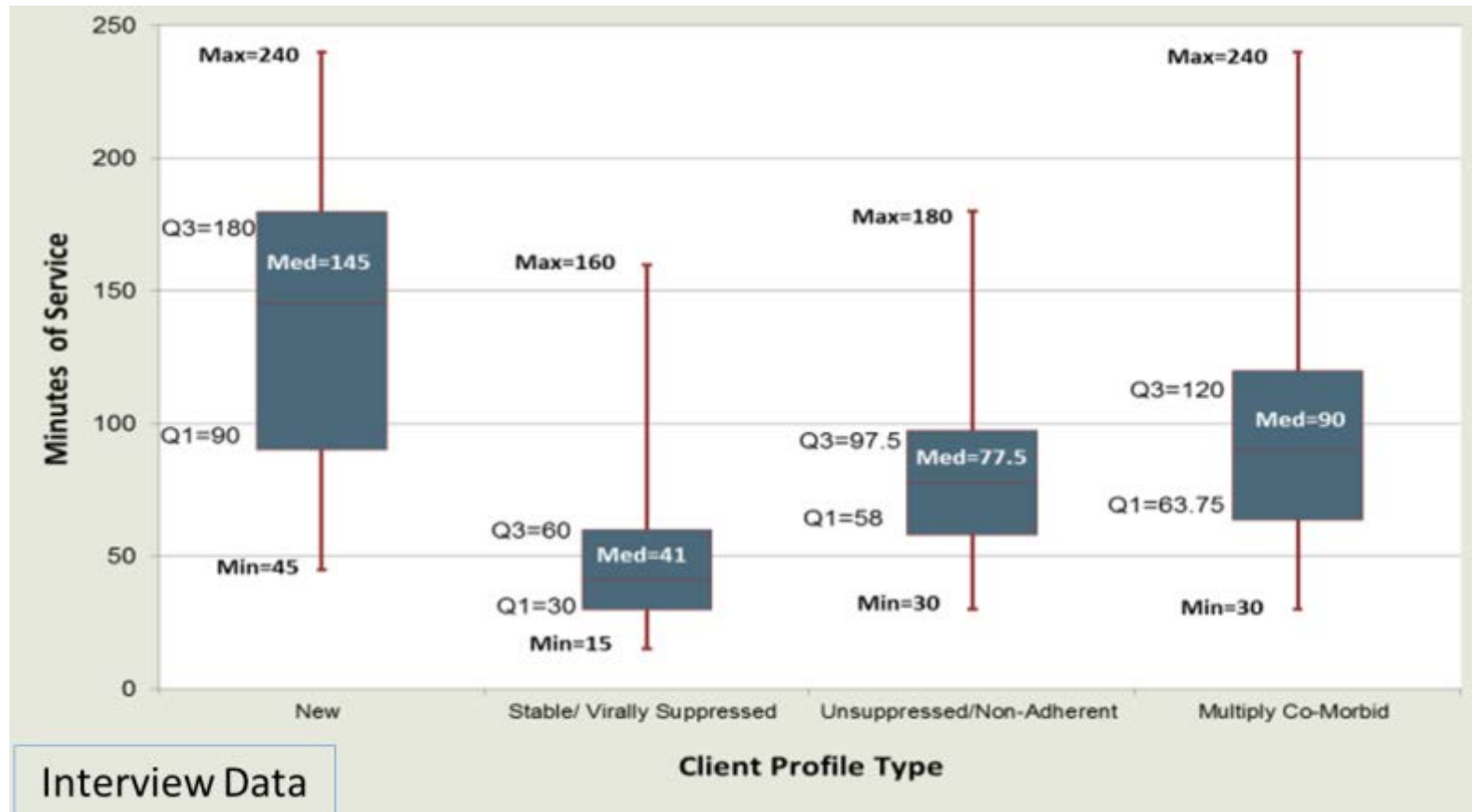
Preliminary RSR Data

¹No statistically significant differences in 2013-2014 changes between expansion & non-expansion sites.

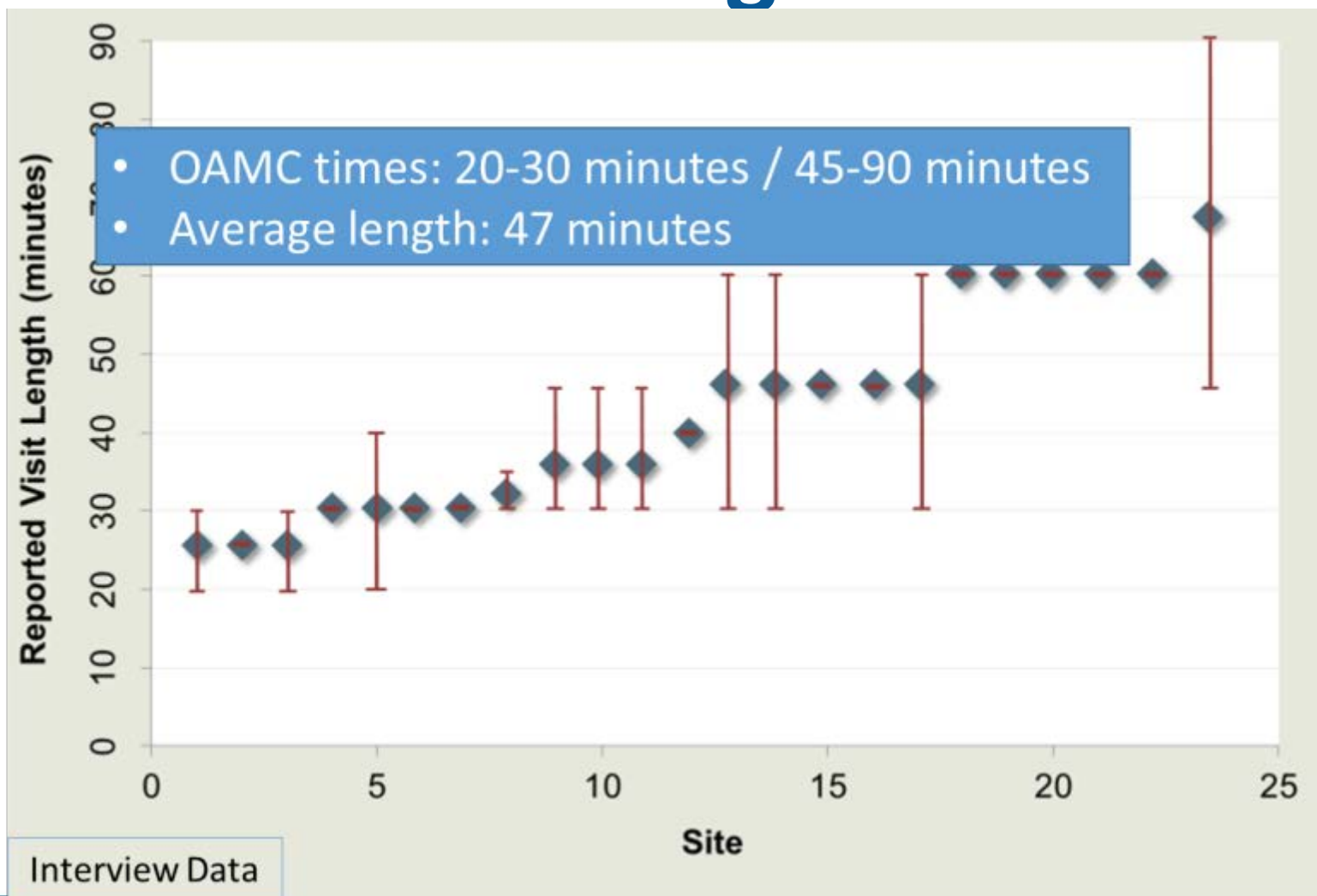
*p<0.05

Service Visit Length

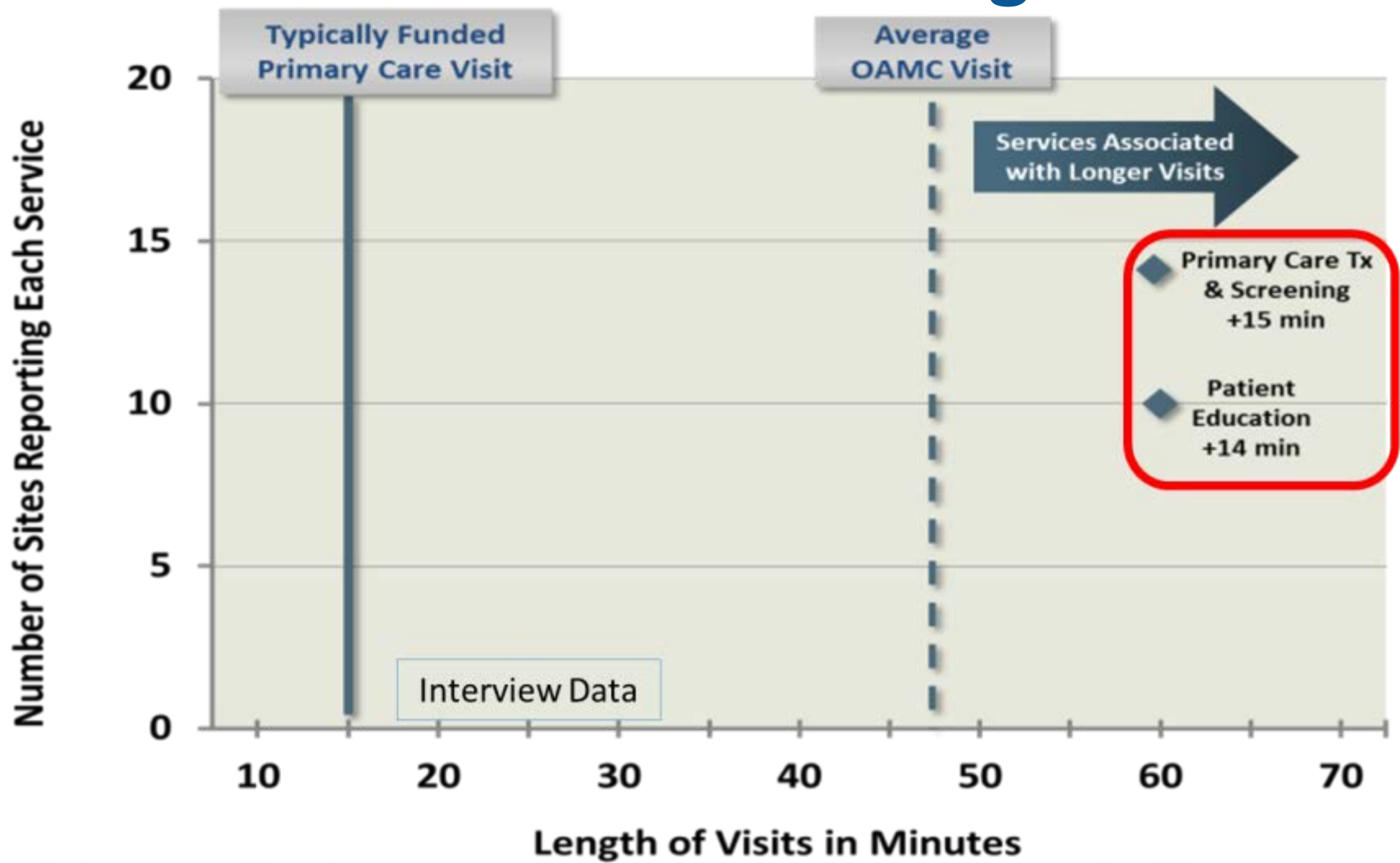
- Clinic visits vary in length: 15 minutes to four hours
- Median times: 41 minutes to 145 minutes.



OAMC Visit Length



Drivers of OAMC Visit Length



Selected Findings

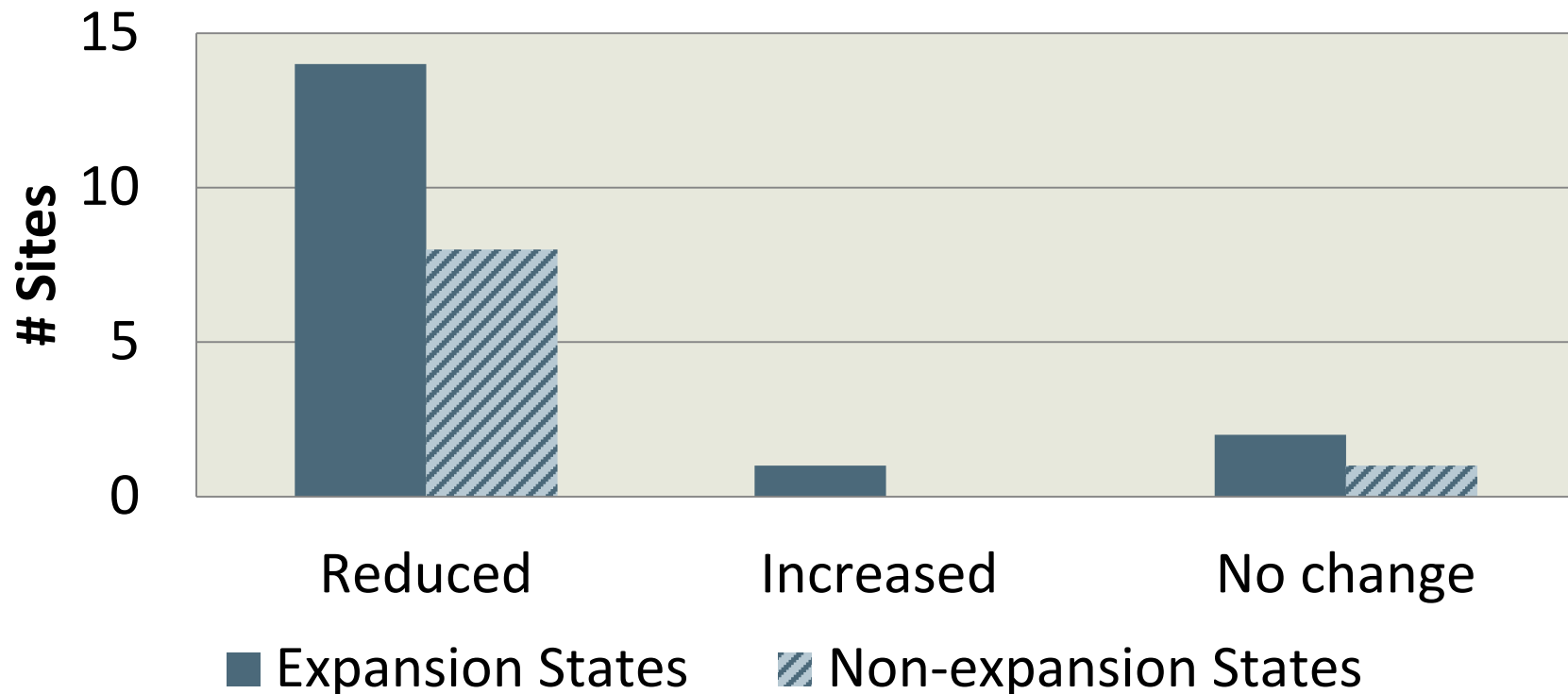
Client Characteristics and Outcomes

Change in Numbers of RWHAP Clients Expansion Sites: 2013 to 2014

- No statistically significant change in the numbers of RWHAP clients in either the expansion or non-expansion groups despite fluctuations within sites.

Rates of Uninsured Clients

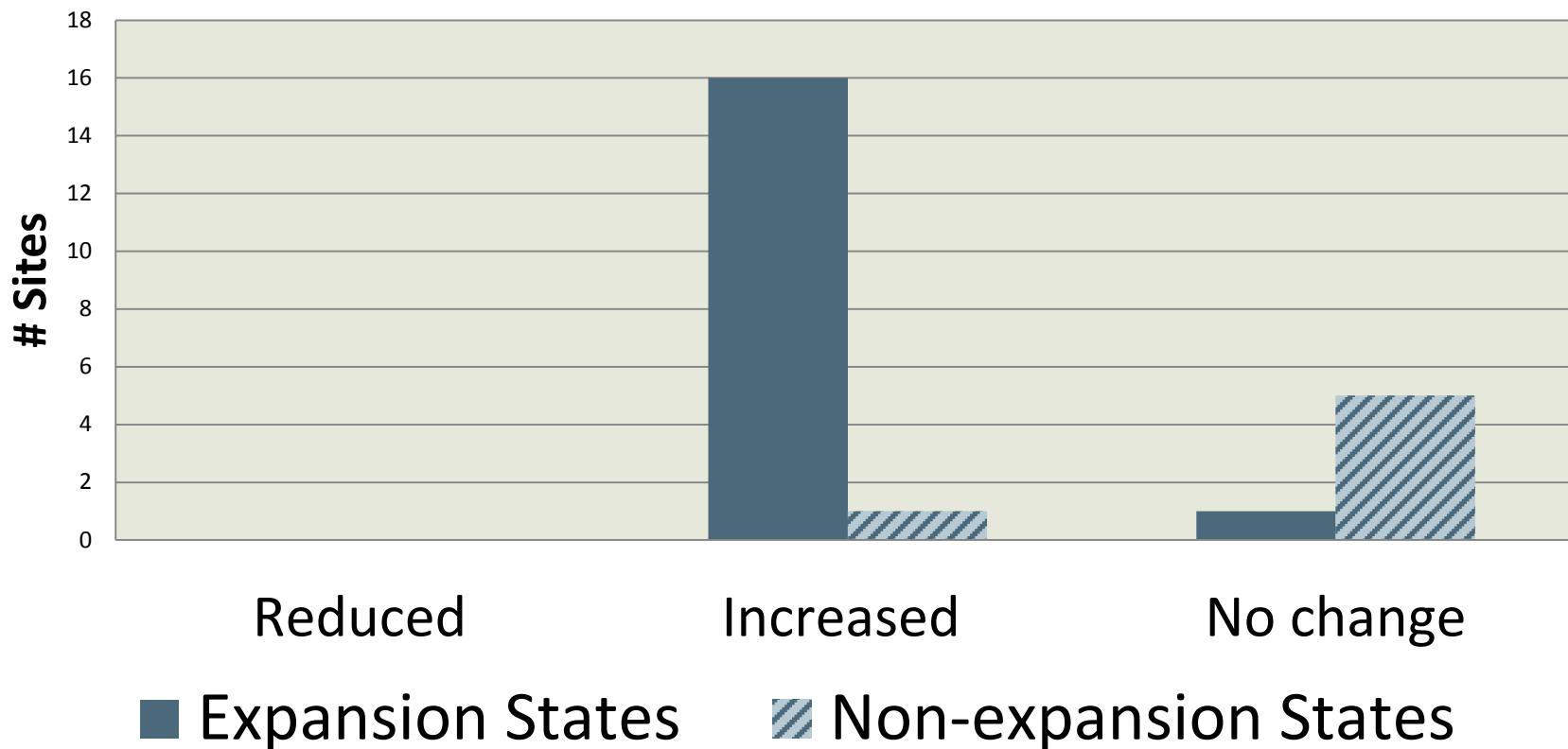
22 sites (73%) reported a reduction in the proportion of RWHAP clients who were uninsured (expansion and non-expansion states).



Interview Data

Rates of Medicaid Coverage

17 sites (57%) reported an increase in Medicaid recipients.



Interview Data

Viral Suppression: 2013 to 2014

- Viral Suppression increased by 7% in expansion state sites
- No statistically significant change in non-expansion sites.

	2013	2014	%Change ¹
Expansion	67%	71%	7%**
Non-Expansion	62%	64%	4%

Preliminary RSR Data

¹No statistically significant difference in 2013-2014 change between expansion & non-expansion sites.

**p<0.01

Thank You