

How is the evolving health care landscape affecting Ryan White HIV/AIDS Program clients, services, and clinical outcomes?

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Disclosures

The presenters have no financial interest to disclose.

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Session Learning Objectives

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

1. Compare how the evolving health care landscape 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 evolving health care landscape
3. Describe the range of services provided for different client demographics 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

- **Overview of the Ryan White HIV/AIDS Program (RWHAP)**
- **Analysis Objective & Methods**
- **Results**
 - health care coverage of RWHAP clients
 - service utilization
 - viral suppression
- **Conclusions**

The Ryan White HIV/AIDS Program

- The Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of care through HIV specialty care, primary care, and support services for low-income people living with and affected by HIV
- The RWHAP facilitates progress along the HIV care continuum via an interdisciplinary and public health approach
- The evolving health care landscape changed health care coverage options for many RWHAP clients
- The RWHAP is the payor of last resort for services not covered or not fully covered by other forms of health care coverage

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

- **NHAS 2020/PEPFAR 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration

Select Demographics of RWHAP Clients, 2014

- In 2014, 54% of HIV-positive RWHAP clients were served in Medicaid expansion states, 46% in non-Medicaid expansion states

	Medicaid Expansion States (n=257,029)	Non-Medicaid Expansion States (n=245,361)
Black/African American	42%	53%
Hispanic/Latino	25%	19%
White	29%	25%
<100% Federal Poverty Level	61%	67%

Analysis Objective

- To describe changes in the Ryan White HIV/AIDS Program (RWHAP) clients and outcomes between 2012 – 2014, related to the evolving health care landscape
- Outcomes of interest include:
 - health care coverage of RWHAP clients
 - service utilization
 - viral suppression

Population of Interest

- **HIV-positive RWHAP clients only**
- **No family members or non-HIV-positive clients**
- **Does not include AIDS Drug Assistance Program (ADAP) data**

*Excluded clients who received services in multiple states (<2% of RWHAP clients)

Classification of Medicaid Expansion States

- **Data Source: Kaiser Family Foundation**
- **Expansion States: expanded Medicaid coverage by December 31, 2014**
- **Non-Expansion States: did not expand Medicaid coverage by December 31, 2014**

Kaiser Family Foundation. Status of State Action on the Medicaid Expansion Decision. Last updated September 1, 2015. Accessed October 15, 2015. <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

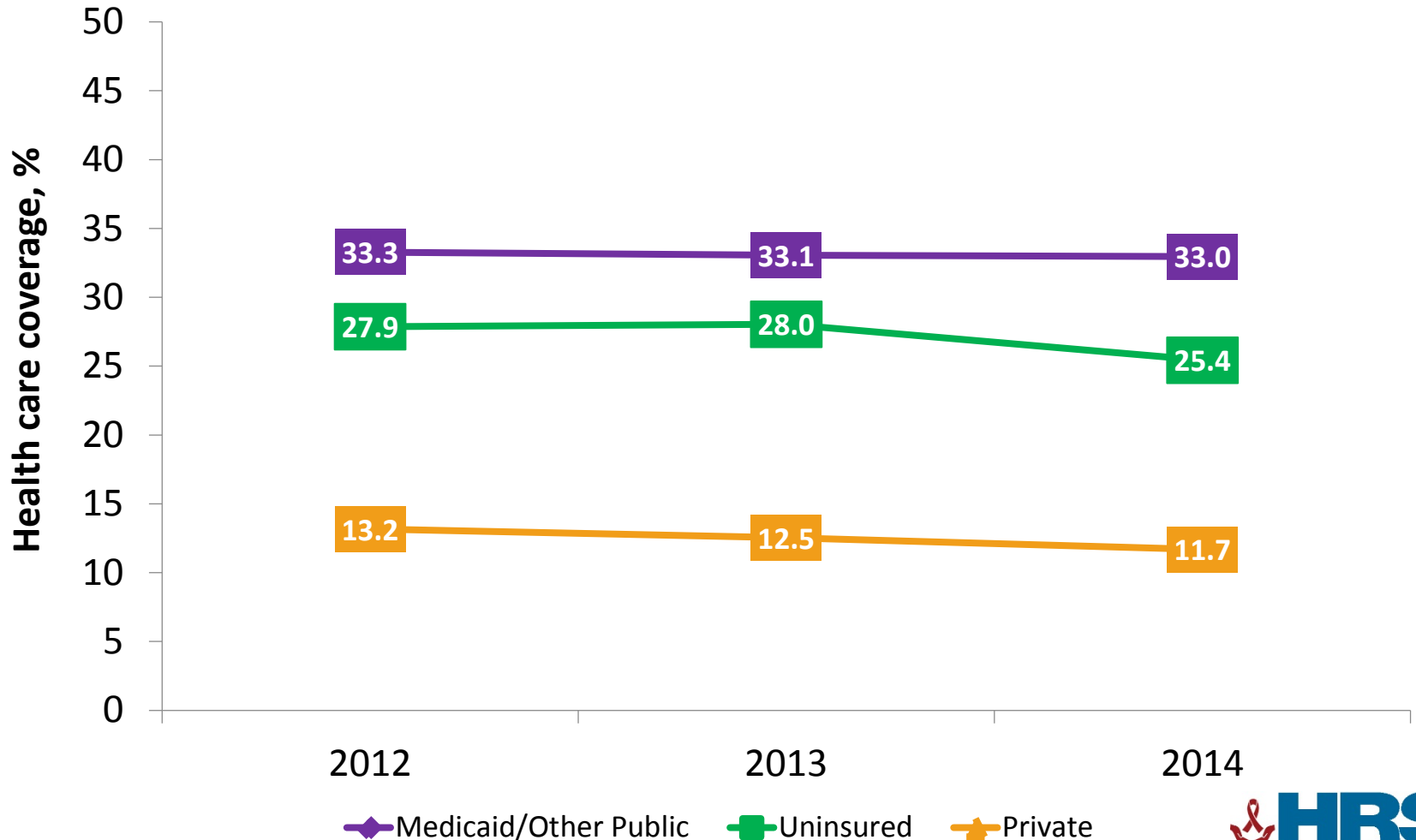
For the purposes of this analysis, Puerto Rico was classified as a non-Medicaid expansion state, due to the limits placed on the implementation of Affordable Care Act provisions in Puerto Rico.

Classification of Health Care Coverage

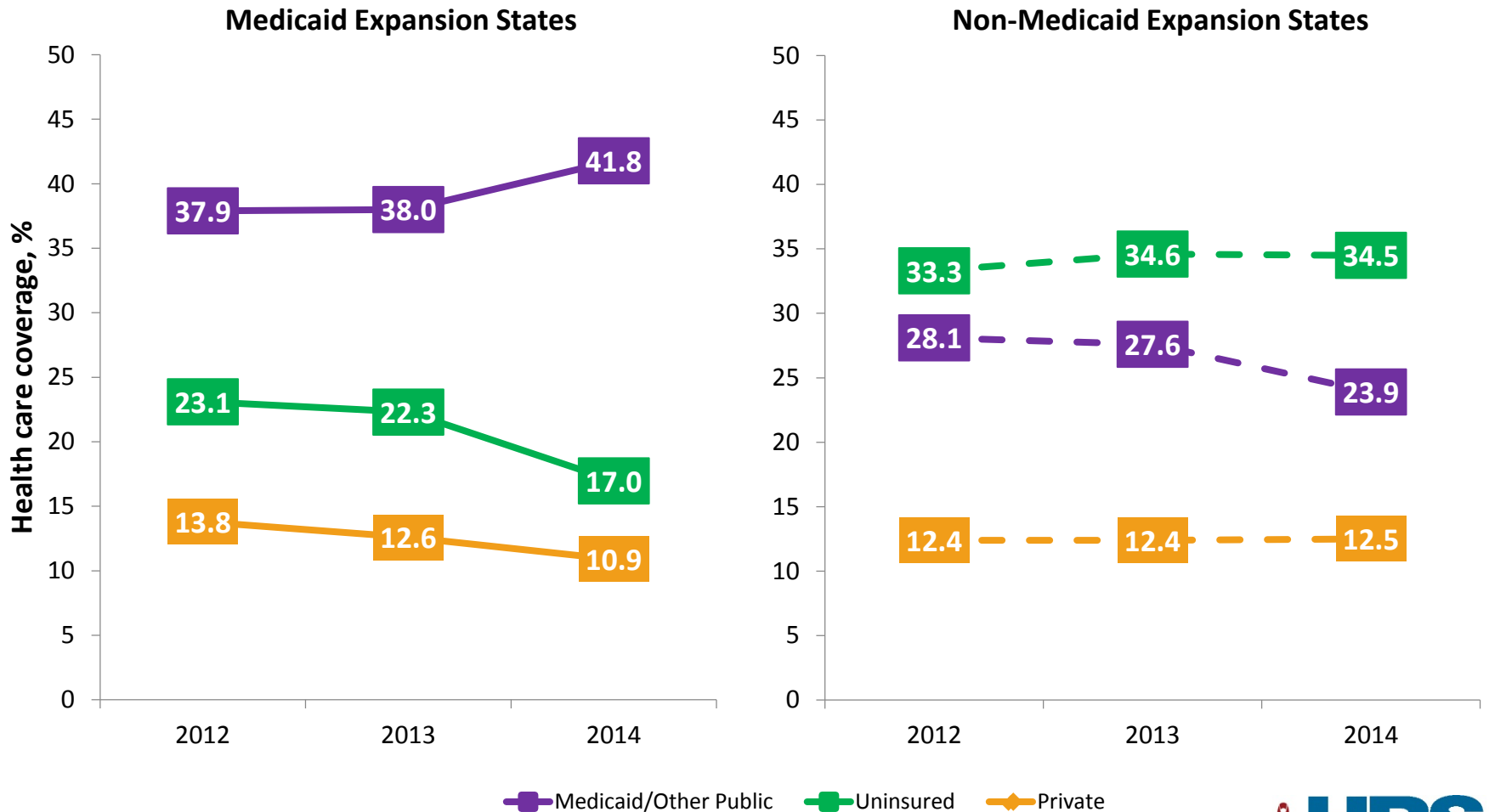
- Medicare
- Medicaid/Other Public Sources
- Medicare and Medicaid/Other Public Sources
- Private
- No Insurance/Uninsured

Results

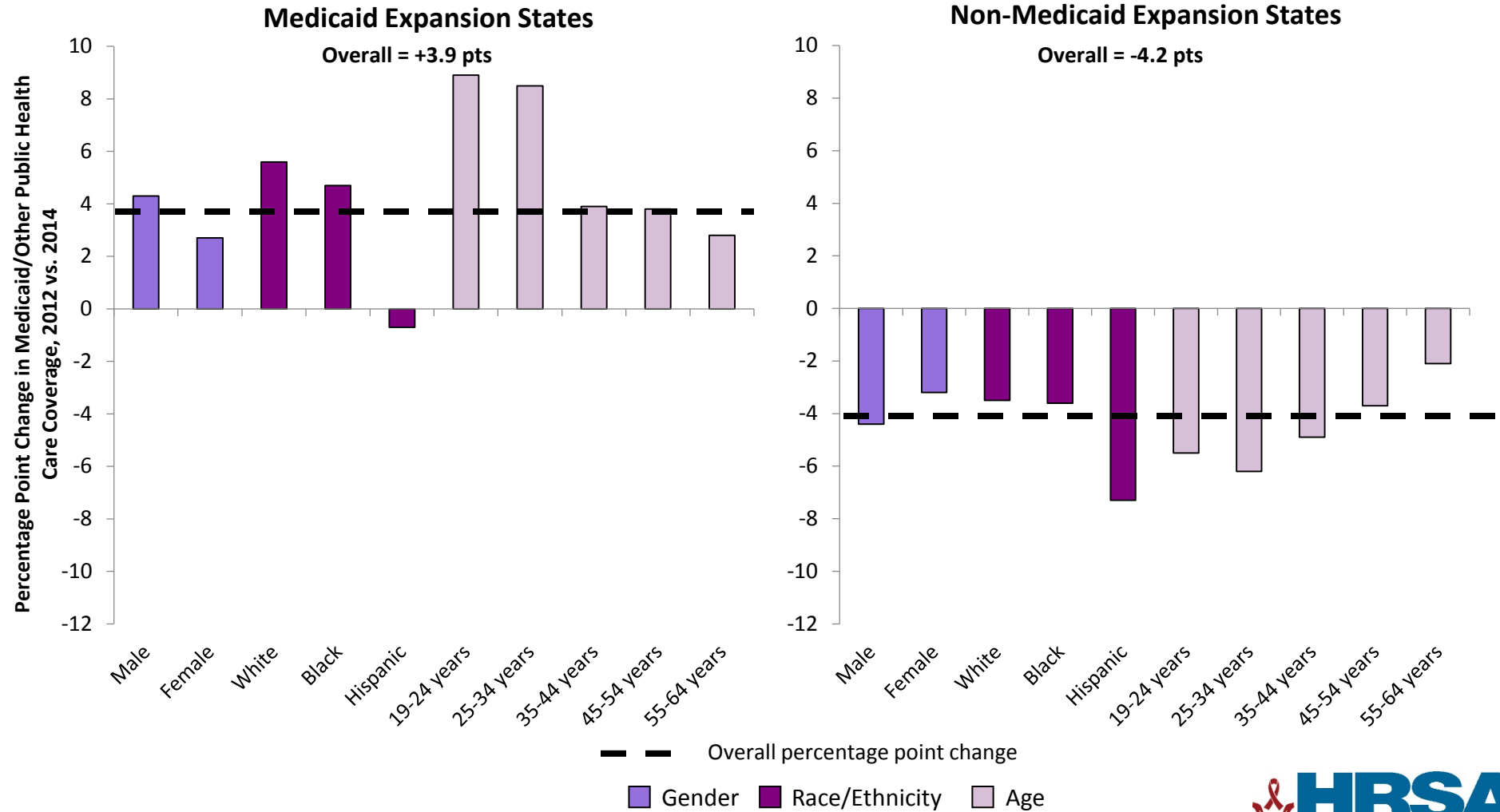
Health Care Coverage Among HIV-Positive RWHAP Clients, 2012–2014



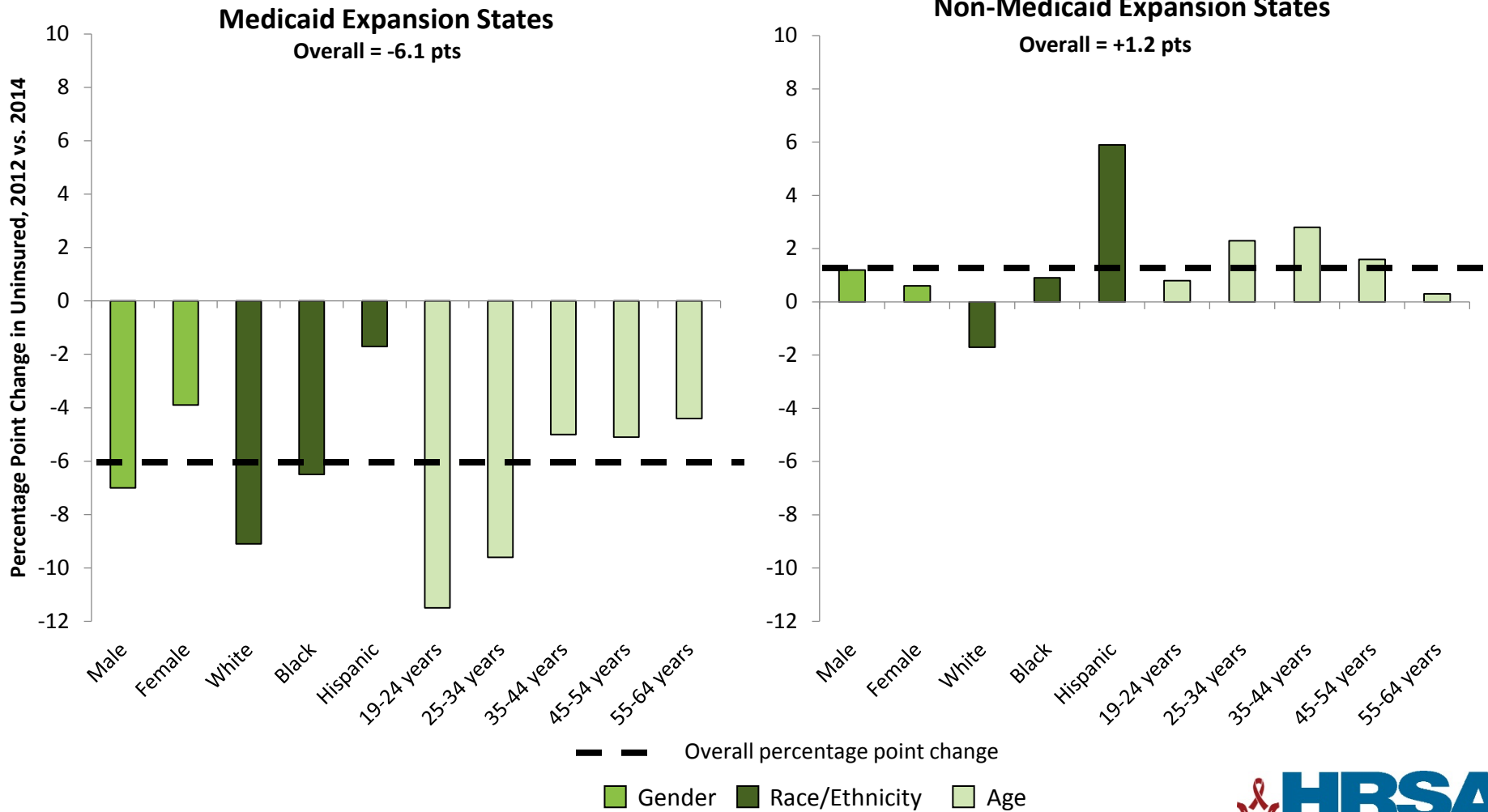
Health Care Coverage, by Medicaid Expansion Status, 2012–2014



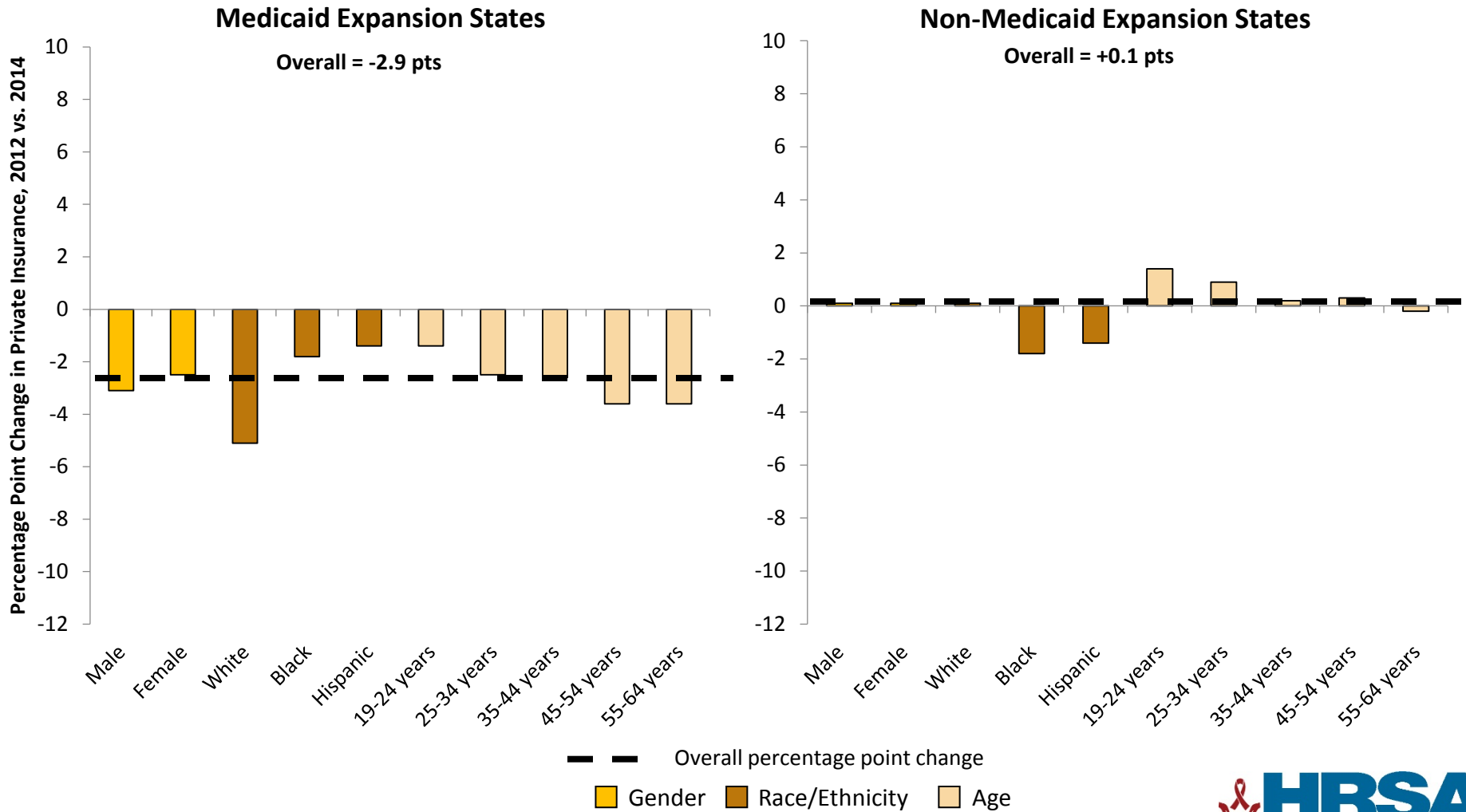
Percentage Point Change in Medicaid/Other Public Coverage, by Demographic Subgroups, 2012 vs. 2014



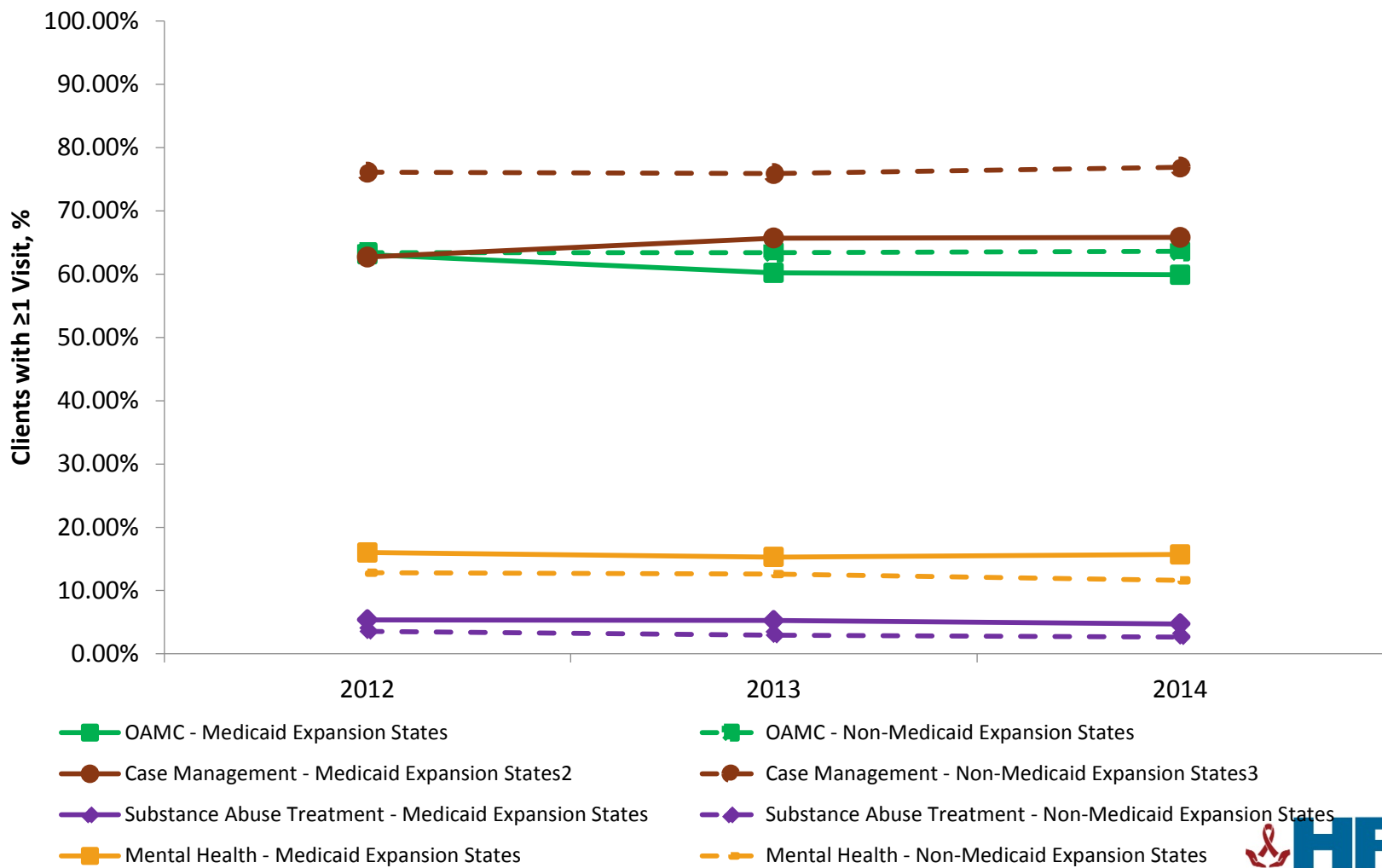
Percentage Point Change in Uninsured, by Demographic Subgroups, 2012 vs. 2014



Percentage Point Change in Private Insurance, by Demographic Subgroups, 2012 vs. 2014

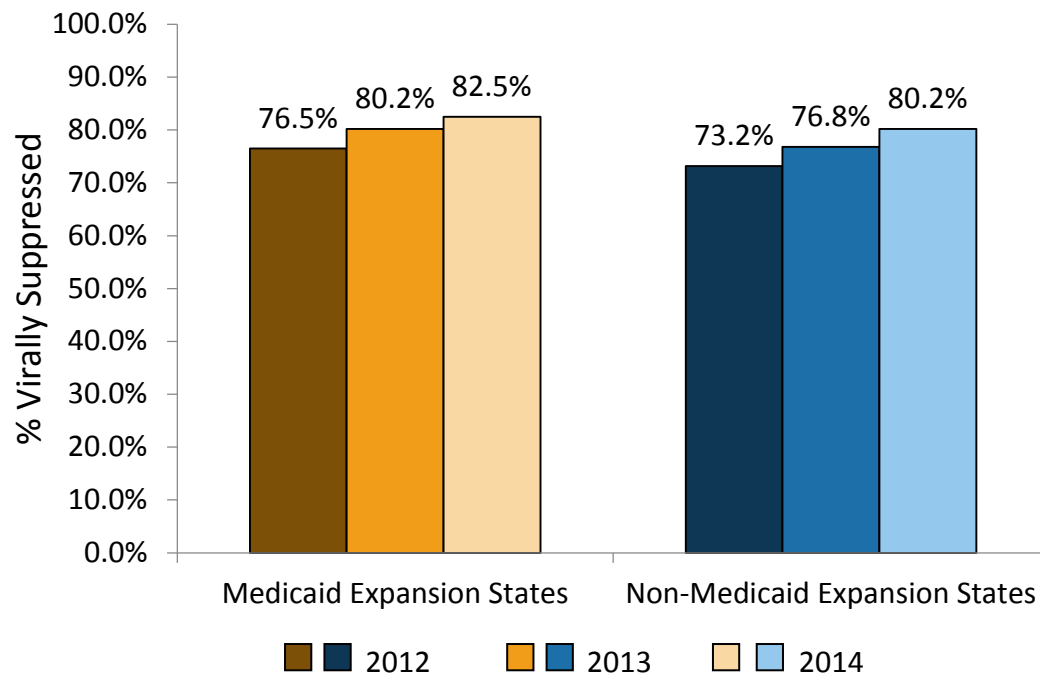


Clients with ≥ 1 OAMC, Case Management, Substance Abuse, or Mental Health Visit, 2012–2014



Viral Suppression, 2012–2014

	Viral Suppression*
2012	75.0%
2013	78.6%
2014	81.4%



*Defined as the most recent HIV RNA level <200 copies/mL in the calendar year, calculated among clients who received RWHAP-funded HIV medical care and whose visit dates and viral load values were available

Outcomes Differ by State Medicaid Expansion Status

- Nationally, the evolving health care landscape has had a modest impact on the health care coverage and clinical outcomes of RWHAP
- Patterns of health care coverage differ drastically between clients in Medicaid expansion states and non-Medicaid expansion states, and within demographic subgroups
- Viral suppression among RWHAP clients continues to improve beyond National HIV/AIDS Strategy 2020 indicators
- Sociodemographic and structural differences between jurisdictions in Medicaid expansion states and non-Medicaid expansion states may account for the varied outcomes among these two client groups

Health Care Coverage in Non-Medicaid Expansion States

In non-Medicaid expansion states:

- 4.2 point decrease in the percentage of RWHAP clients covered by Medicaid/other public
- Little/no change in the percentage of uninsured clients or in the percentage of privately insured clients
- **Hispanic/Latino clients** had the largest decrease in Medicaid/other public coverage and largest increase in uninsured

Health Care Coverage in Medicaid Expansion States

In Medicaid expansion states:

- 3.9 point increase in the percentage of RWHAP clients covered by Medicaid/other public sources
- 6.1 point decrease in the percentage of uninsured clients
- 2.9 point decrease in the percentage of privately insured clients
- **Clients 19–34 years of age** had the largest increase in Medicaid/other public coverage and largest decrease in uninsured
- **Hispanic/Latino clients** had little/no change in Medicaid/other public coverage or uninsured

Service Utilization and Viral Suppression

Service Utilization

- Outpatient ambulatory medical care, case management, substance abuse treatment, mental health
- Very little change in the percent of clients receiving selected services and the volume of services received

Viral Suppression

- Increased 3 percentage points each year in both expansion and non-expansion states
- However, higher rates of viral suppression in Medicaid expansion states than non-Medicaid expansion states (not adjusted for confounders)

Continued Need for the RWHAP

- **The majority of the people living with HIV (PLWH) served by the RWHAP have some form of health coverage**
 - 83% of RWHAP clients in Medicaid expansion states
 - 64% of clients in non-Medicaid expansion states
- **RWHAP clients continue to access RWHAP services like case management that are not typically covered or not fully covered by insurers or Medicaid**
- **Many health plans have significant deductibles or cost-sharing requirements which may be prohibitive for many lower income people seeking care**
- **Evidence in support of a continuing need for RWHAP-funded services for those with health care coverage**

Not All RWHAP Clients Benefit from Medicaid Expansion

- **Given the high rates of poverty among PLWH, Medicaid expansion is the major source of increased access to health care services in states with expanded coverage.**
 - In 2014, only occurred in 26 states and the District of Columbia
 - 54% of RWHAP clients served in Medicaid expansion states
- **In non-expansion states, 67% of RWHAP clients had incomes at or below 100% federal poverty level.**
 - May remain uninsured because they do not qualify for premium tax credits and/or cost-sharing reductions
 - No safety net outside the RWHAP

RWHAP Supports a Comprehensive System of Care

- Health care coverage is important, but not sufficient to ensure PLWH achieve the positive health outcomes that are necessary to reduce the burden of HIV in the United States
- While the evolving health care landscape provides expanded access to a discrete set of essential health benefits, RWHAP supports a community-based, comprehensive system of care
- The public health focus of the RWHAP addresses the socioeconomic and behavioral health issues faced by the diverse population of PLWH

Questions?

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