

Ryan White Part A Program Services Client-Level Data Report – FY2014

Baltimore-Towson EMA

June, 2015

Mission

- ❑ Improve the quality of life for people living with HIV/AIDS and their families in Baltimore city and the surrounding counties through a fiscally responsible subcontracting of Ryan White funds for the provision of HIV primary care and support services.
- ❑ Monitor fiscal, program, and quality management activities in order to ensure provision of high-caliber, integrated medical and support services.
- ❑ Provide comprehensive guidance to Ryan White providers and the Baltimore Planning Council to ensure compliance with Ryan White legislations and standards of care.

Presentation Overview

- * **Ryan White Part A (RWA) Program Overview**
- * **RWA Client-Level Data Report (CLD) Background**
- * **Client Demographic and Service Data**
- * **Continuum of Care in Baltimore EMA using RWA CLD**
- * **Summary**



Ryan White Part A Services Overview

Ryan White Part A HIV/AIDS Program

- * A system of care through primary medical care and essential support services for uninsured/underinsured and low-income people living with HIV (PLWH)
- * Serves PLWH in Baltimore City and surrounding counties, reaching over 10,000 people every year
- * RWA program is funded at \$17 million in fiscal year 2015

Role and Intent of Baltimore Ryan White Part A Program Post ACA

- * **Increase access to care** for people living with HIV
- * **Payer of last resort** – safety net for uninsured/underinsured and low-income/unemployed individuals living with HIV/AIDS
- * **Provide coverage** for needed services that may not be covered by other types of insurance or assistance
- * **Provide an entry way to medical care** and assist in enrolling in other more comprehensive coverage

The Ryan White HIV/AIDS Program supports the goals of the National HIV/AIDS Strategy by:

- * Funding a comprehensive care systems for low-income PLWH that:
 1. Reduces new HIV infections
 2. Improves health outcomes and increases quality of life for PLWH
 3. Decreases HIV-related health disparities
- * Including PLWH in the planning of services
- * Employing a public health approach to care and treatment



Client-Level Data Report (CLD) Background

Ryan White Part A/MAI Client-Level Data Background

- * RWA grantee office collected basic demographic and Ryan White funded service data since 2001
- * In 2009, the grantee implemented the first RSR report and collected CLD from providers serving RW funded OAHS, MCM, or CM services
- * 2010 - 2014, all providers providing any RW funded service successfully submitted annual RSR/CLD to HRSA/HAB and quarterly CLD to BCHD
- * In 2015, HRSA/HAB changed funded-scope RSR data reporting to eligible-scope data reporting because HAB believes that Eligible Scope is the best reporting method for the following reasons:
 - **Continue creating the continuum of care post ACA**
 - **To more fully capture the efforts of the Ryan White Program in a time when more people have access to health insurance**
 - **Continue measuring client health outcomes and progress towards achieving the National HIV/AIDS Strategy that envisions a future America that is free from HIV/AIDS**

Client Level Data Highlights, 2010 - 2014

	2010	2011	2012	2013	2014
CLD Reports	37	38	37	37	37
Clients Served	9,481	9,753	10,356	10,079	9,801
Visits	88,000	112,000	106,000	87,000	83,400
OAHS-PMC Providers	15	15	15	15	14
OAHS Visits	50,000	69,000	44,500	45,800	14,305
OAHS Clients Served	6,520	6,525	6,675	6,683	2,800

CLD Processes and Data Management Plan

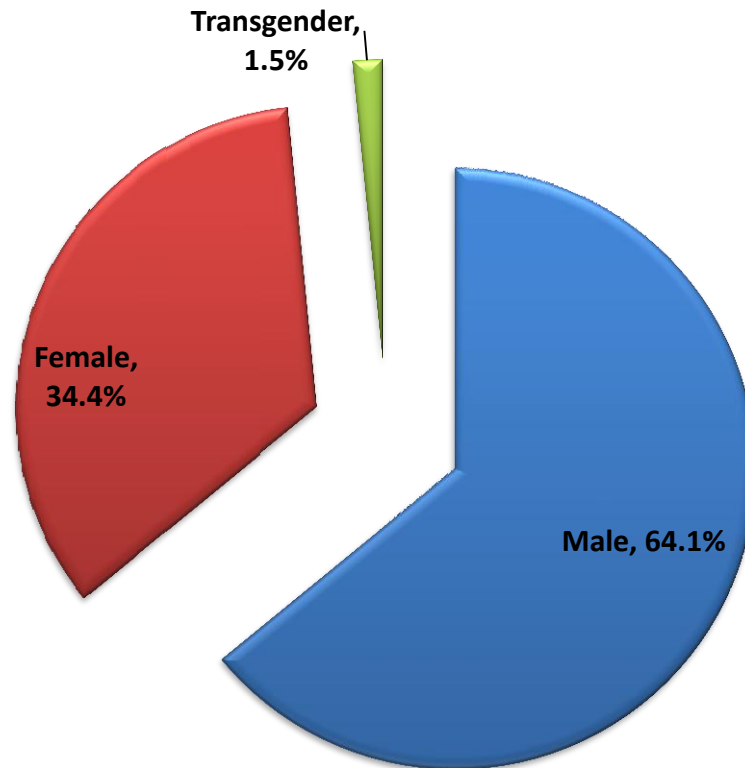
	M	A	M	J	J	A	S	O	N	D	J	F
Data Review and Feedback												
Data Cleaning												
Data Aggregation												
Analytic Files/Data Analysis												
Data Reporting												



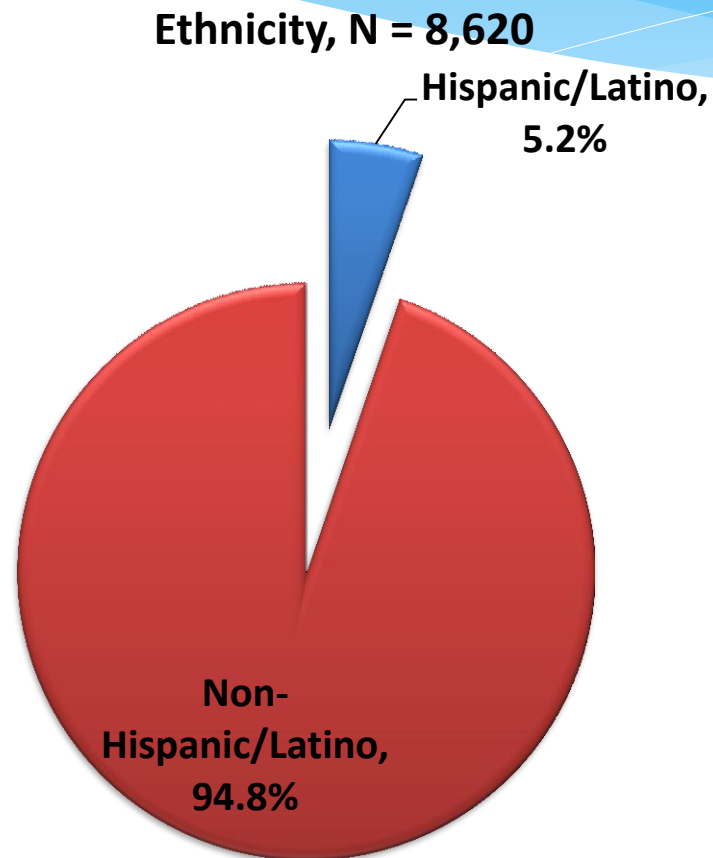
Client Demography and Service Data

Clients Served by Gender

Gender, N = 8,701

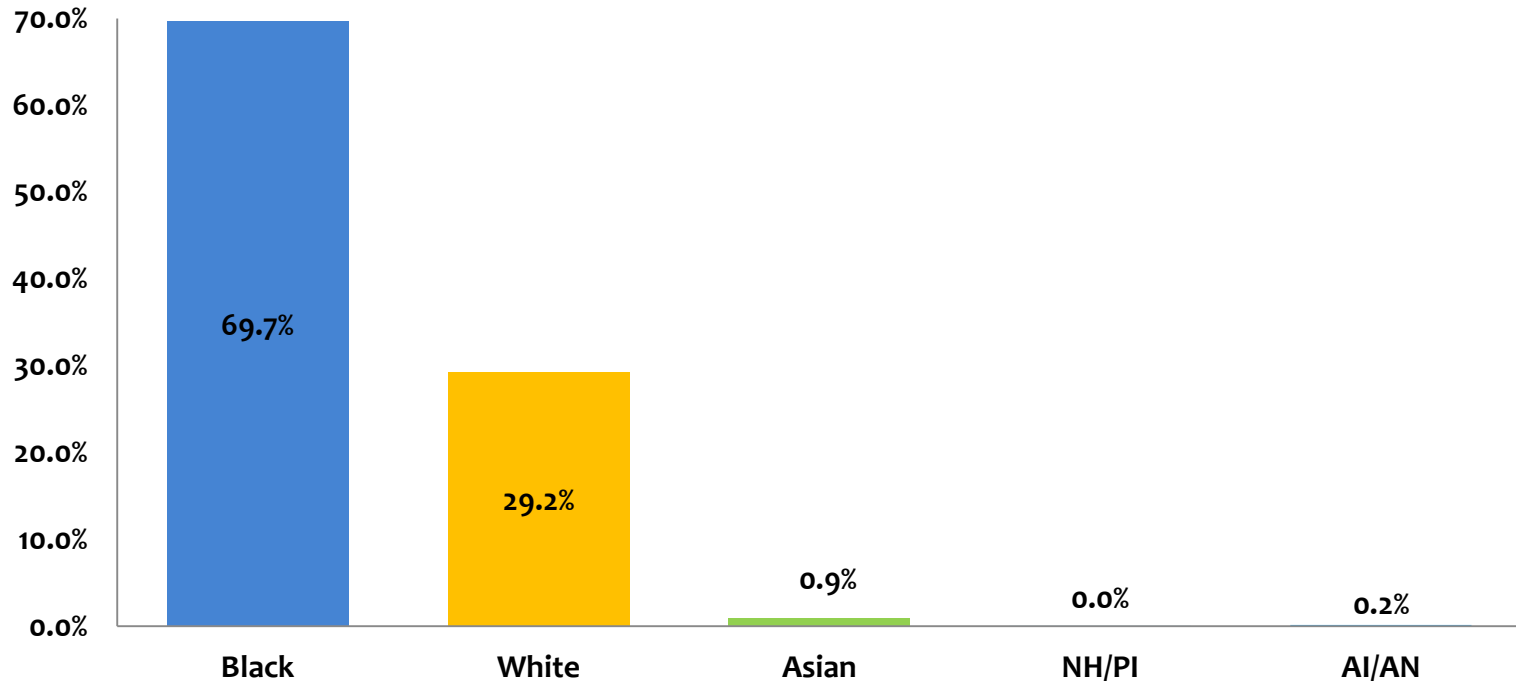


Clients Served by Ethnicity

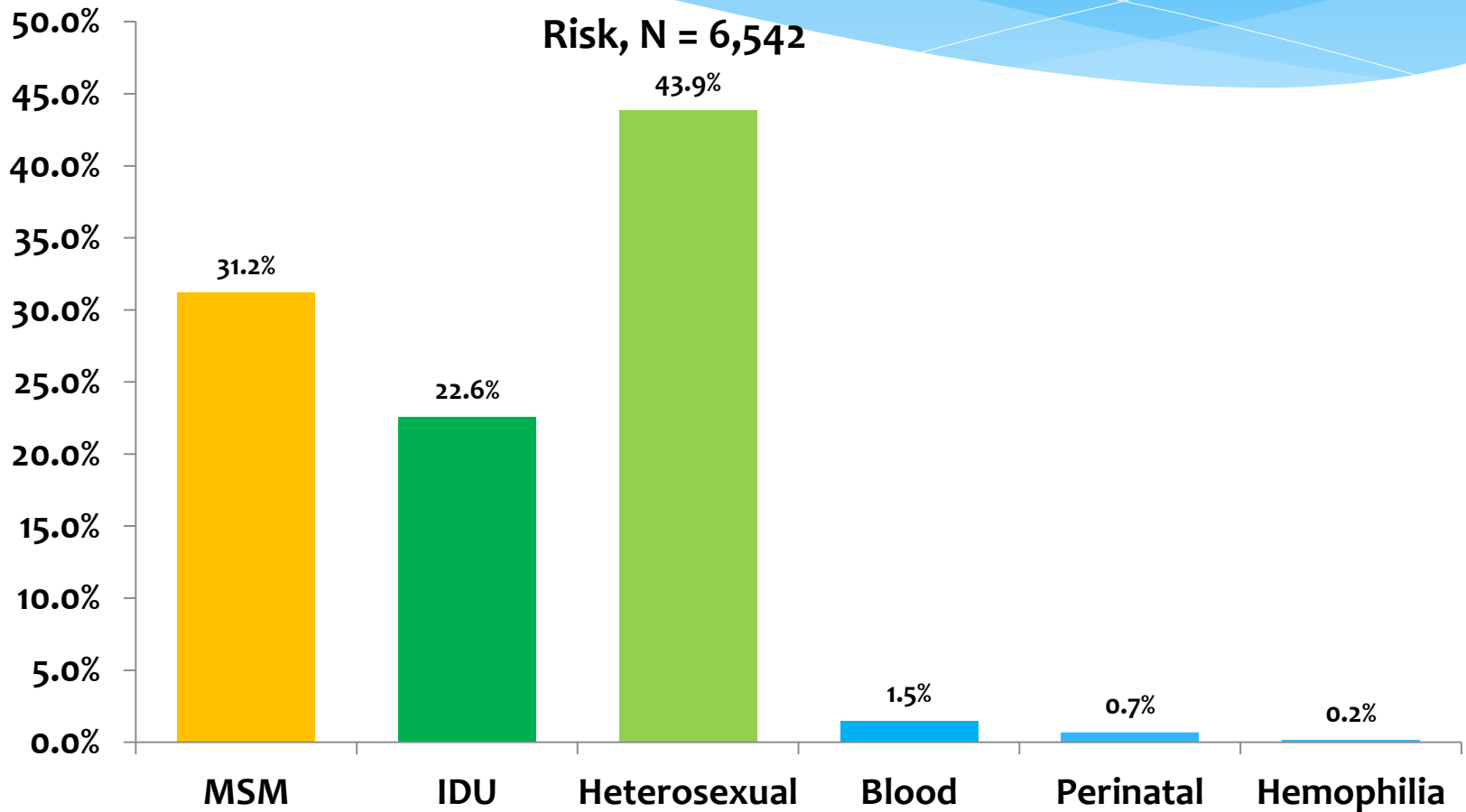


Clients Served by Race

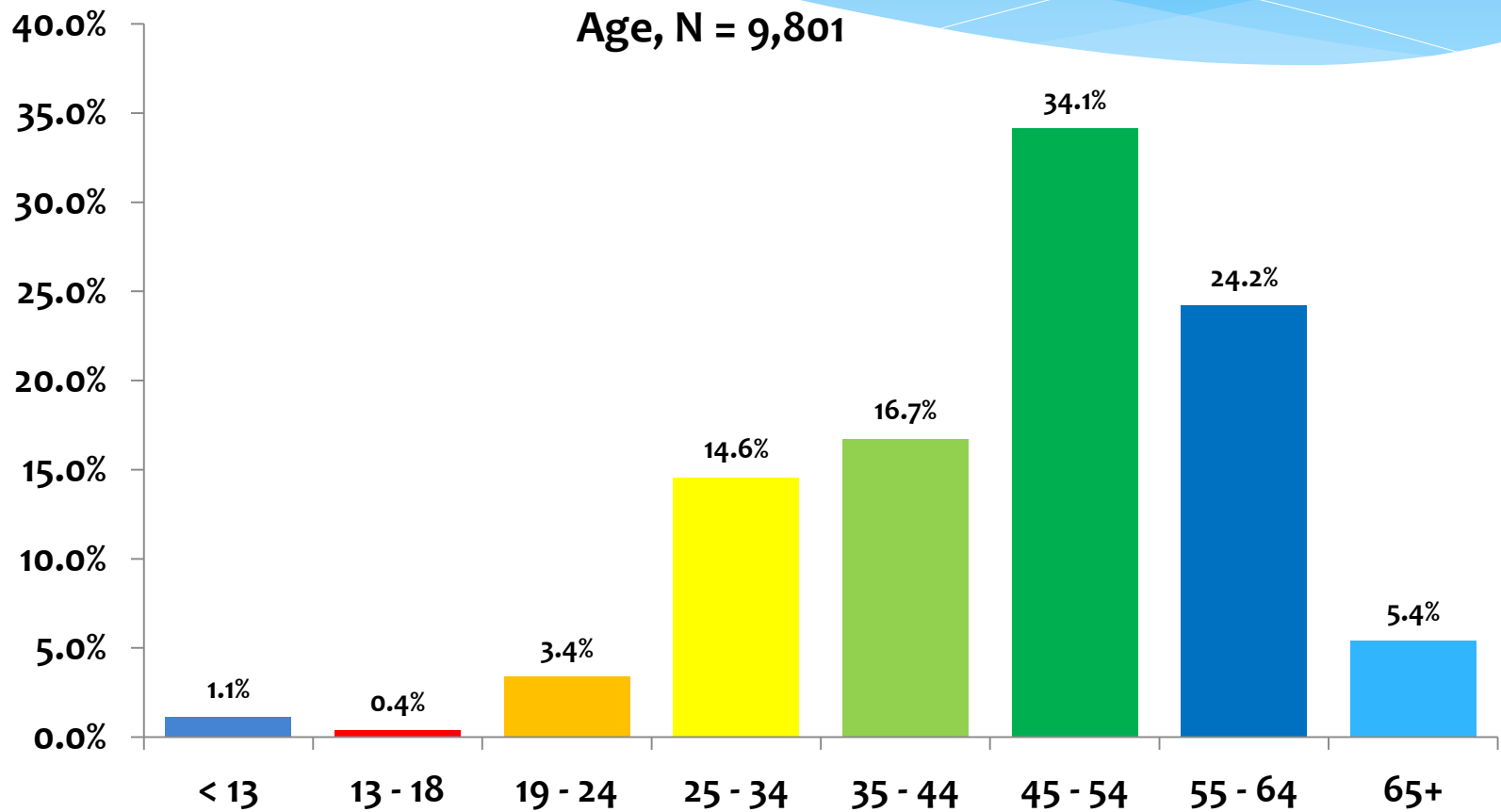
Race, N = 8,265



Risk Category Distribution

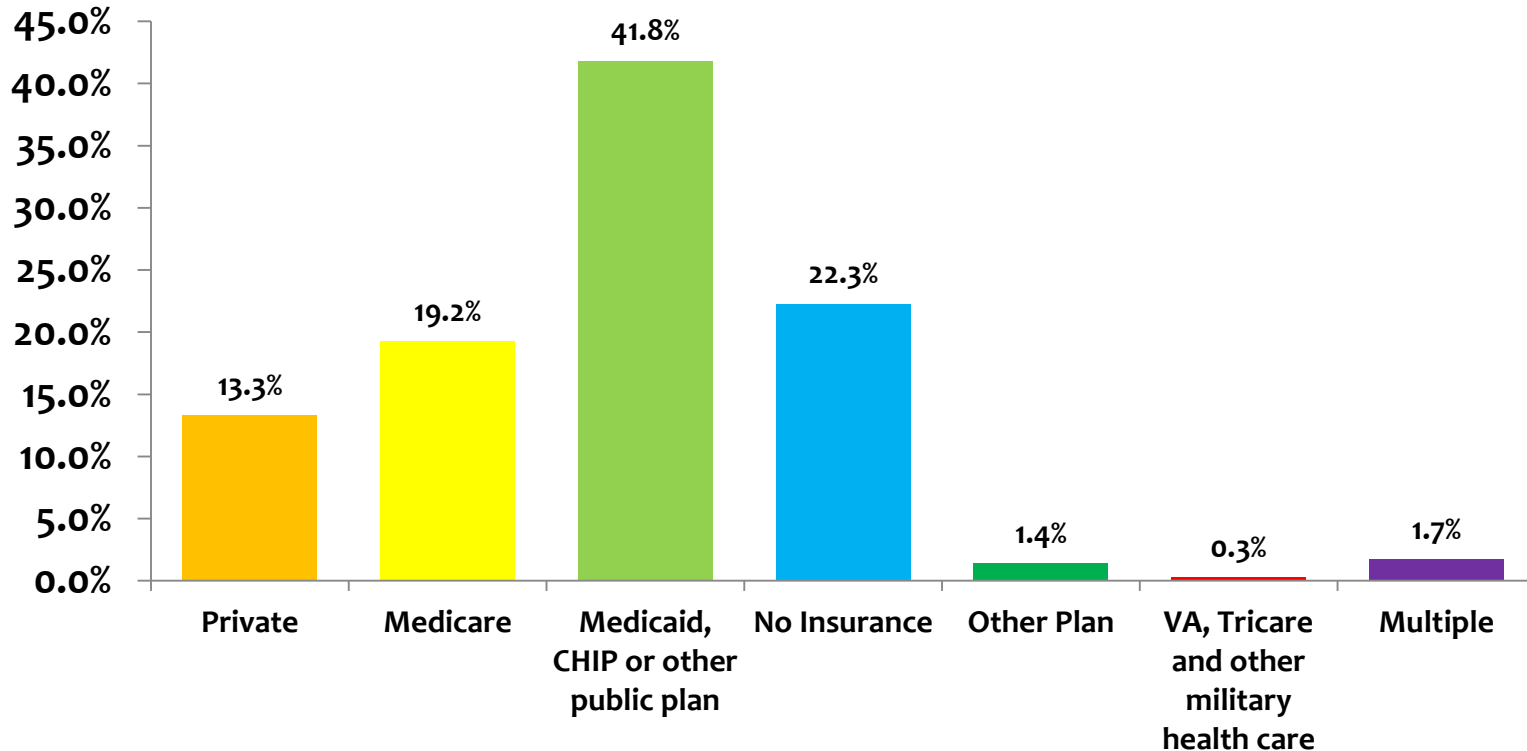


Clients Served by Age



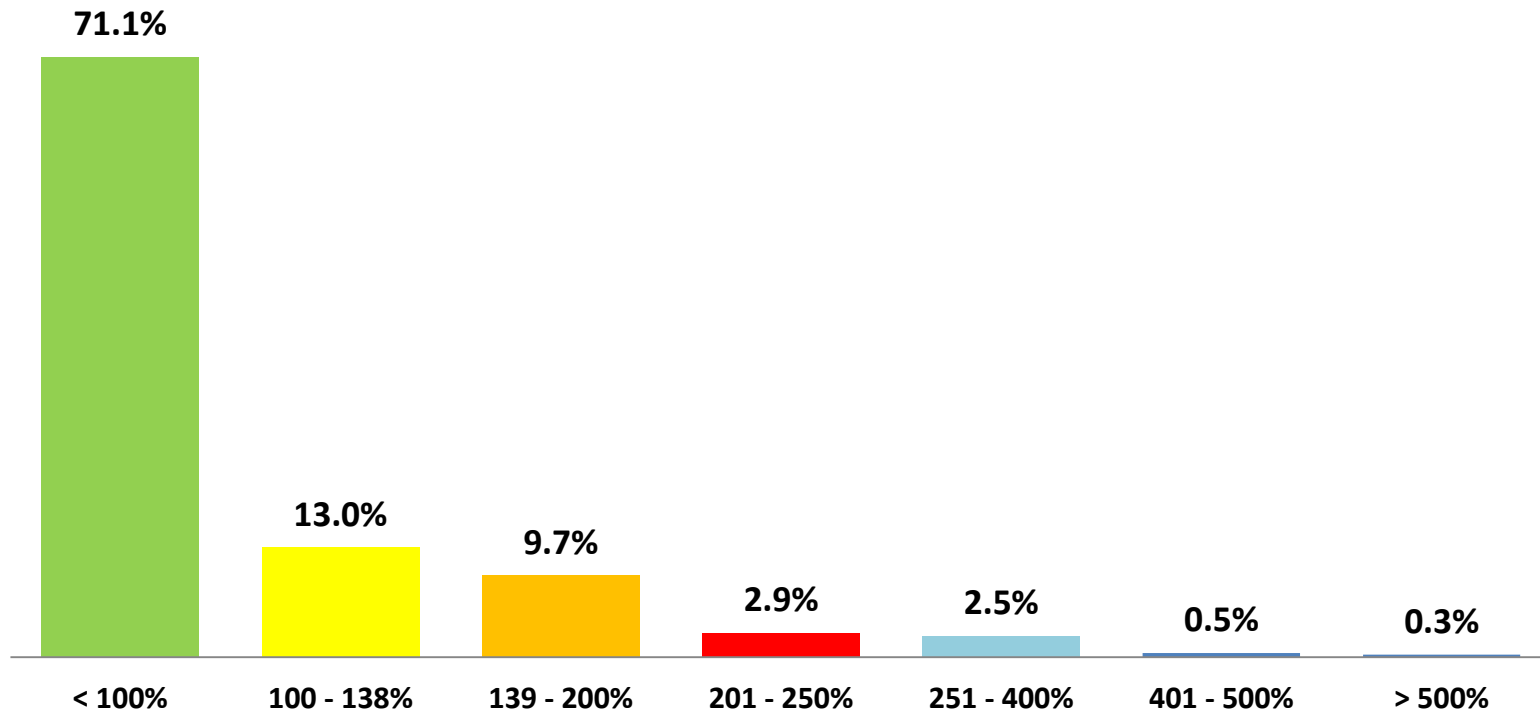
Health Care Coverage

Insurance, N = 8,637



Federal Poverty Level

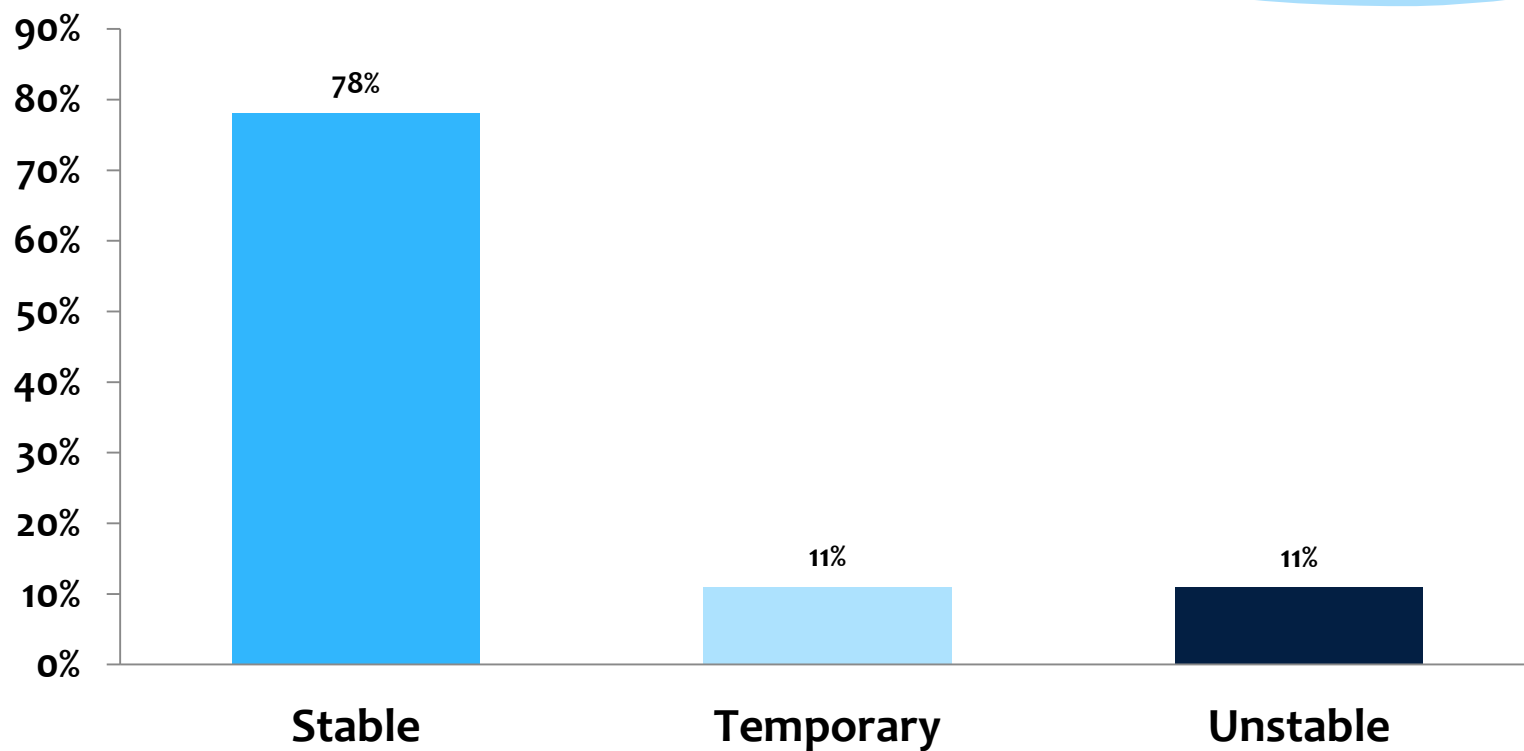
FPL, N = 7,233



Note: 84.1 percent of the consumers were eligible for Medicaid expansion through ACA

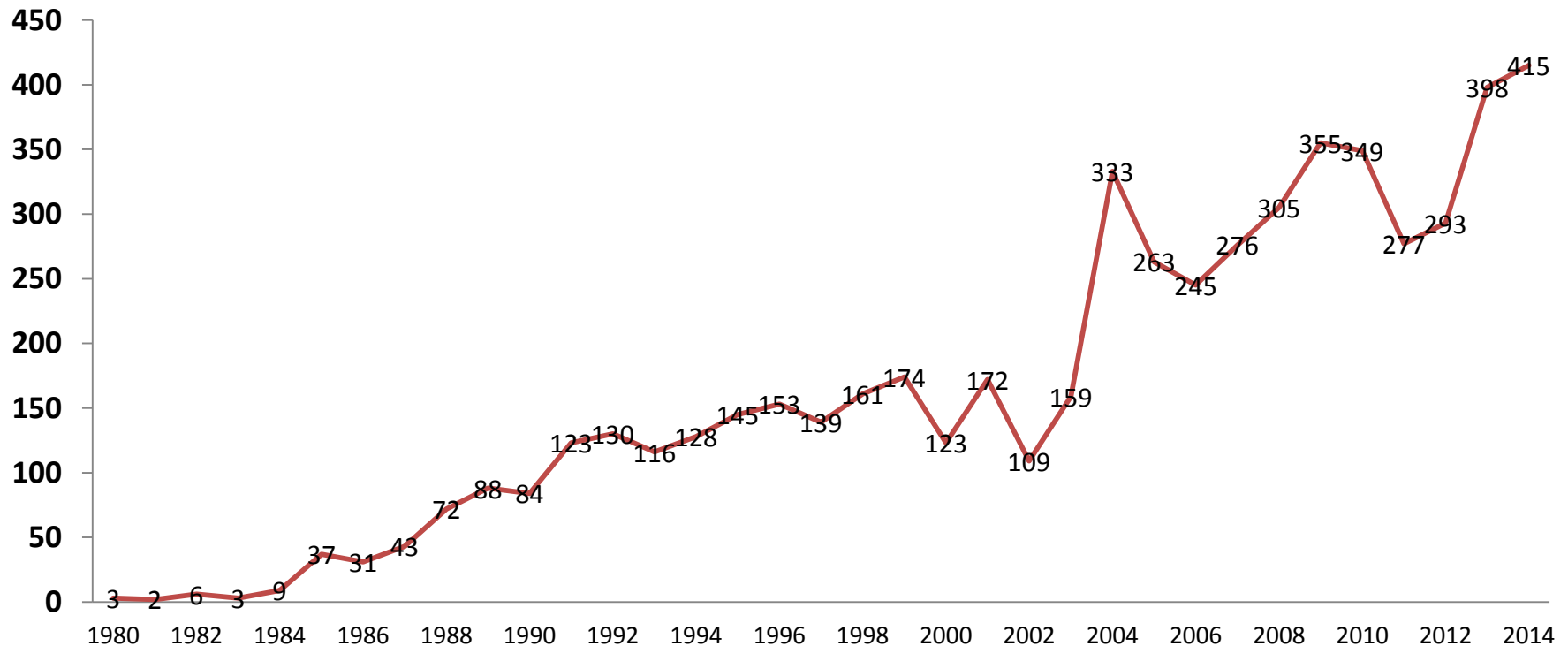
Clients served by Housing Status

Housing, N = 7,393



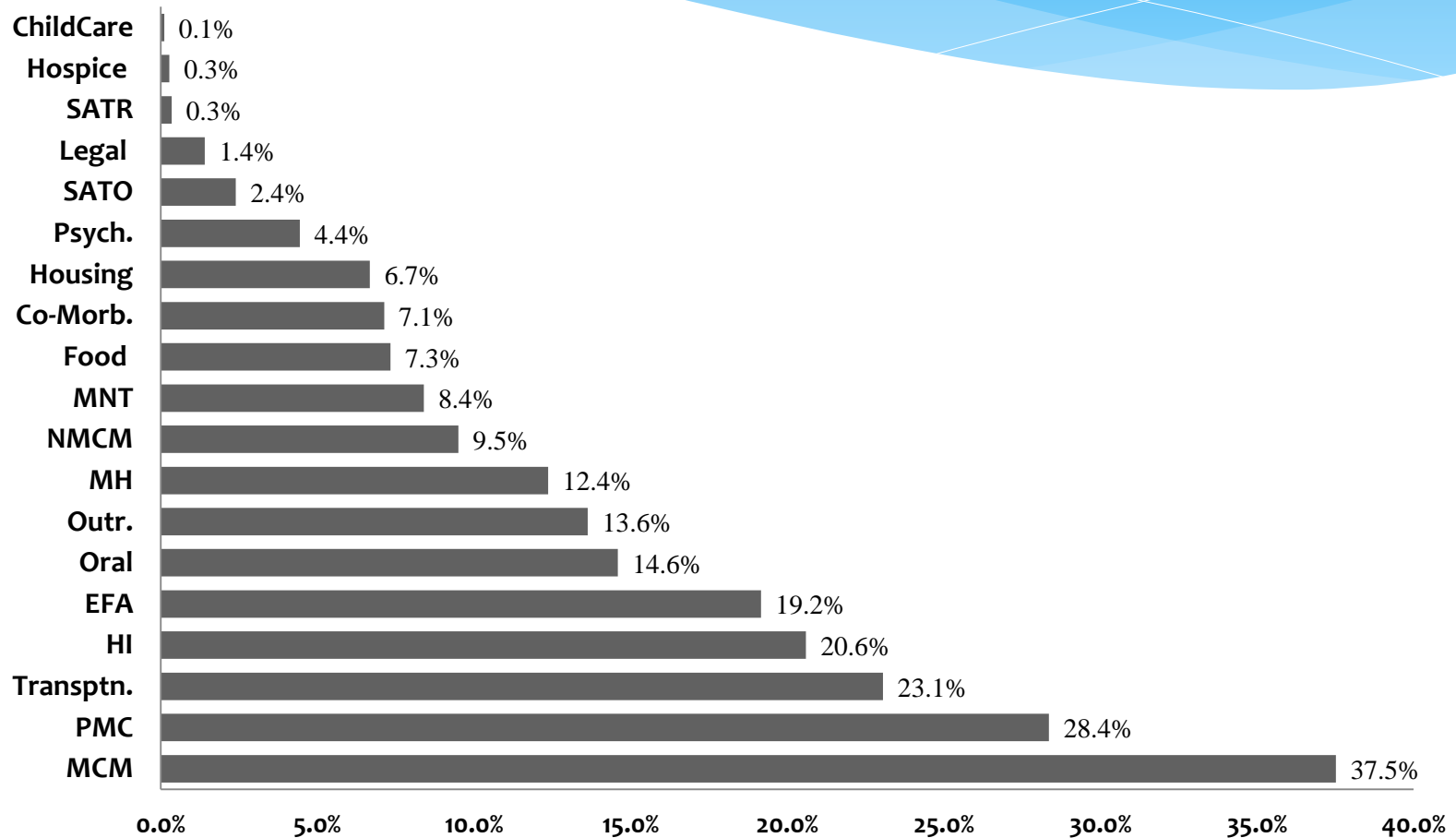
Clients Served in FY14 by Year of HIV Diagnosis

Year of HIV Diagnosis, N = 5,719



Clients Served by Service Category

Percent of all Clients Receiving any RWA Funded Service (N=9,801)



Note: Percent does not add up to 100% since a client may receive service in more than one service categories

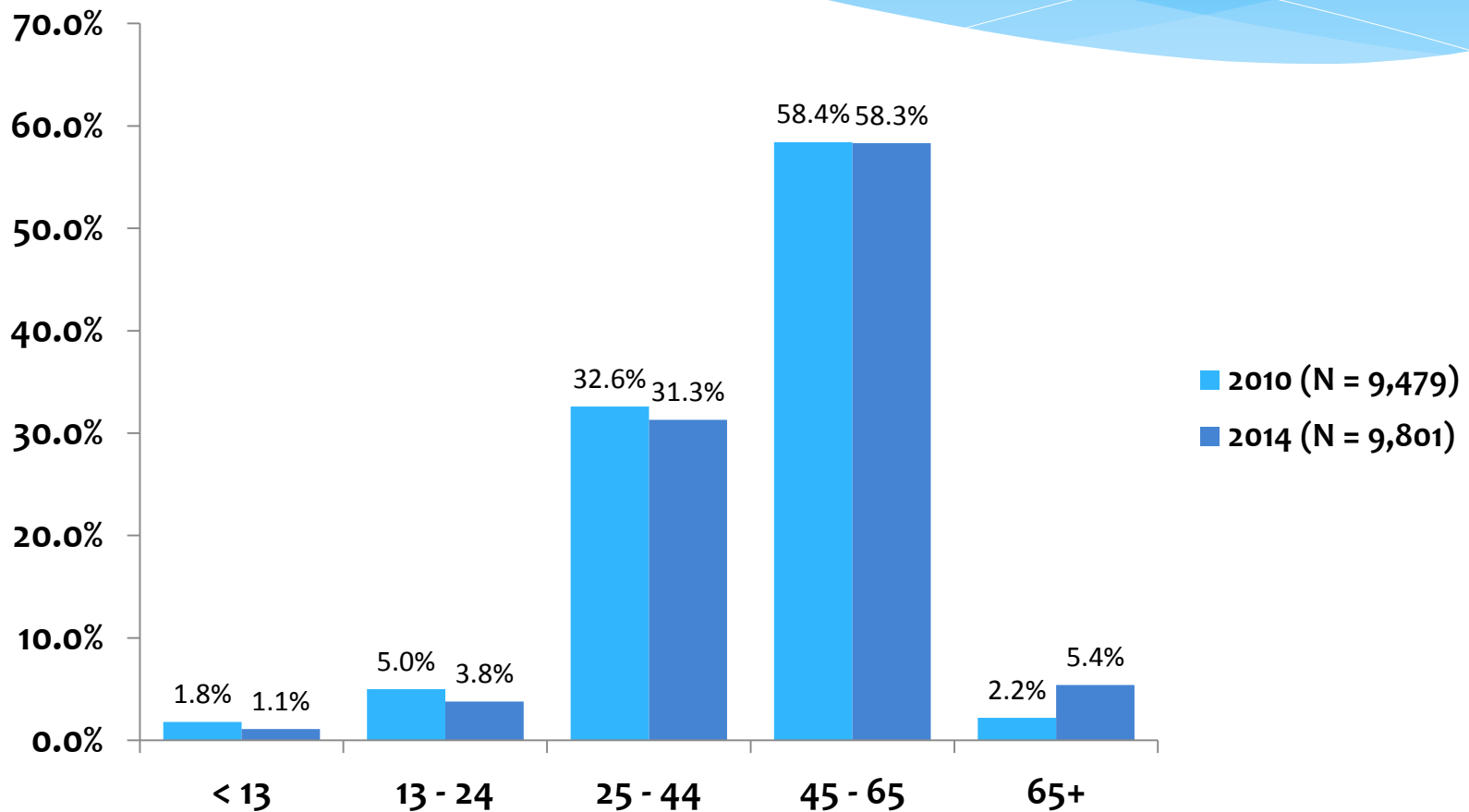
2010 – 2014 Demographic Trends

Between 2010 and 2014, most demographic characteristics were stable; however, there were a few changes in the following areas:

- Age
- Race
- Ethnicity
- Housing
- Health Care Coverage

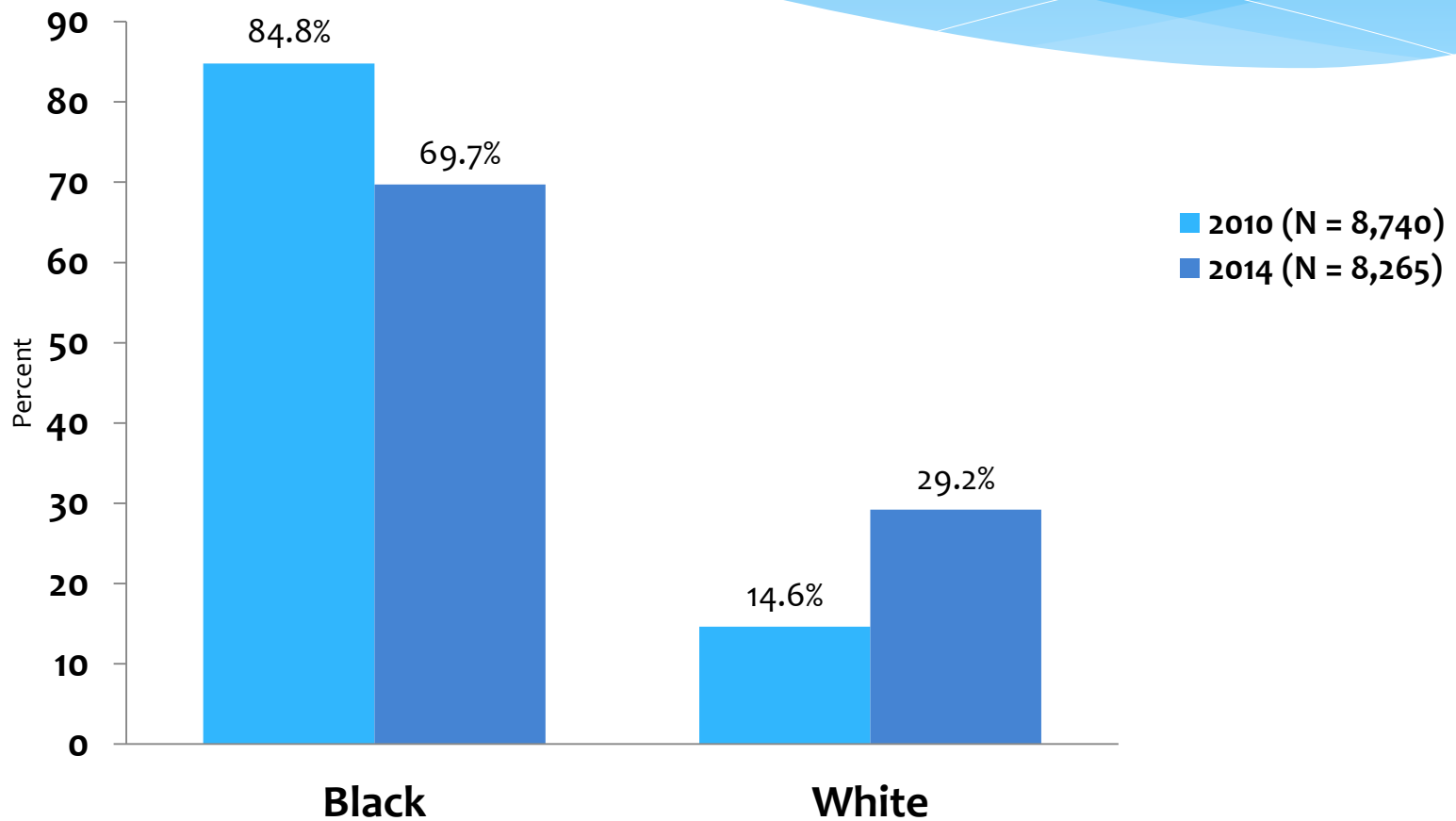
Clients Served by Age

2010 - 2014



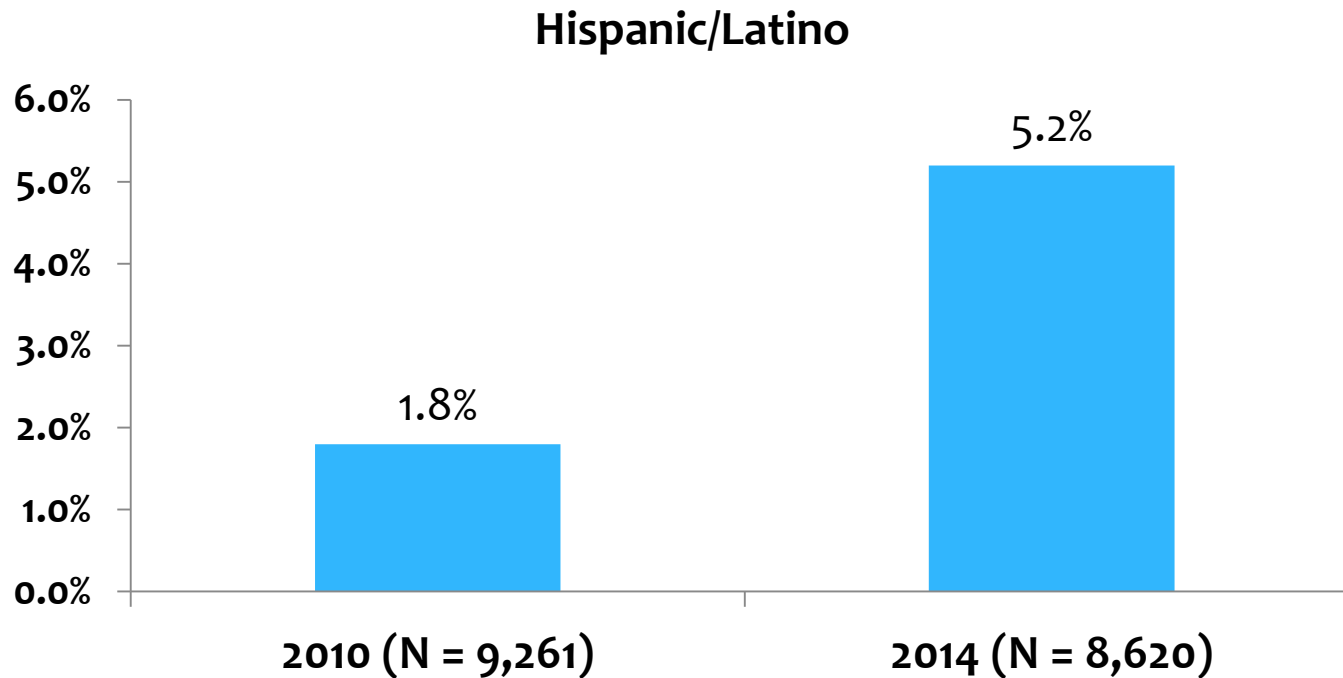
Clients Served by Race

2010 - 2014

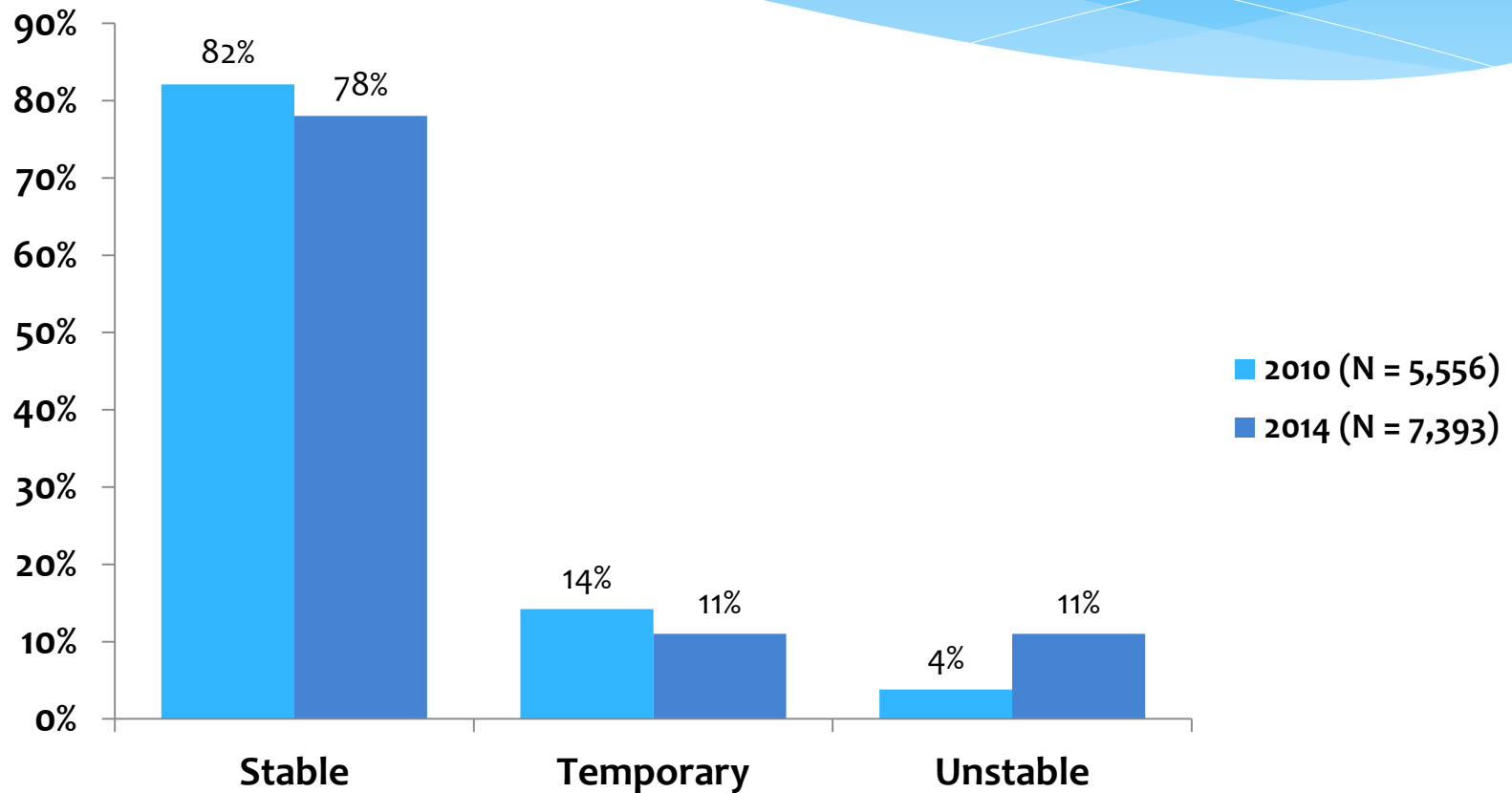


Clients Served by Ethnicity

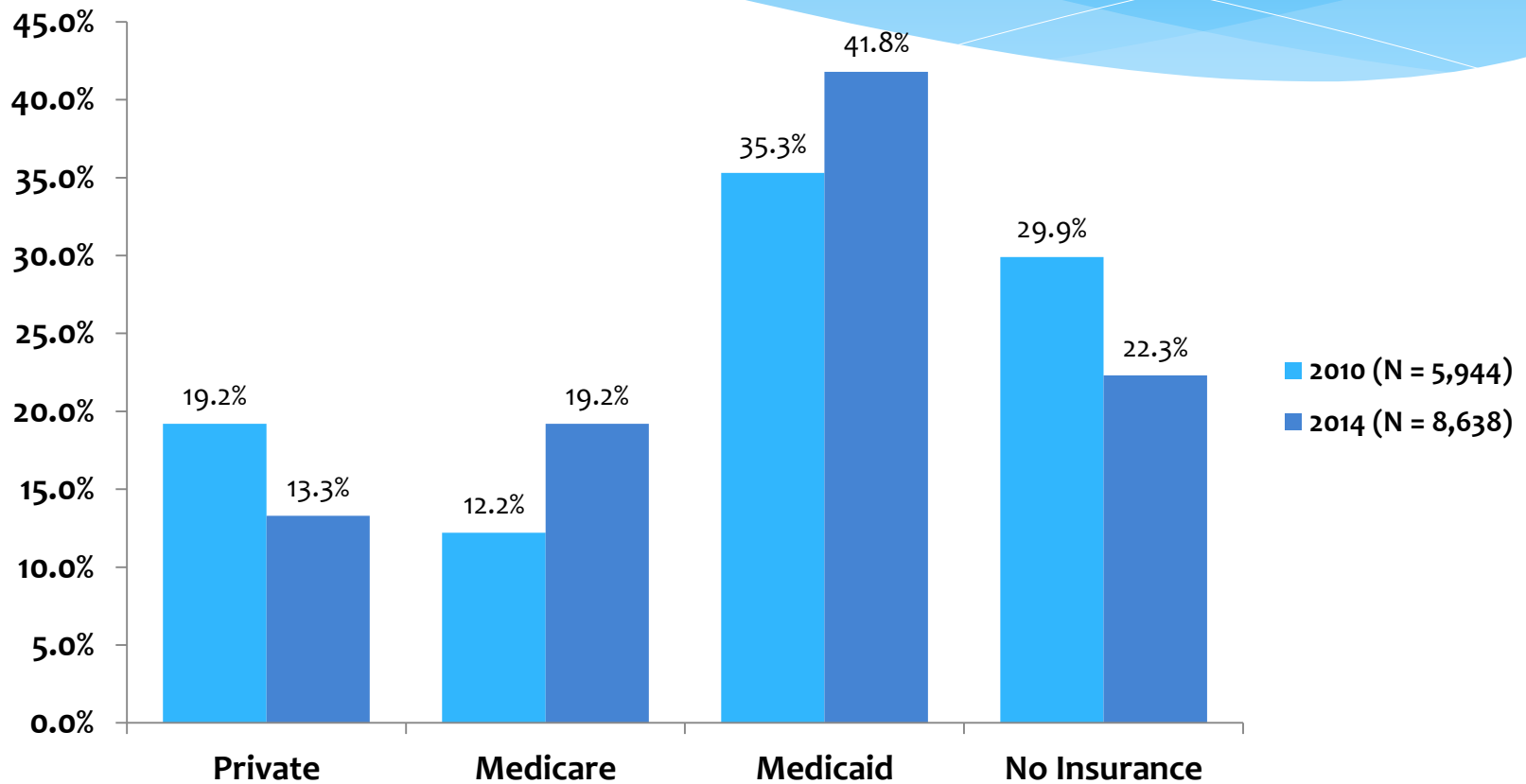
2010 - 2014



Clients Served by Housing Status 2010 - 2014



Clients Served by Medical Insurance 2010 - 2014



2010 – 2014 Service Utilization Trend

Service Category		2010 (N = 9,481)	2014 (N = 9,801)	Increase/Decrease
1	Outpatient Ambulatory Health Service	68.5%	29.3%	↓
2	Medical Case Management	31.5%	37.5%	↑
3	Health Insurance Premium	28.9%	20.6%	↓
4	Transportation	23.5%	23.1%	=
5	Outreach Services	13.5%	13.6%	=
6	Case Management	12.2%	9.5%	↓
7	Oral Health	12.0%	14.6%	↑
8	Mental Health	6.8%	12.4%	↑
9	Medical Nutritional Treatment	8.6%	8.4%	=
10	Food Bank	8.5%	7.3%	=
11	Psychosocial Services	5.3%	4.4%	=
12	Housing Services	3.3%	6.7%	↑
13	Substance Abuse Treatment (Outpatient)	3.1%	2.4%	=
14	Legal Services	2.7%	1.4%	↓

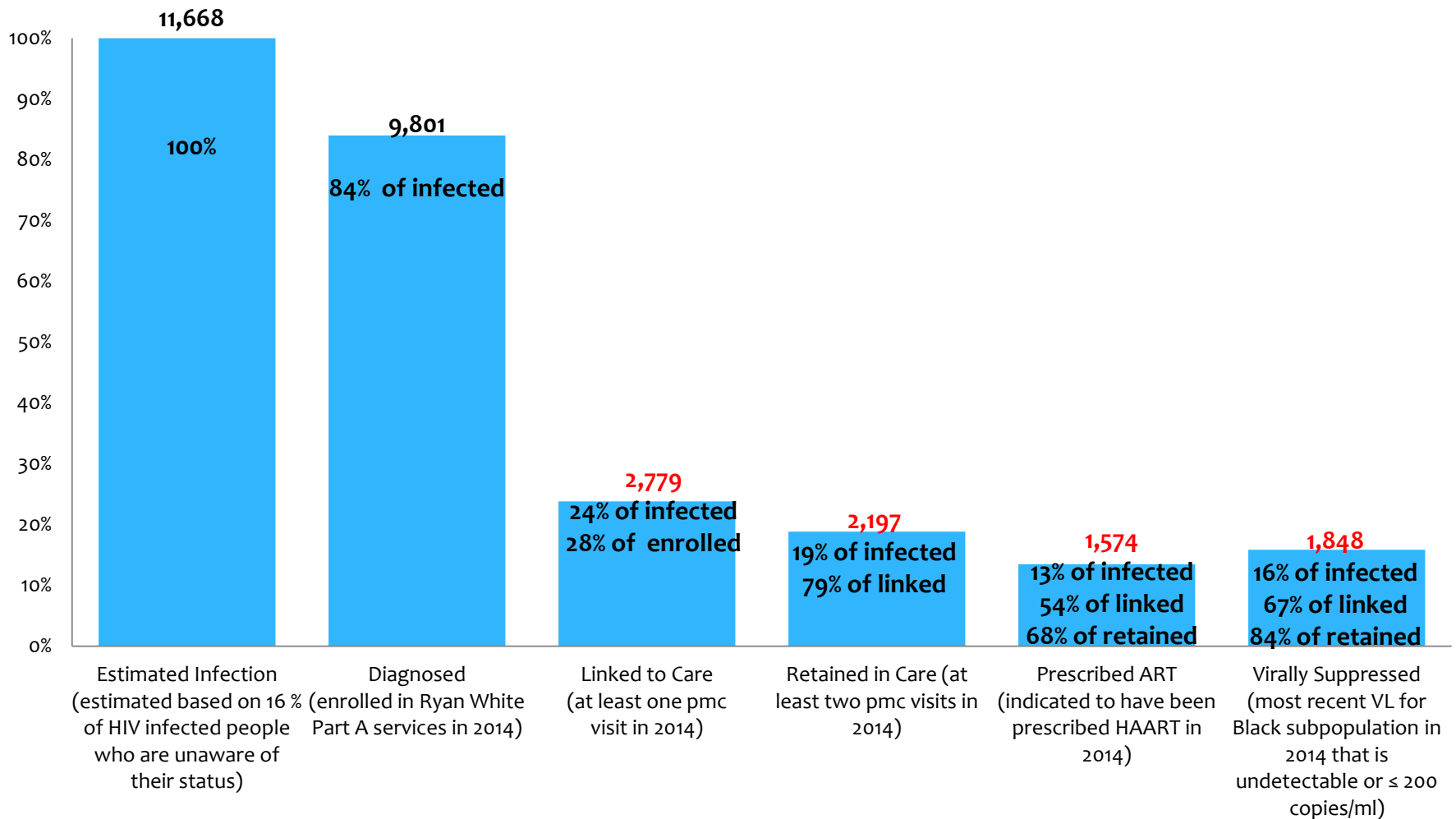
Note: Percent does not add up to 100% since clients may receive service in more than one service categories



Continuum of Care in Baltimore

EMA

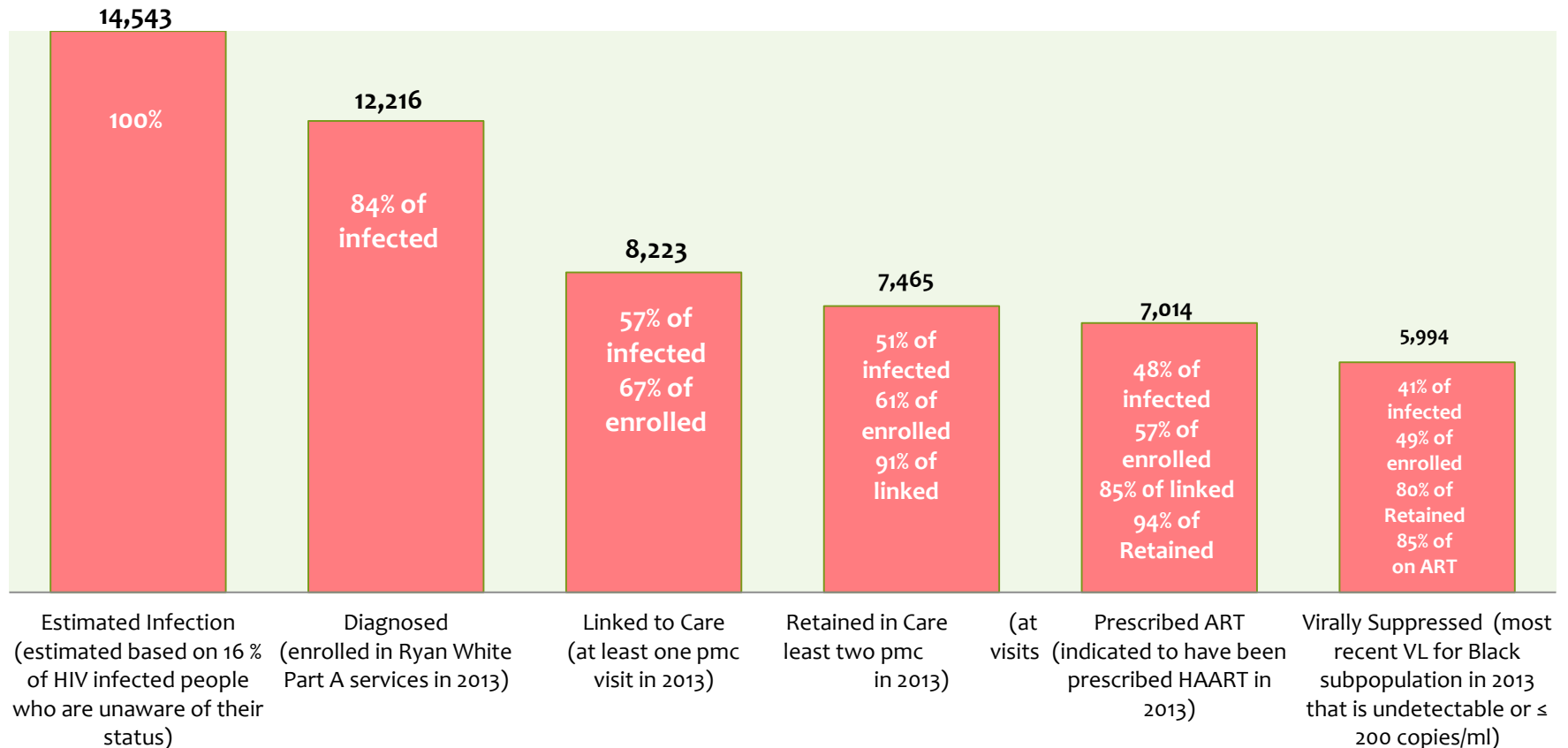
2014 EMA Treatment Cascade Using the First Post ACA Client-level Dataset



Note: The numbers in red indicate a significant decrease in the number of Ryan White funded OAHs consumers after the implementation of ACA – reason why HAB moved to Eligible Scope data requirement for the 2015 RSR and beyond.

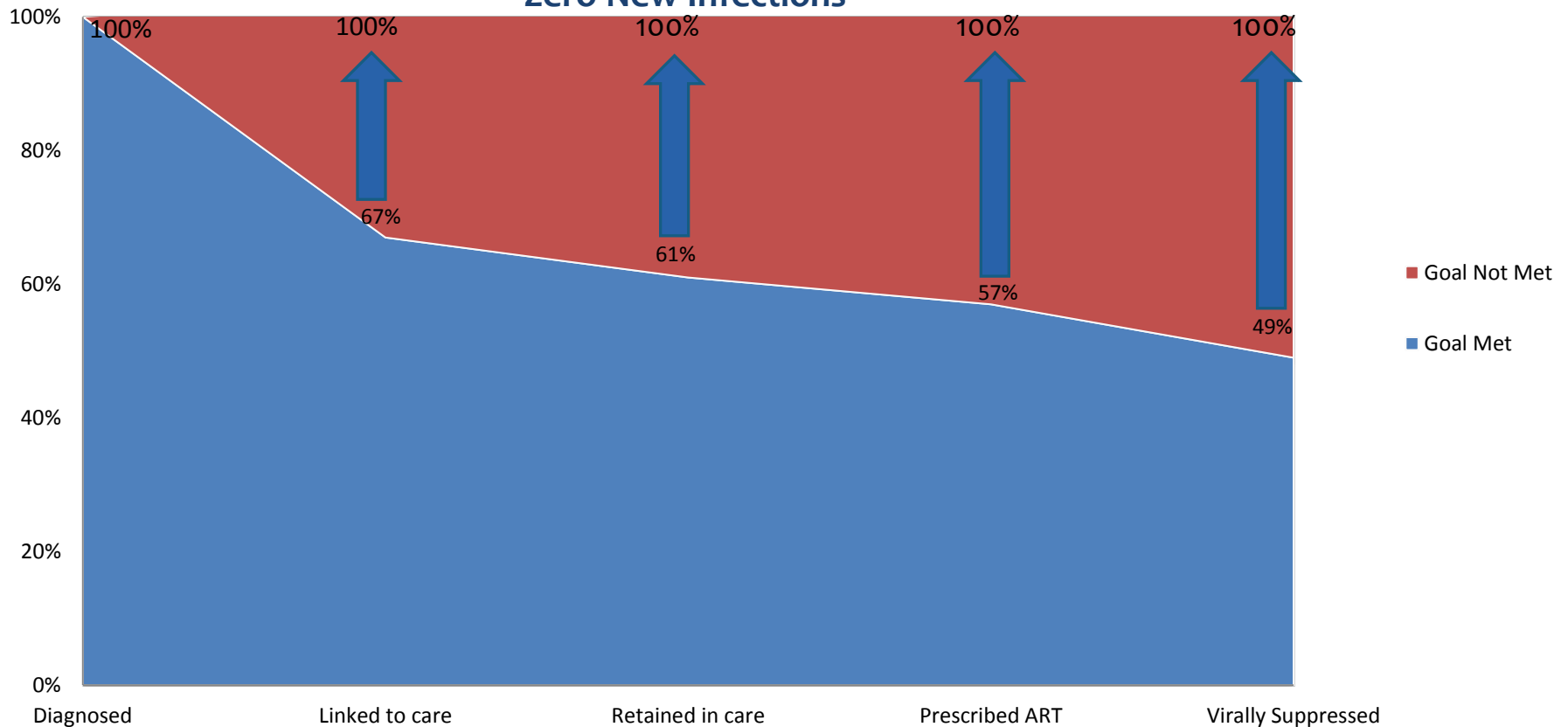
Continuum of Care in Baltimore EMA, using 2013 RSR data

Baltimore Ryan White Part A HIV Treatment Cascade, 2013

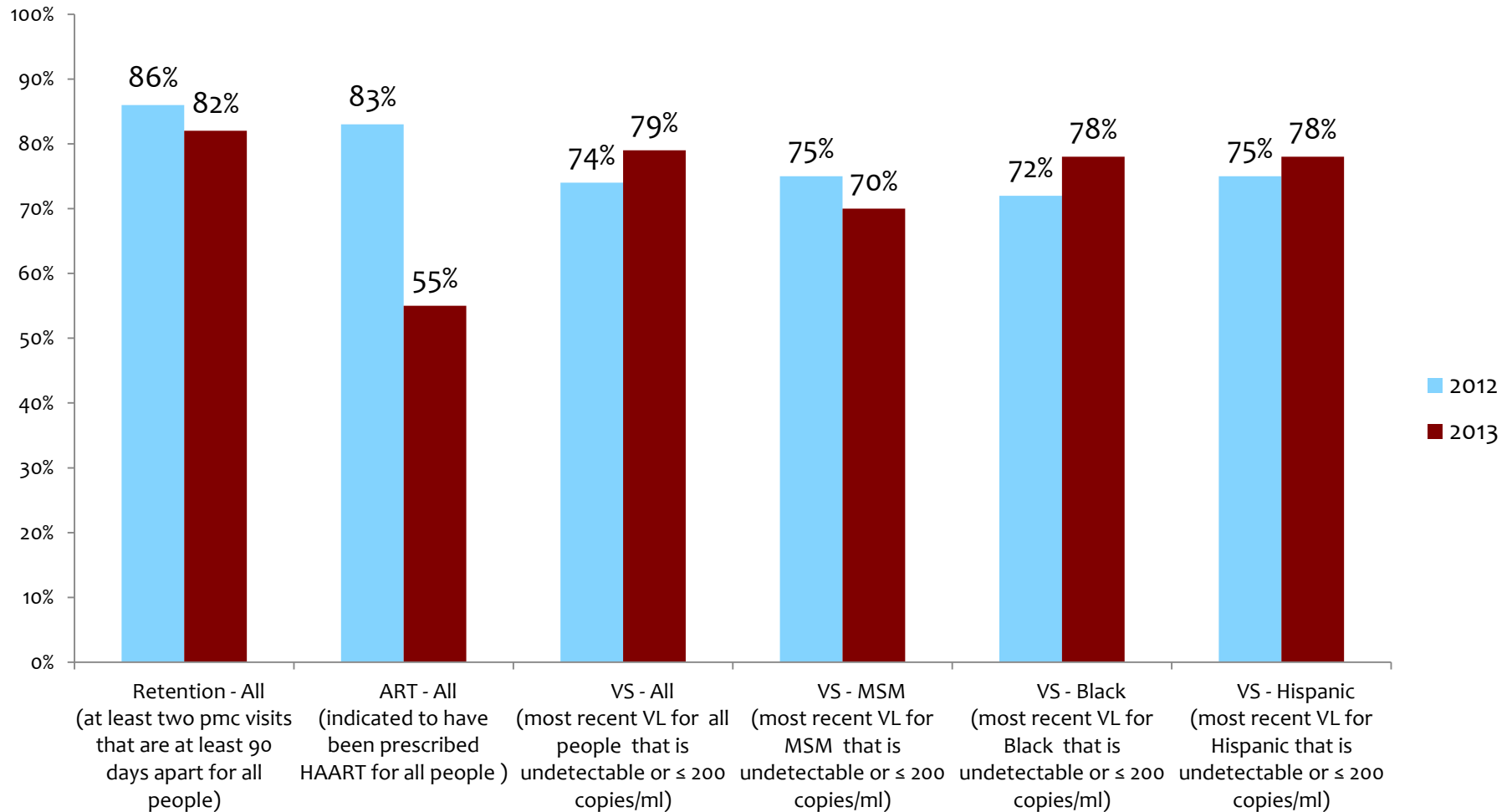


Continuum of HIV Care in Baltimore EMA and areas of future efforts towards Zero New Infection

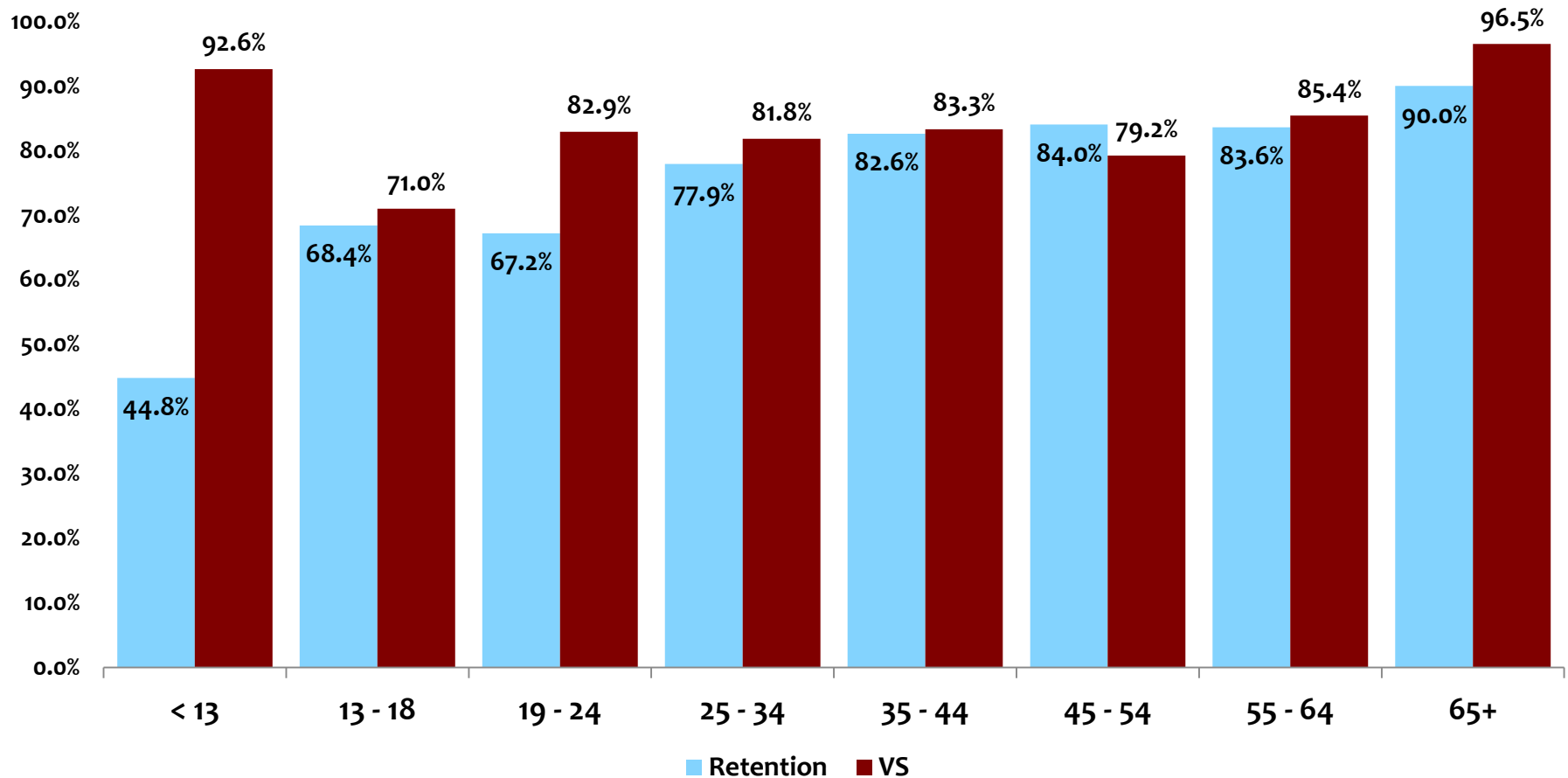
Continuum of HIV Care In Baltimore EMA, 2013
Zero New Infections



Retention, ART, Viral Suppression by Race and MSM Risk Factor, RSR 2012 - 2013

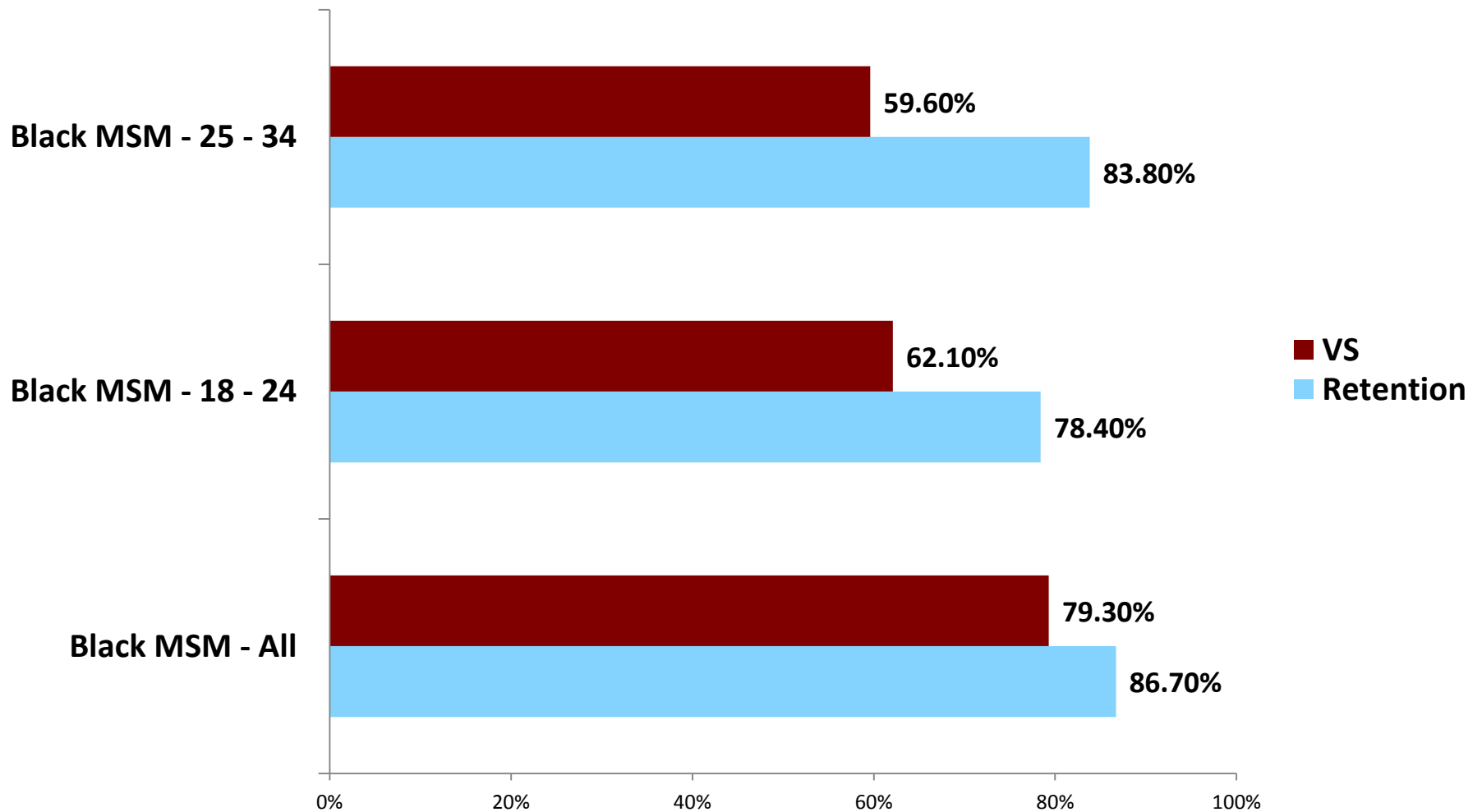


Retention in Primary Care and Viral Suppression by Age – CLD 2014

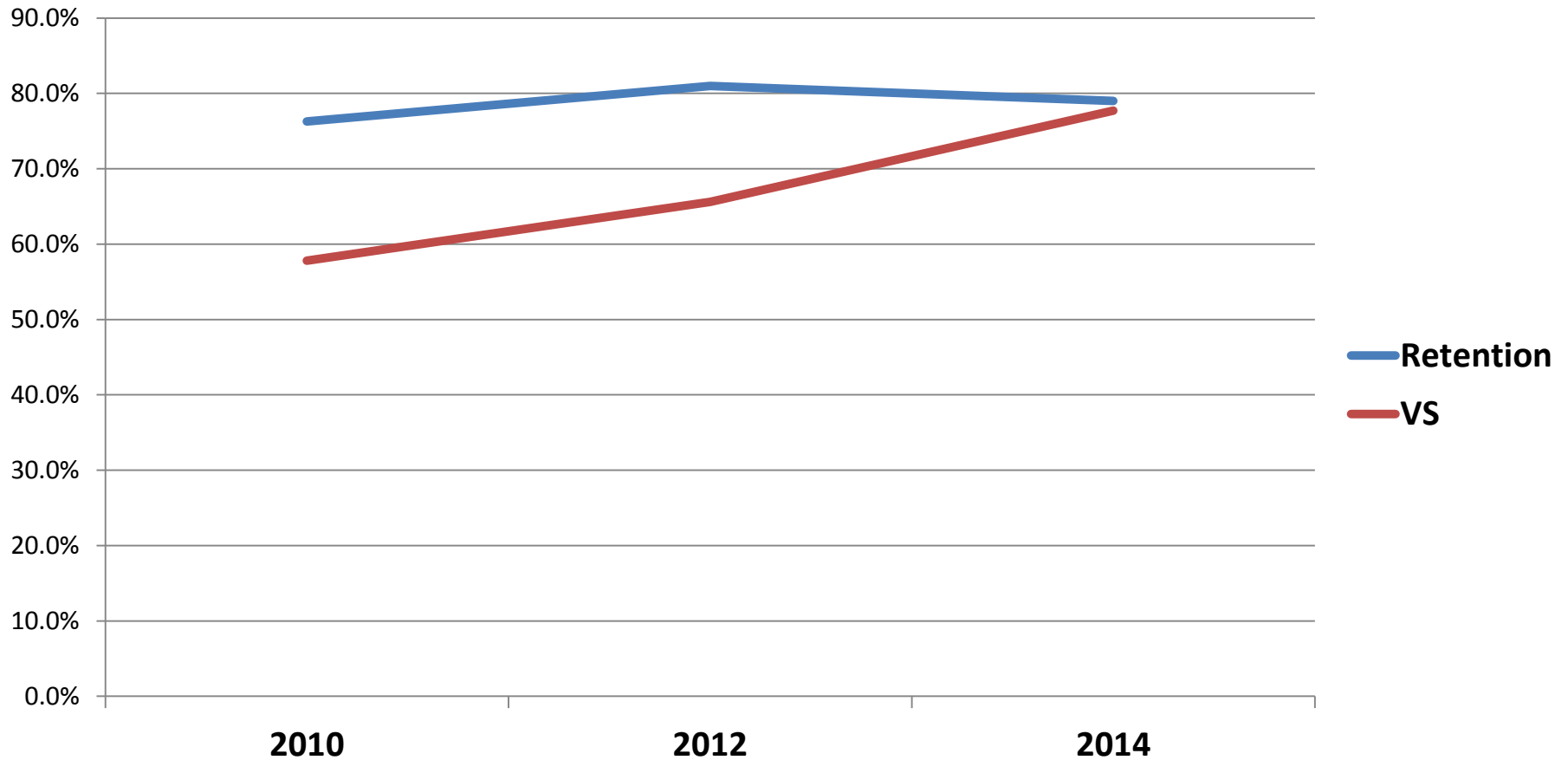


Note: Retention = percent of clients with at least any two primary care visits in 2014; Viral Suppression = percent of clients who had at least one primary care visit and one viral load result with last viral result of 200 cells/ml or less.

Retention and Viral Suppression for Black-MSMs by Age, CLD 2014

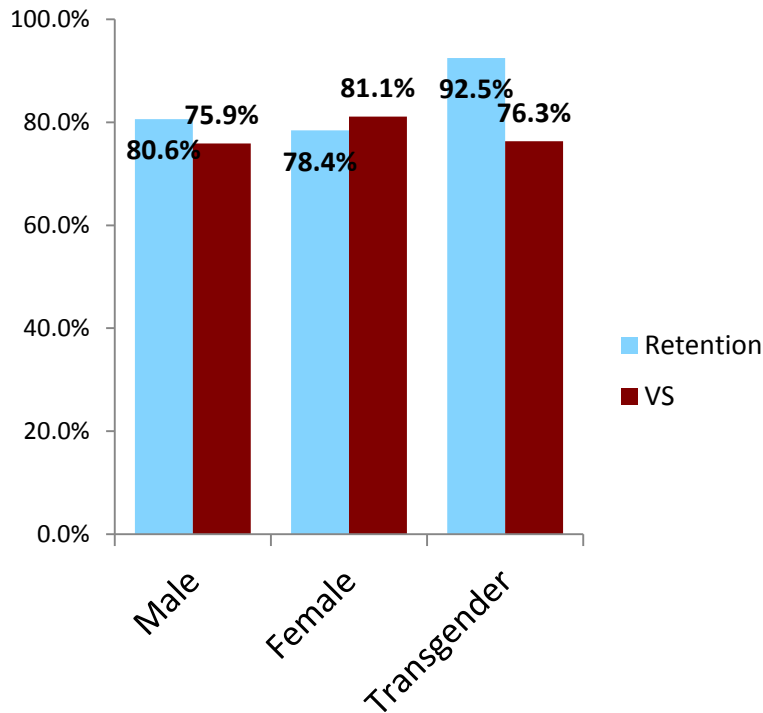


Overall EMA's Retention and Viral Suppression Rates, 2010 – 2014

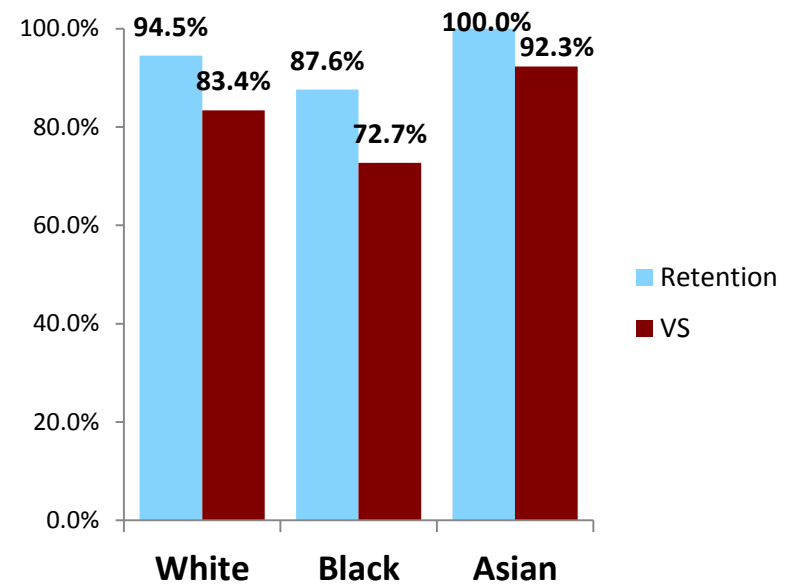


Retention and Viral Suppression by Gender and Race, 2014

Retention and VS by Gender, 2014



Retention and VS by Race, 2014



Summary of Client-Level Data Results

- * **Notable changes in Ryan White service utilization pattern, especially in OAHS, MCM, HI, and Housing**
- * **Decline in the volume of Ryan White funded OAHS (OAMC) consumers**
- * **Steady increase in viral suppression rates across all groups and sub-groups between 2010 and 2014**
- * **Young black MSMs (18 – 34) trail behind the most in viral suppression among all sub-groups**
- * **Retention in care remains steady above 80 percent for most groups except the youth (13 – 18)**
- * **Disparity in retention and viral suppression exists across several groups and sub-groups but needs further investigation for better understanding**

Thank You !

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