Yohannes Abaineh - Unduplicated Client-Level Data Results (2012)

1) Your Gardner's Cascade suggests that we did worse at linkage to care compared to the US but our suppression rates are better. Why do you think our suppression rates are better?

- Effective HIV disease management requires much more than simply having access to medical care. People with HIV/AIDS have diverse medical and non-medical needs such as housing, transportation, food and nutrition, mental health, substance abuse, and psychosocial needs which if unmet significantly affect their HIV treatment outcomes. Our Ryan White programs provide such critically needed support services to all of our clients, including to the nearly 70% patient population that is insured but are unable to get one or more of these services through their insurance. This finding is also corroborated by a recent study that indicated HIV patients in Ryan White programs having better viral load suppression rates relative to patients in other types of programs.

2) Hospital services are most expensive – what can be done to increase use of community services and decrease hospital services?

- Ryan White programs embedded in local hospitals are better positioned in terms of human resource and infrastructure to provide HIV care to nearly 50 percent of the total Ryan White Part A consumers living in Baltimore city. Consumers have easy access to these hospitals that are centrally located and provide an array of Ryan White eligible core and support services and other specialty care services. In contrast, community based providers that are sparsely located in and around the periphery of Baltimore city are not easily accessible to consumers and are usually limited in infrastructure and human resource to accommodate the volume of patients that are served by the hospitals. Therefore, it is imperative to improve the three mentioned barriers in order to increase the flow of Ryan White consumers from hospitals to providers in the community.

3) How do you justify comparing your clinic-based population to the CDC general population in your Gardner's Cascade comparison (Slide 4)?

- The CDC report used a sample of cases from a diverse treatment spectrum ranging from those who are unaware of their HIV status to those who are retained in primary care. The EMA report similarly used clients who were linked to care but fell off later, clients retained in care, clients that may not have been linked to care, and an estimate of those who are unaware of their HIV status. So both populations of cases are similar in content but differ in their catchment areas and hence can be compared against each other. In other words, the Gardner cascade that has become a national model can be used to compare the status of the continuum of care in a given geographic area.

4) Don't the core, support services, and clinical encounters have duplicative services?

- There are no duplications in service delivery. A client can have any of these

services if there is a demonstrated need.

5) Were some of the clients identified as AIDS positive on their first diagnoses?

- 54% of AIDS diagnoses were made a few years after the patient was diagnosed with HIV and 28% of the AIDS diagnoses were made during HIV diagnoses.