Improving Health Outcomes through the Ryan White HIV/AIDS Program: Success and Challenges

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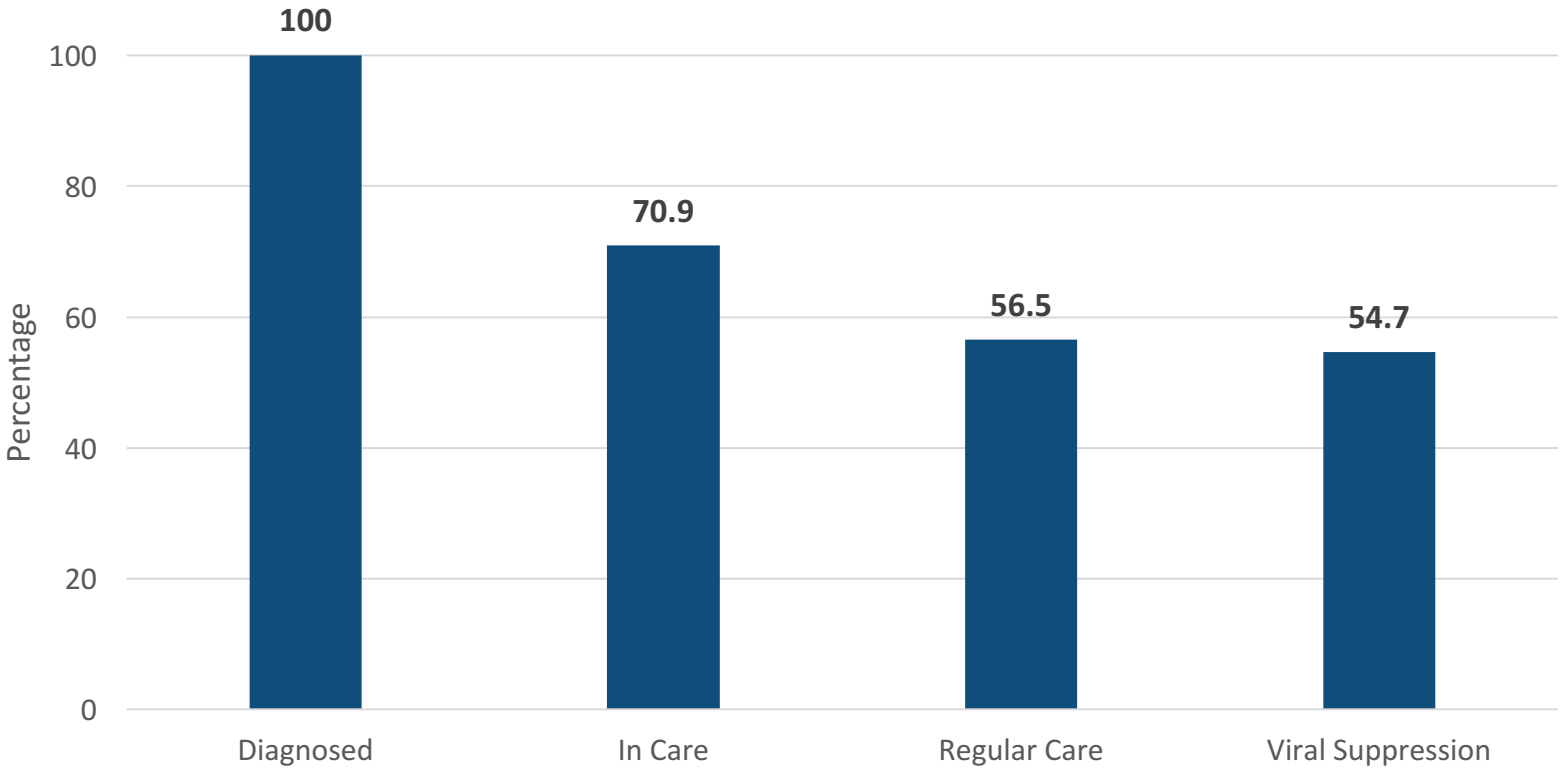
Purpose of Ryan White HIV/AIDS Program

- Public health approach to provide a comprehensive patient-centered system of HIV care
- Ensure low-income people living with HIV (PLWH) receive optimal care and treatment

Alignment of HHS Principles of Patient-Centered Health Care System in the Ryan White HIV/AIDS Program

Quality	• Clinical quality management is built into the RWHAP • Better health outcomes for PLWH than PLWH outside RWHAP
Accessibility	• RWHAP is a national program • Geographically diverse providers to meet need
Affordability	• Clients receive services at reduced charges • Clients cannot be denied services for inability to pay
Choices	• Services provided are based on locally-developed needs assessment • Support services available to improve health outcomes based on need
Innovation	• RWHAP providers identify new approaches to reach PLWH • New approaches to improve health outcomes among all PLWH
Responsiveness	• Providers rapidly adopt advances in medicine and care for PLWH • Service utilization driven by client need

Continuum of Care Among People Diagnosed* with HIV in the United States**



*Denominator is 615,836 persons diagnosed with HIV by the end of 2012 and alive through 2013.

**Data from 33 jurisdictions that reported complete CD4 and viral load data. Data from these 33 jurisdictions represent 69.5% of all persons aged ≥13 years living with diagnosed HIV infection at year-end 2013

Source: Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2014. HIV Surveillance Supplemental Report 2016;21 (No. 4)

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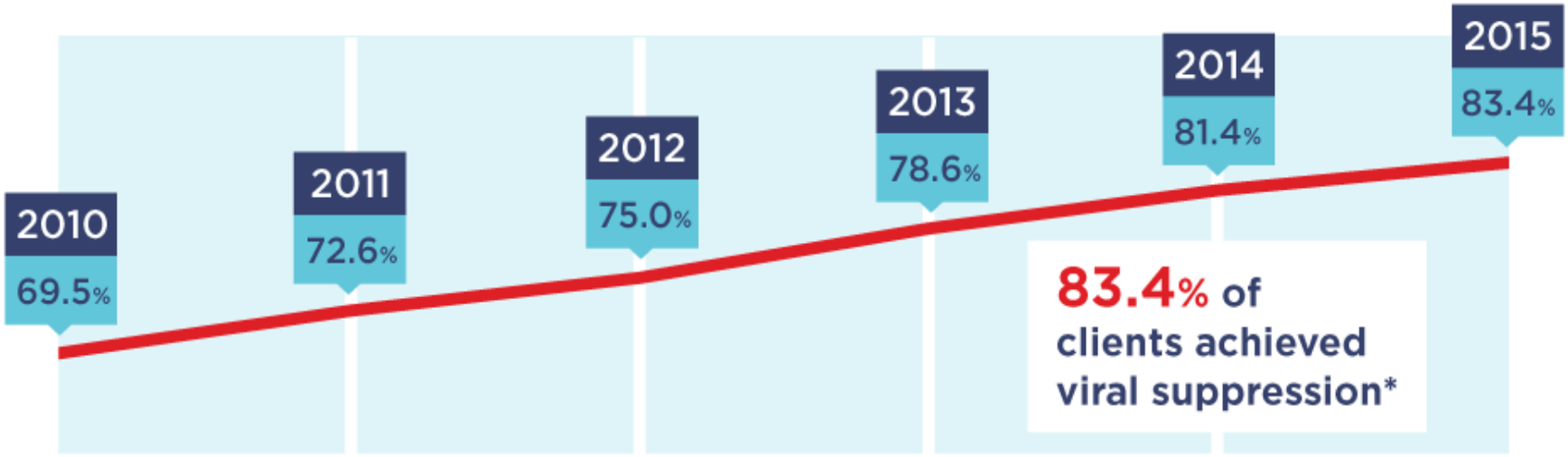
RYAN WHITE HIV/AIDS PROGRAM

BY THE NUMBERS: 2015



*Viral suppression is based on data for people living with HIV who had at least one outpatient ambulatory medical care visit and at least one viral load test during the measurement year and whose most recent viral load test result was less than 200 copies/mL.

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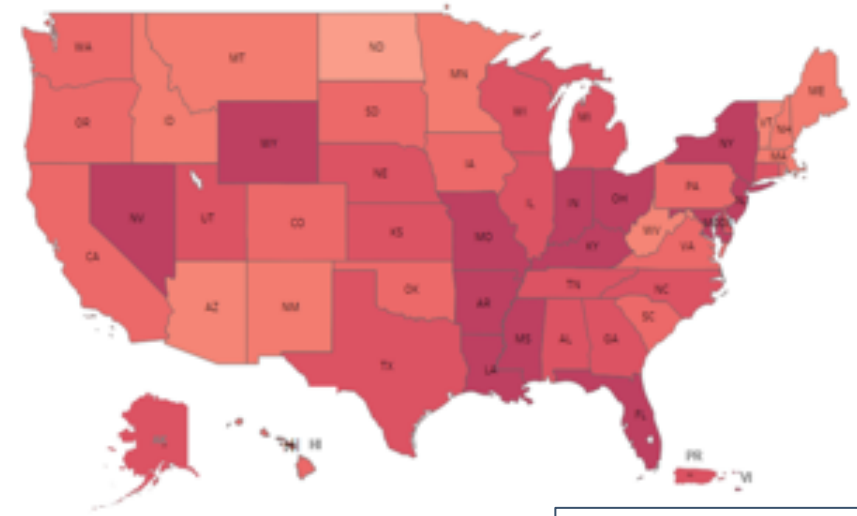
Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2015. Does not include AIDS Drug Assistance Program data.

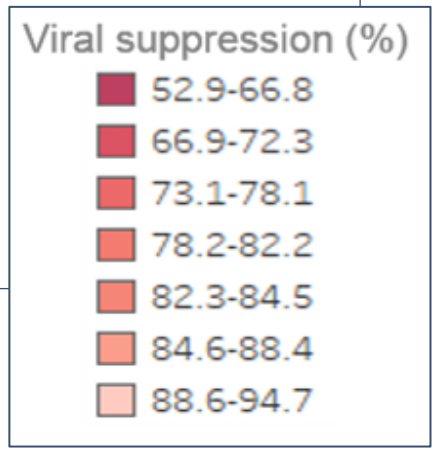
Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by State, 2010–2015—United States and 2 Territories[a]



IN 2010

69.5%

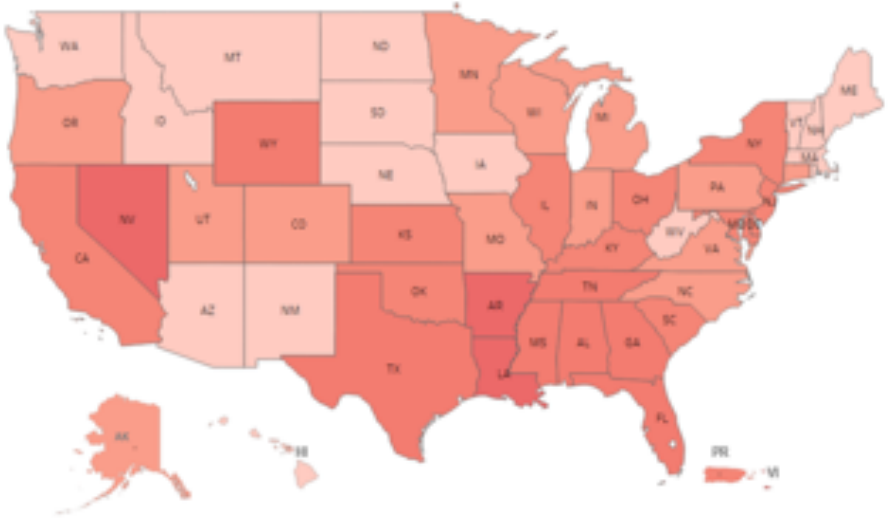
VIRALLY SUPPRESSED



IN 2015

83.4%

VIRALLY SUPPRESSED



Viral suppression: ≥1 OAMC visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Puerto Rico and the U.S. Virgin Islands. Due to low numbers, data for Guam are not presented.

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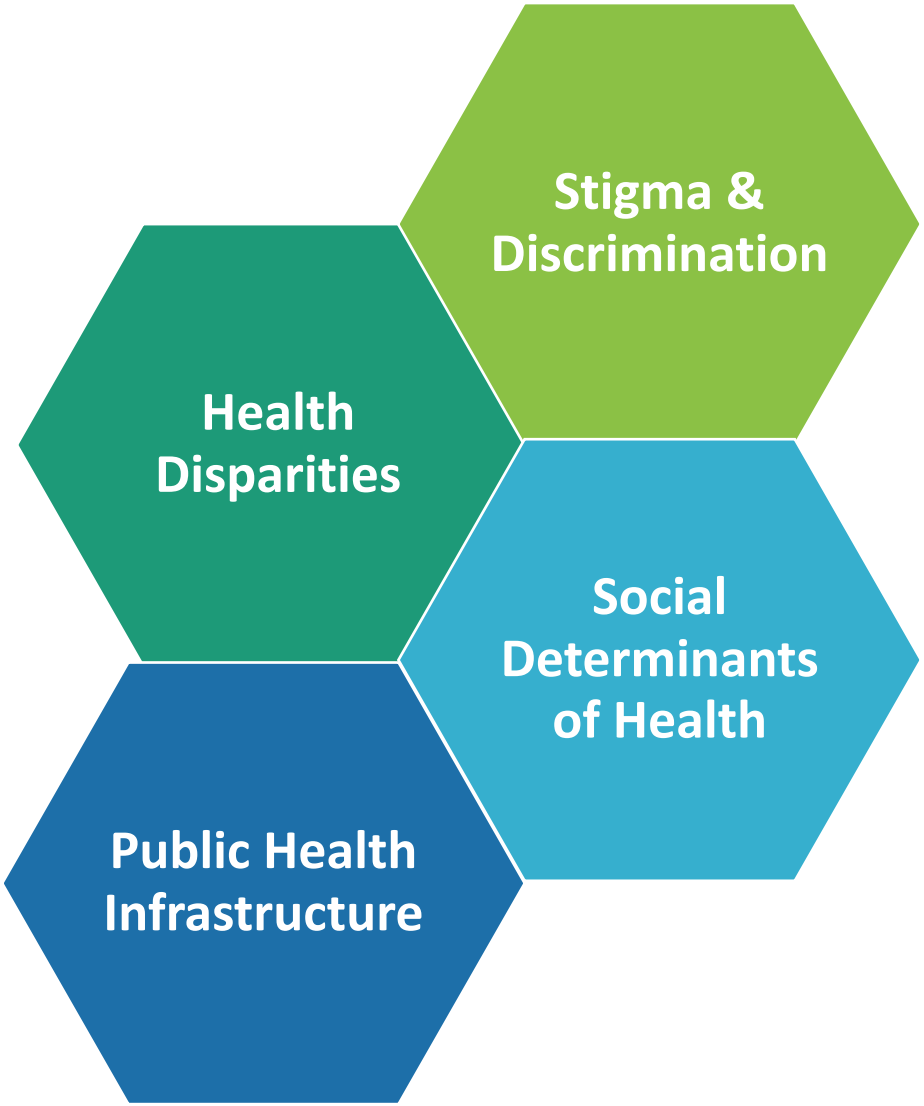
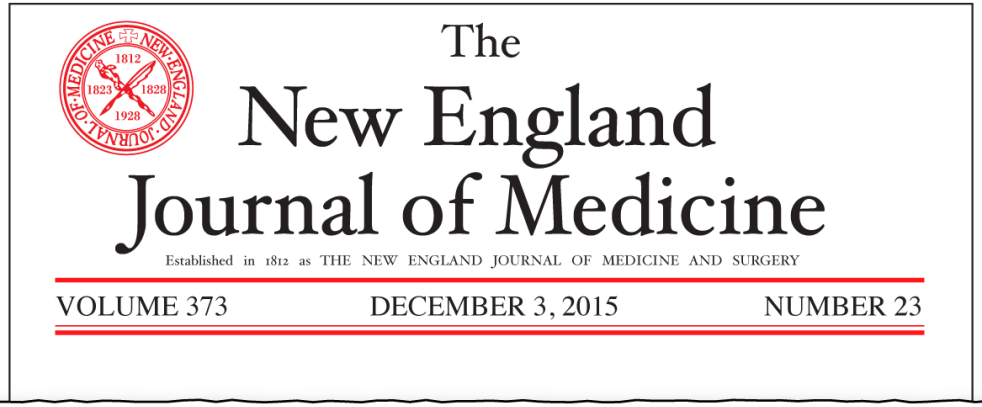
Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2015. Does not include AIDS Drug Assistance Program data.

Structural Barriers to PLWH-Centered Health Care System



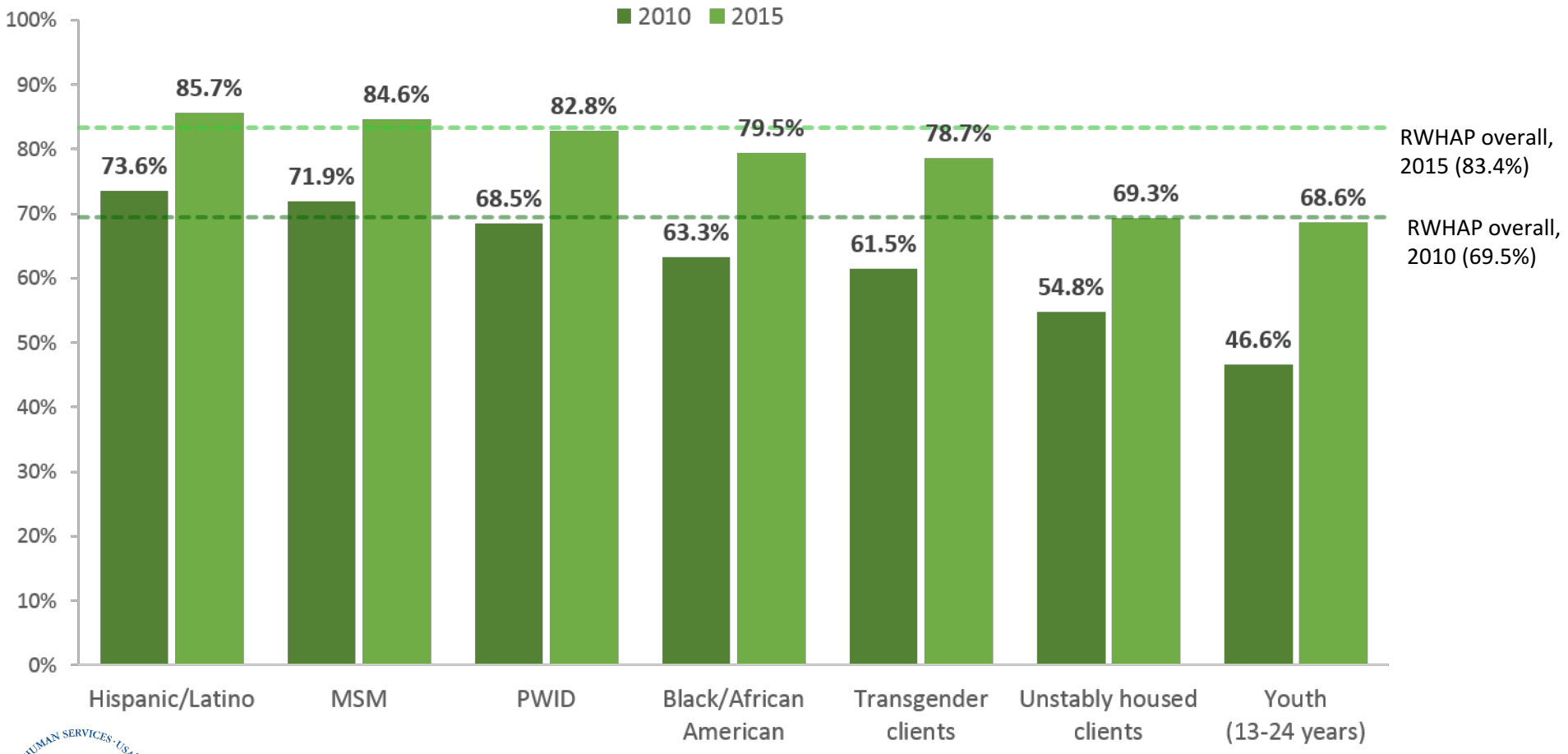
PUBLIC HEALTH as a KEY DRIVER OF SUCCESS



Ending the HIV–AIDS Pandemic — Follow the Science

AS Fauci & HD Marston

Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2010–2015—United States and 3 Territories[a]



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAMC visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

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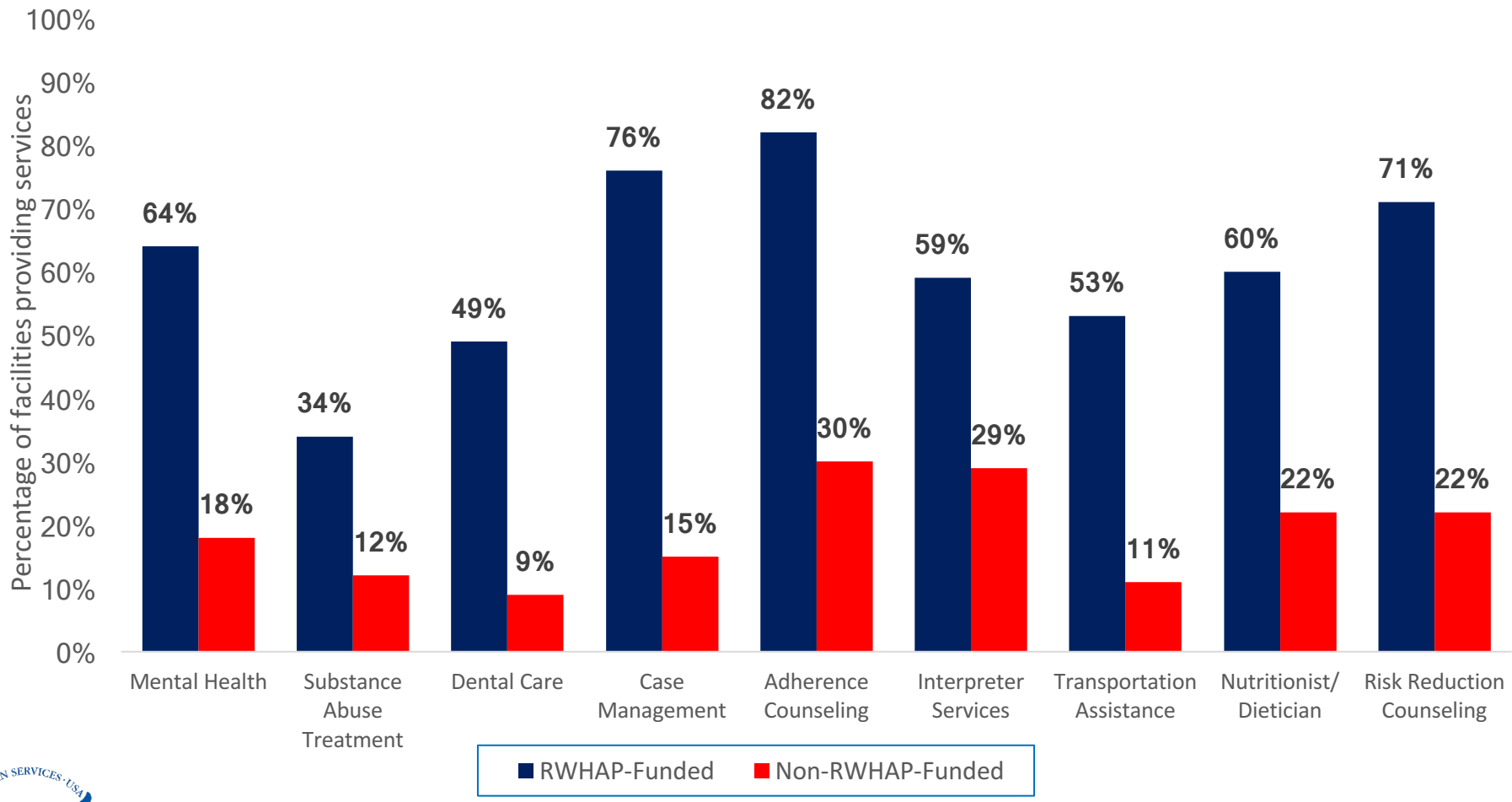
Using Client-level Data to Measure Outcomes

RWHAP client-level data, along with other epidemiologic and qualitative data, can be used for:

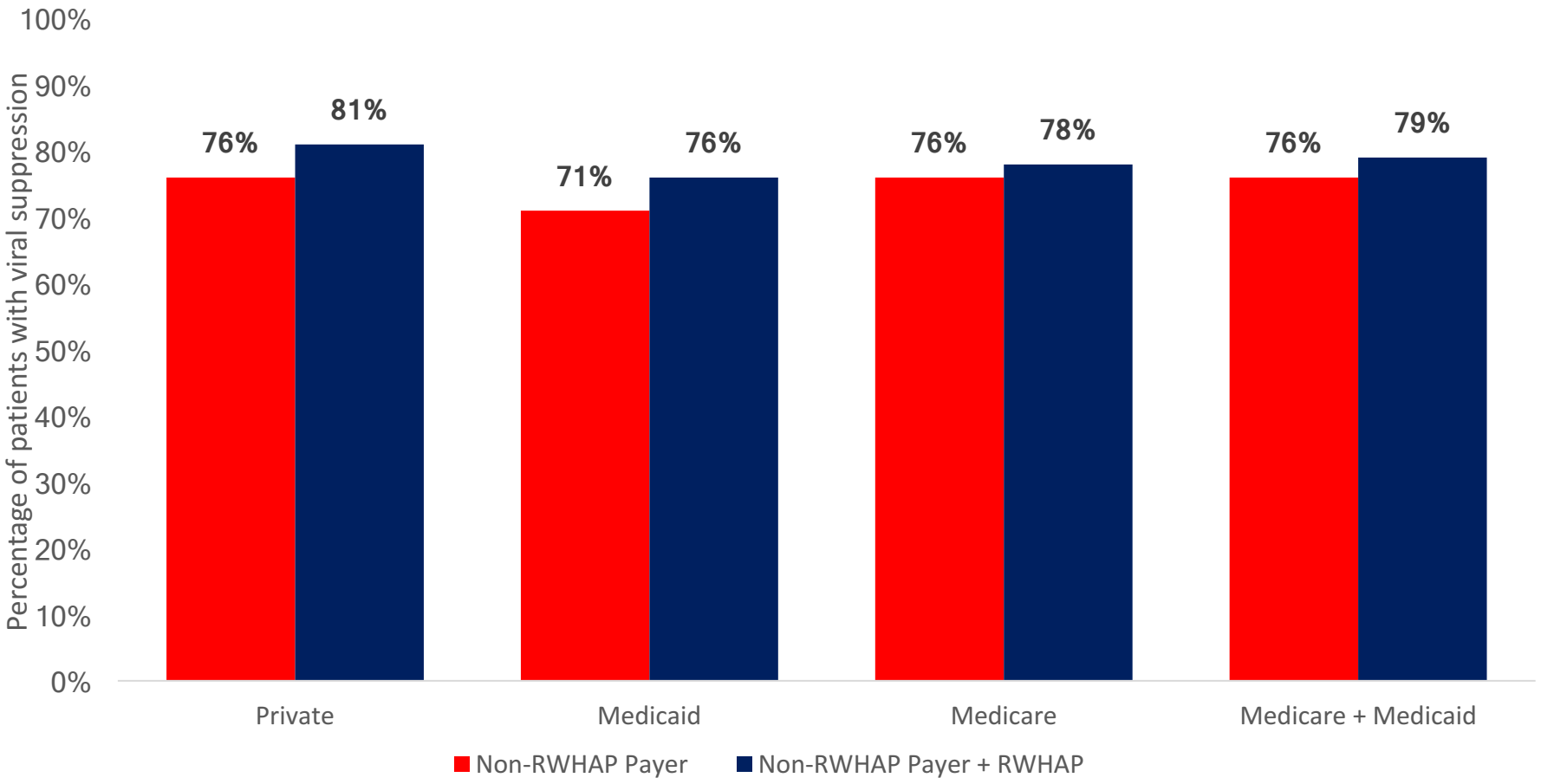
- **Planning.** Prioritizing, targeting, and monitoring available resources in response to needs.
- **Addressing gaps.** Identifying gaps in and barriers to care for PLWH.
- **Improving services.** Identifying issues and opportunities to improve the delivery of services to PLWH as well as high-risk, uninfected individuals (e.g., HIV testing; linkage to prevention services, behavioral health, social services).
- **Improving outcomes.** Improving engagement and outcomes at each stage of the care continuum.

Services Provided by RWHAP-Funded and Non-RWHAP-Funded Outpatient Facilities: Medical Monitoring Project (MMP) 2009-2012



Source: Weiser J, Beer L, Frazier EL, Patel R, Dempsey A, Hauck H, Skarbinski J. Service delivery and patient outcomes in Ryan White HIV/AIDS Program-funded and -nonfunded health care facilities in the Unites States. JAMA Intern Med 2015:4095.

Percentage of Virally Suppressed Clients by Health Care Coverage and Ryan White HIV/AIDS Program Assistance: MMP 2009-2012



Source: Bradley, H, Mattson C, Beer L, Huang P, Shouse, R. Luke; for the Medical Monitoring Project. Increased antiretroviral therapy prescription and HIV viral suppression among persons receiving clinical care for HIV infection. AIDS 2016;30(13):2117–24.

Community Engagement and Implementation

State Health Departments

Community Partners

RSR Utilization Data

CEBACC: HIV Provider Focus Groups

- Patient and provider priorities are out of sync
- Stigma related to HIV, sex, and sexuality is very prevalent
- Black MSM are resilient and are building their own support systems outside of traditional family structures
- Black MSM are seeking out providers where they can build positive, affirming relationships
- Must be willing to educate providers as well as be educated by them and non-providers

CEBACC: Black MSM and Provider Focus Groups

- Patient and provider priorities are out of sync
- Stigma related to HIV, sex, and sexuality is very prevalent
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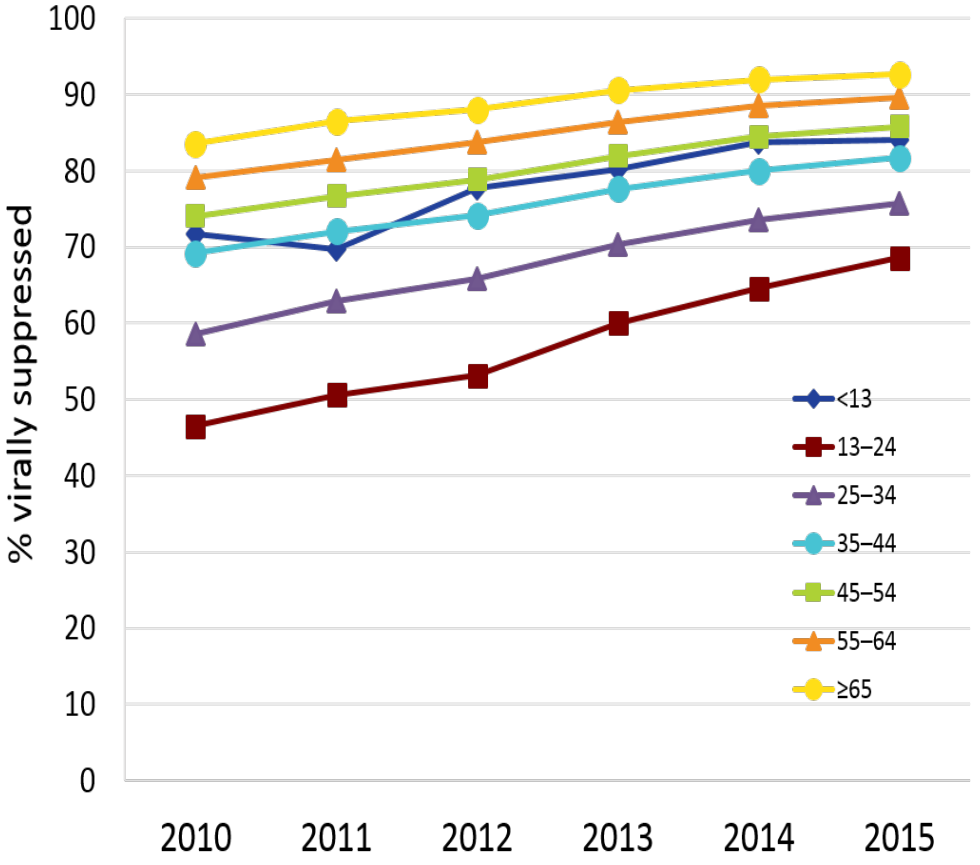
Improving Health Outcomes: Engaging and Supporting Youth

Building Futures: Supporting Youth Living with HIV

- Identify barriers and best practices to support youth living with HIV accessing RWHAP funded services
- Youth have lower rates of viral suppression, we need more information about what works and why to disseminate widely

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Age Group, 2010–2015—United States and 3 Territories[a]



Viral suppression: ≥1 outpatient/ambulatory medical care visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

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Source: HRSA. Ryan White HIV/AIDS Program Data Report (RSR) 2015. Does not include AIDS Drug Assistance Program data.

Other Steps to Address Disparities

- Secretary's Minority AIDS Initiative Fund – Innovative Projects
- Minority AIDS Initiative – addresses gaps in care
- Special Projects of National Significance/Ryan White HIV AIDS Program Part F – Demonstration Projects designed focused on implementation of service delivery reforms to create efficiencies, improve effectiveness and improve health outcomes
- Learning Collaboratives – Southern Initiatives to address geographic disparities based on Institute for Health care Improvement
- Increased Collaborations and Partnerships with HUD, SAMSHA, DOL, to address the intersectionality of illness, mental and behavioral health, poverty, employment and housing status

Southeast AETC – Success and Challenges

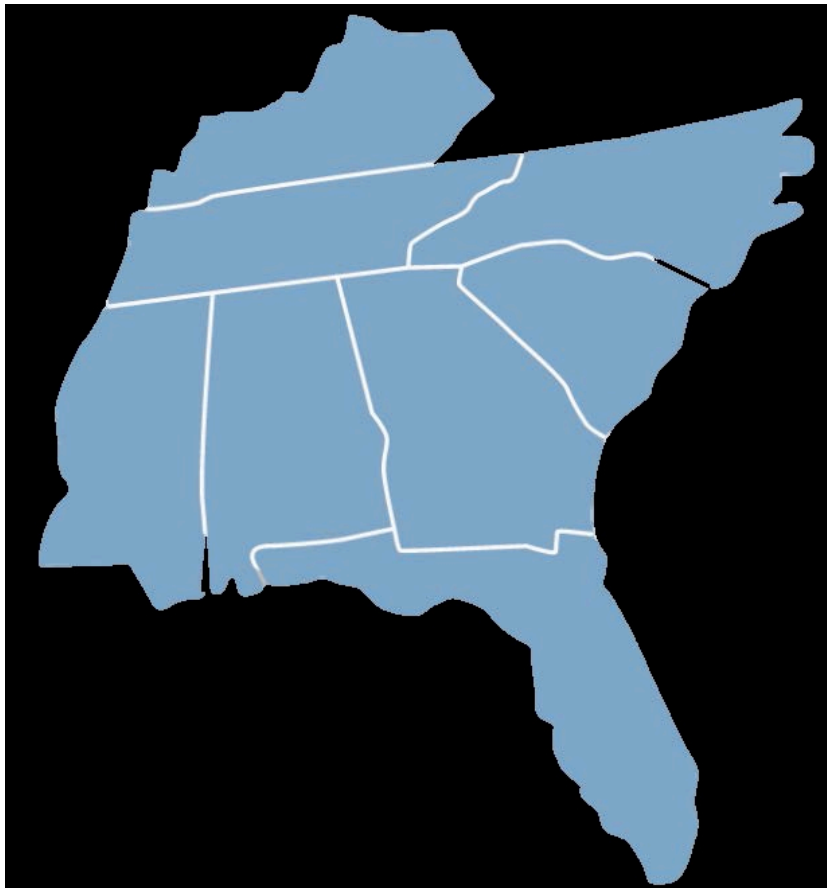
- **Challenges**
  - Viral suppression rates while rising still lag behind
  - Linkage to care is still a challenge in clinics which offer an HIV test
  - Need to create training opportunities for low volume and early career providers
  - Targeted MAI activities to better serve minorities engage professionals with mental and behavioral health and substance use disorder treatment experience.
  - Eight State region with 28% of new National cases in 2014

Southeast AETC – Success and Challenges

- **Successes - Opportunities to expand HIV testing**
  - 1,177 hospitals
  - 1,688 Community Health Centers (CHC)
  - 105,343 internal medicine and primary care physicians
  - 39,448 nurse practitioners
  - 7,334 psychiatrists

- **Top 5 trainings in 2016 Trainings (ART , Adherence, Epidemiology, Race/Culture, Co-morbidities)**

T/TA Goal and Target Population - Collaboration with BPHC



GOAL: To train HIV practice coaches who can drive patient-centered, HIV practice transformation in up to 15 non-RWHAP, health centers in high-risk metropolitan areas from HHS Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee).

TARGET POPULATION:
Non-RWHAP health centers in high-risk metropolitan areas in HHS Region 4 with PCMH recognition or notice of intent (NOI).

Proposed T/TA Initiative Timeline, Outcomes and Deliverables

Tentative Timeline: 21 months

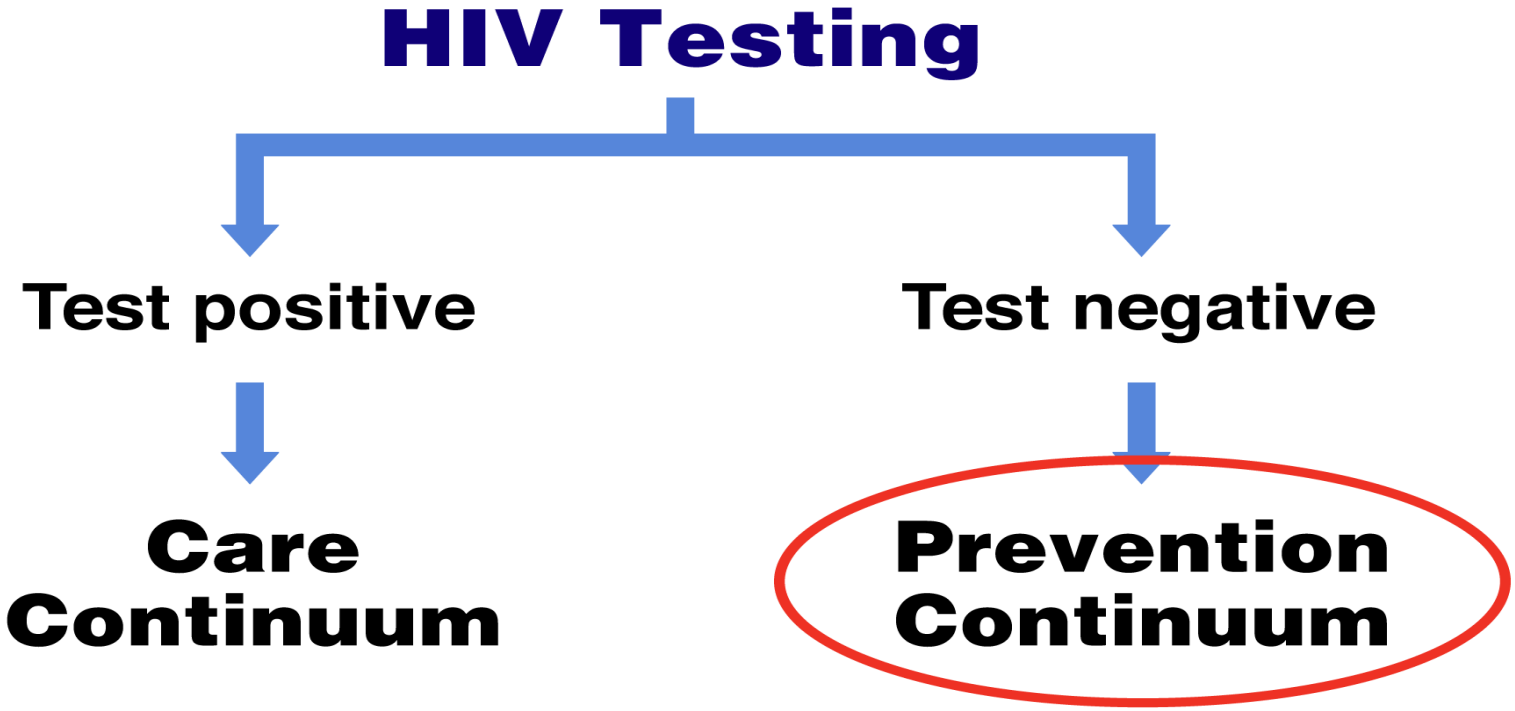
- **6 Months: HIV Practice Coach training, readiness assessments, and tailoring of policies and procedures *(e.g., October 2017 – March 2018)***
- **15 months: CoP for routine HIV testing and HIV linkage to care *(e.g., April 2018 – June 2019)***

Health Center Outcomes:

- **Increased % of patients who receive an HIV test**
- **Increased % of newly diagnosed patients linked to HIV care**

Deliverables:

- **Enhanced Primary Care HIV Integration Toolkit**
  - **A patient-centered HIV care curriculum for health center practice transformation**
  - **Rapid QI model for routine HIV testing and HIV linkage to care**

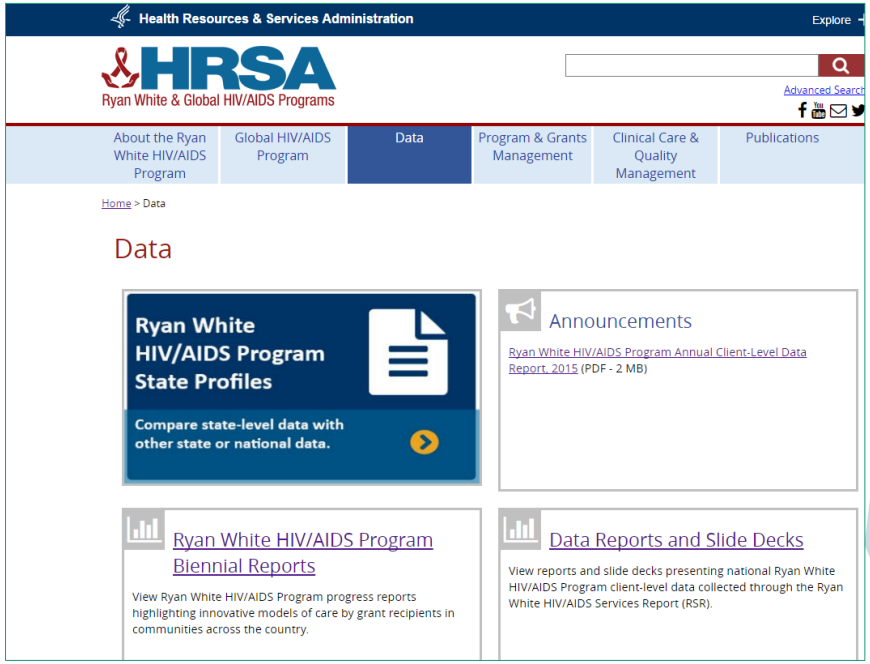

HIV Testing
Test positive
Test negative
Care Continuum
Prevention Continuum

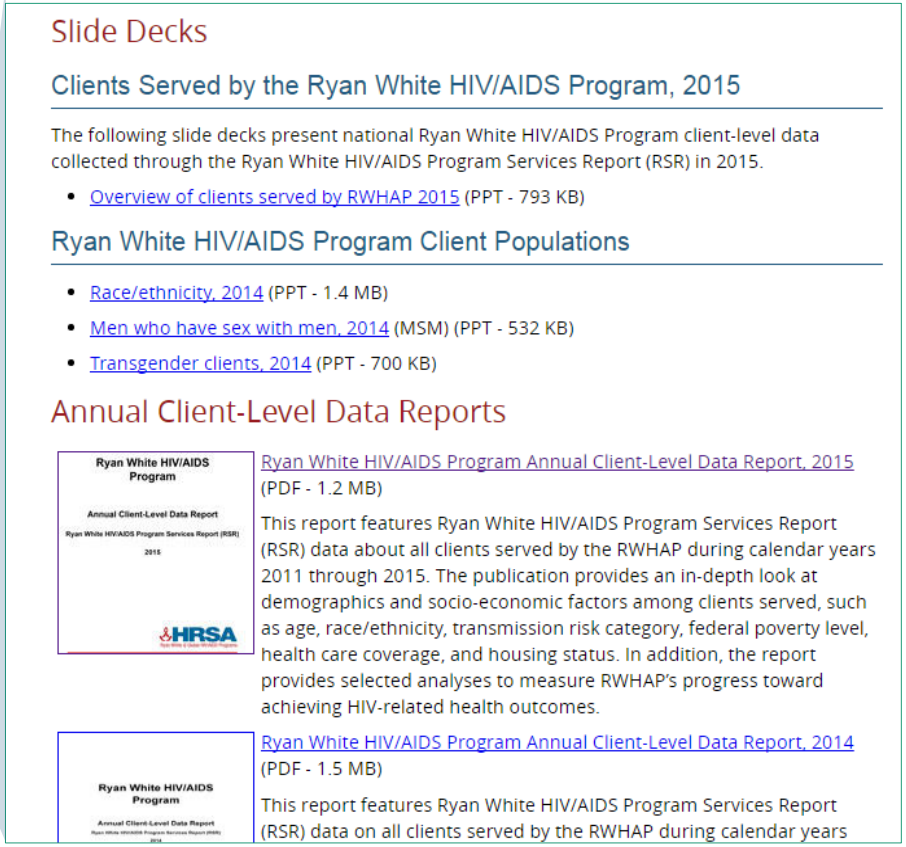
Ensuring Goals, Strategies, Activities are Responsive to the Data

1. Assess trends
   - More data may be needed to explain unexpected trends
2. Focus on most affected communities
3. Ensure strategies and activities culturally appropriate
4. Engage most affected communities to inform decisions and assist with implementation
5. Engage care providers

HAB Reports and Other Resources

- **Find the client-level data report and other resources online: https://hab.hrsa.gov/data**





Resources

- **Ryan White HIV/AIDS Program Annual Client-Level Data Report**
  http://hab.hrsa.gov/data/servicesdelivered.html
  - National- and state-level data on all clients served by RWHAP, including select indicators of the care continuum
- **Ryan White HIV/AIDS Program resources for delivery of HIV care**
  http://hab.hrsa.gov/deliverhivaidscare/index.html
- **AIDS Education and Training Centers (AETC):** Multidisciplinary education and training programs for health care providers treating PLWH http://hab.hrsa.gov/abouthab/partfeducation.html
  - AETC National Resource Center http://aidsetc.org/
- **TARGET Center:** Technical Assistance resources for programs to better serve people living with HIV https://careacttarget.org/

The Washington Post

January 10, 2016

Opinions

No More Excuses. We Have the Tools to End the HIV/AIDS Pandemic.

Anthony S. Fauci

FAST Tracking the End of AIDS

- More **HIV Testing** with prompt linkage to care or prevention services
- **Immediate antiretroviral therapy (ART)** for all HIV-infected people for their health and to help prevent on-going transmission
- **Using data** to help determine which populations are facing disparities in health outcomes
- **Tailoring services** to address the social and economic determinants of health
- **Pre-exposure prophylaxis (PrEP)** and **other HIV prevention services** for individuals at high risk of HIV infection.

Thank You!

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