



Evolution of the Ryan White Program: Past, Present, and Future

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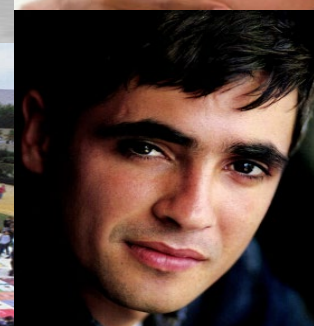
Disclosures

- PI KY AETC, Vanderbilt SE-AETC
- Theratechnologies Medical Advisory Board, April – June 2022
- HRSA Grants: PI: RW B, C
- Principal Investigator, NON-ACTG – REPRIEVE (A5332) Massachusetts General Hospital
- State of KY: Director, KIRP (KY Income Reinvestment Program)

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Past



CONTROL

June 5, 1981 / Vol. 30 / No. 21

Epidemiologic Notes and Reports

249 Dengue Type 4 Infections in U.S. Travelers to the Caribbean

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Current Trends

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International Notes

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MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Pneumocystis Pneumonia – Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia and

Ryan White

(12/6/71-4/8/90)



- Ryan White was 13 when he diagnosed with AIDS (1984).
- He was one of the first children and a hemophiliac to be diagnosed with AIDS.
- He and his mother fought for him to attend school.
- He faced stigma, discrimination and even threats of violence (a bullet was shot through their home) in Kokomo IN. He later moved to Cicero.
- He was an advocate for HIV care and the right to live with HIV in a dignified way.
- He died April 8, 1990 – 4 months before the RW CARES ACT was passed.

RWHAP TimeLine

1981
First cases of HIV

1990
• Ryan White dies
• Ryan White CARE Act

1996
• Part F is created
• AETC, Dental Reimbursement, SPNS

2010
ACA signed into Law

2020
• 63 million-EHE funding
• Coronavirus AID Relief and Economic Security Act (CARES)

1981

1984

1990

1994

1996

2000

2010

2014

2020

1984
Ryan White diagnosed with AIDS

1994
• ACTG 076
• AZT in Pregnant Women

2000
CARE Act is Reauthorized for 5 Years

2014
ACA Provisions went into effect

Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, 1990

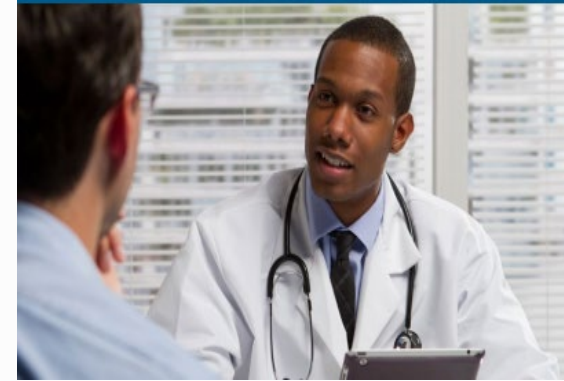
- Senator Orrin Hatch (R-UT) and Senator Ted Kennedy (D-MA) helped create broad bipartisan support. The bill passed the Senate: 95 to 4.
- Designed to:
 - Assist uninsured or underinsured
 - Fill gaps in care
 - Serve as the payor of last resort



RYAN WHITE HIV/AIDS PROGRAM

- Grants:
 - Uninsured or underserved
 - Provide care, medication, and support services
 - Improve HIV-related health outcomes
 - Reduce HIV transmission
 - At least 75% spent on core medical services
- Legislation is divided into parts:
 - Geographic areas (metropolitan areas, states, communities)
 - Populations hit hardest by the HIV epidemic
 - Types of HIV-related services
 - Service system needs (technical assistance, training, innovative care models)

RYAN WHITE PROGRAMS



- **Part A**

- Provided to large, metropolitan areas and transitional grant areas – most highly impacted by HIV/AIDS

- **Part B**

- Allocated to states for distribution
- Operates the ADAP Programs

- **Part C**

- Provided directly to organizations to provide early intervention services

- **Part D**

- Provided directly to organizations to provide medical/supportive services – Women, Infants, Children, and Youth

<https://hab.hrsa.gov/about-ryan-white-hiv-aids-program>

What made RW Work?

- “RW completely changed the trajectory of the epidemic. HIV treatment without RW would be unaffordable for almost every person living with HIV.” GCL, admin/partner
- “RWP was created to address a critical need in a time when every family was affected.” JR, provider, infected
- “It was implemented from the top down by people who cared ...” JR, provider, infected



Present

HRSA's Ryan White HIV/AIDS Program

By the Numbers: 2020

RYAN WHITE HIV/AIDS PROGRAM (RWHAP) SERVED
561,416 clients in 2020

MORE THAN 50% of people with diagnosed HIV in the United States

89.4%

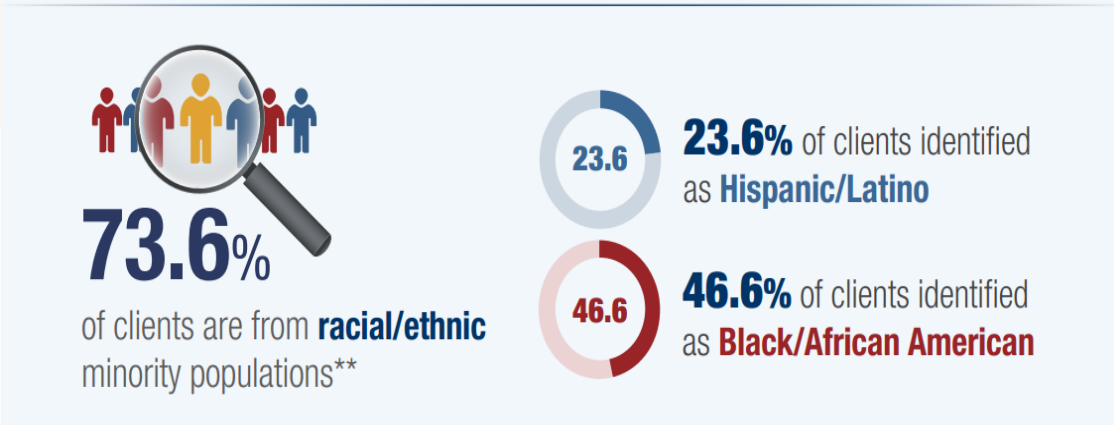
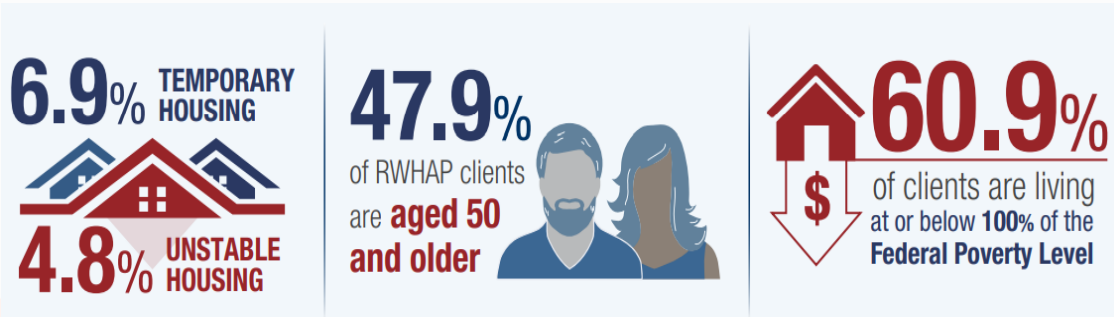
of RWHAP clients receiving HIV medical care **reached viral suppression*** in 2020



- “Mission is clear – there have been measurable results (linkage to care, etc.) that have driven services.” JC, admin
- “Data collection, analysis and transparency are crucial to understanding where the program can improve.” MT, provider

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/rwhap-hrsa-numbers-2020.pdf>

HRSA's Ryan White HIV/AIDS Program By the Numbers: 2020



▪ “Emphasis on cultural appropriateness has been important to decrease stigma and increase retention in care.” MT, provider

▪ “Wrap around services help address SDOH.” BG, provider

<https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/resources/rwhap-hrsa-numbers-2020.pdf>

Part A: Cities and Counties severely affected by HIV

- Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)
- Provide a continuum of care through core medical and support services
- ~72 percent of all people diagnosed with HIV in the US live in EMAs/ TGAs.
- “Wraparound services supported needs...” JF, provider





RYAN WHITE PART A CLEVELAND TGA FUNDED PROVIDERS

March 1, 2022 - February 28, 2023

For more information on the services provided through the Ryan White Part A Program, please visit the website at: www.ccbh.net/ryan-white



UNIVERSITY HOSPITALS OF CLEVELAND

John T. Carey Special Immunology Unit
Foley Building
2061 Cornell Rd.
Cleveland, OH 44106
Phone: (216) 844-7890
Website: www.uhhospitals.org

- Early Intervention Services (EIS)
- Medical Case Management
- Medical Nutrition Therapy
- Medical Transportation
- Mental Health Services
- Oral Health Care
- Outpatient Ambulatory Health Services (OAHS)
- Psychosocial Support Services

- “Flexibility allows grantees to build teams to meet the needs of their population.”
BG, provider

“Patient centered and targeted to the affected population. “ LJ, admin, patient

Ryan White Part B: Funding to States and US Territories

- Improve the quality of and access to HIV health care
 - Provide a continuum of care through core medical and support services
- Funds the AIDS Drug Assistance Program (ADAP)
 - Provide medications to low-income people
- “The wrap around services meet core needs of the population and allow them to adhere to visits and treatment at a higher level than the general population.” MT, provider
- “Cost-free ADAP is absolutely life-saving and increasingly so as we see drug prices rise.” MT, provider





Service Categories

Core Medical Services

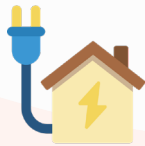
- HIV Ambulatory Outpatient Medical Care
- Early Intervention services
- Oral Health
- Health Insurance Premium and Cost Sharing Assistance
- Home Health Care
- Medical Nutrition Therapy
- AIDS Drug Assistance Program
- AIDS Pharmaceutical Assistance
- Hospice Services
- Home and Community Based Health Services
- Mental Health Services
- Substance Abuse Outpatient Care
- Medical Case Management
- Treatment Adherence Services



Service Categories

Support Services

- Non-Medical Case Management Services
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home Delivered Meals
- Health Education and Risk Reduction
- Housing
- Other Professional Services
- Linguistic Services
- Medical Transportation
- Outreach Services
- Psychosocial Support Services
- Referral for Health Care and Support Services
- Rehabilitation Services
- Respite Care
- Substance Abuse Services Residential



Part C: Early Intervention Services

- Eligibility
 - Community based
- Competitive /Preferences
 - High rates of STDs, TB, SUD, hepatitis B, or hepatitis C
 - Rural areas, underserved areas
- “ RW funds providers and nurses which allows more time with patients.” MH, provider
- “...team-based care with non-clinical support and patient-centered care started with RW model” MH, provider
- “...moving to KY and getting set up with the BCC saved his life.” CL, data, family



Part D: local community-Based Organizations

- Provide medical care for Women, infants, children/youth (up to age 25) living with HIV
 - Now includes transgender women
- Support services for people with HIV and their family members
- “Multidisciplinary, considers the whole patient versus just one aspect.” FR, pharm
- “Flexibility to respond in a timely manner to the situation on the ground...like mpox.” MT, provider



“I have rarely done a site visit that looked the same. Programs have the freedom to work ...to meet the unique needs of their program and to design services that fit their organization and their community.” JC, admin

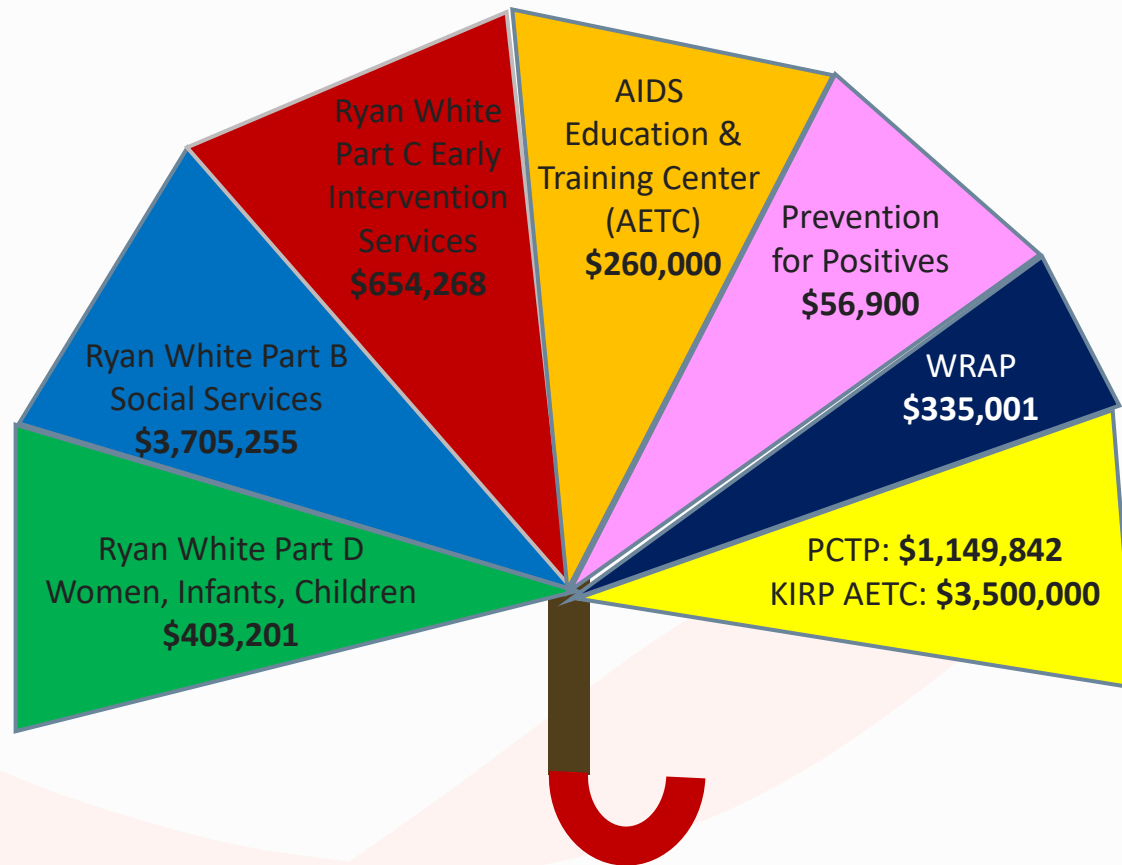
Bluegrass Care Clinic Part B,C,D

- ~1800 patients, 2021
 - 79% male, 2% transgender
 - 73% white, 24% AA and 8% Hispanic
 - 59% MSM, 25% heterosexual, 11% IDU
- Trends, 2021
 - Newly diagnosed patients with IDU: 24%
 - Food/Hygiene Assistance (133% increase)
 - Transportation Assistance (56% increase)
 - Viral load: 89.5%, Retention: 94.6%,

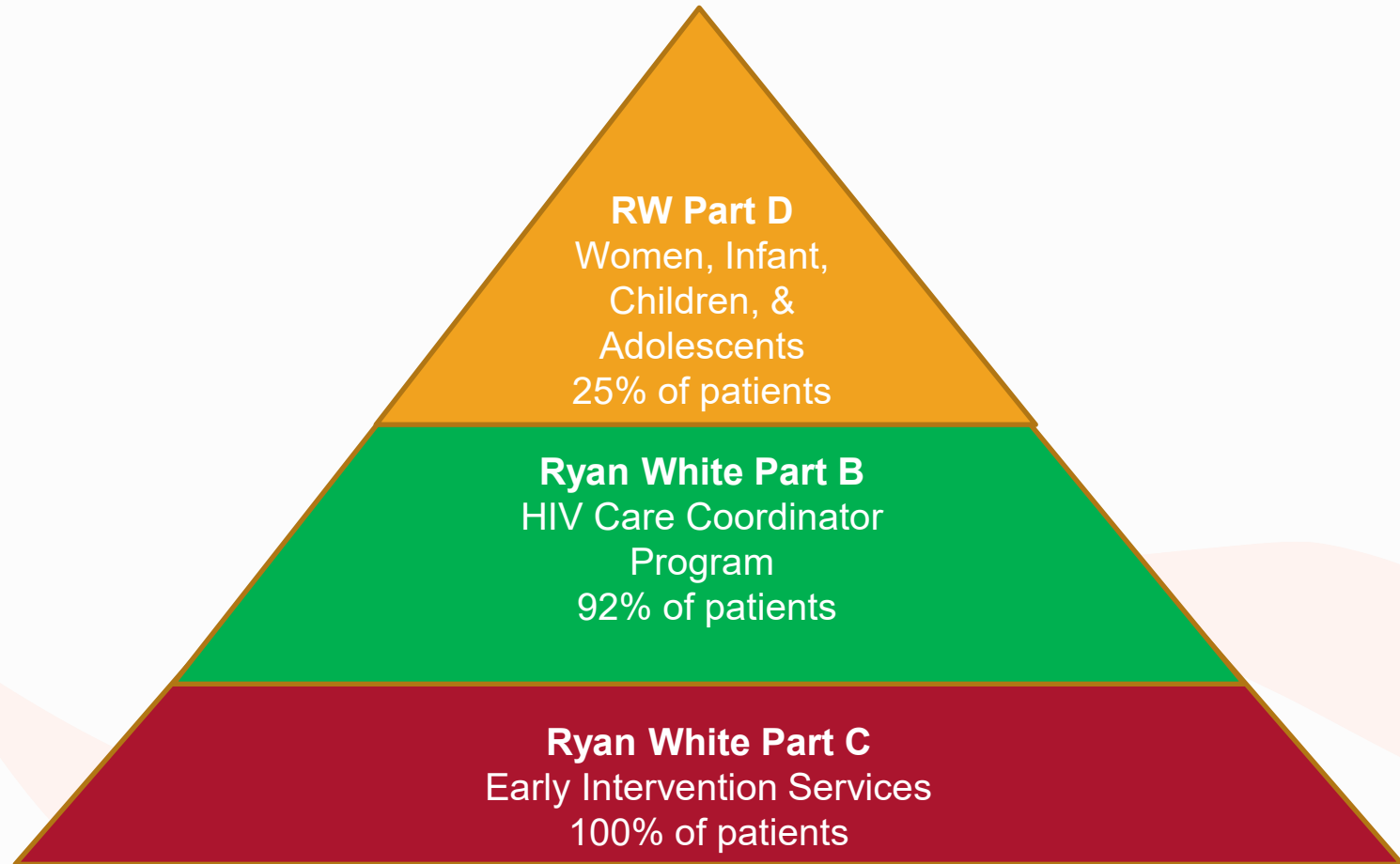


“There is more to health care than medical care – need for hands on guidance” LJ admin/patient

Bluegrass Care Clinic Grant Funding (2021)

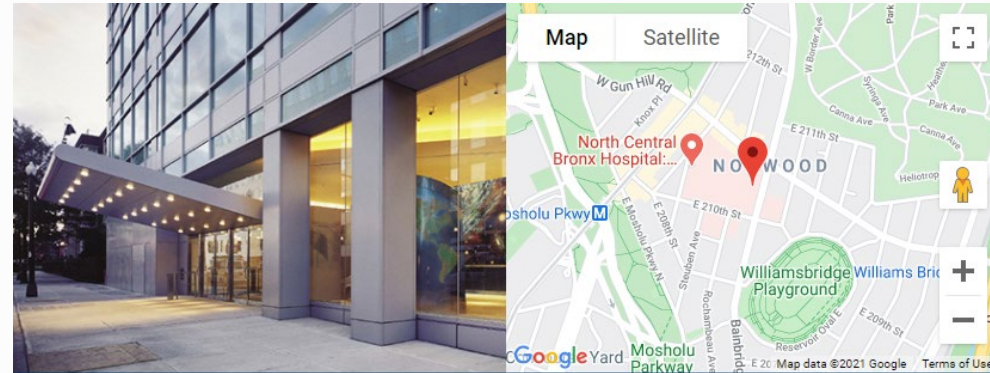


Grant Coverage – Patient Population



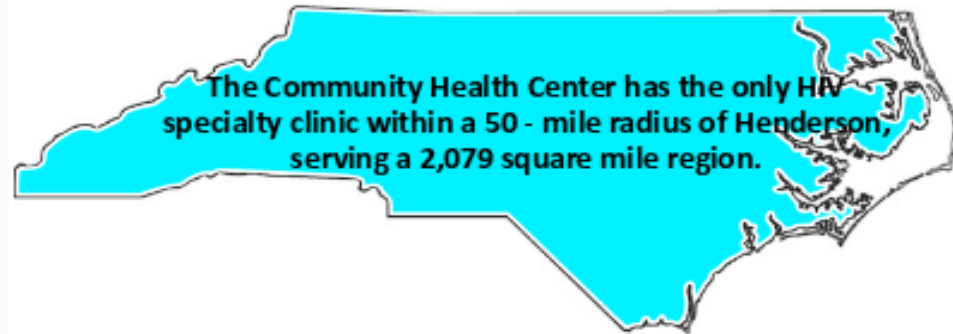
Children's Hospital at Montefiore

- Ryan White Part C - The Oval Center
 - LGBTQ-affirming, younger adults (ages 16-30)
- Serves 3,247 PWH
 - Largest HIV provider in the Bronx as well as NYS
- Ethnicity /Race
 - Hispanic 50%
 - Non-Hispanic 49%
 - Black 45%



Warren-Vance Community Health Center – Northern Outreach Clinic, Henderson, NC

- WVCHC (1997) (Part B/C) has ~300 adolescent and adults living with HIV/AIDS
- Targets rural, minority population
 - 86% African American, 13% White and 1% Hispanic
- Provides dental care and a 340b pharmacy
- Mental health care and GYN services
- Syringe exchange and naloxone
- 80% viral load suppression



Current Challenges:

- Increase in late HIV diagnosis
- 1 in 3 new diagnosis are young black men
- Increased food insecurity
- The need for Medicaid Expansion
- Severe shortage of providers in MUSA

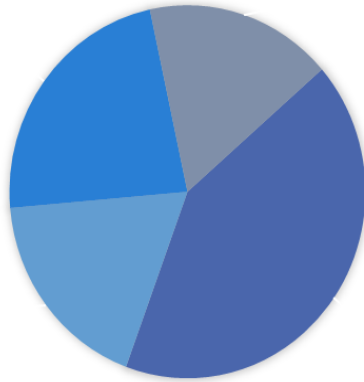
(Medically Underserved Area)

Michelle Ogle, MD

INSURANCE STATUS: IMPACT OF THE ACA

2013 - PRE-ACA

Medicare
23%



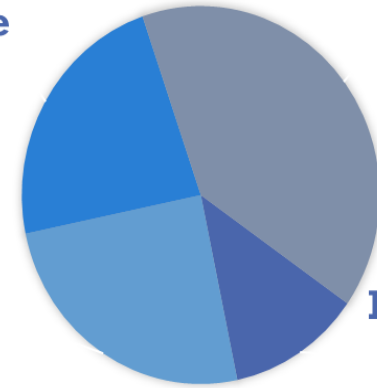
Private
18%

Medicaid
17%

No Insurance
42%

2014 - POST-ACA

Medicare
23%



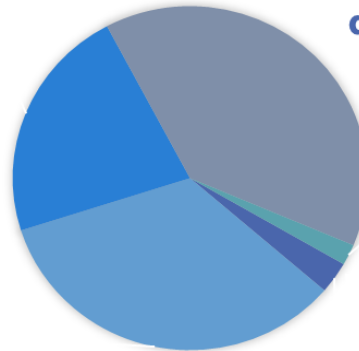
Private
25%

Medicaid
40%

No Insurance
12%

2022 - Current

Medicare
22%



Private...

Medicaid
39%

Other 2%

No Insurance
3%

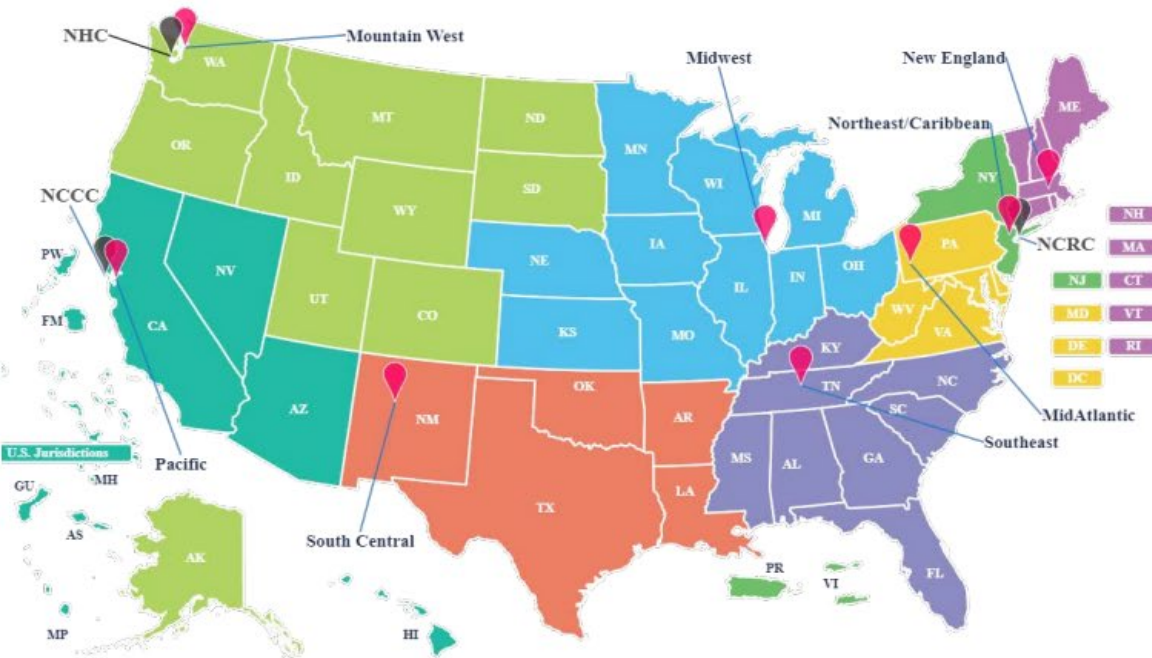
*Active Ryan White Clients on 3/7/22

Part F:

- AIDS Education and Training Center
 - Training/technical assistance
 - Dental Program
 - Provide Oral health care for people with HIV
 - Minority AIDS Initiative
 - Improve access to HIV care and health outcomes for minorities
 - Special Projects of National Significance
 - Innovative models of HIV care and treatment to respond to client needs
- “Lot of educational support for RW providers “ JF, provider



The AETC Program's regional centers and special projects provide training, capacity-building support, and expertise along the HIV care continuum nationally.



Regional AETC Centers

- MidAtlantic
- Northeast/Caribbean
- Midwest
- Pacific
- Mountain West
- South Central
- New England
- Southeast

Special Projects

- University of Washington AETC National HIV Curriculum (NHC)
- Ending the HIV Epidemic in the United States (EHE)

Future



- Gender-Affirming Care
- National HIV/AIDS Strategy, 2020
 - Reduce new infections
 - Increase access to care and optimize health outcomes
 - Reduce HIV-related health disparities and health inequities
 - Achieve a more coordinated national response to the HIV epidemic
- “If we are serious about ending the epidemic, it has to include PrEP.” JC, admin
- “Build on strengths but better merge care and “ BG, provider

Where do we go from here?

- Continued Focus
 - Youth
 - Mental Health
 - Workforce Diversity
- Increase Focus
 - Aging
 - SUD including stimulants and alcohol as a barrier
- Expansion
 - Injectable ART to include those with limited access
 - Address SDOH
 - Expand model: include peers/community health workers
- Consider
 - Status neutral care
 - Merge HIV care and Prevention
 - STIs in vulnerable population that are at risk for HIV
 - More people of color in leadership
- Innovate
 - Integrated care
 - Mobile units / “street medicine”



Thank you

Organizers of this Session
Ryan White Coalition

HIVMA

HRSA/ HAB

Colleagues that contributed

Crystal Stover

Tiffany Stivers

Frank Romanelli



JUDY HOWER

Q&A



AETC Program

National Centers and National HIV Curriculum

- National Coordinating Resource Center serves as the central web based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org>
- National Clinician Consultation Center provides free, peer to peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc.ucsf.edu>
- National HIV Curriculum provides ongoing, up to date HIV training and information for health professionals through a free, web based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu