NASTAD’s National Prevention & Care Technical Assistance Meeting

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HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)

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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

- National Goals to End the HIV Epidemic/President’s Emergency Plan For AIDS Relief (PEPFAR) 3.0
- Leadership
- Partnerships
- Integration
- Data Utilization
Ryan White HIV/AIDS Program

Recipients and the Low-Income People Living with HIV Served by the Program
Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
  - More than half of people living with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program

- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process

- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
Ryan White HIV/AIDS Program – Parts

- Parts A (Cities), B (States), C (Community based organizations), and D (Community based organizations for women, infants, children, and youth) services include:
  - Medical care, medications, and laboratory services
  - Clinical quality management and improvement
  - Support services including case management, medical transportation, and other services
- Part F services
  - Clinician training, dental services, and dental provider training
  - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations
- 83.4% of Ryan White HIV/AIDS Program clients were virally suppressed in 2015, exceeding national average of 54.7%
Demonstrating Effectiveness of Program Investments

- Parts A, B, C, & D represent the majority of RWHAP resources
  - Program data needed to measure program effectiveness

- Ryan White Services Report (RSR):
  - Annual data on clients served by RWHAP Parts A-D
  - Services funded and provided
  - Client characteristics and health outcomes, i.e., viral suppression

- RSR data links improved health outcomes to RWHAP services
  - Viral suppression is a primary outcome that demonstrates RWHAP effectiveness
  - Also identifies health disparities and areas for improvement
  - Better understand best practices to improve health outcomes
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)
Clients Served by the Ryan White HIV/AIDS Program and U.S. Population, by Race/Ethnicity, 2015—United States and 3 Territories

RWHAP Clients
N=528,847

- 23%
- 27%
- 47%
- <1%
- <1%

U.S. Population*
N=312,418,820

- 62%
- 18%
- 12%
- 2%
- 2%
- <1%
- 1%
- <1%

Hispanics/Latinos can be of any race.
* Guam, Puerto Rico, and the U.S. Virgin Islands.
* Does not include U.S. territories.
Clients Served by the Ryan White HIV/AIDS Program by Age Group, 2010 and 2015—United States and 3 Territories

2010

N=555,955

- <13: 2.1%
- 13-24: 6.6%
- 25-34: 15.0%
- 35-44: 25.8%
- 45-54: 33.9%
- 55-64: 13.7%
- ≥65: 2.9%

2015

N=532,949

- <13: 1.1%
- 13-24: 5.1%
- 25-34: 16.6%
- 35-44: 20.1%
- 45-54: 31.6%
- 55-64: 20.2%
- ≥65: 5.3%

*Guam, Puerto Rico, and the U.S. Virgin Islands.*

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients served by the AIDS Drug Assistance Program.
Health Outcomes Data Guide Program and Innovation

Using Client-Level Data to Identify Opportunities for Improving Health Outcomes for PLWH
The Centers for Disease Control and Prevention estimates that in the U.S., 54.7% of people diagnosed with HIV are virally suppressed.

(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)

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

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

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients served by the AIDS Drug Assistance Program.
Services Provided by RWHAP-Funded and Non-RWHAP-Funded Outpatient Facilities: Medical Monitoring Project (MMP) 2009-2012

- Mental Health: 64% RWHAP-Funded, 18% Non-RWHAP-Funded
- Substance Abuse Treatment: 34% RWHAP-Funded, 12% Non-RWHAP-Funded
- Dental Care: 49% RWHAP-Funded, 9% Non-RWHAP-Funded
- Case Management: 76% RWHAP-Funded, 15% Non-RWHAP-Funded
- Adherence Counseling: 82% RWHAP-Funded, 30% Non-RWHAP-Funded
- Interpreter Services: 59% RWHAP-Funded, 29% Non-RWHAP-Funded
- Transportation Assistance: 53% RWHAP-Funded, 11% Non-RWHAP-Funded
- Nutritionist/Dietician: 60% RWHAP-Funded, 22% Non-RWHAP-Funded
- Risk Reduction Counseling: 71% RWHAP-Funded, 22% Non-RWHAP-Funded

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

- Hispanic/Latino: 2010 = 73.6%, 2015 = 85.7%
- MSM: 2010 = 71.9%, 2015 = 84.6%
- PWID: 2010 = 68.5%, 2015 = 82.8%
- Black/African American: 2010 = 63.3%, 2015 = 79.5%
- Transgender clients: 2010 = 61.5%, 2015 = 77.3%
- Youth (13-24 years): 2010 = 46.6%, 2015 = 68.6%

RWHAP overall, 2015 (83.4%)
RWHAP overall, 2010 (69.5%)

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.

* Guam, Puerto Rico, and the U.S. Virgin Islands.
Focus on PLWH with Detectable Viral Load

Not Virally Suppressed among Key Populations Served by the Ryan White HIV/AIDS Program, 2010–2015—United States and 3 Territories

- MSM: men who have sex with men
- PWID: persons who inject drugs
- Black/African American
- Transgender clients
- Unstable housing
- Youth (13-24 years)

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.

* Guam, Puerto Rico, and the U.S. Virgin Islands.
Improving Health Outcomes – Black Men who have Sex with Men

Center for Engaging Black MSM Across the Care Continuum

His Health (www.HisHealth.org) and Well Versed (www.WellVersed.org) websites launched Fall 2016

Viral Suppression among Men who have Sex with Men (MSM) Served by the Ryan White HIV/AIDS Program, 2015

- Men overall: 83.9%
- MSM overall: 84.7%
- Black/African American MSM: 77.7%

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients served by the AIDS Drug Assistance Program.

N represents the total number of clients in the specific subpopulation.
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.
* Guam, Puerto Rico, and the U.S. Virgin Islands.
Improving Health Outcomes — Addressing Structural Barriers

SMAIF: Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services

Supports the design, implementation, and evaluation of innovative interventions that coordinate HIV care and treatment, housing and employment services to improve HIV health outcomes for low-income, uninsured, and underinsured PLWH in racial and ethnic minority communities

HIV Care & Housing — Using Data Integration to Improve Health Outcomes along HIV Care Continuum

Promotes integration and coordination of HIV and housing services using information technology to improve entry, engagement, retention in care for HIV positive homeless & unstably housed PLWH with mental illness and substance abuse disorders

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2010–2015—United States and 3 Territories

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

*Guam, Puerto Rico, and the U.S. Virgin Islands.

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients served by the AIDS Drug Assistance Program.
Improving Health Outcomes – Enhancing Partnerships

HIV Health Improvement Affinity Group

- Support state collaborations between public health and Medicaid programs
- Improve rates of viral suppression among Medicaid and CHIP enrollees living with HIV
- The Affinity Group is comprised of 19 states which represent over 55% of known living HIV cases in the U.S.

HIV Health Improvement Affinity Group States

HIV Health Improvement Affinity Group (HHIAG)

[Map showing states in blue with logos for CDC, CMS, HRSA]
Improving Health Outcomes – Addressing Co-morbidities and Sustaining Viral Suppression

- Models of care study
  - Evaluate the impact of different models of HIV care
  - Which models of care work best for people with co-morbidities or the aging population
- CHAC Workgroup
  - RWHAP clients over 50 have high rates of viral suppression
  - Need to address co-morbidities to sustain viral suppression and other positive health outcomes

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

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.
* Guam, Puerto Rico, and the U.S. Virgin Islands.

Source: HRSA, Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015. Does not include clients served by the AIDS Drug Assistance Program.
Improving Health Outcomes – Curing Hepatitis C Infection in RWHAP

• Estimated 20-25% of RWHAP clients are coinfected with HCV
• Curing HCV among RWHAP clients is achievable
• Encourage recipients to leverage RWHAP effective approach to cure HCV among their clients
  • Increase availability of HCV treatment and care
  • Increase number of clients receiving HCV treatment and care
• Describe the successes, barriers and costs related to HCV treatment among PLWH who receive services through the RWHAP
• SMAIF: Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color
  • Funds three RWHAP Part A jurisdictions and up to two RWHAP Part B jurisdictions
  • Increase HCV screening, care, and treatment systems for HIV/HCV coinfected people of color
Improving Health Outcomes – Integrating Prevention and Care

Technical Assistance for RWHAP Parts A & B to Support Integrated HIV Plan Implementation

- Support activities related to the CDC/HRSA Integrated HIV Prevention and Care Plan submissions
- Funding to encourage a streamlined approach to HIV planning and promote effective local and state decision making to develop systems of prevention and care

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Improving Health Outcomes – Building Leadership and Enhancing Health Literacy

- SMAIF: Leadership Training for People of Color Living with HIV
  - Building Leaders of Color: [www.BLOCHIV.org](http://www.BLOCHIV.org)
  - Support increased engagement of transgender women of color living with HIV in leadership opportunities and support national leadership training

- SMAIF: Improving Access to Care Using Community Health Workers to Improve Linkage and Retention in HIV Care
  - Increase the use of community health workers to strengthen the health care workforce and improve access to health care and health outcomes for racial and ethnic minority PLWH
Improving Health Outcomes – Building Recipient Capacity

• SMAIF: Building Care and Prevention Capacity: Addressing the HIV Care Continuum in Southern Metropolitan Areas
  • Increase capacity to improve health outcomes for minority MSM, youth, and transgender women, and people who inject drugs

• Ryan White HIV/AIDS Program Part A Planning Council and Transitional Grant Area Planning Body Technical Assistance (TA) Cooperative Agreement
  • Building leadership at the local-level
  • Develop local partnerships across HIV prevention and care planning, service provision, and State/local resources to improve outcomes along the HIV care continuum
Improving Health Outcomes – Identifying Effective Interventions

• Using Evidence Informed Interventions to Improve Health Outcomes among People Living with HIV
  • Improving HIV health outcomes for transgender women
  • Improving HIV health outcomes for black men who have sex with men (MSM)
  • Integrating behavioral health with primary medical care for PLWH
  • Identifying and addressing trauma among PLWH

• SPNS Dissemination of Evidence-Informed Interventions to Improve Health Outcomes Along the HIV Care Continuum
  • Developing Four evidence-informed Care and Treatment Interventions (CATI) for linkage and retention
  • Based on evidence informed interventions: SPNS Jail, SPNS Buprenorphine, SPNS Outreach, and SMAIF Re-Engagement and Retention initiatives
Improving Health Outcomes – Disseminating Effective Interventions

• Building Futures: Supporting Youth Living with HIV (evaluation study)
  • 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 and data to improve those rates

• Assessing client factors with detectable viral load (evaluation study)
  • Identify differences between PLWH who are virally suppressed vs. those who are not
  • Identify new strategies to achieve the 90-90-90 goals
Improving Health Outcomes – Clinical Quality Improvement

HIV Quality Measures (HIVQM) Module

- Clinical quality management is a requirement of RWHAP recipients.
- HIVQM is designed to help recipients track their clinical quality performance measures.
- Recipients enter performance measure data multiple times per year.
- Generates easy to understand summary reports that allow an organization to compare themselves against other organizations.
- There are 42 possible performance measures.
HAB Reports and Other Resources

• Find the report and other resources online: https://hab.hrsa.gov/data

Slide Decks

Clients Served by the Ryan White HIV/AIDS Program, 2015


- Overview of clients served by RWHAP 2015 (PPT - 793 KB)

Ryan White HIV/AIDS Program Client Populations

- Race/ethnicity, 2014 (PPT - 1.4 MB)
- Men who have sex with men, 2014 (MSM) (PPT - 532 KB)
- Transgender clients, 2014 (PPT - 700 KB)

Annual Client-Level Data Reports

- Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2015 (PDF - 2 MB)
- Ryan White HIV/AIDS Program Annual Client-Level Data Report, 2014 (PDF - 1.5 MB)

This report features Ryan White HIV/AIDS Program Services Report (RSR) data on all clients served by the RWHAP during calendar years 2011 through 2015. The publication provides an in-depth look at demographics and socio-economic factors among clients served, such as age, race/ethnicity, transmission risk category, federal poverty level, health care coverage, and housing status. In addition, the report provides selected analyses to measure RWHAP's progress toward achieving HIV-related health outcomes.
Thank You!

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