Health Care Forum and HIV Care: The Medical Provider’s Perspective

U.S. Conference on AIDS
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Alice C. Thornton, MD
Ryan White Medical Providers Coalition Steering Committee
The Opportunity:
- Early diagnosis
- Access to affordable, quality HIV care for everyone

The Need:
- Build on current federal investment HIV programs
- Reimbursement: complex, comprehensive care
- Access
  - Experienced HIV Providers
HIV Providers as Medical Home Builders

Unintended consequence of the Ryan White CARE Act
establishment of the comprehensive delivery of multiple services for patients with a complex disease.

Ironically, the same stigma, prejudice, and complexity of care that created barriers to the access of high-quality care led to the establishment of medical homes for HIV-infected persons.
<table>
<thead>
<tr>
<th>Grant</th>
<th>Amount</th>
<th>Current Date Range</th>
<th>Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention Services</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Children</td>
<td></td>
<td></td>
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<tr>
<td>Ryan White Part B - Social</td>
<td>$767,564</td>
<td>7/1/2010 – 6/30/2011</td>
<td>32 counties (green border)</td>
</tr>
<tr>
<td>Services – State Subcontract</td>
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</tbody>
</table>
Funding Challenges

- Guarantee that established Ryan White Medical Homes do not lose their infrastructure
- Hard to replace
- Invest sufficient funds to maintain this infrastructure
Funding is designed to meet the mission of the Bluegrass Care Clinic: “To provide a continuum of high quality, state-of-the-art, multi-disciplinary HIV primary care in a compassionate, culturally sensitive manner.”
Ryan White Part B, C, & D

2002-2009
Patient Load vs. Funding

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Patients</th>
<th>Funding per Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>481</td>
<td>$1,046</td>
</tr>
<tr>
<td>2003</td>
<td>506</td>
<td>$994</td>
</tr>
<tr>
<td>2004</td>
<td>540</td>
<td>$931</td>
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<td>2005</td>
<td>611</td>
<td>$823</td>
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<td>2006</td>
<td>668</td>
<td>$734</td>
</tr>
<tr>
<td>2007</td>
<td>763</td>
<td>$643</td>
</tr>
<tr>
<td>2008</td>
<td>818</td>
<td>$852</td>
</tr>
<tr>
<td>2009</td>
<td>895</td>
<td>$1,170</td>
</tr>
</tbody>
</table>
Continue investment in the comprehensive model of care developed with Ryan White funding

Develop payment systems that support the cost of HIV care
  ◦ Medicaid payment rates for primary care average 66% of Medicare rates
  ◦ Part C Caseloads increased 59% since 2001 – funding increased 9%
BCC Experience

- 131 (21%) new patients and 13 (2%) deceased
- 155 (16%) new patients and 16 (2%) deceased

Insurance
  - 34% private
  - 24% Medicare
  - 16% Medicaid
  - 25% no insurance
  - 27% private
  - 17% Medicare
  - 11% Medicaid
  - 41% no insurance
BCC Experience

- Level of poverty
  - 52% of patients <200% of Federal Poverty
- Number appts/case management
  - 2875 doctor appointments
  - 5917 case management

- Level of poverty
  - 69% of patients: <200% of Federal Poverty
- Number appts/case management
  - 5083 doctor appointments
  - 11,467 case management

625 patients in 2005

988 patients in 2009
Patients managed by experienced HIV clinicians regardless of clinician specialty training are more likely:

- to have positive treatment outcomes
- be prescribed antiretroviral therapy appropriately
- receive more cost effective care

Sources:
Supporting Access to Experienced HIV Providers

- Address HIV medical workforce shortages
  - Support for clinical training opportunities in HIV medicine
  - Loan forgiveness for HIV clinicians

- Ensure RW Part C programs and providers included in plan provider networks
  - Allow designation of HIV providers as primary care providers
  - Provide standing referrals or direct access to HIV providers
  - Recognized as medical homes
Thank you!

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