

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

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Coalition Steering Committee

Health Reform and HIV Care

The Opportunity: The Need:

- Early diagnosis
- Access to affordable, quality HIV care for everyone

- Build on current federal investment HIV programs
- Reimbursement: complex, comprehensive care
- Access
 - Experienced HIV Providers

HIV Providers as Medical Home Builders

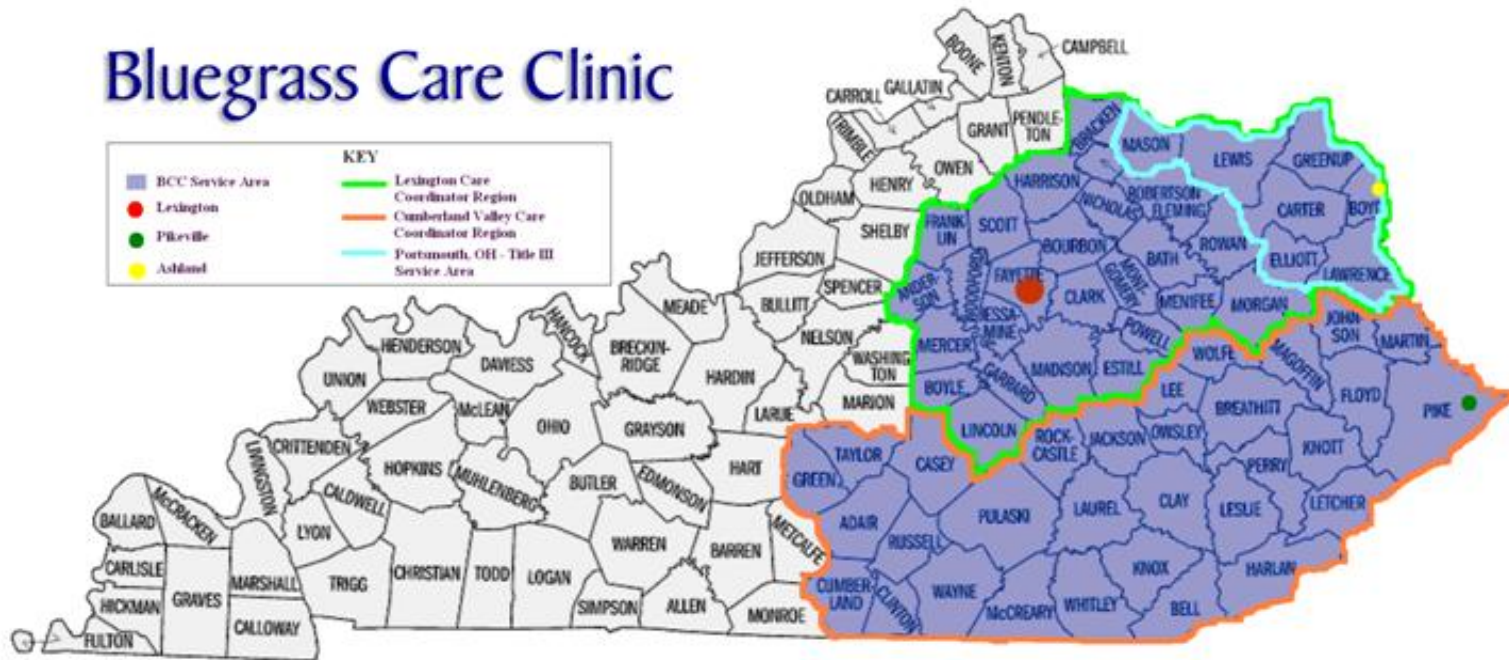
Unintended consequence of the Ryan White CARE Act

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


Clinical Grant Coverage – Funding Overview

Bluegrass Care Clinic



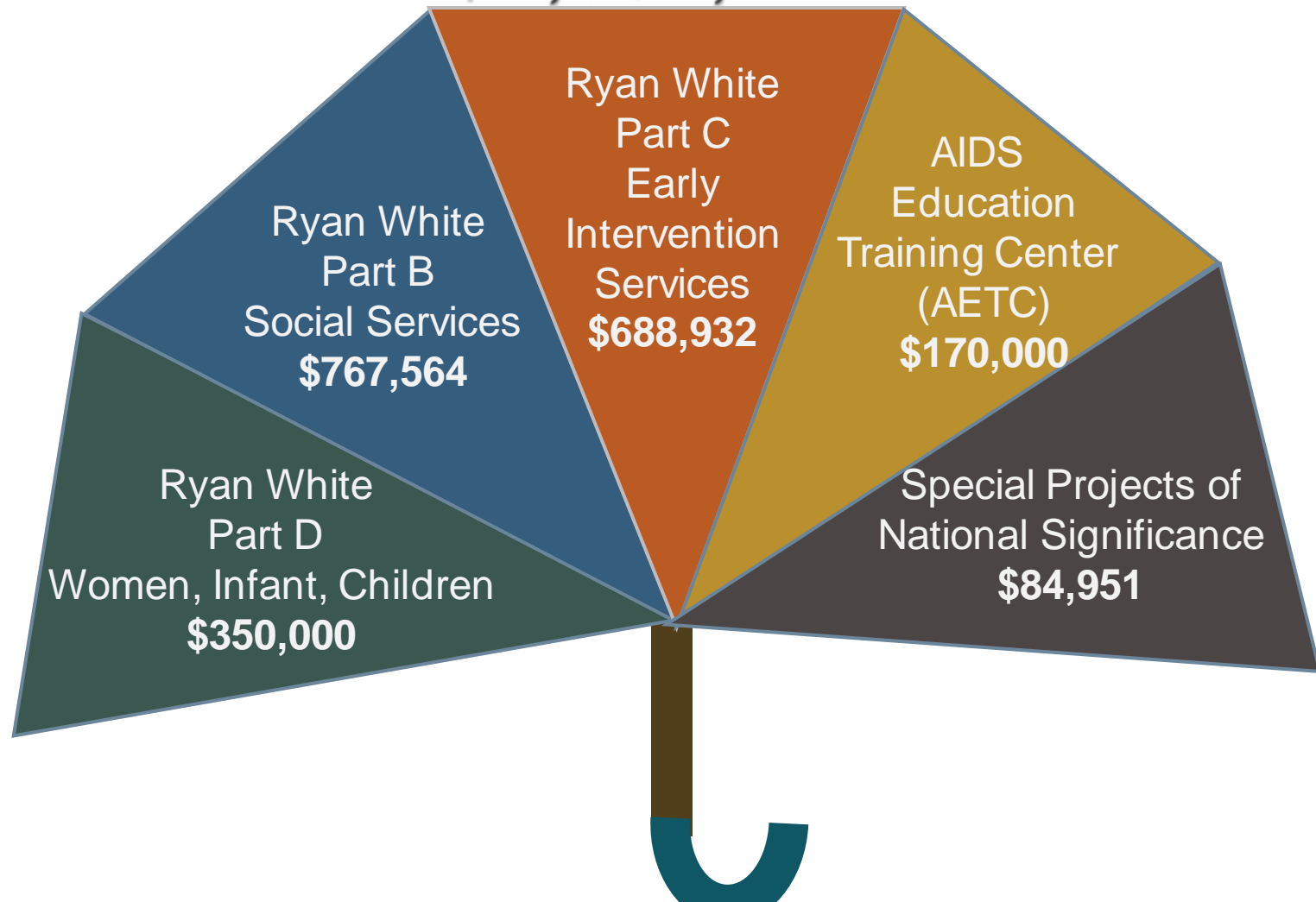
Grant	Amount	Current Date Range	Service Area
Ryan White Part C - Early Intervention Services	\$688,932	4/1/2010 – 3/31/2011	63 counties (dark blue)
Ryan White Part D Women, Infant, Children	\$350,000	9/1/2009 – 7/31/2010	63 counties (dark blue)
Ryan White Part B - Social Services – State Subcontract	\$767,564	7/1/2010 – 6/30/2011	32 counties (green border)

Funding Challenges

- ▶ Guarantee that established Ryan White Medical Homes do not lose their infrastructure
 - ▶ Hard to replace
 - ▶ Invest sufficient funds to maintain this infrastructure
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The Bluegrass Care Clinic Umbrella

\$2,061,447

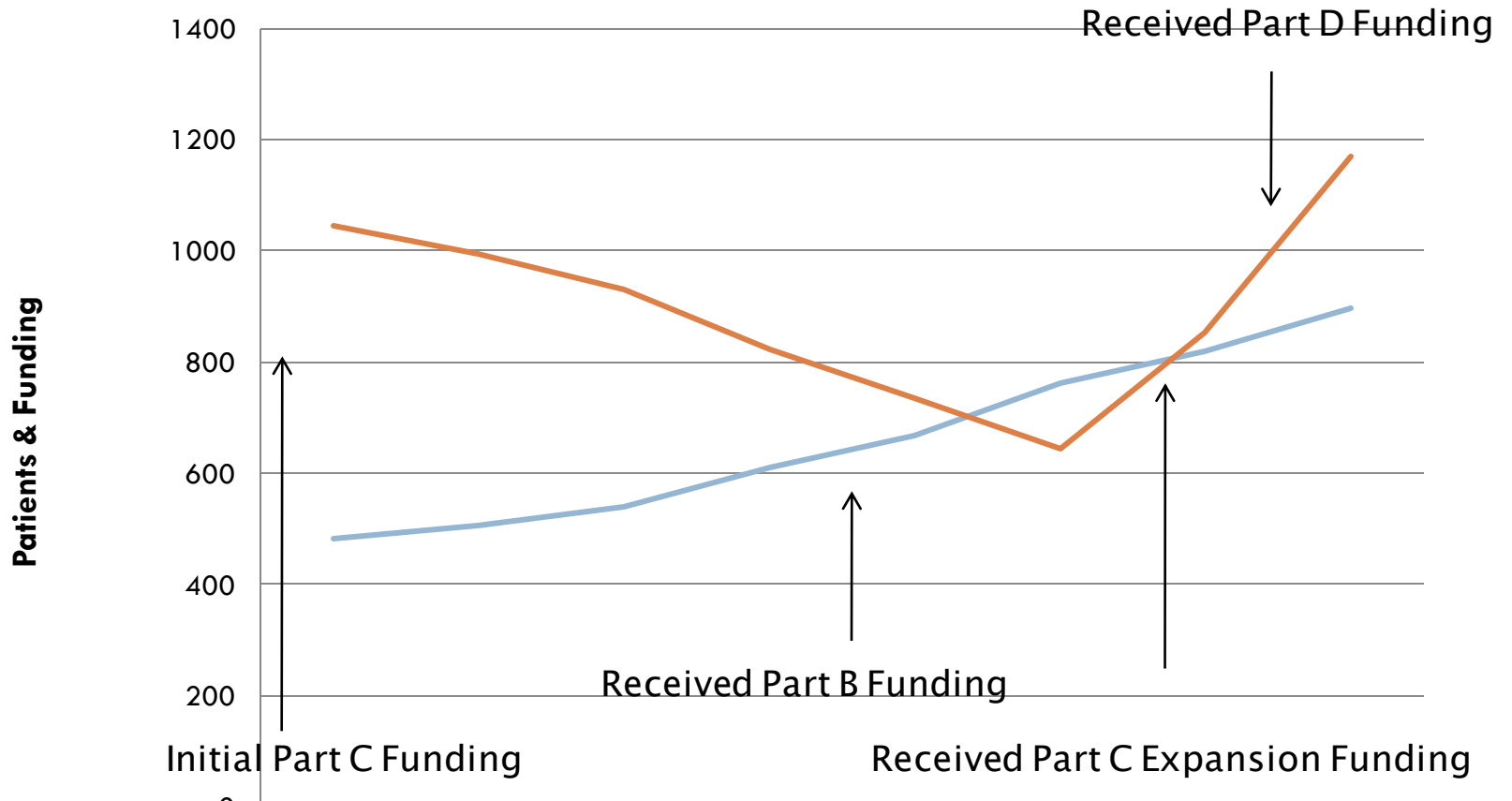


Funding is designed to meet the mission of the Bluegrass Care Clinic:
“To provide a continuum of high quality, state-of-the-art, multi-disciplinary HIV primary care in a compassionate, culturally sensitive manner.”

Ryan White Part B,C,&D

2002-2009

Patient Load vs. Funding




Initial Part C Funding

Received Part C Expansion Funding

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	2002	2003	2004	2005	2006	2007	2008	2009
Number of Patients	481	506	540	611	668	763	818	895
Funding per patient	\$1,046	\$994	\$931	\$823	\$734	\$643	\$852	\$1,170

Sustainable HIV Care

- ▶ 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%
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BCC Experience

- ▶ 131 (21%) new patients and 13 (2%) deceased
- ▶ Insurance
 - 34% private
 - 24% Medicare
 - 16% Medicaid
 - 25% no insurance
- ▶ 155 (16%) new patients and 16 (2%) deceased
- ▶ Insurance
 - 27% private
 - 17% Medicare
 - 11% Medicaid
 - 41% no insurance

625 patients in 2005

988 patients in 2009

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

Provider Experience Makes a Difference

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:

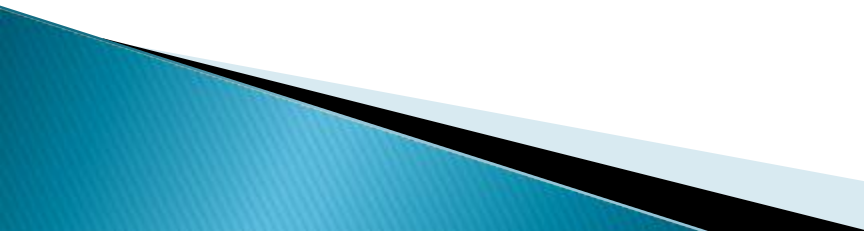
Kitahata MM et al. N Engl J Med 1996 Mar 14;334(11):701–6.

Landon BE et al. J Gen Intern Med 2003;18:233–241.

Wilson IB et al. Med Care 2005;43(1): 12–20.

Bozzette SA et al. N Engl J Med 2001;344(11):817–823.

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
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Thank you!

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