Reducing Health Disparities: The Role of HIV Medical Providers

SYNChronicity Conference
August 8, 2010

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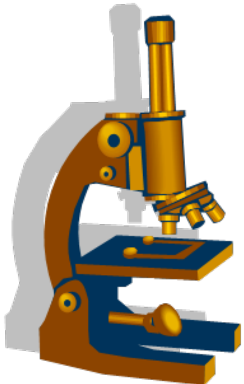
HIV Medicine Association

HIVMA is a membership organization that represents more than 3,800 frontline medical providers and researchers. We advocate quality HIV care and a comprehensive and humane response to the HIV pandemic informed by science and social justice.



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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 Med1996 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.

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HIV Disease Is a Complex but Manageable Chronic Condition for those with Treatment

- Life expectancy of people with HIV comparable to non-infected individuals if diagnosed early and with access to proper care and treatment
  - van Sighem, et al. AIDS 2010 Jun 19;24(10):1527-35

- Many HIV clinicians regardless of specialty training now serve as both primary and HIV specialty care providers to their patients

- Co-management models between experienced HIV providers and primary care providers also effective

HIV Providers as Medical Home Builders

"An unintended, but extremely positive, consequence of the Ryan White CARE Act has been the 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 at many Ryan White–funded clinics in the United States."

Michael Saag, MD, FIDSA
Ryan White: An Unintentional Home Builder
[*AIDS Reader.* 2009;19:166-168]

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The Challenges

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Disparities in HIV Care in the U.S.

- African Americans, injection drug users and women less likely to receive antiretroviral therapy – even those in care
- Travel and wait times for HIV care are longer for blacks and Hispanics compared to whites
- Minorities experience greater survival loss than whites – greatest for Hispanic men according to one study
- Estimated survival time for individuals who initiate antiretroviral therapy very late nearly 9 years less than for those started according to treatment guidelines

Sources:

Gebo KA, et al. J Acquir Immune Defic Syndr 38(1):96-103.
Korthuis, PT et al. J Gen Intern Med 23(12):2046-52.
Losina, et al. CID 2009;49:1570-8.

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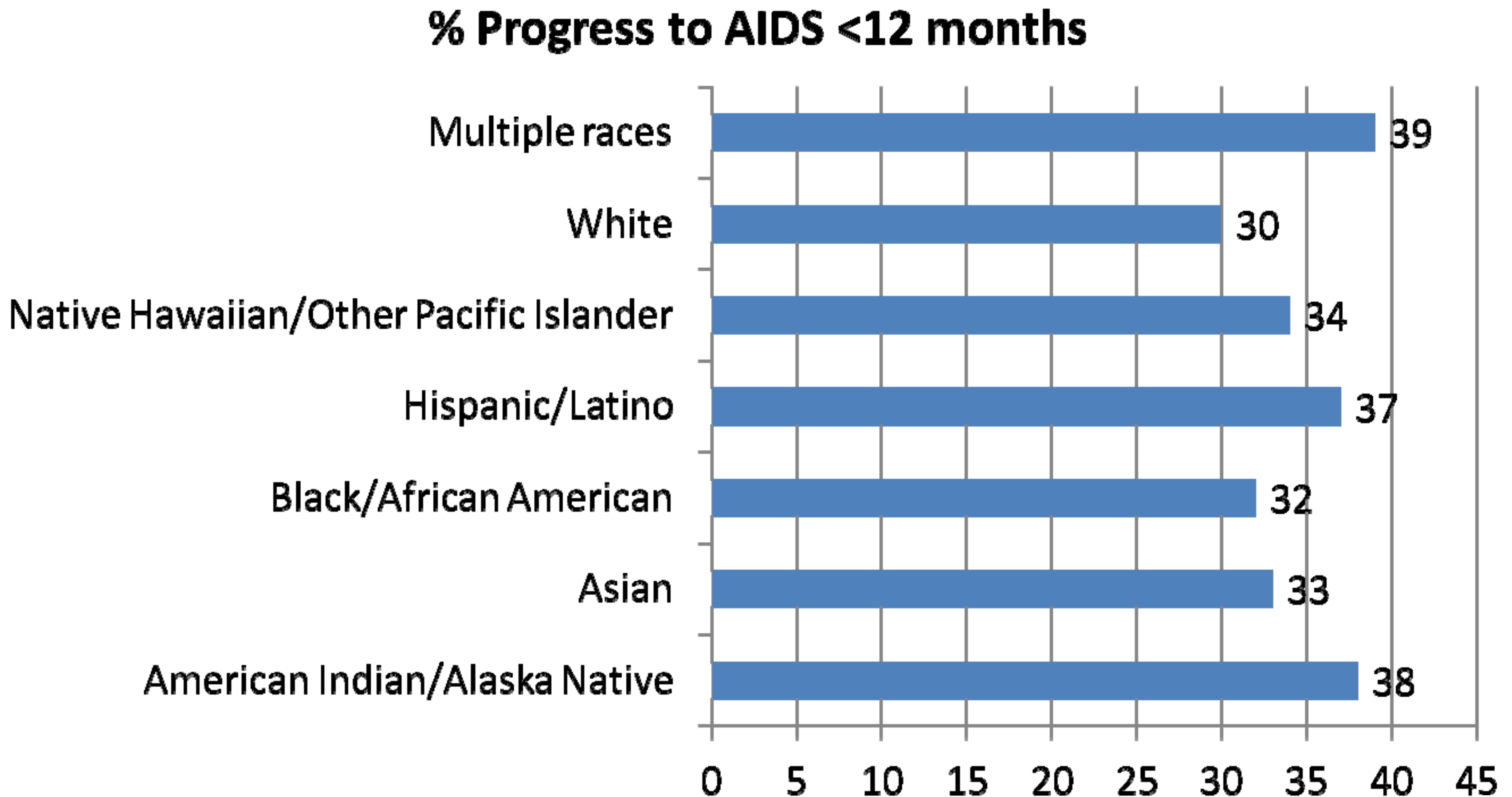
Entering Care Late: Diagnoses by HIV Race



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Centers for Disease Control and Prevention. *HIV Surveillance Report, 2008*; vol. 20. Published June 2010. Accessed 8.4.10.

Will a Lack of Qualified HIV Providers Fuel Disparities?

- First generation aging and retiring without sufficient recruits to take their place
- Medical residents no longer exposed to HIV/AIDS during medical training
- Complex, demanding field with poor reimbursement
- Commitment to disenfranchised populations important
- Need more minority HIV medical providers
- Meanwhile – number of people living with HIV continues to grow

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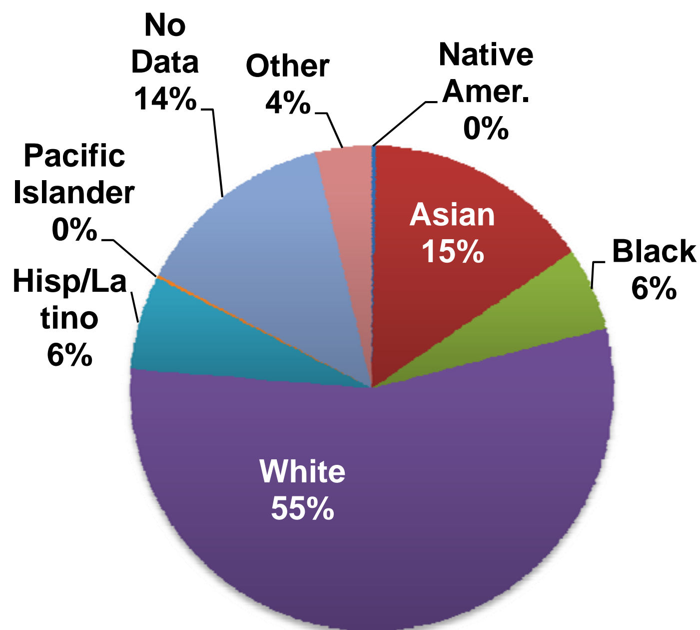
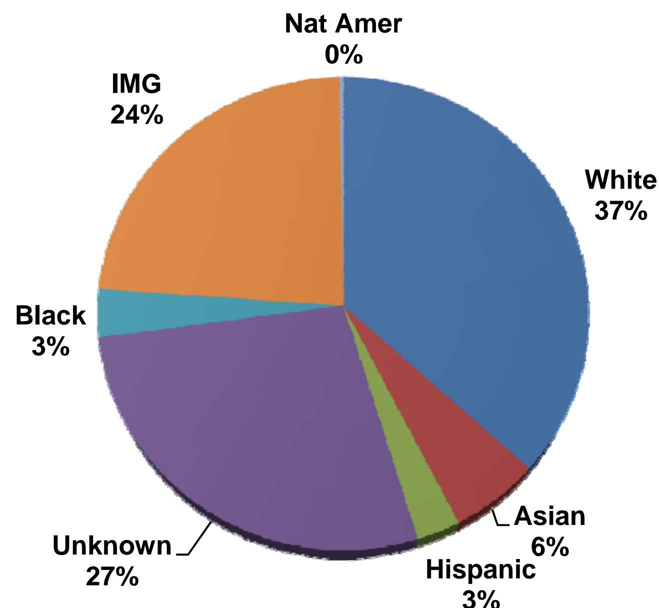
Building a Workforce that Better Reflects the Patient Population

HIVMA Membership by Race and Ethnicity, 2010

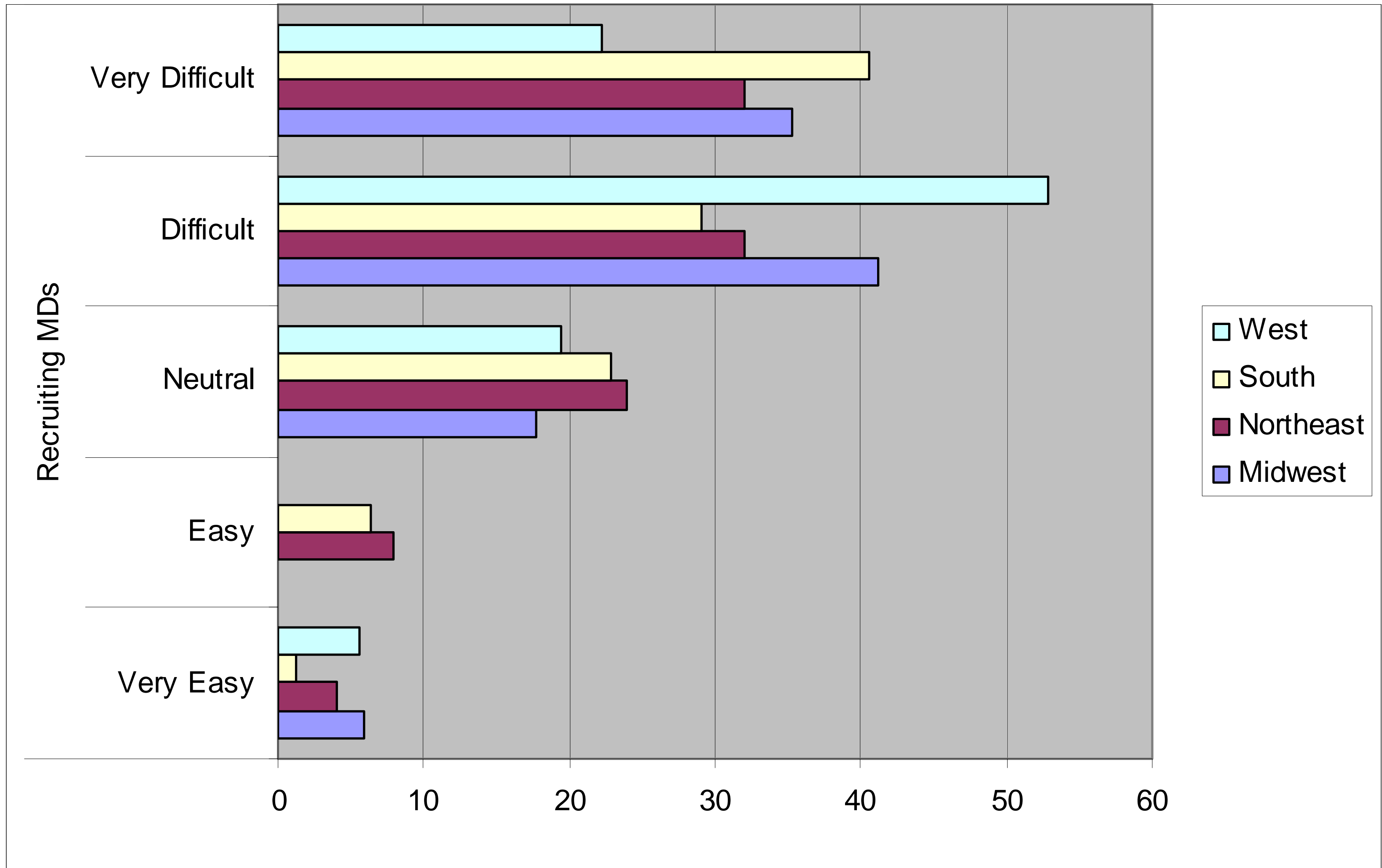


US Physicians by Race and Ethnicity, 2004



Source: Association of American Medical Colleges. Diversity in the Physician Workforce: Facts & Figures 2006:15. Online at www.aamc.org.

Difficulty Reported by HIV Programs Recruiting MDs by Region (%) - 2008



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HIVMA and Forum for Collaborative HIV Research. Part C Workforce and Capacity Survey. 2008.

Recruiting Challenges Reported by HIV Programs by Region - 2008

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HIVMA and Forum for Collaborative HIV Research. Part C Workforce and Capacity Survey. 2008.

Access and Coverage Issues

- Medicaid payment rates for primary care average 66% of Medicare rates
  - 40% of adults with HIV have Medicaid coverage - # will grow in 2014 with Medicaid expansion
- Resources to support uninsured and build and maintain capacity
  - Ryan White Part C funding increased by 9%, while caseloads increased by 59% from 2001 to 2009
- Limited resources to support targeted interventions to facilitate linkage and retention in care

Sources:

Zuckerman, et al. *Health Affairs 28, no. 3* (2009): w510–w519.

Kaiser Family Foundation. HIV/AIDS and Medicaid Fact Sheet. February 2009. Online www.kff.org.

Linkage to Care Challenges

- Ensuring timely access to, and appointment with, HIV care provider
- Resources to support short-term case manager/system navigator
- Complexity of patients lives, including many with serious co-morbid conditions

➢ **CDC goal is for newly diagnosed patients to have first appointment within first three months of a new diagnosis**

Coverage for Immigrants: Undocumented Immigrants Left Out of Health Reform

- 5-year delay in Medicaid eligibility for documented immigrants
- Undocumented immigrants barred from regular Medicaid, Medicare and “Exchange” plans (will be available 2014)
- Remain eligible for restricted “emergency” Medicaid
- Can access services through community health centers and/or safety net providers

The Opportunities

Affordable Care Act – Reforms on the Way

- Expanding Health Coverage:
  - Ending insurer discriminatory practices
  - Expanding Medicaid Coverage to everyone <65 with incomes <133% FPL(2014)
  - Creating regulated state health insurance marketplaces "Exchanges" with subsidies for lower income individuals and families
- Addressing Medicaid Disparities:
  - 2-year increase in Medicaid to Medicare levels for primary care providers (PCP) (2013-14)
  - Need to extend beyond 2014 and expand to all MDs serving as PCP
- Expanding Access through CHCs:
  - $11 billion in new resources; bulk of $ to create new CHCs in medically underserved areas; expand preventive and primary health care services, including oral and behavioral health, pharmacy and enabling services at existing CHCs
- Addressing Workforce Capacity and Diversity:
  - Workforce training targeted to patient-centered medical home care and to physicians working with vulnerable populations, including HIV
  - Expands national health service corps and allows new flexibility for part-time service
  - Continues and expands centers of excellence for minority health workers and diversity training and grant resources

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Reform: More Opportunities for Building HIV Care Capacity

- Supporting Medical Homes:
  - State Medicaid plan option to allow beneficiaries with 2 or more chronic conditions (to be defined) to designate a medical home – enhanced 90% FMAP for first two years
  - Community-based Collaborative Care Network: Grants from HHS to support consortiums of health providers to coordinate and integrate services (2011)
- Expanded HIV Testing:
  - Coverage for A or B US Preventive Services Task Force Screenings with no cost sharing - targeted HIV testing for high risk populations will be covered
- Improved Data Collection and Monitoring:
  - By 2012 federally funded health and public health programs will collect and report on race, ethnicity, sex, and primary language for participants at the smallest geographic level possible

HIVMA Minority Clinical Fellowship Program

- Created in 2006 to increase the pool of minority HIV physicians
- At least two fellowships awarded annually to African-American and Latino physicians to pursue one-year of clinical HIV training
- 10 awards to date with all 8 of the past graduates remaining in HIV medicine
- 2010 fellows training at Howard University and East Bay AIDS Center, Oakland
- Applications for next year due February 15th

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Role of HIV Clinicians in Reducing Disparities

- Facilitate access to experienced HIV providers by developing relationships with primary care providers and co-managing patients
- Promote and develop routine HIV screening and **linkage to care** programs
- Respond to provider HIV-related stigma
- Monitor and report on patient outcomes
- Lend the medical provider voice to advocate sound and effective health policy change

Thank You!
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