

2012 Profile of HIV in Michigan (Statewide)

Service Utilization of HIV-Positive Persons in Care

Data from Uniform Reporting System (URS) & enhanced HIV/AIDS Reporting System (eHARS)

Table 5: Characteristics of Ryan White clients who received services compared to All living HIV infection cases in Michigan, January 2012

Characteristic	RY clients	Cases
White	34%	36%
Black	55%	56%
Hispanic	5%	5%
Other	4%	3%
Unknown*	1%	N/A
Male	76%	78%
<i>White male</i>	30%	31%
<i>Black male</i>	38%	41%
<i>Hispanic male</i>	5%	4%
<i>Other male</i>	3%	2%
<i>Unknown male</i>	1%	N/A
Female	24%	22%
<i>White female</i>	5%	5%
<i>Black female</i>	17%	16%
<i>Hispanic female</i>	1%	1%
<i>Other female</i>	1%	1%
<i>Unknown female</i>	<1%	N/A
0-12 years [†]	1%	<1%
13-19 years [†]	2%	1%
20-24 years [†]	5%	5%
25-44 years [†]	43%	38%
45+ years [†]	48%	56%
Unknown age [†]	N/A	<1%
Infants: 0-1 years [†]	<1%	0%
Children: 2-12 years [†]	1%	<1%
Youth: 13-24 years [†]	7%	5%
Women 25+ years [†]	17%	21%
Total	100% (N = 7,278)	100% (N = 15,753)

*"Unknown" included in "Other" category for surveillance.

†"Years" within this table refers to current age, not age at diagnosis.

Overview:

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White), which replaced the Treatment and Modernization Act of 2006, provides federal funds to help communities and states increase the availability of primary health care and support services for people living with HIV/AIDS (PLWH/A). Ryan White funds are funds of last resort. Ryan White Part A funds are allocated to Eligible Metropolitan Areas (EMA) heavily impacted by the epidemic, and in Michigan the Detroit EMA receives Part A funds. States and U.S. Territories receive Ryan White Part B funds, including resources earmarked for AIDS Drug Assistance Programs (ADAP). Part C funds are allocated to local clinics for outpatient HIV early intervention services and Part D is used to coordinate and enhance services for women, infants, children, and youth (WICY).

The Uniform Reporting System (URS) is a statewide client-level data system designed to document the quantity and types of services provided by agencies receiving Ryan White funds and to describe the populations receiving services. A wide range of clinical and supportive services are reported in the URS, including outpatient medical care, dental care, mental health services, case management, and use of the ADAP. URS data may include HIV services that are not directly funded by Ryan White, as long as the reported service is eligible to be funded. However, most services reported in the URS are at least partially funded by Ryan White resources, and all services are provided by agencies receiving Ryan White funds.

There are several client-level data systems in Michigan that collect URS data. Demographic and service data from all these systems were extracted into a standard format, and these data were then combined and unduplicated to produce a statewide URS dataset for analysis. The statewide dataset includes records from all Ryan White

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Parts A-D funded programs in Michigan, including ADAP.

Comparing services with cases:

Table 5 compares Ryan White clients served during 2011 to all persons currently living with HIV in Michigan. In 2011 there were 7,278 HIV-positive persons who received Ryan White services in the state of Michigan. Ryan White clients represent 46 percent of the total reported living cases in Michigan. Overall, the comparison table shows that persons receiving Ryan White care services are similar demographically to reported cases; however, reported cases are slightly older and more likely to be black males. Additionally, the Ryan White Treatment Modernization Act puts a priority on providing services to women, infants, children and youth (WICY) with HIV infection. As a result, the proportion of youth ages 13 to 24 served is somewhat higher than among all reported cases. Despite these differences, it appears that Ryan White-funded programs are generally serving clients who are representative of all persons living with HIV infection in Michigan.

It is important to note that URS data have a higher proportion of records with unreported race than surveillance data due to lack of client self-report and/or lack of documentation at the provider level. Additionally, the service utilization data available for this report are limited to the HIV care service programs contained in the four Ryan White CAREWare data systems in Michigan. Services provided by private physicians or HIV Service programs not funded by Ryan White or Michigan Health Initiative (MHI) resources are not included.

Core services:

Table 6 gives additional detail about the core services of outpatient medical care, oral health care, mental health care, medical case management, and ADAP delivered by these HIV service programs in 2011. The service counts in the table are visits, not units of time. Only one “visit” per day is counted for any one service category in URS summary data.

Table 6: Core services received by Ryan White clients in Michigan, 2011 (N=7,278)

	Outpatient medical care	Oral health care	Mental health care	Medical case management	ADAP (medication assistance)
No. of unduplicated clients served*	5,683	702	724	4,228	3,512
Percent receiving service	78%	10%	10%	58%	48%
Total days of service (visits)†	25,342	2,784	4,626	74,237	75,335
Average no. of visits per client	4.8	3.9	4.4	18.1	32.5
Median no. of visits per client	4	3	2	11	25
Range of visits per client	1-47	1-45	1-51	1-286	1-231

*Clients are unduplicated for a particular service across all providers but may be counted in more than one service category.

†The Drug Assistance service unit is a prescription filled rather than a visit or day of service.

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Outpatient medical care services in this table are for outpatient ambulatory medical care visits, ranging from a complete physical with a physician to a brief or repeat visit with a physician or nurse practitioner. This may include adherence counseling with a medical practitioner. The average of 4.8 visits per client, with a median of four, is consistent with HIV care standards that recommend monitoring of health status every three to four months (table 6).

Oral health care services reported in the URS are provided primarily through the statewide Michigan Dental Program (MDP), administered by the Division of Health, Wellness and Disease Control of MDCH. The University of Detroit/Mercy Dental School provides many of these services for MDP clients in the Detroit area. Dental services for clients may be extensive and require multiple visits, but they may also be for annual or more frequent prophylaxis. The average of 3.9 visits per client is consistent with an initial exam to plan the care needed and one or more treatment visits following approval of the care plan (table 6).

The AIDS Drug Assistance Program (ADAP), administered by the Division of Health, Wellness and Disease Control of MDCH, pays for medications dispensed to eligible HIV-positive clients throughout Michigan. ADAP covers all HIV medications and many other medications, in addition to CD4 and viral load tests. The unit of service reported in table 6 for ADAP is each prescription filled rather than a day of service. In 2011, 48 percent of Ryan White clients in Michigan received medications or tests through ADAP services at an average of 32.5 prescriptions filled per year (or slightly less than 3 per month). The need for ADAP services continues to increase, because more people are living with HIV each year, more are entering into care where drugs are prescribed to treat the disease, and fewer have access to prescription drug coverage through other sources.

Mental health care services encompass mental health assessments, individual counseling, and group sessions for HIV-positive clients with mental health diagnoses. They must be conducted by a licensed mental health professional. Mental health services do not include substance abuse treatment. In 2011, 10 percent of statewide clients received mental health care services at an average of 4.4 visits per person (table 6).

Health insurance coverage:

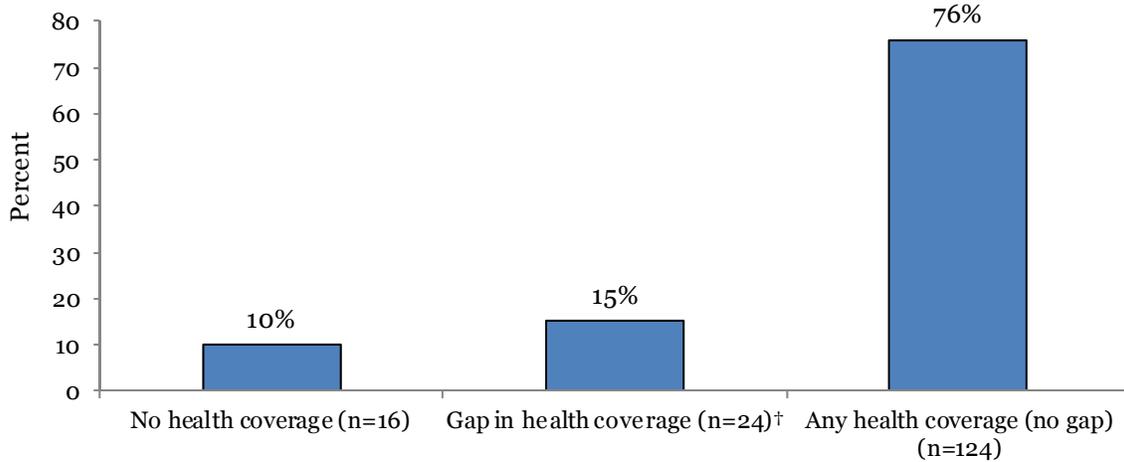
Among HIV-positive persons interviewed for the Medical Monitoring Project (MMP), the majority (76 percent) had health insurance coverage and no gap in coverage in the past 12 months (figure 50). Some persons had a gap in health coverage in the past 12 years (15 percent), while 10 percent had no health coverage in the past 12 months. This was consistent with data found through medical record abstractions, which indicated that 81 percent (n=96) of persons had at least one documented source of medical coverage. Private insurance was the most frequently documented source of medical coverage, followed closely by Medicaid (figure 51). Ten percent of persons had documentation of self-pay.

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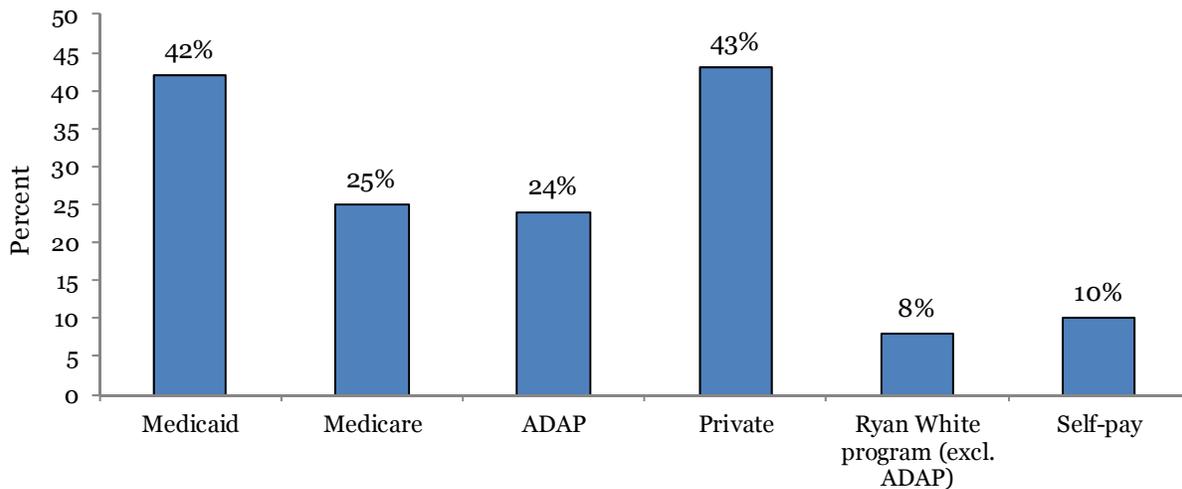
Figure 50: Health coverage* in the 12 months prior to interview among HIV-positive persons in care (MMP, 2009) (N=164)



*Self-reported health coverage in response to the question, “During the past 12 months, have you had any kind of health insurance or health coverage? This includes Medicaid and Medicare.”

† Self-reported gap in health coverage in response to the question “During the past 12 months, was there a time that you didn’t have any health insurance or health coverage?”

Figure 51: Type of medical coverage* noted in medical records of HIV-positive persons in care (MMP, 2009) (n=118)



*Categories are not mutually exclusive.

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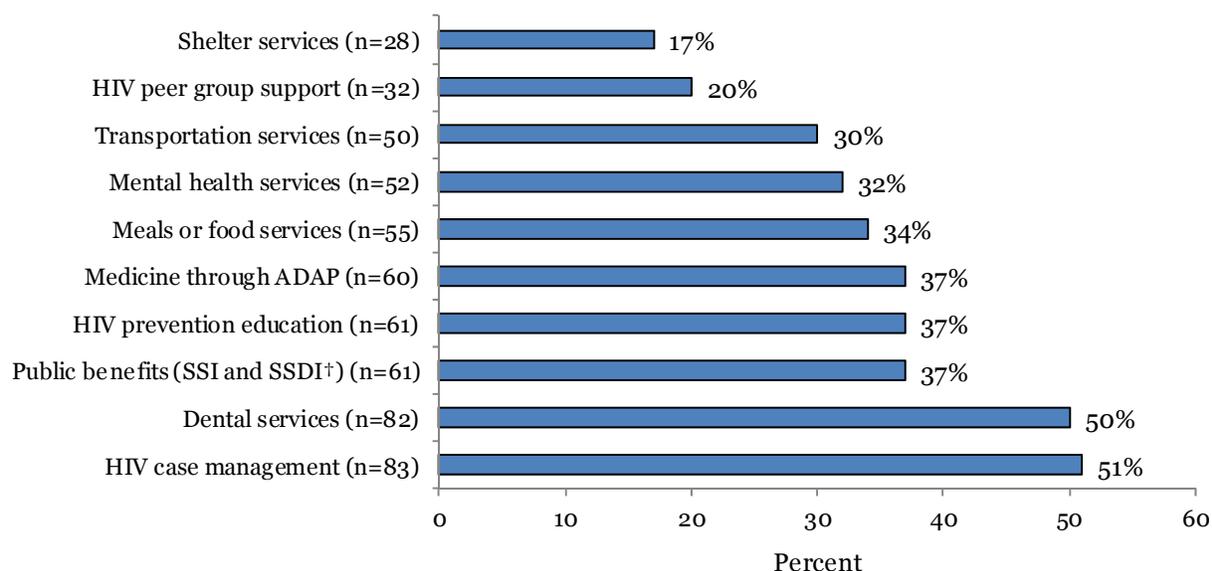
Data from Medical Monitoring Project (MMP)

Use of services:

In the 12 months prior to MMP interview, the median number of outpatient visits among HIV-positive persons in care was seven (range: 1-42 visits). Thirteen percent of persons interviewed had a HIV-related ER visit, and 10 percent had a HIV-related hospitalization. Fourteen percent had at least one inpatient hospital stay, with the median length of stay being three days.

Persons interviewed for MMP were also asked about services other than health care. Figure 52 shows the most commonly used services named by HIV-positive persons during their interviews, which were HIV case management (51 percent) and dental services (50 percent). Shelter services were the least frequently named service.

Figure 52: Top 10 most commonly used services in the 12 months prior to interview among HIV-positive persons in care (MMP, 2009) (N=164)*



*Categories are not mutually exclusive.

†Supplemental Security Income/Social Security (SSI) and Social Security Disability Insurance (SSDI).

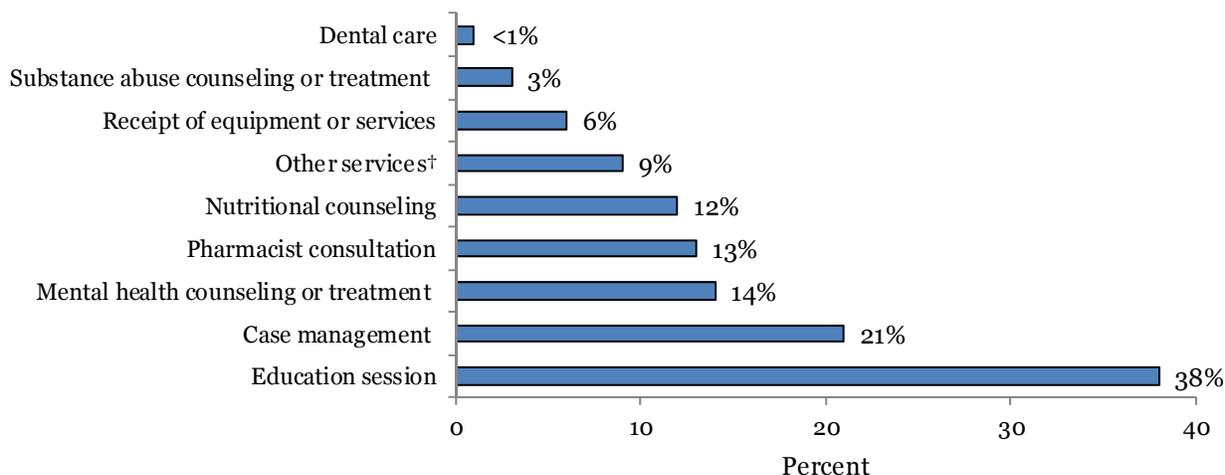
Medical records were also reviewed for documentation of auxiliary services provided during visits to HIV care providers (figure 53). The auxiliary service most frequently documented in the medical record was an education session (38 percent), followed by case management (21 percent). Dental care was the least frequently noted service. Education sessions referred to any individual or group sessions specifically designed to educate the patient about a particular behavior and/or health issue; it did not have to be HIV-related.

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Figure 53: Other services noted in medical record and provided at HIV care facilities to HIV-positive persons in care (MMP, 2009) (N=149)*

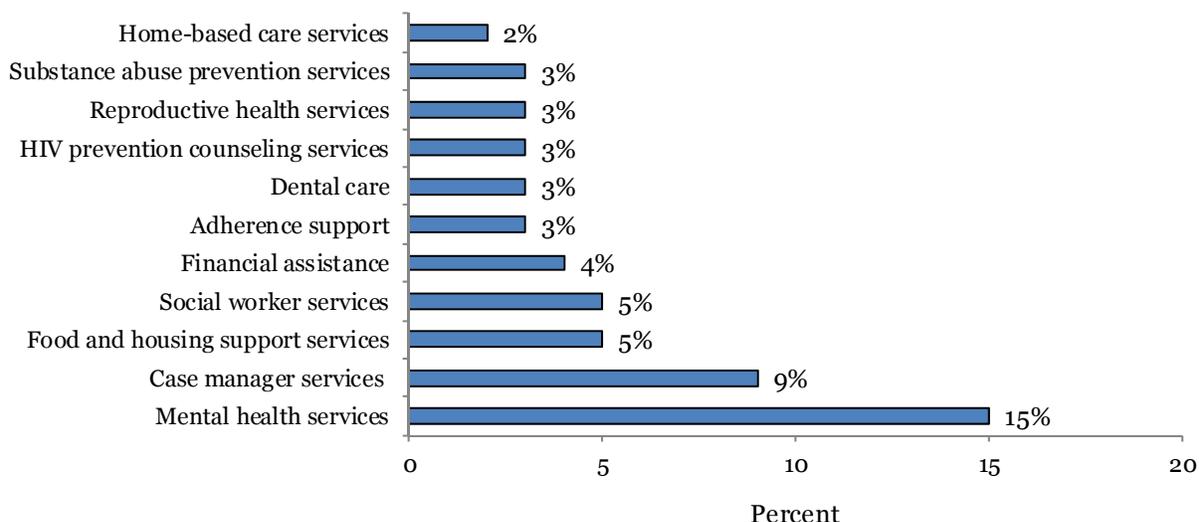


*Categories are not mutually exclusive.

†Other services included medication adherence counseling, hepatitis C treatment follow-up, and smoking cessation counseling.

About 29 percent (n=43) of medical records reviewed had documentation of at least one referral provided during the surveillance period. The most common referral was for mental health services (15 percent), followed by case manager services (9 percent) (figure 54). Home-based care was the least frequent referral (2 percent).

Figure 54: Referrals noted in medical records of HIV-positive persons in care (MMP, 2009) (N=149)*



*Categories are not mutually exclusive.

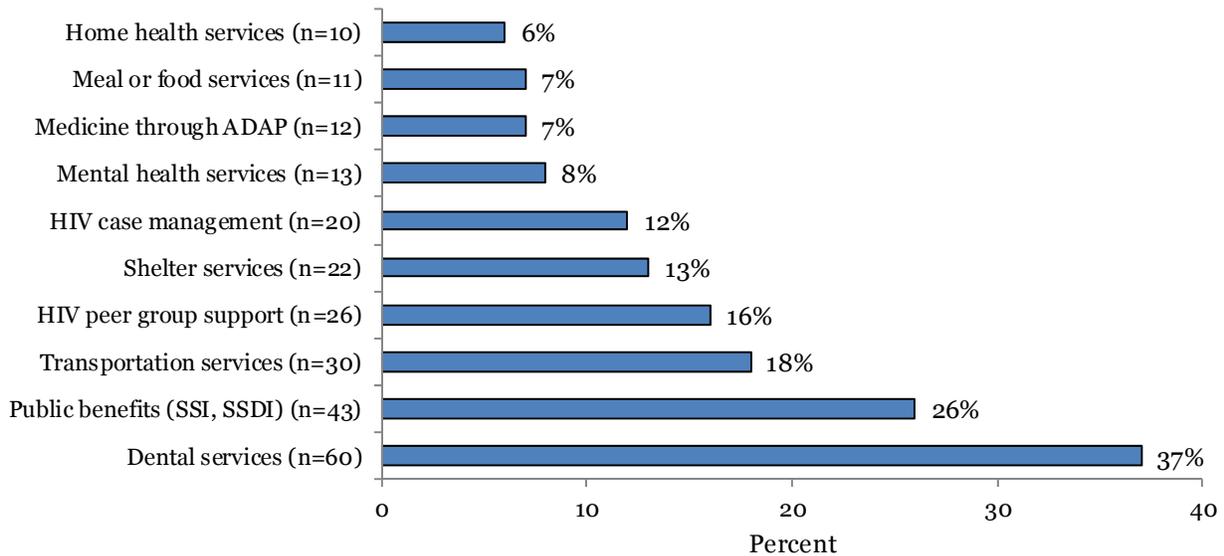
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About 70 percent (n=114) of HIV-positive persons interviewed had at least one unmet service need in the 12 months prior to interview (figure 55). The most common service needed but not received was dental services (37 percent of persons interviewed), followed by public benefits such as SSI (26 percent).

Figure 55: Top 10 services needed but didn't receive in 12 months prior to interview among HIV-positive persons in care (MMP, 2009) (N=164)*



*Categories are not mutually exclusive.