

2010 Profile of HIV/AIDS in The Detroit Metro Area

Patterns of Service Utilization of HIV-infected Persons

Data from HIV/AIDS Reporting System (eHARS), Uniform Reporting System (URS) & Adult and Adolescent Spectrum of disease (ASD)

The Uniform Reporting System (URS) is a statewide client-level data standard designed to uniformly document the quantity and types of services provided by agencies receiving Ryan White funds, and to describe the populations receiving the 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 the AIDS Drug Assistance Program. URS data may include HIV/AIDS 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.

Table 1: Comparing HIV Services with Reported Cases throughout the DMA January 2010

Group	Services	Cases
White	24%	26%
Black	69%	69%
Hispanic	3%	3%
Other	1%	2%
Unknown	3%	<1%
Males	68%	76%
<i>White Males</i>	21%	23%
<i>Black Males</i>	42%	49%
<i>Hispanic Males</i>	2%	2%
<i>Other Males</i>	1%	1%
<i>Unknown Males</i>	2%	<1%
Females	32%	24%
<i>White Females</i>	3%	3%
<i>Black Females</i>	27%	20%
<i>Hispanic Females</i>	1%	1%
<i>Other Females</i>	0%	1%
<i>Unknown Females</i>	<1%	<1%
0-12 Years[^]	1%	<1%
13-19 Years[^]	3%	1%
20-24 Years[^]	8%	4%
25-44 Years[^]	44%	37%
45+ Years[^]	45%	54%
Infants: 0-1 Years[^]	<1%	<1%
Children: 2-12 Years[^]	1%	<1%
Youth: 13-24 Years[^]	11%	5%
Women 25+ Years[^]	24%	23%
Total	100%	100%
	(N = 3,527)	(N = 9,765)

[^]“Years” within this table refers to **current age**, not age at diagnosis

There are four client-level CAREWare 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 URS dataset for analysis. The Detroit Metro Area (DMA) dataset is a subset of the unduplicated statewide dataset from all Ryan White funded programs, including the AIDS Drug Assistance Program. Clients are included in this dataset if they reside in the DMA and received at least one service from a Ryan White funded provider between January 1, 2009 and December 31, 2009. Detroit EMA clients may receive services from providers that are not located in the DMA.

Table 1 compares the demographic distribution of the 3,527 HIV-infected residents of the DMA who were served by Ryan White funded programs in 2009, to that of the 9,765 persons known to be living with HIV in the same area at the end of 2009. The comparison shows that persons receiving Ryan White services were more likely than the reported population to be females, black females and 13-24 or 25-44 years old.

The Ryan White HIV/AIDS Treatment Extension puts a priority on providing services to women, infants, children and youth (WICY) with HIV infection. As a result, the proportion of youth age 13 to 24, and women age 25 or older receiving care is somewhat higher than in reported cases.

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Table 2 gives additional detail about the core services of outpatient medical care, oral health care, mental health care, medical case management and DAP medication assistance delivered to DMA residents by Ryan White programs in 2009. The service counts in the table are visits, not units of time. Only one “visit” per day is counted for any service category in this URS summary data.

Table 2: Core Services per Ryan White Client, Detroit Metro Area Residents, 2009

Total Clients Served: 4,868	Outpatient Medical Care	Oral Health Care	Mental Health Care	Medical Case Management	DAP (Medication Assistance)
No. of unduplicated clients served*	3,277	489	545	1,181	1,713
Percent receiving the service.	67%	10%	11%	24%	35%
Total Days of Service	9,865	1,465	3,606	29,526	18,562
Average no. of visits per client	3.0	3.0	6.6	25.0	10.8
Median no. of visits per client	3	3	4	19	10
Range of visits per client	1-18	1-15	1-61	1-118	1-61

* Clients are unduplicated for the service across all providers and may be counted in more than one service category.

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, and may include medication adherence counseling with a medical practitioner. The average of three visits per client, with a median of three, is consistent with HIV care standards that recommend monitoring of health status every three to four months. Two-thirds of the DMA clients received outpatient ambulatory medical care in 2009. (Table 2)

Oral health care services reported in the URS are provided primarily through the statewide Michigan Dental Program, administered by the Division of Health, Wellness and Disease Control of MDCH. The University of Detroit/Mercy Dental School delivers many of these oral health care services in the Detroit area. Dental services for clients may be extensive, and require multiple visits, but may also simply be for annual or more frequent prophylaxis. The annual average of 3 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 2)

Mental health care services encompass mental health assessments, individual counseling, and group sessions for HIV+ clients with a mental health diagnosis, and must be conducted by a licensed mental health professional. Mental health services do not include substance abuse treatment. In 2009, 11 percent of the DMA clients received mental health services at an average of 6.6 visits a year. (Table 2)

Medical case management visits include intake, assessments, care planning, medication adherence counseling, and monitoring of medical status, and may be conducted in person, by phone or by mail, with the goal of linking HIV+ clients to health care services, and assisting them to remain in care. In 2009, 24 percent of DMA clients received medical case management services at an average of 25 visits/each. (Table 2)

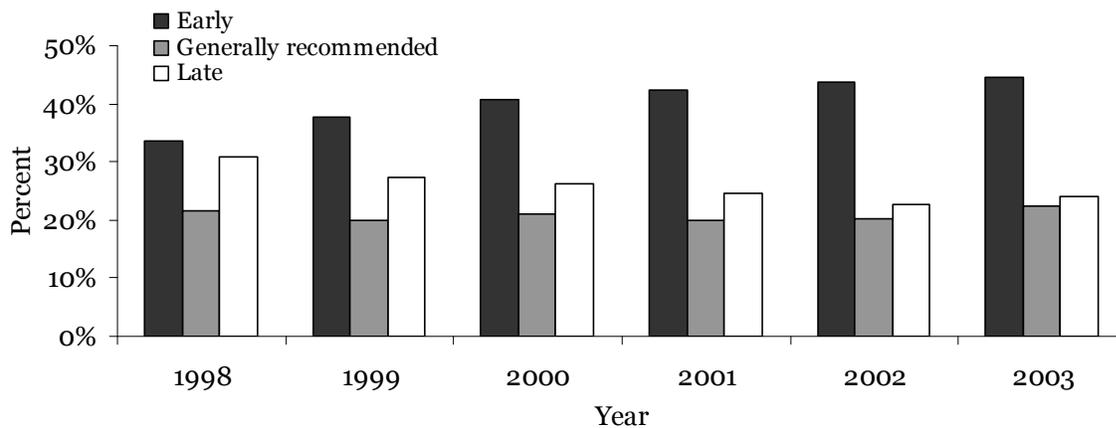
The Drug Assistance Program (DAP), administered by the Division of Health, Wellness and Disease Control of MDCH pays for medications dispensed to eligible HIV+ clients throughout Michigan. The DAP covers all HIV medications and many other medications as well, in addition to CD4 and viral load tests. The unit of service reported in Table 2 is one day in which medications were dispensed or when

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DAP-reimbursed monitoring tests (CD4 or viral load) took place. This is not an indication of the number of medications dispensed or prescriptions filled during the year, as several medications can be dispensed on one day of service. DMA residents were 58 percent of the total number of DAP clients served in 2009. The number of DMA residents receiving DAP medication services represents 35 percent of all DMA clients served in 2009 at an average of 10.8 visits for the year. (Table 2)

Figure 11: Proportion of Patients who Received Antiretroviral Treatment Late, at the Recommended Time, or Early, ASD Study-Michigan, 1998-2003



Note. Late (CD4 count of less than 200 cells/ μ L), generally recommended time (CD4 count of greater than or equal to 200 μ L, but less than 350 cells/ μ L), or early (CD4 count greater than or equal to 350 cells/ μ L).

Figure 11 shows the timing of the initiation of antiretroviral treatment and the proportions of patients whose treatments began at each three times (each time corresponds to a category of CD4 count). This analysis included only intervals during which the person had either an outpatient clinic visit or a hospitalization, and did not include intervals in which the person had only visited the ER or had telephone contact with the clinic staff. Of patients receiving care at the two Detroit health care systems included in ASD, the proportion whose antiretroviral treatment was begun late decreased from 31 percent in 1998 to 24 percent in 2003. Inversely, the proportion whose antiretroviral treatment was begun early has increased from 34 percent in 1998 to 44 percent in 2003. The most current treatment guidelines (December 2009) include a statement that there is growing evidence to start ART for patients with > 500 CD4 cells/ μ L, but this recommendation is optional and should be considered on a case by case basis.