

# 2012 Profile of HIV in the Detroit Metro Area

## Service Utilization of HIV-Positive Persons in Care

**Table 1: Characteristics of Ryan White clients who received services in 2011 compared to all HIV infection cases living in the Detroit Metro Area, January 2012**

Characteristic	RY clients	Cases
White	21%	26%
Black	69%	68%
Hispanic	4%	4%
Other	1%	3%
Unknown*	3%	N/A
Male	75%	77%
<i>White male</i>	18%	23%
<i>Black male</i>	49%	49%
<i>Hispanic male</i>	3%	3%
<i>Other male</i>	4%	2%
<i>Unknown male</i>	1%	N/A
Female	25%	23%
<i>White female</i>	3%	3%
<i>Black female</i>	21%	19%
<i>Hispanic female</i>	1%	1%
<i>Other female</i>	1%	1%
<i>Unknown female</i>	<1%	N/A
0-12 years <sup>†</sup>	1%	<1%
13-19 years <sup>†</sup>	3%	1%
20-24 years <sup>†</sup>	7%	5%
25-44 years <sup>†</sup>	43%	38%
45+ years <sup>†</sup>	46%	56%
Unknown age <sup>†</sup>	N/A	<1%
Infants: 0-1 years <sup>†</sup>	<1%	0%
Children: 2-12 years <sup>†</sup>	1%	<1%
Youth: 13-24 years <sup>†</sup>	10%	6%
Women 25+ years <sup>†</sup>	18%	22%
<b>Total</b>	<b>100%</b> <b>(N = 3,495)</b>	<b>100%</b> <b>(N = 9,919)</b>

\*"Unknown" race is included in "Other" category for surveillance.

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

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

### Overview:

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 (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.

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 de-duplicated to produce a URS dataset for analysis. The Detroit Metro Area (DMA) dataset is a subset of the de-duplicated statewide dataset from all Ryan White funded programs, including ADAP. 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, 2011 and December 31, 2011. DMA clients may receive services from providers that are not located in the DMA.

### Comparing services to cases:

Table 1 compares the demographic distribution of the 3,495 HIV-positive residents of the DMA who were served by Ryan White-funded programs in 2011 to that of the 9,919 persons known to be living with HIV in that same area at the end of 2011. The comparison shows that persons receiving Ryan White services were less likely than the reported HIV-positive population to be white (particularly white males) and less likely to be over 45 years old. Persons receiving Ryan White services were more

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likely than the reported HIV-positive population to be females and 13-44 years of age.

### Core services:

Table 2 gives additional detail about the core services of outpatient medical care, oral health care, mental health care, medical case management, and ADAP utilization among HIV-positive DMA residents by Ryan White programs in 2011. 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.

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. They may include medication adherence counseling with a medical practitioner. The average of four 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. A total of 89 percent of the DMA clients received outpatient ambulatory medical care in 2011 (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 they may also be for annual or more frequent prophylaxis. The annual average of three 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-positive 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 2011, 12 percent of DMA clients received mental health services at an average of 5.3 visits a year (table 2).

**Table 2: Core services received by Ryan White clients in the Detroit Metro Area in 2011 (N=3,495)**

	<b>Outpatient medical care</b>	<b>Oral health care</b>	<b>Mental health care</b>	<b>Medical case management</b>	<b>ADAP (medication assistance)</b>
No. of unduplicated clients served*	3,119	437	412	1,278	2,139
Percent receiving service	89%	13%	12%	36%	61%
Total days of service (visits)†	13,433	2,498	2,184	30,170	39,083
Average no. of visits per client	4.3	4.4	5.3	23.6	30.2
Median no. of visits per client	3	3	3	13	23
Range of visits per client	1-47	1-45	1-51	1-286	1-195

\*Clients are de-duplicated 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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### Data from Uniform Reporting System (URS)

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-positive clients to health care services and assisting them to remain in care. In 2011, 36 percent of DMA clients received medical case management services at an average of 23 visits each (table 2).

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 2 for ADAP is each prescription filled rather than a day of service. DMA residents were 61 percent of the total number of ADAP clients served in 2011. Sixty-one percent of all DMA Ryan White clients utilized ADAP in 2011 at an average of 30.2 prescriptions filled for the year (table 2).