

Ryan White HIV Care Program

OVERVIEW OF PROGRAMS AND SERVICES IN IOWA

Program within the Bureau of
HIV, STI, and Hepatitis / Division
of Public Health / Iowa HHS

September 18, 2024



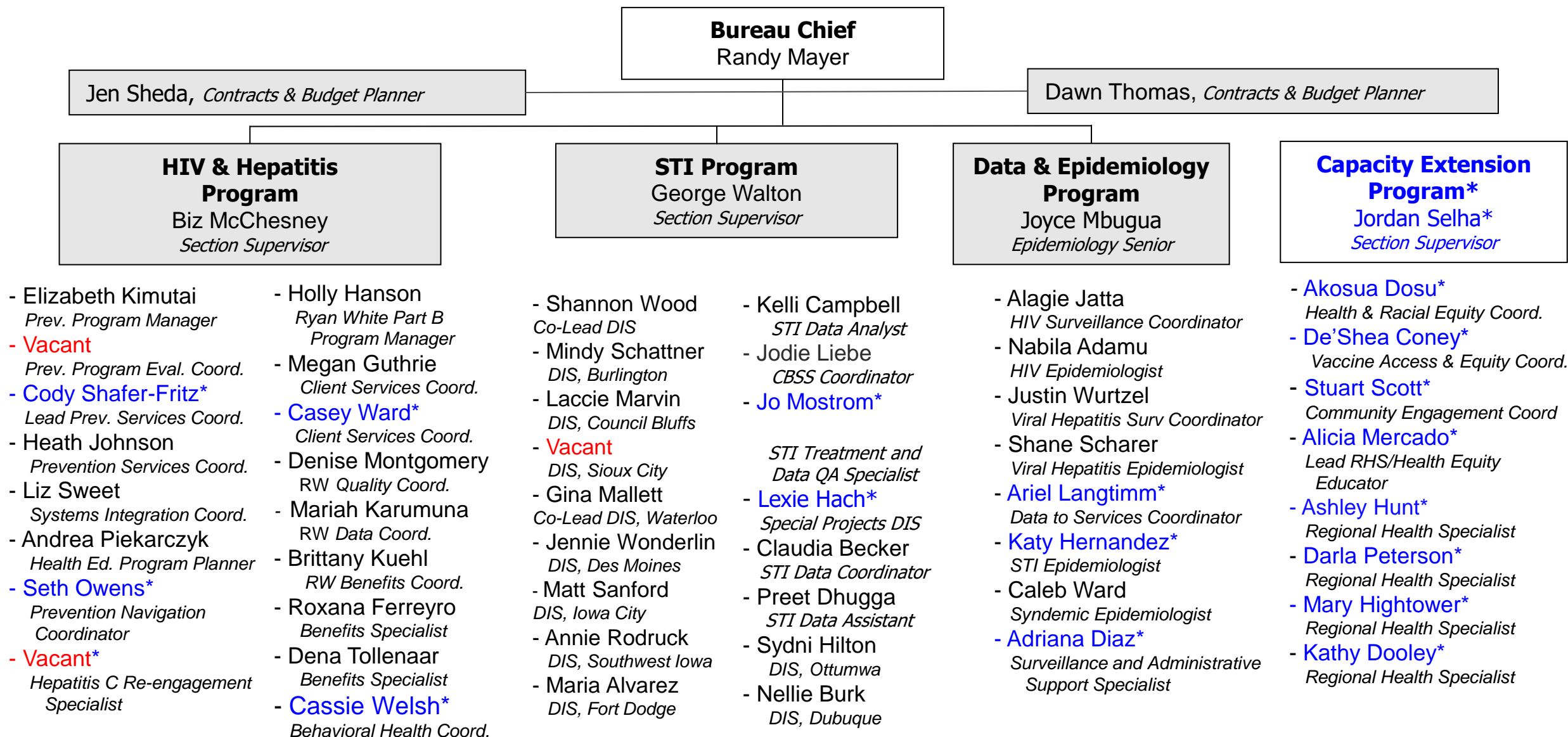
Please consider completing this pre-test while we wait.
Link: <https://www.surveymonkey.com/r/HIVcarelowa-pre>

Objectives

- ▶ Describe Bureau of HIV, STI, and Hepatitis
 - Structure
 - Funding
 - HIV Care Continuum and Distribution
- ▶ Brief overview of HIV and HCV Prevention Program
- ▶ Ryan White Program in Iowa
 - Overview
 - Client Services
 - BDAP
 - Re-engagement
- ▶ Medicaid SPNS Project
- ▶ How YOU can help end the HIV epidemic in Iowa (and the US!)

Bureau of HIV, STI, and Hepatitis

* NuCara Staffing Services Contractor

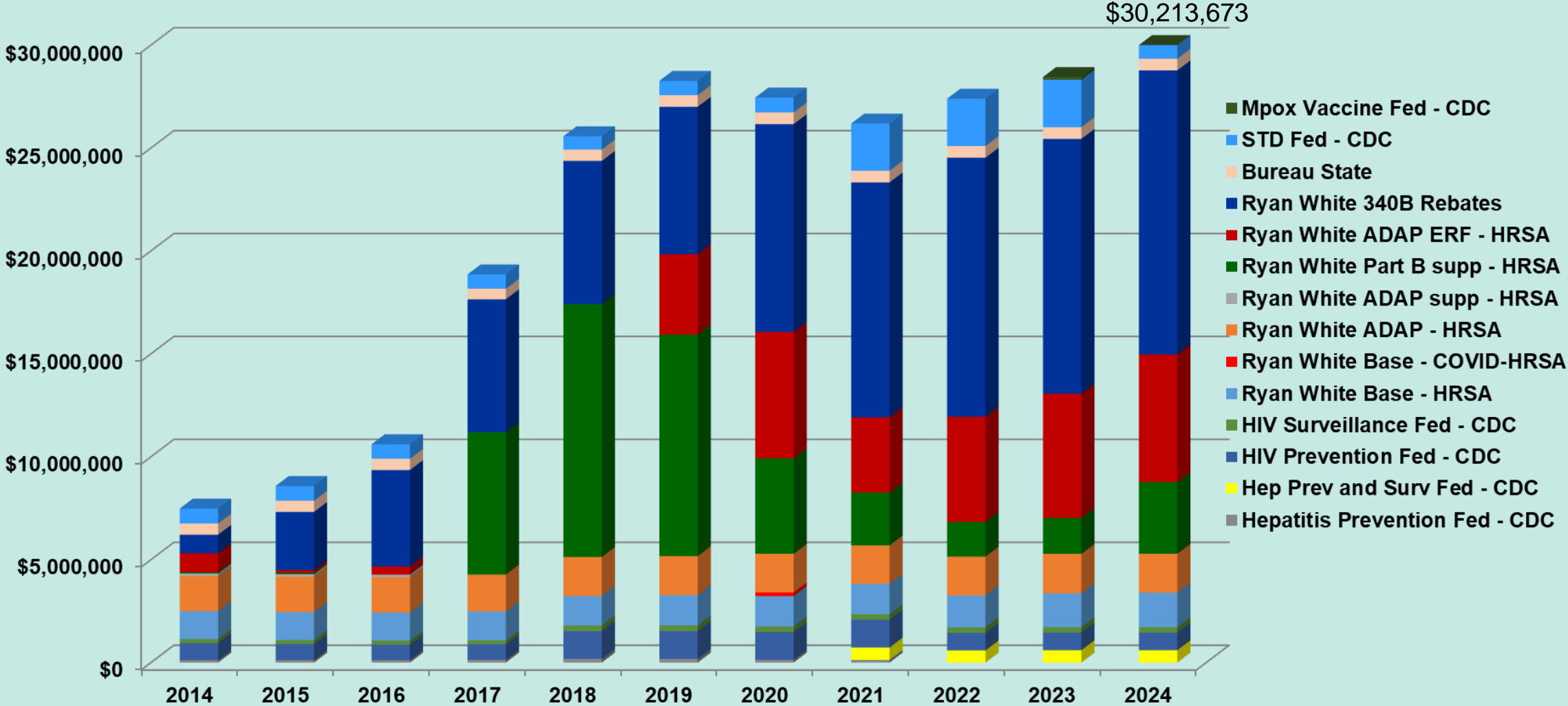


HIV and Hepatitis Community Planning Group (CPG) & Health Initiative for People Who Use Drugs (HIPWUD)

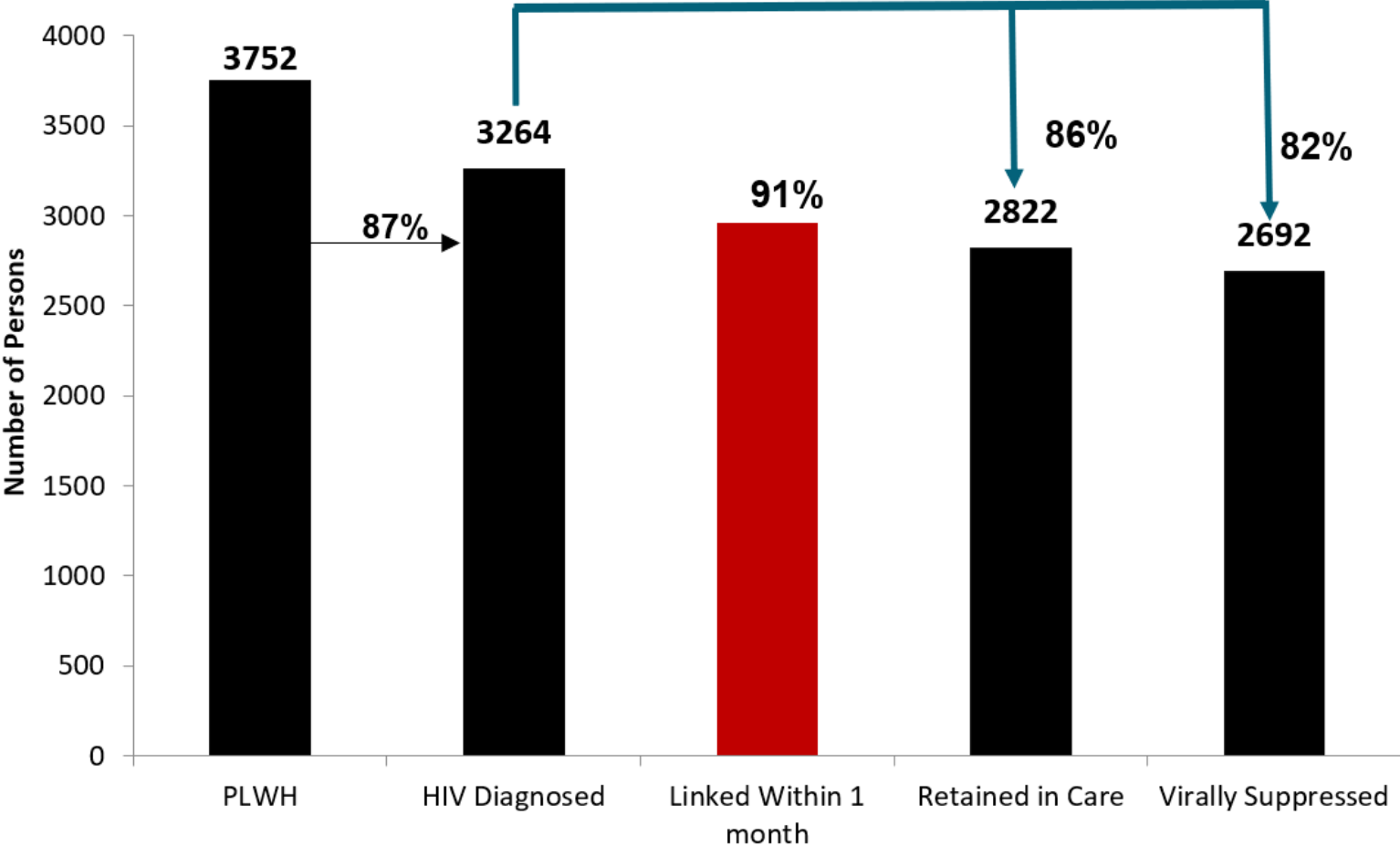
Funding Sources

- ▶ Health Resources and Services Administration (HRSA)
- ▶ Centers for Disease Control and Prevention (CDC)
- ▶ State funds

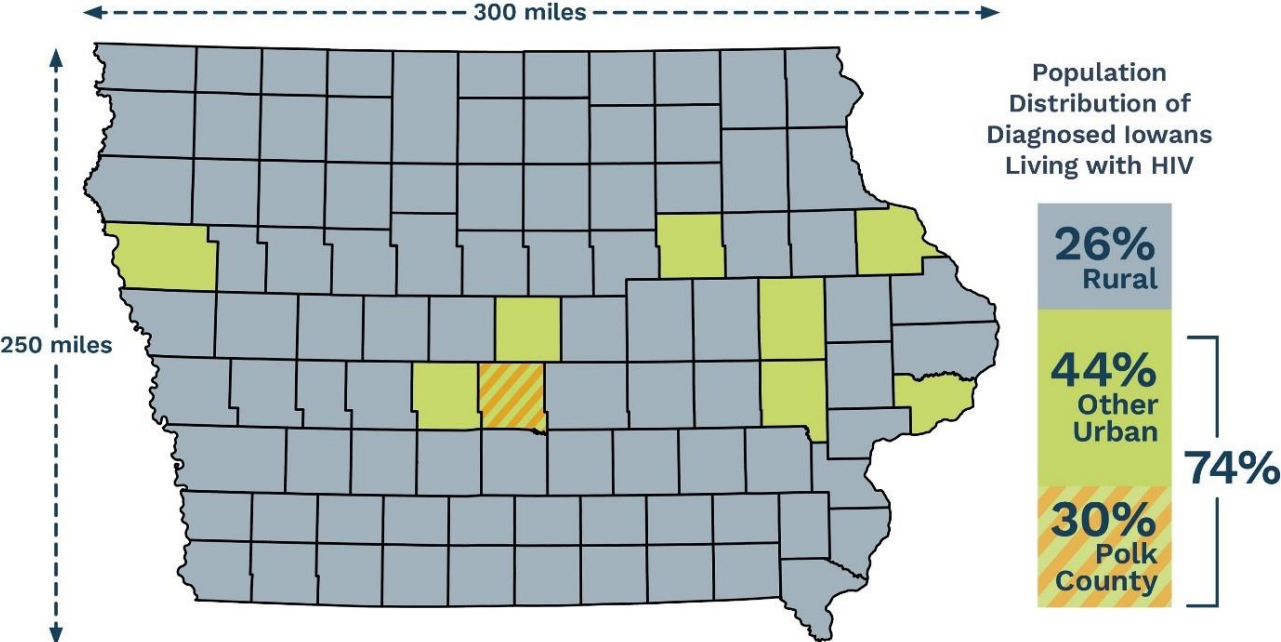
Bureau Funding Overview and Trends



Iowa HIV CARE Continuum for 2023



Iowans living with HIV - Distribution



In 2023, there were 3,411 people living with HIV in Iowa who were diagnosed. Approximately 74% resided in the ten most populous counties, with 30% in Polk County alone. The remaining 26% resided in more rural areas.

HIV & Hepatitis Program

HIV and Viral Hepatitis Prevention



Health and
Human Services

Overview of Program and Services

HIV and Hepatitis Prevention Program Goals

Increase Awareness of HIV and HCV

- Promote anti-stigma education and messaging
- Engage medical & social service providers
- Prioritize reaching populations disproportionately impacted by HIV and HCV

Prevent New Infections

- Increase awareness of and access to biomedical HIV prevention strategies (pre and post-exposure prophylaxis)
- Increase access to and appropriate use of sexual risk reduction materials (e.g., condoms and lubricants)
- Increase access to and appropriate use of legal supplies that reduce harms associated with injection drug use

Increase Status Awareness and Connections to Care

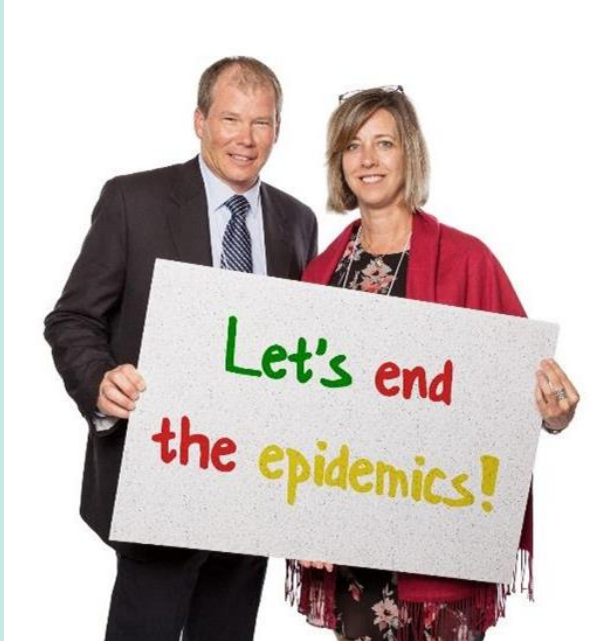
- Increase opt-out and routine screening in care settings (e.g., primary care and emergency/urgent care)
- Support the delivery of prioritized safety-net testing services
- Ensure rapid linkage to care for individuals newly diagnosed with HIV and HCV
- Ensure rapid linkage to prevention services for individuals testing negative for HIV and HCV

HIV & Hepatitis Program

HIV Care Program (Ryan White)



Health and
Human Services



Randy Mayer
Chief of the Bureau of HIV, STI, and Hepatitis
(left in left photo)

Biz McChesney
Section Supervisor, HIV and Hepatitis
(right in right photo)

Holly Hanson
Ryan White Part B Program Manager
(right in left photo)



Ryan White Part B Team



Megan Guthrie
Client Services
Coordinator



Casey Ward
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Coordinator



Mariah Karumuna
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Denise Montgomery
Quality Coordinator



Cassie Walsh
Behavioral Health
Coordinator

Ryan White Part B BDAP Team



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Ryan White
Benefits
Coordinator



Roxana Ferreyro
Benefits &
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Specialist



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Two Main Components of the Ryan White Part B Program

▶ Client Services

- Robust Case Management Program
- Several other core medical and support services to assist lowans living with HIV to get into and stay in care

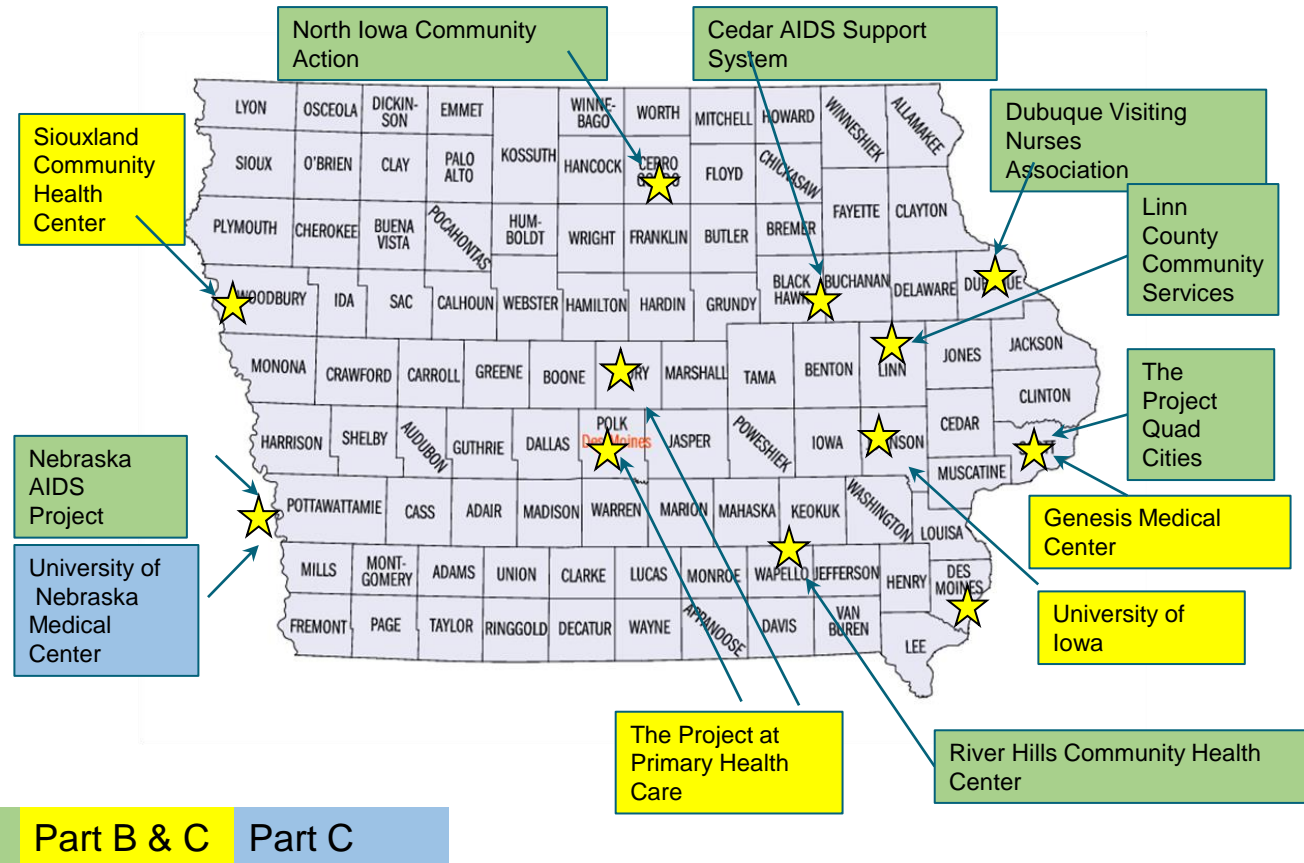
▶ Benefits and Drug Assistance

- Insurance Assistance
- Medication only Assistance
- Jail Assistance

Ryan White cross-cutting activities

- Quality and Data Management (esp. Continuous Quality Improvement)
- Behavioral Health
 - Trauma Informed Healing Centered Care including addressing inequities and SDOH
 - Addressing co-morbidities such as mental health and substance use issues

Ryan White Services in Iowa



Iowa Case Management Program



Medical Case Management
(MCM)

Non-Medical Case Management
(Non-MCM)

Brief Contact Management
(BCM)

Maintenance Outreach Support
Services (MOSS)

RWPB Service Categories in addition to Case Management Program

- ▶ Early Intervention Services (EIS)
- ▶ Health Insurance Premium & Cost Sharing
- ▶ Home & Community-Based Health Services
- ▶ Home Health Care
- ▶ Hospice Services
- ▶ Medical Nutrition Therapy
- ▶ Mental Health Services
- ▶ Oral Health Care
- ▶ Outpatient/Ambulatory Health Services
- ▶ Substance Use Outpatient Care & Residential
- ▶ Child Care
- ▶ Emergency Financial Assistance
- ▶ Food
- ▶ Health Education and Risk Reduction
- ▶ Housing
- ▶ Linguistic Services
- ▶ Medical Transportation Services
- ▶ Other Professional Services
- ▶ Outreach Services
- ▶ Psychosocial Support Services
- ▶ Referral for Health Care & Supportive Services
- ▶ Rehabilitation Services
- ▶ Respite Care Services

Ryan White Part B Program in Iowa

3,264

Number of Iowans diagnosed and living with HIV in 2023

2,479

Number of Iowans diagnosed and living with HIV who **received a RW Part B service** in 2023

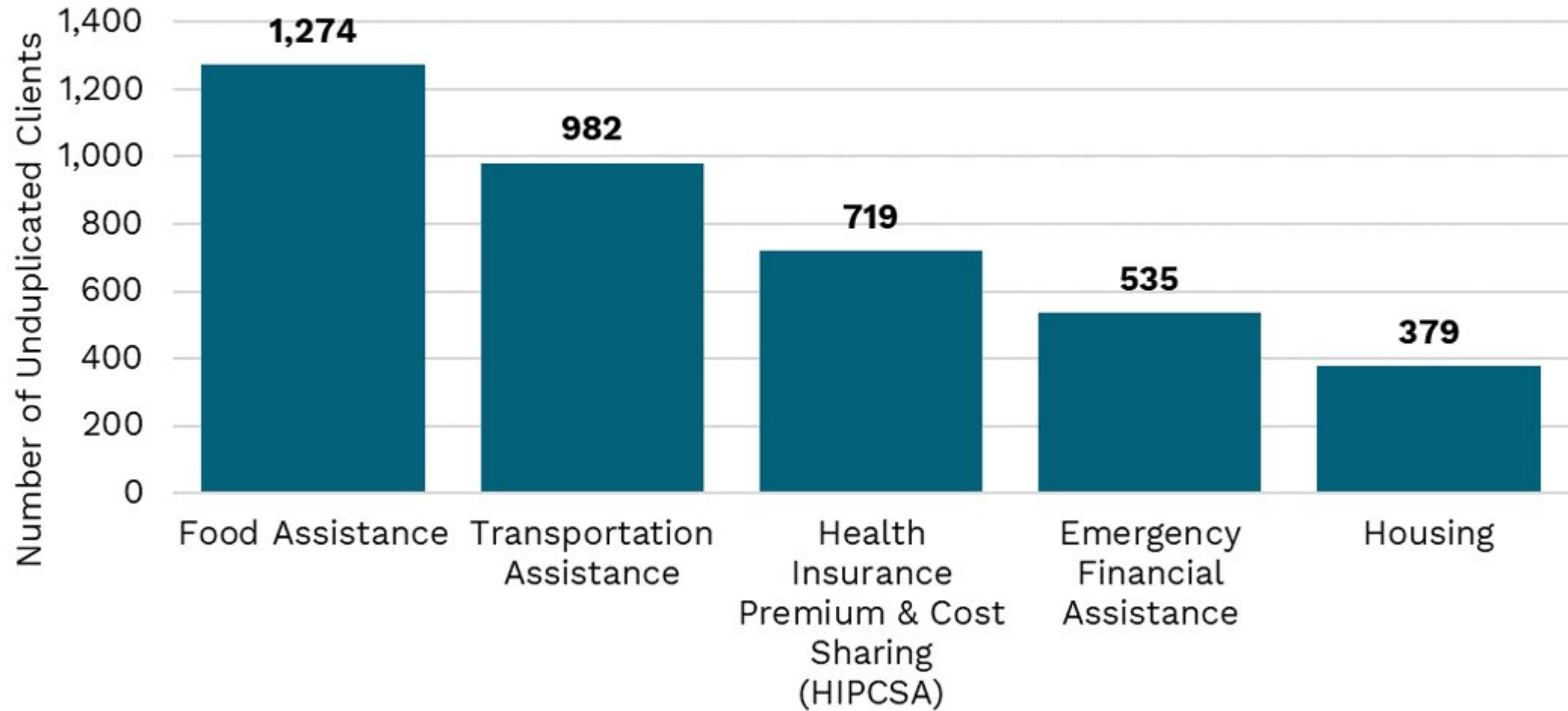
76%

Percent of Iowans diagnosed and living with HIV who **received a Part B Service** in 2023

42%

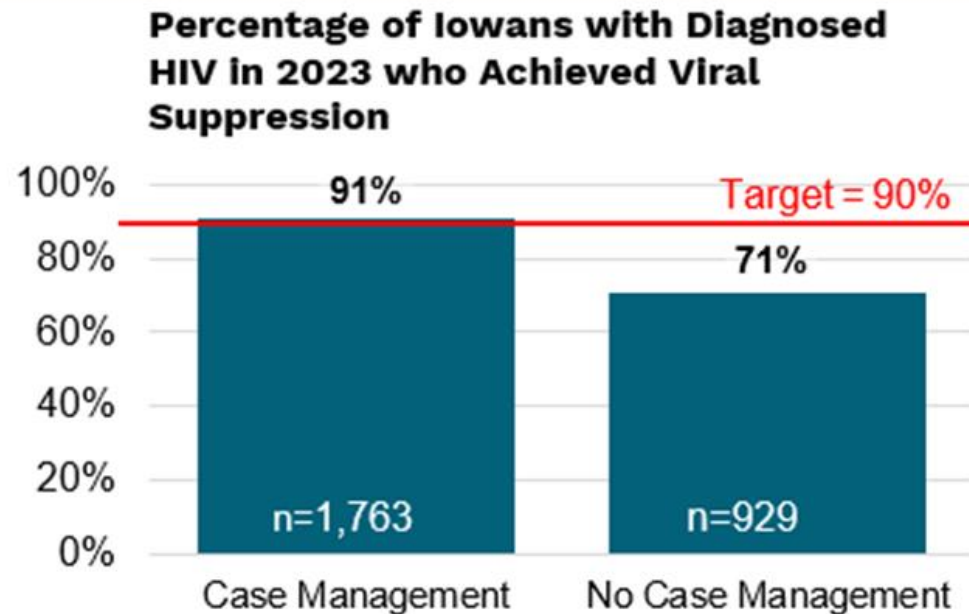
Percent of RW Part B clients who **received an BDAP service** in 2023

Top Five Most Utilized Financial Assistance Services in 2023



Better Health Outcomes

VIRAL SUPPRESSION

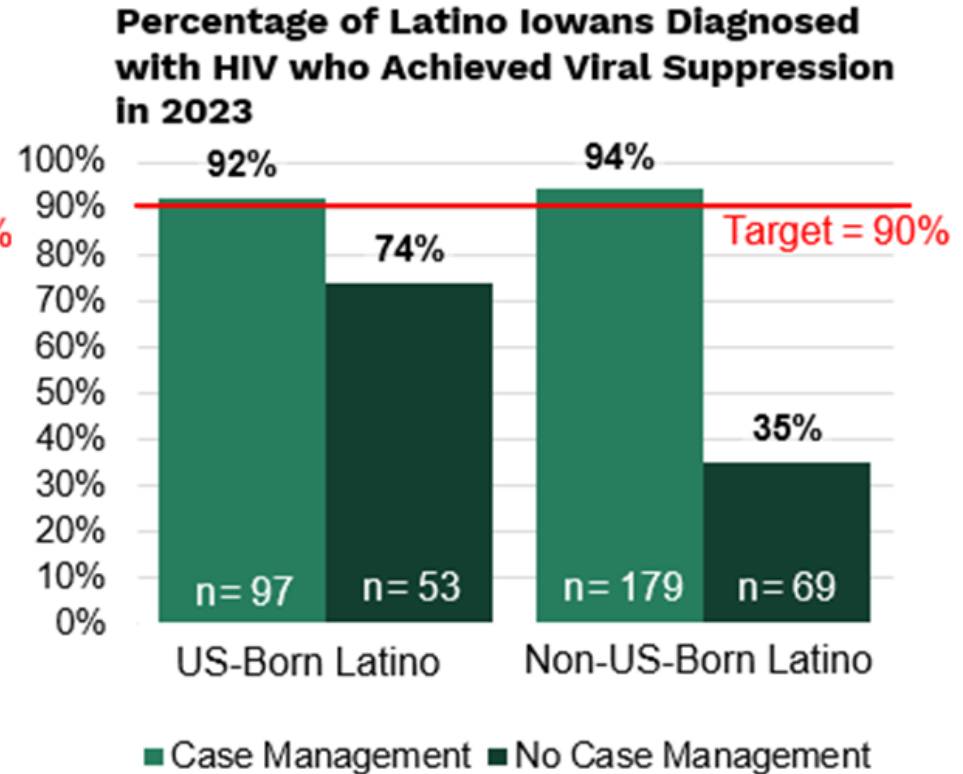
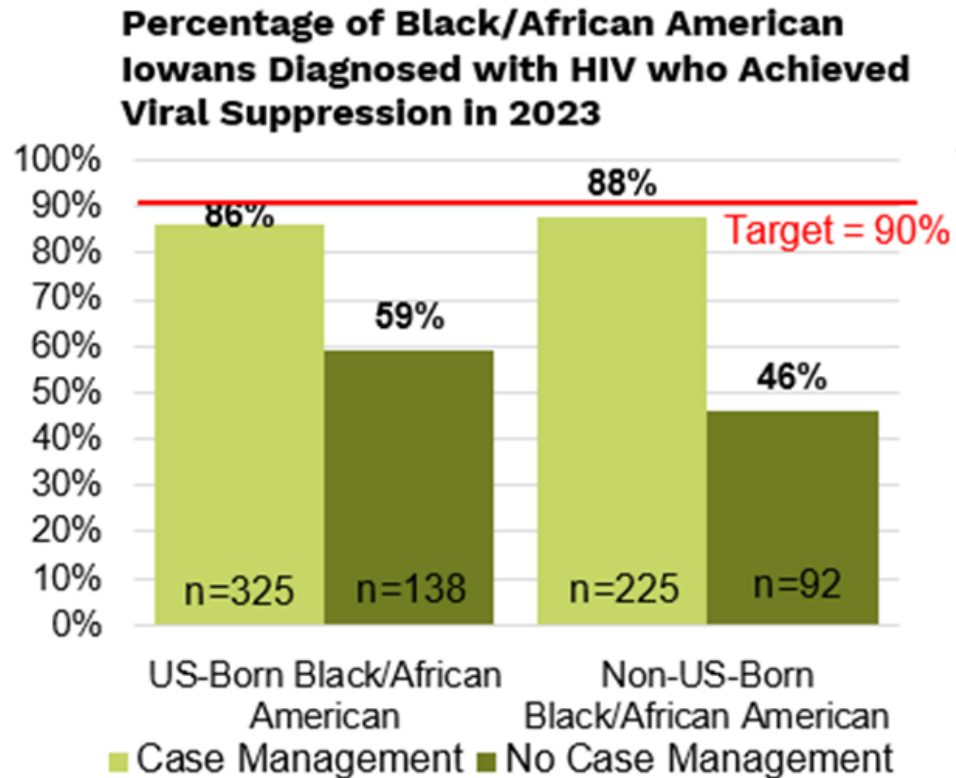


The goals of HIV treatment are to **improve health outcomes** and **prevent transmission** of HIV. The best marker of successful treatment is reducing the amount of HIV in the blood and elsewhere in the body to very low levels (less than 200 copies/mL). This is called **viral suppression**.

In 2023, Iowans diagnosed and living with HIV who enrolled in case management were more likely to achieve viral suppression compared to Iowans who did not.

VIRAL SUPPRESSION AMONG DISPROPORTIONATELY AFFECTED POPULATIONS

RWPB case management services had a strong impact on viral suppression among **Black/African American** and **Latino** Iowans who were diagnosed and living with HIV, especially among non-US-born populations.

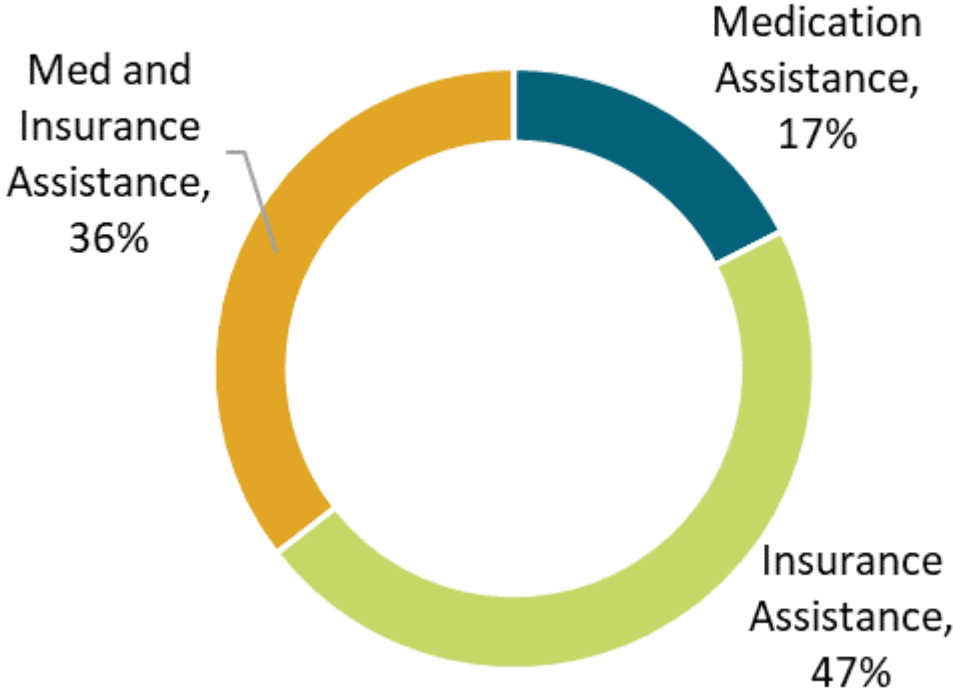


BDAP Utilization

- Overall enrollment: 960
 - Medication Assistance: 86
 - Insurance Assistance: 874
- **2023 enrollment increase by 258 new clients served**
 - Increased enrollment due to Medicaid Unwinding

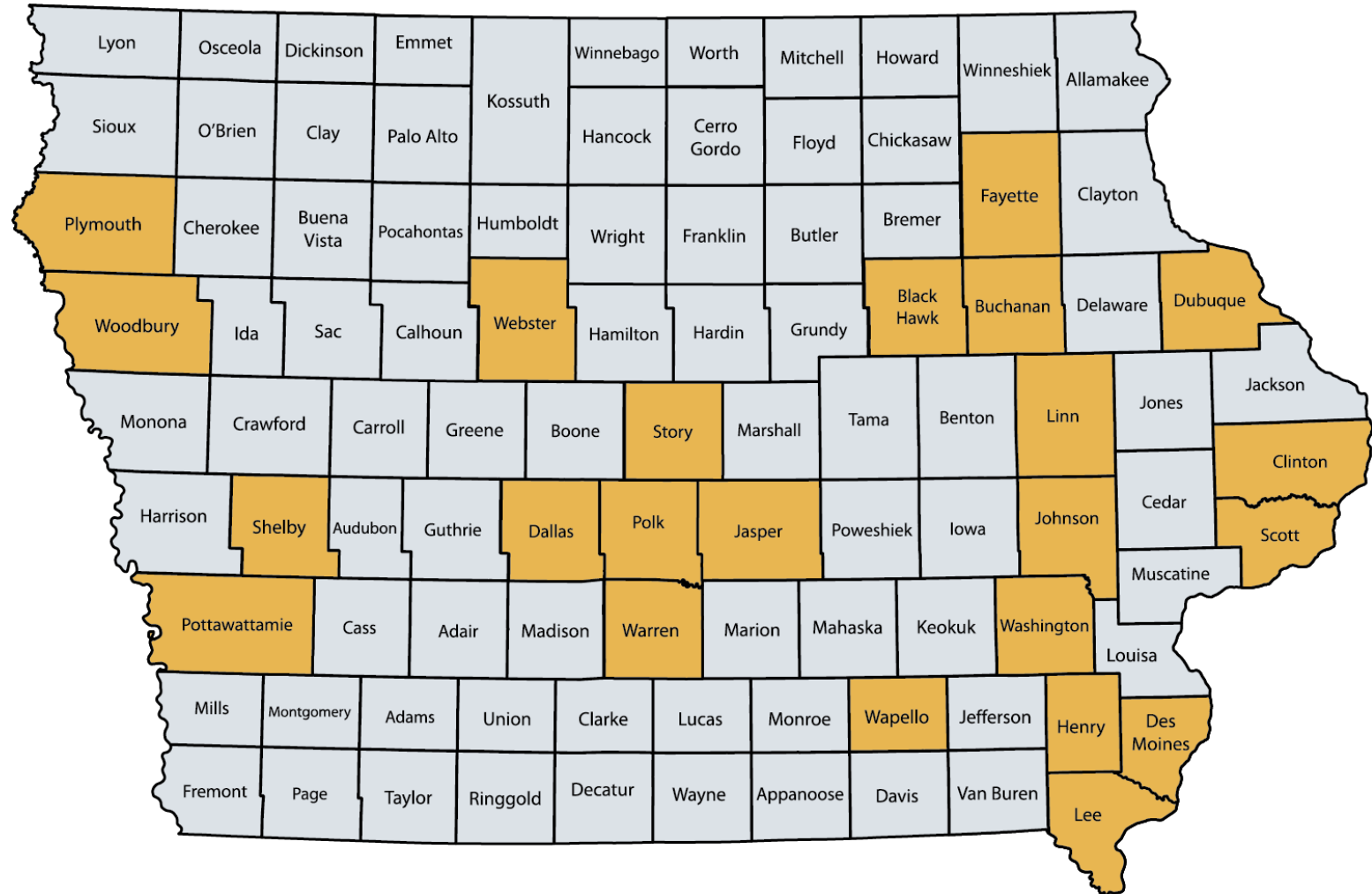
Percentage of BDAP Clients by Program - 2023

Percentage of BDAP Clients By Program - 2023



BDAP Jail Assistance - 2023

- **61** unique clients served this year
- **23** unique county jails have requested assistance



Re-Engagement in 2023

Prioritized for Re-engagement

- High viral load/low CD4+ cell count
- Women under 40 years of age
- Men who have sex with men (MSM) under 35 years of age
- Black/African American people



MEDICAID SCP Project

Initiative Overview

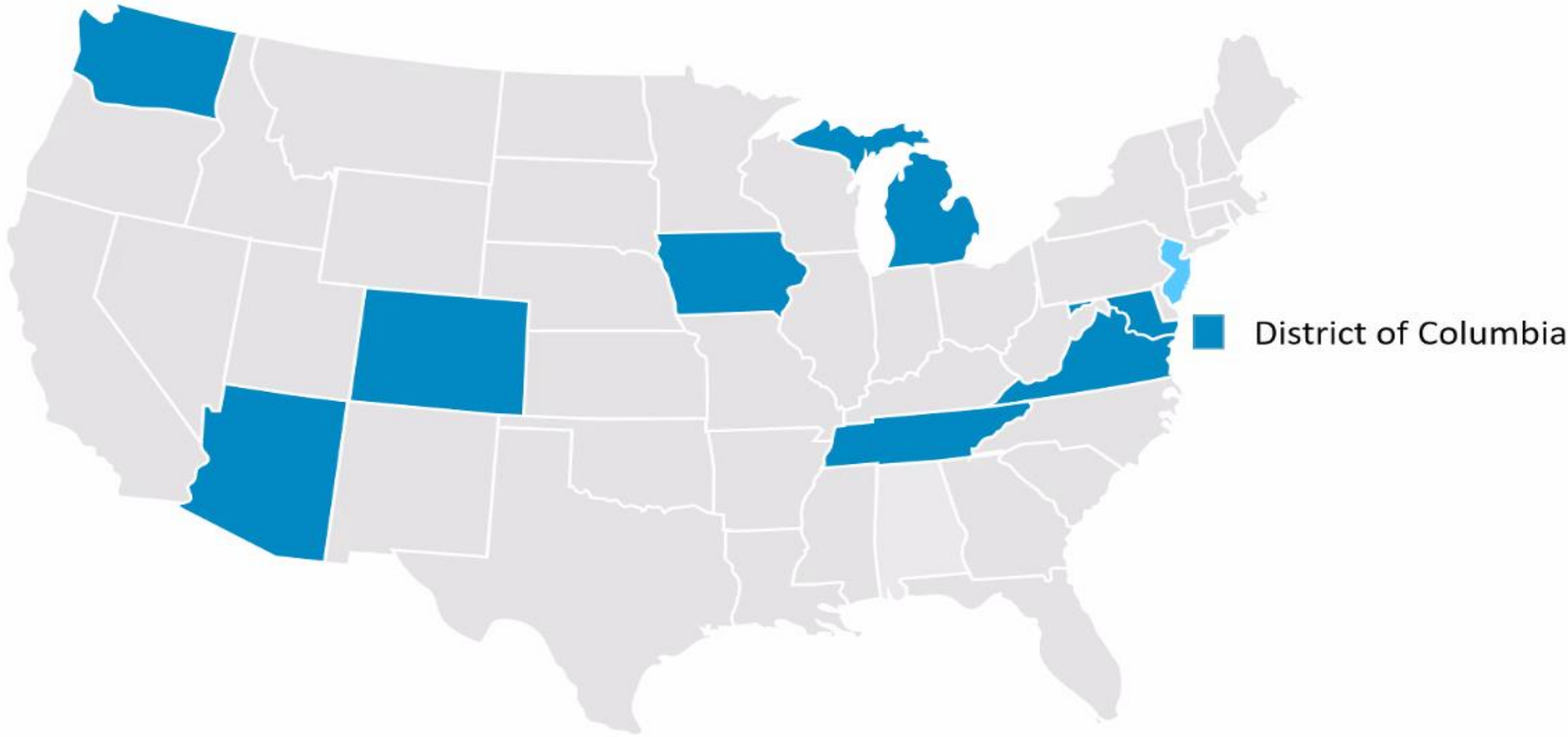
Initiative – HRSA-funded Special Projects of national Significance (SPNS)

Purpose – Improve the capacity of states to report the HIV viral suppression measure to Centers for Medicaid & Medicare Services (CMS) as part of the Medicaid Adult Core Set (HVL-AD).

Partners – NASTAD, Academy Health, University of California, San Francisco, & HEALTHQUAL.

Learning Collaborative Approach - Participating states received coaching to develop and implement incremental changes to current practices as needed to implement the HVL-AD measure. Hands-on technical assistance was provided throughout the multi-year initiative.

Participating States



Medicaid-HIV Partnerships

A few of many opportunities:

Dedicated efforts to incentivize HIV outcomes within Medicaid programs

Preventing gaps in care related to coverage transitions

- Enrollment in RWHAP is associated with higher VLS (8% increase) among Medicaid beneficiaries ([Dawson](#)).

Coordinating wrap-around services for individuals dually enrolled in RHWAP and Medicaid

- Medicaid coverage churn has been associated with lower retention in care and VLS ([Ginossar](#), [McManus](#), [Raifman](#)).

Improved understanding about Medicaid beneficiaries with HIV

Incentives to prioritize high-quality care initiatives

Preventing gaps in care due to coverage transitions

Coordinating wrap-around services

Aim and Goals

Overall State Collaborative Aim

The collaborative aims to improve HIV viral load suppression for Medicaid beneficiaries living with HIV in the United States by increasing the number of states implementing the HVL-AD measure.

Goals

Medicaid-HIV SCP is guided by the following goals:

- Develop capacity to share high quality HIV viral load data between HIV surveillance and Medicaid programs
- Integrate HIV viral load data into CQM infrastructure and systems
- Strengthen cross-agency collaboration
- Use HIV viral load data to improve HIV viral suppression among Medicaid recipients with HIV



TEAM GOLDFINCH



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Champion



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Medicaid Waiver Policy Manager

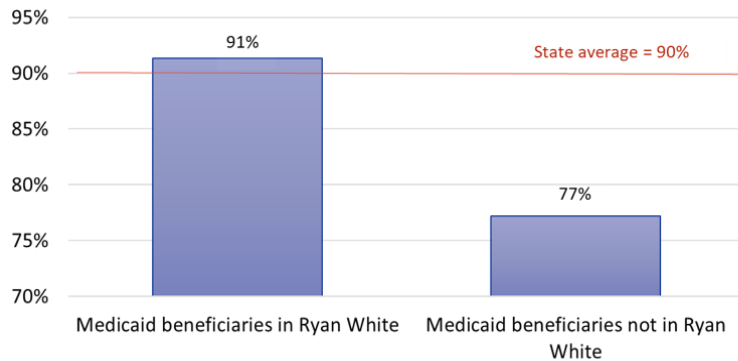


Mariah
Karumuna
Ryan White
Data
Coordinator

Priorities for Improvement

- Low viral suppression among Medicaid beneficiaries not engaged in HIV primary medical care in 2022, particularly among those not engaged in Ryan White Part B case management services.
- Behavioral health issues, including mental health and substance use, immigration and language issues, geographical challenges (transportation), housing instability, stigma

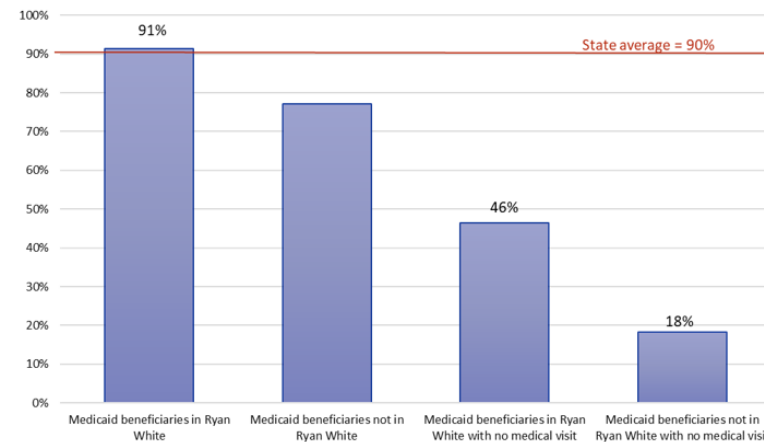
Viral suppression rates of Medicaid beneficiaries who are not in Ryan White fall far below state average



57

Number of Medicaid beneficiaries not in Ryan White case management or receiving RW services

Low viral suppression rates among Medicaid beneficiaries not engaged in medical care in 2022



229

Number of Medicaid beneficiaries with no medical visit in 2022

Improvement Strategies

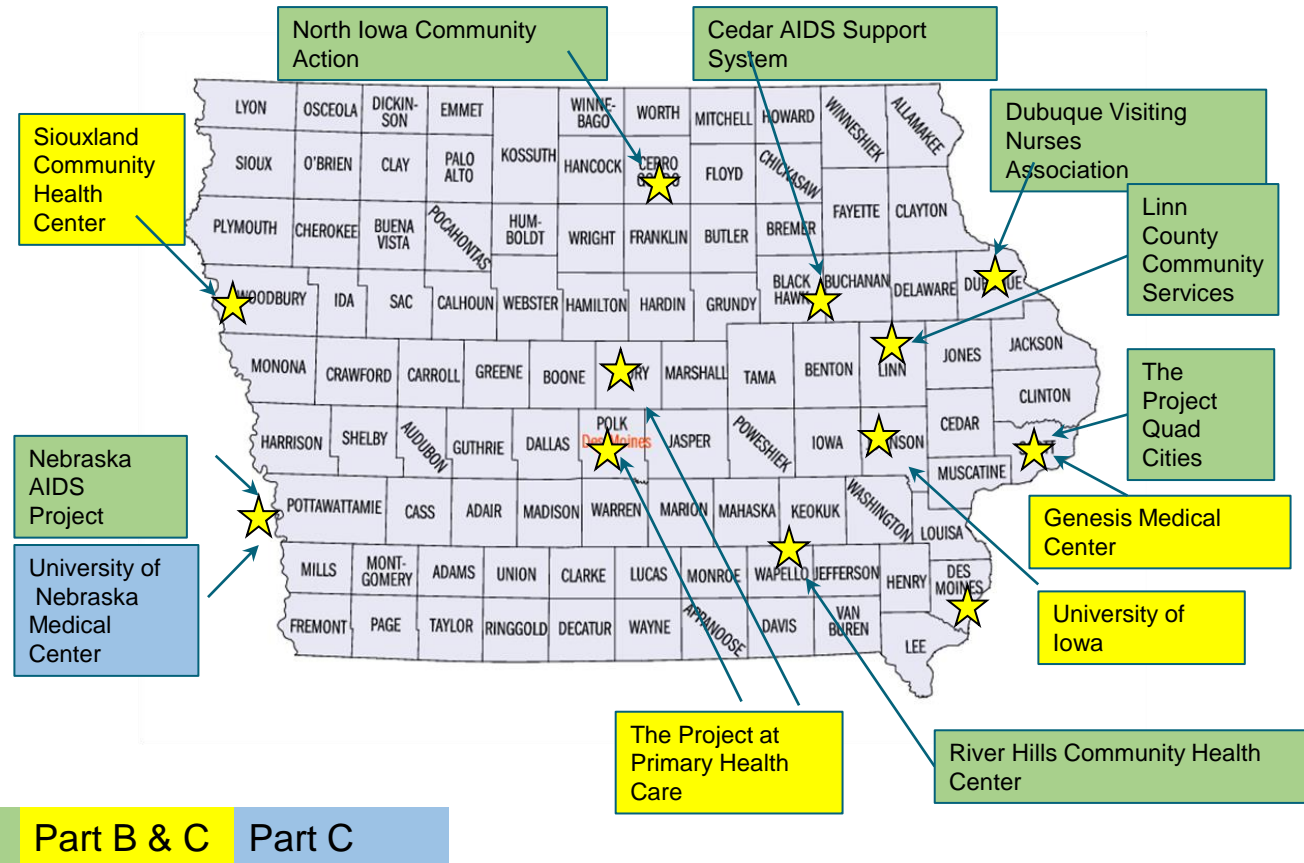
Address the following:

- Utilizing existing structures within the Medicaid leadership and MCO case management system to improve awareness of RW services available to people living with HIV.
- Strategies to date
 - ❖ Presentations about the Ryan White Part B Program will be made to Medicaid case managers. TODAY!
 - ❖ Materials for case managers / MCO communication strategy being developed.
 - ❖ Modules are being built in the Medicaid case management training to describe the Ryan White Part B Program
- Measures for success
 - ❖ *Tracking referrals from Medicaid/MCO case managers*
 - ❖ *Increased number of Medicaid beneficiaries engaged in medical care and in Ryan White Part B programs*

Sustainability

- Continue "Goldfinch" committee meetings and regular review of data.
- New focus areas include:
 - ❖ identifying community partners and champions;
 - ❖ updating the data sharing agreement to allow more direct intervention with clients;
- Strengthen and maintain communication, coordination, and collaboration between **Medicaid and the Ryan White Part B Program**
 - ❖ Coordinate to improve verification of ADAP and other Part B service eligibility through Medicaid enrollment
 - Using Medicaid enrollment to verify eligibility for ADAP/Part B services will reduce red tape for both patients/clients as well as case managers/other staff
- Work collaboratively to reduce loss of coverage during Medicaid unwinding
- Increase understanding of Medicaid expenditures for Iowans Living with HIV to get a clearer picture of resources used in the state
 - ❖ Could also use data to assist in Ryan White required reporting
 - WICY (Women Infant Children and Youth) data
 - MOE (Maintenance of Effort)

Ryan White Services in Iowa



Questions



Health and
Human Services

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**Health and
Human Services**