

Background

Massachusetts Integrated HIV/AIDS Prevention and Care Plan

More than 250 people across the commonwealth collaborated to build the Massachusetts Integrated HIV/AIDS Prevention and Care Plan.

- Goals of the plan: reducing the impact of HIV, improving health outcomes, reducing HIV-related health disparities
- Goal by 2021: 90/90/90 plan to improve outcomes (90% diagnosed; 90% retained in care; 90% virally suppressed)

Goal of Clerkship

Our goal was to analyze 4 HIV clinics according to the guidelines set by the Care Plan.

Clinics assessed:

- Edward M. Kennedy Community Health Center (EMK)
- Family Health Center in Worcester (FHCW)
- Greater Lawrence Family Health Center (GLFHC)
- UMass Infectious Disease Clinic (UMID)

Analysis of the clinics assessed by a site review form we created based on the goals set by the Care Plan.

HIV Program Funding

All 4 clinics funded through patient revenue, **Ryan White CARE** program, and **MA Department of Public Health** (DPH).

Ryan White CARE program:

- Passed in 1990
- Part A: Federal funding to Boston's Health Resources and Services Administration (HRSA)
 - HRSA allocates money to HIV clinics throughout the state
 - Covers case management, peer support, transportation
- Part B: HIV Drug Assistance Program (HDAP)
 - Covers cost of HIV medications
 - In MA, most medications covered by MassHealth, HDAP used for copays
- Part C: federal funding given directly to community-based organizations
 - Covers provider support time, health insurance assistance, Continuous Quality Improvement database, housing support, etc.

The
Ryan White
Program

Demographics

Demographics for the 4 clinics were assessed through **intake forms** and site analysis.

Intake forms generally include sex at birth, current gender, age, race, ethnicity, mode of transmission of HIV, and past medical history.

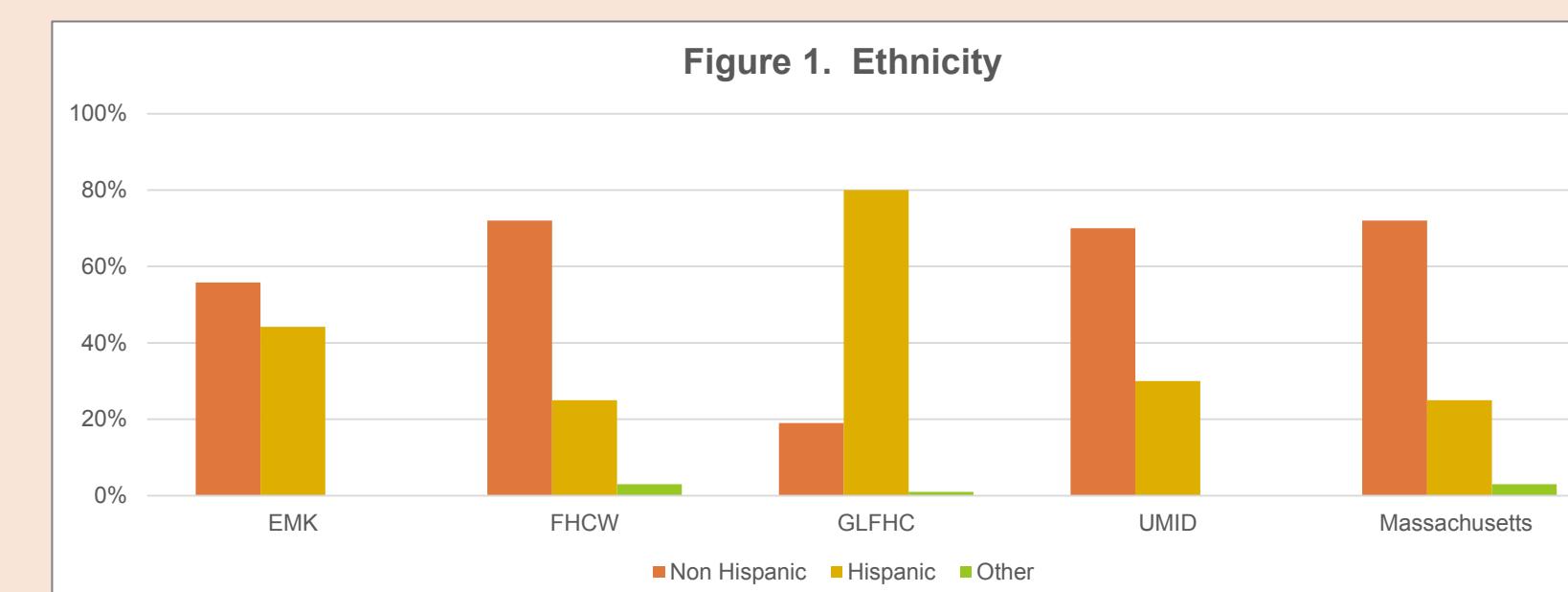


Figure 1. Ethnicities of patients in care. Data obtained from clinics and HIV/AIDS Prevention and Care Plan.

- FHCW serves the African immigrant and refugee populations of Worcester, many of whom self-identify as Non-Hispanic

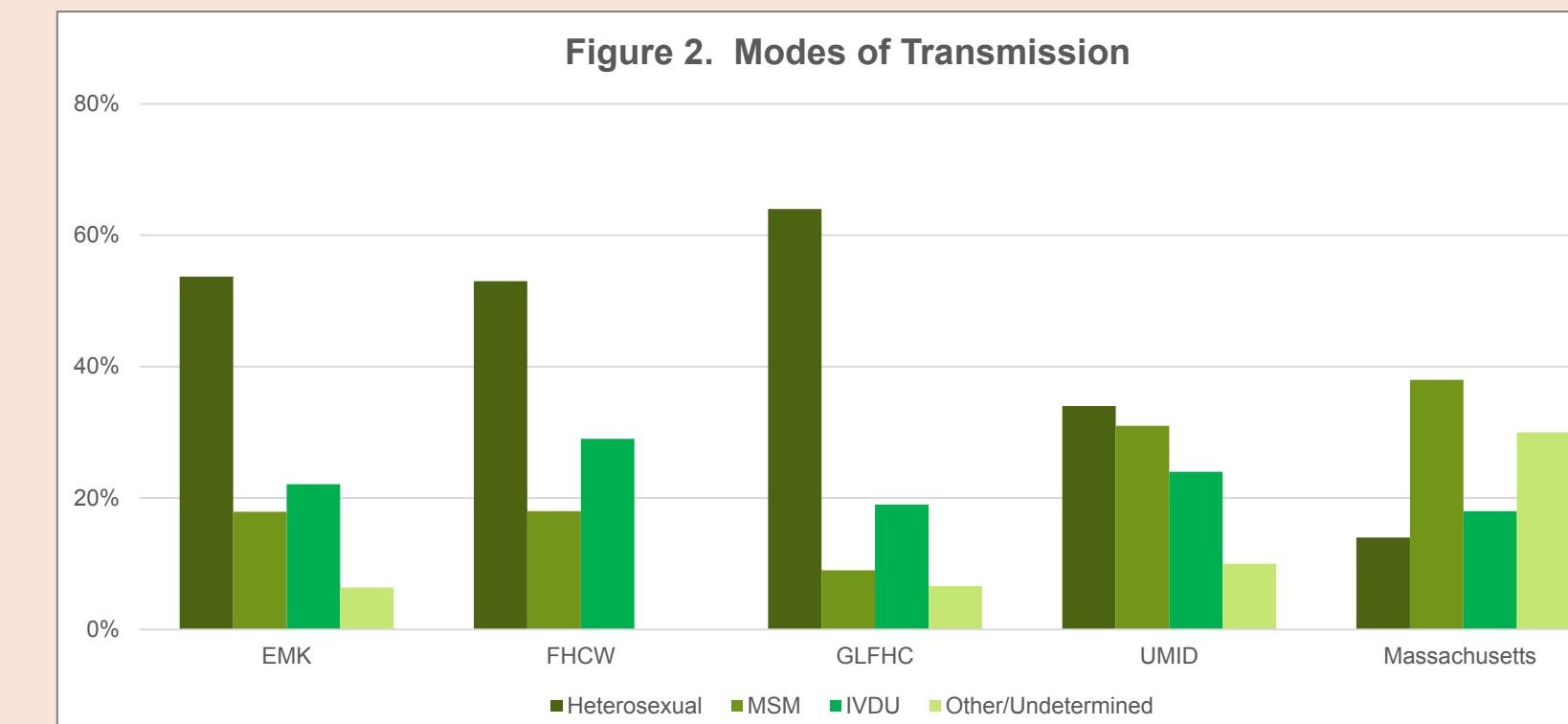


Figure 2. Modes of Transmission of HIV across 4 clinics.

- Across the four sites, **heterosexual transmission** is the most common exposure mode. GLFHC has the highest percentage of heterosexual transmission
- MSM is the most frequent mode of transmission across MA

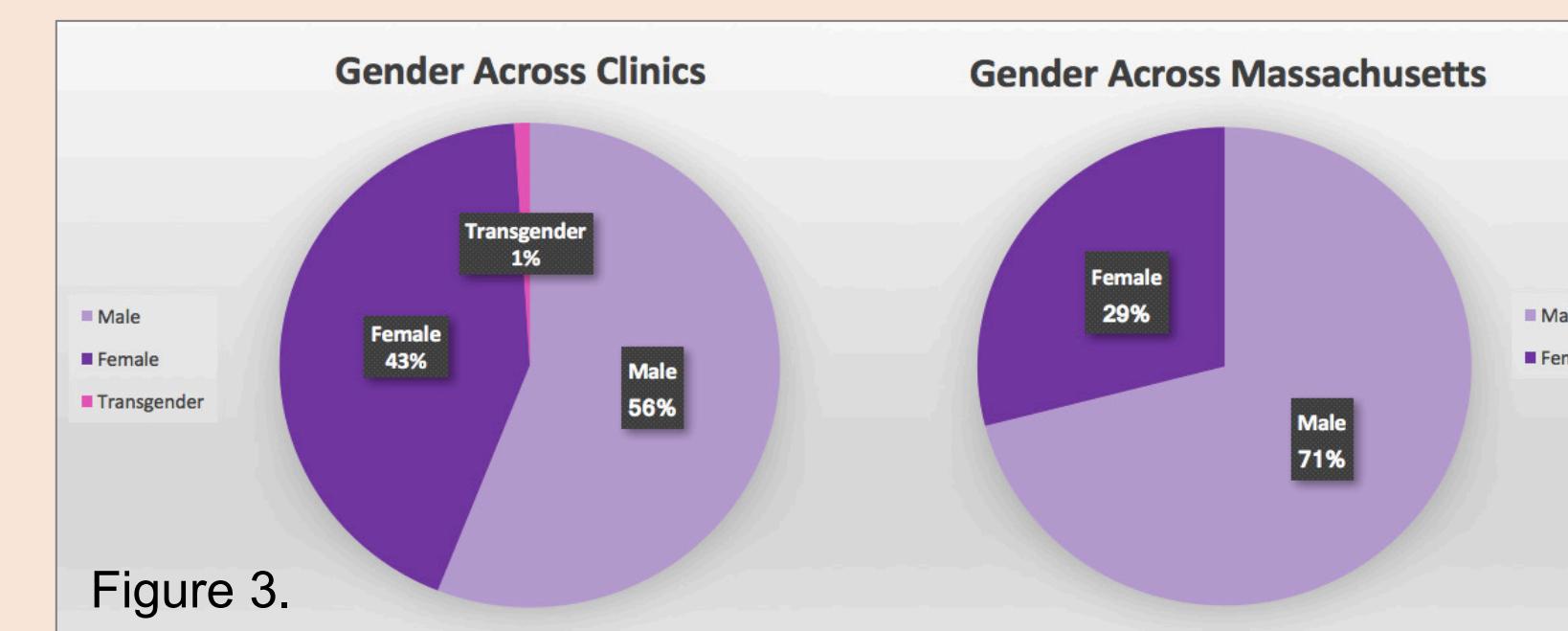


Figure 3. Genders of HIV patients in care compared to the gender composition of HIV patients in Massachusetts

Barriers to Care

- Patients with active mental health and/or substance abuse issues often have difficulty adhering to treatment regimens
 - Long waiting lists for detox and/or therapy perpetuate **lower rates of viral suppression** among these individuals
- Homelessness and unstable housing are stressors for patients who need to take and refill their medication, causing difficulty with contacting patients for follow-up
- Lack of education and negative stigma around HIV diagnosis in African immigrant and Latino communities perpetuate lower rates of viral suppression

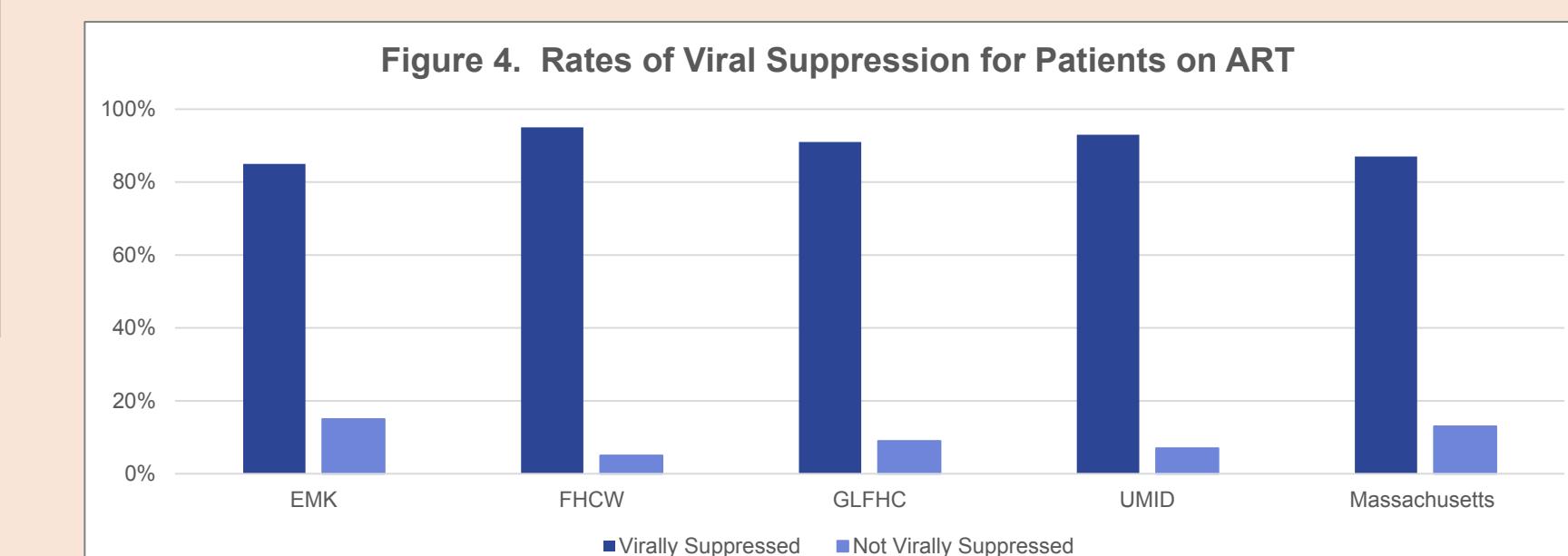


Figure 4. For patients taking Anti-Retroviral Therapy (ART) FHCW, GLFHC, and UMID have viral suppression rates above 90% at this time, higher than the state average.

Case Management & Resources

- Patients assigned to **case managers** based on high-acuity scores during intake
- Alerted when viremia hasn't been checked in 6 months, clinics have regular **case review**
- All 4 sites have **Pre-Exposure Prophylaxis** (PrEP) services. Range of patients eligible for PrEP in these communities is narrow.
- Syringe Service Programs** (SSPs) are available in both Lawrence and Worcester
- Other services provided:

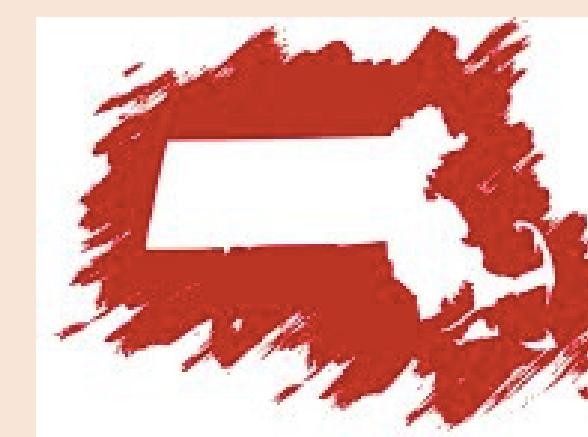
Insurance Assistance	Community Health Workers
Mobile Care Clinics	Housing Assistance
STI Testing	Transportation
Detox Referrals	Home Visits

Recommendations

- PCPs should be educated about managing HIV+ patients
- PrEP is underused by providers and patients at high risk, education needed in these areas
- Education and outreach to Latino and African immigrant communities to destigmatize HIV diagnosis
- Increase number of SSPs in Worcester and Lawrence areas, with HIV/STI testing and linkage to care on site
- Thoroughly address sexual health at annual provider visits

Conclusion

At the 4 HIV clinics, success in treating HIV patients is measured through **viral suppression**, which is achieved through strict adherence to a prescribed anti-retroviral therapy. Medical management teams address barriers to adherence or treatment through **case managers** and multi-factorial social services. All the clinics that we reviewed were largely successful in their trajectory towards the state's **90/90/90 plan**. Shortage and underuse of certain resources along with **stigma** within certain communities are areas in which clinics can focus their efforts in the future.



References

Massachusetts Integrated HIV/AIDS Prevention and Care Plan. HIV/AIDS Services in the Commonwealth: 2017-2021.
Massachusetts Department of Public Health (MDPH); Bureau of Infectious Disease and Laboratory Sciences (BIDLS); Office of HIV/AIDS (OHA).

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