The Ryan White Program

HIV in Massachusetts

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UMMS Population Health Clerkship

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 (HADAP)
• Covers cost of HIV medications
• In MA, most medications covered by MassHealth, HADAP 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.

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. Ethnicity

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. Rates of Viral Suppression for Patients on ART

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

Figure 3.

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

Figure 2. Modes of Transmission

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

Figure 5. HIV/STI testing and linkage to care on site

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.

Acknowledgements

We would like to thank Philip Bolduc, MD, and HIV care team members and staff at EMK, FHCW, GLFHC, UMID, and AIDS Project Worcester for welcoming us during this Population Health Clerkship.

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 (BIHLS); Office of HIV/AIDS (OMH).

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Introduction

The Massachusetts Integrated HIV/AIDS Prevention and Care Plan is a comprehensive effort to reduce the impact of HIV in the state. The goal of this plan, by 2021, is to achieve the 90/90/90 targets: 90% of people living with HIV in Massachusetts are aware of their status, 90% are retained in care, and 90% have suppressed viral loads.

Methods

Our goal was to analyze 4 HIV clinics according to the guidelines set by the Care Plan. The evaluation included a site review form that we created based on the goals set by the Care Plan.

Results

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

• 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.

• 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 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.

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