

Examining service delivery, patient outcomes in Ryan White HIV/AIDS Program

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Outpatient human immunodeficiency virus (HIV) health care facilities funded by the federal Ryan White HIV/AIDS Program (RWHAP) were more likely to provide case management, mental health, substance abuse and other support services than those facilities not funded by the program, according to an article published online by *JAMA Internal Medicine*.

RWHAP was established in 1990 to provide funds to states, metropolitan areas and clinics to increase access to high-quality HIV care and treatment for low-income, uninsured and underinsured individuals and families affected by HIV. Implementation of the Patient Protection and Affordable Care Act is expected to increase [health care](#) coverage for HIV-infected persons. While increased access to Medicaid and private insurance will provide coverage for medical care, it might not provide coverage for [support services](#) so it is likely that the RWHAP will continue to play a key role in providing these crucial services. In this changing health care environment, a better understanding of the differences in patient needs and services delivered at RWHAP-funded and non-funded facilities may help inform policy decisions, according to the study background.

John Weiser, M.D., M.P.H., of the Centers for Disease Control and Prevention, Atlanta, and coauthors examined differences in patient outcomes between RWHAP-funded and non-RWHAP-funded facilities. Their study used data from the 2009 and 2011 cycles of the Medical Monitoring Project, a national sample of 8,038 HIV-infected adults

receiving medical care at 989 outpatient [health care facilities](#).

The authors report that overall, 34.4 percent of facilities received RWHAP funding and 72.8 percent of patients received care at RWHAP-funded facilities.

Many of the patients at RWHAP-funded facilities had multiple social determinants of poor health, with patients at RWHAP-funded facilities more likely to be ages 18 to 29; female; black or Hispanic; have less than a high school education; income at or below the [poverty level](#); and lack health care coverage.

Despite the greater likelihood of poverty, unstable housing and lack of [health care coverage](#), nearly 75 percent of patients receiving care at RWHAP-funded facilities achieved viral suppression. The percentage of ART (antiretroviral therapy) prescribing was similar for patients at RWHAP-funded compared with non-funded facilities.

Patients at RWHAP-funded facilities were less likely to be virally suppressed. However, individuals at or below the poverty level and those ages 30 to 39 who received care at a RWHAP-funded facility compared with those who received care at a non-RWHAP-funded facility were more likely to achieve viral suppression, according to the study.

"This finding supports the premise that RWHAP-funded facilities, which provide substantial support services for marginalized persons (e.g., those living at or below the poverty level), provide better care for poor persons compared with non-RWHAP-funded facilities," the authors conclude.

In a related commentary, Stephen F. Morin, Ph.D., of the University of California, San Francisco, writes: "Now 25 years old, this congressionally appropriated program has been at the center of the U.S.

response to many challenges posed by the HIV/AIDS epidemic. As the challenges have changed, the program has proven remarkably flexible. The question now is how the program will adapt to expanded [medical care](#) coverage under the Affordable Care Act (ACA). The answer is informed by the findings reported by Weiser and colleagues from the Centers for Disease Control and Prevention (CDC) published in this issue. ... Over the next 10 years, the Ryan White Program will be a key component of meeting ambitious national goals for both HIV treatment and prevention."

More information: *JAMA Intern Med.* Published online August 31, 2015. [DOI: 10.1001/jamainternmed.2015.4095](https://doi.org/10.1001/jamainternmed.2015.4095)

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