
Health Resources and Services Administration and HIV/AIDS Bureau Update

**Presented to the CDC/HRSA Advisory
Committee on HIV, Viral Hepatitis and STD
Prevention and Treatment**

**Laura Cheever, MD ScM
Associate Administrator, HIV/AIDS Bureau**

HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

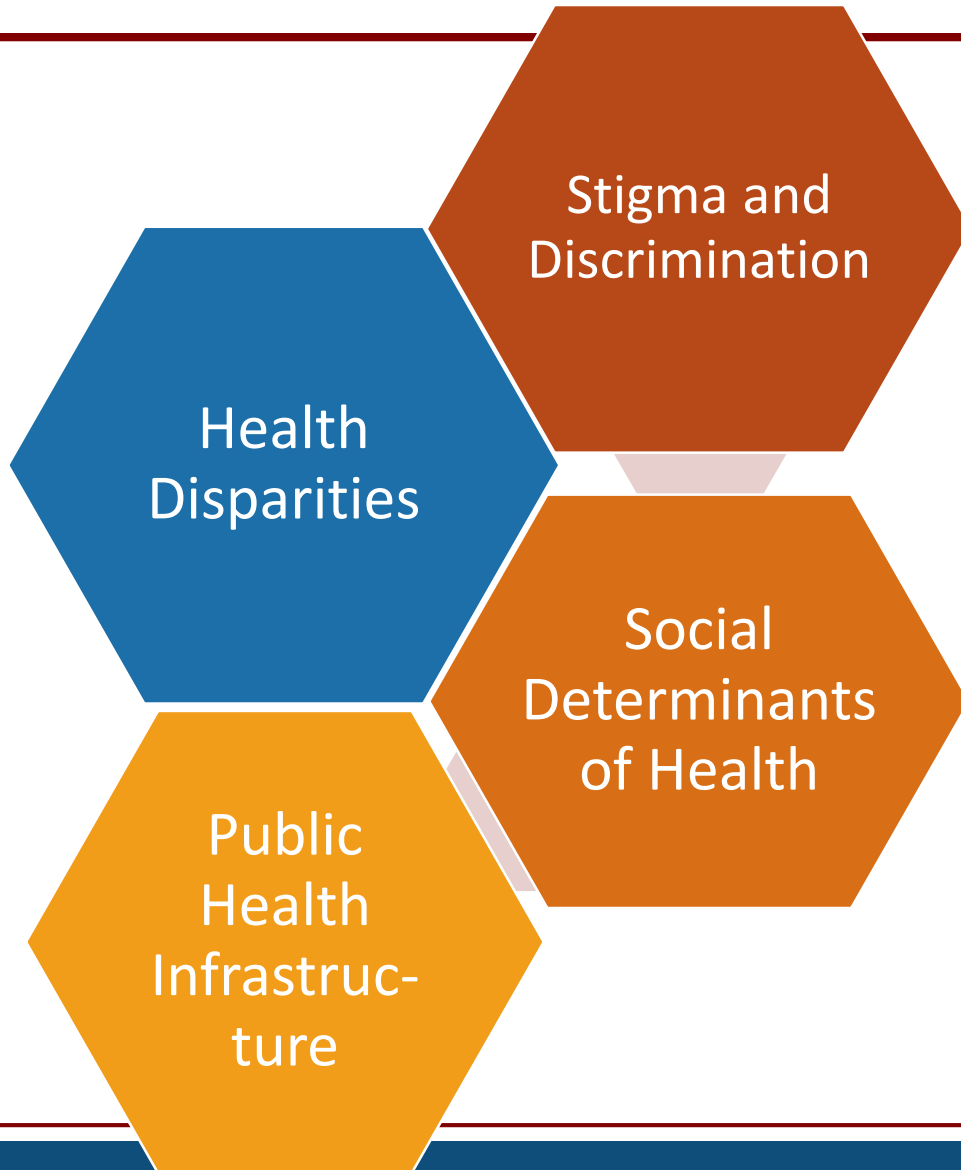
Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.

Moving Forward Framework

**RYAN WHITE
HIV/AIDS PROGRAM
MOVING FORWARD
FRAMEWORK**



Challenges in Getting to an AIDS Free Generation



**PUBLIC HEALTH
as a KEY DRIVER
OF SUCCESS**

HIV/AIDS Bureau Priorities

- **National HIV/AIDS Strategy (NHAS) 2020/President's Emergency Plan For AIDS Relief (PEPFAR) 3.0** - Maximize HRSA HAB expertise and resources to operationalize NHAS 2020 and PEPFAR 3.0
- **Leadership** - Enhance and lead national and international HIV care and treatment through evidence-informed innovations, policy development, health workforce development, and program implementation
- **Partnerships** - Enhance and develop strategic domestic and international partnerships internally and externally
- **Integration** - Integrate HIV prevention, care, and treatment in an evolving healthcare environment
- **Data Utilization** - Use data from program reporting systems, surveillance, modeling, and other programs, as well as results from evaluation and special projects efforts to target, prioritize, and improve policies, programs, and service delivery
- **Operations** - Strengthen HAB administrative and programmatic processes through Bureau-wide knowledge management, innovation, and collaboration

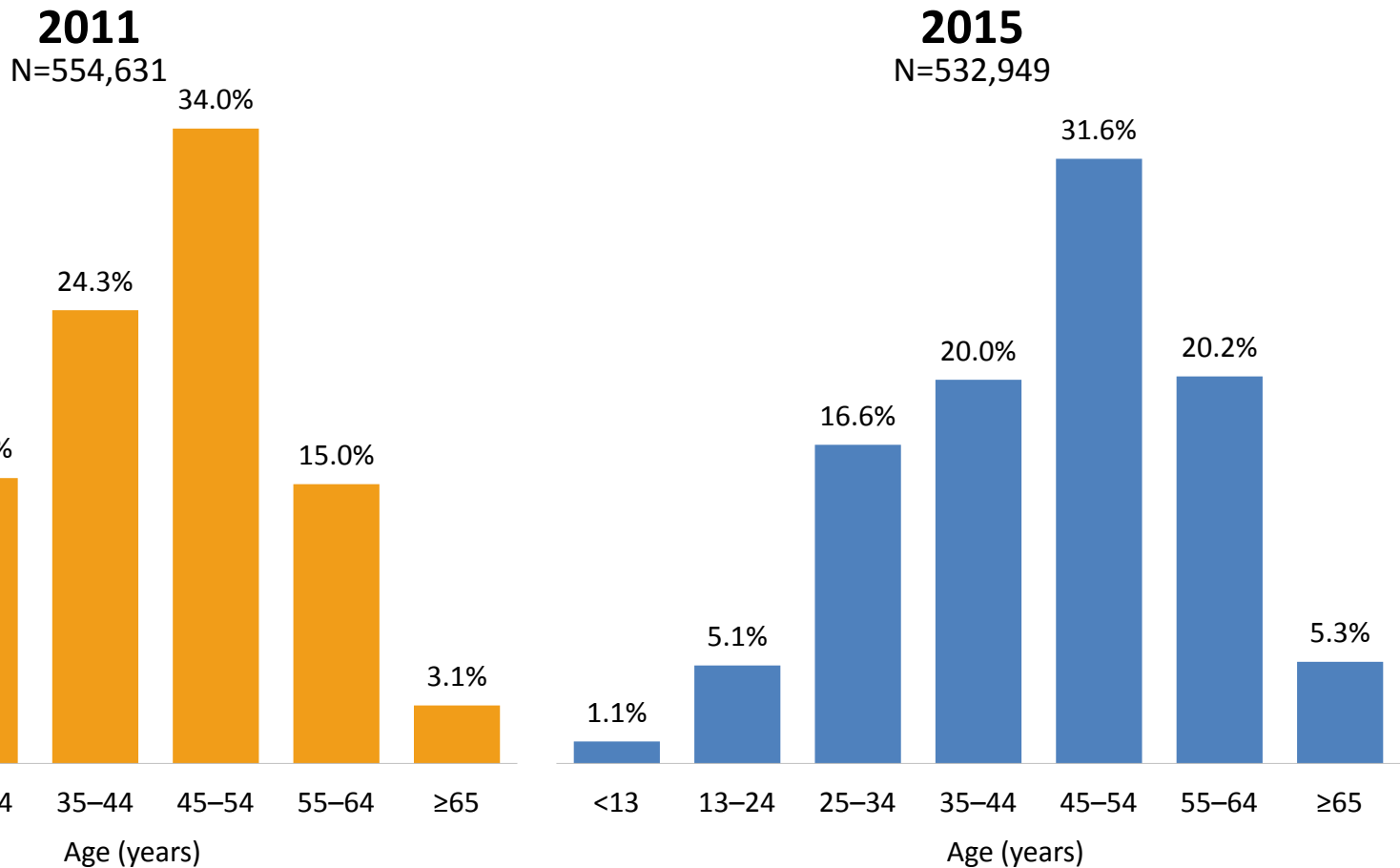
2015 Ryan White HIV/AIDS Program Services Report (RSR)

Preview of 2015 Data

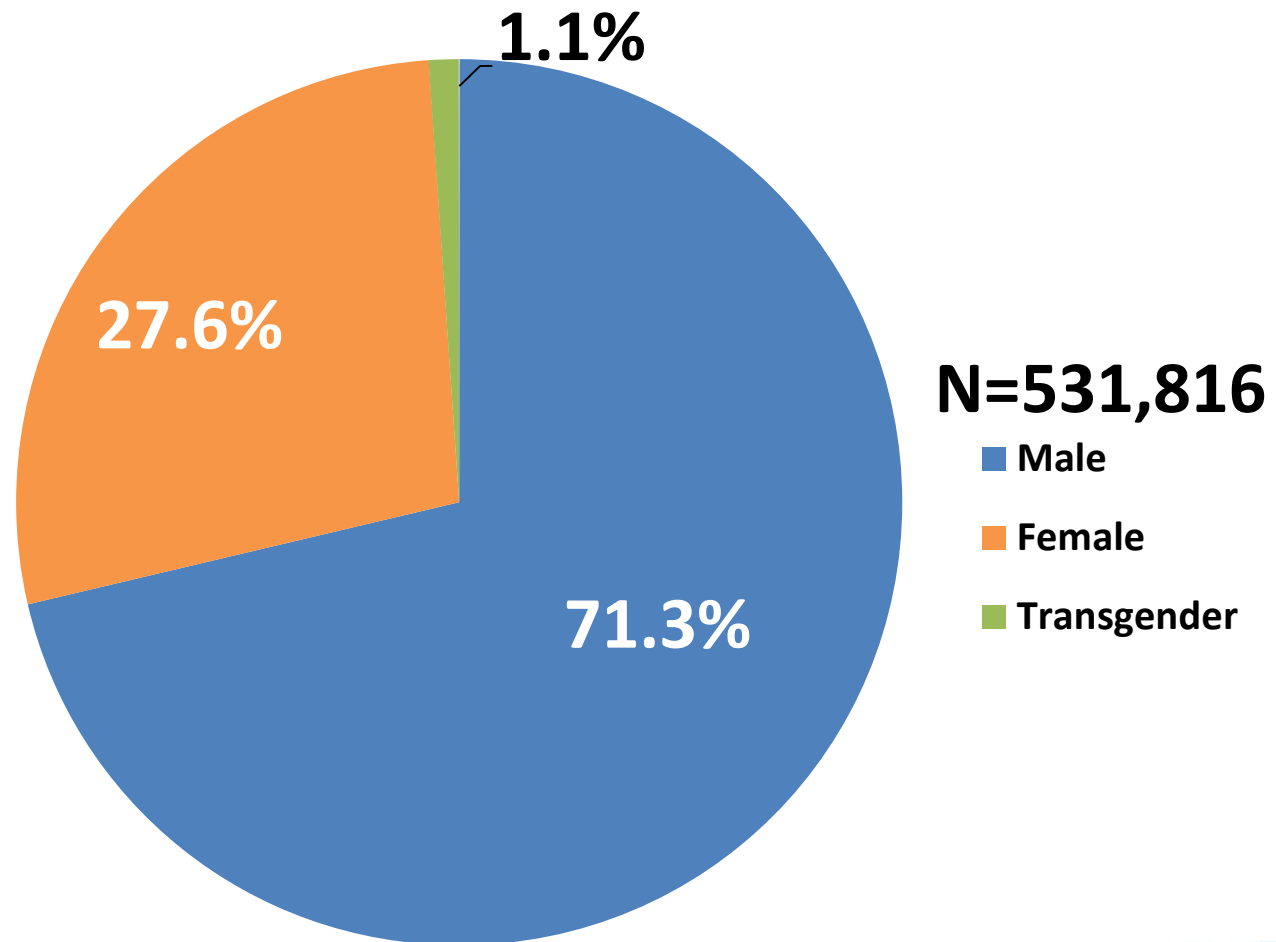
2015 Ryan White Services Report (RSR) Overview

- **533,036 clients received services from RWHAP-funded providers (97% were PLWH)**
- **RWHAP served approximately half of estimated persons diagnosed with HIV in the United States**
- **Nearly three-quarters (73%) of RWHAP clients are from racial/ethnic minority populations**
- **Approximately two-thirds (65%) of RWHAP clients are living at or below the poverty line**

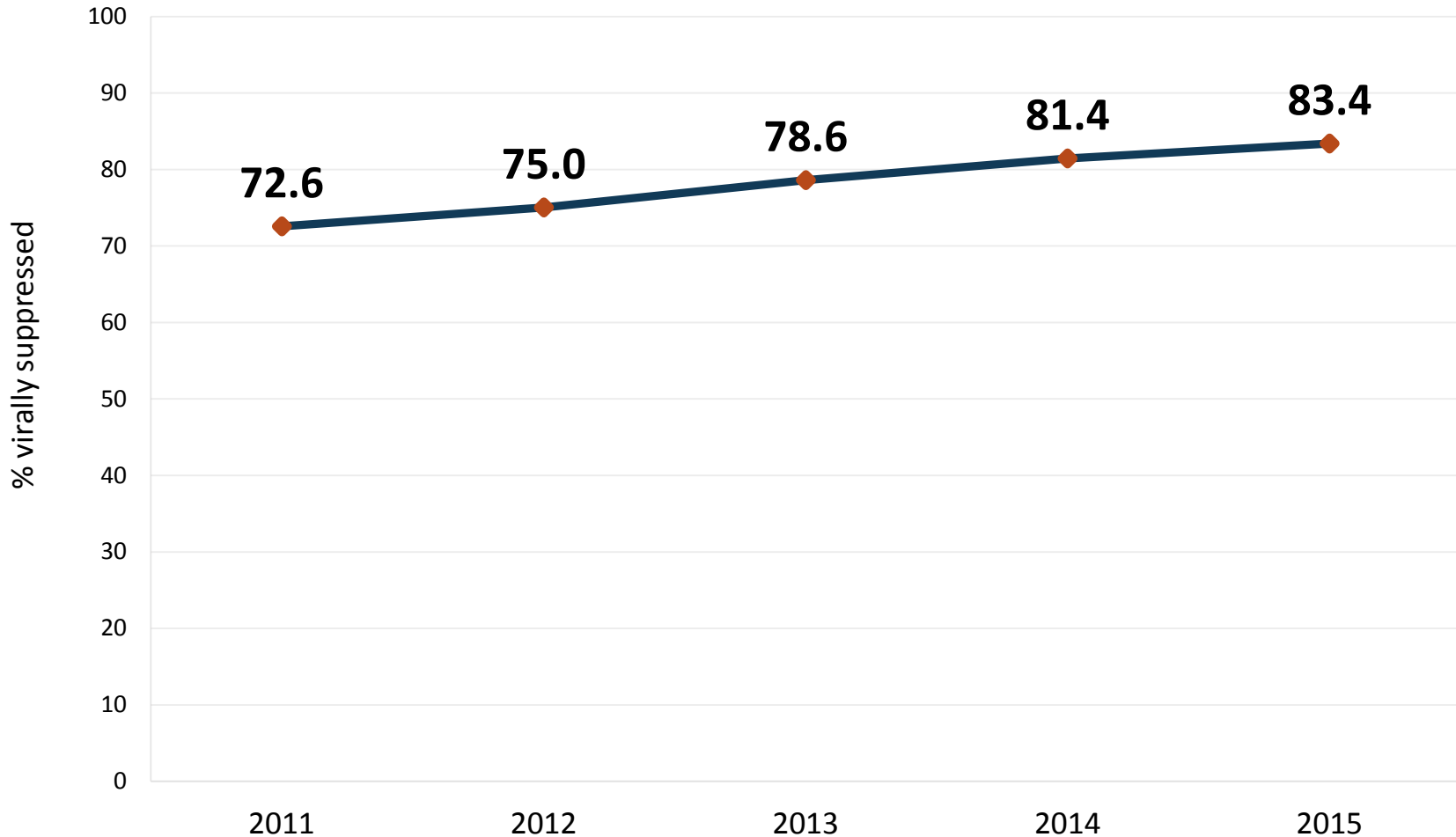
Ryan White HIV/AIDS Program Clients by Age Group, 2015—United States and 3 Territories



Ryan White HIV/AIDS Program Clients, by Gender, 2015—United States and 3 Territories



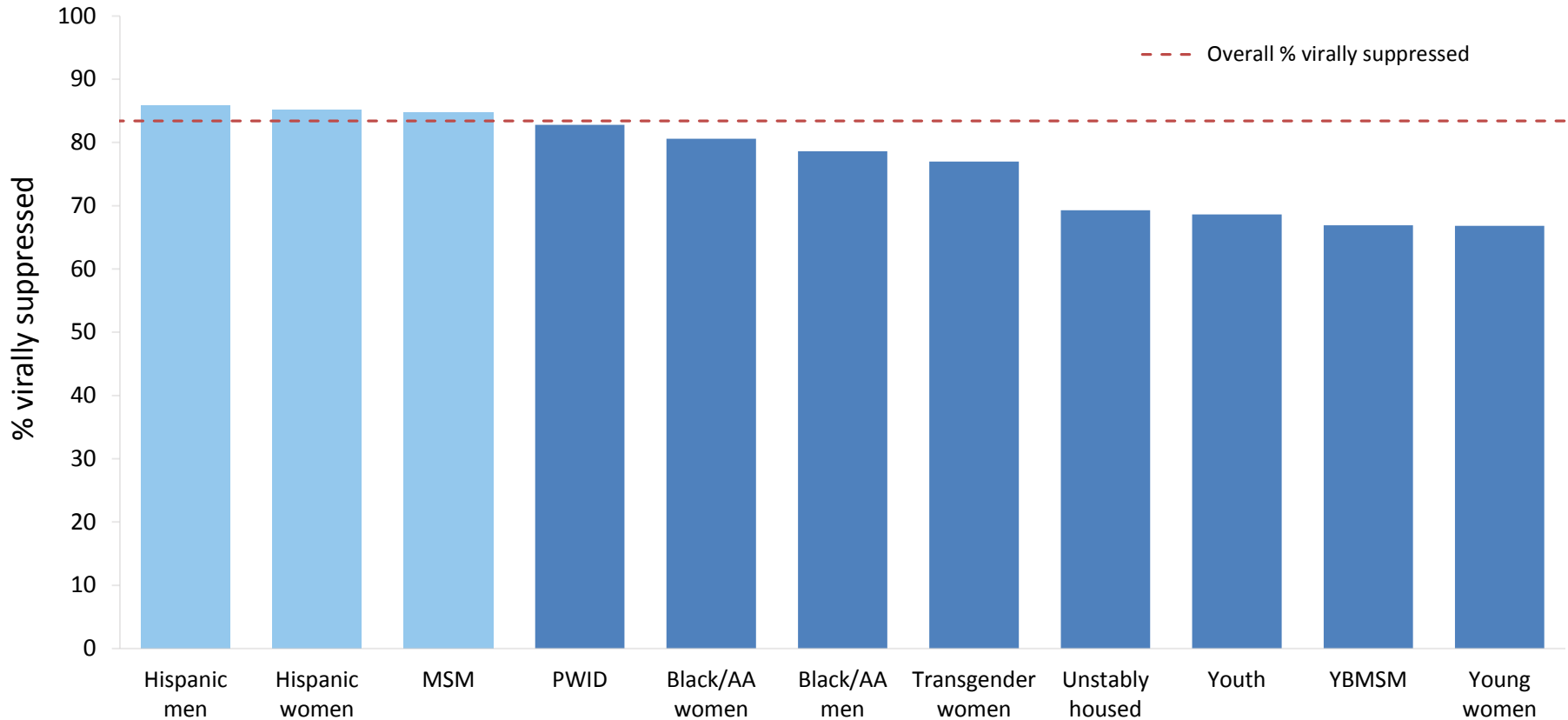
Viral Suppression among RWHAP Clients, 2011–2015—United States and 3 Territories



Viral suppression: 1 OAMC visit during the calendar year and 1 viral load reported, with the last viral load result <200 copies/mL.

Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2015

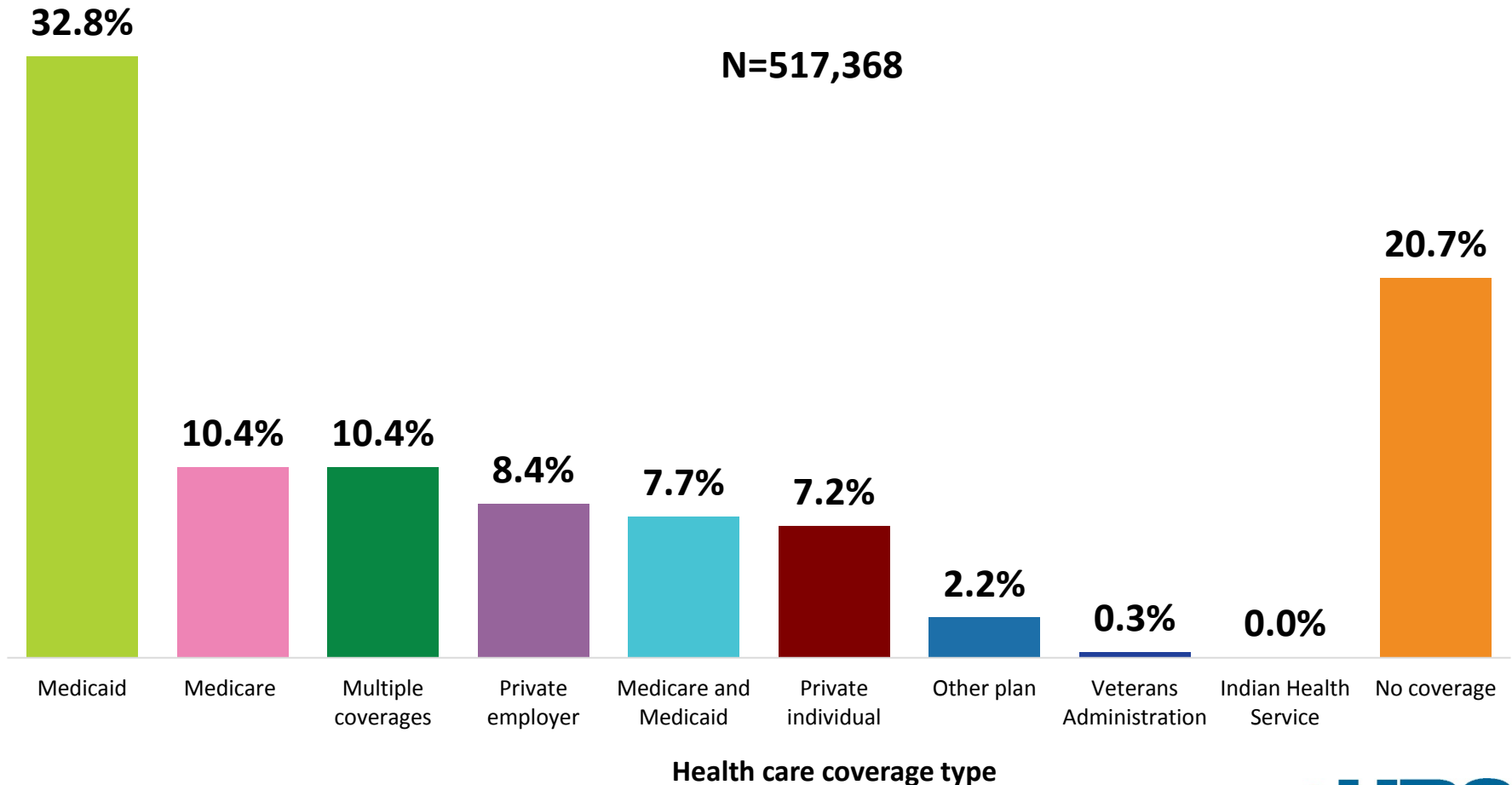
Viral Suppression among Key Populations Served by the Ryan White HIV/AIDS Program, 2015—United States and 3 Territories



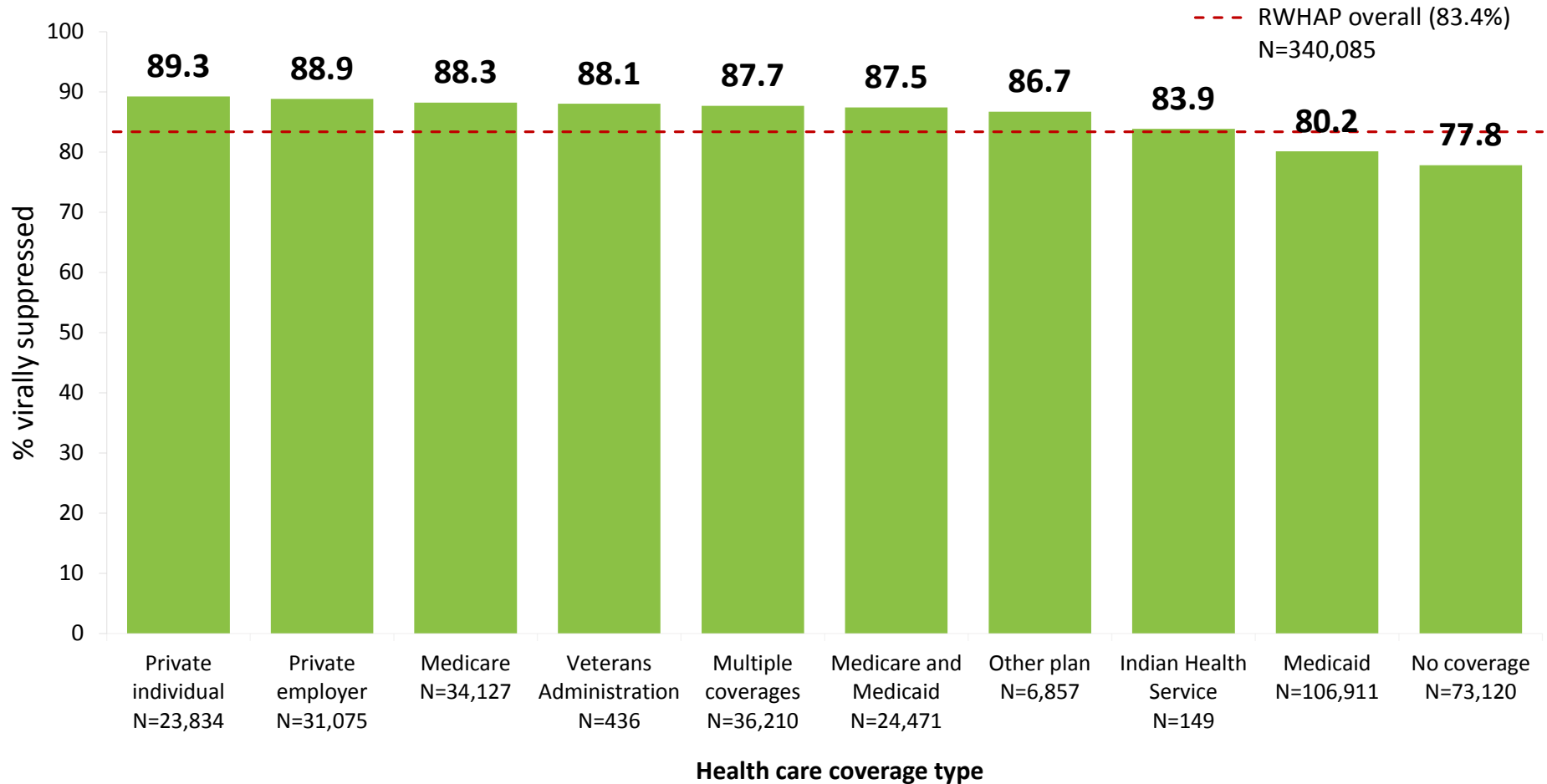
Viral suppression: 1 OAMC visit during the calendar year and 1 viral load reported, with the last viral load result <200 copies/mL.

Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2015

Clients Served by the Ryan White HIV/AIDS Program (non-ADAP) by Health Care Coverage, 2015—United States and 3 Territories



Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program (non-ADAP) by Health Care Coverage, 2015



Viral suppression: 1 OAMC visit during the calendar year and 1 viral load reported, with the last viral load result <200 copies/mL.

Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2015

Overview

- ❑ **Two recent papers illustrate Ryan White HIV/AIDS Program impact using Medical Monitoring Project (MMP) data**
 - Service delivery and patient outcomes in Ryan White HIV/AIDS program-funded and non-funded healthcare facilities (Weiser et al., *JAMA Internal Medicine*, 2015)
 - Ryan White HIV/AIDS program assistance and HIV treatment outcomes (Bradley et al., *Clinical Infectious Diseases*, 2015)
- ❑ **CDC and HRSA collaboration**

Weiser (paper #1): Main Findings

- ❑ **Service delivery and patient outcomes in Ryan White HIV/AIDS program-funded and non-funded healthcare facilities (Weiser et al., *JAMA Internal Medicine*, 2015)**
- ❑ **2009 and 2011 MMP data show:**
 - ❑ **34% of facilities received Ryan White HIV/AIDS Program (RWHAP) funding**
 - ❑ **73% of patients received care at RWHAP-funded facilities**

Viral suppression* among low-income[§] patients

	% (95% CI)	Adjusted prevalence ratio (95% CI)	P-value
RWHAP	73 (70 – 75)	1.09 (1.02 – 1.16)	0.01
Non-RWHAP	67 (62 – 71)	Reference	

*Most recent viral load undetectable or <200 copies /mL

§ Living at or below the federal poverty level

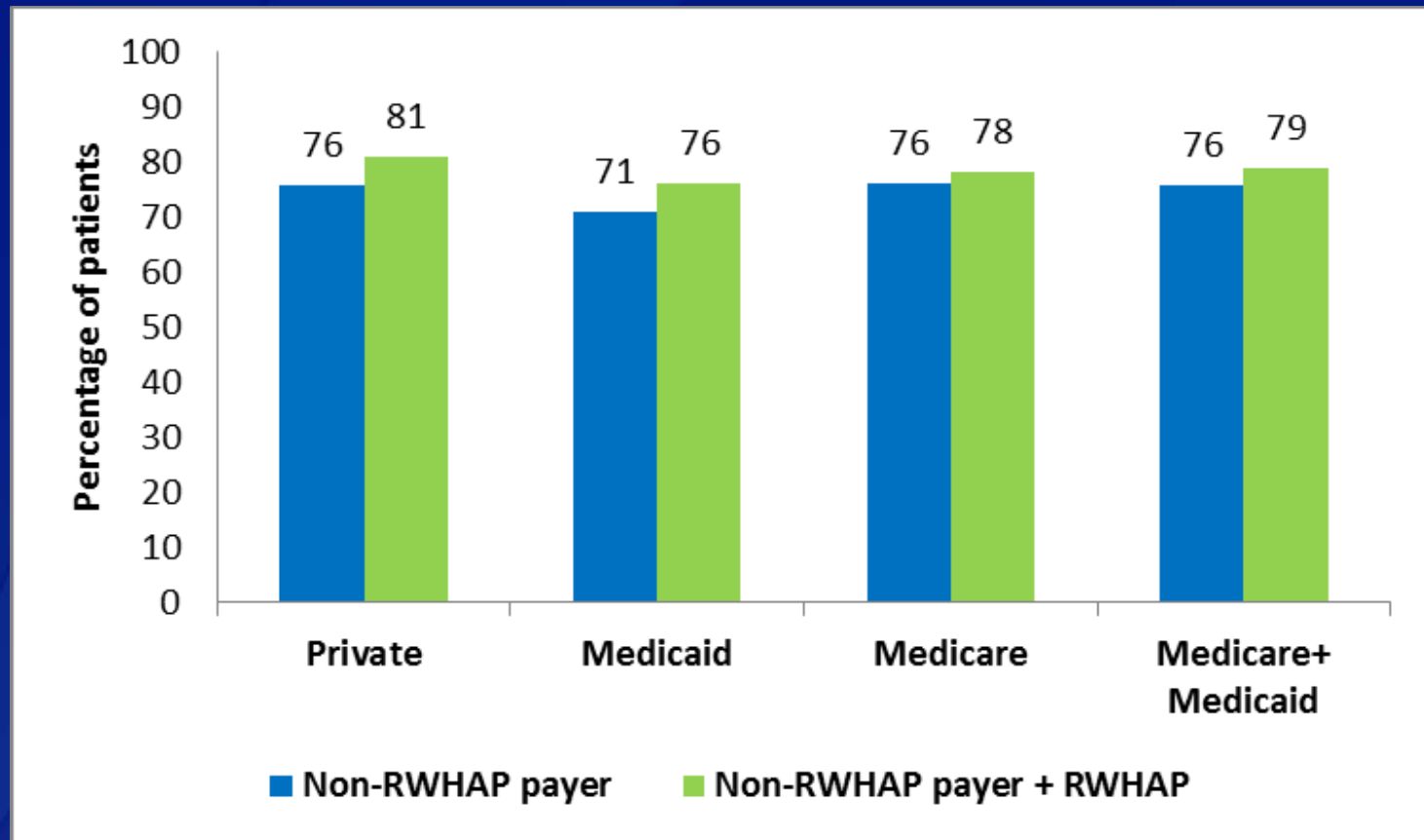
Weiser (paper #1): Primary Conclusion

- Low income patients were more likely to achieve viral suppression if they received care at a RWHAP-funded facility**

Bradley (paper #2): Main Findings

- ❑ **Ryan White HIV/AIDS Program Assistance and HIV Treatment Outcomes (Bradley et al., *Clinical Infectious Diseases*, 2015)**
- ❑ **2009 – 2012 MMP data show:**
 - ❑ **41% of patients received RWHAP assistance**
 - ❑ **25% received RWHAP assistance as a supplement to another healthcare payer type**
 - ❑ **15% relied solely on RWHAP assistance for HIV care**

Adjusted* prevalence of viral suppression by healthcare payer type and RWHAP assistance



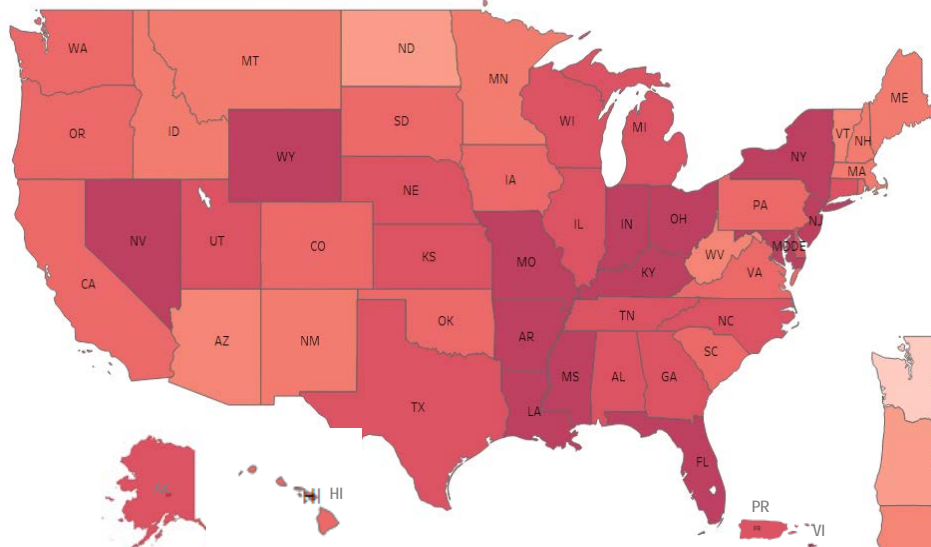
*Results from logistic regression model adjusted for age, race, place of birth, poverty, education, homelessness, and HIV disease stage

Bradley (paper #2): Primary Conclusion

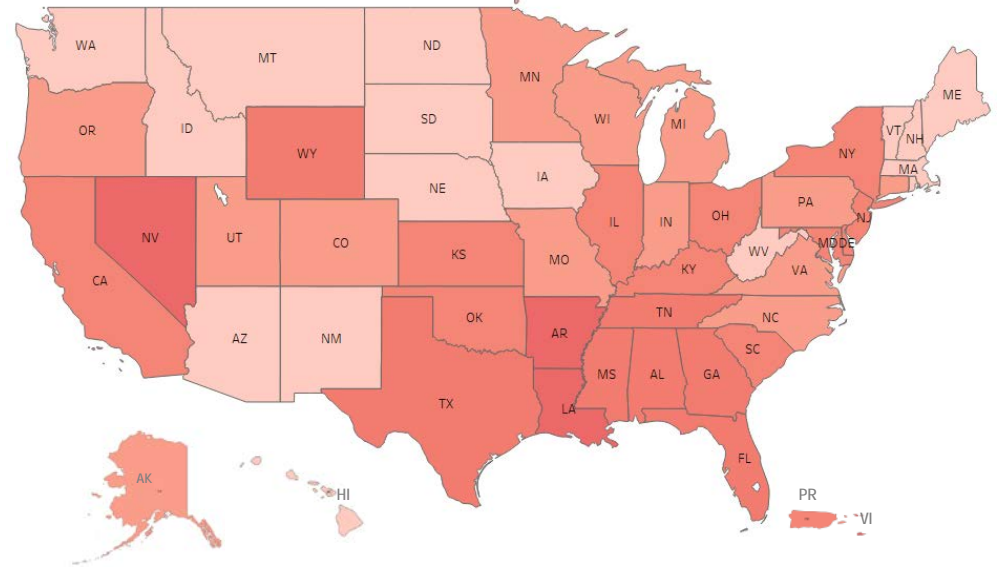
- Uninsured and underinsured HIV-infected patients receiving RWHAP assistance were more likely to be prescribed ART and to be virally suppressed than those with other healthcare payer types.**

Viral Suppression among RWHAP Clients by State, 2010 to 2015—United States and 3 Territories

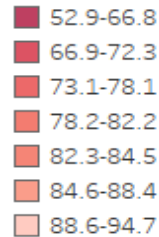
2010



2015



Viral suppression (%)



Viral suppression: 1 OAMC visit during the calendar year and 1 viral load reported, with the last viral load result <200 copies/mL.

Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2014 & 2015

Top Ten Increases in Viral Suppression in Ryan White HIV/AIDS Program, by State, 2010 to 2015—United States and 3 Territories

State	% virally suppressed 2010	% virally suppressed 2015	% point increase
Indiana	58.2	86.8	28.6
Louisiana	52.9	76.2	23.3
Mississippi	55.5	78.7	23.2
Ohio	61.1	84.2	23.0
New Jersey	61.6	82.2	20.6
Maryland	63.7	83.7	19.9
Wisconsin	67.9	87.0	19.2
Missouri	66.1	85.0	18.9
District of Columbia	66.8	85.7	18.9
Wyoming	62.8	81.5	18.7

Viral suppression: 1 OAMC visit during the calendar year and 1 viral load reported, with the last viral load result <200 copies/mL.

Source: HRSA, HIV/AIDS Bureau, Annual Client-Level Data Report, Ryan White Services Report, 2014 & 2015

Thank you

Laura Cheever, MD ScM
lccheever@hrsa.gov