Integrating HIV in Primary Care: The Ryan White HIV Care Team Model

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Financial Disclosure
No relevant financial relationships to disclose.

Off-label Disclosure
No off-label discussions.
Objectives

• Briefly describe the components of the Ryan White Care Structure

• List four goals of effective HIV care

• Describe at least three approaches to incorporating HIV expertise in a care team
Outline

• Ryan White Program Structure
• Care goals and related activities
• Care models
• Care team composition
• Incorporating HIV expertise
The setting in which I provide HIV care is…

1. Community Health Center
2. Hospital based clinic
3. HMO
4. VA
5. Private Practice
6. Other
7. Do not provide HIV care
Ryan White Program Components

Part A
EMA/TGA, most severely affected areas

Part B
Grants to all states, ADAP, Emerging Communities

Part C
Outpatient Primary Health Care

Part D
Family-centered care to women, infants, children, youth

Part F
SPNS AETC Dental Programs MAI

- Congressional Act Created 1990
- 3rd largest funder of HIV care in US ($2.1B)
- Promotes medical home model
Common Elements

– Payer of last resort
– Include Minority AIDS Initiative funding
– Provide continuum of care
– Consumer input
– Improve care for underserved

Part A

– Funding: case-based formula + supplement
– Provide continuum of care
– Service $ allocation: 75% core/25% support
  • Core: outpt med, dental, MH, outpt SA, MCM, home health, HIV meds and pharm support, health insurance
  • Support: food, transportation, emergency assistance, housing, child care, linguistic
Part B
- Funding: case-based formula + supplemental
- Includes ADAP funds (1/3 ALL RW funding)
- Service $ allocation: 75% core/25% support
- Receive MAI funding
- States >1% US cases require matching funds

Part C
- Early intervention=direct provision of medical care (core medical services)
- CQM component required
- 1 year planning and capacity development grants also available
Part D
- Family-centered, outpatient
- Provide service directly or via contracts
- Must educate pts about research studies
- CQM component required

Part F
- Cross-cutting, integral links to all RW parts
  - **Special Projects of National Significance**
    - Fund innovative models of care and effective delivery systems
    - Disseminate info for replication
    - Strong evaluation component
Part F (continued)

- **Dental Programs**
  - Dental reimbursement: accredited programs may offset HIV oral care costs
  - Community-based Dental Partnership Program
    - Increase access to oral health care for HIV+
    - Provide education & training for dental providers
    - Multi-partner collaborations
    - Capacity building

- **Minority AIDS Initiative (MAI)**
  - Address needs of disproportionately affected populations
  - Improve access, reduce disparities
  - Expand pool of minority providers
Part F (continued)

– **AIDS Education & Training Centers**
  - 11 regional, 6 national focused centers
  - Resource Center
  - HIV/AIDS Clinical Consultation Center
  - Multicultural Resource Center
  - Evaluation Center
  - Center for HIV Care in Minority Communities (NCHCMC)
  - International Training & Education Center on HIV (I-TECH)
  - Provider training, TA, consultation
    - Primary health care clinicians
    - Serving minorities, homeless, rural, RW programs
    - ↑ access, capacity, prevention
I have collaborated with at least one Ryan White program

1. Yes
2. No
3. Don’t know
4. There are none in my area to collaborate with
Bottom Line

The RW Care Model is an HIV patient-centered medical home, multidisciplinary care model that has evolved since 1990 with funding of RW programs.
HIV Care Goals

• Patient engagement in care
• Effective HIV disease management
  – Viral control
  – Improved immune status
• Near normal life expectancy
• Improved quality of life
• Prevention of HIV transmission
Reaching Care Goals

• ↑ HIV testing
• Efficient linkage to HIV care
• Access to HIV medications
• Medication adherence support
• Effective retention in care
• Provision of social support services
Medical Care Models

• Collaborative
  – Services in different locations/settings with information sharing

• Co-located
  – Services delivered in same setting with data sharing

• Integrated
  – Merged medical, behavioral with one treatment plan, shared EHRs

Determining Factors

- Adapt to community resources
- Tailor to patient population
- Designed to meet needs at local level
- Communication and relationship critical
HIV Care Team Composition

- HIV expert
- Primary care provider
- Mid-level
- Nurse
- HIV care coordinator
- Pharmacist
- Oral health

- Other specialists
  - Hepatitis
  - Mental Health
  - Addiction
  - Ob/Gyn
  - Heart disease
  - Malignancies
Co-morbidities in HIV Infection

- Depression
- Bipolar Disease
- Other Mental Illness
- Alcohol use
- Tobacco use
- Other Drug use
- Hepatitis B
- Hepatitis C
- Human Papillomavirus
- Coronary Disease
- Hyperlipidemia
- Diabetes mellitus
- Hypertension
- Aging
What is an HIV Expert?

- HIV Medical Association (HIVMA)
  - Managed ≥25 HIV pts & completed ≥40 hrs category 1 HIV-related CME in previous 36 mo
  - ID certified or recertified within past 12 mo
- American Academy of HIV Medicine (AAHIVM) credentialed
- Association of Nurses in AIDS Care certified
- Meet state criteria
- Not discipline or specialty defined
Including HIV Expertise in the Care Team

• Provider manages HIV and PC onsite
• PC setting with onsite HIV expert to co-manage HIV pts.
• PCP engaged in ongoing consultative relationship with HIV expert, incl HIV mgmt visits every 3-6 mos
• Telemedicine link btwn PCP and HIV expert
• Pt travel for HIV spec care, PCP where pt resides, communication with HIV expert
Which HIV care team structure may work best in your clinical setting?

1. HIV & PC by same person
2. Onsite HIV expert co-manages with PCP
3. PCP has consultative relationship with offsite HIV expert
4. PCP and HIV expert link via telemedicine
5. HIV pts travel from PC site to HIV expert appts
Way Offsite - Patient Travel

- Most likely in rural or frontier areas
- Low HIV prevalence
- Limited community resources
- Patient diagnosed elsewhere
- Excellent communication between PCP and HIV specialist critical
- HIV support at local level may include labs, managing acute conditions, etc
Telemedicine

• Beneficial for remote sites, correctional settings, geographic barriers
• Requires equipment and access to same
• Support with e-mail or phone consultation, follow-up
• NM Project ECHO model (www.echo.unm.edu)
Offsite Consultation

- Ongoing
- Best established at point of pt diagnosis
- HIV expert onsite visit every 3-6 mos
- Formal medical home with HIV care site care coordination agreement
- RW Part C clinics in CO
Onsite Co-management

- HIV specialists in same care system collaborate with PCP in pt HIV care
- More likely in larger health care systems
- Off-site co-management model may morph into this as PCP gains expertise
Integrated Care

• Same provider for HIV and Primary care
• Multidisciplinary
• “One-stop” care
• Shared EHR
University of Colorado HIV/AIDS Clinical Program

- Primary medical care
- Mental health services
- Subspecialty clinics:
  - Endocrinology
  - OB-GYN
  - Oncology
  - Anorectal Disease Program
  - Dermatology
  - HIV-Hepatitis Clinic
- Social Work services
- Case Management
- Skilled nursing care
- Dental Screenings
- ID Pharmacy
- Urgent Care
- 24 hour MD coverage
- Inpatient care
- Women’s program
- Immigrant program
- Access to clinical trials
- HIV Telemedicine
- Collaborative Clinics
  - Denver ARTS Clinic
  - Aurora MCPN Clinic
  - Grand Junction Clinic
  - Durango Clinic
  - Pueblo Clinic
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Provided by: University of Colorado Hospital HIV/AIDS Clinical Program
Summary

• Benefits of a comprehensive care model:
  – ↓ morbidity and mortality
  – ↓ HIV transmission
  – ↑ positive outcomes for HIV patients

• Care models are adaptable to resources and patient populations

• HIV expertise is a critical component of a care team

• The RW program is an effective model in the era of NHAS, ACA and expansion of health care
Key References


• Gatty, B. *The HIV Care Team.* HIV Specialist; Fall 2010


Thank You