

1 **Impact of 2006 Ryan White HIV/AIDS Treatment Modernization Act on the New York Eligible Metropolitan Area**

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2 **Presentation Outline**

1. Epidemiologic Background
2. Ryan White Part A in NY EMA
3. Impact of 2006 Ryan White HIV/AIDS Treatment Modernization Act
4. 2009 Reauthorization and Beyond
5. NYC DOHMH HIV/AIDS Initiatives
6. Questions and Answers

3 **Epidemiologic Background**

4 **HIV/AIDS in NYC, 2006**

Basic Statistics

***3,745 new HIV diagnoses (46.8/100,000)**

-2,783 HIV without AIDS

-962 HIV concurrent with AIDS (26%)

***3,672 new AIDS diagnoses**

-Includes 962 concurrent HIV/AIDS cases

***98,861 persons living with HIV/AIDS**

-1.2% of the population of NYC

-Many more do not know they are infected because they have never been tested

***2,076 deaths among persons with HIV/AIDS (20.6/1,000)**

5 **New York City has one of the highest AIDS case rates in the US (Slide shows bar chart of AIDS cases rate per 100,000 population, 2005)**

6 **Reported Persons Living with HIV/AIDS in NYC, 1981 – 2006 (Slide shows bar chart of “Number of Persons living with HIV (non AIDS) compared with Persons living with AIDS)**

7 **Reported AIDS Cases and Deaths in NYC, 1981-2006 (Slide**

shows graph of Reported AIDS Cases compared to Reported AIDS Deaths)

8 **New HIV Diagnoses & Rates in NYC, 2001-2006 (Slide shows bar chart of New HIV Diagnoses vs. Rate per 100,000 population)**

9 **Efficacy of HIV/AIDS Treatment**

- Projected lifetime cost per person at the time of entering optimal HIV care is **\$385K**, and the treatment expense that can be avoided by preventing each HIV infection is **\$303K¹**
- Increasing HIV prevention funding to **\$1.3B** a year over next 4 years could reduce the number of new HIV infection by 50%²

10 **Cost per New Positive Diagnosed**

Communities of Color Contracts (2006)

Slide shows tables of Testing Venue and Cost per New Positive Diagnosed

Community-based Organizations (CBO) \$11,660

Private Hospitals \$10,014

Public Hospitals \$6,641







WEIGHTED AVERAGE \$8,376

11 **Ryan White Part A Program in NY Eligible Metropolitan Area (EMA)**

12 **Overview: NY EMA Administration**

- The New York City Department of Health and Mental Hygiene (NYC DOHMH) oversees the Ryan White Part A and MAI grants
 - HIV Care, Treatment, and Housing Program
 - Public Health Practice/Research and Evaluation
 - Policy, Planning and Implementation
 - Housing Services
 - Ryan White Services
 - Ryan White Planning Council Support
 - Contracts with:

- Public Health Solutions for contract administration
- Westchester County Department of Health for the Tri-County region (Westchester, Rockland, Putnam Counties)

- 13  **Overview: NY EMA Funding**
- 2008 Minority AIDS Initiative and Base grant award is \$118.8 million
 - 251 contracts with 128 unique agencies
 - Service categories funded:
- 14  **NY EMA Part A Funding**
(Slide shows bar chart of Award in millions vs. Year)
- 15  **Impact of 2006 Ryan White HIV/AIDS Treatment Modernization Act**
- 16  **Part A Tier 1 Formula**
- With new legislation, in name-based areas (such as New York City and State) living HIV/AIDS cases reported and confirmed by the CDC are used for formula grant
 - More HIV and AIDS cases counted, yet total level of funding remained unchanged
- 17  **Varying Award Amounts**
- As shown in earlier slides, NY EMA award has fluctuated over the past several years
 - Variances in award amounts make it difficult to plan and implement services
 - With city and state budget crises, hiring freezes are a reality, which cause a lack of staff to execute work
- 18  **Distribution of Funds**
- Part A distribution of funds changed during last reauthorization from:
 - 50% formula; 50% supplemental to
 - 67% formula, 33% supplemental
 - Large, urban EMAs like NY have high unmet needs due to mature HIV/AIDS population this change limits local control
 - High housing/health care costs, low educational levels, high poverty levels, large immigrant populations, language and social barriers
 - NYC HHC public hospital system treat and care for patients who speak over 100 different languages, which reflect the diversity of NYC

- 19 **Underspending Limit**
- Excessive Formula underspending results in inability to apply for future Supplemental
 - With 251 contracts in 128 unique agencies, this is a challenging task
 - In 2005, NYC DOHMH decided to pursue performance-based contracting under a new model. The plan included transitioning the portfolio by 2010
 - Must routinely and closely monitor spending and spend Part A funds expeditiously
- 20 **Distribution of Core/Non-Core Services**
- 75% (core/medical)/ 25% (non-core)
 - 75% of funds under each title must be spent on Core Medical Services. The remaining 25% may be used for support services needed to achieve medical outcomes*
 - EMA portfolio has evolved over time and there has been a commitment to funding core services
- 21 **Base and MAI Coordination**
- Formula awards made in March
 - Supplemental awards made in May (only in 2007)
 - MAI awards made in August
 - Different award cycles make it very difficult to effectively and efficiently plan services across the EMA
- 22 **Medical Case Management**
- Tri-County**
- \$2.1 million allocated (42% of award)
 - \$160,000 average budget
 - 13 new programs: 8 Article 28s, 5 CBOs
 - Monthly meetings of all case managers to promote better coordination and communication
 - Quarterly quality management learning network meetings
- 23 **HIV Testing and Prevention**
- HIV prevention and testing are important to all parties—NYC DOHMH, NY State, HRSA, CDC, etc
 - Part A Early Intervention Services make HIV testing and linkages to care possible
 - Confirmatory testing not included
 - HRSA guidance on providing Ryan White services to HIV negative clients makes it difficult to support
- 24 **2009 Reauthorization and Beyond**

- 25 **The Future of Ryan White:
More Money is Needed!**
**(Slide shows table of Program, President's FY2009
Request, House Labor/HHS Subcommittee Mark-up, and
Senate Labor/Subcommittee Mark-up)**
- 26 **What's Important for NY**
Emerging priority populations and newly released HIV incidence figures
necessitate increased Ryan White HATMA funding
Length of Ryan White HATMA reauthorization
24 month housing limit
Coordination with other federal programs like CDC, SAMSHA
Continuity of care- gap in care for those Ryan White clients who need
inpatient and ancillary services
- 27 **DOHMH Bureau of HIV/AIDS Prevention and
Control Initiatives**
- 28 **Care Coordination* - Background**
 - Ensure that persons with HIV/AIDS are linked to and retained in regular care and that treatment adherence is supported
 - With today's therapeutic options, HIV viral suppression is achievable even with multi-drug resistance
 - Medical case management can be an effective means of linking patients to care, reducing barriers, and improving health outcomes
 - Relatively costly adherence interventions – directly observed therapy (DOT) at \$500/month - are cost-effective
- 29 **Care Coordination –
Initiative Details**
 - Almost \$27M – ¼ of the Part A award - budgeted for 2009
 - Incorporation of the medical home principle* and use of information technology to strengthen collaboration across disciplines
 - Hybrid model includes navigation-type case management, benefits coordination, health promotion, DOT and outreach for return to care
- 30 **Field Services Unit (FSU)**
FSU founded in 2006 to improve partner notification
 - In 2007, DOHMH notified 10 x more partners than non-DOHMH reporting facilities

- Partner investigations are time intensive and require skilled interviewers

FSU piloted Out of Care program starting in fall 2007:

- To assist hospitals in returning patients who were lost to care for > 6 months and to conduct partner investigations for these patients
 - hospital's own clinical and case management staff were unable to locate patient
- Initiated program in Brookdale Hospital
- Expanding in fall 2008 to Lincoln Hospital

31 FSU Partner Notification Process

(Slide shows a diagram of steps in process; slide also)

PN Data July 2006-March 2008

Cases interviewed- 1714

Partners notified- 675

Partners previously positive-231 Partners newly positive-44

***** 54 tested for the first time in their lives*****

Field Services Unit, NYC Dept of Health, Cumulative Data

32 DOHMH HIV Testing Programs

- Objective: Every New Yorker learns his or her HIV status and has access to quality care and prevention

(Slide shows bar graph Number of HIV Tests vs. Fiscal Year)

33 **Questions and Answers**