Paul R. LePage, Governor Mary C. Mayhew, Commissioner

2010 Data Report

Medical Case Management Services for People living with HIV/AIDS in Maine

Introduction

In 2010, the Ryan White Part B program in Maine funded six community-based organizations to provide medical case management services to people living with HIV/AIDS (PLWHA) statewide. These organizations included: Community Health and Counseling Services (CHCS); Down East AIDS Network (DEAN); Eastern Maine AIDS Network, a division of Penobscot Community Health Care (EMAN); Frannie Peabody Center (FPC); The Horizon Program (HZN); and St. Mary's Regional Medical Center (STM).

CHCS was a new grantee as the result of a competitive Request for Proposals (RFP) process and initiated services at the start of the contract year (April 1).

This report details statistics for calendar year 2010. As a result, the percentages for CHCS will be skewed in some places, because there are only nine months of data available.

Please note the following service area information:

- **Southern Region**: FPC – Cumberland and York counties
- **Central Region**: STM – Androscoggin, Franklin, and Oxford counties; HZN - Lincoln, Kennebec, Knox, Sagadahoc, Somerset, and Waldo counties
- **Northern Region**: DEAN – Hancock and Washington counties; EMAN – Penobscot and Piscataquis counties; CHCS – Aroostook County

Many of these providers also receive other funds (including Ryan White Part C, HOPWA, United Way, fundraising) to support their medical case management and other related services.

Data presented in this report were extracted from CAREWare, a client- and service-level database that has been required for Part B providers since 2005.

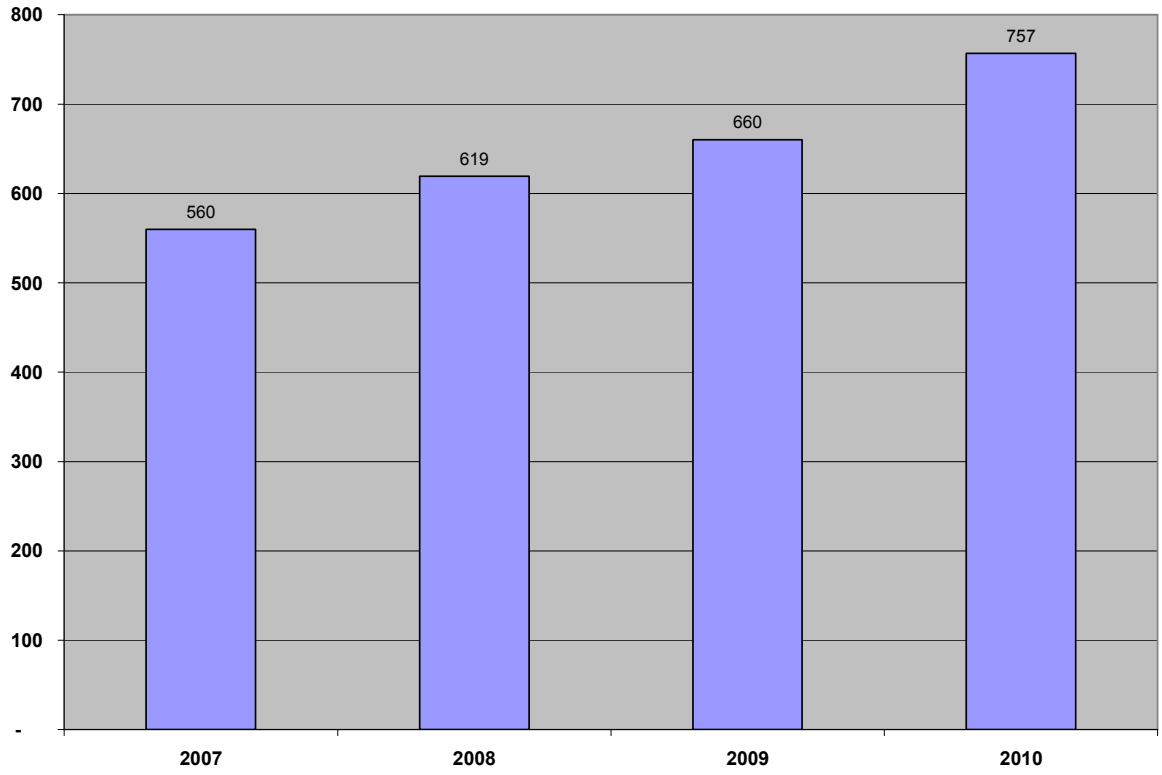
Client Profile

The demographic profile of clients accessing medical case management has changed very little over the past four calendar years, despite a 35% increase in clients over this time period.

In calendar year 2010, a total of 757 unduplicated clients received at least one medical case management service. This includes four infants who were later determined to be HIV-negative.

Despite shrinking resources, the number of unduplicated clients served continues to grow each year, with an 11% increase from calendar year 2007 to calendar year 2008, a 7% increase from calendar year 2008 to calendar year 2009, and an increase of 15% from calendar year 2009 to calendar year 2010.

Unduplicated Medical Case Management Clients, 2007-2010



The greatest percentage of clients served remains in the southern region, with about 52% -- this is not surprising, given that the general population for the state is more concentrated in the southern region. Over the past four years, there has been a slight redistribution of clients, with a greater percentage being served in the central region each year.

Insurance and Medical Care

The majority (53%) of clients served reported some form of MaineCare as their primary insurance, followed by Medicare (29%), and private insurance (14%).

About 88% of clients have some form of MaineCare, even if it is not their primary insurance. To qualify for full benefit MaineCare, clients must have a household income at or below the Federal Poverty Level (FPL). Clients with a household income between 101% and 200% of FPL are eligible for coverage under the limited benefit waiver for people with HIV.

Nearly 80% of medical case management clients were enrolled in the AIDS Drug Assistance Program (ADAP) in 2010.

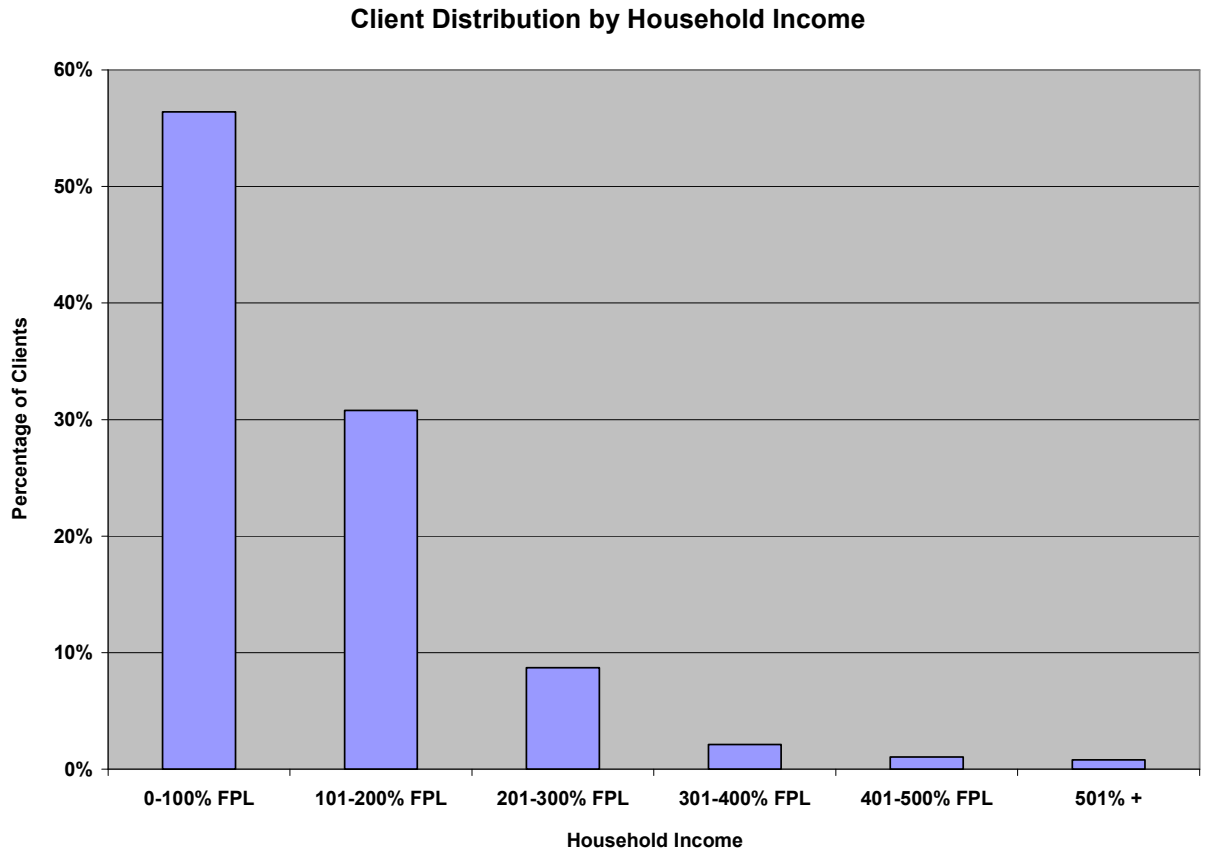
About 30% of clients reported receiving their HIV care from a publicly-funded clinic or health department in 2010, down from a high of 43% in 2007. About 41% of clients reported receiving HIV care from a hospital-based clinic in 2010, up from a low of 21% in 2007. About 26% of clients reported private practice as their source for HIV care in 2010, down from a high of 33% in 2007.

It is possible that the shift in percentages is due to better quality data being collected in CAREWare, but it may indicate that clients are moving toward more hospital-based care.

Although the percentage of clients reporting no insurance (1%) is at an all-time low for these reporting purposes, the percentage of clients reporting no source of medical care (2%) is the highest it has been in the past four years. Last year, 0% of clients reported no source of medical care.

Income

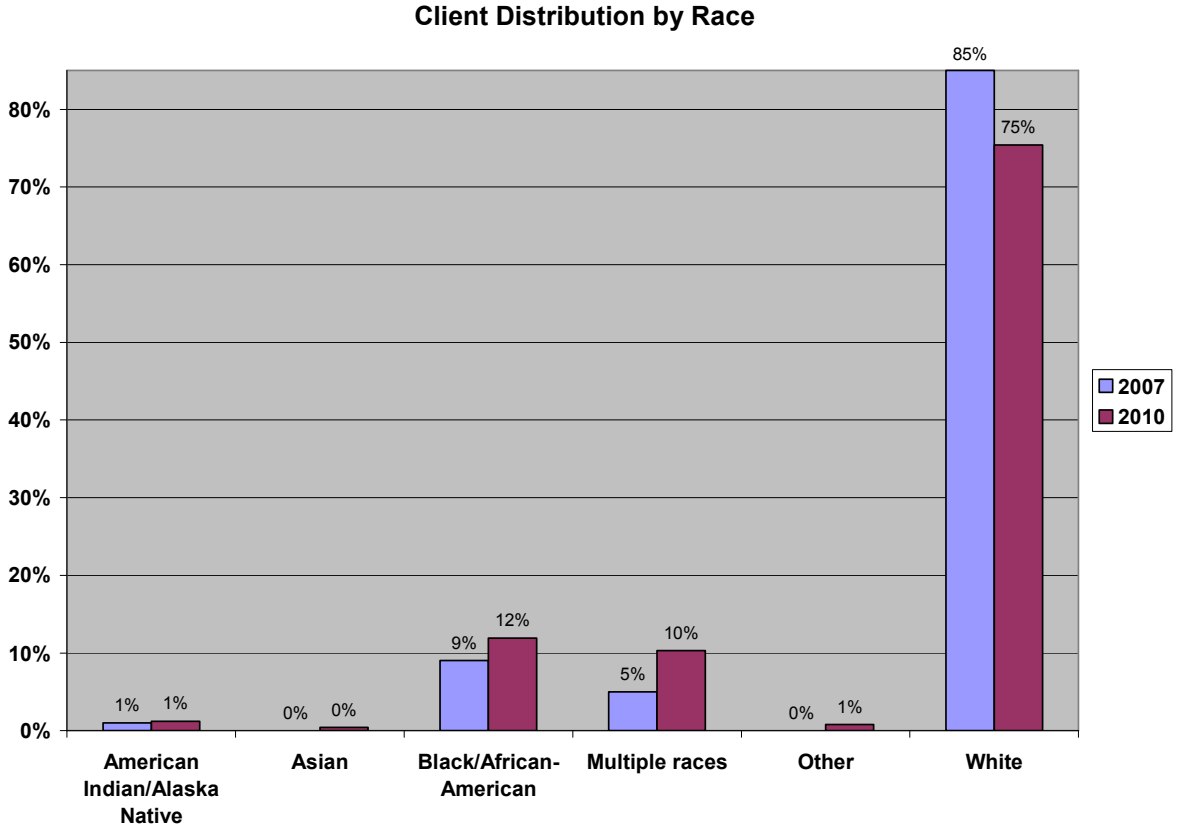
Client distribution among income groups has remained stable over the last four years, likely due to the fact that many clients are on fixed incomes. The majority of clients (56%) fall at or below the FPL. Another 31% fall between 101-200% of the FPL. Almost all (98%) of clients meet the income guidelines for Ryan White emergency financial assistance, as established by state standard (400% of FPL).



Gender, Ethnicity, Race, and Age

The distribution of clients by gender and ethnicity has remained consistent over the last four years. About 79% of clients are male, 20% are female, and 1% are transgender. About 5% of clients are Hispanic.

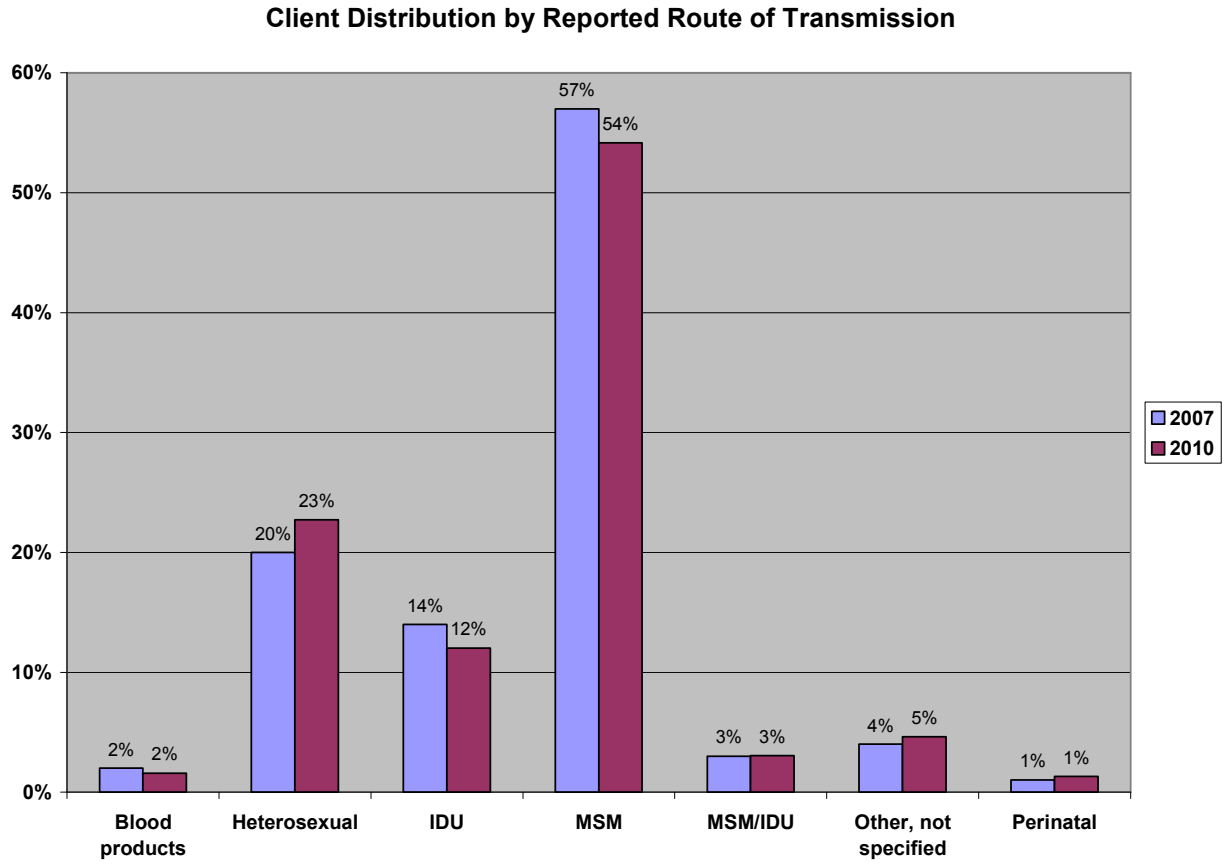
The racial distribution of clients – particularly people of African descent (both African-Americans and African immigrants/refugees) and those with multiple races – has shifted from 2007 to 2010.



The age brackets defined by the US Health Resources and Services Administration (HRSA), which funds the Ryan White Program, are quite general. The distribution among these age brackets has shifted over the last four years, but this may be due mostly to the aging of clients. In 2007, half of all clients fell in the 45-64 age bracket, with 43% in the 25-44 age bracket. In 2010, 56% of all clients fall in the 45-64 age bracket, with 36% in the 25-44 age bracket.

HIV Risk Factors

Identified route of transmission has fluctuated slightly in the last four years. Clients may identify multiple risk factors in the CAREWare database; the highest risk activity is selected for reporting purposes, except in the case of males who have unsafe sex with males (MSM) who also identify as injection drug users (IDU), who are classified as MSM/IDU. Those identified as heterosexual in the graph below include those who identified heterosexual contact with an at-risk partner (MSM, IDU, known HIV-positive) as well as those with presumed contact with an at-risk partner.



Other Characteristics

At least 23% of clients report some history of homelessness, and 9% meet HUD's definition for chronic homelessness. About 17% of clients currently receive a HOPWA subsidy through Frannie Peabody Center.

At least 25% of clients report a history of experiencing domestic violence; at least 27% report a history of incarceration; and at least 11% are veterans of the US Armed Forces.

Service-Level Data

Despite a 15% increase in unduplicated clients statewide from 2009 to 2010, the average contacts per client, average minutes per contact, and average hours per client all remained steady. The total contacts (frequency) increased 12% over 2009 and the total hours (duration) increased by 13%.

2010	Total Clients	Total Contacts	Avg Contacts/ Client	Total Hours	Avg Minutes/ Contact	Avg Hrs/ Client/ Year
CHCS*	25	319	13	237	45	9
DEAN	59	2,117	36	1,490	42	25
EMAN	99	1,842	19	1,099	36	11
FPC	393	12,973	33	8,136	38	21
HZN	108	1,648	15	1,163	42	11
STM	105	2,698	26	1,314	29	13
Total	**757**	**21,597**	**29**	**13,439**	**37**	**18**

* CHCS began providing services 3 months into the calendar year.

Caseload Growth

Overall caseload growth for a provider can be determined by looking at the total intakes and re-intakes (clients who had been discharged for a year or more before reinitiating services) and subtracting the number of discharges. Please note that discharges frequently are not being logged in CAREWare according to state standards, which could skew the data. Please also note that incorrectly entering an annual assessment as either an intake or re-intake would also skew the data.

The caseload growth percentage takes the adjusted new clients (intakes/re-intakes minus discharges) as a percentage of unduplicated clients served for the year.

2009	Total Clients	Intakes/ Re-intakes	Discharges	Caseload Growth	
				#	%
HZN	97	38	9	29	30%
FPC	350	82	40	42	12%
EMAN	92	22	16	6	7%
DEAN	55	7	7	-	0%
STM	86	4	6	(2)	-2%

2010	Total Clients	Intakes/ Re-intakes	Discharges	Caseload Growth	
				#	%
CHCS	25	14	3	11	44%
DEAN	59	15	6	9	15%
STM	105	27	15	12	11%
HZN	108	36	25	11	10%
FPC	393	77	62	15	4%
EMAN	99	22	34	(12)	-12%

In 2009, Horizon had the greatest caseload growth rate, at 30%. St. Mary's had the lowest, at -2%. When reviewing 2010 figures, it is important to note that EMAN served Aroostook County until March 31, 2010, when CHCS took over that service area. As a result, EMAN shows a higher number of discharges than usual, CHCS shows a higher

number of intakes than usual, and CHCS figures only represent nine months of the year. Ignoring these outliers, DEAN shows the highest caseload growth rate, at 15%. FPC shows the lowest caseload growth rate, at 4%.

Quality Measures

Annual Assessment

Each provider is expected to assess 95% of active clients every year as a standard performance goal in the contract for services. In 2009, FPC and STM were the only providers to exceed the goal. In 2010, DEAN, FPC, and STM all met the goal. Please note that because CHCS only provided services for nine months of the calendar year, their year-end percentage (86%) indicates that they would have met the goal had they been providing services for the entire year. A total of 32 active clients statewide were not assessed in calendar year 2010.

% Active clients with annual assessment	2009	2010	# active clients not assessed in 2010
STM	100%	99%	1
DEAN	93%	98%	1
FPC	96%	98%	8
Goal	**95%**	**95%**	**-**
HZN	92%	88%	9
CHCS	NA	86%*	3
EMAN	94%	84%	10

*CHCS began providing services 3 months into the calendar year

Care Plan

Each provider is expected to update care plans each quarter for 90% of active clients as a standard performance goal in the contract for services. The figures in the table below were based on active clients who had at least one care plan in each quarter of the calendar year; for CHCS, each of the three quarters of service were reviewed. FPC and STM are the only providers to achieve the state standard in 2010.

% Active clients with quarterly care plan	2009	2010
FPC	75%	91%
STM	74%	90%
Goal	**90%**	**90%**
DEAN	45%	79%
HZN	45%	67%
EMAN	61%	55%
CHCS	NA	50%

Adherence

Adherence is a defining component of medical case management. Provider contracts state that case managers will engage in quarterly adherence contacts with all active clients. The figures in the table below were based on active clients who had at least one adherence contact in each quarter of the calendar year; for CHCS, each of the three quarters of service were reviewed. Although every provider improved from last year, no provider met the standard. New provider CHCS was the closest to meeting the standard, with 95%.

% Active clients with quarterly adherence	2009	2010
Goal	**100%**	**100%**
CHCS	NA	95%
DEAN	80%	92%
EMAN	86%	92%
FPC	77%	92%
STM	74%	78%
HZN	45%	69%

Income Verification

By federal mandate, Ryan White Program funds are to be the payer of last resort. Providers are required to verify income for the entire legal household at least once per year for any client who accesses Ryan White emergency financial assistance. Although all providers improved performance from last year, DEAN and FPC are the only two providers who met the standard.

% Clients accessing financial assistance with current income verification on file	2009	2010
DEAN	92%	100%
FPC	91%	100%
Goal	**100%**	**100%**
STM	91%	97%
HZN	58%	89%
CHCS	NA	80%
EMAN	55%	70%

Goal Achievement

Each provider is expected to have 90% of active clients achieving a minimum of 4 short-term goals per year as a standard performance goal in the contract for services. All providers except for CHCS and HZN met the standard; note that because CHCS only provided services for nine months of the calendar year, their year-end percentage

(73%) indicates that they would have met the goal had they been providing services for the entire year.

% Active clients achieving at least 4 goals	2009	2010
EMAN	92%	97%
STM	100%	94%
DEAN	84%	92%
FPC	88%	92%
Goal	**90%**	**90%**
HZN	82%	88%
CHCS	NA	73%*

*CHCS began providing services 3 months into the calendar year

Secondary Prevention

Each provider is expected to have 100% of active clients receiving at least one prevention contact per year as a standard performance goal in the contract for services. EMAN is the only provider to meet the standard. Note that because CHCS only provided services for nine months of the calendar year, their year-end percentage (91%) indicates that they would have met the goal had they been providing services for the entire year.

% Active clients with annual prevention	2009	2010
EMAN	100%	100%
Goal	**100%**	**100%**
HZN	90%	99%
DEAN	57%	98%
FPC	96%	98%
CHCS	NA	91%*
STM	93%	90%

*CHCS began providing services 3 months into the calendar year

Conclusions

Although providers are seeing more clients, the basic demographic profile has not significantly changed over the past four years and the average frequency and duration of contact were stable from 2009 to 2010.

The standard performance measurement areas continue to be a challenge for providers. During Fiscal Year 2011 (April 1, 2011-March 31, 2012), the Part B program will focus on supporting providers to reach the targets for the following areas:

- income verification for all clients accessing financial assistance;
- quarterly care plans;
- quarterly adherence contacts.

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