

HIV Clinic Capacity and Workforce Challenges: Results of a Survey of Ryan White Part C Programs

National HIV Summit

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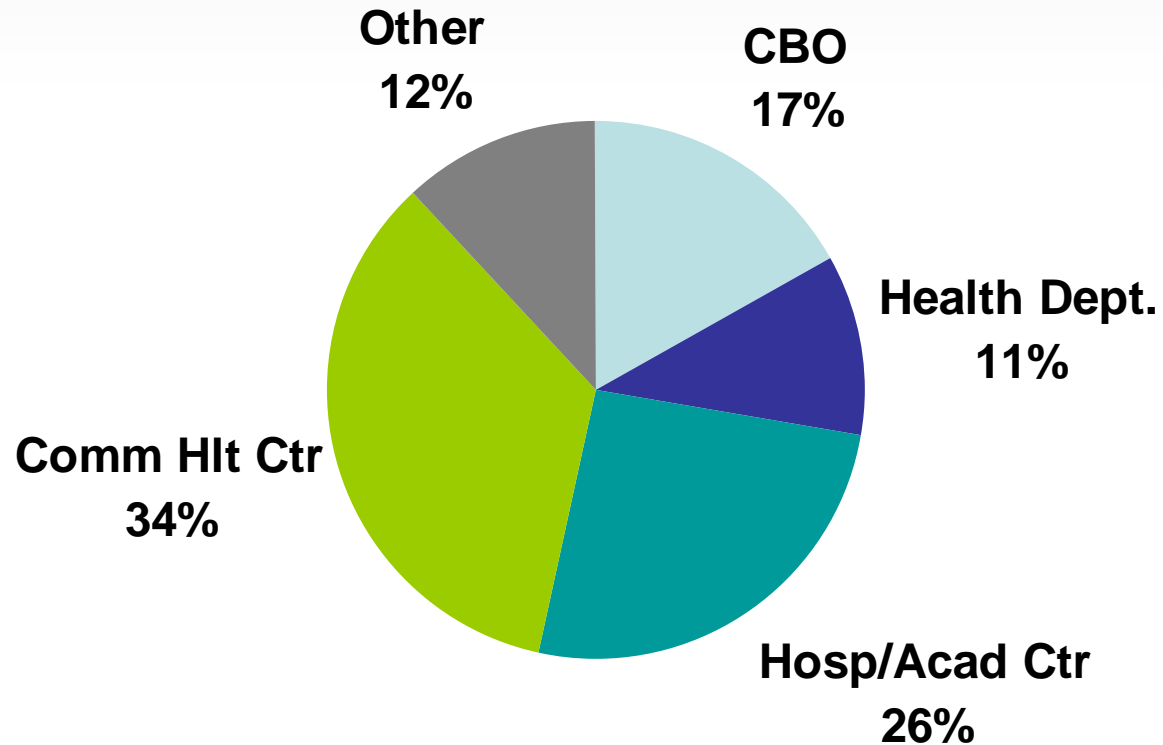
Ryan White Part C Program Workforce and Capacity Survey

- Conducted by the HIV Medicine Association and the Forum for Collaborative HIV Research
- Administered 32-question survey using SurveyMonkey
- Sent via email from Mike Saag, MD, HIVMA Vice-Chair, to 363 Ryan White Part C Program Directors on June 30th
- Sent 2 reminders at one week follow-up intervals
- 3rd reminder also sent via US snail mail to programs who had not responded
- 70% of programs (252) responded by the deadline and are included in the analysis

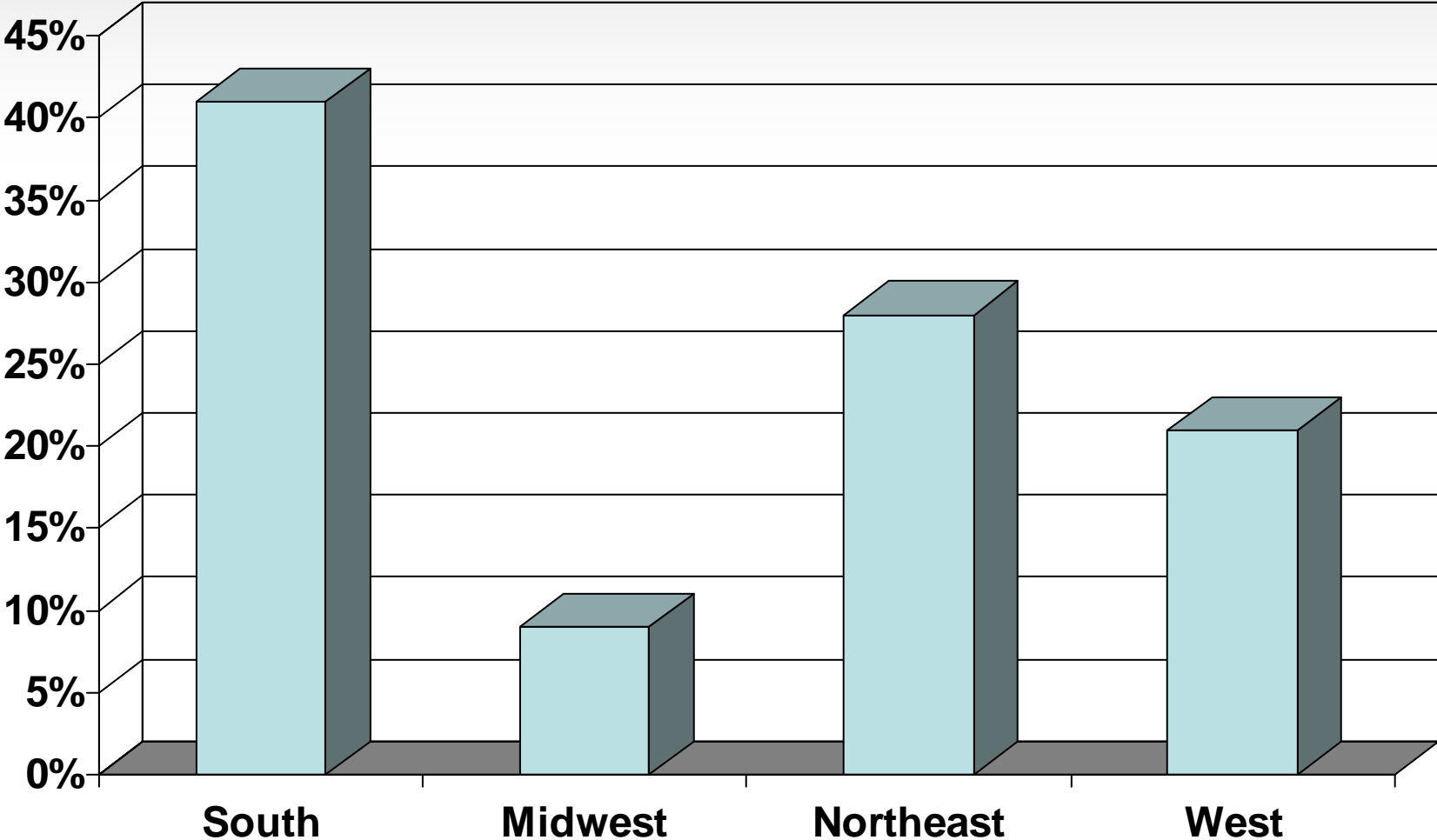
Description of the HIV Clinics

- 100% of all clinics surveyed receive Ryan White Part C funding and reported serving 134,851 patients in 2007
- Ryan White Part C provides funding for 71% of the clinic's primary care staff
- 41% of respondents are located in the Southern US
- 61% are metropolitan clinics serving urban areas with populations greater than 100,000

Clinic Setting of Respondents



Survey Respondents by Region



Clinic Capacity and Patient Characteristics

Clinic Caseloads

- New HIV patients in 2007 (mean) = 112
- HIV Patients served in 2007 (mean) = 651
Range: 25 to 4395
- 70% of clinics reported increase over last 3 years
- Mean reported increase = 29%

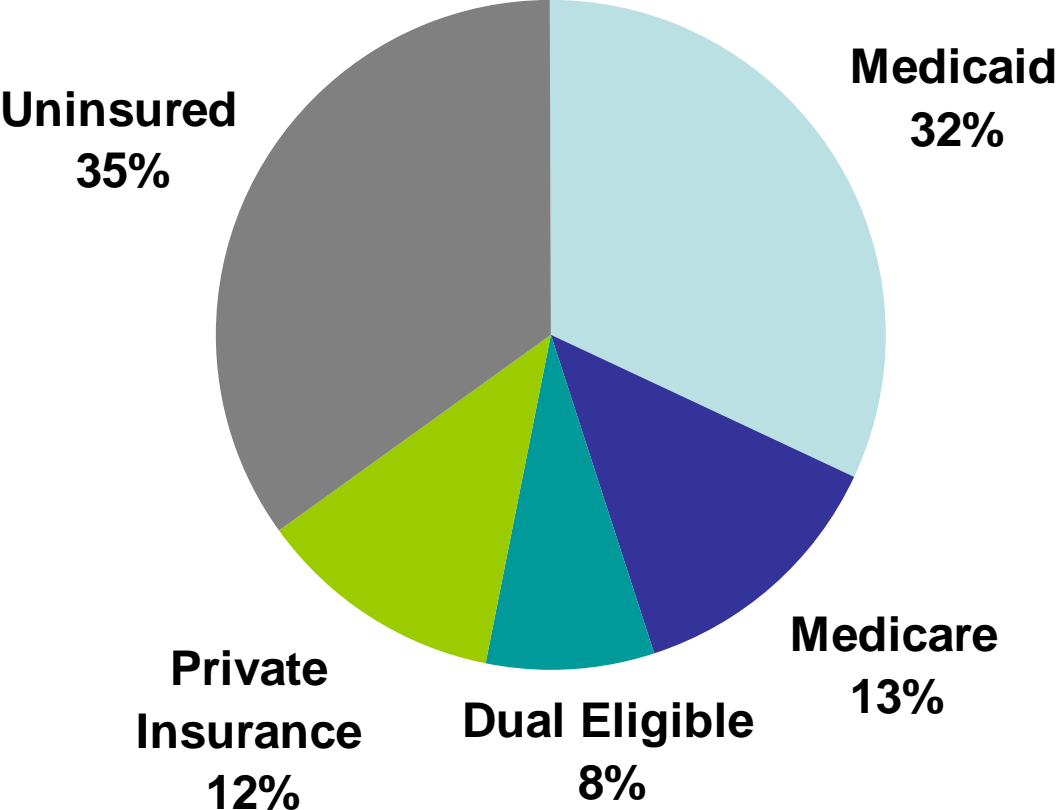
Ryan Part C Patient Characteristics (mean of reported responses)

- New patients with an AIDS diagnosis = 37%

Patients with...

- serious mental illnesses = 37%
Range: 0 to 89%
- substance abuse disorders = 35%
Range: 0 to 98%
- hepatitis B or C = 23%
Range: 0 to 98%

Insurance Status of Patients (mean of reported responses)



Established Case Load Trends (over last 3 years)

- 40% of clinics in the South report rapid patient caseload growth (greater than 33%)
- 40% of clinics in the Northeast report minimal patient caseload growth (5% or less)
- 40% of rural clinics report rapid patient caseload growth (greater than 33%)

Linkage to Care

Average Waiting Times Reported by Part C Clinics

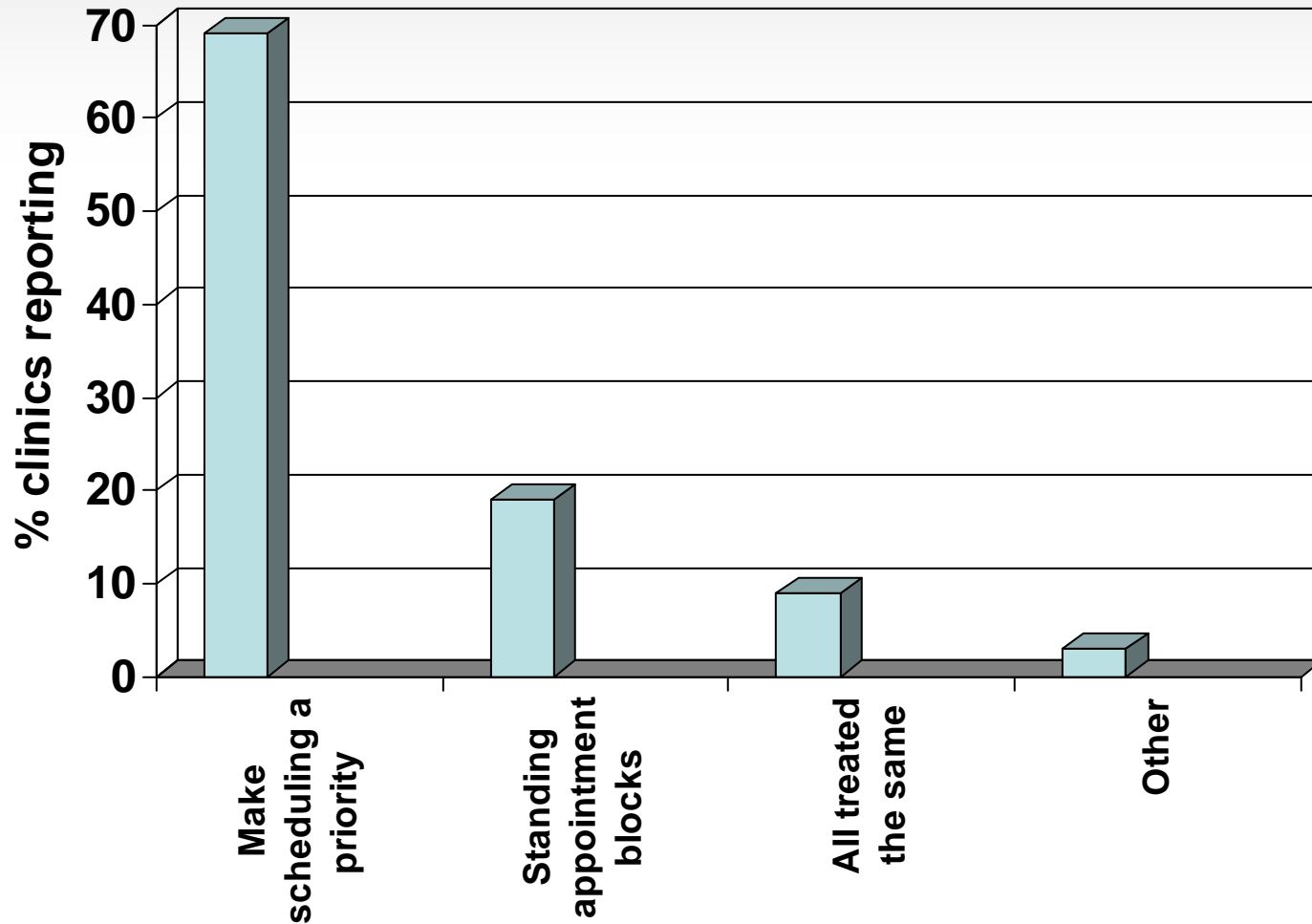
- Newly diagnosed – 1.5 weeks
Range: 0 to 8 weeks
- New to clinic, not newly diagnosed – 1.8 weeks
Range: 0 to 8 weeks
- Returning appointments – 2.3 weeks
Range: 0 to 12 weeks

Linkage to Care

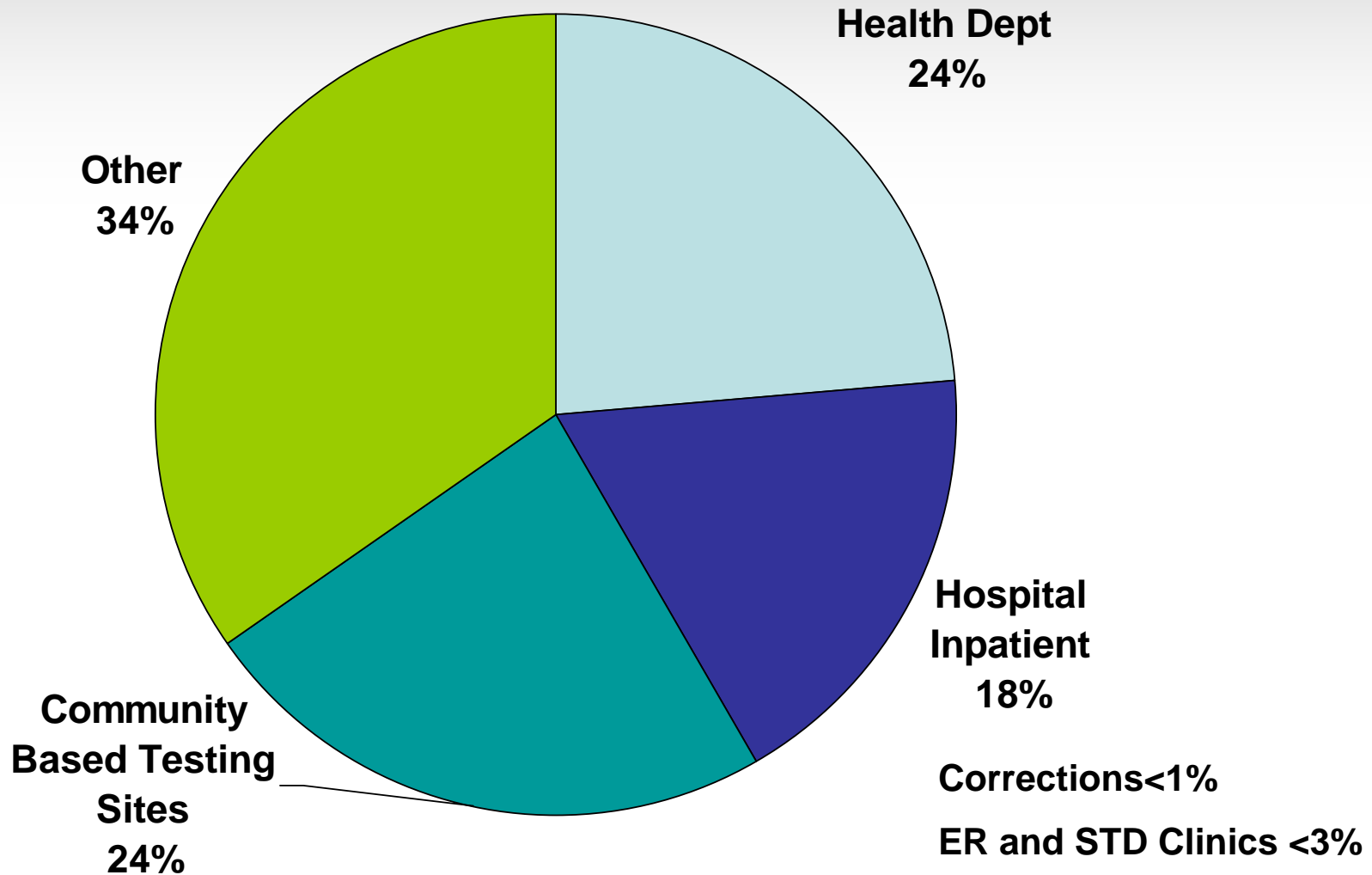
(Mean waiting time for newly diagnosed HIV patients to receive their first appointment)

- Waiting time is significantly greater in the South (1.7 weeks) than Midwest and Northeast regions (1.1 weeks)
- Waiting time is not statistically different between urban and rural areas
- Waiting time is significantly greater in the hospitals and academic settings (1.9 weeks) than in publicly funded health centers (1.1 weeks), health departments (1.3 weeks) and other settings (1.2 weeks)

Most Clinics Prioritize Newly Diagnosed Patients

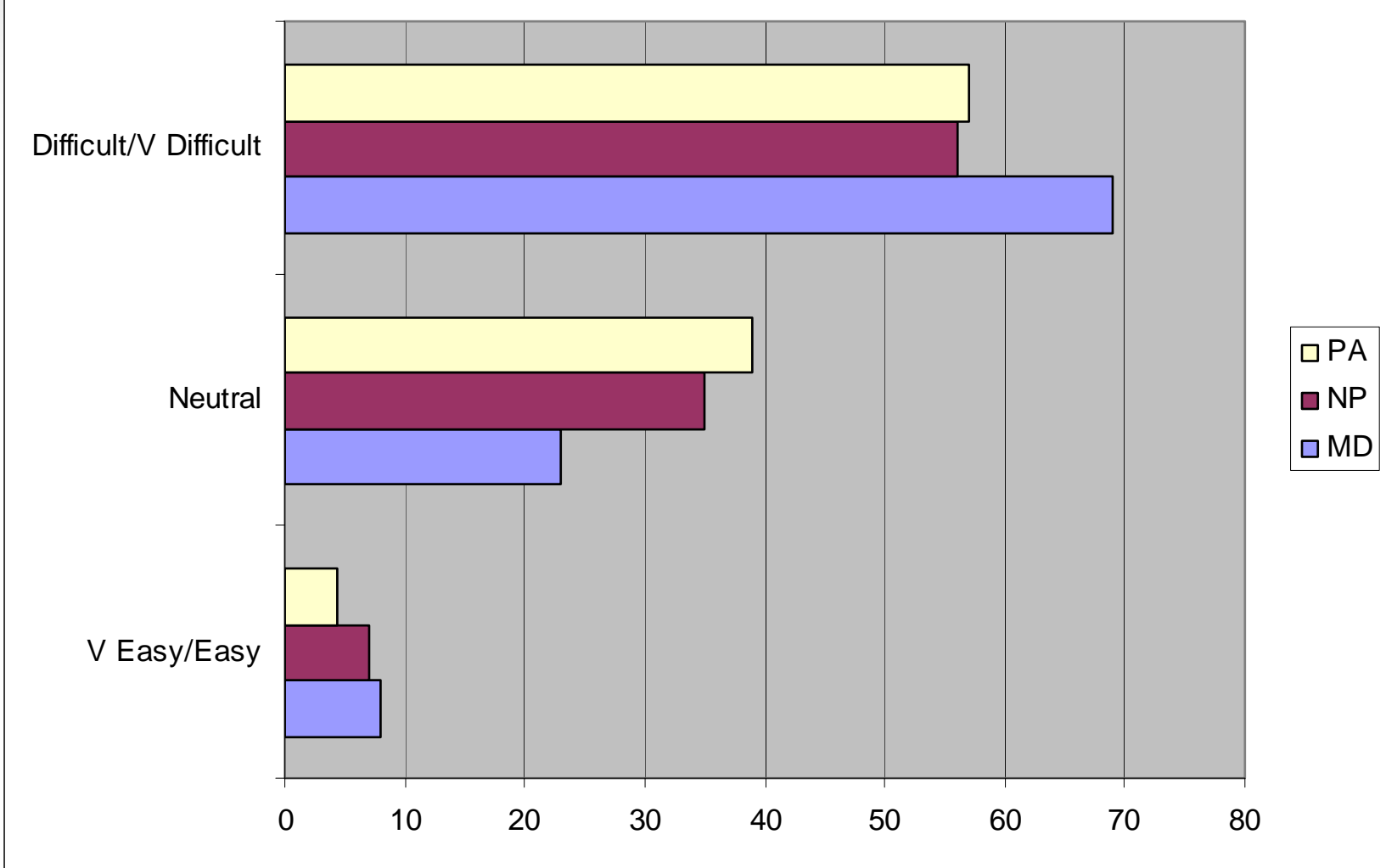


Main Referral Sites for Newly Diagnosed Patients

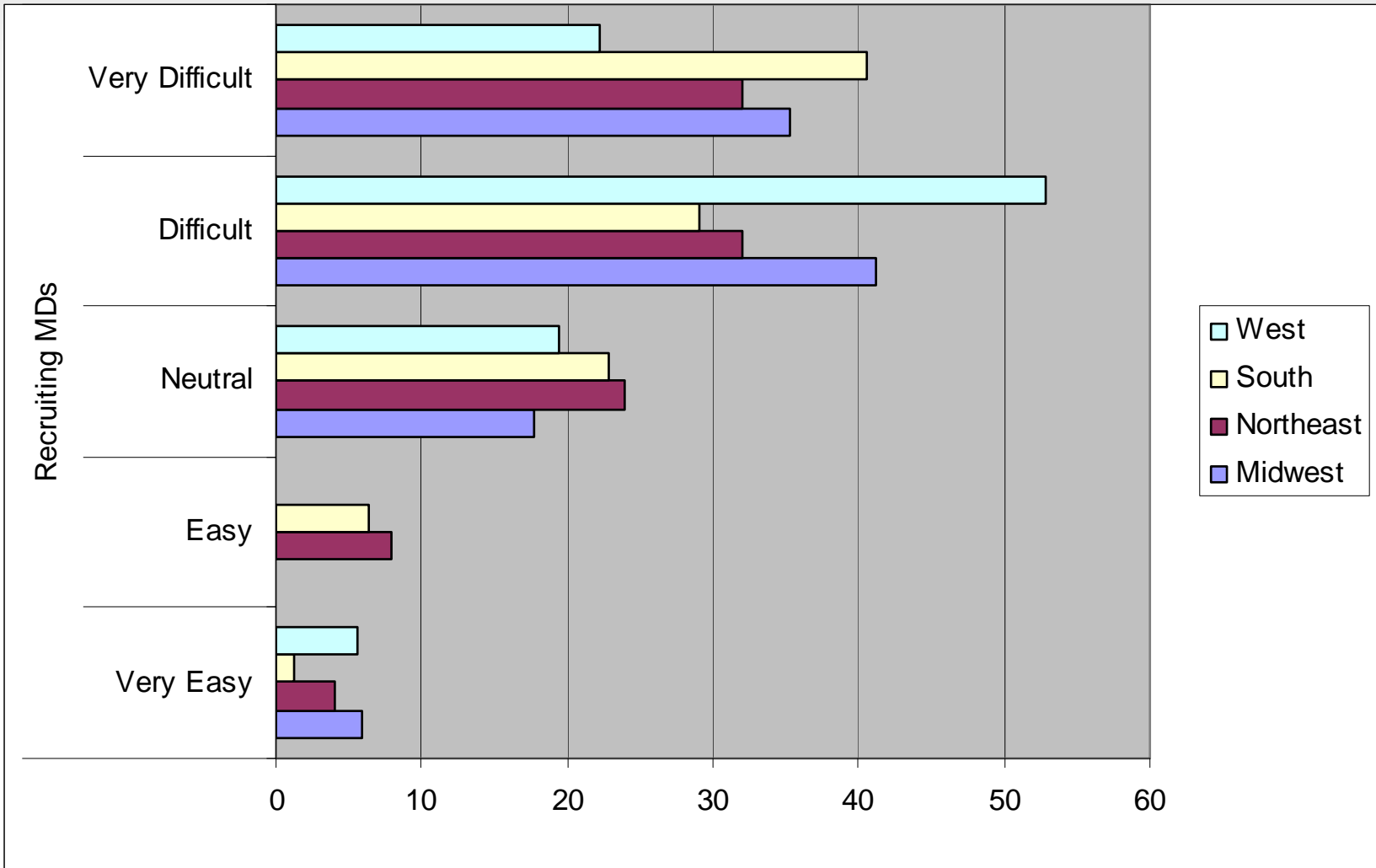


Medical Workforce Issues

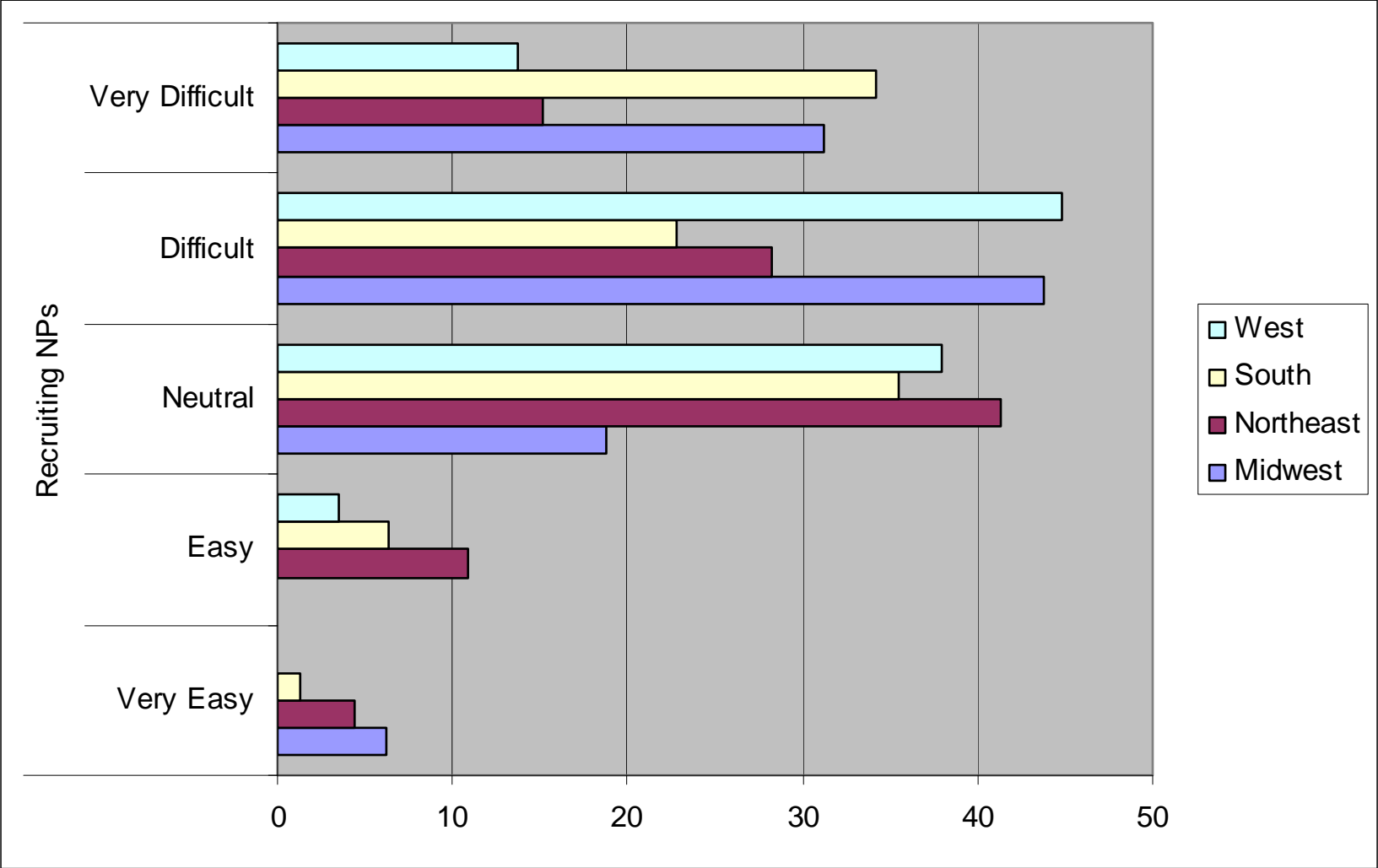
How difficult is it to recruit primary care providers? (%)



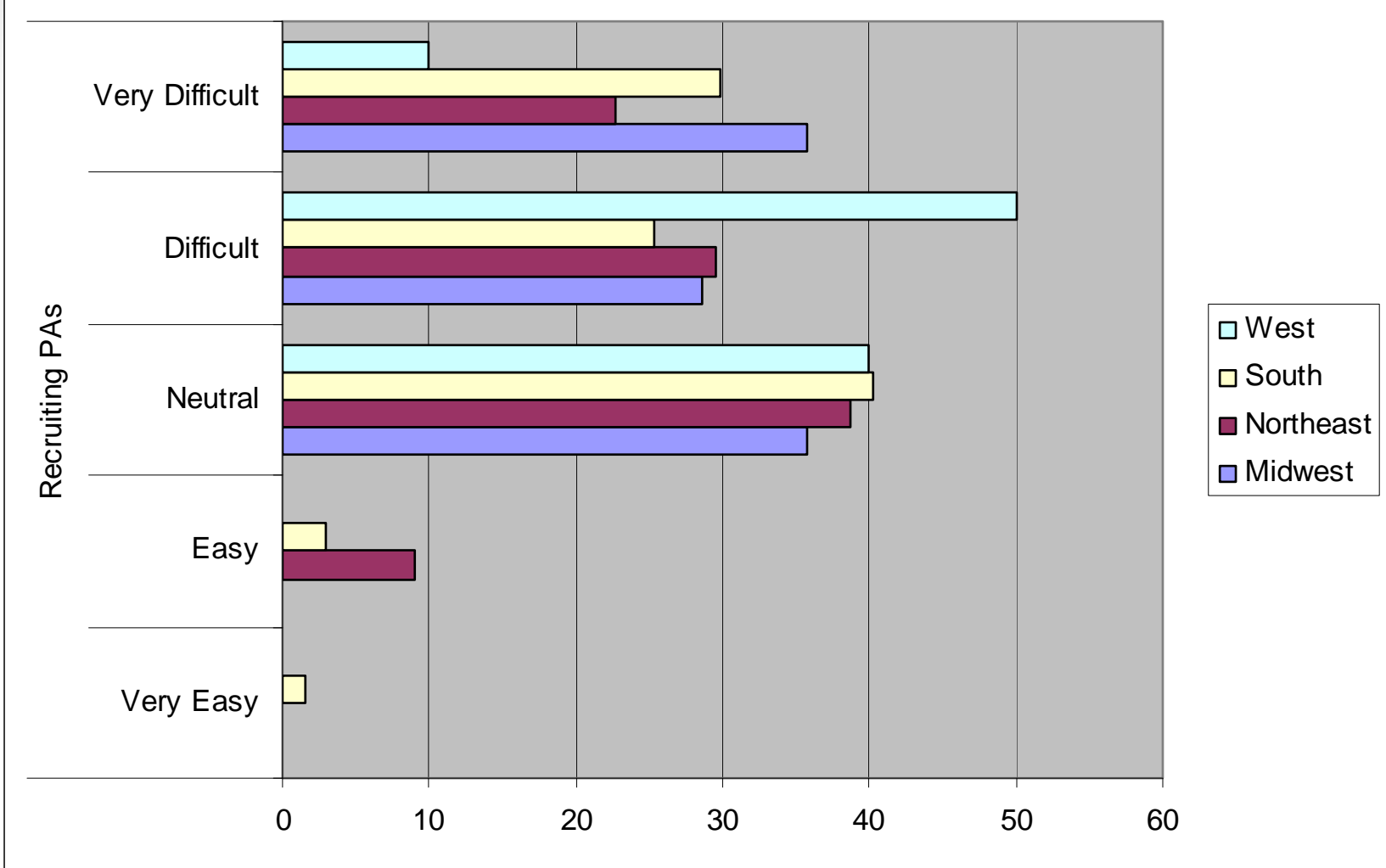
Difficulty of Recruiting MDs by Region (%)



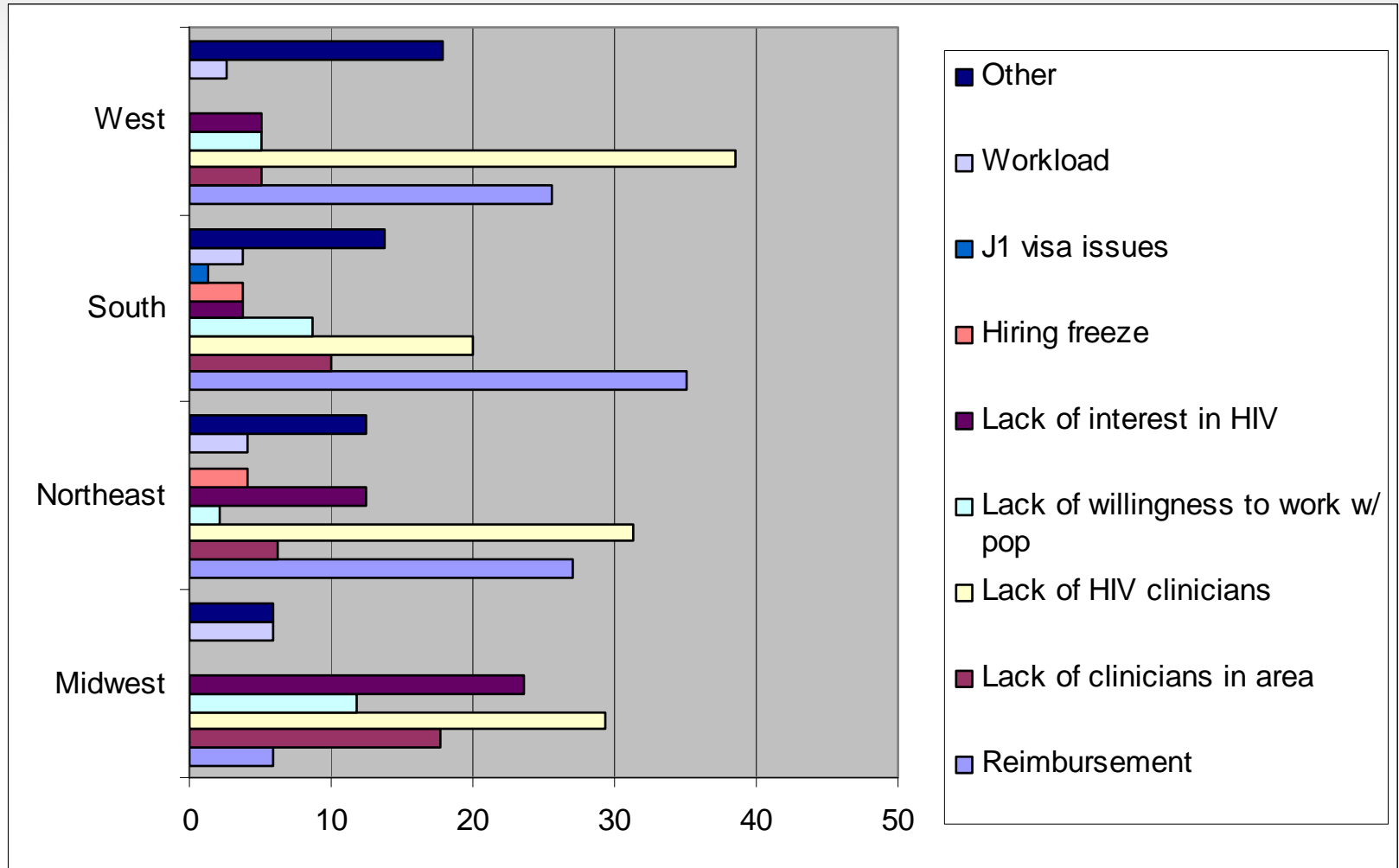
Difficult of Recruiting NPs by Region (%)



Difficulty of Recruiting PAs by Region (%)



Regional Challenges in Recruiting



What the Results Suggest

- Ryan White Part C patients low income and complex: most on Medicaid or uninsured, high rates mental illness, and many have AIDS when enter care
- Ryan White Part C clinics across the U.S. face challenges recruiting HIV medical providers
- Clinics in the South report greater difficulties recruiting clinicians, greater caseload increases and longer waiting times for new appointments
- Lack of qualified HIV providers and reimbursement top two challenges for Ryan White Part C funded clinics

What's Needed – Next Steps

- More in-depth study of our data to examine geographic differences in workforce and capacity issues
- National study to examine issues across HIV care and treatment providers and settings
- Incentives to encourage and support medical providers in pursuing HIV medicine
- Integration of workforce issues into broader health policy discussions, e.g., National AIDS Strategy, health care reform, primary care workforce shortages

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