



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

2013 Profile of Medical Case Management Services for People Living with HIV/AIDS in Maine

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April 2014

Introduction

In 2013, 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) at Maine General Medical Center; and St. Mary's Regional Medical Center (STM).

This report details statistics for calendar year 2013.

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 MaineCare, Ryan White Part C, HOPWA, United Way, fundraising) to support their medical case management and other related services.

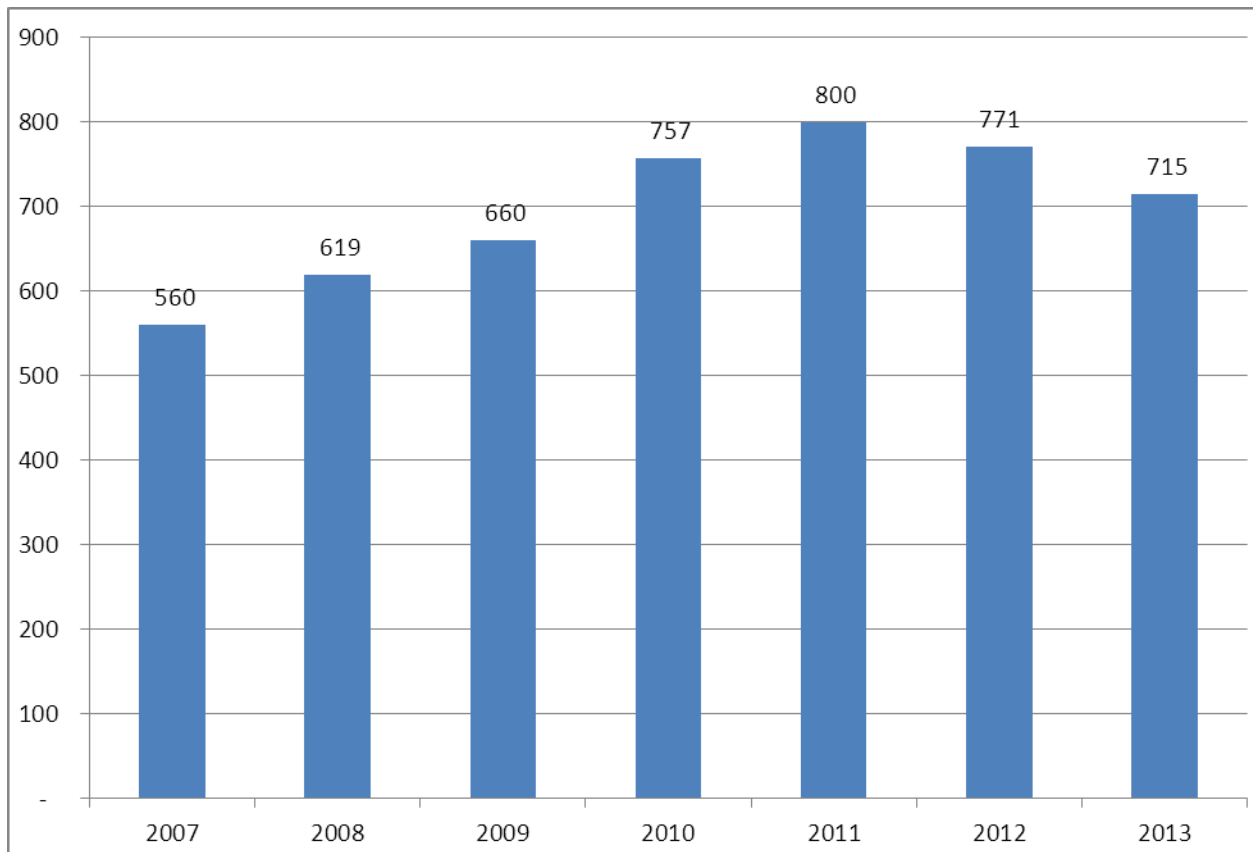
Data presented in this report were extracted from CAREWare, a client- and service-level database that has been required for Part B providers since 2005.

Client Profile

The demographic profile of clients accessing medical case management varies slightly from year to year. For the first time in more than five years, there was a decrease in total unduplicated clients served from calendar year 2011 to calendar year 2012.

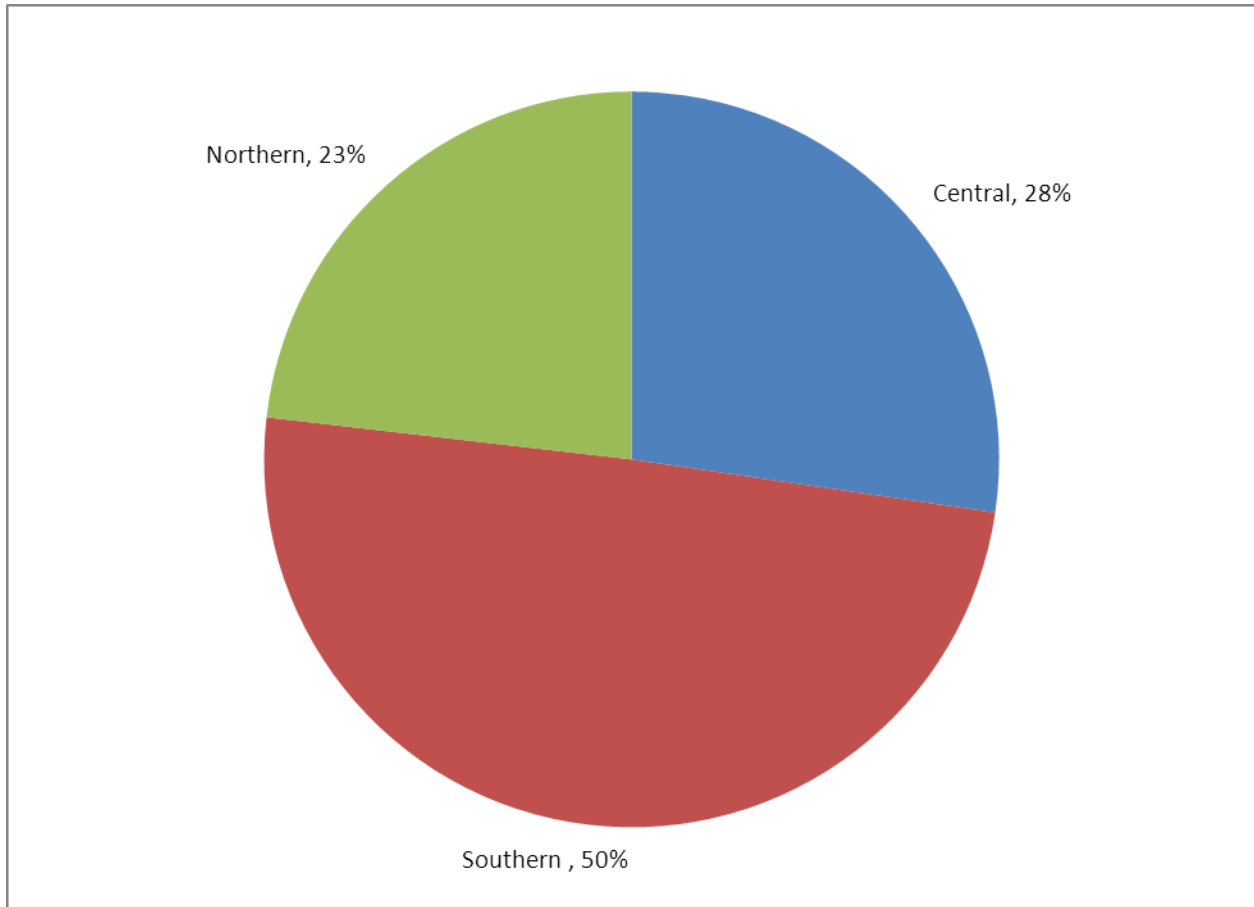
In calendar year 2013, a total of 715 unduplicated clients received at least one medical case management service, a 7% decrease from the previous year.

Unduplicated Medical Case Management Clients, 2007-2013



Regional distribution remains comparable to prior years and is about as expected, based on population density and epidemiological data.

Unduplicated Medical Case Management Clients by Region, 2013



Insurance and Medical Care

Primary insurance types reported in 2013 are noticeably different compared to prior years in that fewer clients report MaineCare (Medicaid) as their primary insurance while more report Medicare as their primary. This is likely due to better data quality than an actual shift in insurance coverage. More clients are also reported as having no insurance as their primary, due mainly to federal Ryan White reporting guidelines related to clients who received coverage through high-risk insurance pools with premiums paid by the AIDS Drug Assistance Program (ADAP).

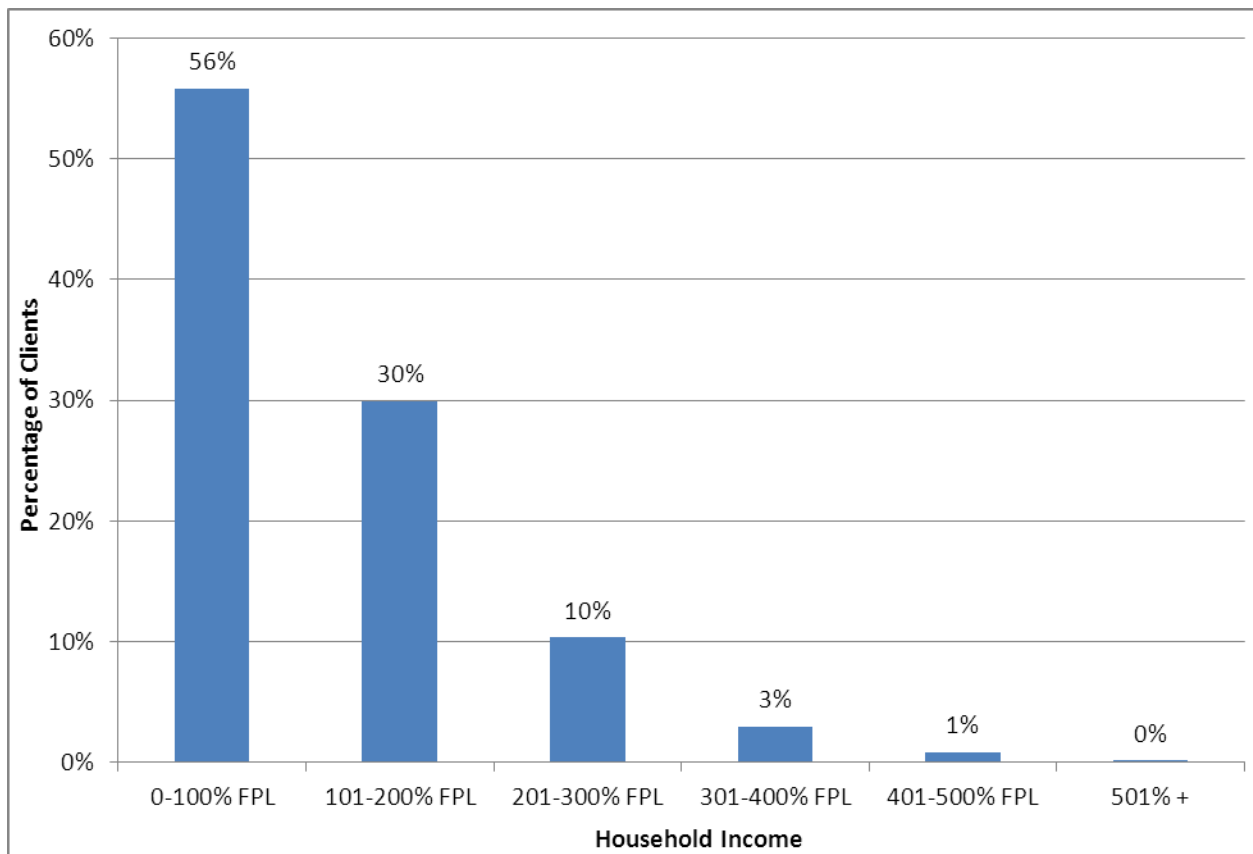
Reported types of HIV medical care showed an increase in clients receiving hospital-based care in 2013, with slight decreased in those accessing health care through private practice or publicly-funded clinics.

Less than 10% of clients are out of care (i.e. have no health insurance and/or primary care provider).

Income

Client distribution among income groups has remained stable over the last five years, likely due to the fact that many clients are on fixed incomes. The majority of clients (56%) fall at or below the FPL. All clients with an income greater than 500% of FPL have been discharged, according to program policies.

Client Distribution by Household Income, 2013



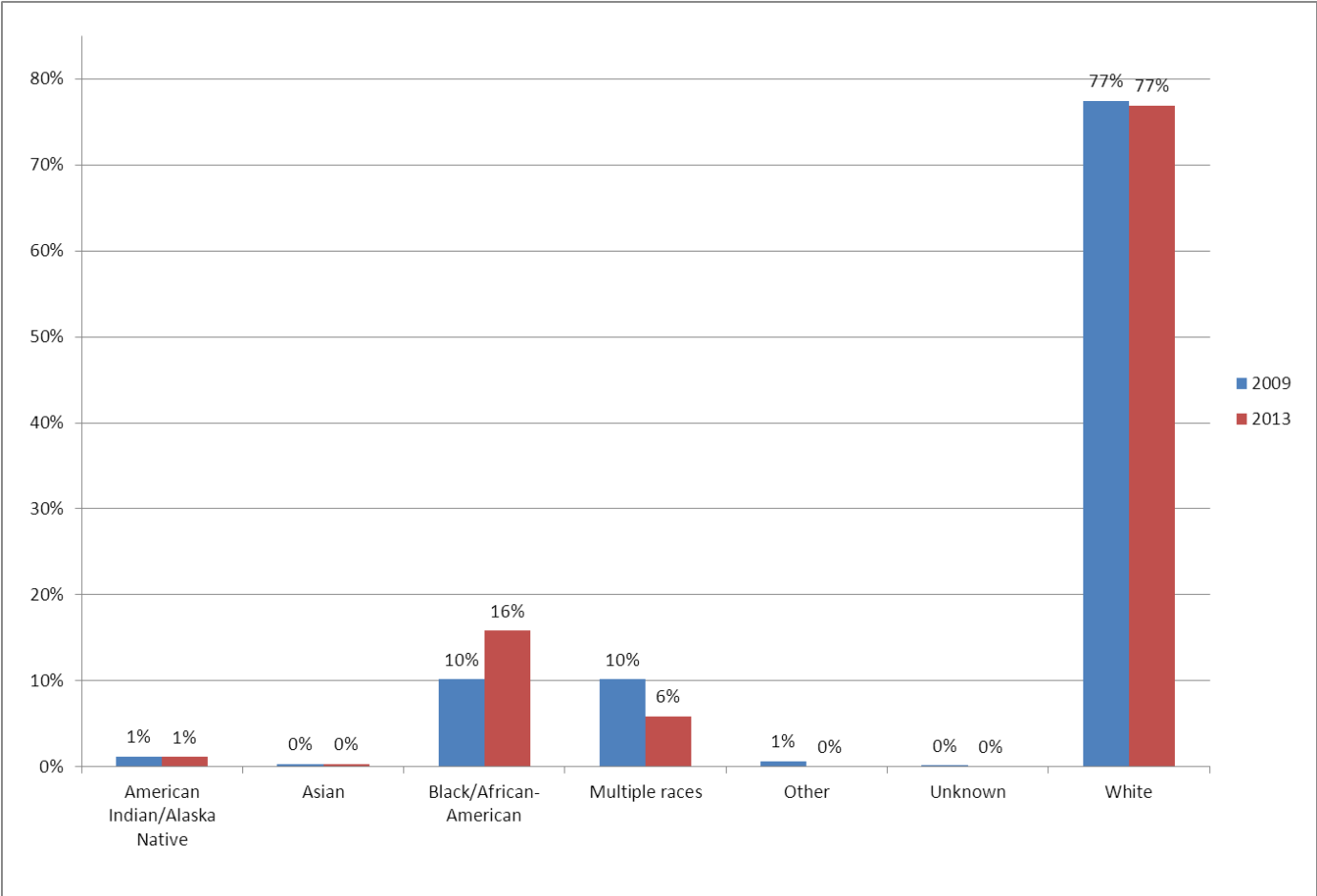
Gender, Ethnicity, Race, and Age

Although the distribution of clients by gender had remained stable at 78-80% male to 19-21% female, the distribution of clients by gender in 2013 shifted slightly to 75% male, 24% female, and 1% transgender.

The distribution of clients by ethnicity has remained consistent over the last five years. Approximately 6% are Hispanic.

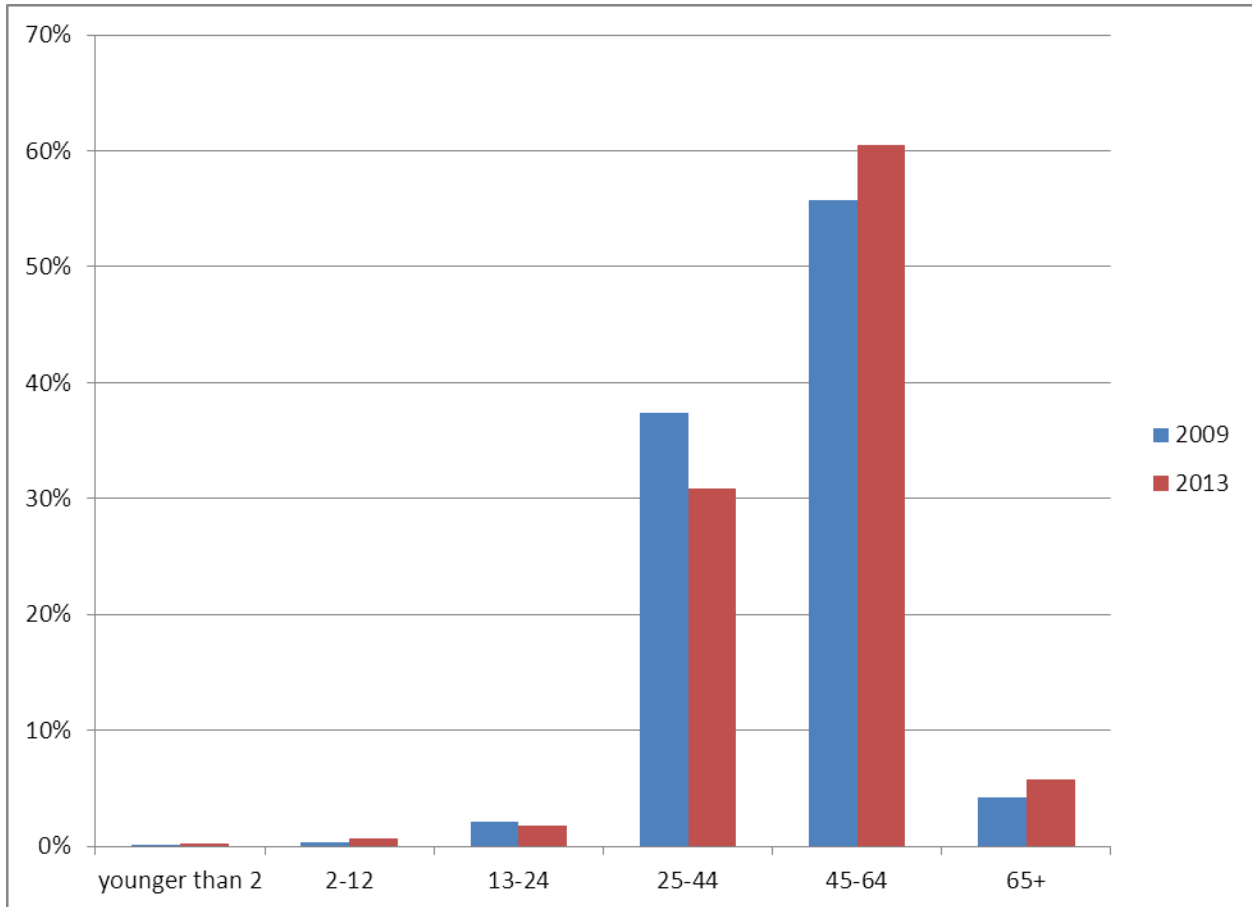
The racial distribution of clients – particularly people of African descent (both African-Americans and African immigrants/refugees) and those with multiple races – has shifted over the last five years, as is visible in the chart below.

Client Distribution by Race, 2009 and 2013



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 recent years, but this may be due mostly to the aging of clients.

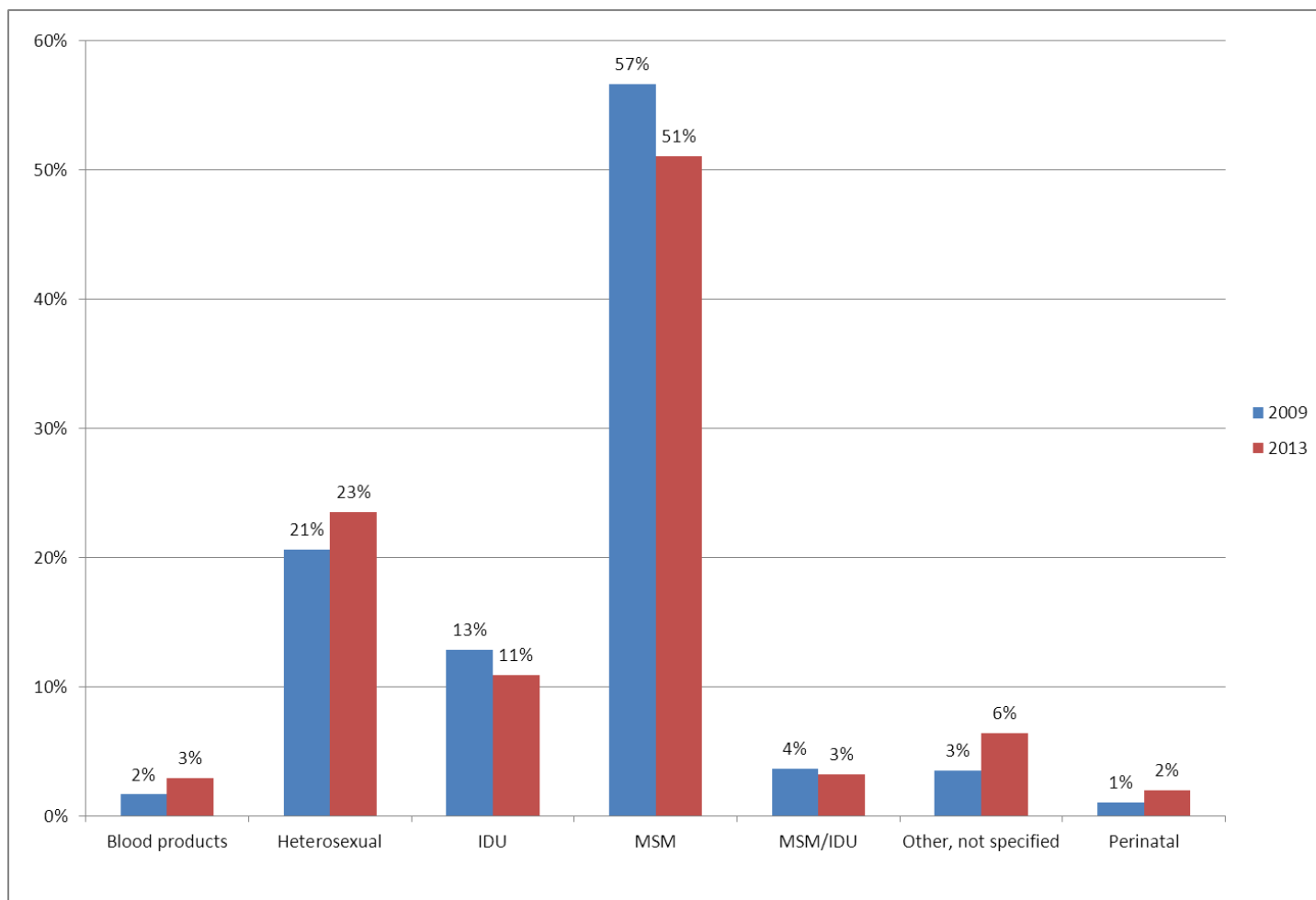
Client Distribution by Selected Age Groups, 2009 and 2013



HIV Risk Factors

Identified route of transmission has fluctuated slightly in the last five 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.

Client Distribution by Reported Route of Transmission, 2009 and 2013

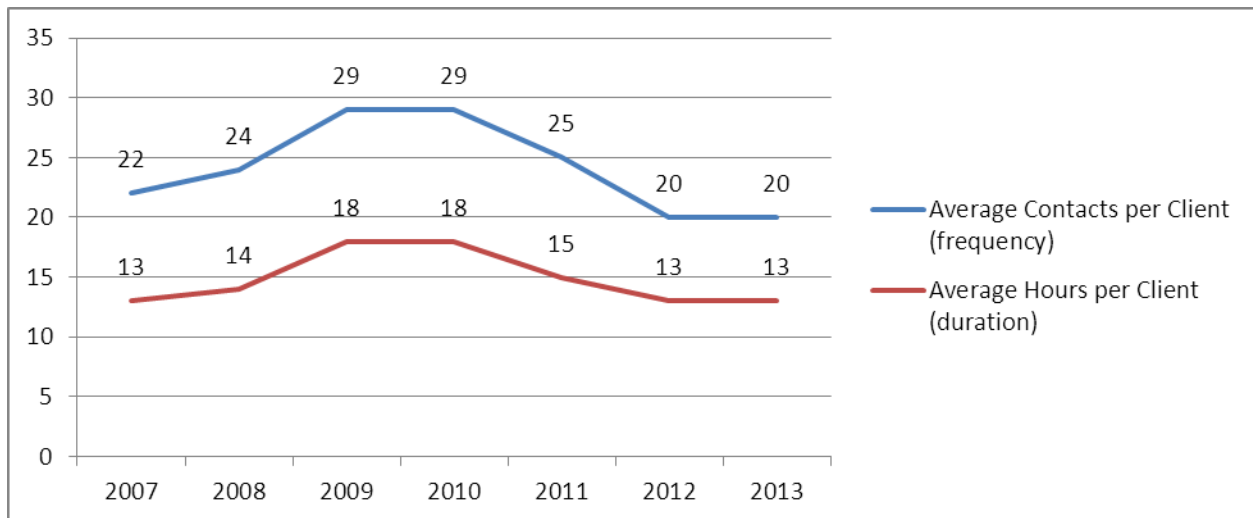


Service-Level Data

There was a 7% decrease in unduplicated clients, but there was a 9% decrease in the number of contacts (frequency) and a 4% decrease in total hours (duration) spent with clients.

2013	Total Clients	Total Contacts	Avg Contacts/Client	Total Hours	Avg Minutes/Contact	Avg Hrs/Client/Year
CHCS	24	259	11	145	33	6
DEAN	59	1,118	19	666	36	11
EMAN	86	1,982	23	1,246	38	14
FPC	359	7,713	21	5,425	42	15
HZN	87	1,116	13	790	42	9
STM	112	2,029	18	1,070	32	10
Total	715	14,217	20	9,341	39	13

Frequency and Duration of Contact, 2007-2013



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.

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

2013	Total Clients	New Intakes/Re-intakes	Discharges	Caseload Growth	
				#	%
CHCS	24	4	3	1	4%
FPC	359	42	50	-8	-2%
HZN	87	18	20	-2	-2%
EMAN	86	14	16	-2	-2%
STM	112	14	17	-3	-3%
DEAN	59	4	8	-4	-7%