2012 Profile of Medical Case Management Services for People Living with HIV/AIDS in Maine

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March 2013

Introduction

In 2012, 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 2012.

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.

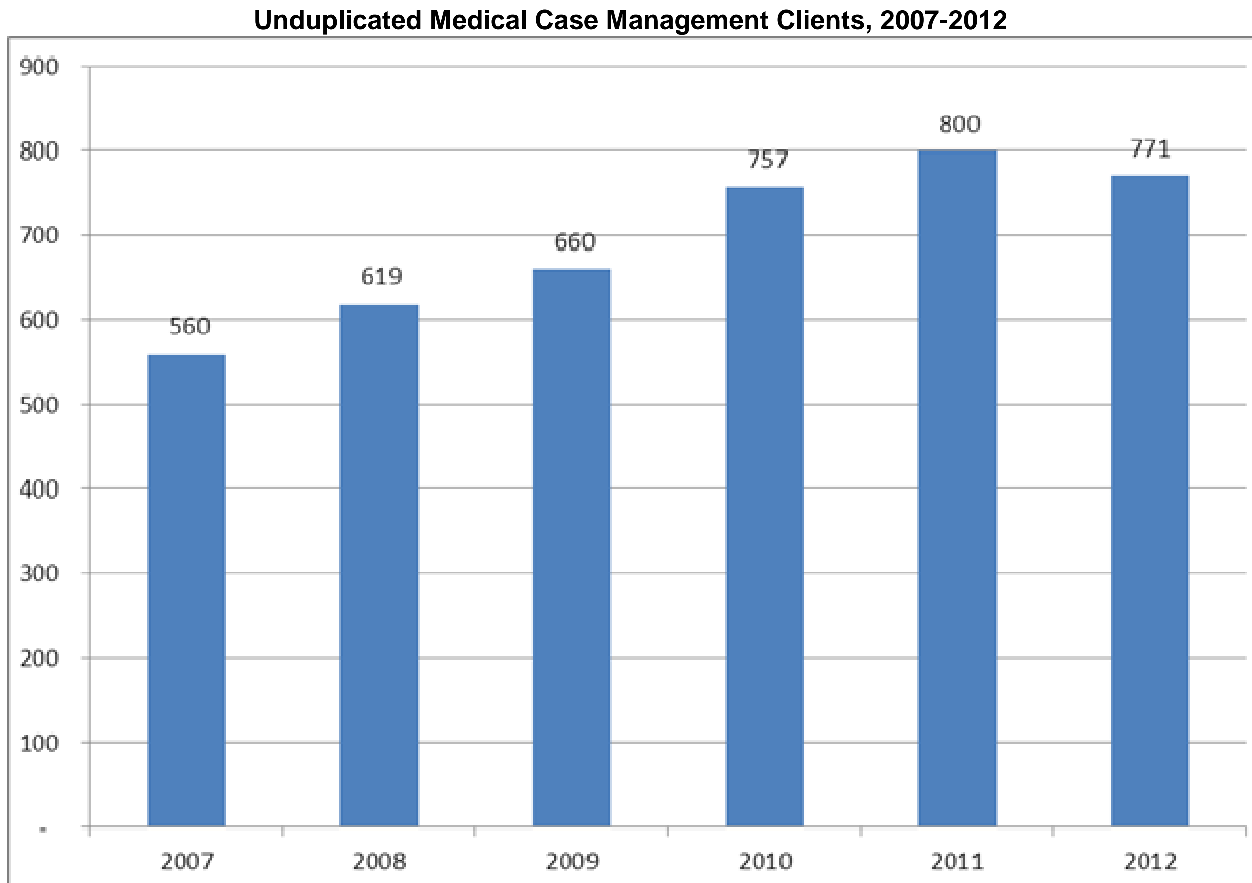
Data presented in this report were extracted from CAREWare, a client- and service-level database that has been required for Part B providers since 2005.

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.

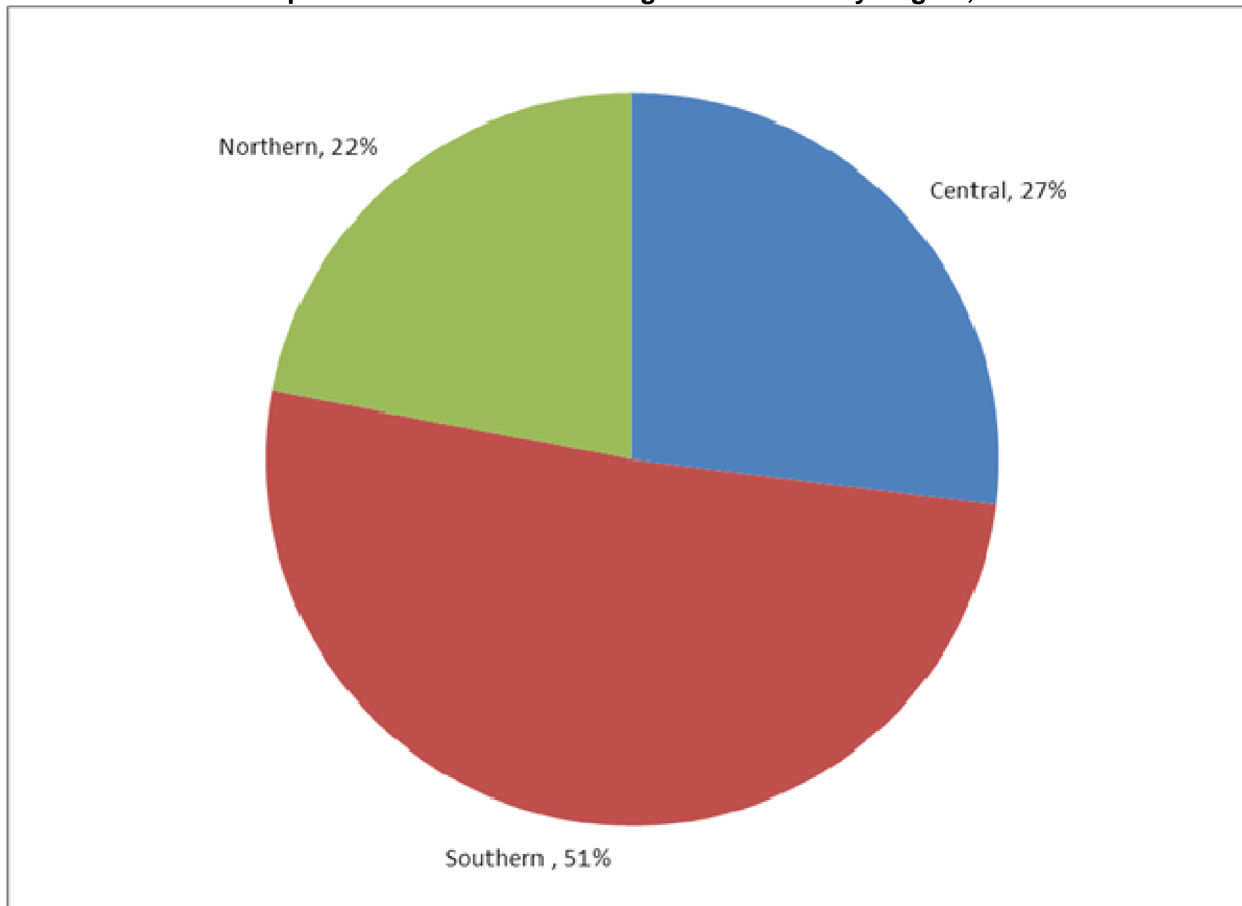
In calendar year 2012, a total of 771 unduplicated clients received at least one medical case management service, a 3.6% decrease from the previous year.

Unduplicated Medical Case Management Clients, 2007-2012



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, 2012



Insurance and Medical Care

The reported primary insurances are almost identical to 2010 and 2011. The majority (53%) of clients served reported some form of MaineCare as their primary insurance, followed by Medicare (28%), and private insurance (15%).

About 87% 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 250% of FPL are eligible for coverage under the limited benefit waiver for people with HIV.

About 82% of medical case management clients were enrolled in the AIDS Drug Assistance Program (ADAP) in 2012, compared to 90% in 2011 and 80% in 2010. Please note that all (100%) medical case management clients are eligible for ADAP.

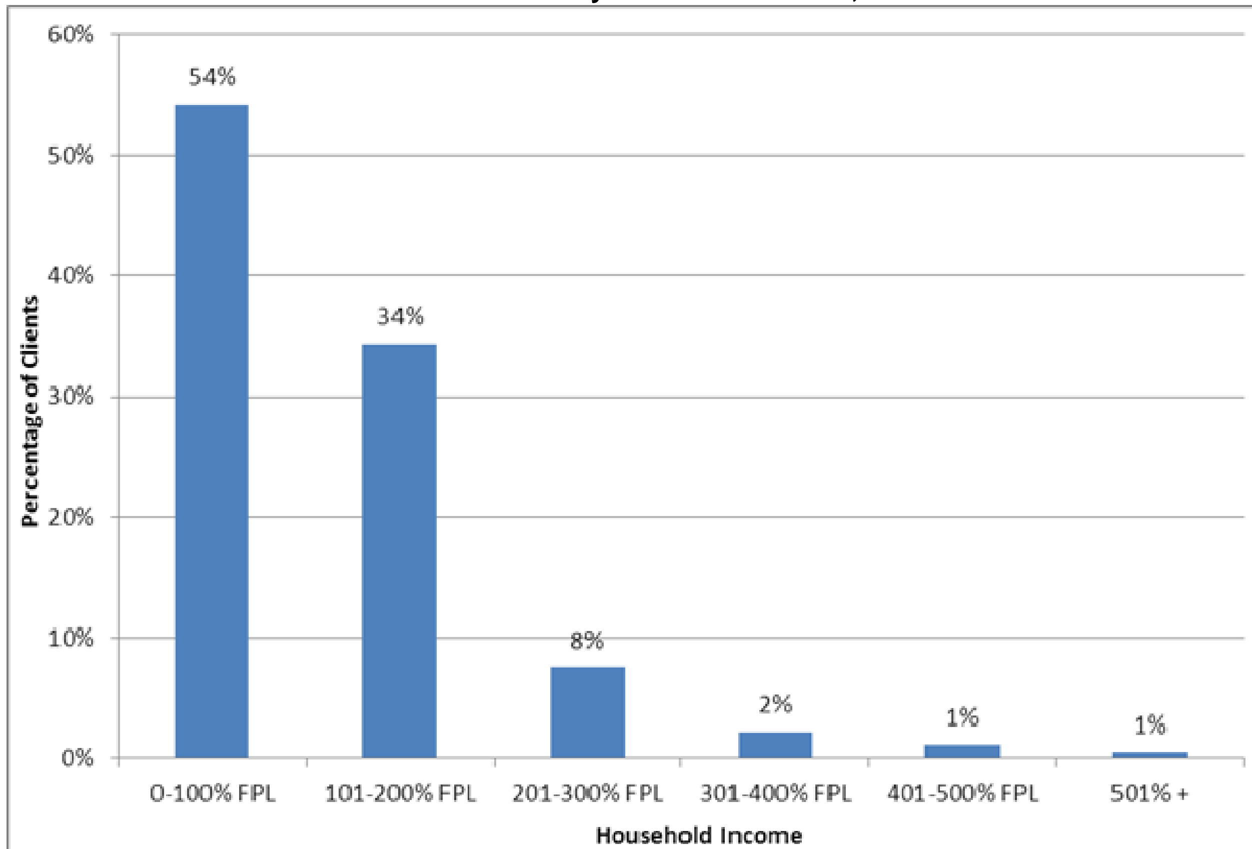
Reported types of HIV medical care are almost identical to 2011: 26% of clients reported receiving care from a publicly-funded clinic or health department; 41% received hospital-based outpatient care; 32% reported receiving care from private practice.

The percentage of clients reporting no insurance (2%) and the percentage of clients reporting no source of medical care (1%) are similar to prior years.

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 (54%) fall at or below the FPL. All clients with an income greater than 500% of FPL have been discharged, according to program policies.

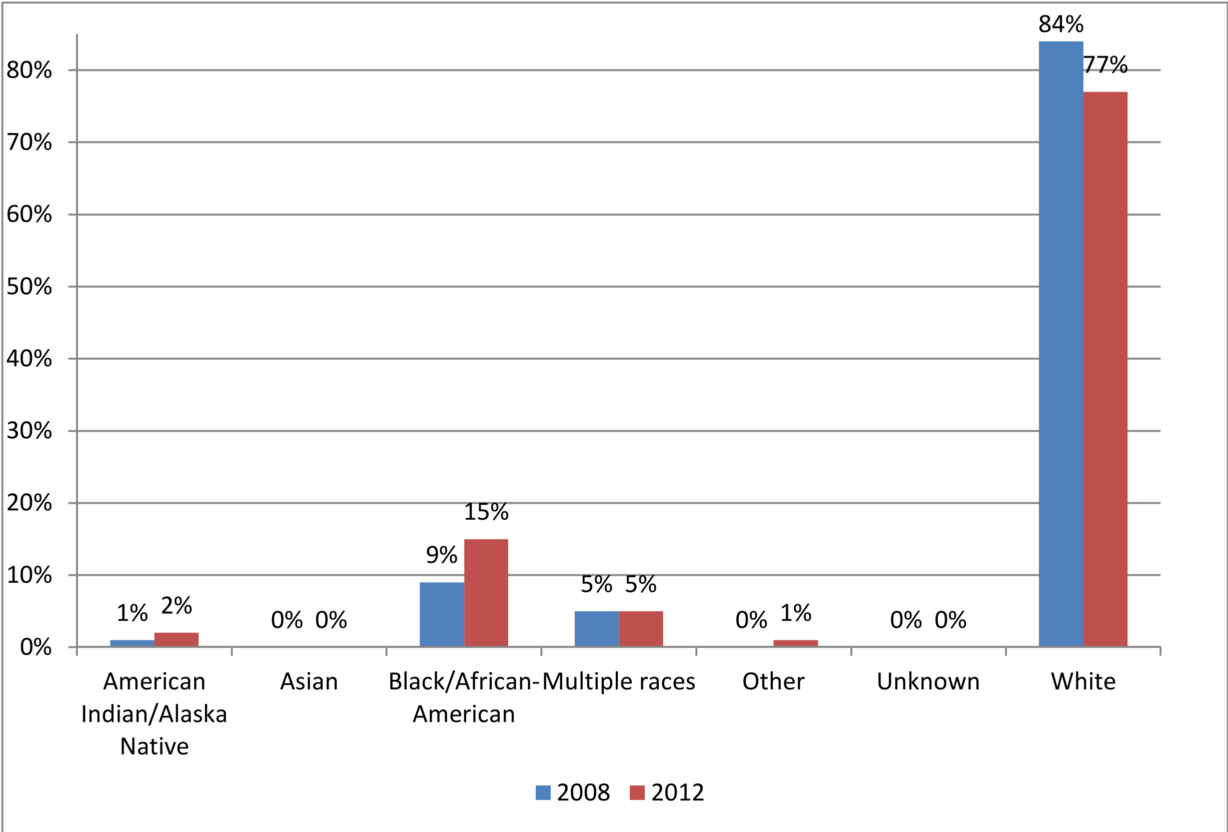
Client Distribution by Household Income, 2012



Gender, Ethnicity, Race, and Age

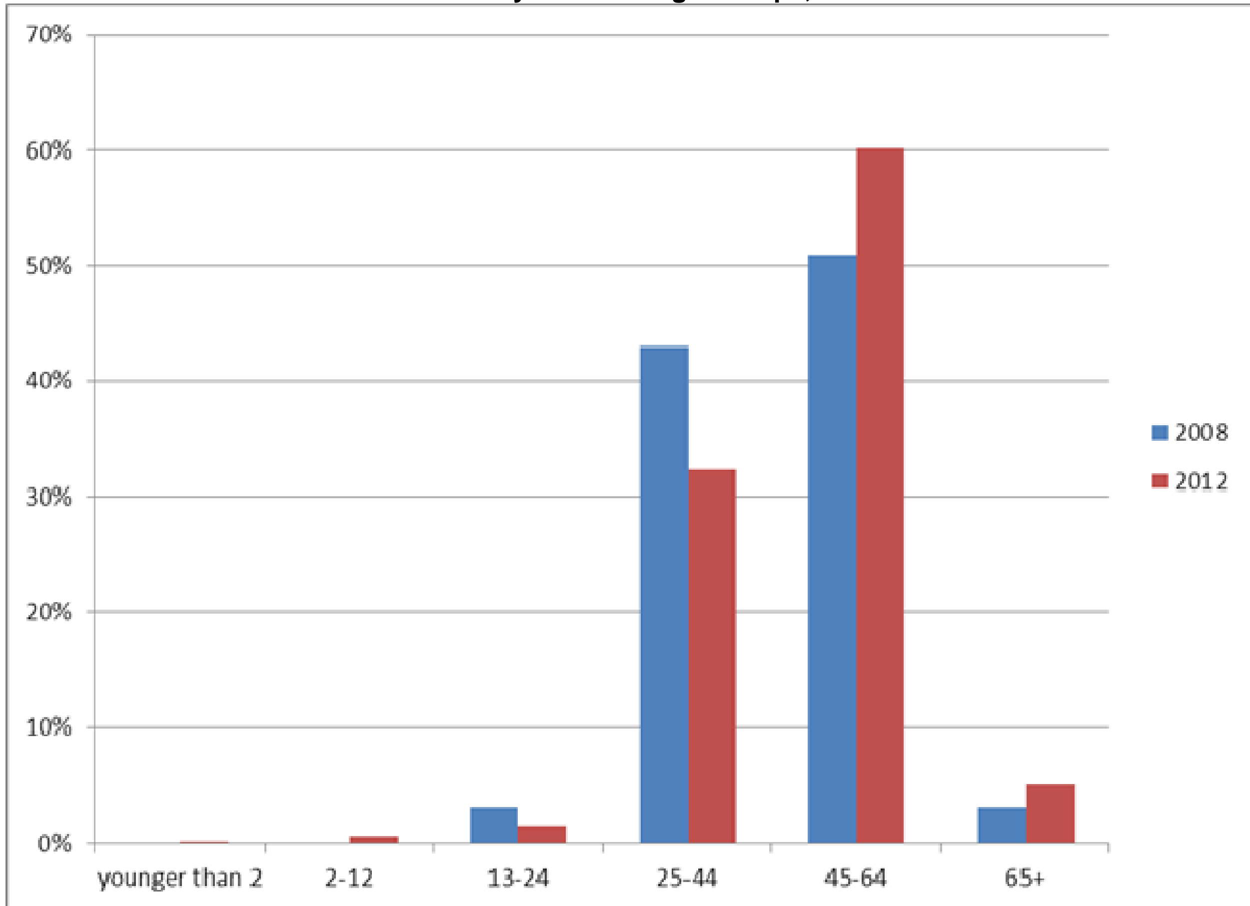
The distribution of clients by gender and ethnicity has remained consistent over the last five years. About 78% of clients are male, 21% are female, and 1% are transgender. Approximately 5% are Hispanic.

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.



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.

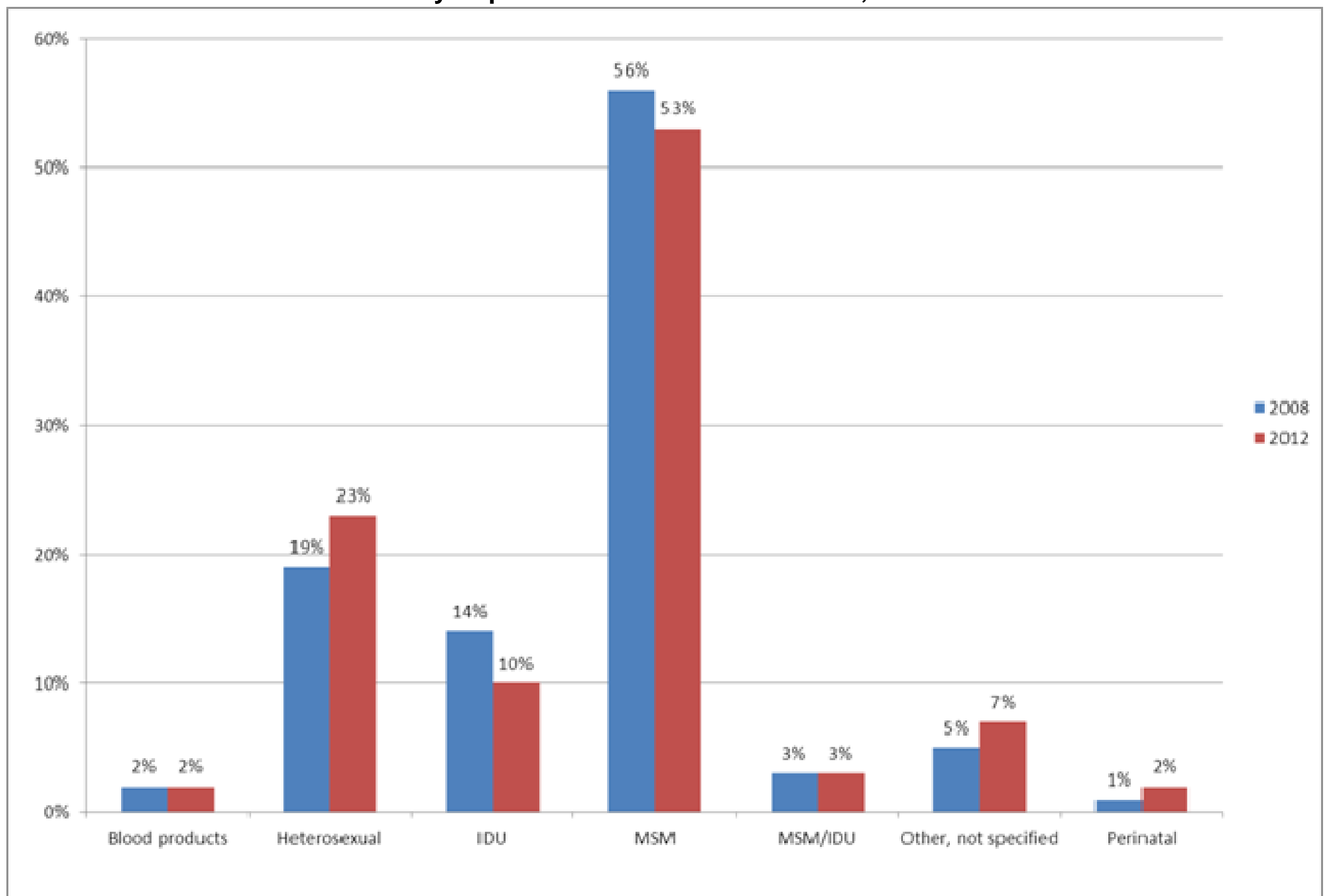
Client Distribution by Selected Age Groups, 2008 and 2012



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, 2008 and 2012



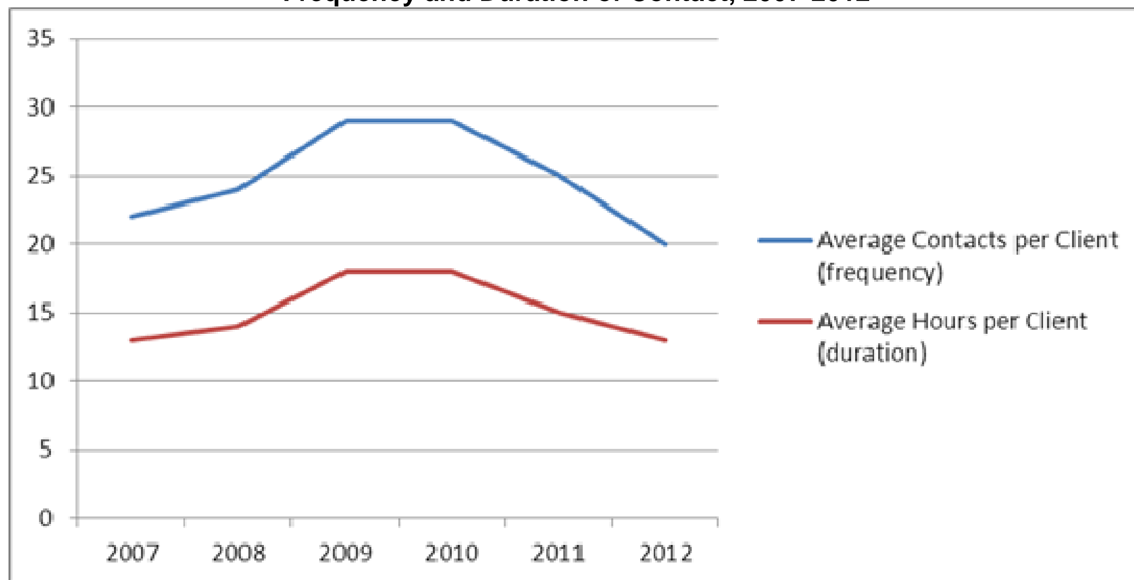
Service-Level Data

There was a 3.6% decrease in unduplicated contacts, but there was a 20.7% decrease in the number of contacts (frequency) and a 16% decrease in total hours (duration) spent with clients.

In 2011, despite a 6% increase in unduplicated clients, there was a 9% decrease in contacts and a 13% decrease in hours spent with clients.

2012	Total Clients	Total Contacts	Avg Contacts/Client	Total Hours	Avg Minutes/Contact	Avg Hrs/Client/Year
CHCS	24	287	12	169	35	7
DEAN	64	1,053	16	588	34	9
EMAN	88	2,355	27	1,367	35	16
FPC	399	8,705	22	5,765	40	14
HZN	108	1,344	12	906	40	8
STM	108	1,823	17	976	32	9
Total	**771**	**15,567**	**20**	**9,770**	**38**	**13**

Frequency and Duration of Contact, 2007-2012



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.

2012	Total Clients	New Intakes/Re-intakes	Discharges	Caseload Growth	
				#	%
DEAN	64	15	5	10	16%
STM	108	19	14	5	5%
EMAN	88	15	26	-11	-13%
FPC	399	88	154	-66	-17%
HZN	108	23	47	-24	-22%
CHCS	24	5	11	-6	-25%