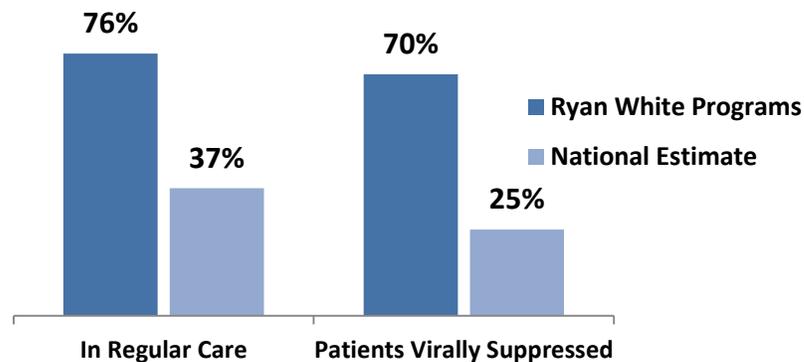


Ryan White Part C Program: Providing Effective, Patient-Centered Medical Care to People Living with HIV/AIDS

Part C's FY15 request is \$225.1 million, a \$24 million increase to help keep pace with rising numbers of new patients and to support effective health and cost outcomes

The Ryan White Model of Care Works

Rates for Ryan White Programs are from HRSA reports.
National rates reflect estimates for all people with living with HIV in the U.S.



Ryan White Part C Programs Are Effective Medical Homes Serving Patients Nationwide

Part C of the Ryan White Program directly funds comprehensive and effective HIV care and treatment -- services that are responsible for the dramatic decrease in AIDS-related mortality and morbidity over the past decade. The Ryan White Program has supported the development of expert HIV care and treatment programs that have become **patient-centered medical homes** for individuals living with this serious, chronic condition. In 2011, a ground-breaking clinical trial -- named the "scientific breakthrough of the year" by *Science* magazine -- found that HIV treatment not only saves the lives of people living with HIV, **but also reduces HIV transmission by more than 96%** -- proving that HIV treatment is also HIV prevention.

Part C is the primary vehicle for delivering HIV care to rural areas. Approximately half of Part C providers serve rural communities. Frequently, Part C providers are the only means by which many persons receive HIV testing and care.

Part C directly funds more than **350 community health centers and clinics** that provide comprehensive medical care. Part C programs are located in 49 states, Puerto Rico, the District of Columbia, and the U.S. Virgin Islands. The program targets the most vulnerable communities, including people of color, women, and low-income populations. Part C-funded health centers

and clinics provide treatment and care to an **estimated 275,000 people each year**. Part C clinics also provide HIV counseling and testing to more than 750,000 people each year. The majority of Part C grantees also receive funding from another Part of the Ryan White Program to help provide care, such as Parts A, B, or D.

HIV Treatment Saves Lives and Is Cost Effective

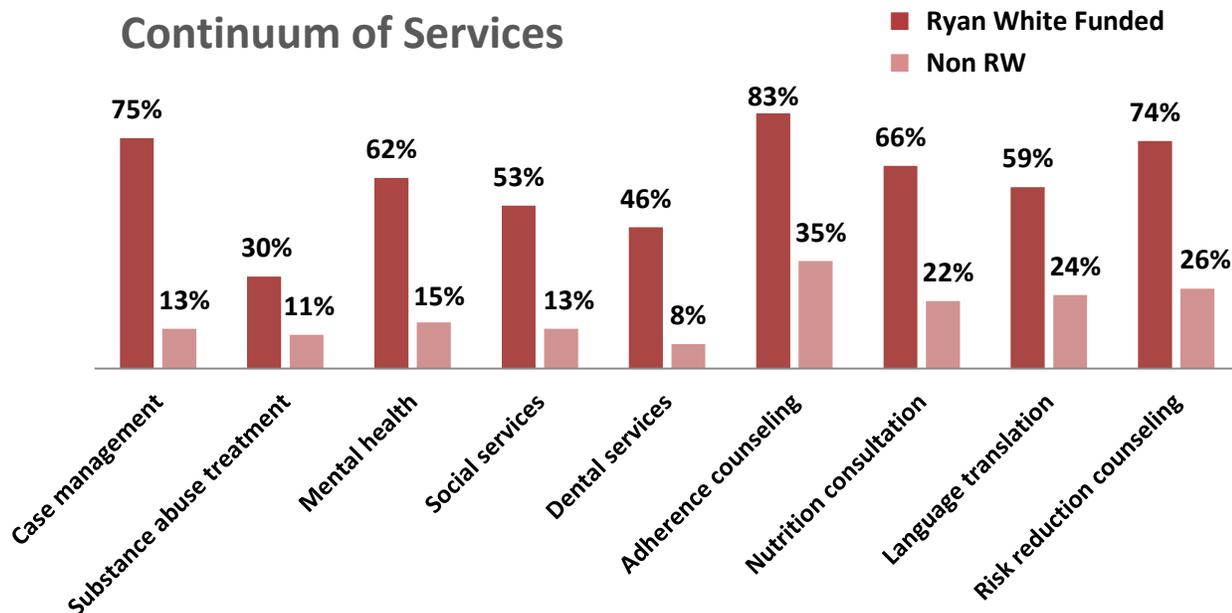
Early and reliable access to HIV care and treatment both helps patients with HIV live **healthy and productive lives** and is more **cost effective than later stage detection**. One study from the Part C Clinic at the University of Alabama at Birmingham found that patients treated at the later stages of HIV disease required **2.6 times more health care dollars** than those receiving earlier treatment meeting federal HIV treatment guidelines. **On average it costs \$3,501 per person per year (not including medication) to provide the comprehensive outpatient care available at Part-C funded programs.**ⁱ

From 2001 to 2010 the number of patients served by Part C clinics increased 73% while funding during the same period only increased 11%.

Ryan White Part C Programs Are Comprehensive and Provide Key Services

Management of HIV disease requires a continuum of care that includes primary and specialty care expertise and services to effectively suppress the virus, address serious treatment side effects, and treat the co-occurring conditions common among many individuals living with HIV.^{ii,iii} A survey of Ryan White Part C programs found that on average **37% of Part C patients had a serious mental illness; 35% had a substance use disorder; 23% had hepatitis B or C; and that 37% of new Part C patients are diagnosed with AIDS.***

In addition to primary and expert HIV care and treatment, **the effective comprehensive continuum of services provided in Ryan White clinics often include:**^{iv}



Ryan White Part C Clinics Meet A Critical Public Health Need

Part C of the Ryan White Program supports lifesaving HIV medical services for underserved and uninsured people living with HIV/AIDS across the country. Most Ryan White Program clients have some form of insurance coverage, but without the Ryan White Program, they would risk falling out of care because the effective, comprehensive Ryan White care model is not completely supported by Medicaid or most private insurance plans. Barriers include poor reimbursement rates; benefits designed for healthier populations that fail to cover critical services, such as care coordination; and inadequate coverage for other important services, such as extended medical visits, mental health and substance use treatment. Full implementation of the ACA plus the continuation of the Ryan White Program will dramatically improve health care access and outcomes for many more people living with HIV. And because HIV disease is an infectious disease, identifying, engaging and retaining persons living with HIV in comprehensive, effective care and treatment is a critical public health outcome that will help lead the nation to an AIDS-free generation.

* Data from a 2008 survey of Part C programs conducted by the HIV Medicine Association and the Forum for Collaborative HIV Research.



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Ryan White Medical Providers Coalition

ⁱ Based on data from Gilman BH, Green, JC. Understanding the variation in costs among HIV primary care providers. *AIDS Care*. 2008;20:1050–6.

ⁱⁱ See *Improvement in the Health of HIV-Infected Persons in Care: Reducing Disparities* at cid.oxfordjournals.org/content/early/2012/08/24/cid.cis654.full.pdf.

ⁱⁱⁱ See *Essential Components of Effective HIV Care: A Policy Paper of the HIV Medicine Association of the Infectious Diseases Society of America and the Ryan White Medical Providers Coalition* at: cid.oxfordjournals.org/content/early/2011/10/20/cid.cir689.full%3E

^{iv} Skarbinski, Jacek. CDC. "HIV Medical Monitoring Project (MMP)" CHACHSPT. June 18, 2013