The Future of the Ryan White Program: A Look into the Crystal Ball

Michael Saag, MD
University of Alabama, Birmingham
Director, Center for AIDS Research
Current Ryan White Program

- Part A: Large Metropolitan Areas
- Part B: Dollars to States
- Part C: Clinics
- Part D: Merged into Part C Clinics
- Part F: Spins, AETC, Dental, Minority AIDS Initiative
Current Ryan White Program

- Part A - $655.9 million
- Part B (Care) - $414.7 million
- Part B (ADAP) - $900.3 million
- Part C - 201.1 million
- Part D - $75.1 million
- Part F (AETCs) - $33.6 million
- Part F (Dental) - $13.1 million
- Part F (SPNS) - $25 million

TOTAL Ryan White Funding 2014: $2.319 billion
Ryan White Program Not Keeping Pace with Need

The “Triangle of Misery”
ACA Federal Implementation
Medicaid Expansion: Where Do the States Stand?

Figure 2

Eligibility for Coverage as of 2014 Among Currently Uninsured New Yorkers

Total = 2.2 million Uninsured Nonelderly New Yorkers

Notes: People who have an affordable offer of coverage through their employer or other source of public coverage (such as Medicare or CHAMPUS) are ineligible for tax credits. Unauthorized immigrants are ineligible for either Medicaid/CHIP or Marketplace coverage. SOURCE: Kaiser Family Foundation analysis based on 2014 Medicaid eligibility levels and 2012-2013 Current Population Survey.
Southerners Make Up More Than One-Third of the US Population and Are More Likely to Be Uninsured

Total US Population

37% SOUTHERNERS

Uninsured Rates Among Nonelderly Individuals

21% SOUTH
20%* WEST
14%* MIDWEST
13%* NORTHEAST

*Statistically different from the South at the .05% level

JAMA June 25, 2014 Volume 311, Number 24
Most Southern States Have Poverty Rates Above the National Average*

Poverty Rates Among Nonelderly Southerners

*The federal poverty level is $19,790 for a family of 3 in 2014*
Status of Medicaid Expansion in the South as of April 2014

- **Implementing Medicaid expansion in 2014 (6 states, including DC):** AR, KY, WV, VA, DC
- **Not moving forward at this time (11 states):** TN, MS, AL, GA, SC, NC, FL, TX, LA, OK, DE, MD
Without the Medicaid Expansion, Medicaid Eligibility Levels for Adults in the South Remain Low

Median Medicaid Eligibility Limits for Adults in the South

**CHILDLESS ADULTS**

- **NOT ELIGIBLE FOR MEDICAID**
  - 0% FPL: $0
  - Current eligibility limit for childless adults

**PARENTS**

- **ELIGIBLE FOR MEDICAID**
  - 52% FPL: $12,402 for a family of 3
  - Current eligibility limit for parents

- **NOT ELIGIBLE FOR MEDICAID**
  - 138% FPL: $27,310 for a family of 3
  - $16,105 for an individual
  - Eligibility limit for adults if states expand Medicaid

FPL = federal poverty level
Nearly 4 Million Poor Uninsured Adults in the South in States Not Expanding Medicaid Fall Into the Coverage Gap

TOTAL: 4.8 MILLION UNINSURED ADULTS IN THE COVERAGE GAP

REST OF THE US 21%

THE SOUTH 79%

SOUTHERN TOTAL: 3.8 MILLION UNINSURED ADULTS IN THE COVERAGE GAP*

- 22% TEXAS
- 16% FLORIDA
- 8% GEORGIA
- 6% NORTH CAROLINA
- 5% LOUISIANA
- 4% SOUTH CAROLINA
- 16% OTHER SOUTHERN STATES

*Totals do not sum due to rounding
In the South, the Coverage Gap Disproportionately Affects People of Color

Share of Uninsured Southern Adults Who Would Have Been Eligible for Medicaid But Are in the Coverage Gap

- Whites: 47% (1.5 M)
- Hispanics: 52% (0.9 M)
- Blacks: 56% (1.2 M)
## Ryan White Core Services vs. EHB

**Ryan White Core Services**
- Ambulatory and outpatient care
- AIDS pharmaceutical assistance
- Mental health services
- Substance abuse outpatient care
- Home health care
- Medical nutrition therapy
- Hospice services
- Home and community-based health services
- Medical case management, including treatment adherence services
- Oral health care (not an EHB)

**ACA "Essential Health Benefits"**
- Emergency services
- Hospitalization
- Maternity and newborn care
- Rehabilitative and habilitative services and devices
- Pediatric services, including oral and vision care
Onsite Support Services

- Linkage to care “orientation visits”
- Substance Abuse Treatment – Substance abuse counselors
- Mental Health Counseling - LPC
- Nutrition Counseling – Nutritionist
- Medication Adherence Counseling - PharmD
- Social Workers for case management
- Spiritual counseling - Chaplains
• Medical case management
• Coordination of home health care
• Health insurance consultation
• Medication acquisition through patient assistance programs (PAPs)
• Assistance with applications to federal and state assistance programs (ADAP)
• Psychological and spiritual counseling, and hospice care
Income Status of All Ryan White Clients

Income Status of 1917 Clinic Patients
Balance Sheet: 1917 Clinic*
Under Full ACA

*PRELIMINARY FINDINGS: NOT FOR DISTRIBUTION
N = 2164 pts / FY 2012

<table>
<thead>
<tr>
<th>Expenses</th>
<th>$3,573,784</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$2,276,627</td>
</tr>
<tr>
<td>Op Expense</td>
<td>995,394</td>
</tr>
<tr>
<td>Admin Expense</td>
<td>301,763</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenues**</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>$404/pt/yr</td>
</tr>
<tr>
<td>RW / Self pay</td>
<td>($1247/pt/yr)</td>
</tr>
</tbody>
</table>

To make ‘Whole’, RW would need to be: $2,698,508/yr

Current RW: ~ $1,700,000/yr

Deficit: $998,508/yr

**Assuming ALL patients were on Medicare.
Implications

- “Health Insurance Coverage” (ACA) isn’t enough for high-functioning (true) Medical Homes
- HIV / AIDS fortunate to have a Ryan White Program
- What about other Primary Care Settings?
ASSUMPTION: All States implement Medicaid expansion by 2017

Items covered by Medicaid:

- All medications
- A portion of clinic visits
- Hospitalizations
- Emergency Room visits
How does this affect the Ryan White Care Act and its Clinics and Beneficiaries?
• Let Clinics do Medical Care / Medical Case Management
• Let CBOs do “Community” Case Management in **Full Partnership** with Clinics
• Make RW Program a patient centric, ‘Capitated’ system
• Funding goes to clinics for distribution to health systems / CBOs / other partners
• Use HIV / AIDS Ryan White Clinics as models for delivery of Primary Care in US
Current Ryan White Program: Assuming All States Adopt Expansion of Medicaid

- Part A - $655.9 million
- Part B (Care) - $414.7 million
- Part B (ADAP) - $900.3 million
- Part C - 201.1 million
- Part D - $75.1 million
- Part F (AETCs) - $33.6 million
- Part F (Dental) - $13.1 million
- Part F (SPNS) - $25 million

TOTAL Ryan White Funding 2014: $1.419 billion

Savings: $909.3 million
Current Ryan White Program: Assuming All States Adopt Expansion of Medicaid

- Part A - $655.9 million → $492 million
- Part B (Care) - $414.7 million
- Part B (ADAP) - $900.3 million
- Part C - 201.1 million → $150.8 million
- Part D - $75.1 million → $56.3 million
- Part F (AETCs) - $33.6 million
- Part F (Dental) - $13.1 million
- Part F (SPNS) - $25 million

TOTAL Ryan White Funding 2014: $1.186 billion

Savings: $1.133 billion (51% reduction)
Recommendations

• Take these ideas to Congress in 2017
• Reauthorize the Ryan White Care Act
  – Eliminate the “Parts”
  – Provide payments directly to clinics and service providers on a capitated basis
  – Hold clinics / service providers accountable for outcomes
• Ultimately, expand concepts to all primary care providers in the US
Thoughts

Questions

Pushback!