

**PHOENIX ELIGIBLE METROPOLITAN AREA  
EARLY INTERVENTION SERVICES (EIS)  
“SUMMIT”  
SUMMATION**

**Collaborating with Ryan White and Non-Ryan  
White Providers for the Early Identification of  
HIV+ Individuals who are Unaware of their HIV  
status**

# EIS SUMMIT OVERVIEW

- Two meetings were held at Maricopa County Department of Public Health
- Meetings consisted of Ryan White Part A providers, Non-Ryan White Part A providers, Planning Council Support Staff and Grantee Administration
- At the first meeting, each provider described their HIV+ patient population and overview of agency operations
- The second meeting generated strategies for the EMA to include in the FY 2013 Ryan White Part A Grant application
- The National HIV/AIDS Strategy was an integral component of both meetings



# AGENCY OVERVIEWS

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**HIV+ patient population composition and  
overview of agency operations**

# PUEBLO FAMILY PHYSICIANS

- Non Ryan White Provider
- Second Largest HIV+ Medical Facility in Maricopa County
- New cases – young, Hispanic, male, meth pnp, not routine in testing, travel in same circles, peers make them get tested,
- 65% AHCCCS (Arizona Medicaid)
- diverse pop (14 to 76), over 1500 active clients
- Huge case management overlap with PFP
- PFP is able to accommodate clients faster than other providers
- 30-40% of clients access care from CPLC, CD, ED
- If clients have trouble with services, they meet with clients for referrals
- Transportation is a huge barrier (now a \$2 copay for AHCCCS cabs), trying to get meds picked up on return trip
- Erratically out of care – need a case manager/provider on them
- Themes of Substance Abuse issues (meth) – AHCCCS does not pay for detox, has to be done outpatient
- 3-6 new to care per month, up to 15 new clients per month
- A lot of co-infection, syphilis, Hep C
- Lost 200 clients since changes from AHCCCS

# PINAL COUNTY HEALTH DEPARTMENT

- 10 testers, 50 new diagnoses in the county this year
- Most testing clients are Hispanic, many undocumented, generally for free
- One ID HIV doc – 35 clients, Sun Life Health Center (FQHC)
- Most HIV clients are AHCCCS, Some Part A
- 100% linkage to care from testing last year, very rare for Title 10
- Many undocumented who came to US specifically to get care, held in ICE facilities in Pinal County
- Seeing clients with Karpis Sarcoma
- Three clients over 50 with AIDS diagnosis--not MSM or IDU (women and men)
- Treatment issues – story about encouraging opt-out testing at hospital
- Correctional linkages – ADOC will move to contracted private medical care, may see changes in HIV care in the prison system
- Roughly 60 clients case managed by Part A. Pinal CM housed at Sun Life and ACS three days a week

# VETERANS AFFAIRS

- Non Ryan White Medical Provider
- 400 patients
- Try to contact out-of-care, often clients do not want to get into care (20 people)
- Always getting new patients, 6 new patients this month, two newly diagnosed (1 msm, 1 hetro)
- 53 year presented at hospital, nearly died, finally tested for HIV
- Clients: less that 10 women, one of childbearing age, most MSM, both younger and older, more AA, incarcerated,
- Social worker connects with the jails to identify VA clients with health problems and maintain care
- Many stories of clients who never tried to access care at the VA, knew they could access services, or tried to go to VA and couldn't access care due to govt funding – something congressional
- One ID doc, but doesn't do HIV.
- Try to identify, test more frequently, barriers to get providers to test – VA has made it easier to test re: consent
- Homeless VA clients can get clothing, housing, meals, pet services, etc.
- Large client base that are homeless and/or not stably housed
- Care Directions collaborates for Case Management

# CLINICA ADELANTE, INC

- Non Ryan White Part A medical provider
- Been around 30 years, started addressing health needs of migrant population mobile care
- Starting to see larger numbers of non-underserved pops
- 50% Hispanic clients, seven locations
- Clinics transitioning to comprehensive health centers
- Dr. Soto is very interested in HIV
- Many locations in the west valley – could fill HIV care void at some point
- Not testing at all clients, discussing this now but no plan
- Last year 400 tests, 8 positives

# AK-CHIN HEALTH CLINIC-INDIAN HEALTH

- Non Ryan White Medical Provider
- OB/family planning types of services but see a few patients who are HIV+
- 15-18 people who are HIV positive
- Send HIV clients to PIMC because they can't provide meds
- Do a lot of testing, maybe more than the actual hospital
- Provide services for adult and juveniles at tribal jail
- Trying to expand HIV testing at the hospital (Title 10 funded)
- Mobile unit for testing
- Low positivity rate, only two positives in last two years



# PHOENIX INDIAN MEDICAL CENTER (PIMC)

- Ryan White Part A medical provider
- Work across state, not just Maricopa county
- 200 active clients
- HIV clinic with ID, pharmacy, case managers, etc.
- Many patients diagnosed through ER, but testing is not mandatory (risk or present with cause)
- Many young clients, MSM
- 16 year old client, drives five hours from white river to see doc
- Some Nevada clients seen at Phoenix
- RW Clients can access care from PIMC or McDowell Clinic
- RW clients often get case management only, most others AHCCCS or PIMC eligible
- Local tribal health care can provide care as well
- Everyone who is accessing care is on a list to get seen every three months

# MARICOPA INTEGRATED HEALTH SERVICES (MIHS)

- Largest Ryan White Part A medical providers
- 2200 medical patients, 2500 clients over all services
- 56% are minority, largest is Hispanic, then AA
- 20%+ are women
- 1% transgender
- MSM/MSM IDU largest risk, but 30% report hetro risk category
- Age range from 18 to 82
- 40 *new to clinic* patients each month – gone up from AHCCCS, most from inside Maricopa county due to changes in medical payer
- 30% are newly diagnosed, 25% have been out of care for longer than 6 months
- 45% Ryan White payor
- Significant increase from AHCCCS to RW
- Pre-Existing Condition Insurance Plan (PCIP) clients seem to be happy with their care at MIHS, not transitioning out to other providers

# CARE DIRECTIONS

- Largest Ryan White Part A non-medical provider
- 3000+ clients each year
- 18 case managers, linked to most HIV docs
- Ethnically diverse
- Docs will follow up with Care Directions to get Out of Care into care
- Provide Ryan White Part A centralized eligibility
- Transportation is an issue (AHCCCS and RW)
- Bus passes are an issue – about 40 people need bus passes over current allocation

# EBONY HOUSE

- Ryan White Part A non-medical provider
- 60 clients
- 99% AA
- Same services as Care Directions

# SOUTHWEST CENTER

- Ryan White Part A non-medical provider
- 180 HIV tests a month
- Increased testing since last year
- Three to seven positives a month
- Link clients to medical care, partner services, education services
- No results over the phone, some no shows due lack of client follow up



**EIS SUMMIT MEETING  
OUTCOMES CITED IN THE EMA'S  
FY 2013 PART A GRANT  
APPLICATION**

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## 2) A. (1) (B) COORDINATION WITH OTHER PROGRAMS/FACILITIES AND COMMUNITY EFFORTS

- Another example of collaboration is the multi-session “EIS Summit” which originated from the Planning Council’s Pathway’s to Care Assessment. Participants included mostly non-Ryan White funded providers such as Pueblo Family Medical (the second largest provider of HIV services in Phoenix EMA), CarePlus Specialty Pharmacy (a large provider of HIV meds for insured individuals), Phoenix VA Medical Center, Phoenix Indian Medical Center, Clinica Adelante (Community Health Center with large portion of minority and underserved clients), Pinal County Testing (rural) and Partner Services. The purposes of this workgroup included: 1) to better understand how non-Ryan White providers linked newly diagnosed clients to care within the community, and what follow-up activities were being conducted; 2) identify opportunities for Ryan White Part A to partner with one or more of these providers to increase newly diagnosed linkage to care and retention in care; and 3) strengthen relationships with non-Ryan White providers, especially those that clients may transition to care when Affordable Care Act programs are implemented. Outcomes of this collaboration include a better understanding of how private entities such as pharmacies and providers interact to ensure clients are engaged in care, a feasibility study to establish a Part-A funded Linkage Specialist at the second largest medical provider of HIV services in Phoenix EMA, and the formal establishment of the work group as a component of the Part A program (meeting three times each year).

## THERE ARE FIVE MAJOR EIIHA UNDERTAKINGS PLANNED FOR THE REMAINDER OF 2012 AND 2013 GRANT YEAR.

- #5: *Exploration and pending placement of a Linkage Specialist at the second largest HIV provider in the Phoenix EMA (Pueblo Family Physicians).* The clinic has 1500 patients and specializes in serving the white MSM community. This partnership was initiated during the EIS Summits and the clinic is not funded by Ryan White. This collaboration would support the National HIV/AIDS strategy of increasing the Ryan White HIV/AIDS Program clients who are in continuous care from 73% to 80% would create an additional pathway to support services for newly diagnosed clients.



2)B.(4)(D)IV) ACTIVITIES UNDERTAKEN TO FORM AND MAINTAIN RELATIONSHIPS WITH PRIVATE HIV CARE PROVIDERS FOR THE PURPOSE OF VERIFYING THAT INDIVIDUALS REFERRED INTO PRIVATE CARE HAVE ACCESSED MEDICAL CARE POST REFERRAL.

- **Essential activities can be implemented immediately:** The Grantee has worked diligently to expand relationships within the EMA through the EIS Summit and Planning Council's Pathways to Care Meetings. Meetings with local private primary medical care providers have helped identify non-Ryan White clients' needs such as health education and transportation. In addition, the Medical Case Managers will work closely with the individuals in care to verify in care status.

## 2) B. (4) (D) V) PROGRESS FROM LAST YEAR

- The multi-meeting EIS Summit played an important role in strengthening connections between the Ryan White Program and non-Ryan White funded entities such as private HIV medical care providers, private HIV pharmacists, the Veterans Affairs Hospital, Community Health Clinics focused on Latinos. One outcome was the suggestion of placing an EIS Linkage Specialist at the clinical site of one private primary medical care sites to provide health education and literacy, referrals and confirm linkages to care. This clinic specializes in MSM populations. The Part A office is gathering data on the number of newly diagnosed clients to determine the funding need for this venue. The Part A office continued its review of subcontractor's business associate agreements and MOUs to ensure that linkages to designated providers are referenced.



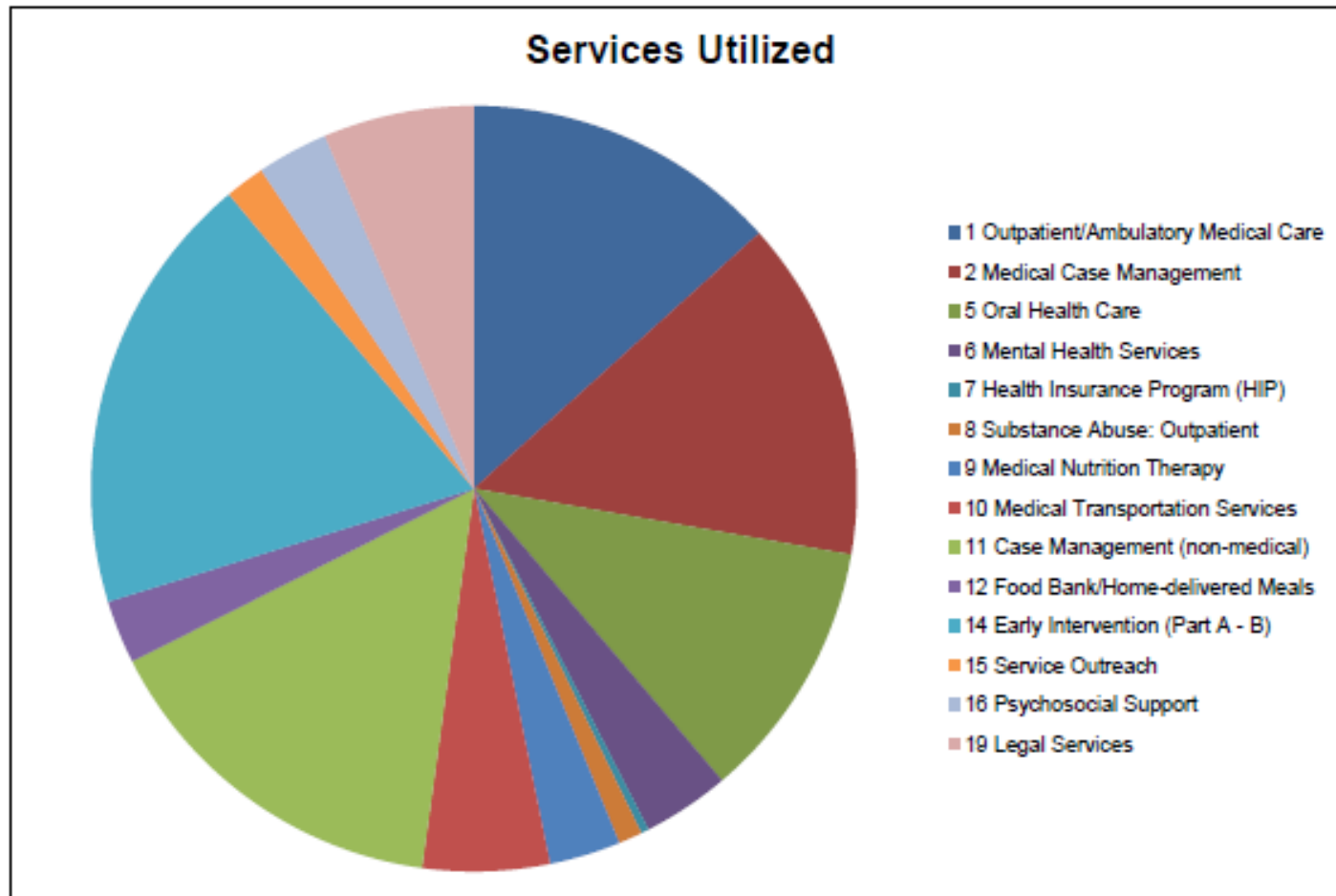
# APPENDIX A-CAREWARE DATA

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Early Intervention Services Category + Newly  
Diagnosed Detail

# NEWLY DIAGNOSED CLIENTS SERVED

## 3/1/11-2/29/12



# NEWLY DIAGNOSED CLIENTS SERVED

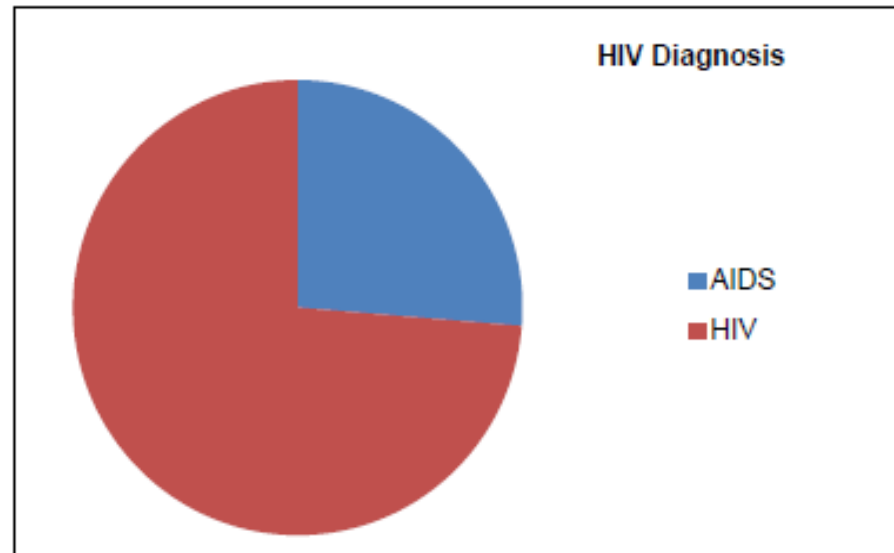
## 3/1/11-2/29/12

Priority	Category	Clients	Enc/Visits	Units	Dollars Utilized	Cost Per Client	Percent
1	Outpatient/Ambulatory Medical Care	40	257	1,977	\$ 70,121	\$ 1,753	71.43%
2	Medical Case Management	43	657	1,754	\$ 19,557	\$ 455	76.79%
5	Oral Health Care	33	129	187	\$ 91,980	\$ 2,787	58.93%
6	Mental Health Services	11	38	129	\$ 3,809	\$ 346	19.64%
7	Health Insurance Program (HIP)	1	1	10	\$ 11	\$ 11	1.79%
8	Substance Abuse: Outpatient	3	12	70	\$ 967	\$ 322	5.36%
9	Medical Nutrition Therapy	9	13	448	\$ 742	\$ 82	16.07%
10	Medical Transportation Services	16	89	146	\$ 3,939	\$ 246	28.57%
11	Case Management (non-medical)	46	84	183	\$ 4,645	\$ 101	82.14%
12	Food Bank/Home-delivered Meals	8	25	40	\$ 618	\$ 77	14.29%
14	Early Intervention (Part A - B)	56	145	399	\$ 61,897	\$ 1,105	100.00%
15	Service Outreach	5	7	7	\$ 13,766	\$ 2,753	8.93%
16	Psychosocial Support	9	20	48	\$ 1,286	\$ 143	16.07%
19	Legal Services	19	27	89	\$ 2,264	\$ 119	33.93%
<b>Totals</b>		<b>56</b>	<b>1,504</b>	<b>5,487</b>	<b>\$ 275,603</b>	<b>\$ 4,921</b>	
<b>Service Summary - Outside OAMC</b>		<b>56</b>	<b>1,247</b>	<b>3,510</b>	<b>\$ 205,482</b>	<b>\$ 3,669</b>	

# NEWLY DIAGNOSED CLIENTS SERVED 3/1/11-2/29/12

Unduplicated Clients by Diagnosis

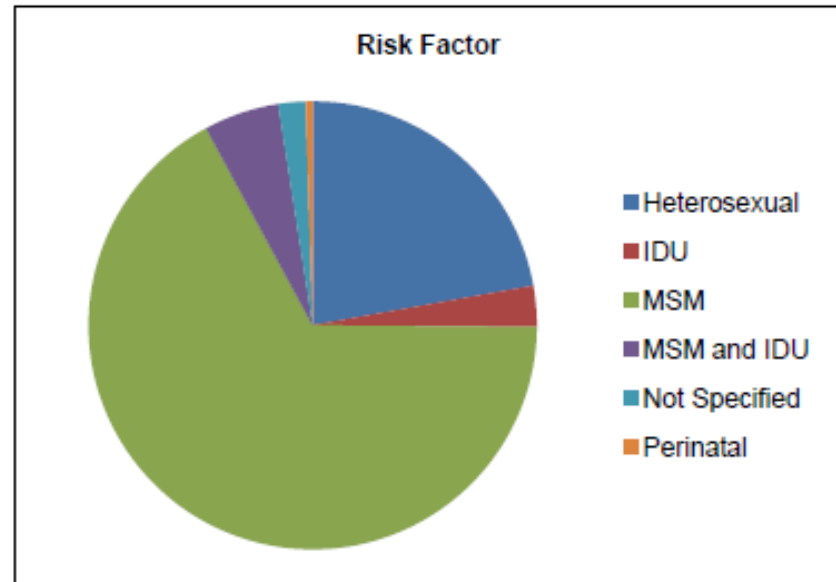
Client Count		
HIV Status	Total	Percent
AIDS	21	10.34%
HIV+	180	88.67%
HIV-/Unk	2	0.99%
Grand Total	203	



# NEWLY DIAGNOSED CLIENTS SERVED 3/1/11-2/29/12

Unduplicated Clients by Risk Factor

Client Count		
Risk Factor	Total	Percent
Heterosexual	45	22.17%
IDU	6	2.96%
MSM	136	67.00%
MSM and IDU	11	5.42%
Not Specified	4	1.97%
Perinatal	1	0.49%
Grand Total	203	



# NEWLY DIAGNOSED CLIENTS SERVED

## 3/1/11-2/29/12

Unduplicated Clients by Age/Gender Group and HIV Status

Client Count			
Reporting Group	HIV Status	Total	Percent
Children	HIV+	1	0.49%
Children Total		1	
Female > 25	AIDS	2	0.99%
	HIV+	21	10.34%
Female > 25 Total		23	
Male > 25	AIDS	19	9.36%
	HIV+	122	60.10%
	HIV-/Unk	1	0.49%
Male > 25 Total		142	
Transgender	HIV+	1	0.49%
Transgender Total		1	
Youth	HIV+	35	17.24%
	HIV-/Unk	1	0.49%
Youth Total		36	
Grand Total		203	

