Characterizing Unmet Need for Medical Care: Results from Health Resources and Services Administration-HIV/AIDS Bureau's Updated Approach

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Los Angeles County Commission on HIV
May 11, 2023

Presentation Overview

- Follow-up to presentation at annual meeting on updated approach to estimate unmet need

- Second of three presentations to discuss estimates
  - Late diagnoses (April 2023)
  - **Unmet need for medical care, or not in care (May 2023)**
  - In care but not virally suppressed (June 2023)

- Define of unmet need measures and populations, present results and discuss how to use in our work

What is Unmet Need?

- Defined by HRSA HIV/AIDS Bureau as:

  " the need for HIV-related health services by individuals with HIV who are aware of their status, but are not receiving regular primary [HIV] health care."
- Estimated Unmet Need has been a reporting requirement for RWHAP recipients since 2005
- Data and methods to estimate unmet need have evolved with improvements in HIV care and data quality
- New and expanded methodology released 2021 and implemented in 2022

1."HRSA/HAB Definitions Relate to Needs Assessment," prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

Evolving Definition of Unmet Need

2005

- Focus on people aware of their HIV/AIDS diagnosis but not in regular HIV medical care
- People living with diagnosed HIV and AIDS with no evidence of care (at least one **viral load [VL]** or **CD4 test** or **ART prescription**) in past 12 months

2017

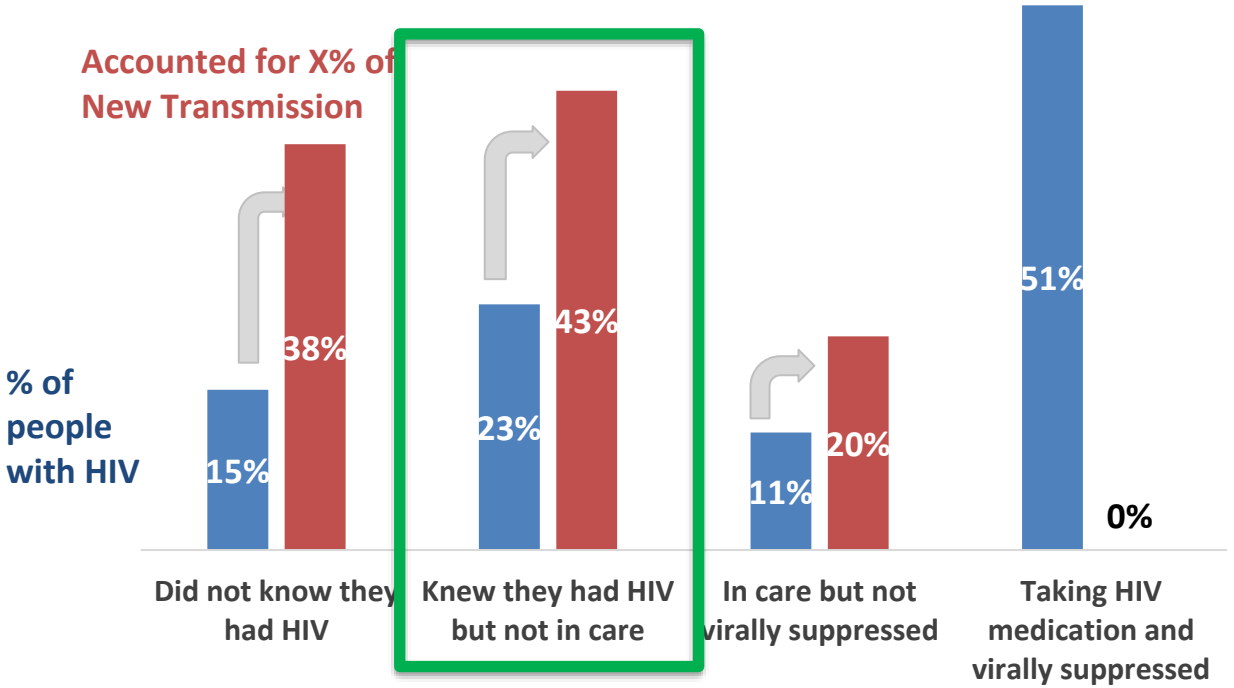
- Care markers updated to align with HIV Care Continuum Definitions
- People living with diagnosed HIV and AIDS with no evidence of care (2 or more **medical visits** or **VL** or **CD4 tests** at least 90 days apart) in past 12 months

2021

- Revised care markers and expanded populations
- People living with **diagnosed HIV** with no evidence of care (at least one **VL or CD4 test**) in the past 12 months
- Adds two new indicators:
  - Persons diagnosed with HIV in the past 12 months with **LATE DIAGNOSIS (Stage 3 (AIDS)** diagnosis or an **AIDS-defining condition** ≤ 3 month after HIV diagnosis**)**
  - Persons living with diagnosed HIV **IN MEDICAL CARE** (at least one VL or CD4 test) who were **NOT VIRALLY SUPPRESSED** in the past 12 months

Unmet need estimates attempt to measure the gaps between the HIV care continuum

- To reduce HIV transmission

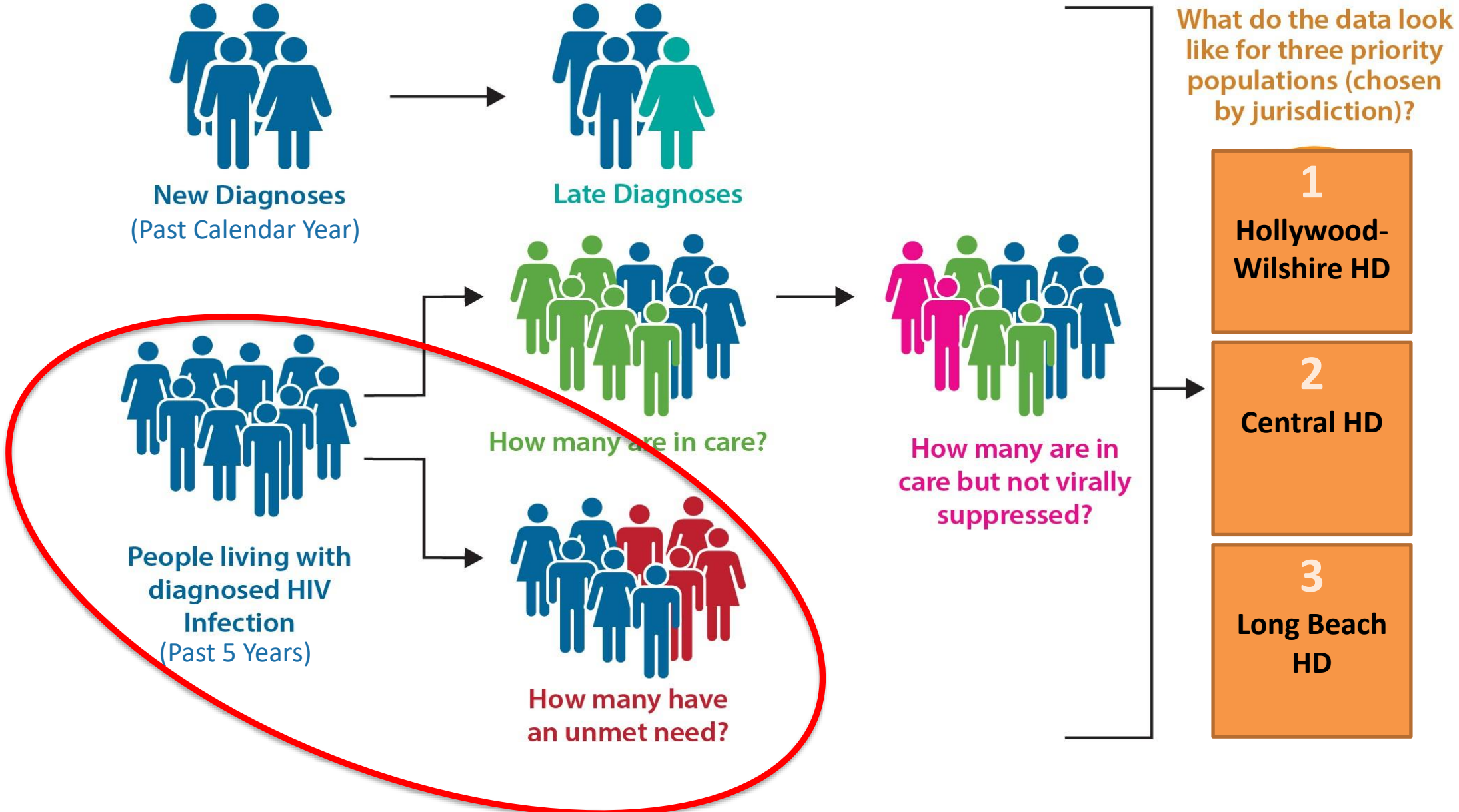


HIV Transmissions in the United States, 2016[1]

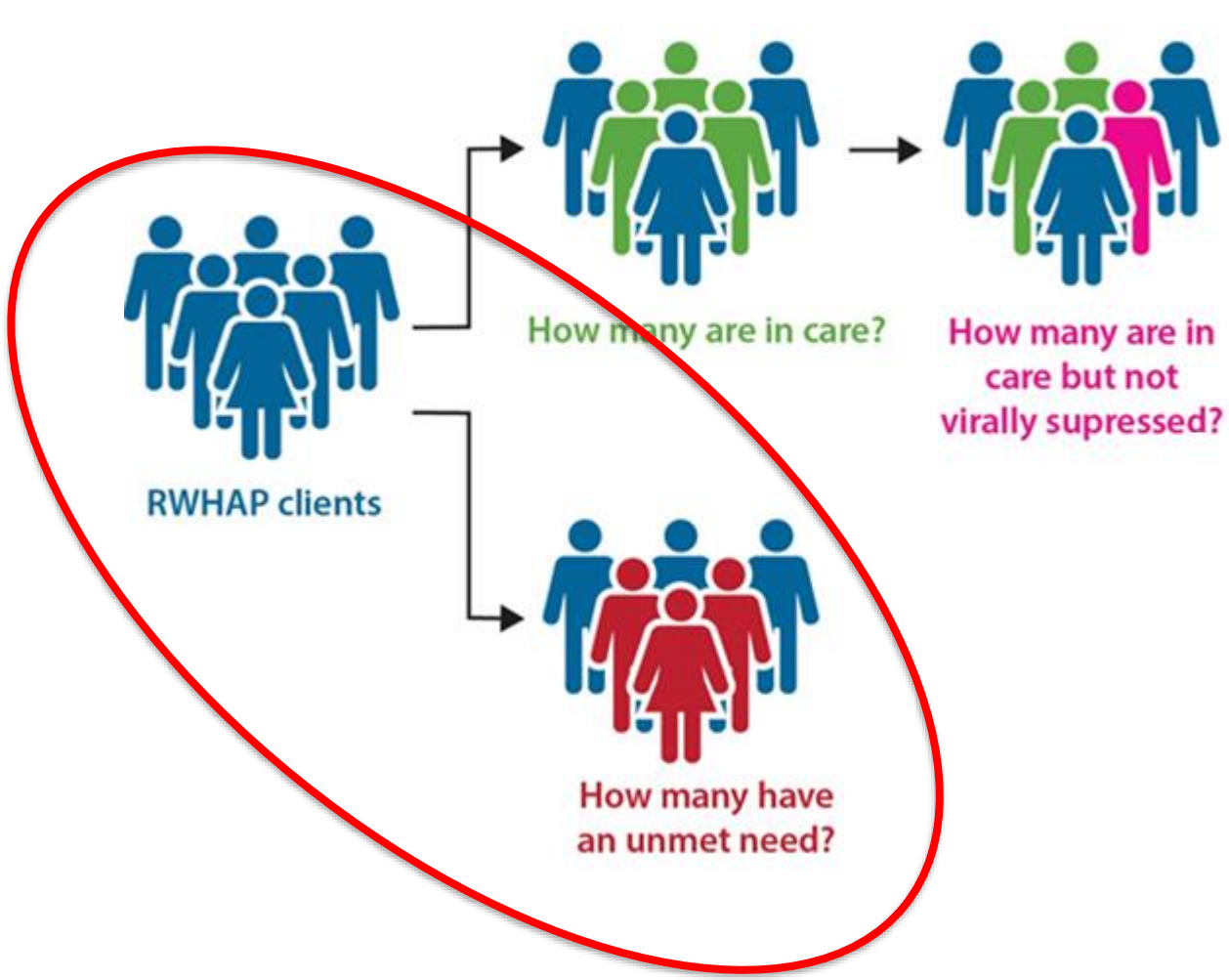
- To improve health outcomes among PLWDH
  - Start ART early in infection
  - Reduce HIV comorbidities, coinfections and complications
  - Slow disease progression
  - Extend life expectancy
  - Reduce HIV-related mortality

1. Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. *Vital Signs:* HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1 .
2. National HIV/AIDS Strategy for the United States (2022-2025). https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf

LAC Populations for Estimates of Unmet Need



RWP Populations for Estimates of Unmet Need



1. Hollywood-Wilshire HD
2. Central HD
3. Long Beach HD

What do the data look like for three priority populations (chosen by jurisdiction)?

Approaches to Identify Disparities and Gaps - Examples

Across/Between Group Comparison*

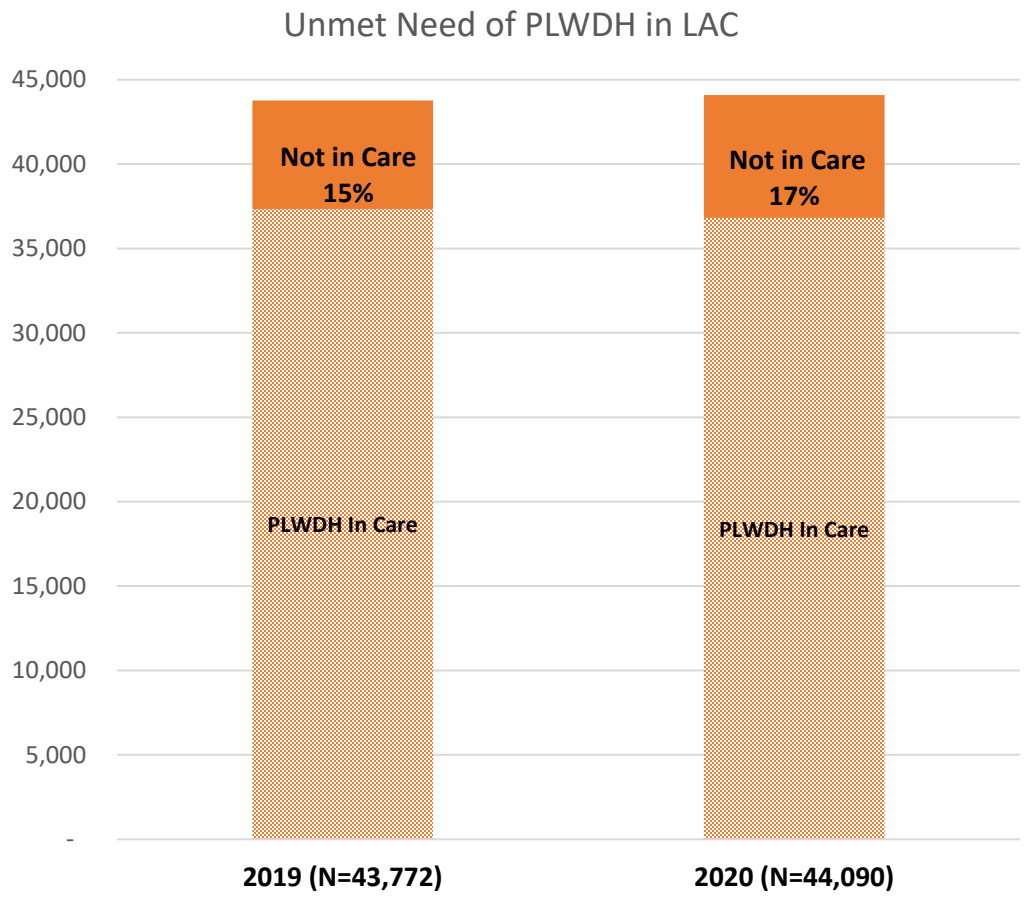
- Helpful for describing a population
  - Latino males made up 24% of LAC residents in 2020
- Identify disparities across populations
  - Latino males made up 53% of LAC residents newly diagnosed HIV in 2020
  - Proportional difference between residents who were Latino males (24%) to compared to new diagnoses who were Latino males (53%)

Within Group Comparisons*

- Helpful to identify how specific groups are impacted compared to each other
  - Linkage to care among newly diagnosed
    - Hollywood-Wilshire HD residents (85%) vs.
    - Central HD residents (67%) vs.
    - Long Beach HD residents (80%)

*Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.

Considerations when thinking about this data



- These data represent the characteristics of:
  - LAC residents with living with confirmed HIV diagnoses in 2020 reported to DHSP
  - RWP clients who accessed services in 2020
- These data do not reflect
  - Why PLWDH may or may not access HIV care services
- Unmet need is estimated using HIV surveillance and program data – both may be incomplete due to reporting delay For example, changes in unmet need from 2019 to 2020 may be due to
  - Decreased laboratory access or availability due to COVID-19
  - Fewer people seeking care services

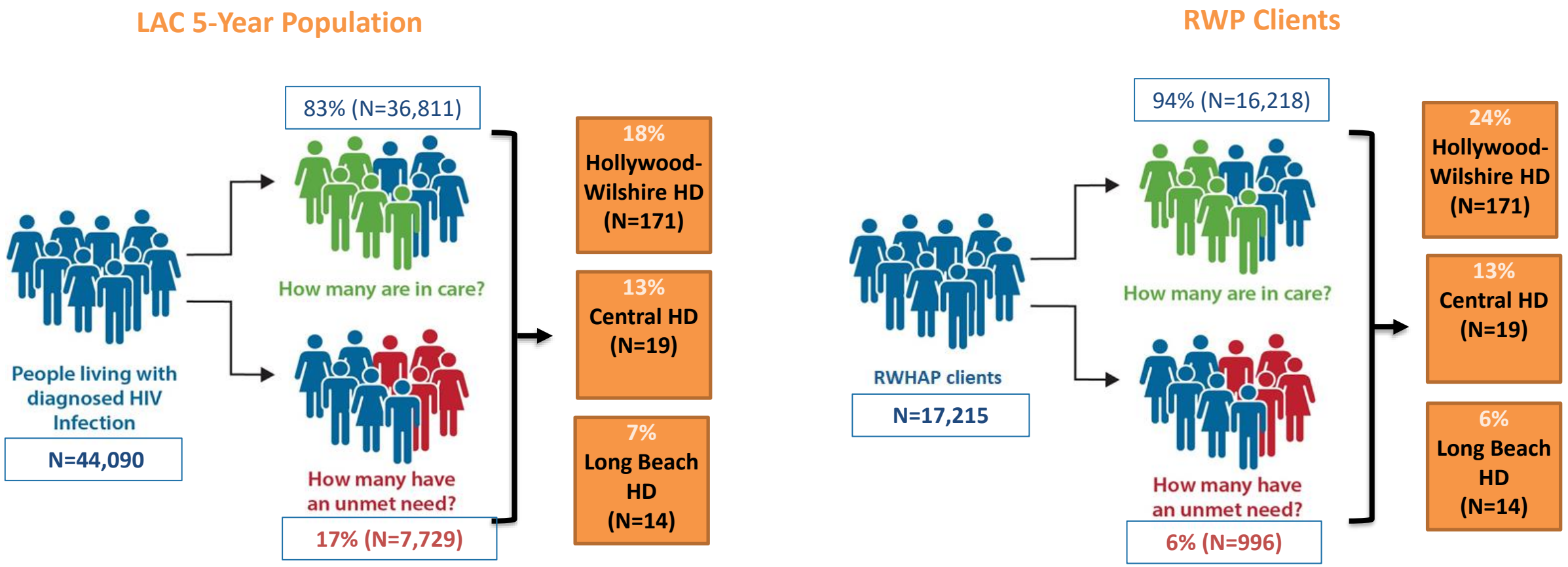
Unmet Need Estimate: Not In Care among PLWDH and RWP Clients in LAC, 2020

Context for Unmet Need for Medical Care

- Local goal: increase engagement/receipt of care to 90% by 2025
  - 68% of PLWDH were engaged in care in 2020[1]
- Unmet need includes PWLH who may have not linked following diagnosis or have fallen out of care
  - Approximately 76% of new diagnoses were linked to care in ≤ 1 month[1]
  - On average, it takes 3.1 months to re-engage LRP clients into care and ranged from <1 month to 18 months[2]
- Challenges to provider knowing care status
  - Helpful to track how well our care system supports early treatment and responsive services

1.Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.
2.Division of HIV and STD Programs, Linkage and Re-Engagement Program, 2016-2019.

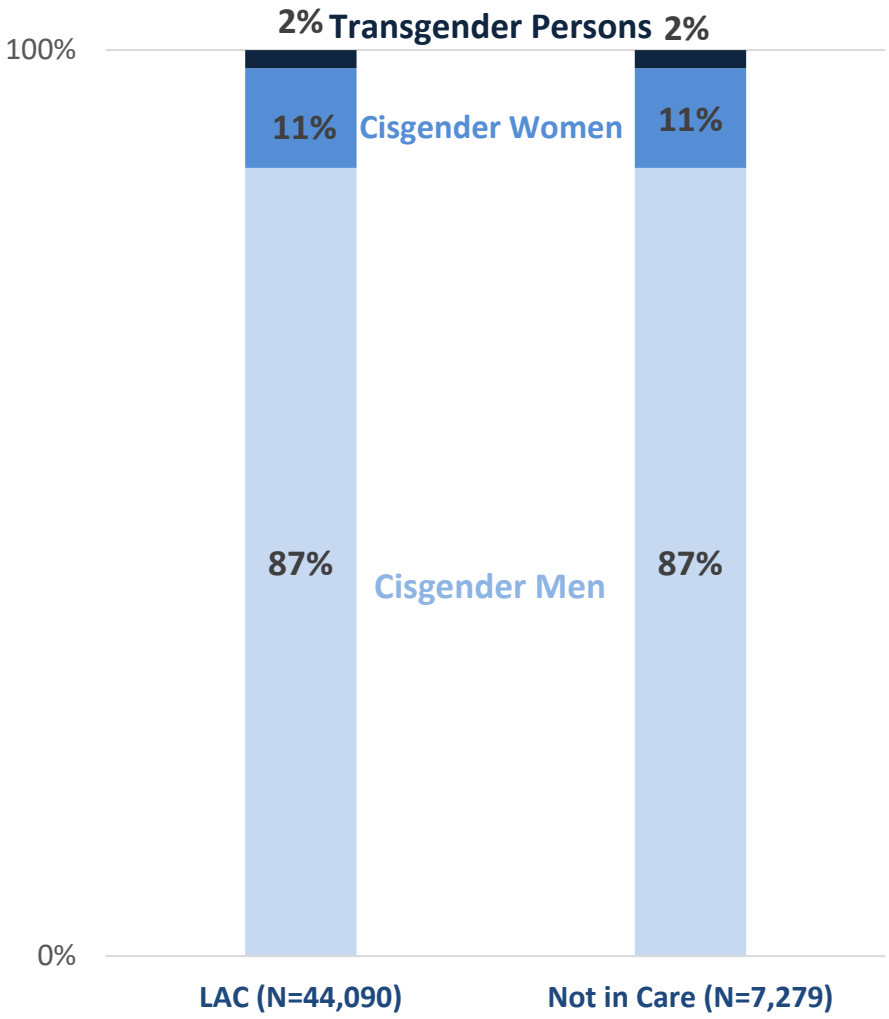
Estimated Unmet Need among LAC PLWDH and RWP Clients, 2020



- Unmet need was lower among RWP clients compared to LAC
- In LAC and in the RWP, unmet need was highest among residents of Hollywood-Wilshire health district

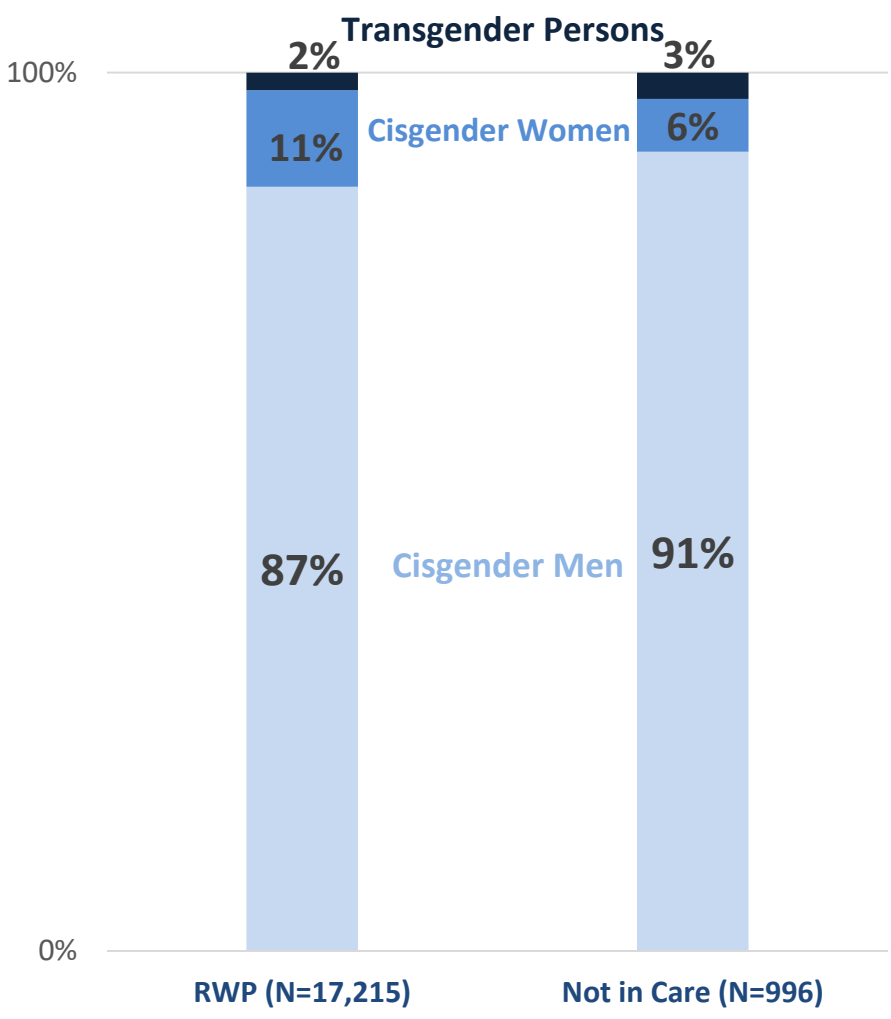
Unmet Need in LAC and RWP by Gender Identity, 2020

LAC PLWDH



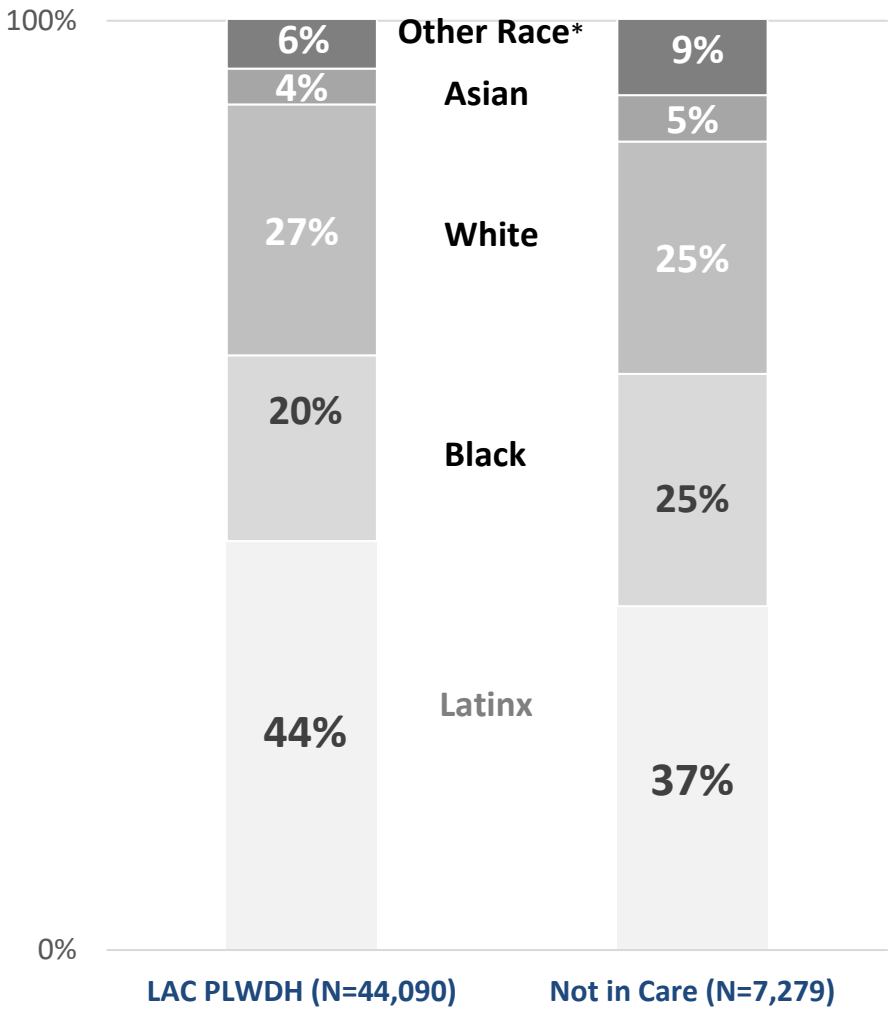
- The largest percent of PLWH and RWP clients were cisgender men
- Cisgender men represented the majority of persons not in care
- In RWP, cisgender men represented 87% of clients but 91% of unmet need

RWP CLIENTS



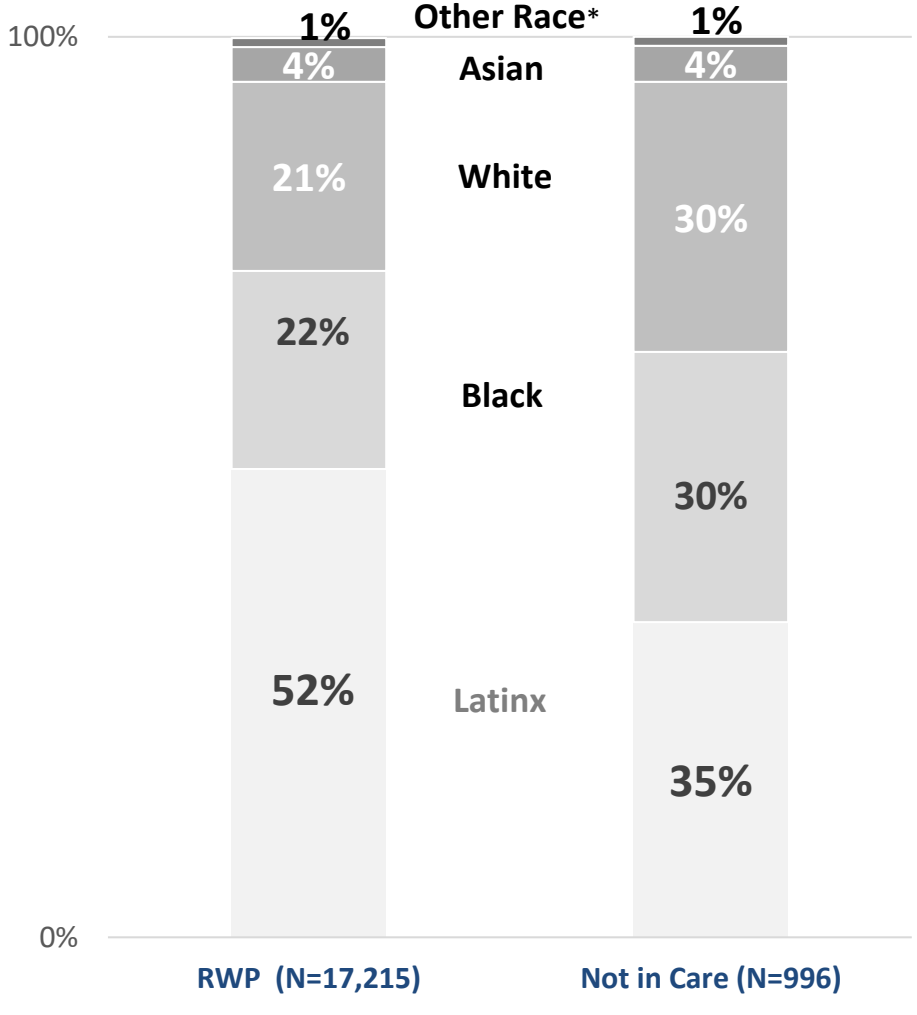
Unmet Need in LAC and RWP by Racial/Ethnic Group, 2020

LAC PLWDH



- A higher percent of RWP clients were Latinx vs. LAC
- Fewer RWP clients were of other racial/ethnic groups compared to LAC
- In both populations, unmet need was disproportionately higher among Black PLWDH and RWP clients
- 21% of RWP clients were White but represented 30% of unmet need

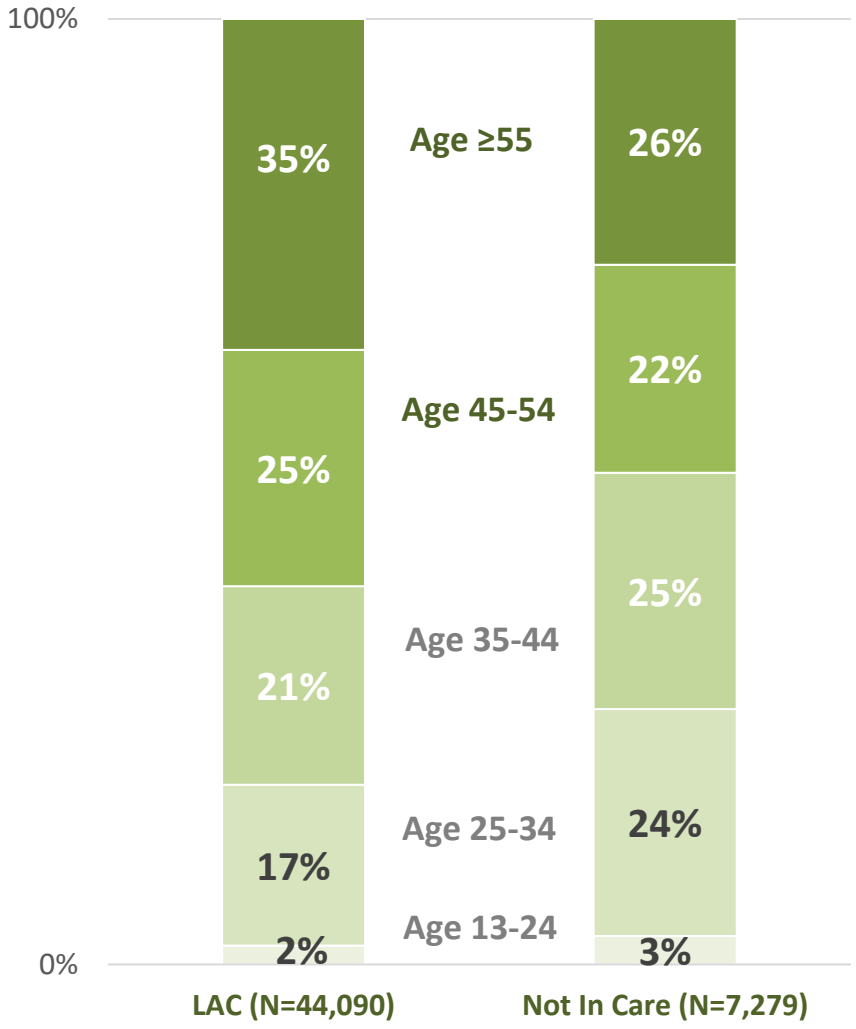
RWP CLIENTS



*Persons of other racial/ethnic groups include: Multiple race, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, and race/ethnicity not reported.

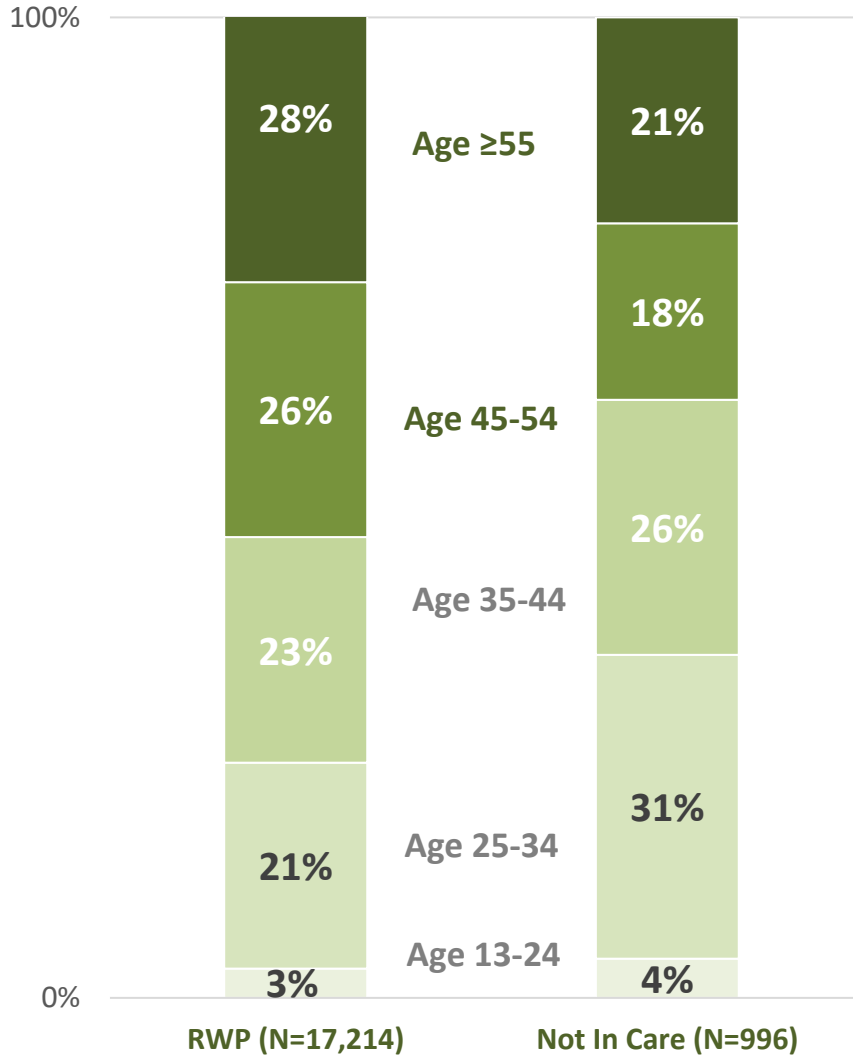
Unmet Need in LAC and RWP by Age Group, 2020

LAC PLWDH



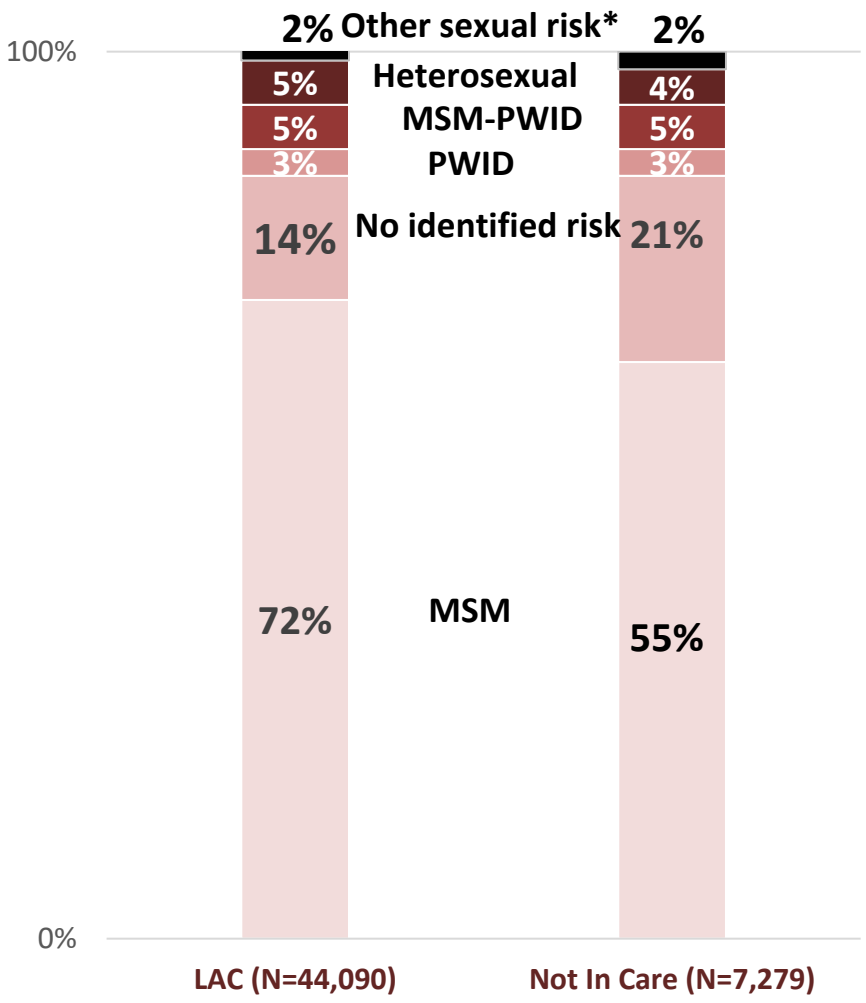
- The majority LAC PLWDH and RWP clients were ≥ age 45
- PLWDH ≥age 55 years represented the 35% PLWDH in LAC, however they represented 26% of unmet need
- While 40% of PLWDH in LAC were <age 45 they represented 52% of people with unmet need
- Similarly, clients <age 45 represented 47% of RWP clients but 62% of unmet need

RWP CLIENTS



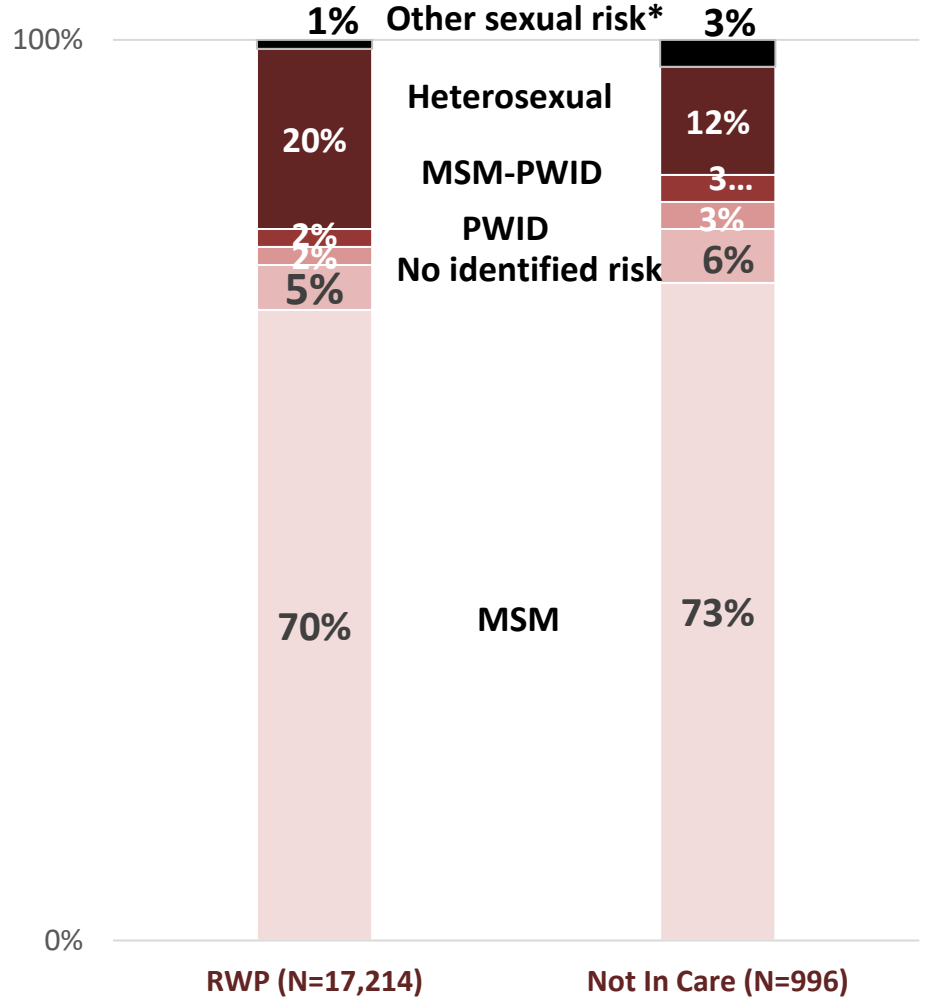
Unmet Need in LAC and RWP Populations by HIV Risk Category, 2020

LAC PLWDH



- The majority of LAC PLWDH and RWP clients were MSM
- While 14% of LAC PLWDH had no identified risk, they represented 21% of unmet need
- Relative to population size, MSM represented a lower percent of LAC PLWDH with unmet need

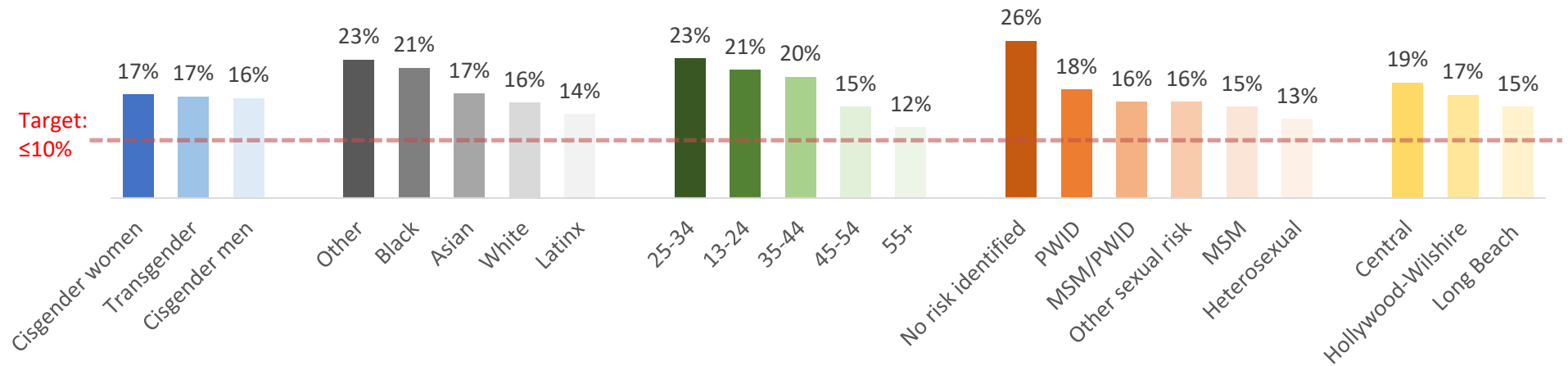
RWP CLIENTS

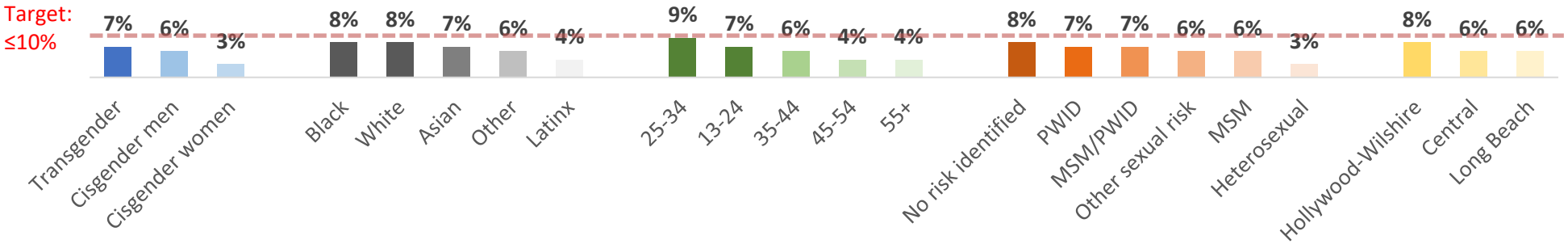


Definitions: MSM: Men who have sex with men; PWID: People who inject drugs

*Other sexual risk includes: sexual contact among transgender individuals, sexual contact and PWID among trans individuals.

LAC PLWDH





Unmet need was lower in RWP vs LAC within all categories

Unmet need exceeded the target in LAC however met the target in RWP

RWP CLIENTS

Los Angeles County PLWDH Population-Level Unmet Need Estimates within Categories of Age, Gender, Race/Ethnicity, Transmission/Risk Categories and Health District, 2020.

Key Takeaways

Population-level (LAC)

Largest burden of unmet need (not in care)	• Cisgender men • Latinx PLWDH • 55 years and older • MSM • Hollywood-Wilshire HD
Unequal % of PLWDH vs unmet need	• Black PLWDH • <45 years of age • No identified HIV risk
Highest % of unmet need within population	• Black and other racial/ethnic groups • <35 years of age • With no risk identified • Central HD

Program-level (RWP)

Largest burden of unmet need (not in care)	• Cisgender men • Latinx clients • Aged 25-34 years • MSM • Hollywood-Wilshire HD
Unequal % of RWP clients vs unmet need	• Black and White clients • <45 years of age • Other sexual risk
Highest % of unmet need within population	• Transgender clients • Black and White clients • <35 years of age • No identified risk, PWID, MSM/PWID, • Hollywood-Wilshire HD

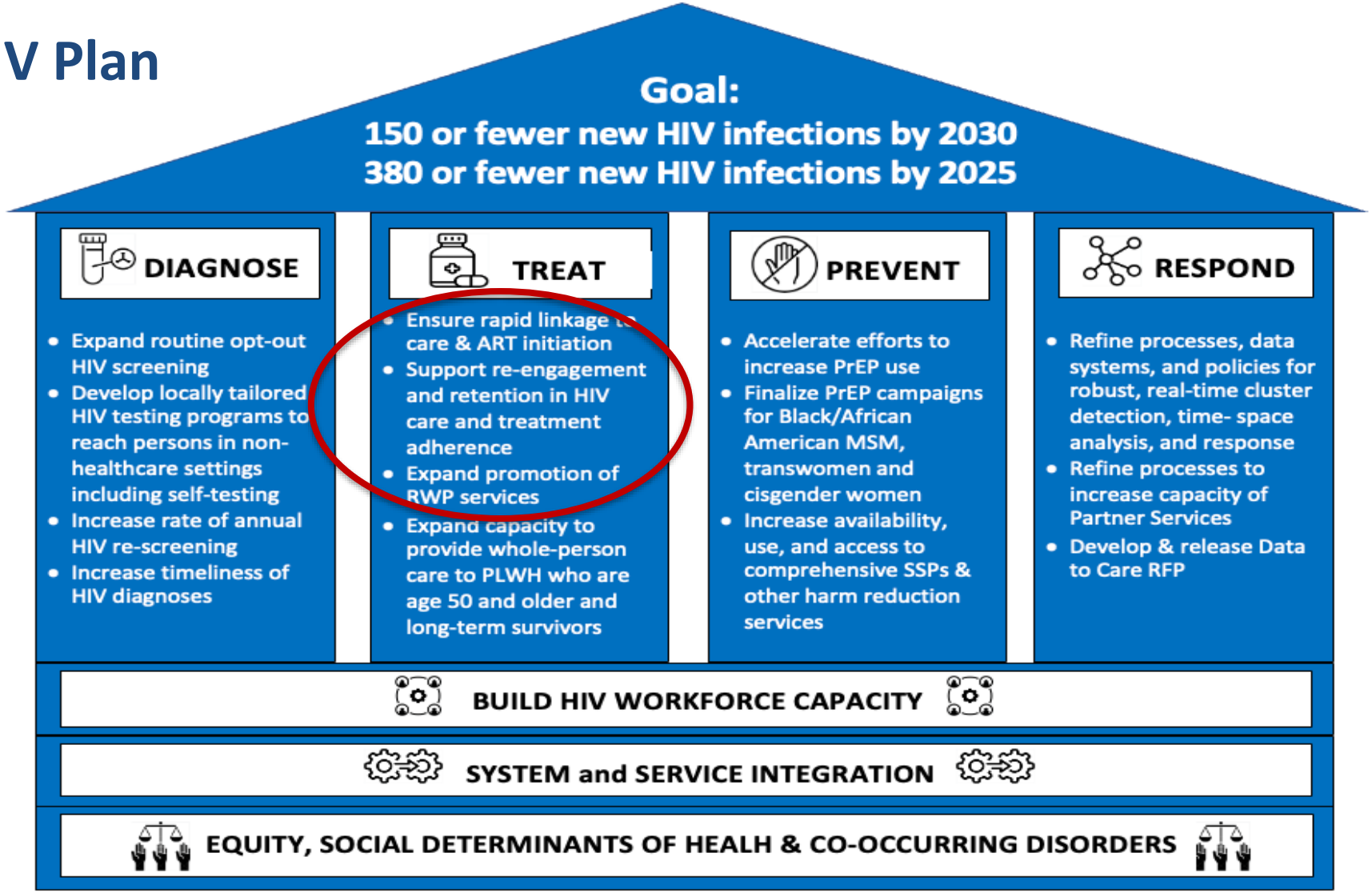
Questions

Discussion – using the unmet need estimate for planning

LAC Comprehensive HIV Plan Snapshot

Priority Populations

- Latinx MSM
- Black MSM
- Transgender persons
- Cisgender women of color
- PWID
- Persons < age of 30
- PLWH ≥age 50



Los Angeles County Commission on HIV and the Los Angeles County Department of Public Health Division of HIV and STD Programs. Los Angeles County Comprehensive HIV Plan (2022- 2026), December 2022: 1-136.

What are strategies to improve engagement in care?

- Identify and address barriers at the provider-level[2]
  - Address identified needs with supportive services (housing, financial, transportation)
  - Minimize clinic barriers (extended clinic hours, flexible scheduling)
  - Improve patient experience and satisfaction and build trust (welcoming and courteous staff, linguistically and culturally appropriate services)
  - Use reminders for appointment reminders and alert providers about missed appointments
  - Provide client-centered supportive/case management services
- Health Department-level
  - Identify, locate, and reengaging patients who have been lost to care through “Data to Care” activities[2]
- Focus on those populations that account for a large portion of PLWDH who have unmet need for medical care
  - LAC: persons with no identified HIV exposure risk reported, PWID, PLWDH aged 13-25

1.Giordano T.P. Strategies for Linkage to and Engagement With Care: Focus on Intervention. *Top AntiVir Med,* 2018, doi: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6017130/

How can our services improve engagement in care and reduce unmet need?

- Expanding access to RWP wraparound services
  - Clinical vs. community based

- Facilitate entry to care
  - Rapid ART and same-day appointments
  - ER and hospital discharge
  - Intersection with justice system?

- Expand existing access points
  - Mobile or street-based

- New access points
  - Non-traditional partners?

- Linguistically and culturally appropriate services
- Service promotion

Next Steps for Unmet Need Estimates

- Continue measure-focused presentations to COH
  - In Care but Not Virally Suppressed – June

- Further analyses are needed to
  - Identify predictors of unmet need among LAC residents

- Summary report completed mid-2023

Special thanks to the following people without whom this presentation would not be possible:

Sona Oksuzyan, PhD

Janet Cuanas, MPP

Virginia Hu, MPH

Michael Green, PhD, MHSA

References and Resources

- Webinar video and slides: Enhanced Unmet Need Estimates and Analyses: Using Data for Local Planning https://targethiv.org/library/enhanced-unmet-need-estimates-and-analyses-using-data-local-planning

- Webinar video and slides: https://targethiv.org/library/updated-framework-estimating-unmet-need-hiv-primary-medical-care

- Methodology for Estimating Unmet Need: Instruction Manual https://targethiv.org/library/methodology-estimating-unmet-need-instruction-manual