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For over three decades, Los Angeles County (County) has experienced the second largest HIV epidemic in the United States. Today, nearly 60,000 people in Los Angeles County live with HIV. Despite the fact that the County has made great progress in reducing new HIV infections, as well as in connecting and keeping HIV-positive residents in medical care, and ensuring that tens of thousands of residents are virally suppressed (i.e. show no detectable signs of viral replication), HIV continues to impact many residents and HIV-related disparities still persist.

The implementation of comprehensive care coordination services in patient-centered medical homes serving persons living with HIV will give us the greatest chance of fully addressing the complex psychosocial issues that keep some County residents from fully maximizing the benefits associated with HIV care and treatment, including viral suppression. Successful management of HIV disease results in better health outcomes and longer lives for people living with HIV and helps reduce the number of new HIV infections, as people with HIV who are virally suppressed are less likely to

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spread HIV to their partners.

As part of local HIV planning and service delivery efforts, the Department of Public Health's Division of HIV and STD Programs (DHSP), in partnership with the Los Angeles County Commission on HIV (Commission), developed and approved a Medical Care Coordination (MCC) framework. The goal of the framework is to ensure that our County's most vulnerable residents living with HIV are retained in medical care, remain adherent to their care and treatment plan, and achieve viral suppression. In 2012, the MCC program was launched in thirty-five DHSP-funded HIV medical clinics operated by twenty community-based and County-based health agencies. The key components of the MCC program are: 1) to monitor the overall health status of all patients served in DHSP-supported HIV clinics and assess their acuity; and 2) to deliver integrated medical and support services to patients identified with poor health status (or moderate to high acuity).

The recently completed evaluation of the impact of the MCC program on the health status of 1,204 County residents enrolled in the 2013 program year clearly demonstrates its effectiveness in improving retention in HIV care and viral suppression. The evaluation also showed that, as a result of the MCC services, retention in HIV care and viral suppression improved significantly. The proportion of patients with a suppressed viral load increased from 30% before MCC enrollment to 60% after MCC enrollment – an improvement of 100%. The proportion of patients retained in HIV care before MCC was 52%, compared to 84% after enrollment in MCC -- an improvement of 61%.

In addition to improving viral suppression and retention in HIV care, the 12-month

outcomes for MCC surpassed the White House's 2015 National HIV AIDS Strategy benchmarks. Not only did more County residents achieve viral suppression and improved individual health outcomes, but substantial public health benefits continue to be realized as these residents are far less likely to transmit HIV to others.

The evaluation also demonstrated that key vulnerable populations in the County are receiving MCC. Nearly half of the patients enrolled were Latino (49%), 26% were African-American and 22% were White. The majority were male (85%), 13% were female and 2% were male-to-female transgender. Over three-quarters (78%) of patients were living at or below the federal poverty level. Seventeen percent (17%) reported homelessness in the past 6 months, 9% were currently homeless and 38% had a history of incarceration.

Despite the demonstrated effectiveness of the MCC Program, there are still many County residents living with HIV who do not have access to this comprehensive care coordination service. To date, MCC has only been supported in DHSP-funded medical clinics that are part of the local Ryan White network, and access to this program has not been available for those who might be receiving their medical care in private practices or other systems but who otherwise would be eligible. While a new solicitation to expand MCC services throughout Los Angeles County is in development, its completion is not likely to occur until late 2017 or early 2018. That is simply too long to wait to expand a program that has been proven to be effective in improving the health and wellbeing for so many of our most vulnerable residents.

Furthermore, funding to expand these services is available from our annual Ryan White Part A funding. In fact, since the County must return unexpended Part A funds at

the end of each program year, there is no reason for the County to fail to expand these services today.

In response to the Commission's March 2016 recommendation to the Board, we propose to immediately expand MCC access to high-volume HIV medical clinics (providers with a minimum of 450 HIV positive patients) not currently funded by DHSP to improve individual health outcomes for our most disenfranchised residents, further reduce HIV-related health disparities, and continue to protect the health of all County residents.

WE, THEREFORE, MOVE that the Board of Supervisors:

1. Delegate authority to the Interim Director of the Department of Public Health to enter into temporary agreements with high volume HIV medical providers not currently funded by DHSP to expand Medical Care Coordination services and support immediate access to Medical Care Coordination services for the County's most acute and disenfranchised residents living with HIV using available Ryan White Program funds, at a total cost not to exceed \$3 Million annually across all new temporary agreements;
2. Report back within 60 days on the status of this Medical Care Coordination expansion; and
3. Report back within 120 days on the status of the DPH HIV Core Medical Services RFP that also includes Medical Care Coordination services as a category.