

What are the number and characteristics of persons who know they are HIV positive but who are not receiving primary medical care?

A person is counted as having evidence of primary medical care if they have a record of at least one of the following administered between January 1, 2006 to December 31, 2006:

1. Viral load
2. CD4 count
3. Antiretroviral therapy

In 2007, Virginia added Medicaid data into the unmet need calculation for the first time. Adding this source of data increased the evidence of people in-care by approximately 4%.



Background

Legislative mandates in the CARE Act Amendments of 2000 require that states calculate the number of persons who know they are HIV positive, but who are not receiving primary care (unmet need). Primary medical care is the most important service paid for within the Ryan White Program and represents the data most requested by the Office of Management and Budget (OMB) and by Congress. There are clear U.S. Department of Health and Human Services Public Health Service guidelines on primary medical care, and this is a service for which there is universal need (Mosaica, 2007).

Methods

The first step of calculating unmet need is to determine the total number of people living with HIV or AIDS in Virginia. Virginia used the HIV and AIDS Reporting System (HARS) database and included all persons diagnosed with HIV/AIDS while living in Virginia through December 31, 2006. Persons diagnosed elsewhere now living in Virginia were excluded while persons diagnosed in Virginia, but living elsewhere were included in the count. An accepted method for balancing the impact of migration is to include people that have left Virginia and exclude the people diagnosed elsewhere, but now living in Virginia. This provides a reasonable estimate of people living in Virginia and who know their diagnosis status.

The second step of the calculation is to determine the number of individuals that received primary medical care based on a record of a viral load, CD4 and/or antiretroviral therapy (ART) administered during the 12-month period from 01/01/06-12/31/06.

First, Virginia utilized existing surveillance data from HARS and counted all persons with a CD4 count or viral load during calendar year 2006. Secondly, persons lacking evidence of care in HARS were compared with data sets generated from the AIDS Drug Assistance Program (ADAP) and Incidence and Resistance databases as well as a subset

Unmet Need Formula

$$\begin{array}{|c|} \hline \text{Total} \\ \text{Number of} \\ \text{people living} \\ \text{with HIV or} \\ \text{AIDS in} \\ \text{Virginia} \\ \hline \end{array} - \begin{array}{|c|} \hline \text{Number of} \\ \text{HIV positive} \\ \text{and in care} \\ \hline \end{array} = \begin{array}{|c|} \hline \text{Number of} \\ \text{HIV-positive, but} \\ \text{who have no} \\ \text{evidence of} \\ \text{receiving} \\ \text{primary care} \\ \hline \end{array}$$

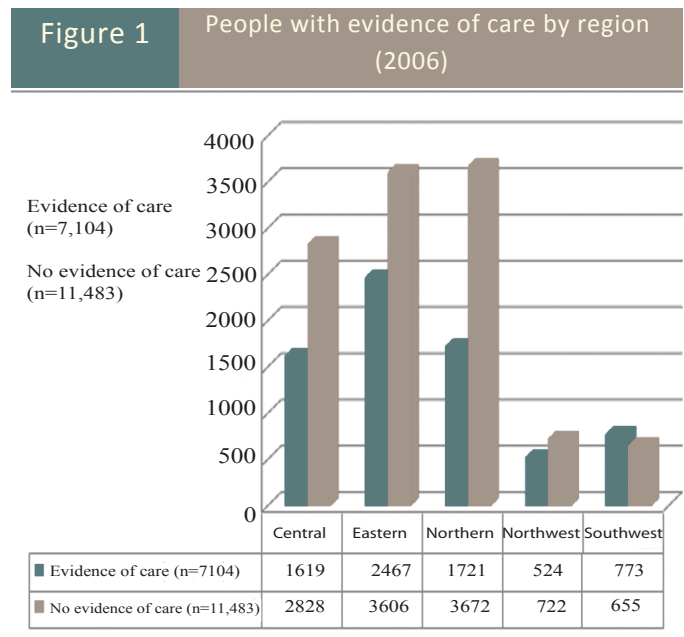
of Medicaid data from the Department of Medical Assistance Services to see if a record of a viral load, CD4 or ART could be located. The Division of Disease Prevention utilized an algorithm so that exact matches of cases can be performed and to avoid any potential duplication of unmet need estimations. All questionable matches resulting from this process were manually reviewed.

Results

In 2006, there were 18,587 people living with HIV or AIDS in Virginia. Utilizing existing data sources, 51% (4,163) of people living with AIDS and 70.5% (7,320) of people living with HIV had no evidence of care in 2006 and were classified as unmet need clients (Table 1). Of the 11,483 people without evidence of care, 32% were in the Northern health region, followed closely by the Eastern health region (31%) (Figure 1). The majority of the people without evidence of care were male (77%)(Figure 2) and 60% were black (Figure 3). Forty percent of people with unmet need reported as risk of MSM (Figure 4). The gender, race and risk reported for people with unmet need is consistent with the gender, race and risk for all cases. Inclusion of Medicaid data in the calculation increased the evidence of care by approximately four percent.

Limitations

Several factors contribute to the under-represen-



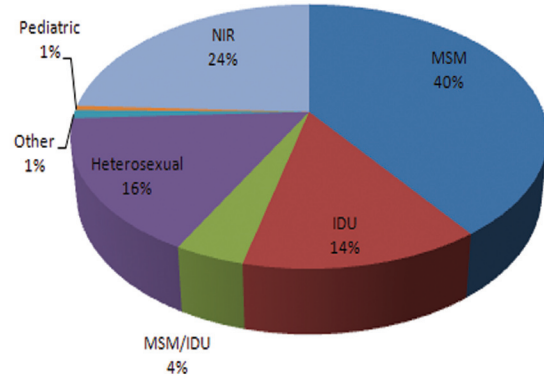
tation of the number of individuals receiving care. In 2006, CD4 counts and undetectable viral loads were not reportable in Virginia, so laboratory markers of “in care” are incomplete in HARS. In addition, HARS could not be used for finding records of persons currently receiving ART, because HARS does not include the dates ART was administered. Excluding cases diagnosed elsewhere and now living in Virginia and including Virginia cases that now live elsewhere should give an accurate estimate of people living in Virginia with HIV/AIDS, as both tend to un-

Table 1		Results of unmet need calculation, (2005 and 2006)		
Population Sizes	2005	2006	% change (2005 to 2006)	Data Source
Persons living with AIDS	7799	8205	4.9	HARS
Persons living with HIV(not AIDS)	9827	10382	5.3	HARS
Total	17626	18587	5.4	
Care Patterns				
Persons living with AIDS with evidence of care	1577	1843	14.4	HARS
	1761	1709	-3.0	ADAP and VACRS
	73	*	*	Washington, DC, Virginia Providers
	*	483	*	Medicaid data
	*	7	*	Incidence and Resistance
Total	3411	4042	15.6	
Persons living with HIV(not AIDS) with evidence of care	1216	1337	9.1	HARS
	1363	1365	0.1	ADAP and VACRS
	62	*	*	Washington, DC, Virginia Providers
	*	352	*	Medicaid data
	*	8	*	Incidence and Resistance
Total	2641	3062	13.7	
Calculated Results				Difference in percentage of people with no evidence of care (2005-2006)
People living with AIDS with no evidence of care	4388 (56.3%)	4163(50.7%)	-5.4	
People living with HIV(not AIDS) with no evidence of care	7186 (73.1%)	7320 (70.5%)	-2.6	
Total number of people living with HIV (not AIDS) or AIDS with no evidence of care	11574 (65.7%)	11483 (61.8%)	-3.9	

*Data not available

derestimate the percentage of people counted as “in care”. If Virginia cases living elsewhere were included, it is unlikely that information about their care status would be available. This would result in an increase in the number of people living with HIV or AIDS, therefore, lowering the percentage. In addition, a person diagnosed elsewhere and now living in Virginia and receiving care would not be included. Finally, evidence of care could be improved by including additional data from Medicaid, Medicare, private insurance companies and the Veterans Administration. All of these limitations tend to underestimate the percentage of people living with HIV/AIDS who are in care and, therefore, creating a higher percentage of unmet need.

Figure 4 People without evidence of care by risk (2006)



REFERENCES

Mosaica. Estimating Unmet Need for Primary Medical Care Frequently Asked Questions. Retrieved August 31, 2007, from <http://www.mosaica.org/unmetneedta.asp>

Figure 2 People with evidence of care by gender (2006)

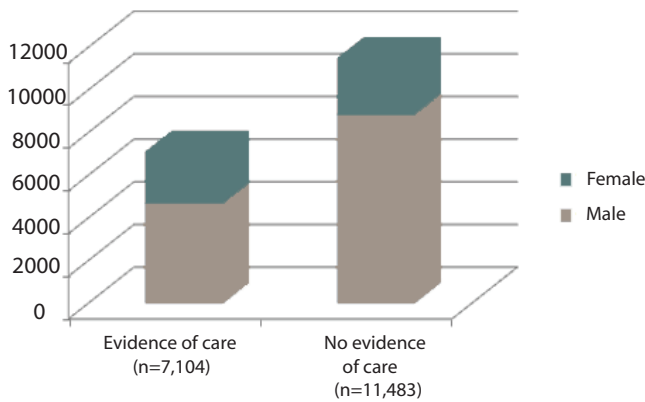


Figure 3 People with evidence of care by race (2006)

