

Limited Receipt of Routine Preventive Care Services among Medicaid Enrollees Living with HIV in the US South

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Preventive care for people with HIV

 ↑ risk of age-, non-agerelated conditions for people with HIV (PHW)

• Annual routine preventive care services are recommended JOURNAL ARTICLE

Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America @

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Knowledge gap

- Few studies examine receipt of routine preventive care services among PWH
 - Limited in geographic scope, specific to a clinic or clinical network, and/or limited number of services examined
- Limited knowledge about racial disparities in receipt of routine preventive care services among PWH
 - Higher risk of certain preventable conditions (e.g., diabetes)
 - Documented disparities in non-PWH populations



Objective

 Gain insight into quality of preventive care for PWH, including racial disparities, by examining annual receipt of 5 recommended routine preventive care services.



Data

- Person-level Medicaid claims (Medicaid Analytic eXtract, 2008-2012) from 16 southern states & DC
 - Large sample, urban and rural locales, large geographic area
 - Demographics, care engagement reflect current Medicaid population*
- County-level data
 - AIDSVu 2015 (HIV prevalence), HRSA 2010 (socioeconomic indicators, health care accessibility and supply), NCHS 2013 (urbanicity)



Sample

- Non-elderly adult Medicaid enrollees with HIV
- Excluded
 - Enrollees dual-eligible for Medicare, had other insurance
 - Enrollee-years representing <12 months continuous enrollment or with missing individual- or county-level characteristics
 - Specific to each service, enrollee-years with diagnosis of the condition for which routine preventive services were assessed.



Key variables

- Outcomes for 5 annually recommended preventive services
 - Lipid, glucose, syphilis and cervical cancer (women only) screening and influenza vaccination
- Predictors
 - Individual demographics, race and ethnicity, age group, sex
 - ≥ 1 coinfections, comorbidities and AIDS-defining conditions
 - Managed care coverage
 - County HIV prevalence, health care supply, education, unemployment, household income, urbanicity



Statistical analysis

- Generalized estimating equations to estimate the adjusted annual probability of each service
- Sub-group analysis
 - Intensive HIV and intensive general health management
 - Managed care enrollment
 - Younger age (aged <45 years)
- Stratified analysis
 - Non-Hispanic Black, Non-Hispanic White enrollees



Low annual service receipt

57,695 enrollees with HIV (N); 187,295 enrollee-years (Ny)

Routine Preventive Care Service	Percent of Total Enrollment Years
	Service Received
Lipid Screening (Ny = 173,895)	41.9%
Glucose Screening (Ny = 166,241)	71.7%
Influenza Vaccination (Ny =187,295)	20.2%
Syphilis Screening (Ny =187,295)	38.8%
Cervical Cancer Screening (Ny = 61,803)	26.9%



Low annual probability of service receipt

Routine Preventive Care Service	Annual Probability of Service Receipt Adjusted (95% Confidence Interval)
Lipid Screening	0.45 (0.41-0.48)
Glucose Screening	0.81 (0.78-0.83)
Influenza Vaccination	0.39 (0.35-0.42)
Syphilis Screening	0.44 (0.41-0.48)
Cervical Cancer Screening	0.27 (0.23-0.31)

Summary of analyses



Estimated Annual Probability of Receipt of each Service



Key limitations

- Could not specify "fasting" lipid or glucose screen
- Syphilis recommendation is specific to sexually active PWH
- Do not have enrollee socioeconomic data (e.g., income)
- Unable to identify sites of specialty HIV care (e.g., Ryan White clinics)



Suboptimal receipt of preventive care

Lessons learned, applied today

- Limited awareness of HIV-specific primary care guidelines
 - 2020 IDSA Primary Care Guidelines
- Greater care coordination needs for this population
 - Does an individual have a primary care provider?
 - Awareness among non-HIV experienced providers
- Patient hesitancy in receipt of certain services
 - Continuing to build trust and rapport with patients



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Thank you!

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