



Outpatient/Ambulatory Medical Care

2012 Service Area Review Summary

HRSA Core Medical Service

Essential Service—Continuum of Care

Comprehensive Plan—YES

Outpatient/Ambulatory Medical Care includes the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services include diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Funds may be used to pay co-pays, coinsurance costs and/or deductibles for uninsured or underinsured patients. This service area includes the following service activities: **Primary Care** - the provision of *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

There are currently 3 contracts with metro providers and 0 contracts with greater MN providers to serve 462 clients.

DATA SUMMARY HIGHLIGHTS

In the Path to Care Study, 65% of the 63 respondents reported that their doctor (or primary care provider) plays a key role in keeping them connected to HIV medical care.

In the Path to Care Study, 56% of the 63 respondents reported delayed or discontinued medical care (40% because of a move and 29% because they were dissatisfied with their medical provider).

In the CAEAR Coalition/NAPWA HIV Consumer Needs Survey, when asked "If you do have a doctor or other provider, have you had a visit with [them]?", 98% of the 53 Minnesota respondents reported that they had a visit with their provider in the past 6 months compared to 92% of all consumers across the nation who answered this question.

In the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, 22% of the 522 respondents indicated that they had not visited with a doctor, nurse, or assistant to take care of [their] HIV outpatient medical care within the past year. Of those who had not seen a doctor, nurse or assistant in the past year (n=115), twelve people (10%) indicated that they needed to see a doctor, nurse or assistant. The barriers or reasons listed included transportation (4), distance, and services at too many locations. In the same study, 13% of all respondents (n=542) indicated that they had been denied medical care or prescriptions for HIV disease because they could not pay for treatment.

The estimate of unmet need (Minnesota Department of Health) states that 24% of all people living with HIV disease in the 13 County TGA and 37% of all people living with HIV disease in the State experienced unmet need (did not receive specified primary care medical services) from January 1, 2010 through December 31, 2010.

Consumers ranked this service area 20th out of 25 services in the 2010 Comprehensive Needs Assessment but 75% of the 329 respondents said their medical needs were being met completely (41%) or well (34%). Another 16% stated their medical needs were being met adequately while 2% (7 people) stated their medical needs were being met poorly and less than 1% (2 people) state their medical needs were not being met at all.

In FY 2012, \$145,700 of the allocation for this service area was Minority AIDS Initiative funding.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
2 out of 26 service areas	17 out of 25 service areas

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011	\$867,800	(4%)		
2010	\$900,900	(2%)	\$898,424	100%
2009	\$916,700	17%	\$901,244	98%

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010	1,242	18% (n=6,814)	30% (n=4,131)
2009	915	14% (n=6,552)	25% (n=3,700)
2008	553	9% (n=6,221)	12% (n=4,713)

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=522)			
Accessed Service in last 12 Months - n=407 or 78%		Did NOT Access Service in last 12 months - n=115 or 22%	
		Did not Need service n=103	Needed service, but unable to access n=12
		90%	10%



Service Area Review Summary—Legend

The HRSA definition for the service area/activity is listed in this box. The Planning and Priorities Committee reviews and revises these definitions every two years to reflect the HRSA definition and the current local practice.

This box indicates whether the service area is a **core medical** or **support** service on HRSA list of allowable services

HRSA Support Service

Essential Care Service—
Continuum of Care

Comprehensive Plan—
YES

This box indicates the number of metro and Greater MN contracts for FY 2011 and the number of clients to be served by those contracts. The number of contract reflects the funding source (Part A, Part B or both and not the number of agencies providing this service.

This box indicates the type of service as described in the Continuum of Prevention and Care Services.

This box indicates whether or not the service area is a part of a goal or activity within the current Strategic Plan.

DATA SUMMARY HIGHLIGHTS

Data Summary Highlights are drafted by the Needs Assessment & Evaluation Committee and are derived from various reports including the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease, the Path to Care Study, the Study of Oral and Behavioral Health Services, the 2006 Brief Assessment of Client Need, the 2010 Minnesota Dept. of Health HIV Surveillance Report, Utilization Data, and other reports.

Data in this table is from the Planning Council Allocations tables.

Data in this table is from the Client Level Data Reporting System maintained by the Minnesota Department of

Data in this table is from the 2010 Comprehensive Needs Assessment of Minnesotans Living with HIV Disease. The number of respondents varies based on the question.

CURRENT RANKINGS

COUNCIL (2010)	CONSUMERS (2010)
Ranking from 2010 Prioritization	Ranking from 2010 Needs Assessment

ALLOCATIONS HISTORY

FY	ALLOCATION	% CHANGE	SPENT	% UTILIZED
2011				
2012				
2009				

UTILIZATION HISTORY

FY	# Accessing Service Area or Activity	% of All HIV/AIDS Cases	% of Unduplicated RW Clients
2010			
2009			
2008			

ASSESSMENT OF NEED

2010 COMPREHENSIVE NEEDS ASSESSMENT (SELF ASSESSMENT BY CLIENTS n=)		
Accessed Service in last 12 months - n=XXX - XX%	Did NOT Access Service in last 12 months - n=XXX or XX%	
	Did not Need service n=XXX	Needed service, but unable to access n=XX
	XX%	XX%