

## HIV Disease

### SCOPE OF THE PROBLEM

About 40,000 Americans were infected with HIV in 2000. Despite progress in treating HIV disease, the costs are high—\$18,300 per year for each patient—and disparities in mortality and care of HIV patients remain.

- Four of every 10 HIV patients are black. Nearly 1 in 5 is Hispanic.
- Blacks are over 1.5 times more likely than whites to die from HIV/AIDS.
- More than \$7 billion is spent each year by Medicaid, Medicare, the Department of Veterans' Affairs, and the Ryan White CARE Act to treat people with HIV disease.
- Around 44 percent of HIV patients depend on Medicaid, or Medicaid combined with Medicare, to pay for HIV treatment. Six percent depend on Medicare alone.
- One in 5 HIV patients is uninsured.
- From 75 to 90 percent of medical spending on HIV patients overall is for outpatient drug therapy and clinic visits.
- Hospital care accounts for half of the costs of care for HIV patients who are black, women, or on Medicaid.

### Background

The Agency for Healthcare Research and Quality (AHRQ) supports research on improving the quality of health care, reducing cost, enhancing patient safety, and broadening access to and use of essential services. Part of AHRQ's goal in studying HIV is to learn more about access to health care for people living

with the disease as well as the benefits and risks of new treatments.

AHRQ's mission in examining what works and what does not work in health care includes not only translating research findings into better patient care but also providing public policymakers and other health care leaders with information needed in making critical health care decisions. By disseminating the results of its research on HIV, AHRQ aims to assure that health care needs of the diverse populations with HIV are effectively met.

### Impact of AHRQ Research

**HIV Cost and Services Utilization Study (HCSUS).** As the first major research effort to collect information on a nationally representative sample of HIV patients, HCSUS examined many aspects of care and quality of life for HIV patients. These include access and costs of care, use of services, unmet needs for medical and nonmedical services, social support, satisfaction with medical care, and knowledge of HIV therapies. The following findings from HCSUS have informed the health care system:

- Following the introduction of antiretroviral therapy, overall spending for HIV medical care dropped by almost 40 percent and costs of hospital care alone went down by 16 percent.
- People with HIV who have case managers to help them obtain and coordinate care are more likely to be meeting their needs for income assistance, home care, and emotional counseling. HIV patients with case managers are also 1.5 times more likely than those

without this support to be following at least two HIV drug regimens.

- Blacks are 65 percent less likely than whites to receive new antiretroviral drug therapies even when severity levels of HIV disease are similar.

**Research to Improve Care and Outcomes.**

Other AHRQ research on HIV has additional information about access, treatment compliance, and related issues.

- Intensive drug therapy is only half as successful in treating HIV at a typical urban HIV clinic as it is in clinical trials. Patient failure to keep clinic appointments is the principal reason.
- Extended HIV clinic hours, availability of urgent care, and other ways to make care more accessible reduces the chance of hospitalization. Patients with advanced HIV disease who use clinics with these “user-friendly” accessibility features have nearly one-fourth lower odds of being hospitalized.
- Women are up to 16 percent less likely than men to receive life-prolonging antiretroviral therapy for HIV/AIDS. Women with AIDS can cut their risk of death by nearly one-half when they get care at clinics that are highly experienced in treating HIV-infected patients.

**Comprehensive Health Enhancement Support System (CHESS).** CHESS is a computer-based system developed with AHRQ support that gives people with HIV access to information, expert advice, and support from other patients. Using CHESS not only helps HIV patients keep track of their condition and alert their doctors when they are having problems, but it also has helped lower their average treatment costs by \$400 a month.

**Current Projects**

- **HIV Research Network.** AHRQ and three other agencies in the Department of Health

and Human Services are sponsors of this network that collects information on persons with HIV disease from providers who specialize in HIV care. The purpose of the data is to provide policymakers and others with timely information about the cost, quality, and access to care for persons with HIV.

- **Medication Errors in HIV Patients.** Researchers at the University of Illinois at Chicago are designing and testing a computerized system that integrates genotype resistance test results with patients’ medication data. The goal is to reduce antiretroviral prescribing errors and improve doctors’ selection of drugs.
- **Quality of HIV Care.** Most HIV patients now depend on outpatient clinics for their medical services. Harvard researchers supported by AHRQ are examining the quality of HIV care at these clinics and whether quality improvement training and clinic policies and organization affect changes in quality.
- **Treatment Compliance.** A study team at the Veterans Medical Research Foundation is exploring why HIV patients do not follow antiretroviral therapy regimens. Investigators are trying to determine whether patients’ preferences and beliefs about their prognosis influence their decision to stop taking the drugs.

**For More Information**

For more information on AHRQ’s HIV research program, contact:

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