

## **City Public Health HIV Clinics and Support for HIV Prevention Services**

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My name is Peter McLoyd, and I'm the co-chair of the Service Providers Council of the AIDS Foundation of Chicago. I've been living with HIV for over 20 years.

With me is Roman Buenrostro, who serves as the co-chair of the Chicago Area HIV Integrated Services Council or CAHISC. This group, run by the city Department of Public Health, makes recommendations to the city on how they should allocate federal HIV prevention, care and housing funds. Members are people living with HIV, service providers, and advocates.

Mayor Emanuel, thank you for championing HIV services throughout your career, including President Obama's National HIV/AIDS Strategy, which the city is working to implement.

We are at a pivotal time in the HIV epidemic. The great news is that HIV cases in Chicago have dropped by 40% from 2001-2013. However, 1,100 people are still diagnosed with HIV in Chicago every year, or 21 every week, and tragically, two-thirds of new cases are among African Americans and Latinos. Gay and bisexual men make up the majority of new HIV infections, which are also rising dramatically among youth. African-American cisgender women and transgender women of all races are disproportionately impacted.

Today, the amazing news is we are better positioned to end new cases of HIV and provide even greater support to those living with HIV. Health care reform is a break-through for access to prevention and care services. People who successfully take HIV treatment are up to 96% less likely to transmit HIV. A pill and program called Pre-Exposure Prophylaxis (PrEP) is over 90% effective at preventing HIV.

As you consider next year's city budget, I want to briefly share our perspective on the future of two HIV clinics run by the City of Chicago Department of Public Health in Uptown and Englewood. These clinics see about 500 patients who are living with HIV, with about two-thirds at the Uptown clinic. They are funded exclusively by the federal Ryan White Program.

The quality of care at the two city HIV clinics is very good. However, the city's HIV clinics have structural issues that cannot be addressed without major financial investments and reforms. They can't bill Medicaid, Medicare or private insurance, which is critical now that the Affordable Care Act is up and running. About 90% of clinic patients are eligible for Medicaid or private insurance. The clinics are unable to meet the federal Ryan White Program requirement to bill insurance if available. They are not set up to be Patient Centered Medical Homes, and the cost of providing care is very high.

Several years ago, CDPH transitioned its primary care clinics to federally qualified health centers, a switch that has been largely successful. We believe it's time for the city to consider a similar transition for the two HIV clinics, as they are operating under a model that is no longer viable in the era of the Affordable Care Act.

Federal Ryan White funds are the only funding source for care in the CDPH clinics. These Ryan White funds could be used more efficiently by community-based clinics, including FQHCs or hospital-based programs, to provide the same medical care. These facilities can bill insurance and are becoming or are already medical homes.

Just as importantly, as allowed under the federal Ryan White program, funds could be redirected to meet the non-medical needs of people with HIV, such as mental health and substance abuse treatment, case management, emergency housing, transportation, and other needs.

We – as members of the Service Providers Council and Chicago Area HIV Integrated Services Council – are advocating for the best care of these 500 patients. We acknowledge that some of the agencies we represent could receive funding as a result of transitioning city HIV clinic patients to new providers, but stand firm in our belief that the city's HIV clinics are not sustainable in the post-Affordable Care Act landscape.

However, our greatest concern is that if the city decides to transition medical services to other organizations, people with HIV could drop out of care. The Uptown and Englewood HIV clinics serve highly vulnerable people with HIV, including some who have specific language needs. To make sure people with HIV are not lost to care, CDPH should:

- Develop and share a well-informed transition plan that outlines the major steps for a seamless shift in services for both clinics
- Set aside funding to create a robust patient advisory group that will guide and provide input on the transition. The hard-working, dedicated case managers from Chicago House who currently serve the clients at these two clinics should play a key role in this group and transition.
- Provide funding for the clinics to develop individual service transition plans for each and every one of the clients impacted. The service transition plans should include steps that ensure all current CDPH Ryan White patients are successfully linked to a primary care medical home where they can receive HIV specialty and other essential services. After the transition, there should be follow up and objective measures to verify each client is well connected and receiving care. CDPH should provide regular reports on system-wide progress to the advisory committee and other stakeholder groups.
- Offer patients multiple options and locations to choose from, including information on agency and staff HIV clinical experience, the quality of care provided, and availability of culturally-competent services. Co-located services should be emphasized.
- Give patients ample notice so they can transition to a new provider without interruption.

- Collaborate with community-based clinics receiving clients to develop protocols to provide outreach and to re-engage all clients who may be lost to care as a result of the transition, using the CDPH Bridge Workers and clinic staff.

We also note that it may make sense to transition Uptown clinic patients to other HIV providers in the area. However, there are few HIV providers in Englewood. We urge CDPH to consider a transparent process to identify a program that could operate the Englewood site.

I want to make a second point. The City of Chicago currently spends \$4.3 million in corporate dollars on HIV prevention. This is vital funding that absolutely should be maintained in next year's city budget. Corporate HIV prevention dollars give the city flexibility to invest in the most vital, locally-defined services without having to worry about federal funding restrictions. The corporate dollars go to community-based agencies on the city's South, West and North Sides to reach populations most vulnerable to HIV. Every HIV infection prevented saves taxpayers over \$380,000 in lifetime medical costs. Moreover, investments in HIV testing help the city to identify people infected with HIV early, when the cost of treatment is half what it would be when their HIV is more advanced.

Thank you for supporting the fight against HIV. I am happy to answer any questions.