

## Background

- The Affordable Care Act (ACA) was enacted on March 23, 2010 mandating insurance coverage and expanding Medicaid coverage. The ACA and Medicaid expansion took effect in Kentucky in 2013.
- The ACA permits states to provide Medicaid for individuals at or below 138% of the federal poverty line with federal funding for three years after enactment.
- The Kentucky uninsured rate has fallen from **14.3%** (approximately 616,000) in 2013 to **6.1%** (approximately 261,000) in 2015 (USDC, 2016).
- As of June 2017 the total number of diagnosed people living with HIV (PLWH) in Kentucky is **10,244** (CHFS, 2016).
- The University of Kentucky Bluegrass Care Clinic (UK BCC) is a federally funded Ryan White HIV/AIDS clinic that serves 63 counties in central and eastern Kentucky.

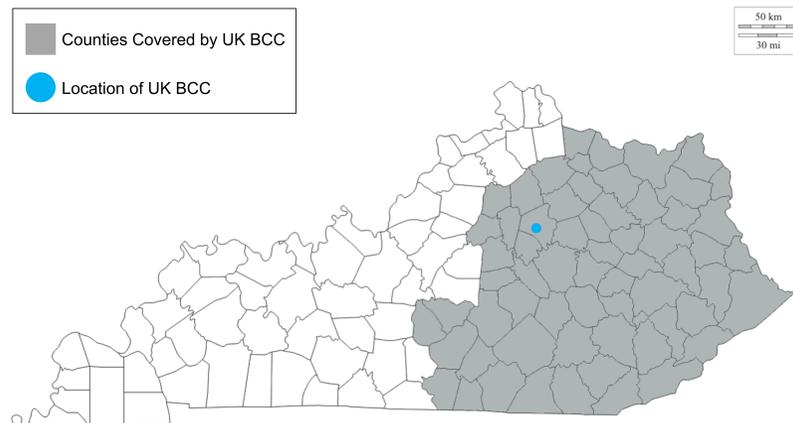


Figure 1: Counties covered by the University of Kentucky Bluegrass Care Clinic

## Objective

- The purpose of this study was to evaluate the impact of the ACA on referrals to care for people living with HIV (PLWH) in states that adopted the Medicaid expansion.

## Methods

- This study examined 1,022 newly enrolled patients between March 24, 2010 to June 8, 2017.
- Referral to care was categorized into one of nine groups: referral by self, outpatient clinic, hospital (inpatient), OB/GYN, community organization, bluegrass care clinic, transfer, and unknown.
- In March of 2010 the UK BCC began using electronic medical records, this was the point chosen for the beginning of the study period.
- Unknown observations were omitted from the analysis and results.

## Results

- Following passage of the ACA, there was an **18% decrease** in referrals from Health Departments (29.8% vs. 12.0%).
- There was a **13.0% increase** in transfer of care to the Ryan White Clinic from an established HIV care provider (16.1% vs. 29.3%).
- The changes in overall referral to care patterns between all sources are significantly different ( $p < 0.0001$ ) before and after the ACA, based on a chi-square analysis.

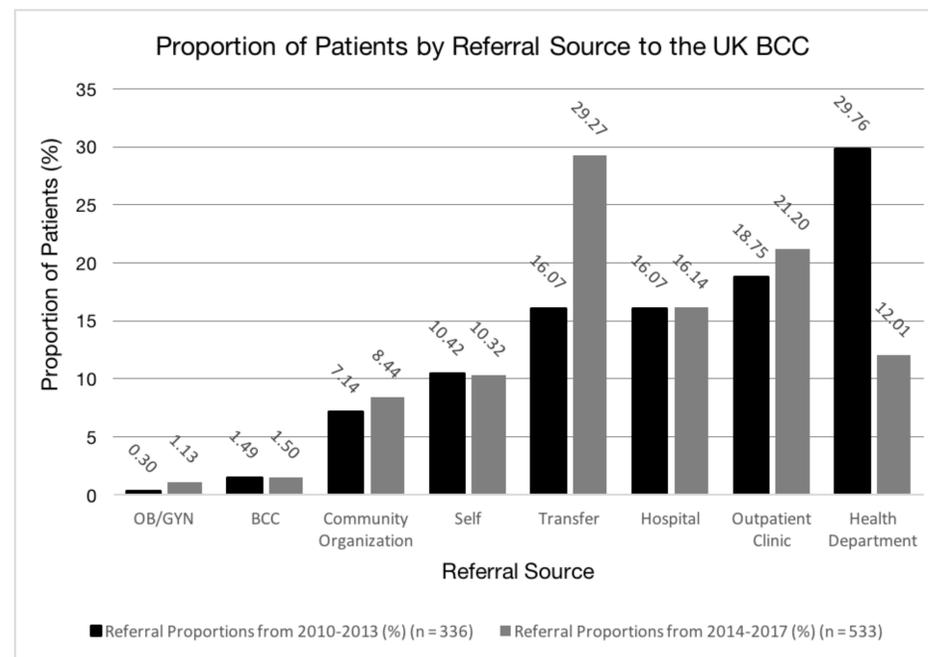


Figure 2: Proportion of Patients by Referral Source for the Years 2010-2013 (black) and 2014-2017 (grey)

## Conclusions

- I. The results of this study indicate that the changes in federal and state healthcare policy have had significant effects on referrals to care for PLWH in Kentucky.
- II. The 18% drop in patients referred from Health Departments may indicate that PLWH have more access to screening and referrals to clinic HIV care through screening by primary care providers.
- III. The proportion of patients that transfer care to the UK BCC increased by approximately 13% between the two periods. This may be explained by individuals who were engaged in care, but did not qualify for those providers with Medicaid.
- IV. These results have implications for the means to engaging more HIV infected individuals into care, particularly in states that have increased access to primary care through healthcare expansions.

## Questions

- The implications of these data may be better understood if clinical outcome markers were associated with referral source in a longitudinal study.
- Many of the transfer of care patients were transferred from out of state. This could be a byproduct of eligibility for Medicaid in Kentucky, but not in the patient's home state.
- The drop in rate of patients referred to care from Health Departments may be representative of shifts in state and federal funding from Health Departments to increase Medicaid availability.
- The impact of shifts in referral source on the HIV Care Cascade are unknown but an important target for future studies.

## References

- United States Census Bureau (USDC). Health Insurance Coverage in the United States: 2015. [Census.gov](http://Census.gov) 2016.
- Kentucky Cabinet for Health and Family Services (CHFS). HIV/AIDS Surveillance Report June 2016. [CHFS.ky.gov](http://CHFS.ky.gov) 2017.