



## **Data Day 1 Annotated Bibliography**

### **Access to and Maintenance in Care January 2005**

**ADAY, L. A. (2002). A health services research perspective on the use of ancillary services to retain persons living with HIV/AIDS in primary care. *AIDS CARE*, 14 (Suppl. 1), S133-136.**

**Abstract: *Research in the areas of access to and retention in care document the utility of ancillary service provision in retaining persons living with HIV/AIDS in primary care. The weight of the evidence also raises resounding other empirical and evaluative questions: what is the perspective on a given program's success on the part of those persons living with HIV/AIDS across alternative caregiving and financing arrangements; what is the relative efficiency of investing public dollars in highly costly and complex medical and drug therapies versus either primary prevention, the pursuit of more cost-effective cures or attending to the quality-of-life issues and associated supportive care needs for persons living with HIV/AIDS; and finally, how feasibly and fairly can the benefits documented for the regimens and associated delivery systems reported upon be distributed to those disadvantaged for whom the burdens of the epidemic are the greatest?***

**ASHMAN, J.J., CONVISER, R. & POUNDS, M.B. (2002). Associations between HIV-positive individuals' receipt of ancillary services and medical care receipt and retention. *AIDS CARE*, 14 (SUPPL.1), S109-S118.**

**Abstract: This study examines associations between HIV-positive individuals' receipt of ancillary services and their receipt of and retention in primary medical care. Ancillary care services examined include: case management, mental health and substance abuse treatment/counseling, advocacy, respite and buddy/companion services, as well as food, housing, emergency financial assistance, and transportation. The selection criterion used was the receipt of care from January-June 1997 at selected facilities receiving funding under the Ryan White CARE Act. The receipt of each ancillary service was associated with the receipt of any primary medical care from a safety net provider. *All ancillary services were strongly associated with primary care receipt.* Mental health and substance abuse treatment/counseling, client advocacy, respite care and buddy/companion services all had significant associations with all primary medical care measures.**

**CHAN, D., ABSHER, D. & SABATIER, S. (2002). Recipients in need of ancillary services and their receipt of HIV medical care in California. *AIDS CARE*, 14 (Suppl.1), S73-S83.**

**Abstract:** For many individuals with access to quality medical care, HIV disease is no longer a critical short term illness but a chronic condition giving rise to more clients requiring ongoing medical care. Programs funded by the Ryan White CARE Act not only provide essential medical care for these individuals but also facilitate access to medical care services. These programs fund services, including case management, transportation, and translation assistance, that feature ongoing assistance and enable individuals to remain in the health care system. Because of the importance of maintaining the strict drug regimen, retention in care is also an important part of the overall HIV care component. This study analyzed the relationship of ancillary services and receipt of medical care and retention in the health care system. *We found that for clients in need of ancillary services, a positive relationship existed between their receipt of ancillary services and their access to primary medical care. This observation held constant when age, race, gender, and insurance coverage were controlled for.*

**CONOVER, C.J. & WHETTEN-GOLDSTEIN, K. (2002). The impact of ancillary services on primary care use and outcomes for HIV/AIDS patients with public insurance coverage. *AIDS CARE*, 14 (Suppl.1), S59-S71.**

**Abstract:** To better understand the impact of ancillary services on access to primary care, utilization of health services, costs and health status of HIV/AIDS patients, we studied adult HIV/AIDS patients eligible for Medicaid in eastern North Carolina. Using primary data from a 1997 survey of patients linked to Medicaid claims, a multivariate analysis was used to estimate the effect of receiving housing, legal services and substance abuse treatment and of failure to obtain transportation and child care services on: (a) adequacy and use of primary care; (b) CD-4 counts; (c) viral load; and (d) self-rated health status. *Receipt of housing and legal services were found to have a positive relationship with access to primary care. Difficulties in obtaining transportation and receipt of substance abuse services had a negative relationship with receipt of adequate primary care. On balance, these findings provide support for continued public funding for various ancillary services to improve patient access to needed primary care.*

**CONVISER, R., & POUNDS, M.B. (2002). The role of ancillary services in client-centered systems of care. *AIDS CARE*, 14 (SUPPL. 1), S119-S131.**

**Abstract:** The studies in this issue reflect the operation of the Ryan White CARE Act's model of health and support services for people living with HIV in the USA. Ancillary services available through the CARE Act are responsive to predisposing factors, enabling factors, and system characteristics that pose barriers to clients' receipt of primary medical care. That nearly all of the studies use cross-sectional rather than longitudinal data makes it difficult to draw causal inferences. *Taken as a whole, the studies suggest that receipt of ancillary services such as case management, mental health and substance abuse treatment, transportation, and housing assistance is associated with primary care entry and retention among CARE Act clients.*

**LO, W., MACGOVERN, T., & BRADFORD. (2002). Association of ancillary services with primary care utilization and retention for patients with HIV/AIDS. *AIDS CARE*, 14 (Suppl.1), S45-S57.**

**Abstract:** Fenway Community Health Center (FCHC), located in Boston, Massachusetts, provides comprehensive care to persons with HIV/AIDS. In this paper, we present results from an analysis of existing data about the demographic and clinical characteristics, service needs, utilization patterns and primary care retention of HIV-positive primary care patients seen at FCHC during a 24-month study period. A total of 999 individuals were included in the study population. Most were men (97%), white (75%) and between 39 and 80 years of age. Patients averaged 6.7 medical visits annually at FCHC, and 61% had at least one medical visit every six months. Significant predictors of primary care utilization were insurance status, HIV disease stage, being on combination therapy, first CD4 count, first viral load level and receipt of ancillary services. Case management was the most used ancillary service, received by 36% of the study population. *Publicly insured and/or Ryan White CARE Act-funded patients had the greatest ancillary service utilization. The influence of ancillary services upon primary care was significant. For patients who received primary care in every continuous six-month period, statistically significant associations were found with receipt of mental health care, case management, drug assistance, food/nutrition, and housing.*

**Magnus, M., Schmidt, N. Kirkhart, K., et al. (2001). Association between ancillary services and clinical and behavioral outcomes among HIV-infected women. *AIDS PATIENT CARE AND STDs*, 15(3), 137-145.**

**Abstract:** The purpose of this study was to evaluate the association between ancillary services and clinical and behavioral outcomes for HIV-infected women. Data were obtained from databases systematically maintained by Family Advocacy, Care and Education Services (FACES) and the HIV Outpatient Program (HOP) in New Orleans. HIV-infected women receiving primary care from HOP and ancillary services from FACES between January 1, 1997 and December 31, 1998 were eligible. The majority of women included in the study were African American (86.7%), infected heterosexually (78.8%), and had absolute CD4 counts greater than 200 (58.6%). Receipt of more than four combined case manager contacts or ancillary services per month was significantly associated with being prescribed a protease inhibitor, improved adherence and retention in primary care, and enrolling on a research protocol. *Findings suggest that receipt of case management and ancillary services is associated with improvements in multiple outcomes for HIV-infected women. A client-centered approach to providing ancillary services appears to be effective in improving behavioral and utilization characteristics in this population of low-income, high-risk women.*

**MESSERI, P.A., ABRAMSON, D.M., AIDALA, A.A., LEE, F., & LEE, G. (2002). The impact of ancillary HIV services on engagement in medical care in New York City. *AIDS CARE*, 14 (Suppl.1), S15-S29.**

**Abstract:** The advent of antiretroviral therapies in 1996 prompted an interest in the role played by ancillary services in improving access to and retention in medical care, particularly since the success of the new therapies is often contingent upon ongoing and appropriate primary medical care. Using self-reported survey data from a longitudinal representative sample of 577 HIV-positive adults in New York City, this paper explores the impact of such supportive services as drug treatment, case management, housing assistance, mental health treatment and transportation on engagement with medical care. *The study's principal finding was that specific ancillary services were significantly associated with an increase in an individual's likelihood of entering medical care and maintaining appropriate medical care services for HIV.*

**SHERER, R., STIEGLITZ, K., NARRA, J., ET AL. (2002). HIV multidisciplinary teams work: support services improve access to and retention in HIV primary care. *AIDS CARE*, 14 (Suppl.1), S31-S44.**

**Abstract:** The multidisciplinary team model of HIV care evolved out of necessity due to the diverse characteristics and needs of people living with HIV disease. Though it is now accepted as the international standard of care, it represents a significant departure from methods of care for other infectious diseases, and debate continues regarding the effectiveness of its interventions. The debate has been largely uninformed by data; for example, little is known about the relationship between ancillary support services and primary care outcomes. We hypothesized that support services increase access to and retention in HIV primary care in an inner city public hospital clinic. We conducted a retrospective analysis of clinical data sets on 2,647 patients at the CORE Center, Chicago, from 1997-1998 to investigate the relationship between four support services: 1) case management; 2) transportation; 3) mental health; and 4) chemical dependency, and access to and retention in HIV primary care. *We found that patients who received each of these services were significantly more likely to receive any care, regular care and had more visits than patients with no service, and retention increased by 15-18%. We conclude that support services significantly increased access to and retention in HIV primary care.*