Safety-Net Strain Ahead: High Uninsurance Among Patients with Advanced HIV at a Ryan White Clinic

917

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BACKGROUND

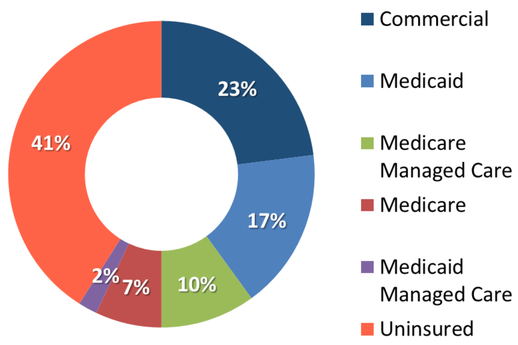
- Insurance coverage is a critical determinant of access to HIV care.
- Lack of access to care can lead to late presentation and progression to advanced HIV disease.
- Recent policy changes are expected to increase uninsurance and strain existing resources in high HIV burden areas.
- **Aim:** To assess the relationship between insurance status and hospital utilization of patients with advanced HIV at the Ryan White Clinic within the Grady Health System in Atlanta, Georgia between 2022 and 2024.

METHODS

- We conducted a descriptive analysis of 846 adult patients with advanced HIV (CD4<100 cells/ µL) seen for at least one clinical encounter within the Grady Health System in Atlanta, Georgia (2022-2024).
- We compared number of hospitalizations (count; binary [≤1 vs ≥2]) and demographics (age, sex, race, ethnicity) by insurance status using t and chi-square tests.
- Risk ratios for ≥2 hospitalizations were estimated using Poisson regression models.

RESULTS

Figure 1. Insurance Coverage Distribution



Over 40% of patients with advanced HIV at a Ryan White Clinic in the epicenter of the U.S. HIV epidemic were uninsured.

Table 1. Demographic and Utilization Differences by Insurance Status.

Characteristic	Uninsured	Insured	p-value
Mean age (years)	41	46	<0.001
Male sex	83%	77%	0.03
Hispanic/Latino	10%	1.2%	<0.001
“Other” race	11%	2.4%	<0.001
Mean hospitalizations	1.35	1.95	0.003

Table 2. Demographics and Insurance by Hospitalizations (≤1 vs ≥2) with Unadjusted and Adjusted Risk Ratios for ≥ 2 Admissions.

Reference groups are shown as “—”. Statistically significant values are highlighted in pink.

Characteristic	≤1 hospitalization n/N (%)	≥2 hospitalization n/N (%)	Unadjusted RR (95% CI)	Adjusted RR (95% CI)
Age, years	Mean 43.27 (SD 12.18) Median 41.5 (IQR 19)	Mean 45.46 (SD 12.08) Median 44.5 (IQR 20)	**1.10 (1.03–1.19) per 10 yrs**	**1.10 (1.02–1.18) per 10 yrs**
Insurance				
Insured	315/498 (63.25)	183/498 (36.75)	—	—
Uninsured	242/344 (70.35)	102/344 (29.65)	**0.80 (0.66–0.98)**	0.85 (0.69–1.04)
Sex				
Female	98/168 (58.33)	70/168 (41.67)	—	—
Male	459/674 (68.10)	215/674 (31.90)	**0.76 (0.62–0.94)**	**0.79 (0.64–0.97)**
Race				
Black	491/750 (65.47)	259/750 (34.53)	—	—
White vs Black	35/47 (74.47)	12/47 (25.53)	0.73 (0.46–1.17)	0.70 (0.43–1.22)
Other vs Black	31/45 (68.89)	14/45 (31.11)	0.89 (0.57–1.41)	0.94 (0.47–1.87)
Ethnicity				
Non-Hispanic/Latino	521/793 (65.70)	272/793 (34.30)	—	—
Hispanic/Latino vs Non-Hispanic	27/40 (67.50)	13/40 (32.50)	0.95 (0.60–1.50)	1.14 (0.58–2.25)

Older age ↑ hospitalizations; male sex protective; uninsurance trended toward ↓ hospitalizations but was not statistically significant after adjustment.

CONCLUSIONS

- Over 40% of patients with advanced HIV at an urban, safety net healthcare system in a high HIV burden area in the Southern US were uninsured.
- Uninsured patients were younger, differed by race and ethnicity, and had fewer hospitalizations, which may reflect barriers to hospital use or reliance on outpatient services through Ryan White-funded care rather than lower morbidity.
- Increases in uninsurance could increase advanced HIV-associated morbidity by straining existing federal programs, limiting access to outpatient care, and driving more patients to seek care in overburdened hospitals with advanced HIV complications.
- Lawmakers and funders must urgently bolster Ryan White and safety-net financing to preserve access and prevent widening disparities in this vulnerable population.

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PLAIN LANGUAGE SUMMARY

Many patients receiving care for advanced HIV in Atlanta’s safety-net health system did not have health insurance. Uninsured patients had fewer hospitalizations, which may reflect barriers to accessing hospital care rather than better health, underscoring the importance of safety-net programs that provide outpatient HIV services.