

Medical Monitoring Project



The Medical Monitoring Project (MMP) is an ongoing population-based surveillance system to assess clinical outcomes and behaviors of HIV-infected adults receiving care in the United States. It is currently being conducted in 17 states and 6 cities by state and local public health departments in collaboration with the Centers for Disease Control and Prevention. This document provides an overview of the type of data collected in the patient interview and MRA from the 2009 and 2010 cycles.

In Washington State, 82 facilities were selected to participate in the 2009 and 2010 cycles. Of these, interviews and corresponding medical chart abstractions (MRA) were done at 58 facilities. The other facilities were either ineligible, did not have patients to interview, or refused to participate.

Patient Demographic Information

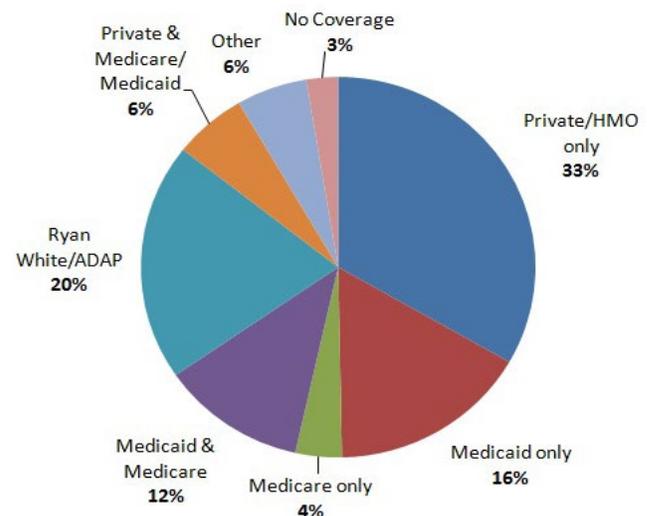
In 2009-2010, the majority of HIV-infected adults receiving care in Washington State were male, aged 45 and over at time of the interview, and White, non-hispanic. Over 60% were diagnosed at least 10 years prior to the interview.

Demographic Characteristics		
	%	95% CI
Age at the Time of Interview		
18-34	11.7	6.9-16.2
35-44	28.2	22.5-34.5
45-54	39.2	34.2-44.4
55+	20.9	15.7-25.7
Gender at Birth		
Male	84.0	79.5-88.6
Female	16.0	11.4-20.5
Race/Ethnicity		
White, non-Hispanic	66.1	60.6-71.6
Black, non-Hispanic	12.0	8.7-15.4
Hispanic	10.3	6.6-14.0
Other*	11.6	7.5-15.7
Years since HIV Diagnosis		
0-4	18.2	14.5-21.9
5-9	19.6	14.3-24.8
≥10	62.2	55.8-68.6

* "Other" racial group includes Asian, American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Multirace and those who refused to answer

Medical Coverage in the Last 12 Months

Approximately one-third of HIV-infected persons receiving care in WA reported private insurance. An additional one-third reported Medicare, Medicaid or both. Approximately 20% reported Ryan White/ADAP as their only form of insurance.



Use of and Need for Ancillary Services

The most commonly used ancillary services are also the most commonly needed services for those who did not receive them. HIV peer group support is also a commonly reported (15%) needed service. Approximately 49% of people needed but did not receive at least one service.

Top 5 Frequently Received and Needed Services in the Last 12 Months		
	% Received Service (95% CI)	% Needed Service but not Received (95% CI)
Dental Services	64.5 (60.2-68.8)	22.5 (18.6-26.5)
Mental Health Counseling	33.9 (27.4-40.4)	21.4 (15.1-27.7)
Meal/Food Services	31.0 (25.5-36.6)	15.6 (9.8-21.5)
Social Services	45.6 (39.2-52.1)	14.5 (10.1-18.9)
HIV Case Management	56.9 (48.0-65.8)	11.1 (6.7-15.6)

Clinical Outcomes

CD4 and viral load test results from the 12 months prior to the date of interview were abstracted from medical records. For those with lab results recorded, 50% had a CD4 count of 500 or more and 77% had an undetectable viral load. Almost 90% of people report currently taking antiretroviral medication.

Percentage of CD4+ and HIV Viral Load Tests in the Last 12 Months

	%	95% CI
CD4+ count ≥ 500	50.1	44.4-55.7
Undetectable viral load	76.9	72.4-81.4

Sexual Behavior

Risky sexual behaviors continue to be prevalent among HIV-positive MSM in care. Nearly 60% reported two or more sexual partners in the last 12 months and 40% report having unprotected vaginal or anal sex in the last 12 months.

Self-Report Sexual Behavior in the last 12 Months

	MSM % (95% CI)	MSW % (95% CI)	WSM % (95% CI)
Number of Reported Sexual Partners			
One	41.9 (35.9-47.9)	75.6 (58.9-92.2)	80.6 (65.3-95.9)
Two or more	58.1 (52.1-64.1)	--	--
Reported Unprotected Vaginal or Anal Sex			
No	60.2 (52.5-67.9)	80.6 (69.6-91.6)	77.1 (68.2-86.0)
Yes	39.8 (32.1-47.5)	--	22.9 (14.0-31.8)

Men who have sex with men (MSM), men who have sex with women only (MSW), women who have sex with men (WSM).

Mental Health

Approximately half the HIV-infected adults in care reported at least one mental illness in the past 12 months. About 40% reported depression, 21% anxiety, and 4% psychosis. HIV-infected adults with depression were equally as likely to have a suppressed viral load, but more likely to report injection drug use compared to those without depression.



Substance Use

Substance use is common among HIV-infected persons receiving care in Washington. Approximately 40% reported non-injection drug use (excluding alcohol) in the last 12 months. The most commonly used non-injection drugs reported were marijuana (32%), methamphetamines (11%) and poppers (10%). For those who reported alcohol use in the last 30 days, the median number of days they drank was 4 (95% CI 3-5), and the median number of drinks per day was 2 (95% CI 2-3). Cigarette smoking also continues to be common, with 40% of people reporting being current smokers.

Those who reported any drug or alcohol use were less likely to have a suppressed viral load than those who reported no use of either.

Self-Report Substance Use in the Last 12 Months

	%	95% CI
Non-Injection Drug Use*		
No	60.7	55.1-66.3
Yes	39.3	33.7-44.9
Injection Drug Use		
No	92.7	90.3-95.0
Yes	7.3	5.0-9.7
Smoking Cigarettes**		
Yes, current smoker	39.4	32.4-46.4
Former smoker	26.1	20.9-31.4
Never smoked	34.5	28.3-40.6

*Excludes Alcohol

**Current smoker reported smoking at least weekly, former smoker reported smoking at least 100 cigarettes in lifetime, but does not currently smoke

Why Participate in MMP?

MMP's true success depends upon the participation of HIV care providers like you.

MMP presents a unique opportunity to contribute to knowledge about HIV care in the U.S. The information provided by MMP may be used by HIV prevention planning groups, clinicians, Ryan White consortia, and policy leaders to help advocate for additional resources.

For More Information about MMP:

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For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711).