



The Network News

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OREGON HIV/AIDS CASE MANAGEMENT

HIV/AIDS Care Providers Burning Out From Increased Workloads, Flat Funding, AIDS Research Director Says

Access this story and related links online:

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=36597

Health care workers caring for people living with HIV/AIDS are "burning out" from increased workloads as patients are living longer. But funding for care remains stagnant, Michael Saag, director of the Center for AIDS Research at the University of Alabama-Birmingham, said in an interview on Wednesday on NPR's "All Things Considered." According to Saag, who was one of the first U.S. physicians to prescribe antiretroviral medications to HIV-positive people, nurses and social workers are working longer hours without overtime "out of just a love for what they do and a commitment to the cause." Saag said many HIV/AIDS care staff eventually resign because they cannot keep up with the pace, and there are not enough full-time employees to cover the workload. In addition, it is "more and more difficult" to replace staff members because prospective employees could receive the same salary for shift work, according to Saag. "I'm concerned about the future of my clinic because I don't know where the next wave of nurses, where the next wave of doctors are going to come from," Saag said.

Saag added that a change in the demographics of individuals living with HIV/AIDS -- who are now those "more disenfranchised from society," such as individuals with low incomes, untreated mental illnesses and substance use problems--over the last five years is contributing to caregiver stress because their cases are more difficult to manage, and it takes caregivers longer to gain patients' trust. (Norris, "All Things Considered," NPR, 4/12). The complete segment is available online in RealPlayer.

Next Meeting:

May 9th

**"HOUSING ISSUES
FOR THOSE WITH
HIV"**

**State Office Building
800 NE Oregon
Portland
Room 120-C**

8:30 to 10:30 a.m.

OPTIONS/OPCIONES in Multnomah County

The Multnomah County Health Department's HIV Health Services Center (HHSC) was recently awarded a grant from HRSA to evaluate the real world application of a risk reduction counseling strategy aimed at persons living with HIV, called the OPTIONS/OPCIONES project.

OPTIONS/OPCIONES is a brief (5-10 minute) clinician-initiated collaborative discussion between a medical provider and HIV-positive patient about:

- Sexual and drug use risk behavior
- Barriers to safer sex/safer drug use
- Strategies for overcoming barriers

OPTIONS/OPCIONES has already been proven effective for reducing the number of sexual and drug use risk events among HIV-positive patients who participated in this intervention in other regions of the US. HHSC providers were trained in OPTIONS/OPCIONES this winter and plan to implement the OPTIONS intervention as a standard of HIV care beginning in April.

For more information, call Alison at: 503-988-3030 x25693 or go to:

http://hab.hrsa.gov/special/options_index.htm or <http://www.chip.uconn.edu/interventions/k-options.pdf>

We are planning in the upcoming issues to highlight individuals who are working with HIV/AIDS in Title II areas. If you know of someone or a group that is making a difference in a part of the state outside the Portland EMA, please contact me with your information. Thank you. Rick Stoller, 503-230-1202 stollerr@ohsu.edu

<http://www.ask.hrsa.gov/>

This column is provided as a public service by Attorney Sarah Patterson (www.sarahpattersonlaw.com), by e-mail: sarah@sarahpattersonlaw.com, (503) 281-4766. Sarah is a lawyer in private practice representing claimants with HIV, and is not associated with the Social Security Administration.

STAFFING SHORTAGES AND DELAYS AT SOCIAL SECURITY

I thought you'd be interested in these these excerpts from this March Congressional testimony of the organization that represents staff in Social Security offices at all levels. The full transcription of the testimony can be found at <http://finance.senate.gov/hearings/testimony/2005test/031406testrw.pdf>

- In 1999 SSA had 311,000 hearings pending. There are now an **estimated 750,000 hearings pending**, an increase of 140%. The average Administrative Law Judge has approximately 750 cases pending per available judge. As a result the average time to receive a hearing decision is often more than two years.
- SSA's Program Service Centers (PSCs) have seen their pending cases more than double in the past two years, increasing by more than 350,000 cases. Backlogs in the PSCs have contributed to an increase in requests from Congress for status of cases by over 40% and requests for special high priority payment of cases by over 110%.
- Waiting times in Field Offices rose dramatically for the first six weeks of the year. Walk-in traffic increased by approximately 40% from the same time last year. Much of the traffic is due to requirements of the 2005 Intelligence Reform and Terrorism Prevention Act of 2004 (IRTPA). This law significantly strengthened the rules for issuing new and replacement Social Security numbers and cards.
- SSA's 1-800 number received nearly 4.8 million more calls for the first two months of this year compared to the first two months of last year.
- In FY 2005, SSA processed 64% more new claims for Title II and Title XVI disability claims than it did in FY 2000.
- SSA will send out an estimated 2 million letters for those that qualified for Extra Help for Part D Medicare in August to determine whether the amount of Extra Help will change. Many of these cases will need to be reworked by SSA Field Offices. SSA will also mail out an estimated 2 million letters for those potentially affected by the Income-Related increased Medicare Part B Premiums this fall. Many of those affected will contact SSA Field Offices with questions and for assistance in helping them determine the correct premium to pay.

This staffing shortage is one of the key reasons for massive backlogs in the Hearings Offices and Program Service and creates major strains on Field Office employees to handle the increased walk-in traffic. The key problem is that SSA is being given more and more responsibilities without sufficient funding to handle these responsibilities. A much more intensive interview is done for those applying for Social Security Account numbers. This more intensive interview process and review of documents has led to an increased number of visitors that must go home and return with additional documents, sometimes multiple times.

UPDATED FACT SHEET ON WOMEN AND HIV/AIDS

This updated Kaiser Family Foundation fact sheet provides the latest data and trends over time of the HIV/AIDS epidemic's impact on women in the U.S. The updated fact sheet was released in conjunction with the first , which took place on Friday, March 10. To view the fact sheet go to:

<http://www.kff.org/hivaids/upload/6092-03.pdf>



I have a friend who was feeling fine but started HIV meds upon the recommendation of his doctor. After he started the meds he got really sick with an infection. I thought the meds were supposed to decrease the chance of developing illnesses – how come this happened?

Once someone starts taking HIV meds (HAART) they begin to restore the protective immune responses against a wide variety of pathogens. Sometimes this immune reconstitution is associated with a pathological inflammatory response leading to a significant illness. This is referred to as immune reconstitution inflammatory syndrome (IRIS). Once the IRIS event is resolved, the course of immune recovery should be smoother. If the medication treatment regimen is adhered to, viral suppression should continue with ongoing immune recovery.

Patients with very low CD4 counts when meds were initiated seem to be at greatest risk of developing an IRIS event. Such an association makes sense in that lower CD4+ counts increase the likelihood of having dissemination of a microbe with which a restored immune system can react following initiation of antiretroviral therapy. Having a history of an Opportunistic Infection (OI) and a high baseline viral load has also been associated with occurrence of IRIS in some studies. The relationship to response to therapy – rate of increase of CD4 or decrease in VL might also be related.

Various studies of those receiving HAART has shown that between 15 and 25% of patients developed IRIS, with most cases occurring in the first 3 months of therapy. Most of the IRIS cases have been associated with underlying viral infections (CMV, herpes, shingles, and viral hepatitis) and mycobacteria (either MAC or TB).

The reason IRIS occurs is not fully known. It may be the result of a response to a high antigen burden, an excessive response by the recovering immune system, exacerbated production of pro-inflammatory cytokines or a lack of immune regulation due to inability to produce regulatory cytokines remains to be determined.

In summary, the data generated by many independent investigators is beginning to clarify our clinical picture of IRIS. Patients at highest risk for developing IRIS are those with low baseline CD4+ counts or with an underlying OI, two scenarios which are directly related. Most cases of IRIS can be expected to occur within the first few months of initiating therapy. A brisk immune recovery, in terms of rising CD4+ counts, seems to be associated with IRIS development.

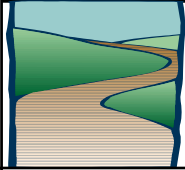
**Ask Debby is graciously provided by Debby Parrish, RPh, MPA:HA
a pharmacist who specializes in HIV**

Now that AIDSmeds and POZ have joined forces, the combined company wants to find out how often you and other visitors to AIDSmeds use the site, and which content areas you use the most. We'd also like to get a better idea of who our audience is (people with HIV? healthcare professionals?, etc).

Please take our first ever (<http://www.uptilt.com/ct.html?s=4xx,i0yh,3ro,ahq9,6lvi,i9q6,87vs>) Visitor Survey -- it only takes a minute or two to fill out, and it's completely anonymous. The more visitors that take the survey, the more it will help us as we seek to improve AIDSmeds.com, and give YOU an even better online experience.

To take the survey, click here:

<http://www.uptilt.com/ct.html?s=4xx,i0yh,3ro,5wv0,i0ai,i9q6,87vs>



Comings and Goings

Bill Soderberg, youth and family programs team lead, left CAP to be a full-time parent to his newly adopted daughter. We wish Bill the very best in this new chapter in his life.

We are only a couple of months away from the end of open enrollment period for the Medicare part D plans; May 15, 2006 is the ending date. For those clients that already have coverage at least as good as Medicare Part D through their employer or other insurance, please remind them to request or keep written notice from their insurers certifying "creditable coverage". This written notice can be used to document coverage if client later decides to enroll in a Medicare Part D plan, that way they will not have to pay a penalty.

The Department of Health and Human Services (HHS) has released the 2006 Federal Poverty Guidelines. To view the new poverty guidelines go to

The new FPG also known as Federal Poverty Level (FPL) affect most of the benefits programs eligibility criteria, including Care Assist, Head Start, the Food Stamp Program, the National School Lunch Program, the Low-Income Home Energy Assistance Program, and the Children's Health Insurance Program. For a more detailed list of programs that do and do not use the guidelines, visit the website.

The Oregon Department of Human Services is reopening a federally funded program that helps low-income Oregonians pay for certain Medicare premiums. The "QI-1" program pays the Medicare Part B premium for people with Medicare Part A and monthly income below 135 percent of the federal poverty level. That amounts to \$1,123 for a single person or \$1,505 for a couple. Clients eligible for the program also automatically get the extra assistance for their prescription costs in Medicare Part D, which means they will pay either \$2 or \$5 for their prescriptions. Anyone interested in applying should contact the local Area Agency on Aging or Seniors and People with Disability Office.

A new Tip Sheet on Medicare Part D addresses early-in-month enrollments. Generally, if a person with Medicare enrolls in a Medicare drug plan at the beginning of the month, they will be able to get the most out of their coverage from the first day it is effective. Early enrollments give Medicare and drug plans time to process the enrollment and mail important information before coverage becomes effective. Enrollments later in the month make it far less likely that all of the information needed to file the claim correctly will be available. The Tip Sheet provides information for late-in-month enrollees to help them fill prescriptions.

To view the Tip Sheet go to: Column provided by Sandra Sciacotti, Statewide Benefits Coordinator at Cascade Aids Project. (503) 223-5907 Ext. 235 (800) 687-9845 Fax: (503) 223-7087

NEW SERVICE OFFERED IN UMATILLA AND MORROW COUNTIES

HIV/AIDS, HEPC GAY/BISEXUAL SOCIAL/SUPPORT GROUPS UMATILLA and MORROW COUNTIES CALL FOR TIME/PLACE/MORE INFORMATION 541-922-0126

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Comments and questions about this publication should be directed to: Rick Stoller at stollerr@ohsu.edu, or call (503) 230-1202, FAX (503) 230-1213, 5525 SE Milwaukie Ave. Portland, OR 97202 This issue, and issues from Feb 2002 on, can be found electronically at <http://egov.oregon.gov/DHS/ph/hiv/services/news.shtml>