Utah Health Status Update

KEY FINDINGS

- **The Utah Department of Health intends for Utah to be one of the first states to significantly reduce new HIV infections and meet the ambitious national goal of reducing HIV infections by 75% in five years and 90% by 2030.**
- **More than 2,600 individuals living in Utah have been diagnosed with HIV; 84% of these persons receive HIV-related care and 75% are virally suppressed.**
- **The Utah Department of Health is currently engaging stakeholders and partners to draft a strategic plan that will focus on four domains: diagnose, treat, respond, and protect.**

HIV Getting to Zero Plan

In February 2019, the President of the United States announced the Administration's goal to end the HIV epidemic in the United States within 10 years. The Prevention, Treatment and Care Program at the Utah Department of Health is capitalizing on this opportunity and intends for Utah to be one of the first states to meet the ambitious national goal of reducing HIV infections by 75% in five years and 90% by 2030.[1]

Ending the HIV Epidemic: A Plan for America

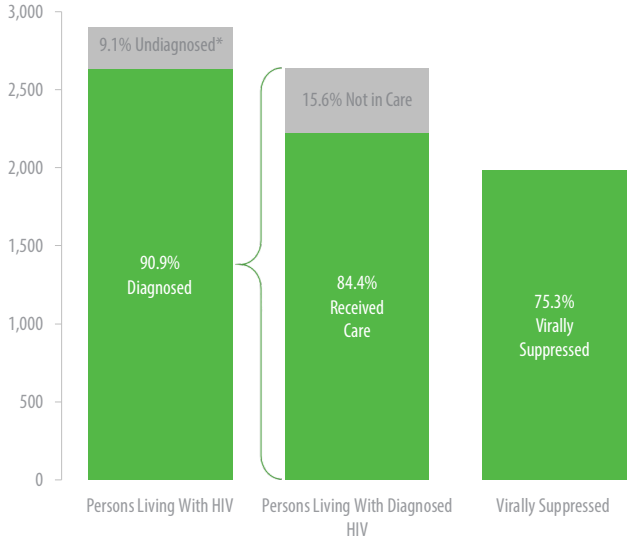
Figure 1. The new initiative seeks to reduce the number of new HIV infections in the United States by 75 percent within five years and then by at least 90 percent within 10 years for an estimated 250,000 total HIV infections averted.

Human immunodeficiency virus (HIV) is transmitted through blood, breast milk, semen, and vaginal secretions. HIV is estimated to affect nearly 3,000 Utahns, with roughly 120 new infections diagnosed in Utah each year. While there is no vaccine or cure for HIV, there are very effective treatment options that help people living with HIV enjoy a long and fulfilling life. Starting and staying in medical care is crucial for both individuals living with HIV as well as the public's health. The Utah HIV care continuum shows that more than 2,600 individuals living in Utah have been diagnosed with HIV and another 264 are estimated to have HIV; 84% of those diagnosed receive HIV-related care and 75% are virally suppressed, meaning those individuals are able to stay healthy and are not transmitting HIV.

Feature article continued

Utah HIV Care Continuum, 2018

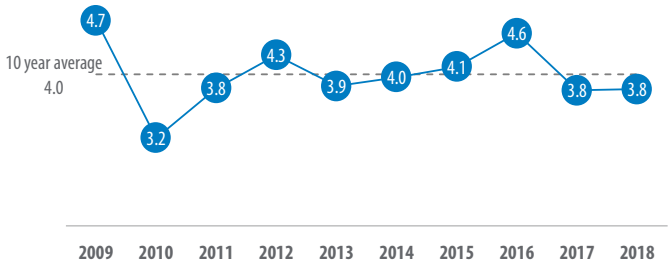
Figure 2. More than 2,600 individuals living in Utah have been diagnosed with HIV; 84% of those diagnosed receive HIV-related care, and 75% are virally suppressed.



*The percentage of undiagnosed is estimated using the 2017 prevalence estimate.

New HIV Diagnoses in Utah

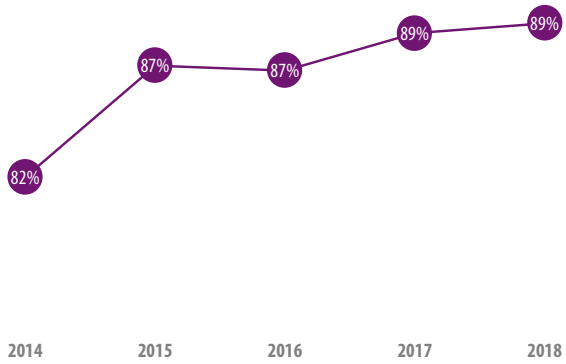
Figure 3. The rate of new HIV diagnoses (rates per 100,000 population) remain stable in Utah.



Two significant breakthroughs in biomedical HIV prevention and care have made it possible to end the HIV epidemic in Utah. These breakthroughs include the scientifically proven fact that individuals with HIV who receive antiretroviral therapy (ART) and have achieved and maintained an undetectable viral load cannot sexually transmit the virus to others (known as virally suppressed).[2] Additionally, there is now a daily pill that is highly effective for preventing HIV from sex or injection drug use, known as pre-exposure prophylaxis (PrEP).[3] The availability of these innovations signifies that now is the time to address the stagnant rate of new HIV diagnoses in Utah.

Percentage of Utahns Receiving HIV Care Who Are Virally Suppressed

Figure 4. The percentage of Utahns receiving HIV care who are virally suppressed has increased over time.



The Prevention, Treatment and Care Program at the Utah Department of Health is currently engaging stakeholders and partners to draft a Getting to Zero (Zero HIV infections, Zero HIV-related deaths, and Zero HIV stigma) strategic plan that will focus on four domains: diagnose, treat, respond, and protect. The Utah Getting to Zero plan will be available for public comment in early 2020. The Prevention, Treatment and Care Program is recognizing that to make a difference in the Utah HIV epidemic, something different has to be done including conversations focusing on sexual health and access to medical care, implementing new prevention and care strategies, and engaging new and innovative partners. If you would like to join in ending the HIV epidemic and Getting to Zero, please email Erin Fratto at efratto@utah.gov.

1. What is 'Ending the HIV Epidemic: A Plan for America'? https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview.
2. HIV Treatment as Prevention https://www.cdc.gov/hiv/risk/art/.
3. PrEP https://www.cdc.gov/hiv/basics/prep.html.

Spotlights

Publicly Available Price Transparency Data from the Utah All Payer Claims Database

The Office of Health Care Statistics at the Utah Department of Health released two tables of payment and frequency information for common procedures at the clinic and hospital level. This information allows consumers, providers, and others to see "price" ranges for office visits and inpatient stays. The data covers October 2016–September 2017 for the inpatient stay data and January 2017–December 2017 for the office visit data.

Examining this publicly-available data at a high-level illustrates some important differences. For example, the accompanying table shows the average "median price" for all clinics contained in the data for five different types of "established patient" office visits—that is, visits by patients to practitioners with whom they have an existing relationship. According to the *CPT 2017 Professional* coding manual, the office visit type ultimately billed to the patient and insurance depends on the complexity of the visit. Although the actual criteria for selecting a visit type is complicated and involves many factors, the manual lists the values in the "typical visit length" column of the table as being "typical" for time spent by the healthcare practitioner "face-to-face with the patient and/or family."

For more information, visit:
2017 Utah Office Visit Provider Payment Comparisons: Office Visits (CPT 99201–99215)
https://opendata.utah.gov/Health/2017-Utah-Office-Visit-Provider-Payment-Comparison/a827-igj2/data

2017 Utah Provider Payment Comparison: Hospital Inpatient MS-DRG
https://opendata.utah.gov/Health/2017-Utah-Provider-Payment-Comparison-Hospital-Inp/8hrg-mh67/data

Established Patient Office Visits, 2017

Table 1. The average "median price" for all clinics increases as the visit length increases.

Office Visit Type	Typical Visit Length	Average "Median Price"	Visit Count	Percent of Total
Level 1 Visit (CPT 99211)	5 min	$ 53.58	22,096	2%
Level 2 Visit (CPT 99212)	10 min	58.00	58,206	5%
Level 3 Visit (CPT 99213)	15 min	91.24	589,622	46%
Level 4 Visit (CPT 99214)	25 min	137.67	577,948	45%
Level 5 Visit (CPT 99215)	40 min	192.00	44,678	3%

Source: 2017 Utah Office Visit Provider Payment Comparisons: Office Visits (CPT 99201-99215), https://opendata.utah.gov/Health/2017-Utah-Office-Visit-Provider-Payment-Comparison/a827-igj2/data

PFAS Emergent Contaminants of Concern

Per- and polyfluoroalkyl substances (PFAS) are man-made chemicals that have been used in industry and consumer products since the 1940s (Figure 1). There are approximately 5,000 types of PFAS, but only a small number have been widely used or studied. The most well-studied PFAS are perflurooctanoic acid (PFOA) and perfluorooctane sulfonate (PFOS). They have been used in non-stick cookware, stain resistant fabrics/carpets, water-repellent clothing, food wrappers/packages, cosmetics, and firefighting foam. PFAS are considered an emerging contaminant of concern and have been found in soil, air, groundwater, and humans. Exposure to PFAS is a public health concern due to their persistence in the environment and potential for adverse health effects. People can be exposed through eating and drinking contaminated food or water, contact with certain consumer products, or inhalation of PFAS-containing dust. Epidemiological studies have found associations between PFAS exposure and high cholesterol, immune response suppression, thyroid disorders, cancer (testicular and kidney), low birth weight, preterm birth, pregnancy-induced hypertension, and preeclampsia.[1] The Environmental Protection Agency (EPA) recently developed Lifetime Health Advisory Levels for PFOA and PFOS in drinking water at 0.07 µg/L; however, several states have set regulatory levels lower than the EPA. Utah does not currently have regulatory levels or guidelines for any PFAS. In Utah, there are two known sites with PFAS-contaminated groundwater: Hill Air Force Base in Davis County and the Utah Air National Guard Base near the Salt Lake City International Airport. The likely source of contamination is from the release of aqueous film forming foam (AFFF), a highly effective fire suppressant used for fighting high-hazard flammable liquid fires. Potential exposure to PFAS can be reduced by limiting the use of products containing PFAS, avoiding foods wrapped in grease-repellent packages, and drinking bottled water if tap water is contaminated. For more information, clinicians and the public can visit www.atsdr.cdc.gov/pfas/info-for-health-professionals.html and www.atsdr.cdc.gov/pfas.

Perfluoroctanoic Acid (PFOA), a Perfluoroalkyl Substance

Figure 1. Diagram of PFOA.

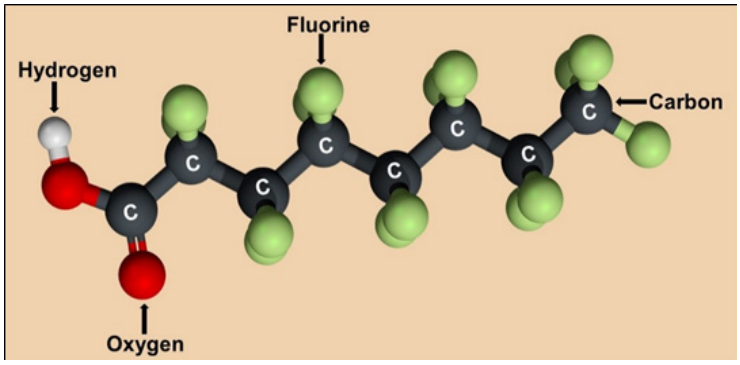


Image credit: NIEHS.

1. Environmental Protection Agency (2017). *Technical Fact Sheet – Perfluorooctane Sulfonate (PFOS) and Perfluorooctanoic Acid (PFOA)*. www.epa.gov/fedfac/technical-fact-sheet-perfluorooctane-sulfonate-pfos-and-perfluorooctanoic-acid-pfoa-0.

Monthly Health Indicators

Monthly Report of Notifiable Diseases, October 2019	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis *(Campylobacter)*	25	47	470	469	1.0
Shiga toxin-producing *Escherichia coli (E. coli)*	14	16	157	107	1.5
Hepatitis A (infectious hepatitis)	0	7	19	47	0.4
Hepatitis B, acute infections (serum hepatitis)	2	2	21	15	1.4
Influenza*	Weekly updates at http://health.utah.gov/epi/diseases/influenza				
Meningococcal Disease	0	1	3	2	1.7
Pertussis (Whooping Cough)	3	21	273	403	0.7
Salmonellosis *(Salmonella)*	22	28	268	335	0.8
Shigellosis *(Shigella)*	2	7	47	44	1.1
Varicella (Chickenpox)	12	20	125	181	0.7
Quarterly Report of Notifiable Diseases, 3rd Qtr 2019	**Current Quarter # Cases**	**Current Quarter # Expected Cases (5-yr average)**	**# Cases YTD**	**# Expected YTD (5-yr average)**	**YTD Standard Morbidity Ratio (obs/exp)**
HIV/AIDS†	35	34	95	95	1.0
Chlamydia	2,853	2,380	8,402	7,039	1.2
Gonorrhea	813	577	2,090	1,562	1.3
Syphilis	33	27	99	74	1.3
Tuberculosis	6	7	19	20	1.0
Medicaid Expenditures (in Millions) for the Month of October 2019	**Current Month**	**Expected/ Budgeted for Month**	**Fiscal YTD**	**Budgeted Fiscal YTD**	**Variance over (under) Budget**
Mental Health Services	$ 12.6	$ 12.7	$ 62.8	$ 63.8	$ (1.0)
Inpatient Hospital Services	14.4	14.1	44.3	46.0	(1.8)
Outpatient Hospital Services	1.4	1.6	14.1	15.4	(1.3)
Nursing Home Services	17.5	17.2	65.8	67.1	(1.3)
Pharmacy Services	9.4	9.6	37.9	39.5	(1.6)
Physician/Osteo Services‡	3.2	3.8	17.1	18.2	(1.2)
Medicaid Expansion Services	36.3	36.1	129.7	131.1	(1.5)
TOTAL MEDICAID	**212.7**	**210.1**	**973.5**	**974.6**	**(1.1)**

* The Utah Department of Health has continued to receive sporadic reports of influenza activity throughout the state. So far this season, 15 influenza-associated hospitalizations have been reported and ILI remains below seasonal baselines. Influenza is not yet circulating widely in Utah. More information and weekly reports can be found at http://health.utah.gov/epi/diseases/influenza/surveillance/2018-2019/Utah_Weekly_Influenza_Report.html.

† Diagnosed HIV infections, regardless of AIDS diagnosis. ‡ Medicaid payments reported under Physician/Osteo Services does not include enhanced physician payments.

Notes: Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations. Active surveillance for West Nile Virus will start in June for the 2020 season.

UTAH DEPARTMENT OF HEALTH

DATA THROUGH **OCTOBER 2019**

Monthly Health Indicators

Program Enrollment for the Month of October 2019	Current Month	Previous Month	% Change§ From Previous Month	1 Year Ago	% Change§ From 1 Year Ago
Medicaid	288,116	286,877	+0.4%	271,384	+6.2%
CHIP (Children's Health Ins. Plan)	17,217	17,265	-0.3%	18,564	-7.3%
Commercial Insurance Payments#	**Current Data Year**	**Number of Members**	**Total Payments**	**Payments per Member per Month (PMPM)**	**% Change§ From Previous Year**
Medical	2018	10,355,207	$ 3,146,492,372	$ 303.86	-0.9%
Pharmacy	2018	8,195,234	543,507,290	66.32	+3.6%
Annual Community Health Measures	**Current Data Year**	**Number Afflicted**	**Percent \ Rate**	**% Change§ From Previous Year**	**State Rank** (1 is Best)**
Obesity (Adults 18+)	2018	618,400	27.8%	+10.1%	13 (2018)
Child Obesity (Grade SDo chool Children)	2018	38,100	10.6%	+11.6%	n/a
Cigarette Smoking (Adults 18+)	2018	200,100	9.0%	+0.9%	1 (2018)
Vaping, Current Use (Grades 8, 10, 12)	2017	32,000	11.1%	+6.3%	n/a
Binge Drinking (Adults 18+)	2018	236,700	10.6%	-7.7%	1 (2018)
Influenza Immunization (Adults 65+)	2018	182,300	52.0%	-7.1%	16 (2018)
Health Insurance Coverage (Uninsured)	2017	304,000	9.8%	+12.6%	n/a
Motor Vehicle Traffic Crash Injury Deaths	2018	239	7.6 / 100,000	-16.2%	14 (2017)
Drug Overdose Deaths Involving Opioids	2017	400	12.9 / 100,000	-7.2%	25 (2017)
Suicide Deaths	2018	665	21.0 / 100,000	-1.5%	46 (2017)
Unintentional Fall Deaths	2018	262	8.3 / 100,000	+14.8%	20 (2017)
Traumatic Brain Injury Deaths	2017	634	20.4 / 100,000	-8.4%	32 (2017)
Asthma Prevalence (Adults 18+)	2018	205,500	9.2%	+3.6%	21 (2018)
Diabetes Prevalence (Adults 18+)	2018	185,900	8.3%	+17.5%	12 (2018)
High Blood Pressure (Adults 18+)	2017	532,900	24.5%	+3.8%	3 (2017)
Poor Mental Health (Adults 18+)	2018	418,300	18.8%	+3.1%	20 (2018)
Coronary Heart Disease Deaths	2018	1,624	51.4 / 100,000	-5.8%	5 (2017)
All Cancer Deaths	2018	3,262	103.2 / 100,000	+1.3%	1 (2017)
Stroke Deaths	2018	919	29.1 / 100,000	+1.6%	21 (2017)
Births to Adolescents (Ages 15–17)	2018	363	4.9 / 1,000	-15.3%	13 (2017)
Early Prenatal Care	2018	35,975	76.2%	-1.0%	n/a
Infant Mortality	2018	255	5.4 / 1,000	-7.0%	24 (2017)
Childhood Immunization (4:3:1:3:3:1:4)††	2018	36,400	72.0%	+5.9%	22 (2018)

§ Relative percent change. Percent change could be due to random variation. # Figures subject to revision as new data is processed.
** State rank based on age-adjusted rates where applicable †† Data from 2018 NIS for children aged 24 months (birth year 2016).