



Replicating Innovative HIV Care Strategies in the Ryan White HIV/AIDS Program

Innovative HIV Care Strategies for HIV/HCV Co-infection

September 22, 2023

Agenda

- *Project Overview*
 - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (The MayaTech Corporation)
- *Intervention Overview*
 - ***Leveraging a Data to Care Approach to Cure Hepatitis C within the RWHAP: A Multi-site Partnership*** – presented by: The Yale Medicine AIDS Care Program and El Rio Health
- *Q&A*
- *Participant Feedback*

About the Project

- **Funded By:** The U.S. Department of Health and Human Services, Health Resources and Services Administration's HIV/AIDS Bureau through RWHAP Part F: Special Projects of National Significance.
 - HRSA oversight provided by: Melinda Tinsley and Adan Cajina
- **Awarded To:** The MayaTech Corporation
 - Subcontractor: Impact Marketing + Communications
 - Contract Period of Performance: September 27, 2021 – September 26, 2023
- **Purpose:** To support the coordination, dissemination, and replication of innovative HIV care strategies in the Ryan White HIV/AIDS Program (RWHAP) through the development and dissemination of implementation tools and resources.

Framework for RWHAP SPNS

DEMONSTRATE OR IMPLEMENT	EVALUATE & DOCUMENT	COORDINATE, REPLICATE, & INTEGRATE
Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions	Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients	Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers
Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data	Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites	Streamline access to materials and promote replication through the Best Practices Compilation

Key Support to RWHAP Providers

- Implementation tools and resources
 - Featuring interventions implemented by RWHAP grant recipients/subrecipients
- Capacity building TA (CBTA) on featured interventions
 - CBTA webinars
 - Peer-to-peer TA
- Support in the development and dissemination of implementation tools and resources
 - Webinars
 - One-on-one TA
- Helpdesk (ihiphelpdesk@mayatech.com)

[TargetHIV.org/IHIP](https://www.targethiv.org/IHIP)

Disclosures and Disclaimers

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Merceditas Villanueva, MD	Nothing to Disclose
Maximilian Wegener, MPH	Nothing to Disclose
Ralph Brooks, MS	Nothing to Disclose
Sudha Nagalingham	Nothing to Disclose
Erika Solis	Nothing to Disclose

Leveraging a Data to Care Approach to Cure Hepatitis C within the Ryan White HIV/AIDS Program (RWHAP): A Multi-site Partnership

Merceditas Villanueva, MD
Maximilian Wegener, MPH
Ralph Brooks, MS
Yale University
Yale School of Medicine

September 22, 2023

Merceditas S. Villanueva, MD

Dr. Merceditas S. Villanueva is an Associate Professor of Medicine at Yale School of Medicine and Director of the Yale Medicine AIDS Care Program. She is an infectious disease specialist with a clinical focus on HIV. Dr. Villanueva has served as the principal investigator for the New Haven Ryan White HIV Continuum grant, a collaboration between clinics and community organizations that promotes service coordination to improve quality of care for persons with HIV. Her research focuses on optimizing models of care for persons with HIV and Hepatitis C, with particular interest in partnerships between public health, medical and community stakeholders including Data to Care approaches. She has published on innovative approaches to promoting HIV-centered client re-engagement, retention and viral suppression and promoting HCV cure in HIV/HCV coinfecting persons.



Maximilian Wegener, MPH

Maximilian Wegener, MPH is an epidemiologist with the Yale School of Medicine AIDS Care Program. He has over a decade of experience working in public health including at the state and local levels focusing on communicable disease investigations and surveillance. His current research is centered on improving HCV care for persons with HIV/HCV co-infection.



Ralph Brooks, MS

Ralph Brooks, MS is a data manager with the Yale School of Medicine AIDS Care Program. Since 2008, his work has focused on the syndemic intersection of HIV, Hepatitis C, and substance use, as well as TB, in both in the United States and international resource limited settings.



Sudha Nagalingam, MD

Dr. Sudha Nagalingam is an Infectious Diseases/HIV physician at El Rio Health, the largest FQHC in Arizona, serving more than 150,000 patients. She is currently the medical director for El Rio's Special Immunology Clinic (SIA)– one of the largest Ryan White HIV funded Clinics in Southern Arizona.

Dr. Nagalingam sits on several committees at the local, state and regional levels, and is a strong patient advocate for the LGBTQ community and the refugee and Native American populations she serves.



Erika Solis, Program Manager

Pronouns: She/Her/Ella

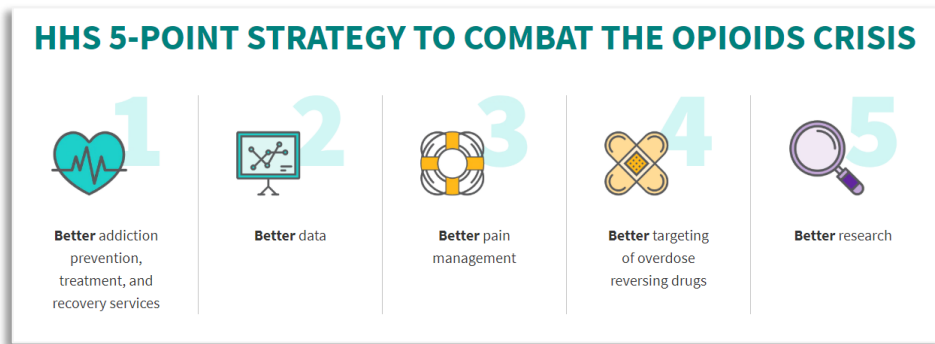
Erika Solis has 13 years of experience in behavioral health, HIV, and program management. She has excelled in patient interactions and helping patients engage in treatment. She has a passion for caring for vulnerable and underserved populations and is currently a program manager at El Rio Health, Special Immunology Associates (SIA). Ms. Solis has been integral in setting up the El Rio PrEP Program as well as the RAPID START initiative in Tucson, Arizona. She volunteers with various community groups that support Ending the HIV Epidemic and co-leads the State HIV/ODU Community of Practice Initiative that focuses on helping reduce Substance Use Disorders in patients living with HIV.



Disclaimer

This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U9039341 SPNS Project, awarded at \$2,000,000 over 2 years with 0% non-governmental sources used to finance the project. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Engaging the Syndemic



- SUD
- HIV
- HCV
- STI

Ending
the
HIV
Epidemic

ENDING THE HIV EPIDEMIC

- National Viral Hepatitis Strategic Plan 2020 – 2025 (in progress)
- 1st STI Federal Action Plan 2020 – 2025 (in progress)
- National Vaccine Plan 2020 – 2025 (in progress)

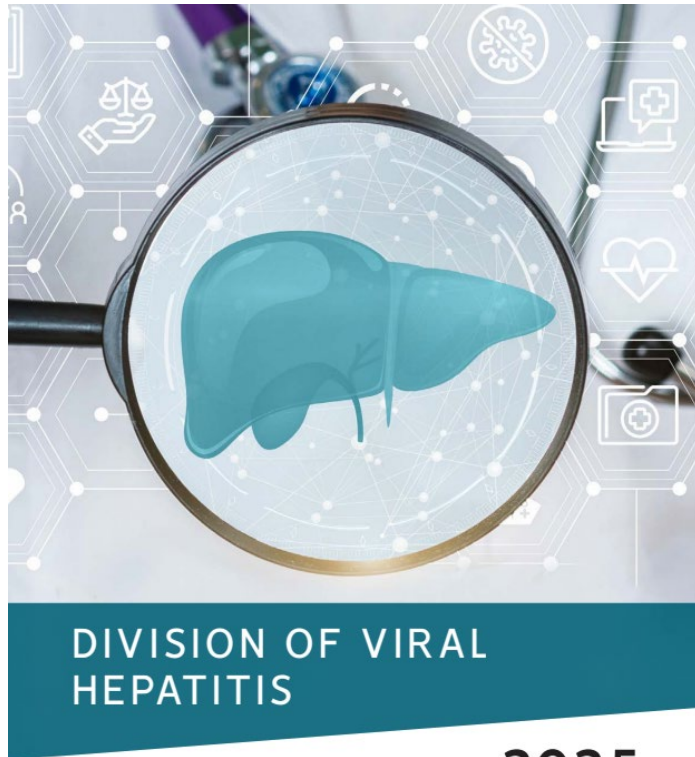
Pangenotypic Regimens

99.9% of People Suffering From HCV Can Be Cured Through Pangenotypic Regimens

This should be easy - straightforward screening and an effective cure.
How do we get therapy to those infected?

Source: Feld. NEJM. 2015;373:2599. Foster. NEJM. 2015;373:2608. Zeuzem. NEJM 2018;378:354. Puoti. J Hepatol. 2018;69:293. 5. Bourliere. NEJM. 2017;376:2134. Bourliere. Lancet Gastroenterol Hepatol. 2018;3:559. Wyles. J Hepatol. 2018;68:S23.

HCV Viral Clearance Goal >80%



2025
STRATEGIC PLAN



The Viral Hepatitis National Strategic Plan: A Roadmap to Elimination (2021-2025) outlines **5** goals for the next **5** years.

	Prevent new viral hepatitis infections
	Improve viral hepatitis-related health outcomes of people with viral hepatitis
	Reduce viral hepatitis-related disparities and health inequities
	Improve viral hepatitis surveillance and data usage
	Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among partners and stakeholders

HepVu.org SOURCE: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) HepVu

HRSA-20-077 SPNS Grant: Leveraging a Data to Care Approach to Cure Hepatitis C within RWHAP



Yale SCHOOL OF MEDICINE



Seven Health
Department
Jurisdictions



Ryan White HIV/AIDS Program Clinics

Project Overview

Factors:

- HRSA-funded two-year grant project: 9/1/2020 – 8/31/2022
- Extended 3rd year: 9/1/2022-8/31/2023 (4 jurisdictions)
- One awardee: Yale School of Medicine

Goals:

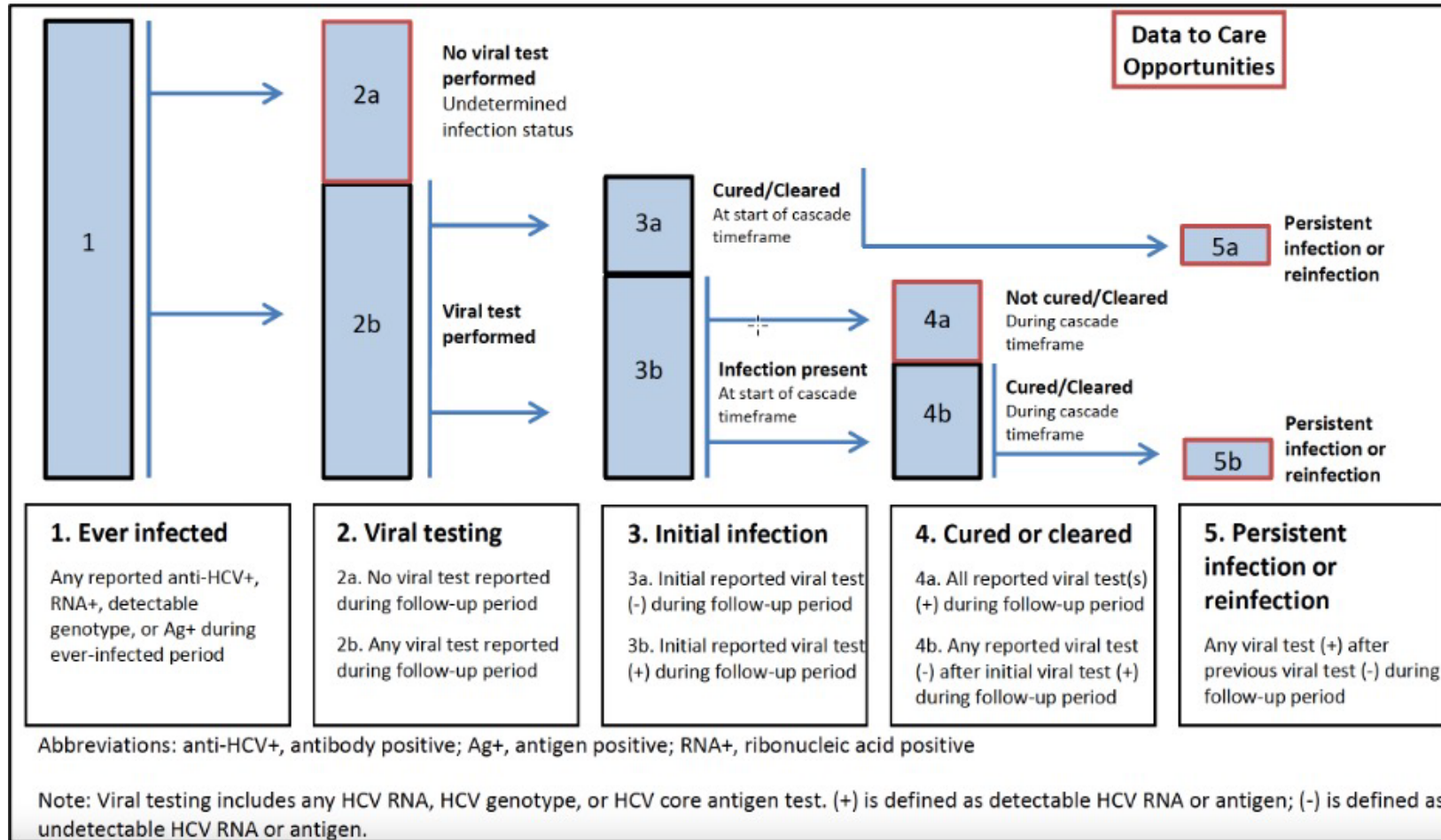
1. Create sustainable methodologies for HD jurisdictions to create HCV cascades of care (CoC) for HIV/HCV co-infected persons
2. Improve existing collaboration between jurisdictional hepatitis C (HCV) surveillance systems and RWHAP care providers
3. **Link people within the RWHAP for HCV care, by leveraging existing public health surveillance and clinical data systems**

Two Major Project Components

Health Department - Jurisdictional clearance cascades

HIV Clinics - Outreach and linkage

HCV CLEARANCE CASCADE IS CRITICAL FOR MONITORING PROGRESS TOWARDS NATIONAL ELIMINATION GOALS



Public Health ReportsOnlineFirst, May 4, 2023

Development of a Standardized, Laboratory Result–Based Hepatitis C Virus Clearance Cascade for Public Health Jurisdictions

Martha P. Montgomery, MD, MHS; Lindsey Sizemore, MPH; Heather Wingate, MPH, et al.

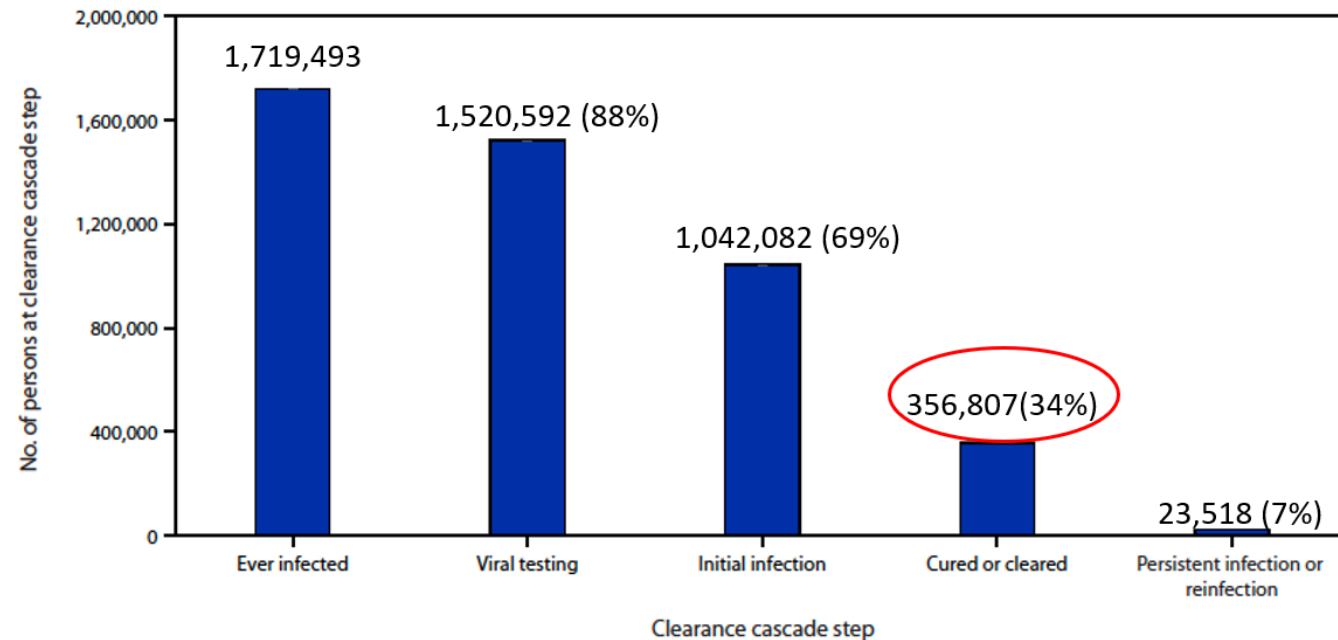
Hepatitis C Virus Clearance Cascade

Cured/cleared rate 34% overall, but lower among persons

- Aged 20-39 years (16%)
- Other (self-pay) (22.7%)

Source: Morbidity and Mortality Weekly Report. Hepatitis C Virus Clearance Cascade — United States, 2013—2022
Carolyn Wester, MD; Ademola Osinubi, MS; Harvey W. Kaufman, MD; Hasan Symum, PhD; William A. Meyer III, PhD;
Xiaohua Huang, MS; William W. Thompson, PhD. <http://dx.doi.org/10.15585/mmwf.mm7226a3>

FIGURE 1. Hepatitis C virus clearance cascade using national commercial laboratory data — United States, 2013–2022



Source: Quest Diagnostics (January 1, 2013–December 31, 2022).

Striving for a Healthier Future: Combating HIV and Hepatitis C Coinfection

The White House announced a five-year Hepatitis Elimination Plan in its FY 2024 budget Proposal to eliminate viral hepatitis as a public Health threat in the U.S. by 2030.

- Diagnose Hepatitis C
- Cure Hepatitis C
- Bolster Public Health and Provider Capacity

“Jarringly” Low Hep C Cure Rates a Decade After New Treatments, CDC Says — Lack of rapid testing and payer restrictions are creating barriers, experts say.

[HIV.gov](https://www.hiv.gov)

August 17, 2023

MedPage Today June 29, 2023

Jurisdictional Viral Clearance Cascade

Jurisdictional Clearance Cascades: Core Steps

- Improve HCV surveillance data completeness and quality
- Match HIV and HCV surveillance data to develop HIV/HCV co-infected lists
- Develop clearance cascades

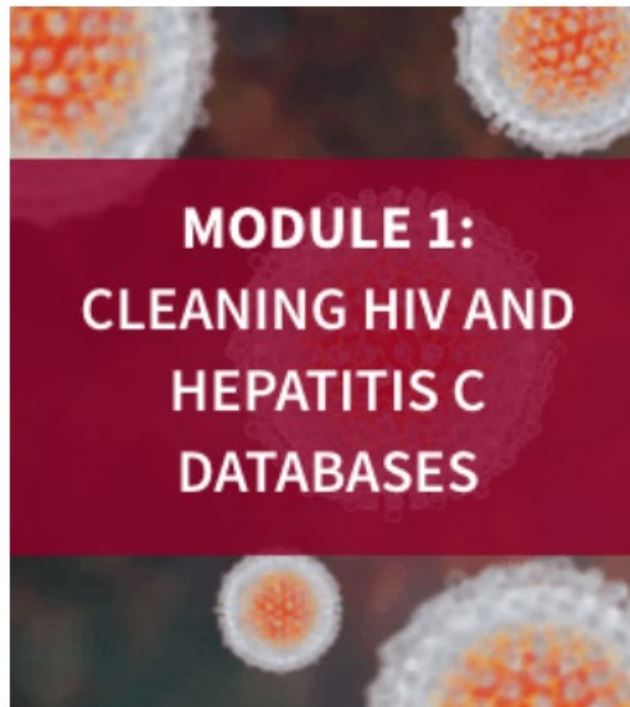
Mini eLearning Modules 1 & 2

Module 1

- *Video 1*: Ensure Data are Unique, Complete and Accurate
- *Video 2*: Resolve Hepatitis C Paper Lab Result Backlog

Module 2

- *Video 1*: Match Variables from HIV and HCV Databases
- *Video 2*: Probabilistic and Deterministic Matching
- *Video 3*: Determine if a Person is Deceased or Lives Out of State



Mini eLearning Module 3

Module 3

- Video 1: Define HCV Care Status Based on Laboratory Result Dispositions
- Video 2: Specify Elements of the Viral Clearance Cascade
- Video 3: Use the Viral Clearance Cascade

Creating the viral clearance cascade

<https://www.youtube.com/watch?v=WVxDa0M4F4c&t=2s>

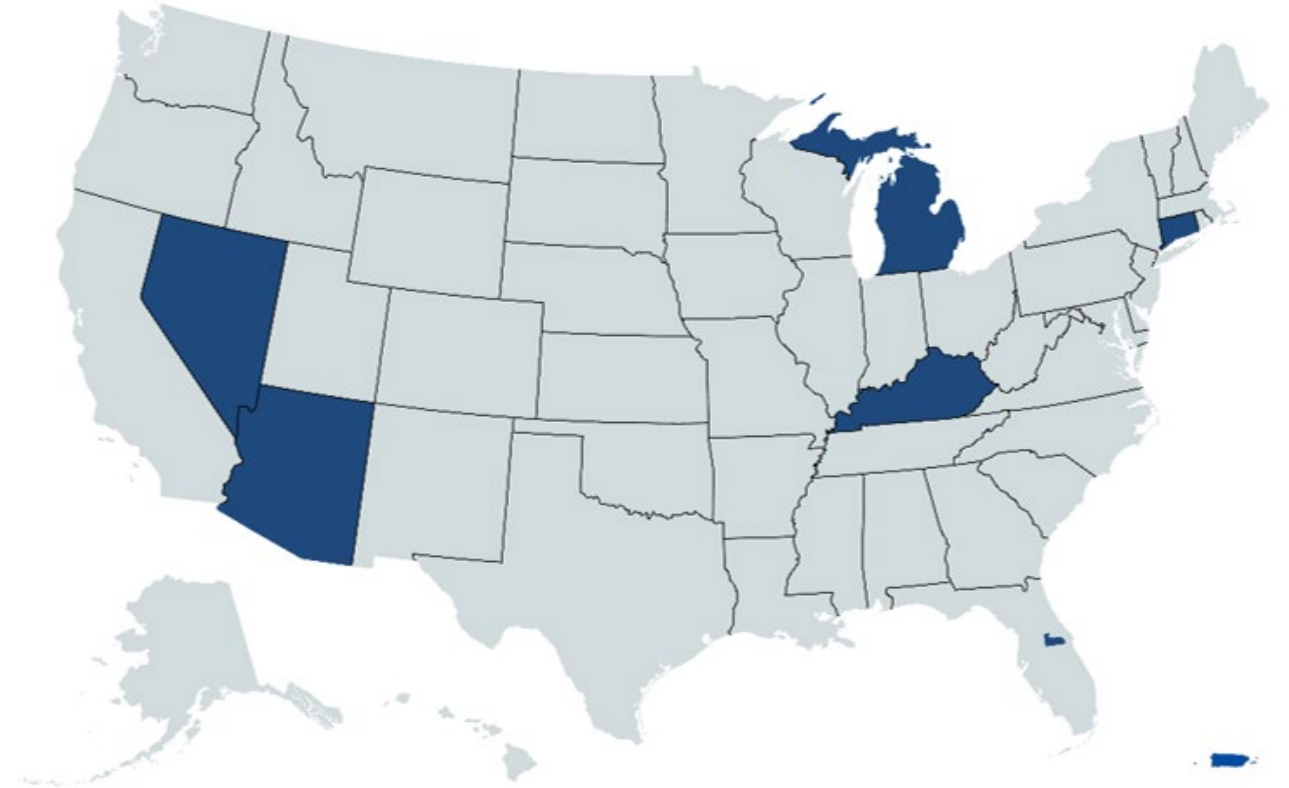
Use the viral clearance cascade

<https://www.youtube.com/watch?v=l-Vg3KHNMg>



Jurisdictional Partners in HRSA 077

1. Arizona Department of Health Services
2. Connecticut Department of Public Health
3. Florida Department of Health in Orange County
4. Kentucky Department of Public Health
5. Michigan Department of Health and Human Services
6. Southern Nevada Health District
7. Puerto Rico Department of Health



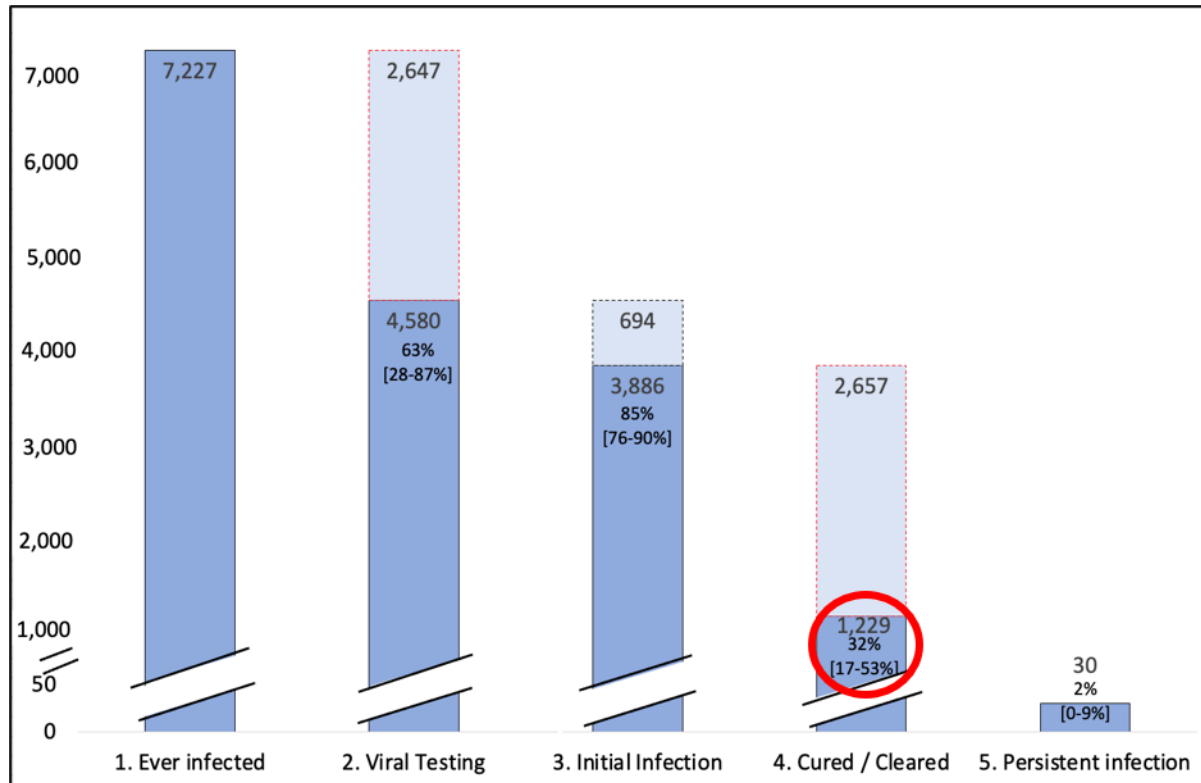
Snapshot of Jurisdictional Data Collection Tool

A	B	C	D	E	F	G	H	I	J	K	L	M
Matched Cohort Data Period Start	all prevalent cases	start of database (pos HCV ab or PCR)										
Matched Cohort Data Period End			C-Prime is corrected for (fill dropdown):						SVR% chronic	#DIV/0!		
"All LAB results through" date				<== Dropdown								
Submission Due date												
Category	ALL HIV+ (e.g. eHARS)	All HCV+ (Ab+ or PCR+) (eg. NEDSS)	C-Prime: Prevalent HCV (alive & Instate), as possible	All HIV+/HCV+ Coinfected ("&")	& Deceased	& Out of Jurisdiction	& Ab+, no PCR	& Ab+, PCR-	& PCR+ [no PCR-]	& PCR+ --> PCR-	& PCR+ --> PCR- --> PCR+	Sum Check (should be zero)
Total patients in category												0
Race												
White / Caucasian												0
Black or African American												0
Asian												0
Native Hawaiian or Pacific Islander												0
American Indian / Alaska Native												0
Other												0
Unknown / Missing												0
TALLY CHECK (should be zero)	0	0	0	0	0	0	0	0	0	0	0	0
Ethnicity												
Hispanic / Latino												0
Non-Hispanic / Latino												0
Unknown / Missing												0
TALLY CHECK (should be zero)	0	0	0	0	0	0	0	0	0	0	0	0
Current Age Stats (all combined clients)												
Age (all combined clients), mean												0
Age (all combined clients), sd												0
Age (all combined clients), median												0
Age (all combined clients), IQR - Low (quartile 1)												0
Age (all combined clients), IQR - High (quartile 3)												0
Age (totals by category)												
<18 (as possible)												0
18-25												0
26-35												0
36-45												0
46-55												0
56-65												0
66-75												0
over 75 years												0
Unknown / Missing												0
TALLY CHECK (should be zero)	0	0	0	0	0	0	0	0	0	0	0	0
Sex at Birth												
1 Male												0
2 Female												0
99 Unknown/Missing												0

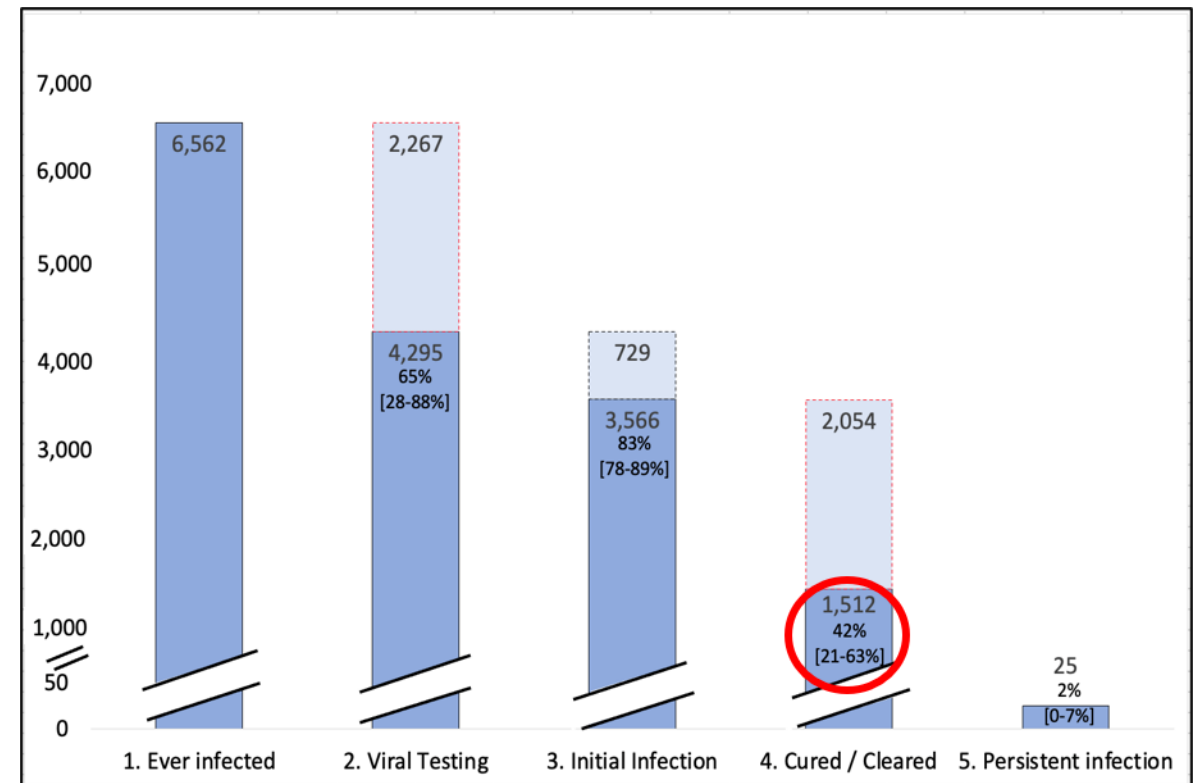
Surveillance-Based HCV Viral Clearance Cascades for Persons with HIV/HCV Coinfection: 6 Jurisdictions

Cascades include data for the following jurisdictions: AZ, CT, FLOC, MI, NV, & PR

Baseline - as of 12/31/2019



Q4 - as of 12/31/2021



Companion
Presentation

Coming
Soon!

Tools for HRSA's Ryan White HIV/AIDS Program



[NEWS](#)

[EVENTS](#)

[LIBRARY](#)

[Home](#) » [Calendar](#) » [Eliminating Hepatitis C Virus among People with HIV: Data to Care Approaches](#)

Eliminating Hepatitis C Virus among People with HIV: Data to Care Approaches

Tuesday, September 26, 2023 - 2:00pm to 3:00pm EDT

SPNS HIV/HCV Data-to-Care Initiative

[REGISTER NOW](#)

Clinic Cascade of Care – Outreach and Linkage

Outreach and Linkage: Key Steps to Approach to Data to Care

- Develop partnerships with clinics
- Create clinic HIV/HCV co-infected lists
- Conduct case conferencing, outreach and linkage activities

Mini eLearning Module 4



Module 4

- Video 1: The Case Conferencing Tool
- Video 2: Create the HIV/HCV Co-infected List
- Video 3: Implement the Case Conference
- Video 4: Generate and Use the Clinic Care Cascade

Introduction: Case Conferencing

<https://www.youtube.com/watch?v=kniHK4zl4pU>

Video 4

<https://www.youtube.com/watch?v=VTWuPthiooQ>

RWHAP Clinics Participating in HRSA 077

Michigan

1. Beaumont Medical Center
2. Corktown Health Center
3. Sunshine Family Care Clinic

Connecticut

1. Brownstone Clinic
2. Charter Oak Health Center
3. Generations Family Health Center
4. Trinity Health of New England

Kentucky

1. Bluegrass Care Clinic
2. LivWell Community Health Services

Puerto Rico

1. Bayamon HD Medical Center
2. Caguas HD Clinic
3. CLETS
4. Programa Vida

Florida

Sunshine Clinic (Orange County HD Clinic)

Arizona

1. El Rio Health
2. North Country Healthcare
3. Valleywise Community Health Center

Nevada

SNHD Community Health Clinic

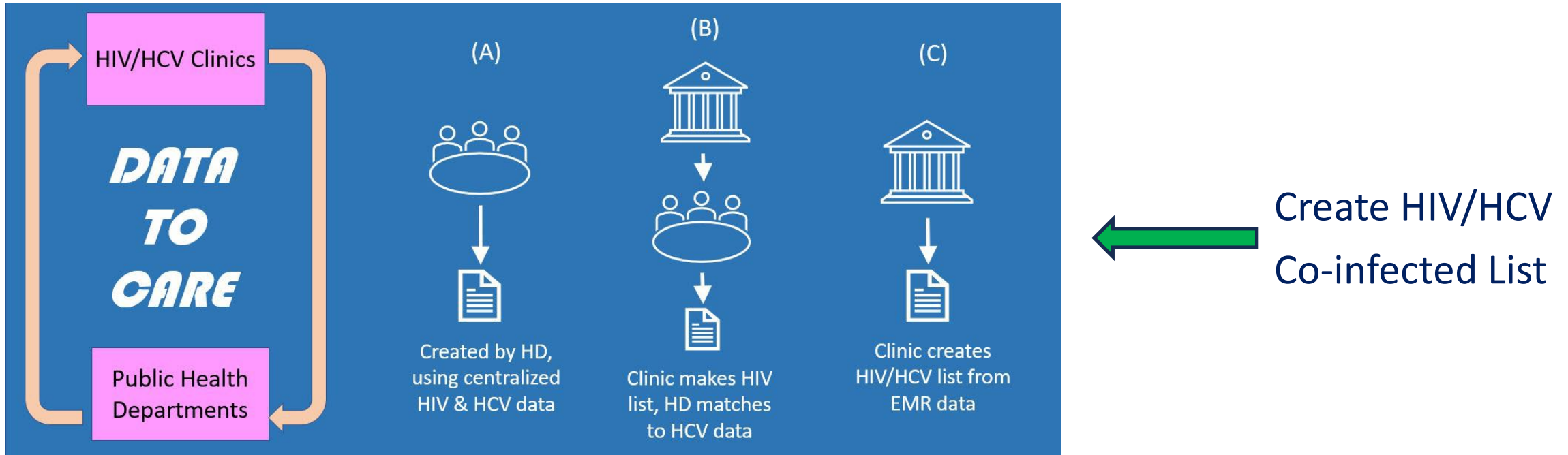
Review of Case Conference Methodology & Tool

- Case Conferencing Data Tool
 - Demographics (for ID matching), Treatment Status, Barriers to Care
- Data Tool automatically generates cascades
 - More granular than CDC viral clearance cascades
- Yellow fields are minimum needed for cascade creation

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Date of Completion		9/2/2022						Age									
2	Serial #s starting with []	Match ID Number	eHARS Number	HCV DataID	First Name	Last Name	DOB	Birth Year	Age	Sex at Birth (select)	Gender (select)	Race (select)	Ethnicity (select)	Street address	City	Zip Code	Phone number	HIV Dx date
3																		
4																		
5																		
6																		
7																		
8																		
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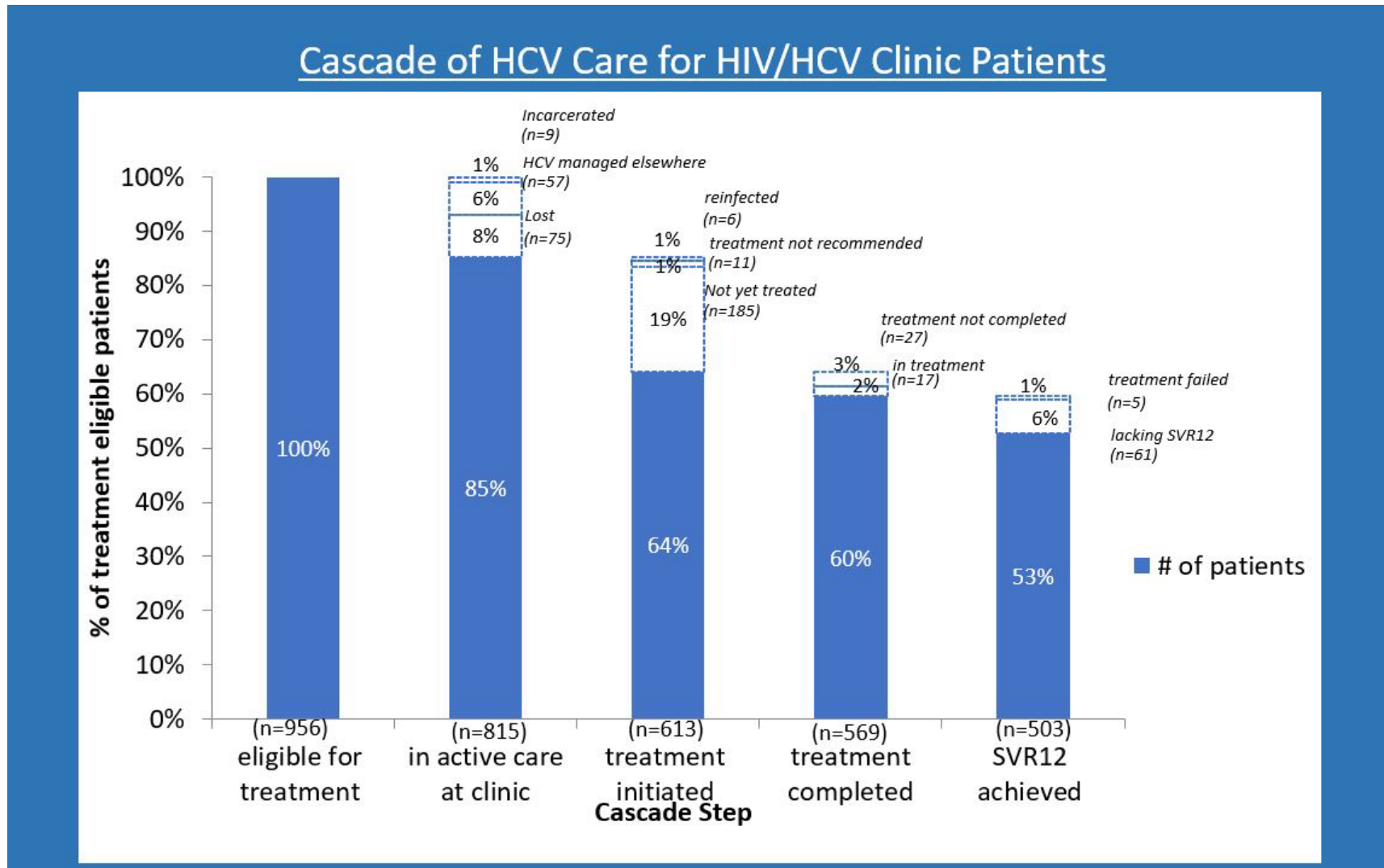
[https://targethiv.org/documents/default/files/HCV D2C Case Conferencing Tool.zip](https://targethiv.org/documents/default/files/HCV_D2C_Case_Conferencing_Tool.zip)

Case Conference Methodology



Health Department Champion Meets with Clinic Champion to Review HCV Treatment Status of HIV/HCV Coinfected Patients Create Clinic-Specific HCV Care Cascade

Clinic-Based Hepatitis C Treatment Cascade (n=14 Clinics)

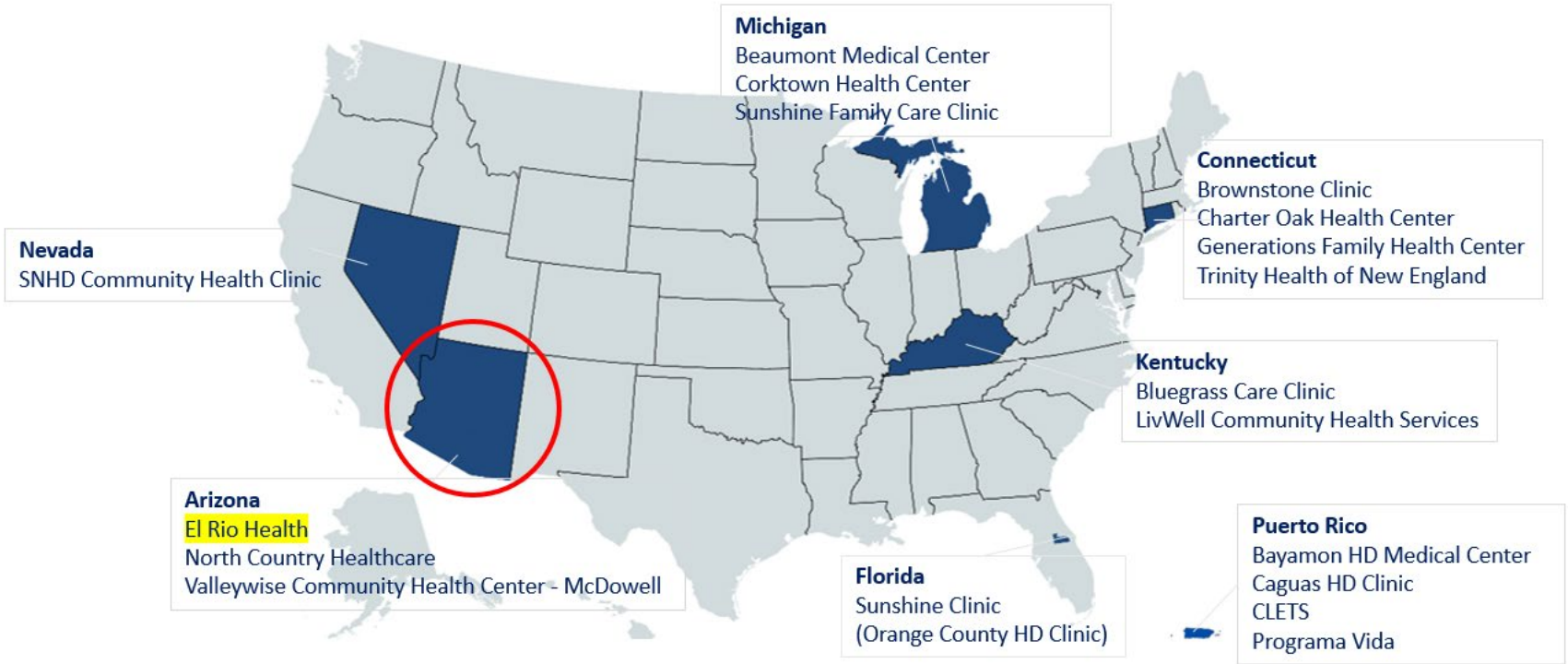


Cohort from 1/1/2018 - 8/31/2021 Baseline Status (as of 11/30/2021)

HRSA SPNS HEP C Grant at El Rio Health – Tucson, AZ

Erika Solis & Sudha Nagalingam, MD
El Rio Health, Tucson, AZ
September 22, 2023

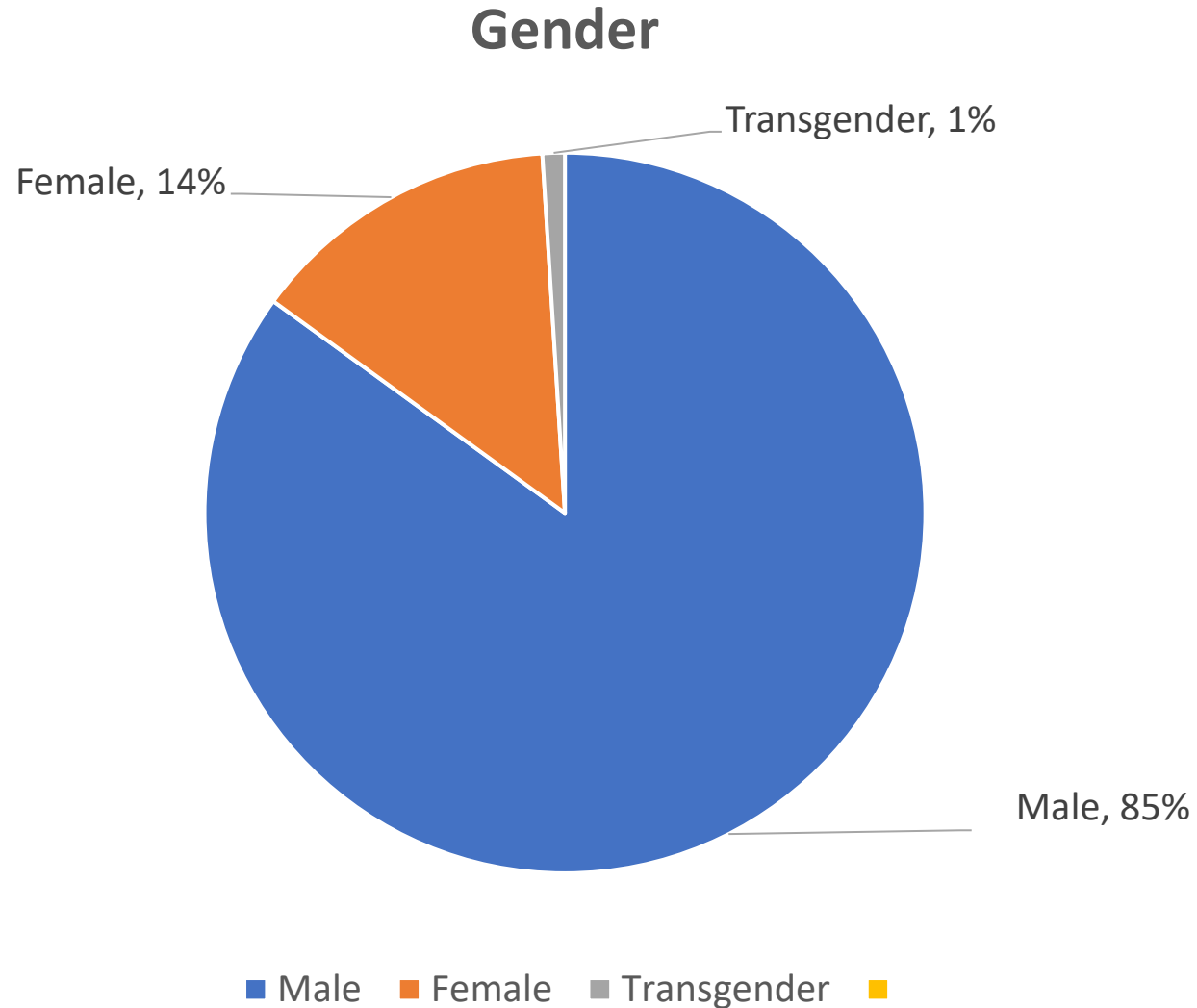
El Rio Health – Tucson, AZ



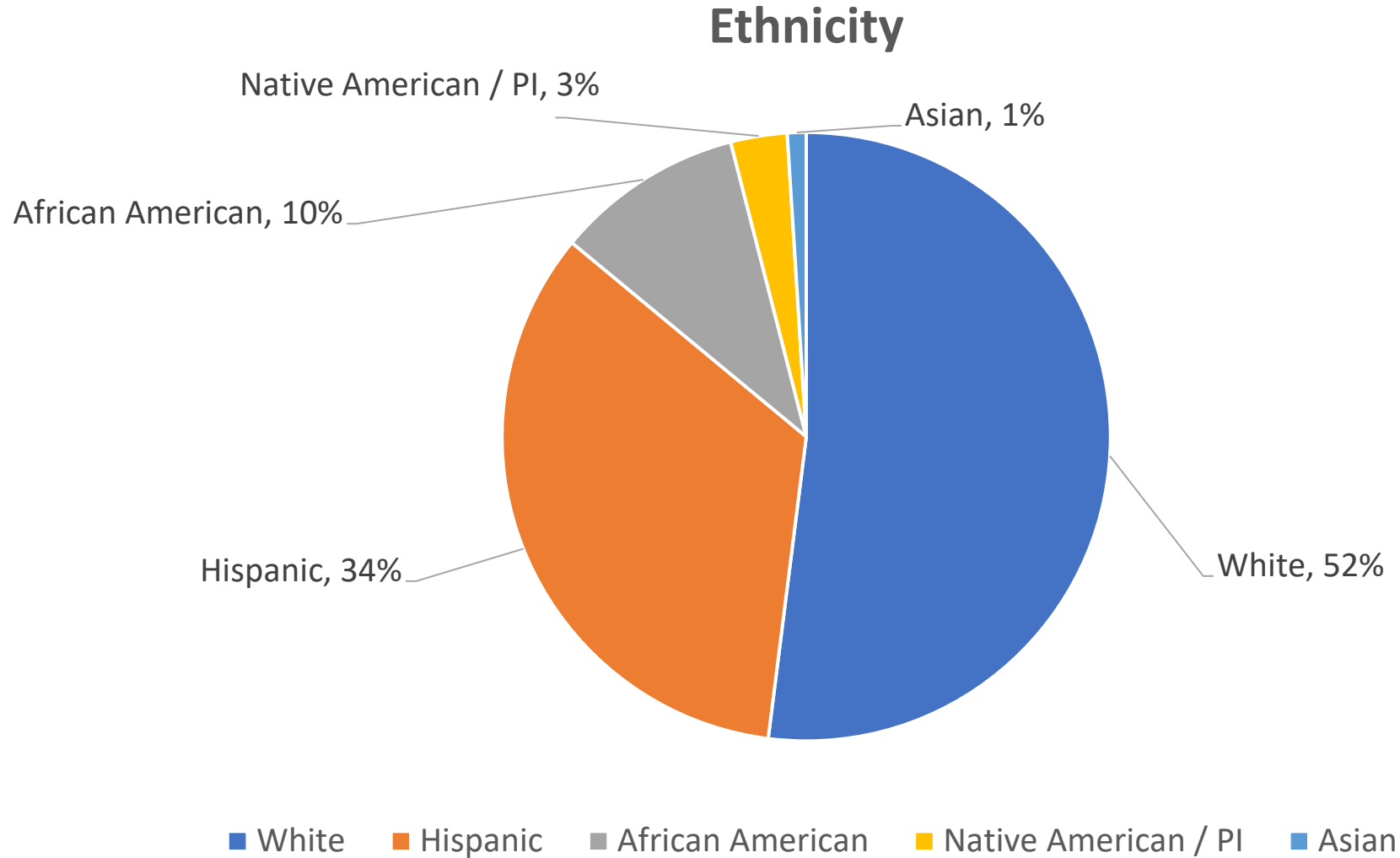
El Rio SIA - History

- 1600+ patients living with HIV are actively in care
- Integrated Outpatient Ambulatory Care & Behavioral Health License & Program
- **HRSA Grantee for Ryan White Part C** funds since **1991**, as well as a contract with **ADHS Ryan White Part B** for over **24 years**

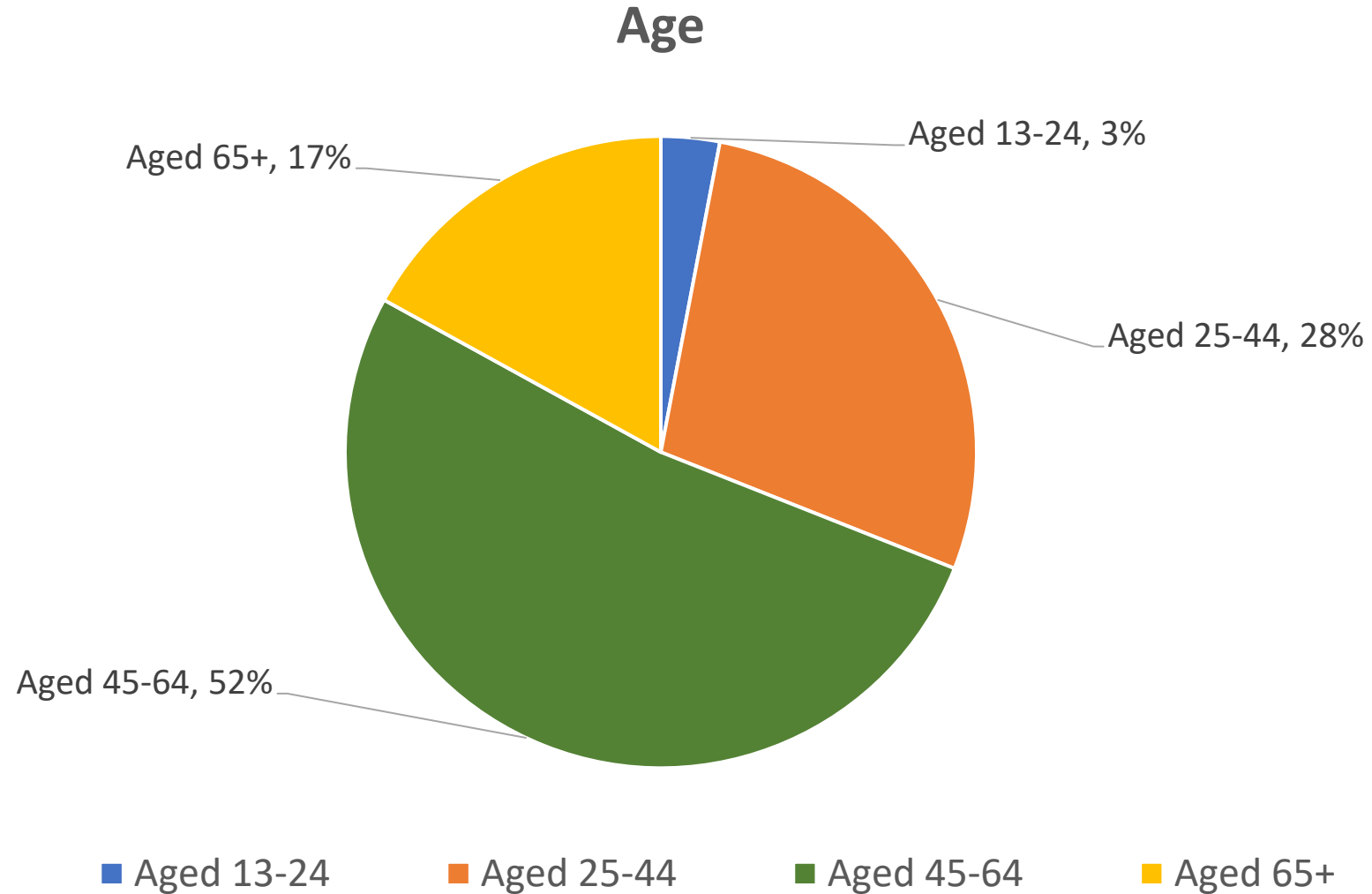
SIA Patient Demographics (Gender)



SIA Patient Demographics (Ethnicity)

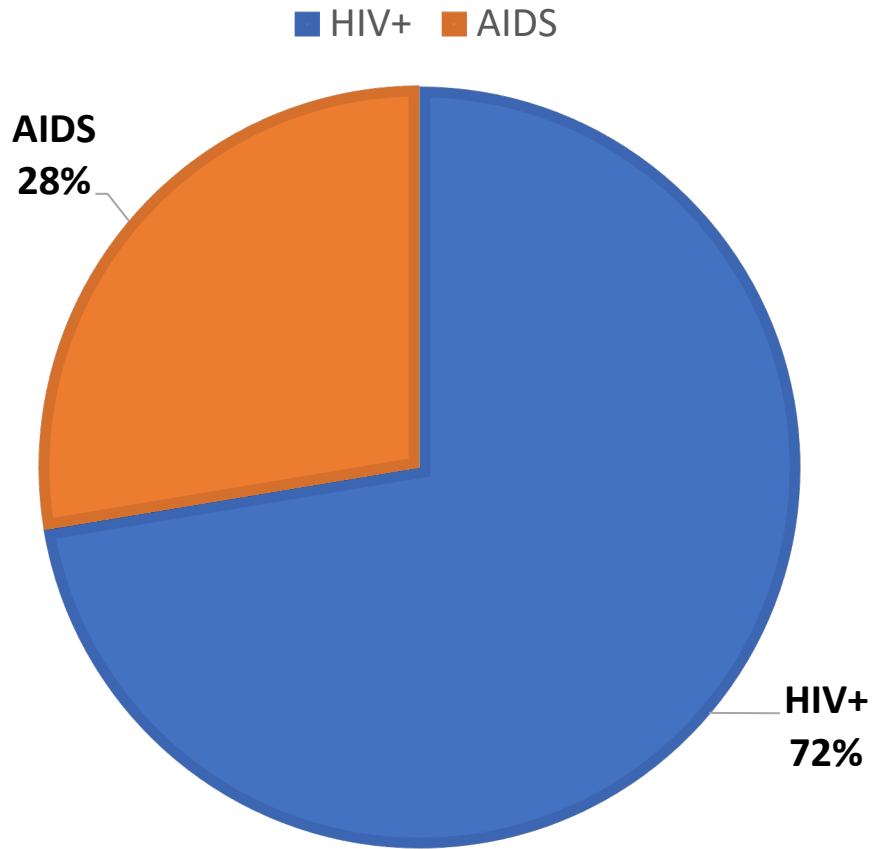


SIA Patient Demographics (Age)

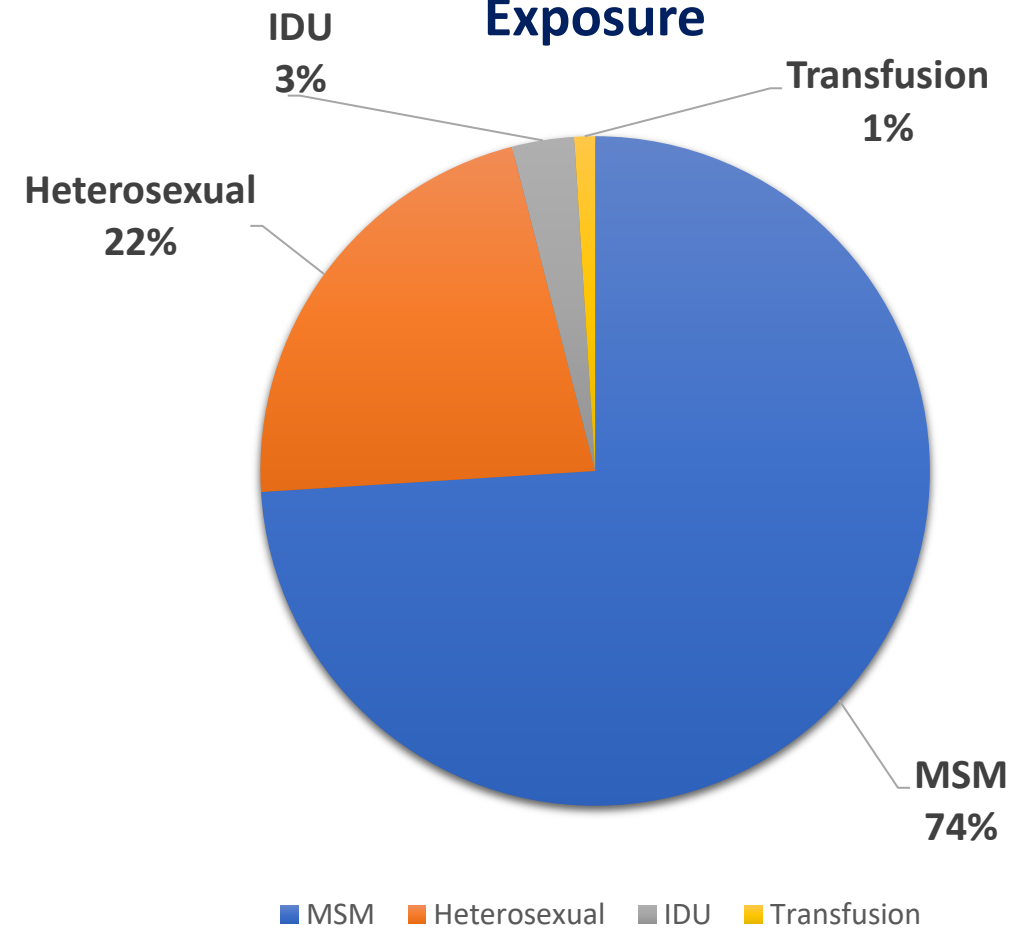


HIV/AIDS Status and Risk Exposure

HIV STATUS



Exposure



HRSA SPNS Grant Start

- We received data from AZDHS
- Reviewed and filtered data (Deceased, transferred, incarcerated, lost to care)
- Monthly Meetings with AZDHS

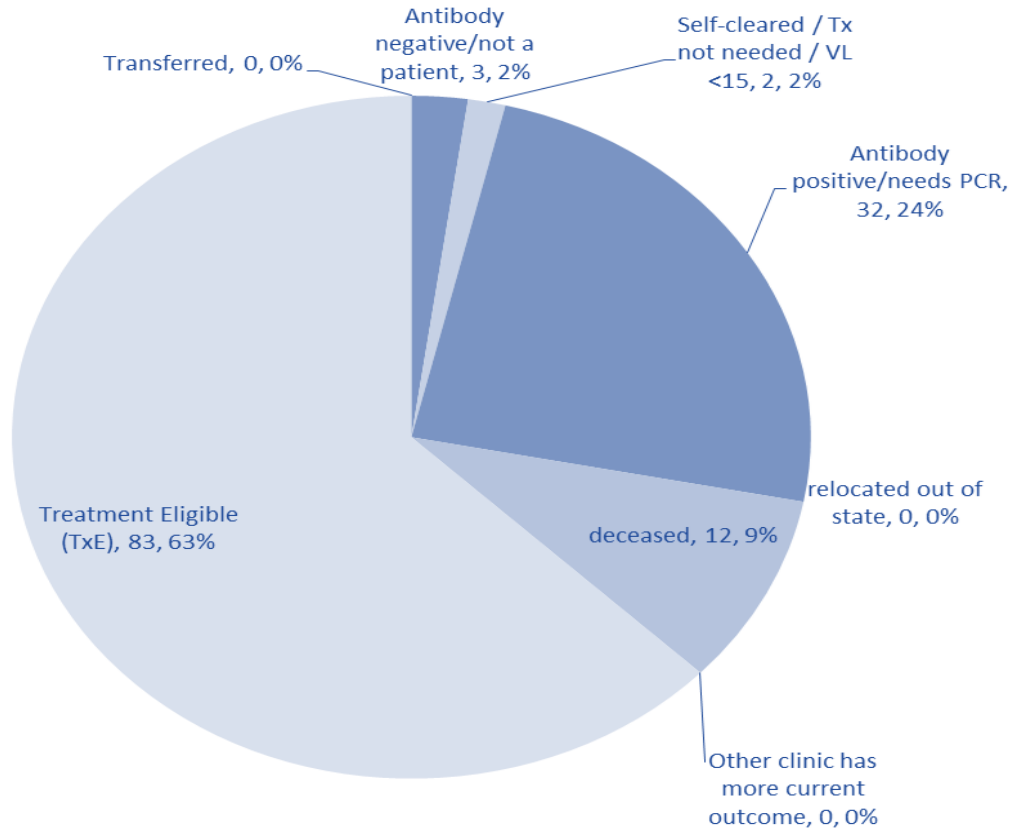
Intervention Outcomes

- Outreach:
 - 96 identified co-infected patients (state registry)
 - Ongoing outreach to contact patients utilizing our teams (Medical Case Managers, MA's and Providers)
- Treatment:
 - Provider buy in – hep C co-infected management with DAA
 - Providers meeting with patients to discuss treatment concerns, dosing, and drug interactions
 - Advance Pharmacists (PA Team) at El Rio assisted with Prior Authorizations
 - SIA Treatment Pharmacist observing patients with med boxes
 - Specialized outreach once patients received treatment (Phone calls, home visits, and med deliveries and identifying social determinants of health)
- Ongoing internal meetings to review data and update completion of treatment and update patient status.
- Scheduled meetings with AZDHS for guidance on reporting requirements and supports.

El Rio Quarterly Data (March, April 2022)

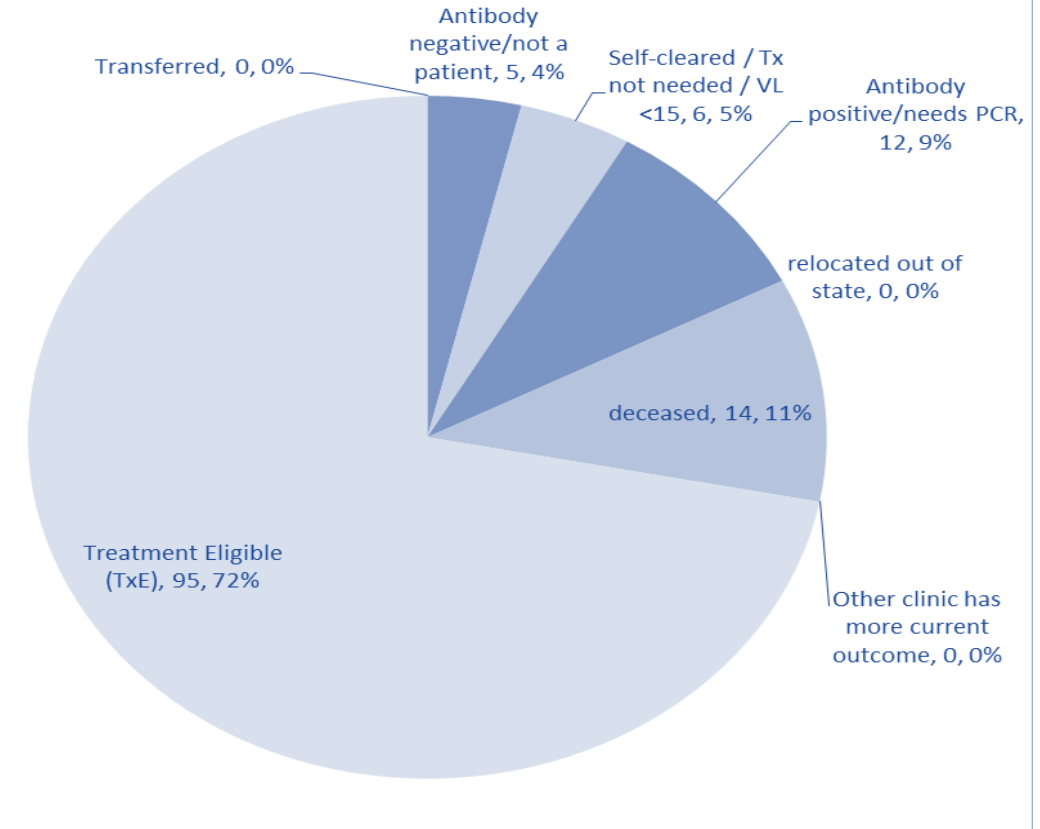
March 2022

HIV/HCV Coinfection Broad Outcomes



April 2022

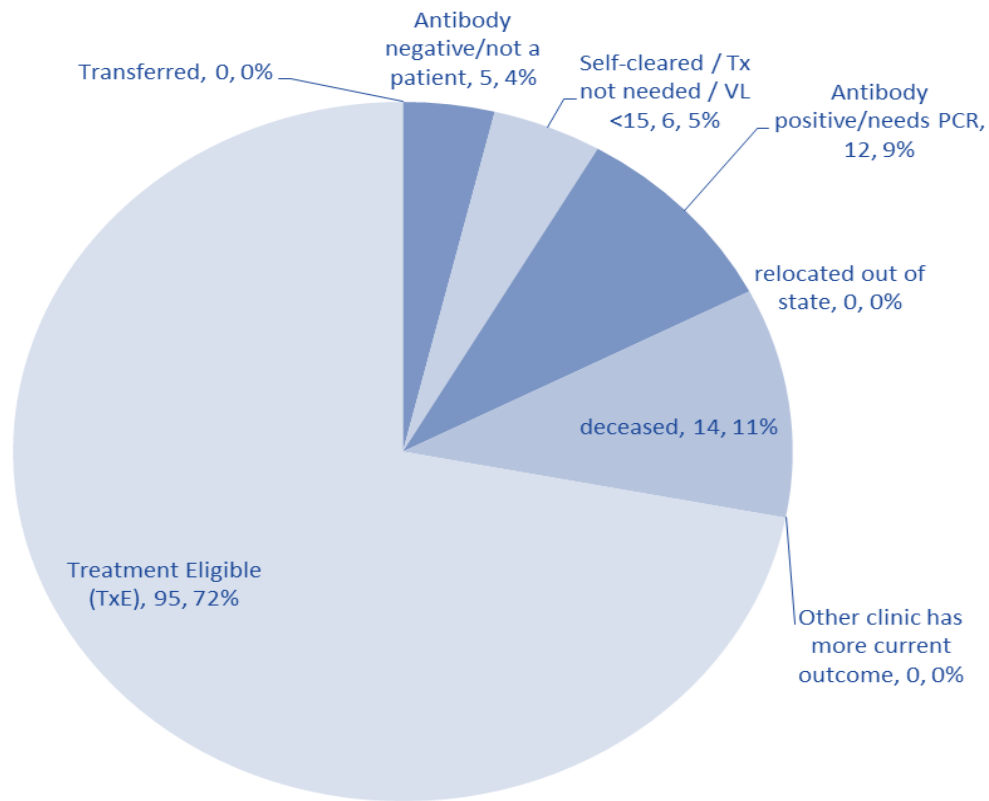
HIV/HCV Coinfection Broad Outcomes



El Rio Quarterly Data (July, October 2022)

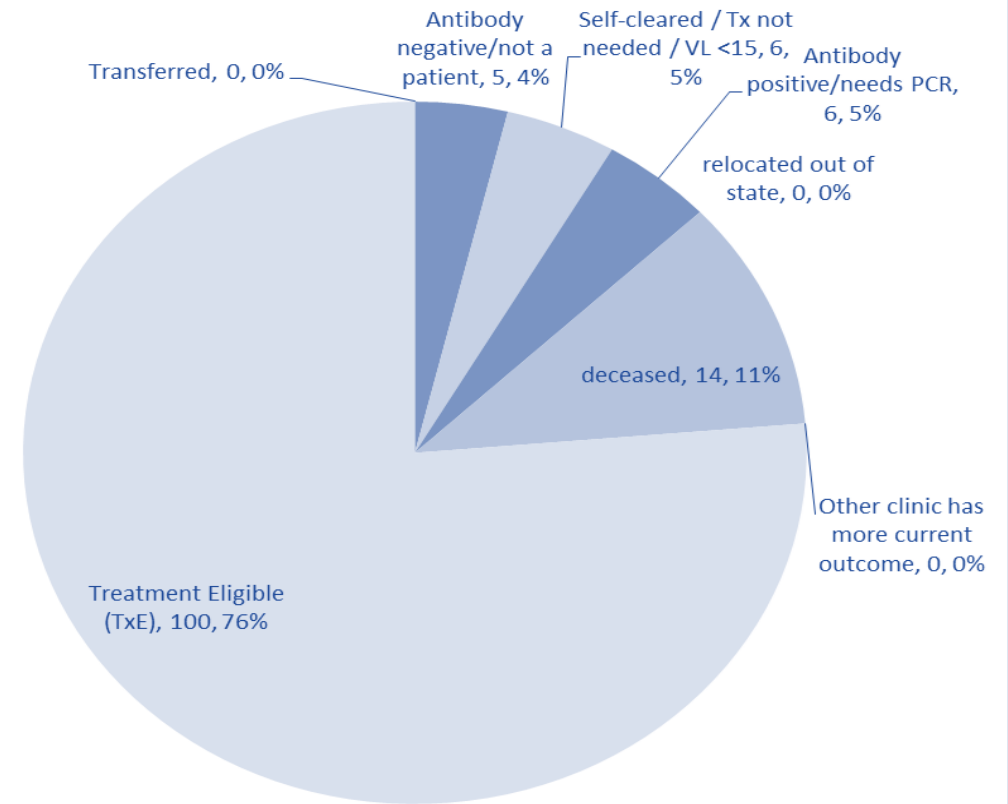
July 2022

HIV/HCV Coinfection Broad Outcomes

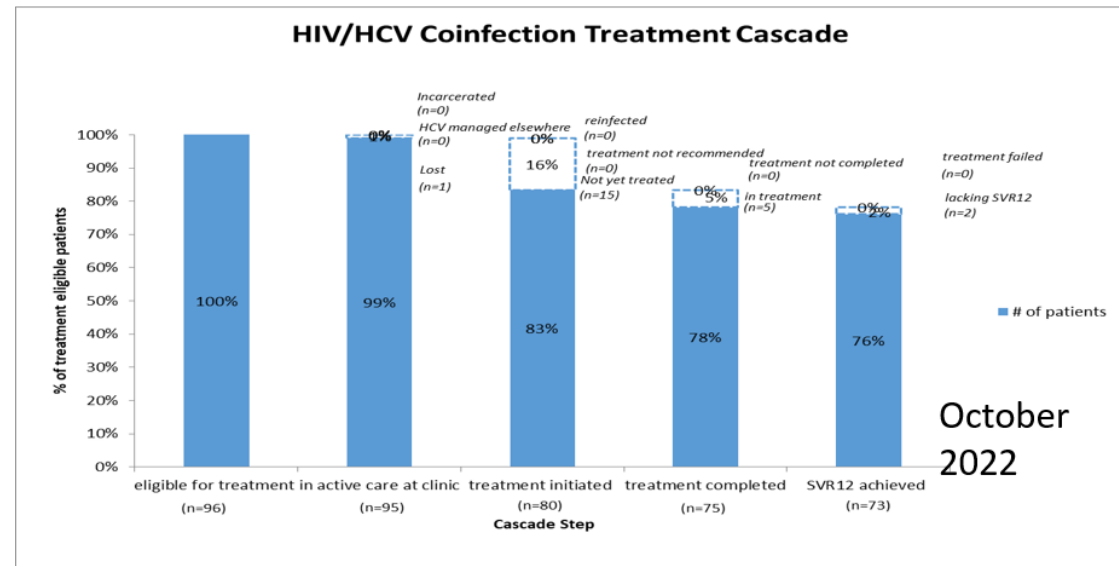
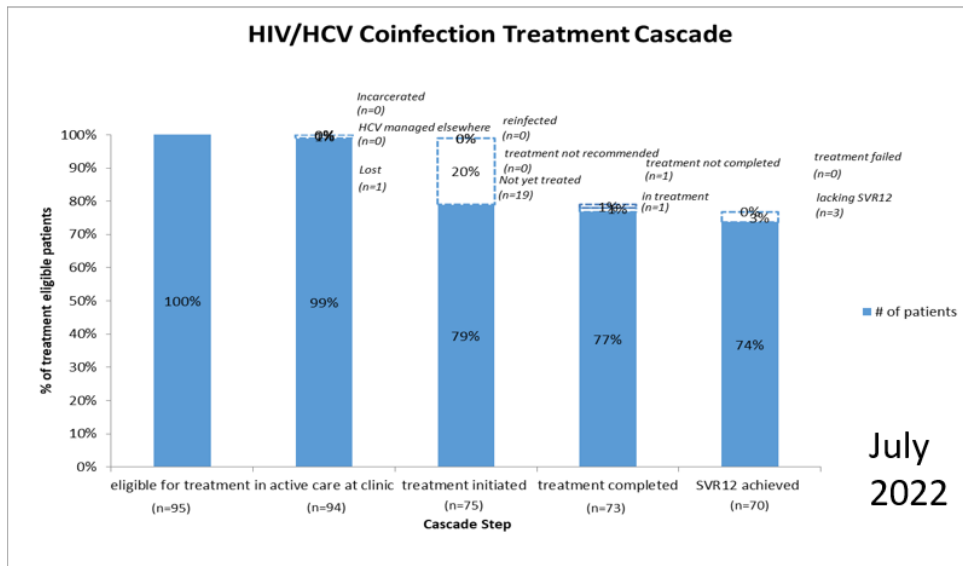
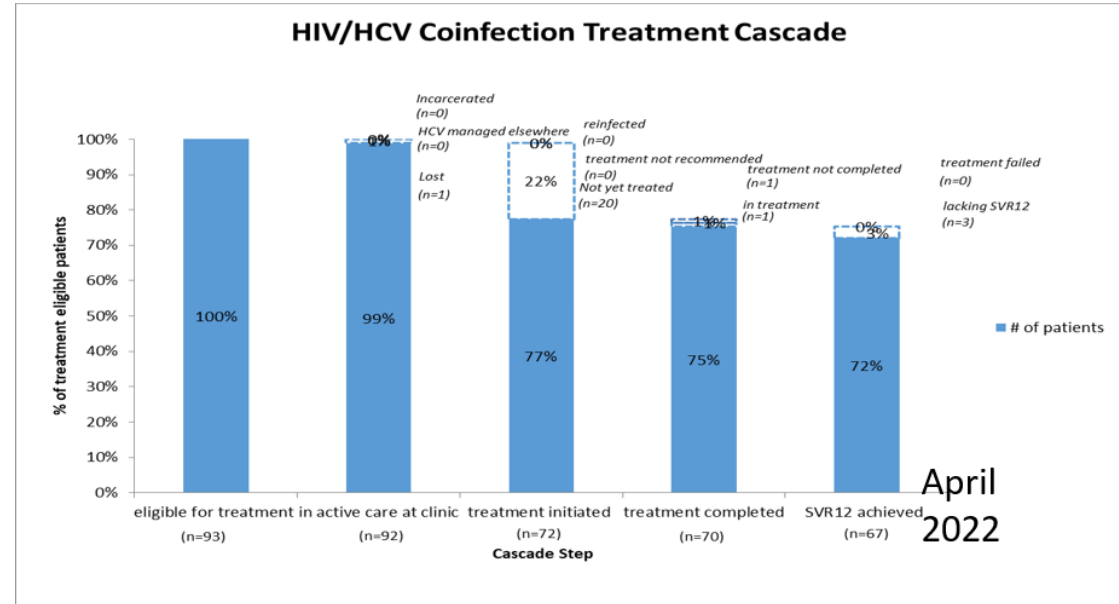
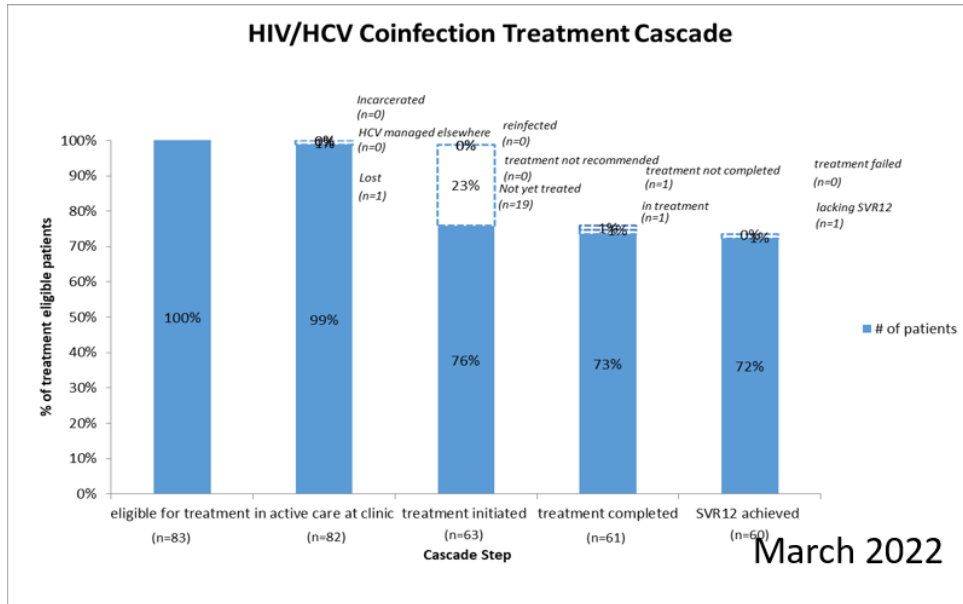


October 2022

HIV/HCV Coinfection Broad Outcomes

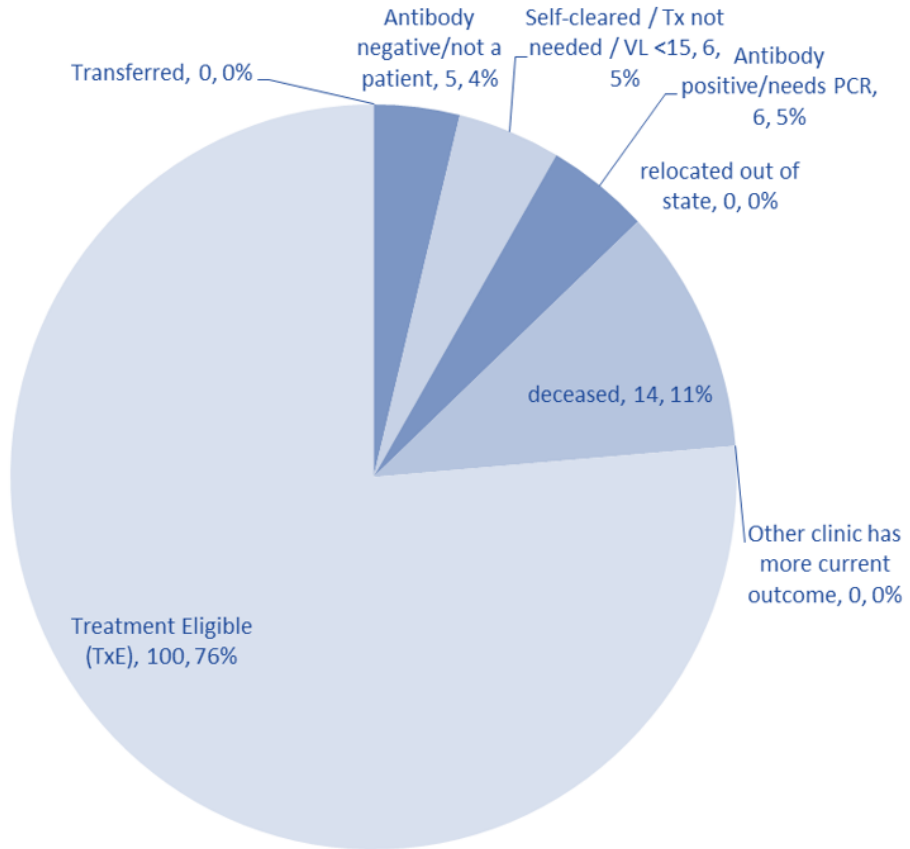


El Rio Quarterly Data 2

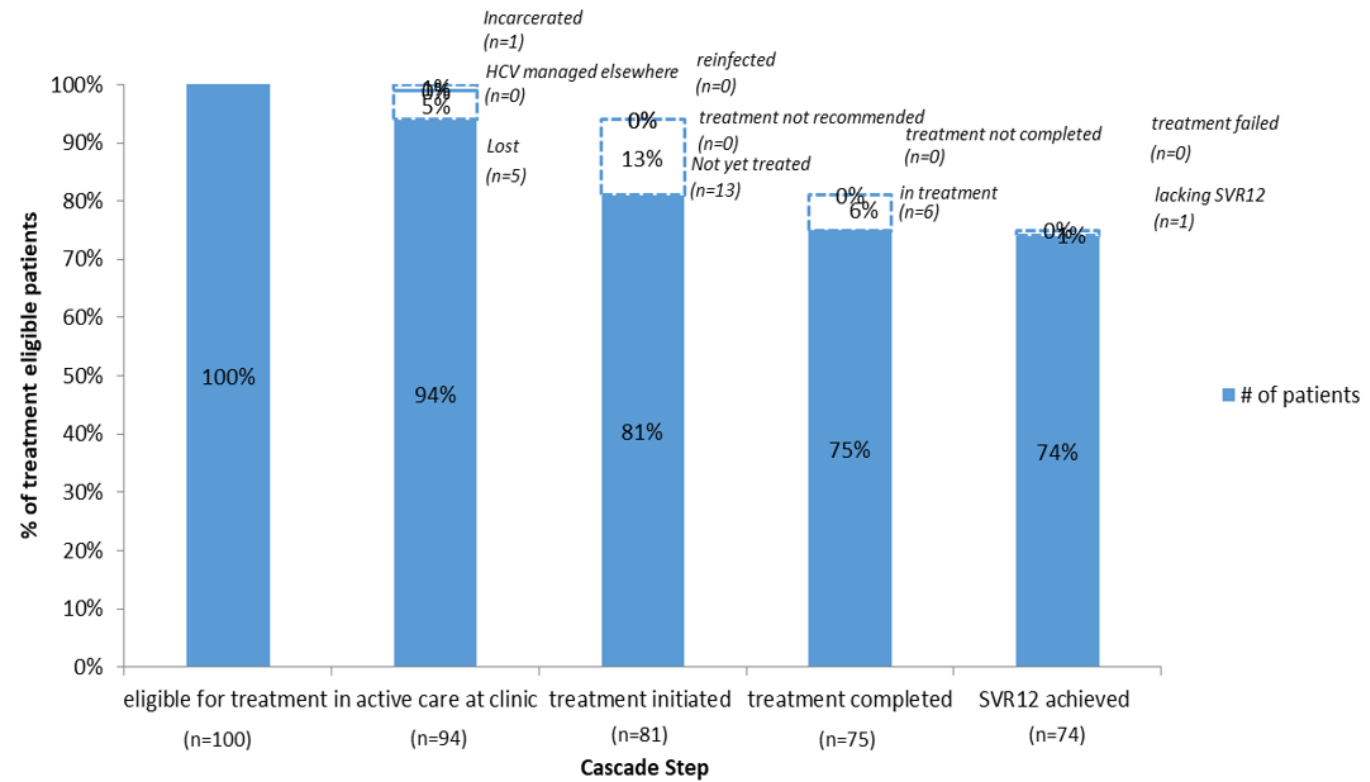


February 2023 data

HIV/HCV Coinfection Broad Outcomes



HIV/HCV Coinfection Treatment Cascade



Challenges, Successes & Lessons Learned

Challenges - El Rio Health

- Time restrictions - to meet with providers for updates
- Outreach to patients (we had to get creative)
- Filling out the data spreadsheet

Lessons Learned - El Rio Health

- One person entering data sets made it easier
- Multiple options for outreach, portal, calls, mail and our street outreach team
- Thinking outside of the box to ensure adherence (home visits, apps for pill taking reminder, incentives)

Overall Project Challenges

- Public Health statutes and data sharing barriers
- Incomplete HCV surveillance database
- HIV surveillance and HCV surveillance program silos
- Limited staffing and other resources
- Staff turnover

Lessons Learned: Jurisdictions

- HCV surveillance data quality and lab reporting are key
- HIV surveillance more robust than HCV surveillance
- HCV lab reporting requirements (e.g., negative PCRs)
- Electronic vs. paper lab reporting
- Program integration and ongoing collaboration
- HIV and HCV program silos need to be broken
- Promote HIV and HCV staff engagement
- Data sharing between HIV and HCV programs
- Resources and staffing
- Plan for more staffing resources (e.g., dedicated personnel)
- Leverage existing resources (e.g., staffing, hardware) to offset funding limitations

Lessons Learned: RWHAP-funded Clinics

- Understanding public health statute and addressing data sharing issues
- Identifying data sharing issues early and develop approaches based on this limitation
- Selecting and preparing clinics
- Leveraging existing relationships
- Clinic champion
- Clearly outlining expectations of Data to Care
- Fund clinics

Overall Project Successes

- Public Health statutes and data sharing barriers
- Incomplete HCV surveillance database
- HIV surveillance and HCV surveillance program silos
- Limited staffing and other resources
- Staff turnover
- Jurisdictional surveillance data collection tool development
- Clinic case conferencing data collection tool development
- Development of training videos
- Implementation manual (with Mission Analytics)

Testimonials (Health Departments)

1. “This is the first time creating an HIV/HCV coinfecting list that I know of. So basically, the framework for matching coinfecting patients now exists and can be used...”
2. “Project strengthened internal partnerships between the hepatitis C and HIV Programs...”
3. “...importance of data integration...data modernization is challenging...as successful as we have been in doing these matches [HIV/HCV], ideally we’re striving towards a future that doesn’t have matches...where information lives in a common place and we’re all able to leverage it appropriately and not create unnecessary burdens for our stakeholders...I think it’s about creating these opportunities to share data responsibly and also create tools that help us engage beyond the data...”
4. “This project has led to collaborations between our surveillance programs...we work much more closely than we did prior to starting this [project]. We have a better understanding of existing databases and this has us thinking of other areas for improvement as well in the future for both HIV and hepatitis C. We are now exploring other ways we can develop care cascades, so both looking at Ryan White and using CAREWare, but also outside of Ryan White.”

Sustainability

- Incorporate hepatitis C Data to Care activities as part of existing hepatitis C elimination planning
- Apply Data to Care methodology to HCV mono-infected population
- Expand clinic partnerships with the health department to maximize Impact of hepatitis C elimination efforts

Resources

- HIV/HCV co-infection clearance cascade data tool ([TargetHIV website](#))
- Clinic-based cascade of care data tool ([TargetHIV website](#))
- Implementation Manual (**TargetHIV website*)
- Mini eLearning videos and written companion (**TargetHIV website*)
- TargetHIV website (<https://targethiv.org/spns-hcv-dtc>)
- Patient educational app Connecticut AETC (aetcct.org)
- HPP Special Edition “Innovations in HIV/HCV Care” (<https://journals.sagepub.com/hpp/september-focus-issue-collection?pbEditor=true>)

*Not yet live on the TargetHIV website

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Participant Feedback

Please use the following link to give your feedback

<https://www.surveymonkey.com/r/V7YNF7H>

Stay Connected!

Sharing Information & Strategies

CBTA questions, email:

IHIPhelpdesk@mayatech.com

To access IHIP tools/resources and join the IHIP Listserv:

<https://targethiv.org/ihip>

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