

Rapid ART Expansion In A Non-ACA Expansion State

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Background

- ▶ There are an estimated 35,457 persons living with HIV disease in North Carolina (including an estimated 4,900 individuals who may be unaware of their infection, as of December 31, 2018).
- ▶ Every county in our State is impacted by HIV disease.
- ▶ 27% of persons living with HIV disease in North Carolina were estimated to have an unmet need for HIV care in 2018 (no evidence of being in care in the past 12 months).
- ▶ In 2018, NC surveillance data suggests that nearly 38% of people were not receiving the full benefit of treatment (they were not virally suppressed).

Background

- ▶ In 2018, the rate of new diagnoses for adult/adolescent Black/African American men was 68.7 per 100,000, which was 8 times higher than that of White/Caucasian men (8.1 per 100,000).
- ▶ In 2018, the rate of new HIV diagnoses for Hispanic adult/adolescent men was 30.0 per 100,000, which was 3 times greater than the rate among White/Caucasian (non-Hispanic/Latino) men.
- ▶ In 2018, the rate of new diagnoses for adult/adolescent Black/African American women was 15.9 per 100,000, which was nearly 8 times higher than that of White/Caucasian women (1.9 per 100,000).
- ▶ In 2018, the rate of new HIV diagnoses for Hispanic adult/adolescent women was 4.1 per 100,000, which was nearly 2 times greater than the rate among white non-Hispanic/Latina women.

Background

- ▶ 26% of all newly diagnosed HIV disease cases in 2018 were among adolescent males 13-24 years old.
- ▶ In 2018, 65% of people newly diagnosed with HIV were men who reported sex with men.
- ▶ In 2018, 17% of the people newly diagnosed with HIV were diagnosed with AIDS at the same time, suggesting missed opportunities for these people to receive care earlier in disease progression.
- ▶ The number of early syphilis (primary, secondary, and early latent) cases diagnosed in North Carolina in 2018 was 1,914, with a rate of 18.4 per 100,000 populations. This number is an increase from 2013, when 688 early syphilis cases were diagnosed (7.0 per 100,000 populations).

Background

- ▶ In 2018, 41% of people diagnosed with syphilis were also co-infected with HIV (co-infection is defined as having HIV prior to or within 30 days of their syphilis diagnosis).
- ▶ The reported number of gonorrhea cases in 2018 was 22,736 at a rate of 227.2 per 100,000 populations, compared to 14,114 cases (rate of 143.3 per 100,000 populations) in 2013.
- ▶ The CDC estimates that 25% of HIV-infected persons in the US are also coinfecting with HCV. Data in NC suggests that between 7-13% are HIV/HCV coinfecting.
- ▶ The number of chlamydia cases diagnosed in North Carolina in 2014 was 66,763 at a rate of 643.0 per 100,000 populations, compared to 49,220 cases (rate of 499.9 per 100,000 populations) in 2013.

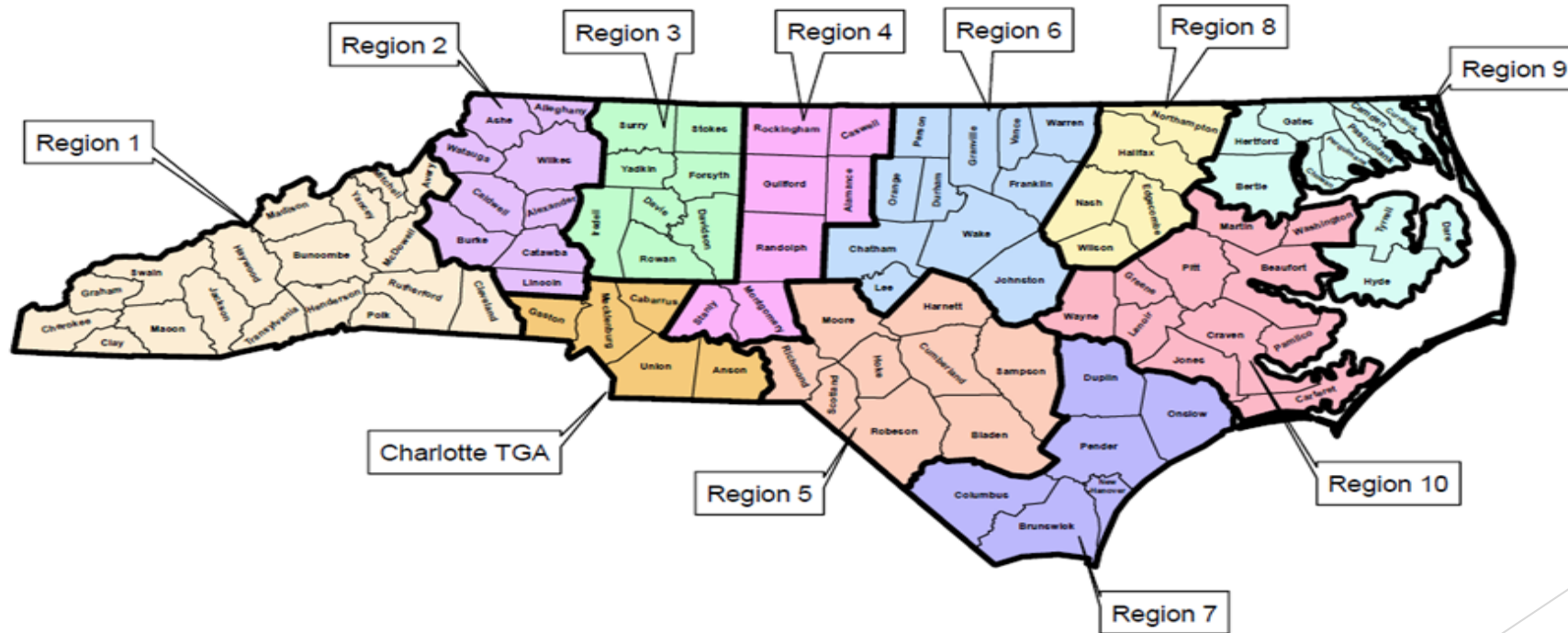
Background

- ▶ The North Carolina Communicable Disease Branch, Division of Public Health, Department of Health and Human Services is the lead agency for the HIV/STD/Viral Hepatitis Unit.
- ▶ The Unit houses the HIV/STD Prevention Program, the HIV Care Program (HOPWA and Ryan White Part B), the HIV Medication Assistance Program (HMAP, NC's ADAP Program), and the Viral Hepatitis Program.
- ▶ The Unit is under the direction of Jacquelyn Clymore who is a long term member of NASTAD's Board of Directors.

Background

- ▶ The HIV Prevention and Care Program issues Request for Applications (RFAs) every three years to fund Integrated Targeted Testing Services (ITTS), Ryan White Part B Services, and Housing Opportunities for Persons with AIDS (HOPWA) Services.
- ▶ These services are offered through the Regional Networks of Care and Prevention that are broken out into 11 geographic regions across the state.
- ▶ Ryan White Part B serves 95 counties in NC and the HMAP program serves all 100 counties in NC.
- ▶ The other 5 counties that are not served with Part B are served by the Charlotte Transitional Grant Area (TGA) with Ryan White Part A funds.
- ▶ North Carolina is a *non-ACA expansion state* that has not expanded Medicaid.

10 Regional Networks of Care & Prevention



Region I - North Carolina

- ▶ Consists of 18 western most counties in North Carolina
- ▶ Most counties are rural
- ▶ About 750 RW clients in medical care at our FQHC
- ▶ Provide highly integrated medical, dental, behavioral health under one roof
- ▶ Trauma Informed Care Program
- ▶ On-site 340-B pharmacy
- ▶ Dental including fillings, crowns, dentures
- ▶ Purchasing medical van to reach outlying counties
- ▶ Initiated telehealth due to COVID-19

How Did The Rapid ART Pilot Start?

- ▶ In August 2019, we were in a meeting concerning NC's Part B carryover request documents and submitting them to HRSA.
- ▶ The meeting consisted of the Ryan White Program Specialist (Lola Houston-Hager), the HIV Care Program Manager (Bob Winstead), and the NC's HIV/STD Prevention, Care, and Viral Hepatitis Unit Manager (Jacquelyn Clymore).
- ▶ At the end of the meeting the Unit Manager mentioned that she would like to start a Rapid ART project in NC.
- ▶ She was informed that the carryover request was due to HRSA the next day and that HIV medications could be included as part of the request.
- ▶ From there Rapid ART was included as a Part B service providing medication to those who are newly diagnosed in NC.

Was It Really That Easy?

- ▶ No it was not easy.
- ▶ We had requested the carryover funds, but had not identified any relevant in office staff or contractors that would carry out the task.
- ▶ Data Elements revealed that FQHCs with in house pharmacies could make this a smooth transition.
- ▶ We decided we would have 2 sites (east and west).
- ▶ Recommendations were made for 2 contractors to assist us.

Who Are The Two Contractors?

- ▶ Carolina Family Health Centers, Inc. (Wilson, NC)
- ▶ Western North Carolina Community Health Services (Asheville, NC)
- ▶ Both are FQHCs who also receive State HOPWA funds and Ryan White Part C and/or D funds.
- ▶ Both also have onsite 340B pharmacies and are long term contractors of multiple State programs.

Contact Information

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