



CDC/HRSA Advisory Committee on HIV, STI, and Viral Hepatitis HIV/AIDS Bureau Updates April 26, 2022

Laura Cheever, MD, ScM Associate Administrator HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People



HAB Welcomes New HRSA Administrator



Carole Johnson Administrator, Health Resources and Services Administration





HRSA's HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission

Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.





New Look, New URL: The HAB Website Has Officially Relaunched as RYANWHITE.HRSA.GOV!



Resources	Grants
View fact sheets, infographics, publications, and more.	Access resources that support Ryan White HIV/AIDS Program grant recipients.
Data	HIV Care
Learn about clients served by the Ryan White HIV/AIDS	
Program.	How to find HIV care and services through the Ryan White HIV/AIDS Program.

Return to top





Find HIV Care and Treatment

Get connected to HIV care, treatment, and support through the Ryan White HIV/AIDS Program.



Register for the 2022 National Ryan White Conference

The National Ryan White Conference is August 23-26, 2022, in Washington D.C. The conference is being planned to include both limited in-person and virtual attendance options.





New website URL: www.ryanwhite.hrsa.gov



National HIV/AIDS Strategy

NATIONAL HIV/AIDS STRATEGY

for the United States 2022–2025





- The <u>National HIV/AIDS Strategy (2022–2025)</u> was released on December 1, 2021.
 - Roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030
- Strategy focuses on **four** goals:
 - 1. Prevent new HIV infections.
 - 2. Improve HIV-related health outcomes of people with HIV.
 - 3. Reduce HIV-related disparities and health inequities.
 - 4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.



Implementing the National HIV/AIDS Strategy (NHAS)

- HRSA developed an Implementation Plan that outlines **specific actions** that it will take to achieve the Strategy's goals and objectives
- HRSA engaged with the Ryan White HIV/AIDS Program stakeholder community in order to hear thoughts and ideas on ways we can support NHAS goals and accelerate our efforts toward ending the HIV epidemic
- HRSA conducted listening sessions with key stakeholder groups, including:
 - Patient Advocacy Organizations
 - HIV Provider Organizations
 - Constituency Based Organizations
 - Coalition Groups







National HIV/AIDS Strategy Quality of Life Indicator Workgroup

Purpose: Develop an indicator to measure quality of life for people with HIV

Key points:

- Workgroup membership includes ACL, DOJ, CDC, HRSA, NIMH, NIAID, and SAMHSA
- Co-chaired by CDC and HRSA
- Accelerated timeline to complete work 75 days!
- Utilize existing datasets to identify indicator and future actions
- Community engagement met in late February 2022





HAB Collaboration with ACL and HUD





Collaboration with the Administration for Community Living (ACL) and the U.S. Department of Housing and Urban Development (HUD)

Ongoing partnership with the ACL:

- To foster safe, high quality health care for the aging population
- To share information about RWHAP and hear from ACL about their program and services

Long-standing, committed collaboration with HUD:

- Because the RWHAP does not function as a housing provider
- To expand our work with HUD beyond the Housing Opportunities for People with AIDS (HOWPA) program





2022 National Ryan White Conference Updates

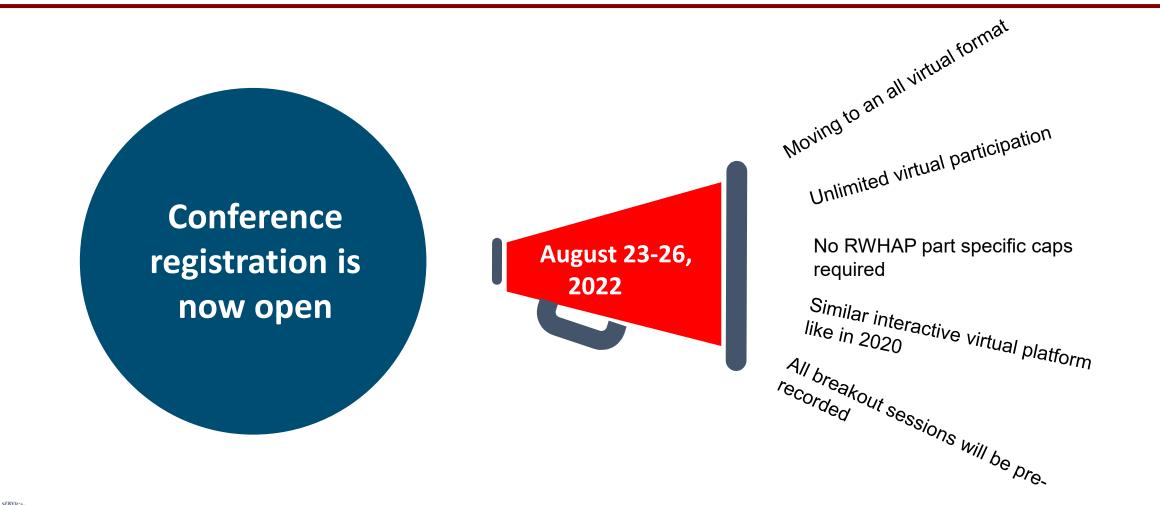
RYANNHITE CONFERENCE ON HIV CARE & TREATMENT

- Thank you for submitting your abstracts for the 2022 National Ryan White Conference on HIV Care & Treatment
- Nearly 400 abstracts were submitted
- Abstract approvals sent out the week of April 12th





The 2022 NRWC is Going Virtual!











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Policy Updates

Gender Affirming Care in the RWHAP Program Letter

- Reaffirms the importance of providing culturally-affirming health care and social services to the transgender community
- Letter is *not* new policy or approach to the services delivered by the RWHAP
- Accessible via: <u>https://ryanwhite.hrsa.gov/sites/default/f</u> <u>iles/ryanwhite/hiv-care/gender-affirming-</u> <u>care-rwhap.pdf</u>



Ensuring that transgender people with HIV have access to care, treatment and support services that improve their health and decrease risk of morbidity and mortality related to HIV is a priority for the Health Resources Services Administration's (HRSA) HIV/AIDS Bureau (HAB). Of the more than half a million people served by the Ryan White HIV/AIDS Program (RWHAP) 2.1 percent, approximately 11,600, are transgender.¹ Providing gender-affirming care is an important strategy to effectively address the health and medical needs of transgender people with HIV. HRSA HAB strongly encourages RWHAP service providers to harness and mobilize the existing RWHAP infrastructure and services to support gender-affirming services within allowable RWHAP parameters.

Gender-affirming care and treatment services are described in the HHS Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV (Guidelines).² According to the Guidelines, gender affirmation describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including: social (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity); medical (e.g., use of hormones or surgery); legal (e.g., legal name change or changing gender markers on identity documents); and psychological (e.g., the degree of self-acceptance and comfort with their gender identity).

RWHAP funds may be used to support gender affirming eare across various HRSA RWHAP core medical and support service categories as outlined in *Policy Clarification Notice* #16-02 *Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.*¹ Many RWHAP AIDS Drug Assistance Programs (ADAPs) provide access to gender-affirming hormone therapy.¹ RWHAP ADAP funds, along with RWHAP funds allocated under the service category *Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals*, can be used to purchase and maintain private health insurance, Medicaid, and Medicare coverage, which can support a broader range of health needs for transgender people with HIV.





¹ Health Resources and Services Administration. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2020. www.hab.insa.gov/data/data-reports Published December 2021.
² Panel on Antirettoviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at: https://clintealine/default/files/aub/ellene/document/Adulta/AdolescentCl.pdf.pp. 161-170.
³ Policy Clarification Notice 16-02: Eligble Individuals & Allowable Uses of Funds Clarification Notice. Available at: https://ab.ins.gov/site/default/files/aub/gram.gram.fram.amagenemt/ServiceAteport/Clarification Notice. Available at: https://ab.add.org.adopromlary.

Ryan White HIV/AIDS Program Updates





New EHE Community Listening Sessions and Telehealth and the RWHAP Executive Summaries Now Available



Ending the HIV Epidemic in the U.S. Initiative 2021 Community Engagement Listening Sessions **Executive Summary**



Background

The Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB) oversees the Ryan White HIV/AIDS Program (RWHAP) and has a leading role in the Ending the HIV Epidemic in the U.S. (EHE) initiative. Community engagement has been fundamental to HRSA's success since the beginning of the RWHAP, HRSA HAB believes our collective success in meeting the goals of the RWHAP and EHE initiative depends on how well we engage people with HIV and their communities in the planning, development, and implementation of HIV care and treatment strategies.

In 2021, the Health Resources and Services Administration's (HRSA) HWA 16 virtual Ending the HIV Epidemic in the U.S. (EHE) initiative community e sessions in the 10 U.S. Department of Health and Human Services rec HAB offered two sessions: (1) a public health leader roundtable and (2) a Externing session

These sessions provided a direct line of communication among HRSA, put community members in EHE jurisdictions. Participants included people wi healthcare providers; community leaders; and organizations involved in Hit treatment. In total, more than 1,900 participants attended at least one of

Listening session participants includedcommunity-based organizations, including organizations focused on including organizations focused on including organizations.

behavioral health, youth, and LGBTQ+ support state and local health departments

federal apencies Federally Qualified Health Centers and look-alikes

faith-based organizations people with HIV and clients served by the Ryan White HIV/AIDS Program EHE recipients

RWHAP AIDS Education and Training Centers other RWHAP organizations · other individuals who are not captured in the categories above

Leaders from the HRSA Bureau of Primary Health Care, the HRSA Office of

External Affairs, and the Centers for Disease Control and Prevention Divis were in attendance.

Listening Session Topics

The listening sessions were guided by questions on the following topics: opportunities for effective HIV prevention and treatment: (2) innovative ap HIV prevention and treatment; and (3) current and future partners for colla medical and public health communities.

* Please note, this document is a high-level summary of the feedback and suspections of sessions and does not include all the comments and ideas shared during the sessions.



As a result, since the onset of the pandemic, demand for and use of telebealth has increased significantly. To facilitate provision of care during the pandemic, several changes have been made to federal and state telehealth laws, regulations, and policies.1-4 Health care systems, payors, and providers, including many Ryan White HIV/AIDS Program (RWHAP) recipients, have modified healthcare service delivery

methods and leveraged telehealth services to provide care for people with HIV.

This executive summary collates findings, lessons learned, and effective practices gleaned from seven RWHAP recipients^a to help similar organizations implement telehealth services in their programs to augment and provide high-quality, comprehensive HIV care and treatment during and beyond the COVID-19 pandemic. The full report is accessible on the TargetHIV website.³

Innovation and Resilience: How Ryan White **HIV/AIDS Program Recipients Leverage Telehealth during the COVID-19 Pandemic**

Executive Summary

Topics Addressed in This Summary

Leveraging telehealth laws, provisions, and flexibilities during the coronavirus disease 2019 (COVID-19) pandemic

- Strategies to ensure linkage to and retention in care
- Technology considerations and bridging the digital divide
- Obtaining informed consent for treatment.
- Telehealth procedural workflows
- Documentation and third-party billing
- Case examples of the successful application of telehealth
- Keys to success.

Telehealth Laws, Regulations, and Provisions

A number of legislative and regulatory changes have been made by states regarding telehealthincluding to Medicaid programs-in response to the COVID-19 pandemic. Many of these provisions are tied to continued declarations of a public health emergency and, thus, will be discontinued once the declarations are no longer in effect, absent further statutory or regulatory changes

Developed by the Health Resources and Services Administration (HRSA), the Telehealth HHS.gov website* includes information for providers and patients regarding federal efforts to support and promote the provision of healthcare via telehealth. It also includes tookit resources" to help providers, patients, and their caregivers understand and prepare for telehealth visits, including a best practice guide for providers on telehealth and HIV care. HRSA supports telehealth efforts made by the U.S. Department of Health and Human Services (HHS) to expand healthcare access and improve health outcomes, including telehealth grant programs that promote and advance telehealth services in rural areas. In addition, HRSA funds the Rural Health Information Hub (RHInub), = which includes the Rural HIV/AIDS Prevention and Treatment Toolkit** and resources on telehealth.**

The following subsections describe ways to leverage the changes to telehealth while they remain in effect, many of which may be applicable post-pandemic.

Marketing and messaging. Tailor materials for audiences-patients or providers-to highlight the range of resources and modify approaches to obtain or deliver care via telehealth. Clients should be provided a description of the array of conditions that may be treated using telehealth (e.o. management of diabetes, hypertension, mental/behavioral health, HIV care, etc.) and the ease of accessing these services while practicing social distancing. In addition, providers should he notified of the provisions for telehealth reimbursement. Disseminate the material via email messages, telephone calls, or mailed handouts,

Coordination with local and state resources to serve people who are unstably housed.

Leverage local and state resources to provide care for patients experiencing homelessness or unstable housing. Cellphones can facilitate care coordination and telehealth appointments for patients who are unstably housed. Although cellphones may be purchased for some clients using Rvan White

Access the new resources: https://ryanwhite.hrsa.gov/ resources/expert-panelsummaries



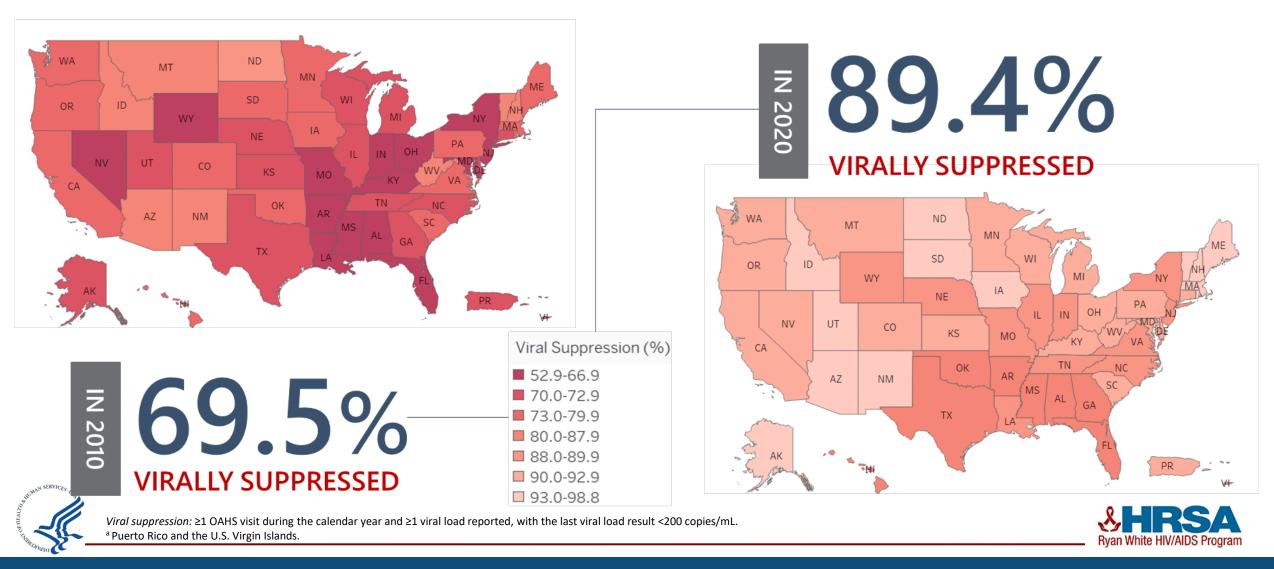


Data Updates

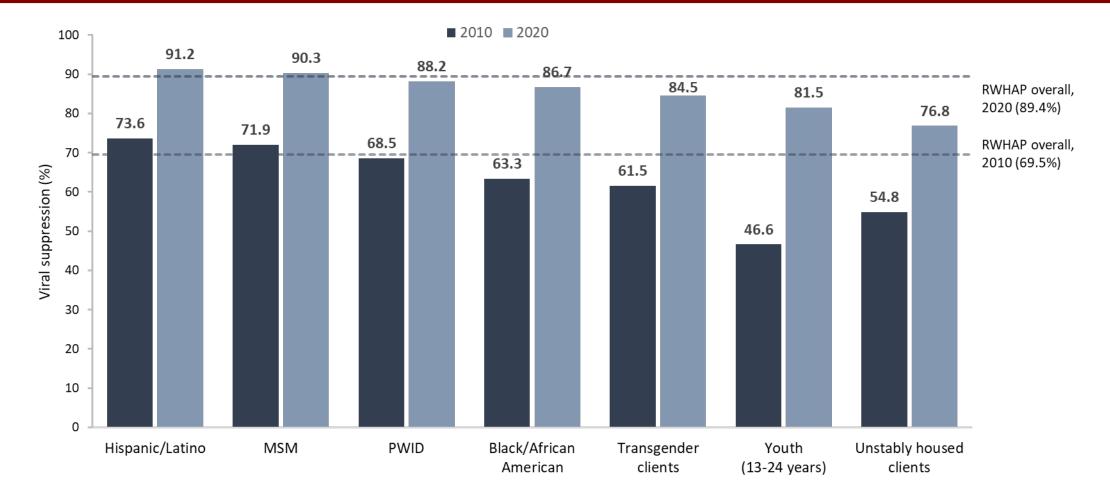




Viral Suppression among RWHAP Clients, by State, 2010 and 2020— United States and 2 Territories^a



Viral Suppression among Priority Populations Served by the Ryan White HIV/AIDS Program, 2010 and 2020—United States and 3 Territories^a





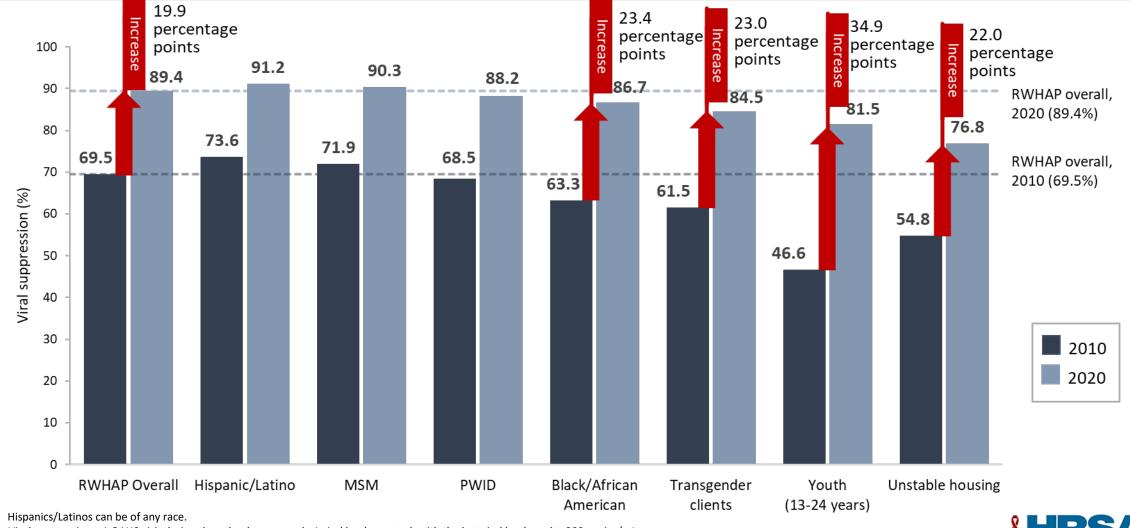
Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.



Significant progress has been made in viral suppression among priority populations, but inequities remain, particularly among Black/African American clients, transgender clients, youth aged 13–24 years, and clients with unstable housing.



Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

^a Guam, Puerto Rico, and the U.S. Virgin Islands.

HRSA HIV/AIDS Bureau Ending the HIV Epidemic in the U.S. (EHE) Initiative Data Report, 2020





Overview of Report

HRSA HIV/AIDS Bureau

Ending the HIV Epidemic in the U.S. Initiative

Data Report

2020



- The inaugural 2020 HRSA HAB Ending the HIV Epidemic in the U.S. Data Report highlights data submitted to HRSA HAB through the EHE Triannual Module data system.
- EHE Triannual Module data are reported on the calendar year rather than on the budget year
- To align data reporting with the calendar year, two reporting periods were established for 2020
 - March through August (6 months)
 - September through December (4 months).





Solutions Leveraged by EHE Recipients to Address COVID-19

Focus on what can be accomplished during a pandemic

Flexibilities that prioritize health and public safety

Scale up services to address demand

Streamline client experience

HRSA HAB-funded EHE staff & resources allowed states and cities to better respond to COVID-19





Source: Unpublished data reflecting EHE implementation activities (March 2020 through February 2021), as reported by 47 RWHAP EHE grant recipients in their EHE Year 1 Non-Competing Continuation (NCC) Progress Report and TriYearly Progress Report. This does not reflect data reported through the EHE Triannual Module.

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