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

Innovative HIV Care Strategies for People with HIV with Co-occurring Conditions

December 14, 2022

Agenda

- *Project Overview*
  - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (MayaTech)
- *Intervention Overview*
  - Integration of Comprehensive HIV Medical Care with Addiction Services – presented by: Pamela Gorman with *Cooper Health System's EIP Expanded Care Center*
  - Early Intervention Services and Outreach – presented by: Alicia Knapp & Erin Parrish with *Oregon Health Authority & Washington County Public 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 RWHAP

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—now offering CEs
  - Peer-to-peer TA
- Support in the development and dissemination of implementation tools and resources
  - Webinars
  - One-on-one TA
- Helpdesk (ihiphelpdesk@mayatech.com)

Check out https://TargetHIV.org/IHIP

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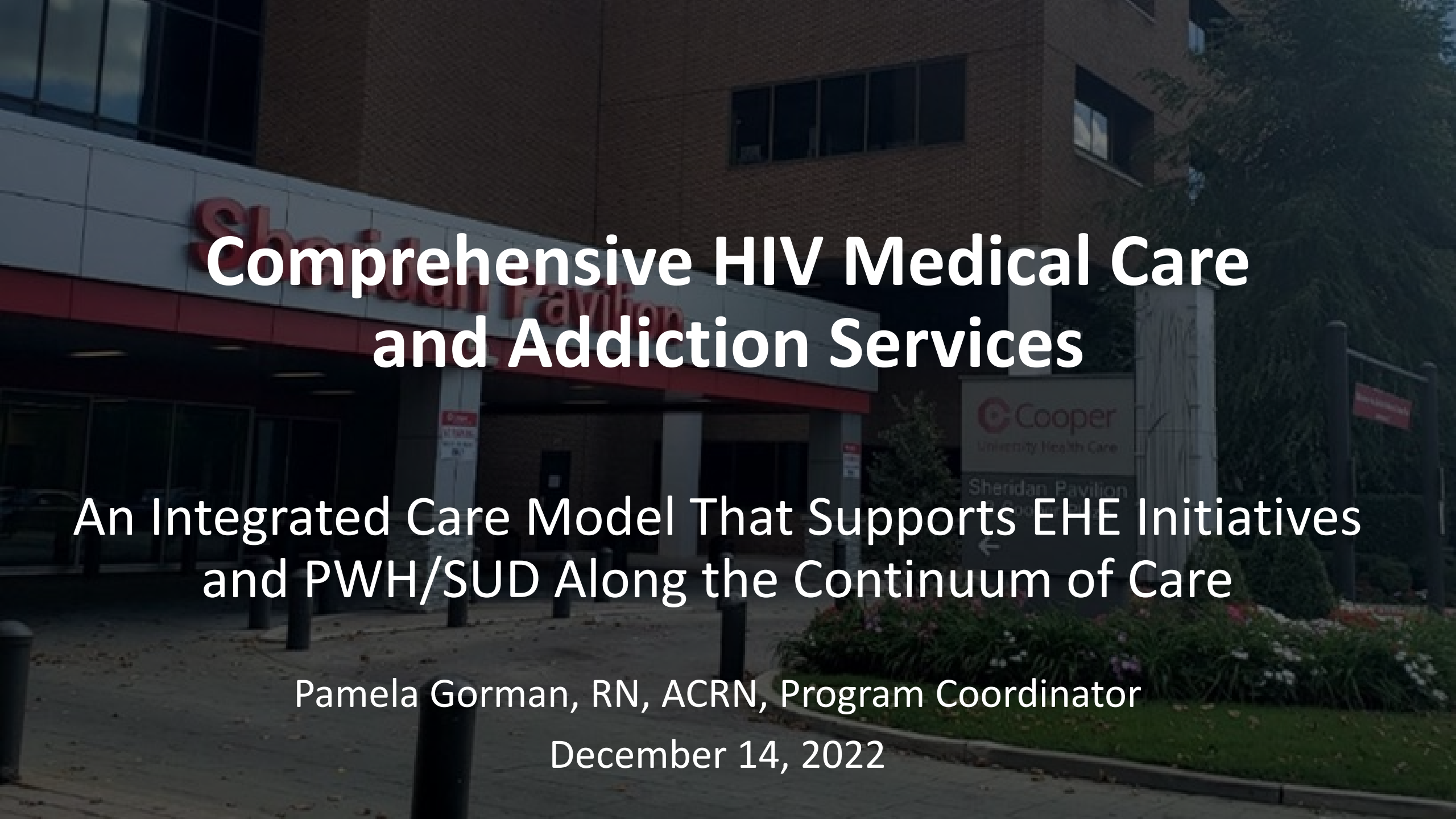
Pamela Gorman	Nothing to Disclose
Alicia Knapp	Nothing to Disclose
Erin Parrish	Nothing to Disclose



Comprehensive HIV Medical Care and Addiction Services

An Integrated Care Model That Supports EHE Initiatives and PWH/SUD Along the Continuum of Care

Pamela Gorman, RN, ACRN, Program Coordinator

December 14, 2022

Pamela Gorman 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 #H76HA01727 Ryan White Part C, Outpatient EIS Program at $328,524 and as a subrecipient under Ryan White Part A, Philadelphia Eligible Metropolitan Area at a total of $1,060,015 for Ambulatory Care, Medical Case Management, and Mental Health Services. Non-governmental sources included third party payer reimbursements such as Medicare, Medicaid, and private insurances, and 340B pharmacy services program income. 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.

Presenter, Pamela Gorman, R.N., ACRN

Pamela Gorman is the Administrative Director for Cooper University Health Care (CUHC), Department of Early Intervention Program (EIP) and the Division of Infectious Diseases in the Department of Medicine. She worked as the Clinical Research Supervisor/Trainer for Cooper EIP for five years, enrolling PWH in various pharmaceutical and clinical trials. She currently provides clinical, administrative, and fiscal oversight for Cooper EIP's medical, dental, and support services, and 340B Pharmacy services.

Ms. Gorman graduated from the Helene Fuld School of Nursing in Trenton, NJ and has worked as a nurse for 42 years. She's received certifications in critical care, nephrology, and HIV/AIDS care, and completed the Johnson & Johnson/UCLA Health Care Executive Program at the John E. Anderson Graduate School of Management at UCLA.

Pam continues to serve on multiple committees, including the City of Philadelphia, Eligible Metropolitan Area (EMA) Ryan White Planning Council.

Cooper Health System's EIP Expanded Care Center (CEEC)

- Urban Hospital-based outpatient ambulatory care center on campus of Cooper University Hospital
- Located in the City of Camden, Camden County, New Jersey
- Funding sources:
    - HRSA Ryan White HIV/AIDS Program (RWHAP) Parts A and C,
    - NJDOH, third party payer reimbursements such as Medicare, Medicaid, and private insurances
    - 340B pharmacy program income
- 2021 - 1,199 PWH clients served

Identified Need at Cooper

- CEEC PWH and co-occurring substance use disorder (SUD) were referred to external agencies for SUD care and treatment –needed to establish onsite services
- CEEC RDR 12/31/2016 – 0/151 PWH/SUD linked to outpatient SUD care (source: Cooper CAREWare RDR)
- Cooper University Hospital Emergency Department physicians were challenged with an increased number of opioid overdoses in persons with HIV infection (PWH).
- Cooper EIP identified an outbreak of HIV infection among persons who inject drugs due to health system-wide HIV screening
- Persons with SUD and newly diagnosed HIV infection required immediate connection to HIV and SUD services to prevent future HIV acquisition of others at risk

Overview

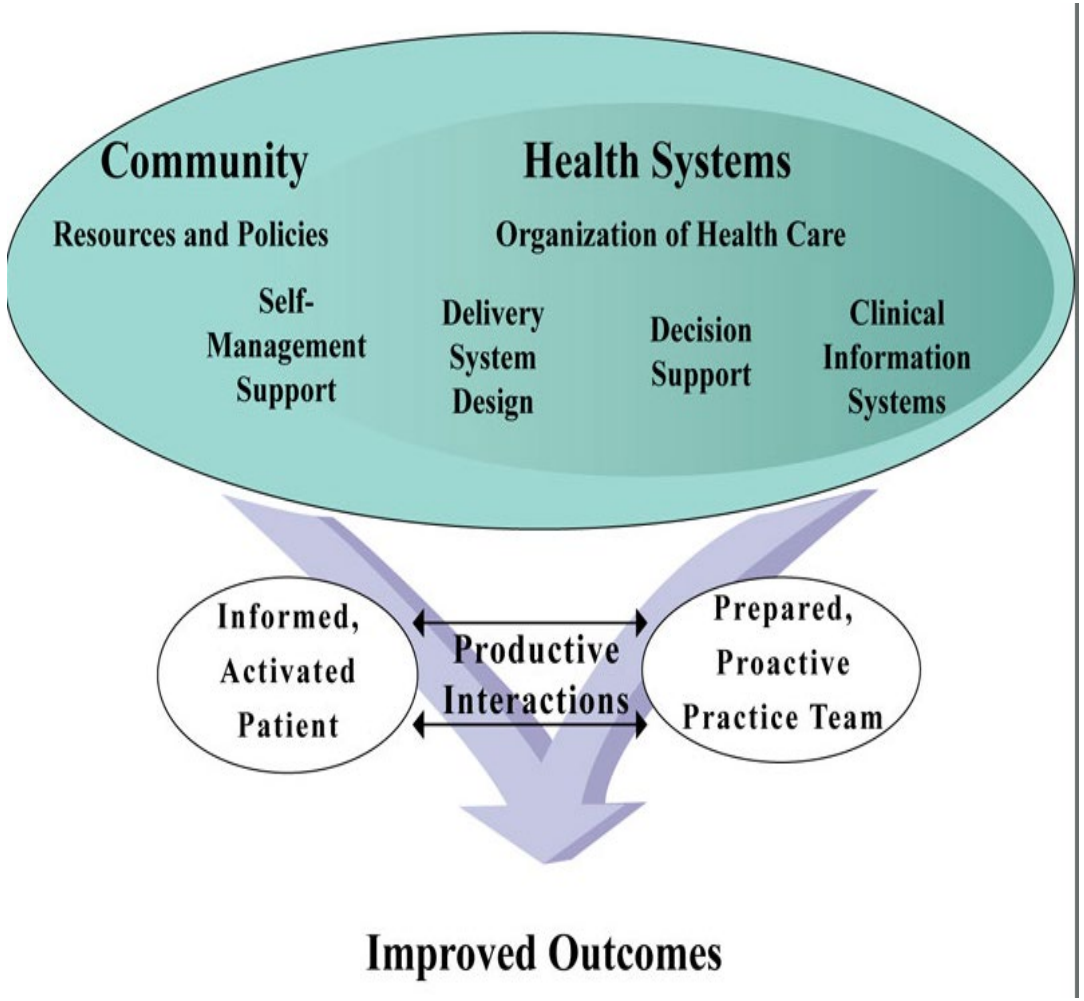
- **Intervention Purpose**
  - Integrate comprehensive HIV medical care with addiction services and medication protocols to provide a patient centered and system-wide treatment model for PWH and SUD
- **Goal**
  - Improve Access to HIV primary medical and addiction medicine care and treatment for PWH and SUD
- **Objectives**
  - Improve Viral Load Suppression and Retention in Care among PWH and SUD

Intervention

Description - Integrated addiction medicine medical care and treatment at a hospital-based “one-stop shop” clinic for PWH and co-occurring SUD allowing immediate access to comprehensive medical care and supportive services in a stigma-free, caring environment.

Integrated Design Emulates The Chronic Care Model

- “One-stop shop” approach for patient centered medical care services.
- Multidisciplinary medical care team for comprehensive patient care.
- Maximizing all resources for improved access to medical care.
- Internal and external referral process
- Performance driven quality medical care demonstrated by healthcare outcomes.



Stakeholders and Partners

Identify key internal and external stakeholders

- Health system leadership to establish system-wide policies
- Physician/Provider specialists: Emergency Department (ED), Addiction Medicine (AM), Infectious Diseases (ID), Hospitalists, Psychiatrists, and Primary Care Providers (PCP)
- Behavioral Health and Counseling services, Case Management, social services for housing, transportation, Medicaid, etc.
- Community-based organizations (CBO), Syringe Access Programs (SAP), HIV testing/outreach services, correctional facilities
- Government Health Departments

Identifying PWH and SUD

Identification of PWH/SUD and Facilitating access to care services

- Utilize data from health system-wide “opt-out” HIV screening to identify persons with HIV infection and risk associated with acquisition
- Rapid HIV Point of Care (POC) tests at Emergency Department and Addiction Services
- Collaboration with ED physicians, hospitalists and staff to “bridge” access to care from ED and inpatient to outpatient clinic
- Connecting with county or state correctional facilities
- Identify point person for internal and external agency referrals and linkage to care at program and establish MOAs with external agencies

Processes and Protocols

Develop and establish processes and written protocols for immediate access to HIV and SUD care and treatment

- CEEC Navigation Protocol for screening, identification and linkage to care (SILC) for persons testing positive for HIV infection and connecting persons at risk of acquiring HIV to PEP/PrEP, SAP
- Rapid HIV POC testing policies and process for linkage to care for persons newly identified with HIV infection
- Establish written Memorandum of Agreements/Understanding (MOA/U), co-management agreements, contracts

Processes and Protocols (con't)

Develop and establish processes and written protocols for immediate access to HIV and SUD care and treatment

- Established walk-in clinics for Addiction services at HIV clinic and routine scheduled HIV and SUD sessions with open appointment slots each session through EHR coordinated care builds and Walk-in policies
- Partnership with local pharmacies for immediate access to SUD treatments (Contracts)
- Antiretroviral therapy available onsite for immediate access to HIV treatment, add physicians certified in Addiction Medicine and CADC counselor to staffing plan (Policies)

Internal Communication Process

Need processes for ongoing communication for clients and care services staff

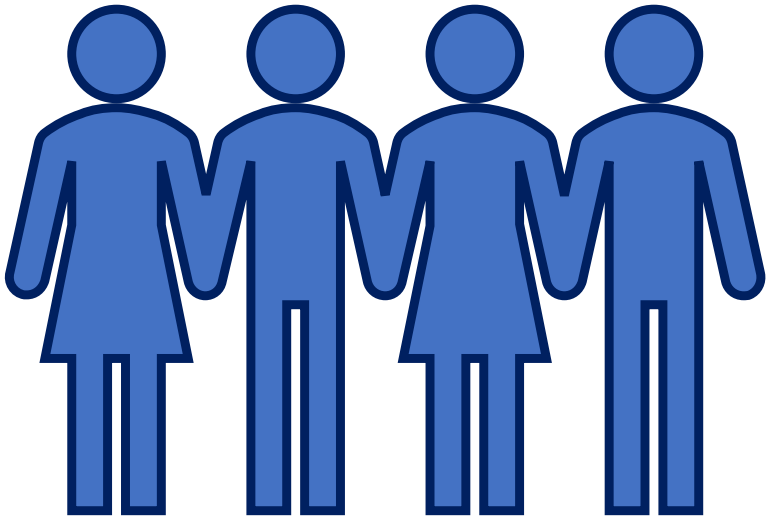
- Navigation intake and non-medical case management triage to identify unmet needs and acuity of clients and connect to CEEC case management services, behavioral health, and other support services – EHR flowsheets
- Establish EHR messaging pools per service line to improve internal communication
- Establish smart phone and data plan protocol, client agreement for clinic phone services, use program income to cover expenses
- Added addiction medicine team to daily and monthly staff communication meetings and EPIC pools
- Established monthly Multidisciplinary Addiction Med Meetings/Webinars

Integrated Staffing Plan – SUD Services

Establish a staffing plan that is inclusive of positions to support SUD services with HIV primary care

- CEEC Staffing Plan incudes board certified physicians and Advance Practice Providers (ID, AM, PCP, psychiatry), Nurses, Navigators, Care Coordinators, Health Coaches, Certified Counselors, Clinical Psychologists, Clinical Pharmacists, Pharmacy Liaisons and a dedicated Quality Data team.
- Identify staffing challenges - this an ongoing process
- Awareness of behavioral reactions using trauma-informed lens
- Sensitivity to events/client encounter
- Attending to compassion fatigue and burnout

Education & Staffing Support



Ongoing efforts to provide education and staffing support

- Multidisciplinary approach to address client concerns during morning huddles, behavioral response meetings and at monthly staff meetings
- Behavioral Response Team (BRT) proactively identify clients with multiple psychosocial challenges prior to scheduled visit, triage and develop care plan to provide sensitive, trauma-informed care and develop de-escalation plan to respond to potential client adverse behavior in a sensitive non-threatening manner
- Trauma Informed Care staff training, Individualized staff coaching and staff self-awareness/monitoring of internal thermometer
- Ongoing staff coaching for managing client psychosocial challenges such as homelessness and food insecurities

Data and Quality Management

Integrated Quality Management Plan Updated Annually

- Data team dedicated to manage software platforms such as EPIC electronic health record and CAREWare.
- Integrate processes for data entry, evaluation and analysis for all services within the Quality Management Plan
- Develop reports to identify clients PWH and SUD, encounters with various services, missed appointments, outreach efforts, linkage to support services
- Generate performance measurement reports for VLS and RIC and identify clients that are not-in-the numerator or in the numerator (gap measure)
- Utilize methodology to define, monitor, analyze, improve and control efforts (DMAIC) and support ongoing improvements

Accomplishments

- Established staffing plan and education/training requirements for trauma-informed care
- Established addiction care and treatment protocols
- Utilized integrated behavioral health team to conduct mental health (MH) and substance use (SU) assessments in person or using tablet method for client MH/SU self-assessments
- Fully integrated Addiction medical care and counseling schedules within HIV program infrastructure
- Established Rapid Response multidisciplinary team and protocols to manage disruptive incidents
- Billable services for care and treatment through Medicare, Medicaid, charity care and private insurances

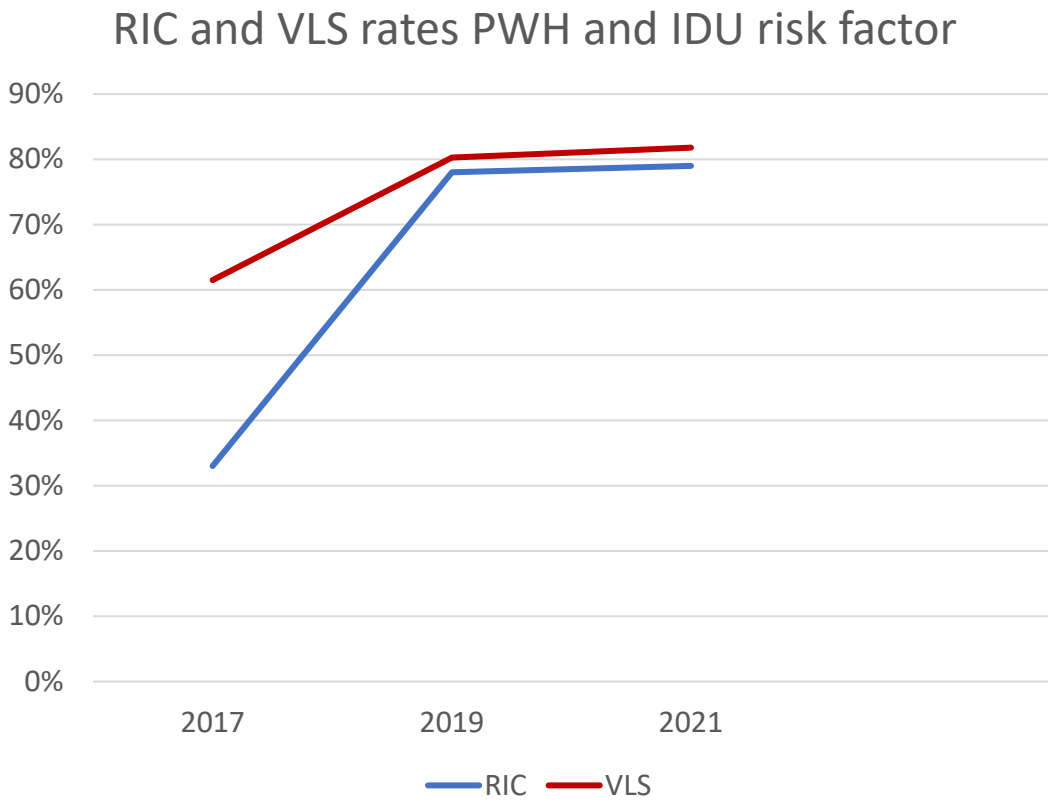
Sustainability

- Collaborative agreements with partners in the form of contracts, Memorandum of Agreements/Understanding (MOA/U) and co-management agreements
- Policies and procedures stored on a network sharedrive or network software platform with automated renewal features
- Data management team and software applications for monitoring and analysis of services utilization, clients served, evaluation of performance measures for healthcare outcomes and ability to breakout social determinants of clients served
- Financial management systems to effectively charge 3rd party payers for billable services
- Staffing plan that includes qualified, certified professionals to provide billable services for primary care, infectious diseases, addiction medicine, behavioral health and mental health care.

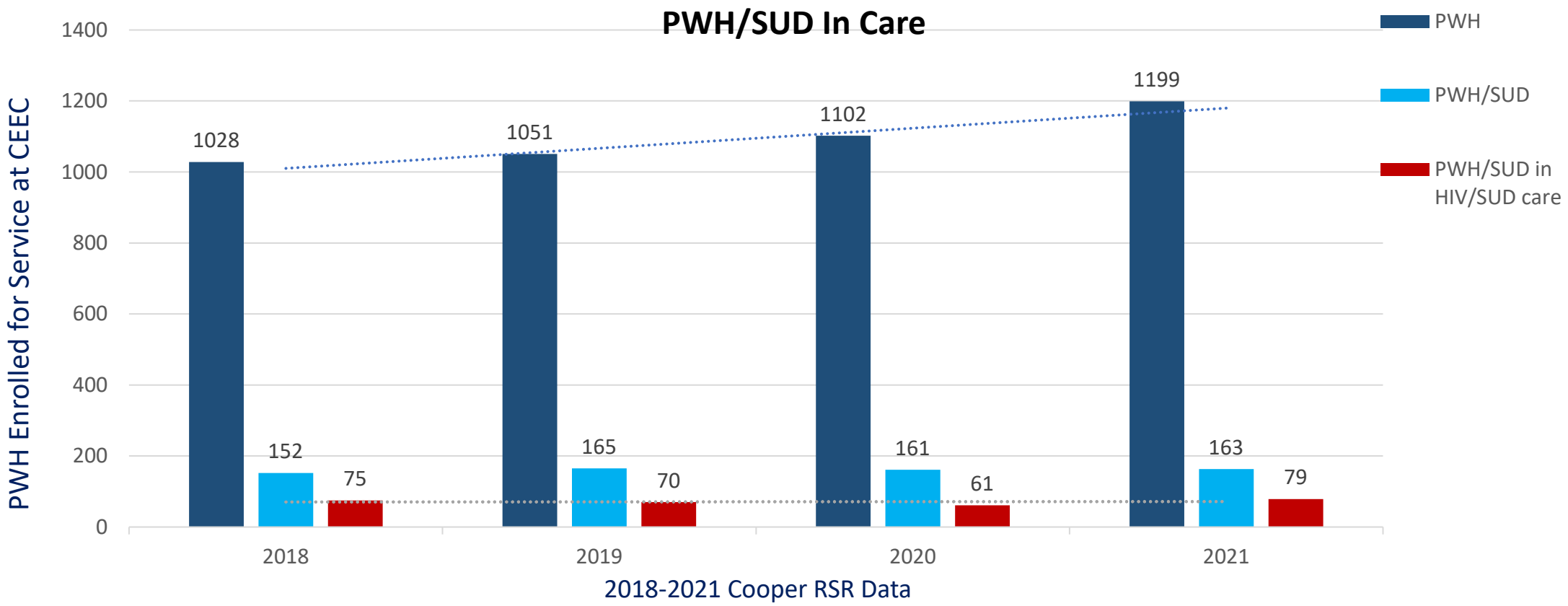
Data Outcomes Through the Years – Intervention Successes

Intervention Successes

- Increase number of PWH and SUD enrolled for HIV and addiction care and treatment from 6 clients in 2017 to 70 year-end of 2019, 2021 at 79
- Improved retention in care (RIC) from 33% in 2017 to 78% year-end 2019, 2021 retention in care at 78.80% (risk factor IDU)
- Viral load suppression increased from 61.5% in 2018 to 80.3% in 2019, 2021 VLS 81.80% (risk factor IDU)



Data Outcomes Through the Years – PWH/SUD In Care



Lessons Learned

- Leadership “buy-in” is a must have from all collaborative partners such as HIV Clinic/Medical Directors, Addiction Medicine Team, Emergency Department team, and Information Technology Departments
- Patience - Development and implementation of integrated services successfully is a process that takes time – in our experience over 2 years
- Staffing and client trauma is intertwined – having the right people to do the job is essential and at times difficult to assess. Additional resources are necessary to address provider care fatigue and burnout
- For a strategy to remain sustainable, ongoing process improvement must occur

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4. Ending the HIV Epidemic (EHE), Office of Infectious Diseases and HIV/AIDS Policy, Health and Human Services, (2022, July 1), What is ending the HIV epidemic in the US? Overview | HIV.gov
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Oregon HIV Early Intervention Services and Outreach Program

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December 14, 2022

Alicia Knapp & Erin Parrish Disclaimer

This project was supported by income generated through the Health Resources and Services Administration (HRSA) Ryan White Part B of the AIDS Drug Assistance Program (ADAP) awarded at $29 million over 5 years. 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.

Presenters, Alicia Knapp & Erin Parrish

I have been in Public Health for 15 years and started as a research evaluation analyst, working on various PH grants. In 2010 I happily began working in HIV care and prevention and have been with the Oregon Health Authority for the last 4 years. When I am not working, I enjoy being outdoors hiking and backpacking with my two kids, and dancing.

I started in the field of public health working for a reproductive health organization and volunteering with an HIV prevention and treatment clinic. I earned my Master's in Public Health from George Washington University, in Washington, DC. Since moving to Oregon in 2014, I have worked with the Americorps VISTA Program and with local public health agencies. I currently work for Washington County Public Health in Hillsboro, OR as the HIV/STI and Harm Reduction Program Coordinator.

Oregon Overview

End HIV/STI Oregon

- Initiative developed by our HIV/STI Statewide Planning Group
- Eliminate HIV and STI inequities through increased access to testing, education, and linkage to care
- Includes public and private agencies, and community groups

HIV Early Intervention Services and Outreach

- Designed by the Oregon Health Authority and implemented by six local public health agencies (LPHA)
- Represents 12 Oregon counties and the Confederated Tribes of Siletz Indians
- Provides services and outreach to help identify, treat, and prevent HIV and sexually transmitted infections (STIs), and help clients reach viral suppression
- Funded by Ryan White Part B

Program Goals

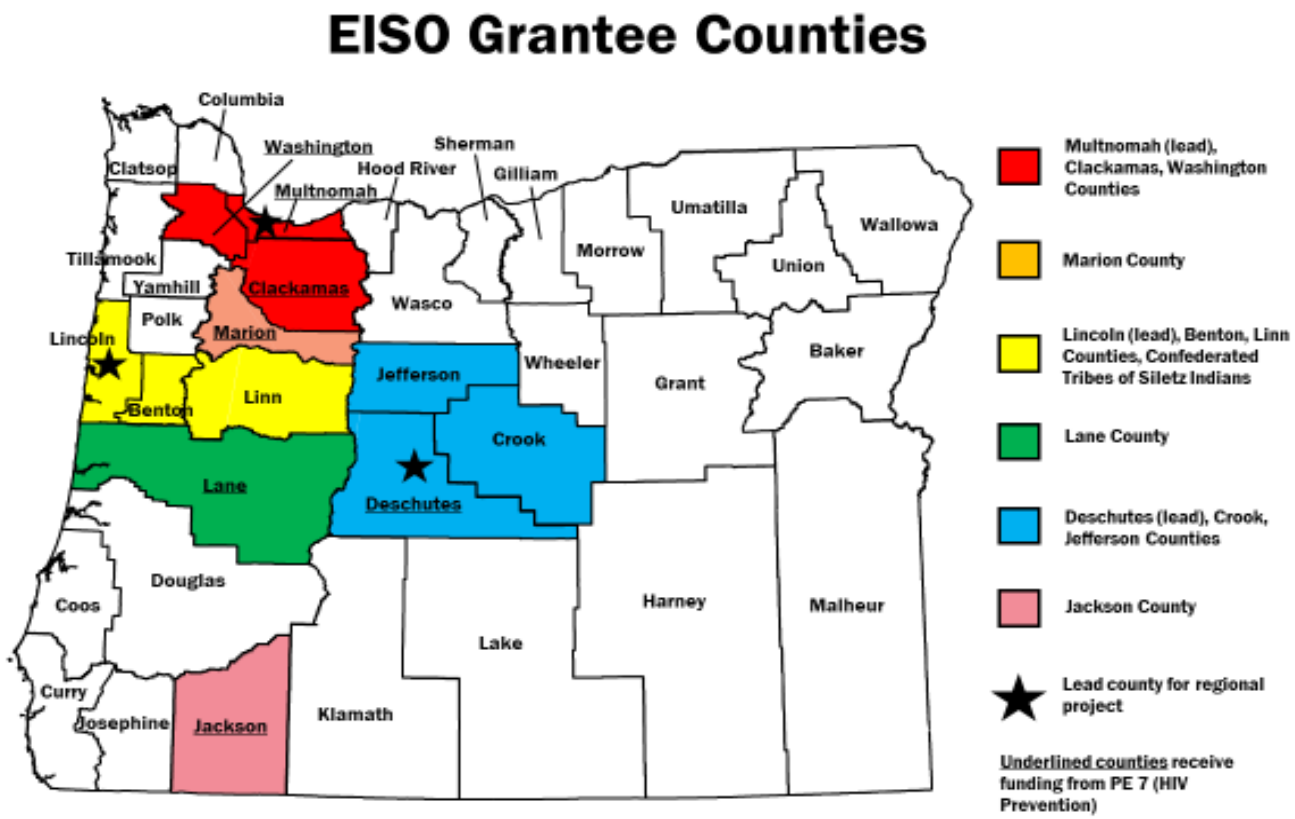
To eliminate new HIV infections through testing, prevention, treatment, and responding to end inequities

- **Short-term goals:**
  - Increased HIV and STI testing hours and locations
  - Expansion of HIV/STI partner services
- **Longer-term goals:**
  - Identification and treatment of HIV/STI cases
  - Development of community partnerships that are foundational to health equity

Oregon Intervention

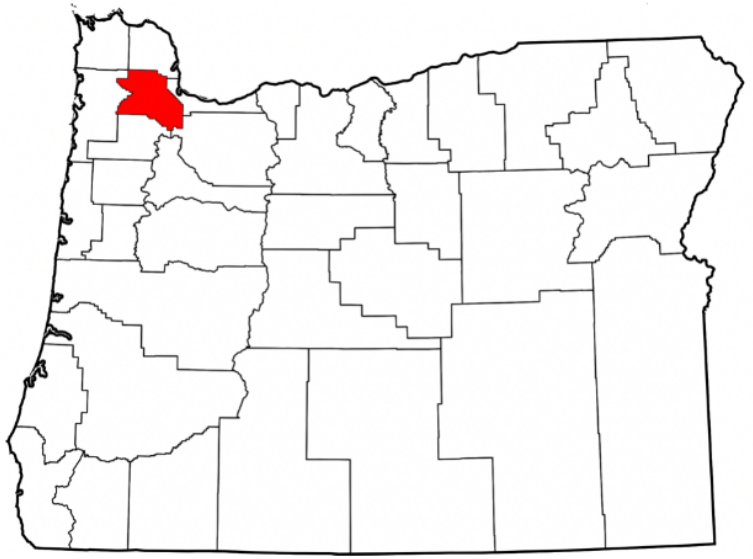
- The EISO intervention seeks to ensure persons with HIV and STIs in Oregon have access to high-quality care, free from stigma and discrimination
- Fills gaps in services and expands geographic coverage by building partnerships across sectors and within multiple communities
- User-focused outreach strategies target racial and ethnic minorities, sexual and gender diverse persons, people with a substance use disorder, and unstably housed persons
- Increase HIV and STI testing hours and locations and provide testing and harm reduction services
- Develop and distribute testing and linkage information for people with HIV/STI as well as those who tested negative

Grantee Locations

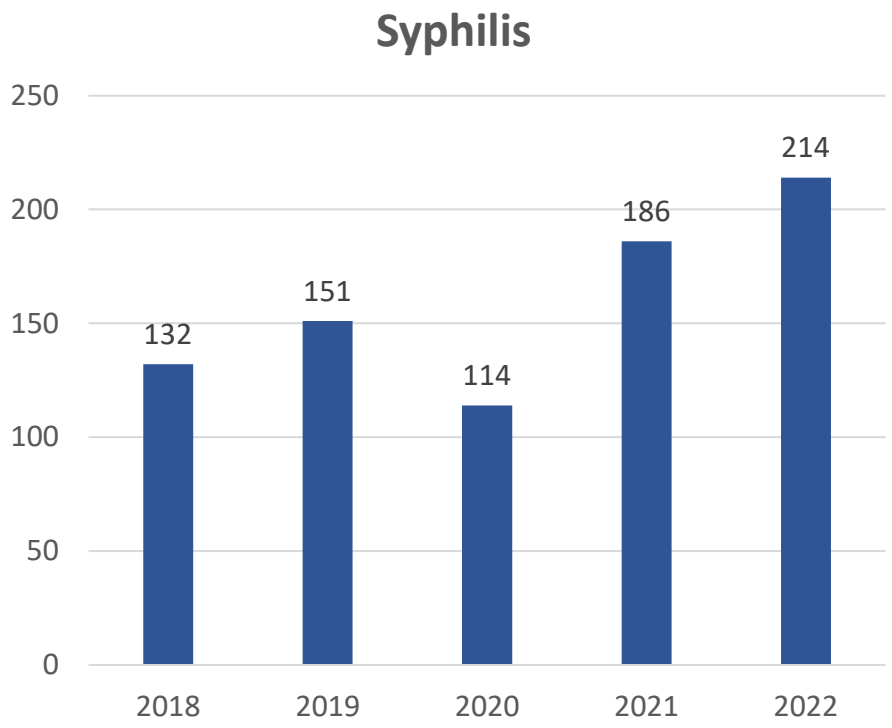


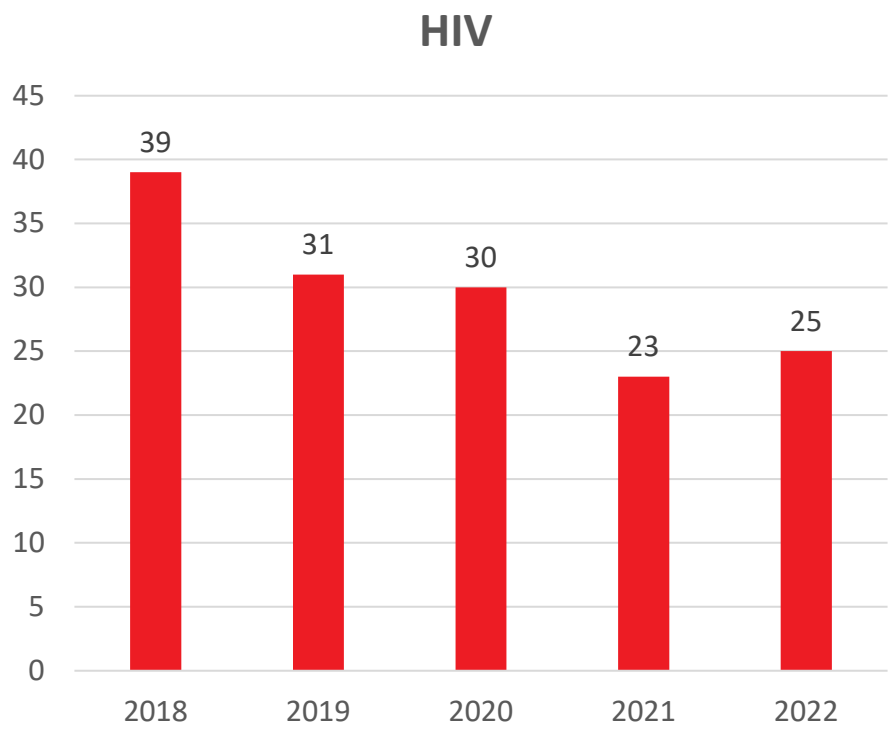
Washington County

- Located in the Portland Metro area
  - Suburban & rural
  - 726 sq miles
- Total Population: 600,811
- Demographics:
  - White: 78.6%
  - Hispanic/Latino: 17.6%
  - Asian: 12.2%
  - Black/African American: 2.7%



Syphilis and HIV Trends





- 2020 testing low due to COVID closures
- 2022 data through 11/14/22

HIV/STI Trends: Disparities

Increasing disparities in rates of HIV in Latinx Community (2016-2020)

- 37.6% of new HIV infections in Washington County among people who identify as Latino and comprise approximately 17% of the Washington County population
- 30% of the new HIV infections among the Latino population were diagnosed with AIDS at the time of their HIV diagnosis

Community Partnership Building

Familias en Acción

- Collaborated with community partner to develop a train-the-trainer sexual health curriculum designed for community health workers (CHWs), Me Cuido, Te Cuido
- The curriculum was deployed and continues to train CHWs in Washington County and across Oregon
- Participants reported they feel more prepared to discuss issues related to HIV with their clients
- Provides resources for CHWs to assist their clients with accessing testing services and HIV prevention resources

Community Partnership and Linkage to Care

Neighborhood Health Center & Partnership Project: Linkage to Care

- Collaboration formed between FQHC and HIV case management agency
- Provided opportunities for better connection to HIV treatment providers
- Embedded HIV case management staff within the clinic to enable better access for clients
- FQHC held appointment space for new HIV clients
- Opportunities for education and connecting new HIV treatment providers to the Oregon AIDS Education and Training Center

Community Partnership with Syringe Services

HIV Alliance

- Two mobile locations
- Services include:
  - Syringe disposal and distribution of safe injection supplies
  - Rapid HIV Testing & referrals to full panel STI testing
  - Risk reduction counseling & PrEP referrals
  - Substance use treatment & other service referrals

HIV/STI Testing Efforts

- HIV/STI High-Risk Clinic
  - Partner with Cascade AIDS Project
  - See clients most at risk for HIV infection
  - Can provide treatment for syphilis, chlamydia, and gonorrhea
- Syringe Exchange
- Outreach Events
  - Pride Events
  - National Transgender HIV Testing Day
  - National Latinx AIDS Awareness Day

Linkage to Care

Success Stories

- Syringe exchange: Positive HIV test
  - Referred into the high-risk clinic for STI testing and confirmatory HIV testing – tested positive for syphilis
  - Received syphilis treatment and were able to do follow up with other positive contacts
  - Referred to HIV case management agency and linked to care with an HIV treatment provider and is now virally suppressed
- High-Risk Clinic: Positive HIV and syphilis
  - Connected to HIV case management agency and linked to care within two weeks of initial HIV test and is now virally suppressed
  - Tested during our co-hMPXV/STI clinic and received first dose of hMPXV vaccine

Linkage to Care (con't)

Success Stories

- Established a partnership with the Washington County Jail medical staff
  - Inmates go through a medical screening at intake
    - If HIV positive, Nurse DIS determines if they are in care
    - If not in care, meets with Nurse DIS prior to release
    - Develop care plan upon release
- Has improved linkage to care for new and out of care HIV cases

Statewide Outcomes - Linkage to Care

- In 2021, 76% (132/174) were linked to care within 30 days or less
  - Increase from before EISO was funded - 66% linked ≤ 30 days in 2013-2017, 79% in 2019, and 86% in 2020.
- Median days to viral load suppression was 58 days (62 days in 2020)

Statewide Outcomes - Integrated Testing

- STI testing and treatment of those newly diagnosed with HIV:
  - 56% (98/174) were tested for other STIs
  - Among those tested:
    - 34% (33) positive for Syphilis
    - 32% (31) positive for Gonorrhea
  - 89% received partner services

Statewide Outcomes – HIV Testing of Those with Early Syphilis

- HIV/syphilis coinfection common: 18% (229) previously dx with HIV
- 48% (519/1,082) tested for HIV
  - Resulting in 12 new cases (2.3% positivity rate)
- 32% (341) of HIV-negative early syphilis cases offered PrEP referral

Statewide Outcomes - HIV Testing of Those with Rectal GC

- HIV/gonorrhea coinfection common 28% (184) previously dx with HIV
- 58% (280/483) tested for HIV
  - Resulting in 10 new cases (3.6% positivity rate)
- 25% (120) of HIV-negative rectal GC cases offered PrEP referral

Oregon Lessons Learned

- Challenging to offer support around community connections
- Implementation timelines varied among grantees, particularly those that did not have an HIV prevention program before implementation
- Resources and staffing challenges with regional approach
- Creating standards document for grantees along with frequent communications around workplans and technical assistance needs are important for success
- Local programs that made strong community connections had better linkage to care outcomes

Oregon Sustainability

- EISO leverages program income generated through 340B for focused EISO services - These enhanced services were built upon existing local and state prevention services
- Costs to build capacity and train staff were frontloaded into the first year of the project
- The state conducted a billing assessment to optimize how EISO services are billed to insurance
- EISO grantees submitted a Sustainability Plan in year 4 to help with planning the future of this work

Resources

Washington County Public Health STI Resources:
https://www.washingtoncountyor.gov/disease-control/sexually-transmitted-infections

End HIV Oregon:
https://www.endhivoregon.org/

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Participant Feedback

Please use the following link to give your feedback

https://www.surveymonkey.com/r/P6JJKFD

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

iHiP Contact Information

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