2022 NATIONAL HIV & HEPATITIS TECHNICAL ASSISTANCE MEETING

Improving comprehensive care and quality of life for people with HIV:

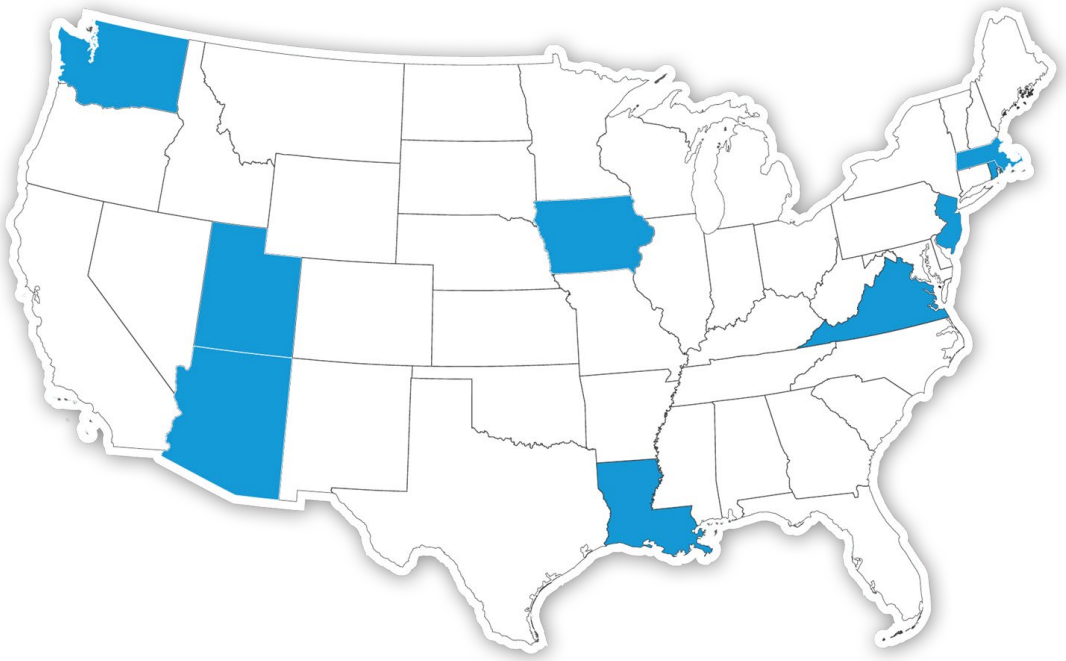
lessons learned from two projects coordinating care across HIV, HCV, and OUD

Agenda

- Strengthening Systems of Care for People with HIV and OUD Project Overview
  - Iowa project experience
  - Utah project experience
- Hepatitis C Elimination Among People Living with HIV, San Francisco Department of Public Health
- Q&A

STRENGTHENING SYSTEMS OF CARE FOR PEOPLE WITH HIV AND OPIOID USE DISORDER (SSC)

OVERVIEW



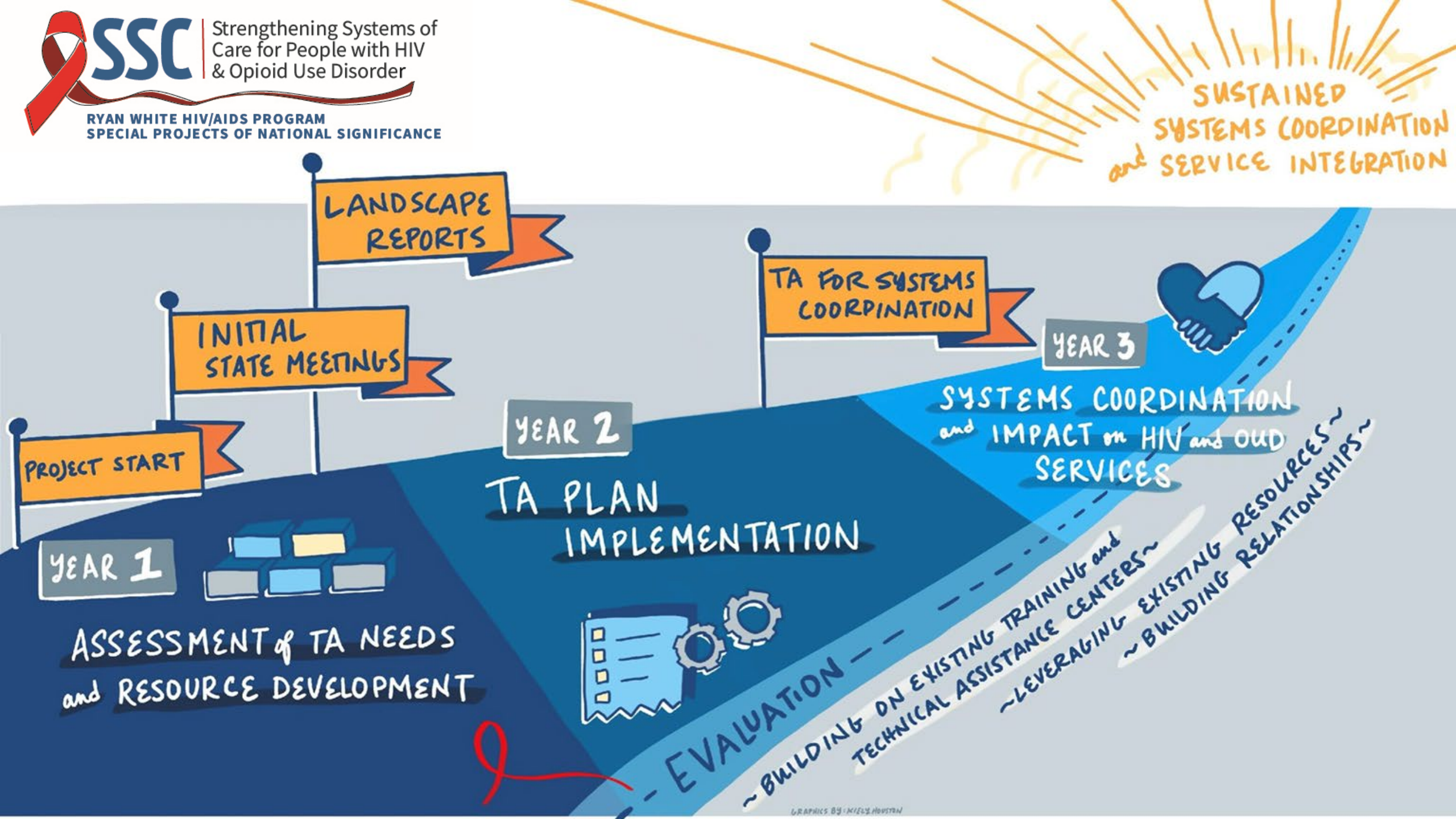
- Enhance system-level coordination and networks of care among Ryan White HIV/AIDS Program (RWHAP) recipients and other federal, state, and local entities
- Ensure that people with HIV and opioid use disorder (OUD) have access to care, treatment, and recovery services that are coordinated, client-centered, and culturally responsive
- Nine state partners
- Three-year project (2019-2022)

PROJECT APPROACH

- Engage stakeholders
- Provide tailored technical assistance
- Facilitate peer sharing across states
- Ensure data-informed decision-making
- Build capacity and systems with state partners to ensure sustainability
- Evaluate the impact of project activities
- Disseminate TA materials and lessons learned nationally

SSC | Strengthening Systems of Care for People with HIV & Opioid Use Disorder

RYAN WHITE HIV/AIDS PROGRAM
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

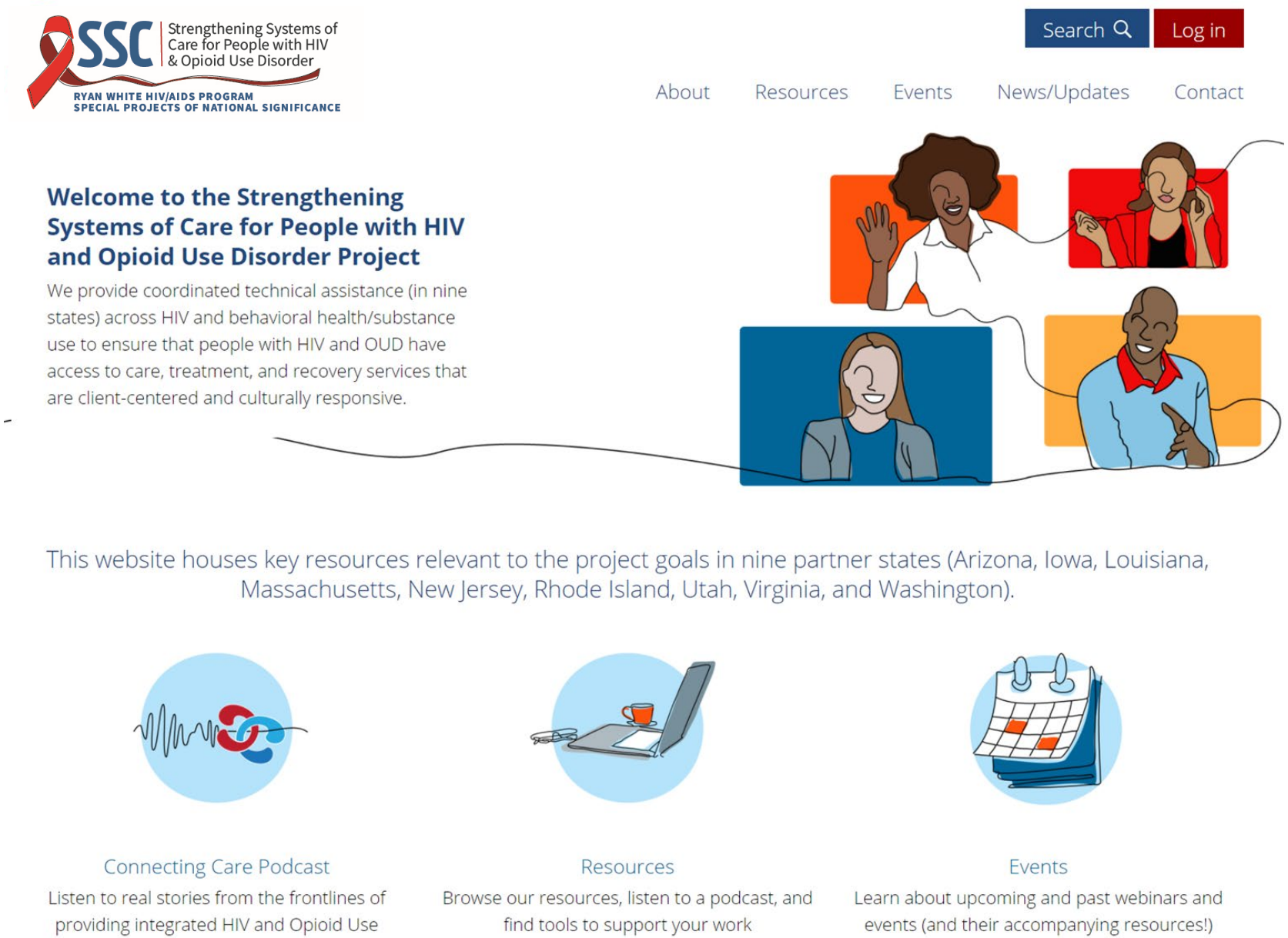


SSC TOOLS AND RESOURCES

WEBSITE

SSC.JSI.COM

- Launched January 2021
- Will be updated through February 2023

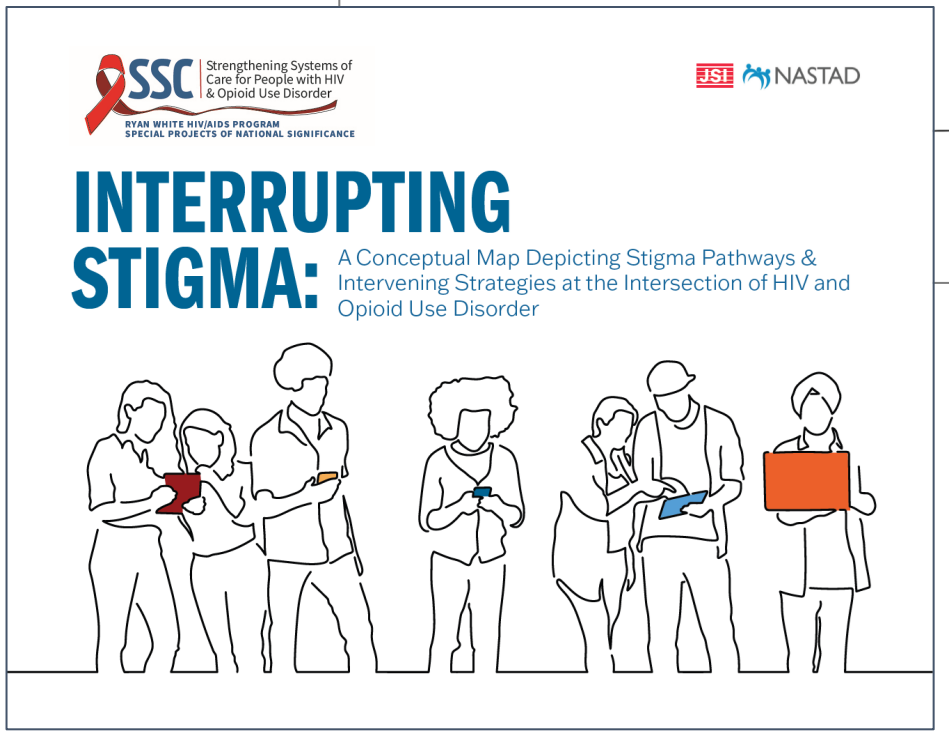


PODCAST

- Monthly podcasts
- Hosts are Boston Medical Center HIV and addiction specialists
- 18 episodes available!

RESOURCES

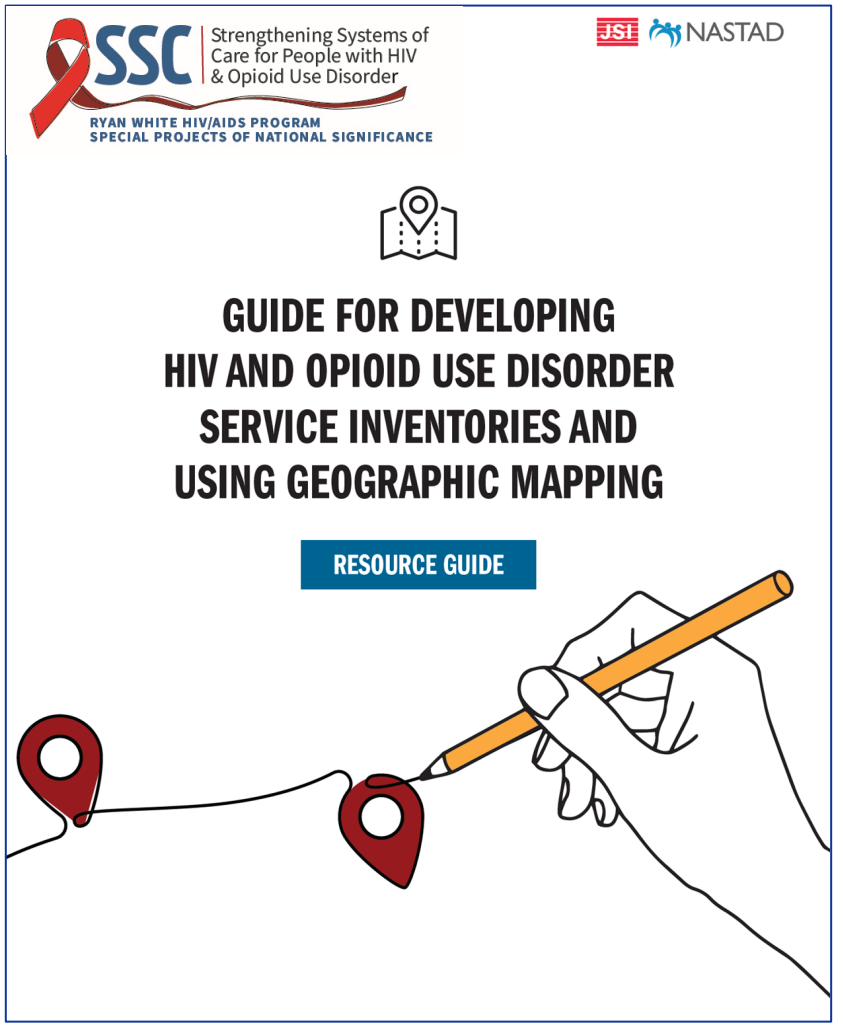
- Glossary of HIV and Opioid Use Disorder Service Systems Terms
- HIV and OUD Service and Funding Matrices
- Interrupting Stigma: A Conceptual Map Depicting Stigma Pathways and Intervening Strategies at the Intersection of HIV and Opioid Use Disorder
- Substance Use Screening Tools for HIV Service Delivery Settings
- Words Matter: The Power of Language to Strengthen Services for HIV and Substance Use Disorder



RESOURCES (continued)

- Guide for Developing HIV and Opioid Use Disorder Service Inventories and Using Geographic Mapping
- A Guide to Support Individuals with HIV/ Hepatitis C (HCV) in Substance Use Service Settings
- HIV and Opioid Use Disorder Systems Strengthening Toolbox

coming 2023!



STATE STRATEGIES IN ACTION SERIES

POLICY/REGULATORY FRAMEWORK

- Policy, Legislative and Regulatory Change to Support Comprehensive Care for People with HIV in Multiple Settings

FINANCE MECHANISMS

- Building Relationships with Your State Medicaid Agency to Support Peer Services

PARTNER ENGAGEMENT AND COLLABORATION

- Facilitating Equitable Partnerships with People with Lived Experience

SERVICE DELIVERY / WORKFORCE DEVELOPMENT / HEALTH EQUITY

- People First: Fostering Collaborative Language at the Intersections of HIV, Substance Use, and Incarceration
- HIV and Opioid Use Disorder Care Delivery in a Mobile Clinic Setting
- Workforce Development Strategies for HIV and Opioid Use Disorder Service Systems

DATA SHARING AND INTEGRATION

- Leveraging Data Partnerships to Improve HIV and Opioid Use Disorder Integration

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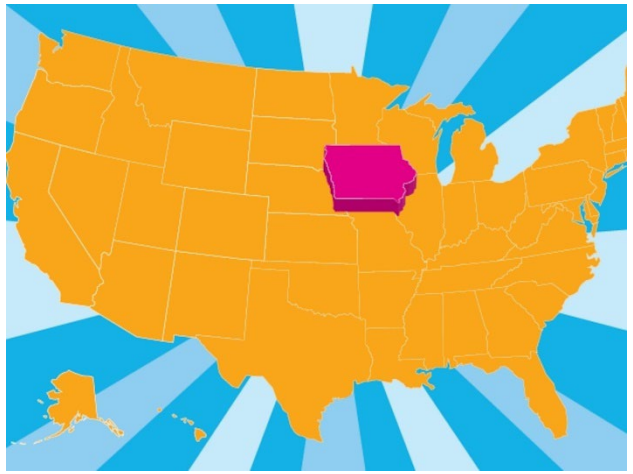
Strengthening System of Care for People with HIV & Opioid Use Disorder within the State of Iowa

Biz McChesney (She/Her)
HIV and Hepatitis Prevention Program Manager

Approach to cross-agency collaboration and coordination



Iowa Department of Public Health

Division of Behavioral Health

Bureau of Substance Abuse
(Single-State Authority)

- OD2A - **CDC**
- State Opioid Response (SOR) - **SAMHSA**
- **SAMHSA** MH/SU Block Grant *(MH in Department of Human Services)*
- State Funds
- Other discretionary funds

Bureau of HIV, STI, & Hepatitis

- Ryan White Part B (Base, ERF, Supplemental, Rebates) - **HRSA**
- HIV Prevention & Surveillance **- CDC**
- Viral Hepatitis Prevention, Surveillance & Component 3 **- CDC**
- STI Prevention, Surveillance, & Treatment - **CDC**
- State Funds

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Approach to cross-agency collaboration and coordination

- Increase knowledge and skills of HIV and SUD providers to provide integrated services.
- Use available funding that contributes to shared program goal (between HIV and SUD).
- Develop the internal infrastructure to support coordinated HIV and SUD care.

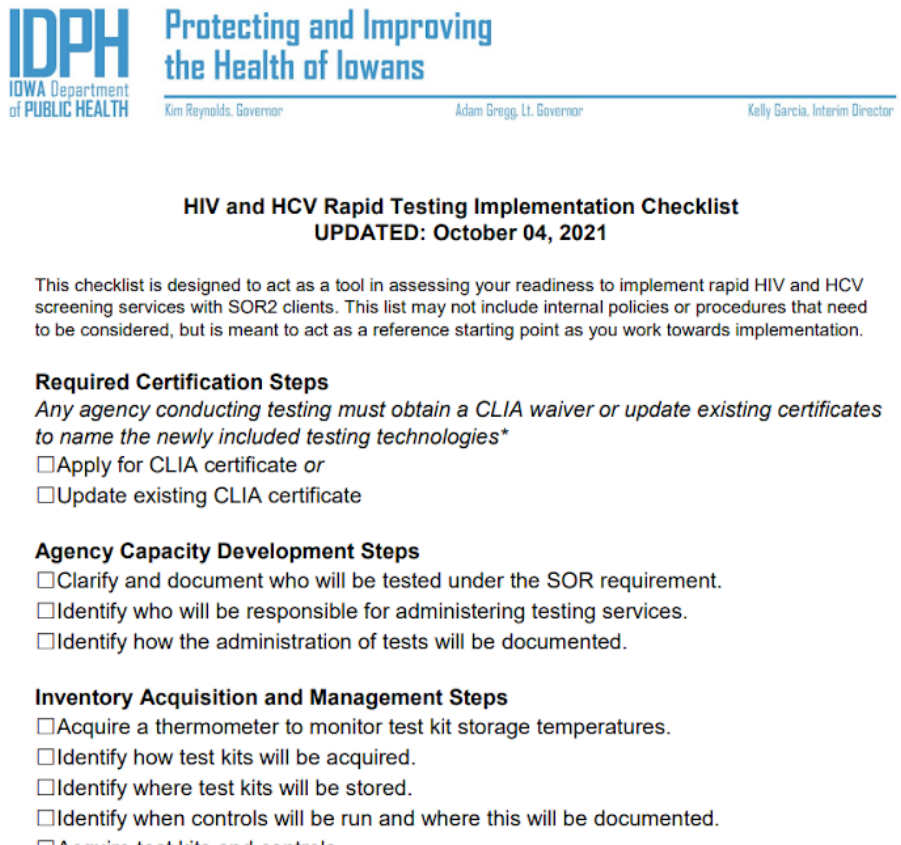
Increase knowledge and skills of HIV and SUD providers to provide integrated services.

- Assessment: Knowledge, Attitudes, and Practices (KAP) Survey
  - HIV prevention workforce
  - Ryan White/HIV care workforce
  - Peer Recovery Coaches at SUD treatment facilities
- Technical assistance and capacity building plan developed to address needs identified.
- Training developed and delivered
  - Harm reduction 101
  - Peer recover training related to infectious disease

Integrating Rapid HIV and HCV Testing in SOR Services

Organizational TA & capacity building

- Implementation Checklist
- Consent Guidance
- Training Videos
  - Testing Implementation
  - Rapid Testing Technology
  - Third Party Billing
- Additional Resources
  - Screening Guidelines Quick Reference
  - Additional Training Reference
- Individual Technical Assistance



IDPH IOWA Department of PUBLIC HEALTH

Protecting and Improving the Health of Iowans

Kim Reynolds, Governor | Adam Gregg, Lt. Governor | Kelly Garcia, Interim Director

HIV and HCV Rapid Testing Implementation Checklist
UPDATED: October 04, 2021

This checklist is designed to act as a tool in assessing your readiness to implement rapid HIV and HCV screening services with SOR2 clients. This list may not include internal policies or procedures that need to be considered, but is meant to act as a reference starting point as you work towards implementation.

Required Certification Steps
*Any agency conducting testing must obtain a CLIA waiver or update existing certificates to name the newly included testing technologies**
☐Apply for CLIA certificate *or*
☐Update existing CLIA certificate

Agency Capacity Development Steps
☐Clarify and document who will be tested under the SOR requirement.
☐Identify who will be responsible for administering testing services.
☐Identify how the administration of tests will be documented.

Inventory Acquisition and Management Steps
☐Acquire a thermometer to monitor test kit storage temperatures.
☐Identify how test kits will be acquired.
☐Identify where test kits will be stored.
☐Identify when controls will be run and where this will be documented.

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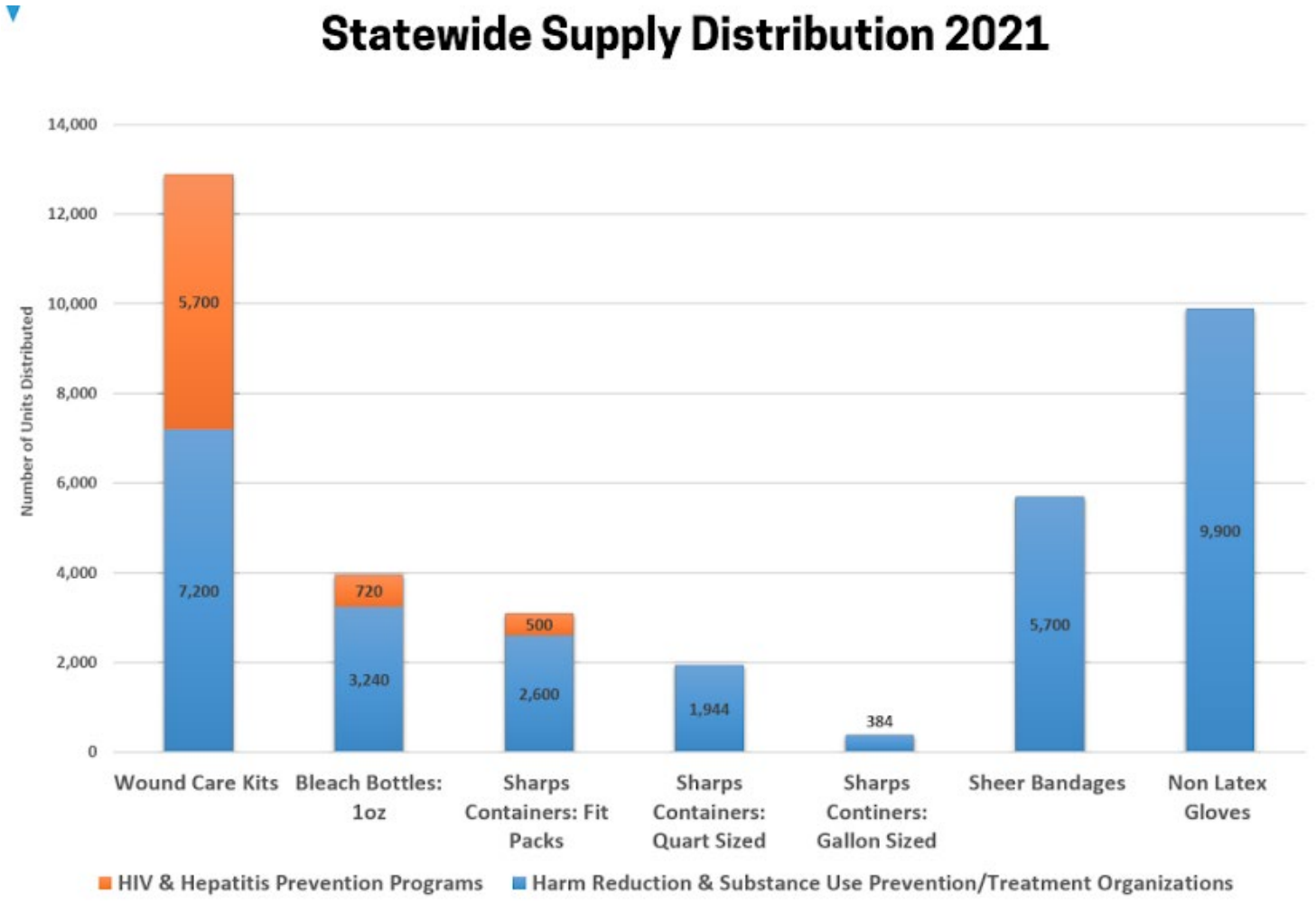
https://idph.iowa.gov/mat/provider

Prevention & Harm Reduction Supply Distribution

- Partnership between bureaus
- Provide free supplies to organizations delivering service people who inject drugs:
  - Community based harm reduction organizations
  - Substance use prevention and treatment agencies
  - HIV/HCV prevention and testing programs
  - Ryan White programs

[2021 Harm Reduction Distribution Fact Sheet]



Barriers and facilitators to systems-level change

Barriers

- Organization merge/re-structure
  - Department of Public Health and Department of Human Services
- Leadership turnover/buy-in
- Limited harm reduction services
  - SSPs illegal
- Limited data sharing/integration
- Siloed services
- Knowledge/confidence/turnover across workforce

Facilitators

- Systems Integration Coordinator (2017)
  - Shared staff member between Bureau of Substance Abuse & Bureau of HIV, STI, and Hepatitis – embedded in both bureaus
  - Serves as a liaison between bureaus and coordinates collaborative work
  - Identifies opportunities for collaboration and integration using a syndemic approach
- HIPWUD
  - Multi-sector advisory body for both bureaus

Lessons Learned

- Break down silos – learn differences in language, infrastructure, funding, etc.
- Dedicated staff is essential
- Leadership buy-in is important
- Formal workgroup and strategic plan
- Systems level/sustainable
- Relationships

Liz Sweet
Systems Integration Coordinator
Liz.Sweet@idph.iowa.gov

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Strengthening System of Care for People with HIV & Opioid Use Disorder within the State of Utah

Seyha Ros (She/Her)
Ryan White Part B Administrator

Approach to cross-agency collaboration and coordination

- **Identified project priorities and goals:**
  - Identify appropriate stakeholders within the OUD program and building rapport.
    - Solidify key players and point of contact
    - Continue the discussion through consistent meeting

- **Key activities:**
  - Created a vetted list of HIV resources that also include SUD services (Providers locator) https://hivandme.com/find-a-clinic/ and https://medicine.utah.edu/internal-medicine/infectious-diseases/uaetc/providers
  - Workgroup for Substance User Health (WISH) meeting held every two months

Barriers and facilitators to systems-level change

Barriers and anticipated challenges around sustainability:

- Commitment from stakeholders
  - Silo programs
  - Not enough buy in from each program
- Capacity building

What worked well to enable systems-level change:

- Consistent TA meeting from the NASTAD team
- Integrating goals into the getting to zero (GTZ) plan

Did you identify champions across HCV, HIV, OUD? How?

- Through the process we were able to identified key stakeholders within each of the area as part of the WISH meeting

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Lessons Learned

Major lessons learned:

- Focusing on changing policy and procedure to align with the goal.
- Identify ways on how to engage and get buy in from stakeholders

What is important for other jurisdictions to know when embarking on similar work?

- Include funding to support an FTE who will oversee the project within the three year time frame
- Work to identify a goal(s) within the different programs

What would you do differently knowing what you know now?

- Having one person who solely oversee and be the project manager

Contact Information

Seyha Ros

Ryan White Part B Administrator

Utah Department of Health and Human Services

Sros@Utah.gov

Developing New Partnerships to Eliminate Hepatis C Among People Living with HIV

Rachel Grinstein & Aminah Habib
Community Health Equity & Promotion
Applied Research, Community Epidemiology & Surveillance
San Francisco Department of Public Health

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

COMMUNITY HEALTH EQUITY & PROMOTION

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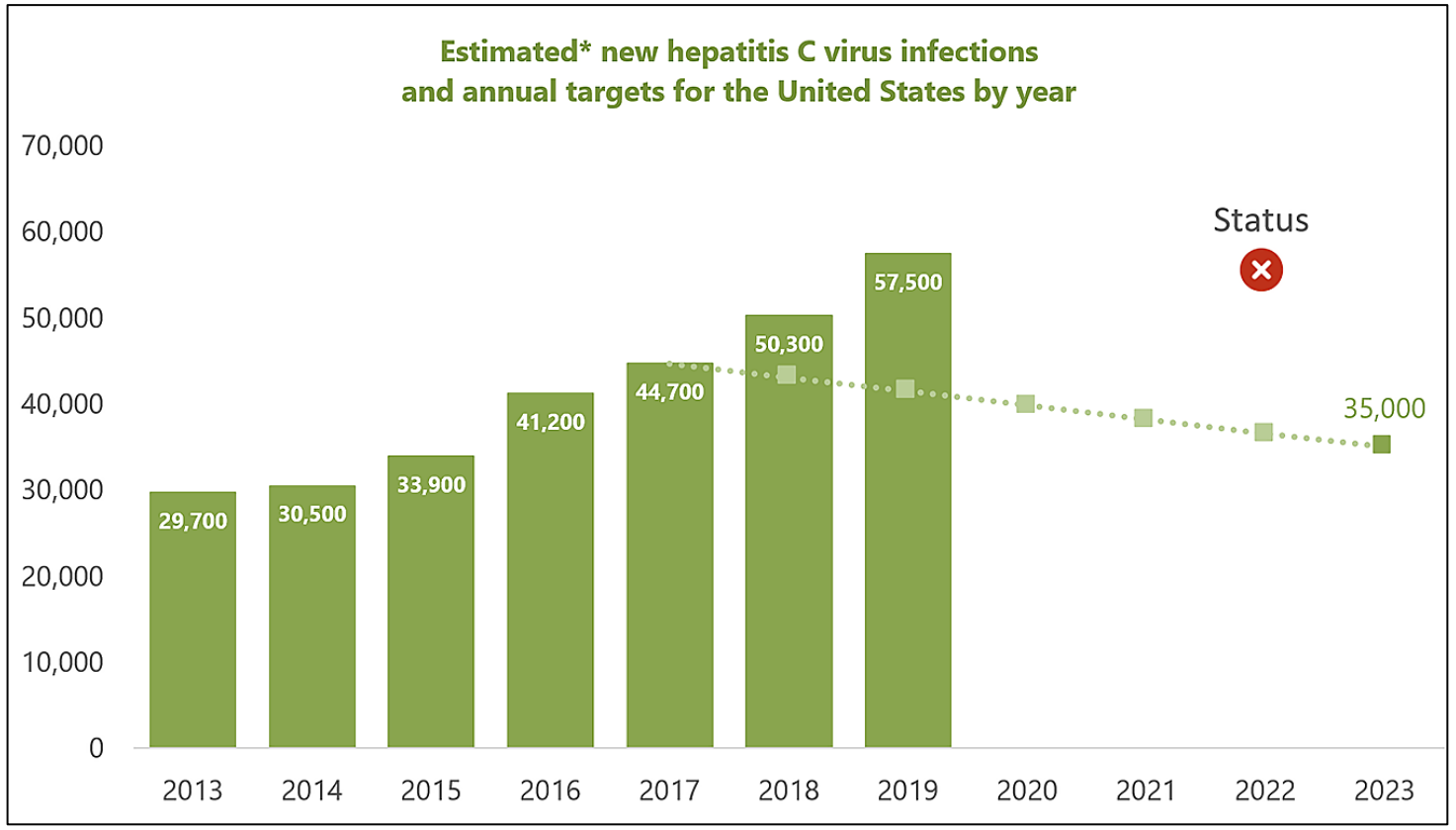
Hep C in the US

US is not on track to meet our goal to eliminate hep C by 2030

- 2.5 million people living with chronic hepatitis C in United States, as of 2020
- Acute infections increasing since 2013
  - 66,700 acute infections in 2020
- Treatments decreasing since 2015
  - Only 33% of insured patients start treatment within 1 year of diagnosis



Courtesy of CDC, National Notifiable Diseases Surveillance System
CDC Viral Hepatitis Surveillance Report – United States, 2019

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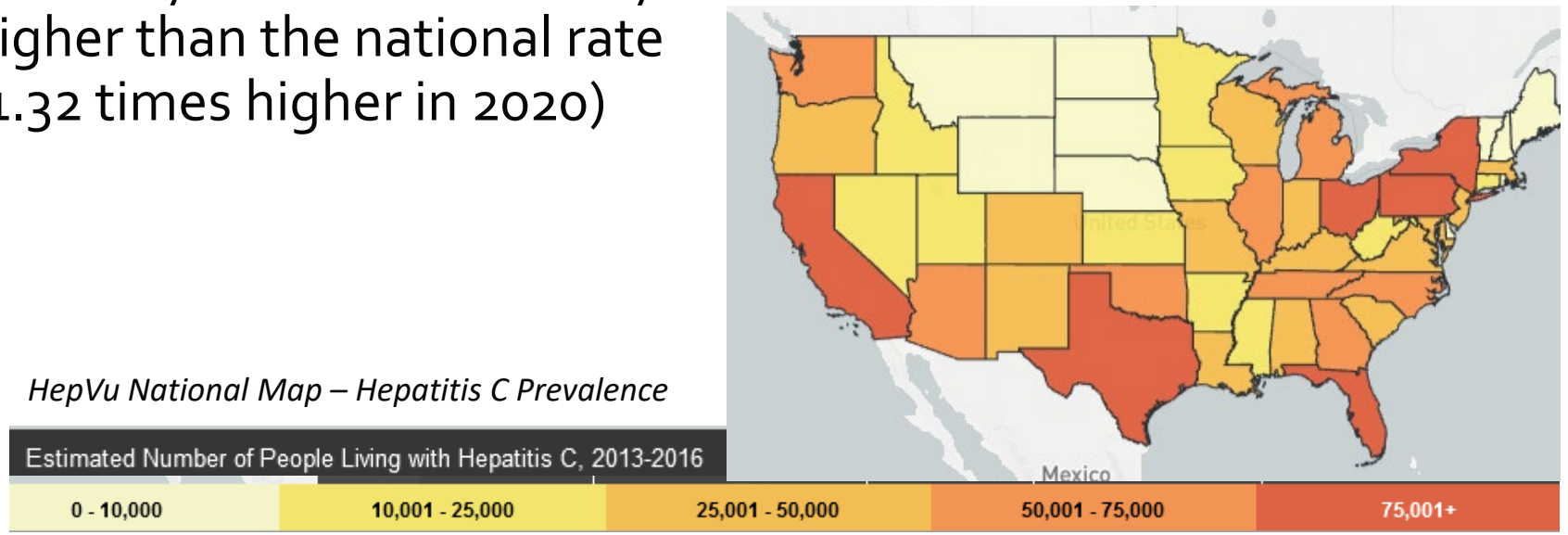
Hep C Locally

California

- 424,000 people with chronic hep C as of 2016, more cases than any other state
- California's HCV-related mortality rate is consistently higher than the national rate (1.32 times higher in 2020)

San Francisco

- Estimated 22,585 people in San Francisco with active or resolved HCV
- 11,582 (51%) people in San Francisco are still in need of HCV treatment



HepVu National Map – Hepatitis C Prevalence

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HIV/HCV Co-Infection

Why It Matters

- People living with HIV (PLWH) are 6 times more likely to be infected with hepatitis C (HCV) than others and are more likely to be reinfected
- Although new HIV cases are declining in CA, **HCV cases are increasing**
- Higher risk of sexual transmission of HCV if HIV+
- Risk of **perinatal transmission of HCV nearly doubles** if birth parent is HIV+
- More severe health problems for coinfected people vs HCV+ only
  - Accelerated rate of fibrosis (12-16 years earlier)
  - At least **3x more likely to develop cirrhosis** or liver decompensation
  - Higher rate of liver-related mortality
  - Less access to life-saving liver transplants

Hepatitis C is Easily Cured!

- Short treatment regimen (8-12 weeks)
- Minimal side effects
- 95-98% cure rates, comparable to monoinfection
- Typically able to treat with same TX regimen as monoinfection
- HCV treatment can help with HIV medication adherence
- Treatment is covered by Medicaid, MediCare & most private insurances
- State Medicaid restrictions continue to loosen
  - Visit StateofHepC.org for details on your state

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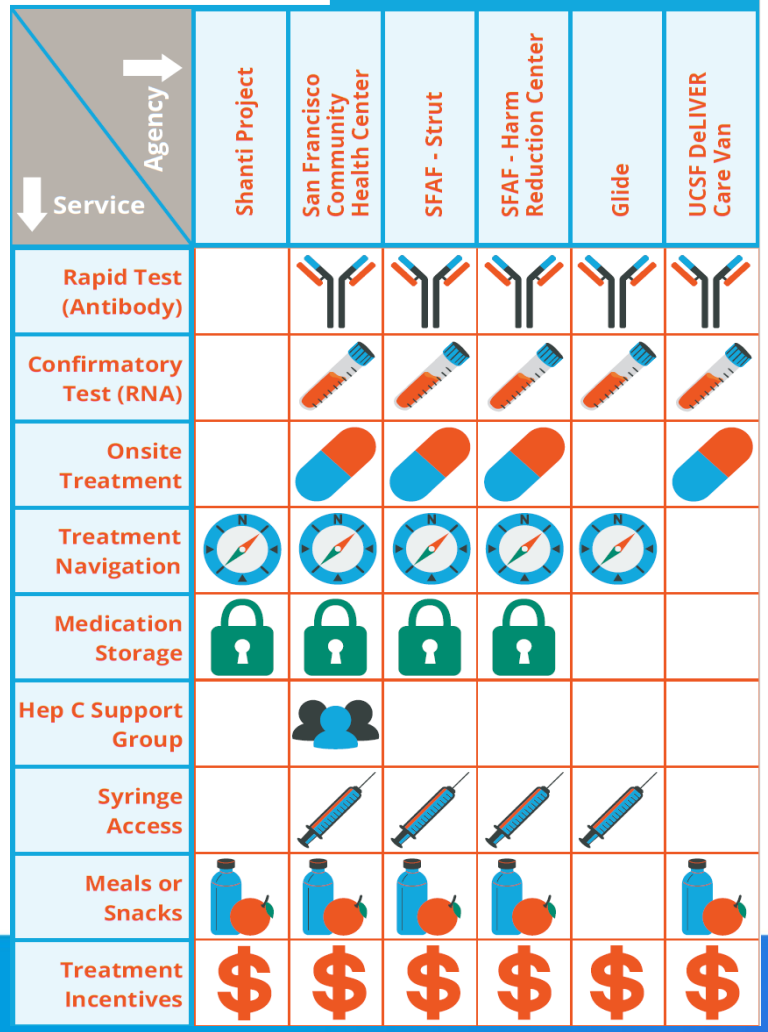
Hep C Treatment in San Francisco

END HEP C SF

Have you tested positive for hepatitis C or need treatment? Get connected to services quickly and easily at one of these community organizations!



- No prior authorizations needed under Medi-Cal Rx
- No sobriety or fibrosis requirements
- Can receive treatment through Primary Care
- Multiple CBOs offer incentivized, low-threshold treatment and care navigation
  - SAS / Harm reduction centers
  - Mobile treatment (street, methadone programs, shelters, navigation centers)
  - Drop-in clinics

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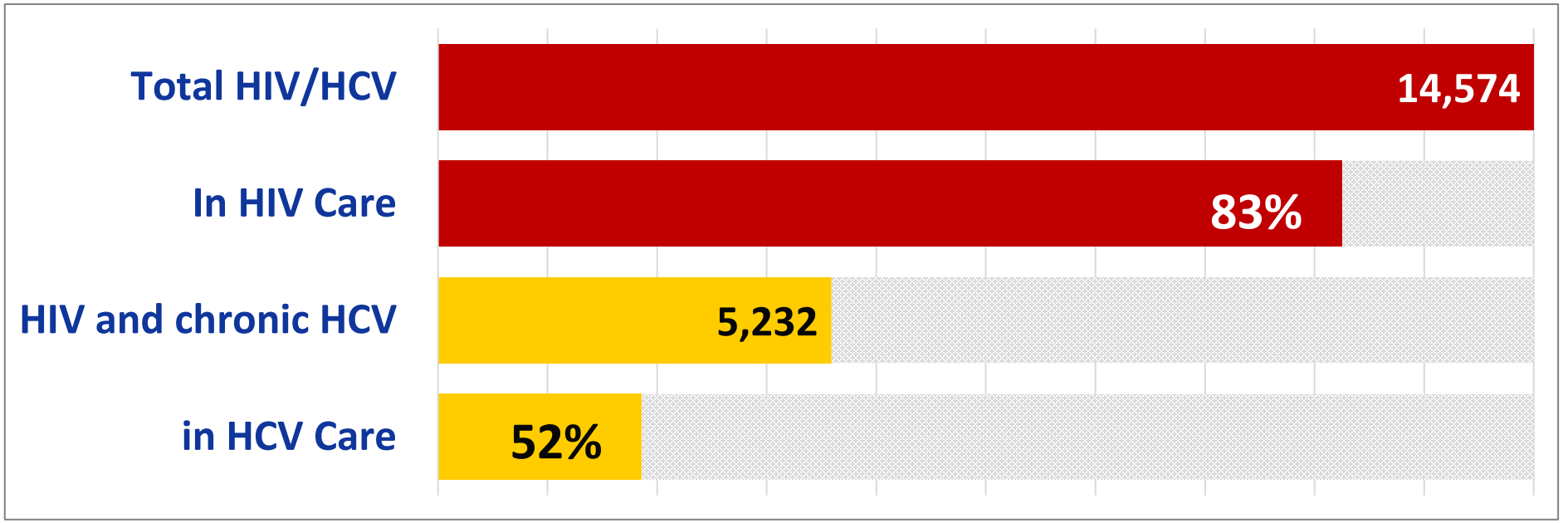
Hep C Treatment in California

Of the 5,232 people in CA who are known to be coinfected with HIV and HCV, **only 52% are receiving treatment for HCV**

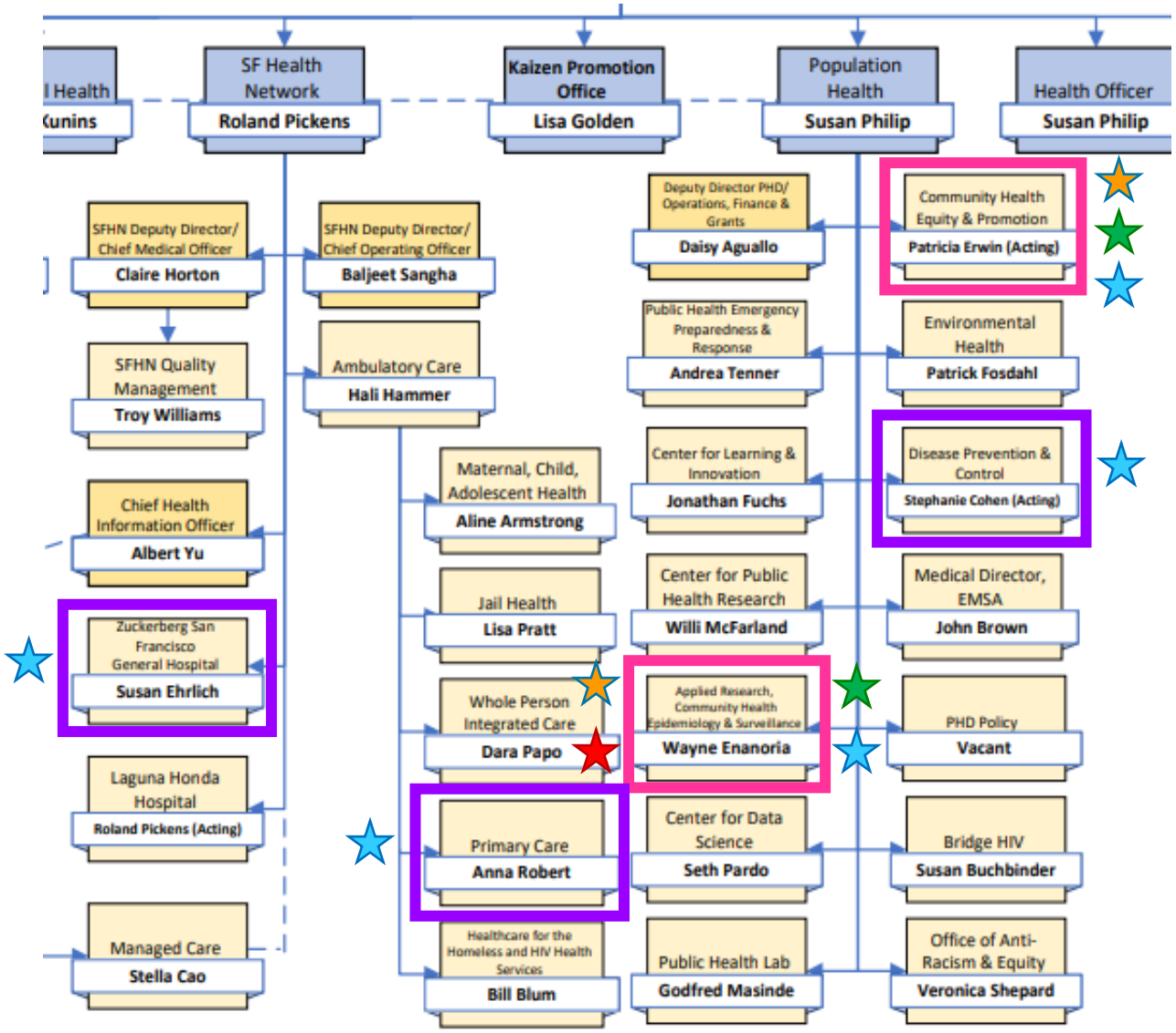


Courtesy of L. Stockman, California Department of Public Health
Office of Viral Hepatitis Prevention

Micro-Elimination Program Goals

- **Identify** priority patients who are coinfected with HIV & HCV
- **Collect** accurate, up-to-date information on patients' HCV status and treatment progress, demographics and risk factors
- **Link** interested patients to HCV navigation and treatment
- **Strengthen** relationships and share resources with local providers and community partners

Collaborative Process



Program Development

- HCV Surveillance
- HIV Surveillance
- HCV Community
- Maven Information Systems

Data Matching & Analysis

- HCV Surveillance
- HIV Surveillance

Program Implementation

- HCV Surveillance
- HCV Community

Advisory Support

- LINCS
- HCV Champion Providers
- Community Liaisons
- Community Partners

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Helpful Partnerships

HCV Champion Providers

- Review of Data Collection Form & Process
- Connections to Providers
- Care Coordination Meeting Participation

HIV Surveillance team

- MOU for internal data sharing

LINCS (SFDPH HIV Navigation Program)

- Guidance on Standard Works, Process, Shared Template Documents
- Example Model

California Department of Public Health

- Funding for Program Coordinator
- Data-to-Care List

Community Organizations

- Guidance on Linkage Process
- Care Coordination Meeting Participation

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Identifying Priority Patients

Internal Database Match – San Francisco Coinfected List

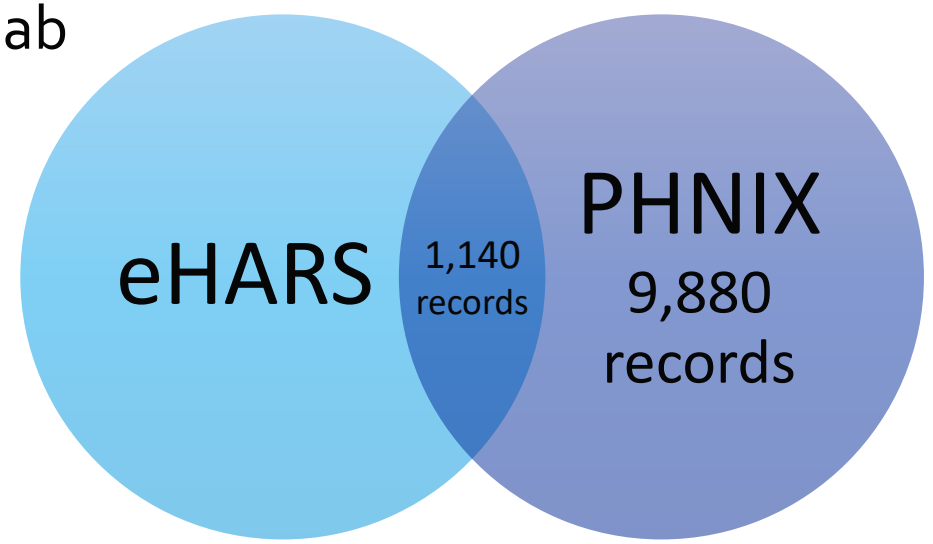
One-time match conducted in Fall 2021

SFDPH Hepatitis C Surveillance Registry (Maven)

- SFDPH ARCHES database for all HCV electronic lab records
- Review of all HCV labs, 2018-2021
- 9,880 HCV records included (living only)

CDPH HIV Surveillance Registry (eHARS)

- CDPH database for all HIV electronic lab records
- Compared with records found in PHNIX
- 1,140 HIV records matched to HCV records



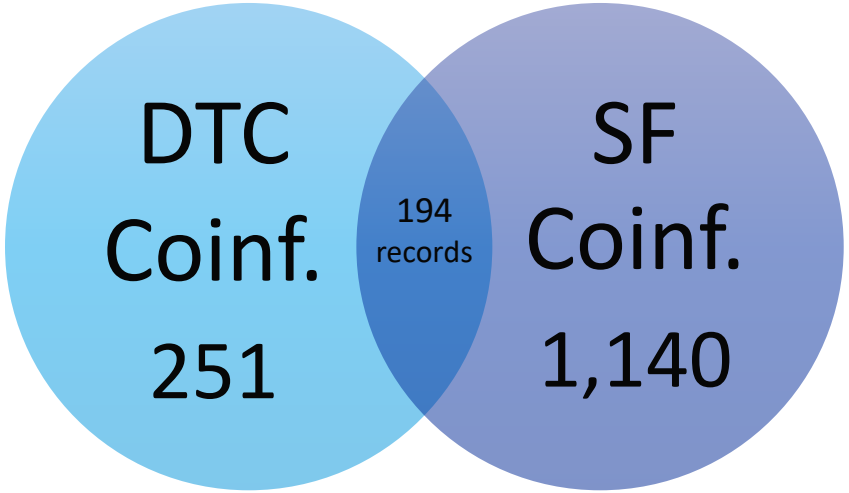
Identifying Priority Patients

External Database Match – Data to Care (DTC) List

Ongoing match, conducted monthly, sent by CDPH Office of AIDS

CDPH HIV Surveillance Registry (eHARS)

- CDPH database for all HIV electronic lab records
- Review of all HIV labs from past 36 months
- 12,199 records (living only) – Nov 2021



CDPH Hepatitis C Surveillance Registry (CalREDIE)

- CDPH database for all HCV electronic lab records
- Compared lab data from past 36 months to eHARS data
- 251 records matched to eHARS records
- 57 of these not included in internal data match

Identifying Priority Patients

Priority Level Definitions

Low Priority:

Patient has at least one negative HCV RNA test on record *or* indication of a resolved HCV infection in Epic provider notes

Medium Priority:

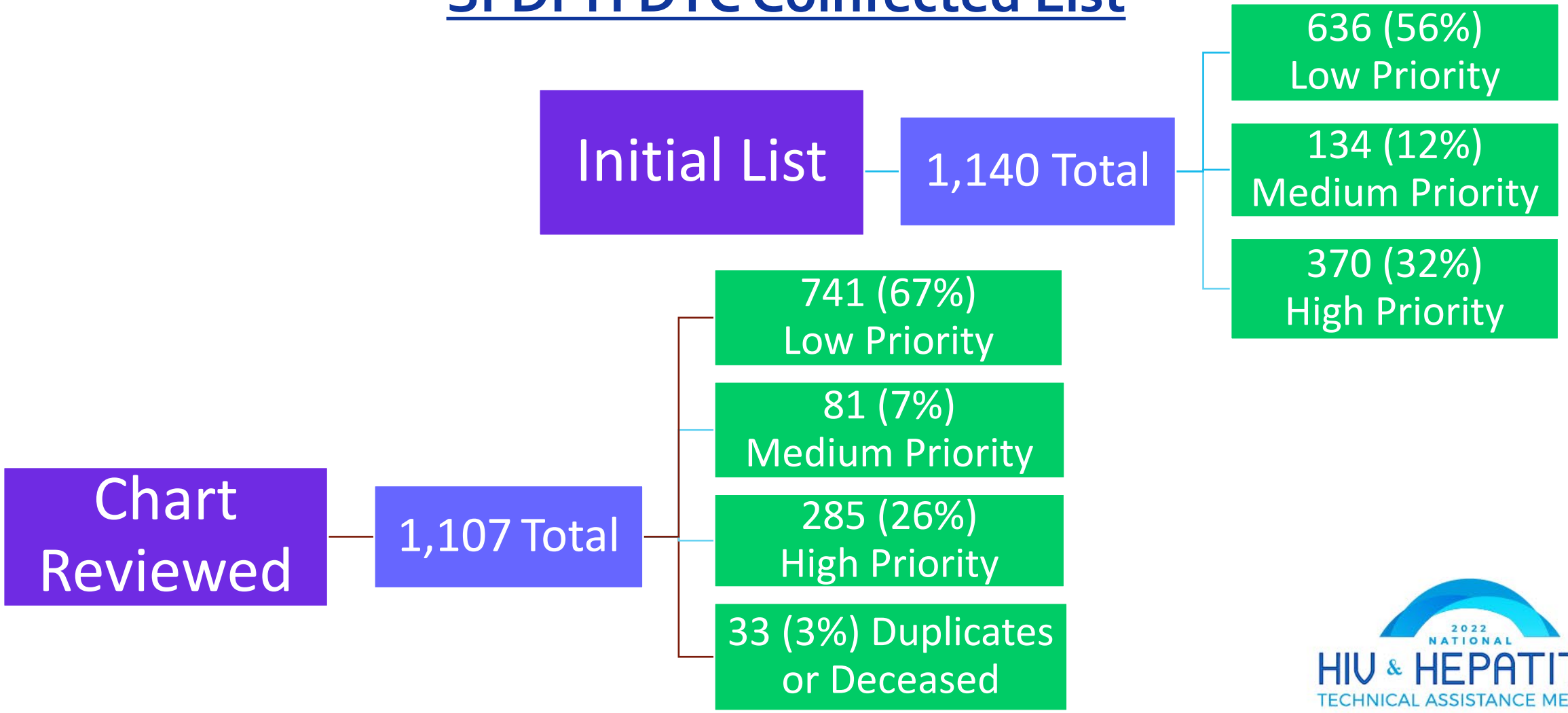
Patient has a reactive HCV Ab test result and does not have an HCV RNA test on record

High Priority:

Patient's most recent HCV RNA test result is detectable / positive

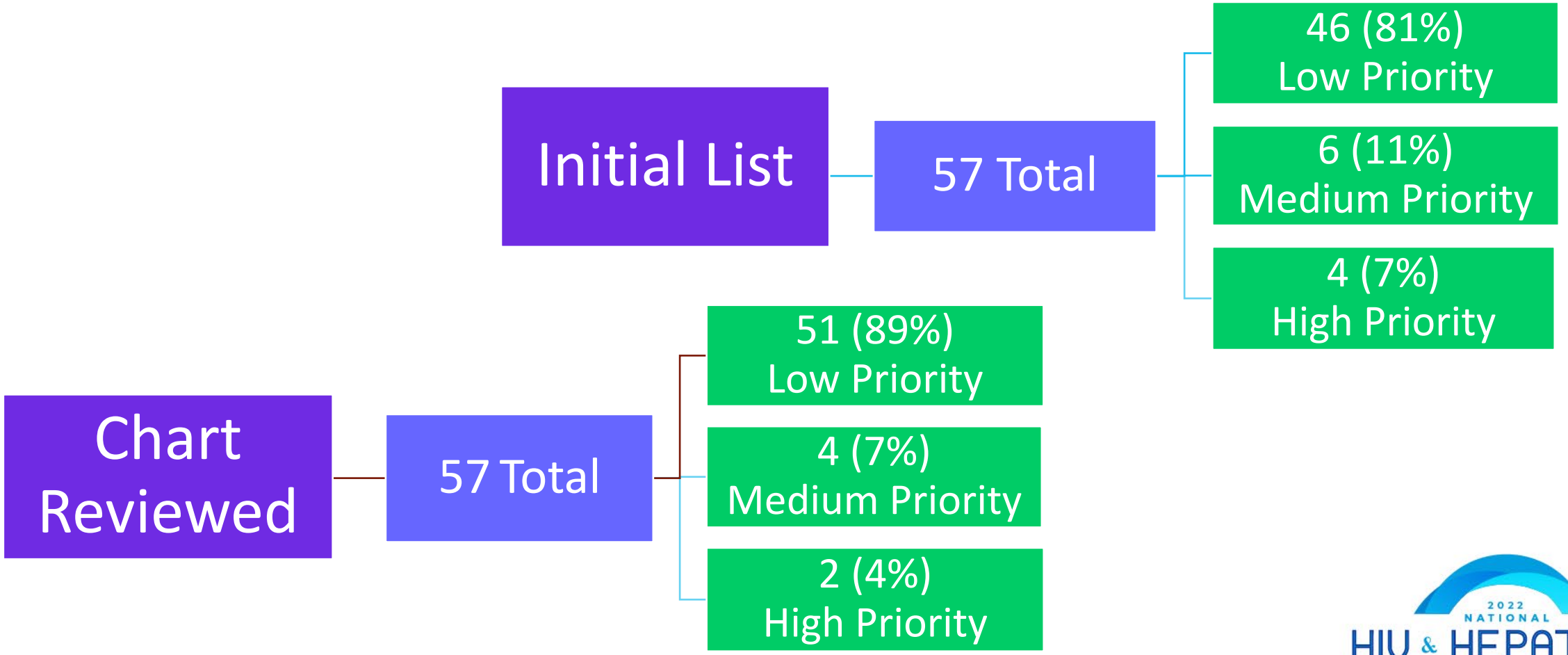
Identifying Priority Patients

SFDPH DTC Coinfected List



Identifying Priority Patients

CDPH DTC Coinfected List



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Data Collection

Data compiled from Epic EMR chart reviews, PHNIX ELR data and questionnaires to providers and patients

Collected:

- Basic Patient Information
- Contact Information
- Demographics
- HCV Information
  - Testing
  - Treatment
- Hepatitis Vaccine History
- Pregnancy Information*
- Risk Factors*

* Not asked of providers

Data Collection Form for Providers – Sent to *Insert Provider Name*

Instructions: Please fill in the information below for requested patient, confirm that pre-filled information is correct, and update if needed. Feel free to contact us directly with any questions or concerns.

Patient Information
First Name: Click to enter text **Middle Initial:** Enter text **Last Name:** Click to enter text
MRN: Click to enter text **Date of Birth:** Click to enter date

Contact Information
Street Address: Click to enter text City: Click to enter text Zip: Enter text
Phone Number 1: Click to enter text Phone Number 2 *(optional)*: Click to enter text
Email: Click to enter text

General Information
Current Gender Identity: Select One Insurance Status: Select One
Sexual Orientation: Select One Are you the primary care provider? Select One
Current Housing Status: Select One

Hepatitis C Testing Information
Has the patient received an HCV RNA/NAT test? Select One

If yes:
Date of Most Recent RNA Test: Select Date Were results disclosed? Select One
Result of RNA Test: Select One

Hepatitis C Treatment Information
Skip to Hepatitis Vaccines section if patient did not receive HCV RNA/NAT test

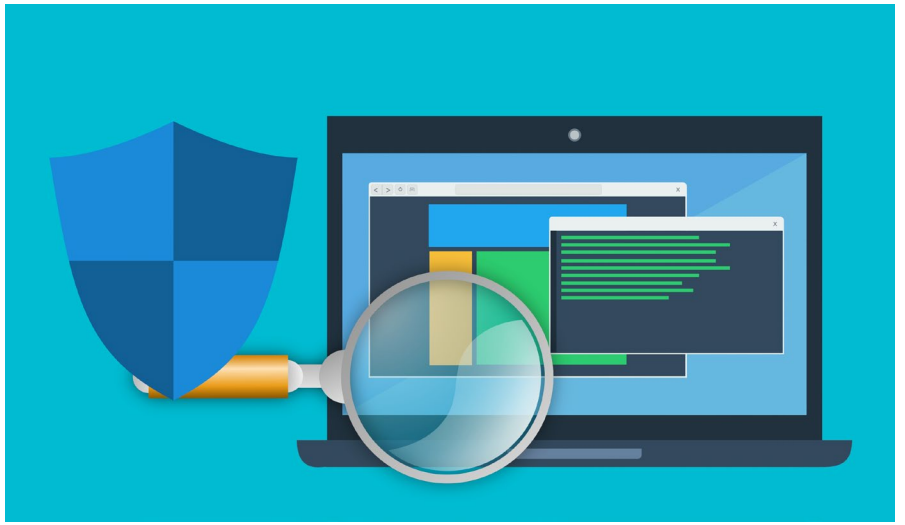
Patient Started HCV Treatment? Select One Patient Achieved SVR? Select One
Treatment Start Date: Select Date Date of SVR: Select Date

Hepatitis Vaccines
Was patient vaccinated for hepatitis A? Select One Was patient vaccinated for hepatitis B? Select One
If no, why were they not vaccinated: Select One If no, why were they not vaccinated: Select One
If Other reason, specify: Enter text If Other reason, specify: Enter Text

Notes: Click or tap here to enter text.

Outreach to Providers

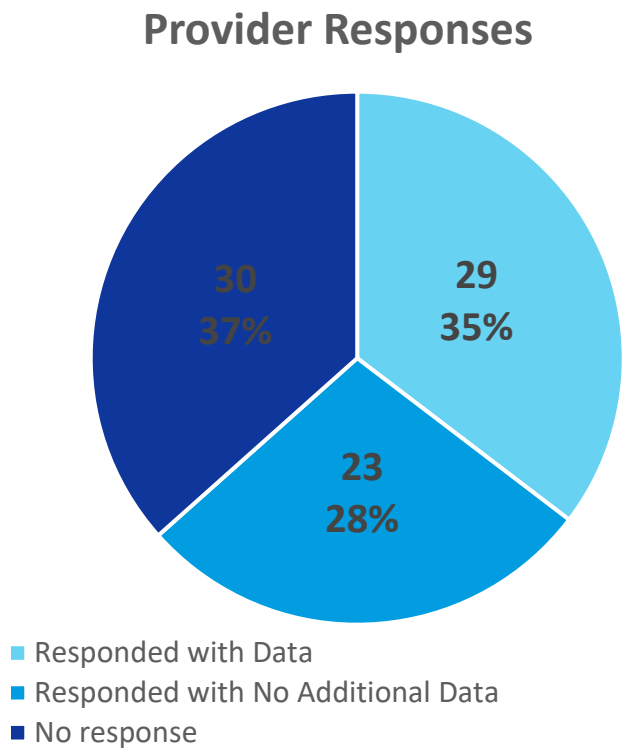
- Organized patients by Med Home
  - By assignment in Epic or ordering provider affiliation
- Outreach organized by clinic
- Initial outreach to 11 clinics / 200 patients (medium & high priority only)
- Two-Step Provider Outreach
  - Contacted HCV Champion or clinic liaison
  - Partially completed data forms sent to individual providers or to one point person



Outreach to Providers

Preliminary Results

- Of 81 providers, about a third of them have responded with data (regarding 74 of 200 patients)
- Providers updated information on:
  - RNA test dates and results – 16.2%
  - Treatment initiation status – 18.9%
  - Treatment completion status – 17.6%
- Updated patient status
  - 11 patients successfully treated
  - 13 patients not interested in treatment at this time
  - 5 patients cleared infection
  - 4 patients are OOJ or deceased



Outreach to Patients

- Contact patients if
  - Unable to gather information from provider
  - No record of successful treatment
- Patients to contact after initial provider outreach:
  - 24 patients confirmed by providers
  - 15 patients due to lack of response from providers
- Attempt outreach by phone, text, email, letter
- $20 gift card for completing HCV questionnaire
- Linkage to care
  - Referrals to clinic- and community-based treatment
  - Warm hand-offs to partner CBOs' HCV navigators (in-person or by phone)

Lessons Learned

Challenges	Solutions
Cross-departmental collaboration ▪ Restrictions on access to HIV data ▪ Competing priorities / overlap of services	▪ Internal MOU between HIV & HCV surveillance teams ▪ Created position within ARCHES specific to project ▪ Adjusted SOW to accommodate existing program's structure & goals
Length of Data Collection Form ▪ Incomplete forms and no responses ▪ Feedback from provider advisory committee	▪ Review conducted by advisory providers ▪ Reduced questions asked from 64 to 30
Contacting clinics and providers ▪ Less information available for out-of-network patients and providers ▪ Frequently no clinic liaison known	▪ Updated info from ordering providers ▪ Assistance from HCV champion or nurse manager ▪ Connections from other departments (LINCS)
Contacting patients ▪ Inaccurate or out-of-service phone numbers ▪ Lack of contact information	▪ Care Coordination Meetings • Connects CBOs with providers • CBOs may be in contact with patients

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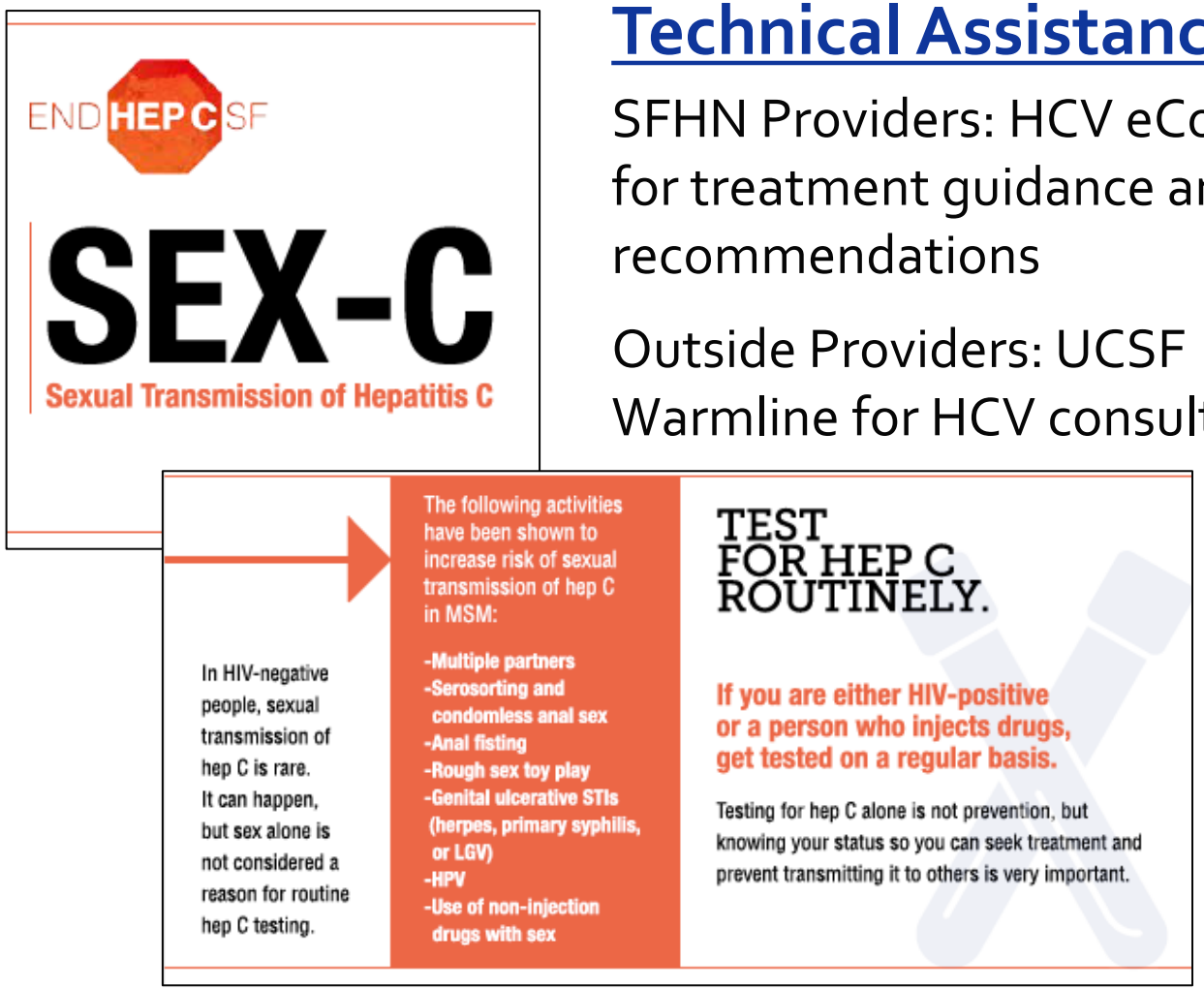
Support for Providers



Technical Assistance

SFHN Providers: HCV eConsult for treatment guidance and recommendations

Outside Providers: UCSF Warmline for HCV consultation

Patient Incentives

$10 gift cards for treatment milestones (SFHN only)

Navigation Services

Connection to partnering HCV Navigation programs

Outreach to patients on behalf of provider

Care Coordination meetings

Educational Materials

Handouts, posters & brochures for patients

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Support for Patients

Incentive Gift Cards

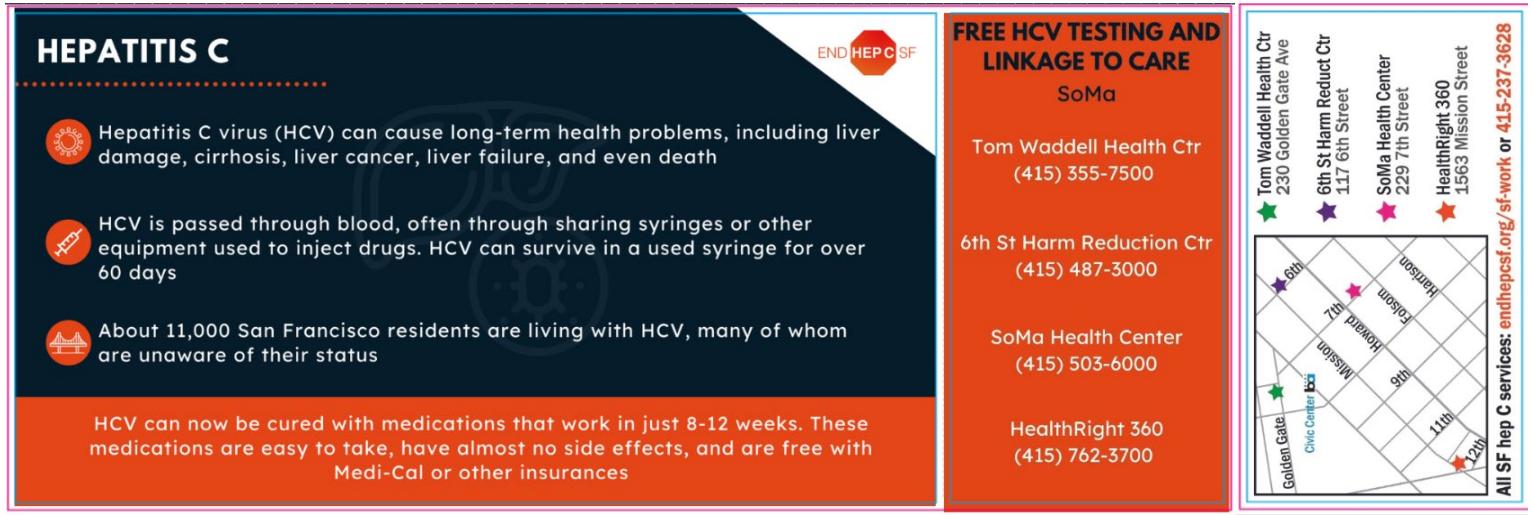
$20 gift card for completing phone interview / data collection

$10 gift card for meeting with community partner for HCV treatment or navigation

Navigation Services:

Warm hand-offs to community-based HCV navigation and treatment programs

Referrals to clinics and other services



Educational Materials:

Handouts and brochures that can be distributed to patients

2022 NATIONAL HIV & HEPATITIS TECHNICAL ASSISTANCE MEETING

Thank You!

Community Health Equity & Promotions (CHEP)

Katie Burk
Rachel Grinstein
Hanna Hjord
Tracey Packer

Advisors

Erin Antunez
David English
Midori Hiyagon
Annie Luetkemeyer
Jennifer Price

Applied Research, Community Health Epidemiology & Surveillance (ARCHES)

Wayne Enanoria
Aminah Habib
Ling Hsu
Angela Liu
Amy Nishimura
Linda Phan
Sharon Pipkin
Chris Toomey

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San Francisco Department of Public Health

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Questions?

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2022 NATIONAL HIV & HEPATITIS TECHNICAL ASSISTANCE MEETING

Q&A