

2014 Federal Recommendations for HIV Prevention Services for Persons with HIV: Promoting Synergies Between Clinicians, CBOs, and Health Departments

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International Conference on HIV Treatment and Prevention Adherence

June 8-10, 2014 in Miami, FL

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention



Acknowledgements

CDC:

Elin Begley, MPH

Sam Dooley, MD

Gema Dumitru, MD, MPH

Lytt Gardner, PhD

Kathleen Green, PhD

Kathleen Irwin, MD, MPH

Priya Jakhmola, MS, MBA

HRSA:

Anna Huang, MD

CDC/HRSA HIV Prevention with Persons with HIV Workgroup

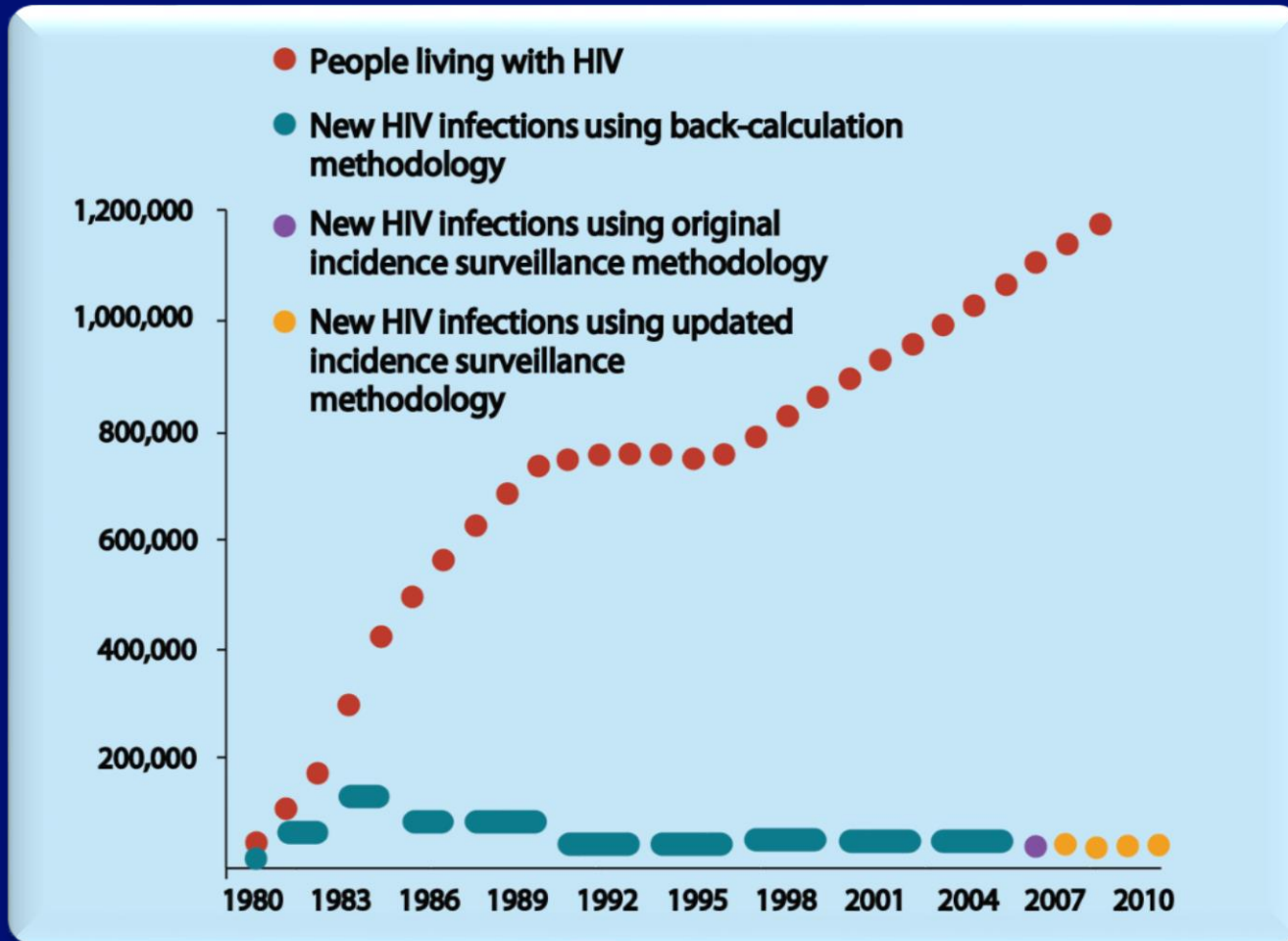
Disclaimers and Declaration of Interest

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Health Resources and Services Administration.

Overview

- **Growing burden of HIV disease in the United States**
- **Forthcoming federal recommendations for prevention with persons with HIV that consolidate many effective interventions which can lower this burden**
- **Models of cross-sector collaboration between health facilities, community-based organizations (CBOs), and health departments (HD) to implement these recommendations**
- **Funding and reimbursement strategies to help promote cross-sector collaboration**

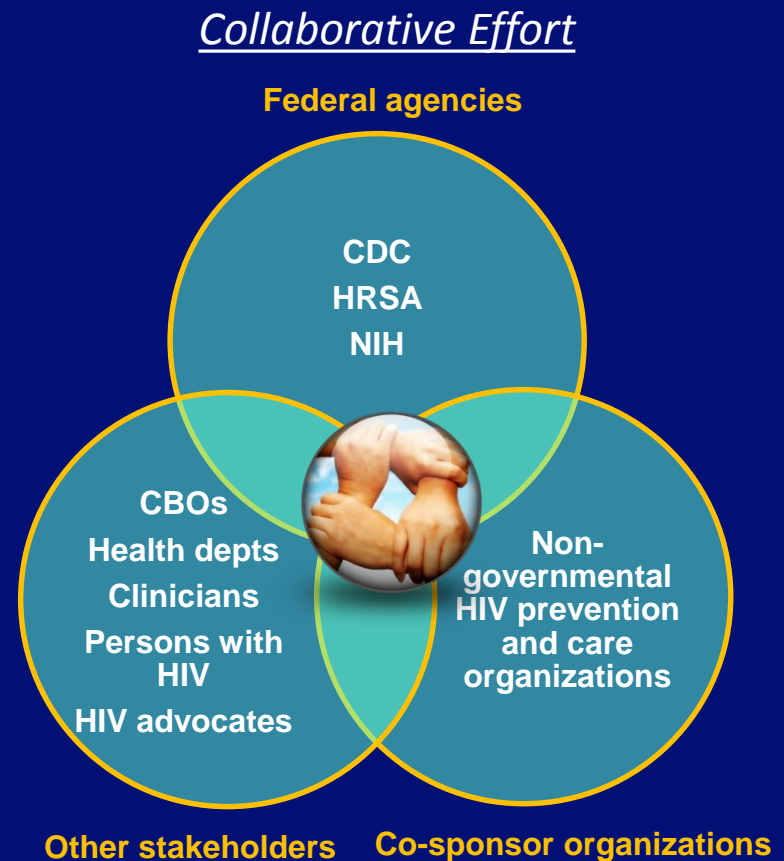
HIV Prevalence in United States, 1980-2010



The number of people living with HIV has grown because incidence is relatively stable and longevity has increased

Forthcoming Guideline for HIV Prevention with Adults and Adolescents with HIV in the United States

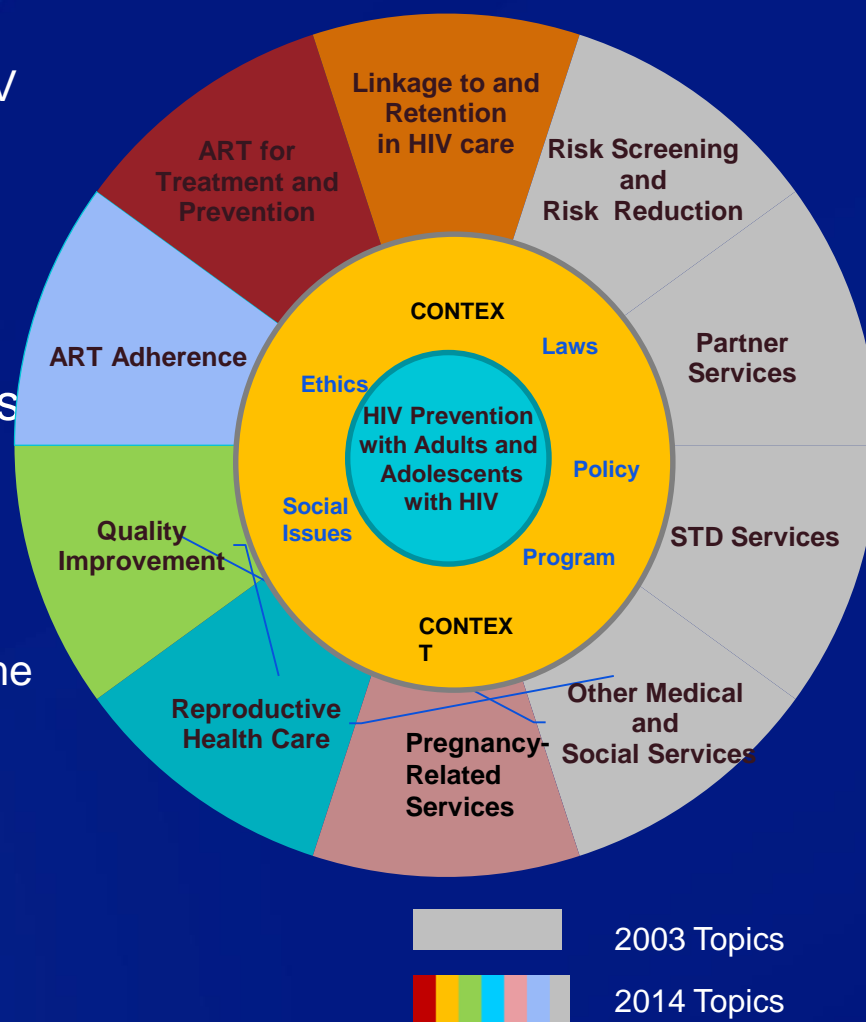
- Update and expansion of 2003 CDC, HRSA, and HIVMA clinical guidelines, *Incorporating HIV Prevention into the Medical Care of Persons Living with HIV** prompted by:
 - 2010 National HIV/AIDS Strategy
 - Advances in prevention strategies
 - Changes in public and private health systems
- New update - collaborative effort
- Publication expected in 2014



*CDC, HRSA, HIVMA. *Incorporating HIV prevention into the medical care of persons living with HIV: recommendations of CDC, the Health Resources and Services Administration, the National Institutes of Health, and the HIV Medicine Association of the Infectious Diseases Society of America. MMWR 2003;52(RR-12):1-24*

Forthcoming Guidelines for HIV Prevention with Adults and Adolescents with HIV in the United States

- Describes strategies for
 - ↓ infectiousness of persons with HIV
 - ↓ risk of exposing others to HIV
- Includes 7 new topics
- Consolidates all recent federal guidance on these topics & makes new recommendations
- Emphasis on
 - New effective interventions
 - Existing effective interventions, some may be underused
- **Expanded audience:** clinicians, and staff of CBOs, HD, and HIV planning groups



Summary of Guideline Development Process

- Conscious effort made to seek broad input and ensure recommendations are: evidence-based, acceptable and feasible to implement

EXTERNAL INPUT

(Clinicians, CBOs, HDs, policy experts, persons with HIV, advocates)



COLLABORATION & SERVICE INTEGRATION



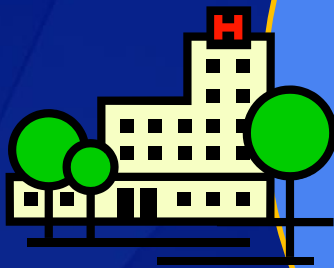
Community-based organizations

Linkage to & Retention in care
HIV Treatment
ART Adherence
Partner Services
Risk Reduction



Persons with HIV

STD Services
Pregnancy Care
Reproductive Health
Other Medical /Social Services



Health facilities



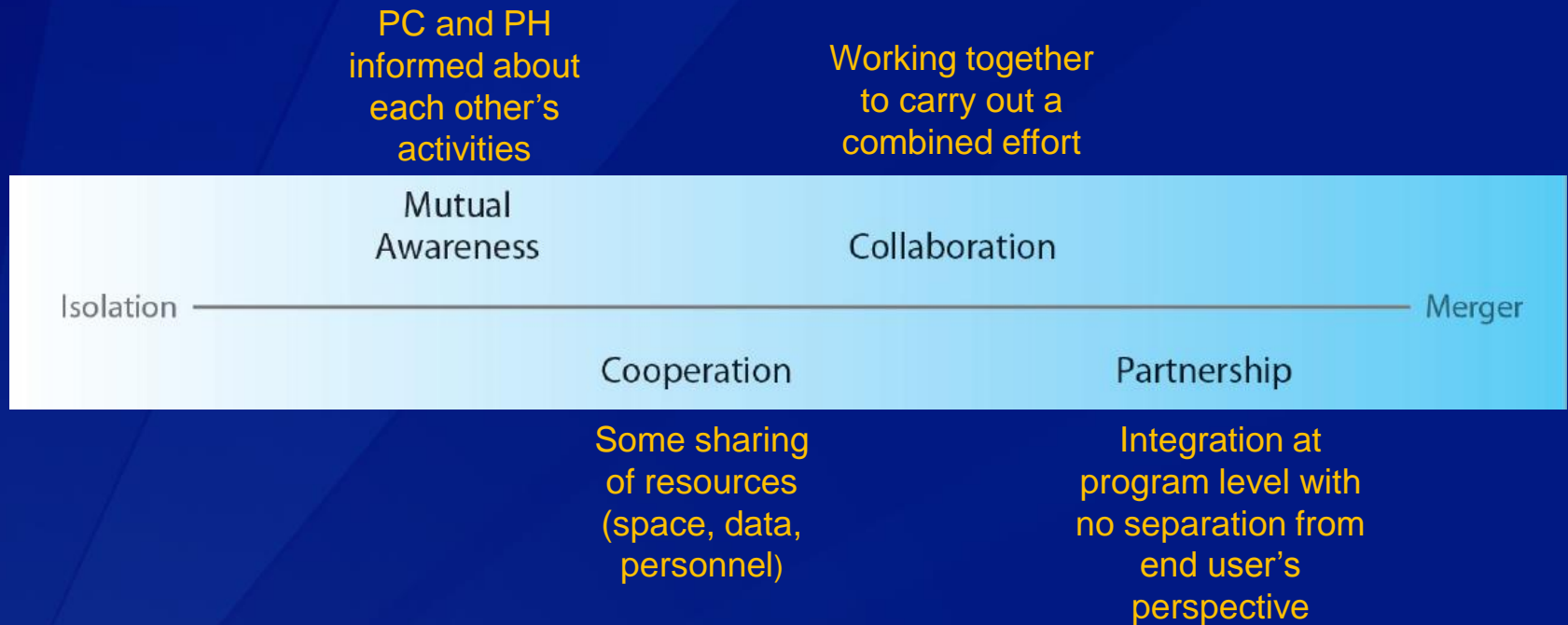
Health departments

Collaborative models of care allow:

- Efficient use of resources
- Shared goal of improving population health

COLLABORATION & SERVICE INTEGRATION

IOM report: Degrees of Primary Care and Public Health Integration



- IOM advocates cooperation, collaboration, and partnerships, not mergers
- Achieving **mutual awareness** will mark a significant step forward

*Institute of Medicine. Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC: The National Academies Press, 2012.

Linkage to Care

Collaborative Models in Demonstration Project

- **HD linkage coordinators are embedded in clinical sites in San Francisco***
 - Clinical sites diagnosed HIV+ person and notified HD linkage coordinator
 - HD linkage coordinator followed up with patient and helped make initial HIV medical appointment, apply for health insurance, provide partner services, and referral to other services
 - 79% of 160 initiated HIV care → 88% entered care within 3 months
- **Anti-Retroviral Treatment and Access to Services (ARTAS)****
 - Linkage coordinators (case managers, social workers, testing counselors) embedded in clinical and nonclinical testing sites or available “on-call”
 - Provided 1-5 sessions to client/patient to motivate to start care including appointment coordination and providing transportation
 - ~78% started HIV care within 6 months

*Zetola NM, et al, 2009. Using surveillance data to monitor entry into care of newly diagnosed HIV-infected persons: San Francisco.

**Gardner et al, 2005. Efficacy of a brief case management intervention to link recently diagnosed HIV-infected persons to care.

Linkage to Care Collaborative Models in Practice

- **ARTAS¹ intervention implemented in two private clinics: Kansas City Free Health Clinic² and Alabama Health Services Center³:**
 - HIV+ persons referred from hospitals , health departments, clinical and nonclinical testing sites, private physician practices
 - Linkage coordinators in clinics:
 - Helped HIV+ persons access to community providers for HIV care and support services (including partner services)
 - Engaged case manager to support long-term HIV care for patient (i.e., retention in care)



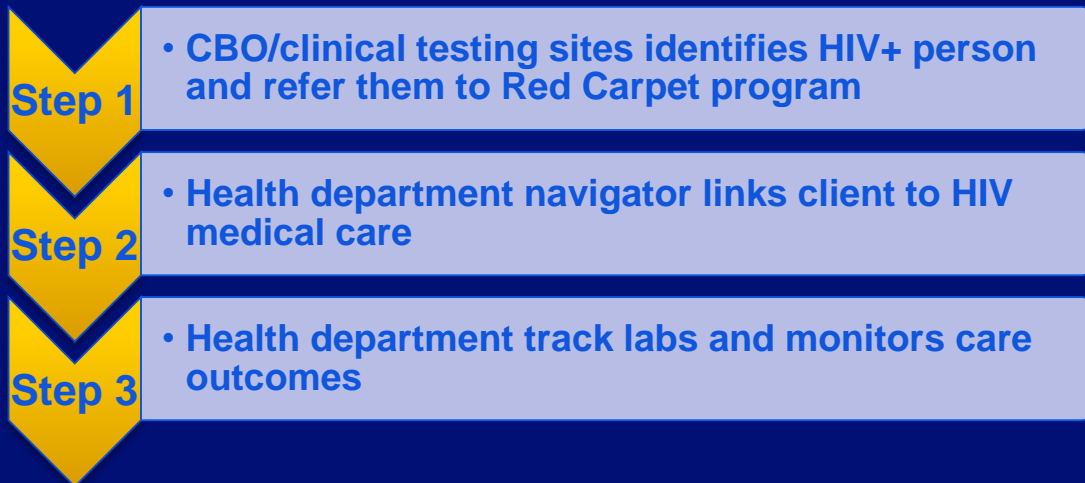
1. ARTAS intervention can be found on <http://www.effectiveinterventions.org/> under “High Impact Prevention”
2. Kansas City Free Health Clinic (MO). <https://www.kccareclinic.org/>
3. Alabama Health Services Center (AL). <http://www.hscal.org/>

Linkage to Care

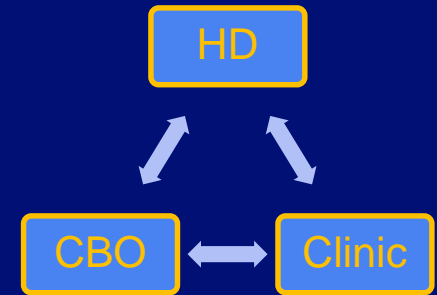
Collaborative Models in Practice

DC's Health Department Red Carpet Entry and Navigator Program*

- Provider network (clinical and community) enroll HIV+ persons (including preliminary positive) in care within 48 hours:



- > 90% HIV primary medical care providers in DC use this service



HIV Care and Treatment is Open to Everyone Even Without Health Insurance!

*Red Carpet Entry Program. <http://doh.dc.gov/service/red-carpet-entry-program>

Linkage to and Retention in Care: Collaborative Model of “Data to Care”

- CDC released set of best practices for HDs and providers to use HIV surveillance data to support HIV care → **Data to Care**
- **Washington State HD** is using strategy to help persons diagnosed with HIV in private and public clinics and CBOs link or re-engage in care
 - Identify persons with no CD4 counts or those with marginal gaps in care

Data to Care
Improving health and prevention

Using HIV Surveillance Data to Support the HIV Care Continuum

Data to Care is a new public health strategy that aims to use HIV surveillance data to identify HIV-diagnosed individuals not in care, link them to care, and support the HIV Care Continuum.

We have designed this toolkit to share information and resources to assist health departments and their partners in developing and implementing a *Data to Care* program.

A number of jurisdictions are exploring using various methodologies to implement this strategy, including:

- ▶ Health Department Model - Health department-initiated linkage and re-engagement outreach
- ▶ Healthcare Provider Model - Healthcare provider-initiated linkage and re-engagement outreach
- ▶ Combination Health Department/Healthcare Provider Model - A combination of both approaches

Public health officials working in HIV prevention and surveillance are familiar with many of the important considerations and safeguards that they must address when developing a *Data to Care* program. We will

More Info...

IMPORTANT CONSIDERATIONS FOR DEVELOPING A DATA TO CARE PROGRAM

- ▶ Program Introduction and Goals
- ▶ Operational Steps & Data Needs
- ▶ Program Models
- ▶ Data Quality
- ▶ Data Sources
- ▶ Security and Confidentiality Considerations
- ▶ Legal Considerations
- ▶ Ethical Considerations
- ▶ Community Engagement
- ▶ Monitoring & Evaluation

HEALTH DEPARTMENT DATA TO CARE PROGRAM EXAMPLES

- ▶ Louisiana
- ▶ [Washington State](#)

DATA TO CARE TOOLS AND RESOURCES

- ▶ Dear Colleague Letter (PDF)
- ▶ eHARS SAS Program for Identifying

Effective, evidence-based **Adherence** interventions can be delivered by staff of health facilities or CBOs

Name	Delivered by	Population	Description
Project HEART	CBO staff (e.g., Health educators, HIV case managers, social workers)	ART-naïve or changing regimen	Sessions focus on social support, problem-solving, enlisting support partner, and making individual adherence plan. 5 sessions + 5 phone calls over 6 mos
Partnership for Health	Medical staff at CBO	ART-naïve or ART-experienced	Brief adherence counseling session at routine medical visits emphasizes the patient-provider relationship to promote healthy behaviors. Posters and brochures reinforce adherence messages. 3-5 minute adherence counseling at each visit
Peer Support	CBO staff (e.g., peers)	ART- naïve ART-experienced	Persons with HIV with high adherence provide individualized peer support. 6 group sessions + weekly phone calls over 3 mos
SMART Couples (Discordant Couples)	CBO staff (e.g., Health educators, HIV case managers, social workers)	HIV+ person has low adherence	Sessions focus on adherence, safer sex, and mutual support 4 sessions over 5 wks

All interventions have been translated into eLearnings

CDC. Compendium of Effective Interventions. <http://www.cdc.gov/hiv/prevention/research/compendium/index.html>

CDC. E learnings: <http://www.effectiveinterventions.org/en/HighImpactPrevention/BiomedicalInterventions/MedicationAdherence.aspx>

HIV Partner Services

Models of Collaboration in Practice

Traditional model of partner services (PS)

- Only confirmed case (any stage of infection) activates PS
- May overlook most infectious cases with acute infection

Expedited, collaborative model

- New model supported by 2014 CDC HIV surveillance case definition*
 - allows activation of partner services after preliminary HIV+ test
 - routinely flags cases of acute infection
- **New model can be effective: HD PS specialists embedded in clinic****
 - Preliminary + test triggers partner services on same day
 - **Confirmatory test triggers partner services when return for results**

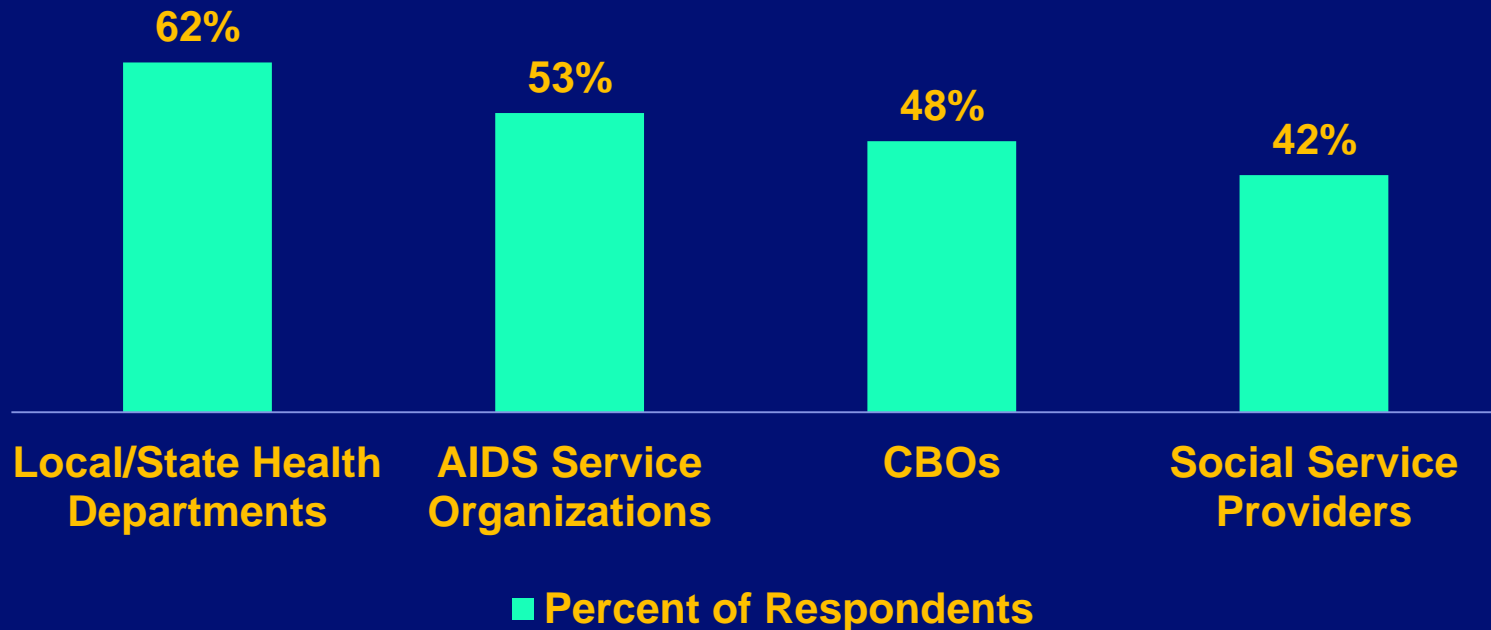


*CDC. Revised surveillance case definition for HIV infection—United States, 2014. MMWR Recomm Rep. 2014 Apr 11;63(RR-03):1-10.

**Bernstein KT, et al. Partner services as targeted HIV screening—changing the paradigm. Public Health Rep 2014;129(Supplement1):50-55

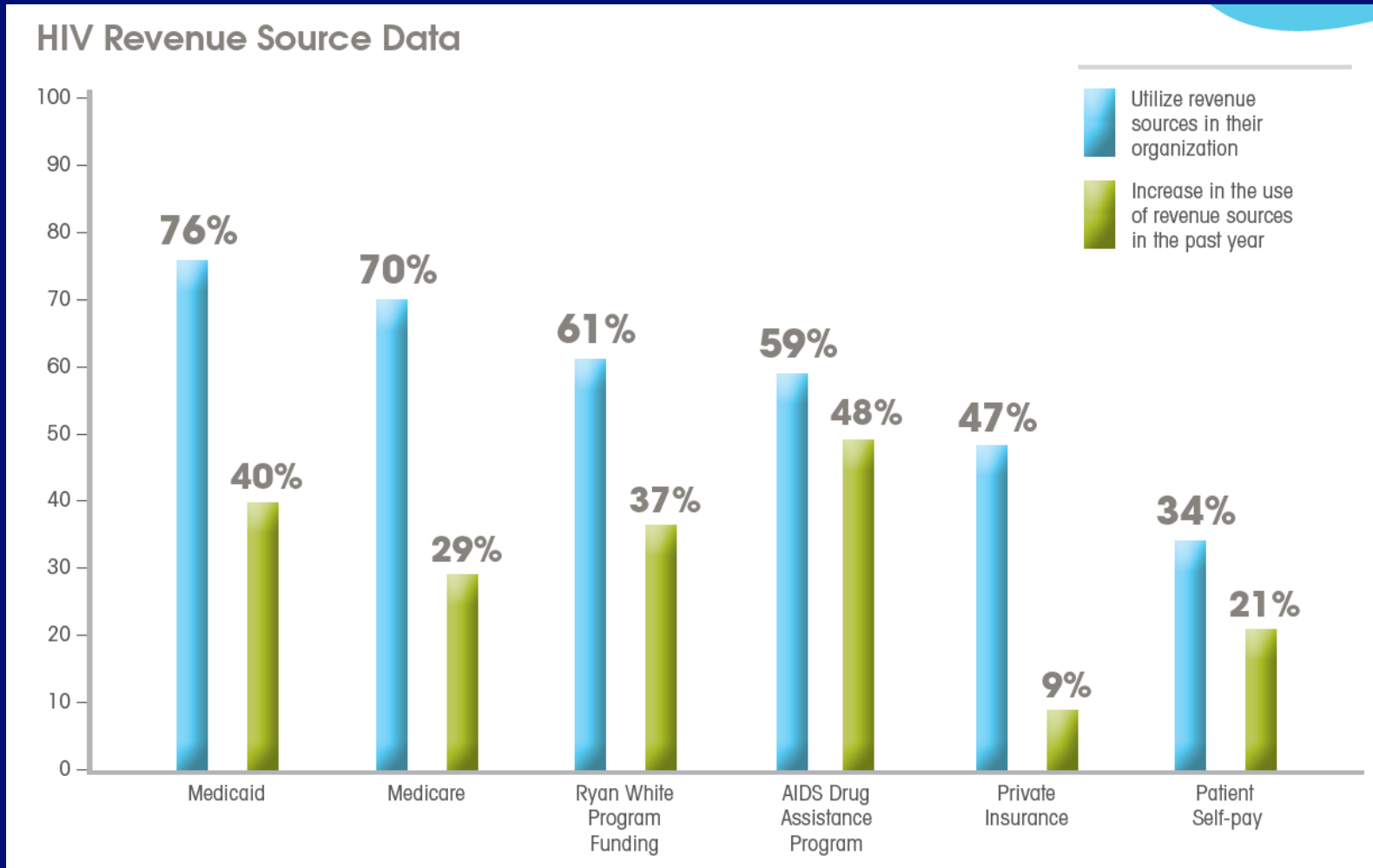
Partnerships used by primary care providers who deliver HIV care

- Survey of > 370 MD, DO, NP, and PA
- Many rely on other service providers to deliver care and treatment services



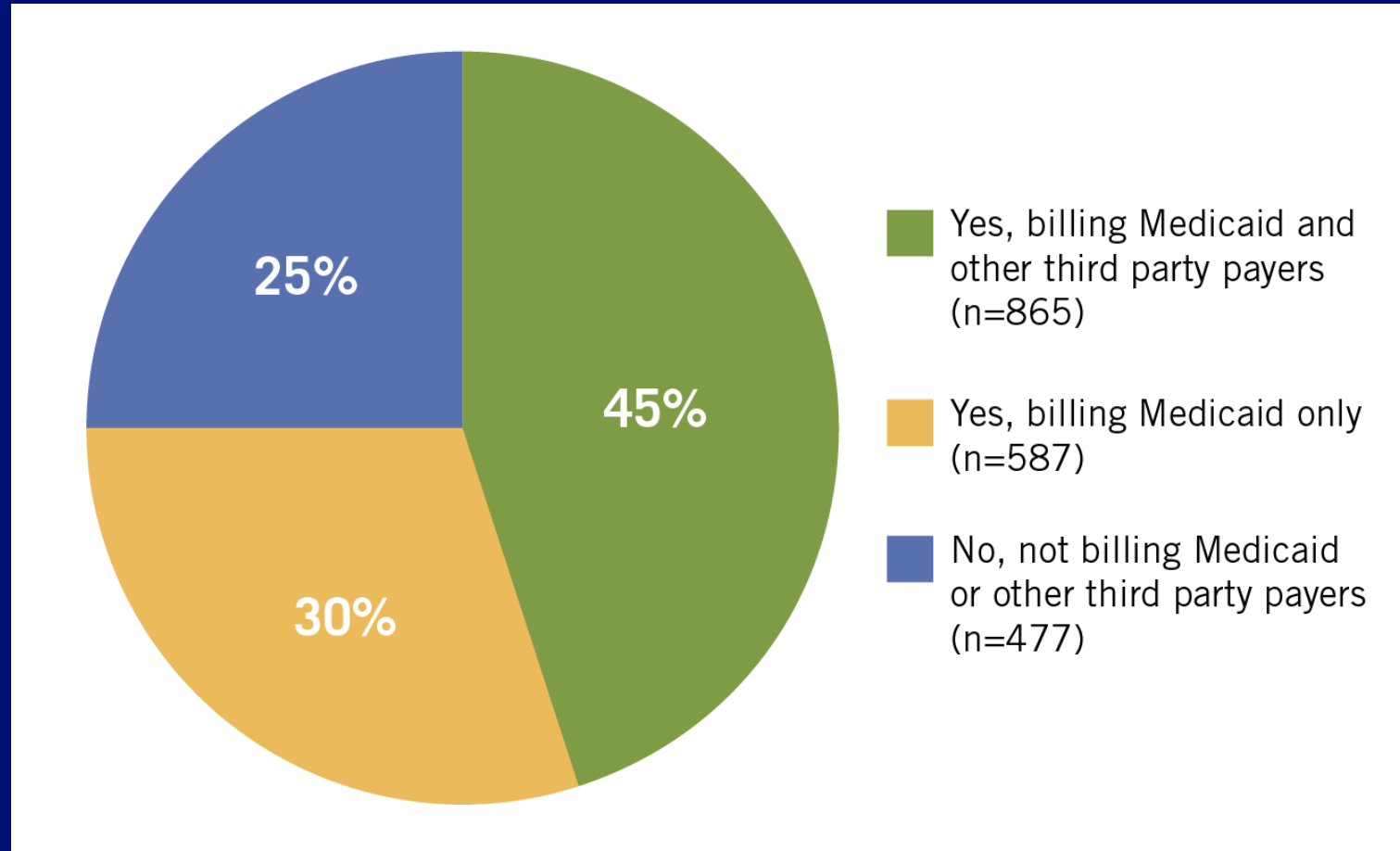
Public Funding Drives HIV Services

- Providers strongly reliant on public funding to cover services



*HealthHIV and Medscape, LLC. HealthHIV's Third Annual State of HIV Primary Care National Survey, 2014. www.healthhiv.org

STD Clinics - Billing Status (N=1,935)



Conclusions

- Forthcoming CDC/HRSA recommendations emphasize cross-sector collaborations to ↑ access, speed, or quality of services
- Collaborative models have the potential to
 - Use staff more efficiently
 - Tap into providers that receive public sector funding (e.g., HDs)
 - Improve range and coordination of services
 - Use alternative funding or billing methods
- CDC is working to catalog and disseminate successful collaborative models

Thank You

The screenshot shows the CDC website page for "Prevention With Persons With HIV". The page is titled "Prevention With Persons With HIV" and is part of the "HIV/AIDS > Prevention Research > Programs" section. The main content area features a heading "Prevention With Persons With HIV" followed by a list of sub-topics: "The Context of Prevention", "Recommended Prevention Services", "Quality Improvement and Evaluation", "Resources", and "References". Below this is a paragraph explaining that the CDC, HRSA, NIH, and HIVMA recommended in 2003 that providers of HIV clinical care promote several interventions to improve the health of, and prevent ongoing HIV transmission from, adults and adolescents infected with HIV in the United States. These interventions are known as "prevention with persons with HIV." To the right of the text is a circular diagram titled "HIV Prevention with Adults and Adolescents with HIV" showing various intervention categories. Below the diagram is a "Click Image to Enlarge" link. Further down, the text states that CDC's Division of HIV/AIDS Prevention and Division of Sexually Transmitted Disease Prevention are collaborating with several governmental and non-governmental organizations, including HRSA, NIH, HIVMA, AAHIVM, NAPWA, NMAC, and ANAC. The left sidebar contains a navigation menu for HIV/AIDS topics, including "HIV Basics", "Who's at Risk for HIV?", "HIV Testing", "Living With HIV", "Prevention Research", and "Programs". The right sidebar includes "HIV A-Z Topics", "Email page link", "Print page", "Get email updates", "Subscribe to RSS", "See RSS", "Listen to audio/Podcast", and "View page in Spanish". At the bottom right, there is a "Find an HIV Testing Site" search box with a "GO" button and a map showing a location on a map.

www.cdc.gov/hiv/pwp

Cross-sector collaboration to support retention in care and ART adherence

■ Retention in care and ART adherence are synergistic

- Continuous care provides opportunity to
 - Monitor and support high adherence
 - Adjust regimens to ↑ adherence
- Need to monitor drug efficacy and assess possible adherence problems (viral load and CD4 count) prompts need for regular HIV visits



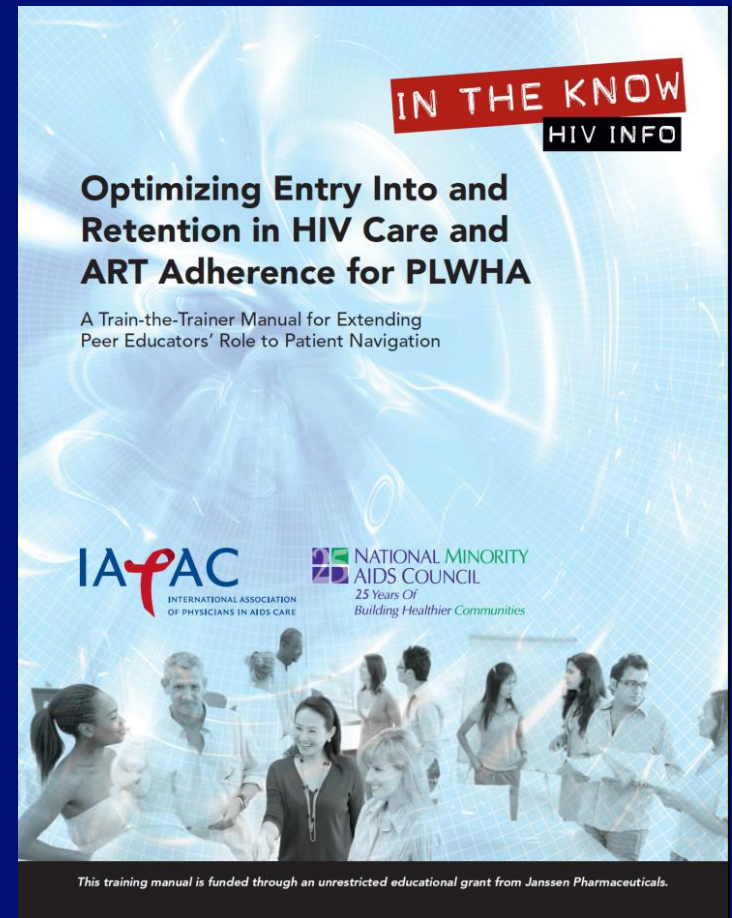
■ Cross-sector collaborations can promote adherence support

- HD that collect **all** CD4 and viral load measures and routinely monitor these measures over time can identify persons with poor treatment outcomes who may benefit from follow up care or adherence support*

* CDC. Dear Colleague letter: reporting of all HIV-related test results. Washington, DC: U.S. Department of Health and Human Services. 2013. <http://www.cdc.gov/hiv/pdf/dcl.pdf>.

Retention in Care and Adherence Tool

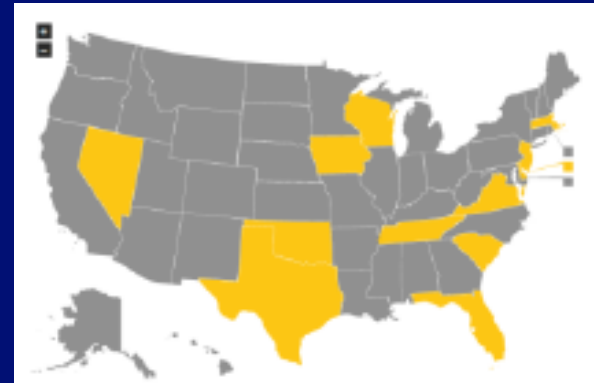
- Clinicians, staff of CBOs and HDs, and peer educators can provide patient navigation and adherence services
- **Services include:**
 - Linking to HIV care
 - Re-engaging in HIV care
 - Supporting ART adherence
- **Booklet contains practical information:**
 - Examples of job description for peer educators & patient navigators
 - Information about HIV care and guidelines
 - Interactive case studies



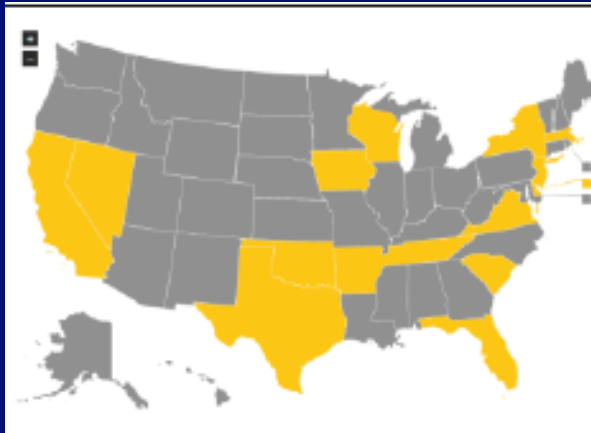
Insurance Billing Practices: Limits on Third-Party Billing



46 states + DC: explicitly address "free" health care services



15 states: expressly prohibit charging of the patient for services



12 states: expressly prohibit clinic or facility from charging third-party payors



8 states: require the state, or any department of the state or local government, to provide free treatment specifically for STDs

Advocacy to support collaboration and need for new billing models

- 2009 survey by HIVMA and Forum for Collaborative HIV Research found that Ryan White Part C clinical providers need **innovative payment structures that adequately support the delivery of comprehensive, coordinated care**
- Other organizations also advocate provider collaboration:
 - NASTAD Policy Recommendations → increase funding for service integration
 - Association of Council and State Territorial Health Officials → **co-locate public health/primary care systems or develop partnership with those in close proximity**

*Weddle A. HIVMA-PCR survey on workforce needs [presentation]. In: Program and abstracts of the 2008 National Summit on HIV Diagnosis, Prevention, and Access to Care, Session 3: Workforce needs and challenges in delivery of HIV care, Arlington, Virginia, 19–21, November 2008