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HIV Care Continuum

The 2017 to 2021 Integrated HIV Prevention and Care Plan for Arizona

REGION	West
PLAN TYPE	Integrated state/city/county prevention and care plan
JURISDICTIONS	State of Arizona and Phoenix/Maricopa County
HIV PREVALENCE	High

Arizona’s HIV Care Continuum includes the following strengths: descriptions of robust data sources used; consensus from planning bodies on HIV Care Continuum definitions; and a detailed discussion of disparities related to race/ethnicity, housing, and age. The section also provides a unique description and graphic of an “Arizona Deep Dive Data Analysis Tool” and a description of the use of agency-specific HIV Care Continuums in Ryan White HIV/AIDS Program Parts A and B for program monitoring and to benchmark outcomes, including data to care tracking.

SELECTION CRITERIA: HIV CARE CONTINUUM

Exemplary HIV Care Continuum sections met the following criteria (based on the Integrated HIV Prevention and Care Plan Guidance):

- Description of diagnosed- or prevalence-based HIV Care Continuum, including the numbers with clear definitions of numerators and denominators, for each step in the HIV Care Continuum
- Clear visuals of the HIV Care Continuum
- Description of HIV Care Continuum disparities among key populations
- Description of how the HIV Care Continuum informs Integrated Plan activities and use of available resources in response to needs of people living with HIV (PLWH) in the jurisdiction
- Description of how the HIV Care Continuum is used to improve engagement and outcomes of PLWH



Additional exemplary plan sections are available online:
www.targetHIV.org/exemplary-integrated-plans

The Arizona HIV Care Continuum

The HIV Continuum of Care—sometimes also referred to as the HIV treatment cascade—is a model that is used by federal, state, and local agencies to identify issues and opportunities related to improving the delivery of services to people living with HIV across the entire continuum of care. The Arizona HIV Continuum of Care was created using data from eHARS (electronic HIV/AIDS Reporting System), an analysis of unmet needs, and ADAP (AIDS Drug Assistance Program) information. The definitions were agreed upon by the Arizona Regional Quality Group, composed of HIV Prevention, all Ryan White Parts in Arizona and HIV Surveillance.

As shown in Figure 8, in 2014 there were 16,769 HIV infected individuals in Arizona: an estimated 1,641 who are unaware of their HIV status, and 16,769 individuals who have been diagnosed as being HIV positive. Of the 16,769 who are aware of their status, 10,590 were linked to care. Of that number, 8,105 are retained in care. 8,270 HIV positive individuals are on Antiretroviral Therapy. Finally, only 8,003 HIV positive individuals have an undetectable viral load.

The percentages of HIV cases in Arizona, as shown in Figure 9, indicate just over half of all individuals diagnosed with HIV (aware of their HIV status) are linked to care (63%), but less than half (48%) are retained in care. 48% of individuals in Arizona who are aware of their HIV status have an undetectable viral load.

When 100% of HIV positive Arizonans are linked to and retained in care, a greater number of individuals will be on Antiretroviral Therapy, which will increase the percentage of individuals with an undetectable viral load. Data suggest that HIV positive individuals with an undetectable viral load are less infectious, and are less likely to transmit HIV via sexual contact.

Continuum of Care Definitions

HIV-Diagnosed: Prevalent cases that have been diagnosed

Linked to HIV Care: Prevalent cases with a documented lab test, doctor visit or medication use in the calendar year

Incidence Linked to HIV Care: Incident cases for the year of the spectrum that were linked with a documented lab test, doctor visit or medication use within 90 days of their diagnosis, but not on the same day of the diagnosis. If a person has their first CD4, viral load or genotype on the same day as their diagnostic test the date of second CD4, viral load or genotype will be used as the linkage

Retained in HIV Care: Prevalent cases with a documented lab test, doctor visit or antiretroviral (ARV) use in the first and second six months of the year

On ARV Therapy: Prevalent cases with documented ARV use or whose last viral load of the calendar year was undetectable

Adherent/Suppressed: Prevalent cases whose last viral load of the calendar year was undetectable (<200 C/mL)

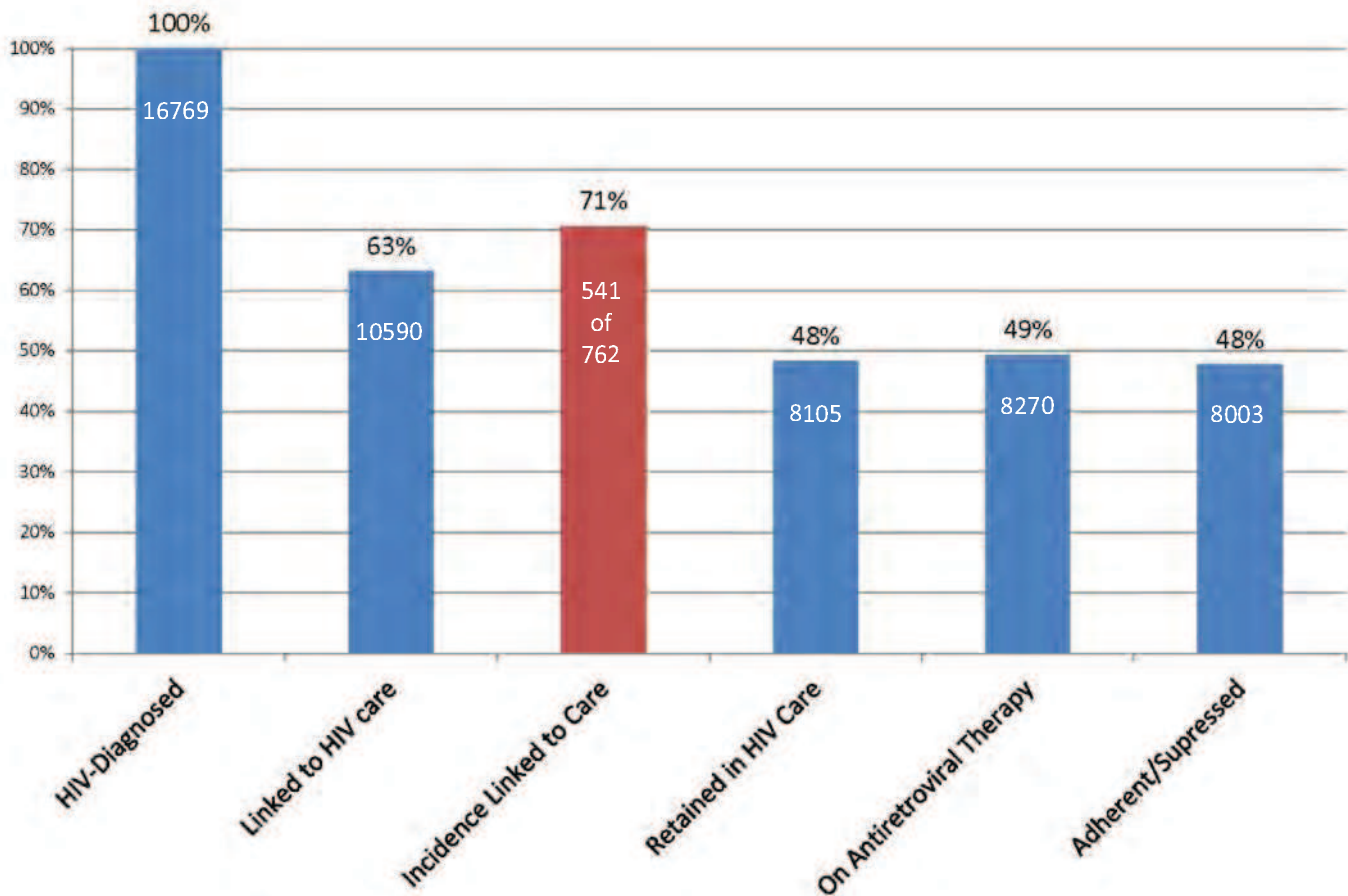


FIGURE 8
2014 Arizona HIV
Continuum of Care

Continuum Disparities

Arizona utilizes a diagnosed based continuum. Continuum definitions can be found to the left. All columns were evaluated utilizing the 2014 calendar year data and with one exception, include a denominator of all the 2014 clients in the eHARS data system.

The HIV Surveillance Program has provided Arizona and regional continuum data dissected by race, gender, and risk. In evaluating the Arizona continuums, American Indians have some of the strongest outcomes with 85% of new cases linked and 60% virally suppressed. African American/Black and Hispanic populations report some of the lowest viral load suppression rates at 43% compared to 48% statewide. Men who have Sex with Men and Injection Drug User risk factors consistently scores the lowest with a linkage rate of 61%, retention rate of 45% and viral load suppression rate of 66%.The highest risk factor for viral load suppression is held by the Perinatal/Blood/Other group at 75%, followed by Men who have Sex with Men at 73%.

client” or “Clients with Ryan White as a primary payer are 3.4 times more likely to be retained and two times more likely to be virally suppressed than the average Ryan White client.” The tool identifies the p-value for each data element, and odds ratio. The Arizona Regional Quality Group has decided to focus on health outcomes for transgender (two times less likely to be retained, two times less likely to be virally suppressed) and youth (1.75 times less likely to be retained and 1.75 times less likely to be virally suppressed).

Prevention and Care Programs are receiving CDC-provided technical assistance to design a transgender provider training and a transgender needs assessment for use in 2017.

Continuum Planning

The HIV Care Continuum is one of Arizona’s primary tools for measuring progress towards ending HIV through viral load suppression in Arizona. Recognizing the importance of comparable continuum data, the Arizona Regional Quality Group established statewide definitions and won a National Quality Award in 2015 for this collaborative regional quality group work. Continuum data has been heavily featured in both Annual HIV Symposiums. These Symposiums were attended by Planning Body members, staff from the HIV Prevention Program, Arizona Ryan White Programs, non-federally funded AIDS Service Organizations and community members. The HIV Prevention Program presented on the alignment of its activities across the care continuum, including promotion of routine HIV testing, and the use of evidence-based behavioral interventions to support treatment as prevention.

Within the Ryan White Programs, local continuums are used to drive change at the sub-recipient level. During quarterly monitoring calls, Ryan White Part A and B sub-recipients are given an agency-specific continuums that benchmarks outcomes to the regional and state average. Agency-specific continuums include evaluation by race/ethnicity, age, housing status, and a variety of factors. To further impact the continuum, the Ryan White Programs will be developing related, client named reports to distribute to sub-recipients, so they can follow up on individuals who are not virally suppressed or retained in care. Analysis of continuum data is leading to a transgender assessment and youth focused activities in 2017.

Due to the sharing of multiple sub-recipient agencies, the HIV Prevention Program and Ryan White Part B Program participate in joint quarterly monitoring calls for the 15 agencies funded outside of Maricopa and Pinal counties. The Ryan White Part A Quality Committee directs all sub-recipient quality improvement activities for linkage, retention or viral load suppression. The recently formed Ryan White Part B/HIV Prevention Program Quality Committee will soon guide similar quality initiatives.

Some continuum-focused successes include a workgroup of the HIV Prevention Program, Maricopa County Department of Public Health, and the Ryan White Part A Program that implemented activities that decreased linkage to care timeframes from an average of 58 days to 32 days. Related processes have evaluated and streamlined required paperwork, adjusted client scheduling approaches, and guided increased allocation of resources for newly diagnosed clients.

Continuum data is also being used to engage a larger, non-federally funded community. The Ryan White Part B Program is exploring opportunities to use rebate funds to help private HIV clinicians develop data reporting tools that would allow private clinicians to compare their practice to regional averages and Ryan White clinic performance. A group of private physicians have petitioned the Mayor of Phoenix to have the city designated as the 10th North American UNAIDS 90-90-90 Fast-Track City. The 90% aware, 90% retained, and 90% virally suppressed goals of the Fast-Track Cities Initiative is a variation of the continuum data that is being tweaked and integrated into the larger Integrated Plan framework. Due to the continuum's ability to show the story of how the community is moving closer or further from the end of the HIV epidemic, development of a community facing 'continuum report card' is currently in the works.

Financial and Human Resources Inventory

HIV Workforce Capacity and Impact on Prevention and Care Systems

The Arizona HIV Workforce Capacity was ascertained by surveying providers statewide to determine present capacity and identify gaps in capacity. The workforce was identified as follows: HIV Specialists, Physicians, Nurse Practitioners, Physician Assistants, Registered Nurses, Licensed Practical Nurses, Medical Assistants, Nutritional Counselors, Psychiatrists, Psychologists, Licensed Clinical Social Workers, Medical Case Manager, Support Case Managers, Dentists, Dental Hygienists, and Administrative Support staff. The workforce impacts HIV prevention and care service delivery system by providing adequate availability of care and the quality of that care. Inadequate staffing could have a negative impact on services available to clients. Additional staff was identified as necessary and ways to address this issue are outlined in Table 8. Different funding sources interact via partnership between the Arizona Ryan White Programs, the HIV Prevention Program, local agencies and organizations, and providers working together to ensure services complement each other and are not duplicated.

HIV Resources Inventory

Arizona partners funded by the Health Services and Resources Administration, The Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, Housing Opportunities for Persons Living with AIDS, the National Institutes of Health, Indian Health Services, Arizona State Department of Health Service, and Arizona Medicaid, as well as those receiving from private sources, foundations, donations, and fees provided resource information via a comprehensive survey. Table 9 provides a high level summary of the \$112,066,332 of HIV funding in Arizona. Table 10 identifies the services and correlation to phases of the continuum of care. Tables 11 to 16 detail the agency funding sources, Catalog of Federal Domestic Assistance numbers, dollar amounts per award or private funding source, and how the sources are being used. Detailed funding sources are located at the end of the Financial and Human Resources Inventory Section.