A Replicable Community-based PCMH Care Model for PLWH

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Disclosures

- Presenters have no financial interests to disclose

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Understand the funding for RW Part C and how this can be used to create wrap around services for PLWH
2. Explain the training needed for non-ID trained IM and FM providers to provide care for PLWH
3. Create a replicable model for establishing a RW part C clinic with the goal of finding ways to close the HIV care gap in the US

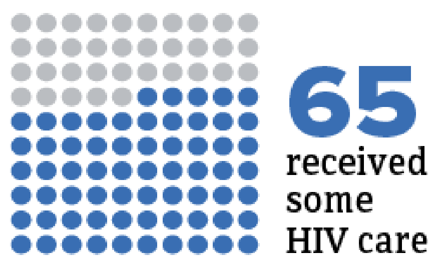
HIV Care Gap

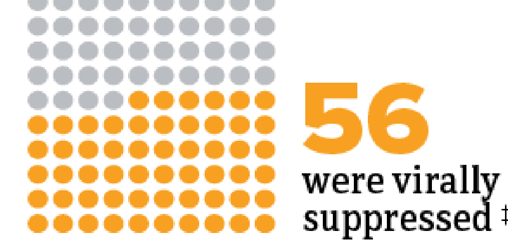
Adults and Adolescents With HIV in the 50 States and District of Columbia

At the end of 2018, an estimated **1,173,900 people** had HIV.

It is important for people to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to HIV-negative sex partners.

Although more than half of adults and adolescents with HIV are virally suppressed, more work is needed to increase these rates. For every **100 adults and adolescents with HIV in 2018:**





*11 out of 17 Southern states fell below this estimate.
† Had 2 viral load or CD4 tests at least 3 months apart in a year.
‡ Based on most recent viral load test.

Source: CDC. Estimated HIV incidence and prevalence in the United States 2014–2018. *HIV Surveillance Supplemental Report* 2019;25(1).
Source: CDC. Selected national HIV prevention and care outcomes (slides). Accessed May 20, 2020.

HIV Care Gap cont.

HIV TRANSMISSIONS IN 2016		
% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
15%	didn't know they had HIV	38%
23%	knew they had HIV but weren't in care	43%
11%	in care but not virally suppressed	20%
51%	taking HIV medicine and virally suppressed	0%

*Values do not equal 100% because of rounding

Source: https://www.cdc.gov/media/releases/2019/p0315 gaps hinder hiv testing.html

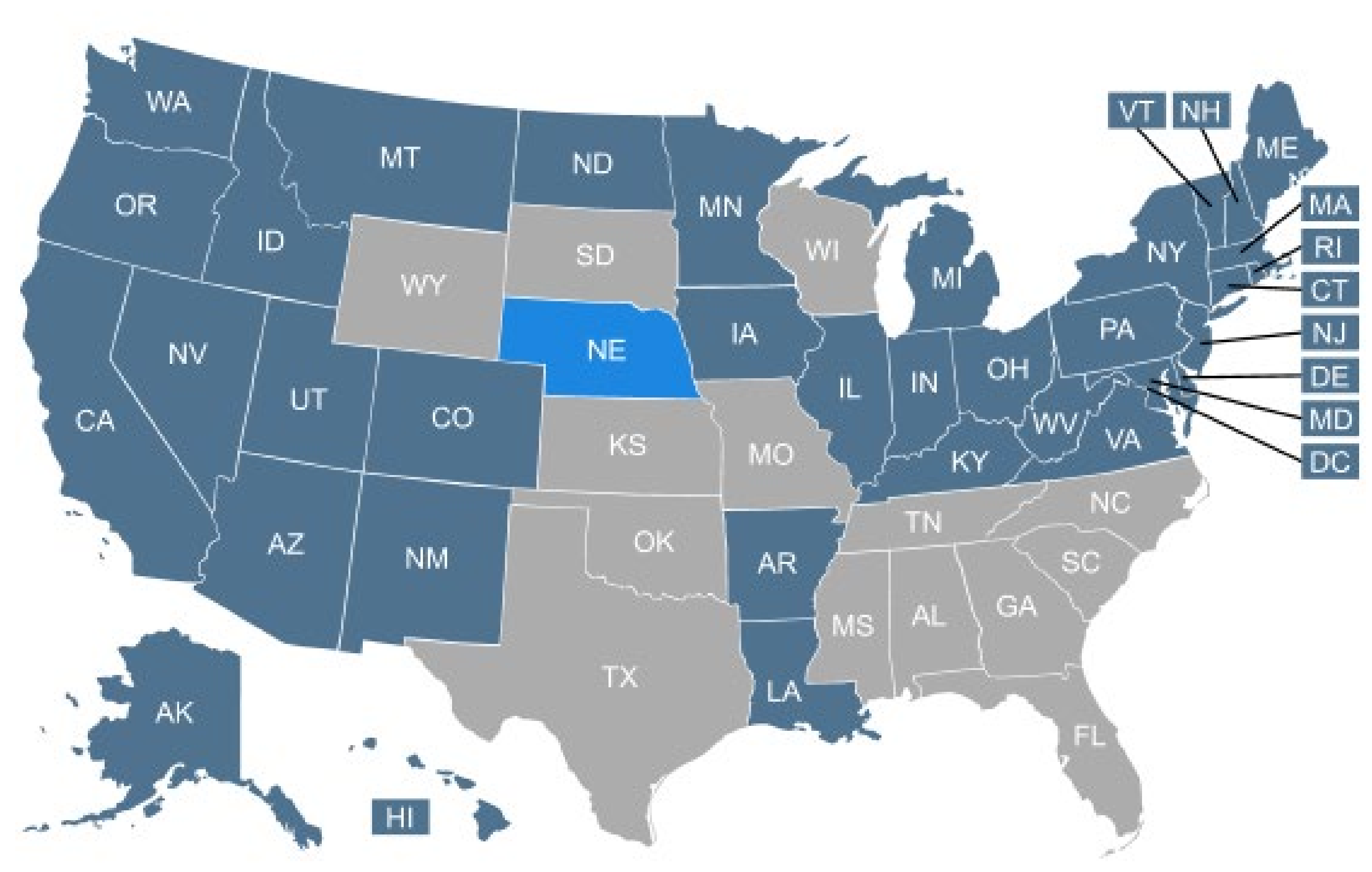
Regional Gap

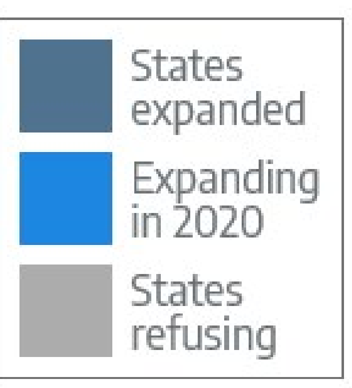
6.7 WA
2.2 MT
4.7 ND
5.1 MN
5.5 OR
2.1 ID
3.3 SD
3.5 WI
2.1 WY
3.6 IA
7.2 MI
2.9 VT
2.2 ME
2.8 NH
9.4 MA
12.6 NY
7.1 RI
7.2 CT
4.1 NE
16.6 NV
3.8 UT
7.0 CO
10.7 IL
7.7 IN
8.4 OH
8.0 PA
11.5 NJ
5.3 KS
7.3 MO
4.8 WV
9.6 DE
16.5 MD
11.9 CA
8.3 KY
10.1 VA
39.1 DC
5.8 NM
7.1 OK
11.3 TN
11.5 NC
10.7 AZ
9.4 AR
14.1 SC
16.0 MS
12.5 AL
23.8 GA
20.9 LA
15.3 TX
21.5 FL
3.1 AK
4.9 HI
American Samoa 0.0
Northern Mariana Islands 1.9
U.S. Virgin Islands 8.4
Puerto Rico 13.6
4.2 Guam
Republic of Palau 0.0

Rates of HIV diagnoses per 100,000 people

- <10.0
- 10.0–19.9
- 20.0–29.9
- ≥30.0

Medicaid Expansion for Comparison





CDC pathway to closing gaps in care

- **Healthcare Providers Can:**
  - Test patients for HIV. Quickly link people with HIV to care and help them stay in care.
  - Discuss prevention with patients who may benefit from condoms and PrEP.
- **People with HIV Can:**
  - Start HIV care now, stay in care, and take medicine as prescribed.
  - Tell their provider if they have problems taking the medicine.
  - Learn more about HIV care and how to live well with HIV.
- **Health Departments Can:**
  - Test people for HIV, and quickly link people with HIV to care.
  - Find people who fall out of HIV care, and help them get back in care.
- **Everyone Can:**
  - Learn how to prevent HIV, and know their HIV status. gettested.cdc.gov
  - Support family and friends who have HIV.

Source: https://www.cdc.gov/vitalsigns/end HIV/

Bridging the HIV Treatment Gap

- If our goals are increasing testing, retention, and viral suppression, we need to:
  - Increase services in the regions where our epidemic is centered today
  - Increase testing and treatment services in the places that our patients live
  - Reduce barriers to care including stigma and access (financial and structural)
  - Address social determinants of health that impact access and retention
  - Address other health concerns that impact retention and viral suppression including substance use, homelessness, and mental health

A Refresher on Program Parts

- Part A funds medical and support services to **Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs)**. EMAs and TGAs are counties/cities that are the most severely affected by the HIV/AIDS epidemic.
- Part B administers funds for states and territories to improve the quality, availability, and organization of HIV health care and support services. Part B also includes grants for the **AIDS Drug Assistance Program (ADAP).**
- Part C administers funds for local community-based organizations to provide **comprehensive primary health care and support services in an outpatient setting** for people living with HIV through Early Intervention Services program grants. Part C also funds Capacity Development grants, which help organizations more effectively deliver HIV care and services.
- Part D administers funds for local, community-based organizations to provide outpatient, ambulatory, family-centered primary and specialty medical care for **women, infants, children and youth** living with HIV.
- Part F funds support **clinician training, technical assistance, and the development of innovative models of care** to improve health outcomes and reduce HIV transmission.

Organizations Eligible for Part C

- Federally Qualified Health Centers
- Family planning grantees (other than states)
- Comprehensive Hemophilia Diagnostic and Treatment Centers
- Rural health clinics
- Health facilities operated by or contracted with the Indian Health Service
- Community-based organizations, clinics, hospitals, and other health facilities that provide early intervention services to people living with HIV
- Nonprofit private entities providing comprehensive primary care to populations at risk of HIV, including faith-based and community-based organizations

Program Requirements

Clinical Requirements

- HIV Counseling, Testing and Referral
- Medical Care Evaluation and Clinical Care
- Clinical Guidelines
- Referral Systems
- Linkage to Clinical Trials
- Clinical Quality Management
- Coordination/Linkages to Other Programs
- Medicaid Provider Status
- Clinic Licensure

Program Requirements cont.

Administrative/Fiscal Requirements

- Consumer Involvement (CAB)
- Imposition of Charges for Services
- Payor of Last Resort
- Information Systems
- Service Availability
- Sub-awarded Services
- Medication Discounts
- Financial Systems

Part C Benefits

- Available in many settings and clinics
  - Not tied to state or local funding
  - Rural or urban settings
- Flexibility and control over budget
- Capacity Development Grant Opportunities

Denver Health Early Intervention Services (EIS) Clinic

- “Mobile” primary care clinic that sees PLWH in 4 FQHC clinic locations
- PCMH model with wrap-around services and on-site pharmacies
- 550+ empaneled patients
- Part of Denver Health and Hospital Authority
- Only Part C program serving adults in the Denver TGA

Our Locations

Clinics

- Denver Health: Lowry Family Health Center
- Federico F. Pena Southwest Family Health Center

- Denver Health: Webb Wellington E. Center for Primary Care (Pavilion G)

- Gipson Eastside Family Health Center

Our Staff

- 6 Medical Providers
- Practice Manager
- 1 Charge RN
- 1 Clinical RN
- 2 MAs
- 2 Clerks/Patient Access Specialists
- Patient Navigator
- Linkage to Care Specialist
- Social Work
- Insurance/ADAP Coordinator
- Psychologist
- Data Coordination
- Grant Management

Staff listed above are fully or partially funded by RW Part C and Program Income

Additional Access in Our Hospital System

- Dentistry
- Specialty medical/surgical services
- Anal dysplasia clinic
- Psychiatric services
- Specialty substance use services
- PT/OT/SLP services
- Women's health and OB services for PLWH
- Pediatrics

Our Providers

- Four Internal Medicine trained MD providers
  - 2/4 with AAHIVM training/certification
- One IM/ID trained MD provider
- One FNP provider

Benefits of Generalists Providing Care for PLWH

- As our drugs improve and ART regimens simplify, HIV is often not the most complicated aspect of patients care
- As our patients age, primary care becomes primary focus
- Generalists have up to date knowledge of primary care and general medicine guidelines
- Ability to be “local expert” in HIV/STI/PrEP and other related services

MAT and Transgender Care

- In addition to general medicine and HIV services, a HIV primary care clinic can provide MAT and Transgender services
- Wrap-around services for PLWH
- The idea of a “one-stop-shop” of care for our most vulnerable populations
  - Improves adherence
  - Decreases stigma

Reduction of Stigma

- Our clinic is embedded within existing primary care clinics
- Our providers are not ID-specific providers and we are not an Infectious Diseases clinic
- Our clinic name does not include the words HIV
- We provide all care, not just HIV care

Ability to Prevent and Treat

- Our funding from RW Part C funds our staff and services only for providing care for PLWH
- Our providers all work in other clinical settings with alternative funding sources:
  - Primary Care
  - Corrections
  - Addiction Medicine
- This allows our providers to provide PrEP and other prevention tools in alternative clinical settings

HIV training required/recommended for non-ID trained providers

- American Academy of HIV Medicine "HIV Specialist" certification
  - https://aahivm.org/hiv-specialist/
    - Licensure:
      - Maintain a current, valid MD, DO, PA, or NP license.
    - Experience:
      - Provide direct HIV care to at least 25 persons living with HIV within the 36 months preceding the date of application.
      - Or, Participate in the Academy Mentoring Program, either currently or within the previous 36 months.
    - Education:
      - Complete a minimum of 45 credits or activity hours of HIV and/or HCV-related continuing education within the 36 months preceding the date of application.

How to get this training

- Residency
- CME/continuing education
- Clinical apprenticeship
- Academy Apprentice Program

Steps for Replication

- Understand program requirements
- Build capacity for monitoring of grant activities
- Gain necessary training for providers and support staff
- Establish consult and referral system
- Link and retain patients to care

Challenges

- Being part of a large hospital system has advantages and disadvantages – economies of scale and support vs slow to change
- Staff paid exclusively by RW funding cannot take part in prevention services such as PrEP
- Some patients are better served by specialty services

Conclusions

- Close the HIV treatment gap in areas of greatest need by providing care that encompasses all needs for PLWH
- Reduce stigma and increase retention and viral suppression by providing "wrap-around" services
- Generalist providers are well suited to provide this complete care, including HIV medication prescribing, MAT, and Transgender services
- RW Part C is an ideal funding source for providing part-time compensation for providers and staff in any setting

Thank You for Your Time!

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