HRSA
Health Resources & Services Administration

# Special Projects of National Significance Program

## Ryan White HIV/AIDS Program (RWHAP) Part B Administrative Reverse Site Visit

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**Office of Training and Capacity Development**
**HIV/AIDS Bureau (HAB)**

Vision: Healthy Communities, Healthy People

# Agenda

- Opening Questions
- Background on Special Projects of National Significance (SPNS)
- The HIV Care Continuum
- Deeper Dive on Recent SPNS Initiatives and Learnings
- Brainstorm About SPNS Replication
- Review SPNS Resources

# Polls Everywhere

## To Join

- **Web**
  - Go to PollEv.com
  - Enter **SROB936**

- **Text**
  - Text **SROB936** to **22333**

# Do you know what SPNS is?

Yes

No

# Name an issue related to HIV care that you've thought, "I need an innovative answer for that!"

# Have you used findings from a demonstration project (any kind) for anything in particular?

Yes

No

# If you have used SPNS findings, what issue(s) was it for?

General Diagnosis, linkage, and retention
African American/Black MSM
Corrections to Community
Homeless and Unstably Housed
Integrated Care (MAT/Opioids, HCV)
Latinx Outreach, Engagement, and Retention
Oral Health
Peer Programs
Social Media for Engagement and Retention
Substance Users
Systems Linkages
Transgender Women
Women of Color
Workforce Capacity Building in Community Settings
Youth

# SPNS Program

- Authorized under Part F of the Ryan White HIV/AIDS Program (RWHAP), Section 2691
- What SPNS Does:
  - **Supports development of innovative models of HIV care** to quickly respond to the emerging needs of clients served by the RWHAP
  - **Evaluates effectiveness of the models'** design, implementation, utilization, cost, and health-related outcomes
  - **Promotes dissemination and replication** of successful models
  - **Supports special programs to develop standard electronic client information data systems** to improve grantee- and client-level data reporting to U.S. Department of Health and Human Services (HHS)

# Current Initiatives

- Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum
- Implementation of Evidence-Informed Behavioral Health Models to Improve HIV Health Outcomes for Black Men Who Have Sex With Men
- Dissemination of Evidence-Informed Interventions to Improve Health Outcomes along the HIV Care Continuum Initiative
- Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV (E2i)
- Evidence-Informed Approaches to Improving Health Outcomes for People Living with HIV
- Improving HIV Health Outcomes through the Coordination of Supportive Employment and Housing Services

# Current Initiatives Continued

- Addressing HIV Care and Housing Coordination through Data Integration to Improve Health Outcomes along the HIV Care Continuum
- Curing Hepatitis C among People of Color Living with HIV
- Jurisdictional Approach to Curing Hepatitis C among HIV/HCV Coinfected People of Color
- Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program
- Capacity Building in the Ryan White HIV/AIDS Program to Support Innovative Program Model Replication
- Strengthening Systems of Care for People Living with HIV and Opioid Use Disorder

# Past/Recently Completed Initiatives

- System-level Workforce Capacity Building for Integrating HIV Primary Care in Community Health Care Settings
- Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color
- Culturally-Appropriate Interventions of Outreach, Access, and Retention among Latino(a) Populations
- Systems Linkages and Access to Care
- Building a Medical Home for Multiply Diagnosed HIV-positive Homeless Populations

# Deep Dives into SPNS Projects

- Jurisdictional Approach and Curing HCV Projects
  - ✓Louisiana Department of Health Office of Public Health
  - ✓Yale University
- Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Project
  - ✓New York and Pennsylvania

# Louisiana Department of Health

- ***System:***
  - HCV treatment cost
  - Provision of HCV treatment under Medicaid guidelines
  - Case ascertainment (existing co-infection among people with HIV)
  - Communication between data systems and EHR needs
- ***Provider:***
  - Treatment guideline confusion
  - Attitudes towards social and behavioral determinants of health
  - Provision of harm reduction services
  - Gatekeepers
- ***Patient:***
  - Accessing HCV services and healthcare in general, especially around substance use disorder
  - Knowledge of HCV symptoms and treatment

# Louisiana Department of Health

## *How is Louisiana supporting the development of a hepatitis C care pathway to achieve cure?*

- ***Louisiana hepatitis C Elimination Strategic Plan: 2019-2024***
  - Statewide goal to eliminate hepatitis C virus (HCV) as a public health problem through the combination of a subscription model for direct acting antiviral (DAA) treatment and a public heath-based community-to-clinic care support mode
  - Establish a modified hepatitis C medication subscription model for Medicaid and corrections
  - Educate public on availability of cure and mobilize priority populations for Screenings
  - Expand HCV screening and expedited linkage to HCV cure
  - Strengthen HCV surveillance to link persons previously diagnosed to treatment
  - Expand provider capacity to treat hepatitis C
  - Implement harm reduction and complementary treatment strategies
  - Extend elimination efforts to all populations within the state

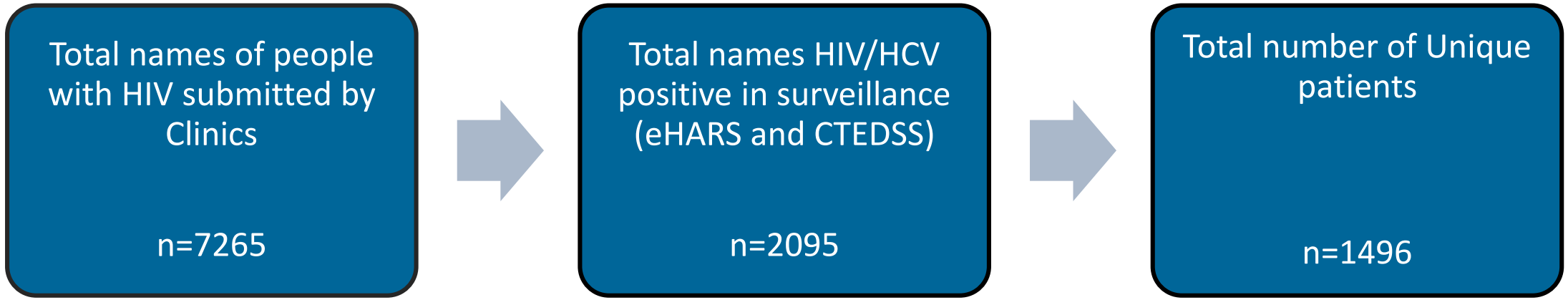
# Yale University

***How can a large academic institution support statewide efforts to cure Hepatitis C?***

- Provider Training
- Patient Education
- Practice Transformation
- Enhanced HCV Screening
- Improved Access and Linkage to HCV Care and Treatment
- Support for Medication Adherence
- Building Capacity to SUD/SSP
- Enhancing Surveillance

# Yale University

- Update Connecticut Electronic Disease Surveillance System (CTEDSS) with backlog of paper labs from 2016-2018
- Multi-site clinics: Preliminary Results of Surveillance Matching



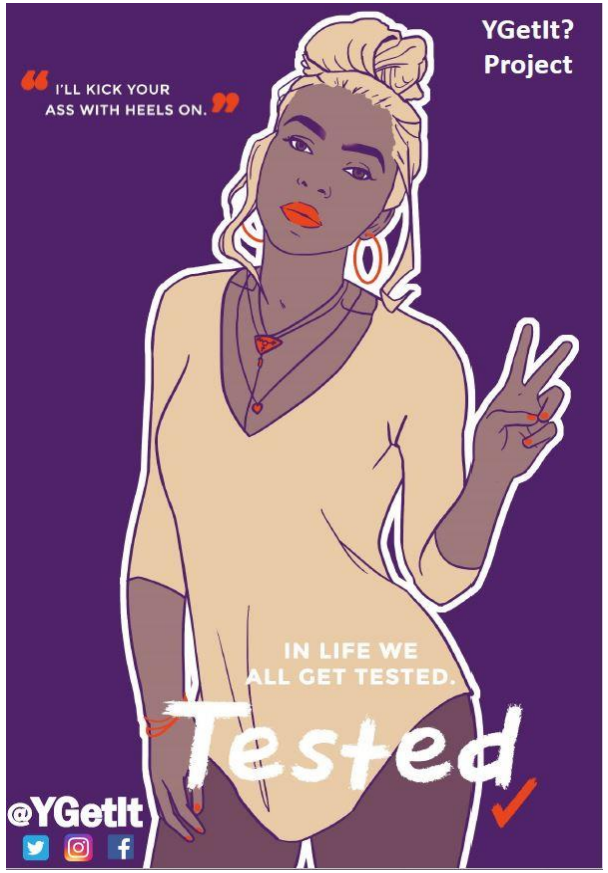

- *Cohort:* Patients with HIV-related medical services, then matched to positive HCV screening results
- *Timeframe:* 1/2009-12/2018
- *Participating partners:* 11 clinics

# SPNS Social Media Deep Dive

- Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Project
  - YGetIt!- New York State Department of Health

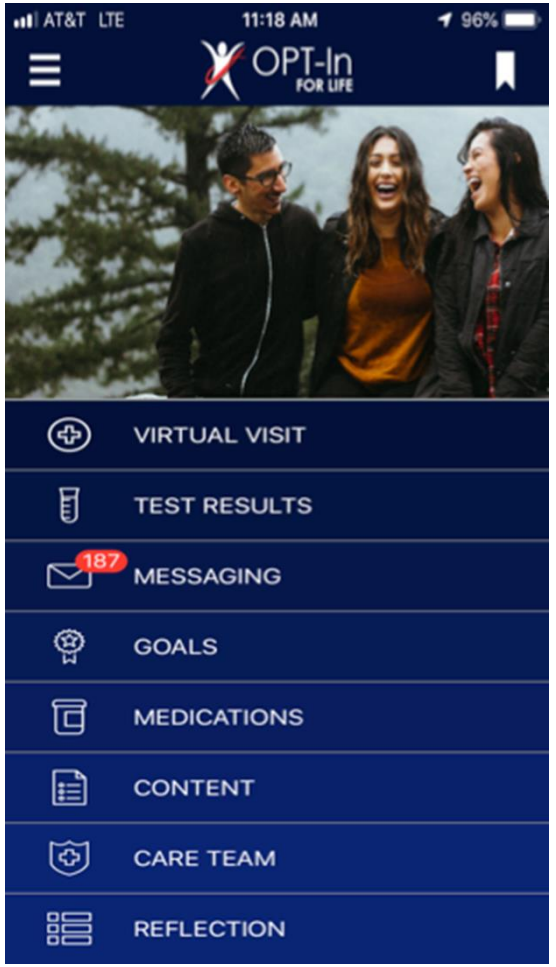
# YGetIt!- New York State Department of Health

- Purpose: Facilitate the timely entry of young people (ages 18-34) into HIV care, keep them in care, and achieve sustained virologic response or SVR
- YGetIt? is comprised of a:
  - Mobile application, GET! App
  - Paired with Peer Engagement Education Professionals (PEEPs) placed at Northwell Health's CART program, located on the border of Long Island and NYC
  - Graphic serial comic 'Tested'
- App has shown early outcome success
- Adding three engagement hub sites located in both the upstate and downstate regions of NYS



# OPT-In For Life – Pennsylvania State University Hershey Medical Center

- Marketed/outreached the brand to at-risk, infected, and affected individuals in the age group 13-34, whom have demonstrated a high dropout rate
- Secure communications across the app with features such as user access to medical data, tools, goals, information, evaluation (journaling)
- App has shown early outcome success
- Easy to enroll, easy to use, easily scalable
- Second phase of investigation will focus on primary outcomes (engagement in care, antiviral suppression)



# Where to find SPNS Resources

- **HAB Website**
  - www.hrsa.hab.gov
  - For list of current SPNS projects, Fact Sheets, Bulletins and NOFOs
- **TargetHIV**
  - https://targethiv.org/library/hiv-care-innovations-replication-resources
  - https://targethiv.org/ihip
  - For presentations, curricula, and tools to help replicate proven models of care

# Two Approaches to Searching for SPNS Resources

- **Population Focus** - by population and care continuum disparity

OR

- **Service Delivery Model Focus** - by innovative service delivery models for specific treatment issues

# Identifying Resources by Population Focus

- Underserved, uninsured, underinsured, marginalized populations served by past SPNS initiatives:
  - Caribbean, US-Mexico border, American Indian/Alaska Native, young men who have sex with men (MSM) of Color, new releases from jails, women of color, transgender women of color, Latino/a (Puerto Rico and Mexico)

- Populations currently under demonstration (findings coming soon):
  - Black MSM, homeless and multiply diagnosed, youth (through social media)

# Identifying Resources by Service Delivery Models

- SPNS has tested innovative service delivery models to address specific treatment issues

- Example: Buprenorphine treatment integration
  - ✓Training Manual
  - ✓Curriculum
  - ✓Monograph of Site Models
  - ✓Webinars

✓**All of these resources are available through iHIP on TargetHIV**

Link to iHIP TargetHIV: ***www.targethiv.org/ihip***

# Identifying Resources by Other Service Delivery Models

## Other Innovative Service Delivery Models to Address Specific Treatment Issues:

- Patient Navigation & Peer Models
- Oral Health
- Prevention with Positives (clinical interventions)
- Electronic Networks of Care (HIT models like LaPHIE)
- Systems Linkages (Regional and Statewide community-level models)

**All of these resources are available on TargetHIV.org**

**TargetHIV Search Tip:** https://targethiv.org/library/hiv-care-innovations-replication-resources

# SPNS Dissemination Resources

- SPNS Section of HAB website
- **SPNS Program Fact Sheet** (PDF - 286 KB)
- **SPNS Products and CyberSPNS Bulletins**

- Current and Past initiatives: purpose, recipients and their demonstration projects,  and journal articles (added when published)
  - Available at: **https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-f-special-projects-national-significance-spns-program**

# Discussion Question…

- What gaps in the HIV care continuum is your jurisdiction addressing?
- What resources and help would you need to integrate SPNS models into your system of care?

# Closing Questions and Discussion

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*Thank you for your attention and interest!*

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