



# **Improving Health Outcomes**

**Moving Patients Along the HIV Care Continuum and Beyond**

# AGENDA

- Overview

- About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project

- Presenters

- Anne Rhodes, PhD, Director of HIV Surveillance at the Virginia Department of Health
    - Active Referral Intervention
  - Valerie Robb, RN, HCV Care Coordinator, UCSF HIV/AIDS Clinic at San Francisco General
    - Presenting on Hepatitis C Treatment Expansion intervention

- Q&A

- Give Us Your Feedback



## **SPNS reflects**

- Changes in the epidemic
- Alignment with HIV national policy strategies
- Changes in the healthcare environment
- Replicable and sustainable care models



## **Advancing the HIV Care Continuum**

SPNS has funded initiatives along the steps of the **HIV Care Continuum** including projects focused on:



**populations  
not in care**



**outreach**



**linkage  
to care**



**medication  
adherence**



**retention/  
re-engagement**



Integrating HIV Innovative Practices

- Great models of care and lessons learned from successful SPNS initiatives but difficulty with dissemination of SPNS innovations

## SPNS Program's Challenge

## Solution

- IHIP Project designed to improve dissemination & replication through training tools that help providers take SPNS lessons and implement them in their own practices

- More informed providers, stronger workforce, & healthier patients
- Advances federal priorities and supports federal strategies

## IHIP Results

## **In particular, IHIP**

Promotes, markets, and disseminates effective strategies and lessons learned to support optimal implementation of successful models of HIV care.

### ***Strategies include:***

- Developing implementation tools and resources (e.g., manuals, curricula, pocket guides) specific to evidence-informed SPNS initiatives and grantee interventions
- Disseminating information to various stakeholders to raise awareness about tools and resources
- Providing capacity building assistance to enhance implementation of evidence-informed SPNS interventions among care providers




## Approaches to Capacity Building Assistance (CBA)

- **e-newsletter** to market tools, resources, and forthcoming SPNS webinars
- Providing an **online collaborative platform** (listserv) that supports knowledge exchange
- An **e-mail helpdesk** to provide **TA** support to intervention implementers
- Using Ryan White-funded grantees with SPNS intervention implementation experience to engage in **peer-to-peer sharing** of best practices
- Participating in **conferences and meetings** to introduce SPNS interventions and accompanying tools and resources

# IHIP Resources @ the TARGET Center

<https://careacttarget.org/ihip>



**TARGET Center**  
Tools for the Ryan White Community

Supporting HIV care through education and innovation

[Home](#) [Topics Library](#) [News and Events](#) [Ryan White Community](#) [Help Desk](#)

[iHiP Home](#)  
[Buprenorphine: Training Manual](#)  
[Buprenorphine: Curriculum](#)  
[Buprenorphine: Monograph](#)  
[Buprenorphine: FAQ and Peer Discussion](#)  
[Training and Implementation Webinar](#)  
[Clinical Aspects Webinar](#)

## Integrating HIV Innovative Practices (IHIP)





### Description

Welcome to *IHIP*, Integrating HIV Innovative Practices. This site is dedicated to helping you learn about tested and proven HIV strategies. Building upon the Health Resources and Services Administration, HIV/AIDS Bureau's Special Projects of National Significance (SPNS), the practices outlined here have demonstrated success and replicability across health care settings.






*IHIP* quite literally helps you take tested innovation and turn it into practice. It's where training meets implementation. The results are more informed providers, better care delivery and, ultimately, healthier patients and communities.

*IHIP* products are informed by SPNS research and evaluation. Products include easy to use training manuals as well as curricula. Associated Webinars are designed to provide a more interactive experience with experts and a wiki exists for you to find answers to your questions, share your own lessons learned, and connect with an online community.

Over time, new *IHIP* products are added to this site so come back frequently, share your voice and experience on the wiki, and let us help you build a better program for a brighter future.

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Integrating HIV Innovative Practices

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# Other IHIP Resources

*Training Tools on*

Buprenorphine Opioid Treatment

Hepatitis C Coinfection

Transitional Care Coordination from Jail

Engaging Hard-to-Reach Populations

Women of Color

Oral Healthcare

Available at: <https://careacttarget.org/ihip>



# **SPNS Systems Linkages and Access to Care Active Referral to Care**

Anne Rhodes, PhD, Director HIV Surveillance Unit  
Virginia Department of Health  
September 7, 2016

# Presentation Outline

- Background
- Implementation
- Evaluation
- Next Steps



# Active Referral: Background

- No standard tools and processes for referring persons newly diagnosed with HIV to medical care and ensuring that linkage to care occurred
- Disease Intervention Specialists (DIS) and other testing personnel were being asked to report on linkage rates



# Active Referral: Implementation

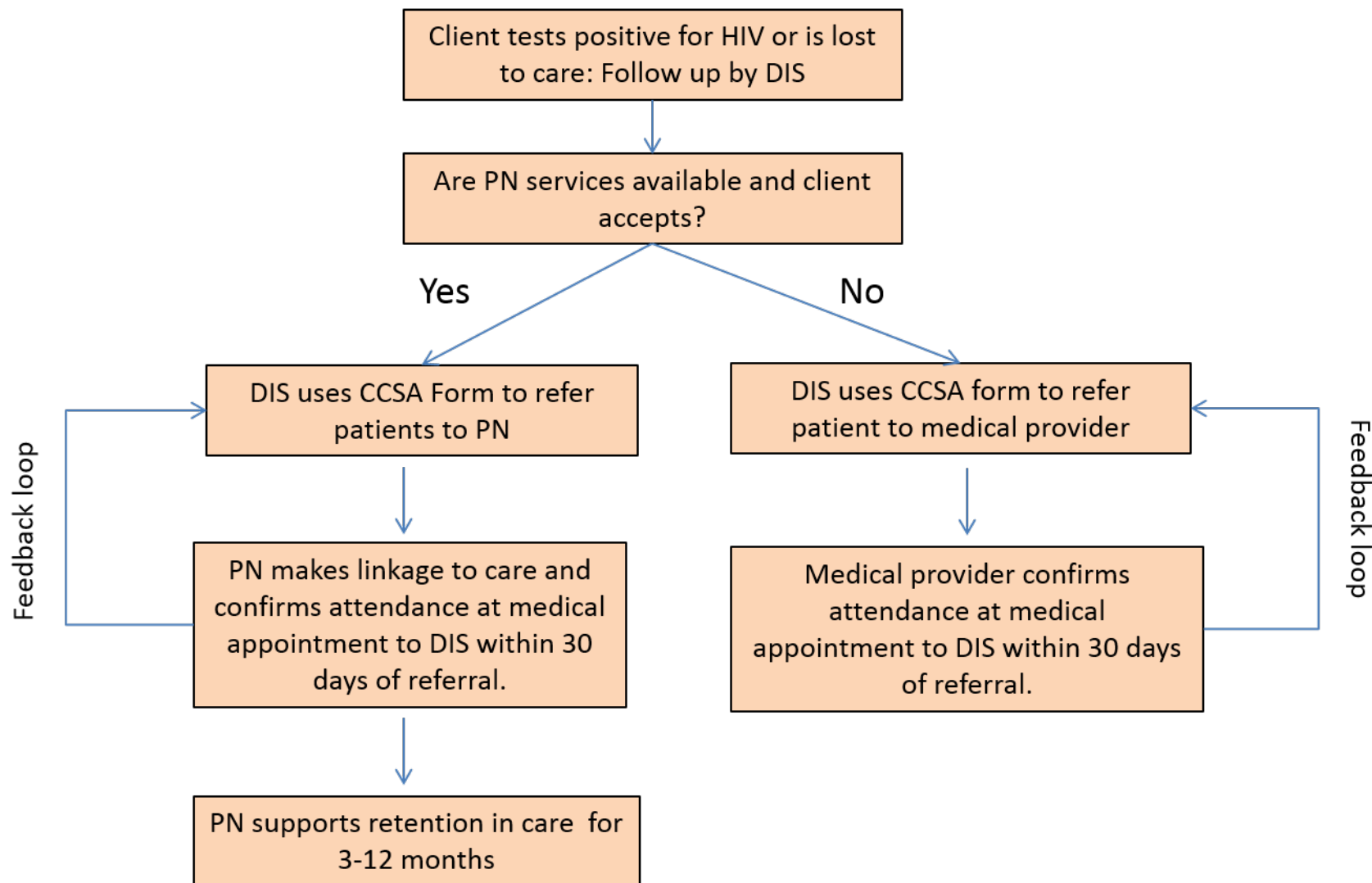
- What is an “Active Referral”?

- A direct referral to a Patient Navigator (PN) or medical provider
- Documentation of scheduled medical appointment
- Confirmation that medical appointment was attended

- Learning Collaborative Process utilized
- Group of DIS, PNs, and other staff developed protocol for Active Referral and tested it using the Plan, Do, Study, Act cycles
- Developed the Coordination of Care and Services Agreement (CCSA) Form



# Making an Active Referral to Care





# Active Referral: CCSA Form

- Coordination of Care and Services Agreement allows the client and the agency that provides linkage services to identify and select available medical and community resources that align with the client's needs and preferences.
- This form provides the opportunity for the client to consent to allow confidential information to be shared among services providers to help coordinate services, assist with closing the referral loop and allow for easier linkages to care.



# Active Referral: Evaluation

## Linkage

- Date of first care marker post-diagnosis
- Days between HIV diagnosis and first care marker

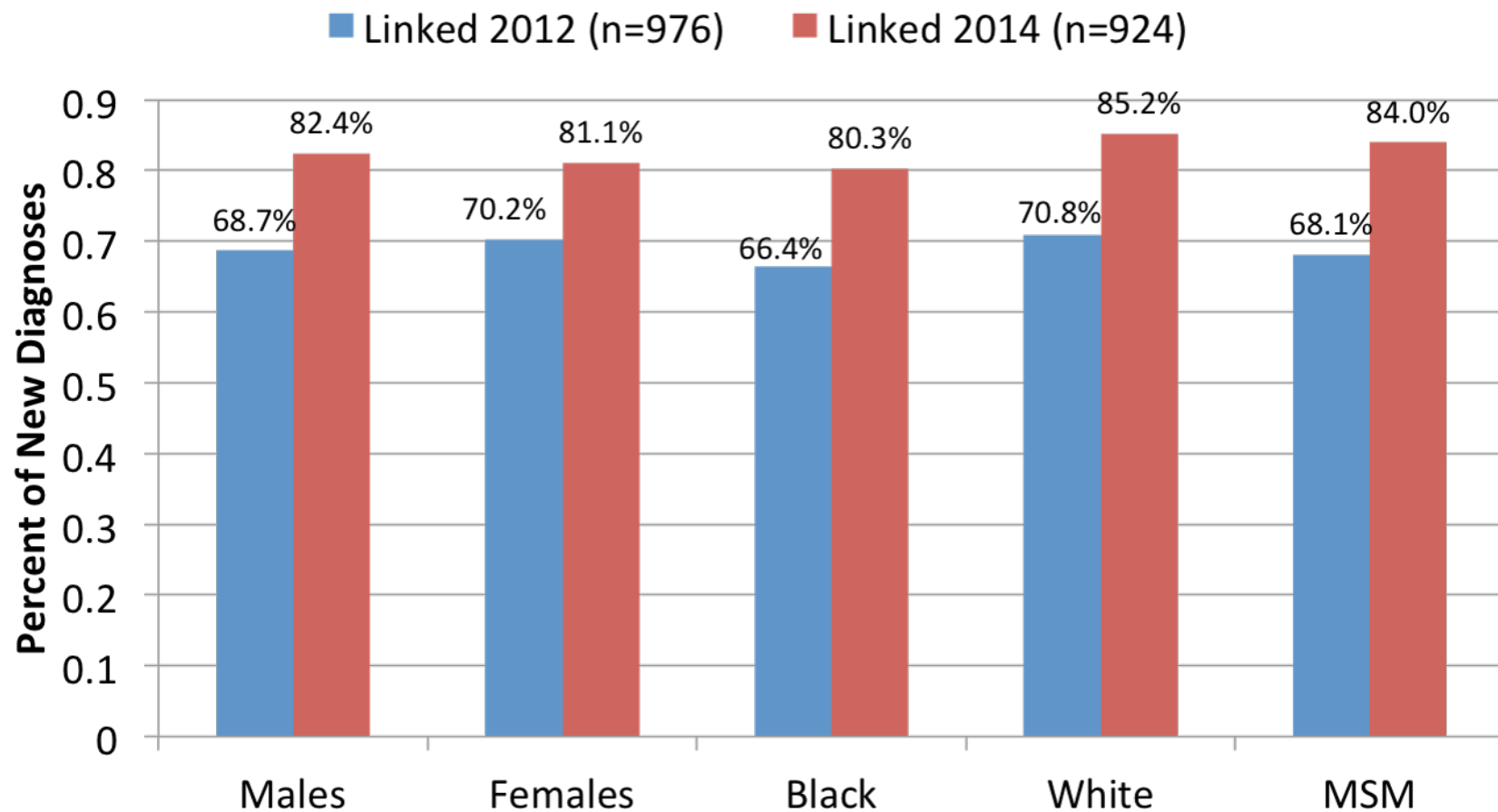
## Retention

- Retention in care over 12 months
- Retention in Care over 24 months





# Active Referral: Linkage to Care Rates





# Active Referral: Challenges

- Implementation by DIS varied by Health Department
- Completion of forms and feedback loop often took time and created data quality issues
- Staff turnover
- Updates/changes to HIV testing technologies and processes for linking to care



# Active Referral: Successes

- Increases in Linkage Rates
- Collaboration among Patient Navigators/Linkage personnel and DIS
- Awareness of resources
- Integration across HIV programs at VDH



# Active Referral: Future Directions

- Integrating with Data to Care efforts, including use at Community Based Organizations and medical provider sites
- Expansion to other diseases, including HCV
- Ongoing training for DIS and other linkage personnel, inclusion in job descriptions/expectations
- DIS positions dedicated to linkage/re-engagement



# Active Referral: Key Points

- Linkage to care is not always a straightforward process (other barriers, resources)
- Shift for some DIS in model of public health
- Need ongoing training, discussion with DIS/testing personnel as well as linkage staff to ensure process meets current needs
- Process has been adapted for Data to Care and PrEP



# Acknowledgements



THANK  
You!

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Steve Bailey

Others: Lori DeLorenzo



# SPNS Hepatitis C Treatment Expansion Initiative

Valerie Robb, RN  
University of California, San Francisco  
San Francisco General Hospital  
September 7, 2016



# Presentation Outline

Overview

Capacity

Implementation

Lessons Learned

Sustainability

Recommendation

Resources





# Overview of Ward 86

- Large hospital based HIV clinic with strong academic affiliation
- Approximately 2600 HIV patients -30% co-infected with HCV
- History of treating HCV patients since 2004
- Applied for SPNS Initiative for Hepatitis C Treatment Expansion to:
  - ✓ Transform our model
  - ✓ Increase capacity to treat patients by creating a dedicated clinic
  - ✓ Improve multidisciplinary team communication



# Building Capacity

- By establishing a clinic we expanded staffing to include two Infectious Disease specialists, a nurse, a psychiatrist, and a social worker
- Created an interdisciplinary team meeting prior to each clinic to streamline communication through the continuum of readiness, treatment initiation, and monitoring
- Scheduled clinic on same day as weekly HCV information and Support Group to optimize patient education and support



# Lessons Learned

- The Hepatitis Clinic model provided capacity for treatment of 45% more patients
- Able to treat selection of patients who would not have qualified for clinical trial
- Having a dedicated time and place for HCV evaluation facilitated rapid time from referral to treatment initiation
- HCV Clinic 'No Shows' helped clarify which patients were ambivalent about treatment
- Clinical case conferencing facilitated decisions about patient readiness
- Rapid referrals to clinical trials for appropriate patients provided access to treatments not available in the clinic
- ARV regimen selection and adherence played an important role in treatment readiness
- HCV patient support group remained a key factor in HCV treatment



# Expansion Creates Sustainability as Another Grant Supports Mentoring

## MY INFO

### Hep C antibody test

- ☐ positive
- ☐ negative
- ☐ unknown

### Hep C Viral Load

\_\_\_\_\_ copies/iu

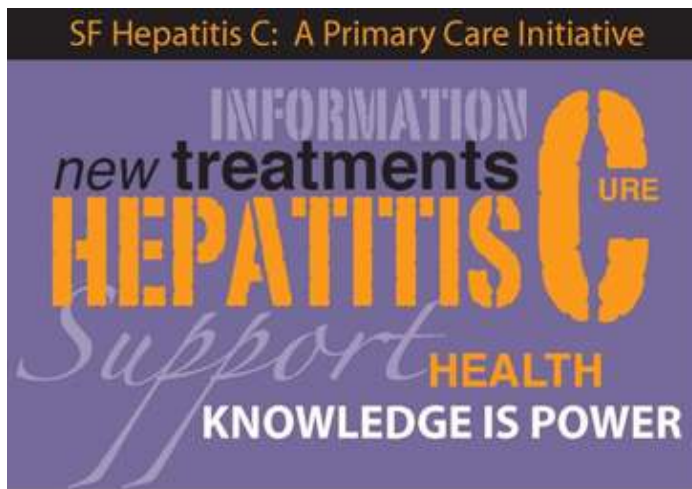
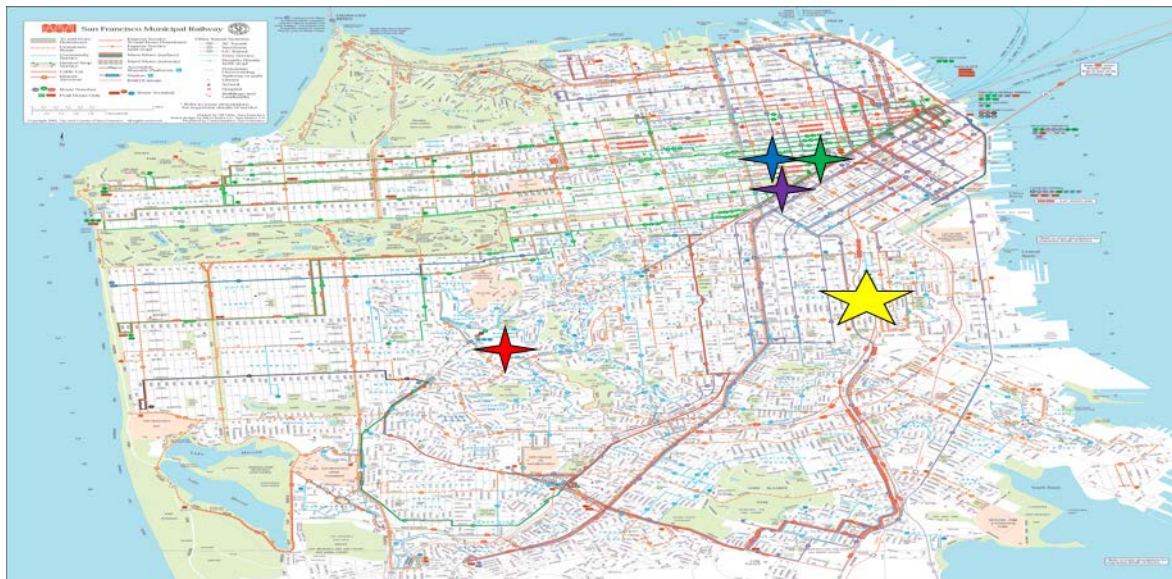
### Hep C Genotype

1 2 3 4 (circle one)

### Liver Image

- ☐ ultrasound
- ☐ ct scan

\_\_\_\_\_ results





# Keys to Sustainability

- Commitment of Clinic Leadership
- Dedication of HCV clinic team
- Treatment demand by providers and patients
- Ongoing Funding
- Better treatments

## Barriers To Sustainability

- Lack of dedicated HCV funding



# Successes

- Increased capacity by 45% compared to our previous treatment initiative
- Lower rates of treatment discontinuation
- Similar high rates of SVR
- Improved monitoring between initial evaluation and treatment initiation
- Better communication and morale among HCV team members



# Challenges to Implementation

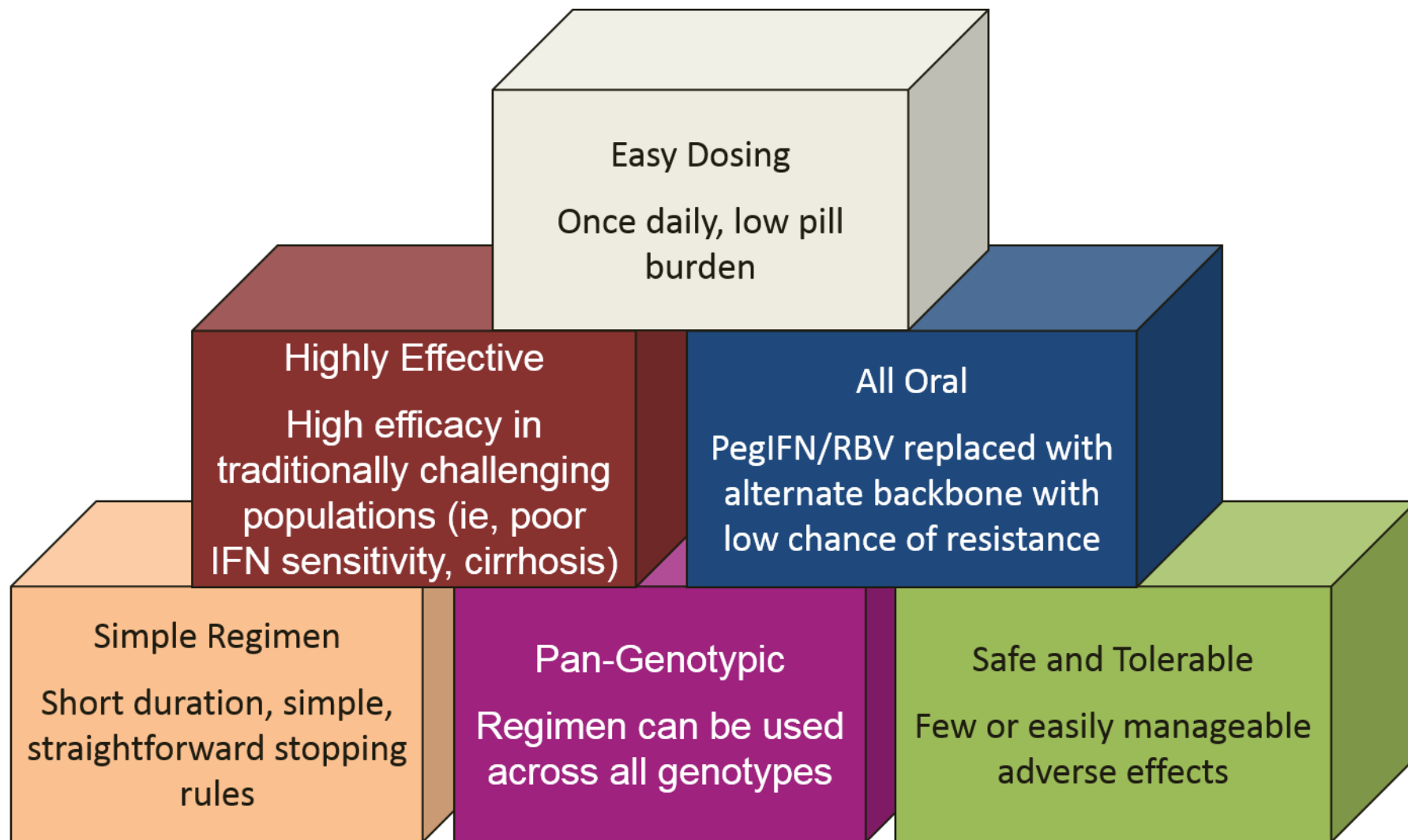
- Insurance Approval Delays
- Delays in treatment start due to clinical trials
- Patients waiting for easier treatment regimens
- Challenging treatments remain out of reach

## How did we overcome these barriers?

Advocacy, education and ultimately better regimens!



# What Are the Key Elements of an Ideal HCV Regimen?







# Recommendations

- Changing team composition as treatment evolves - pharmacist for drug-drug interactions and drug procurement vs psychiatrist for interferon side effects
- Evolve model from small numbers with intense year long treatment to high volume with shorter, simpler treatment
- Prioritize cirrhotics
- More attention to ARV regimen and drug-drug interactions
- If patients can be adherent to HIV regimen they can usually take one more pill

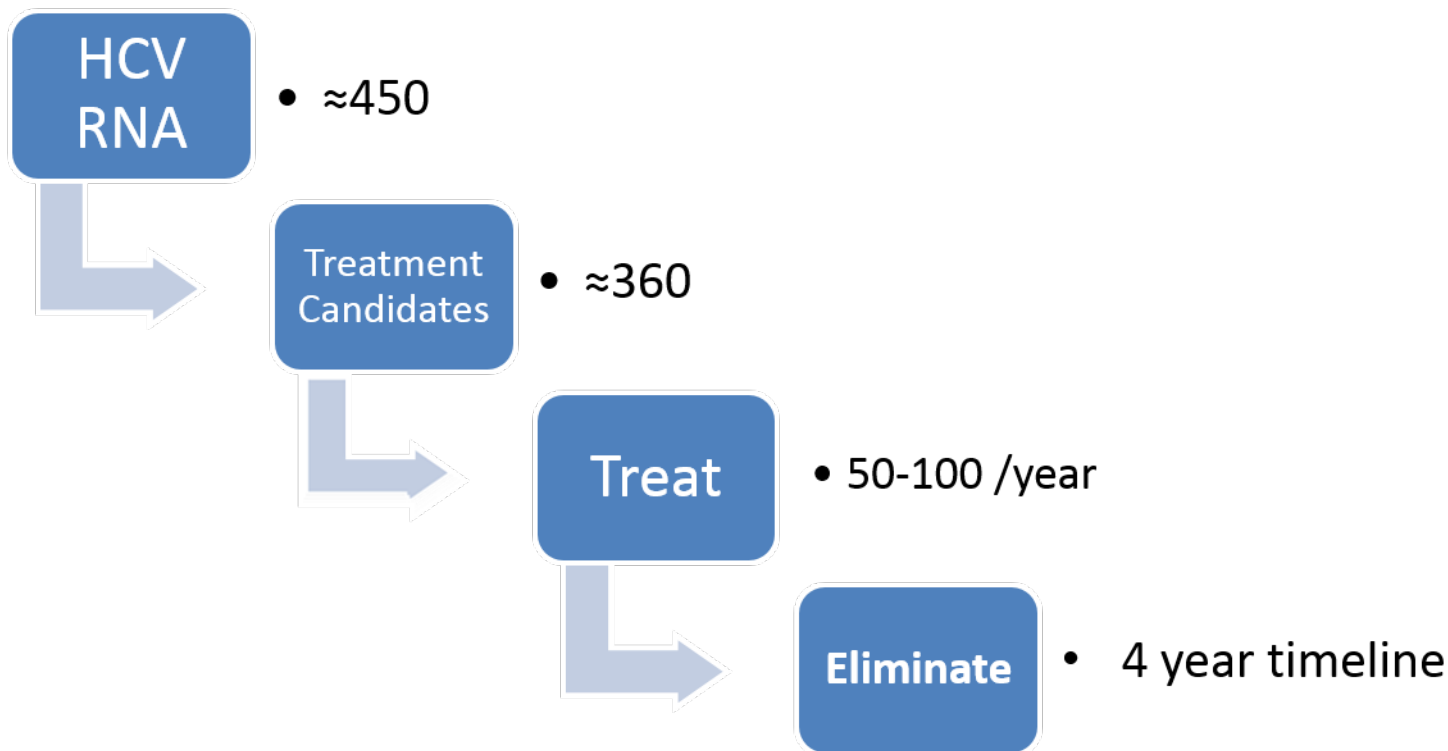


# Ongoing Capacity Building

- Training Infectious Disease Fellows and other providers through HCV clinic
- Offering 'electronic review as an option
- City-wide network of HCV treaters
- Coordination with Clinical Trials Group
- Twice yearly data review of EMR for potential referrals



# Roadmap for Elimination



## 2015 Goals:

- All cirrhotics evaluated for treatment start in 2015
- All HCV+ patient have a **treatment plan**: cure when possible, reduce complications & prevent transmission in all

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# **Save the Date!**

## **Upcoming Webinar in the Series**

**September 19 at 2pm ET**

**Same web link & number:**

**URL: <https://hrsa.connectsolutions.com/spnsihip/>**

**Dial in Number: [800-619-7593](tel:800-619-7593)**

**Participant passcode: 7360021**

# Stay Connected!

Sharing Information & Strategies

CBA questions, email  
[IHIPhelpdesk@mayatech.com](mailto:IHIPhelpdesk@mayatech.com)

To join IHIP listserv, email  
[scook@impactmarketing.com](mailto:scook@impactmarketing.com)

IHIP website and TA resources, visit  
<https://careacttarget.org/ihip>

# Give us your feedback!

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