



Building on HRSA Programs' Infrastructure to Support Ending the HIV Epidemic

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Steven Young and Susan Robilotto, HIV/AIDS Bureau
Judith Steinberg, Bureau of Primary Health Care

Vision: Healthy Communities, Healthy People



Ending
the
HIV
Epidemic

Now is the time to end the HIV epidemic

We have access to the most powerful HIV treatment and prevention tools in history and we know where infections are rapidly spreading.

By equipping all communities at risk with these tools, we can end HIV in America.



Background

During the 2019 State of the Union address, the Administration announced the new “Ending the HIV Epidemic: A Plan for America.”

- This will be a ten year initiative beginning in FY 2020 to achieve the important goal of reducing new HIV infections to less than 3,000 per year by 2030
- Reducing new infections to this level will essentially mean that HIV transmissions will be rare and meet the definition of ending the epidemic



Why Focus on Ending the HIV Epidemic in America?

- More than 700,000 American lives lost to HIV since 1981
- \$20 billion annual direct health expenditures by U.S. government for HIV prevention and care (2016 data)
- Over the next ten years, without intervention and despite substantial progress:
 - Another 400,000 Americans will be newly diagnosed with HIV
 - U.S. government will spend more than \$200 billion



Four Pillars of Ending the HIV Epidemic

75%
reduction in
new HIV
diagnoses
in 5 years
and a
90%
reduction
in 10 years.



Diagnose

All people with HIV as early as possible.



Treat

HIV rapidly after diagnosis, and effectively, in all people with HIV to help them get and stay virally suppressed.



Prevent

People at risk for HIV using proven prevention interventions, including pre-exposure prophylaxis (PrEP) and syringe service programs (SSPs).



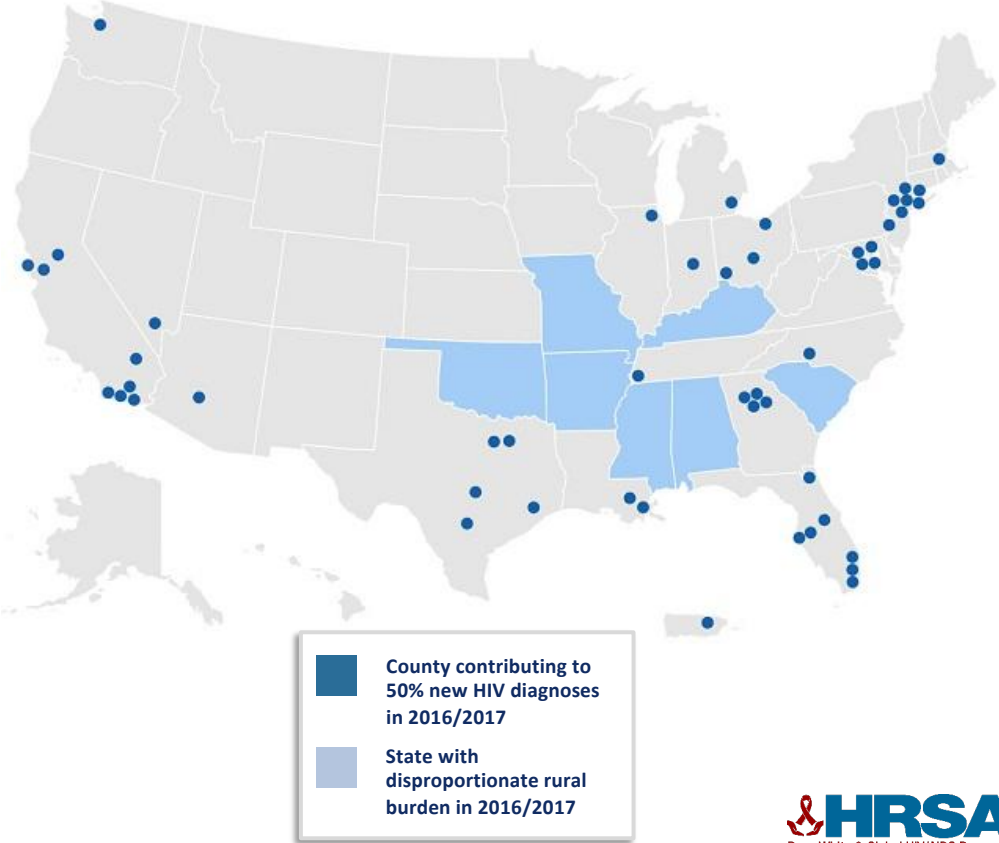
Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Geographic Locations of Ending the HIV Epidemic Initiative

Efforts focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



HRSA's Role in the Initiative





Pillar One: Diagnose HIV (CDC and HRSA Leads)

1.1 million Americans have HIV and 1 in 7 do not know that they do

- **Increase HIV testing**
 - Increase testing in identified jurisdictions in key HIV testing venues
 - **Implement routine and risk based testing in healthcare encounters, including at health centers**
 - **Health centers conduct community outreach and engagement activities**
 - **Health centers receive referrals from community outreach activities and perform assessment and testing and linkage to care**
- Work on increasing availability of HIV diagnostics





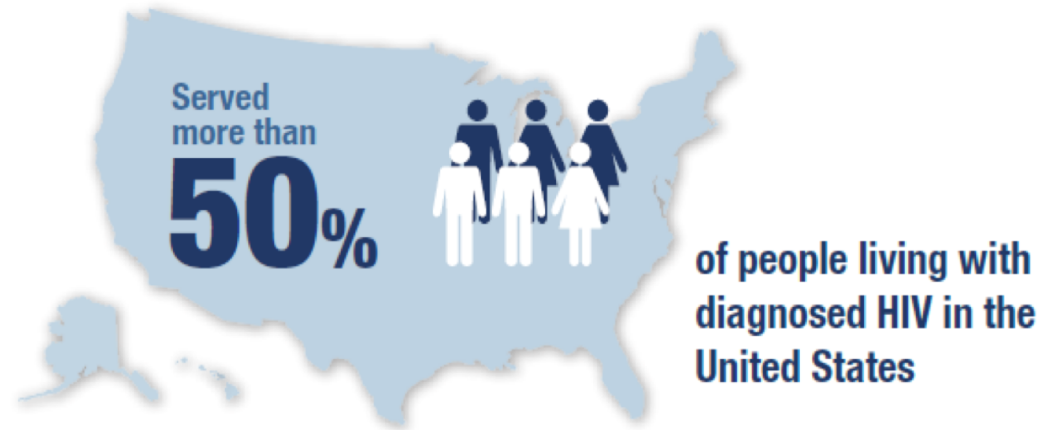
Pillar Two: HIV Care and Treatment

- People with HIV who take medication daily as prescribed and achieve and keep an undetectable viral load have effectively no risk of sexually transmitting the virus to their HIV negative partner.
- If HRSA's Ryan White HIV/AIDS Program receives funding and the flexibility to direct the funding to the identified jurisdictions for the initiative, HRSA will focus on linking people with HIV who are either newly diagnosed, or diagnosed but not in care, to essential HIV care and treatment and to support services so they reach an undetectable viral load.
- **To do this, HRSA HAB will:**
 - Encourage initiation of rapid HIV care and treatment to achieve viral suppression and stop transmission
 - Increase capacity by funding RWHAP Parts A and B in the identified jurisdictions
 - Provide workforce capacity development through the RWHAP Part F AIDS Education and Training Centers (AETC)
 - Provide technical assistance to the identified jurisdictions

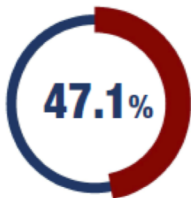


Clients Served by HRSA RWHAP (non-ADAP), 2017

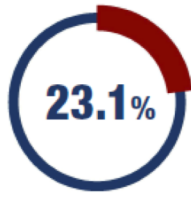
Served **534,903** clients in 2017



73.6% of clients were racial/ethnic minorities



of clients identified as **Black/African American**



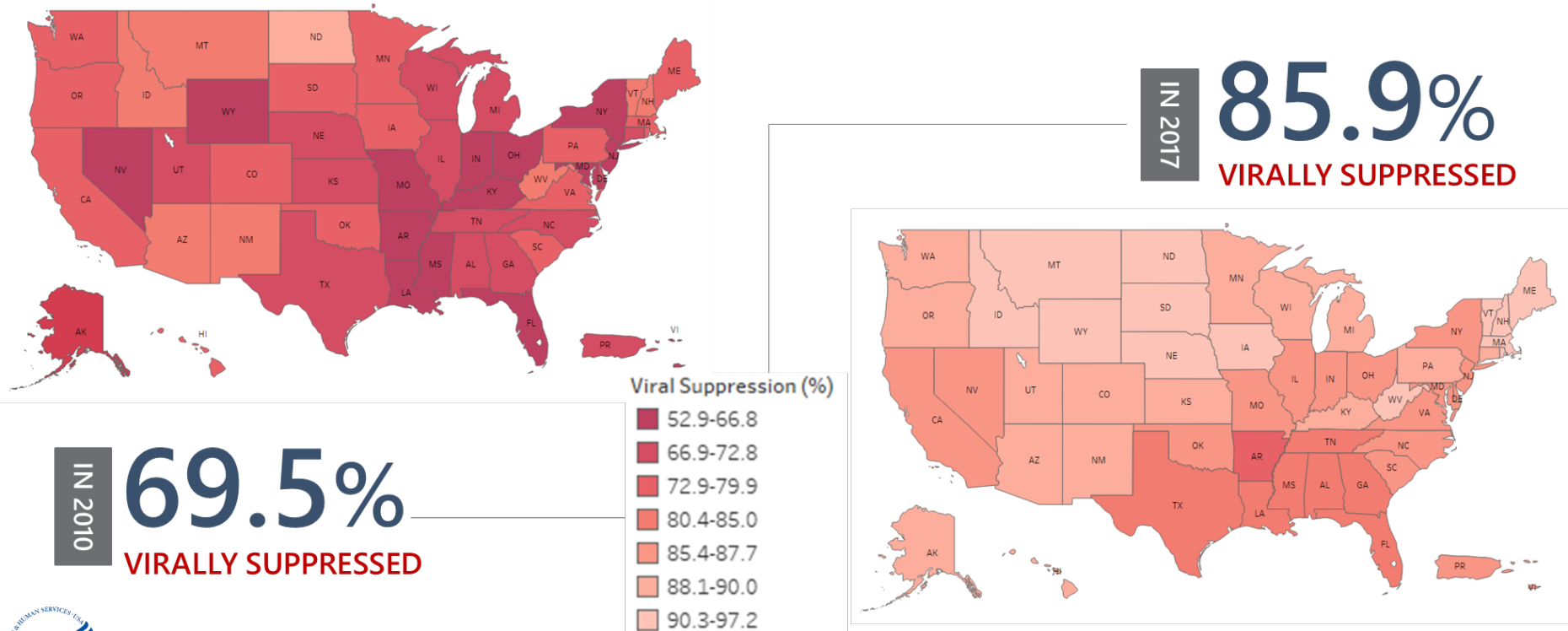
of clients identified as **Hispanic/Latino**



62.8% of clients were living at or below **100%** of the Federal Poverty Level



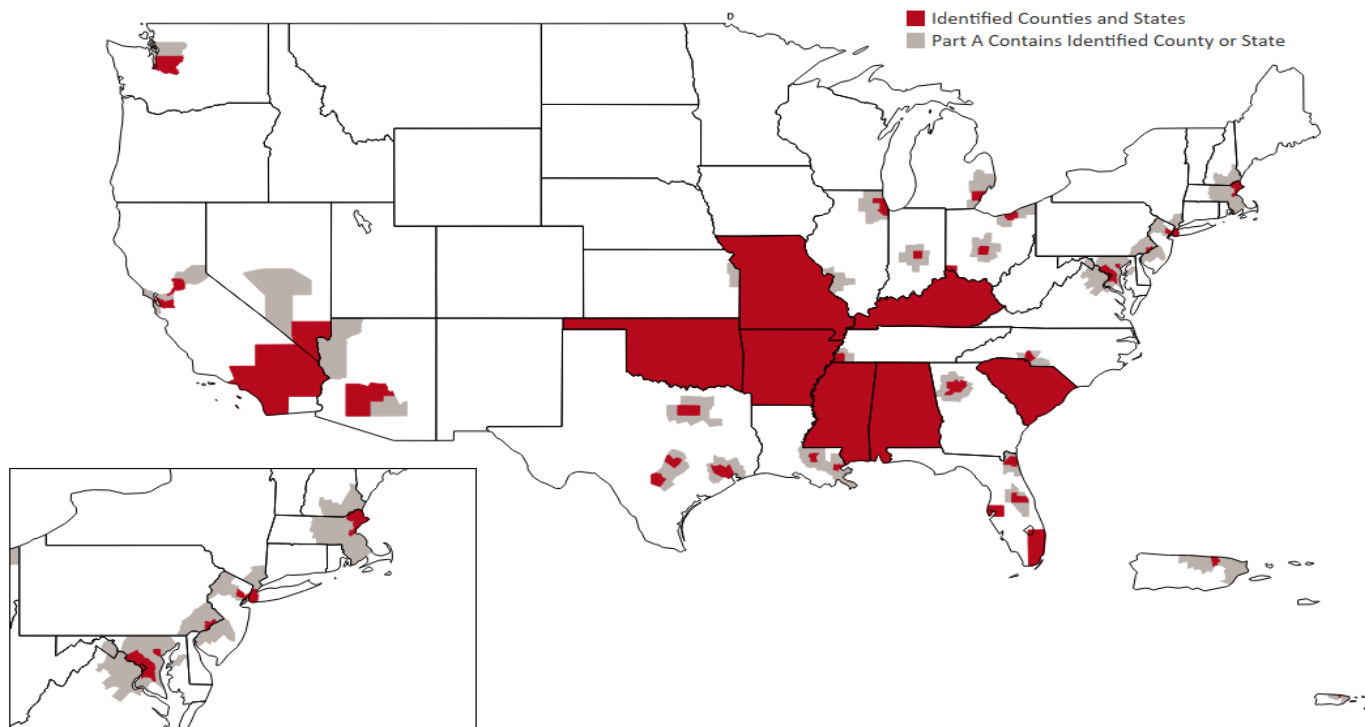
Viral Suppression among HRSA RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories^a



Viral suppression: ≥ 1 OAHS visit during the calendar year and ≥ 1 viral load reported, with the last viral load result < 200 copies/mL.
^a Puerto Rico and the U.S. Virgin Islands.



Ending the HIV Epidemic – Overlap of RWHAP Parts A and B and Identified Counties and States





Pillar Three: Prevent HIV (HRSA and CDC Leads)

*1.2 million Americans would benefit from Pre-exposure Prophylaxis (PrEP);
about 10% were prescribed PrEP in 2016*

- **Increase access to HIV Prevention interventions**
 - PrEP and Post Exposure Prophylaxis (PEP)
 - Syringe Service Programs (SSPs)
 - HIV prevention education
- **Health Center Program focus:**
 - **Expanding HIV prevention education, access to PrEP and care coordination for individuals at substantial risk of acquiring HIV infection**
- **HAB focus:**
 - **Supporting workforce capacity training and clinical consultation for providers**
- **CDC focus:**
 - Identifying and linking people needing PrEP services to health centers
 - Increasing access to SSPs and prevention education



Health Centers: Ending the HIV Epidemic Flowchart

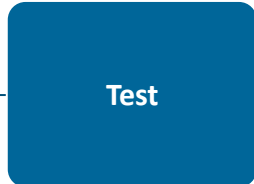
Respond rapidly to detect and respond to growing HIV clusters and prevent HIV infection (CDC)

High risk referrals of new patients (CDC, S/LHDs)



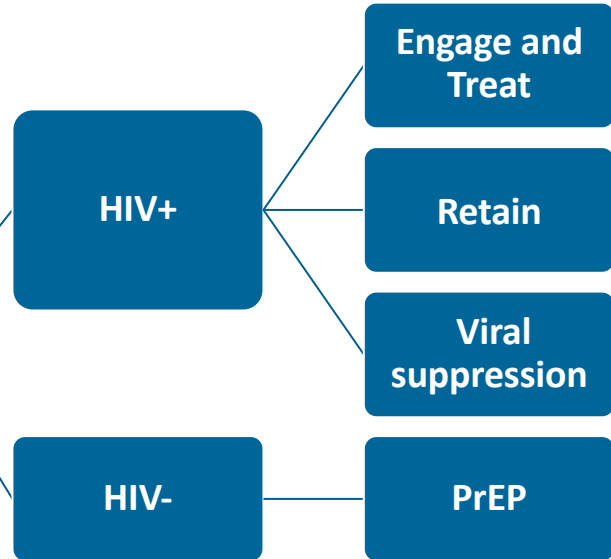
Health center in reach to identify high-risk current patients

Diagnose all people as early as possible after infection



Link to Prevention and Care

Treat the infection rapidly and effectively to achieve viral suppression



Prevent HIV using proven prevention interventions, including PrEP



HRSA Health Center Program Mission

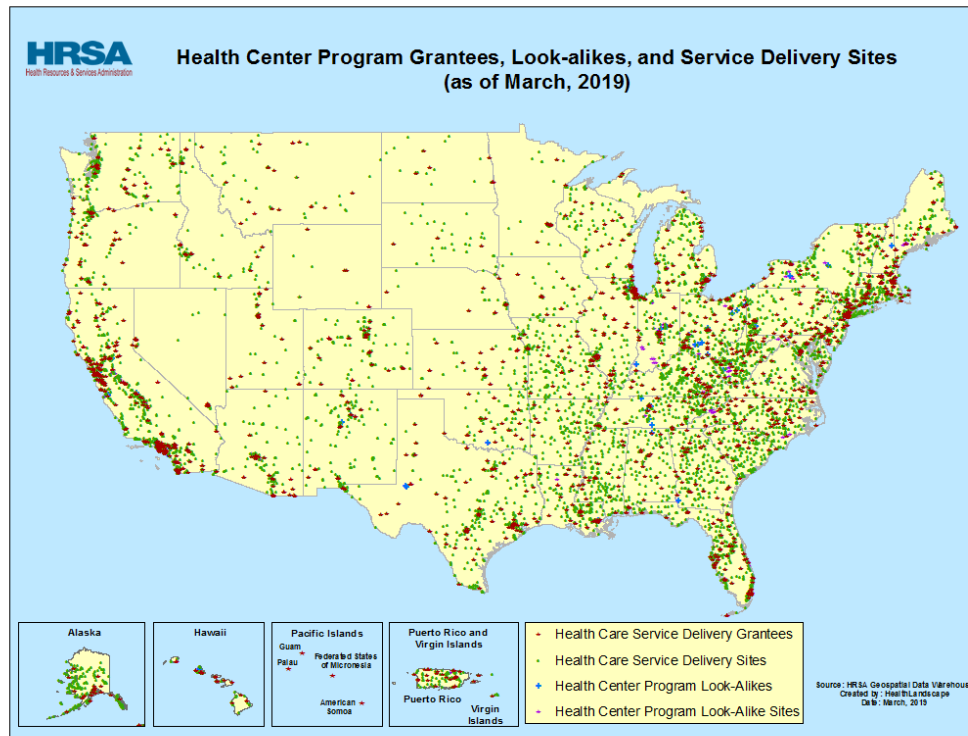


Improve the health of the nation's underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services



National Presence:

Approximately 12,000 Service Delivery Sites and Growing!



Health Center Program National Impact

More than **28 million** people rely on a HRSA-funded health center for care, including:



1 in 12 PEOPLE



more than **385K** VETERANS



1 in 9 CHILDREN



more than **800K** SERVED AT SCHOOL-BASED HEALTH CENTERS



1 in 5 RURAL RESIDENTS



nearly **1M** AGRICULTURAL WORKERS



1 in 3 LIVING IN POVERTY



about **4.5M** LIVING IN OR NEAR PUBLIC HOUSING



Source: Uniform Data System, 2018



Health Centers: Access to Comprehensive Care

Category	2016	2017	2018	Δ 2016-2018
Total Health Center Patients	25,860,296	27,174,372	28,379,680	^ 10%
Medical	21,880,295	22,866,468	23,827,122	^ 9%
Dental	5,656,190	6,116,732	6,406,667	^ 13%
Mental Health	1,788,577	2,049,194	2,249,876	^ 26%
Substance Use Disorder	141,569	168,508	223,390	^ 58%
Vision	599,314	670,973	746,087	^ 24%
Enabling	2,482,751	2,549,897	2,593,393	^ 4%



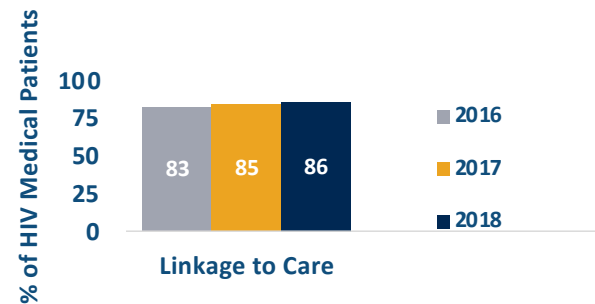
Source: Uniform Data System, 2016 - 2018



Health Center Program: HIV and Primary Care

- **Over 2 million** HIV tests conducted annually
- **More than 190,000** patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
- **More than 890** health centers purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program

HIV and Primary Care Integration



Initiatives

- Partnerships for Care (P4C) Demonstration Project, 2014-2017
- Southeast Practice Transformation Expansion Project, 2017-2018



Source: Uniform Data System, 2018. HRSA Electronic Handbooks.





Pillar Four: Respond

- **New laboratory methods and disease control techniques allow health departments to see where HIV may be spreading most rapidly.**
 - Cluster detection – this technique will allow community partners to quickly develop and implement strategies to stop ongoing transmission.
- **HRSA’s Ryan White HIV/AIDS Program and Health Center Program will support these efforts by providing HIV care and treatment (RWHAP) and PrEP (CHC) to those identified through cluster detection activities.**



Next Steps



Ending the HIV Epidemic Initiative

Next Steps

- Funding
- Collaborations & Community Engagement
- Data Collection and Monitoring
- Plan for TA and Training

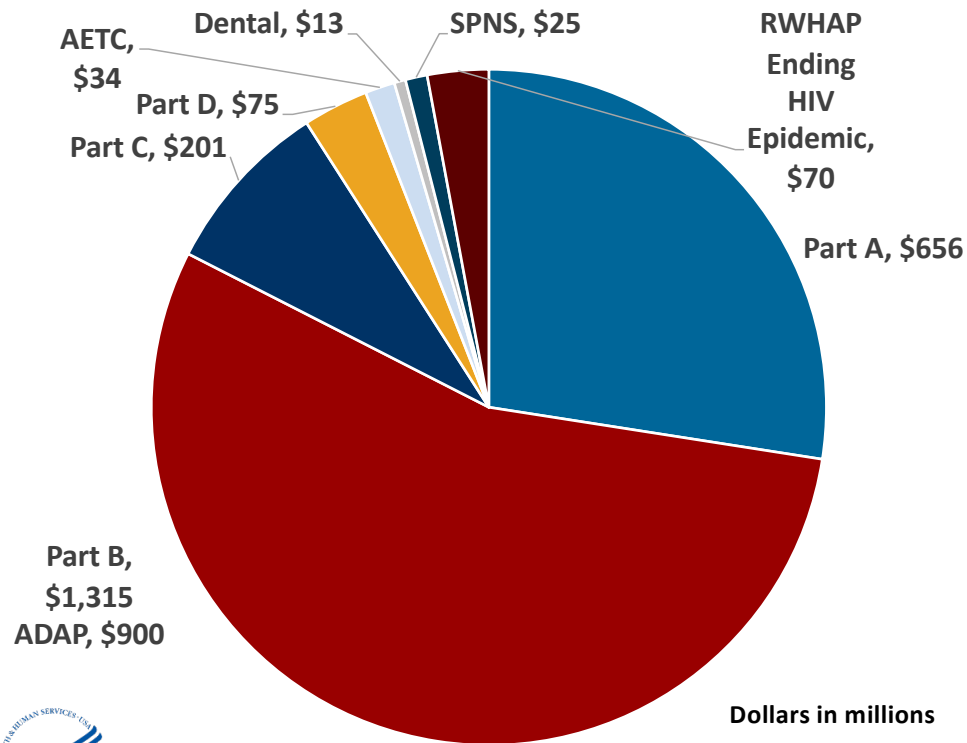


Funding Opportunities

- **HRSA's HIV/AIDS Bureau released three Notices of Funding Opportunity (NOFOs) with a March 1, 2020 start date:**
 - Ending the HIV Epidemic: A Plan for America –Ryan White HIV/AIDS Program Parts A and B (HRSA-20-078)
 - Ending the HIV Epidemic: A Plan for America- Technical Assistance Provider (HRSA-20-079)
 - Ending the HIV Epidemic: A Plan for America- Systems Coordination Provider (HRSA-20-089)
- **HRSA's Bureau of Primary Health Care's plan is to release a supplemental NOFO for the Health Center Program**



FY 2020 Ryan White HIV/AIDS Program Budget Request



- **\$120 million requested for HRSA to support Ending the HIV Epidemic initiative**

- \$70 million for HRSA's Ryan White HIV/AIDS Program (RWHAP)
- \$50 million for HRSA-funded Health Center Program



Health Center Program Funding

• Primary Care HIV Prevention (PCHP) Supplemental Funding

- \$50 million for HRSA-funded Health Centers in the identified geographic areas
- Eligible applicants: dually funded (BPHC and RWHAP) health centers or health centers with MOUs with RWHAP sites
- Expected release: Fall, 2019
- Expected awards:
 - Calendar Year 2020

PCHP OBJECTIVES

Engage new and existing patients to identify those at risk for HIV	Increase patients tested for HIV	Increase patients who receive prevention education and clinically-indicated PrEP
Increase linkage to HIV treatment	Enhance/establish partnerships to support HIV prevention activities	Within 8 months of award add at least 0.5 full-time equivalent personnel to identify and support PrEP patients



Funding, continued

- **CDC released a Notice of Funding Opportunity PS19-1906 Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the U.S.**
 - Purpose is to support community engagement and the development of Ending the HIV Epidemic plans
 - Due July 12, 2019
- **With Minority HIV/AIDS Funds from the Office of the Secretary, CDC supplemented three PS18-1802 recipients to pilot Ending the HIV Epidemic activities:**
 - State of Louisiana for East Baton Rouge Parish
 - Baltimore City
 - State for Georgia for DeKalb County
- **HHS received a donation of Truvada for PrEP from Gilead**
 - Plans pending for implementation



Collaborations & Community Engagement

- **Continue leveraging critical scientific advances in HIV prevention, treatment, and care, coordinating the Ending the HIV Epidemic initiative, and working with the five other principal agencies:**
 - Centers for Disease Control and Prevention (CDC)
 - Indian Health Service (IHS)
 - National Institutes of Health (NIH)
 - Office of the HHS Assistant Secretary for Health (OASH)
 - Substance Abuse and Mental Health Services Administration (SAMHSA)
- **Work closely with CDC on Ending the HIV Epidemic planning grants**
- **Visit Ending the HIV Epidemic counties and states to engage recipients and HIV community members during summer 2019**



Data Collection & Monitoring

- **HHS developed a parsimonious set of indicators for Ending the HIV Epidemic:**
 - Diagnose, Treat, and Prevent Pillars
 - Will be displayed on a public facing dashboard
 - Are able to be calculated at national, state, and county levels (unless the state does not yet have complete lab reporting)
- **HAB and BPHC will have programmatic reporting for monitoring Ending the HIV Epidemic**



Training and Technical Assistance: Health Centers

AETC Practice Transformation Expansion

- Expansion of Practice Transformation activities by three AETCS in the Southeast, Midwest & Pacific regions.
- Goal: Advance SEPTAP lessons learned, HIV testing, linkage to care, and prevention coaching and promising practices at health centers.

Supplemental Funding to TA and Training Partners

National LGBT Education Center

- Provide TA on HIV Prevention & PrEP through Project ECHO
- Develop a Regional Train-the-Trainer Course on PrEP/HIV prevention
- Implement a Two-part PrEP/HIV Prevention Distance Learning Series

HITEQ Center

- Train on Integrating EHR & Health IT systems to inform HIV prevention & treatment
- Provide TA on EHR data integration, health IT optimization, and Ending the Epidemic data collection



Health Center Promising Practices



Diagnose

- Community outreach team
- Mobile vans
- Youth peer educators
- Collaboration with community based organizations
- Routine opt-out HIV testing
- No wrong door testing
- EHR alerts and reminders



Prevent

- Same day PrEP starts
- TelePrEP
- PrEP navigators
- PrEP standard order sets
- Easy access follow-up PrEP clinics

Bring Care to Where People Are At



HRSA RWHAP: Meeting the Challenges Ahead

- Improve viral suppression and decrease disparities among patients who are in care
- Enhance linkage to and engagement in HIV care of the newly diagnosed
- Expand re-engagement and retention for those diagnosed but out of HIV care



Challenges and Needs – Health Center Program

Themes from the Field

- Stigma
- Engaging the faith-based community
- Health Center workforce capacity and expertise
- Cultural competency and creating a welcoming environment
- Collaborations with community based organizations, health departments
- Costs of care; access to insurance



Questions

Questions?



Share Your Feedback

To share your feedback with HRSA's Ryan White HIV/AIDS Program on the Ending the HIV Epidemic initiative, email:

EndingHIVEpidemic@hrsa.gov



Thank You!

Steven Young, MSPH
Director – Div. of Metropolitan
HIV/AIDS Programs

Susan Robilotto, DO
Director – Div. of State HIV/AIDS
Program Deputy Associate
Administrator

Judith Steinberg, MD, MPH
Chief Medical Officer
Bureau of Primary Health Care

HIV/AIDS Bureau (HAB)
Web: hab.hrsa.gov

Bureau of Primary Health Care
(BPHC)
Web: bphc.hrsa.gov

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