

Collaboration with Rural FQHCs to Increase Equitable Access to HIV Prevention and Care

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ON HIV CARE & TREATMENT

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Dustin Hampton has no relevant financial interests to disclose.

Cindy McDannold has no relevant financial interests to disclose.

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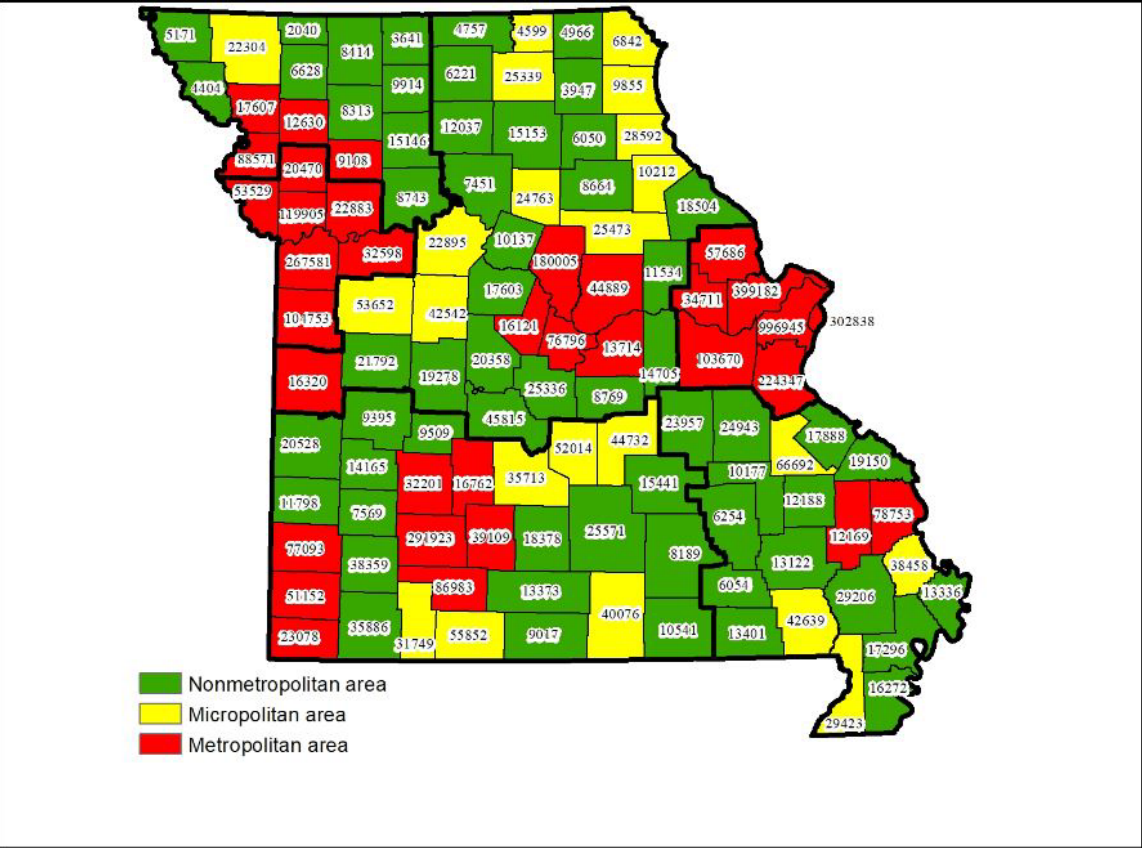
Learning Objectives

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

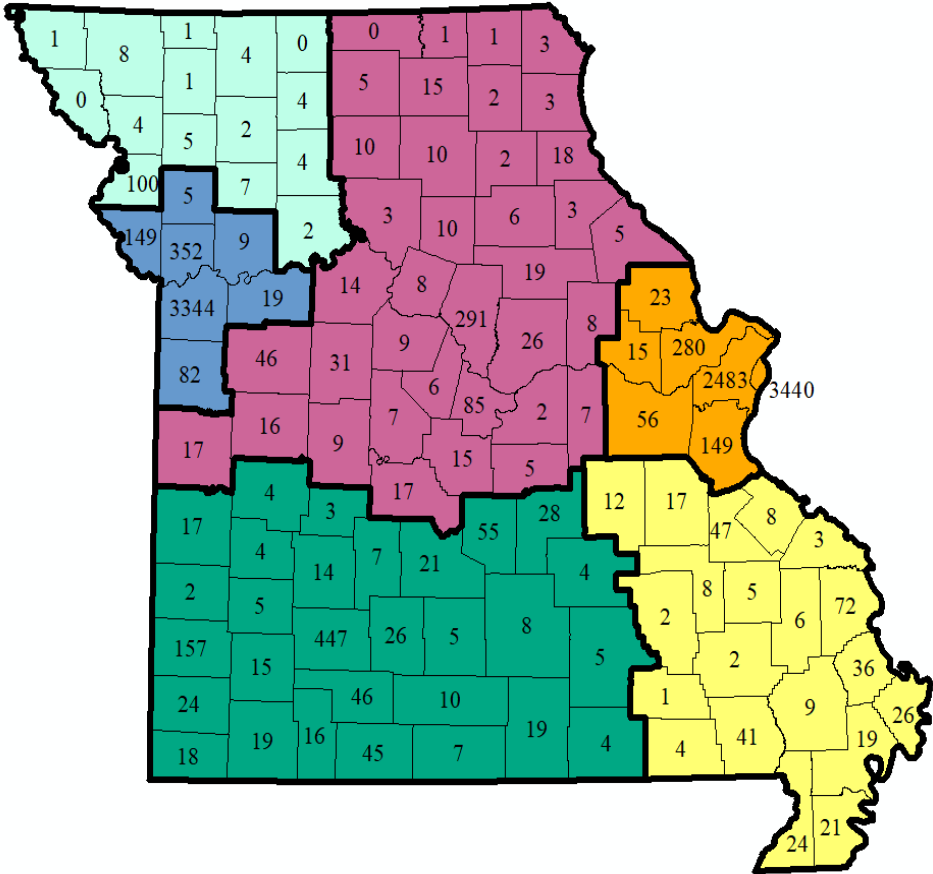
1. Identify gaps in service provision and barriers to access to prevention, testing, and care.
2. Understand one method to build collaborative partnerships.
3. Develop new and innovative service models to increase rural prevention, testing, treatment and care capacity.

The HIV Epidemic in Missouri

Population estimates and metropolitan statistical area classification, by county, Missouri, 2018



Number of persons living with HIV disease by county of residence* and HIV care region at time of diagnosis, Missouri, 1982-2019



Source: 2019 Epidemiologic Profiles of HIV, STD and Hepatitis in Missouri

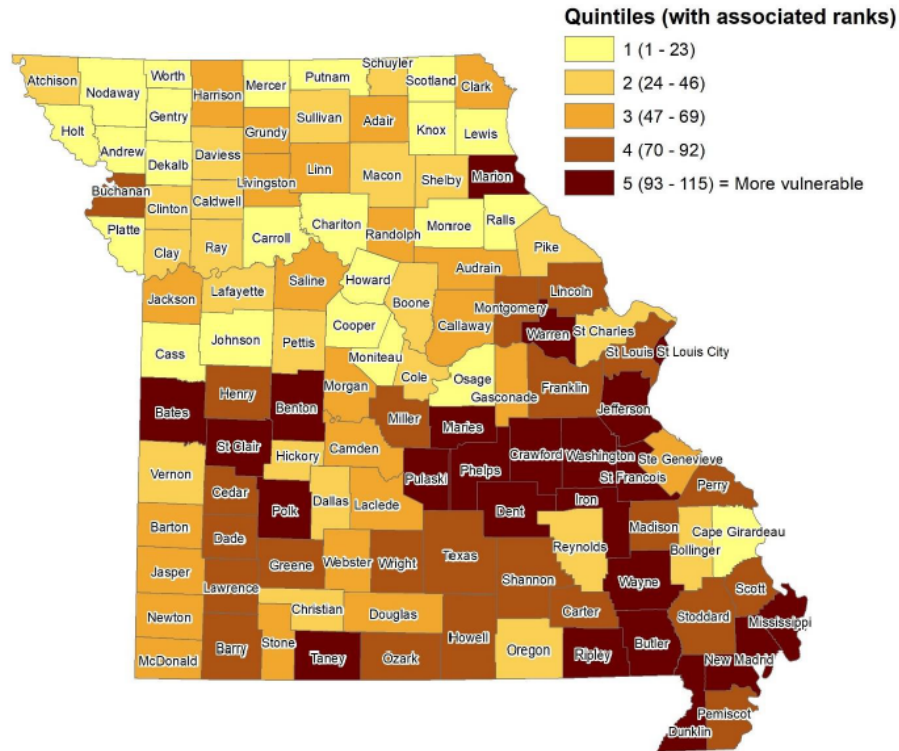
The HIV Epidemic in Missouri

- Majority of new HIV cases in Missouri are diagnosed in metropolitan areas of St. Louis and Kansas City.
- Missouri received EHE funding due to disproportionate rural HIV burden.
- Rural areas in Missouri lack access to HIV testing, prevention, PrEP, and HIV medical care.
- Opioid use and the number of syphilis diagnoses increased during COVID-19 pandemic.

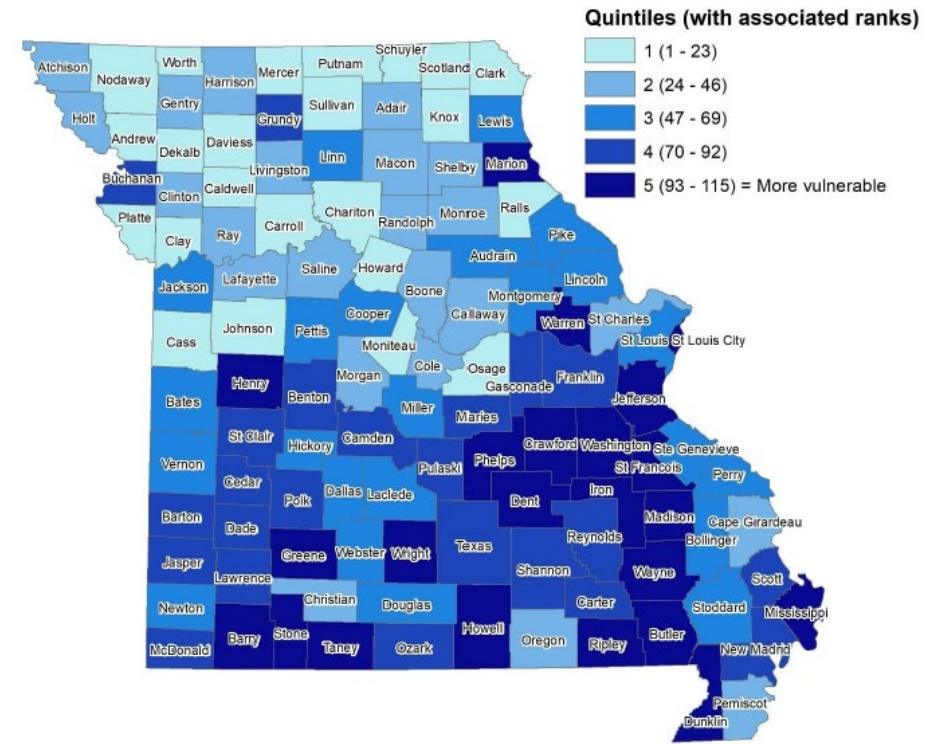
Missouri's Most Vulnerable Counties:

Based on Opioid Overdoses and Bloodborne Infections

Missouri Opioid Overdose Vulnerability Assessment



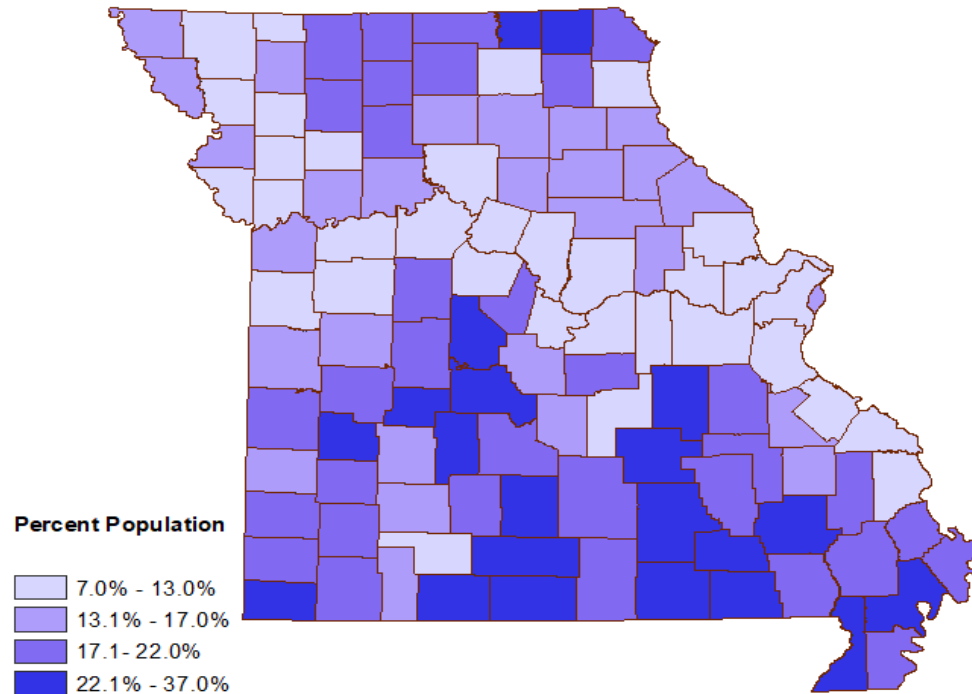
Missouri Bloodborne Infection Vulnerability Assessment



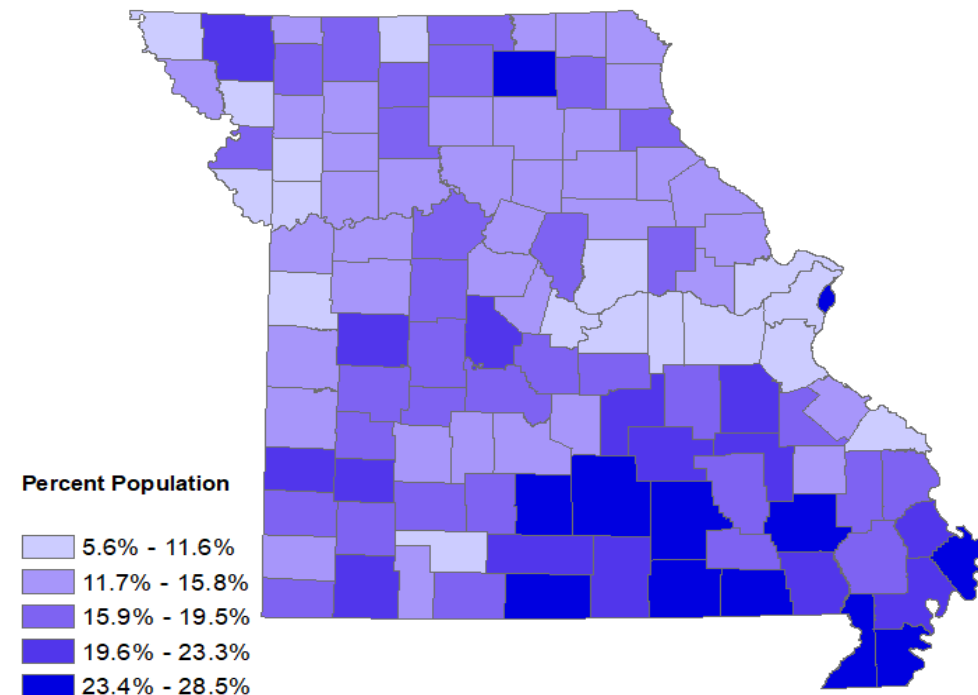
Source: 2020 Missouri Opioid Overdose and Bloodborne Infection Vulnerability Assessments

Social Determinants of Health in Missouri

Estimated percent of population 19-64 years of age with no health insurance, by county, Missouri, 2014-2018



Estimated percent of population living in poverty, by county, Missouri, 2009-2013



Source: 2019 Epidemiologic Profiles of HIV, STD and Hepatitis in Missouri

Social Determinants of Health in Missouri

- Factors contributing to vulnerability in rural areas
 - Unstable housing status
 - Lack of public transportation
 - Unreliable or nonexistent personal transportation
 - High levels of unemployment
 - Rural hospital and medical center closures
 - Lack of providers

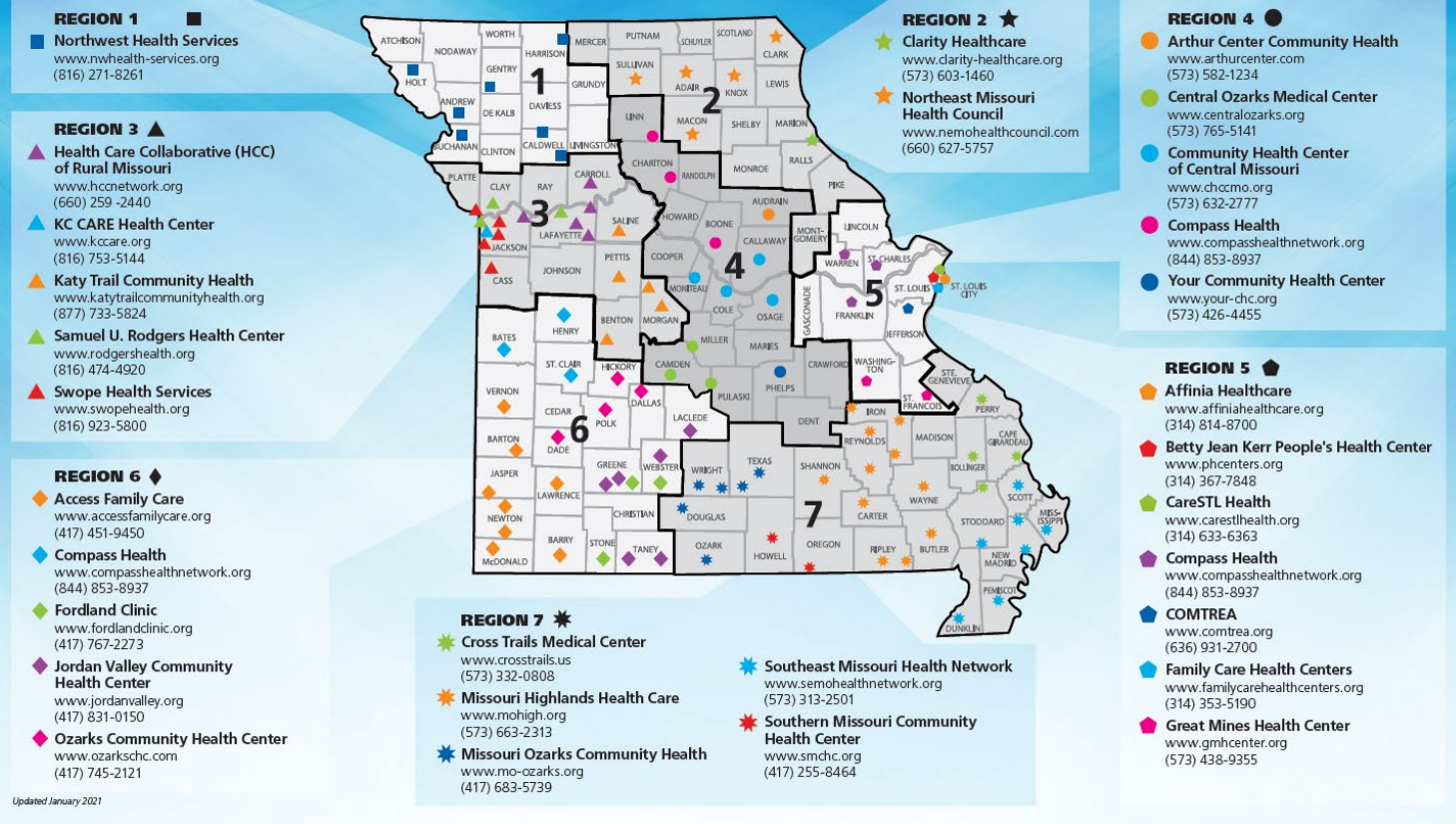
Collaborations

Missouri Primary Care Association

MPCA's mission is to be Missouri's leader in shaping policies and programs that improve access to high-quality, community-based, and affordable primary health services for all Missourians.

In collaboration with MPCA, DHSS began a small pilot project with two Federally Qualified Health Centers in 2021, with a goal of onboarding new FQHCs over the next five years to expand access to HIV prevention, testing, and care

Missouri's Community Health Centers **Your Health Care Home**



Purpose of the collaboration

The purpose of this collaboration is to provide increased HIV, STD, and Hepatitis accessibility and support to communities, especially rural, to end the HIV Epidemic.

The collaboration goals:

- Increasing access to STD, HIV and Hepatitis C healthcare services;
- Linking individuals to care and treatment as quickly as possible;
- Sharing and exchanging data for program planning, development and improvement;
- Addressing stigma and social determinants of health through education and support to reduce barriers to care and improve health outcomes for vulnerable populations in your coverage area;
- Collaborating to reduce STD incidence; and
- Collaborating to address health equity and stigma for diverse populations.

Benefits for FQHCS

- Our efforts started before FQHCS started receiving EHE – Primary Care HIV Prevention (PCHP) Funding

UDS Reported Measures

- HIV Linkage to Care Percentage of patients newly diagnosed with HIV who were seen for follow-up treatment within 30 days of diagnosis
- HIV Screening Percentage of patients aged 15–65 at the start of the measurement period who were between 15– 65 years old when tested for HIV

Measures Available Via Population Health Tool

- STD
- Chlamydia Screening in Women
- Hep C (Lifetime Screen, Baby Boomers Screen, Screen after Opioid Use Disorder)
- Additional HIV Measures (HIV/AIDS Medical Visit, HIV/AIDS RNA Control for Patients with HIV, HIV and Pregnant, STI with HIV Testing)

Improved Health Outcomes

- Increase access to HIV testing and care
- Assist health centers in improving both individual patient health and community health
- Decrease stigma in the community

HIV Support Provided by BHSB

- Provide HIV prevention and testing education to FQHC employees;
- Provide rapid HIV test kits for FQHC use, with the understanding that a reporting of data will be required to be submitted to the Department;
- Assist FQHCs with linking persons testing positive for HIV to care;
- Provide education and resources about prescribing PrEP and PEP;

STD Support Provided by BSHH

- Provide STD prevention, testing, and treatment education to FQHC employees, including best practices for working with priority populations;
- Provide medications to treat Chlamydia, Gonorrhea, and Syphilis to FQHCs, with program registration and signed MOU;
- Provide condoms and HIV/STD literature to FQHCs; and
- Assist FQHCs in improving health outcomes in vulnerable populations in their service areas.

Viral Hepatitis Support Provided by BSHH

- Provide Hepatitis presentations or education to FQHC employees or communities;
- Offer provider toolkits on Hepatitis treatment;
- Provide information regarding the vulnerability assessment. This information can be found at [the Missouri Department of Health and Senior Services Opioid Assessment](#);
- Offer rapid Hep C test kits for FQHC use, with the understanding that a reporting of data will be required to be submitted to the Department;
- Assist with creating regional resource guides;
- Provide harm reduction presentations or education to FQHC employees or communities;
- Offer FQHC staff an opportunity to attend Medication Awareness Recovery Training or Missouri Recovery Support Specialist Training via sponsorship to better help them serve individuals in their communities; and
- Assist FQHCs in improving health outcomes for priority populations in their service areas.

FQHC Provider Training Opportunities

Department of Health and Senior Services (DHSS)

- STI, HIV and Hepatitis Testing Training*
- Harm Reduction 101
- HIV, STD, and Hepatitis Risk Assessment and Reduction Counseling Training

Midwest AIDS Training + Education Center (MATEC)

- Train community-based primary care physicians
- LGBTQ+ Affirming Practices
- Trauma Informed Care
- Cultural Humility
- PrEP/PEP for HIV Prevention
- Opt-out HIV Testing
- HIV 101
- Various other training topics
- Technical assistance and coaching in all areas of the care continuum

St. Louis STI/HIV Prevention Training Center (St. Louis PTC)

- Provide STI Clinical Consultation
- STI Focused Courses from 1 hour to 2 days in length.
- STI Clinical experiences (limited)
- Syphilis in Pregnancy and Congenital Syphilis
- Trauma Informed Sexual History
- STI Case History/Discussion
- Clinical eLearning Community (CeLC)
- On site technical assistance in QI, clinical operations.
- HIV testing and prevention in STI clinic settings + PrEP **(New)**

Missouri Telehealth Network :Show-Me ECHO Program**

- HIV ECHO provides collaborative and interactive online learning sessions the 2nd and 4th Thursday of each month from 12-1 p.m.
- Topics Discussed:
 - Fundamentals of HIV
 - Testing and treatment initiation
 - HIV prevention
 - Access and barriers to care
 - Reproductive health and pregnancy
 - HIV in special populations
 - Co-occurring Conditions
- Hepatitis C ECHO

Engagement



Current FQHC partners

- Missouri Highlands Health Care
- Your Community Health Center
- Health Care Collaborative (HCC) of Rural Missouri
- Access Family Care
- And growing

FQHC Experience

- Testing training contains information about social determinants of health and working with diverse populations, which has been beneficial for all staff to attend.
- Implementing routine opt-out testing has been slow and made more difficult because of COVID.
- State processes are slow.

- FQHCs Engagement
 - Workforce challenges, particularly during COVID
 - Providers lack of education/expertise regarding HIV
 - Stigma
 - Lack of resources for uninsured
 - History (i.e. American health care system is siloed and relies on specialists)
- COVID-19 Impact on the System
 - Redirection of resources, focus, time, etc.

Strengths

- FQHCs know and are known in the communities
- Leveraging of resources and capacity
- No exchange of funds – But a mutual collaboration to improve the health of the community
- Improved relationship between the state, FQHCs, and local public health agencies

Missouri Highlands Health Care & Butler County Health Department



- Expand your partnerships
 - You'll find you have more in common than you do differently.
 - Start with the FQHCs or organizations that are interested.
- Communication, communication, Communication
- Leverage resources
- Be Flexible

Partners and Links

- [Missouri Primary Care Association](#)
- [Show-Me ECHO](#)
- [St. Louis STI/HIV Prevention Training Center](#)
- [MATEC Missouri](#)
- [Missouri DHSS EHE page](#)

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