

Ryan White Part C Program 2023 Overview

September 13, 2023

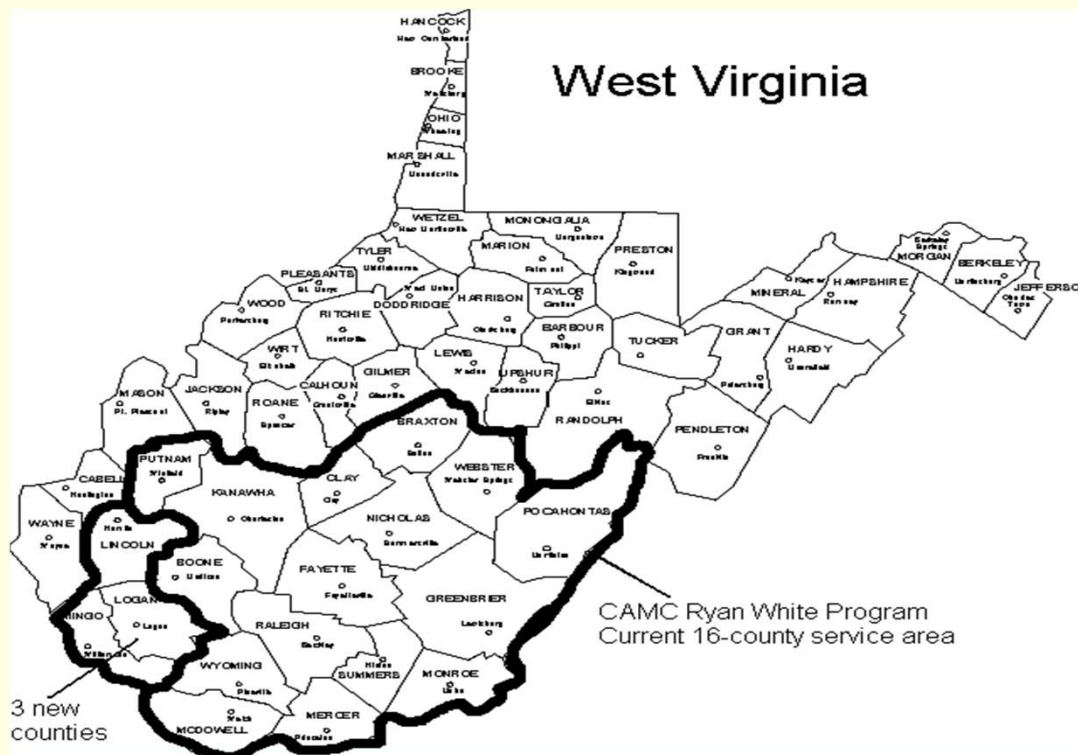
Christine Teague, PharmD, MPH, AAHIVP
Charleston Area Medical Center
Vandalia Health



CAMC Ryan White Program

Introduction

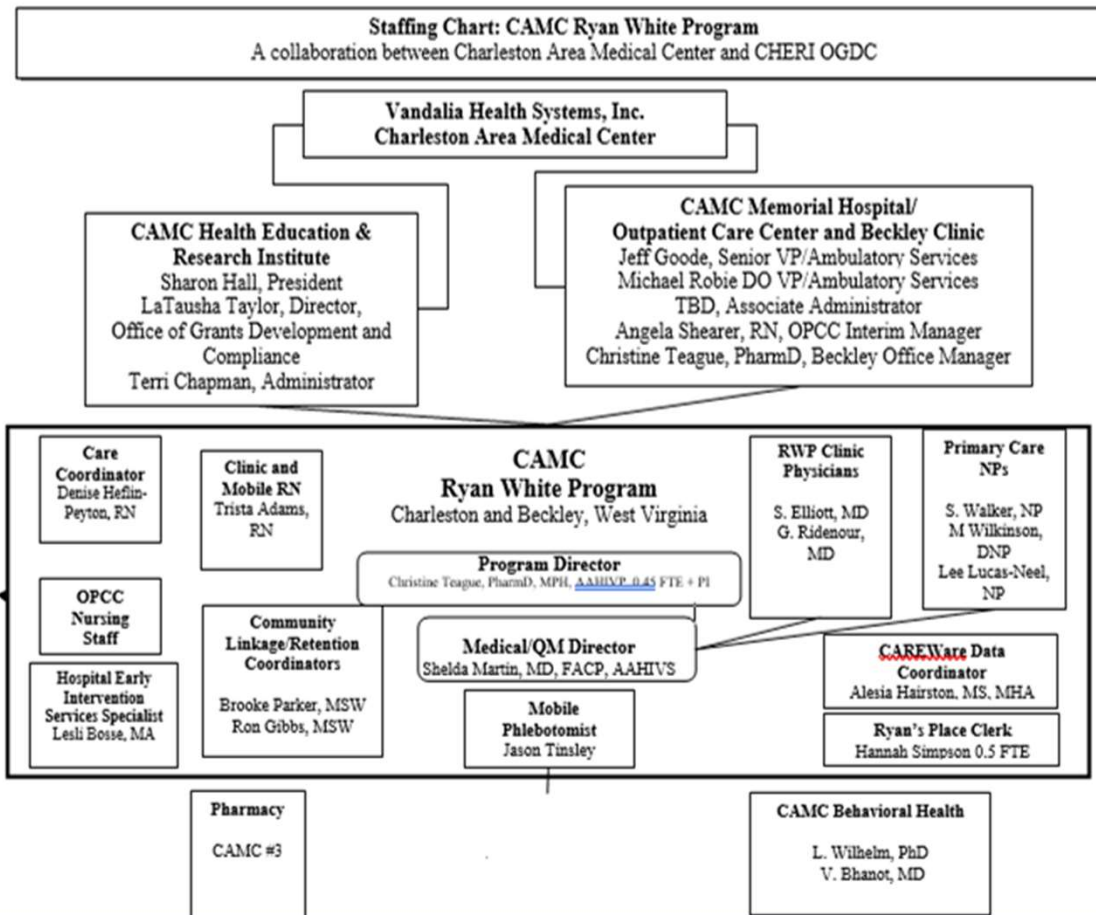
- Christine Teague, PharmD, MPH, AAHIVP
- Program Director
- CAMC Ryan White Part C Program
- RW Part C Grantee since 2002



CAMC Ryan White Program



CAMC Ryan White Program



CAMC Ryan White Program

Medical Services

- Early Intervention Services – testing/linkage to care or prevention
- Primary HIV Medical Care and ART
- Hepatitis C Treatment
- Behavioral health/addiction services
- Case Management
- Gyn and Pregnancy HIV care
- Specialty Referrals
- PrEP navigation

Support Services – wraparound to enhance retention in care

- Peer and community health linkage/navigation
- Transportation
- Food pantry
- Emergency utility and housing assistance

CAMC Ryan White Program

	Comparison of clients actively enrolled in the CAMCRWP					
	2020 396 actively enrolled		2021 470 actively enrolled		2022 471 actively enrolled	
Household Income						
<FPL	159 (39.6%)		213 (45.6%)		230 (48.8%)	
101% - 200% of FPL	155 (39.4%)		164 (35.1%)		152 (32.2%)	
201% - 400% of FPL	72 (18.3%)		80 (17.2%)		80 (17%)	
>400% of FPL	11 (2.8%)		10 (2.2%)		9 (1.9%)	
Unreported/Unknown	0		0		0	
Insurance	Number	%	Number	%	Number	%
Private	101	19.5%	76	16.3%	70	14.9%
Medicare	132	30.6%	124	26.6%	124	26.3%
Medicaid	231	53.4%	212	45.4%	228	48.4%
VA	0	0%	0	0%	0	0%
None	23	5.8%	25	5.4%	18	3.8%
Other	28	24.1%	34	7.3%	29	6.2%
Missing	0	0%	0	0%	0	0%
Residence	Number	Percentage				

CAMC Ryan White Program

CAMCRWP Client population (>1 visit)	New Clients PLWHA		Total Clients PLWHA	
	2021	2022	2021	2022
Race / Ethnicity				
White	59 (86%)	48 (84%)	384 (82%)	385 (82%)
Black	7 (10%)	9 (16%)	81 (17%)	81 (17%)
Hispanic	0	0	8	3
Asian, Hawaiian/Pacific	3	0	4	4
American Indian/Alaskan	0	0	2	1
Multiple Race	0	0	0	0
Total	69	57	470	471
Age				
<20	0	0	0	0
20-30	4	10 (18%)	37 (8%)	45 (10%)
30-40	32 (46%)	23 (40%)	118 (25%)	118 (25%)
40-50	14 (20%)	9 (16%)	111 (24%)	108 (23%)
50-60	16 (23%)	10 (18%)	133 (28%)	132 (28%)
60+	3	5	71 (15%)	68 (14%)
Total	69	57	470	471
Gender				
Male	50 (72%)	43 (75%)	354 (76%)	363 (77%)
Female	19 (28%)	14 (25%)	113 (24%)	106 (23%)
Transgender MTF	0	0	2	2
Total	69	57	470	471
Transmission Risk				
Male-to-male sex (MSM)	25 (35%)	19 (33%)	258 (55%)	259 (55%)
Injection drug use (IDU)	39 (57%)	31 (54%)	108 (23%)	111 (24%)
Heterosexual contact	3	7	143 (31%)	149 (32%)
Perinatal	0	0	1	0
Other/Unknown	2	0	12	9
Total	69	57	470	471

CAMC Ryan White Program

Diagnose

Services

- Testing of partners in clinic setting
- Rapid testing in community via “backpack” or high-risk settings
- Universal opt-out testing in CAMC Emergency Departments

Goals

- Hire Linkage and EIS staff
- Obtain CLIA waiver and HIV testing certificate for rapid testing
- Work with local groups in outside counties to implement rapid testing
- Create SUD patient screening process for hospital
- Work with IT to create SUD Power Plan in Cerner

Outcomes

- Staff hired
- Licenses/certificates obtained
- Nearly 900 rapid tests performed in the community
- Working closely with Fayette, Raleigh, Clay, Wyoming, Logan, Boone and Lincoln County outreach, harm reduction, QRT and health depts to scale up testing
- SUD patient process and PowerPlan

Impact

- Ability to find more infections sooner
- Facilitate movement into care or prevention care continuums
- Entry into care or prevention much sooner
- Lowered community viral load

Challenges and Opportunities

- Community education on the importance of testing
- Get everyone more on board with the idea of PrEP and harm reduction services if testing is negative
- Making sure RN and/or provider initiates SUD screening and PowerPlan
- Patients continue to leave AMA before results can be discussed

Mobile POC Testing Unit



- HIV, Hep C and syphilis rapid testing
- Food, hygiene bags
- Naloxone
- Bleach kits, condoms, referral to SSP



CAMC Ryan White Program

Treat

Services

- Medical services
 - ART
 - Hepatitis C therapy
 - Primary care
 - Addiction care
- Support services
 - Transportation
 - Food pantry
 - Emergency utility/housing

Goals

- 100% of patients receive ART
- 100% of patients achieve undetectable HIV viral load
- Providers work with WVHAMP
- 100% of eligible patients receive Hep C treatment and cure
- 100% of patients receive SBIRT screening
- 100% of willing patients get referred to SUD treatment programs
- 100% of patients have option of up to \$600/annually in support services

Outcomes

- 96% of patients with at least one visit have been prescribed ART
- Of that group, 85% have undetectable viral loads
- 18 patients have been treated for Hep C and cured
- 100% of patients have received SBIRT screening
- 5 have gone into treatment programs

Impact

- Most patients who have been to see a provider at least once have undetectable HIV viral loads
- Patients identify support services are a crucial need and program has been able to fill in some gaps related to transportation, food insecurity and emergency living expenses

Challenges and Opportunities

- Patients ready and willing to seek addiction services
- Unstably housed
- Stigma
- Funding restrictions
- Expanded Hep C treatment effort
- Large service area, potential for telehealth opportunities

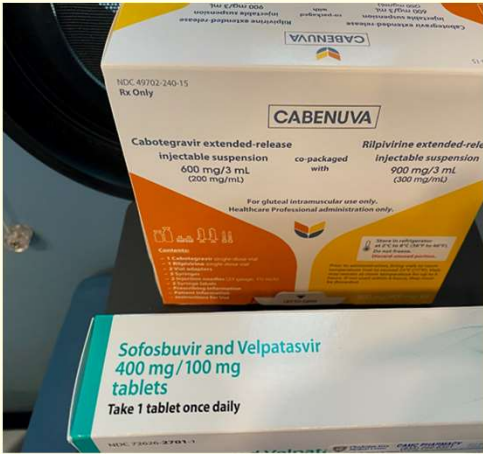
Integrated Mobile Medicine Services



- Wound assessments, basic medical care
- Long acting injectable HIV meds
- Hepatitis C treatment
- 7 day HIV medications, vaccines, antibiotics
- Phlebotomy
- STD clinic services regardless of HIV status
- Integrating women's medicine, addiction services, telehealth
- primary care/PrEP, regardless of HIV status



Integrated Mobile Medicine Services



CAMC Ryan White Program

Respond

Services

- Community Linkage to Care
- Creation of Early Intervention Services in Emergency Departments and Hospitals
- Integrating services where people are
- Coordination of care between local service providers

Goals

- Link new diagnoses within 2 weeks
- Screen all patients in ED for SUD
- All patients who screen positive for SUD in ED get PowerPlan triggered
- Provision of care to unstably housed PWUD on mobile unit
- Regular communication with WV Health Right, Covenant House, WMC
- Bi-weekly care coordination meetings

Outcomes

- Only 20 (25%) in Kanawha outbreak have not been linked
- 46 (35%) of Kanawha outbreak have received services on the mobile unit
- Of the 46 seen on the mobile unit 80% have undetectable viral loads
- Now receiving up to 30 consults per week in the hospital

Impact

- Improved communication
- Integrated care delivery
- Increased testing in healthcare system and in community
- Decreased community viral load

Challenges and Opportunities

- Need to replicate model in other parts of the region
- Stigma
- Need for additional funding sources

CAMC Ryan White Program

Next Steps

- Mobile Medicine Unit Enhancements
 - Cerner Workflow Build
 - Addiction Care Services
 - Women's Medicine
 - Primary Care telehealth for PrEP
 - Future SSP

- Mobile unit expansion to additional locations in Kanawha County
- Grow community and testing relationships
 - Fayette, Boone, Lincoln, Raleigh, Clay and Wyoming Counties
- Telehealth services to patients in areas outside of Charleston

Thank you!

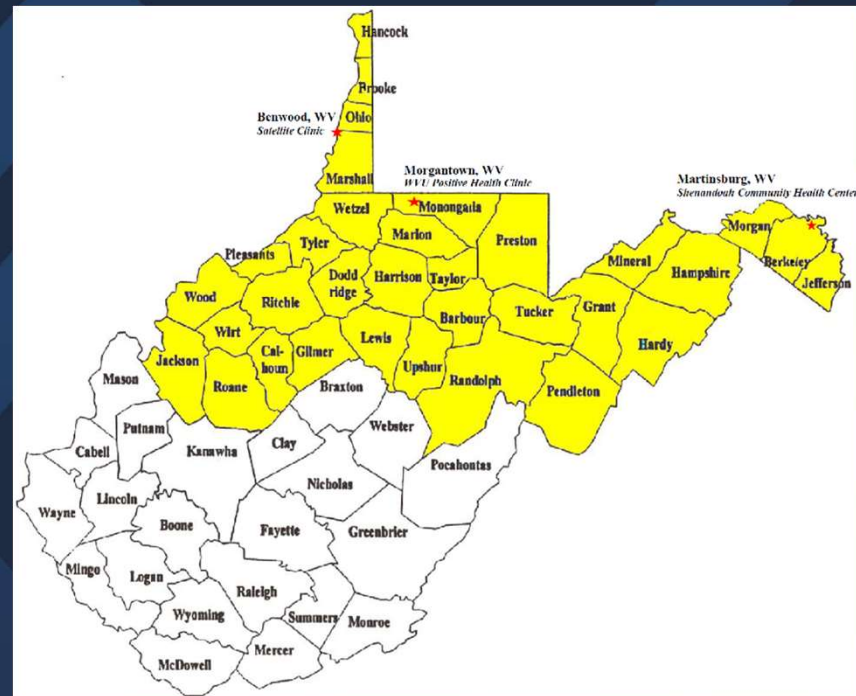


WVU Positive Health Clinic



Clinic Introduction

- 33-county service area
- Ryan White Part C 2004
- Ryan White Part D 2012
- Morgantown, WV
- Benwood, WV (Satellite) - Quarterly
- Shenandoah Community Health – Monthly Teleconference



Weekly Patient Care Conference



POC - Med Specialties Clinic

- Discuss every patient seen the week prior
- Summary of Physician visit, psychiatry visit, labs, psycho-social issues, financial/insurance status, future appointments/referrals, & medication review
- Multi-disciplinary team review & input
- EMR (Epic) is projected for team view
- Dedicated time for education by MAAETC

Quality Management Program, established 2004

◎ *Every patient encounter should be an opportunity to provide and measure the provision of quality HIV care.*

Arif R. Sarwari MD, MSc, MBA
 Medical Director, WVU Positive Health Clinic

INTERNAL QUALITY INDICATORS PRESCRIBED ART

Information obtained from CaseWare

Indicator	2004	2005	2006	2007	2008	2009	2010	2011
Number of unduplicated patients	149	154	168	192	201	234	256	291
Number of new patients	31	40	31	49	29	50	49	49
Patient Retention*	N/A	84%	89%	88%	91%	94%	93%	95%
Services:								
Adherence Counseling	56	81	84	92	80	109	127	189
Nutrition Counseling	57	73	86	53	84	47	13	50
Social Work Counseling	115	93	102	103	113	117		83
Mental Health Pts		75						
Diatal		4						
Health Ed Risk		62						
Case Management/PART	5	131			201	234		111
Rx Case Mgt (patient encounter)							256(236)	291(4438)
Number (Percent) patients on ART	123 (87%)	135 (88%)	154 (92%)	175 (91%)	182 (91%)	221 (95%)	244 (95%)	280 (96%)
CD4 >200	37 (25%)	40 (26%)	34 (20%)	30 (16%)	23 (11%)	30 (13%)	31 (12%)	28 (9%)
VL <200 and on ART	106 (82%)	113 (84%)	123 (79%)	135 (77%)	161 (89%)	187 (84%)	230 (90%)	248 (89%)

2009
95%

2010
95%

2011
96%

2022

No. patients 361
 Male : Female 287 : 74
 White : Other 313 : 48
 Prescribed ART 97%
 VL Undetectable 92%

Pillar 1: Prevent

Services:

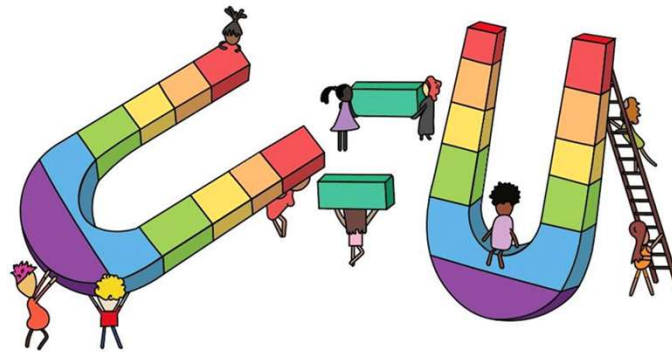
Treatment with ARVs

Impact:

U=U

Challenges/Opportunities:

Difficulty with PWID



Pillar 1: Prevent

Services:

PrEP



Impact:

Prevention of HIV Infection

Challenges/Opportunities:

Kayleigh Burner, Med Specialties – in person and telemedicine

Need for Education / Capacity Building Statewide

Pillar 2: Diagnose

Services:

Point of Care (POC) Rapid HIV Testing of Contacts / High Risk Persons

Impact:

Early Identification and Linkage to Care

Challenges/Opportunities:

Train and oversee additional sites for high risk testing-MPHR

Care Clinics *Limited Resources* for testing- State/CDC Prevention



Pillar 3: Treat

Services:

Intake visit, rapid start, multidisciplinary team clinic visit, closing the loop with patient care conference

Impact:

Develop patient connection with care team to foster retention
Maintain viral suppression rates above 90%

Challenges/Opportunities:

Transportation, Mental Health, Substance Use



Pillar 4: Respond

Services:

Offer POC Rapid HIV Testing in areas experiencing increases of HIV
Offer POC Rapid HIV Testing Training through partnership with AETC

Impact:

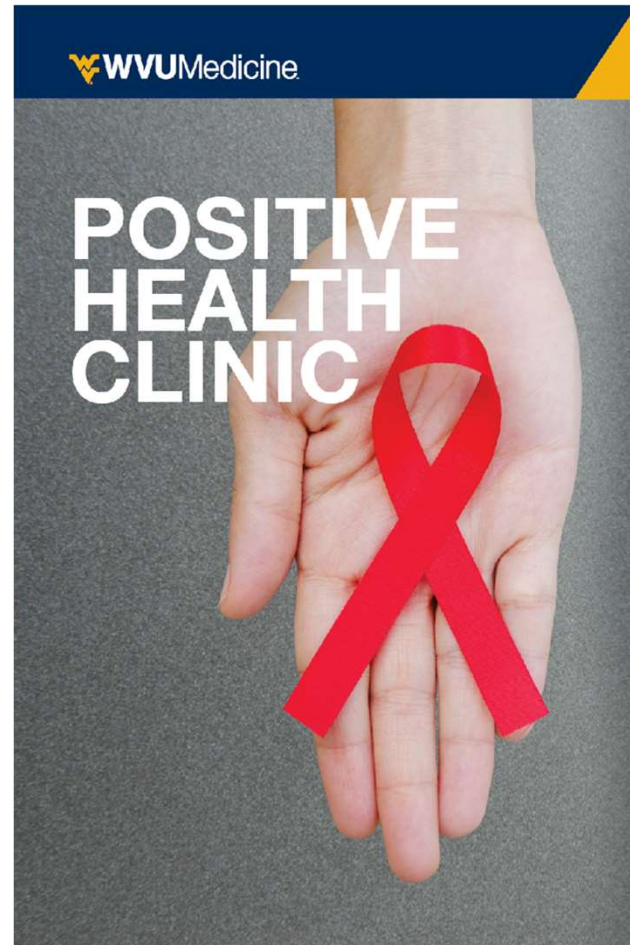
Welcomed into the community to perform outreach testing/street testing
Negative individuals referred for PrEP / Infected individuals linked to care
Building statewide capacity to respond to HIV outbreaks

Challenges/Opportunities:

Lack of PrEP education
No public awareness of increase in HIV
Not enough syringe service programs or HIV testing in West Virginia



Thank You!



Ryan White Part B

September 13, 2023

JAY ADAMS, MA
AIDS TASK FORCE of the UPPER OHIO VALLEY



AIDS TASK FORCE of the UPPER OHIO VALLEY

Introduction:

- JAY ADAMS, MA
- HIV CARE COORDINATOR, WV RYAN WHITE PART B PROGRAM
- AIDS TASK FORCE of the UPPER OHIO VALLEY
- 39 years of working in HIV field
- 32 years working with Ryan White Part B

AIDS TASK FORCE of the UPPER OHIO VALLEY

Prevent

Services

- PrEP PROMOTION/ENROLLMENT
- EDUCATIONAL PRESENTATIONS
- CONDOM DISTRIBUTION
- NATIONAL AIDS MEMORIAL QUILT

Goals

- PROVIDE ACCESS TO PrEP
- EDUCATE THE IDU COMMUNITY
- PROVIDE ACCESS TO CONDOMS
- EDUCATE ABOUT THE IMPACT OF HIV

Outcomes

- REDUCE THE EXPOSURE TO HIV
- REDUCE THE SHARING OF NEEDLES
- REDUCE THE EXPOSURE TO HIV
- INCREASE AWARENESS OF HIV

Impact

- Average of 30 partners of PWH placed on PrEP annually
- 4,500-5000 Condoms distributed to PWH annually
- Average of 1000 persons attending Quilt displays annually in WV

AIDS TASK FORCE of the UPPER OHIO VALLEY

Diagnose

Services

- HIV OUTREACH TESTING

Goals

- PROVIDE ACCESS TO HIV TESTING TO INDIVIDUALS AT HIGH RISK

Outcomes

- IDENTIFY HIV STATUS AND REDUCE RISKY BEHAVIOR

Impact

- HIV OUTREACH TESTING INCREASES THE OPPORTUNITY FOR PERSONS WHO ARE LESS LIKELY TO SEEK TESTING AT A LCHD TO ACCESS TESTING, LEARN THEIR STATUS AND REDUCE RISKY BEHAVIOR.

Challenges and Opportunities

- HIV OUTREACH TESTING REQUIRES A SIGNIFICANT INVESTMENT OF TIME DURING PERIODS OF LIMITED STAFF

AIDS TASK FORCE of the UPPER OHIO VALLEY

Treat

Services

- MEDICAL CASE MANAGEMENT
- ORAL HEALTH
- INSURANCE
- NUTRITION
- TRANSPORTATION
- HOUSING

Goals

- PROVIDE ACCESS/ RETENTION IN CARE
- INCREASE HEALTH OUTCOMES
- PROVIDE ACCESS TO HEALTHCARE
- INCREASE HEALTH OUTCOMES
- PROVIDE ACCESS AND RETENTION
- REDUCE HOMELESSNESS AND PROMOTE RETENTION IN CARE

Outcomes

- INCREASED VIRAL SUPPRESSION
- IMPROVED HEALTH OUTCOMES/ VIRAL LOAD SUPPRESSION/ RETENTION IN CARE

Impact

- 1325 PWH PROVIDED MEDICATIONS, CASE MANAGEMENT AND RETAINED IN CARE
- 95 - 100 PWH NEWLY ENROLLED ANNUALLY

Challenges and Opportunities

- AGREEMENT/FUNDING FLOW
- INCREASING NUMBER OF NEWLY IDENTIFIED PWH ENTER CARE WITH MULTIPLE CHALLENGES

AIDS TASK FORCE of the UPPER OHIO VALLEY

Next Steps

- CONTINUE DAILY OPERATIONS OF PART B
- CONDUCT DENTAL INSURANCE ASSESSMENT
- CONDUCT ANALYSIS OF ACA AND PART D PLANS
- EXPAND HIV OUTREACH TESTING PROGRAM

UPCOMING ACTIVITIES

- HIV TESTING OUTREACHES:
 - OHIO COUNTY FRN/ NARCAN DISTRIBUTION 9/14
 - ROSELAND RESORT COMMUNITY 9/16
 - STAFF EXPANSION
 - NEW DATA REPORTING SYSTEM
 - ANNUAL INSURANCE TRAINING / ACA ENROLLMENT and PART D

Thank you!



Updates from West Virginia Primary Care Association

September 13, 2023

Sherri Ferrell, President and CEO



**Eliminating Hepatitis C & HIV in
Primary Care:
West Virginia Hepatitis & HIV
Academic Mentoring Partnerships
(WVHAMP & WV HIVAMP)
and
The BIRCH Project**

September 13, 2023

Judith Feinberg, MD

Professor of Medicine/Infectious Diseases & Behavioral
Medicine and Psychiatry
West Virginia University School of Medicine



Introduction

- Judith Feinberg, MD, FACP, FIDSA
- Professor of Medicine/Infectious Diseases & Behavioral Medicine and Psychiatry *and* Dr. E.B. Flink Vice Chair of Medicine for Research
- thru 3 linked programs, **focus on training/consultation process that empowers primary care providers (PCPs)** and addiction care providers to complete the continuum of care for HIV and hepatitis C (HCV) in the community:

***Screen Diagnose Evaluate Treat Cure (HCV) or
Suppress (HIV)***

- and -

Prevent HIV thru Pre-Exposure Prophylaxis (PrEP)

Introduction

- **WV “AMPLify”**: **WVHAMP** started in March 2020 & **WV HIVAMP** started in Feb 2023
- Both are free, online programs offered quarterly with support from the WV Rural Health Association
 - concentrated initial & ongoing trainings
 - patient-specific management thru WVU online data system
- Since HIV, HCV and Opioid Use Disorder (OUD) are syndemic diseases, **BIRCH** (**B**uprenorphine **I**mplementation in **R**ural **C**ommunity **H**ealth) is a 5-year grant from the National Institute on Drug Abuse to implement and scale up screening, diagnosis and treatment in 20 primary care clinics across WV (17 FQHCs and 3 WVU & CAMC health system-associated primary care clinics)
- BIRCH provides site-specific guidance thru coaching, collaborative learning and data analysis to increase the number of patients who receive care for these diseases as well as general primary care

WV “AMPLify”: WVHAMP, WV HIVAMP, BIRCH

Diagnose

Services

- Teach the principles of routine, universal opt-out screening for HCV & HIV
- Develop and mentor primary care providers in providing screening for infectious diseases associated with substance use
- Communicate availability of free training programs to existing practitioners

Goals

- Increase the number of PCPs that provide routine universal, opt-out screening for HCV & HIV
- Increase the number of FQHCs and other primary care clinics that are linked to provider training
- Increase the number of practitioners who can diagnose HCV & HIV
- Increase awareness of HCV & HIV

Outcomes

- Greater access to care and screening
- Reduction in late-stage diagnoses
- Integration of infectious disease screening and services with substance use disorder services

Impact

- Routine, universal opt-out screening, enhanced provider knowledge and increased public awareness will result in more West Virginians who are infected with HCV & HIV getting a timely diagnosis and will decrease the number of patients who are diagnosed with advanced stage disease
- Diagnosis is a key step in linkage to care, treatment and elimination

WV “AMPLify”: WVHAMP, WV HIVAMP, BIRCH

Treat

Services

- Develop and mentor primary care providers in treatment of HCV & HIV
- Make practitioners aware of free online collaborative learning programs

Goals

- Increase the # of practitioners who can treat HCV & HIV
- More people will know that HCV is curable & HIV is treatable
- Integrated care for OUD, HCV, HIV
- Non-traditional settings (SSPs, SUD clinics) to provide curative TXC for HCV and warm handoffs for HIV care

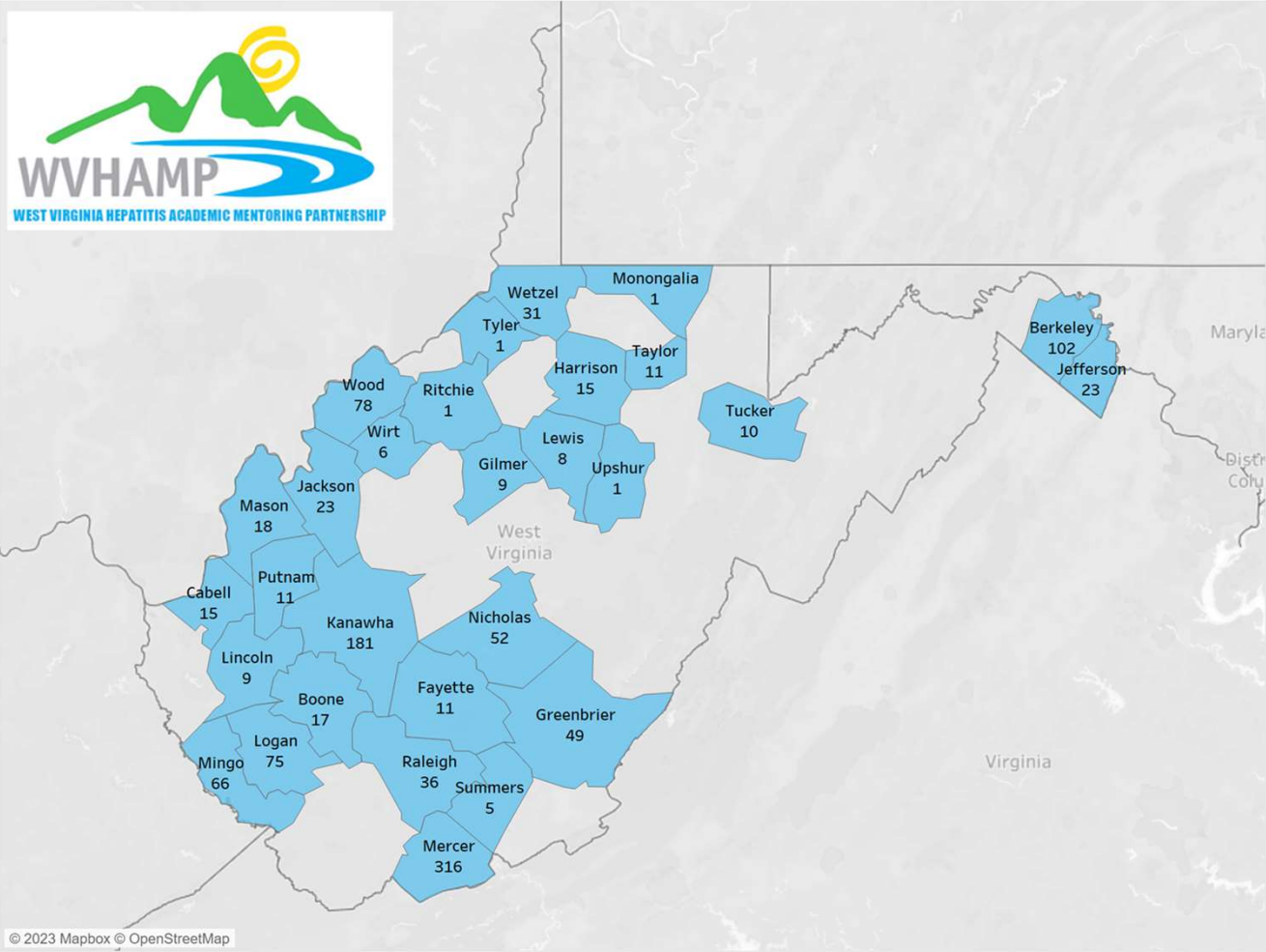
Outcomes

- More patients have access to knowledgeable providers
- Decreased fear and stigma enhances linkage to care
- Higher care engagement and retention rates
- More people cured of HCV
- Disease prevention through treatment

Impact

- As HCV is only transmitted from person to person, curing HCV also stops the spread of infection even among persons who continue or relapse to injection drug use
- Persons with well-controlled HIV do not transmit it sexually, even when they have sex without condoms: U=U (“Undetectable is Untransmittable”)

Map of counties where WVHAMP scholars have submitted at least one consult



WVHAMP Scholars
now in 35/55
counties (63%)
as of 9/1/23



Achievements to Date: 9 / 1/23

- 1st training on March 5, 2020
- 3.5 years later, 1181 initial consults have been submitted by 68 PCPs
 - established patients 64.5%, referrals 35.5%- which means WVHAMP Scholars are being recognized as experts in the community
- 421 patients have completed therapy and have reached the time- point for determining SVR12 (cure),12 weeks after last dose
- **414/421 (98.3%) have achieved cure!**
- **demonstrates that with guidance and support, PCPs who have never previously treated HCV can achieve same rate of cure as specialists (95-99%)**

WV “AMPLify”: WVHAMP, WV HIVAMP, BI

Obstacles & Challenges

- Encouraging more primary and addiction care providers to get trained, institute universal opt-out screening, evaluate & treat patients
- Encouraging clinic administrators to give clinicians the time to access HCV & HIV training
- Stigma that discourages patient from seeking/remaining in care
- HIV treatment is lifelong, so adherence to medication can be challenging
- Need for ‘wrap-around’ services: case management, transportation, mental health care
- Need additional public health staffing for surveillance and contact tracing to address increase in incidence

Opportunities

- Assist care sites with EMR programming to facilitate 1-click orders for diagnosis & pre-treatment evaluation
- Non-traditional settings such as SSPs and substance use treatment centers can screen and (1) offer on-site curative HCV treatment, as evaluation does not require a physical exam, and (2) establish agreements with HIV care providers to facilitate warm handoffs for HIV care
- Ensure that providers in both traditional & non-traditional settings know that sobriety is no longer a Medicaid requirement
- Create mechanism to extend ‘wrap-around’ services available to Ryan White Care Act HIV clinics to practitioners in other settings
- Develop support systems to engage & retain individuals in care

WV “AMPlify”: WVHAMP, WV HIVAMP, BIRCH

Next Steps

- Publicize free online collaborative learning opportunities for practicing clinicians
- Garner support from statewide clinician organizations and health professions schools and training programs
- Create task forces to develop updated curricula and training for use in provider training programs
- Develop public education campaigns around screening, diagnosis and successful treatment for HCV & HIV
- Create & disseminate ‘takeaway’ materials for clinic waiting & exam rooms
- Conduct needs assessment regarding local health department capacity to respond to the increased number of patients with HCV and/or HIV
- Strengthen local & regional response plans to HCV and/or HIV outbreaks
- Develop toolkit for community- and faith-based organizations to communicate disease awareness and address stigma in the community
- Support awareness and educational opportunities for local and state policymakers, such as sponsoring “white coat days”

Thank you!





West Virginia Health Right, Inc.

Free & Charitable Clinic

**Dr. Angie Settle, DNP, APRN, BC, FNP
WVHR CEO**

September 13, 2023

Introduction to West Virginia Health Right, Inc.

- Angie Settle, DNP, APRN, APRN, BC, FNP, CEO
- CEO/Board Certified Family Nurse Practitioner
- WV Health Right is the state's oldest and largest free & charitable clinic in the state serving 43,000 low-income, uninsured and underinsured (Medicaid & Medicare). There are 3 stationary clinics in Charleston (East end, Covenant House, and the West Side CommUNITY Wellness Center) plus 2 mobile clinics. Mobile dental travels to McDowell, Boone, Logan, Roane, & Clay, and the Medical mobile serves unsheltered and SUD populations in high-risk areas like the West Side and Eastern Kanawha County, as well as some targeted events in other counties as needed. Services include primary care, specialty care, pharmaceutical (on-site and state-wide mail order), Dental (onsite + mobile), vision, behavioral health, Harm Reduction (2 state-certified SSP's), SUD treatment/recovery services, health education, LGBTQ+ services(EquaHealth), HIV/HCV testing outreach, and the CommUNITY Wellness Center addresses multiple social determinants of health(Clinic, free gym, teaching kitchen, kid care space, activity room with ballet, Zumba, kickboxing, etc., employment and education assistance, UNITY closet for interview attire, John 6 Food Center).

Prevent

Services

- All providers and staff extensively trained about PrEP
- Developed PrEP posters, flyers, pamphlets that are given to all patients
- Successfully licensed and maintain Kanawha Counties only 2 SSP's.
- Maintaining and expanding mobile HR services(minus syringes)due to laws/increased outreach sites/events

Goals

- Increase the number of providers trained in and prescribing PrEP
- Increase community awareness of PrEP availability & and utilization
- Increase the number of syringe service providers/mobile services
- Increase understanding of proven HIV/HCV prevention approaches
- Increase outreach to high risk on proven HIV/HCV prevention best practices

Outcomes

- All patients are screened for need for PrEP/educated about it/offered it
- Developed Mobile PrEP program and continually expanding service area
- Increasing mobile HR service area
- Tracking all PrEP prescribed

Impact

- Universal PrEP Screening on all WV Health Right patients
- Clinic-wide PR campaign on PrEP
- Increased outreach/PrEP/HR services through Mobile medical/street outreach
- Established the West Side clinic in response to need.

Challenges and Opportunities

- Staffing, time, priorities, and funding spread us thin.
- Resistance often associated with not wanting those suffering from SUD at businesses/neighborhoods, etc.
- Current study underway at WV Health Right comparing injectable vs. oral PrEP/has mobile app/reward component.

Diagnose

Services

- All staff educated monthly, reminded
- Mobile testing unit/staff 5 days a week with strike team(rapid)
- Conducting testing at CommUNITY Wellness Center classes/outreach events(rapid)
- Implemented universal opt out testing for HIV/HCV for all clinic sites.
- Utilize students on rotation at WVHR for rapid testing/opt-out discussions with patients.

Goals

- Increase access to HIV/HCV testing in nontraditional settings
- Increase access to rapid/self-testing for HIV/HCV.
- Ensure healthcare students are educated/trained/ universal opt-out
- Increase the number of practicing clinicians who are knowledgeable
- Increase public/policy maker understanding(testing, etc.)

Outcomes

- Weekly tracking of all testing (#,site, provider, event)
- All students on rotation at WVHR are involved in HIV/HCV testing
- Implemented Protocol for Universal HIV/HCV testing with standing order.
- Making testing part of process at the CommUNITY Wellness Center for all programs/classes/John 6 food center
- Using every opportunity to educate.

Impact

- Policy change for Universal, opt-out testing was a game-changer
- Students leave educated/aware/prepared
- More testing occurring outside realm of expected
- All providers being held accountable as part of the standard of care
- West Side Clinic Opened in response to need.

Challenges and Opportunities

- Public perception of SUD tied to these diagnoses
- Expanding HR to high areas of outer Kanawha county(must be clear no syringes to prevent resistance)
- Staffing, funding (staff and test kits), time involved, priorities to be everywhere needed

Treat

Services

- All students trained/involved
- All provider staff trained/treating
- Campaign to educate conducted
- Rapid treatment or warm hand off to Ryan White-CAMC
- Actively treating HCV, HIV, Intense case management and street outreach efforts to find those lost to care

Goals

- Increase exposure of hc students on clinical management of HIV/HCV
- Increase the # of PCPS who are knowledgeable
- Increase public understanding of HIV/HCV treatment regimens/success
- Increase the # of PCPS doing integrated care for SUD/HIV/HCV
- Increase # of people engaged/retained/suppressed/HCV cured/linked within a mos. Of dx.

Outcomes

- All students leave prepared
- All staff prepared, know expectations/trained often
- Increased partnerships with CAMC RW, SUD service providers and FBO's
- Care is integrated for BH/SUD/HIV/HCV for all patients/locations at WVHR

Impact

- Staff at WV Health Right held accountable for every case, tracked to resolution, CEO involved
- Finding known HIV+ patients who have fallen out of care and doing warm handoffs to CAMC RW
- New HIV diagnosis numbers in the county have decreased with joint efforts.
- West Side clinic established out of need.

Challenges and Opportunities

- Staff, timing, funding to be in all areas of need.
- Patients present with more and more comorbid complex conditions, spread thin
- Would like to add additional staff to this effort with a wider footprint.

Respond

Services

- Constantly evaluating the EMR, data tracking mechanisms
- Constantly revisiting programs, staffing, ways to expand.
- Taking every opportunity to discuss efforts/response (press/conferences, etc.)

Goals

- Assessing strengths/ability to respond to potential/emerging & existing outbreaks
- Increase capacity to process/evaluate/summarize surveillance data/analyze & disseminate data
- Educate the public/stakeholders on HIV/HCV response

Outcomes

- Better prepared, can respond in real time.
- Pick up trends faster

Impact

- Better prepared, can respond in real-time with more frequent assessments
- Can pick up on trends faster, focus on areas lacking

Challenges and Opportunities

- Continue to educate public/stakeholders due to negative connotations
- Funding, staffing, time, and priorities are always a struggle

Next Steps:

- Awaiting results of the current PrEP study
- Gilead grant helping to support testing and connection to care (Note: Gilead's *FOCUS grant support is limited to HIV/HCV/HCB screening and linkage to the first medical appointment*). Will continue to coordinate with industry partners with aligned interests to help "stretch" the dollar and expand reach. In the last 6 months we have exceeded prior 12 months in HCV tests and tripled HIV tests.
- Population health rotation planned at WV Health Right
- Just added additional locations for mobile HR services including testing for HIV/HCV throughout the county with dedicated FT RN and a recovery coach based on hot-spots (911 call review).
- Adding additional testing/outreach opportunities weekly.
- Continue to work within the laws on SSP's/community desires to best expand services. History shows us pushing to hard or against resistance results in less services not more.
- Continuing to play "whack-a-mole" with areas of need/priorities.

Thank you!

Questions and Discussion

