

FOCUS Initiative

Arun Skaria
FOCUS Regional Lead, New Jersey
Associate Director | Government Affairs



GILEAD

Advancing Therapeutics.
Improving Lives.

About FOCUS

On the ...

F*rontlines*

O*f*

C*ommunities in the*

U*nited*



S*tates*

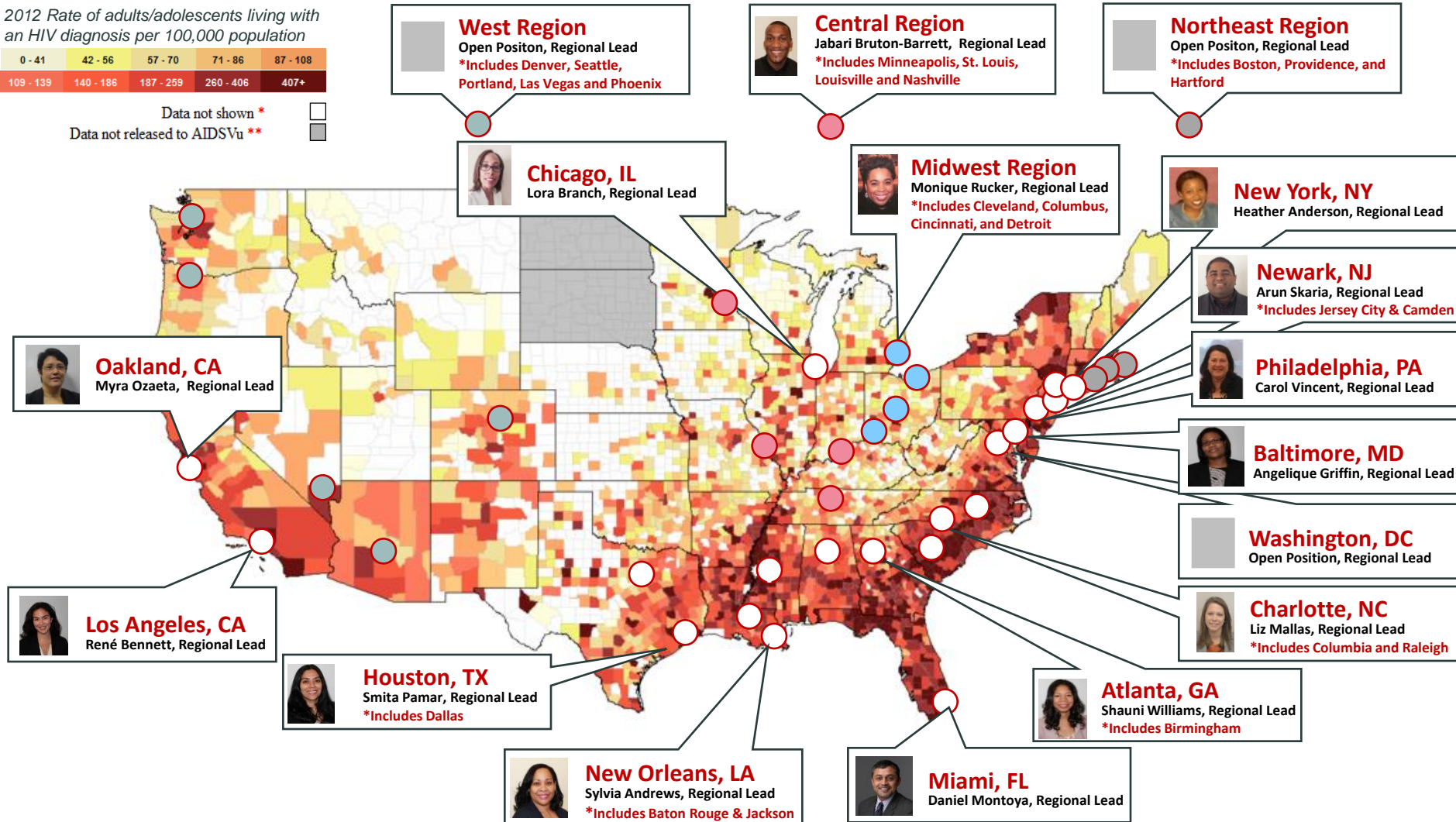
- Supports CDC Recommendations for Screening and Linkage to Care
- Works with partners to develop and share replicable model programs that embody best practices in HIV, HBV, and HCV screening and linkage to care

Expanding Screening and Linkage to Care

2012 Rate of adults/adolescents living with an HIV diagnosis per 100,000 population

0 - 41	42 - 56	57 - 70	71 - 86	87 - 108
109 - 139	140 - 186	187 - 259	260 - 406	407+

Data not shown * 
Data not released to AIDSvU ** 



 Kacy Hutchison
Vice President
Gov't Affairs
FOCUS Program Oversight

 Patrick McGovern
Senior Director
Gov't Affairs
FOCUS Program Lead

 Lorna Davis-Robinson
Regional Director
FOCUS

 Jill Foster
Regional Director
FOCUS

 Carine Mathurin
Regional Director
FOCUS

 Derek Spencer
Regional Director
FOCUS

Driving Scale and Innovation

CDC recommends infectious disease screening be integrated into clinical settings to maximize scale

FOCUS experience shows many hospitals and primary care centers do not carry out routine screening for HIV and HCV

FOCUS partners identify best practices to overcome implementation barriers to routine screening

Need: Continued innovation and ability to scale screening across multiple healthcare settings

TEST: The Four Pillars

TEST: FOUR PILLARS OF ROUTINE SCREENING

TESTING INTEGRATED INTO NORMAL CLINICAL FLOW

To promote the normalization and sustainability of testing.

ELECTRONIC MEDICAL RECORD MODIFICATION

To prompt testing, automate processes, populate lab orders and track performance.

SYSTEMIC POLICY CHANGE

A multi-level, organization-wide commitment to implement routine testing and linkage to care.

TRAINING, FEEDBACK & QUALITY IMPROVEMENT

To identify best practices and motivate staff.

FOCUS FOUR PILLARS, GILEAD SCIENCES, 2014

Centers for Disease Control and Prevention

MMWR

Weekly / Vol. 63 / No. 25

Morbidity and Mortality Weekly Report

June 27, 2014

National HIV Testing Day and New Testing Recommendations

June 27 marks the 20th annual observance of National HIV Testing Day, which promotes testing as an important first step in a strategy to detect, treat, and prevent human immunodeficiency virus (HIV) infection. HIV testing is entering a new era in the United States because of Food and Drug Administration approval of 1) combination tests that detect both HIV antigen and antibody, and 2) tests that accurately differentiate HIV-1 from HIV-2 antibodies. As a result, CDC has issued new guidelines, now available online, for HIV testing of serum or plasma specimens: *Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations*.^{*} Testing begins with a combination immunoassay that detects HIV-1 and HIV-2 antibodies and HIV-1 p24 antigen. All specimens reactive on this initial assay undergo supplemental testing with an immunoassay that differentiates HIV-1 from HIV-2 antibodies. Specimens that are reactive on the initial immunoassay and nonreactive or indeterminate on the antibody differentiation assay proceed to HIV-1 nucleic acid testing for resolution.

The updated recommendations allow detection of acute HIV infections that would be missed by antibody tests alone and can expedite entry of patients into care because of reduced turnaround time for test results. This issue of *MMWR* describes HIV screening programs in an urban health center in New York and an emergency department in New Orleans that used novel approaches to increase the number of patients screened for HIV. Both programs identified previously undiagnosed HIV infections. Use

Routine HIV Screening in Two Health-Care Settings — New York City and New Orleans, 2011–2013

Xia Lin, PhD^{1,2}, Patricia M. Dietz, DrPH², Vanessa Rodriguez³, Deborah Lester³, Paloma Hernandez, MPH³, Lisa Moreno-Walton, MD⁴, Grant Johnson, MPH⁴, Michelle M. Van Handel, MPH², Jacek Skarbinski, MD², Christine L. Mattson, PhD², Dale Stratford, PhD², Lisa Belcher, PhD², Bernard M. Branson, MD²
(Author affiliations at end of text)

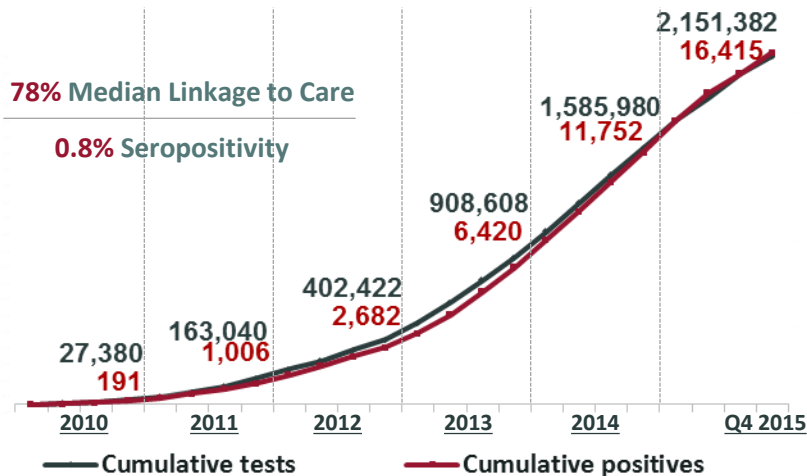
Approximately 16% of the estimated 1.1 million persons living with human immunodeficiency virus (HIV) in the United States are unaware of their infection and thus unable to benefit from effective treatment that improves health and reduces transmission risk (1,2). Since 2006, CDC has recommended that health-care providers screen for HIV all patients aged 13–64 years unless prevalence of undiagnosed HIV infection in their patients has been documented to be <0.1% (3). This report describes novel HIV screening programs at the Urban Health Plan (UHP), Inc. in New York City and the Interim Louisiana Hospital (ILH) in New Orleans. Data were provided by the two programs. UHP screened a monthly average of 986 patients for HIV during

INSIDE

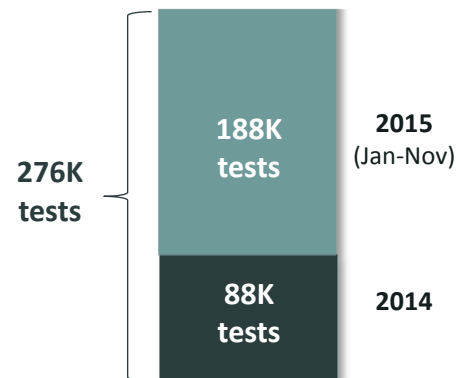
- 542 Tobacco Product Use Among Adults — United States, 2012–2013
- 548 Ebola Viral Disease Outbreak — West Africa, 2014
- 552 Notes from the Field: Outbreak of *Vibrio cholerae* Serogroup O1, Serotype Ogawa, Biotype El Tor

FOCUS: Expanding Screening and Linkage to Care

2.2M HIV Tests, 16.5K Positives Since 2010

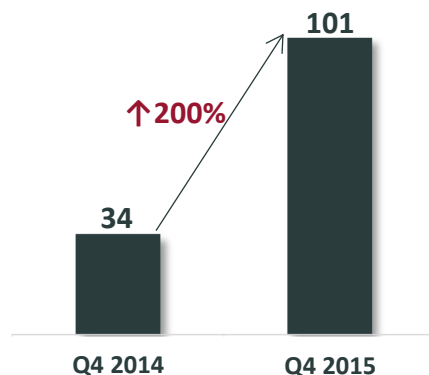
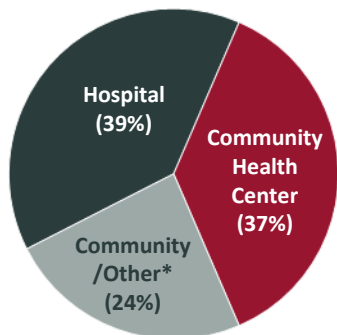


276K HCV Ab Tests, 19K Ab+ Since 2014



HCV Ab Tests by Year through Nov. 2015
(Final 2015 data being compiled)

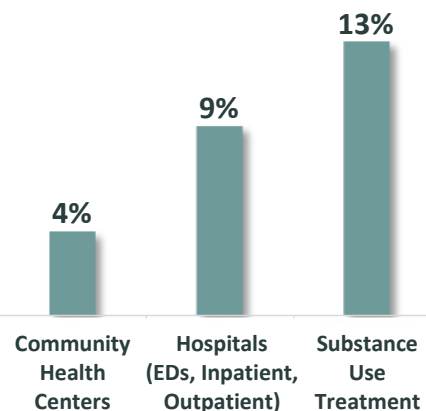
113 Current Partnerships 101 (90%) Have Integrated HCV Screening



Total Number of Partnerships Integrating HCV Screening

*Other includes health departments, substance use, training, and corrections.

Average HCV Ab+ by Setting, 2015



2015 Dissemination by FOCUS Partners

119 Abstracts
presented at major conferences

20 Journal Articles
accepted by peer-reviewed journals

FOCUS: New Jersey (2015)

FOCUS PARTNERSHIP	ORGANIZATION TYPE	TESTING SITE(s)	DISEASE AREA
Horizon Health Center	FQHC/CHC	2 Health Center locations	HIV and HCV
Newark Community Health Center	FQHC/CHC	6 Health Center locations	HIV and HCV
North Jersey Community Research Initiative (NJCRI)	Syringe Exchange/CBO	Primary care clinic and drop-in center	HIV and HCV
Rutgers-NJMS at University Hospital	Hospital	Main ED	HIV Only

FOCUS: New Jersey (2016)

FOCUS PARTNERSHIP	ORGANIZATION TYPE	TESTING SITE(S)	DISEASE AREA
Jersey City Medical Center	Hospital	Inpatient	HIV and HCV
Cooper University Medical Center	Hospital	Critical Decision Unit and Inpatient	HIV Only
Rutgers-Robert Wood Johnson Medical School	Hospital	Emergency Department	HCV Only
St. Joseph's Regional Medical Center	Hospital	Emergency Department and Outpatient Clinic	HCV and HBV
Holy Name Medical Center	Hospital	Emergency Department	HCV Only