SUMMIT 2017

Division of HIV, STD and TB Services
Integration of HIV Prevention and HIV Care and Treatment
Striving for Health Equity

On the Road to Health Equality
What is Health Equity

“If ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, no one should be disadvantaged from achieving this potential, if it can be avoided.”  Professor Margaret Whitehead, World Health Organization

Our goals are consistent with national, state and local plans.
What are Health Disparities

Differences that occur by gender, race or ethnicity, education, income, disability, geographic location and sexual orientation among others. Social determinants of health like poverty, unequal access to health care, lack of education, stigma, and racism are linked to health disparities.
NHAS 2020 Update

- NJ has implemented strategies to reduce the HIV rate
- Increase Access to Care and Improving Health Outcomes for People Living with HIV
- Reduce HIV-Related Health Disparities
  - Reduce stigma and discrimination against people living with HIV
HealthyNJ2020

OVERARCHING GOALS:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve health for all people.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.
State Health Improvement Plan (SHIP)

The overarching strategies of SHIP are consistent with DHSTS strategies:

- **Collaboration**
- Education and Outreach
- Health Information Technology Advancements/ Health Information Exchange
- Institutional Policy and Best Practice Implementation
- **Regional Planning Collaboratives**
- Performance Measurement/Surveillance
DHSTS intends to
ACT NOW TO END AIDS
HIV Prevention Innovations
HIV PREVENTION RESOURCES

PRESENT BILATERAL OPPORTUNITIES FOR INTEGRATION WITH CARE RESOURCES
New Jersey’s HIV Prevention Intervention Portfolio

- **BIOMEDICAL INTERVENTIONS**
  - HIV Testing
  - Treatment as Prevention (TasP)
  - HIV Pre Exposure Prophylaxis (PrEP)

- **TARGETED BEHAVIORAL and STRUCTURAL INTERVENTIONS**
  - Individual-level interventions
  - Group-level interventions
  - Harm reduction

- **PUBLIC INFORMATION**
  - NJ AIDS/STD Hotline 800.624.2377
New Jersey’s HIV Prevention Biomedical Interventions

DIS = Disease Intervention Specialists (DHSTS Partner Services staff) CBOs = Community-based organizations
CTS = Counseling and testing sites HRN = High-risk negatives STD/PP = Sexually transmitted disease/Planned parenthood

DIS

CTS

STD/PP Clinics

HIV Clinics

HIV+

HIV Test

HIV+

HIV Care Navigator

Partners Tested

HRN

No PrEP

PrEP Prescriber

PrEP Counselor

PrEP

HIV+
HIV Testing

- Rapid-Rapid testing algorithm: Alere Determine HIV 1/2 Ag-Ab and Uni Gold
- Rutgers University, RWJ Medical School Department of Pathology provides test kits, training and ongoing QA
- More than 140 test sites across the state provide free and confidential testing
- 21 mobile testing vans operating across the state
- In 2016, conducted 85,000 tests
- 302 (22%) of the 1,365 new HIV/AIDS cases reported to the NJDOH in 2016, came from a test site supported by the DHSTS.
FOR THOSE TESTING HIV POSITIVE

- HIV Prevention Patient Navigators are located in 14 HIV clinics across NJ. Work side by side with care team.

- Serve as linkage to care point person by providing “concierge service” to new patients with a single or confirmed positive rapid test.

- Perform confirmatory rapid test for new patients with a single positive rapid test performed elsewhere.

- Enroll confirmed positive new patients into practice/clinic and arrange for initial lab work-up on same day (or see MD if clinical signs of AH1 or AIDS). Works closely with MCMs.
Provide on-going partner services to new and existing patients (via contact elicitation strategies) to bring their sex and needle-sharing partners in for rapid HIV testing.

Provide treatment adherence counseling to new and existing patients. Works closely with MCMs.

Re-engage patients lost to care (measured by VL and CD4 at three month intervals) by flagging EMR, working with community partners and other effective strategies. Work closely with CHWs.

Coordinate local inter-agency Linkage to Care Collaboration activities. Strengthens extramural referral relationships.
In 2016, 1543 out-of-care HIV positives were linked to care

- 70 who were newly identified positives
- 701 were known positives (i.e., who were in-care but moving to new HPPN sites from other care providers) and
- 772 had fallen out of care who were reengaged.

In 2016, provided HIV testing to the partners of HIV patients, identifying 18 HIV positive partners, 17 of whom were linked to care (94.0%).

In 2016, the Navigators provided 2558 treatment adherence counseling sessions and 2190 prevention counseling sessions to HIV patients.
How has NJ Integrated PrEP Services into its HIV Prevention Portfolio?

- There are now 24 PrEP Counselor programs located across the state. These have all come into being within the past 1.5 years, having started in January, 2016. Work closely with medical prescribers.

  - 9 co-located at HIV prevention CBOs that serve GBM
  - 11 located in HIV clinics
  - 1 located in an adolescent/young adult medical clinic
  - 1 located in an STD clinic
  - 2 located in planned parenthoods are women-focused
PrEP Counselors....

- Provide PrEP education and general HIV risk reduction counseling
- Conduct in-depth HIV risk assessment to determine benefit of a PrEP referral
- Assess client readiness for PrEP regimen and medical follow-up
- Provide initial rapid HIV testing to screen out HIV+ (referred to Navigator)
- Assess client insurance status; complete insurance pre-authorization paperwork
- Refer client to medical professional to prescribe PrEP and do initial medical exam
- Provide additional supportive referrals
- Assist clients with adherence plans and monitor adherence between visits
- Develop local social media and marketing campaigns to create awareness of PrEP and the PrEP Counselor services at each of their programs
WHO WERE THE PrEP CLIENTS IN 2016?

- 563 new clients seen by 17 PrEP Counselors (24 in 2017 only)
- 80% male, 19% female and 1% Transgender
- 46% Black, 45% White, 1% API, 8% other or not reported
- 29% Latino
- 30% 18-25 years old, 33% 26-35 years old
- 72% GBM, 17% Women, 8% Discordants, 1% TG, 1% IDU, 1% Other
WHAT WERE THE OUTCOMES FOR THESE CLIENTS?

- 545 (97%) referred to medical practitioner for PrEP rx & initial exam
- 477 (87%) kept or had a pending 1st appts with prescriber; 13% failed to keep their appts
- 239 (44%) kept a second 90-day medical appt for refill (some data loss for clients who go on their own for follow-up)
- 273 (50%) on PrEP for six months; 41 (8%) for a year (may include clients on PrEP prior to 1/1/16)
- 47 (9%) deactivated;
- 1 seroconversion in a non-adherent client.
PrEP Counselors provided 1,663 sessions in addition to their initial PrEP Counseling.

- Adherence: 38%
- Payment Assistance: 22%
- Risk-Related Counseling: 26%
- Other: 14%
Unanticipated Outcomes of PrEP - Beyond Preventing HIV Transmission

- PrEP can be a health and wellness gateway for underserved populations
- More high risk individuals are seeing doctors who never did before the advent of PrEP because of the need for regular metabolic testing and HIV, HBV and STI screenings
- PrEP can reduce HIV anxiety, and anxiety can contribute to depression or sexual compulsivity.
PrEP Counselor Sites

- Asbury Park - VNA
- Atlantic City – Atlanticare Medical Center and South Jersey AIDS Alliance
- Camden - AHEC and Cooper Health Systems
- Cumberland County - Complete Care Health Network (Millville, Vineland and Bridgeton)
- Elizabeth – Trinitas Regional Medical Center
- Hackensack - Buddies of NJ
- Jersey City - Hudson Pride and Jersey City Medical Center
- Morristown – Morristown Medical Center
- Neptune - Jersey Shore Medical Center
- Newark- Newark Beth Israel Medical Center, St Michaels Medical Center, Rutgers University Hospital IDP and DAYAM, North Jersey AIDS Alliance
- Perth Amboy – PP of Northern, Central and Southern NJ
- Paterson- Hyacinth AIDS Foundation, PP of Metropolitan NJ, Paterson Health Department STD Clinic
- Plainfield - Hyacinth AIDS Foundation
- Trenton - Henry J. Austin Health Center and Hyacinth AIDS Foundation
New Jersey HIV PrEP Counselor Initiative

Call the NJ AIDS/STD Hotline 800-624-2377

For the location and contact information of the PrEP Counselor Nearest to You

It costs Nothing to See the PrEP Counselor
Targeted Behavioral Interventions

• Evidence-based individual- and group-level interventions designed to promote and sustain HIV risk reducing behavior change.

  ✓ Promote HIV test seeking behavior
  ✓ HIV treatment regimen adherence
  ✓ HIV disclosure to partners & partner testing
  ✓ Consistent condom usage
  ✓ Reducing high risk sexual and needle sharing behavior
  ✓ Discussion of PrEP
Targeted Behavioral Interventions

- Interventions are targeted to meet the needs and preferences of high risk populations:
  - People living with HIV
  - Gay and bisexual men
  - High risk African American and Latina women
  - High risk youth
  - People who inject drugs

- Located in CBOs with a history of providing culturally competent services to the targeted populations.
Structural Interventions

- Syringe Access Programs (SAPs)
  - Provide access to clean syringes to people who inject drugs
  - Five existing (since 2009)
    - Camden
    - Newark
    - Jersey City
    - Paterson
    - Atlantic City
  - Two new to start in 2017
    - Asbury Park
    - Trenton
Structural Interventions

- Syringe Access Programs (SAPs)
  - In 2016, 689,242 syringes were distributed.
  - ARCH (Access to Reproductive Care and Health)
    Nurses are co-located at each SAP site, and provided a
    1086 visits for a variety of health services to 532 SAP
    clients and their partners in 2016.
    - HCV and HBV screening and linkage to care
    - HIV testing and linkage to care
    - STD testing and treatment
    - Pregnancy testing and linkage to prenatal care
    - Vaccination for Hepatitis A and B
Structural Interventions

- ARCH Nurses co-located at SAP sites. Work closely with local HIV care providers to refer patients.

- In 2016, 1,086 patient visits were made to ARCH nurses of which 532 were new patients to the ARCH nurses. Among 532 new clients in 2016:
  - Women constituted 38% of new patient visits, the remaining 62% men.
  - 56% were White, followed by Black/African American at 32%, Asian at 1% and Other at 11%.
  - 22% identified as Hispanic.
  - 31% of participants were 26-35 years of age, 22% 36-45, 21% 46-55, 18% 18-25, 6% 55-65 and 1% 66+ and/or not reported.
Structural Interventions

- Pregnancy screening was provided to 56 women of whom 12 (21%) were pregnant, all HIV negative.
  - Of the 12 pregnant women, six were linked to prenatal care, five received prenatal support (information on services/counseling), one lost to follow-up.

- Hepatitis C screening provided to 226 patients, of whom 50 (22%) tested positive for HCV. Hepatitis B screening provided to 19 patients, of whom one (5%) tested positive for HBV.

- The following vaccines were administered: five doses of Twinrix vaccine to prevent Hepatitis A and B: four flu, and eight Tdap
Structural Interventions

- Gonorrhea screening was provided to 236 patients, of whom 11 (4%) tested positive and referred for treatment.
- Syphilis screening was provided to 46 patients, of whom 4 (8%) tested positive and referred to treatment.
- 220 patients were screened for Chlamydia, of whom 12 (5%) were positive and referred for treatment.
- TB screening was provided to 22 patients, of whom one tested positive for TB.
It is notable that of the 261 tested for HIV, only five were HIV positive (1.9%) and all five linked to HIV care through the NJ Linkage to Care Navigators.

In addition, the ARCH program referred six people for PrEP Services of whom two were ultimately linked to services (note that PrEP services only became available in mid 2016).
Opportunities for Integration

EVERY HIV PREVENTION WORKER HAS AN OPPORTUNITY TO INTEGRATE PREVENTION AND CARE

Rapid HIV Test Counselors
HIV Linkage To Care Navigators
PrEP Counselors
Behavioral Intervention Health Educators
Syringe Access Program Staff
ARCH Nurses
NJ AIDS/STD Hotline

WHAT ARE YOUR OPPORTUNITIES?
Ryan White Innovations
Health Equity in NJ

"Changing the Story"
Focus

Health Equity

Speedy Linkage to Care

Elimination of Stigma & Discrimination

Decriminalization of HIV

Partner, Collaborate

Durable Viral Suppression
Infrastructure Advances

- CAREWare Centralization (Citrix)
- Pilot to support “BridgeIT” that will link EMR to CAREWare
- DHS Scanning Project
  - Real-time eligibility verification
- ADDP ID cards to replace pharmacy letters proving eligibility
- Actively investigating Patient Reporting Investigation Surveillance Manager (PRISM) – eHARS, CAREWare, CDRSS, EvalWeb
- Leadership through collaboration of program, fiscal and quality management
  - Rethinking deliverables and services with subrecipients
  - Looking for and funding innovation
  - Rewarding collaboration, innovation and quality
Integrated Data System

- PRISM
- eHARS
- CDRSS
- Medicaid (optimistic)
- EvalWeb
- CAREWare
“Along we can do so little, Together we can do so much.”

Helen Keller
“The more you weigh, the harder you are to kidnap. Stay safe. Eat cake.”

Helen Keller
Primary Care Providers have a Role
Dr. Ann Bagchi is an instructor at Rutgers School of Nursing has more than 12 years of experience conducting health-related research and quality improvement studies. Ann is conducting NJ’s Stigma Index Project.
Patients do not want to be tested for HIV. Difficulty screening adolescents when accompanied by a parent/guardian. Financial costs to patients if testing is not covered by insurance. It should be the patient’s responsibility to request an HIV test. Suggesting HIV testing might damage the patient-provider relationship. It is not the responsibility of primary care providers to conduct HIV screening. **Discomfort discussing HIV risk behaviors with patients.**

**Discomfort discussing a positive test result with a patient.**

**Uncertainty about the legal obligations for reporting a positive test result**

HIV screening should be limited to those with risk factors for infection. **Lack of referral sources if a patient tested positive for HIV.**

Pre-test counseling significantly lengthens the time required to screen for HIV. **Inadequate training in how to discuss HIV with patients.**

HIV screening is not relevant to the reason for the patient visit. Risk of breaking patient confidentiality when billing for HIV screening. **Lack of standardized practice protocol for HIV screening.**

Lack of awareness of the CDC recommendation. Lack of support for HIV screening among practice administration. **Forgetting to screen for HIV.**
Program

- Partner with the Primary Care Association
- Market HIV testing and care education and partnership to PCPs
- Offer counseling and testing training to PCPs
- Routine testing in Urgent Care Clinics

Policy

- Require continuing education credits on HIV screening for PCPs
- Adopt an HIV Testing Law in New Jersey
- Implement interventions to address HIV-related stigma
- Decriminalize HIV
Recommendation 9
All adolescents should receive health guidance annually regarding responsible sexual behaviors, including abstinence. Latex condoms to prevent STDs (including HIV infection) and appropriate methods of birth control should be made available with instructions on ways to use them.

Recommendation 15
All adolescents should be asked about their use of alcohol and other abusable substances...

Recommendation 16
All adolescents should be asked annually about involvement in sexual behaviors that may lead to unintended pregnancy, and STDs (including HIV).

Recommendation 17
Sexually active teens should be screened for STDs.
HIV TREATMENT HAS ADVANCED TREMENDOUSLY; PUBLIC ATTITUDES ARE LAGGING BEHIND.
Project

Preliminary data:

- Project goals: 54 trained interviewers to survey 1% (380) of NJ’s HIV populations. Sample size selected determined by the number of PLWH in each of the 21 counties.
  - Data entered 194
  - Average age 50
  - Equal distribution male and female
  - 75.8% African American; 18.6% Latino; 10.8% White
  - 53% Heterosexual; 30% Gay or Bisexual; 22% IDU
  - 60% Medicaid; 32% Medicare (uninsured 4.6%)
  - 37% Homeless
  - 38% Described mental issues
  - 13% Full time work

Stigma in last 12 months

- 60% People are afraid I will infect them
- 30% People think it’s shameful
- 23% Disapprove of my lifestyle/behavior
- 20% I don’t know
- 11% Religious beliefs/moral judgements

What did you do?

- 57% Depressed
- 40% Withdrew from friends/family
- 33% skipped medication or avoided medical care
Let’s Go in the Same Direction!
Care Coordination at Transition Points

Testing to Care

Hospital Inpatient

Youth to Adult

Corrections to Community

Discharge from MH/SA
Traditional Care Transitions

- Poor communication
- Nonstandardized care
- System failures
- Patient issues

Adverse events
- Hard work
- Good intentions
- Smart caregivers
- Invested patients

Patients
Integration & Co-location of Services

Integration of HIV Services – HIV Testing, PrEP Counselors, Linkage to Care Coordinators (LCCs), Medical Case Managers (MCM), Non MCM, Community Health Workers (CHW), and Legal Services;

Strengthening and establishing consumer and provider networks, community leadership and engagement, and other partnerships to extend the reach in all 21 counties.

Program Collaboration and Service Integration (PSCI. Our intention is to “force” collaboration by partnering a CBO and clinic CHW.
In the Integrated Prevention and Care program, two new Syringe Access Programs (SAPs) will open on July 1, 2017. These SAPs will support two nurses, known as “ARCH Nurse,” to perform EIS to include targeted counseling, referral services, linkage to care, health education, and literacy training that enable clients to navigate the HIV system of care in addition to medical case management for HIV positive patients. Participation in prevention for positives or those in HIV positive programs will be supported within the SAP.
Integrated of Prevention and Care

Four Early Intervention Specialists (EIS) are funded through rebate dollars and housed within the clinical setting to conduct traditional EIS services and do confirmatory testing, linking within the same or next business day.

Collectively the 15 (4 funded through rebate dollars) sites found:

- 2,040 new or out-of-care positives linked to care (828 were out of care >8 months)
- 2,451 HIV tests - 115 (5%) positive
- 200 partners tested – 17 (9%) positive, 14 linked in same day
- 56% were AA/Black; 27% Hispanic
- 67% male
- 37% between the ages of 18 and 35
Mentoring Programs

Medical Student Mentors

- Seven trained medical students will provide mentoring services to non virally suppressed adolescents and treatment naïve patients.
- Outcome: 85% of the mentored clients will be virally suppressed within 3 months.
- Mentors work closely with clients to ensure medical adherence and assist MCMs to removing barriers identified. Viral load will be monitored quarterly.
- A Youth Advisory Board (YAB) has been formed for consumer input.

Peer Mentors

- Program design resulted from a patient focus group
- Target: 40 existing patients who are struggling with viral suppression and 10 newly engaged patients
- 8 cycles of 10 patients over 5 weeks
  - One-on-one mentoring
  - 3 support groups
- 10 Preceptors will be paired with treatment naïve or non suppresses patient;
- Incentives are in the form of store gift cards at designed increments
Community Health Worker Model

- The shared vision of prevention and care is to integrate CHWs with Linkage to Care Coordinators - “feet on the ground”

- Community Health Workers: Social Change Agents Advancing Health Equity and Improving Outcomes

- AETC offers a five-day CHW training

- Expansion of CHW and partnering of clinics, DIS, and CBOs is planned for 2017
Statewide Quality Improvement Activities

- State wide QM Plan has been completed
- Provider education to track disparities and promote health equity
- Statewide QI initiative – Oral Health – 22 agencies are participating
- Expanded capacity through consultant
Treatment Adherence

- iCONNECT (Medisafe)
- TimerCap
- iCAP

https://medium.com/@medisafe/medisafe-iconnect-media-kit-56ebb42992f7#.60joobovq
Housing as Prevention

- “Factors that help shape a context of vulnerability that either contributes to increased individual risk of exposure to HIV or compromises the ability to protect oneself from infection.” (Kevin Fenton).

- Social determinants are the economic and social conditions that contributed to the client’s condition and
  - safety
  - education, employment, income & job security
  - food security
  - health services and access to services
  - housing, social exclusion, stigma
Problem Statement: young gay and bisexual men between ages 13 to 24 are the only population continuing to experience an increase in HIV incidence.

Action:
- Foundation is Dialectical Behavioral Therapy (DBT)
- Develop a second structured housing program to support homeless young HIV-positive gay men to address multiple health harming conditions that prevent adherence to HIV regimens. (Locations: Ventnor & East Orange)
- Duration - 24 months of housing during which time participants receive counseling to address trauma, substance use, depression, and abandonment – a list that expands over time as the young person begins to feel safe.
- The goals of this program are to stabilize health, re-direct harmful behavioral patterns, and to instill hope for the future by embodying the concept of “housing as treatment”.

Housing for HIV-Positive Young Gay Men
HIV-Positive Women Early Childhood Trauma and Intimate Partner Violence

NHAS2020 focuses on trauma informed care. Intimate partner violence (IPV) is related to poorer health outcomes, high/detectable viral loads, low CD4 counts, ART failure, and lower retention in care.

- Creation of a “safe” house for HIV+ females identified as victims of IPV or early childhood trauma.
  - Foundation Cognitive Behavioral Therapy.
  - Co-location of housing, medical, supportive services, and trauma-informed care.
- Nursing services and medical case management will be provided to improve resident health literacy, carry out directly observed therapy, and coordinate HIV medical care.
- Mental/behavioral health services Medical transportation will be provided both to retrieve new clients from unsafe situations and to bring them to appointments. The residents will be supported in seeking employment and/or education as well. The house will be a home – warm, safe, and stabilizing.
Internet-based consultations helped satisfy the medical, pharmaceutical and psychological needs of patients with HIV to the same degree as in-person health care visits. (PLoS One, The Atlantic reports, March 16, 2011).

CompleteCare uses telehealth to assist nursing case managers to cost effectively manage their caseloads, offer client-centered activities that will integrate services, increase responsiveness to their clients’ changing medical conditions, improve access to health care and support services, and enhance their independence and quality of life.
Health Insurance Premium Payment Program

COBRA terminations must enter Medicaid if FPL is ≤138% or Marketplace if income is >138%.
Other Activities

- The RFA introduced a full range of support services to include: EFA, CHW, food bank, non-medical case management
- Pilot for medical co-pays and deductibles through Part B and State Care
- Home-based non-medical case management, rural NJ
- Increase medical transportation
  - Piloting the use of Uber drivers for transportation, increased accountability.
- Expansion of Medical-Legal Partnership in Atlantic and Cape May Counties
- Additional point of access to care in Cape May County
What’s Next in Care

- Moving ahead with data integration (PRISM)
- Specialized Medical Case Managers in the areas of trauma informed care, RWB/ADDP eligibility, certified applications counselor, etc.
- Expand and integrate Community Health Workers and DIS to be an adjunct to Linkage to Care Coordination
- Home Care – a statewide RFA
- Monitoring the need for ambulatory care as health care changes
DHSTS will be meeting with housing partners on July 6th to discuss HIV Housing Needs in NJ

PLWH are significantly more vulnerable to becoming homeless during their lifetime.

- Improved treatment adherence and health
- Reduction in HIV transmission: Stably housed PLWHA demonstrated reduced viral loads resulting in significant reduction in HIV transmission.
- Cost savings: Homeless or unstably housed PLWHA are more frequent users of high-cost hospital-based emergency or inpatient service, shelters, and criminal justice system.
- Discrimination and stigma: AIDS-related stigma and discrimination add to barriers and disparities in access to appropriate housing and care along with adherence to HIV treatment.