The HIV/HCV/STD Roadmap

PRESENTATION FOR HCPC

OCTOBER 29, 2018

Presentation Outline

How did we get here? (David, Linda, Mike)

Proposed DPH goal & implementation plan (Dara & Dean)

- How will this affect client experience?
- How will this affect services?
- How will this reduce disparities?

Next steps(David, Linda, Mike)

- HCPC & DPH roles
- Reflect on framework

How did we get here?

DAVID, LINDA, & MIKE

Feb – Sep 2018

Stakeholder Input

Oct-Nov 2018

Stakeholder Feedback on DPH Goal Statement & Implementation Plan

2019 & beyond

Implementation

Today is an opportunity for HCPC to give feedback to DPH on the proposed Goal Statement & Implementation Plan.

Core Principles

1. Community- and Patient-Centered
2. Integrated Services
3. Partnerships
4. Sustainability

Proposed DPH goal & implementation plan

DARA & DEAN

"Health Access Points"

Goal: Reduce disparities by addressing vulnerabilities through focused community investment.

Safer injection equipment, condoms & naloxone

An HIV, HCV and/or STD test

Support with food, housing, employment

Treatment for substance use & mental health conditions

PrEP

Counseling & support

Prevention information & education

Navigation

Health care

CBO

Clinic

Outreach

“Health Access Point” Attributes

Stigma-free, welcoming, culturally appropriate environment

“Status neutral”

Population-specific

Baseline standard of care, for all populations

Low barrier access:

- Mobile and field-based work
- Consistent services offered at the same time, same place, same teams
- Frequent recurring contacts

Interdisciplinary

Clinical and community-based elements

Single location, multi-location network, or other approach

Shared data, risk assessment, & care plans

Essential for sustainability:

- **Accountability**
- **Workforce development**
- **Organizational capacity-building**

How will this approach affect the client experience?

A CASE STUDY FROM
THE WOMEN'S CENTER OF EXCELLENCE

How will this approach affect services?

Example 1
Testing, Syringe Access, Overdose Prevention

Testing
- Integrated HIV, HCV, syphilis, gonorrhea, & chlamydia testing
- Increased low-barrier options
- Increased focus on under-served populations

If we can provide…

Syringe access & disposal
- Increased hours to fill gaps
- Expand access to under-served communities
- Build CBO and clinical capacity

Can we also provide…

Overdose prevention
- Build CBO and clinical capacity for naloxone distribution and prevention education

Example 2

HIV Health Services Programs

Increase efforts aimed at client retention and re-engagement

Further develop ways to utilize effective, mobile-based services for clients at risk of falling out of care or not consistently retained in care

Increase utilization of peer-delivered services, especially for client navigation

Better address how to mitigating stigma

Utilize data for quality improvement

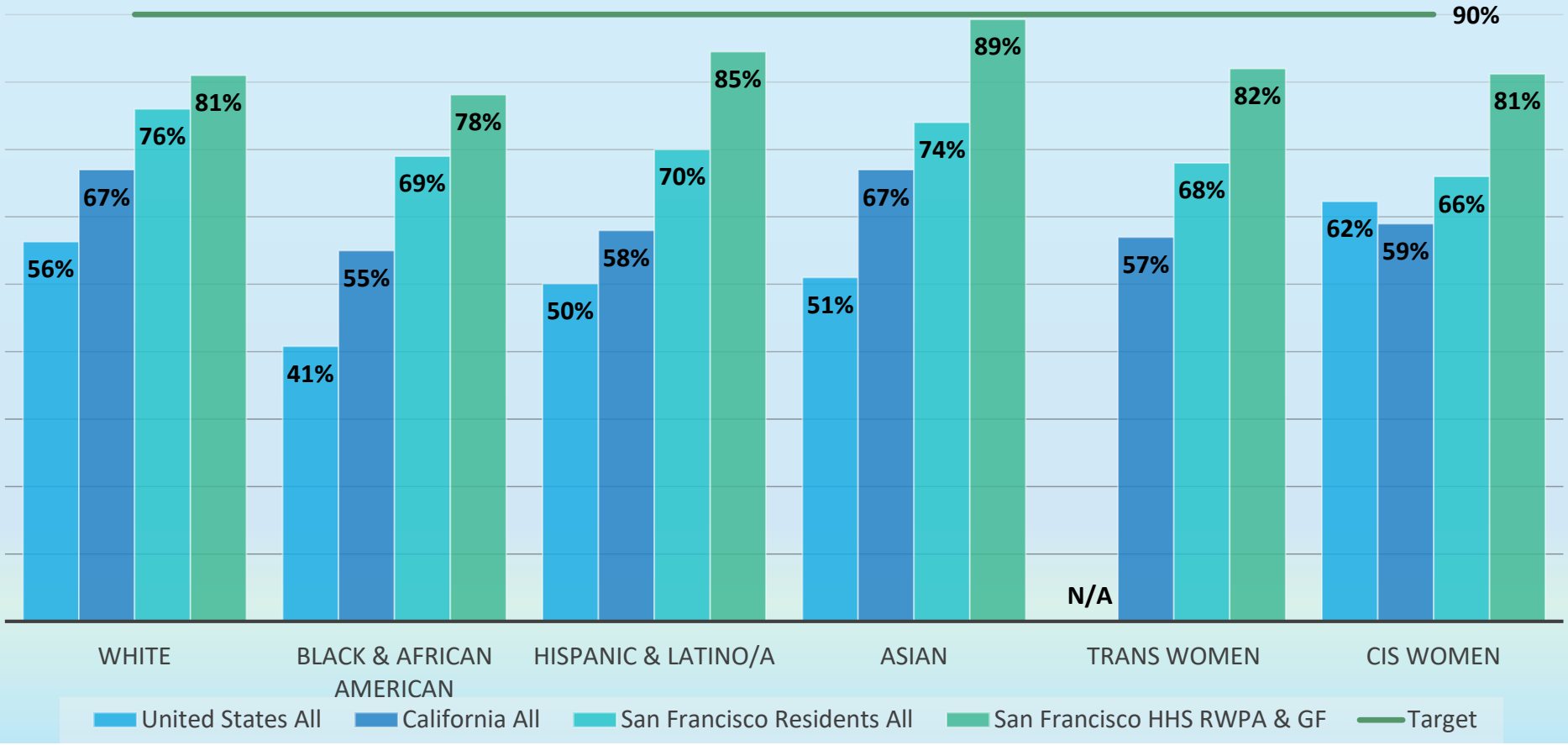
How will this approach help reduce disparities?

Example 1
Centers of Excellence

Centers of Excellence (COEs) are successful "health access point" models of care

- Each has specific expertise to serve a target population(s)
- CoE client viral load suppression rates greatly surpass national and state rates
- CoEs have been very successful in reducing (but not yet eliminating) disparities in health outcomes
  - SF CoE viral load suppression disparities based on race and gender are significantly less than national and state rates

VIRAL SUPPRESSION (<200 copies mL) BY RACE & GENDER DEMOGRAPHICS - 2016



- Data for United States from the CDC.
- California from Office of AIDS.
- San Francisco is from SFDPH Epi.
- HHS is from ARIES.
- Asian US data is from 2014 (no 2016 available).
- No US data available for Trans Women
- Asian data doesn't include Pacific Islander for US and California, included in San Francisco
- Target based on local goals
- No data on Native Americans for US and California

Continuous Quality Improvement (CQI)

Annual HIV Health Services CQI will:

- Focus on improving viral load suppression among African American clients
- Identify new CQI projects with varied target populations and quality indicators of health outcomes

Example 2

Health Fairs for People Experiencing Homelessness

Low barrier: Start today and on site

- PrEP & PEP
- Contraception & pregnancy testing
- Rapid HIV starts
- Addiction treatment (e.g., buprenorphine)

Testing, linkage, and treatment

- HIV, HCV, Gonorrhea, Chlamydia, Trichomonas, Syphilis, TB

Routine medical

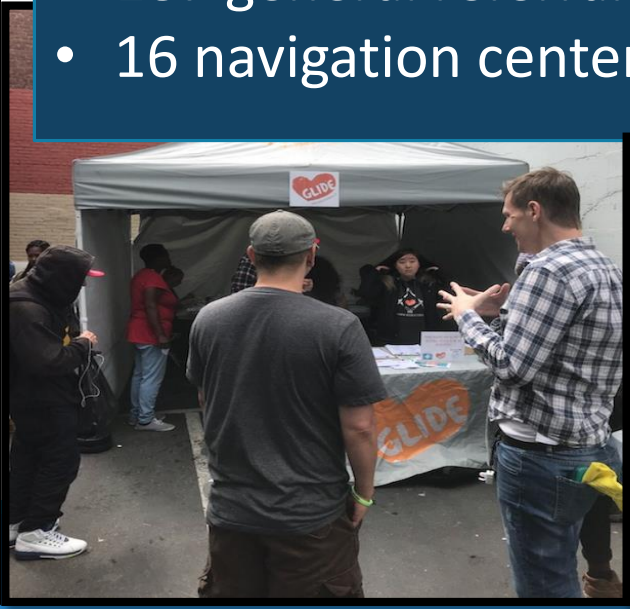
- Wound care
- Asthma, blood pressure, thyroid, psych
- Vaccination for hepatitis A, hepatitis B, influenza, pneumonia

Additional Services

- Syringe access & disposal
- Naloxone
- Housing assessment
- Showers
- Hospitality (coffee, food, socks & hats)

2018 Health Fairs by the Numbers

- 680 accessed hospitality
- 239 accessed medical services
- 318 HCV tests, 293 HIV tests, 53 STI tests
- 56 HCV+, 10 HIV+
- 21 started PrEP/PEP
- 144 got naloxone training
- 238 accessed syringe supplies
- 39 buprenorphine starts
- 187 general referrals
- 16 navigation center placements



Reflection Question

DOES THE DPH PROPOSED GOAL AND IMPLEMENTATION PLAN REFLECT HCPC AND COMMUNITY INPUT?

Next Steps:

- Use index cards for questions, or with ideas for names for the “Health Access Point” model
- Stay tuned for “office hours” if you would like to discuss further with Co-chairs or DPH

Acknowledgments

DPH Roadmap Design Team:

- Bill Blum
- Stephanie Cohen
- Dara Geckeler
- Dean Goodwin
- Thomas Knoble
- John Melichar
- Beth Neary
- Tracey Packer
- Susan Philip
- Darpun Sachdev
- Susan Scheer
- Christine Siador

HCPC Community Co-chairs

- David Gonzalez
- Mike Shriver
- Linda Walubengo

DPH Staff & Community Stakeholder Participants

- CHEP, DPC, and ARCHES branches
- HCPC
- HIV providers

Health Fair Slides

- Deborah Borne
- Eileen Loughran
- Paul Harkin
- Robert Hoffman
- Shannon Ducharme