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
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.

- An HIV, HCV and/or STD test
- Safer injection equipment, condoms & naloxone
- Support with food, housing, employment
- Treatment for substance use & mental health conditions
- Counseling & support
- Navigation
- PrEP
- Prevention information & education
- 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

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

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

If we can provide...

Can we also provide...
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?
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
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