Integration To End The Epidemics

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Overview

• Landscape of HIV in Iowa
• HIV Program Structure at the State level
• Integrated practices
• Expanding Early Intervention Services
Landscape

HIV in Iowa
In 2017, there were 2,790 people living with HIV in Iowa who were diagnosed. Approximately 72% resided in the ten most populous counties, with 28% in Polk County alone. The remaining 28% resided in more rural areas.

For more information, visit https://idph.iowa.gov/hivstdhiv/hiv.
Snapshot of HIV in Iowa

- At the end of 2017, there were 2,790 Iowans diagnosed and living with HIV
- 125 Iowans diagnosed in 2017
- Iowans who are black/African American are disproportionately impacted by HIV
- Historically, Iowans with HIV have lived with HIV for a significant amount of time before getting diagnosed (known as “late testers”). (28% late testers in 2017)
HIV and Hepatitis Community Planning Group (CPG)

- Integrated planning body since 2001
- Integrated Hepatitis C taskforce in 2016

The CPG’s primary purpose is to act in an advisory capacity to the staff of the Bureau of HIV, STD, and Hepatitis at the Iowa Department of Public Health (IDPH), and the main task is to ensure that the state has an inclusive and participatory planning and evaluation process for the delivery of prevention and care services.
Internal Integrated Practices

Integrated budgeting team

- HIV and Hepatitis Prevention Programs
  - Biz McChesney
    Program Manager

- Ryan White Part B Program
  - Holly Hanson
    Program Manager
  - Karen Quinn
    Contract and Budget Specialist

- Contract Staff
  - Ann Campbell

- Weekly budget meetings
- One HIV program budget – integrates multiple funding streams (CDC Prevention, CDC Component B Prevention, Ryan White Part B, Ryan White Part B Supplemental, and State)
Internal Integrated Practices

• Development of Data Program
  • Collaboration of staff from all programs
  • HIV, STD, and Hepatitis

• Monthly Bureau Meetings

• Bi-weekly Management Meetings (HIV Prevention, Ryan White, Data Program, STD Program, and Bureau Chief)
Implementing Early Intervention Services in a Rural State
Historically Iowa Had...(before 2016)

• 10 Rapid HIV Test Sites (CTR Sites) located in the ten most populated counties.
  • Each site was funded at 0.25 FTE (~25,000/year).
  • Limited funding/staffing restricted focus to metro areas.
  • Contracts were funded by CDC dollars (State for Hepatitis C).

With the increase in available funds in 2016, a substantial investment was made in these projects by adding an additional FTE (10 total) across the state with the goal of expanding service areas to reach more Iowans.
The traditional EIS Model

• Integrated traditional CDC funds with HRSA funds.
• Maintains all four components of an EIS program
  • Testing
  • Referral
  • Health Education / Risk Reduction
  • Linkage and Access Support
• The investment supplemented and expanded ongoing activities, and did not supplant other funding sources.
Expanding to meet identified needs

• Used HRSA funds to increase routine and targeted HIV screening and linkage to care services in new settings:
  • Federally Qualified Health Centers (2.0 FTE)
  • Rural Community Based Pharmacies (1.0 FTE)
  • Regional Testing Initiatives through Ryan White Part B Agencies (2.0 FTE)

*The goal of these projects is to reach further into rural areas that have been historically underserved by traditional case finding efforts.*
These initiatives represent our client level EIS program

- Increased Case Finding
- Increased Linkage to PrEP
- Increased Linkage to Care
- Increased Patient Knowledge
- Increased Retention
- Increased Viral Suppression
- Decreased Transmission / Population Health Outcomes
Expanding the definition:

Given the unique challenges with implementing traditional EIS programs at a statewide level – IDPH opted to create a structural level EIS program as well.

IDPH’s Structural-level EIS Program seeks to routinize HIV screening and case finding in rural primary health care settings, substance use treatment facilities, community-based corrections, and other social-service settings that should act as key points of entry into the system of HIV prevention and care. Furthermore, IDPH provides capacity building and technical assistance in the areas of substance use, health equity, and trauma-informed prevention and care to health care providers, IDPH-funded test sites, and Ryan White Part B case managers. The goal is to increase the likelihood of successful case finding; linkage to, engagement with, and retention in care; and viral suppression among priority populations.
Coordination is Key:

The structural level projects are designed to work in tandem with the more traditional client level initiatives to achieve the same goals for each client that interacts with the system.
The Trauma, Health Equity, and Substance Use programs provide training and technical assistance, as needed, to support testing and case finding efforts throughout the spectrum of EIS programs.

- **Iowa Primary Care Association**
  - 14 FQHCs
  - The PCA works with Iowa’s FQHCs to increase routine and opt-out HIV screenings.

- **Iowa Pharmacy Association**
  - Community-Based Pharmacies
  - The IPA works to implement pilot rapid HIV screening programs in Iowa’s rural community-based pharmacies.

- **Rural Outreach Liaisons**
  - Primary Care Providers
  - Community-Based Corrections
  - Mental Health Providers
  - Substance Abuse Providers
  - Community-Based Services
  - The ROL project works to engage with community-based providers to increase routine and opt-out testing, increase appropriate reporting and linkage, and foster referral relationships.

- **IDPH Funded Direct Testing Projects**
  - 10 Integrated Test Sites
  - NAP EIS Testing Project
  - Demonstration Testing
  - IDPH funded testing projects work to implement safety-net testing programs across the state of Iowa, provide health education and risk-reduction counseling, and facilitate referrals and linkage.
If patient tests positive for HIV, they are provided with appropriate support referrals, linked to care, and engaged in Partner Services. Community-Based Services, Providers, FQHCs and Pharmacy Test Sites are better equipped for appropriate reporting and successful referral because of this system.

If patient tests negative for HIV they are provided with information related to need for ongoing screening and looped back to the start of the EIS process through their preferred method of entry.

**Disease Intervention Specialists**

DIS conduct partners services interviews with newly diagnosed patients and confirm linkage to care. DIS routinely reaffirm health literacy and education counseling that is initiated during the testing phase of the EIS program and facilitate or assist with referrals to vital community resources.

**Medical Care & Case Management**

Medical Care and Case Management activities are supported by three programs that are tasked with providing training and technical assistance related to Trauma Informed Care, Substance Use, and Health Equity to ensure quality care is being provided that accounts for each client’s specific needs.
Just like our client level program, our structural level initiatives have the same intended outcomes:
What happens behind the scenes?

In order to effectively implement these programs Prevention and Care staff at IDPH work closely together to monitor implementation, collaboration, and outcomes.

- All project components participate in bi-monthly collaboration calls to ensure that they are appropriately working together.
- Internal staff from prevention and care work closely together to ensure appropriate data collection and reporting.
## Data Collection Strategies

<table>
<thead>
<tr>
<th>Program</th>
<th>Data Tool</th>
<th>Data Collected</th>
<th>Report Type</th>
<th>Report Frequency</th>
<th>Submitted To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disease Intervention/Partner Services</strong></td>
<td>eHARS</td>
<td>Client Demographics, Client Risk, Referrals, Linkage to Care</td>
<td>Quality Assurance/Performance Measures, Surveillance</td>
<td>Semiannually, Annually</td>
<td>STD Program Manager, Surveillance Program, Ultimately sent to CDC</td>
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<tr>
<td></td>
<td>EvaluationWeb</td>
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<td></td>
<td>Iowa Disease Surveillance System</td>
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<tr>
<td><strong>Marketing Project</strong></td>
<td>CNA Ad Reports</td>
<td>Impressions, Clicks, Engagement, Views, Likes</td>
<td>Data &amp; Narrative</td>
<td>Quarterly</td>
<td>HIV Prevention Program Manager</td>
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<tr>
<td></td>
<td>Social Media Reach Metrics</td>
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<td>Ryan White Part B Program Manager</td>
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<tr>
<td><strong>Pharmacy Project</strong></td>
<td>Google Form EIS Collection Tool</td>
<td>Client Demographics, Referrals</td>
<td>Quality Assurance, Data &amp; Narrative</td>
<td>Monthly, Quarterly</td>
<td>HIV Prevention Program Manager and EIS Coordinator</td>
</tr>
<tr>
<td><strong>Primary Care (FQHC) Project</strong></td>
<td>Manual data capture from EHR.</td>
<td>Aggregate Data, Referrals, Positive Demographics</td>
<td>Data, Narrative</td>
<td>Quarterly</td>
<td>HIV Prevention Program Manager and EIS Coordinator</td>
</tr>
<tr>
<td><strong>Rural Outreach Project</strong></td>
<td>Google Forms ROL Collection Tool</td>
<td>Contact Type, Successes, Challenges</td>
<td>Data, Narrative</td>
<td>Monthly, Quarterly</td>
<td>Ryan White Part B Program Manager</td>
</tr>
<tr>
<td><strong>Testing Projects</strong></td>
<td>EvaluationWeb</td>
<td>Client Demographics, Client Risk, Referrals, Linkage to Care</td>
<td>Quality Assurance, Data &amp; Narrative</td>
<td>Monthly, Quarterly</td>
<td>HIV Prevention Program (Evaluation Coordinator) and EIS Coordinator</td>
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Noteworthy Successes and Challenges

Successes:
• Testing and case finding activities have expanded greatly. The increase in funding testing projects, coupled with the structural level activities, are creating more accessible pathways to prevention and care across Iowa for those that need it.

Challenges:
• Project Monitoring. Many projects have historically been funded only by CDC. Receiving HRSA dollars required different monitoring, which as been confusing and/or stressful for some sub-recipients.
Thank You.

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