National HIV/AIDS Strategy Update: HHS Implementation

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Regional Listening Session
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Summary and Discussion

• **Good progress** toward NHAS and HCCI goals, but a greater focus on **MSM** is needed
• **Policy environment** at the federal level remains conducive to an effective fight against HIV in the U.S.
• Tribal, state, and city governments **play a critical role** in achieving NHAS, ACA, HCCI goals
• Ongoing non-/federal **collaboration is imperative**
National HIV/AIDS Strategy (NHAS)

• **Reduce new infections** (25%), lower transmission rate (30%), and increase to 90% awareness of HIV+ serostatus

• **Improve access to and outcomes of care** by linking 80% of PLH to care w/in 3 mo of diagnosis, increase to 80% RW clients in continuous care, and increase to 86% RW clients with permanent housing

• **Reduce HIV-related health disparities**
  by increasing by 20% the number of MSM, Blacks, and Latinos with undetectable viral load

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NHAS Goal I: HIV Incidence

*By 2015, lower the annual number of new infections by 25 percent*

• 47,500 new HIV infections occurred in 2010 compared to 48,600 in 2006

• Comparing 2008 to 2010:
  - 21% **reduction** in new HIV infections among AA females
  - 22% **reduction** in new HIV infections among M/F IDUs
  - 12% **increase** in new HIV infections among MSM; 22% among young MSM (13-24 yrs)

• Promising trends but challenges remain

*(ONAP: NHAS Progress Report, 2013)*
NHAS Goal I: Knowledge of Serostatus

By 2015, increase to 90% the percentage of people living with HIV who know their serostatus

- Total number of PLH increased 9% from 1,045,800 in 2006 to 1,144,500 in 2010
- At the same time, number of people with undiagnosed HIV infection decreased 9% (from 199,748 in 2006 to 180,900 in 2010)
- In 2010, 84.2% of PLH knew their serostatus, up from 80.9%
- In 2010, serostatus awareness was 90% or higher among persons 45 yrs or older and among male and female IDUs

(ONAP: NHAS Progress Report, 2013)

High Impact Prevention

Targeting the most cost effective and scalable interventions and aligning them geographically and demographically with the burden of HIV.

U.S. Centers for Disease Control and Prevention (CDC)
Rates of Persons Living with an HIV Diagnosis, by County, California, 2010

Note. Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.

* Data are not shown to protect privacy. ** State health department requested not to release data.

The Big Picture

HIV infection, AIDS diagnoses, deaths and persons living with HIV or AIDS in California, 1981-2011
NHAS Goal II: Timely Linkage to Medical Care

By 2015, increase to 85% the proportion of newly diagnosed patients linked to clinical care w/in 3 mos. of their HIV diagnosis

- Linkage to care rate: 79.8% in 2011
- Lower linkage rates for Blacks and young persons (13-24 yrs)
- Complete reporting of lab data is needed in more areas to provide better national estimates (19 reporting sites in 2011)

(ONAP: NHAS Progress Report, 2013)
Continuum of HIV Care -- US, 2009

Overall:
Of the 1.1 million Americans living with HIV, only 25% are virally suppressed

Source: AIDS.gov; CDC, “HIV in the U.S.: The Stages of Care,” July 2012

Continuum of HIV Care – CA, 2010

Source: CDPH (2013) Continuum of HIV Care, 2010
HIV Epidemic in California

- 168,602 cumulative HIV cases as of December 31, 2013
- ~50k cumulative HIV cases since 2006, since names-based reporting
- <6k new HIV infections per year
- Compared to other racial/ethnic groups, African-Americans and young Californians living with HIV are least likely to be retained in care or have achieved viral suppression; retention in care and viral suppression improve with age
- Males and females living with HIV are equally likely to be retained in care, but women are less likely to be virally suppressed
- Overall, Californians living with HIV have lower linkage to care, but higher viral suppression, than the national average.

(CA DPH, Dec. 2013)

Linkage and Retention in HIV Care is Generally Worse among:

- Younger persons
- Females
- R/E minorities
- Mentally Ill
- Substance Users
- Homeless
- Uninsured

NHAS Goal III: Reduce Disparities

By 2015, Increase by 20% undetectable viral load among MSM, Blacks, and Latinos

<table>
<thead>
<tr>
<th>Increase VLS among:</th>
<th>Current</th>
<th>2015 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>41.7%</td>
<td>48.8%</td>
</tr>
<tr>
<td>Blacks</td>
<td>34.9%</td>
<td>39.2%</td>
</tr>
<tr>
<td>Latinos</td>
<td>37.2%</td>
<td>43.9%</td>
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</tbody>
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- CAPUS: 3-yr cross agency demo (FY ’12-’14) to increase HIV continuum outcomes among R/EM by addressing social and structural factors.
- New CDC/HRSA demo to build HIV care capacity and improve HIV continuum outcomes for racial/ethnic minorities attending federally-funded community health clinics.
- Identify promising practices in addressing the prevention and treatment needs of Black MSM, including young men.

(ONAP: NHAS Progress Report, 2013)
Rates of Hispanic/Latino & White Persons Living with an HIV Diagnosis, by County, California, 2010

Interventions for Improving HIV Care Engagement

- **Linkage Case Mgmt** (intense, time-limited interaction)
- **Medical Case Mgmt** (longitudinal relationship to address unmet needs)
- **Intensive Outreach** (time and resource intensive, requires multiple follow-ups)
- **Peer or Para-professional Patient Navigation** (shares features with health educators and case managers but no formal training in social work or home agency)
- **Clinic-wide Messaging** (posters, brochures, brief messaging—low cost with modest improvements)

NHAS Goal IV:
Achieve a More Coordinated National Response to the HIV Epidemic in the US

- Ensure coordinated program administration
- Promote equitable resource allocation
- Streamline and standardize data collection

Common Core Indicators for HHS-funded HIV Programs & Services

<table>
<thead>
<tr>
<th>Measure</th>
<th>Numerator</th>
<th>Denominator</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV positivity</td>
<td>Number of HIV positive tests in the 12-month measurement period</td>
<td>Number of HIV tests conducted in the 12-month measurement period</td>
</tr>
<tr>
<td>Late HIV diagnosis</td>
<td>Number of persons with a diagnosis of Stage 3 HIV infection in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis in the 12-month measurement period</td>
</tr>
<tr>
<td>Linkage to HIV Medical Care</td>
<td>Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis</td>
<td>Number of persons with an HIV diagnosis in the 12-month measurement period</td>
</tr>
<tr>
<td>Retention in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period</td>
<td>Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period</td>
</tr>
<tr>
<td>Antiretroviral Therapy (ART) Among Persons in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td>Viral Load Suppression Among Persons in HIV Medical Care</td>
<td>Number of persons with an HIV diagnosis with a viral load &lt;200 copies/ml at last test in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period</td>
</tr>
<tr>
<td>Housing Status</td>
<td>Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period</td>
<td>Number of persons with an HIV diagnosis receiving HIV services in the last 12 months</td>
</tr>
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NHAS Goal IV: Coordination Progress

- HHS OS released approved package of seven common core indicators to monitor HIV prevention, treatment, care programs (JUL 2012)
- HHS OS approved implementation plans for streamlining and reducing reporting burden across HHS (JUL 2013)
- Key HHS agencies are collaborating to include several core indicators into CMS Meaningful Use 3, which permits incentive payments for meeting specific criteria
- Ongoing work to increase data sharing, further streamline and harmonize, integrate planning processes and requirements, and deploy common HHS measures for gender identity and sexual orientation

“It is the policy of my Administration that agencies implementing the [National HIV/AIDS Strategy] prioritize addressing the continuum of HIV care, including by accelerating efforts to increase HIV testing, services, and treatment along the continuum.”

President Barack Obama
Executive Order #
July 15, 2013
HIV Care Continuum Initiative

- Launched on 3rd Anniversary of NHAS (July 2013)
- Incorporates advances in our knowledge about preventing and treating HIV infection
- Focuses next steps of implementing the NHAS on the HIV Care Continuum
- Executive Order directing Federal departments to accelerate efforts to increase access to quality HIV testing, care, and treatment and improve outcomes at each step in the HIV care continuum.
- Established cross-departmental HIV Care Continuum Working Group (HHS, DOJ, DOL, HUD, and VA) to develop and deliver recommended action steps work to align and coordinate Federal efforts, both within and across agencies, to maximize outcomes along the care continuum.

Recommendations of the HIV Care Continuum Working Group

1. Support, implement and assess innovative models to more effectively deliver care along the care continuum
2. Tackle misconceptions, stigma and discrimination to break down barriers to care
3. Strengthen data collection, coordination and use of data to improve health outcomes and monitor use of federal resources
4. Prioritize and promote research to fill gaps in the knowledge along the HIV care continuum
5. Provide information, resources, and T/A to strengthen the delivery of services along the care continuum, particularly at the state and local levels
Summary and Discussion

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- Ongoing non-/federal **collaboration is imperative**.

National HIV/AIDS Strategy Vision

“The United States will become a place where new infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.”
Follow key updates on NHAS Implementation:

AIDS.gov

Questions or comments to:

Andrew.Forsyth@hhs.gov

Estimated New HIV Infections in the U.S, 2010, for the Most Affected Subpopulations

CDC, HIV in the United States, At a Glance
Rates of Persons Living with an HIV Diagnosis & Income Inequality (Gini Coefficient), by County, California, 2010

Persons Living with an HIV Diagnosis

Income Inequality

* Data are not shown to protect privacy. ** State health department requested to release data. † Data not available because the data source does not publish these data for this jurisdiction.

Notes: Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting. Data Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention. U.S. Census Bureau, American Community Survey 5-Year Estimates, 2006-2010.

Core HIV Prevention Activities for State/Local Health Departments

- **HIV Testing**
  - Includes routine screening in HC settings (13-64 yrs) & screening for all pregnant women

- **Comprehensive prevention with HIV-positive individuals**
  - Includes interventions to improve linkage to & retention in care, referral to substance abuse & other needed services, PMTCT & risk reduction interventions

- **Condom Distribution**
  - Promote correct and consistent use among PLWHA and those at high risk

- **Policy Initiatives**
  - Align structures, policies and regulations to optimize HIV prevention & care and facilitate sharing/use of data for decision making

*(CDC)*
Affordable Care Act & Persons Living with HIV Infection: **Key Provisions**

- Ensures coverage for people with **pre-existing conditions**
- Expands **Medicaid** coverage
- Provides more **affordable** private health coverage
- Lowers prescription **drug costs** for Medicare recipients
- Ensures coverage for **preventive services**, including HIV testing
- Increases **coordinated care** for people with chronic health conditions
- Ensures coverage of **essential health benefits**

Affordable Care ACT & Persons Living with HIV Infection: **Potential Impacts**

- Early treatment led to **life expectancy gains** valued at **$80B** for PLH and **averted 13.5k new infections**, 1996-2009
- Most uninsured, low-income PLH **live in states not expanding** Medicaid
- Ryan White will **remain critical**, even with ACA implementation
- An estimated **500k additional persons tested** for HIV is possible by 2017
- Resource allocation models can **optimize state/local responses** to HIV

Source: Health Affairs, March 2014
Integrating Routine HIV Testing and Linkage to HIV Care in Title X Family Planning Service Sites

- $8.1 M awarded to 18 grantees, September 2013
- Part A Projects: opt-out HIV testing & linkage to care (60 projects)
- Part B Projects: HIV testing & direct linkage to HIV care (11 projects)
  - Ryan White funded HIV sites co-located with a Title X site or have an established referral relationship with Title X site

HHS Directive to OpDivs and Staff Offices (April 11, 2012)

1. Within 90 days, work with OASH to finalize a set of common, core HIV/AIDS indicators.
2. In the subsequent 90 days, finalize plans with OASH to implement core indicators, streamline data collection, and reduce reporting burden by at least 20 – 25% for HHS HIV/AIDS grantees.
3. Fully deploy this operational plan by the beginning of FY2014.
HIV Care Continuum Initiative: Working Group Objectives

• Review USG efforts to improve testing, care, and treatment outcomes and determine if the HIV care continuum is appropriately addressed

• Obtain input from grantees, affected communities, and other stakeholders on ways to improve HIV care continuum outcomes

• Review research on improving HIV care continuum outcomes

• Identify impediments to improving continuum outcomes, particularly for those at greatest risk for HIV infection.

• Identify opportunities for surmount these barriers

• Recommend strategies to integrate HIV care continuum with other evidence-based responses to the epidemic

• Improve alignment and coordination of federal efforts, within and between departments, to improve continuum outcomes