

Seek & Treat Optimal Prevention (STOP) HIV/AIDS Project

Presentation to the Pacific AIDS Network

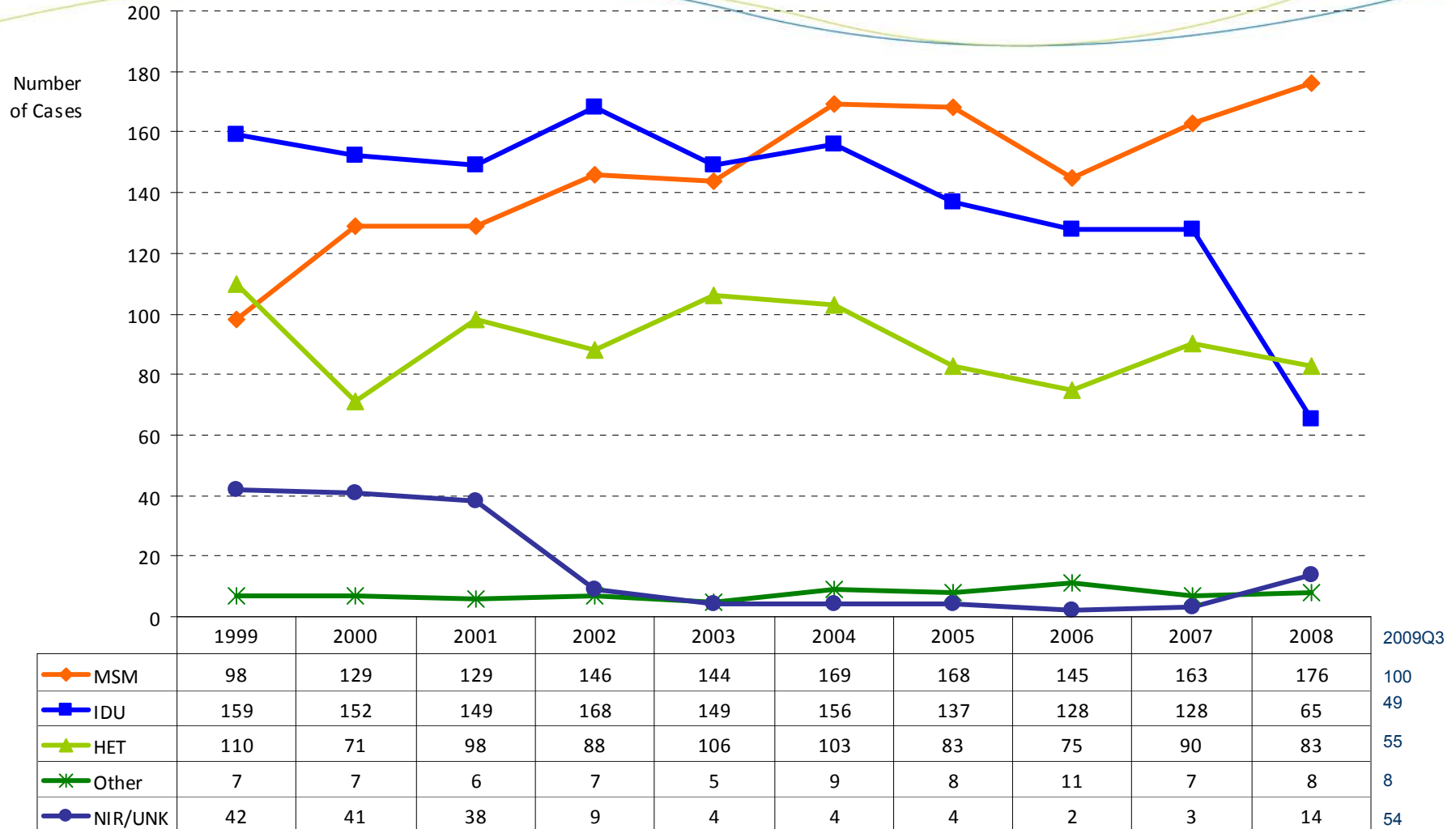
October 6, 2010

Chris Buchner – Regional Director, Prevention

STOP HIV/AIDS Project Rationale

- Despite some successes in prevention of HIV infection & significant advances in the treatment of HIV infection, significant challenges remain:
 - High infection rates persist in certain populations, including MSM, Aboriginal people & people with MH&A
 - High levels of morbidity & mortality persist among certain populations, including people living in poverty, Aboriginal people & people with MH&A

New HIV diagnoses in BC by exposure category, 1999-2008



Factors contributing to High Mortality

- Large numbers of people with HIV in BC continue to be untreated:
 - Begin HIV treatment later, or not at all
 - Face challenges with treatment adherence
 - More likely to be female, Aboriginal &/or live in a low income neighbourhood

Effect of HAART on HIV Transmission

HAART stops HIV replication



HIV levels fall to undetectable in blood & sexual fluids



SHARP REDUCTION IN HIV TRANSMISSION

STOP HIV/AIDS – Opportunity

- The concept of treatment as prevention championed by CfE & Dr. Montaner
 - Early diagnosis & linkage to care, including wide scale implementation of HAART could decrease community level viral loads, therefore decreasing infectivity & decreases HIV population level incidence
- Concept published in numerous journals including Lancet, 2006
- Business Cases were developed at MoH request

STOP HIV/AIDS Project

- Pilot project (4 years) announced by MOH in Feb 2010
- Materially improve HIV/AIDS diagnostic & treatment models for specific populations for whom access to & continuity of care is an issue
- Pilot sites – Vancouver’s Inner City & Prince George
- Partners – 5 key organizations have committed MOH funds & will work with a multiplicity of partners to view & transform the whole system of care & services

STOP HIV/AIDS – MOH Funding

	09/10	10/11	11/12	12/13
VCH	680,000	2,000,000	7,000,000	7,000,000
NHA	200,000	720,000	2,500,000	2,500,000
PHSA	180,000	360,000	1,640,000	1,640,000
Providence	330,000	420,000	2,600,000	2,600,000
BCCFE	270,000	1,400,000	2,760,000	2,760,000
Pharmacy	N/A	2,000,000	3,400,000	3,400,000
TOTAL	1,660,000	6,900,000	19,900,000	19,900,000

Projected expenditures for 10/11

Project Phase	Est Spend
Project planning & analysis	\$250K
Implementing quick wins	\$1.0m
Time-limited strategies & ongoing implementation	\$750K
TOTAL	\$2.0m

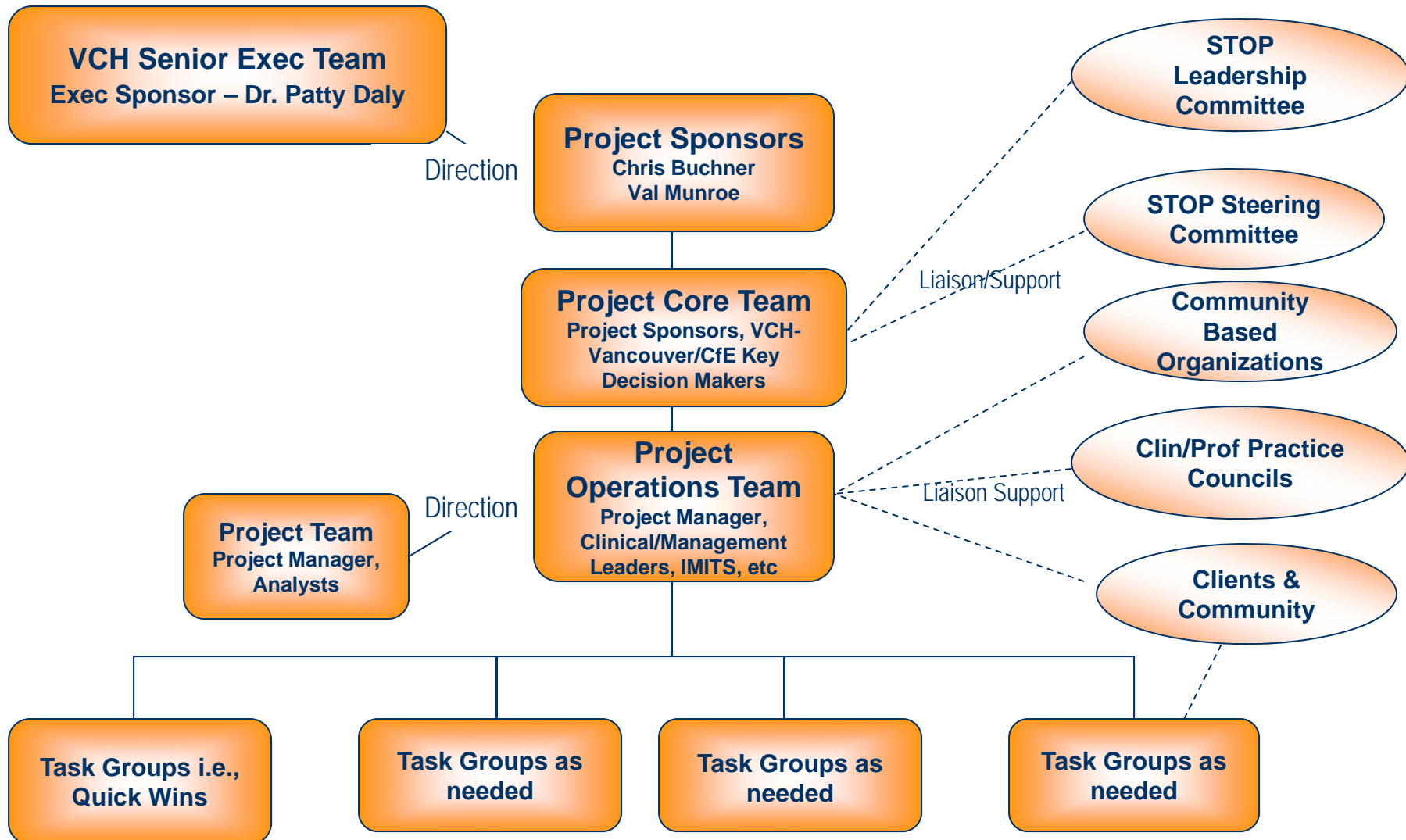
STOP HIV/AIDS Project Goals

- Reduce HIV/AIDS cases in Prince George & Vancouver Inner City
- Improve early detection of HIV
- Ensure timely access to high-quality & safe HIV/AIDS care & treatment
- Improve client experience in every step of HIV/AIDS journey
- Demonstrate system & cost-optimization

Provincial Leadership

- MOH
 - Advisory Committee – Chair John Dyble, Deputy, Minister of Health, CEOs, CfE & leaders from key partners
- Leadership Committee
 - Réka Gustafson, VCH & Irene Day, CfE - Co-chairs
 - MOH, STOP partners, community & Aboriginal reps
 - Collaboration & oversight
 - Develop indicators, monitor data & outcomes
 - Report progress regularly to MOH from all partners
 - Sub committees - e.g., Indicators, Testing, Communications, Integrated Project Plan

VCH STOP Project Governance Model



Current State Assessment

- Evidence review, service providers & clinicians
- Community Engagement Report – August 2010
 - 13 focus groups of consumers (HIV+ & at risk)
 - Aboriginal, MSM, MH&A, STW, ethnocultural communities
 - Key challenges - stigma & prioritizing resources
 - Over-arching factors - housing, location of services, language & immigration needs, incentives
 - New Strategies - transforming public health messages, roles for people living with HIV & other peers

Current Activities & Achievements: “Quick Wins”

- System Improvements
 - Review & standardize clinical forms/practice across several sites & programs
 - Improvements to EMR to support & improve HIV care
 - Establish clinic based registries of all HIV clients
- Clinical Improvements
 - Implement testing, care, & follow-up as per guidelines
 - Expand/Implement testing at 39 sites
 - Provided education/training on testing & treatment to 626 staff
 - Developed care pathway for individuals without MSP

Current Activities & Achievements: Trialing Short-term Strategies

- Screening Strategies
 - “Chocolate Checkups” at 26 SROs & shelters
 - Health Fairs at Insite & Lifeskills Centre
 - HIV, STI screening
 - HIV+ screened for attachment to care & mini assmt
 - Focused intervention to connect to care
 - Marginalized MSM through Health Initiative for Men
 - Promotion of early / frequent testing
 - HIV, STI screening

Current Activities & Achievements: Trialing Short-term Strategies

- Promoting adherence & retention in care
 - Trial at Vancouver Native Health Clinic
 - 30/100 est. clients enrolled
 - Using traditional Aboriginal medicine & CDM approaches
 - Peer supports

Current Activities & Achievements: Trialing Short-term Strategies

- Engaging clients lost from care
 - Identify clients who are HIV+ & lost from care or unengaged in care
 - Connect directly with physicians & other HC providers to re-engage clients
 - Provide intensive clinical outreach/case management to support clients

Indicators to Measure Population Outcomes

How many people tested for HIV?

- # of HIV test episodes

Were the right people tested for HIV?

- % positivity among those tested
- Proportion of people with new STI or HCV diagnosis who are tested for HIV within 3 months of diagnosis of STI or HCV

Are we testing people who otherwise would not be tested?

- Proportion of individuals with new HIV diagnosis with advanced HIV disease

Are we linking HIV positive people to care?

- % of new HIV cases who have a viral load or CD4 count within 3 months of diagnosis

Are we retaining people in care?

- % of individuals on ART who achieve annual prescription refill adherence of $\geq 95\%$

Indicators that assess the effectiveness of our strategies

- Which point of care (POC) testing strategies had good uptake of testing?
- Which POC testing strategies identified new HIV cases?
- How many contacts of a case were reached & tested for HIV?
- Which strategies successfully linked clients to care?

Project Challenges

- Care & treatment services are fragmented across many programs, providers & agencies
- Complex privacy, and confidentiality issues
- Marginalized people are often living very complex & chaotic lives, requiring intensive interventions
- Providing comprehensive care in non-traditional settings
- Supporting transformative change across the system of care
- Measuring outcomes in a relatively short period of time

Project Activities - Fall 2010

- Partnering with CfE to implement QI initiatives in 1° HIV care provincially & locally
- Continue Community Engagement
- Implement strategies identified through Current State Assessment:
 - Testing: Both broad and targeted
 - Linkage to care: Newly diagnosed and lost to follow/up

Questions