Sep 20th, 3:00 PM - 4:45 PM

Updates from HRSA on the Ending the HIV Epidemic Initiative and HIV and Rural Health Efforts

Mahyar Mofidi
HIV?AIDS Bureau, HRSA

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September 20, 2019

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Director, Division of Community HIV/AIDS Programs (DCHAP)
HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

OVERVIEW

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically, or medically challenged
- HRSA does this through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities
- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA
Ryan White & Global HIV/AIDS Programs

HRSA's Ryan White HIV/AIDS Program

- **Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV**
  - More than half of people living with diagnosed HIV in the United States – more than 500,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)

- **Funds grants to states, cities/counties, and local community based organizations**
  - Recipients determine service delivery and funding priorities based on local needs and planning process

- **Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available**

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2016; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)

HRSA
Health Resources & Services Administration

HRSA's Ryan White HIV/AIDS Program

- **Parts A (cities/counties), B (states), C (community-based organizations), and D (community-based organizations for women, infants, children, and youth) Services include:**
  - Medical care, medications, and laboratory services
  - Clinical quality management and improvement
  - Support services including case management, medical transportation, and other services
- **Part F Services**
  - Clinician training, dental services, and dental provider training
  - Development of innovative models of care to improve health outcomes and reduce HIV transmission among hard to reach populations
- **85.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 61.2%**

Early Intervention Services – Part C

FY 2019 Appropriations: $201 million

- **Currently provides grants to 351 recipients in 49 states, District of Columbia, Puerto Rico, and the Virgin Islands**
  - Funds community health centers, health departments, hospital clinics, and other community based organizations
  - All funds are awarded competitively every three to five years
    - Statutory preference given to areas with high rates of sexually transmitted diseases, tuberculosis, drug abuse, and hepatitis B and/or C
    - Statutory preference given to entities that provide primary care services in rural areas or to underserved populations
- **Implemented the new RWHAP Part C funding methodology in FY 2018**
- **Funded 10 new RWHAP Part C new geographic service areas in FY 2018 for the first time in more than 5 years to increase access to care and treatment for people living with HIV**

Women, Infants, Children, and Youth – Part D

FY 2019 Appropriations: $75 million

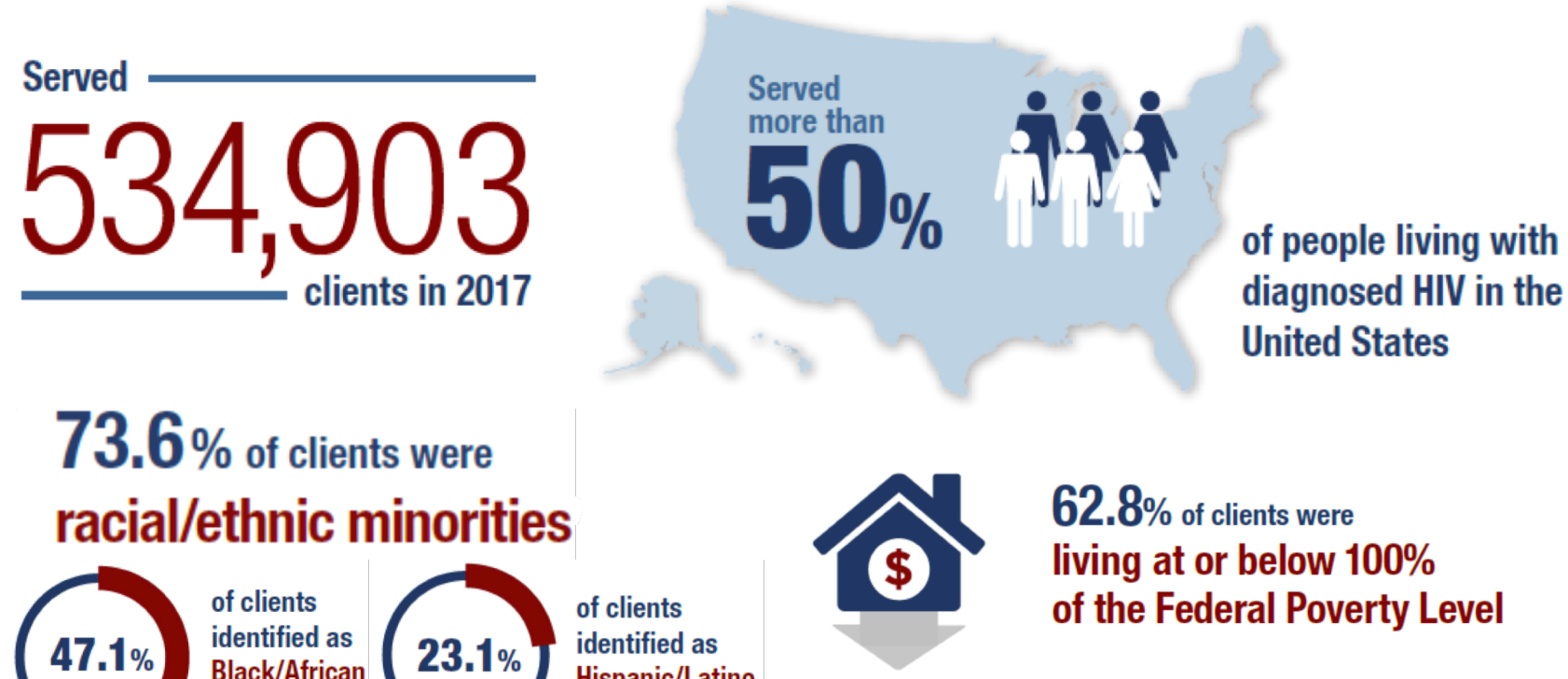
- **Currently provides grants to 115 recipients in 39 states, DC and Puerto Rico**
  - Focuses on HIV care and treatment services for Women, Infants, Children, and Youth populations
  - Funding may also be used to provide support services to PLWH and their affected family members
  - All funds are awarded competitively every three years

Dental Programs - Part F

FY 2019 Appropriations: $13 million

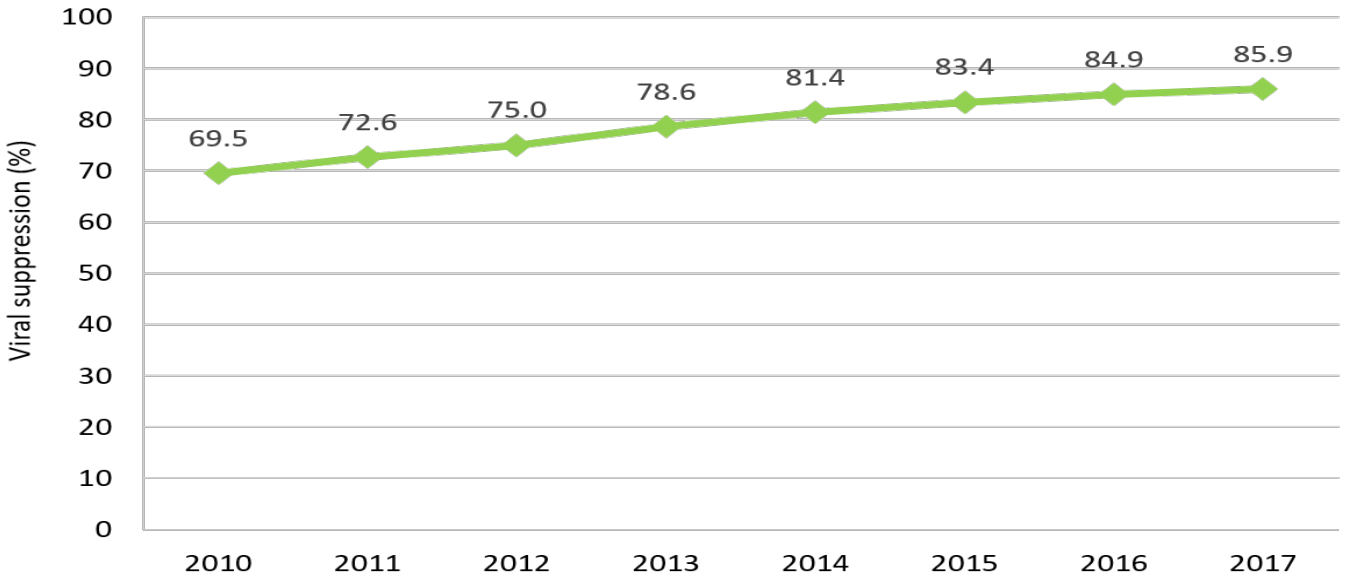
- **HIV/AIDS Dental Reimbursement Program:**
  - Currently funds 51 Dental Reimbursement Programs in 19 states and DC
  - Expands access to oral health care for PLWH while training additional dental and dental hygiene providers
  - Provides reimbursements (32% of uncompensated expenditures in FY 2016) to dental schools, schools of dental hygiene, and post-doctoral dental education programs
- **HIV/AIDS Community Based Dental Partnership Program:**
  - Currently provides grants to 12 Community Based Dental Partnership Programs in 12 states
  - Multi-partner collaborations between community-based dentists and dental clinics and dental/dental hygiene education programs to train and expand provider capacity

Clients Served by HRSA RWHAP (non-ADAP), 2017



Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

Viral Suppression among RWHAP Clients (non-ADAP), 2010–2017—United States and 3 Territories[a]

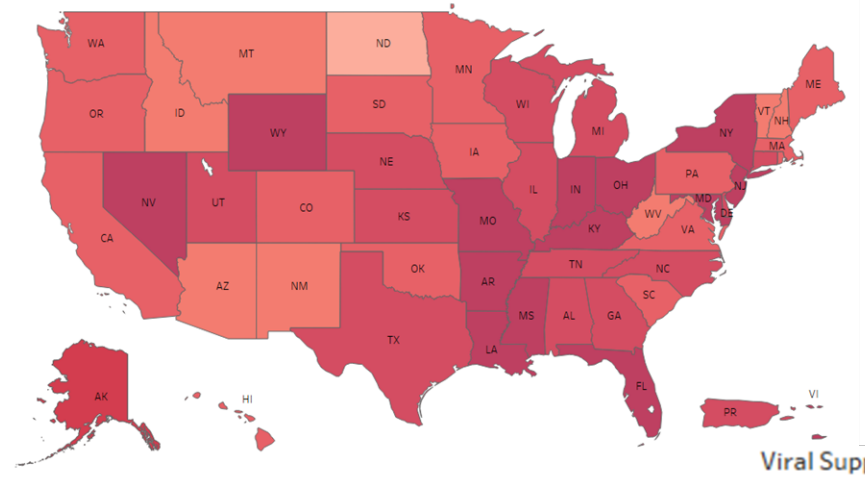


Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

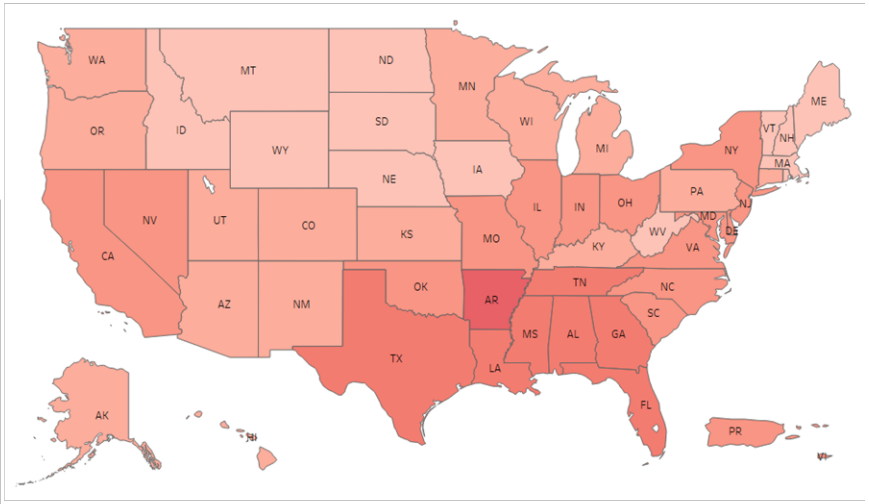
HRSA Health Resources & Services Administration

Viral Suppression among HRSA RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories[a]



IN 2010 **69.5%** VIRALLY SUPPRESSED

IN 2017 **85.9%** VIRALLY SUPPRESSED



Viral Suppression (%)

- 52.9-66.8
- 66.9-72.8
- 72.9-79.9
- 80.4-85.0
- 85.4-87.7
- 88.1-90.0
- 90.3-97.2

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Puerto Rico and the U.S. Virgin Islands.

HRSA Ryan White & Global HIV/AIDS Programs

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

In their own words: Impact of RWHAP on clients

I feel the healthiest I have ever been, I have never been this healthy

They move forward with many things for example with housing

They are like an extended family. I love coming here

They look at the whole person

So many staff are committed in their hearts

The program here is taking away the stigma

Care I get here is beyond what I could have hoped for

If It wasn't for Ryan White, I'd be under ground

Ryan White has been a stepping stone to my health

Ryan White has saved my life, given me a second chance

HRSA HIV/AIDS Bureau Update
Ending the HIV Epidemic: A Plan for America

HRSA
Ryan White & Global HIV/AIDS Programs

Four Pillars of Ending the HIV Epidemic

75% reduction in new HIV diagnoses in 5 years and a **90%** reduction in 10 years.

Diagnose

All people with HIV as early as possible.

Treat

HIV rapidly after diagnosis, and effectively, in all people with HIV to help them get and stay virally suppressed.

Prevent

People at risk for HIV using proven prevention interventions, including pre-exposure prophylaxis (PrEP) and syringe service programs (SSPs).

Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

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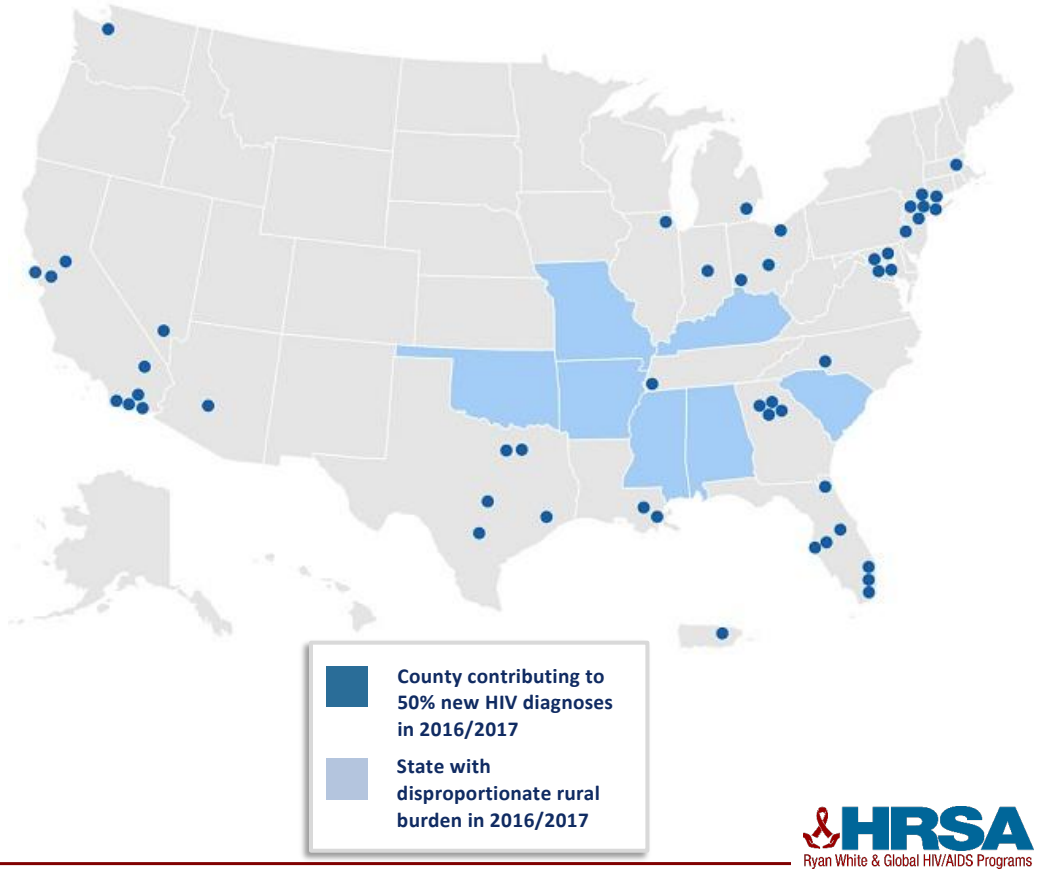
Geographic Locations of Ending the HIV Epidemic Initiative

Efforts focused in 48 counties, Washington, DC, and San Juan, PR, where more than 50% of HIV diagnoses occurred in 2016 and 2017, and seven states with substantial rural HIV burden.



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HRSA and CDC's Roles in the Initiative

Diagnose

Diagnosing and Linking People with HIV to Effective Care is Critical for Stopping New HIV Transmissions

HIV TRANSMISSIONS IN 2016		
% OF PEOPLE WITH HIV	STATUS OF CARE	ACCOUNTED FOR X% OF NEW TRANSMISSIONS*
15%	didn't know they had HIV	38%
23%	knew they had HIV but weren't in care	43%
11%	in care but not virally suppressed	20%
51%	taking HIV medicine and virally suppressed	0%

*Values do not equal 100% because of rounding

Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. Vital Signs: HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1

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Pillar 1: Diagnose
Increase HIV testing and Knowledge of HIV status

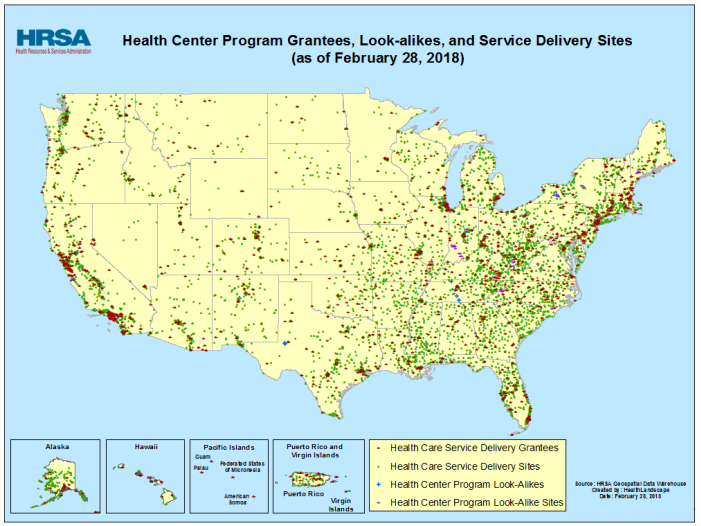
- **CDC will increase HIV testing by:**
  - Building and expanding systems to routinize HIV screening in clinical care settings and non-traditional locations.
  - Conducting targeted testing activities through existing or new programs – including non-healthcare settings.
- **HRSA's Health Center Program will increase HIV testing by:**
  - Conducting expanded outreach with their communities
  - Increasing routine and risk-based HIV testing of health center patients

HRSA Ryan White & Global HIV/AIDS Programs

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

HRSA-Funded Health Center Program

- 2.4 million HIV tests conducted annually
- More than 190,000 patients with HIV receive medical care services at health centers, including many sites co-funded by the Ryan White HIV/AIDS Program
- More than 600 health centers purchase Pre-Exposure Prophylaxis (PrEP) through the 340B Program
- FY 2020: $50 million to support increased outreach, testing, care coordination, and HIV prevention services, including PrEP, in targeted counties/cities and States



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Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

TREAT:
HIV Treatment Keeps People Healthy and Prevents New Infections

People with HIV who take HIV medicine as prescribed & get and keep an undetectable viral load (or stay virally suppressed) stay healthy and have

effectively no risk

of transmitting HIV to their HIV-negative sexual partners

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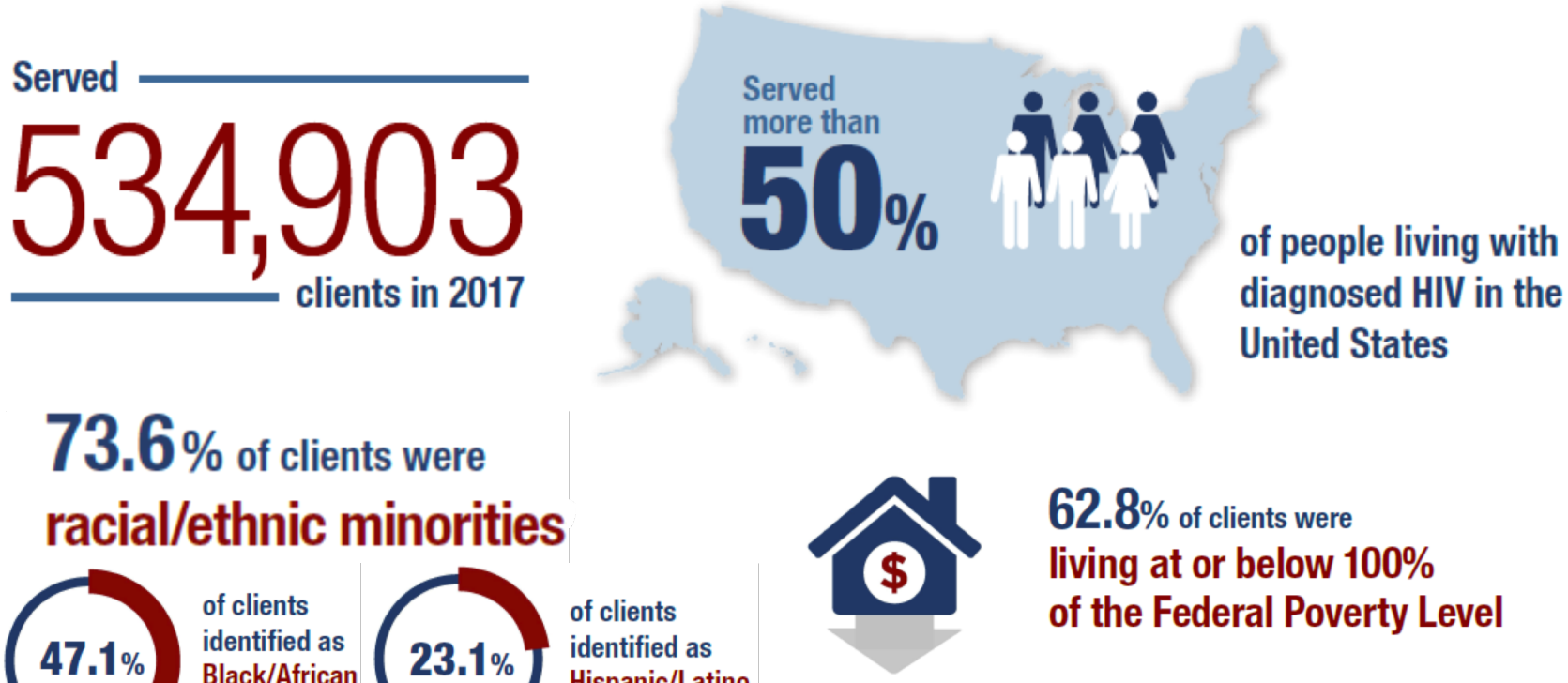
Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

Clients Served by HRSA RWHAP (non-ADAP), 2017



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Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

Pillar Two: HIV Care and Treatment

- **HRSA lead role:**
  - Encourage initiation of rapid HIV care and treatment to achieve viral suppression and stop transmission
  - Increase capacity by funding RWHAP Parts A and B in the identified jurisdictions
  - Provide workforce capacity development through the RWHAP Part F AIDS Education and Training Centers (AETC)
  - Provide technical assistance to the identified jurisdictions

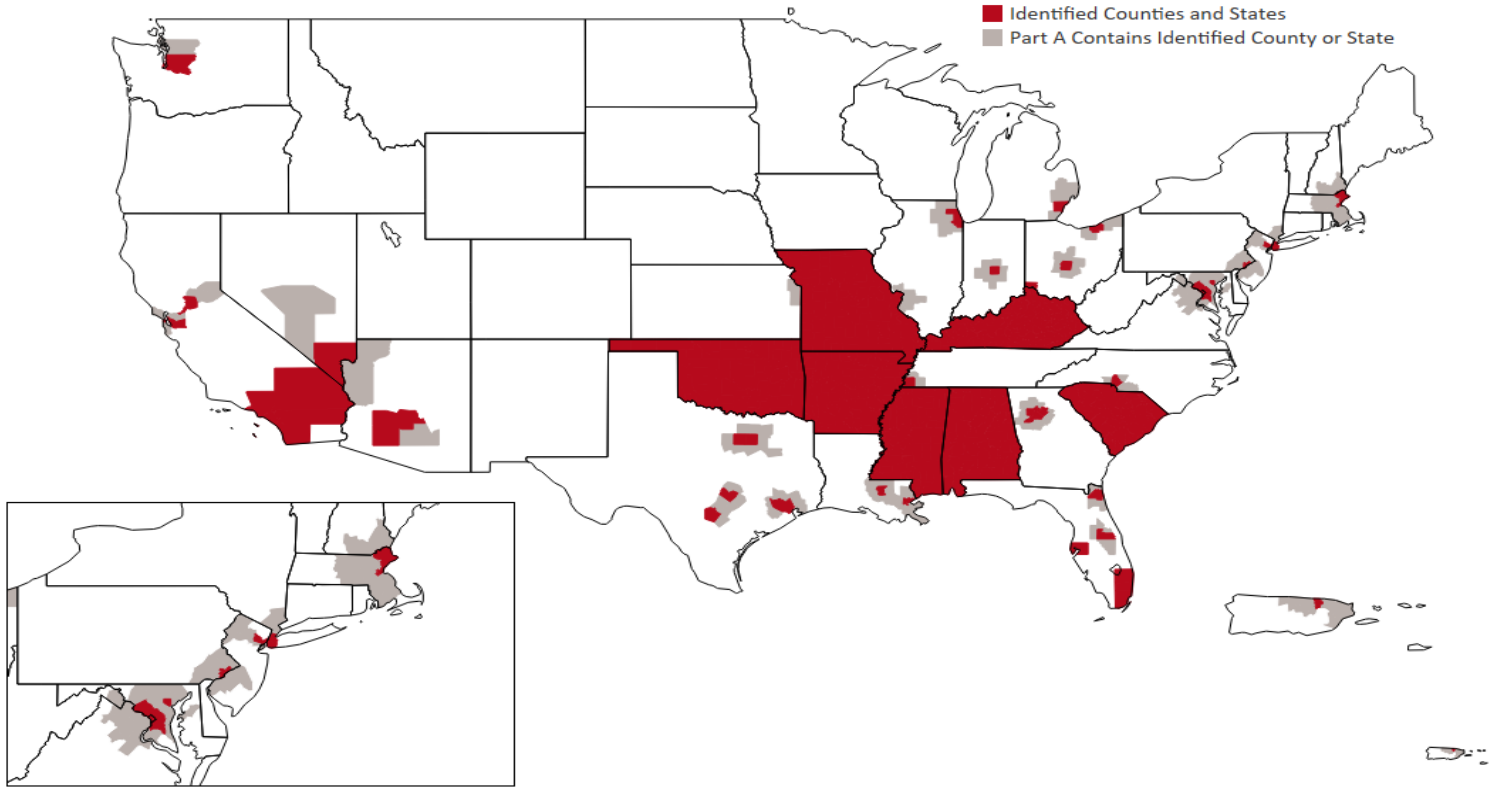
HRSA Ryan White & Global HIV/AIDS Programs

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

HRSA RWHAP: Meeting the Challenges Ahead

- Improve viral suppression and decrease disparities among patients who are in care
- Enhance linkage to and engagement in HIV care of the newly diagnosed
- Expand re-engagement and retention for those diagnosed but out of HIV care

Ending the HIV Epidemic – Overlap of RWHAP Parts A and B and Identified Counties and States



Pillar 3: Prevent

- **Expand access to PrEP for HRSA-funded health center patients at highest risk of acquiring HIV**
  - Referrals from community-based programs
  - Focus on uninsured persons who are at high risk
- **HRSA-funded health centers will focus on:**
  - Expanding outreach, testing, care coordination, and access to PrEP to those populations at the greatest risk of acquiring HIV
- **HRSA HAB will focus on:**
  - Supporting workforce capacity training and clinical consultation for providers

Pillar 3: Prevent

- **CDC will work to prevent HIV transmissions by:**
  - Developing PrEP services in clinical and non-clinical care sites in neighborhoods with the highest rates of new HIV diagnoses.
  - Increasing access to non-traditional PrEP delivery methods
  - Increasing clinician and patient awareness of PrEP
  - Establishing and strengthening syringe service programs (SSPs) strategically distributed across communities with the highest number of new HIV diagnoses attributed to injection drug use, highest number of new HCV diagnoses, and/or highest rates of drug overdose

Pillar 4: Respond
HIV Data for Action

- Detect developing clusters and outbreaks
- Help people with HIV and those at risk to stay well
- Focus resources on the people and areas that need them most

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Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

Next Steps

FY 2020 Implementation - HRSA

HRSA's HIV/AIDS Bureau's plan released Notice of Funding Opportunities (NOFOs) :

- Ryan White HIV/AIDS Program Parts A and B
- Technical Assistance and Systems Coordination
- **HAB will supplement the RWHAP AIDS Education and Training Centers (AETC)**

HRSA's Bureau of Primary Health Care's plan is to release a supplemental NOFO for the Health Center Program

HRSA Ryan White & Global HIV/AIDS Programs

Source: HRSA. Ryan White HIV/AIDS Program Services Report (RSR) 2017. Does not include AIDS Drug Assistance Program data.

Community Engagement

HHS, CDC, and HRSA leadership are visiting EHE jurisdictions to:

1. Raise awareness of this opportunity
2. Build **trust and support** within local communities for the initiative
3. Ensure partners within each jurisdiction are **meaningfully engaged** with the initiative
4. Create a group of stakeholders and **champions who stand ready to mobilize** their communities when resources become available

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HIV in Rural Communities

Barriers to HIV/AIDS Care in Rural Communities

Rural communities face barriers to providing HIV/AIDS treatment and prevention. Some of those barriers to care include:

- Stigma
- Lack of services, specialized service providers (Ryan White HIV/AIDS Program providers)
- Transportation to services
- Behavioral substance health conditions
- Staffing
- Lack of HIV education and awareness

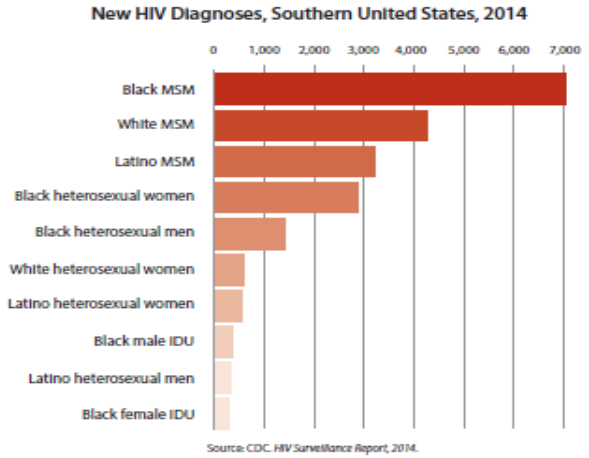
Source: Pellowski, J (2013) Barriers to care for rural people living with HIV: A review of domestic research and health care models. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3640620/pdf/nihms406725.pdf

HIV in the Southern United States

- **The HIV epidemic has shifted from urban centers to the South**
- **Today, southern states account for 44% of all people with HIV**
- **The southern states have higher HIV diagnosis rate in suburban and rural areas**

  African Americans/Blacks account for 54% of new HIV diagnoses in the South (CDC, 2014)

  - Black MSM account for 59% of all HIV diagnoses among Blacks in the South
  - Of all black MSM diagnosed nationally, over 60% live in the South



Source: CDC. HIV in the Southern United States. CDC Issue Brief (May 2016) https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-in-the-south-issue-brief.pdf

HRSA Ryan White & Global HIV/AIDS Programs

Addressing HIV/AIDS Needs in Rural Communities

- Addressing HIV/AIDS needs in rural communities means developing **innovative approaches** for transportation, alternative medical visits (Telemedicine), and HIV education and awareness (Community Health Workers), ultimately to retain patients in care and virally suppressed

Source: Iyer, M. (2015) Understanding health care needs of persons living with HIV/AIDS in rural communities. https://www.apa.org/pi/aids/resources/exchange/2015/01/health-hiv-aids

Rural Health & HIV Workgroup Technical Assistance

One day technical assistance and networking for HRSA recipients serving people with HIV in rural communities

- March 27th at Meharry Medical College in Nashville, TN
- Invited HRSA rural recipient to attend from Region 4 (Tennessee, Kentucky, North Carolina, South Carolina, Mississippi, Alabama, Georgia and Florida) and two states from Region 6 (Arkansas and Louisiana)
- 70 HRSA recipients attended in person and 32 participants attended via Adobe Connect
- Approximately 50% were RWHAP funded recipients
- Collaborated with FORHP, ORO and BPHC
- Presentations from RWHAP recipients on:
  - Substance Abuse Treatment
  - Telehealth
  - Recruiting and Retaining Staff
  - Community Health Workers

Technical Assistance Training for Rural Recipients

Networking Break

HRSA Staff

HRSA Recipients

Rural Tools and Resources

HRSA's Federal Office of Rural Health Policy

Mission: FORHP collaborates with rural communities and partners to support programs and shape policy that will improve health in rural America.

Community-Based Division

- Programs for Rural Communities
- Public Health Programs

Policy Research Division

- Policy and Regulatory Analysis
- Research

FY 2018: Addition of Rural Communities Opioid Response Program

Hospital State Division

- Grants Focusing on Performance and Quality Improvement for Small Rural Hospitals
- State Offices of Rural Health

Office for the Advancement of Telehealth

- Telehealth Network Grants
- Telehealth Resource Centers
- Licensure and Portability

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Are you Eligible?

- http://datawarehouse.hrsa.gov/RuralAdvisor/

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Formerly the
Rural Assistance Center

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Rural Community Health Gateway

Evidence-Based Toolkits for Rural Community Health

Use these step-by-step guides to develop programs that improve the health of rural communities, based on evidence-based and promising interventions. Toolkits are available on a wide range of health topics and issues of interest to rural communities.

Rural Health Models and Innovations

Find examples of rural health projects other communities have undertaken, including models shown to be effective, as well as new and emerging ideas. For each project, learn about the services provided, audiences served, results, and lessons learned.

Supporting Rural Community Health

Learn about a wide range of programs and tools supported by the Federal Office of Rural Health Policy to help rural communities improve the health of their residents.

ABOUT THE RURAL COMMUNITY HEALTH GATEWAY

The Rural Community Health Gateway is a resource for finding programs and approaches that rural communities can adapt to improve the health of their residents.

The Gateway is the home for information about evidence-based models of rural health interventions, as well as innovative approaches.

MORE USEFUL TOOLS

Economic Impact Analysis
Show how your program's grant funding affects your community's economic well-being and share this information with sponsors, funders and your community

Planning for Sustainability
Tools to help you plan and position your grant-funded projects so that services can be sustained over the long term.

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IN THIS TOOLKIT

Modules

- 1: HIV/AIDS Introduction
- 2: Program Models
- 3: Program Clearinghouse
- 4: Implementation Considerations
- 5: Evaluation Considerations
- 6: Sustainability
- 7: Dissemination

About This Toolkit

Rural Health > Tools for Success > Evidence-based Toolkits > Rural HIV/AIDS Prevention and Treatment Toolkit

Rural HIV/AIDS Prevention and Treatment Toolkit

Welcome to the Rural HIV/AIDS Prevention and Treatment Toolkit. The toolkit compiles evidence-based and promising models and resources to support organizations implementing HIV/AIDS prevention and treatment programs in rural communities across the United States.

The modules in the toolkit contain resources and information focused on developing, implementing, evaluating, and sustaining rural HIV/AIDS programs. There are more resources on general community health strategies available in the Rural Community Health Toolkit.

RHIhub This Week

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U.S. Department of Health & Human Services
HRSA
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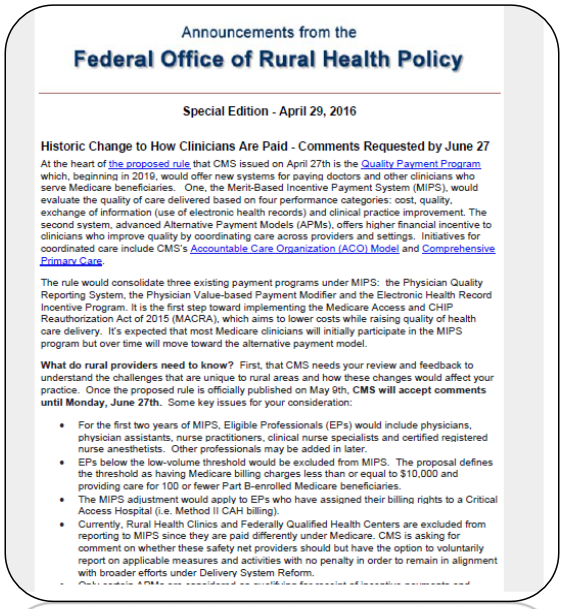
Weekly Announcements

Focus on …

- **Rural-focused Funding opportunities**
- **Policy and Regulatory Developments Affecting Rural Providers and Communities**
- **Rural Research findings**
- **Policy updates from a Rural Perspective**



Announcements from the

Federal Office of Rural Health Policy

Special Edition - April 29, 2016

Historic Change to How Clinicians Are Paid - Comments Requested by June 27

At the heart of the proposed rule that CMS issued on April 27th is the Quality Payment Program which, beginning in 2019, would offer new systems for paying doctors and other clinicians who serve Medicare beneficiaries. One, the Merit-Based Incentive Payment System (MIPS), would evaluate the quality of care delivered based on four performance categories: cost, quality, exchange of information (use of electronic health records) and clinical practice improvement. The second system, advanced Alternative Payment Models (APMs), offers higher financial incentive to clinicians who improve quality by coordinating care across providers and settings. Initiatives for coordinated care include CMS's Accountable Care Organization (ACO) Model and Comprehensive Primary Care.

The rule would consolidate three existing payment programs under MIPS: the Physician Quality Reporting System, the Physician Value-based Payment Modifier and the Electronic Health Record Incentive Program. It is the first step toward implementing the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which aims to lower costs while raising quality of health care delivery. It's expected that most Medicare clinicians will initially participate in the MIPS program but over time will move toward the alternative payment model.

What do rural providers need to know? First, that CMS needs your review and feedback to understand the challenges that are unique to rural areas and how these changes would affect your practice. Once the proposed rule is officially published on May 9th, **CMS will accept comments until Monday, June 27th.** Some key issues for your consideration:

- For the first two years of MIPS, Eligible Professionals (EPs) would include physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists. Other professionals may be added in later.
- EPs below the low-volume threshold would be excluded from MIPS. The proposal defines the threshold as having Medicare billing charges less than or equal to $10,000 and providing care for 100 or fewer Part B-enrolled Medicare beneficiaries.
- The MIPS adjustment would apply to EPs who have assigned their billing rights to a Critical Access Hospital (i.e. Method II CAH billing).
- Currently, Rural Health Clinics and Federally Qualified Health Centers are excluded from reporting to MIPS since they are paid differently under Medicare. CMS is asking for comment on whether these safety net providers should but have the option to voluntarily report on applicable measures and activities with no penalty in order to remain in alignment with broader efforts under Delivery System Reform.

To sign up: Email Michelle Daniels at:
mdaniels@hrsa.gov

U.S. Department of Health & Human Services
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Federal Office of Rural Health Policy

Questions?

Share Your Feedback

To share your feedback with HRSA's Ryan White HIV/AIDS Program on the Ending the HIV Epidemic initiative, email:

EndingHIVEpidemic@hrsa.gov

Thank You!

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