

2012 National Summit

ON HIV AND VIRAL HEPATITIS DIAGNOSIS, PREVENTION AND ACCESS TO CARE

2012 National Summit on HIV and Viral Hepatitis Diagnosis, Prevention, and Access to Care
 The Mayflower Renaissance Washington, DC Hotel
 1127 Connecticut Avenue Northwest
 Washington, DC 20036

Summit Evaluation

SECTION 1: Overall Value

	Academia	Advocacy	Research	Government	Industry	Patient Care	Public Health	Other
My primary professional activity is (check all that apply) (n=139)	30.2%	11.5%	33.1%	25.2%	7.2%	19.4%	41.7%	7.9%

	HIV	Viral Hepatitis	Other
My expertise is in (check all that apply) (n=)	82.7%	41.0%	7.2%

	Completely agree	Somewhat agree	Undecided	Somewhat disagree	Completely disagree
Would you agree that the National Summit was valuable to your education, work and/or career advancement? (n=140)	74.3%	24.3%	1.4%	0.0%	0.0%
Would you agree that the Summit contributed to advancing HIV and viral hepatitis public health in the U.S.? (n=140)	68.6%	27.1%	3.6%	0.7%	0.0%
Would you plan on attending the 2014 Summit? (n=140)	71.4%	15.7%	12.9%	0.0%	0.0%

	Very favorably	Favorably	Neutral	Unfavorably	Very unfavorably
How does the Summit compare to other meetings that you have attended for networking and learning new information? (n=139)	47.5%	43.2%	7.2%	2.2%	0.0%

	Very high	High	Neutral	Low	Very low
How does the Summit rate at the national level for focusing on US specific HIV issues? (n=138)	46.4%	47.1%	5.8%	0.7%	0.0%
How does the Summit rate at the national level for focusing on US specific viral hepatitis issues? (n=137)	38.0%	40.1%	17.5%	2.9%	1.5%

Overall, what did the summit provide for you?

- Interesting and up-to-the-moment updates on both HIV and HCV. And very good speakers and providers helped to keep it engaging and useful.
Daniel Tietz
AIDS Community Research Initiative of America
- Good networking opportunity.
- A valuable set of data and a chance to take part in discussions with multiple professionals knowledgeable about the challenges of this field.
Pamela Carrier LPN
Student, Licensed Practical Nurse, Co-founder of advocacy group: A.N.E.W. Awareness for Needle Exchange Worcester

- It provided me with an opportunity to network with experts in the field, including from my own state!
- The reaffirmation that HIV and Viral Hepatitis will be more likely to collaborate in 2013 and beyond.
- Compact overall assessment of advancements in the HIV field. Authoritative speakers, timely and relevant topics, and a good place for a meeting.
- The Summit offers a great learning and exchange opportunity

Yujiang Jia

Washington DC Department of Health

- An understanding of what is needed to prevent the continued spread of HIV and HCV in the United States. That linkage to care is as important as testing of everyone for HIV and HCV.
- Excellent source of the focused up to date review and action plan on the status of HIV and Hepatitis prevention and diagnostics in the US

Natella Rakhmanina

Children's National Medical Center

- Education, collaboration, and valuable information on integrating HIV and viral hepatitis. It is long overdue.
- Networking, updates on different models for conducting HIV testing among gay men, new insight into behavioral economics (Dr. Volpp)

Steve Gibson

San Francisco AIDS Foundation

- There are few opportunities to attend a conference as dedicated to the challenges of implementation of routine screening in clinical settings. Implementation science can be interspersed through other conferences but the challenges of implementing routine screening for HIV and HCV require a focused and thorough analysis, sharing of best practices etc. The Summit has provided just such a focus on implementation.
- Great opportunity to hear new information, network with colleagues, understand current research directions, and benefit from the insights of leaders in the field.
- A forum to discuss current issues in HIV prevention with colleagues and with peers from other jurisdictions, and a stronger background in hepatitis.
- Insight into strategies to improve treatment adherence not typically discussed in the context of HIV or viral hepatitis care.
- A clear update and look at the public policy impact HIV and Hep publicly supported programs. It also provided an opportunity to network with others who are working on implementation in an environment where knowledge is changing.
- A better sense of where my agency fits into the national conversation in terms of decision-making, future planning, and the integration of HCV prevention, care, and client advocacy into the existing HIV platforms. I also developed a much better sense of how the ACA will affect HIV treatment and prevention efforts as we have known them thus far.

- AN excellent update on the current domestic policies, research, and future outlook in HIV and HCV. The meeting was also an excellent venue to network and collaborate with high impact individuals.

Brian Zanoni

Massachusetts General Hospital

- It provided me with a context as to how all of the sectors (HIV/AIDS, HCV, HBV) coincide. Seeing the speakers was helpful, and did provide us with opportunities to network and determine ways to collaborate.
- current information of 4th generation tests for HIV screening incredible networking opportunities
- excellent topics and updates on future directions of HIV/HCV treatment and testing
- New ideas for hepatitis that have been used in HIV. Also, a better understanding of the issues facing the battle against both diseases, funding issues, etc. It was an excellent conference for networking in a relaxed setting.
- Great networking. Fascinating sessions. Really good posters. I loved the emphasis on policy and implementation.

David Rein

NORC at the University of Chicago

- An opportunity to hear from others doing similar work, networking and interacting with those at the forefront of this work.

Anne M. Brenner

Adult Viral Hepatitis Prevention Coordinator,

Washington State Department of Health

- I appreciated the opportunity to hear presentations by government officials.
- Useful updated information on HCV and HIV.
- As a clinician, it provided a great public health/ epi/ policy overview to put my day-to-day practices in a larger prospective. I also enjoyed the smaller nature of the conference which particularly facilitated networking with people from different backgrounds but with similar interests. I very much felt the inclusion of HCV in this year's conference was appropriate and enhancing.
- Great insight to stay ahead of the pack within Baltimore City in reference to healthcare services.
- The summit provided me a chance to meet and network with professionals doing work related to HIV and viral Hepatitis. It was also a wonderful platform for learning more about Viral Hepatitis.
- Overall, the summit provided three main opportunities, among many. First, the summit provide numerous opportunities to network with others working the various disciplines that impact the public's health and seek to address HIV and HCV. Second, the presentations were informative and allowed me to learn not only what others were accomplishing in the field but also the new and emerging innovations that are on the cutting edge. Also, I am excited to have had the opportunity to disseminate and share my own work with the diverse attendees at the summit.

- Some opportunity to network and better opportunity to hear presentations on topics of interest
- Education on HIV routine testing and HCV
- It provided a forum for discussion on a broad array of topics related to HIV and viral hepatitis from multiple different perspectives. I think that this last part is the most valuable: multiple different perspectives. Many scientific meetings only address the science/research, however, HIV and viral hepatitis control require a multi-disciplinary approach.
- The Summit provided an opportunity to speak with other leaders in the field and to compare data on several key issues.
- Excellent networking opportunity. Was good to get information about HCV.
- Great forum for interaction between industry, academia, government, and advocacy to tackle the difficult challenges of getting patients tested, linked, and retained into care

Daniel W. Seekins, MD
Bristol-Myers Squibb

- A chance to see an overall view of the state of care for HIV. Also, listening to the smaller presentations, though many, helped to show how various agencies are developing relevant projects in their communities. Helps me think creatively. Enjoyed the community discussions that happened at the end of the larger breakout sessions. Great opportunities to discuss study details with presenters in the abstracts room. Always like the one-on-ones. Lots of opportunities for discussions in the hallways, etc. ... the best use of the time. Liked the rapporteur presentations, though could have benefited from accompanying brief slides. It didn't provide much insight into HCV, which was very disappointing.
- Provided tremendous opportunity for me to identify 70 individuals who agreed to write/submit public comment re: USPSTF hepatitis C testing recommendations. Great networking experience, particularly with hepatitis C medical providers/researchers.

Ryan Clary
National Viral Hepatitis Roundtable

- I appreciated the increased focus on Hepatitis
- I had limited time to spend at the summit. I found the posters particularly helpful to learn about new developments in the field.

Robert Lubran
SAMHSA

- I had several great contacts and the dancers were the most touching part of the conference
- An opportunity to hear HIV level people in the government and academia discuss critical HIV and viral hepatitis issues
- Good picture of what was the latest in terms of the strategic direction of HIV and Hepatitis C response in the US

- A place to meet and hear a variety of stakeholders working on ways improve care of HIV and HCV infected patients
- A glimpse to research initiatives being undertaken by universities and large government offices. It did help to provide me with an overall idea of the direction that HIV and HCV prevention and treatment is headed. I must say that the agenda was tight, well-organized - with very little lag time. I must also say that I enjoyed the single registration that encompassed meals and the hotel stay. That was very convenient and ended up being a bargain as well.
- Being new to this arena, it re-enforced much of what I have been reading. I especially appreciated the chance to ask questions of experts and to witness an exchange of viewpoints.
- A Chance to engage with providers and consumers that I otherwise would not have.

Jamal H.N. Hailey, MA
University of Maryland School of Medicine-STAR TRACK Adolescent HIV Program

- A broad exposure to policy and research surrounding HIV and Viral Hepatitis--from government, public health, medical, and social service perspectives.

Andrew H Ruffner
University of Cincinnati Department of Emergency Medicine.

- A broader overview of the issue than I have from my perspective/profession and the ability to network with those working in all areas of HIV and hepatitis. (I am also happy to see that hepatitis is included.)
- Great opportunity to hear about best practices and common challenges in the implementation of routine HIV testing. Also great to hear from national spokespersons about emerging technology and science.
- As an IVD manufacturer representative, I gained a perspective on how federal funding and changes to federal funding resulting from a new Administration can impact the longevity of public health programs and initiatives, such as Ryan-White Act, HCV screening for the 1945-1965 birth cohort. This Summit also provided me a valuable overview of diagnostic testing practices for HIV and Hepatitis, which includes recommended testing algorithms.

Maria Crisostomo
Bio-Rad Laboratories, Inc.

- Explanation of Affordable Health Care Act ramifications for HIV testing and care.
- An excellent opportunity to hear emerging research, network with colleagues and have important conversations about the direction of research.
- Opportunity to hear about projects across the country and to hear from federal leaders about national priorities; great chance to network with hepatitis colleagues from across the country; great how the timing matched with the release of the USPSTF's hep C

screening recs - a lot of good conversations were had about coordinating a response; the summit did a fabulous job of incorporating viral hepatitis - particularly hep C; it was great to hear so much dialogue about health care reform and the potential impact of that on HIV and hepatitis; good presentations on marginalized populations like IDU, MSM, and immigrants

- Opportunities to share best practices, model programs, network with others working on viral hepatitis, a chance for HHS leadership to enumerate explicit activities and responses to the viral hepatitis action plan, opportunities to see members of congress and hear about their support.
- Exposure to public health issues related to HIV and viral hepatitis Convinced me of the need to treat viral hepatitis better.
- Very good tools and information on HCV education and health systems strengthening.
- Knowledge/education, as well as an opportunity to have face to face conversations with those doing similar work to advance the fight against HIV/HCV in the US.
- Nice compact conference. A great place to meet and network.
- Opportunity to present recent research findings. opportunity to network with leaders in area but in a small and manageable setting.
- The opportunity to meet with individuals from across the nation facing and creatively addressing challenges common to us all.

James Gove

ANTHC

- An opportunity to network with like-minded individuals and to learn about innovative programs in place at various settings across the country

Michael Hager

National Quality Center

- An opportunity to learn from leaders in the field and those on the front lines. stimulated some of my own research ideas.
- We needed an upper and we got it Great hallway conversations as well as an outstanding meeting. Never are these people who need each other collected in the same meeting.

John Bartlett

Hopkins

- Excellent networking Excellent information on policy aspect of prevention
- Expanded information on HCV
- Great opportunities to learn about other models of public health for HIV and hepatitis. Also great chance to network with colleagues from other states/jurisdictions.
- Insights into recent developments, opportunity to network with those working in the same field, opportunity to share my work
- An amazing opportunity to learn and network from a high caliber of scientists, practitioners and activists.

- The actually presentation/panel portion of the Summit needs to be spread below 1 day to allow presenters more than 5 mins to speak. The lack of time they had to communicate an intervention/information was detrimental to the Summit. However, by providing food and having everything in-house it took a lot of stress off of our group as well.

- Great overview of the Affordable Health Care Act as it pertains to health care providers. The addition of HCV, from basic facts to reasoning for more aggressive research and focus was excellent. The presenters were knowledgeable. The poster sessions really highlighted the areas of research happening around the country.

Jacob P. White, MD

Deputy Director South Carolina HIV/AIDS Council

- I'm really not sure - I did learn more about the policy-level concerns regarding the ACA and HIV/HCV care, but it seemed no one knew what to expect or what to propose. I kept hearing we need to act - but no real action plans were being discussed that I could detect so I feel like I never found the direction of the summit.
- There are usually one or more sessions that have a focus that is directly related to the work I am involved with. The Summit allows exposure to the work of others and opportunity to network with these individuals.
- An update and overview of HIV and HCV screening barriers, interventions and advocacy efforts.
- Broad overview over a variety of topics and an opportunity to hear from a broad array of investigators and practitioners.
- The Summit provided me with valuable information regarding updates of what is happening in the field of HIV and hepatitis. It also allowed for me to meet others working on similar projects and exchange ideas for future projects. The Summit was extremely valuable.
- Good opportunities for networking as well as disseminate my work.
- A chance to network with people from other areas of the fight against HIV and hepatitis that I don't usually see in person.

Lynda Dee

AIDS Action Baltimore, MD Hepatitis Coalition, AIDS Treatment Activist Coalition

- Opportunity to interact with key stake holders, thought leaders, and industry representatives.
- The summit provided a lot of interesting ideas for ways to work better with primary care, community health centers, etc.
- New info, networking, possible new collaborators
- A forum of a manageable size that facilitated genuine discussion and the formation of new collaborations.
- knowledge, contacts
- Some varied perspectives on strategy and implementation.
- It provided a great overview of viral hepatitis work that is occurring and it was good to see viral hepatitis added to

the conference. The summit also provided a great opportunity to hear about what is happening in HIV and viral hepatitis on the federal government level

- The Summit provided a practical look at the implementation of treatment/prevention guidelines and protocols, and the impact of ACA on HIV/HCV care.
- an excellent update on the cutting edge issues and programs in HIV and Hepatitis.
- Best practices related to hepatitis screening, diagnosis and linkage to care.
- A nice opportunity to hear about significant advances in the field of both HIV and hepatitis and how the 2 epidemics relate to one another in the larger policy context. Nice opportunity to meet and network with providers in the field.

Shannon Mason

NYS DOH - National Viral Hepatitis TA Center

- Provided opportunity to network and meet others working on HIV and HCV. Provided new ideas for projects at health department. Provided new materials to review.
- The Summit was an important opportunity to exchange ideas with clinicians and academics in a forum which enabled substantive engagement and discussion.
- Opportunities to connect with new and old colleagues and other stakeholders.
- Opportunity to learn how the US is doing regarding HIV testing, linking and engaging to care. I learned about key interventions being evaluated (poster session and breakout sessions)
- An opportunity to see various sectors working toward building infrastructure and awareness for Hepatitis and HIV/AIDS
- Exposure to the many experts in the field that are working to ensure that all persons have the opportunity to know their HIV and Hep C status and to be linked into medical care. The breakout sessions all provided new information and research and I will definitely follow up with those whose work parallels my work in healthcare settings.
- Good overall picture of the state of research around HIV and HCV and what is needed. There were good policy updates as well.

Patricia Bosse

Maine CDC

- An opportunity to gain speaking experience.
- I was able to learn more about HCV and How other areas are focusing on improving prevention, testing and primary services for patients with HIV/AIDS.

- Good information on a wide range of related topics. Especially good to have another forum for information on HCV. It was very helpful to have an integrated approach to learning this information.
- I work in PEPFAR with a US govt agency for HIV testing globally; the conference provided a domestic context on challenges and responses around diagnosis and linkage to care that programs around the world are faced with.

Vincent Wong

USAID

- Great networking; Interesting updates on HIV testing scale ups; Very interesting strategies for incentivizing health programs from Dr. Volpp
- Stephen Stafford**
Adolescent AIDS Program, Montefiore Medical Center
- It was a great opportunity to network with people.
 - Good networking, information about the increased role of community health centers in HIV and HCV prevention and management.
 - Excellent up to date information on policy, practice and program information on HIV and HCV testing and treatment.

Jenny McFarlane

Texas Department of State Health Services

- Great! Educational Affordable Local
- I was able to learn the latest regarding expansion of HIV testing, current research, and how policy changes will affect people involved in the HIV/AIDS field. I was also able to meet other providers who also provided expanded HIV testing.
- Opportunity to meet and network, learn more info, find resources, see abstracts.
- 1- overview of current practices and policies 2- challenges faced in scale-up 3- networking

Donna Futterman, MD

Adolescent AIDS Program Montefiore Medical Center

- A great chance to get immediate feedback about a number of "hot-off-the-press" issues like the USPSTF HCV screening guidelines. Having key public health and other government agencies to interact with was great. And I got some ideas about how we might improve our clinic outreach after hearing colleagues describe their work.

Camilla Graham

Beth Israel Deaconess Medical Center

- Nice integration of information on HIV and HCV
- Peggy B. Smith Ph.D.**
Baylor College of Medicine

Are there aspects of the Summit that could be improved?

- The general meeting room in which meals were served was a bit cramped and the screens at the front of the room were difficult or impossible to see if you were any further back than the midpoint in the space. I'd suggest a different venue in the future.
- I would like to hear more about harm reduction and needle exchange programs as a means to help tackle the spread of HEP C especially, as well as HIV.

Pamela Carrier LPN

Student, Licensed Practical Nurse, Co-founder of advocacy group: A.N.E.W. Awareness for Needle Exchange Worcester

- Not that I can think of. The second day was a bit long, but I don't know how that can change without having participants have to stay an extra night which is less than ideal.
- I believe that at the end of each set of 5 to 7-minute discussions [that's about 1.5 hours], everyone should have learned something that is a take-home message. So, I would have a take-home message for all Breakout Sessions. In the absence of that, it is difficult to qualify what I learned. 2) I think you need to reflect on how important it is to understand learning theory when you devise and develop these conferences. Adults simply cannot take in more than 3-5 PowerPoint slides per 5 minutes. That has been demonstrated again and again, especially when the slides contain dense material with a font smaller than 14 points. PLEASE understand, on behalf of your future participants, that if presenters cannot summarize their educational points on 3-5 slides for a 5-minute presentation, then they simply do not understand their material well enough to present it. It seems a bit draconian to you, I am sure, to limit other educated adults' presentation materials, but there simply is no way for this type of conference format to be useful unless you limit the presenters' inclinations to get a 30-minute presentation crammed into 5-7 minutes. Once the people attending are deluged with this information overflow, they mostly shut off. So it's a great format, I believe, but only if you control it with common sense, which surely you did not this year. Nonetheless, I am looking forward to the next summit.
- Not that I know of.
- Continue the very important work on HIV and HCV diagnostics. Be an advocate for tests for HIV and HCV, like 4th generation tests for both viruses that have been available in Europe for over a decade. FDA approval for 4th generation HIV tests occurred in 2010 and 2011 and unfortunately there are no plans for 4th generation HCV tests to be approved in the United States in the near future. This is not acceptable. Also the withdrawal of the FDA licensed HCV RIBA confirmatory assay from the US market on such short notice is also unacceptable and there are no plans for a replacement assay to be available.

- I liked it in the current format
- I know it was the first year with the integration of viral hepatitis. I am so glad the focus now includes both diseases. Huge step in the right direction.
- There are relatively few providers who attend this meeting and the loss of translating new information into actual practice is a missed opportunity

Steve Gibson

San Francisco AIDS Foundation

- I felt that this year the Summit strayed beyond a sustained focus on implementation to broader topics. This diminished its value and uniqueness. It seemed that organizers might have thought this would give it more relevance or broader appeal but in the end it covered topics that are well covered and perhaps even better covered by other meetings.
- Fewer panelists per session where data presentations are being made would sometimes be helpful.
- Greater emphasis on strategies to address viral hepatitis care and treatment independent of HIV programs is needed.
- There was a lot of work crammed into one day. As someone who could only attend the conference's main day and was not staying in D.C., the Summit was overwhelming and exhausting at times.
- Nothing major
I would like to see the inclusion of more viral hepatitis discussions, particularly in hepatitis B. Viral hepatitis was consistently mentioned as being synonymous with hepatitis C by a few of the speakers, and hepatitis B was not included at all.
- Maybe a better focus on how the session information were distributed - it seemed I wanted to attend 2 of the presentations from each session - perhaps repeating the more popular presentations at alternate times.
- Allow repeat times for breakout sessions - as some great sessions overlapped.
- More representation of behavioral science and on the group experts. More diversity in the panels.
- Presentation times could be longer

David Rein

NORC at the University of Chicago

- Many of the panels were too populated. It was difficult for presenters to share all of their data in a 5 minute presentation. It is hard to have the data and the project to be meaningful for the participants, when there was so much concern over time. Possibly, a suggestion would be to limit the number of individuals on a panel and allow the presenter up to 10 minutes with more interactive dialogue, when possible.

Anne M. Brenner

Adult Viral Hepatitis Prevention Coordinator, Washington State Department of Health

- The scientific rigor of many of the oral presentations was low. "This is how I do it" is not valuable if the method

has not been validated. "My clients seem happy" or "My clients like it" does not lead to evidence based practice. Presentations should be studies that follow the scientific method. I could not go back to my university and say that I want to implement a new program and expect it to be accepted and funded just because someone else's cohort in another city enjoys the program.

- Oral sessions were too short and the format did not allow for presentation-specific questions. Poster sessions were too late in the day.
- It could [have] a little more activities and a focus on the transgender community.
- Some of the breakout session rooms were difficult to locate in the hotel.
- I would have appreciated attending two full days of the Summit rather than the Monday evening, Tuesday, and the half day one Wednesday.
- The focus on marginalized groups (sex workers, IDUs, prisoners) could be expanded.
- I would like more time for panel presentations
- Many of the oral presentations had been presented by people previously. That does not mean they weren't good--many of these were high quality and prestigious speakers, worth seeing again. Still, fewer "recycled" talks would have improved the overall quality of the conference. The junior faculty and poster presentations, however, were new and many were innovative and fantastic, things not seen elsewhere.
- Slightly longer to allow more small group discussion. Consider debate format.

Daniel W. Seekins, MD
Bristol-Myers Squibb

- The larger breakout sessions were stuffed with too many presentations, and audience wasn't allowed to ask questions per presentation. Makes for a difficult Q&A at the end (missing particular details), although the larger general discussions that happened were still good. Where was the info on co-infection? Very disappointing. The summit felt like a mini-CROI at times, which speaks to the quality of the HIV content, but it begs the question if the summit is really necessary. how much data do we need to know (through studies and conferences like this) before we just do the work that's necessary? what kind of local programs could have received \$\$ for their ongoing work or startup work or how many free HIV or HCV tests could have been distributed with the funds that underwrote this summit? Most of the information was duplicative of other summits/conferences. Is it really that necessary? Beyond that, this was a prime opportunity for the well-resourced HIV community to do right by allocating program time and funds for hepatitis C. It felt as though viral hepatitis was an unruly step-child ... not a serious contender for audience consideration. If this happens again, use the time (and the considerable \$\$) to come up with more constructive action plans or strategies or next steps as a result of the discussions. the

summit should be results driven with strategic planning points. it's not often so many with such high understanding of the complex health issues of HIV and HCV are in the same room ... so collect that wisdom and do something constructive with it.

- While I really appreciate that viral hepatitis was included, I think there is room for improvement. At times, it felt like hepatitis C was somewhat of an add-on and hepatitis B was nearly non-existent. I recognize that this was the first time including hepatitis and it will take time some to ensure full inclusion.

Ryan Clary

National Viral Hepatitis Roundtable

- I would have enjoyed more on the viral hepatitis front
- More sessions
- The summit seemed small. I don't know if that was purposeful or not. There was not a large community presence at the summit - again I don't know if that is purposeful or not.
- The structure of the workshops did not give speakers enough time to discuss their respective programs/projects nor did it allow a chance for the audience to engage with the speaker.

Jamal H.N. Hailey, MA

University of Maryland School of Medicine-STAR TRACK Adolescent HIV Program

- Some of the speakers in the track sessions presented research data without any visuals through PowerPoint or other media, which was difficult to sit through and try to hear the impact pieces. Perhaps requiring something visual from all speakers would help. The timing of the conference on the Monday after the Thanksgiving holiday was a bit stressful.
- Loved the panel discussions with the 5 minute presentations - that is excellent and I wish more conferences would employ that technique. Would be helpful if presenters could (during their presentation) tell the audience the number of their poster session. Even though that information was provided somewhere - it was likely the most challenging aspect of navigating the conference.
- The abstract system was poorly designed and needs to be refined.
- 1) I think there could be some standardization of the presentations so they are less uneven. 2) Increased time for presentation and discussion. Perhaps fewer sessions but with more discussion/presentation time - as many went over anyway. 3) A track for emerging issues/questions/challenges that would be invited presentations only. I think it would be very timely.
- Some of the panels had way too many people and left little time for questions or discussion; hard to choose between panels!; more inclusion of hepatitis B; wish that it was 2 full days instead of one full day and two half days

- I would like to see more discussion on action steps/what can be done. There was great discussion and information on the issues at hand, but not much on next steps.
- Would increase female presence/participation.
- Fewer posters and more oral presentations. Also, have concurrent HIV and hepatitis sessions instead of all HIV one day and then all hep another. Would suggest fewer evening events and more of the conference during the day time.

- Overall fabulous, no improvements suggested.

James Gove

ANTHC

- I was disappointed that there was less in terms of actual improvement interventions related to HIV retention, especially considering it is a hot topic with the NHAS. This is typical though - people are more likely to report performance data than improvement strategies.

Michael Hager

National Quality Center

- Maybe you should consider expanding to the length of the summit rather than cramming so many speakers into a single presentation and giving them a short time to speak. I don't think 5 minutes per speaker was nearly enough time. I found myself wanting to know more from each speaker.
- Might have a presentation on "What happened last year in HIV" and another for HCV

John Bartlett

Hopkins

- Less speakers at each breakout session would make the information more useful. Too many speakers led to lots of brief information without as much time for discussion.
- More time. Add a day!
- Have the panels over 2 days to give each presented more time to speak aside from 5 mins. -have a youth 12-25yo session
- Timing...I believe that the summit was very compact and could have had 2.5 days to fully appreciate the gravity of the information presented. This would also allow for more questions and greater opportunities to network.

Jacob P. White, MD

Deputy Director South Carolina HIV/AIDS Council

- Maybe a clearer sense of what the summit hopes to accomplish. If its aims are to be an information exchange, I feel those aims were met. However, based on the opening plenary, it seemed the aims of the summit were to articulate a more concrete path for the HIV / HCV research and policy agenda. I did not feel the latter was accomplished.
- The information and portions of the program that focuses on HIV and HCV were very helpful. However, there was very little attention given to hepatitis B. In fact, most speakers, including during the opening plenary, specifically mentioned "HIV and HCV" without any mention of HBV. This is an exciting time for HCV advocates and patients, with the new drugs that have

been approved. Plus, there are high rates of HCV-HIV co-infection. However, it cannot be forgotten that HBV is a completely under-prioritized disease, and that HBV-HIV co-infection is also a serious problem. If we are going to adequately address viral hepatitis in the U.S., hepatitis B cannot be removed from the agenda. Thank You!

- An inclusion of more pediatric-focused topics.
- More hepatitis although I realize there is a dearth of real data to discuss...

Lynda Dee

AIDS Action Baltimore, MD Hepatitis Coalition, AIDS Treatment Activist Coalition

- Too many simultaneous sessions of interest-- could benefit from less-crowded schedule
- I would have liked for the presentations to be just a bit longer, and I think the discussion time could be a bit shorter.
- Some of the information pertaining to HIV was somewhat general, however in a meeting such as this, it is probably geared more toward higher-level information rather than very specific information.
- would convert the dinners to reception/cocktail hour (s) format to facilitate more networking can combine above with info booths/tables so that various organizations can provide materials/people to interact/answer questions from attendees
- Smaller panels so that there is enough time for discussion
- Some of the panels were a little too large not allowing enough time for each of the presenters to truly do their topic justice. Many presenters appeared rushed. Also many of the presentations were also posters. May have been more effective to select one or the other...
- One overarching gap was the lack of significant representation from state/local health departments. Many of the presentations and discussions were focused on clinical settings and practitioners and there seemed to me to be a relative lack of attention and appreciation for the important role that health departments play in HIV and VH prevention and care. More deliberate attention and engagement of state/local public health in future Summit's could improve the value of the conference and it could serve as an important venue to stimulate discussion and improved coordination between public health, medical and academic sectors.
- More focus on HCV, including what is different about it biologically, clinically, and in terms of public health and epidemiology.
- Better include hepatitis B virus research, policy, and PREVENTION.

Patricia Bosse

Maine CDC

- Having most presentations limited to 5 minutes allowed for only a basic overview of a project. While this was useful, I would rather see fewer presentations with a little more time. It felt that some presenters were just

getting into the meat of their work when the time was up.

- I think it would be great to have non-HIV specialists involved in discussions around making HIV testing routine in medical settings

Stephen Stafford

Adolescent AIDS Program, Montefiore Medical Center

- Although there is mention of "viral hepatitis", to be honest, HCV felt like a bit of an add-on and there was virtually no hep B stuff. I would have liked to have seen more on HIV/HCV coinfection.
- I suggest we have a discussion on how substance abuse and mental health policy, prevention, care and treatment are involved. We've mostly talked about [how] CDC and HRSA Ryan White are involved but SAMHSA supports a great deal of HIV prevention and care, as well. The opportunity to test at methadone and substance abuse treatment routinely for HIV and HCV is out there.

Jenny McFarlane

Texas Department of State Health Services

- Clinical trials Medical consequences
- I feel like the emails regarding submitting the posters and the presentations could have been sent out sooner.

There was not much time between the email and the deadline for when these should be submitted.

- Really reach out to non-HIV clinicians as speakers and attendees to talk about the challenges of scaling up HIV Testing. While linkage to care and improving care in the cascade is the primary job of the HIV community- routine testing necessitates linkages and collaborations with non-HIV providers in ED and primary care. Have more women and people of color speakers in the plenaries. We are too far along in history and this epidemic to have the vast majority of speakers be not representative.

Donna Futterman, MD

Adolescent AIDS Program Montefiore Medical Center

- I am sure it is a hard balance trying to decide how much time to devote to presentation of data versus discussion, but sometimes I felt like I got such a high level overview of data that the discussion was also superficial. We need to be able to drill down into what is still controversial, etc. and debate new directions. That will help all of us advance these fields.

Camilla Graham

Beth Israel Deaconess Medical Center

- It would be nice if the meetings started at 8:30 or 9:00 because of the time zone differences

SECTION 2: Sessions

Overall, how would you rate the QUALITY of:	Very high	High	Neutral	Low	Very low
Opening Plenary (n=120)	49.2%	37.3%	12.7%	0.8%	0.0%
Afternoon Plenary "The Affordable Care Act, Opportunities and Challenges at the State and Local Level?" (n=120)	38.1%	45.8%	15.3%	0.8%	0.0%
Closing Plenary panel "Federal Response to the Viral Hepatitis and HIV Epidemics in the U.S.?" (n=120)	47.5%	43.2%	6.8%	0.8%	1.7%
Closing Plenary panel "Treatment & Prevention (n=) New Research Going Forward?" (n=119)	53.0%	39.3%	6.8%	0.9%	0.0%
ROUTINE AND EXPANDED TESTING BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
HIV Diagnostics and Testing (n=48)	45.8%	50.0%	4.2%	0.0%	0.0%
HCV Diagnostics and Birth Cohort Testing (n=36)	47.2%	47.2%	5.6%	0.0%	0.0%
Models for HIV and HCV Testing (n=43)	41.9%	55.8%	2.3%	0.0%	0.0%
Testing Integration in the Primary Care Setting (n=29)	24.1%	69.0%	6.9%	0.0%	0.0%
Policy Issues Affecting HIV and HCV Testing (n=43)	37.2%	55.8%	7.0%	0.0%	0.0%
PREVENTION MODELS BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
Pre-Exposure Prophylaxis for HIV Prevention (n=27)	44.4%	51.9%	3.7%	0.0%	0.0%
Population Approaches to Prevention (n=29)	41.4%	55.2%	3.4%	0.0%	0.0%
Focus on HIV Prevention for Most-At-Risk Populations (n=31)	41.9%	51.6%	6.5%	0.0%	0.0%
OUTCOMES AND IMPACT EVALUATION BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
Surveillance, Observational Databases, and Cohorts (n=26)	30.8%	61.5%	7.7%	0.0%	0.0%
Clinical and Cost-Effectiveness Research (n=43)	32.6%	60.5%	7.0%	0.0%	0.0%
Outcomes and Epidemiology (n=25)	40.0%	56.0%	4.0%	0.0%	0.0%
ACCESS, LINKAGE AND RETENTION IN CARE BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
Access to Care for Persons with HIV and Viral Hepatitis: Policy Forum (n=37)	43.2%	48.6%	8.1%	0.0%	0.0%
HCV Workforce Capacity: Models and the HCV Workforce (n=20)	30.0%	55.0%	15.0%	0.0%	0.0%
HIV Care and Treatment: Who are and Who will be the Providers? (n=27)	29.6%	44.4%	22.2%	3.7%	0.0%
Care Models that Support Linkage and Retention in Care (n=29)	30.8%	59.0%	7.7%	2.6%	0.0%
CROSS-CUTTING BREAKOUT SESSION	Very high	High	Neutral	Low	Very low

Viral Hepatitis and HIV Prevention, Diagnosis and Access to Care and Correctional Settings (n=36)	55.6%	41.7%	0.0%	2.8%	0.0%
Poster Session (n=120)	30.8%	56.7%	12.5%	0.0%	0.0%
Overall, how would you rate the USEFULNESS of:	Very high	High	Neutral	Low	Very low
Opening Plenary (n=120)	33.6%	38.8%	25.0%	1.7%	0.9%
Afternoon Plenary "The Affordable Care Act, Opportunities and Challenges at the State and Local Level?" (n=120)	31.3%	48.7%	17.4%	1.7%	0.9%
Closing Plenary panel "Federal Response to the Viral Hepatitis and HIV Epidemics in the U.S.?" (n=120)	40.7%	44.9%	11.9%	0.8%	1.7%
Closing Plenary panel "Treatment & Prevention (n=) New Research Going Forward?" (n=119)	48.7%	39.3%	10.3%	1.7%	0.0%
ROUTINE AND EXPANDED TESTING BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
HIV Diagnostics and Testing (n=45)	46.7%	46.7%	6.7%	0.0%	0.0%
HCV Diagnostics and Birth Cohort Testing (n=34)	50.0%	47.1%	0.0%	2.9%	0.0%
Models for HIV and HCV Testing (n=40)	37.5%	47.5%	15.0%	0.0%	0.0%
Testing Integration in the Primary Care Setting (n=27)	29.6%	55.6%	14.8%	0.0%	0.0%
Policy Issues Affecting HIV and HCV Testing (n=40)	35.0%	50.0%	15.0%	0.0%	0.0%
PREVENTION MODELS BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
Pre-Exposure Prophylaxis for HIV Prevention (n=24)	41.7%	54.2%	4.2%	0.0%	0.0%
Population Approaches to Prevention (n=27)	33.3%	51.9%	14.8%	0.0%	0.0%
Focus on HIV Prevention for Most-At-Risk Populations (n=29)	44.8%	44.8%	10.3%	0.0%	0.0%
OUTCOMES AND IMPACT EVALUATION BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
Surveillance, Observational Databases, and Cohorts (n=23)	30.4%	56.5%	13.0%	0.0%	0.0%
Clinical and Cost-Effectiveness Research (n=39)	30.8%	48.7%	17.9%	2.6%	0.0%
Outcomes and Epidemiology (n=22)	40.9%	45.5%	13.6%	0.0%	0.0%
ACCESS, LINKAGE AND RETENTION IN CARE BREAKOUT SESSIONS	Very high	High	Neutral	Low	Very low
Access to Care for Persons with HIV and Viral Hepatitis: Policy Forum (n=35)	37.1%	45.7%	17.1%	0.0%	0.0%
HCV Workforce Capacity: Models and the HCV Workforce (n=18)	27.8%	55.6%	16.7%	0.0%	0.0%
HIV Care and Treatment: Who are and Who will be the Providers? (n=25)	32.0%	36.0%	24.0%	8.0%	0.0%
Care Models that Support Linkage and Retention in Care (n=37)	37.8%	40.5%	18.9%	2.7%	0.0%
CROSS-CUTTING BREAKOUT SESSION	Very high	High	Neutral	Low	Very low
Viral Hepatitis and HIV Prevention, Diagnosis and Access to Care and Correctional Settings (n=35)	54.3%	42.9%	0.0%	2.9%	0.0%
Poster Session (n=115)	28.7%	53.9%	15.7%	1.7%	0.0%

How will the information presented in the meeting assist you in the work that you do?

- I made a few useful contacts and strengthened others that I anticipate will help me in my work.
Daniel Tietz
AIDS Community Research Initiative of America
- Personal education and have a critical view on the topic
- Brings to light many perspectives of the medical and human service community that are still left to be addressed, allow more transparency in the gaps of service and the funding available.
Pamela Carrier LPN
Student, Licensed Practical Nurse, Co-founder of advocacy group: A.N.E.W. Awareness for Needle Exchange Worcester
- It will help me update the public health professionals in my state on the direction HIV and HCV are going nationally.
- The unfortunately overwhelming amount of information--regardless of which Breakout Session I attended--

reminds me to adhere, during my own presentations, to the apt adage that: "Less Is More." I say this not offhandedly, I can assure you. I respect your efforts and mission sincerely. I have participated in the creation of several conferences--some that went well, and others that did not. But you must understand that just because a speaker wants to dazzle us--the end user--with 12 or 14 PowerPoint slides crammed in a 5-minute window does not mean that's what's best for us--again, the end user.

- The linkage to care topic is very important to my program, and the workshops/lectures helped in that regard.
- The diagnostic industry has to be stronger in its ability to bring new and innovative tests to the US market and not just in the rest of the world.
- Greatly - already using the information and abstracts
Natella Rakhmanina
Children's National Medical Center

- Excellent information on referral and retention of care.
- Have already begun conversations about incentives and using them in a more impactful manner

Steve Gibson

San Francisco AIDS Foundation

- The most valuable information related to actual best practices shared on overcoming implementation challenges.
- The information is informing our policy and advocacy work.
- Ideas presented that highlight uses of surveillance data to influence public health activities such as linkage to care and retention will be used to develop similar programs in my jurisdiction.
- It will help with planning as we think ahead to future grant cycles and other potential opportunities.
- The meeting helped establish potential research collaborations.

Brian Zanoni

Massachusetts General Hospital

- Feel more knowledgeable - more forward thinking on how I can create change in my work environment for the community good.
- Provide guidance on how other organizations are implementing their HIV/HCV programs
- Great conference for highlighting the major issues that are faced in the trenches fighting HIV and viral hepatitis.
- New information. New ideas. Good networking.

David Rein

NORC at the University of Chicago

- Projects and corresponding data that are similar to my scope of work are useful for analysis and consideration.

Anne M. Brenner

**Adult Viral Hepatitis Prevention Coordinator,
Washington State Department of Health**

- We all have a lot of planning to do if we are going to be able to continue effective testing and treatment programs under ACA. Although no one is sure exactly what this will be like, the information we received will help us plan effectively.
- Help me develop better interventions.
- Already planning on taking information from one of the posters and planning on using it to build a local EMR reminder for HIV screening. -Currently writing my master's thesis and included many posters/abstracts/ presentations as references.
- By giving me a heads up on what to expect for the new trend and wave in healthcare.
- I now have a greater big-picture view of HIV and Viral Hepatitis, and the national strategies that have been developed to address both diseases.
- Very little
- It already gave me new ideas of how to incorporate others into my research.

- The information has provided numerous ideas about increasing HCV testing
- New research ideas, new professional contacts.
- Identify potential collaborators for future research

Daniel W. Seekins, MD

Bristol-Myers Squibb

- Became aware of different strategies to increase the number subject getting tested and moved to care for HIV and HCV
- I have really begun to examine patient navigation systems now and am pursuing a grant that will help my agency establish such a program for our community.
- Great networking, and connecting with people doing interesting programs and research.
- The information presented provided me with a platform to lobby for better services for youth at my agency.

Jamal H.N. Hailey, MA

**University of Maryland School of Medicine-STAR TRACK
Adolescent HIV Program**

- It's good to know what directions the different systems will be taking with respect to policy so that we can make plans and prepare for the future.

Andrew H Ruffner

**University of Cincinnati Department of Emergency
Medicine.**

- The connections I made will be valuable resources.
- Will add to my toolkit of best practices and knowledge base.
- Hearing from federal leaders gives me a sense of the hepatitis priorities I should be focusing on; some of the data presented gave me ideas for how we might be able to better use our local hepatitis data; good to hear about strategies; Kevin Volpp was VERY interesting - and great to know he is a local resource in my area; raised awareness of innovative projects and hepatitis experts
- I received new information about viral hepatitis programs and data analyses, met new people with whom I want to collaborate, and interfaced with many in the HIV space that I had never met before.
- Better integrate HIV and hepatitis initiatives.
- Helped keep me informed of latest research/data/information, offered networking opportunities I may not have had otherwise.
- have already networked and started collaborating with people met at conference.
- I have a heightened awareness of some of the programmatic issues facing us with the implementation of the Affordable Care Act.

James Gove

ANTHC

- Generate new contacts for content presenters in our webinar programs. Could feed into our state standards of care / guidelines processes

Michael Hager

National Quality Center

- Too numerous to count
- John Bartlett
Hopkins**
- Will try to apply new strategies to clinical care and my research.
 - Improve my understanding of HCV and its relationship to HIV.
 - Not much help in my work with viral hepatitis, but I did send lots of excellent information to my colleagues in HIV who couldn't attend.
 - Better informed, better networked
 - It gave me ideas of what we could change in our clinic to better serve our clients.
 - Initiating the incorporation of HCV screening into an HIV focused CBO. Gave great information supporting this decision, although remain challenged in paying for the potential treatment costs in South Carolina.

Jacob P. White, MD

Deputy Director South Carolina HIV/AIDS Council

- I have taken the information back to my daily work. It will affect (and help improve!) current and future projects. In addition, the new collaborations that were built are invaluable for the same reasons.
- New ideas and contacts

Lynda Dee

AIDS Action Baltimore, MD Hepatitis Coalition, AIDS Treatment Activist Coalition

- The programs, policies, practices, and research presented during the sessions provide a great resource to draw on in my work with health departments. I will keep the program and abstract book readily available at my desk to reference.
- Help in writing future grants
- Knowing what others are doing, how we can work together, and how the opinion leaders view the relevant issues.
- It was helpful to hear about the work being done on the federal government level and learn about the initiatives that are happening across the country. This can help to form partnerships and collaborations and also identify gaps that might be occurring.
- The information has broadened my knowledge base to be a better-informed professional in the health care field related to HIV/HCV

Do you have any specific comments on the breakout sessions?

- What I was able to absorb, I felt was exceptional. Thank you!
- I think we should have this evaluation in hand DURING the conference. There is frankly no way I can honestly remember how I would score the plethora of presentations I attended. I'm sorry, but to do so would be inaccurate at best. I attended nearly three weeks ago.
- I thought the introduction viral hepatitis to the agenda gave me a better understanding of how they link together. The breakouts were very good.

- Assists me in knowing the state of the art and best practices so I can raise the bar on my own programs.
- I will apply the information in my state on program design.
- Excellent information to provide technical assistance to state programs, advocate for increased (or at least maintained) funding and services especially viral hepatitis. Provided a nice vision for the near future.

Shannon Mason

NYS DOH - National Viral Hepatitis TA Center

- Building collaborations with medical providers, insurers, and hospital associations and others.
- Perhaps forge new collaborations.
- Having access to the researchers and their resources, i.e. slide sets, surveys, etc.
- Good national picture provided that helps orient me at the state level when working on viral hepatitis surveillance.

Patricia Bosse

Maine CDC

- I learned about useful, practical research and programs that are being done throughout the country. I will use the data to help improve the services that we are funding in our jurisdiction.
- Updated me in the latest and greatest in HIV and HCV prevention, testing, and care that I can apply to all aspects of my work and share with direct care providers and medical care associations throughout our state.

Jenny McFarlane

Texas Department of State Health Services

- Advocacy. May help us in finding translational Clinical investigators.
- It will help us because by networking with others who do the same work as us (expansion of HIV testing), it will give us more ideas on how we can improve our program.
- Sharing via networks and partners
- I am trying to expand telemedicine (ECHO) so I got some good information from a couple of sessions. We are also trying to implement HCV screening programs.

Camilla Graham

Beth Israel Deaconess Medical Center

- Raise awareness on the issues related to viral hepatitis
- Peggy B. Smith Ph.D.**
Baylor College of Medicine

- Very difficult to be in more than one session at the same time. Difficult to choose among such great sessions.
- Some of the topics were too broad and strayed beyond the Summit's unique mission and purpose: best practices on the implementation of routine screening in clinical settings and linkage to care. Don't try to be the USCA in miniature.
- Very good. Sometimes difficult waiting to end of all presentations to ask questions.

- I do not have my brochure in front of me now, and so cannot rate each session I attended individually, but overall, would have to say neutral since some of the presentations in each session were outstanding (particularly liked Dr Branson's presentation from the CDC), while others had no scientific basis, and were just reports on "how I do this".
- Loved the feedback from the panelist about various issues that weren't covered in the power-point presentation.
- Some of the rooms were difficult to locate. Also, the speakers were not given enough time to present
- The cross-cutting category was incredibly useful and should be continued.
- Very good overall. Hard to decide which to attend though, as many were simultaneous (that's always the case though!)
- Thanks SO much for including sessions on diagnostic testing.

Maria Crisostomo

Bio-Rad Laboratories, Inc.

- The speakers were consistently high quality.
- All superb quality with excellent content.

James Gove

ANTHC

- The speakers needed more time for their presentations.
- Corrections-- need to deal with economics

John Bartlett

Hopkins

- Informative and useful.

- Youth 12-25yos and transitioning to adult care
- The ones I attended were excellent.

Lynda Dee

AIDS Action Baltimore, MD Hepatitis Coalition, AIDS Treatment Activist Coalition

- I thought the format was excellent. As people warmed up the discussions got more in depth. Bravo.
- The Breakout sessions were generally pretty well run and useful. I liked the fact that the presentations were kept fairly short. This kept the session interesting and allowed the sessions to cover more materials.
- The 5-minute limit for initial presentations could be extended slightly - perhaps to 10 minutes in order to provide enough substance to generate better discussion.
- Some were very poorly attended - too many competing sessions and talks of overlapping focus.
- Each session I attended the presenters only had a few minutes to discuss there topic. I think they need longer then 5mins.
- Again, limiting presenters to 5 minutes did allow for more presentations and information to be shared, but it restricted how in depth an understanding could be obtained from each session. I would prefer that presenters had 10-15 minutes so that they can discuss their methodology more so that attendees can really interpret and understand the data being presented.
- Maybe a bit more time for each presentation.

Camilla Graham

Beth Israel Deaconess Medical Center

SECTION 3: Knowledge, Skills, and Practices

	Completely agree	Somewhat agree	Undecided	Somewhat disagree	Completely disagree
The 2012 Summit has provided me with new information on HIV diagnosis, prevention and care that I will use and disseminate to colleagues in my community (n=123)	52.0%	37.4%	8.1%	2.4%	0.0%
The 2012 Summit has provided me with new information on viral hepatitis diagnosis, prevention and care that I will use and disseminate to colleagues in my community (n=121)	54.5%	31.4%	9.1%	4.1%	0.8%
Following participation in the 2012 Summit I am more knowledgeable about HIV (n=120)	40.0%	45.0%	8.3%	6.7%	0.0%
Following participation in the 2012 Summit I am more knowledgeable about viral hepatitis (n=122)	48.4%	39.3%	5.7%	4.9%	1.6%

	Completely agree	Somewhat agree	Undecided	Somewhat disagree	Completely disagree	I'm already at Capacity	Not applicable
Following participation in the 2012 Summit I am more willing to adopt or increase HIV testing in my practice (n=123)	20.3%	0.8%	0.8%	0.0%	0.8%	17.1%	60.2%
Following participation in the 2012 Summit I am more willing to adopt or increase viral hepatitis testing in my practice (n=123)	23.6%	5.7%	2.4%	2.4%	0.8%	5.7%	59.3%

Did your participation at the 2012 Summit give you new research ideas or build new collaborations? - If YES, how so?

- I was able to network with colleagues in my state who I know, but with whom this type of collaboration is difficult due to logistics. I felt like the networking here led to a more established relationship in terms of working together on HCV issues in the near future. Also, when talking to a hepatologist from my state about Project ECHO, it just so happened that the originator of Project ECHO, Dr. Aurora was right there, so I could bring him into the conversation and facilitate that collaboration.
- Demonstrated how to expand the arena of experience with new ideas, and new collaborations.
- Yes, more tests for HCV are needed in the US.
- Yes, we established a couple of new collaborations and also have designed one grant for submission
Natella Rakhmanina
Children's National Medical Center
- Lots of great information in the poster sessions----better than in many of the break outs and plenaries.
- I had productive discussions with several people who are working on similar evaluations to those that I'm doing. I also met someone who works in my jurisdiction whose work can help inform my own.
- Discussed analyses of viral hepatitis surveillance data to assess engagement in care.
- Was able to follow up with poster presenters on collaborations
- New research collaborations.
Brian Zanoni
Massachusetts General Hospital
- Many colleagues working in the world of viral hepatitis were there, which was extremely beneficial.
- Evaluation on routinizing HIV/HCV care in a primary care setting
- It made me want to be more mindful of the deadline to submit abstracts for next year. Many of the colleagues we are funding in our region presented. It is validating to have that work shared, but it would have been beneficial to have that co-presented emphasizing the important collaborative work that is happening between public health and the health care delivery system.
Anne M. Brenner
Adult Viral Hepatitis Prevention Coordinator,
Washington State Department of Health
- Met some new people who are doing similar research.
- I would like to examine the prevalence of HCV among teens.
- Because it was very informative and centrally located which made it easy to get there.

- Listening to keynotes and networking with other participants broadened my perspective on HIV and Viral Hepatitis.
- Meet with new professionals and understand also how they work and get new ideas
- EMR was highlighted in a number of posters which will be helpful for my research
- The Summit helped clarify my understanding of the surveillance goals for CDC which will help in designing our assessments
- More emphasis on state-level interventions, given the roll-out of ACA.

Daniel W. Seekins, MD

Bristol-Myers Squibb

- New advocates identified who will submit public comment on USPSTF hepatitis C guidelines.
- Ryan Clary**
National Viral Hepatitis Roundtable
- Several new contacts were made to further enhance our programs
 - Patient navigation as opposed to just linkage to care models
 - I plan to examine implementing rapid HCV testing with high risk youth.

Jamal H.N. Hailey, MA

University of Maryland School of Medicine-STAR TRACK Adolescent HIV Program

- It was good to see other research done in linkage to care- and I plan to review those works to identify potential collaborators. Additionally, I was able to connect with similar programs to my own, that I could compare notes, collaborate, and build new relationships.

Andrew H Ruffner

University of Cincinnati Department of Emergency Medicine.

- Specific contacts from other gov't agencies, academia and other areas of HIV/hepatitis research and policy will be helpful resources for regulatory challenges in the future.
- The last panel discussion gave me the idea to foster collaborations between those implementing EBI's and conducting routine HIV screening and/or biomedical interventions. Also would like to build new collaborations on billing and reimbursement for various health care settings especially given the importance of the USPSTF recommendations.
- I was able to meet potential collaborators in person - connect name with face. Pushed us to reconsider a project involving peer mentoring for those in and marginally in care.
- A lot of panelists emphasized the need for better hepatitis data - made me think about ways we can use our data better in my jurisdiction; great to catch up with hepatitis experts from across the country since I feel like we don't have as many opportunities to come together as the HIV community

- To develop program with current grantees on the integrating and building capacity of providers/community partners.
- Building advocacy collaborations, specifically already involved in HIV and looking to expand into HCV
- Collaborating with researchers met at conference
- Interest in utilizing and evaluating "patient navigators" with our program.

James Gove

ANTHC

- Introduced me to people who are working to accomplish the same goals as our in+care Campaign. Also introduced me to people who could potentially join our Campaign.

Michael Hager

National Quality Center

- New research collaboration
- I was able to connect to many colleagues in HIV work who were able to provide collaborative opportunities for my coworkers in HIV partner services.
- Met individuals interested in reproducing a project I've been working on at my own institution. Gave me the opportunity to bounce ideas for future projects off experts in the field.
- Networking with federal, state, and local health departments
- ...built on existing relationships and created new ones. Lots of potential collaboration opportunities.
- Ideas
- Some of the topics and discussions provided insight or a new approach to issues that we are evaluating in our own work.
- The variety of topics provided me with a look into several aspects of my work. I was able to connect with future collaborators from other institutions, from settings other than my own, from pharmaceutical companies, from government agencies, and more. The exchange of ideas and collaborations built will be an incredible asset to my work.
- I met potential new collaborators.
- I will have more access to data on hepatitis that I can use in my future work as a result of people that I met. I also had the opportunity to talk with a member of the HIV Guidelines Panel about their new Cost Effectiveness, including expressing my ideas about what they can do long and short term and to introduce Harbor Path to a diverse audience.

Lynda Dee

AIDS Action Baltimore, MD Hepatitis Coalition, AIDS Treatment Activist Coalition

- I met a potential collaborator in person and moved a grant idea forward.
- The meeting provided a good networking opportunity and I met several folks with similar interests and/or who would be good to collaborate with in the future

- Gave me new ideas about how to convene various stakeholders to address issues in adapting ACA in HIV/HCV care/practice
- Fresh look at issues, and new connections.
- I have ideas for building collaborations for training clinicians and strengthening communities to work together to sustain routine HIV testing.
- Plan to look at co-infection rates of HIV and viral hepatitis for the state.

Patricia Bosse
Maine CDC

- New questions to ask of our data, new projects to explore implementing.
- Scaling up routine testing takes a long-term commitment and hopefully some of the other programs I saw will be partners in mapping more effective strategies. Also, would love to learn more about Dr. Volpp's work and

how it can improve our program's uptake of HIV testing, adherence, etc.

Stephen Stafford
Adolescent AIDS Program, Montefiore Medical Center

- Work with other setting on coding billing and reimbursement.
- Jenny McFarlane**
Texas Department of State Health Services
- We were able to network with other providers who do expanded HIV testing.
 - Got lots of people talking about how we would approach USPSTF HCV recs.

Camilla Graham
Beth Israel Deaconess Medical Center

- Identified some local providers in the state
- Peggy B. Smith Ph.D.**
Baylor College of Medicine

SECTION 4: Presenters

	Yes	No
Did you present at the 2012 Summit (oral presentation or poster presentation)? (n=124)	59.7%	40.3%
Are you planning any publications on the work you presented at the 2012 Summit? (n=118)	43.2%	56.8%

What benefits did this opportunity to present provide for you?

- It allowed me to be able to attend the Summit. It also allowed me to network a little bit, but truthfully, there were not a lot of people who came by to see the posters.
- A wonderful opportunity to share and exchange with many experts in the field

Yujiang Jia
Washington DC Department of Health

- To present new HIV rapid confirmatory test under development outside the United States.
 - Feedback while preparing the paper and updates with latest data from other investigators
- Natella Rakhmanina**
Children's National Medical Center
- Networking with national leaders
I was able to flesh out the topics that otherwise would have been limited to what can be seen from the posters.
 - Opportunity for sharing cohort findings.
 - Networking opportunities.
 - An opportunity to share with other participants.
 - -feedback about presentation, what aspects of the qualitative research seemed to peak other's interests the most -next steps following this formative research
 - Questions were asked about the work that helped me to think about the focus and considerations for the manuscript.
 - Audience feedback, though little provided
 - It afforded me some other perspectives from which I can strengthen my publication

- The questions and discussion after my presentation helped clarify the results that we should highlight in submitted manuscripts
 - Share information with a different group than normally attend clinical conferences. Interact with government agencies to better understand their vision for action.
- Daniel W. Seekins, MD**
Bristol-Myers Squibb
- It helped to identify areas in the presentation of my work that might not be completely clear, or areas that seemed to be particularly salient for various audiences.
- Andrew H Ruffner**
University of Cincinnati Department of Emergency Medicine.
- Sharing model programs and best practices about viral hepatitis testing.
 - Feedback on work conducted, learning about other similar work being conducted.
 - Opportunity to share our program and efforts with a much expanded group of colleagues, to hear about exciting developments and research.

James Gove
ANTHC

Exposure
Michael Hager
National Quality Center

- Great networking opportunities, but mostly for HIV contacts.
- Feedback on the ideas, new directions

- None, no one came by my poster during my half of the poster session.
- The opportunity to discuss my work with colleagues and advocates.
- Presenting at the Summit provided me with an opportunity to share the research our team has been working on while also learning from others who have done similar things. I was also able to talk to colleagues who offered recommendations from their work and asked for advice on theirs. I was able to connect with several new colleagues in the field and start to build collaborations with them.
- Great feedback, new perspectives and ideas.
- The poster that I presented was very relevant to the viral hepatitis information that was covered during the meeting. It allowed this work to be exposed to a relevant audience that can directly benefit from learning about the information. It also allowed for networking opportunities and collaborations with individuals/agencies with similar interests.
- Share our model and information with other providers.
- The feedback from the other participants was helpful. Always appreciate an opportunity to present our work to a broad audience.
- organize thoughts, obtain feedback
- Meeting individuals that work in the same field and the opportunity to network, etc.
- It was a great pleasure to present the work of routine HIV testing in a community health center, but I only had 5 mins to discuss our process and wish I had more time. It was great to hear the rest of the panelist who also are integrating new processes in the settings. Questions that were directed to me were great and allowed me to explain further of my process.
- It was an opportunity to share information on a national level that we feel is important and relevant. It also gave us a chance to get feedback on our research and to consider new ways of examining the data.
- Building my knowledge and links so that I can share with providers and policy makers throughout our state.
Jenny McFarlane
Texas Department of State Health Services
- Sharing the work
Donna Futterman, MD
Adolescent AIDS Program Montefiore Medical Center
- Nice networking opportunities
Peggy B.Smith Ph.D.
Baylor College of Medicine

SECTION 5: Venue

	Very high	High	Neutral	Low	Very low
Overall, how would you rate the Quality of the Venue for the 2012 Summit? (n=120)	64.2%	32.5%	1.7%	1.7%	0.0%

Additional Comments:

- It was a great conference.
- This National Submit provided an excellent opportunity to assess where we are, evaluate advances in recent scientific developments, current practice, and lessons learned, and collectively chart a course forward. This National Submit presented new scientific knowledge/reviewed current practice and offer lots of excellent opportunities for exchange and dialogue on the critical issues confronting the national response to HIV/hepatitis. All the activities arranged contributed to an exceptional opportunity for professional communication and development.

Yujiang Jia

Washington DC Department of Health

- Keep the focus on implementation challenges. Don't dissipate your unique purpose.
- The Media Project was amazing. It was very innovative and meaningful to include them, as well as to have Barbara Lee attending and introducing. Appreciated bringing science, research, care, and art together in this cutting-edge way. The women and team who brought it to the conference were outstanding. Kudos to the summit for this creative addition to a conference, which made it outstanding instead of ordinary!

• Keep up the good work!

Daniel W. Seekins, MD

Bristol-Myers Squibb

- It is unclear whether or not it is intended that "viral hepatitis" is part of this Summit, or just hepatitis C. If it is just hepatitis C, then I recommended being clear about that. When you say "viral hepatitis," there is an expectation that hepatitis B and hepatitis C are

included and hepatitis B was absent. And there is no question in your survey about hepatitis B testing, care, and treatment. It is fine just to focus on hepatitis C, but the language you use should be clear and accurate. Thanks again for a great summit.

Ryan Clary

National Viral Hepatitis Roundtable

- Well-organized event. The mixture of policy, diagnostic tests, study approaches and epidemiology was valuable. Having Kathleen Sebelius, HHS Secretary, as a keynote speaker helped to establish importance of HIV and Viral Hepatitis as high priority topics for US and global health medical practitioners.

Maria Crisostomo

Bio-Rad Laboratories, Inc.

- I really enjoyed the opportunity to participate and look forward to doing so again in two years

Michael Hager

National Quality Center

- Thank you!

Shannon Mason

NYS DOH - National Viral Hepatitis TA Center

- Thank you!

Patricia Bosse

Maine CDC

- One of the best conferences I have been to in a while for enthusiastic networking with like-minded colleagues.

Camilla Graham

Beth Israel Deaconess Medical Center

- It was a useful and informative meeting

Peggy B. Smith Ph.D.

Baylor College of Medicine