

2015 National Summit

ON HCV AND HIV DIAGNOSIS, PREVENTION AND ACCESS TO CARE

2015 National Summit on HCV and HIV Diagnosis, Prevention, and Access to Care

Hyatt Regency Crystal City

2799 Jefferson Davis Hwy

Arlington, VA 22202

Summit Evaluation

	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=100)	75.0%	24.0%	1.0%	0.0%	0.0%
Would you agree that the Summit contributed to advancing HCV and HIV public health in the U.S.? (n=100)	74.0%	25.0%	0.0%	1.0%	0.0%
	Yes	No			
Have you participated in previous National Summits? (n=100)	43.0%	57.0%			
	Extremely Likely	Likely	Neutral	Unlikely	Extremely unlikely
How likely are you to attend a future Summit? (n=100)	51.0%	37.0%	10.0%	2.0%	0.0%
	Very high	High	Neutral	Low	Very low
How would you rate the value of the Summit as a venue for discussion of current and emerging issues in the effort to combat HIV and HCV in the U.S.? (n=100)	57.0%	38.0%	5.0%	0.0%	0.0%

Overall, what did the summit provide for you?

- It gave me an opportunity to see what others across the country are doing to counter epidemics that sometimes feel like they are winning. It was a moment of inspiration and certainly allowed us to reflect on how far we've come but recognize all the work ahead. I enjoyed feeling like NOT the smartest person in the room and being able to learn and grow and be challenged. It was a great 36 hours!
-Allison Vertovec, NO/AIDS Task Force DBA CrescentCare
- It was good to see what colleagues that are funded were doing with hepatitis surveillance and prevention.
- Information, ideas, connections with others.
-Michelle Wozniak
- This was HarborPath's first attendance at the Summit, and it is proving to be a valuable experience. As a non-profit, it is vital that we (are) among medical and outreach professionals in order to learn how we can better serve the uninsured. Through our oral and poster presentations, we feel that we were able to provide information useful to others in the HIV/HCV medical community as well as learn from them.
- Excellent awareness.
-Susan Sebikaari, Research management
- The summit provided a great opportunity to see the work people around the country are doing in HIV and HCV. It provides a great opportunity to share ideas and discuss issues related to working in these fields.
- Great data and results on implementing routine HCV testing and how it's important to not only test the birth cohort.
-Leigh Curvin RN, BSN, Johns Hopkins University, Center for Child and Community Health Research
- It was good to have the chance to see providers and government officials that I don't always have the opportunity to see. Some of the plenaries were engaging, although several of the presentations I had heard before. The panels have so many presenters that there is little time for active conversation or engagement, but they were still informative and interesting.
- A great deal of information on current issues in HCV and HIV testing, prevention and care; an understanding of what the key policy issues are; an opportunity to talk with important federal, state and local policy makers, and meet new people doing important work in the field. I appreciated the track on prison issues, the discussion of criminalization statutes re: paraphernalia and their impact on syringe exchange efforts, the federal funds ban on syringe exchange, the Indiana outbreak. It was very topical and cutting edge. Great to look at intersection of the two diseases together, the coinfection issue, and look at trends in opioid addiction and overdose as a broader important societal context.
- Evidence that many like-minded people are working on the problem.
- Unparalleled opportunity for a singular focus on screening practice and policy vs these topics simply being a few tracks within a much larger agenda.
- Provided me with insight on different programs for HCV and HIV. Allowed me the opportunity to network with others working on similar projects.
- An increased insight in the link between HIV and HCV. Inspiration in terms of identifying new strategies, providing toolkits and training for increasing testing among health care workers.
-Ida Sperle, CHIP, Rigshospitalet, Copenhagen University

- Connection with others in complementary fields, opportunities for cross-fertilization and future collaboration.
-Judith Feinberg MD, University of Cincinnati
- A great opportunity to be exposed to a wide range of thought and inquiry into HIV and HCV, from different academic disciplines, professions, and regions of the country.
-Andrew Ruffner, University of Cincinnati
- Great networking and learning about what is going on at a national level regarding HCV and HIV.
- Wide range of information about HCV and HIV; particularly liked the new notion of an HCV care continuum.
- I think the mix of individuals from the public, private and nonprofit sectors provides a great opportunity for networking and cross-sector collaboration.
- Update of the science and practice of HIV and HCV.
-Jenny McFarlane, Texas Department of State Health Services
- It was great to meet others across the country doing similar work and figure out ways to collaborate.
- Access to hearing about on-the-ground implementation of national HIV and HCV policy and guidelines recommendations.
- Update information on research and programs. Additionally, it was a chance to network with leadership from around the country.
-Cynthia Tucker, AIDS Foundation of Chicago
- Innovative ideas and approaches to HIV and HCV care, networking opportunities, an opportunity to share our work!
-Michael Hager, National Quality Center - NYS AIDS Institute
- I loved the networking opportunities to find out what others are doing; get ideas of projects/activities you can borrow, and meeting new people.
-Diella J Robertson, The Louisiana Office of Public Health, Infectious Disease Section
- Grounding in the status of HCV and HIV surveillance, treatment updates, treatment interventions, and strategies to improve linkages to care.
- Updated information on HIV & HCV. A national perspective. Access to key people in the field. A chance to develop my presentation skills.
- Outstanding! The Summit gave me insight and vision with the diagnostic and prognostic focus on detection, continuum of care, and the quality of patient care. Most important was the infectious passion of the attendees and speakers all driving toward an HIV-AIDS-free next generation.
- A comprehensive educational update and networking opportunities.
- It was truly energizing and informative gathering. It was also a great opportunity to connect with colleagues in the field and federal partners.
- Updates in the field of treatment and prevention.
- Many opportunities to learn and build relationships.
- Networking opportunities as well as knowledge update re: HIV and Hepatitis C testing and care.
- Confirmation that my programs are headed in the right direction! Opportunity to see innovative ways to do what we are doing related to HCV and HIV screening and linkage to care.
-Monique Rucker, Sinai Health System
- The 2015 Summit provided an excellent space in a reduced environment to discuss current best practices and success models for HIV and HCV linkage and retention in care. In my opinion, keeping the number of attendees to a minimum helped to intensify interactions and networking.
-Angel L. Hernandez, ACTG CSS, Forum EC, GNP+NA, Pozitively Healthy's National Steering Committee
- It provided an atmosphere of healthcare providers with extreme concern for holistic care for humanity. Regardless of race, creed, or ethnicity, the feeling surrounding the National Summit was genuine. I got so much from the presenters; and the networking was powerful.

Secondly, as a social worker and clergy looking for answers on best practices as it relates linkage to care for (those affected by) HCV, I was totally fulfilled. It is obvious that the orchestrators of this event are inclusive thinkers, knowing the value of a dialog vs. a monologue seemed evident. Thank you much for all your hard work. Kind regards,

-Dr. Larry Smith, PLCCA

- Very good speakers overall, except for lead-off session where speakers were asked to read their notes. Small size of meeting was good.
- Update on HIV testing using new algorithm was the main value for me.
- For someone who works on hepatitis in a state health department, it was great to see what other states were doing and network with colleagues in other states.
- It provided an incredible amount of information regarding the history of HIV treatment. It also provided a great networking opportunity that will undoubtedly lead to more collaboration between organizations.
-David Collymore, MD, MBA, Acacia Network
- An opportunity to intimately interact with peers from multidisciplinary to learn and brainstorm ideas surrounding current barriers to care.
- Networking novel research.
- More diverse topics and issues with HCV and HIV.
- (The) Summit provided a way for me to network with other HCV providers across the country.
-Jose Luis Guzman, SF Department of Public Health
- Networking opportunities.
- It provided a lot of great information on HCV. I really appreciated the discussions around IV drug use and decontextualizing HIV and HCV testing. I'm looking forward to contributing to advocacy efforts regarding these areas of interest and importance.
-Kristina Gunhouse-Vigil, Mission Neighborhood Health Center
- The summit was a great overview of the current events of HIV and HCV testing, care, and treatment. It provided a platform for brainstorming on how to create action for the future to improve upon current best practices.
- I am an HIV subject matter expert in epidemiology and program. The Summit was invaluable for allowing me to think about hepatitis C and health care.
-Linda Valleroy, Division of HIV/AIDS Prevention, CDC
- Up to date information and great outlook ahead.
- A chance to present and discuss my work, and to check in on where other parts of the HIV and HCV fields stand.
- Increased and expanded my knowledge of HCV and HIV screening, linkage to care and treatment projects in the U.S.; 2. Created ample opportunities to meet and network with peers and colleagues; 3. The opening plenary was quite inspirational; 4. Many discussions--both "on-line" and off--led to new ideas and projects for me to explore.
-Andrew Reynolds, Project Inform
- Great networking to other partners that are doing the same work as me. 2. Opportunities to see other models - to improve mine so that it is optimal for testing. 3. A national view of HIV and HCV - are results/challenges similar in other regions.
-Pamela J Green, RN, Memorial Hermann Healthcare System - Houston Texas
- A boatload of information that I can use in my job.
- Excellent representation of public and private sector focus on HIV & HCV in both presentations and attendees, provides sharing of best practices and viewpoints.
-Berry Bennett, MPH, FL Bureau of Public Health Laboratories and Association of Public Health Laboratories (APHL)
- This is a unique conference bringing together a multidisciplinary approach to prevention. It was great to meet new connections that,

at the typical HIV conferences I attend (CROI, IAS), are not always represented.

-Susana W. Keeshin, University of Utah

- Great opportunities to network and learn about best practices from others in the field. Get the latest updates on current research.
- Some networking and a better understanding of efforts to test and link patients to Hepatitis C treatment.
- It gave me a more complete perspective on the experiences of other locations who are conducting routine HIV screening.
- It provided me the opportunity to learn from and collaborate with other healthcare organizations that are navigating the complex world of HIV testing, screening, billing and reimbursement.

-Jason Bailey, Providence Hospital, Washington, DC

- Loved John Bartlett's talk.
- Content updates, networking opportunities and an opportunity to present on my research and help disseminate the findings.
- The Summit provided access to excellent speakers and presenters and spurred thoughtful discussion. It was a great opportunity to connect with familiar and unfamiliar peers in the field. The opportunity to sit at round tables during the plenary/general sessions is a great way to get to know other people.

-Gretchen Weiss, National Association of County and City Health Officials

- Networking, exposure to individuals doing similar research.
- Excellent new information. Well organized format without having to waste time going from venue to venue or dealing with meals. Chance to meet new colleagues.
- A good overview of the current state of HIV and HCV care.
- Timely and informative interactive discussions about the state of the art and science.
- Opportunity to think big picture and learn more about HCV.
- The Summit provided me with great opportunities to network, learn from peers, and hear about best practices and strategies successfully being implemented across the country.

-Alyssa Kitlas, National Association of County and City Health Officials

- The opportunity to get caught up on the challenges and achievements in responding to HIV and HCV.
- Networking.; Updated information.
- Increased knowledge of what others in other states and different care providers are doing to address the growing burden of Hepatitis.
- The opportunity to learn from programs doing similar things as us to make improvements and better serve our communities.

-Jennifer Devries, Sinai Health System, Chicago, IL

- New ideas for research, insight into federal funding priorities.
- Contact with leaders. New information, especially with testing HIV and HCV cost issues.

-John Bartlett, Retired- Johns Hopkins

- Insight into some of the work being done on increasing HCV screening and linkage to care.
- Great overall meeting. Informative and included input from all stakeholders. Would like to see more diversity.

Please identify any aspects of the Summit that you think could be improved.

- Give all speakers (the) chance to use slides and NOT read their speeches. Allow more time for talks in breakout sessions. Need at least 10 minutes plus 5 min of Q and A to do justice to any topic.
- I do wish it were a little longer, but I know you'd not have the same caliber of those presenting because of scheduling conflicts. I think the 'community' voice still needs to be at the table amidst the policy makers and providers.

- Information was helpful in furthering my understanding of hepatitis. The only comment I have is that many states, cities, and other jurisdictions do not have the resources to conduct thorough surveillance and investigations of hepatitis. Therefore, a true magnitude of the burden is difficult to estimate. More advocacy for resources, financial and human, is needed.
- It was long days.
- The speakers need to be more audible and loud.
- Inviting more members of the community would be great. Possibly making it more affordable and market to a different demographic of people.
- It was great.
- I would like to see more emphasis on the community aspect of HIV and HCV. The Summit was very heavily policy focused.
- No good ideas, I thought it was great.
- Scheduling-- This meeting is packed too tightly into 36 hours, and the schedule for the full day is exhausting. There would be more time for interaction and reflection if it were at least 2 full consecutive days, plus evening kickoff. Not sure the rapporteur session adds much. Most rapporteurs are lackluster in their delivery. Good idea to have the controversial hot-topic session of the HIV outbreak among PWID in Indiana.
- It gets a bit repetitive by the end of the Summit, and it seems like it's always the same commentators/panelists, year to year. (This is my third summit) That can be valuable as many are leaders in the field, but I felt like we'd really driven the point home by the time we got to Saturday, and that there should have been more action and less review. One way to accomplish more "action" could be to intentionally create opportunities to have discussion/debate on next steps among the participants, with them playing a more active role, and perhaps the panelists that we kept seeing could be the convener/consultant who would then speak for the group. This would have been a better use of the Saturday morning time--especially by the time we got to the second panel.
- Breakout presentations were not listed in chronological order so I was unable to bounce around effectively to different breakout sessions to listen in on the presentations I wanted to.
- Consider role of consumers in the meeting.
- Bring in SAMSHA and HRSA Bureau of Primary care leadership to discuss program policies and requirements.
- Time allowed for oral presentations was too short, reducing clarity and making it harder for the audience to formulate questions and sparking discussion. Some sessions finished early for lack of questions.
- Less drug company funding, don't need food at the meeting.
- N/A - Enjoyed the set-up - did not let you get bored. There were panels that gave diverse points of views and plenty of time for discussion.
- This was my first Summit and I thoroughly enjoyed every minute of it. I know that everyone has strengths and weaknesses but I can't think of anything that would have made the Summit any better than it was. Thanks for all of your hard work!
- 1) Having 8+ presenters in an hour and a half session makes it hard to move science forward. There is no way to have a discussion, to ask about design or assumptions or implications. Several of the sessions felt like I was attending glorified book reports. 2) The summit could be used to propose and adopt policy recommendations. That call was made several times over the summit (e.g. HCV screening in hospitals) -but it did not get picked up. The summit might consider creating a structure to support policy recommendations. 3) A stronger primary prevention focus, especially during plenary sessions, would be useful.
- Shorter break out groups, but more of them or fewer presentations. There was not a chance to dissect and have a conversation about the presentations before time was up.

- Love the format!
 - Targeting key opinion leaders and subject matter experts to present.
 - Some of the breakout sessions had far too many presentations. It was rapid fire, and left little time for discussion.
 - I thought the focus was mainly on HCV. I would have liked to see more focus on HIV.
 - Perhaps consider having more of the event M-F 9 to 5.
 - Too many oral presentations in too short of a time frame.
 - It is a little daunting to get up and ask questions of plenary speakers so maybe there is a way to make that easier and to offer more audience dialogue and not only a select few to engage the panels.
 - In my opinion, the Summit might have more time allotted for poster presentations.
 - Hearing from the community from a client base and family would be a plus.
 - My interest in the Summit has declined as it has become more focused on HCV and less on HIV. There was too much talking from the podium and not enough opportunities to dialogue with the speakers and panels. It left me flat.
 - The breakout sessions would have benefited by having fewer speakers and allowing longer presentations. I noticed on Friday that sessions varied quite a lot in terms of number of speakers and length of presentations. Also, for the short presentations, limiting the number of slides made the presentations worse, not better, since many of the presenters just filled up their slides with too much text in small fonts. In the Potomac rooms, which were long and narrow, the audience had a lot of difficulty even seeing the slides.
 - The sessions seemed to be jam packed and it may have been better to split the poster session over two afternoons.
 - It was fantastic! No improvement necessary!
 - More discussion time built into breakout sessions.
 - I appreciated the slide-free plenary discussions. And yet again, I missed having slides for some of the talks.
 - Better advance planning in terms of asking speakers/presenters what to do/expectations.
 - To be honest: It probably could have been two full days! The agenda was pretty jam packed and it made for some tough decision-making as to which sessions to explore and which ones to miss. That's a good problem to have, however, and it speaks to the strength of the meeting. There may not have been enough abstracts for each cross-cutting session, but a specific track on jails and prisons and one for people who use drugs would be good for future forums.
 - 1. Focus on HCV Awareness.....consumers of healthcare, employees of healthcare, primary care physicians, internal medicine.....all have varying degrees of understanding when it comes to the fact that HCV is now curable and.....treatment options. All need to have an improved awareness and understanding. 2. HCV testing methodology.....a point of care RNA or.....easier, less expensive means to determine confirmed HCV infection. 3. CMS definition of HCV screening and USPSTF ruling to A - both need (to be) changed and soon.
 - Too early a start on Friday and Saturday mornings. How about 8 or 8:30?
 - Would have a stronger emphasis on young adults as this is the population we are not improving as far as HIV incidence.
 - I would have loved an additional day, and wished I didn't have to choose between so many different breakout sessions on Friday. Perhaps with another day added there could be just 2 breakout session options, so you don't have to miss out on presentations you're really interested in.
 - Poster session - my poster was timed and placed in a non-friendly location for viewing - dark, last row and last session. Only about 6 people viewed my poster. Better timing and placement of posters are needed to make this worthwhile.
 - I have attended every Summit except one, I believe, The Summit used to be a comprehensive and stimulating meeting on HIV. It is now diluted to HIV and HCV, probably in part because of the natural connection and cross-cutting clinical ramifications and probably in part because of the pharma money flow. Although the pharma tail is not completely wagging the dog, it seems, I would expect this trend to continue. Therefore, I will be looking more closely at the agenda before signing up in the future. I, for one, would prefer less pharma influence and not so many meals. Full meals for a conference cost a fortune at hotels (I know this!) and would be glad to forego this perquisite. Also, as a physician, I noted that it seems the number of HIV physicians (and possibly physicians in general) appears to be down considerably, replaced by lots of folks who are non-clinicians doing rudimentary research on some quite obvious linkage to care issues, etc.
 - Holding it in downtown DC would be more convenient.
 - I really can't think of any. It is a very well executed meeting.
 - Friday was way too long! The poster sessions at the end of day was nice, but started too late.
 - Starting on a Thursday night and ending midday Saturday was hard. The last session was great but not enough people were there.
 - Maybe add a session on the latest debate, with experts leading the pro and con, maybe for the second night dinner.
 - Some Sessions almost had too much information or too many presenters packed into a short amount of time. Poster presentations were excellent!
 - There could have been a larger community ("peer") focus. We spoke a lot about poverty, PWID, PWIH etc. and it would have been powerful - and important - to have a contingency giving voice to those groups. For example, inviting vocal New York or HIPS.
 - No weekends! I don't know that this fits here, but I was pretty shocked that there wasn't any SAMHSA representation at the meeting and aside from the first night, no HRSA representation. These are key partners to addressing HIV/HCV in the US and it was a pretty big gap that they weren't there. I'm sure they were invited....
 - There were too many speakers during some of the breakout sessions. This did not allow for enough time to fully present the work done. Fewer presenters with longer presentation are better. After all, there are the poster presentations.
 - More people of color. A panel of patients.
- How will you use the information presented at the Summit in your work?**
- Learn more about new HCV guidelines.
 - We've already taken some of the best practices shared by other organizations similar to ours and adapted them to fit into our model of HIV and HCV prevention and care.
 - **-Allison Vertovec, NO/AIDS Task Force DBA CrescentCare**
 - Information was helpful in furthering my understanding of hepatitis. The only comment I have is that many states, cities, and other jurisdictions do not have the resources to conduct thorough surveillance and investigations of hepatitis. Therefore, a true magnitude of the burden is difficult to estimate. More advocacy for resources, financial and human, is needed.
 - I have already shared some of the ideas with co-workers.
 - **-Michelle Wozniak**
 - We are currently incorporating information from Summit meetings into our working plan.
 - I will compare the information I got from the summit to what we are practicing back home in Uganda make some adjustments especially the new mechanism of diagnosing and testing HIV.
 - **-Susan Sebikaari, Research management**

- This will help me formulate new research questions and revisit the research and the work that we are doing in Baltimore.
-Leigh Curvin RN, BSN, Johns Hopkins University, Center for Child and Community Health Research
- Future curricular planning for our HIV training and TA center, future policy research and advocacy.
- Great practical problem solving.
- Developing an inpatient routine HCV testing and linkage to care/cure program.
- I have acquired inspiration from several of the presentations that will be included in current projects such as training of HCP, toolkits, etc.
-Ida Sperle, CHIP, Rigshospitalet, Copenhagen University
- To advance my group's research agenda and to make public health impact.
-Judith Feinberg MD, University of Cincinnati
- I participate in state wide community planning, and intend to share some of the abstracts that were presented in those meetings. I also found it motivating, or more accurately endurance-building to hear from such diverse backgrounds, regions, and disciplines that see the same challenges I encounter in my work. The Summit makes me feel like I have a community that understands and supports my efforts.
-Andrew Ruffner, University of Cincinnati
- Helps me with additional analyses on my project and working with new partners to strengthen existing infrastructure in my state and establish new partnerships.
- To further consider the integration of HCV care and treatment into HIV care.
- Generate ideas for federally-funded programs.
- Share with staff up to date information and contact information.
-Cynthia Tucker, AIDS Foundation of Chicago
- Making connections across the broader HIV field with whom I interact (the RWHAP), ideas for new approaches to HIV quality management.
-Michael Hager, National Quality Center - NYS AIDS Institute
- I will use some of the studies presented in the break-out session as models for projects/activities that I can do in my jurisdiction.
-Diella J Robertson, The Louisiana Office of Public Health, Infectious Disease Section
- To develop programs.
- The information further supports my efforts with educating potential customers with their decisions to use 4th Generation HIV screening, especially for the ED setting. Additionally, with the Hepatitis C disease focus, the presentations definitely underscore the immediate need to be onboard with routine screening similar to HIV.
- Ensure our policies and practices integrate current knowledge.
- More Hepatitis C screening.
- Take back to work and make tweaks to programming.
-Monique Rucker, Sinai Health System
- The information presented at the Summit will improve my community presentations on current topics on HIV and HCV. I will be sharing summaries within my social media networks and in (the) various organizations I hold membership.
-Angel L. Hernandez, ACTG CSS, Forum EC, GNP+NA, Pozitively Healthy's National Steering Committee
- To empower the community and those infected with HCV.
-Dr. Larry Smith, PLCCA
- Considering expanding HCV testing, but frankly we do not have capacity to see the patients in our system.
- I've gotten ideas for additional ways to use my surveillance data and have made useful contacts.
- We will enhance our data collection efforts and share knowledge obtained throughout our organization.
-David Collymore, MD, MBA, Acacia Network
- Change and advance processes and policies.
- Collaboration.
- Working with our local implementation team on expanding and enhancing our HCV response.
-Jose Luis Guzman, SF Department of Public Health
- I will use lessons learned around IVDU to guide advocacy efforts in my state.
-Kristina Gunhouse-Vigil, Mission Neighborhood Health Center
- To improve workflows within our own setting and to create research designs to explore some of the unanswered questions presented at the summit.
- Use it to advance our own advocacy efforts.
- I will be reporting back on the Summit to my colleagues to see how the HIV-related policy issues raised there relate to policy projects currently in our shop. Since we are responsive to our immediate community and are also grant-driven, it may be difficult to make any immediate changes, but we do like to see where our work fits into the larger context of national activity.
- 1. Work to improve the understanding of primary care in my organization for how to treat HCV. Obtain a physician champion. 2. Work with Department of Health to improve resources in the community for under insured, uninsured so they can obtain care. 3. Form a city consortium to work on issues of HIV (and) HCV care in a non-Medicare expansion state.
-Pamela J Green, RN, Memorial Hermann Healthcare System – Houston, Texas
- In various capacities.
- Re-examine our HCV testing algorithm particularly for acute HCV infections and perhaps blend into our new HIV Diagnostic Algorithm, already used to differentiate acute and established HIV-1 infections.
-Berry Bennett, MPH, FL Bureau of Public Health Laboratories and Association of Public Health Laboratories (APHL)
- Have more ideas how to incorporate different types of patient/peer navigators into our clinic structure. Will also look at HCV linkage to care.
-Susana W. Keeshin, University of Utah
- To inform our program planning.
- Consider applications in my clinic setting and in my state's policy development.
- It will help us as we reconsider our role in HCV testing and as we analyze our status on the continuum of care.
- I will incorporate information I learned from abstracts and presenters to improve the strength of my hospital's screening program.
-Jason Bailey, Providence Hospital, Washington, DC
- I will share it with my colleagues and our members. I will use it as a reference point for developing and implementing programs.
-Gretchen Weiss, National Association of County and City Health Officials
- Guide the direction of future projects in this area. Integration of best practices into current projects.
- Agency planning.
- We are working on a screening and linkage to care program for HCV and the information provided at the summit will directly inform this work.
-Alyssa Kitlas, National Association of County and City Health Officials
- Discuss policy issues with colleagues.
- Modifications in research plans.
- Program changes to our HCV linkage to care program based on what has worked well for other programs.
-Jennifer Devries, Sinai health system Health System, Chicago, IL
- identifying/applying for funding opportunities.
- We are exploring conducting HCV rapid testing in EDs. The information shared on this topic during the conference will be helpful.
- Network to build partnerships. Learn best practices

Are there any topics that were not included that should have been included?

- I did find it interesting how little condoms and non-medical prevention was discussed. I think we need not forget those things.
-Allison Vertovec, NO/AIDS Task Force DBA CrescentCare
- Information was helpful in furthering my understanding of hepatitis. The only comment I have is that many states, cities, and other jurisdictions do not have the resources to conduct thorough surveillance and investigations of hepatitis. Therefore, a true magnitude of the burden is difficult to estimate. More advocacy for resources, financial and human, is needed.
- Re-engagement in HIV care.
-Michelle Wozniak
- No. It was comprehensive.
- Would have liked more on the prevention opportunities presented by the diagnosis of acute HIV: sexual network interventions and earlier treatment.
- Perhaps I missed the sessions, but there was not much about prevention?
-Ida Sperle, CHIP, Rigshospitalet, Copenhagen University
- I would have liked to see more on surveillance and epidemiology. Information on providing services for those that are underinsured/uninsured and from organizations that lack financial means.
- Policy, law, sustainable models and strategic interventions.
-Jenny McFarlane, Texas Department of State Health Services
- More information on 4th generation testing.
-Cynthia Tucker, AIDS Foundation of Chicago
- The Summit was an HCV/HIV Summit and it focused on relevant topics for this event.
-Dielda J Robertson, The Louisiana Office of Public Health, Infectious Disease Section
- A stronger primary prevention focus, especially during plenary sessions, would be useful.
- Specific skill building (if you want to "go there"); the best example would be around advocacy. Advocacy to improve the science, to translate research into practice, change policy, etc. etc.

- I would have liked an update on where we are in terms of prevention and treatment of HIV.
- Not that I can think of.
- Definitely. In my opinion a Community Perspective track will be a great addition to the Summit. At the closing plenary we had excellent remarks of community participation, but a full track on community perspectives on what we perceive as good practices and models that work will fully inform other participants. We need to promote Active Involvement of persons living with HIV and/or HCV at all levels of the discussions.
-Angel L. Hernandez, ACTG CSS, Forum EC, GNP+NA, Pozitively Healthy's National Steering Committee
- More on substance abuse and its tie to HIV/HCV.
- More around Point of Care HCV testing.
-Jose Luis Guzman, SF Department of Public Health
- Where was PrEP?
- I think you made very nice selections, actually.
- Gastroenterology and their lack of involvement with HCV screening. They all want to scope as that is the money maker.....but in their screening prior to scope they could be doing HCV screening.....and they are not.
-Pamela J Green, RN, Memorial Hermann Healthcare System - Houston Texas
- Based on the Continuum of Care models for both HIV and HCV, we need more success stories on programs with good retention in care data.
-Berry Bennett, MPH, FL Bureau of Public Health Laboratories and Association of Public Health Laboratories (APHL)
- More on reimbursement and billing for these preventive services.
- I would have liked more discussion on the persistently low rate of linkage to care....why, factors that seem to influence it, etc.
- Policy implications.
- The aging HIV population-geriatric medicine
-John Bartlett, Retired- Hopkins
- Mental health and substance abuse in both HIV and HCV.

How would you rate the quality of the sessions?	Very High	High	Neutral	Low	Very Low
Opening Plenary Session: Keynote Speaker, Panel Discussion, C. Everett Koop Public Health Leadership Award Ceremony (n=78)	39.7%	52.6%	7.7%	0.0%	0.0%
Special Plenary Session: "Strategies to Improve the HCV Continuum of Care: Best Practices in Testing, Linkage to Care, & Treatment" (n=81)	33.3%	54.3%	12.3%	0.0%	0.0%
Afternoon Plenary session: "The Current State and Future Prospects for Bio-behavioral HIV Prevention"? (n=79)	30.4%	45.6%	21.5%	2.5%	0.0%
Rapporteur Session (n=62)	29.0%	46.8%	19.4%	3.2%	1.6%
Closing Plenary Session: Special Panel: "Recent Outbreaks of HIV and HCV" (n=64)	50.0%	39.1%	10.9%	0.0%	0.0%
Closing Plenary: Special Panel: "Strategy and Vision for Moving Forward" (n=54)	38.9%	48.1%	13.0%	0.0%	0.0%
Routine and Expanded Testing: HCV Testing: Testing the Birth Cohort and Beyond (n=30)	40.0%	56.7%	0.0%	3.3%	0.0%
Routine and Expanded Testing: HCV and HIV Testing: Integrating Testing Into Primary Care Settings (n=40)	37.5%	52.5%	10.0%	0.0%	0.0%
Routine and Expanded Testing: HCV and HIV Testing: Models for Routine Testing and Reimbursement Issues (n=29)	31.0%	55.2%	13.8%	0.0%	0.0%
Prevention Models: Prevention with Persons Living with HIV and HCV (n=20)	20.0%	65.0%	10.0%	5.0%	0.0%
Outcomes and Impact Evaluation: Program Continuity and Establishing Continuum of Care for HIV and HCV (n=25)	36.0%	56.0%	8.0%	0.0%	0.0%
Outcomes and Impact Evaluation: HCV Programs: Outcomes and Epidemiology (n=24)	41.7%	50.0%	8.3%	0.0%	0.0%
Outcomes and Impact Evaluation: Advancing Methods to Support Early HIV Detection (n=15)	33.3%	53.3%	13.3%	0.0%	0.0%
Access, Linkage and Retention in Care: Integrating HCV and HIV Care into Primary Care Settings (n=26)	42.3%	50.0%	7.7%	0.0%	0.0%
Access, Linkage and Retention in Care: HCV and HIV Care: Costs and Coverage (n=20)	45.0%	35.0%	20.0%	0.0%	0.0%
Access, Linkage and Retention in Care: HCV and HIV Care: Models that Support Linkage and Retention in Care (n=26)	42.3%	50.0%	7.7%	0.0%	0.0%
Cross-Cutting Session 1: Testing, Prevention, and Care across Correctional Settings (n=18)	38.9%	50.0%	5.6%	5.6%	0.0%
Cross-Cutting Session 2: Interventions for Persons who Inject Drugs (n=27)	37.0%	48.1%	11.1%	3.7%	0.0%
Please rate the overall Quality and Usefulness of the 2015 Summit poster session. (n=76)	39.5%	50.0%	10.5%	0.0%	0.0%

Please provide any additional comments you might have on the Opening Plenary.

- Lack of slides and reading talks was not helpful.
- Loved the opening question about HCV treatment 'how can you have a drug that is cost effective but remains (unaffordable)' don't love that I don't have an answer for that.

-Allison Vertovec, NO/AIDS Task Force DBA CrescentCare

- Ran a bit long after a long day of travel.
- The plenary and the keynote speaker presentation were very dry at times. I was hoping for a more exciting introduction to the summit. The award ceremony presentation by Dr. Bartlett was the best presentation of the night. It brought the topic down to earth and was understandable and very interesting.
- The plenary session went longer than planned on the agenda.
- Very moving. Love John. Inspiring leader. And.....it could have been accomplished in half the time.
- The award ceremony was spectacular!
- Very informative.
- The dinner was served too late.
- Too long.
- Was too long.
- Sadly.....it wasn't memorable.
- Loved it!
- It was a great mix of useful and relevant information, reflection on the past, and personal anecdotes.

-Gretchen Weiss, National Association of County and City Health Officials

- It was so inspiring!!!

-Alyssa Kitlas, National Association of County and City Health Officials

- The award ceremony went on a little too long.
- I can't vote-gave the lecture.

-John Bartlett, Retired- Hopkins

Please provide any additional comments you might have on the Special Plenary session: "Strategies to Improve the HCV Continuum of Care: Best Practices in Testing, Linkage to Care, & Treatment"

- Need to discuss the impact of ACA expansion and non-expansion jurisdictions.

-Jenny McFarlane, Texas Department of State Health Services

- I thought the presentation on the VA was extremely interesting and useful.
- Important to have federal leadership present, but let's not expect anything dynamic, creative or inspiring.
- Good update.
- Too long.
- Found it most interesting that the panel knew nothing of the CMS definition and it's exclusion of ED's and other locations from the definition. HCV doesn't seem to have the support that the HIV world has - why is that?
- More on number treated/number not able to get treated (due to costs)

-John Bartlett, Retired- Hopkins

Please provide any additional comments you might have on the Afternoon Plenary session: "The Current State and Future Prospects for Bio-behavioral HIV Prevention"

- It's very promising.
-**Susan Sebikaari, Research management**
- Liked seeing new faces--the Phill Wilson piece was very provocative, and could have used some additional follow up through the Summit.
-**Andrew Ruffner, University of Cincinnati**
- Enjoyed the perspectives of the panel.
- Very useful to me.
- It was drug treatment oriented. There is more to HIV prevention than drug treatment.
- Sadly....not memorable.
- Strange to have an NIH leader be the lead discussant of bio-behavioral HIV prevention. Clearly not main focus of his or NIH's work
- Why not 3TC/ABC (with B5107 screening) to save money?
-**John Bartlett, Retired- Hopkins**

Please provide any additional comments you might have on the Rapporteur Session.

- It was a little difficult after the information overload to keep paying close attention.
- Too long and difficult to follow. I thought the special plenary later in the morning summarized the Summit just as well, if not better.
- The job is to provide a summary / overview, not repeat the tracks panels. The audience got restless when they went on too long.
- Information was not well synthesized.
- They did marvelous jobs.
-**Linda Valleroy, Division of HIV/AIDS Prevention, CDC**
- Pretty dense and not very dynamic.
- It's nice to get updates from other sessions as you may only attend one.
-**Pamela J Green, RN, Memorial Hermann Healthcare System - Houston Texas**
- Variable, as some presenters were able to succinctly describe the sessions, others it was more difficult to follow. It was great to have this session as there were often concurrent sessions I wanted to attend.
- I think some of the rapporteurs were great and others were so -so. Especially for that early in the morning, high energy is best.

Please provide any additional comments you might have on the Closing Plenary Session: Special Panel: "Recent Outbreaks of HIV and HCV."

- I like having visuals along with talking so this was a little less engaging for me.
- Loved the local recent information.
-**Michelle Wozniak**
- I would have like to see more data using PowerPoint slides rather than just the speech - although the speeches were really well done.
- Too long.
- The best! Really good, cutting edge information. I must admit that I was a little put off by the rosy picture painted by the Indiana Health Department representative, but I understand that she can't be critical of the politics in that state that led to the problem. And, none of it was her or her colleagues fault! They do need to be commended for their response.
-**Andrew Reynolds, Project Inform**
- Hopefully those in the audience heard the tragedy because it will happen in their communities if they don't intervene. HIV testing is

routine in a handful of cities.....not everywhere.....and certainly not in rural America.....anywhere.

-Pamela J Green, RN, Memorial Hermann Healthcare System - Houston Texas

- Would be interesting to have a public health representative from a community that has come up with innovative ways to tackle this particular problem. I can think of Rhode Island (much of the northeast which has a big IDU population, Portsmouth County, OH, or even internationally such as London.
- I wish there had been more information and less inspiration contained in the talks.
- Excellent!
-**Gretchen Weiss, National Association of County and City Health Officials**
- Would have been better with some slides instead of people just speaking.
- Such a wonderful session.
-**Alyssa Kitlas, National Association of County and City Health Officials**
- Wonderful experience.

Please provide any additional comments you might have on the Closing Plenary: Special Panel: "Strategy and Vision for Moving Forward"

- Awareness will be great.
-**Susan Sebikaari, Research management**
- Discuss strategic interventions that impact policy, law and grant/funding requirements. We should discuss why this is not a QM measure to REQUIRE HIV and HCV (birth cohort) testing in federally funded entities.
-**Jenny McFarlane, Texas Department of State Health Services**
- Really enjoyed Murray Penner's portion.
- Too long.
- Loved the top ten idea! The addition of a "top ten" from the perspective of drug user health would have rounded out this panel well.
-**Andrew Reynolds, Project Inform**
- Very helpful.
-**Alyssa Kitlas, National Association of County and City Health Officials**
- I couldn't stay for the whole thing.
- Wish we had more on manpower- {number of providers of} HIV or HCV care
-**John Bartlett, Retired- Hopkins**

Please provide any additional comments you might have on the 2015 Summit poster session.

- Did not have enough time to attend poster session due to conflicting sessions.
- I hope to be able to continue to attend this conference as I continue to expand my knowledge and expertise around HIV and now HCV prevention and treatment.
-**Allison Vertovec, NO/AIDS Task Force DBA CrescentCare**
- Excellent
-**Susan Sebikaari, Research management**
- The poster session timing was not the greatest. After a long day of breakout and plenary sessions, it was difficult to remain interested in the posters. There were so many posters to look at, it was nearly impossible to cover a good number of them. I think a smaller poster session would have been better.
- Not enough time to do it justice.
- Great to see all the work but was a bit overwhelming because of so many posters and hard to see all of the posters. Also the poster

session was towards the end of the day so I felt like the audience was tired by then and more into networking than seeing the posters.

- Did not attend due to late time of session (evening)
- Really enjoyed!
- Loved the process of presenting similar topics in breakouts and then also talking to the speakers on the floor.
- A lot of posters, would be good if they were grouped by topic.
- May have been better with fewer posters. There were too many to cover well.

- As Dr. Bartlett said: Best part of the meeting! And that's saying a lot! I also think the quality of the posters is a reflection of the important place this Summit holds to people: It's a big deal, and people want to make sure their work and presentations reflect that.

-Andrew Reynolds, Project Inform

- Nice snacks!
- There was a lot of repetition.
- Best part of the meeting due to dialog.

-John Bartlett, Retired- Hopkins

	Yes	No			
Did your participation at the 2015 Summit give you new research ideas or allow you to build new collaborations? (n=88)	84.6%	15.4%			
Would you agree with the following statements?	Completely agree	Somewhat agree	Undecided	Somewhat disagree	Completely disagree
The 2015 Summit has provided me with new information on HCV diagnosis, prevention and care that I will use and disseminate to colleagues in my community. (n=82)	64.6%	24.4%	8.5%	1.2%	1.2%
The 2015 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=81)	49.4%	37.0%	12.3%	1.2%	0.0%

What benefits did this opportunity to present provide for you?

- Respond to Qs from experts.
- Biggest opportunity was to get outside our little agency bubble and learn from others and share with others.

-Allison Vertovec, NO/AIDS Task Force DBA CrescentCare

- I was able to discuss our project with others in the field.

-Michelle Wozniak

- Knowledge

-Susan Sebikaari, Research management

- I received great, thought-provoking questions that provide me with new perspectives on the work we do. This opportunity allowed me to discuss our work and share ideas and challenges with people doing similar work.

- To get feedback from Research and allow us to better plan next steps.

-Leigh Curvin RN, BSN, Johns Hopkins University, Center for Child and Community Health Research

- Opportunity to understand the value of our research to various audiences, get important feedback.
- Meeting others and hearing their opinions on what we've implemented. It helps to let us know what people are interested in and what our focuses should be when disseminating information.
- Validation--that there was interest in my topic. Questions indicated conceptual areas that I will need to be more careful in explaining in the manuscript.

-Andrew Ruffner, University of Cincinnati

- Additional ideas for analysis and new partners to provide insight.
- Networking and gaining new innovative ideas.

-Cynthia Tucker, AIDS Foundation of Chicago

- It provided me with opportunities to possibly get additional funding for projects I'm involved in.

-Dielda J Robertson, The Louisiana Office of Public Health, Infectious Disease Section

- Feedback was useful in terms of honing in on the data I presented on.
- Obtained input from individuals who visited the poster and possible collaborations.
- Hear about others progress in doing the same work. Got to see if we are ahead or behind.

-Monique Rucker, Sinai Health System

- Although I didn't present at the Summit, it brought me insights to develop future work on advocacy, community education and active

patient involvement at all levels of the continuum of care.

-Angel L. Hernandez, ACTG CSS, Forum EC, GNP+NA, Pozitively Healthy's National Steering Committee

- To see others' research.

-Dr. Larry Smith, PLCCA

- Helps with the publication to have to organize it for presentation. Did not get any relevant feedback from attendees that would improve the publication.

- Networking. Knowledge. Inspiration.

-David Collymore, MD, MBA, Acacia Network

- Opportunity to present new ideas and get feedback for improving the programs for the future.

- Contacts; collaboration; research ideas; next steps; best practice; reinforcement that current work is worthwhile.

- Networking and education around CURRENT issues!!

-Kristina Gunhouse-Vigil, Mission Neighborhood Health Center

- Collaboration, brainstorm, advocacy.
- Drew greater attention to our work.
- A. Improved public speaking skills - less nervous each time I speak.
B. It's nice to be recognized for the effort and work you do every day.
C. Posters lead to manuscripts.....something our organization has lacked doing.

- It enabled me to exhibit the work our unique and innovative program is doing to many people who did not know such a program existed.

- Good feedback and ways to expand upon the research presented for future projects.

-Susana W. Keeshin, University of Utah

- Glad to have an oral presentation since it reached more people than the poster did. Audience was interested in the presentation but not the best audience for my subject matter. Audience was more programmatic in focus and my topic was targeted to leaders/decision makers who develop and finance programs.

- Although I was listed as a co-author, I did not actually present, though my colleagues did. Overall, presenting updates on our program helped us to confirm the success we have had over 7 years of operating a large opt-out HIV screening program.

- Great learning and networking experience.

- It allowed me to network with so many conference attendees. It was really fantastic. Also, it allowed me to present information to others; I hope they can use in their work regarding hepatitis C. It also enabled

me to attend, as my agency is more likely to approval travel to conferences if you are presenting in some capacity.

- It was a wonderful learning opportunity. As a researcher with direct service experience, it's still sometimes easy to forget the practicalities of working at the front line. This was a good and inspiring reminder.
- The group that attends and the presenters- many are not seen at most meetings I attend.

-John Bartlett, Retired- Hopkins

- An opportunity to receive feedback on the work we are doing.
- New and expansion of my testing work.

Do you have any comments on the venue that would help us to make future meetings a greater success?

- Better acoustics in break out rooms. They were long and thin, hard to hear in back.
- It was nice to be close to the city and airport.
- The location of the venue was a little bit hard to find.
- In past conferences, having a very comfortable and inviting lobby with places to hang out and drink and eat meant that many people stayed around the hotel and had the chance to have interesting conversation. This hotel didn't lend itself to that.
- It was easy to navigate and very comfortable. My only complaint was that the poster presentation area felt very secluded. My poster specifically was in the back corner where almost no-one walked by. I felt like a more intimate room that was more open would be beneficial for poster displays.
- Food was pretty good and meeting rooms reasonably comfortable. Easy access from DCA!
- The quality of the service at the hotel was really high. The rooms were very nice, the staff of the hotel was extremely professional and helpful, and the food was excellent. I consider the overall conference a great value with the bundle of conference registration, hotel room, and food. Not a fan of Crystal City at all. Favorite location was Mayflower.
- Poster hall was a little dreary and too enclosed. Some of the breakout rooms were longer so hard to see the slides from the back. Food was great!
- Somewhat remote from Metro.
- Nice venue but food was marginal.
- Again, I have no comments on what you can do to make it better. I am appreciative of the hard work of the committee and was glad I was able to attend this year. Hopefully, it won't be my last one.
- Too cold! I would have also enjoyed some 'after dinner' suggestions for things to do.
- Windows, fresh air (I know.....those are also distractions and cost)....
- I really liked the facilities including the room as well as good options. Overall, good conference.
- Increase opportunities for dialogue in the main sessions as I felt there was too much talking from the podium and not enough interaction with the audience.
- Convenient venue.
- Great location, didn't love the hotel or area, too much construction and the layout of the meeting center was weird and not conducive to a positive meeting.
- Better Wi-Fi.
- My only real complaint was the proximity to the Metro. The rooms were very nice. I thought the food was excellent. The customer service was quite strong.
- This was an OK venue....another group had their conference going on at the same time....in the same area. Breaks created long lines in the bathrooms....two groups trying to get into a few stalls.

- This is an intense conference and I did NOT mind that it was not in the heart of DC as this could have been an added distraction for conference attendees. Great food!
- The food service was excellent and flowed very well. It was nice not to have to wait in long lines for our meals.
- The PowerPoint remote (at least in room C) was very confusing...
- The food was fantastic. Location was incredibly convenient.
- Crystal City is not the best location for DC, would have preferred a more central location for ease of taking a run in the morning or in the evening on the mall and access to restaurants not there.
- Having food was wonderful and allowed multiple opportunities for networking.
- Who does HIV and HCV care? Comparisons with Europe would be interesting and instructive.
- Move back to DC proper!

Additional Comments:

- It was an inspirational summit. Good job to all the presenters and organizers.
-Susan Sebikaari, Research management
- When I say "more action" in my earlier comments, I don't necessarily mean that there should be some concrete activism, advocacy, or research direction steps that would be taken, but rather something that says "here are a list of ideas/directions that we discussed that might be move us farther along in addressing these public health issues." Perhaps a more robust rapporteur type session could combine the summaries of the tracks, along with what the participants as a community seemed to think of them.
-Andrew Ruffner, University of Cincinnati
- It was exciting to be in a room with people who have been thought and action leaders in HIV and HCV and to be surrounded by people who are just starting their careers as well. It was a breath of fresh air to hear government officials embrace harm reduction as a cornerstone of HIV and HCV programming.
-Monique Rucker, Sinai Health System
- This was a near-perfectly organized meeting. There was plenty of time for abstract reviews, quick responses to questions and the Forum is a joy to partner and work with. You should also know that the company who handled your logistics--Informed Horizons--was near perfect also. The combination of Forum staff with the Informed Horizons staff made for seamless and brilliant 2+ days! Well Done!
-Andrew Reynolds, Project Inform
- Thanks to all the planners. Thanks for the opportunity to attend - appreciate the invitation more than you know.
-Pamela J Green, RN, Memorial Hermann Healthcare System - Houston Texas
- Very well done...
- I look forward to the next meeting!
-Gretchen Weiss, National Association of County and City Health Officials
- The National Summit was one of the best conferences I have attended. It was both inspirational, especially with the opening plenary that reminded us of the history and how far we have come in the fight against HIV, and practical, with all of the conference sessions focused on sharing best practices and key strategies related to HCV and HIV diagnosis, prevention, and access to care. I will definitely be back and encourage more of my colleagues to attend.
-Alyssa Kitlas, National Association of County and City Health Officials