



# *Health Department and Community Health Center Collaborations for HIV/AIDS and Hepatitis: Success and Challenges*

Liisa M. Randall, PhD, Consultant

Christopher Cannon, MPH, Manager, Health Care Access

2012 National Summit on HIV and Viral Hepatitis

November 27, 2012

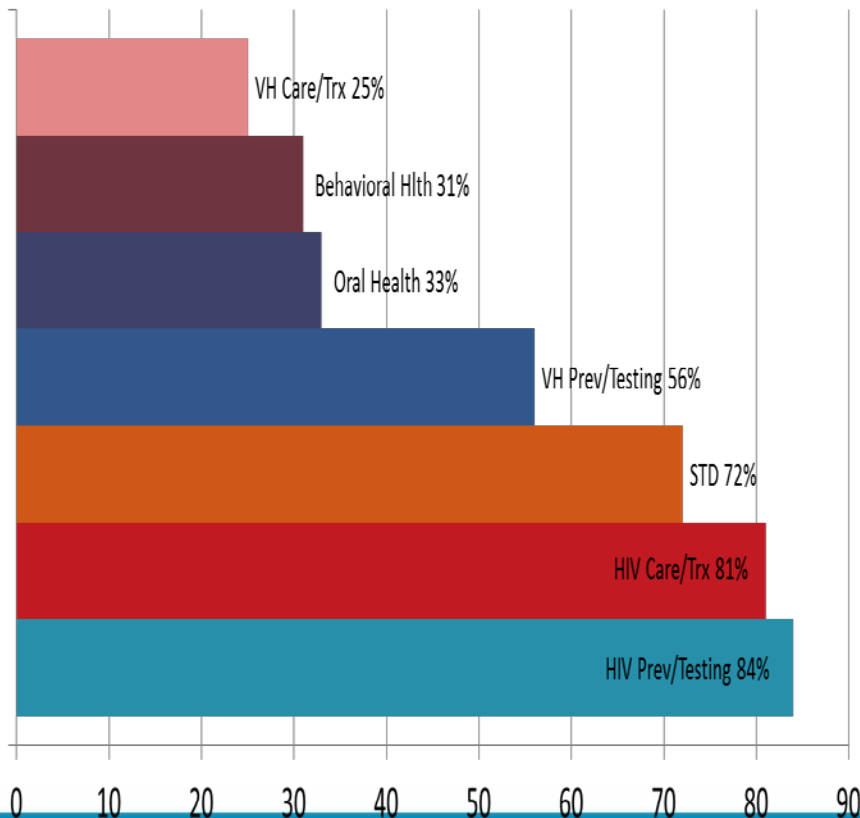
Washington, DC

**BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH**

- **Structural changes:**
  - ACA
    - Expansion of CHCs
    - Expansion of coverage (individuals and services)
  - State and federal funding for HIV and VH prevention, care
  - New/emerging technologies and treatments
- **It's a good thing:**
  - Facilitates and ensures a continuum of services
  - Improves quality and effectiveness of health services
  - Enhances the capacity of both to carry out responsibilities and/or missions and thereby improve individual and community health

- **Consultation: HD, CHC, Federal agencies, professional organizations**
- **On-line survey**
  - Nature of current collaborations
  - Areas for collaboration
  - Challenges and facilitators
  - Future Plans
  - N=43 (80%) response

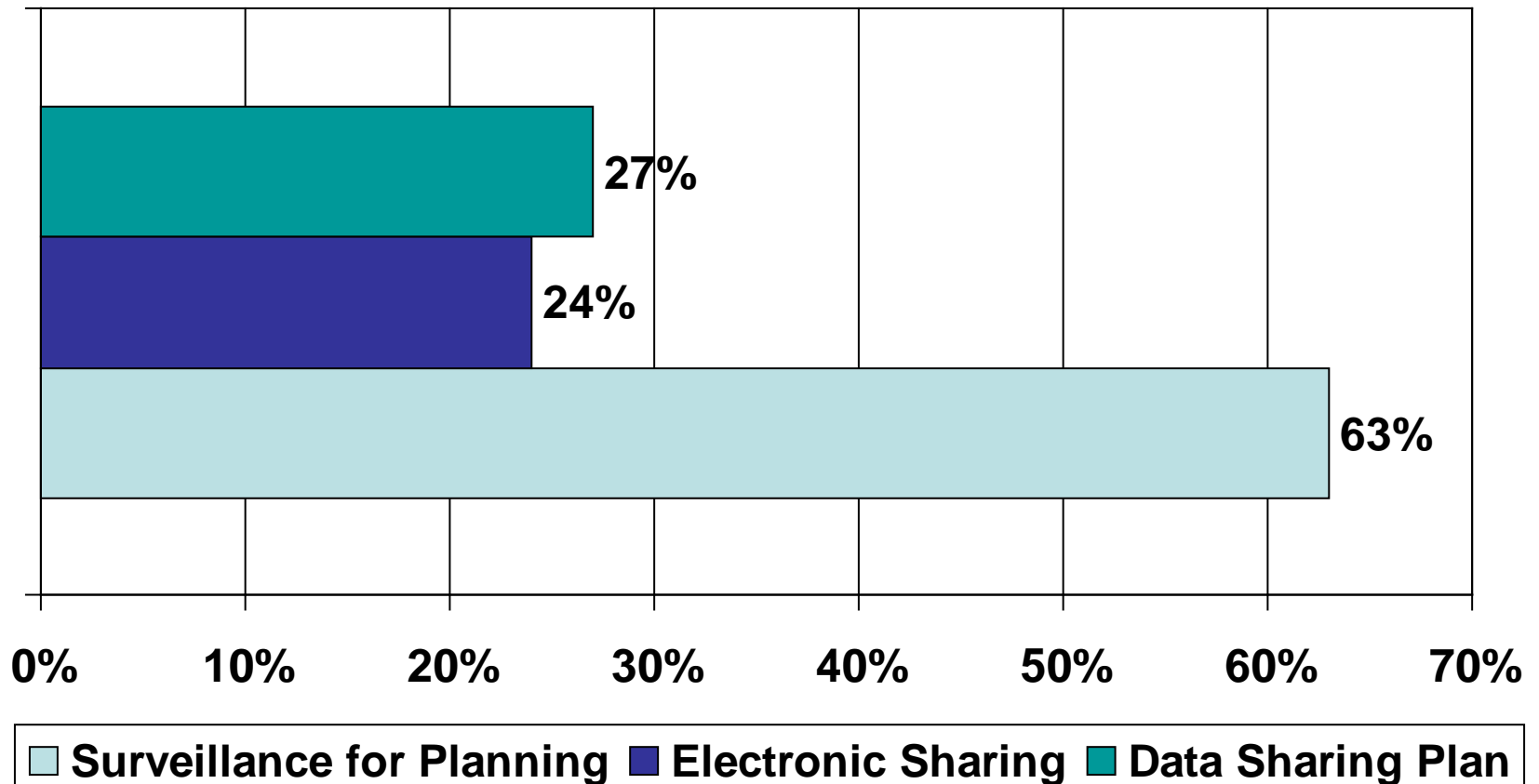
## Client Services (N=36)



## Training /Workforce (N=35)

- HIV testing guidelines 77%
- Data reporting requirements 69%
- Medical case mgt 57%
- HIV prevention practices 43%
- HIV treatment guidelines 37%
- VH prevention practices 37%
- VH testing guidelines 31%
- Certification/continuing ed 31%
- Cultural competency 29%
- VH treatment guidelines 14%
- Other (STD, reimbursement) 17%

## Data Sharing (N=41)



- **HIV exceptionalism/stigma**
  - ID docs as primary care provider (patient and provider attitudes)
  - CHCs resistant (specialty care, RW, public health program, risk pops)
  - Provider comfort/competence with issues of sexual health, drug use, sexual orientation, gender identity
- **Workforce capacity**
  - Provider perceptions about complexity of care, esp. co-morbidity
  - Adequate capacity to respond to influx of patients
  - Knowledge/skills re: HIV and VH; sexual health, drug use, sexual orientation
- **Care coordination**
  - PCMH and RW model of care coordination
- **Financing and sustainability**
  - Adequacy of reimbursement
  - Support of enabling/wrap-around services
  - Eligible providers
- **Data Sharing**
  - System interoperability
  - Federal funding is disincentive

- **Project ECHO – assuring quality care for HCV via telemedicine (UW-WDOH, CTDOH, others)**
- **Integration of VH and HIV treatment in CHCs**
  - Massachusetts integrated VH into RW programs
  - NY supports HCV care in CHCs, including RW programs
- **Culturally competent services for HIV and VH priority populations**
  - 16<sup>th</sup> Street CHC providers SAP, HIV and HCV testing, transgender focused programs
  - Chase-Brexton is LGBT FQHC – expansion into underserved area

- **Expand collaboration**
  - 16% of HDs report no current collaboration with CHC
  - Current collaboration with approximately 281/1200 (23%) individual CHCs
- **Key areas of future emphasis (strengths based approach)**
  - Strengthening system of service provision to ensure continuum of health services (e.g., community collaborative)
    - Lessons of Ryan White care coordination applied to PCMH
    - Community engagement/mobilization – e.g., CHWs, peer navigators, non-traditional partnerships
    - Implementation of advances e.g., PrEP, HCV treatment/care coordination
  - Workforce development and provider education (cultural competence, treatment guidelines, populations)
  - Data sharing: planning, monitoring and QI
  - Advocacy (reimbursement, financing, models of care, others?)





National Alliance of State & Territorial AIDS Directors (NASTAD)  
444 North Capitol Street NW, Suite 339  
Washington, DC 20001  
Phone: 202.434.8090  
[www.NASTAD.org](http://www.NASTAD.org)

**For more information download:** *Exploring HIV/AIDS and Viral Hepatitis Health Department and Community Health Center Collaborations: Consultation Summary and Assessment Report, January 2012*