HIV/AIDS and Hepatitis Health Department Collaborations with Community Health Centers: Successes and Challenges

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INTRODUCTION

Increased collaboration between health department (HD) HIV/AIDS and viral hepatitis programs and CHCs is crucial in an ever-changing landscape of ensuring that people living with, and at risk for, HIV/AIDS and viral hepatitis receive the services they need. Community Health Centers (CHCs) provide primary health care to more than 20 million patients in nearly 1,200 CHCs with over 8,000 locations, both urban and rural, across the United States and territories.[1] CHCs play a major role in the health care system by serving millions of uninsured or underinsured individuals. Currently, it is estimated that there are nearly 1.2 million individuals in the U.S. living with HIV infection with nearly half living with an AIDS diagnosis. Approximately 50,000 individuals are newly infected each year, with 42,959 individuals diagnosed with HIV in 2009.[2] It is also estimated that there are between 3.5-5.3 million individuals living with viral hepatitis, and nearly 65-75 percent of those individuals are not aware of their infection.[3] A sizeable percentage of individuals are living with both of diseases.

PURPOSE

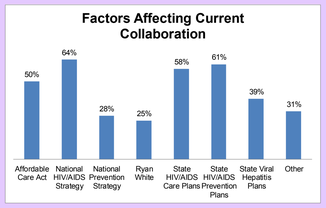
NASTAD conducted a two-part assessment to gain a better understanding of current level and type of collaborations between HDs and CHCs; identify challenges and strategies to facilitate enhanced collaborations; determine opportunities for advocacy; and identify priorities for technical assistance.

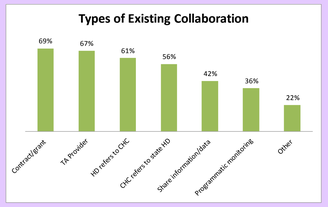
METHODOLOGY

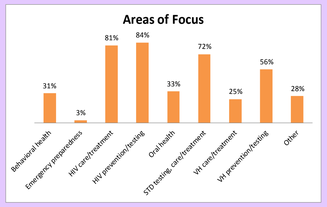
NASTAD hosted a one-day consultation with representatives from state HDs, CHCs federal agencies, and professional partners to identify and discuss key issues and concerns associated with collaboration. The consultation was followed by a survey of 54 state and territorial HD HIV/AIDS and viral hepatitis programs to gain an in-depth understanding of the level of current collaborations, as well as the unique challenges and facilitators associated with such relationships. A total of 43 HDs responded for 80% response rate. Regional distribution of respondents to this survey was balanced with 23 eastern states, 19 western states, the District of Columbia and U.S. Virgin Islands completing the survey.

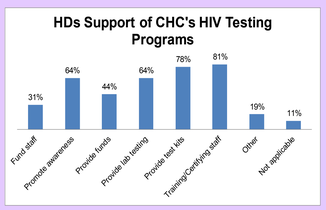
FINDINGS/THEMES

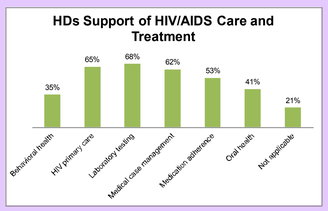
Current Practices:

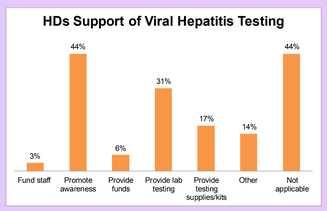












Barriers and Challenges:

- Specialty versus primary care
- Stigma for patients
  - –resistance to using HIV identified providers, services, and clinics
  - –resistance of providers to test for HIV and HCV
  - –provider reluctance to discuss sexual behavior, gender identity, substance use
- Chronic illness/co-morbidities
  - –provider perceptions about complexity of treating co-morbidities
  - –perception of management of a stable patient
  - –changes in medical needs as patient age and/or have families
- Workforce capacity
  - –lack of rained providers, nurses, and support staff
  - –cultural competency
- Care coordination
  - –Patient centered medical home model
  - –Medical providers or support staff as “patient navigators”
- System capacity
  - –Clinical and data systems
  - –Financial sustainability
  - –Reimbursement

Strategies

- Create innovative ways to bring specialist and primary care providers together (e.g., telemedicine models)
- TA/education opportunities for CHCs, specifically focused on guidelines, testing, treatment, prevention, and cultural competency training (i.e., LGBTQ, injection drug users, etc.)
- Data integration with Health Center Controlled Networks (HCCN)
- Participate in the formation of Patient Center Medical Homes/Patient Navigation systems
  - — Provide lessons learned from Ryan White medical case management model
- Collaborate on diversifying funding

“Models of Excellence”

- ***Project ECHO***

Project ECHO is designed to be a telemedicine provider-to-provider support model in rural and Indian health centers across the state of Washington. The Washington State Department of Health has worked with the University of Washington and CHCs located in rural areas to facilitate enhanced care for individuals infected with viral hepatitis. This model is based on the model created by the University of New Mexico.

- ***Sixteenth Street Community Health Center***

The Sixteenth Street Community Health Center of Milwaukee, WI has a long standing collaborative relationship with the local and state HDs. This collaborative relationship helped Sixteenth Street CHC increase its innovation and willingness to implement new projects and programs. Some of these programs were initiated within the CHC and some were initiated by the HD. But all have grown successfully through coordinated support and dialogue.

- ***Chase Brexton Health Center***

One of Chase Brexton’s more successful collaborations came during an expansion to a new site in Howard County, Maryland. This collaboration involved both the local county and state HD to establish its new location in an underserved area. Taking a lead in collaborating on a county-based insurance program called Healthy Howard, Chase Brexton became the primary site for the uninsured population in the county.

- ***Massachusetts Program Integration***

The collaboration is two-fold. First, the viral hepatitis program in Massachusetts is fully integrated into the HIV/AIDS program within the state HD making it easier for coordination of both programs and sharing of valuable, yet limited, services and resources. Second, the HD implemented its mono-infected HCV program alongside existing Ryan White HIV/AIDS programs. The existing Ryan White Program’s care coordination system was the entry point for integrating the mono-infected HCV program into four Ryan White Part C funded CHC programs at six sites

- ***New York State Health Department***

New York State established specific state funding for comprehensive hepatitis C care and treatment services to facilitate integration of these services into primary care settings, including Federally Qualified Health Centers (FQHCs). Thirteen sites have been funded with eight sites also receiving Ryan White funds to support co-infected individuals. Services provided include mental health, care coordination, adherence support, nutritional support and substance abuse treatment.

CONCLUSIONS

This assessment demonstrated that many state HD HIV/AIDS and viral hepatitis programs do work with CHCs in their jurisdictions. However, there are numerous opportunities to increase the level of collaboration and to incorporate HIV and viral hepatitis services. There are approximately 130 Ryan White Part C funded CHCs and 151 non-Ryan White Part C funded CHCs (1,200 CHCs exist nationally) currently engaged in a collaborative relationship with HD HIV/AIDS and viral hepatitis programs. More effort is needed to facilitate improved integration of services both inside and outside of the HD and CHCs, such as, addressing provider education/training regarding disease prevention and management, improved holistic patient care, and greater cultural understanding; addressing the interoperability of data systems and data reporting burden; and addressing the issue of financial sustainability and reimbursement of services under new models of care delivery.

REFERENCES

[1]National Association of Community Health Centers. America’s Health Centers, August 2011, available at: http://www.nachc.com/client//America's%20Health%20Centers%20Fact%20Sheet%20August%202011.pdf
[2]CDC. Basic Statistics, August 11, 2011, available at: http://www.cdc.gov/hiv/topics/surveillance/basic.htm#hivest
[3]Department of Health & Human Services. Combating the Silent Epidemic of Viral Hepatitis 2011, available at http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf

REPORT AVAILABLE

Full report is available online at www.NASTAD.org/Docs/120209_CHC%20Report%201-10-12.pdf

ABOUT NASTAD

The National Alliance of State and Territorial AIDS Directors (NASTAD) strengthens state and territory-based leadership, expertise, and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections on providing care and support to all who live with HIV/AIDS and viral hepatitis. NASTAD’s vision is a world free of HIV/AIDS and viral hepatitis.

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