

2012 National Summit on HIV and Viral Hepatitis Diagnosis, Prevention, and Access to Care

RADM Sarah Linde-Feucht, MD
Chief Public Health Officer
Health Resources and Services Administration
U.S. Department of Health and Human Services

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Objectives

- Understand HRSA's mission, programs, and public health priorities
- Describe HRSA's role in implementing the National HIV/AIDS Strategy and Viral Hepatitis Action Plan
- Discuss challenges and opportunities



HRSA Mission

“To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs.”



HRSA Strategic Plan

1. Improve Access to Quality Health Care and Services

- Integrate primary care and public health
- Strengthen health systems to support the delivery of quality health services

2. Strengthen the Health Workforce

- Align the composition and distribution to best meet needs of communities
- Support development of interdisciplinary teams

3. Build Healthy Communities

- Lead and collaborate with others
- Strengthen the focus on illness prevention and health promotion across populations and communities

4. Improve Health Equity

- Partner with diverse communities to create, develop, and disseminate innovative community-based health equity solutions, with a particular focus on populations with the greatest health disparities
- Further integrate services and address social determinants of health

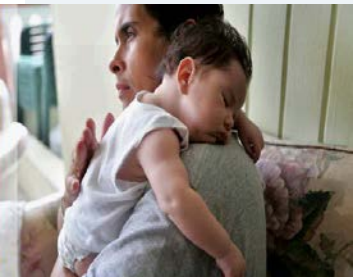
Access and Workforce

- Health Centers
- Ryan White HIV/AIDS Program
- Maternal and Child Health
- National Health Service Corps



Access and Workforce

- Workforce training
- Rural health care
- Federal organ procurement system
- Poison Control Centers
- 340B low-cost drug program





“The health of the individual is almost inseparable from the health of the larger community. And the health of each community and territory determines the overall health status of the Nation”

Source: Koh; A 2020 vision for healthy people. N Engl J Med 2010

HRSA's Public Health Priorities

- 1) Achieving Health Equity and Improving Outcomes**
- 2) Linking/Integrating Public Health and Primary Care**
- 3) Strengthening Research & Evaluation, Assuring Availability of Data and Supporting Health Information Exchange (HIE)**
- 4) Assuring a Strong Public Health/Primary Care Workforce**
- 5) Increasing Collaboration and Alignment of Programs Within HRSA and Among Our Partners**

Recommendation 1

ACHIEVING HEALTH EQUITY



1. Achieve **equity** and improve **outcomes** via policy, program, partnership, research, service delivery, workforce development and other activities

What are we doing?

- HRSA's Office of Health Equity
- HHS Action Plan to Reduce Racial and Ethnic Disparities

ALIGNS WITH STRATEGIC
PLAN GOAL IV: **IMPROVE
HEALTH EQUITY**



Recommendations 2-3

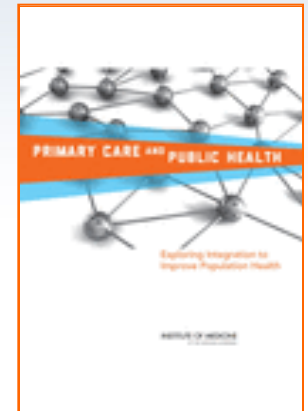
LINKING/INTEGRATING PUBLIC HEALTH AND PRIMARY CARE



ALIGNS WITH STRATEGIC PLAN GOAL IC: **INTEGRATE PRIMARY CARE AND PUBLIC HEALTH**

2. Quality breakthrough **collaboratives**
3. **IOM study**

What are we doing?



<http://www.iom.edu/Reports/2012/Primary-Care-and-Public-Health.aspx>

Recommendations 4-6

STRENGTHENING RESEARCH AND EVALUATION, ASSURING AVAILABILITY OF DATA AND SUPPORTING HEALTH INFORMATION EXCHANGE



4. Research and evaluation
5. Health information exchange (HIE)
6. “HRSA Health Landscape”

ALIGNS WITH STRATEGIC PLAN PRINCIPLE 5: FOCUS ON RESULTS ACROSS THE POPULATION BY USING THE BEST AVAILABLE EVIDENCE, MONITORING IMPACT, AND ADAPTING PROGRAMS TO IMPROVE OUTCOMES

What are we doing?

- Office of Research and Evaluation
- Office of Health Information Technology and Quality
- HRSA in Your State; HRSA Data Warehouse



Recommendations 7-8

ASSURING A STRONG WORKFORCE

7. Enumerate the Workforce



ALIGNS WITH STRATEGIC
PLAN GOAL II:
**STRENGTHEN HEALTH
WORKFORCE**

What are we doing?

- Bureau of Health Professions -
National Center for Workforce Analysis
- Bureau of Clinician Recruitment and Services -
National Health Service Corps

8. Enhance the capacity of HRSA's workforce

What are we doing?

HRSA Learning Institute



Recommendations 9-11

INCREASING COLLABORATION AND ALIGNING PROGRAMS



9. Improve **HRSA-Specific Collaboration**
10. Increase **Federal Collaboration**
11. Promote **External** and Cross-Cutting Stakeholder **Collaboration**

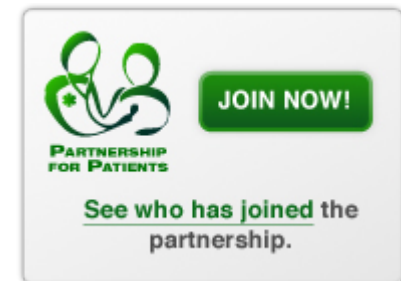
ALIGNS WITH STRATEGIC PLAN GOAL III: **LEAD AND COLLABORATE WITH OTHERS TO HELP COMMUNITIES STRENGTHEN RESOURCES THAT IMPROVE HEALTH FOR THE POPULATION**

What are we doing?

LOTS!!



◆ The National Prevention Strategy



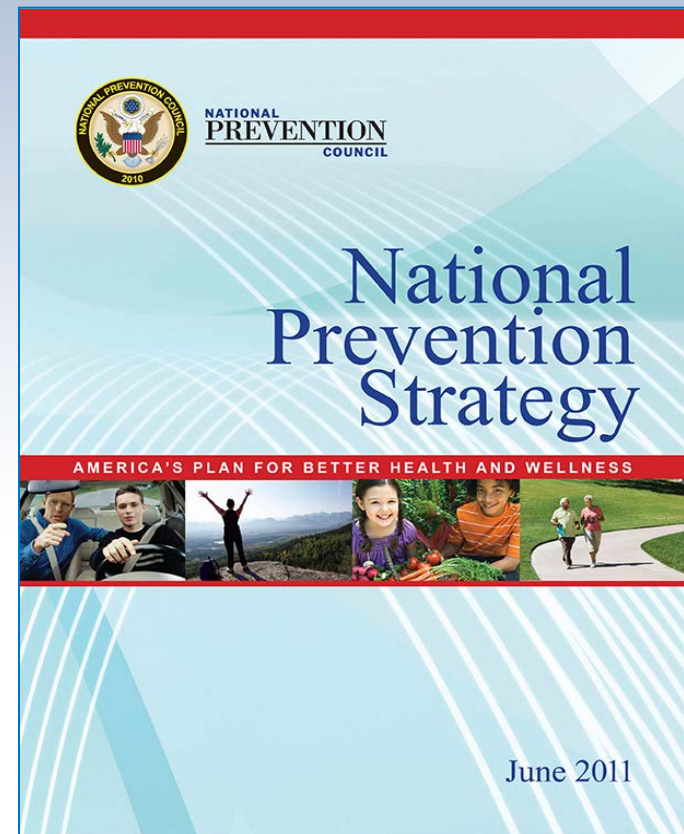
National Prevention Strategy

Vision: Working together to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on prevention and wellness.

Goal: Increase the number of Americans who are healthy at age 85.

Four Pillars:

- Healthy Communities
- Preventive and Clinical and Community Efforts
- Empowered Individuals
- Eliminate Health Disparities



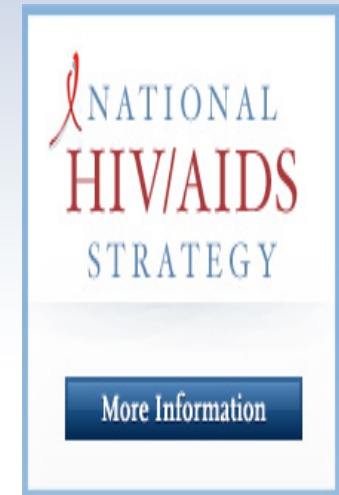
HRSA's Role in Support of NHAS

- Policy
- Research, Dissemination, and Translation
- Technical Assistance and Training



Policy

- **Funding Opportunity Announcements and Application Guidances**
- **Grantee Expectations**
- **Workforce Training**
- **Program Assistance Letters**
 - **HIV Testing in Health Care Settings**
 - **HIV Care and Treatment in Health Centers**



Policy

- **Supplemental Funding for Expanded Services**
- **Quality Improvement**

BPHC QI Goals	Examples of HIV Integration
Develop and enhance access to care	Enhance the accessibility and availability of services needed by people living with HIV
Transform health center service delivery	Coordinate and integrate the health and support service needs of patients living with HIV (e.g., behavioral health, social services, medication management)
Recruit, develop, retain skilled workforce	Enhance ability of primary care providers to manage HIV and recruit HIV specialty providers, as appropriate
Coordinate and align policies/programs	Consider adoption of consensus-driven and established HIV performance measures

Policy – Impact of Affordable Care Act

Immediate

- Pre-Existing Conditions Insurance Plans (PCIPs)
- ADAP Funds Count Toward True Out of Pocket (TrOOP) Expenses for Medicare Part D

Future

- Medicaid expansion to 133% of the federal poverty level (FPL)
- Subsidies via health insurance exchanges 133% - 400% FPL
- Private market reforms
- Support for the medical home





Policy and Research

Potential Impact of the Affordable Care Act on Ryan White Program

- **Compare Eligibility, Benefits and Differences**
- **Traditional Medicaid, Medicaid Expansion and Health Insurance Exchanges**
- **Identify State to State variance and potential gaps in coverage**

Ryan White HIV/AIDS Modeling Project

- **Project Service Needs of RWP clients as ACA implemented**
- **Strategies to direct available federal resources to areas of greatest unmet need**

The Future of Ryan White

- Full implementation of the ACA does not eliminate the need for the RWP
- Gaps in coverage and services remain
 - both Medicaid and private insurance
 - some groups remain uninsured
 - oral health care, medications, support services to link clients to care
- Training of providers (AETC) still needed
- Planning Strategy

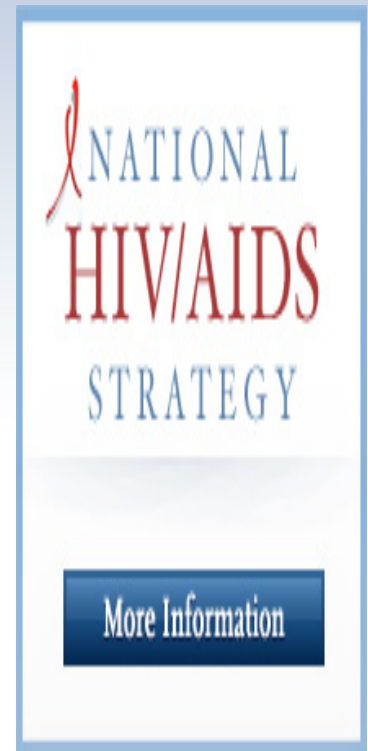
Research, Dissemination, and Translation

- **Interdisciplinary Models of HIV Care Study**

Special Programs of National Significance (SPNS) –

- **Systems Linkages and Access to Care for Populations at High Risk for HIV Infection**

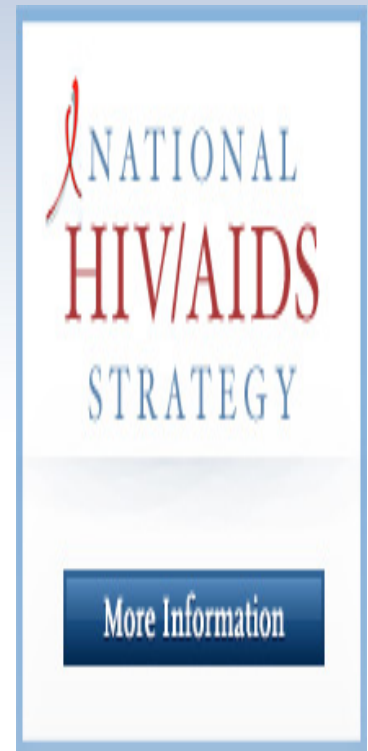
- **Enhancing Access to and Retention in Quality HIV/AIDS Care for Women of Color**



Research, Dissemination, and Translation

Minority AIDS Initiative

- **HIV Clinician Workforce Study**
- **Ask, Screen, Intervene**
- **Retention and Re-Engagement Project**



Training and Technical Assistance



Supporting HIV care through education and innovation

- [TA Topics Library](#) - care, planning, other resources
- [Calendar of TA and training events](#)
- Ryan White funded [agency contacts](#), [stories featuring tips](#) and suggestions from and for Ryan White agencies and people
- [Help Desk](#) for online and phone-based support and answers to frequently asked questions

Training and Technical Assistance

AIDS EDUCATION TRAINING CENTERS

- to improve the quality of life of patients living with HIV/AIDS through the provision of high quality professional education and training
- conduct targeted, multidisciplinary education and training programs for health care providers treating people living with HIV/AIDS

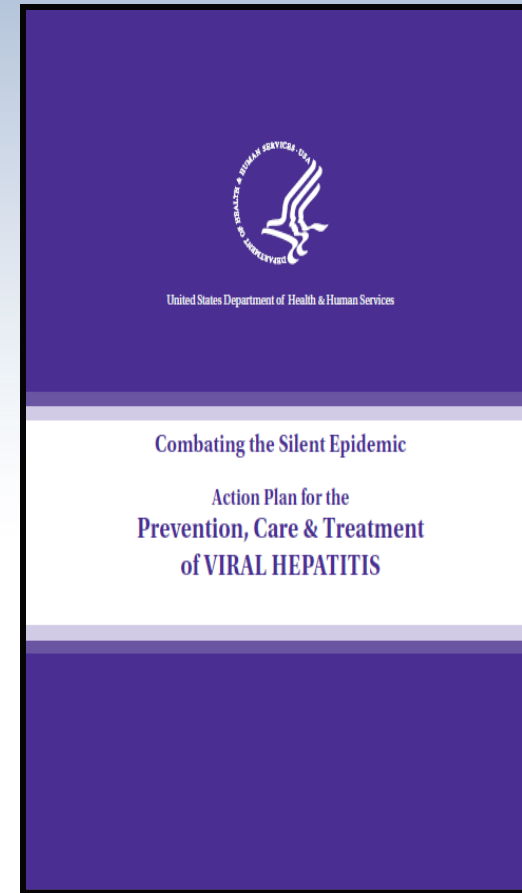


Training and Technical Assistance

- Capacity Development for HCP serving AI/AN
- US/Mexico Border Training Initiative
- Expanding HIV Training into Grad Med Education (new)
- Telehealth Training Centers (new)

National Viral Hepatitis Action Plan

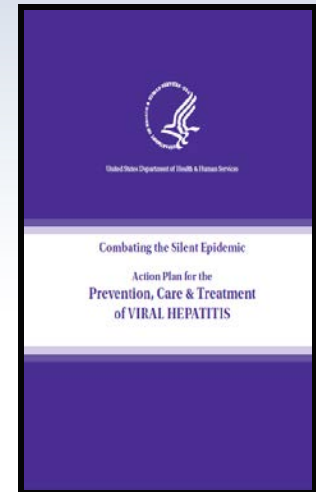
- Education
- Service Delivery
- Surveillance



National Viral Hepatitis Action Plan

Strategy 1.1.1: *Develop an educational curriculum for viral hepatitis prevention, care and treatment to be used by multiple disciplines of health professionals.*

Develop new professional education programs (e.g., telemedicine), materials, and tools addressing known gaps and needs concerning the prevention of viral hepatitis, identification of infected persons, and provision of care and treatment.



National Viral Hepatitis Action Plan

Strategy 1.1.2: *Integrate a viral hepatitis component into the curricula of all HHS health-care provider training programs*

Train all health-care providers in HHS-sponsored clinical programs (e.g., federally qualified health centers and clinics receiving funds associated with the Ryan White Comprehensive AIDS Resources Emergency [CARE] Act) to deliver viral hepatitis vaccination, early detection, testing, management of alcohol and other cofactors, and treatment.

Fully integrate the HHS viral hepatitis curriculum within HHS provider training programs and begin to evaluate this activity.

National Viral Hepatitis Action Plan

Strategy 1.2.1: *Increase the proportion of persons living with hepatitis B and hepatitis C who know that they are infected and are linked to timely care and treatment.*

Launch a national education campaign... and survey communities to assess viral hepatitis knowledge and ...measure impact of campaign messages on knowledge and health-seeking behavior.

Strategy 2.1.4: *Build the capacity of state and local health departments to prevent viral hepatitis.*

Build at least 10 Viral Hepatitis Centers of Excellence...

Strategy 2.3.1: *Improve viral hepatitis care and treatment in primary-care settings.*

Replicate and disseminate models to expand capacity for the provision of hepatitis care and treatment in primary-care settings using telemedicine, mentoring, Centers of Excellence, and other models.

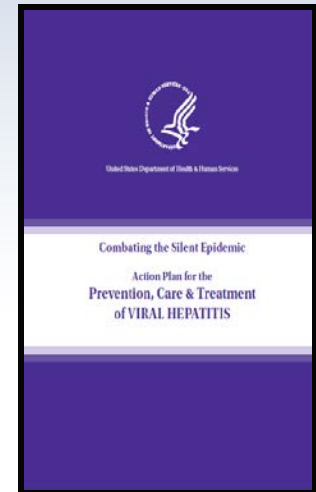
National Viral Hepatitis Action Plan

Strategy 3.1.2: *Develop state and local Viral Hepatitis Centers of Excellence charged with collecting an enhanced set of viral hepatitis surveillance data.*

Provide data to case registries supported by state and local prevention programs seeking to link infected persons with care and treatment.

Strategy 3.3.2: *Document and monitor the provision and impact of viral hepatitis care and treatment services.*

Issue periodic reports on access to viral hepatitis services by priority populations.



National Viral Hepatitis Action Plan

Strategy 5.2.2: *Coordinate federal, state, and local resources to expand and enhance IDU access to sterile syringes and hepatitis prevention interventions.*

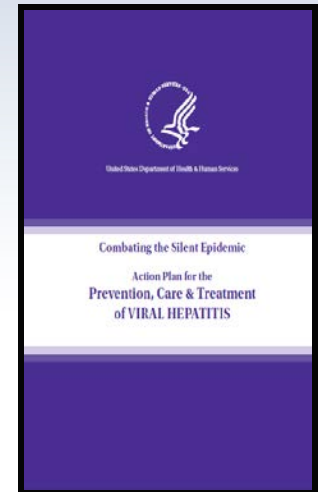
Develop policy guidance to help states and municipalities remove barriers to receipt of comprehensive syringe services.

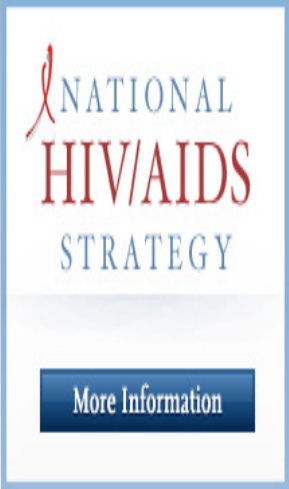
Promote partnerships with pharmacists to increase access to syringe service programs.

Strategy 5.4.2: *Promote continuity of viral hepatitis care and drug treatment for inmates who are released from incarceration and are re-entering the community.*

Identify and implement evidence-based best practices for providing hepatitis prevention services in community re-entry programs.

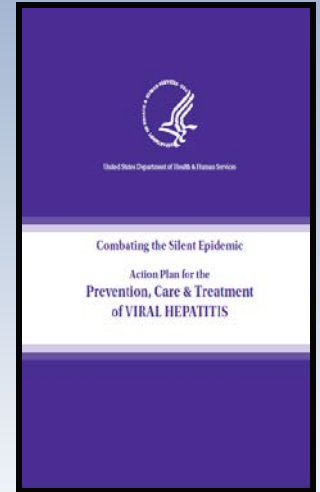
Strengthen partnerships between community-based re-entry programs and community health centers to ensure that released inmates complete therapy for viral hepatitis.





Challenges

Opportunities



Thank you!

RADM Sarah Linde-Feucht, MD

Chief Public Health Officer

301-443-2216

slinde-feucht@hrsa.gov

<http://www.hrsa.gov>