



# National HIV/AIDS Strategy Update: HHS Implementation

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U.S. Department of Health & Human Services

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## Summary and Discussion

- **Good progress** toward NHAS and HCCI goals, but a greater focus on **MSM** is needed
- **Policy environment** at the federal level **remains conducive** to an effective fight against HIV in the U.S.
- Tribal, state, and city governments **play a critical role** in achieving NHAS, ACA, HCCI goals
- Ongoing non-/federal **collaboration is imperative**

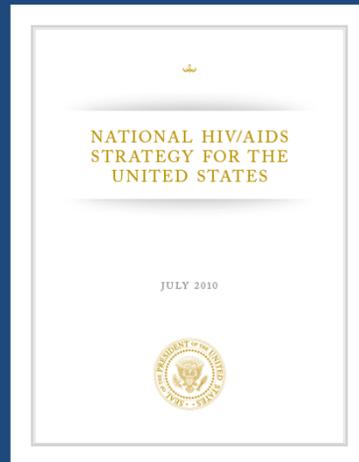


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## National HIV/AIDS Strategy (NHAS)

- **Reduce new infections** (25%), lower transmission rate (30%), and increase to 90% awareness of HIV+ serostatus
- **Improve access to and outcomes of care** by linking 80% of PLH to care w/in 3 mo of diagnosis, increase to 80% RW clients in continuous care, and increase to 86% RW clients with permanent housing
- **Reduce HIV-related health disparities** by increasing by 20% the number of MSM, Blacks, and Latinos with undetectable viral load



## NHAS Goal I: HIV Incidence *By 2015, lower the annual number of new infections by 25 percent*

- 47,500 new HIV infections occurred in 2010 compared to 48,600 in 2006
- Comparing 2008 to 2010:
  - 21% **reduction** in new HIV infections among AA females
  - 22% **reduction** in new HIV infections among M/F IDUs
  - 12% **increase** in new HIV infections among MSM; 22% among young MSM (13-24 yrs)
- Promising trends but challenges remain

*(ONAP: NHAS Progress Report, 2013)*



## NHAS Goal I: Knowledge of Serostatus

*By 2015, increase to 90% the percentage of people living with HIV who know their serostatus*

- Total number of PLH **increased 9%** from 1,045,800 in 2006 to 1,144,500 in 2010
- At the same time, number of people with undiagnosed HIV infection **decreased 9%** (from 199,748 in 2006 to 180,900 in 2010)
- In 2010, **84.2%** of PLH knew their serostatus, up from 80.9%
- In 2010, serostatus awareness was **90% or higher** among persons 45 yrs or older and among male and female IDUs

*(ONAP: NHAS Progress Report, 2013)*

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## High Impact Prevention

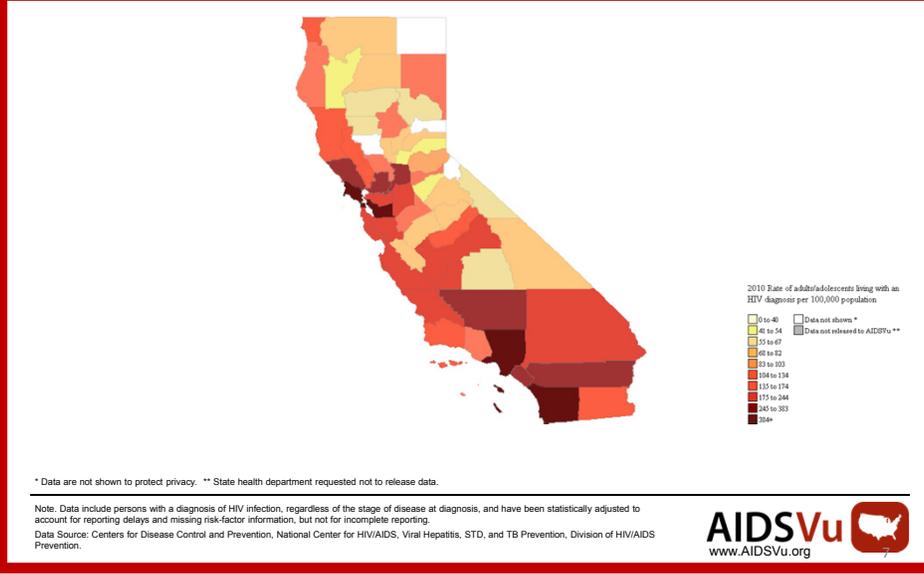
Targeting the most cost effective and scalable interventions and aligning them **geographically** and **demographically** with the burden of HIV.

*U.S. Centers for Disease Control and Prevention (CDC)*



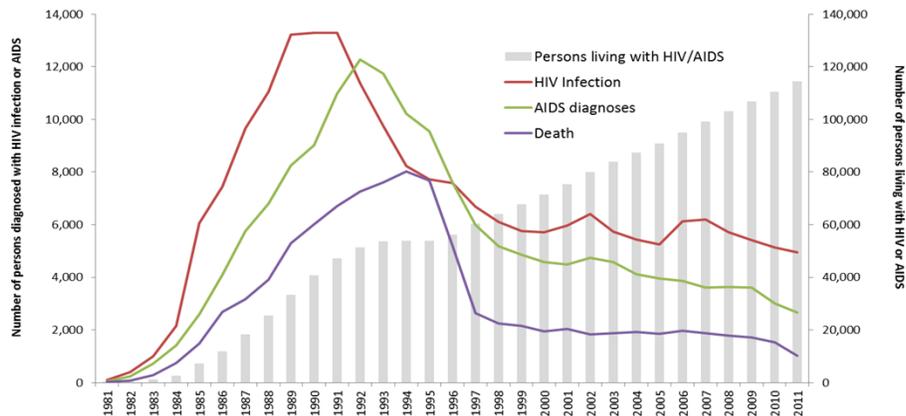
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## Rates of Persons Living with an HIV Diagnosis, by County, California, 2010

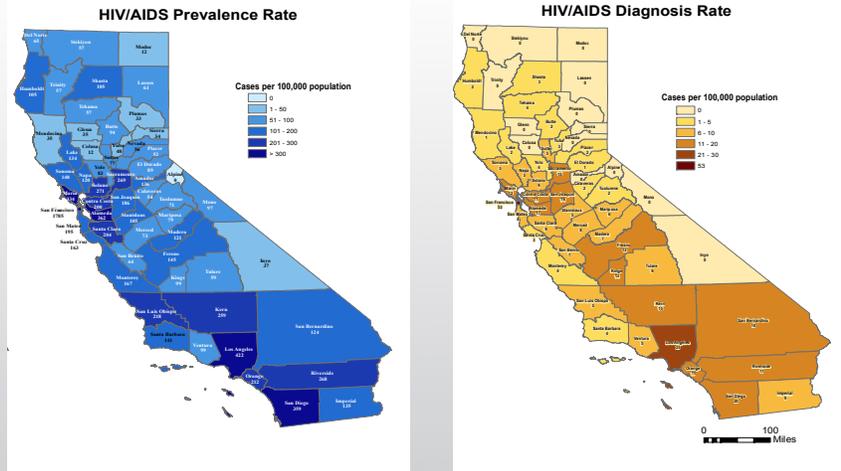


## The Big Picture

HIV infection, AIDS diagnoses, deaths and persons living with HIV or AIDS in California, 1981-2011



# 2010



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## NHAS Goal II: Timely Linkage to Medical Care

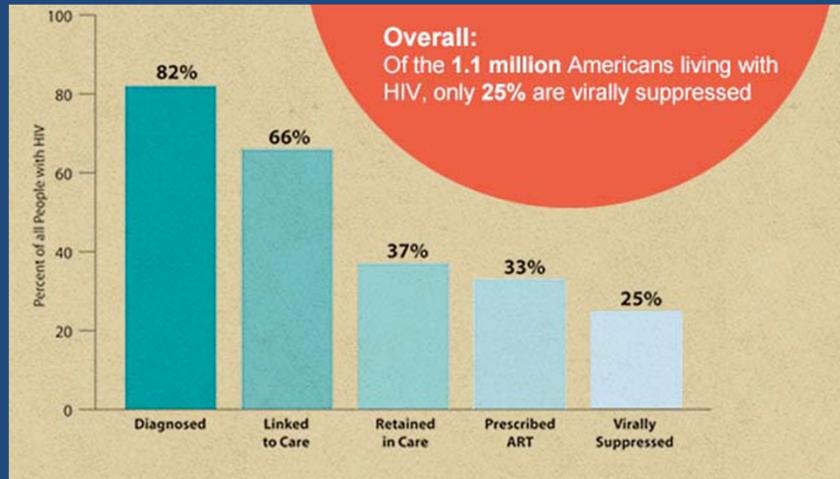
*By 2015, increase to 85% the proportion of newly diagnosed patients linked to clinical care w/in 3 mos. of their HIV diagnosis*

- Linkage to care rate: 79.8% in 2011
- Lower linkage rates for Blacks and young persons (13-24 yrs)
- Complete reporting of lab data is needed in more areas to provide better national estimates (19 reporting sites in 2011)

(ONAP: NHAS Progress Report, 2013)

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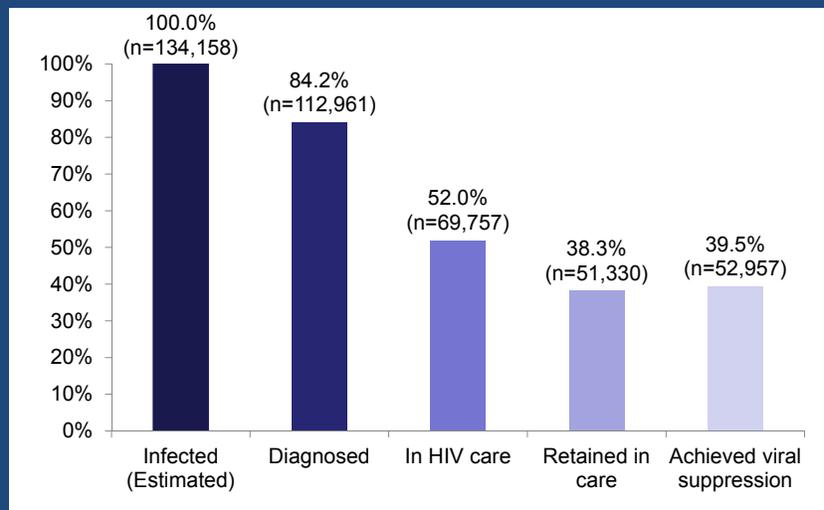
## Continuum of HIV Care -- US, 2009



Source: AIDS.gov; CDC, "HIV in the U.S.: The Stages of Care," July 2012

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## Continuum of HIV Care – CA, 2010



Source: CDPH (2013) Continuum of HIV Care, 2010

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## HIV Epidemic in California

- 168,602 cumulative HIV cases as of December 31, 2013
- ~50k cumulative HIV cases since 2006, since names-based reporting
- <6k new HIV infections per year
- Compared to other racial/ethnic groups, African-Americans and young Californians living with HIV are least likely to be retained in care or have achieved viral suppression; retention in care and viral suppression improve with age
- Males and females living with HIV are equally likely to be retained in care, but women are less likely to be virally suppressed
- Overall, Californians living with HIV have lower linkage to care, but higher viral suppression, than the national average.

(CA DPH, Dec. 2013)

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## Linkage and Retention in HIV Care is Generally Worse among:

- Younger persons
- Substance Users
- Females
- Homeless
- R/E minorities
- Uninsured
- Mentally Ill

(See: "The State of Engagement in HIV Care in the U.S.: From Cascade to Continuum to Control"  
Mugavero et al. Clin Infect Dis 2013; 57(8): 1164-1171)

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## NHAS Goal III: Reduce Disparities

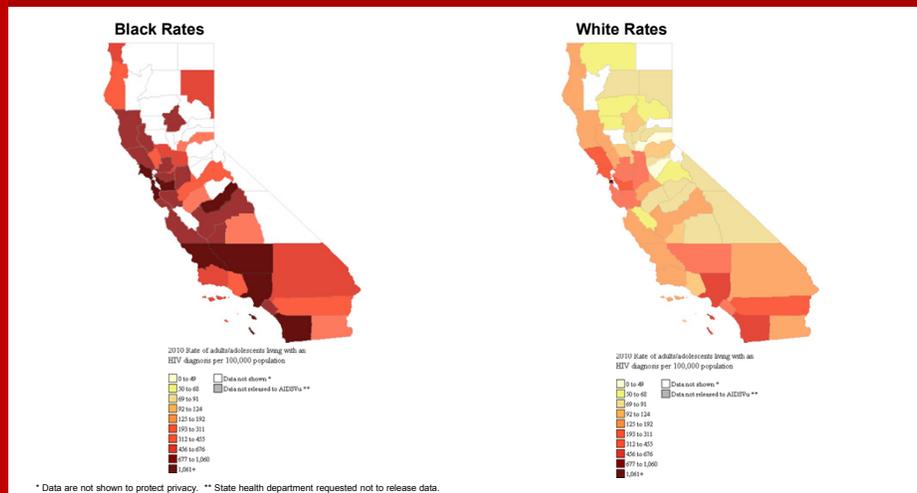
*By 2015, Increase by 20% undetectable viral load among MSM, Blacks, and Latinos*

Increase VLS among:	Current	2015 Goal
MSM	41.7%	48.8%
Blacks	34.9%	39.2%
Latinos	37.2%	43.9%

- CAPUS: 3-yr cross agency demo (FY '12-'14) to **increase HIV continuum outcomes among R/EM** by addressing social and structural factors.
- New CDC/HRSA demo to **build HIV care capacity** and improve HIV continuum outcomes for racial/ethnic minorities attending federally-funded **community health clinics**.
- Identify **promising practices** in addressing the prevention and treatment needs of **Black MSM, including young men**.

(ONAP: NHAS Progress Report, 2013) 15

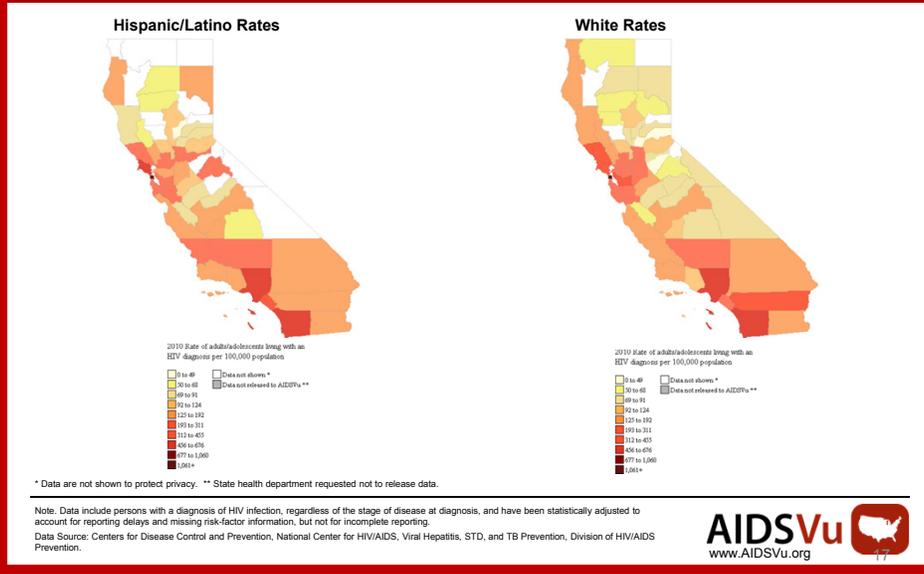
### Rates of Black & White Persons Living with an HIV Diagnosis, by County, California, 2010



Note: Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.  
 Data Source: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention.



## Rates of Hispanic/Latino & White Persons Living with an HIV Diagnosis, by County, California, 2010



## Interventions for Improving HIV Care Engagement

- **Linkage Case Mgmt** (intense, time-limited interaction)
- **Medical Case Mgmt** (longitudinal relationship to address unmet needs)
- **Intensive Outreach** (time and resource intensive, requires multiple follow-ups)
- **Peer or Para-professional Patient Navigation** (shares features with health educators and case managers but no formal training in social work or home agency)
- **Clinic-wide Messaging** (posters, brochures, brief messaging—low cost with modest improvements)

Source: Mugavero et al. *Clin Infect Dis* 2013 57(8): 1164-1171



## NHAS Goal IV: *Achieve a More Coordinated National Response to the HIV Epidemic in the US*

- Ensure coordinated program administration
- Promote equitable resource allocation
- Streamline and standardize data collection



## Common Core Indicators for HHS-funded HIV Programs & Services

Measure	Numerator	Denominator
<b>HIV positivity</b>	Number of HIV positive tests in the 12-month measurement period	Number of HIV tests conducted in the 12-month measurement period
<b>Late HIV diagnosis</b>	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
<b>Linkage to HIV Medical Care</b>	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis	Number of persons with an HIV diagnosis in 12-month measurement period
<b>Retention in HIV Medical Care</b>	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24-month measurement period
<b>Antiretroviral Therapy (ART) Among Persons in HIV Medical Care</b>	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
<b>Viral Load Suppression Among Persons in HIV Medical Care</b>	Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
<b>Housing Status</b>	Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months



## NHAS Goal IV: Coordination Progress

- HHS OS released **approved package of seven common core** indicators to monitor HIV prevention, treatment, care programs (JUL 2012)
- HHS OS **approved implementation plans** for streamlining and reducing reporting burden across HHS (JUL 2013)
- Key HHS agencies are collaborating to include several core indicators into **CMS Meaningful Use 3**, which permits incentive payments for meeting specific criteria
- Ongoing work to **increase data sharing, further streamline and harmonize**, integrate planning processes and requirements, and deploy common HHS measures for gender identity and sexual orientation



“It is the policy of my Administration that agencies implementing the [National HIV/AIDS Strategy] prioritize addressing the continuum of HIV care, including by accelerating efforts to increase HIV testing, services, and treatment along the continuum.”

President Barack Obama  
Executive Order #  
July 15, 2013



## HIV Care Continuum Initiative

- Launched on 3<sup>rd</sup> Anniversary of NHAS (July 2013)
- Incorporates advances in our knowledge about preventing and treating HIV infection
- Focuses next steps of implementing the NHAS on the HIV Care Continuum
- Executive Order directing Federal departments to accelerate efforts to **increase access to quality HIV testing, care, and treatment** and **improve outcomes** at each step in the HIV care continuum.
- Established cross-departmental HIV Care Continuum Working Group (HHS, DOJ, DOL, HUD, and VA) to develop and deliver recommended action steps work to **align and coordinate Federal efforts**, both within and across agencies, to maximize outcomes along the care continuum



## Recommendations of the HIV Care Continuum Working Group

1. Support, implement and assess **innovative models** to more effectively **deliver care** along the care continuum
2. **Tackle misconceptions, stigma and discrimination** to break down barriers to care
3. **Strengthen data collection**, coordination and use of data to improve health outcomes and monitor use of federal resources
4. Prioritize and **promote research** to fill gaps in the knowledge along the HIV care continuum
5. **Provide information, resources, and T/A** to strengthen the delivery of services along the care continuum, particularly at the state and local levels



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- **Policy environment** at the federal level **remains conducive** to an effective fight against HIV in the U.S.
- Tribal, state, and city governments **play a critical role** in achieving NHAS, ACA, HCCI goals
- Ongoing non-/federal **collaboration is imperative**



## National HIV/AIDS Strategy Vision

*“The United States will become a place where new infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life extending care, free from stigma and discrimination.”*



Follow key updates on NHAS Implementation:

**AIDS.gov**

Questions or comments to:

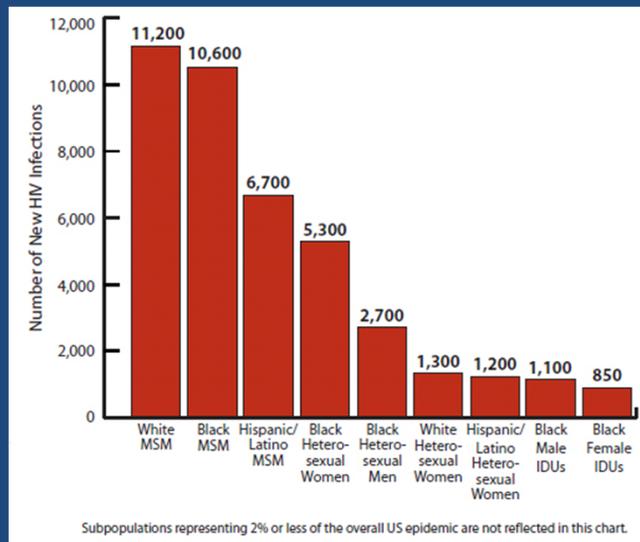
**Andrew.Forsyth@hhs.gov**



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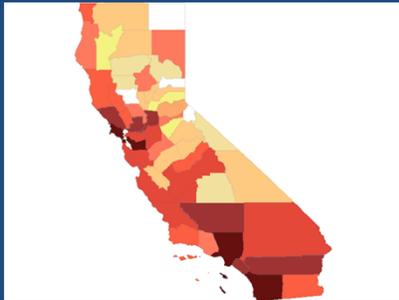
### Estimated New HIV Infections in the U.S, 2010, for the Most Affected Subpopulations



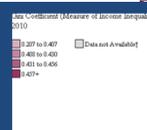
CDC, HIV in the United States, At a Glance 28

## Rates of Persons Living with an HIV Diagnosis & Income Inequality (Gini Coefficient), by County, California, 2010

Persons Living with an HIV Diagnosis



Income Inequality



\* Data are not shown to protect privacy. \*\* State health department requested not to release data. † Data not available because the data source does not publish these data for this jurisdiction.

Notes: Data include persons with a diagnosis of HIV infection, regardless of the stage of disease at diagnosis, and have been statistically adjusted to account for reporting delays and missing risk-factor information, but not for incomplete reporting.

Data Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention; U.S. Census Bureau, American Community Survey 5-Year Estimates, 2006-2010.

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## Core HIV Prevention Activities for State/Local Health Departments

- **HIV Testing**
  - Includes routine screening in HC settings (13-64 yrs) & screening for all pregnant women
- **Comprehensive prevention with HIV-positive individuals**
  - Includes interventions to improve linkage to & retention in care, referral to substance abuse & other needed services, PMTCT & risk reduction interventions
- **Condom Distribution**
  - Promote correct and consistent use among PLWHA and those at high risk
- **Policy Initiatives**
  - Align structures, policies and regulations to optimize HIV prevention & care and facilitate sharing/use of data for decision making

(CDC)

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## Affordable Care Act & Persons Living with HIV Infection: *Key Provisions*

- Ensures coverage for people with **pre-existing conditions**
- Expands **Medicaid** coverage
- Provides more **affordable** private health coverage
- Lowers prescription **drug costs** for Medicare recipients
- Ensures coverage for **preventive services**, including HIV testing
- Increases **coordinated care** for people with chronic health conditions
- Ensures coverage of **essential health benefits**



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Figure 32

## Affordable Care ACT & Persons Living with HIV Infection: *Potential Impacts*

- Early treatment led to **life expectancy gains** valued at **\$80B** for PLH and **averted 13.5k** new infections, 1996-2009
- Most uninsured, low-income PLH **live in states not expanding** Medicaid
- Ryan White will **remain critical**, even with ACA implementation
- An estimated **500k additional persons tested** for HIV is possible by 2017
- Resource allocation models can **optimize state/local responses** to HIV

Source: *Health Affairs*, March 2014



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## Integrating Routine HIV Testing and Linkage to HIV Care in Title X Family Planning Service Sites

- \$8.1 M awarded to 18 grantees, September 2013
- Part A Projects: opt-out HIV testing & linkage to care (60 projects)
- Part B Projects: HIV testing & direct linkage to HIV care (11 projects)
  - Ryan White funded HIV sites co-located with a Title X site or have an established referral relationship with Title X site

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## HHS Directive to OpDivs and Staff Offices (April 11, 2012)

1. Within 90 days, work with OASH to **finalize** a set of common, core HIV/AIDS indicators.
2. In the subsequent 90 days, **finalize** plans with OASH to implement core indicators, streamline data collection, and reduce reporting burden by at least 20 – 25% for HHS HIV/AIDS grantees.
3. Fully **deploy** this operational plan by the beginning of FY2014.



## HIV Care Continuum Initiative: Working Group Objectives

- **Review USG efforts** to improve testing, care, and treatment outcomes and determine if the HIV care continuum is appropriately addressed
- **Obtain input** from grantees, affected communities, and other stakeholders on ways to improve HIV care continuum outcomes
- **Review research** on improving HIV care continuum outcomes
- **Identify impediments** to improving continuum outcomes, particularly for those at greatest risk for HIV infection,
- **Identify opportunities** for surmount these barriers
- Recommend strategies to **integrate HIV care continuum** with other evidence-based responses to the epidemic
- **Improve alignment and coordination** of federal efforts, within and between departments, to improve continuum outcomes

