Ending the HIV Epidemic:
Exploring the HCH Role
Presenters

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Ending the HIV Epidemic – Exploring the Health Care for the Homeless Clinics’ Role

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HRSA’s Ryan White HIV/AIDS Program (RWHAP)

• $2.3 billion annual federal investment to provide HIV care and treatment for low income people

• Funds grants to states, cities/counties, and local community based organizations

• Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
FY 2020 Ryan White HIV/AIDS Program Budget Request

Part A, $656
Part B, $1,315
ADAP, $900
Part C, $201
Part D, $75
Dental, $13
AETC, $34
SPNS, $25
Ending HIV Epidemic, $70

Dollars in millions

HRSA Ryan White HIV/AIDS Program System of Care

• Public health approach with integrated medical care and support services
  • Recipients determine service delivery and funding priorities based on local needs and planning process
  • People with HIV are integral to the planning process
  • Quality management is required

• Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
Viral Suppression among HRSA RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

* Puerto Rico and the U.S. Virgin Islands.

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2017—United States and 3 Territories

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

- **Stable**: N=310,180, 87.2%.
- **Temporary**: N=25,292, 79.0%.
- **Unstable**: N=14,911, 71.2%.

*N* represents the total number of clients in the specific population.

*Guam, Puerto Rico, and the U.S. Virgin Islands.*

Viral Suppression among Clients Served by the Ryan White HIV/AIDS Program, by Housing Status, 2010 and 2017—United States and 3 Territories

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Four Pillars of Ending the HIV Epidemic Initiative

Diagnose
All people living with HIV (PLWH) as early as possible after transmission

Treat
HIV rapidly and effectively to achieve sustained viral suppression

Prevent
HIV transmission among people at highest risk with PrEP and prevention education

Respond
Rapidly to detect and respond to HIV clusters and prevent new HIV infections
Pillar Two: HIV Care and Treatment

• People with HIV who take medication daily as prescribed and get and keep an undetectable viral load have effectively no risk of sexually transmitting the virus to their HIV negative partner.

• If HRSA’s Ryan White HIV/AIDS Program receives funding and the flexibility to direct the funding to the identified jurisdictions for the initiative, HRSA will focus on linking people with HIV who are either newly diagnosed, or diagnosed but not in care, to essential HIV care and treatment and to support services so they reach an undetectable viral load.

• To do this, HRSA will:
  - Increase capacity by funding RWHAP Parts A and B in the identified jurisdictions
  - Encourage initiation of rapid HIV care and treatment to achieve viral suppression and stop transmission
  - Provide technical assistance to the identified jurisdictions
Ending the HIV Epidemic – Overlap of RWHAP Parts A and B and Identified Counties & States

Pillar Three: Prevent

• Many health centers provide HIV prevention services, including Pre-exposure Prophylaxis (PrEP) for people at high risk for acquiring HIV.
  o 1.2 million Americans are at high risk for HIV infection and would benefit from PrEP; however, in 2016, fewer than 10% used PrEP.

• Increase access to HIV Prevention interventions including:
  o PrEP and Post Exposure Prophylaxis (PEP)
  o Syringe Service Programs (SSPs)
  o HIV prevention education
Pillar Three: Prevent (cont.)

• HRSA will focus on key geographic areas and expand access to PrEP for health center patients who are at highest risk of acquiring HIV. This will include:
  o Receiving referrals from community-based programs
  o Providing PrEP for those who are at high risk with a focus on the uninsured

• HRSA-funded health centers will focus on:
  o Expanding outreach, testing, care coordination, and access to PrEP to those populations at the greatest risk of acquiring HIV infection in selected Health Centers in the focus jurisdictions

• HRSA RWHAP will focus on:
  o Supporting workforce capacity training and clinical consultation for providers
RWHAP: Meeting the Challenges Ahead

• Improve viral suppression and decrease disparities among patients who are in care

• Enhance linkage to and engagement in HIV care of the newly diagnosed

• Expand re-engagement and retention for those diagnosed but out of HIV care
Thank You!

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Introduction

Case Management & Team Based Care

Celeste Roell, LCSW
Discussion Questions

1. What are the challenges you have faced in your community to addressing HIV prevention/treatment?

2. How have you worked to overcome these challenges? Has anyone had similar experience?

3. What do you view as the role of HCHs in addressing the HIV epidemic?

4. Are there subpopulations in your community that you are reaching out to?