PAN 2015 Fall Conference

STOP HIV & From Hope to Health Panel
Wednesday, September 23, 2015

Health Authorities and BC Centre for Excellence
Program Summary Documents

CONTENTS:

Fraser Heath STOP Team Priorities for 2015/2016 – Summary

1. Prevention, Harm Reduction, and Early Diagnosis
   - Continue to collaborate with municipalities to assess individual community readiness, identify and recommend strategies to address community safety and municipal concerns, facilitate community dialogue, and enhance harm reduction, prevention and outreach services as appropriate
   - Through ongoing work with the community organizations and our contract work, peer based program and peer support component will be added to the harm reduction services as well as peer program monitoring and evaluation.
   - Continue to work with professional practice groups and physician leaders in Fraser Health regarding Take Home Naloxone (THN) program and harm reduction initiatives across the region. Currently the THN program has been expanded to total of 16 participating sites in Fraser Health, including Daytox and Detox services

2. Testing and Linking to Care
   - For the rest of the fiscal, the focus will still be testing in diverse settings to meet FH population and demographic needs, particularly, for testing for high risk population
   - With strengthened linkage to primary care, Aboriginal health and First Nation Health Authority, new POC testing sites will be implemented; and pharmacist POC testing and GetCheckedOn testing are at planning stage.
   - Identify core groups for integrated testing with other STBBIs via the CIHR PHSI grant with BCCDC on syndemics (next 3 years)
   - Promotion of online testing platform, and exploring further expansion of services beyond current BCCDC pilot sites.
   - Approximately two weeks of Cineplex timeplay campaign in the fall again.

3. Retention in Care/Lab monitoring, Suppressed Viral Load
   - Participate in the RETAIN project to establish protocols for client follow-up, transition and reporting
   - Development and implementation of Case Management model are underway.
   - Enhance collaboration with Primary Care Positive Health Services (PHS) to link HIV patients to treatment and care for ongoing public health support with hard to reach patients, and patients who lost to follow up.
   - Finalize contract revision with a focus on enhancing community organizations' services and capacity

4. Continuous Capacity Building and Quality Improvement
   - With the first cohort of two FH GPs/ NPs in BCCfE HIV completing their preceptorship training, we will work with the trainees to complete an evaluation.
   - Ongoing HIV, HepC and STI education and support for the divisions of family practice, rounds at hospitals, and clinical update for physician groups
   - Social marketing and promotion effort will focus on enhancing FH STOP profile via social media, promotional events, health fairs, and external website design.
   - Education and support for community providers and organizations, particularly around community case management models
   - STOP team nurses training on management of hard to engage clients with mental health, violence etc.

STOP HIV/AIDs Infrastructure Development

In 2013, Interior Health (IH) had limited HIV care provider capacity. Expansion of this capacity was deemed a priority area to support STOP HIV/AIDS and Hope to Health in IH. The following groups have been implemented:

Health Outreach Nurse Team

A team of health outreach nurses with advanced HIV training who are based throughout the IH region. These nurses provide: care and treatment for newly diagnosed and existing HIV positive clients, community engagement, HIV testing, and education related to HIV testing and treatment.

Medical Team

A group of HIV advanced trained physicians (specialists and GPs) and NPs located across the IH region and who provide clinical expertise to the STOP HIV program and direct care to patients living with HIV. (Meet monthly)

Clinical HUBs

A clinical team in each of 6 HUB communities across IH whose role is to together meet the STOP HIV and Hope to Health targets in their own region, taking into consideration specific needs and expectations of the area.

Overarching Activities

Stigma Reduction Activities

- Engagement work with IH staff and primary care providers (via presentations etc.) focusing on how HIV has changed, and how health care providers can actively work to reduce stigma around the condition
- My Health Is Sexy Campaign – a basic principle in the planning of the campaign was stigma reduction
- Based on information received from one focus group and 5 key informant interviews, co-developing a research project with UBC-Continuing Professional Development (UBC-CPD) to study the impact of HIV testing education on primary care providers related to HIV stigma

General Engagement

- Development of a Peer Advisory Committee, comprised of people living with HIV, that meets monthly and helps to inform planning within the STOP HIV program
- Together with PAN, offering the PLDI Leadership Training in IH for Peers primarily living in IH region
- Have connected with community organizations and health care partners in all communities across IH
- Outreach to locations such as shelters, food banks, detox & treatment facilities, transition houses
- Involvement of IH communications to share information about the work being done by the STOP HIV program via IH specific communications and external news media locations
- Development and distribution of resources on various STOP HIV related topics
- Social media engagement with a focus on actively reaching a wide population
- Development of a comprehensive IH specific resource map located on the www.myhealthissexy.com website

Engagement with First Nations Partners

- Inclusion of Aboriginal people's interests and engagement in STOP HIV program development and implementation; aim to use the best engagement strategies and processes for this a targeted population

Prepared By:
Maja Karlsson, Program Implementation Coordinator, STOP HIV

- Activities: orientation and introduction of Health Outreach Nurses (HONs) to their geographically aligned Aboriginal agencies and support/guidance to the HONs on engagement processes with respective agencies and services providers

Media and Marketing Campaign – My Health Is Sexy (www.myhealthissexy.com) – launched Dec 1, 2014

- Development and implementation of an HIV awareness, testing and treatment campaign targeting specific populations in IH, delivered within an urban and rural context
- Engage people living with HIV/AIDS (PLWHA), community agencies, and other identified groups to provide input into the development and implementation of the campaign
- Partnered with First Nations Health Authority to co-brand and launch the Aboriginal components of the *My Health Is Sexy* campaign (July 2015)

Testing

- ~90 mass screening events per year across the IH region
- Expansion of HIV Point of Care test access and tests completed through HON outreach (as required)
- Participation in the *Anonymous Testing Pilot Program*
- *Get Checked Online Pilot Program* Expansion coming to 2 communities in IH in late Fall 2015
- Received support by IH senior medical and administrative leadership to proceed routine HIV testing initiatives in various care settings
- Acute Care Testing in Emergency Department Roll-Out across all 33 EDs in the region; development of an Acute Care Testing report to support providers in increasing their testing rates
- Development of HIV testing in Primary Care Education in conjunction with UBC-Continuing Professional Development – 8 in person sessions to run between September and December 2015
- IH has now met most Hope to Health testing goals
- 2014 was the first year where >50% of new HIV diagnoses occurred early in the course of their infection

Engagement

- Health Outreach Nurses provide the following engagement services:
  - Case management services for hard to engage clients and clients newly diagnosed with HIV
  - Link patients and medical care providers as required (e.g. pt and ID specialists in another part of IH)
  - Enhanced contact tracing process developed with 100% of clients agreeing to participate
- Strong partnerships with Community Agencies who assist us to engage people into appropriate care
- Participation in the RETAIN project and the INCENTIVE project

Treatment

- The advanced HIV trained health outreach nurses and medical team provide necessary treatment to PLWHA in their practices
- Case management is provided as required based on the need of person living with HIV
- New Infectious Disease specialist managed HIV clinic opened in Kamloops in Fall 2014 and is now running 1 day per week with support of Infectious Disease pharmacists

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STOP HIV/AIDS Implementation Snapshot 2015-16
PAN Conference 2015

The Island Health STOP HIV/AIDS Program is based on a collaborative implementation approach between internal programs, our contracted community agencies and other external partners. The activities listed below are in addition to the services delivered by our partners – notably the work of our contracted community agencies, which is integral to our HIV response.

1. Prevention & Harm Reduction

Implementation of MSM Services Review Recommendations: Development of an implementation plan for the recommendations put forward by the MSM Services Review conducted in 2014-15. These recommendations include specific activities and best practices for engaging gay and MSM in HIV prevention, testing and treatment and care on Vancouver Island.

Environmental Scan of Testing and Harm Reduction Services: Undertake an environmental scan of testing and harm reduction services in First Nations communities within Island Health. This is an opportunity to discuss current strengths and gaps in service, as well as to build and strengthen partnerships with both leaders and decision-makers in these communities.

HIV Community Grants Program: Delivery of annual Community HIV Grants Program, with a focus this year on four streams: Aboriginal, LGBTQ, women and youth. Community groups and organizations can apply to receive a grant to fund grassroots HIV prevention, testing and care initiatives that are directly responsive to the needs of their communities.

MSM Health in Family Practice: In partnership with UBC CPD, Island Health will offer an educational opportunity to family practice physicians to develop their knowledge and skills in providing care to MSM. It is anticipated that addressing this need will support prevention of HIV transmission, in addition to enhancing the overall care of MSM in family practice.
**Recommendation from the MSM Services Review Report*

2. HIV Testing

Acute Care Testing Implementation: In 2014-15, two initial sites for acute care testing were identified, Nanaimo Regional General Hospital and West Coast General Hospital in Port Alberni. Routine HIV testing for all admitted patients at these, as well as Campbell River Hospital (which

was recently identified as a third site), will commence in late 2015-16. Onboarding of remaining sites to be included in 2016-17 annual planning.

Expansion of GetCheckedOnline: Partner with the BCCDC to pilot the expansion of GCO services to three communities in Island Health: Cowichan Valley, Westshore, and Victoria. These communities were chosen because of their higher sexually transmitted and blood borne infection rates and identified gaps in access to testing.

Expand HIV POC Testing: Continued delivery of the Provincial POC testing program and expansion to include non-regulated health care providers via our contracted community agency NARSF's health outreach staff in Central Island.

3. HIV Treatment & Care

HIV Treatment and Management: Continued funding for family physicians to attend the BC-CfE HIV Preceptorship Program in order to improve the care and management of people living with HIV within primary care. Continued funding to case management and care coordination services through some contracted community agencies, as well as to Island Health HIV treatment and care programs in Central and North Island.

RETAIN Project: Participation in the RETAIN Project, an initiative through the BC-CfE, focused on engagement or re-engagement of HIV positive individuals who are not currently adherent to ART.

Peer Navigation Program: Through our contracted community agency VPWAS, implement a Peer Navigation Program (using the Positive Living BC model) to support people living with HIV to access healthcare and improve their ability to manage their own health and care.

Summary of Northern Health HIV Testing Strategies

Prepared by Lesley Cerny, Interim Regional Manager, HIV and HCV Care, Northern Health

This summary of HIV testing in Northern Health (NH) draws upon: our HIV Testing Implementation Strategy, submitted to the Collaborative Implementation Committee in June; our STOP progress report, released in July (Northern Health, 2015); and our Ministry of Health STOP Update, submitted in August.

Context

Efforts to advance HIV testing and care in the North face many challenges. One challenge is the great distances between communities. From the regional 'hub-city' of Prince George, it is a nine hour drive west to the coastal town of Prince Rupert, a three to five hour drive east to the Alberta border and an 11 hour drive north to the Yukon. The Northern climate makes these distances even more of a challenge. For six months of the year travel is hampered by ice, snow and, in some areas, the risk of avalanche. Difficulties achieving stable staffing of health services in many communities compounds the challenges associated with promoting HIV testing and care**.**

The social realities of Northern communities are both challenges and resources. Prevention of HIV and the promotion of testing and healthy living with HIV are highly social endeavours. People living with HIV who have experienced discrimination and ostracism from their communities, and health care providers who view HIV as irrelevant to their practice are testaments to the social complexities entailed with this work. Yet, the social dimensions of Northern communities are also *assets*. For example, the small number of HIV-related providers in the north allows for frequent interactions and awareness of HIV-related services across programs, agencies, and communities. Frequent encounters with clients outside of work can enhance providers' understanding of clients' lives. I believe that the increased social proximity in Northern communities allows providers to more directly determine what 'does' and 'doesn't work': a point supported by providers who are calling for approaches to HIV testing that pursue institutional and community-change in tandem. How their insights will inform our work remains to be seen, but underscores the need to more effectively integrate local knowledge and social dynamics into our strategies. The challenge, in this respect, is also the opportunity: in short, to harness and direct more of our collective social resources toward the ends of HIV prevention, testing and well-being.

Epidemiology

The HIV/AIDS epidemic has evolved differently in Northern BC than it has in the province overall (BCCfE, 2015). For example, the main source of new HIV infections in BC (57.74%) is in men who have sex with men (MSM). In the North, transmission associated with MSM covers only 13.16% of newly diagnosed infections. Heterosexual transmission is 39.47% in Northern BC compared to 25.63% provincially. Another noteworthy trend is that injection drug use is one of the primary routes of HIV transmission in the North and accounts for 36.84% of cases of HIV, compared to only 11.63% of cases in the province.

Outcomes to date

One benefit of the routine offer of HIV testing lies in earlier diagnosis. In 2010, approximately 40% of all new cases in the North were diagnosed at stage 3 (i.e., advanced HIV infection; BCCfE, 2015). By 2014, just over 20% of new cases were diagnosed at a stage 3 (BCCfE, 2015). This means that in 2014 most people were diagnosed at earlier stages of HIV infection and indicates improvement in testing practices. The intervening years, 2012 and 2013, show that the corresponding trend toward early

diagnosis and testing practices is not linear, indicating the need for sustained work to improve HIV testing across the North.

Rates of HIV testing for NH have increased by 39.10% from 2009 to 2014 (from 3594.70 per 100,000 in 2009 to 5001.10 per 100,000 at the end of 2014; BCCfE, 2015). While there has been an overall improvement, variations in HIV testing rates across the North are closely linked to reported rates of HIV. The highest rates of testing are in the Northern Interior which corresponds with having the highest reported rate of HIV diagnosis (BCCfE, 2015). Conversely, the lowest rates of HIV testing are in the North East which corresponds with having the lowest reported rate of HIV (BCCfE, 2015).

From 2013 to 2014, a total of 17 communities in Northern Health reported at least a 10% increase in the number of HIV tests conducted from all health facilities (Unpublished data, Northern Health, 2015). In Spring 2014, acute care facilities in Fort St. James, Fraser Lake and Vanderhoof introduced the routine offer of HIV testing. Following a review of pertinent socio-demographic and HIV data in all communities earlier this year, regional efforts to promote HIV testing in general health settings began concentrating on selected acute and primary care settings. This includes ongoing work in Northern Interior communities of Prince George, Vanderhoof and Fort St. James, as well as expanding efforts to acute and primary care settings in the Northwest (Prince Rupert and Terrace) and in the Northeast (Fort St. John and Dawson Creek).

The Division of Family Practice in Prince George has provided leadership in HIV testing by encouraging physicians to include the routine offer of an HIV test with sexually transmitted infection (STI) and Blood Bourne Pathogens (BBP) care. Analysis of data collected from MOIS (the electronic medical record system used by primary care) found that on average, 40% of Prince George patients who have had STI or BBP testing also have had an HIV test. This finding is up from the baseline rate of 19% derived from a sample of six practices in 2010 as part of Dr. Erin Carlson's Family Practice Residency project. The 2014/15 data also shows that the rate of HIV testing in association with STI or BBP ranged from 0 to 75% across practices.

The routine offer of HIV testing in high prevalence settings is concentrated in Prince George at the regional detox facility and community needle-exchange. Targeted testing occurs through Central Interior Native Health in Prince George, public health sexual health clinics across the region and health services in several First Nations community. HIV Point of Care (POC) is an important adjunct to HIV testing in all high prevalence settings and in several sites that offer targeted testing. POC testing in the North increased each year from 2011 to 2013 (174, 282 and 521 tests per year, respectively) and slightly decreased in 2014 (470 tests; BCCfE, 2015). These numbers show that POC testing in the North has more than doubled since 2011. NH currently supports eight active POC testing sites with plans underway to increase the number of sites over the next year to improve access to HIV testing across the North.

References

British Columbia Centre for Excellence in HIV/AIDS [BCCfE]. (2015). *HIV monitoring quarterly report: British Columbia first quarter 2015.* Retrieved from http://www.cfenet.ubc.ca/

Northern Health (2015). *Seek and Treat for Optimal Prevention (STOP) of HIV: Progress report*. Retrieved https://hiv101.ca/

Vancouver Regional Hope to Health Program – 14/15 Year in Summary

(Vancouver Coastal Health and Providence Health Care Partnership)

Report for the Pacific AIDS Network (PAN) Fall Conference – September 23, 2015

1.	**Prevention**
•	**Health Promotion Case Management Program** (HPCM) implemented, with lead agency AIDS Vancouver, in partnership with SOS, NCCABC, DAMS and Youthco. Program evaluation underway
•	**MSM CME** course in development, in partnership with UBC CPD. The course aims to improve the health system for gay and bisexual men by providing family physicians with tools and strategies that support accessible, comprehensive care. Webinars and workshops scheduled for Fall/Winter 2015.
•	Increased the number of sites conducting **harm reduction surveys**. Results have helped to improve access by indicating ideal site locations and hours.
•	With clinical and community partners, developed clinical pathway for **PREP**
•	Development of regional prevention education curriculum (incl. School-based programs in partnership with BLUSH)
•	Implemented an NP position providing increased access to primary care for HIV- gay men
2.	**HIV Testing**
•	**Acute care testing** - Continue to support acute care and community testing sites with continued engagement, change management and up-to-date education. CCRS on-line course re. routine offer of HIV testing for acute care providers to be launched in Fall 2015
•	**Family Practice/Primary Care -** Conducted and completed Physician UBC CPD Routine HIV Testing Workshops
•	**Mental Health and Addiction teams & Public Health/Youth Clinics** – Nurse educators provided training and updates at various clinics
•	**Point of Care Testing –** Launched and provided practice support for POC testing at various sites including two pharmacy sites
•	**Targeted Testing Program** – Conducted outreach testing clinics reaching gay men, MSM and youth. Evaluation of Bathhouse outreach testing program (completion: Fall 2015) to inform population needs, and program development/expansion.
•	**Outreach Testing** – STOP team has collaborated with BCCDC to offer outreach testing at a number of venues and events
•	**Follow-up** - Continued enhanced public health follow-up.
•	**Missed opportunities** - On-going analysis of missed opportunities for individuals diagnosed with advanced HIV in acute/community.
3.	**Care & Treatment**
•	STOP HIV Clinical Outreach Team continues to engage with HIV+ clients who face challenges to managing their HIV and maintaining engagement in care.
•	Counsellor position implemented to provide ncreased access to mental health support for Gay men living with, or at risk for HIV.

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- The community case management program has been re-visioned with AIDS Vancouver and community partners (SOS, DEWC).
- Worked to increase collaboration across antiretroviral adherence programs in Vancouver in partnership with: DCHC-Maximally Assisted Therapy; Vancouver Native Health Society – Positive Outlook Program; Immunodeficiency Clinic; and Dr. Peter Centre – Day Health Program.
- Participation on CATIE Committee to develop National Guidelines for HIV Peer Navigators
- Continued implementation of shared clinical tools across community and clinical sites (acuity scale, Penelope Community Case Management system)
- Continued implementation of QI, practice standards and shared approaches to Medication Management and Clinical Case Management.
- Increased coordination and collaboration re. HIV Care with regional community clinics (e.g. Gilwest, Health Connections)
- Participation in VCH DTES Re-design – development of integrated health models

4. First Nations Focus

- **First Nations Strategy** - Continued to develop First Nations strategy for H2H for all 14 First Nations in VCH geography.
- **Current State Mapping** - Presented FN current state mapping & strategies to FNHA, FN Health Directors August 26th. Finalized implementation plan with Health Directors meeting in partnership with BCCDC, FNHA, and PHC.
- **Wellness Screening** – Based on a screening tool developed in Australia (Pitstop) a First Nations Wellness Screening toolkit was adapted and developed through a working group in partnership with VCH FN communities. The Village of Wellness toolkit was launched with the VCH Region First Nation Health Directors in August 2015.
- **First Nations Nursing Collaborative** – Worked with CANAC to develop a collaborative to increase capacity of First Nations Community Health Nurses by offering shoulder to shoulder support and mentorship. – Mentor training day completed, 8 communities participated in a 2-day workshop.

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PHSA Hope to Health 2015/2016 Priorities

Prepared for the 2015 STOP HIV/AIDS Steering Committee

1. HIV Prevention and Harm Reduction Equity
   - Development of Population Size Estimates for PWUID, Sex Workers and MSM to support regional health authority planning and evaluation
   - Provincial leadership of harm reduction committee working on expanded reach of harm reduction services and supplies across the province
   - Partnership with HIM, PAN and RHAs to implement Gay Men's Health Network and priorities of PHO report to address Stigma and HIV among MSM

2. Testing increased by 50% in every HSDA
   - Expansion of 'Get Checked Online' HIV testing services across BC
   - Provincial education and surveillance support for HIV testing scale up
   - HIV Testing Working group support for monitoring and evaluation of RHA implementation strategies
   - Refining guidance on appropriate use of POC HIV tests
   - Revising Chapter 5 CD Manual for HIV testing and follow up

3. Diagnosed early in infection and linked to care
   - Implementation and evaluation of 4th generation HIV and NAAT testing
   - Evaluation of anonymous HIV testing pilot sites
   - Practice Support to improve HIV contact tracing (HIV designated nurse practice committee, new guidelines, materials etc.)
   - Expansion and evaluation of pathway for immediate linkage to HIV primary care from nurse-led STI clinics

4. Retention in Care/ Suppressed Viral Load
   - Oak Tree Clinic redesign and quality improvement, shared care expansion
   - Increased Oak Tree partnership in corrections
   - HIV Contract Redesign to improve alignment with Hope to Health
   - Development of the provincial HIV Care Registry with Positive Living BC and expansion to mental health and addiction services

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The British Columbia Centre for Excellence in HIV/AIDS: Rolls in Inception and Monitoring and Evaluation of Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS)

The stated mission of the BC CfE is to develop, implement and disseminate novel evidence-based strategies of national and international relevance used to stop HIV/AIDS. With mandates to improve the health of British Columbians with HIV through the development and dissemination of comprehensive research and treatment programs for HIV/AIDS, to monitor the evolving impact of HIV/AIDS on BC and to contribute to the overall goal of decreasing new HIV infections the BC CfE conceived the notion of STOP based on evidence that HIV transmission may be prevented through viral suppression in those living with HIV infection.

Since the initiation of the STOP pilot program in early 2004, through the expansion of STOP to the rest of BC and continuing today, one of the primary rolls of the BC CfE is to monitor and report on broad outcome indicators related to HIV testing and treatment.

To these ends the BC CfE publishes HIV Monitoring Quarterly Reports. These reports, readily available on the BC CfE website, are designed to provide an overview of the status of important outcomes in relation to the goals of the STOP program and the aims set out in Hope to Health. A separate report is published for each of BCs five Health Authorities and one for BC as a whole. The reports are accompanied by a Technical Report which defines

each of the outcome indicators, describes how the indicator is calculated and notes any limitations of the data used.

A further role of the BC CfE in relation to STOP is the Structured Learning Collaborative. This collaborative connects health care teams with the goal of identifying and addressing gaps between best practice and actual practice using a continuous quality improvement model. Participants engage in face-to-face learning sessions and monthly teleconferences, webinars and monthly data reporting.

The BC CfE also works to promote the understanding and adopting of TasP principles in other jurisdictions around the world through extensive knowledge translation activities and connecting with health care, political, religious and cultural leaders.