What's Next in HIV Care and Prevention? An Overview of and Next Steps for the Ohio Integrated HIV Prevention and Care Plan, 2017-2021

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Highlights:

- The State of Ohio, along with the Ryan White HIV/AIDS Part A programs in Cleveland and Columbus, submitted the Ohio Integrated HIV Prevention and Care Plan 2017-2021 to the federal Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) at the end of September, 2016.
- The Plan includes an epidemiologic overview, a discussion of the HIV Care Continuum, an assessment of needs, gaps, and barriers, and an outline of strategies to achieve identified goals over the next five years.
- Development of the Plan was led by a diverse group of stakeholders that made up the HIV Integrated Plan Steering Committee. The Steering Committee cut across state and local government, care providers, insurance plans, community organizations, and AIDS service organizations to develop a comprehensive and collaborative plan for the state.
- The Plan will be implemented over the course of five years with timelines and measurable goals in place to monitor progress.

Introduction

In mid-2015, the federal Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) issued guidance to states to produce an Integrated HIV Prevention and Care Plan for 2017-2021. This was the first time that the federal government, which grants dollars to states for both HIV prevention and care, required an integrated plan to serve as a "jurisdictional HIV/AIDS strategy." HIV prevention and care are inextricably linked, and Ohio took the opportunity to look holistically at the HIV prevention and care systems in the state, align HIV care and prevention activities, and develop a plan for moving forward. The process allowed the integrated plan team to examine more closely the gaps in prevention and care, and work together to address them. In light of increased access to health care coverage through the Affordable Care Act, the timing is ideal to realign the resources available in the Ryan White HIV/AIDS Program to fill identified gaps and provide integrated, wraparound care and services, as well as target prevention services where they are most effective.

HRSA/CDC Guidance

The 2015 guidance to states from the CDC and HRSA to submit a combined plan for HIV prevention and care was the first of its kind. HIV prevention and care are inextricably linked, yet planning for care and prevention have not always been done in conjunction, as federal funds to support these efforts required different submissions, at different times in a grant cycle,

and with varying requirements. This integrated plan is an effort to align and target the goals of the National HIV/AIDS Strategy (NHAS)[1]: preventing new HIV infections, increasing access to care and improving health outcomes, and reducing HIV-related health disparities. The guidance required certain components, including the Statewide Coordinated Statement of Need—a mandated component of both the Ryan White Part A and B program reporting—as well as identification of needs, gaps, and barriers, and ultimately goals for HIV prevention and care, and strategies to achieve them that are aligned with NHAS goals. There is also a monitoring and improvement component. Periodic review of the Plan's implementation will be done through traditional means of reporting to CDC and HRSA (i.e., annual application and annual progress reports). CDC and HRSA view the Integrated Plan as an opportunity to "develop a coordinated approach to addressing the HIV epidemic at the state and local levels."[2]

Background and Development of Broader Steering Committee

Beginning in the fall of 2015, the State of Ohio took on the task of assessing the state's HIV prevention and care service needs, existing resources, barriers and gaps within jurisdictions, and how it plans to address them. This process was led by the Ohio Department of Health (ODH), but involved a diverse team. The plan covers a five-year period, starting in 2017, and was submitted to the federal government at the end of September, 2016.

A key component to developing this thorough and goal-oriented plan was the involvement of the Governor's Office of Health Transformation, the Ohio departments of Health, Medicaid, Aging, and Mental Health and Addiction Services, the Joint Medicaid Oversight Committee (JMOC), the Cleveland and Columbus Ryan White Part A programs, AIDS service organizations, Medicaid managed care organizations, and many other stakeholders, including The Center for Community Solutions, which together comprised the Integrated Plan Steering Committee. Over the last several years, and especially since the implementation of the Affordable Care Act (ACA) in 2014, there has been a shift toward a holistic assessment of the services and supports available to people living with HIV/AIDS (PLWHA) in Ohio. The Steering Committee was a key asset to development of a plan that is robust and looks across sectors, in order to best meet the needs and address the barriers to care for people living with HIV or are most at risk of acquiring HIV.

Role of the HIV Integrated Plan Steering Committee

Development of the HIV Integrated Plan was a collaborative process over the course of nearly a year. The Steering Committee was organized to lead the work. Engagement of these key players ensured that a truly comprehensive plan was developed. The Steering Committee met monthly from the end of November, 2015, through summer of 2016, using the CDC/HRSA guidance as a road map.

The breadth of the committee members was suited to look beyond just people served by the Ohio Department of Health care (Ryan White Part B HIV/AIDS Program) and prevention programs to develop a plan that will improve services and target investments that provide the greatest impact across health care programs in Ohio. While ODH, through all of the Ryan White

parts in the state, reaches 9,346 people living with HIV, there are 11,466 people living with HIV covered by Medicaid. There are approximately 21,612 PLWHA in Ohio, and 53 percent of them were enrolled in Medicaid in 2014.[3] The development of the Integrated Plan was opportune timing to make connections between the populations served by different agencies and align resources to ensure everyone eligible for services has access to them.

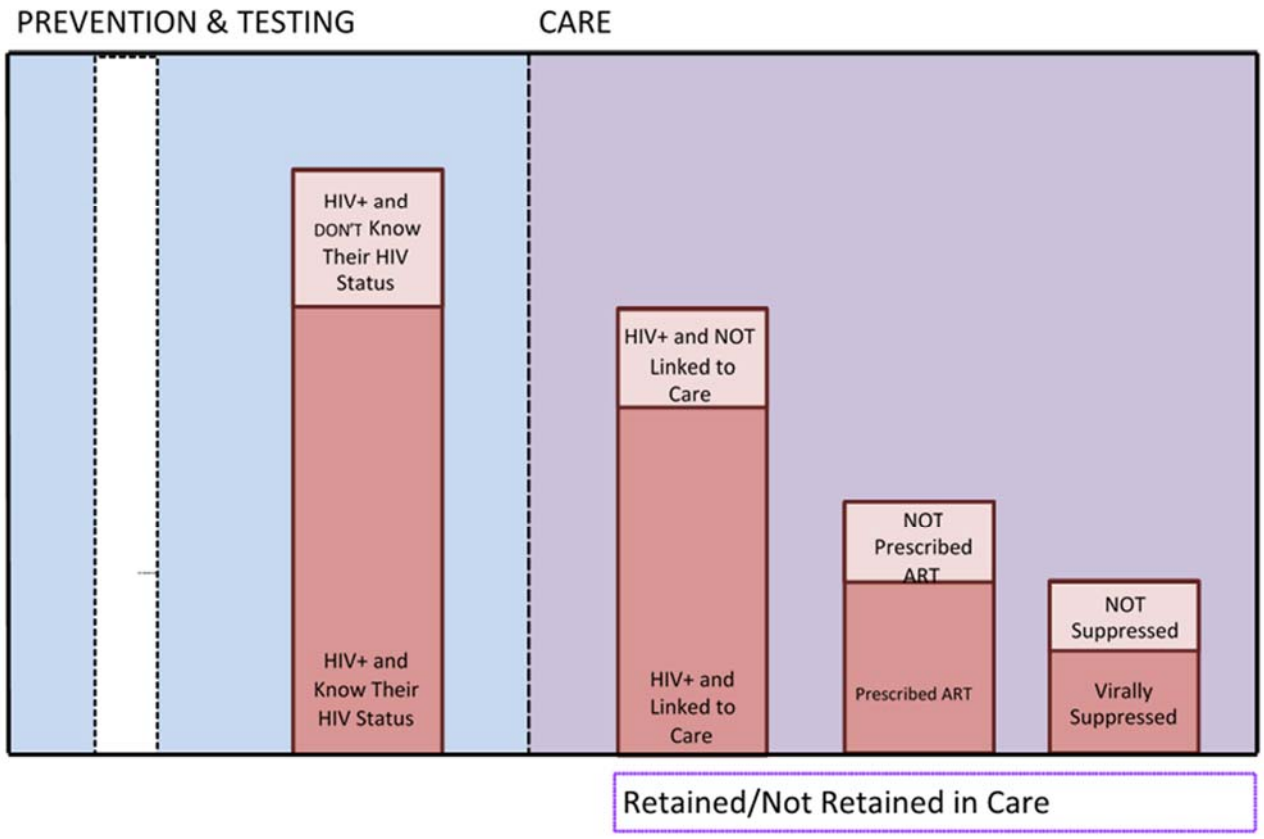
Laying the Groundwork

An important step in the process of putting the Plan together was to hear directly from people around the state living with HIV, care and prevention service providers, public health officials, and other community stakeholders, in addition to members of the Steering Committee. Two general stakeholder meetings were held, one in March and one in July, to discuss the Plan. Over the course of the spring and early summer, regional meetings were held around the state. Both the March meeting, involving more than 100 stakeholders, and the regional meetings were structured to identify and prioritize needs, gaps, and barriers that keep individuals from moving through the HIV Care Continuum and to inform the state's Plan.

Of all HIV-positive individuals living in the United States, estimates show that between 15 percent and 20 percent do not know their HIV status, and not all individuals who do know their status are engaged in medical care for their HIV, including taking antiretroviral medication. Addressing these issues in terms of needs, gaps, and barriers at each point on the continuum for Ohio was a goal of the regional meetings. The HIV Care Continuum visually represents the individuals, out of all PLWHA, who are engaged at each point of HIV care and, subsequently, the need that exists for those not engaged at each point. This model "is used by federal, state and local agencies to identify issues and opportunities related to improving the delivery of services to people living with HIV across the entire continuum of care."[4]

A goal of the Integrated Plan implementation is to develop a care continuum specific to Ohio in order to best target resources. For the purposes of the statewide Integrated Plan meeting on March 9, 2016, a modified Care Continuum was created. Figure 1 represents this modified continuum. Prevention and testing were added as the first phase of the continuum, as these services occur prior to any HIV diagnosis. Additionally, retained in care was applied to all care-related phases of the continuum to acknowledge that retaining people in care is an issue that needs to be addressed at each phase.

Figure 1. Modified Care Continuum used in the Integrated Planning Process



Source: Ohio Department of Health, HIV Care Services Presentation from March 9, 2016

Goals and Strategies

Based on the work done by the Steering Committee and around the state at the regional meetings, goals and associated strategies were identified for Ohio's integrated Plan. These goals encompass HIV care, HIV prevention, and the role of social determinants of health in the HIV continuum. They include:

1. Develop and implement a data to care system
    a. Create an Ohio care continuum
    b. Improve data sharing between programs
2. Improve the implementation of linkage to care
3. Increase the availability of targeted HIV testing
4. Ensure the statewide availability of pre-exposure prophylaxis (PrEP)
5. Address housing needs for PLWHA in Ohio
6. Continue and expand the Ryan White all-parts statewide quality management program
7. Target health inequities - youth
8. Target health inequities - aging

Each identified goal aligns with at least one of the National HIV/AIDS Strategy's goals, as required by CDC and HRSA, identifies objectives, and outlines strategies, activities, and resources in order for it to be achieved. The next steps of the Steering Committee's work is to more thoroughly define the activities and target resources.

Develop and Implement Data to Care

This first goal is a key component to informing much of the work that will be done over the next five years. Development of a care continuum for Ohio, a specified sub-goal, will help to identify where resources should be directed as noted above. A recent study published in *Clinical Infectious Diseases* shows that PLWHA who have Medicaid or private insurance supplemented by Ryan White have better treatment outcomes. With data sharing in place, people who are not engaged in care or who may benefit from a Ryan White service that they are not currently receiving can be identified and connected to the resources. To this end, a subcommittee on data was formed as an offshoot of the Steering Committee. Even before the Plan was complete, the work of this group lead to identifying how many HIV-positive Ohioans are covered by Medicaid, and the group is now working toward determining who is enrolled in both Medicaid and Ryan White services. Since anyone in Medicaid is income-eligible for Ryan White, those who are not enrolled in both could benefit from wraparound services through Ryan White.

Improve the implementation of linkage to care

Linkage to care is a key factor in addressing the HIV epidemic. As was discussed often during this planning process, linkage to care may not be a one-time event. When someone is newly diagnosed with HIV, prevention workers link the person to care. While many people successfully connect with care providers to treat HIV, others do not follow-through or remain linked to care due to fear, stigma, limited access, or a number of other reasons. The first strategy associated with this linkage to care goal is to "establish a baseline for linkage to care." This will allow the Integrated Plan partners to gain a thorough understanding of the current linkage to care practices and the associated success rates. This will ultimately inform an integrated linkage to care plan, which is another strategy under this goal.

Increase the availability of targeted HIV testing

Targeted HIV testing was frequently discussed while developing the Plan. Individuals around the state shared that there are HIV testing events and locations, but not enough targeted testing is occurring in order to achieve higher positivity rates. Targeted testing is likely to yield a higher positivity rate because testing is done among higher-risk populations, and it protects limited resources for those most likely to have been exposed to HIV. The goal is to diagnose individuals who are HIV positive earlier in order to connect them with care sooner in the course of the disease–early treatment is beneficial for them and for community prevention. The SMART objective under this goal is "to increase the positivity rate among ODH funded counseling, testing, and referral sites to 1%" by the end of 2018.

Ensure the statewide availability of pre-exposure prophylaxis (PrEP)
PrEP is an anti-HIV medication taken by individuals who are at high risk of contracting HIV before they are actually exposed to it. It is very effective in protecting individuals from contracting HIV if taken as directed. Increasing access to PrEP is an effective strategy to reduce incidence of new HIV infections. With the Plan, the state seeks to increase knowledge and awareness of PrEP, as well as assess the landscape of PrEP providers and ultimately establish a PrEP program sponsored by ODH by February, 2018.

Address housing needs for PLWHA in Ohio
Access to affordable and safe housing is a barrier for many populations, including people living with HIV. There are HIV-specific housing providers around the state, and part of the Plan's strategy is to develop an inventory of these providers. Additionally, the Plan seeks to look at housing needs, gaps, and barriers, and availability for people living with HIV. This will involve holding an event, bringing all players to the table, to address HIV housing in the state. This is an opportunity to look more broadly at the housing community in order to learn and share information about housing needs across the board.

Continue and expand the Ryan White all-parts statewide quality management program
Over the last few years, all of the Ryan White parts (A, B, C, D and F) worked together to develop a system where they could look at data about enrolled clients across parts and implement quality management measures. The results of this work were included in the Plan, with the intent to continue this collaboration and expand upon it to make informed decisions in HIV care across the state.

Target health inequities — youth and aging
HIV surveillance data show that young men who have sex with men and communities of color are disproportionately impacted by HIV. This was an important topic of conversation throughout the planning process and lead to this specific goal in the final Plan. In addition, as people living with HIV are living longer than ever before, dealing with issues of aging while managing HIV has also risen to the forefront. Given that half of PWLHA are over the age of 50, HIV prevention among older adults was also noted. The strategies to address these populations are similar: assess the role that social determinants of health play in making these populations disproportionally impacted by HIV, conduct focus groups and target messaging to these populations, and make sure those messages reach these communities. While the strategies are similar, the action steps to be developed over the coming months will differ based on populations.

Next steps — Implementation and Monitoring

The Steering Committee will continue to meet on a quarterly basis to help facilitate implementation of the Plan over the next five years. The first meeting following submission of the Plan will consist of developing next steps for implementation and deciding upon roles. In addition, the statewide care and prevention advisory groups that are a required component of the federal grant and currently meet separately, will have combined meetings a few times each

year beginning in 2017. This will ensure a feedback loop and accountability to implementation of the Plan from both care and prevention.

As the state embarks on this next phase—implementation—it is important to ensure that it keeps its broad view of all people living with HIV in Ohio, including those who are undiagnosed. The work done over the last year was a vital shift toward a more holistic view of HIV care and prevention in a time when people, by and large, have access to health coverage but disparities still exist. The state's Plan was developed to address these disparities and gaps in services, and the time is right to target programs and resources in order to move closer to ending HIV. Below are some additional considerations as the Plan is implemented.

- Explore the possibility of dedicating a staff person at ODH to manage the Plan's implementation.
- Assess available resources, primarily through the Ryan White program, that can be utilized to implement and augment components of the Plan. One area to look, in particular, is how to expand opportunities to wrap Ryan White support services around people enrolled in Medicaid and other forms of insurance.
- Continue to reach out to sectors that were not actively involved in the Plan's development, but are vital to implementing certain components of the Plan. For example, to gain a complete view of people living with HIV in Ohio, it will be necessary to involve private insurance plans.
- Continue the great work of the Steering Committee thus far and further develop connections between the Ryan White program and the broader health care and social services systems. It is important for clients to know what services that can improve outcomes are available to them through Ryan White that may not be available through private insurance and Medicaid. For example, medical and non-medical case management, outreach services, legal services, and housing services, just to name a few.[5]
- Provide updates about the Plan implementation on a regular basis in a way that is relatable and accessible to communities. Communities across the state weighed in to the Plan development and should be kept informed about its implementation.
- Further explore the impact that social determinants of health have on PLWHA. The specific recognition of the role of housing in HIV care that is included in the Plan is important. These connections should continue to be made as they relate to HIV care for all PLWHA and for those at risk.
- Any funding adjustments or legislative changes that are needed in order to fully implement the Plan should be considered during the deliberation of the Department of Health's budget in the state budget process in the first half of 2017.

[1] https://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/
[2] Integrated HIV Prevention and Care Plan Guidance, including the Statewide Coordinated Statement of Need, CY 2017- 2021. Division of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention and HIV/AIDS Bureau, Health Resources and Services Administration. June 2015
[3] Ohio Integrated HIV Prevention and Care Plan 2017-2021, Version date: 9-26-2016
[4] What is the Care Continuum?, HIV/AIDS Care Continuum, AIDS.gov, http://aids.gov/federal-resources/policies/care-continuum/, Accessed September 18, 2014.
[5] Ryan White HIV/AIDS Program Part B Manual U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, Revised 2015 http://hab.hrsa.gov/sites/default/files/hab/About/RyanWhite/habpartbmanual2013.pdf