

HIV, Hepatitis, and Public Health Pathogens Programs Annual Stakeholders Report

May 2015

HIV, Hepatitis, and Public Health Pathogens Programs Clinical Public Health Group | Office of Public Health Veterans Health Administration

Our Team:

David Ross, MD, PhD, MBI
Director

Lorenzo L. McFarland, DHA, MSW, PMP
Senior Public Health Program Manager

Maggie Chartier, PsyD, MPH
National Public Health Clinical Psychologist

Marguerite A. Petrucci
National Clinical Public Health Program
Coordinator

Marissa Maier, MD
National Public Health Infectious Disease Officer

Astrid Knott, PhD
Health Science Specialist

Elizabeth Maguire, MSW
Communications Lead

Catherine Rongey, MD, MSHS
Viral Hepatitis National Public Health Clinical
Lead

A Letter from the Director

I am proud to present the 2014 Annual Stakeholders Report for the HIV, Hepatitis, and Public Health Pathogens Programs. This has been an important year for hepatitis C in VA with more Veterans than ever before receiving effective treatment. Advances in HIV prevention have also been significant with the inclusion of Pre-Exposure Prophylaxis (PrEP) on the VA formulary. Efforts to increase HIV testing across the system are ongoing and as a result 40% of all Veterans had been tested for HIV by the end of 2014, with 99% of those newly diagnosed linked to care within 90 days.

As part of our role, we have worked diligently to establish strategic direction in the areas of HIV and viral hepatitis. We provided educational and training opportunities as well as clinical tools and policy guidance to field staff who care for Veterans living with these diseases. We have identified many strong practices from the field that we are eager to promote and disseminate. We also rely heavily on feedback from the field and Veterans to continuously improve our policies and programs each year so they are responsive to the needs of providers and the patients we serve.

This report begins with a brief background on our office. The focus of this report is on our key accomplishments for 2014, organized according to our values:

1. Dedication to the Veterans we serve;
2. Respect for, support of, and communication with VHA field providers, who champion our programs and help us to refine our goals;
3. Commitment to using sound scientific evidence to develop policies, programs, and products;
4. Readiness to innovate in pursuit of our goals;
5. Collaboration with other VA offices and external stakeholders in pursuit of our goals.

Finally, we will provide a brief overview of our vision for 2015.

I look forward to our efforts in improving access to care, adherence, and health outcomes for Veterans with HIV and viral hepatitis in the years ahead.



Sincerely,

A handwritten signature in dark ink, appearing to read "D. Ross". The signature is stylized and written in a cursive-like font.

David Ross, MD, PhD, MBI

Who We Are

The HIV, Hepatitis, and Public Health Pathogens Programs (HHPHP) Program Office is part of the Veterans Health Administration Office of Public Health/Clinical Public Health. Our mission is to provide state-of-the-art clinical public health services to VHA providers and patients in the areas of human immunodeficiency virus (HIV), viral hepatitis, and public health pathogens.

VA is the largest single provider of HIV and hepatitis C (HCV) care in the United States. In calendar year 2013, we served 26,784 Veterans receiving care for HIV disease and 174,302 Veterans with hepatitis C.

Our expertise includes clinical knowledge, particularly infectious diseases and associated comorbid conditions; mental health and substance use disorders and care, particularly in relation to the impact of mental health and substance-use comorbidities on HIV and viral hepatitis and the promotion of integrated care; epidemiology; informatics; field-based communication, education and implementation; and project management.

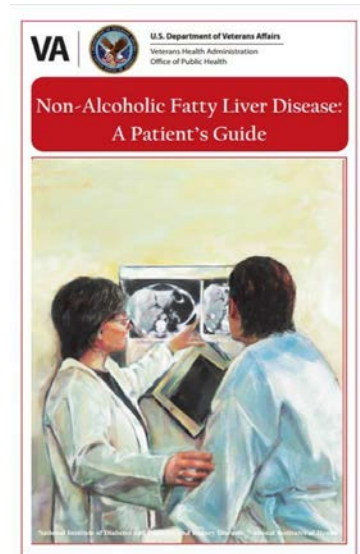
Accomplishments in 2014

Dedication to the Veterans we serve

At the heart of our work are the Veterans we serve. Our goals for HCV and HIV are focused on improving access to treatment, retention in care, and health outcomes. We value the input of our HIV and Viral Hepatitis Community Advisory Boards (CABs) to help guide our work. These CABs allow Veterans living with HCV and HIV to contribute to product development, national priorities, and quality of care initiatives. Each year our goal is to meet with our HIV and HCV CABs at least once a year for a face to face meeting in addition to hosting two teleconferences with each group. Our 2014 meetings were highly successful and well attended. We deeply

value the feedback and perspectives from these groups and incorporate it whenever possible, into our quality improvement and planning.

Over the past year, we have worked to add new materials to our vast online library of resources for patients. New materials included [one-page handouts](#) with tips on how and when to take HCV medications, [a fatty liver disease](#)



Hepatitis C Testing Information for Veterans

Fact Sheet | April 2014
www.hepatitis.va.gov

What is hepatitis C?

- Hepatitis C is an infection of the liver caused by the hepatitis C virus (HCV).
- HCV exposure can lead to chronic (lifelong) HCV infection that can progress to liver damage, including cirrhosis and liver cancer.
- There is no vaccine to prevent hepatitis C.
- Having an HCV infection does not mean you have liver damage.
- If you have HCV, you should be tested for liver damage.



Taking Your Hepatitis C Therapy: SOFOSBUVIR

Sofosbuvir

- Dose: 1 tablet (400 mg), taken at the same time each day, with or without food
- Store at room temperature (68°F away from direct sunlight)

Ribavirin

- You will be given 200 mg capsules or tablets; your dose will be based on your weight and may change during the course of treatment
- Take with food to minimize stomach upset such as nausea and vomiting
- Use sunscreen and limit sun exposure
- Do not consider pregnancy until at least 6 months after treatment for either partner has ended

Do You Need to Take Peginterferon? Yes No

- You may or may not be prescribed Peginterferon
- If Peginterferon is prescribed, you will be given prefilled syringes or pens; store in the refrigerator
- Dose: Pegasys* _____ mcg/week or Peg-Intron* _____ mL (_____ mcg)/week
- This medication is injected once weekly—take it the same day, same time

My Medication Schedule

Start Date: _____ End Date: _____ Total Expected Treatment Duration: _____ weeks

Time	Morning	Evening	Inject weekly	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Time: _____ am	<input type="checkbox"/>	<input type="checkbox"/>	Day: _____	Time: _____ am/pm	

Who should be tested?

- Were born between 1945 and 1965
- Are a current or former injection drug user
- Were treated for hepatitis B
- Received a blood transfusion before 1992
- Are on kidney dialysis
- Are a Vietnam era veteran
- Have abnormal test results
- Work in health care
- Have had a needlestick injury

[booklet](#), and [videos](#) on living with HIV. We also maintain updated Frequently Asked Questions (FAQ) sections for Veterans on our [HIV](#) and [Hepatitis](#) websites.

We organized communications campaigns for HIV testing day, HCV awareness month, national black HIV testing day, and world AIDS day. These campaigns included updated posters, brochures, and other patient-facing promotional material available for download at facility medical media centers as well as Twitter and Facebook posts.



Respect for, support of, and communication with VHA field providers, who champion our programs and goals

Training providers, communicating strong practices that improve access and quality of care, and developing leaders in the field are key functions of HHPHP. We work closely with HIV and viral hepatitis lead clinicians at each facility nationwide. Over the past year, we were able to provide **scholarships** for our providers to attend key professional conferences in HIV (the American Conference on the Treatment of HIV in Denver) and viral hepatitis (American Association for the Study of Liver Disease's annual Liver Meeting in Boston). We also held a number of ongoing meetings and educational opportunities for these providers including our **Live Meeting** series for HIV, viral hepatitis and psychosocial and related issues in transplant. These series provide cutting edge clinical information and updates to VA field providers by VA and other experts. Our **HIV/HCV Issues call** is a monthly update on policies and programs, report back from key conferences in the field of HIV and viral hepatitis, and a chance for field providers to ask questions and present issues to HHPHP. Our HIV and viral hepatitis **Technical Advisory Groups** (TAGs), comprised of subject matter experts (SMEs) from across VA, meet with HHPHP for quarterly conference calls. This allows for interactive problem solving, discussion of clinical and programmatic issues from the field, and review and comment on policy and program office quality improvement initiatives. These meeting series continually evolve to meet the needs of providers.

We held two **face to face meetings** for providers in 2014. The first was small meeting in April in Nashville, TN and included field providers and key administrative stakeholders concerned with the

looming epidemic of advanced liver disease in VA. This meeting tackled issues related to current gaps in care and proposed quality improvement initiatives for addressing them. We hosted a much larger meeting in September in San Antonio, TX which was attended by up to 6 representatives from all 21 VISNs with a focus on system redesign of HCV care in each VISN. Out of this meeting VISN Hepatitis C Innovation Teams, or HITs, were formed.

In collaboration with the Healthcare Analysis and Innovation Group (HAIG) and a multidisciplinary technical advisory group of VA HIV SMEs, we developed a survey of HIV services at facilities which assessed processes and structures of care. This **HIV HAIG survey** was put into the field in August 2014 and the final report will be published in 2015.



We launched HCV and PrEP **Warmlines** in 2014, joining our existing HIV Warmline. We contract with the Clinician Consultation Center to offer broad hours of availability for these Warmlines. The telephone consultation lines for frontline VA providers offer expert clinical guidance based on Federal treatment guidelines, VHA guidelines, current medical literature, and clinical

best practices to aid VA providers in making important decisions about the treatment of these complex patients. The HCV Warmline is the first and only telephone consultation line of its kind in the United States.

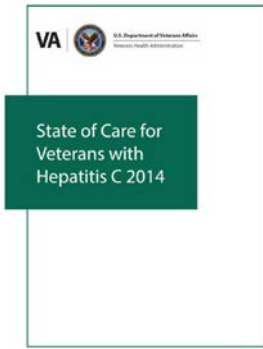
HHPHP has supported various field-based initiatives including:

- 1) The Cancer Care Tracking System for hepatocellular carcinoma, or "**HCC Tracker**" - a web-based tool to identify and follow patients with cancer or suspected cancer to better facilitate care coordination and case management which leads to earlier detection and treatment of lung and liver cancer;
- 2) The VISN-wide multidisciplinary and multi-facility **liver cancer team and tumor board** which has been shown to improve access to liver cancer care and the quality of that care (In 2014, the National Spread Summit provided guidance and didactic support to two selected VISN teams to expand the VISN-wide tumor board approach to other VISNs.);
- 3) The **HCV Dashboard Collaborative Project** which brings together teams who have developed HCV dashboards to share best practices and mentor other teams to utilize this technology.

Commitment to using sound scientific evidence to develop policies, programs, and products

Scientific evidence guides our work. All of our patient and provider materials are developed and reviewed by subject matter experts so they are reflective of current evidence, best practices and

national clinical guidelines. Our internationally recognized **Chronic HCV Infection: Treatment Considerations** are continually updated and published by a group of VA SMEs to ensure the latest and most clinically appropriate treatment regimens are used by field providers.



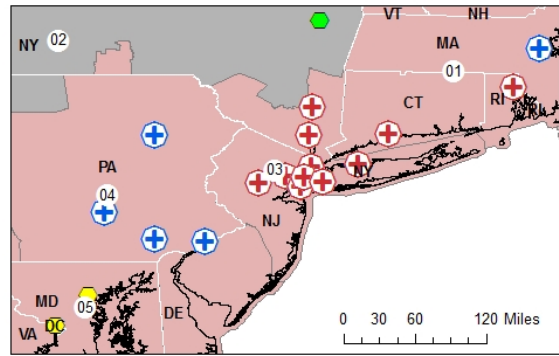
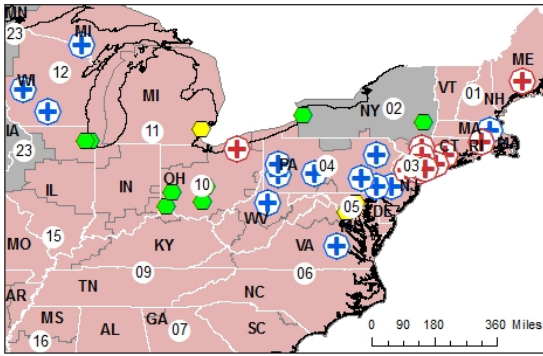
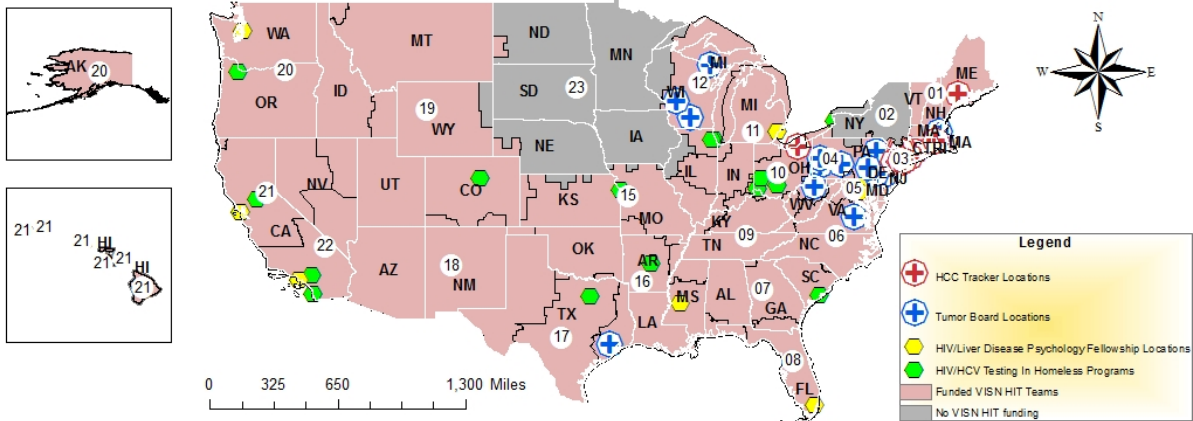
We are very proud to announce that our **State of Care for Veterans with Hepatitis C** report was finalized in September 2014. This report presents data from 2002 through 2013 and describes the population of Veterans with HCV infection in VHA care, assesses trends in complications of HCV infection, and examines access and quality of care metrics. In that time period the percentage of Veterans in VHA care with at least one outpatient visit who had ever received VHA screening for HCV infection doubled from 27% to 56%. In 2013, 65% of Veterans in the 1945-65 birth cohort had ever been screened for HCV infection. Similar striking improvements were seen in confirmatory HCV testing after an initial positive screening result, which increased to 96% across the system in 2013. This report contributes to the improvement of the clinical care we provide, educates providers and policymakers about important clinical trends, and highlights the clinical impact of policy decisions while providing a context for the recent revolution in HCV antiviral therapy, and the clinical, programmatic, and policy challenges our health care system faces as a result.

Readiness to innovate in pursuit of our goals

Embracing rapidly changing and dynamic systems issues through innovation and strategic direction is central to our core mission. One key example of this in 2014 was the development of **VISN HCV Innovation Teams** (HITs) in the VISNs. Following the face to face meeting in San Antonio described above, 20 out of 21 VISNs submitted proposals for our non-competitive grant support of their system redesign initiatives. Our goal is to support broad-based VISN teams as they work to improve care and redesign systems to meet the needs of Veterans with HCV in their region. We are impressed by the commitment of these VISN teams to improving the way we deliver care to Veterans across the country.

Collaborating with the Healthcare for the Homeless Program, we funded 25 small grants to increase **HIV and HCV testing** for Veterans through multiple homeless outreach programs. One grantee reported: "Over 300 Veterans underwent Rapid Oral HIV testing in the community at 5 different health fairs and one Stand Down event. Two Veterans tested HIV + and were linked to HIV care in our Infectious Disease clinic. Several VA staff members who participated in the health fairs became trained HIV testers, assisting the facility in its aim to increase the number of HIV testers."

Facility-Based QI Initiatives Supported by HHPHP



Updated 3/20/2015



In collaboration with the Office of Academic Affiliations, we continued our **HIV/HCV Psychology Postdoctoral Fellowship**, expanding to eleven sites. This fellowship emphasizes the behavioral, mental health and substance use treatment of Veterans with HIV and hepatitis C infection, and trains psychologists in this critical area to support VHA's efforts to successfully treat Veterans with HCV and care for Veterans with HIV. An evaluation of this year's program showed that fellows developed skills in the key areas of assessment, evaluation, conceptualization, and intervention. The evaluation also found that a significant share of Veterans receiving care from fellows were not recently or previously engaged in mental health care. This fellowship includes a national didactic seminar, which is well attended by various psychology trainees across the system, and robust evaluation and coordination.

Collaboration with other VA offices and external stakeholders in pursuit of our goals

Collaboration, both within VA and externally, helps strengthen our efforts in the areas of HIV and HCV. HHPHP is in frequent contact with representatives from the **Vietnam Veterans of America** to report on progress related to the care and treatment of Veterans with HCV, liver disease, and HIV.

HHPHP provides VA representatives for several federal working groups including the HIV Care Continuum Initiative and the Interagency Working Group addressing the Intersection of Violence Against Women and Girls, HIV, and Gender-Related Health Disparities for the **Office of National AIDS Policy**. Representatives from HHPHP and Clinical Public Health are also active members of the **Department of Health and Human Services** Viral Hepatitis Working Group where the excellence in VA hepatitis C care is often highlighted. The Director of HHPHP has responded to congressional inquiries and oversight throughout the year and in December testified before the **Senate Veterans Affairs Committee** on HCV treatment in VA.

Our staff also serve on workgroups and advisory boards both within and outside the VA. These include: the National HIV/AIDS Web Council, the VA National Lesbian Gay Bisexual (LGB) Workgroup, the National Liver Roundtable, the National HIV/AIDS and Aging Awareness Day-National Planning Committee, the American Psychological Association's Ad Hoc Committee on Psychology and AIDS (COPA), the Center for Disease Control's Medical Monitoring Project, and the planning committee for the annual American Conference on the Treatment of HIV among many other collaborations.

At HHPHP, we view collaboration with other VA Program Offices, VISN and facility leaders, and clinicians on the ground as a critical component of our mission to provide the highest quality HIV and viral hepatitis care to Veterans. Without the expertise and support of our VA colleagues we would not be able to fulfill this mission. It is with many thanks that we would like to acknowledge the other offices and groups we have worked closely with over the last years: **Pharmacy Benefits Management** on reviewing the treatment considerations for HCV; the **National Center for Health Promotion and Disease Prevention** on revisions to HIV testing guidelines and the development of HCV testing clinical reminders; the **National Center for Ethics in Health Care** on their quality improvement initiative to increase documentation of consent for HIV testing; the **Office of Academic Affiliations** on the HIV/HCV Psychology Postdoctoral Fellowship Program; the **Health Care for the Homeless Program** to increase HIV and HCV testing in homeless programs; the **Specialty Care Access Network-Extension for Community Healthcare Outcomes (SCAN-ECHO)** program to help ensure Veterans with HIV or HCV in rural areas receive the specialty care they need; **New England Veterans Engineering Resource Center (VERC)** on the HIT initiative; and the **National Academic Detailing Service** on a pilot project in VISN 22 to promote the use of pharmacotherapy for alcohol use disorders in Veterans with HIV and liver disease and cross-promote HIV and HCV testing in those respective clinics. Additionally, we worked closely with both **Health Services Research & Development** and the **HIV Hepatitis QUERI** to ensure research, policy, and operations are well coordinated and reflective of national priorities.

Within our own program office we work closely with the Office of Public Health's **Population Health** group to track quality of care indicators and clinical outcomes in HIV and HCV care, create state of care reports and facility level data, and address other data requests on tracking new HCV treatments.

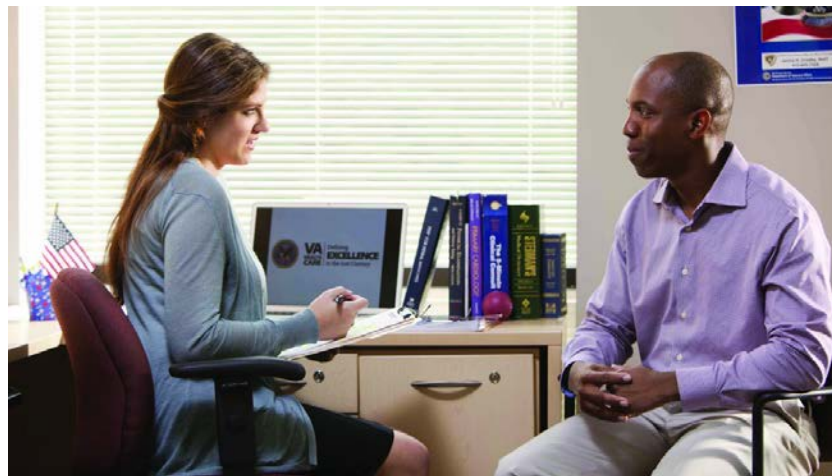
Looking Ahead

We are proud of our many accomplishments in 2014, and we are at work on new initiatives for 2015. Many of the programs described above—like our field-based quality improvement initiatives, the HIV/HCV Psychology Fellowship Program, our three educational series, and meetings with HIV and viral hepatitis lead clinicians, TAGs, and CABs—are on-going. We also have many exciting new initiatives for 2015, including:

- Strategic planning for HCV with an emphasis on system redesign and collaboration with relevant VACO program offices, VISN leaders, and clinicians on the ground
- Implementing of hepatitis C system redesign through continued support of VISN HITs
- Increasing HCV treatment, access to and linkage to care, and evaluation of co-morbidity care
- Identifying gaps in care for HCV-related Advanced Liver Disease
- Updating the HCV Reflex Testing Directive
- Increasing HIV and HCV testing across the system
- Publishing the HIV State of Care report
- Publishing information letters on PrEP and next generation HIV testing

Get Involved

We look forward to sharing our work with you in the year ahead. Please visit <http://www.hiv.va.gov/> and <http://www.hepatitis.va.gov/> for updates and new materials. You can also [email us](#) with questions or comments. Thank you for your support!



VA



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Public Health