

STOP HIV/AIDS Update

"Seek and Treat for Optimal Prevention of HIV/AIDS"

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Structured Learning Collaborative brings health care teams together to improve HIV care

With freely available antiretroviral therapy, world-class research, and a sophisticated network of primary and supportive services, British Columbia boasts one of the world's best responses to HIV and AIDS.

But only one thought was on the minds of the nearly 100 health care providers and community partners who kicked off the STOP HIV/AIDS Structured Learning Collaborative (SLC) on May 25, 2011.

"We can do better."

Representatives of nearly 25 HIV practices, clinics, and programs from around the province gathered in Vancouver on May 25 to discuss quality improvement strategies to increase access to high quality HIV care and improve health outcomes for people living with HIV and AIDS.

Despite the scope of HIV/AIDS care available in British Columbia, too many HIV positive individuals remain outside the health care system, unable to access life-saving medication and support services.

The Structured Learning Collaborative, an initiative of the BC-CfE's STOP HIV/AIDS pilot project, aims to connect healthcare teams with identifying and addressing gaps between best practice and current practice. Rather than seeking to develop new systems, Structured Learning Collaborative participants will aim to bring about improvement through tests of change to existing workflows.

Participants in the learning session heard expert presentations on quality improvement in health care and undertook group activities to promote learning and sharing. Among the activities, each team drafted a plan to test a new idea to improve HIV care.

In addition to face-to-face learning sessions, SLC participants engage in monthly teleconferences, webinars, and monthly data reporting. Dialogue is fostered through an online Virtual Community of Practice forum hosted on the project website (www.stophiv aids.ca).

Core Domains

- **Retention in HIV care:** Participating HIV teams will focus on re-engaging those patients lost to follow-up
- **Strengthened care partnerships:** The Collaborative will promote better coordination of HIV care across service providers and help break down silos of care
- **Improved HIV care:** The goal of increasing the capacity for quality improvement is to improve HIV care and, ultimately, the health outcomes of HIV-infected individuals

Next Page: China adopts national HIV strategy based on 'Treatment as Prevention' concept...

In this issue:

Structured Learning Collaborative	1
China adopts Treatment as Prevention	2
STOP HIV/AIDS website launched	2
Partner updates	2
Expanded HIV testing in BC	3
Point-of-care testing expanded	3
Frequently Asked Questions	4

STOP HIV/AIDS Pilot Project Goals

- Ensure timely access to high-quality and safe HIV/AIDS care and treatment
- Reduce the number of new HIV infections
- Reduce the impact of HIV/AIDS through effective screening and early detection
- Improve the patient experience in every step of the HIV/AIDS journey
- Improve the efficiency and cost-effectiveness of HIV/AIDS service delivery

The STOP HIV/AIDS Pilot Project's strategic goals are supported by the following initiatives:

- We must transform how we screen for HIV
- We must streamline HIV/AIDS diagnosis and linkage to care
- We must continue to develop site-specific programs to consistently deliver high-quality services across participating pilot sites
- We must deal with the determinants of health that are negatively influencing the health of people living with HIV and AIDS
- We must engage in a highly collaborative process that will allow us to learn from each other and turn knowledge into practice

For more information please visit STOP HIV/AIDS online:

www.stophiv aids.ca

China adopts national HIV strategy based on Treatment as Prevention

"Treatment as prevention," the groundbreaking made-in-BC concept behind the STOP HIV/AIDS pilot project, was adopted recently by China as the cornerstone of a national strategy to control the HIV epidemic by 2015.



Following the treatment as prevention model for STOP HIV/AIDS, China's proposal calls for widespread HIV testing and treatment for all medically eligible individuals. An estimated 740,000 Chinese citizens are HIV-positive, and nearly 110,000 are living with AIDS.

With the announcement, China becomes the first country to base its national HIV strategy on the BC-CfE's treatment as prevention strategy.

"We believe that treatment as prevention is the model of care and containment that will best help China meet its goal of bringing HIV and AIDS under control by 2015," said Dr. Zunyou Wu, Director, National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention.

Over the past year, China has worked collaboratively with the BC Centre for Excellence in HIV/AIDS to develop its treatment program. The strategy is based on research demonstrating that the benefits of highly active antiretroviral therapy (HAART) extend beyond prolonging disease-free survival among HIV-infected individuals to significantly preventing the transmission and spread of HIV.

"The expansion of HIV treatment throughout the world is critical to containing and curbing the global HIV and AIDS pandemic," said BC-CfE Director Dr. Julio Montaner. "We applaud China's leadership in implementing treatment as prevention to save lives, prevent infections, and, in the long-term, save money."

New STOP HIV/AIDS website launches

Looking for news, announcements, and detailed information about the STOP HIV/AIDS pilot project and structured learning collaborative? A new website (www.stophiv aids.ca) has the solution.

Launched recently as the official web portal for all things STOP HIV/AIDS, the site is home to extensive program overviews, FAQs, research summaries, downloadable reports and documents, and contact details. For participants in the STOP HIV/AIDS Structured Learning Collaborative, the site also provides access to the virtual community of practice discussion forum.

stophiv aids.ca

Frequently Asked Questions

Q: Why is STOP HIV/AIDS not available in all health authorities?

A: HIV affects people all over the province, and the STOP HIV/AIDS Pilot Project aims to improve access to care and treatment that is appropriate and safe for all British Columbians in need. However, recently documented increases in HIV-related deaths in Vancouver's inner city and Prince George have demonstrated the need to focus our efforts in these regions. After the pilot project is completed in 2013 and success is demonstrated, these improvements will be implemented in other regions of the province.

Q: What happens if I move to a different health authority that is not participating in the pilot project?

A: HIV/AIDS treatment and care are already available throughout British Columbia, regardless of where an individual lives. Your medical care

and HIV treatment will not be interrupted if you move outside the pilot project health authorities. STOP HIV/AIDS aims to help connect individuals who are not receiving HIV/AIDS care with testing, treatment, and support services.

Q: Will I receive experimental treatments if I participate in STOP HIV/AIDS?

A: No. Only government-approved medications are provided to people receiving HIV/AIDS treatment in British Columbia. No experimental or untested medications will be given. Approval of HIV medications is only granted after a rigorous process to prove the drugs are safe.

Q: Will I be taken off treatment when the pilot project ends?

A: No. Once you begin antiretroviral treatment, you must continue taking your medication to effectively suppress HIV. This treatment is avail-

able in all regions of British Columbia, and the provincial government has already allocated the resources to ensure you can access the treatment you need free-of-charge.

Q: Will I be forced onto treatment?

A: You will not be forced onto treatment. The decision to start treatment depends on several factors and is based on patient readiness and scientific recommendations. Starting HIV medication depends on the symptoms or signs that HIV is progressing, whether or not other chronic conditions are present (e.g. Hepatitis C, diabetes, heart disease), and the results of certain laboratory tests (e.g. CD4 count, plasma viral load). Beginning HIV treatment before the disease progresses decreases the risk of serious complications and death.

Expanded HIV testing guidelines will improve early diagnosis

Vancouver Coastal Health (VCH), Providence Health Care (PHC), and the BC Centre for Excellence in HIV/AIDS (BC-CfE) recently announced a significant expansion of HIV testing guidelines as part of the STOP HIV/AIDS pilot project.

Under the new guidelines, health care providers are encouraged to routinely offer an HIV test to individuals who meet any of the following criteria:

- Anyone who presents to acute or community care who has ever been sexually active and has not had an HIV test in the past year;
- Individuals with a past history of sexually transmitted infection;
- Anyone tested for or diagnosed with hepatitis C, any sexually transmitted infection, or tuberculosis.

These additions supplement existing guidelines based on the presence of HIV symptoms and provider awareness of a patient's risk factors. By moving away from a risk-based approach to testing, the new guidelines will help diagnose infections in individuals outside currently recognized risk groups.

An estimated 25 per cent of the approximately 13,500 British Columbians living with HIV are unaware of their infection. These undiagnosed individuals are not connected to appropriate treatment and support services and remain a significant risk to continue transmission of the virus.

"Our made-in-BC research has shown that antiretroviral treatment is not only life-saving for those infected but also a powerful tool to decrease infectiveness and therefore reduce rates of HIV transmission," said Dr. Julio Montaner, director of the BC-CfE. **"Expanding access to HIV testing is a critical first step in identifying and linking patients to care and treatment through the STOP HIV/AIDS pilot project."**

The expanded testing guidelines are consistent with an extensive body of peer-reviewed research calling for routine, not risk-based HIV testing. Similar guidelines rolled out in 2006 by the U.S. Centers for Disease Control recommended routine testing among individuals aged 13-64 in all health care settings.

The shift to routine screening also serves to reduce the stigma associated with HIV testing. VCH's recent STOP HIV/AIDS Community Engagement Report showed that the community supports testing as part of routine preventive health care in recognition of the growing prevalence of HIV outside "traditional" risk groups.

The revised testing guidelines were announced to health care providers and community members Dec. 3 at the bi-annual Antiretroviral Update hosted by the BC-CfE.

STOP HIV/AIDS expands access to point-of-care HIV testing

A key aim of the STOP HIV/AIDS pilot project is to improve diagnosis of new infections and linkage to appropriate treatment and support services. To achieve this objective, it is necessary to significantly expand the availability and accessibility of HIV testing in the pilot regions, with a particular emphasis on increased use of point-of-care (POC) testing.

POC testing is performed through the use of rapid HIV testing kits at a wide range of primary and community-based health care sites. Unlike conventional laboratory testing, which requires several days to generate a result, POC testing allows individuals to know their HIV status in a matter of minutes. This capability is particularly valuable in situations and areas where reporting results through follow-up with clients may be difficult.

By training health care providers to provide testing as well as pre- and post-test counselling.

Individuals who test negative will receive their result within minutes and will not have to wait and return for follow-up, as is now required with standard laboratory testing. Those who test "reactive" on a point-of-care test will have a second test

performed with standard laboratory methods to confirm the result.

Vancouver Coastal Health (VCH) has provided POC training to more than 700 clinicians in programs and partner agencies and expanded POC testing at more than 30 sites. Among these sites are Insite, various detox and addiction services, community health centres, single-room occupancy hotels, and through an innovative peer testing pilot in partnership with PHS Community Services Society.

VCH has also expanded the capacity for testing and linkage to care for gay men and other men who have sex with men (MSM) at the Health Initiative for Men (HIM) sexual health clinic and through its STOP Clinical Outreach team. This has been complemented by a social marketing campaign to promote HIV testing among gay men and other MSM.

Providence Health Care (PHC) introduced POC testing in December 2010. Along with offering testing to sero-discordant couples and the social networks of HIV-positive patients, the program is widely available to the community. Through a

confidential phone line, anyone can call the HIV nursing team and schedule a same-day, discreet and confidential appointment for an HIV test. Local community groups and businesses in the West End of Vancouver and DTES supported PHC in advertising the new service, which has already had more than 200 people access the service for testing.

Northern Health has selected sites for the expansion of POC testing, which will be evaluated through a six-week program at Prince George's needle exchange before it is introduced at other sites.

At the provincial level, the BC Centre for Disease Control (BCCDC) has been asked by the Ministry of Health Services to introduce a province-wide POC testing program. Working with the health authorities and the First Nations Health Council, BCCDC will distribute test kits, develop guidelines and policies, and monitor program outcomes.

Guidelines for POC HIV testing in acute care and community settings are being developed and will address pre- and post-test counselling, use of the testing kit, quality control, and training.

Partner Updates

Organization/Team	Recent activities
BC Centre for Excellence in HIV/AIDS	<ul style="list-style-type: none"> • Through the Structured Learning Collaborative, 25 care teams from across the province are supported in participating in quality improvement efforts to improve retention in care, strengthen partnerships in care, and improve HIV care • Ongoing monitoring of HIV risk behaviour and incidence among injection drug users through the VIDUS cohort • ACCESS cohort is monitoring disease progression, HAART access, adherence, discontinuation, resistance, and risk behaviour • Through the VANDU HIV/Hep C group we are implementing and evaluating a peer-based initiative to increase HIV and Hepatitis disease transmission and progression • Through ongoing dialogue with BC Corrections, we are seeking to monitor and improve the provision of HAART to HIV-infected drug users within the BC correctional system • Producing quarterly indicators reports to provide continuous evaluation of the success of STOP-associated activities at a population level • Working with VCH to identify shortcomings in access to care for HIV-positive patients and appropriate follow-up and to devise eventual interventions aimed at improving direct patient care • Collaborating with the Ministry of Health Services to develop database linkages to expand STOP HIV/AIDS evaluation, including economic evaluation and eventual cost-effectiveness assessments • Automatically providing HIV drug resistance testing to all patients newly appearing at the BC-CfE (N=400 per quarter) • Delivered numerous presentations highlighting BC-CfE knowledge translation activities • Reviewed communications and knowledge translation summaries for wide distribution • Provided support for BC-CfE directors to incorporate knowledge translation strategies • Attended National Institutes of Health knowledge translation conference to identify new and emerging approaches that may be employed to support STOP HIV/AIDS • Increased communications outreach to media to profile Treatment as Prevention & the STOP HIV/AIDS Pilot Project • Monitor media to identify opportunities to engage others with the work of the STOP HIV/AIDS Pilot Project
Vancouver STOP HIV/AIDS (Vancouver Coastal Health and Providence Health Care)	<p>Testing (accomplished or in progress)</p> <ul style="list-style-type: none"> • Provided point-of-care training to >700 clinicians in VCH programs and partner agencies • Expanded the capacity for testing and linkage to care for gay and other MSM at the Health Initiative for Men sexual health clinic and through its STOP Clinical Outreach team • Supported a social marketing campaign to promote HIV testing among gay and other MSM • Expanded point-of-care testing at over 30 sites/programs, including Insite, detox and addiction services, community health centres, single-room occupancy hotels, PHS peer testing pilot, and other contracted agencies • Developed a comprehensive HIV clinical outreach team focused on outreach testing, reconnection to care, and public health follow-up • Enacted several summer and autumn testing “blitzes” in the Downtown Eastside, including shelters and SROs • Expanded capacity for HIV testing at Vancouver Native Health Society, PHS Community Services Society clinic, and Bridge Clinic/Ravensong CHC • Developed broad testing recommendations for family physicians, communicated through physician newsletters and meetings with departments of family practice • Developed HIV testing practice standards and implementation in workflows and electronic medical records • Point-of-care testing for the community established at St. Paul’s Hospital • St. Paul’s Hospital offering routine HIV testing to all patients admitted to the Mental Health program <p>Treatment (accomplished or in progress)</p> <ul style="list-style-type: none"> • Implemented patient registries at community health centres and contracted agencies to improve patient tracking and quality of care • Improved medical documentation and functionality of electronic medical records to support quality and efficiency of care • Developed modified clinical practice standards for HIV care across direct and contracted sites • Expanded treatment capacity at Vancouver Native Health Clinic and medication support sites • Expanded treatment capacity at the Downtown Community Health Centre Maximally Assisted Therapy program • Developed a comprehensive HIV clinical outreach team to support retention in care by complex clients • Secured 25 supported housing spaces for HIV+ homeless people requiring housing to initiate HIV treatment • Expanded intensive case management services to support adherence among complex HIV patients • Engagement of peer coaches to support adherence among complex HIV patients • Immunodeficiency Clinic at St. Paul’s now open until 8 p.m. Monday-Thursday to increase capacity • Expansion of Clinical Case Management at the IDC to support adherence among complex HIV patients • Expanded mental health team at the IDC, including Registered Psychiatric Nurse, Clinical Psychologist and Psychiatrist • IDC established new active follow-up for patients not seen for 4 months and reminders for upcoming appointments • IDC increased nursing team to manage increased capacity and provide in-hospital outreach for testing and treatment

Partner Updates, cont'd...

Northern Health	<ul style="list-style-type: none"> • Increased HIV testing at Central Interior Native Health Society • Expanded HIV testing guidelines endorsed by Northern Health Medical Advisory Committee • Supported a media campaign in partnership with Positive Living North and in conjunction with World AIDS Day with a focus on HIV testing • Published Northern Health HIV Update that highlighted Northern HIV related stats as well as community work addressing HIV across the North and reported on the STOP HIV/AIDS initiative • Published article in the MHO Physician Newsletter re expanded HIV Testing Guidelines • Hired a pharmacist dedicated to blood borne pathogens • Hired Clinical Integration Lead as the central person coordinating various players in care moving toward a systematic set of services in prince George • Linked with CEDARs Project in Prince George as a way to work with youth at risk for HIV • Expanded outreach capacity to people at risk for HIV and those affected by HIV in partnership with Positive Living North • Ongoing support of nursing outreach for people with HIV by Central Interior Native Health Society • Established partnership framework between community organizations to provide medication adherence support • Outreach HIV Care clinic offered biweekly at the Prince George Regional Corrections Facilities • Expanding wrap around nursing support services in conjunction with infectious disease specialist to enable outreach clinics • Initiated discussions on establishing access to specialist services in small communities via Telehealth
Provincial Health Services Authority	<p>Testing Strategies Subcommittee Chaired by BCCDC. In collaboration with STOP agencies:</p> <ul style="list-style-type: none"> • Recommendations for HIV testing in high prevalence populations have been developed, and initially tailored for gay men and other men who have sex with men <p>Point of Care and Standard HIV Testing</p> <ul style="list-style-type: none"> • Streamlined pre- and post-test discussion guidelines have been approved by the provincial Communicable Disease Policy Committee, and will be posted on the BCCDC website • A BC HealthFile on HIV Testing has been developed, and is in process for approval • A monitoring system for test kit usage established. Since April 2011, > 5000 test kits have been distributed throughout the province • In April and May, ~ 500 POC test kits used in addition to STI and HIV screening at BCCDC clinical sites • Training has been provided to several sites around the province through the Provincial HIV POC program and planning is currently underway to provide more training in the fall of 2011 • Collaborative outreach nursing programming continues, including at HIM (Health Initiative for Men) and other settings • Routine offer of HIV testing to all patients seen in the Provincial TB clinic underway • All newly identified HIV positive individuals linked to care <p>Data Linkage and Evaluation</p> <ul style="list-style-type: none"> • BCCDC continues to collaborate with BC-CfE and the Ministry of Health Services to produce a model for data linkage that will provide data for the comprehensive evaluation of the pilot project <p>Women and Youth Services</p> <ul style="list-style-type: none"> • BC Women's Hospital is collaborating with community-based women's service partners to provide nurse practitioner out/in-reach services • Implementation of a women's peer support group at Oak Tree clinic • Oak Tree team participating in structured learning collaborative with aim to re-engage women in care using case management and linkage to community-based primary care physicians • Point of Care testing for women in labour with unknown HIV status is being implemented at BC Women's Hospital. • Point of Care testing offered through nurse practitioner outreach services • Hiring of youth outreach worker underway to support re-engagement in care • Clinical outreach services to Alouette Correctional Centre for Women • Facilitated discharge planning to ensure continuity of care <p>Aboriginal HIV Services</p> <ul style="list-style-type: none"> • Working in collaboration with First Nations Health Council, First Nations Inuit Health, Northern Health, Northern BC Aboriginal HIV/AIDS Task Force, Positive Living North, BC Women's Aboriginal Health Program, Oak Tree and other partners, Chee Mamuk is developing an HIV Testing project which will build on the existing HIV education services they provide. The goal of the project is to support Community Health Nurses (CHNs) and Community Health Representatives (CHRs) and other health care workers in northern Aboriginal communities to increase HIV testing • PHSA is supporting the Chee Mamuk program to hire two nurse educators to undertake this project <p>BCCDC Outreach Services</p> <ul style="list-style-type: none"> • Expertise in providing services within a population health context is being shared on a provincial basis • Providing education and support for provincial outreach services via the STOP-HIV Learning Collaborative workshops