

SEEK AND TREAT FOR OPTIMAL PREVENTION OF HIV/AIDS (STOP)

Summative Financial Reports By Health Authority and Quarter FISCAL YEAR 2013-2014

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Notes:

- i. Program activities and outcomes as a province and by health authority can be found in the 2013-14 STOP HIV/AIDS Annual Report (BC Ministry of Health)
- ii. Financial reporting requirements based on *From Hope to Health – Towards an AIDS-free Generation, BC Ministry of Health, December 2012*
- iii. BC Centre for Excellence in HIV/AIDS Pharmaceuticals Reports can be found on the BCCfE website
- iv. The STOP HIV/AIDS Program Launch predates the creation of a provincial First Nations Health Authority under the BC Health Authorities Act – as such FNHA financial reports are not included at this time

EXECUTIVE FINANCIAL SUMMARY BY HEALTH AUTHORITY (HA)

BC STOP HIV/AIDS PROGRAM: EXPENDITURE REPORTS FISCAL YEAR 2013/14										
v30JUNE2014										
HA	AVAILABLE	Q1	ACTUAL	Q2	ACTUAL	Q3	ACTUAL	Q4	ACTUAL	VARIANCE
		PERIOD	TO END	PERIOD	TO END	PERIOD	TO END	PERIOD	TO END	
CFE-PGR	\$2,100,000	\$510,000	\$510,000	\$555,000	\$1,065,000	\$365,000	\$1,430,000	\$670,000	\$2,100,000	\$0
CFE-RX	\$2,500,000	\$625,000	\$625,000	\$625,000	\$1,250,000	\$625,000	\$1,875,000	\$625,000	\$2,500,000	\$0
FHA	\$1,900,000	\$190,721	\$190,721	\$452,515	\$643,236	\$742,076	\$1,385,312	\$521,240	\$1,906,552	-\$6,552
IHA	\$1,000,000	\$34,000	\$34,000	\$186,000	\$220,000	\$533,000	\$753,000	\$125,000	\$878,000	\$122,000
NHA	\$2,000,000	\$283,793	\$283,793	\$322,611	\$606,404	\$609,109	\$1,215,513	\$763,992	\$1,979,505	\$20,495
VCH-PHC	\$7,250,000	\$1,802,223	\$1,802,223	\$1,602,851	\$3,405,074	\$1,676,386	\$5,081,460	\$2,173,540	\$7,255,000	-\$5,000
VIHA	\$1,000,000	\$92,417	\$92,417	\$88,760	\$181,177	\$183,226	\$364,403	\$372,942	\$737,345	\$262,655
PHSA-PGR	\$1,230,000	\$112,404	\$112,404	\$306,724	\$419,128	\$246,400	\$665,528	\$562,860	\$1,228,388	\$1,612
PHSA-LAB*	\$567,581	\$203,947	\$203,947	\$473,537	\$677,484	\$366,129	\$1,043,613	\$473,936	\$1,517,549	-\$949,968
PHSA-POC	\$442,419	\$31,876	\$31,876	\$85,217	\$117,093	\$102,072	\$219,165	\$109,106	\$328,271	\$114,148
TOTAL BC	\$19,990,000	\$3,886,381	\$3,886,381	\$4,698,215	\$8,584,596	\$5,448,398	\$14,032,994	\$6,397,616	\$20,430,610	-\$440,610

*includes incremental HIV, syphilis, and HCV tests (actual to end Q4: HIV \$813,279, SYPH \$345,999, HCV \$358,271)

BC CENTRE FOR EXCELLENCE PROGRAMS

STOP HIV EXPENDITURE REPORT – Q1 2013/14

BC CENTRE FOR EXCELLENCE IN HIV/AIDS

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Education		27.5%	On track	\$400,000	\$110,000	\$290,000
The BC-CfE Clinical Education Program provided training in the primary care management and initiation of antiretroviral therapy.	On going	<p>The Clinical Education Program provided training in the diagnosis, primary care management and initiation of antiretroviral therapy. At the BC-CfE the Clinical Education Program provides training in the diagnosis, primary care management and treatment of HIV positive individuals. From April to mid-May 2013, seven family physicians and one nurse practitioner successfully completed the Intensive Preceptorship in HIV/AIDS, which consists of an online self-directed study, clinical rotations at the IDC, and a Mentorship Program.</p> <p>The CME activities organized by the Clinical Education Program from April to June 2013 included:</p> <ul style="list-style-type: none"> • 6 IDC Journal Clubs. In these events current articles were critically reviewed, discussed and posted online, some topics related to the HIV/AIDS STOP program. The IDC Journal Clubs was on its annual break in July and August, and will resume in September 2013. • 6 AIDS Care Rounds presentations. In these lectures expert speakers discussed issues related to the interdisciplinary care of HIV patients. The AIDS Care Rounds will resume in September 2013 after its annual summer break. • On April 26, 2013 the BC-CfE held a HIV/Antiretroviral Update, a full-day 	On track			

STOP HIV EXPENDITURE REPORT – Q1 2013/14

<p>The Structured Learning Collaborative (SLC) from the pilot project transitioned into the HIV QI Network, which provides leadership and direction to promote sustainability of Structured Collaborative gains and to foster</p>	<p>On Going</p>	<p>symposium with high-caliber international speakers.</p> <p>In January 2013, to support STOP HIV/AIDS, the Clinical Education Program launched an update of the Online Course in 'HIV Diagnosis and Management', and after an intensive review and evaluation of the process, in July the entire course was transferred from the original UBC WebCT system to the new UBC Connect platform. 14 individuals have registered for this CME-accredited course since the system migration, which includes 8-10 hours of online self-study on topics related to the HIV/AIDS STOP program.</p> <p>In addition, clinical training was provided to: 1 R3 Family Practice Resident through the UBC Skills Enhancement Program in HIV/AIDS; 1 PGY1 resident from UBC Family Practice; 3 medical students (including 2 for HIV rotations in their Public Health elective); and 1 nurse practitioner.</p> <p>The UBC Division of Infectious Diseases places their residents, fellows, and MSI Year 3, totalling 33 trainee-sessions, to train with specialists in the outpatient clinics.</p> <p>After evaluation, planning, with considerable stakeholder input, on May 1, 2013 the Clinical Education Program launched its first HIV/AIDS Webinar Learning Series in partnership with Positive Living BC. The interactive webinar sessions allow providers in remote areas to access up-to-date clinical information, including info related to STOP HIV/AIDS STOP. The second webinar, "HIV Diagnosis: Issues in HIV Testing", will take place on September 11, 2013.</p> <p>From April 2013, over 200 health care professionals, community members, and persons living with HIV continue to be</p>	<p>On Track</p>			
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STOP HIV EXPENDITURE REPORT – Q1 2013/14

continued quality improvement for better health and well-being of British Columbian's living with HIV/AIDS. With the provincial rollout, the focus will include expanding the SLC to 1) maintain learning & interest with existing provincial groups (HIV Quality Improvement Network and 2) adding new partners and developing their commitment and learning to a quality concept (SLC) and helping the new partners to transition to the HIV QI Network related to HIV .		connected to the HIV Quality Improvement Network. During this period, the Response Team has met monthly to plan for two webinars (mobile communications technologies for engagement, complexity scores in action) and to create group feedback; a new approach to increase learning and sharing among all teams. Quality improvement indicators representing outcomes for nearly 2,600 patients have shown sustained improvements in patient engagement (90%); plasma viral load testing every four months (86%); treatment uptake among those unequivocally in need (95%); and virologic control if prescribed treatment (93%). Participant sites were also observed to have increased their capacity for quality improvement and for engaging patients in the design of care and services.				
Lab		In kind Service	On Going			
As part of the initiative, we continue to identified all new patients entering the DTP and automatically test for pre-existing HIV drug resistance and provided these results back to their physician.						
Communications		22.2%	On track	\$450,000	\$100,000	\$350,000
Communication Strategy: Political Provincial, National & International.	Ongoing	Communications Strategy will be on going involving STOP HIV/AIDS. Media related stories have occurred in this time frame promoting TasP with STOP as one component. Planned and (unplanned) mtgs have occurred with MoH, Assistant Deputy and MLA's, including: Premier Christy Clark, Terry Lake, Arlene Paton, and Barbara Walman. On a Federal level mtgs have been set up for the second quarter with the province of Manitoba and Saskatchewan. Written	On track			

STOP HIV EXPENDITURE REPORT – Q1 2013/14

		<p>communication has occurred with the PM Stephen Harper & new MoH Rona Ambrose requesting mtg to discuss Tasp & STOP HIV. I have had mtgs with international delegates in Kuala Lumpur mtg with reps from South Africa and mtg with China CDC in Beijing discussing the STOP initiative under the umbrella of TasP. Forecast continues monthly articles profiling STOP success stories.</p> <p>Scientific Peer Reviewed Publications, media interviews, Radio/TV; publication in local, national & international media e.g. The Lancet, Province, Vancouver Sun, G&M, AIDS Journal, PLOS-One continues.</p> <p>We continue to see an increase in the number of visits to BC-CfE web site particularly the STOP site. However, to make the site more attractive over the first quarter an evaluation and review of the site is in the process. The intent is to increase knowledge from the different HA's and provide easier access to STOP information. To date the following is occurring re-doing the entire website back and front-end, maintaining it as a CMS (Content Management System) site.</p> <ul style="list-style-type: none"> - creating a unique theme for the STOP HIV/AIDS website. - coding specialized plugins for individual requirements such as event calendar, contact form, image carrousel, text slider, forum, etc. - creating a seamless system so the updates entered can be organized into categories which at the same time will update the website in it's correspondent pages. - Uploading content and documents manually into the database. - re-creating the more than 200 users registered into the Collaborative (we send automatically when a new user is created). - Incorporating a Framework into the backend of the website for ease of page and content creation. 				
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STOP HIV EXPENDITURE REPORT – Q1 2013/14

		<ul style="list-style-type: none"> - creating a login system that depending on the user login role, certain content and menu items will be accessible by the user. - design concept is to keep it simple and clean - creating extra layers of security to maintain security of the information. - starting work on SEO (Search Engine Optimization) to make the website more searchable in Google and other search engines. 				
Monitoring and Evaluation		24%	On track	\$1,250,000	\$300,000	\$950,000
The Monitoring & Evaluation phase has been geared toward development of data linkages, increasing participation in existing cohorts and developing new cohorts.	Ongoing	In this quarter the monitoring & evaluation component of STOP has been undergoing changes to meet the needs of the new Provincial rollout. We have been working internally to develop a comprehensive monitoring program for long-term use going forward. To these ends we have met several times with representatives of each of the Health Authorities on a one on one basis and convened joint meetings of all the HAs to develop a new quarterly monitoring report that outlines important indicators of STOP success at both a provincial level and within each Health Authority. We are working to develop processes to extend analytic access of STOP information to meet requests from the HAs. We continue to work toward completing a total refresh of the STOP cohort data to update important analyses and to extend data capture to complete the picture of HIV diagnosis and care in BC.	On track			
TOTAL		24.3%	On Track	\$2,100,000	\$510,000	1,590,000

STOP HIV EXPENDITURE REPORT – Q2 2013/14

BC-CENTRE FOR EXCELLENCE

Objective	Timeline (Completion Date)	Results Achieved (% completed)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Education		53.8%		\$400,000	\$215,000	\$185,000
The BC-CfE Clinical Education Program provided training in the primary care management and initiation of antiretroviral therapy.	Ongoing	<p>In September 2013, the Clinical Education Program launched its Level 2 Preceptorship Training Program for former graduates of the Level 1 Intensive Preceptorship Training Program. Level 2 consists of 3 months of clinical rotations in the IDC, 10C and the Oak Tree Clinic. From September-October 2013, 1 Level 2 preceptee has been under training. The CME activities organized by the Clinical Education Program from July to mid-October 2013 included:</p> <ul style="list-style-type: none"> -2 IDC Journal Clubs. In these events current articles were critically reviewed, discussed and posted online. Some topics were related to the HIV/AIDS STOP program -4 AIDS Care Rounds presentations. In these CME-accredited lectures expert speakers discussed issues related to the interdisciplinary care of HIV patients. <p>The Clinic Education Program's online course "HIV Diagnosis and Management" is a CME-accredited course, which consists of 8-10 hours of online self-study on topics related to the HIV/AIDS STOP program. From July to mid-October 2013, 31 individuals have registered for the course.</p> <p>The online course "HIV Treatment Information for Support Workers" is a 40-min lecture that provides a basic overview of HIV disease and treatment for support workers and health care providers. From July to mid-October 2013, the course had been accessed 75 times.</p> <p>From July to mid-October 2013 clinical training was provided to: 1 international</p>	On track			

STOP HIV EXPENDITURE REPORT – Q2 2013/14

		<p>fellow from Spain; 1 community physician for short-term clinical training; 3 R3 Family Practice Residents through the UBC Skills Enhancement Program in HIV/AIDS (2 in HIV/AIDS and 1 in Global Health); 2 PGY1 residents from UBC Family Practice; and 2 medical students (for HIV rotations in their Public Health elective).</p> <p>The UBC Division of Infectious Diseases places their residents, fellows, and MSI Year 3, totaling 33 trainee-sessions, to train with specialists in the outpatient clinics. From July to mid-October 2013, training was provided to 1 ID fellow.</p> <p>The Clinical Education Program's HIV/AIDS Webinar Learning Series, offered in partnership with Positive Living BC, are interactive webinar sessions that allow providers in remote areas to access up-to-date clinical information, including those that are related to the HIV/AIDS STOP program. The second webinar took place on September 11, 2013 on the topic of "HIV Diagnosis: Issues in HIV Testing." The third webinar on the topic of linkage to care is planned for December 2013.</p> <p>In July 2013 the Clinical Education Program launched remote consultations via video conferencing for physicians in HIV primary care.</p>				
Structured Learning Collaborative/ HIV Quality Improvement Network/ HIV Continuum of Care Collaborative	Ongoing	<p>From July to October 2013, nine HIV Quality Improvement Network teams reported quality improvement data and narrative (90% engagement, 85% plasma viral load testing every four months, 94% treatment uptake among unequivocally in need, and 93% suppression for those on treatment); coaching and feedback was created for all nine teams; one webinar was held on the topic of complexity scoring; the HIV Response Team met four times, including a half day strategy</p>	On track			

STOP HIV EXPENDITURE REPORT – Q2 2013/14

		session, to plan, deliver, and connect improvement for 234 Network members. Two improvement case studies were drafted in partnership with two teams (Smithers and Positive Wellness North Island) and qualitative cohort data has been organized for further analysis. Concurrently, a communication and engagement strategy, with 11 different provincial leaders, is currently being executed to develop and launch a new, virtual Collaborative to close gaps across the HIV continuum of care. The launch of the HIV Continuum of Care Collaborative will take place on November 19th 2013.				
Lab		In kind Service	On going			
As part of the STOP initiative, the BC-CfE continues to identified all new patients entering the DTP and automatically test for pre-existing HIV drug resistance and provide these results back to their physician.	Ongoing					
Communications		48.9%		\$450,000	\$220,000	\$230,000
Communication Strategy: Increase awareness e.g. Political Provincial, National & International.	Ongoing	Produced two videos to promote STOP HIV/AIDS shown at the PNE to the event audience of 763,689 between August 19 and 26. The videos were promoted on YouTube during the same week and can be found at: Your body is a great machine. Together, we can STOP HIV/AIDS http://youtu.be/s-t33a61VMk Do you remember the greatest day you ever had as a kid? http://youtu.be/400DLhpTpal Media related stories have occurred promoting TasP with STOP as one component. Planned and (unplanned) mtgs have occurred with MoH, Assistant Deputy and MLA's, including: Terry Lake, Arlene Paton, and Barbara Walman., as well Rich Coleman, brief discussion with M. deJong (follow up mtg in	On track			

STOP HIV EXPENDITURE REPORT – Q2 2013/14

		<p>the works)</p> <p>Ongoing media relations related to the STOP HIV/AIDS provincial expansion announcement and ensuring that initiative is included in media coverage. Examples include a four-part series on HIV/AIDS in B.C. published in the <i>Victoria Times Colonist</i> (August) and a <i>Globe & Mail</i> story on the province's strategy to fight HIV/AIDS (October). Press release and media outreach for STOP HIV/AIDS-related research, including <i>Lancet Infectious Diseases</i> study on the cascade of care (September). Draft updates on STOP HIV/AIDS published in monthly BC-CfE Forecast newsletter and on BC-CfE website.</p> <p>On a National level mtgs have occurred with Manitoba and Saskatchewan. The former was an all day event of mtgs with stakeholders e.g. physicians, nurses, community, MoH, Deputy MoH, etc. The latter was a telephone mtg with Sask. to assist with the development of a similar event for Saskatchewan., that we did in Winnipeg</p> <p>Plans for a China visit with the Premier, UNAIDS mtg in Paris and follow up with France & Brazil are underway.</p> <p>Website; Re-did the whole website back and front-end, maintaing it as a CMS (Content Management System) by using Wordpress. Designed, coded and created a unique theme for the STOP HIV/AIDS website. Coded specialized plugins for individual requirements such as event calendar, contact form, image carrousel, text slider, forum, etc. Created a seamless system so the updates needed to be entered can be organized into categories which at the same time will update the website in it's correspondent pages. Uploaded all the content and documents manually into the database. Re-created the more than 200 users registered</p>				
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STOP HIV EXPENDITURE REPORT – Q2 2013/14

		into the Collaborative. Incorporated a Framework into the backend of the website for ease of page and content creation. Created a login system depending on the user login role, certain content and menu items will be accessible by the user. Created extra layers of security to maintain the information is secure. Implemented SEO (Search Engine Optimization) to make the website more searchable in Google and other search engines. Implemented Google Analytics to track specific metrics such as audience, used browser, goals, etc. Created a registration form so users can register for different events, storing the information in the website's database with a user friendly backend menu to view and download that information in a cvs file.				
Monitoring and Evaluation		50.4%		\$1,250,000	\$630,000	\$620,000
The Monitoring & Evaluation phase has been geared toward development of data linkages, increasing participation in existing cohorts and developing new cohorts.	Ongoing	The monitoring and evaluation groups have been prioritizing the development, drafting and distribution of the first Quarterly Monitoring Report since the STOP provincial rollout. This has recently been distributed to all partners. The second quarter's report will be ready by the end of November and will give each Health Authority insight into measures of HIV-related testing, care and treatment in their jurisdictions and developments in the past few months. Work to collect additional data elements and to collaborate with new data holders continues with good progress. Several academic manuscripts are in progress or under review or in press based on the STOP principals and cohort and will help to frame the evaluative components moving forward. Plans for further investigations enabling a richer long-term evaluation of both the Pilot and Programmatic phases have been	On track			

STOP HIV EXPENDITURE REPORT – Q2 2013/14

		formalized. Data refresh is almost complete allowing for new analyses of the data up to the end of 2013.				
TOTAL		50.7%		\$2,100,000	\$1,065,000	\$1,035,000

STOP HIV EXPENDITURE REPORT – Q3 2013/14

BC CENTRE FOR EXCELLENCE IN HIV/AIDS

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Education		65.0%		\$400,000	\$260,000	\$140,000
The BC-CfE Clinical Education Program provided training in the primary care management and initiation of antiretroviral therapy.	Ongoing	<p>At the BC-CfE the Clinical Education & Training Program provides training in the diagnosis, primary care management and treatment of HIV positive individuals. In December 2013 the first Level 2 Preceptorship Trainee completed their 3-month training and provided positive feedback. Also in December 2013 the first nurse practitioner from the Interior Health region was trained in the Level 1 Intensive Preceptorship Training program. The CME activities organized by the Clinical Education Program in the third quarter included:</p> <ul style="list-style-type: none"> • 4 IDC Journal Clubs. In these events current articles were critically reviewed, discussed and posted online. Some topics were related to the HIV/AIDS STOP program • 9 AIDS Care Rounds presentations. In these CME-accredited lectures expert speakers discussed issues related to the interdisciplinary care of HIV patients. <p>The Clinic Education Program's online course "HIV Diagnosis and Management" is a CME-accredited course, which consists approx. 10 hours of online self-study on topics related to the HIV/AIDS STOP program. In this quarter, 16 individuals successfully completed the course, the majority were STOP nurses. The online course "HIV Treatment</p>	On Track			

STOP HIV EXPENDITURE REPORT – Q3 2013/14

<p>HIV Continuum of Care / Structured Learning Collaborative / HIV Quality Improvement Network with Dr. Rolando Barrios and Christina Clarke</p>	<p>Ongoing</p>	<p>Information for Support Workers” is a 40-min lecture that provides a basic overview of HIV disease and treatment for support workers and health care providers. During this quarter the course had been accessed 100 times. During this quarter, clinical training was provided to: 1 international medical graduate, 2 R3 Family Practice Residents through the UBC Enhanced Skills Program in HIV/AIDS, 5 medical students, 2 nurses and 1 medical biology student.</p> <p>The UBC Division of Infectious Diseases places their residents, fellows, and MSI Year 3, totalling 24 trainee-sessions, to train with specialists in the outpatient clinics.</p> <p>The Clinical Education Program’s HIV/AIDS Webinar Learning Series, offered in partnership with Positive Living BC, are interactive webinar sessions that allow providers in remote areas to access up-to-date clinical information, including those that are related to the HIV/AIDS STOP program. The third webinar took place on December 4, 2013 on the topic of linkage to care. The attendance almost tripled since the second webinar, from 18 to 52. The next webinars are planned for Spring and Summer 2014.</p> <p>For the 3rd quarter, steps have been taken to consult; plan, and deliver a second wave Structured Learning Collaborative focusing on closing gaps across the Continuum of HIV Care. In October, eight consultation meetings occurred with all Health Authorities and Corrections Canada. A representative planning team was formed, including two people living with HIV, to plan and deliver the Launch on November 19th. The Launch included</p>	<p>Very on Track!!</p>			
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STOP HIV EXPENDITURE REPORT – Q3 2013/14

		all Health Authorities with over 90 participants spread across six different sites and connected via videoconference. This represented the first steps towards preparing for the quality improvement journey. Toward the end of the quarter, an orientation webinar was held for participants who were not able to attend the Launch. All materials were available for public viewing to the Collaborative webspace (www.stophivaids.ca). The first Learning Session will be hosted in Prince George and is set to occur on January 29th 2014.				
Lab		In kind Service	Ongoing			
As part of the STOP initiative, the BC-CfE continues to identified all new patients entering the DTP and automatically test for pre-existing HIV drug resistance and provide these results back to their physician.						
Communications		70.0%		\$450,000	\$315,000	\$135,000
Communication Strategy: Increase awareness e.g. Political Provincial, National & International.	Ongoing	The BC-CfE continues to have a strong online presence and develops materials to support strategic communications related to increasing awareness regarding TasP. The online community engagement, creates content for social media, produces videos, digital marketing, produces web-based promotional materials, media communications, creates online campaigns and collaborates on the development of BC-CfE web site. Activities specific to STOP HIV/AIDS has included communications related to the HIV	On Track			

STOP HIV EXPENDITURE REPORT – Q3 2013/14

		Continuum of Care Collaborative, development of messaging from Dr. Montaner and others for delivery at the collaborative during the orientation and first learning session. Production of stories related to the STOP initiative for the BC-CfE newsletter, Forecast, background and messaging on TasP initiatives for various media-related activities, including press material for the China MOU signing and media relations around World AIDS Day. Over 400 media coverage including: BMJ, The Canadian Press, Huffington Post, CBC, the Province, The Van Sun, MacLeans, etc				
Monitoring and Evaluation				\$1,250,000	\$855,000	\$395,000
The Monitoring & Evaluation phase has been geared toward development of data linkages, increasing participation in existing cohorts and developing new cohorts.	Ongoing	The monitoring and evaluation working groups have been prioritizing, and continuing to update and distribute the Quarterly Monitoring Report, since the STOP provincial rollout. This provides each Health Authority insight into measures of HIV-related testing, care and treatment in their jurisdictions and how the outcomes are changing over time. Work continues related to collecting additional data elements and to collaborate with new data holders. Several academic manuscripts are in progress or under review or in press based on the STOP principals and cohort, and this will help to frame the evaluative components moving forward. Plans for further investigations enabling a richer long-term evaluation of both the Pilot and Programmatic phases have been formalized. In addition, several conference abstracts have been submitted for presentation at the national and international level. Data refresh is almost complete allowing for new analyses of the data up to the end of 2013.	On Track			

STOP HIV EXPENDITURE REPORT – Q3 2013/14

TOTAL		68.1%		\$2,100,000	\$1,430,000	\$670,000
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STOP HIV EXPENDITURE REPORT – Q4 2013/14

BC CENTRE FOR EXCELLENCE IN HIV/AIDS

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Education		100%		\$400,000	\$400,000	\$,000
The BC-CfE Clinical Education Program provided training in the primary care management and initiation of antiretroviral therapy.	Ongoing	<p>At the BC-CfE the Clinical Education & Training Program provides training in the diagnosis, primary care management and treatment of HIV positive individuals. In February 2014, 2 physicians from the Interior Health regions were trained in the Level 1 Intensive Preceptorship Program. In March 2014, 3 physicians from Vancouver Coastal Health were trained in the Level 1 Intensive Preceptorship Program.</p> <p>The CPD activities organized by the Clinical Education Program from January to end of March 2014 included:</p> <ul style="list-style-type: none"> • 5 IDC Journal Clubs. In these events current articles were critically reviewed, discussed and posted online. Topics were related to the HIV/AIDS STOP program • 8 AIDS Care Rounds presentations. In these CPD-accredited lectures expert speakers discussed issues related to the interdisciplinary care of HIV patients. <p>The Clinic Education Program's online course "HIV Diagnosis and Management" is a CPD-accredited course, which consists approx. 10 hours of online self-study on topics related to the HIV/AIDS STOP</p>	On Track			

STOP HIV EXPENDITURE REPORT – Q4 2013/14

<p>HIV Continuum of Care / Structured Learning Collaborative / HIV Quality Improvement Network</p>	<p>On Going</p>	<p>program. From January to end of March 2014, 19 individuals successfully completed the course.</p> <p>The online course “HIV Treatment Information for Support Workers” is a 40-min lecture that provides a basic overview of HIV disease and treatment for support workers and health care providers. From January to end of March 2014, the course had been accessed over 100 times.</p> <p>From January to end of March 2014, clinical training was provided to: 3 medical students, 3 UBC residents, 1 endocrinology fellow, 2 international specialists and 1 nurse practitioner.</p> <p>The UBC Division of Infectious Diseases places their residents, fellows, and MSI Year 3, totalling 22 residents and fellows between January and April 2014.</p> <p>The HIV/AIDS Webinar Learning Series, offered in partnership with Positive Living BC, are interactive webinar sessions that allow providers in remote areas to access up-to-date clinical information, including those that are related to the HIV/AIDS STOP program. The fourth webinar took place on April 9, 2014 on the topic of women and HIV. 61 sites were in attendance (representing over 70 participants across BC, Canada and the US).</p> <p>The HIV Continuum of Care Collaborative held its first Learning Session January 29th</p>	<p>Working like gang</p>			
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STOP HIV EXPENDITURE REPORT – Q4 2013/14

		<p>2014. The Learning Session was hosted in Prince George and marked the release of all the technical materials for measuring and applying changes to close gaps across the HIV Continuum of Care. Over 100 attendees joined the virtual session from video-conference sites in Kelowna, Nanaimo, Prince George, Surrey, Vancouver, and Victoria. Participants heard from 22 different groups that shared their aims for closing gaps. Since this time, teams have participated in two reporting periods (data and narrative), received team specific feedback, attended three coaching teleconferences, and one HIV Quality Improvement Network Webinar. The Collaborative website was updated to streamline access to resources and other information. Also in January 2014, members of the first Collaborative (now HIV Quality Improvement Network) participated in a quarterly reporting period. Data was consolidated and results show all indicators are at or near targets, gains have been sustained, and improvements continue to be observed for outcomes including treatment and achieving suppression.</p>	<p>busters ☺</p>			
Lab		In kind Service	Ongoing			
As part of the STOP initiative, the BC-CfE continues to identified all new patients entering the DTP and						

STOP HIV EXPENDITURE REPORT – Q4 2013/14

automatically test for pre-existing HIV drug resistance and provide these results back to their physician.						
Communications		100.0%		\$450,000	\$450,000	\$,000
Communication Strategy: Increase awareness e.g. Political Provincial, National & International.	Ongoing	<p>The BC-CfE continues to have a strong online presence and develops materials to support strategic communications related to increasing awareness regarding TasP. The online community engagement, creates content for social media, produces videos, digital marketing, produces web-based promotional materials, media communications, creates online campaigns and collaborates on the development of BC-CfE web site.</p> <p>Activities specific to STOP HIV/AIDS has included communications related to the HIV Continuum of Care Collaborative, development of messaging from Dr. Montaner and others for delivery at the collaborative. Production of stories related to the STOP initiative for the BC-CfE newsletter, Forecast, background and messaging on TasP initiatives for various media-related activities, including press material for the Panama MOU signing and media relations around TasP w/s, ARV update, etc..</p> <p>Examples included content on social media channels to create online support within the general public to spread awareness about TasP and promoting the latest BC-CfE research publications. In February, Jehnifer created a social media plan to promote Panama adopting made-in-BC Treatment as Prevention Strategy and BC-CfE partners with UNAIDS to accelerate access to HIV treatment.</p> <p>In addition we revamped the Stop Website</p>	On Track			

STOP HIV EXPENDITURE REPORT – Q4 2013/14

		<ul style="list-style-type: none"> • Re-designed and re-coded the STOP HIV/AIDS website with a new look and better backend interface. • Developed various registration forms for the Continuum Collaborative Learning sessions. • Updated the website's content, from videos and banners, to users and specific page layout and text. <p>Developed several surveys for webinars, coaching calls and upcoming learning sessions. All to promote health care providers better and more informed STOP content, more attractive site to engage individuals who come to the site and easier access.</p>				
Monitoring and Evaluation		100%		\$1,250,000	\$1,250,000	\$395,000
The Monitoring & Evaluation phase has been geared toward development of data linkages, increasing participation in existing cohorts and developing new cohorts.	Ongoing	<p>The monitoring and evaluation working groups continue prioritizing, updating and distribution of the Quarterly Monitoring Report. The process continues to provide each Health Authority insight into measures of HIV-related testing, care and treatment in their jurisdictions and how these outcomes are changing over time. Work to collect additional data elements and to collaborate with new data holders continues with good progress. Several academic manuscripts are in progress or under review or in press based on the STOP principals and cohort and will help to frame the evaluative components moving forward. Plans for further investigations enabling a richer long term evaluation of both the Pilot and Programmatic phases have been formalized. In addition several conference</p>	On Track			

STOP HIV EXPENDITURE REPORT – Q4 2013/14

		abstracts have been submitted for presentation at the national and international level.				
TOTAL		100%		\$2,100,000	\$2,100,000	\$0

FRASER HEALTH AUTHORITY

FRASER HEALTH AUTHORITY STOP Q1 1314

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Development of Comprehensive STOP HIV/AIDS Project Plan and Leadership Infrastructure	Oct/31/13	50%	On track	250,000	149,471	100,529
Enhance and Expand Harm Reduction Services Support community partners to increase distribution and access; provide central coordination of HR services; increase HR knowledge and competency; and engage municipal partners	Mar/31/14	30%	On track	345,000	18,750	326,250
Improve Access, Efficiency and Effectiveness of Prevention Services Support community organizations for peer navigation and prevention in targeted populations (e.g. Aboriginal, gay men/MSM, refugee, newcomers); and enhance existing prevention services provided by public health	Mar/31/14	20%	On track	450,000	-	450,000
Testing to Ensure Early Diagnosis Increase routine testing in acute and primary care settings; expand targeted/outreach testing in high risk populations; implement anonymous testing pilot; and explore opportunistic testing in high risk settings	Mar/31/14	20%	On track	230,000	22,500	207,500
Improve Access, Efficiency and Effectiveness of Treatment and Support Services support physicians who treat (enhanced networks and STOP HIV learning collaborative); establish protocols to provide complex care coordination; and ensure retention in care	Mar/31/14	20%	On track	300,000	-	300,000

Ensure Effective Monitoring, Surveillance & Evaluation	Mar/31/14	25%	On track	200,000	-	200,000
Development and Implementation of STOP Social Marketing and Communications Plan	Mar/31/14	10%	On track	125,000	-	125,000
TOTAL				\$1,900,000	\$190,721	\$1,709,279

FRASER HEALTH STOP HIV Expenditure Report Q2 2013/14

Ministry of Health Funding 2013/14

\$1,900,000

OBJECTIVE	Timeline	status/mitigation	Budget for current fiscal	Actual Expense	Variance
Development of Comprehensive STOP HIV/AIDS Project Plan and Leadership Infrastructure Medical and Admin Leads, Clinical Integration lead & project support, start up costs.	Oct/31/13	50%	250,000	180,165	69,835
Enhance and Expand Harm Reduction Services Funding to community partners to increase distribution and access ; HR coordination and PR with municipalities	Mar/31/14	50%	345,000	131,805	213,195
Increase Appropriate Testing to Ensure Early Diagnosis Routine and acute care testing, POC targetted testing, implementation of anonymous testing pilot; engagement workers, nurses	Mar/31/14	30%	230,000	116,924	113,076
Improve Access, Efficiency and Effectiveness of Prevention Services fund NGOs for support and peer navigators workers (aboriginal. Gay men, refugee (African descent), new immigrant, populaiton with Mental Health issues and those who use substance.	Mar/31/14	50%	450,000	89,957	360,043
Improve Access, Efficiency and Effectiveness of Treatment and support services support physcians who treat, provide primary care nurse, workers linking indiviudals to care	Mar/31/14	50%	300,000	66,262	233,738
Ensure Effective Monitoring, Surveillance & Evaluation data warehouse, analysis, Biostatician, Evaluations specialist	Mar/31/14	40%	200,000	32,535	167,466
Development and Implementation of STOP Social Marketing and Communications Plan	Mar/31/14	20%	125,000	25,588	99,412
TOTAL BC STOP HIV/AIDS CIC			\$1,900,000	\$643,236	\$1,256,764

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FRASER HEALTH STOP HIV Expenditure Report Q3 2013/14

Ministry of Health Funding 2013/14

\$1,900,000

OBJECTIVE	Timeline	status/ mitigation	Budget for current fiscal	Actual Expense	Variance
Development of Comprehensive STOP HIV/AIDS Project Plan and Leadership Infrastructure Medical and Admin Leads, Clinical Integration lead & project support, start up costs.	Oct/31/13	80%	250,000	241,813	8,187
Enhance and Expand Harm Reduction Services Funding to community partners to increase distribution and access ; HR coordination and PR with municipalities	Mar/31/14	75%	345,000	252,614	92,386
Increase Appropriate Testing to Ensure Early Diagnosis Routine and acute care testing, POC targetted testing, implementation of anonymous testing pilot; engagement workers, nurses	Mar/31/14	75%	230,000	200,558	29,442
Improve Access, Efficiency and Effectiveness of Prevention Services fund NGOs for support and peer navigators workers (aboriginal. Gay men, refugee (African descent), new immigrant, populaiton with Mental Health issues and those who use substance.	Mar/31/14	80%	450,000	396,160	53,840
Improve Access, Efficiency and Effectiveness of Treatment and support services support physcians who treat, provide primary care nurse, workers linking indiviudals to care	Mar/31/14	60%	300,000	109,876	190,124
Ensure Effective Monitoring, Surveillance & Evaluation data warehouse, analysis, Biostatician, Evaluations specialist	Mar/31/14	75%	200,000	104,060	95,940
Development and Implementation of STOP Social Marketing and Communications Plan	Mar/31/14	60%	125,000	80,230	44,770
TOTAL			\$1,900,000	\$1,385,312	\$514,688

FRASER HEALTH STOP HIV Expenditure Report Q4 2013/14

Ministry of Health Funding 2013/14

\$1,900,000

OBJECTIVE	Timeline	status/mitigation	Budget for current fis	Actual Expense	Variance
1 Development of Comprehensive STOP HIV/AIDS Project Plan and Leadership Infrastructure Medical and Admin Leads, Clinical Integration lead & project support, start up costs.	Oct/31/13	100%	250,000	261,330	-11,330
2 Enhance and Expand Harm Reduction Services Funding to community partners to increase distribution and access ; HR coordination and PR with municipalities	Mar/31/14	100%	345,000	324,700	20,300
3 Increase Appropriate Testing to Ensure Early Diagnosis Routine and acute care testing, POC targetted testing, implementation of anonymous testing pilot; engagement workers, nurses	Mar/31/14	100%	230,000	307,245	-77,245
4 Improve Access, Efficiency and Effectiveness of Prevention Services fund NGOs for support and peer naviagators workers (aboriginal. Gay men, refugee (African descent), new immigrant, populaiton with Mental Health issues and those who use substance.	Mar/31/14	100%	450,000	556,889	-106,889
5 Improve Access, Efficiency and Effectiveness of Treatment and support services support physcians who treat, provide primary care nurse, workers linking indiviudals to care	Mar/31/14	100%	300,000	213,726	86,274
6 Ensure Effective Monitoring, Surveillance & Evaluation data warehouse, analysis, Biostatician, Evaluations specialist	Mar/31/14	100%	200,000	121,993	78,007
7 Development and Implementation of STOP Social Marketing and Communications Plan	Mar/31/14	100%	125,000	120,669	4,331
30 June 2014		TOTAL BC STOP HIV/AIDS CIC	\$1,900,000	\$1,906,552	-\$6,552

INTERIOR HEALTH AUTHORITY

IH STOP HIV EXPENDITURE REPORT – Q12013/14

INTERIOR HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Testing Routine Testing including Acute Care and Primary Care Physicians; Additional lab costs; Social Marketing	2015/03/31	5%	On track	\$200,000	\$30,000	\$170,000
Clinical Outreach/Treatment/Retention in Care STOP Outreach Team, Aboriginal Practice Lead	2014/03/31	50%	On track	\$600,000	\$4,000	\$560,000
Education BC-CfE Preceptorship, Knowledge Exchange	2015/03/31	2%	On track	\$50,000	0	\$50,000
Evaluation/Epidemiology Epidemiology support	2013/9/30	95%	On track	\$100,000	0	\$100,00
Peer Navigation Development	2014/09/30	5%	On track	\$50,000	0	\$50,000
TOTAL				\$1,000,000	\$34,000	\$966,000

TESTING:

- Have received endorsement from Senior Leadership; Health Authority Medical Advisory Committee and Board
- Have provided information to Divisions of Family Practice
- Have initiated working groups at three implementation sites
- In progress of developing implementation strategy
- Training and support tools to be developed with projected go live by end of November, 2013

Clinical Outreach/Treatment/Retention in Care

- Have clinical coordinator in place as of July 19, 2013
- In process of hiring outreach nursing staff with anticipated start date of September 30, 2013
- Aboriginal Practice Lead to be assigned in September 2013 to support Aboriginal engagement and planning

Education

- Have been in discussion with BCCfE and will have training session for two NP and one family physician in fall 2013.

IH STOP HIV EXPENDITURE REPORT – Q12013/14

Evaluation/Epidemiology

- Have hired 0.8 Epidemiologist with start date of September 6, 2013
- Evaluation plan being developed.

Peer Navigation Development

- Have initiated a working group of community agencies and partners to develop a peer navigator program

IH STOP HIV EXPENDITURE REPORT – Q22013/14

INTERIOR HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Testing Routine Testing including Acute Care and Primary Care Physicians; Additional lab costs; Social Marketing	2015/03/31	15%	On track	\$200,000	\$35,000	\$165,000
Clinical Outreach/Treatment/Retention in Care STOP Outreach Team, Aboriginal Practice Lead	2014/03/31	80%	On track	\$600,000	\$182,000	\$418,000
Education BC-CfE Preceptorship, Knowledge Exchange	2015/03/31	2%	On track	\$50,000	0	\$50,000
Evaluation/Epidemiology Epidemiology support	2013/9/30	95%	On track	\$100,000	\$3000	\$97,000
Peer Navigation Development	2014/09/30	10%	On track	\$50,000	0	\$50,000
TOTAL				\$1,000,000	\$220,000	\$780,000

TESTING:

- Have received endorsement from Senior Leadership; Health Authority Medical Advisory Committee and Board
- Have provided information to Divisions of Family Practice
- Have initiated working groups at three implementation sites
- In progress of developing implementation strategy
- Training and support tools to be developed with projected go live by end of November, 2013
- Engaged in survey of IH population related to HIV testing to inform social marketing campaign
- Participating in provincial working group for a provincial focused marketing campaign

Clinical Outreach/Treatment/Retention in Care

- Have clinical coordinator in place as of July 19, 2013
- In process of hiring outreach nursing staff with anticipated start date of September 30, 2013- completed
- Health Outreach staff in orientation with anticipated go live date for referral to outreach team of Nov 4, 2013
- Aboriginal Practice Lead to be assigned in September 2013 to support Aboriginal engagement and planning

IH STOP HIV EXPENDITURE REPORT – Q22013/14

Education

- Have been in discussion with BCCfE and will have training session for two NP and one family physician in fall 2013.- Slated for December training

Evaluation/Epidemiology

- Have hired 0.8 Epidemiologist with start date of September 6, 2013
- Evaluation plan being developed.

Peer Navigation Development

- Have initiated a working group of community agencies and partners to develop a peer navigator program

IH STOP HIV EXPENDITURE REPORT - Q3 201314

INTERIOR HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Testing Routine Testing including Acute Care and Primary Care Physicians; Additional lab costs; Social Marketing	2015/03/31	30%	On track	\$200,000	\$50,000	150,000
Clinical Outreach/Treatment/Retention in Care STOP Outreach Team, Aboriginal Practice Lead	2014/03/31	90%	On track	\$600,000	\$579 000	\$21,000
Education BC-CfE Preceptorship, Knowledge Exchange	2015/03/31	20%	On track	\$50,000	\$10,000	\$40,000
Evaluation/Epidemiology Epidemiology support	2013/9/30	100%	On track	\$100,000	\$33000	\$67000
Peer Navigation Development	2014/09/30	30%	On track	\$50,000	\$81000	(\$31000)
TOTAL				\$1,000,000	\$753000	\$247,000

TESTING:

- Have received endorsement from Senior Leadership; Health Authority Medical Advisory Committee and Board – Aug 2013 completed
- Have provided information to Divisions of Family Practice – October 2013 completed
- Have initiated working groups at three implementation sites - November 2013 completed
- Participated in provincial working group for a provincial focused marketing campaign – November 2013 completed
- Training and support tools developed for end of November go live - December 2013 completed
- Gap analysis of social marketing and communication needs - December 2013 completed
- Two of three initial Implementation sites ready to go live – December 2013 completed
- Pre-printed order for routine acute HIV testing developed – December 2013 completed

Clinical Outreach/Treatment/Retention in Care

- Hired clinical coordinator - July 2013 completed
- Hired 5 outreach nursing staff - September 2013 completed
- Committed to fund one Aboriginal Practice Lead – September 2013 completed

IH STOP HIV EXPENDITURE REPORT - Q3 201314

- Health Outreach staff completed orientation - November 2013 completed
- Health Outreach staff accepting referrals and engaging with community clients and providers regionally – December 2013 completed
- Physician champions identified – December 2013 completed

Education

- Participated in introduction to knowledge collaborative – November 2013 completed
- Negotiated terms of physician and nurse practitioner training with BCCFE – December 2013 completed

Evaluation/Epidemiology

- Hired Epidemiologist - September 2013 completed
- Evaluation plan development - in progress

Peer Navigation Development

- Contract agency funded to provide report on needs assessment/peer navigation model for IH – December 2013 completed
- Funding for peer navigation/delivered services to three contracted agencies – December 2013 completed

IH STOP HIV EXPENDITURE REPORT - Q4 2013/14

INTERIOR HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Testing Routine Testing including Acute Care and Primary Care Physicians; Additional lab costs; Social Marketing	2015/03/31	30%	On track	\$255,000	\$221,000	\$34,000
Clinical Outreach/Treatment/Retention in Care STOP Outreach Team, Aboriginal Practice Lead	2014/03/31	90%	On track	\$545,000	\$466,000	\$79,000
Education BC-CfE Preceptorship, Knowledge Exchange	2015/03/31	20%	On track	\$50,000	\$50,000	\$0
Evaluation/Epidemiology Epidemiology support	2013/9/30	100%	On track	\$100,000	\$60,000	\$40,000
Peer Navigation Development	2014/09/30	30%	On track	\$50,000	\$81,000	(\$31,000)
TOTAL				\$1,000,000	\$878,000	\$122,000

TESTING:

- Have received endorsement from Senior Leadership; Health Authority Medical Advisory Committee and Board – Aug 2013 completed
- Have provided information to Divisions of Family Practice – October 2013 completed
- Have initiated working groups at three implementation sites - November 2013 completed
- Participated in provincial working group for a provincial focused marketing campaign – November 2013 completed
- Training and support tools developed for end of November go live - December 2013 completed
- Gap analysis of social marketing and communication needs - December 2013 completed
- Two of three initial Implementation sites ready to go live – December 2013 completed
- Pre-printed order PPO for routine acute HIV testing developed – December 2013 completed
- Piloting routine acute HIV testing PPO in two implementation sites – in progress

Clinical Outreach/Treatment/Retention in Care

- Hired clinical coordinator - July 2013 completed
- Hired 5 outreach nursing staff - September 2013 completed
- Committed to fund one Aboriginal Practice Lead – September 2013 completed

IH STOP HIV EXPENDITURE REPORT - Q4 201314

- Health Outreach staff completed orientation - November 2013 completed
- Health Outreach staff accepting referrals and engaging with community clients and providers regionally – December 2013 completed
- Physician champions identified – December 2013 completed
- Contracted two STOP ID Specialists, two STOP GPs to support outreach teams – March 2014 completed
- Hired Program Implementation Coordinator – STOP HIV – March 2014 completed
- EMR – Profile development – in progress

Education

- Participated in introduction to knowledge collaborative – November 2013 completed
- Negotiated terms of physician and nurse practitioner training with BCCFE – December 2013 completed
- Health Outreach Nurse two day practicum at VCH STOP Outreach clinics –March 2014 completed
- Advanced practice training for one infectious disease specialist, two GPs, and two nurse practitioners – March 2014 completed
- Participating in Continuing Care Collaborative with Observer Status – in progress

Evaluation/Epidemiology

- Hired Epidemiologist - September 2013 completed
- Engaged in epidemiologist in multiple opportunities for data analysis and feedback –March 2014 completed
- Evaluation plan development - in progress

Peer Navigation Development

- Contract agency funded to provide report on needs assessment/peer navigation model for IH – December 2013 completed
- Funding for peer navigation/delivered services to three contracted agencies – December 2013 completed
- IH Peer Navigation report “The Road to Wellness” – February 2014 completed
- Media and Marketing Campaign advisory committee formed – February 2014 completed

NORTHERN HEALTH AUTHORITY

STOP HIV EXPENDITURE REPORT – Q1 2013/14

NORTHERN HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Developing System of Care Medical and Admin Leads, Clinical Integration lead & support	3/31/2014	24%	On track	264,113	62,127	201,986
Testing Increase testing by Primary Care Physicians; monitoring testing data quarterly, Increased outreach testing, expanding POC	3/31/2014	10%	Delays – mitigation plans in place	0	0	0
Treatment/Retention in Care Outreach, wrap around nursing, pharmacy model & protocols, MH&A support, clinical coordination smithers, patient journey work	3/31/2014	25%	On track	1,027,815	135,386	892,429
Education/Community Action Community action projects, service provider education,	3/31/2014	17%	On track	248,486	41,434	207,052
Aboriginal Involvement Northern BC Aboriginal HIV Task Force, Aboriginal Leader Forums, Aboriginal Lead position	3/31/2014	25%	On track	309,586	0	309,586
Communication/Social Marketing	3/31/2014	30%	On track	150,000	44,846	105,154
Total				2,000,000	283,793	1,716,207

NB – variance due to delay in contracting process and recruitment lag.

STOP HIV EXPENDITURE REPORT – Q2 2013/14

NORTHERN HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Developing System of Care Medical and Admin Leads, Clinical Integration lead & support	3/31/2014	42%	On track	264,113	110,932	153,180
Testing Increase testing by Primary Care Physicians; monitoring testing data quarterly, Increased outreach testing, expanding POC	3/31/2014	50%	Budget related to testing are integrated to other objectives. Moving ahead on hospital testing at UHNBC.			
Treatment/Retention in Care Outreach, wrap around nursing, pharmacy model & protocols, MH&A support, clinical coordination smithers, patient journey work	3/31/2014	35%	On track	1,027,815	283,610	744,205
Education/Community Action Community action projects, service provider education,	3/31/2014	18%	Spending tracked to 3 rd quarter	248,486	45,073	203,413
Aboriginal Involvement Northern BC Aboriginal HIV Task Force, Aboriginal Leader Forums, Aboriginal Lead position	3/31/2014	34%	On track	309,586	106,720	202,866
Communication/Social Marketing	3/31/2014	50%	On track	150,000	60,069	89,931
Total				2,000,000	606,404	1,393,595

Notes:

STOP HIV EXPENDITURE REPORT – Q2 2013/14

1. Positive variance at end of period 2 was due to change in team members and lag in onboarding new staff, however year to date positive variance has been minimized.

STOP HIV EXPENDITURE REPORT – Q3 2013/14

NORTHERN HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Developing System of Care Medical and Admin Leads, Clinical Integration lead & support	3/31/2014	80%	On track	264,113	213,960	50,152
Testing Increase testing by Primary Care Physicians; monitoring testing data quarterly, Increased outreach testing, expanding POC	3/31/2014	75%	Budget related to testing are integrated to other objectives and on we are on track*	0	0	0
Treatment/Retention in Care Outreach, wrap around nursing, pharmacy model & protocols, MH&A support, clinical coordination smithers, patient journey work	3/31/2014	75%	On track	1,027,815	547,413	480,402
Education/Community Action Community action projects, service provider education,	3/31/2014	80%	Spending tracked to 3 rd quarter**	248,486	70,204	178,281
Aboriginal Involvement Northern BC Aboriginal HIV Task Force, Aboriginal Leader Forums, Aboriginal Lead position	3/31/2014	83%	On track	309,586	257,941	51,645
Communication/Social Marketing	3/31/2014	85%	On track	150,000	125,994	24,006
Total				2,000,000	1,215,513	784,487

STOP HIV EXPENDITURE REPORT – Q3 2013/14

Notes:

*Much of the focus over the last year has been getting the routine offering of testing going at UHNBC and in other smaller hospital. The budget allocation is integrated with other objectives and separated out.

** The community action grants have been awarded but are outstanding and not accrued by the end of period 3.

STOP HIV EXPENDITURE REPORT – Q4 2013/14

NORTHERN HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget for Current Fiscal	Actual Expense	Variance
Developing System of Care Medical and Admin Leads, Clinical Integration lead & support	3/31/2014	100%	On track	264,113	256,873	7,240
Testing Increase testing by Primary Care Physicians; monitoring testing data quarterly, Increased outreach testing, expanding POC	3/31/2014	100%	Budget related to testing are integrated to other objectives and on track*	0	0	0
Treatment/Retention in Care Outreach, wrap around nursing, pharmacy model & protocols, MH&A support, clinical coordination Smithers, patient journey work	3/31/2014	100%	On track	1,027,815	1,050,005	-22,190
Education/Community Action Community action projects, service provider education,	3/31/2014	100%	On track	248,486	199,00	49,485
Aboriginal Involvement Northern BC Aboriginal HIV Task Force, Aboriginal Leader Forums, FNHA	3/31/2014	100%	On track	309,586	305,945	3,642
Communication/Social Marketing	3/31/2014	100%	On track	150,000	167,682	-17,682
Total		100%	On track	2,000,000	1,979,505	20,494

STOP HIV EXPENDITURE REPORT – Q4 2013/14

Notes:

*Much of the focus over the last year has been getting the routine offering of testing going at UHNBC and in other smaller hospital. The budget allocation is integrated with other objectives and separated out.

VANCOUVER COASTAL HEALTH / PROVIDENCE HEALTH CARE

STOP HIV EXPENDITURE REPORT - Q1 201314

VANCOUVER COASTAL HEALTH AND PROVIDENCE HEALTH CARE

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Expand HIV Testing: 1. Increase rates of HIV testing in each HSDA to be at or above 3,500 per 100,000 people and increase testing by at least 50%. 2. Ensure the proportion of people diagnosed early in the course of their infection will meet or exceed 50 percent across the region. Activities include: <ul style="list-style-type: none"> Expansion of routine testing across VCH in Acute Care, Family Practice and high prevalence settings (mental health & addiction, abortion clinics, VCH primary care clinics, student health, & health justice sites, includes lab costs) Continued targeted testing for high prevalence populations (bathhouse testing, PHC client initiated testing, mobile outreach testing, youth clinics, STI clinics) Targeted social marketing for Gay Men/MSM 	2016/3/31	25%	On track	\$1,809,184	\$451,796	\$1,357,388
Expand HIV Care, Treatment & Support: 3. Of those diagnosed early in the course of infection, work towards zero case reports of progression to AIDS. 4. At least 90 percent of those medically eligible for access HIV treatment will be on treatment. Activities include: <ul style="list-style-type: none"> Expansion of ARV treatment adherence programs (MAT/DOT) at DCHC and Dr. Peter Centre Expanded clinical case management at IDC Clinic, VNHS and through the STOP Outreach Team Continued Peer Navigation Services Clinical Housing and outreach supports Nurse Educator at St. Paul's to support Aboriginal Clients Includes lab cost for VCH as well as other health authorities 	2016/3/31	25%	On track	\$5,440,816	\$1,350,427	\$4,090,389
TOTAL				\$7,250,000	\$1,802,223	\$5,447,777

STOP HIV EXPENDITURE REPORT - Q2 201314

VANCOUVER COASTAL HEALTH AND PROVIDENCE HEALTH CARE

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Expand HIV Testing: 1. Increase rates of HIV testing in each HSDA to be at or above 3,500 per 100,000 people & increase testing by at least 50%. 2. Ensure the proportion of people diagnosed early in the course of their infection will meet or exceed 50 percent across VCH. Activities include: <ul style="list-style-type: none"> Expansion of routine testing across VCH in Acute Care, Family Practice and high prevalence settings (mental health & addiction, abortion clinics, VCH primary care clinics, student health, & health justice sites, includes lab costs) Continued targeted testing for high prevalence populations (bathhouse testing, PHC client initiated testing, mobile outreach testing, youth clinics, STI clinics) Targeted social marketing for Gay Men/MSM 	2016/3/31	35%	On track	\$1,809,184	\$874,435	\$934,749
Expand HIV Care, Treatment & Support: 3. Of those diagnosed early in the course of infection, work towards zero case reports of progression to AIDS. 4. At least 90 percent of those medically eligible for access HIV treatment will be on treatment. Activities include: <ul style="list-style-type: none"> Expansion of ARV treatment adherence programs (MAT/DOT) at DCHC and Dr. Peter Centre Expanded clinical case management at IDC Clinic, VNHS & through STOP Outreach Team Continued Peer Navigation Services Clinical housing and outreach supports 2 Nurse Educators to support Aboriginal clients/First Nations Includes viral load lab cost for VCH & other HAs 	2016/3/31	50%	On track	\$5,440,816	\$2,530,639	\$2,910,177
TOTAL				\$7,250,000	\$3,405,074	\$3,844,926

VANCOUVER COASTAL HEALTH AND PROVIDENCE HEALTH CARE – FINANCIAL REPORT – Q3 – 2013/14

Objectives based on Hope to Health HIV Initiative Goals and Milestones	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Expand Prevention Strategies: 1. Continuing with Public Procurement Process with redesigned prevention services for Vancouver. Will expand services to Richmond and Coastal as needed. 2. Recruiting a Regional HIV Prevention Lead, and Aboriginal HIV Nurse Educator for 14 First Nations Band	2014/3/31	85%	On track	\$45,000	\$7,500	\$37,500
Expand HIV Testing Strategies: Activities include: 1. Richmond and Coastal <ul style="list-style-type: none"> Target date for testing at LGH – Jan 28 and Feb 11 for Richmond Hospital. Family Practice workshops booked for Feb/Mar 2014. Engagement begun with Hospital MACs and FP Divisions for rural Coastal. Introducing routine testing in high prevalence settings. Recruiting Aboriginal HIV Nurse Educator for 14 Coastal First Nations Bands 2. Vancouver <ul style="list-style-type: none"> Continued routine and targeted testing for high prevalence populations (bathhouse testing, PHC client initiated testing, mobile outreach testing, youth clinics, STI clinics) 	2015/3/31	50%	On track	\$1,809,184	\$1,256,467	\$552,717
	2014/3/31	50%	Difficult recruit			
	2016/3/31	75%	On track			
Expand HIV Care, Treatment & Support: Activities include: 1. Continued with care, treatment and support for high prevalence populations (IDC, clinic, ARV Adherence, STOP Outreach team, community case management) 2. Continuing with Public Procurement Process with redesigned services for Vancouver. Will expand services to Richmond and Coastal as needed. 3. Engaging providers in Richmond and Coastal to map current services and identify service gaps for people living with HIV. 4. Meeting with Fraser Health representatives to find synergies for joint service planning, resources and education. 5. Supporting teams for the 2 nd BC CfE Collaborative on HIV.	2016/3/31	75%	On track	\$5,395,816	\$3,817,493	\$1,578,323
	2014/3/31	85%	On Track			
	2014/7/31	50%	On Track			
	2016/3/31	25%	On Track			
	2015/01/31	25%	On Track			
TOTAL				\$7,250,000	\$5,081,460	\$2,168,540

VANCOUVER COASTAL HEALTH AND PROVIDENCE HEALTH CARE – FINANCIAL REPORT – Q4 – 2013/14

Objectives based on Hope to Health HIV Initiative Goals and Milestones to 2015/16	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Expand Prevention Strategies: <ol style="list-style-type: none"> Completed Public Procurement Process with redesigned prevention services for Vancouver CoCs. Complete current state assessment for Richmond and Coastal CoCs. Recruited a Regional HIV Prevention Lead. Will appoint as a temporary assignment for Aboriginal HIV Nurse Educator for 14 First Nations Bands. Begun planning for First Nations HIV strategy including prevention strategies in collaboration with FNHA, PHSA and 14 First Nations 	2016/3/31	70%	On track	\$45,000	\$9,000	\$36,000
	2015/6/30	65%	Temporary assignment for Aboriginal Educator			
	2016/3/31	10%	On track			
Expand HIV Testing Strategies: <ol style="list-style-type: none"> Richmond and Coastal CoCs <ul style="list-style-type: none"> Target dates met for testing at LGH and Richmond Hospital. Working through change mgt strategies to improve testing #s. Family Practice workshops completed in Richmond and North Shore for Feb/Mar 2014. Engagement completed with Hospital MACs and FP Divisions for rural Coastal. Dates set for FP testing and acute care implementations. Working in collaboration with First Nations and FNHA. Introduced routine testing in high prevalence settings. Begun planning for 14 First Nations HIV strategy including testing in collaboration with FNHA, PHSA and 14 First Nations Temporary assignment for Aboriginal HIV Nurse Educator to support HIV strategy for 14 Coastal First Nations Bands Vancouver CoC <ul style="list-style-type: none"> Continuing routine and targeted testing for high prevalence populations (bathhouse testing, PHC client initiated testing, mobile outreach testing, youth clinics, STI clinics) 	2015/3/31	65%	On track	\$1,809,184	\$1,657,000	\$152,184
	2016/3/31	20%	On track			
	2015/6/30	65%	Mitigation strategy in place			
	2016/3/31	85%	On track			

Objectives based on Hope to Health HIV Initiative Goals and Milestones to 2015/16	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Expand HIV Care, Treatment & Support:				\$5,395,816	\$5,589,000	-\$193,194
1. Vancouver CoC						
○ Continuing in Vancouver with care, treatment and support for high prevalence populations through IDC, ARV Adherence, STOP Outreach team, community case management.	2016/3/31	75%	On track			
○ Completed Public Procurement Process – Phase 1 with redesigned services for Vancouver.	2014/3/31	100%	Completed			
○ Initiating Phase 2 of redesigning Vancouver HIV services and appropriate public procurement process.	2015/3/31	15%	On track			
○ Supporting teams for the 2 nd BC CfE Collaborative on HIV.	2015/3/31	35%	On track			
2. Richmond and Coastal CoCs						
○ Current state assessment for Richmond completed so QI process beginning to improve continuum of care and services. If appropriate a public procurement process will be initiated.	2016/3/31	30%	On track			
○ Current state assessment in progress for Coastal. If appropriate a public procurement process will be initiated.	2016/3/31	15%	On track			
○ Begun planning for 14 First Nations HIV strategy including linkage to care and treatment in collaboration with FNHA, PHSA and 14 First Nations.	2016/3/31	10%	On track			
TOTAL				\$7,250,000	\$7,255,000	-\$5,000

ISLAND HEALTH
VANCOUVER ISLAND HEALTH AUTHORITY

STOP HIV EXPENDITURE REPORT - Q1 201314

VANCOUVER ISLAND HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Monitoring, Surveillance and Evaluation Development of evaluation team, evaluation analyst support, development of evaluation/monitoring tools	2014/3/31		On track	In kind or embedded in items below		
STOP HIV Team Development & Planning Steering committee formation, Project coordinator, Evaluation team formation and analyst, strategic/operational planning	2014/3/31		On track	\$317 000	\$92 417	
Testing Acute care routine testing, Primary care testing, POC test provider training, HIV and STI testing initiative	2014/3/31		On track	\$157 776		
Aboriginal Engagement Community readiness, FN nursing, youth	2014/3/31		On track	\$50 000		
Linkage and Retention in Treatment/Targeted Testing Outreach and primary care HIV teams in Victoria, Port Alberni, Nanaimo, North Island	2014/3/31		On track	\$361 596		
Laboratory Lab information and testing support	2014/3/31		On track	\$100 000		

Education/Community Engagement						
Stakeholder engagement in strategic planning, Central Island engagement	2014/3/31		On track	\$13 300		
TOTAL				\$999 672	\$92 417	

STOP HIV EXPENDITURE REPORT - Q2 201314

VANCOUVER ISLAND HEALTH AUTHORITY Q2

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Monitoring, Surveillance and Evaluation Development of evaluation team, evaluation analyst support, development of evaluation/monitoring tools	2014/3/31	50%	On track	In kind or embedded in items below		n/a
STOP HIV Team Development & Planning Steering committee formation, Project coordinator, Evaluation team formation and analyst, strategic/operational planning	2014/3/31	50%	On track	\$317 000	\$50 861	84%
Testing Acute care routine testing, Primary care testing, POC test provider training, HIV and STI testing initiative	2014/3/31	25%	On track	\$157 776		100%
Aboriginal Engagement Community readiness, FN nursing, youth	2014/3/31	25%	On track	\$50 000		100%
Linkage and Retention in Treatment/Targeted Testing Outreach and primary care HIV teams in Victoria, Port Alberni, Nanaimo, North Island	2014/3/31	85%	On track	\$361 596	\$130 316	64%
Laboratory Lab information and testing support	2014/3/31	50%	On track	\$100 000		100%

Education/Community Engagement						
Stakeholder engagement in strategic planning, Central Island engagement	2014/3/31	50%	On track	\$13 300		100%
TOTAL				\$999 672	\$181 177	82%

STOP HIV EXPENDITURE REPORT - Q3 2013/14

VANCOUVER ISLAND HEALTH AUTHORITY Q3

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Monitoring, Surveillance and Evaluation Development of evaluation team, evaluation analyst support, development of evaluation/monitoring tools	2014/3/31	50%	On track	In kind or embedded in items below	n/a	n/a
STOP HIV Team Development & Planning Steering committee formation, Project coordinator, Evaluation team formation and analyst, strategic/operational planning	2014/3/31	75%	On track	\$317 000	\$85 061	\$231 939
Testing Acute care routine testing, Primary care testing, POC test provider training, HIV and STI testing initiative	2014/3/31	25%	Q4: POC & primary care initiatives underway	\$157 776	\$0	\$157 776
Aboriginal Engagement Community readiness, FN nursing, youth	2014/3/31	25%	On track	\$50 000	\$0	\$50 000
Linkage and Retention in Treatment/Targeted Testing Outreach and primary care HIV teams in Victoria, Port Alberni, Nanaimo, North Island	2014/3/31	100%	On track	\$361 596	\$248 376 (pending: \$156 632)	\$113 220 (-\$43 412)
Laboratory Lab information and testing support	2014/3/31	75%	On track	\$100 000	\$30 966	\$69 034

Education/Community Engagement						
Stakeholder engagement in strategic planning, Central Island engagement	2014/3/31	75%	On track	\$13 300	\$0	\$13 300
TOTAL				\$999 672	\$364 403 (pending: \$156 632)	\$635 269 (\$478 637)

STOP HIV EXPENDITURE REPORT - Q4 2013/14

VANCOUVER ISLAND HEALTH AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Monitoring, Surveillance and Evaluation Development of evaluation team, evaluation analyst support, development of evaluation/monitoring tools	2014/3/31	75%	On track. Recruitment of Analyst completed March of Q4.	In kind or embedded in items below	n/a	n/a
STOP HIV Team Development & Planning Steering committee formation, Project coordinator, Evaluation team formation and analyst, strategic/operational planning	2014/3/31	75%	On track. New Project Coordinator recruited in March Q4. STOP HIV stakeholder planning meetings completed in Q4.	\$317 000	\$119,664	\$197,336
Testing Acute care routine testing, Primary care testing, POC test provider training, HIV and STI testing initiative	2014/3/31	50%	On track. POC test provider training completed in Q4 – Nanaimo and Port Hardy.	\$157 776	\$13,702	\$144,074
Aboriginal Engagement Community readiness, FN nursing, youth	2014/3/31	25%	Aboriginal engagement embedded in planning meetings; will be embedded in STOP HIV 2014-	\$50 000	\$0	\$50,000

			2016 Implementation Plan.			
Linkage and Retention in Treatment/Targeted Testing Outreach and primary care HIV teams in Victoria, Port Alberni, Nanaimo, North Island	2014/3/31	100%	Completed	\$361 596	\$560,007	-\$198,411
Laboratory Lab information and testing support	2014/3/31	100%	Completed	\$100 000	\$43,972	\$56,028
Education/Community Engagement Stakeholder engagement in strategic planning, Central Island engagement	2014/3/31	100%	Completed in Q4	\$13 300	\$0	\$13,300
TOTAL				\$999 672	\$737,345	\$262,237

Island Health Expenditure Notes

When the Ministry received the 2013/14 Q3 STOP HIV/AIDS expenditure report, it showed that Island Health would likely have a significant amount of their funding that would go unspent.

Ministry staff connected with Island Health in person and by email to discuss the need for mitigation strategy; reaffirmed that money cannot be carried over.

Ministry staff requested projected Q4 report that would detail the mitigation strategy. Projected 2013/14 Q4 report estimated a surplus of \$2,105.

Actual expenditure by Island Health through 2013/14 left \$262,237 in unspent STOP HIV/AIDS funding.

PROVINCIAL HEALTH SERVICES AUTHORITY

PROGRAMS

PROVINCIAL HEALTH SERVICES AUTHORITY Q1 Ministry of Health Expenditures Report: STOP HIV/AIDS

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Provincial Program support Support for expansion of HIV testing and HIV care: Expansion of testing in aboriginal communities; Acute HIV testing; Immediate staging; Anonymous testing Development of provincial online testing platform Practitioner support including guideline and module development	Ongoing	25%	On-track	\$585,000	\$20,443	\$564,557
Lower Mainland Laboratory Support for expanded testing volumes	2014/03/01	-Money will be transferred to labs in Q2	One time transfer	\$90,000	\$0	\$90,000
Provincial Surveillance and Epidemiology HIV surveillance and monitoring requirements for regional health authorities and partners	Ongoing	25%	On-track	\$180,000	\$26,961	\$153,039
BC Women's Hospital Expanded provincial consultation, quality care and improvement and education -Expanded outreach nursing and pharmacy -Expanded HIV treatment service for Corrections -Monthly peer support groups for women -Mhealth initiatives enhancing patient adherence support Improved client electronic record	Ongoing	25%	On-track	\$375,000	\$65,000	\$310,000
TOTAL				\$1,230,000	\$112,404	\$1,117,596

PROVINCIAL HEALTH SERVICES AUTHORITY Q2 Ministry of Health Expenditures Report: STOP HIV/AIDS

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Provincial Program support Support for expansion of HIV testing and HIV care: Expansion of testing in aboriginal communities; Acute HIV testing; Immediate staging; Anonymous testing Development of provincial online testing platform Practitioner support including guideline and module development	Ongoing	35%	On-track	\$585,000	\$115,000	\$470,000
Lower Mainland Laboratory (one time) for expanded testing volumes	2014/03/01	100%	One time transfer	\$90,000	\$90,000	\$0
Provincial Surveillance and Epidemiology HIV surveillance and monitoring requirements for regional health authorities and partners	Ongoing	50%	On-track	\$180,000	\$74,128	\$105,872
BC Women's Hospital Expanded provincial consultation, quality care and improvement and education -Expanded outreach nursing and pharmacy -Expanded HIV treatment service for Corrections -Monthly peer support groups for women -Mhealth initiatives enhancing patient adherence support Improved client electronic record	Ongoing	50%	On-track	\$375,000	\$140,000	\$235,000
TOTAL				\$1,230,000	\$419,128	\$810,872

PROVINCIAL HEALTH SERVICES AUTHORITY Q3 Ministry of Health Expenditures Report: STOP HIV/AIDS

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Provincial Program support Support for expansion of HIV testing and care: Expansion of testing in aboriginal communities; Acute HIV testing; Immediate staging; Anonymous testing Development of provincial online testing platform and case management map Practitioner support including guideline and module development Provincial HIV/STI guidelines, Chee Mamuk	Ongoing	65%	On-track	\$585,000	\$223,999	\$361,001
Lower Mainland Laboratory (one time) for expanded testing volumes	2014/03/01	100%	One time transfer	\$90,000	\$90,000	\$0
Provincial Surveillance and Epidemiology HIV surveillance and monitoring requirements for regional health authorities and partners	Ongoing	75%	On-track	\$180,000	117,369	\$62,631
BC Women's Hospital Expanded provincial service for women and youth, enhanced care coordination -Expanded outreach nursing and pharmacy -Expanded HIV treatment service for Correction -Monthly peer support groups for women -Mhealth initiatives enhancing patient adherence support -Improved client electronic record -Pregnancy management for HIV positive women and youth guidelines developed	Ongoing	75%	On-track	\$375,000	\$234,404	\$140,596
TOTAL				\$1,230,000	\$665,772	\$564,228

PROVINCIAL HEALTH SERVICES AUTHORITY Q4 Ministry of Health Expenditures Report: STOP HIV/AIDS

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
Provincial Program support 1. Prevention and diagnosis: <ul style="list-style-type: none"> Expanded service hours for gay men and MSM outreach and testing Support for provincial expansion of Acute, POC and Anonymous HIV testing Development of provincial online testing platform Chee Mamuk training on HIV testing in 8 Aboriginal communities and resource guide developed 2. Linkage to care <ul style="list-style-type: none"> Development of pathway for immediate linkage to HIV specialist care and peer navigation for acute HIV cases Expansion of immediate staging for newly diagnosed patients at provincial STI clinics Provincial HIV mental health and case management mapping project underway with Positive Living BC 3. Engagement and Retention in Care: <ul style="list-style-type: none"> Mhealth pilot: 59 patients currently receiving enhanced support at Oak Tree, expansion planned for 150 Aboriginal youth (Cedar project) and TB clinic Participation in Provincial HIV Collaborative planning committee and BCCDC QI team focused on acute HIV Development of HIV self management resources and HIV disclosure tools with Positive Living BC and PWN 4. Practitioner support including guideline and module development <ul style="list-style-type: none"> Provincial HIV and STI guidelines developed Support to regional health authorities including HIV testing evaluation framework and consultation on implementation plans and surveillance 	Ongoing	100%	On-track	\$585,000	\$593,465	-\$8,465
Lower Mainland Laboratory (one time) for expanded testing volumes	2014/03/01	100%	One time transfer	\$90,000	\$90,000	\$0
Provincial Surveillance and Epidemiology HIV surveillance and monitoring requirements for regional health authorities and partners and provincial reporting	Ongoing	100%	On-track	\$180,000	\$169,923	\$10,077

BC Women's Hospital -Expanded service for women & youth, enhanced coordination <ul style="list-style-type: none"> • Outreach social worker facilitating complex case management for youth and women with CD4<200 • 50+ women currently case managed by outreach workers • 19 births (zero transmission) for HIV+ women who received prenatal care through Oak Tree from April 2013- March 2014. • Approx 14 pregnant women currently engaged in ongoing case management with outreach RN/Social Work. • OTC participating in HIV Collaborative with a population of focus of perinatally infected youth who are lost to follow-up -Expanded outreach nursing and pharmacy <ul style="list-style-type: none"> • Pregnancy management for HIV positive women and youth guidelines developed -Expanded HIV treatment service for Correction <ul style="list-style-type: none"> • Since introduction of outreach RN 90% of HIV+ women in Corrections linked to community care via outreach nursing • Partnering with ACCW to develop continuum of care for HIV+ women who are incarcerated • 19 women year-to-date in ACCW engaged in care = 52 patient visits • Oak Tree working with partners to develop standards of care when patients are discharged back to community post-incarceration -Utilized database funding (\$75,000) for development of several reporting tools <ul style="list-style-type: none"> • Improved client electronic record and development of database/reports from electronic patient record <ul style="list-style-type: none"> ○ Go-live in early June 2014 ○ Developed BI tools to aid in reporting from EPR • Updated database for perinatal care and pregnancy • Updated database for women in corrections • Updated database for perinatally infected children-adherence and transition to adult care • Partnered with Positive Women's Network to develop gender-specific HIV disclosure materials 	Ongoing	100%	On-track	\$375,000	375,000	\$0
TOTAL				\$1,230,000	\$1,228,388	\$1,612

PROVINCIAL HEALTH SERVICES AUTHORITY

LABORATORY AND POINT-OF-CARE

Quarterly Report to Ministry of Health STOP HIV/AIDS Funding Status

Report Quarter: **Quarter 1 2013/14 fiscal year (April 1 to June 30, 2013)**

Report Site: **PHSA Laboratories**

PHSA Laboratories/Lower Mainland Laboratories will continue to support STOP through the provision of cost-effective laboratory screening and confirmatory testing for HIV and related tests. PHSA/Lower Mainland Laboratories will also assume the oversight of the Provincial HIV Point-of-Care testing program.

Goal s includes:

- Diagnose those living with HIV as early as possible in the course of their infection
- Provide oversight of Provincial HIV Point-of-Care testing program
- Communicate utilization and costs to Health Authorities

	Funding from MoH 2013/14	Budget for 2013/14	Actual Expense	Variance from budget
	Annual	as at Quarter 1	as at Quarter 1	as at Quarter 1
PHSA Labs	\$1.010m	\$301.615	\$235.823	\$65,792
TOTAL	\$1.01m	\$301.615	\$235.823	\$65,792

PROVINCIAL HEALTH SERVICES AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense As at Quarter 1	Variance
<p>Provincial Point-of-Care (POC) Program (launched April 2011 as pilot – transitioned to PHSA Labs as a program April 2013))</p> <ul style="list-style-type: none"> Develop and implement a transition plan to PHSA labs Provide aggregate POC testing results and positivity rates by region Increase point-of-care training performed (professional, peers, Aboriginal populations). Develop and implement the guideline for non-health professional testers Increase number of POC testing sites from the current 76 to 83 Pilot a Proficiency Testing program Report on the percent of kits used for Quality Assurance and Proficiency Testing Monitor inventory management to minimize kit wastage Develop a communications plan to report utilization and costs to Has 	Ongoing	<ul style="list-style-type: none"> In Quarter One 2013-14 fy, approx. 1700 POC test kits were distributed. Since April 2011, over 24,000 POC test kits have been distributed throughout the province to 76 sites with representation in all Health Authorities (including 10 First Nations sites and 4 corrections sites) In June, the first teleconference with HIV POC site leads was held, with attendance from 28 site leads, representing all service areas of the program. Requests continue from potential new sites, which will require training, as well as requests from existing sites to train new testers. Transition from CPS to PHSA Labs is progressing relatively smoothly; processes are being formally described, and reviewed for efficiency and possible improvements. 	On track		\$31,876	
<p>PHSA Labs</p> <p>BC PHMRL</p>	Ongoing				\$203,947	

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense As at Quarter 1	Variance
<p>For standard laboratory-based HIV testing – provide ongoing</p> <ul style="list-style-type: none"> Monthly tracking of testing volumes Monthly tracking of ancillary testing volumes Analysis of positivity yield for routine anti-HIV serology vs Pooled NAAT Develop and implement communications plan to report utilization and costs to HAS 		<p>9,249 HIV 10,495 Syphilis and HCV</p> <p>2,428 NAAT and Pooled NAAT</p> <ul style="list-style-type: none"> There is a publication that has just been accepted re the yield of pooled NAT. We will work on detailing the incremental yield of 3rd gen vs 4th gen serology vs pooled NAT – to be reported on the annual report. 				
TOTAL						

Report Quarter: **Quarter 2 2013/14 fiscal year (July 1 to September 30, 2013)**

Report Site: **PHSA Laboratories**

PHSA Laboratories/Lower Mainland Laboratories will continue to support STOP through the provision of cost-effective laboratory screening and confirmatory testing for HIV and related tests. PHSA/Lower Mainland Laboratories will also assume the oversight of the Provincial HIV Point-of-Care testing program.

Goal s include:

- Diagnose those living with HIV as early as possible in the course of their infection
- Provide oversight of Provincial HIV Point-of-Care testing program
- Communicate utilization and costs to Health Authorities

	Funding from MoH 2013/14	Budget for 2013/14	Actual Expense	Variance from budget
	Annual	as at Quarter 2	as at Quarter 2	as at Quarter 2
PHSA Labs	\$1.010m	\$456,578	\$794,577	\$(337,999)
TOTAL				

PROVINCIAL HEALTH SERVICES AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
<p>Provincial Point-of-Care (POC) Program (launched April 2011 as pilot – transitioned to PHSA Labs as a program April 2013))</p> <ul style="list-style-type: none"> Develop and implement a transition plan to PHSA labs Provide aggregate POC testing results and positivity rates by region Increase point-of-care training performed (professional, peers, Aboriginal populations). Develop and implement the guideline for non-health professional testers Increase number of POC testing sites from the current 76 to 83 Pilot a Proficiency Testing program Report on the percent of kits used for Quality Assurance and Proficiency Testing Monitor inventory management to minimize kit wastage Develop a communications plan to report utilization and costs to Has 	Ongoing	<ul style="list-style-type: none"> In Quarter Two 2013-14 fy, approx. 4000 POC test kits were distributed and 2410 diagnostic tests performed. 76 operational sites with representation in all Health Authorities (including 10 First Nations sites and 4 corrections sites) Additional training requests from current and potential new sites. Online training module is ready for review. Program collaborating with VCH STOP team to find ways of streamlining inventory and data management. First Proficiency test event is scheduled for October. 	On track	442,422	117,093	324,448
<p>PHSA Labs</p> <p>BC PHMRL</p> <p>For standard laboratory-based HIV testing</p>	Ongoing	<ul style="list-style-type: none"> Budget is under review to accurately reflect truer costs of additional lab tests associated with the expanded STOP funds and focus on HIV testing 		567,578	677,484	(109,025)

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
<p>– provide ongoing</p> <ul style="list-style-type: none"> Monthly tracking of testing volumes Monthly tracking of ancillary testing volumes Analysis of positivity yield for routine anti-HIV serology vs Pooled NAAT Develop and implement communications plan to report utilization and costs to HAs 		<p>Testing volume increases since inception 2010 and prior year 2012, respectfully.</p> <p>HIV 47% and 20% Syphilis 31% and 11% Hep C 41% and 16%</p>				
TOTAL				1,010,000	794,577	(109,025)

Report Quarter: **Quarter 3 2013/14 fiscal year**

Report Site: **PHSA Laboratories**

PHSA Laboratories/Lower Mainland Laboratories will continue to support STOP through the provision of cost-effective laboratory screening and confirmatory testing for HIV and related tests. PHSA/Lower Mainland Laboratories will also assume the oversight of the Provincial HIV Point-of-Care testing program.

Goal s include:

- Diagnose those living with HIV as early as possible in the course of their infection
- Provide oversight of Provincial HIV Point-of-Care testing program
- Communicate utilization and costs to Health Authorities

	Funding from MoH 2013/14	Annual Budget for 2013/14		YTD Actual Expense		Variance from Annual Budget	
PHSA Labs	\$1.010m	POC	442,419	POC	219,165	POC	223,254
		Lab	567,581	Lab	1,043,613	Lab	(476,032)
TOTAL	\$1.010m		1,010,000		1,262,778		-252,778

****NOTE:** The STOP screening program has spent \$1.3m YTD at the end of Q3. Prorating to year-end will result in an expected spend of \$1.9m, resulting in an unfavourable variance of \$(0.8M) from the original funding of \$1.01M. This will continue to be an even more pressing issue in the next fiscal year given the continued rate of testing growth. Continued expansion of testing within the current budget allocation is not sustainable. There needs to be a discussion with regard to appropriate laboratory and POC testing expansion which includes exploring ways to minimize costs while maintaining the service.

PROVINCIAL HEALTH SERVICES AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
<p>Provincial Point-of-Care (POC) Program (launched April 2011 as pilot – transitioned to PHSA Labs as a program April 2013)</p> <ul style="list-style-type: none"> Develop and implement a transition plan to PHSA labs Provide aggregate POC testing results and positivity rates by region Increase point-of-care training (professional, peers, Aboriginal populations). Help in the development and implementation of a non-health professional testing guideline Increase number of POC testing sites from 76 to 83 Pilot a Proficiency Testing program Report on the percent of kits used for Quality Assurance Monitor inventory management to minimize kit wastage Develop a communications plan to report utilization and costs to HAs 	Ongoing	<ul style="list-style-type: none"> In FY Q3 2013-14 approx. 3500 POC test kits were distributed. Since April 2011, over 31,000 POC test kits have been distributed by the provincial program to 89 sites in all HAs (including 11 First Nations sites and 4 correctional sites) 14 new or reactivated sites began testing in this period: <ul style="list-style-type: none"> 2 VIHA 7 IH (includes 1 FN) 5 VCH (2 Pharmacy, 1 Study, 2 reactivation) 6 training sessions (28 participants, including 4 Nurse-Practitioners) in this quarter <ul style="list-style-type: none"> 2 IH; 1 VIHA; 1 VCH; 2 at BCCDC (included FNHA representatives) Online training module has been reviewed. Implementation will occur next quarter. There are more requests from potential new POC sites. More training will be required to support new testers at existing sites and the new sites. NH and VIHA plan to expand POC 	On track	442,419	219,165	223,254

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
		<p>use and training/testing requirements discussed in Q4.</p> <ul style="list-style-type: none"> • There is an increased interest training non-health care providers to expand the pool of testers. The planned 2014/15 budget will not accommodate both the increased training needs and/or expanded kit utilization. • The program collaborated with VCH STOP team to streamline inventory and data management. • 10 Fraser Health sites successfully passed the October Proficiency test event. • 50 sites will be included in the next (March 2014) proficiency test event. 				

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
<p>PHSA Labs</p> <p>BC PHMRL</p> <p>For standard laboratory-based HIV testing – provide ongoing</p> <ul style="list-style-type: none"> Monthly tracking of testing volumes Monthly tracking of ancillary testing volumes Analysis of positivity yield for routine anti-HIV serology vs Pooled NAAT Develop and implement communications plan to report utilization and costs to HAs 	Ongoing	<ul style="list-style-type: none"> Budget is under review to accurately reflect true costs of additional laboratory-based tests associated with the mandated expansion of HIV testing and the related ancillary tests used to identify high-risk individuals. <p>Testing volume increases since inception 2010 and prior year 2012, respectfully.</p> <p>HIV 45% and 18% Syphilis 30% and 10% Hep C 42% and 16%</p>		567,581	1,043,613	(476,032)
TOTAL				1,010,000	1,262,778	-252,778

Quarterly Report to Ministry of Health STOP HIV/AIDS Funding Status

Report Quarter: **Quarter 4 2013/14 fiscal year 4**

Report Site: **PHSA Laboratories**

PHSA Laboratories/Lower Mainland Laboratories will continue to support STOP through the provision of cost-effective laboratory screening and confirmatory testing for HIV and related tests. PHSA/Lower Mainland Laboratories will also assume the oversight of the Provincial HIV Point-of-Care testing program.

Goal s includes:

- Diagnose those living with HIV as early as possible in the course of their infection
- Provide oversight of Provincial HIV Point-of-Care testing program
- Communicate utilization and costs to Health Authorities

	Funding from MoH 2013/14	Annual Budget for 2013/14		YTD Actual Expense		Variance from Annual Budget	
PHSA Labs	\$1.010m	POC	442,419	POC	328,271	POC	114,151
		Lab	567,581	Lab	1,517,549	Lab	(949,971)
TOTAL	\$1.010m		1,010,000		1,845,820		(835,820)

PROVINCIAL HEALTH SERVICES AUTHORITY

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
<p>Provincial Point-of-Care (POC) Program (launched April 2011 as pilot – transitioned to PHSA Labs as a program April 2013)</p> <ul style="list-style-type: none"> Develop and implement a transition plan to PHSA labs Provide aggregate POC testing results and positivity rates by region Increase point-of-care training (professional, peers, Aboriginal populations). Help in the development and implementation of a non-health professional testing guideline Increase number of POC testing sites from 76 to 83 Pilot a Proficiency Testing program Report on the percent of kits used for Quality Assurance Monitor inventory management to minimize kit wastage Develop a communications plan to report utilization and costs to HAs 	Ongoing	<ul style="list-style-type: none"> In FY Q4 2013-14 approx. 3600 POC test kits were distributed. Since April 2011, over 35,000 POC test kits have been distributed. There are currently 83 POC sites, in all HAs (including 10 First Nations sites and 3 correctional sites) Compared to 2013/14, there has been increased testing. <ul style="list-style-type: none"> 19% overall 12% for diagnostic tests 53% for non-diagnostic tests (represents quality assurance) <ul style="list-style-type: none"> Increases in true and false positive results over 2013/13 were identified: <ul style="list-style-type: none"> True Positives increased 21% (from 62 to 75) False Positives increased 88% (from 8 to 15) Increases in false positive results are consistent with expansion of testing to the general population A framework for training/competence needs for non-regulated testers is under review by the HIV POCT Advisory Committee. 2 large training events were 	On track	442,419	328,271	114,151

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
		<p>held on Vancouver Island:</p> <ul style="list-style-type: none"> ○ 59 potential testers trained, including many persons within the non-regulated category • Online training was made available on the PHSA Learning Hub • 50 sites participated in the first Proficiency Test Event – results to be released in May • Status and inventory reports discussed at monthly HIV POCT Operations meetings • A draft HA Accountability Framework has been developed to outline HA responsibilities for testing taking place within their region including for First Nations. This framework needs to be adopted to ensure that further expansion of POC testing is both clinically appropriate and fiscally accountable. 				

Objective	Timeline (Completion Date)	Results Achieved (% complete)	Status/ Mitigation	Budget Current Fiscal Year	Actual Expense	Variance
PHSA Labs BC PHMRL <ul style="list-style-type: none"> For standard laboratory-based HIV testing – provide on-going Monthly tracking of testing volumes Monthly tracking of ancillary testing volumes Analysis of positivity yield for routine anti-HIV serology vs Pooled NAAT Develop and implement communications plan to report utilization and costs to HAs 	Ongoing	Testing volume increases since inception 2010 and prior year 2012, respectfully. HIV 43% and 16% Syphilis 28% and 10% Hep C 40% and 16% <i>(Per data available, last complete month Feb 2014)</i>		567,581	1,517,549	(949,971)
TOTAL				1,010,000	1,517,549	(835,820)

THE BC STOP HIV/AIDS COLLABORATIVE IMPLEMENTATION COMMITTEE (CIC) IS A CONSENSUS BUILDING ACTION ORIENTED GROUP OF OPERATIONAL AND MEDICAL DIRECTORS CHARGED WITH IMPLEMENTING THE OBJECTIVES, DELIVERABLES, AND OUTCOMES OF BC'S TREATMENT AS PREVENTION PROGRAM.

DECISIONS TO PARTICIPATE IN COMMON CIC ACTIVITIES, FOLLOW CIC RECOMMENDATIONS, OR FUND REGIONAL OR PROVINCIAL PROGRAMMING ARE AT THE DISCRETION OF EACH HEALTH AUTHORITY AND/OR THE PROVINCIAL STOP HIV/AIDS STEERING COMMITTEE.

QUESTIONS? PLEASE CONTACT YOUR REGIONAL OR PROVINCIAL HEALTH AUTHORITY'S CIC MEMBER(S) DIRECTLY.