HRSA:
National HIV/AIDS Strategy (NHAS) and HIV Testing in the Ryan White HIV/AIDS Program

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Health Resources and Services Administration
HIV/AIDS Bureau
Division of Training and Technical Assistance
HAB: Our Vision and Mission

Vision:
The HIV/AIDS Bureau (HAB) envisions optimal HIV/AIDS care and treatment for all.

Mission:
HAB provides leadership and resources to assure access to and retention in high quality, integrated care and treatment services for vulnerable people living with HIV/AIDS and their families.
The HIV/AIDS Bureau’s Goal

**Goal:** HAB focuses on uninsured and underinsured individuals and families affected by HIV/AIDS domestically and globally by:

- Targeting resources
- Serving the neediest
- Responding to a rapidly changing epidemic
- Achieving efficiencies
- Maintaining & improving accountability
- Engaging & retaining people in care
- Improving quality of HIV/AIDS care
- Strengthening collaboration
- Developing & supporting a diverse workforce
The National HIV/AIDS Strategy

www.WhiteHouse.gov/ONAP

The National HIV/AIDS Strategy has four primary goals:

1. Reducing the number of people who become infected with HIV
2. Increasing access to care and optimizing health outcomes for people living with HIV
3. Reducing HIV-related health disparities, and
4. Achieving a more coordinated national response to the HIV epidemic
HRSA Approach to the NHAS

- HAB Associate Administrator is leading the HRSA-wide effort to develop and implement activities across the Agency which support the NHAS goals and objectives. *(All HRSA Offices and Bureaus are involved.)*

- All HRSA proposed activities align with Goals, Objectives, and Actions to be Performed outlined in NHAS Federal Implementation Plan

- More than 60 activities across the Agency have been identified and are being implemented.

- HRSA activities feed into overall HHS Plan to provide a seamless and coordinated approach
Ryan White funded grantees

- HIV testing is a routine part of services provided by the Ryan White HIV/AIDS Program.
  - Part C grantees expend at least 50 percent of their grant funds for early intervention services (EIS) that includes tests to confirm the presence of HIV.
  - Part A and Part B grantees may offer early intervention services when other Federal/State/local funds are inadequate for EIS including HIV testing.
# Ryan White 2010 HIV Testing Data

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>PERCENT</th>
<th>NUMBER OF HIV TESTS</th>
<th>PERCENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publicly-Funded CHC</td>
<td>114</td>
<td>33.8</td>
<td>255,195</td>
</tr>
<tr>
<td>Other Community-Based Service Organization</td>
<td>104</td>
<td>30.9</td>
<td>198,282</td>
</tr>
<tr>
<td>Hospital Or University-Based Clinic</td>
<td>89</td>
<td>26.4</td>
<td>202,198</td>
</tr>
<tr>
<td>Health Department</td>
<td>22</td>
<td>6.5</td>
<td>58,818</td>
</tr>
<tr>
<td>Other Provider Type</td>
<td>8</td>
<td>2.4</td>
<td>7,464</td>
</tr>
<tr>
<td>TOTAL</td>
<td>337</td>
<td>100</td>
<td>721,957</td>
</tr>
</tbody>
</table>
## Ryan White 2010 HIV Testing Data

<table>
<thead>
<tr>
<th>Data Time Frame</th>
<th>Number of HIV Tests</th>
<th>Number of Positives</th>
<th>Number of Positives Who Received Results</th>
<th>Number Referred to Care*</th>
<th>Number Linked To Care**</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2010-12/31/2010</td>
<td>721,957</td>
<td>8,410 (1.17%)</td>
<td>8,057 (95.8%)</td>
<td>7,565</td>
<td>7,300***</td>
</tr>
</tbody>
</table>

* Referred to Care - when clients are provided with information to facilitate initial contact with appropriate providers.

** Linked to Care - when client is seen in a health-care setting by a physician, nurse practitioner, or physician assistant within a specified time period.

***7,300 Linked to Care – 7300 of the clients testing positive for HIV were tested in clinics funded by RWP to provide ambulatory, outpatient HIV medical care.
**Ryan White HIV Testing Data**

- **In 2010**, Ryan White HIV/AIDS Program funded provider organizations conducted **51,993 more HIV tests than in 2009; an increase of 7.8 percent.**

  Increase may be due to increased emphasis on identifying individuals with HIV/AIDS who do not know their HIV status.

  - In the Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A grantees apply for supplemental funding that is awarded on a weighting of factors.

  - Demonstrating need, on an objective and quantified basis, for supplemental financial assistance to combat the HIV epidemic has a weight of one-third of supplemental funding.
Ryan White HIV Testing Data

Demonstrate success in identifying individuals with HIV/AIDS who do not know their status and making them aware, the grantees must report and program must consider:

- 1) the number of individuals who have been tested for HIV/AIDS;
- 2) the number of individuals tested for HIV/AIDS who are made aware of their status, including the number who test positive; and
- 3) of those individuals who test positive, the number who have been referred to appropriate treatment and care.

Part B grantees must demonstrate need with regard to individuals with HIV/AIDS who know their status and are not receiving HIV services; the Part B application must include a strategy for identifying these individuals, and enabling them to utilize services.
AIDS Education and Training Centers (AETCs) Involved in HIV Testing

AETCs have been supporting CDC HIV Testing Recommendations since they were issued in 2006.

- AETCs were funded since 2007, to provide training to support CDC’s efforts to routinize HIV testing.
- AETCs supported specialized training and TA to make HIV screening a part of routine medical care for 13 - 64 year olds.
- Training, infrastructure development/capacity building occurred at Emergency Departments, In-patient Labor and Delivery Units, Community Health Centers, STD clinics, Correctional facilities, and other outpatient sites - including community based organizations.

More than 3,440 training events have been delivered on implementing routine testing by AETCs to more than 51,600 trainees.
Additional HRSA/HAB Funded NHAS Priority Activities

HRSA/HAB—Developed new project, **HIV/AIDS Medical Homes Resource Center** awarded to UMDNJ and UCSF collaborative for a 3-year project period ($600,000)

- Center will provide support to Ryan White grantees to understand the requirements and successfully apply for and become certified medical homes for PLWHA.

HRSA/HAB—Developed new pilot project, **“Expanding HIV Training into Graduate Medical Education”** – 3 grants awarded to existing GME programs in September 2011 ($450,000)

- Increase HIV provider workforce to increase access to and improve quality of care
- Expand existing primary care residency programs to include focus on HIV
Additional HRSA/HAB Funded NHAS Priority Activities

HRSA/HAB—Developed a new demonstration program – the AIDS Education and Training Centers (AETC) Telehealth Training Centers Program targeting rural providers - 3 grants awarded in September 2011 ($600,000)

- Targets rural Washington, Idaho, California; and West Virginia utilizing telehealth technology
- Expands access and improves outcomes for hard to reach HIV clients receiving care in underserved communities
- Builds capacity of HIV providers & multi-disciplinary teams
- Provides clinical consultation, training & education
Additional HRSA/HAB Funded NHAS Priority Activities

HRSA/HAB - funded new National AETC project awarded to HealthHIV, Washington DC - **AETC National Center for HIV Care In Minority Communities** ($3 M, 3 years)

- Subcontract to **National Association of Community Health Centers** (NACHC), Washington DC

Expand HIV/AIDS care and treatment within highly impacted communities of color

Offer capacity building services to federally qualified CHCs not funded by Ryan White using patient centered medical home (PCMH) model

First cohort includes 24 health centers across US. Applications for second cohort of 30 additional CHCs now available.
Additional HRSA/HAB Funded NHAS Priority Activities

- HAB’s New **in+care Campaign** - HRSA/HAB is sponsoring a National Quality Campaign on improving patient retention, managed through the National Quality Center (NQC) at the New York State AIDS Institute.

- The **in+care Campaign** aligns with the NHAS goals and seeks to improve patient retention in HIV medical care by re-engaging those patients lost to care and preventing those in care from falling out.

- The **in+care Campaign** has the potential to impact a significant number of PLWHA across the country receiving Ryan White HIV/AIDS services, and to improve their overall health outcomes.
Questions
For more information: http://blog.aids.gov and HAB.HRSA.gov

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