HIV Housing Care Continuum: Overview & Implementation

National HOPWA Institute 2017
Tampa, FL

Objectives

- Describe key aspects of the HIV Care Continuum and how they relate to housing
- Understand how housing status impacts outcomes along the HIV Care Continuum
- Explain best practices and successful approaches for measuring housing-related health outcomes
- Discuss strategies for using this data to benefit clients and programs

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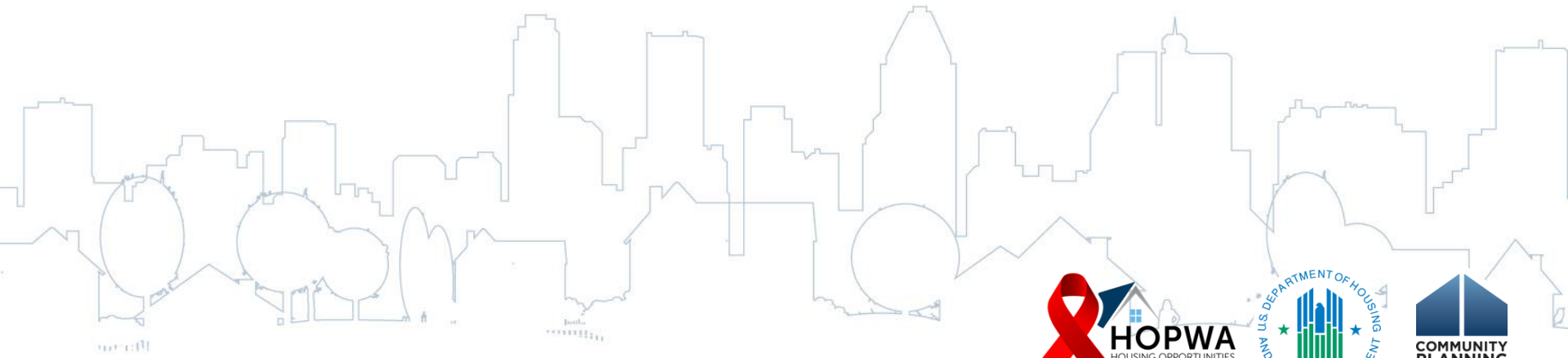
The HOPWA Institute

"Housing's Role in Ending the HIV Epidemic"



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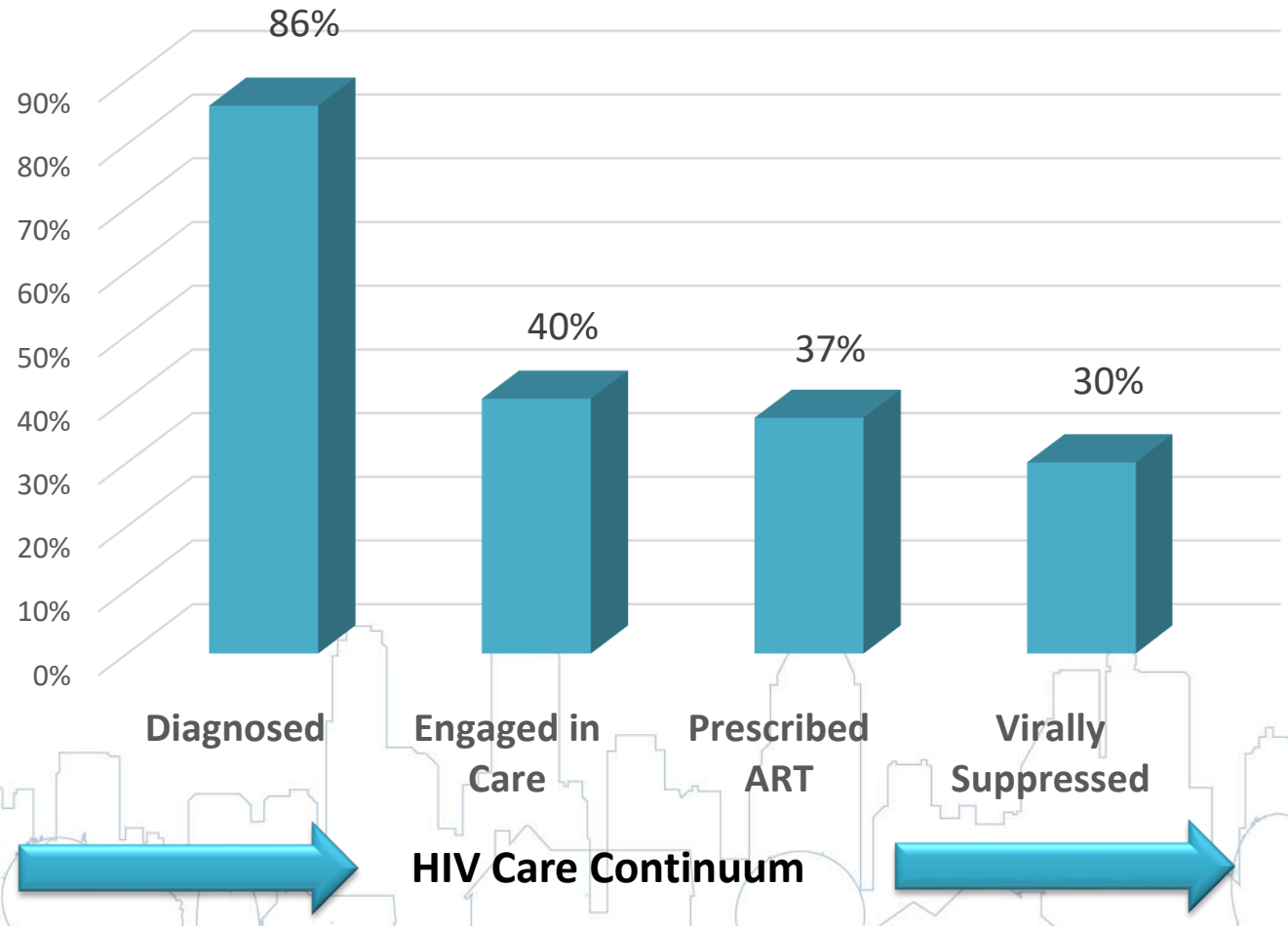
The U.S. HIV Care Continuum, 2011



Source: Centers for Disease Control and Prevention

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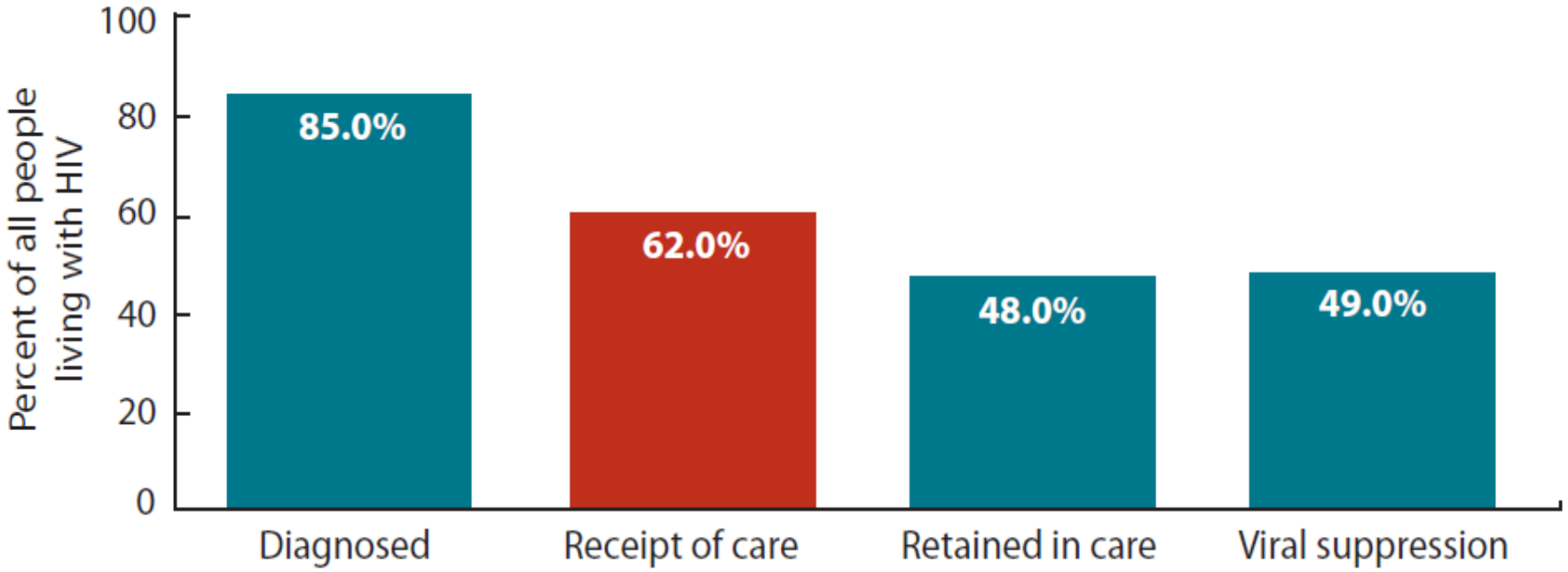
The U.S. HIV Care Continuum, 2014



Source: Centers for Disease Control and Prevention

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HIV Care Continuum

Why Is it important?

- Pinpoint gaps in connecting persons living with HIV to sustained, quality care
- Implement system improvements and service enhancements

How is it being used?

- Further integration of HIV prevention and care efforts
- New approaches to addressing barriers to HIV testing and treatment
- State and local health departments, community-based organizations, health care providers, and people living with HIV continue to
  - Use the HIV care continuum to measure progress toward goals
  - Identify gaps in services and develop strategies to address these gaps

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Housing Impacts Health Outcomes

Housing Instability

- Delayed HIV Diagnosis
- Increased Risk of Acquiring and Transmitting HIV Infection
- Delayed Entry into Care
- Lack of Regular Visits for HIV Primary Care
- Delayed Use of ARVs
- Less Likely to be Virally Suppressed

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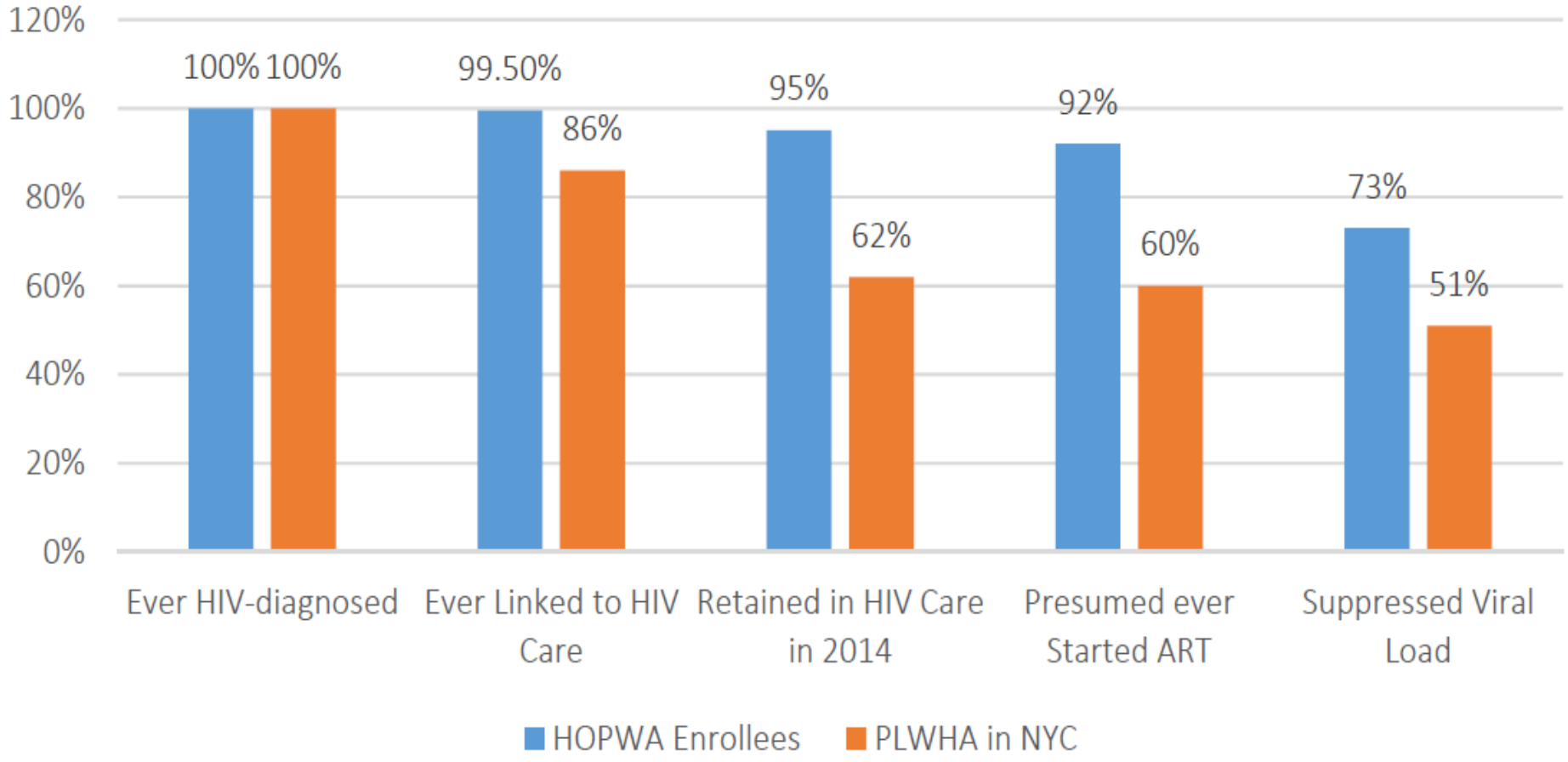
NYC PLWHA & HOPWA Care Continuum, 2014



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HIV Housing Care Continuum Initiative

- "HOPWA White Paper" developed and published by the Office of HIV/AIDS Housing – jointly promoted with HRSA's HIV/AIDS Bureau

- HUD-National AIDS Housing Coalition-Collaborative Solutions, Inc. collaboration on HIV Housing Care Continuum Initiative to increase HOPWA grantees' ability to measure and track client health outcomes along the HIV Care Continuum
  - Series of HIV Housing Care Continuum regional meetings (Chicago, IL, Washington, DC, Atlanta, GA, and Portland, OR)
  - HIV Housing Care Continuum webinar series and workbook developed to share information and resources presented from the regional meetings to a broader audience

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Why Create an HIV Housing Care Continuum?

- Illustrate overall engagement in care and treatment
- Benchmark against national and community-level HIV Care Continuums
- Identify successes and gaps in care and treatment
- Focus on populations vulnerable to poor outcomes
- Monitor outcomes over time
- Improve health outcomes by implementing system and/or service enhancements
- Inform policy-makers on program development
- Align with national initiatives

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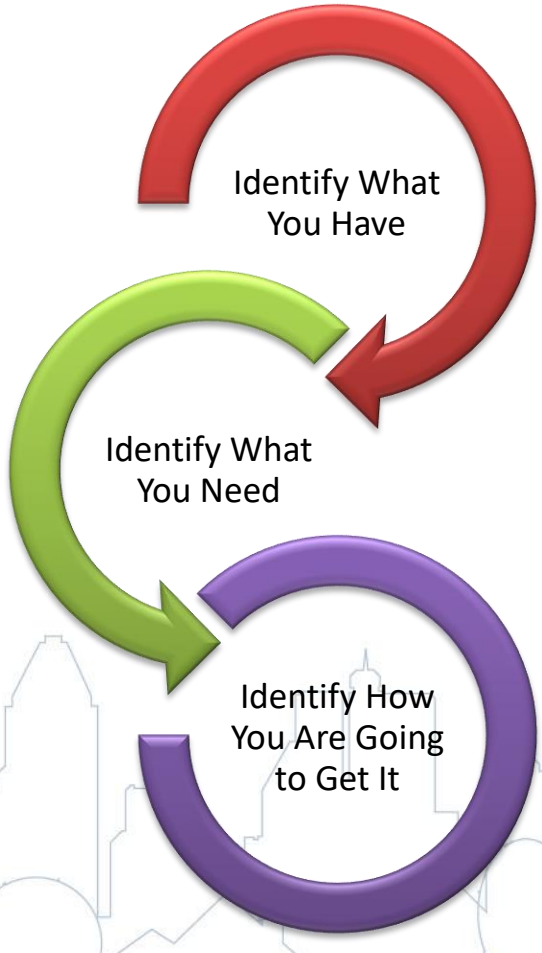
Taking It Home

What you need to do to build a local HIV Housing Care Continuum?



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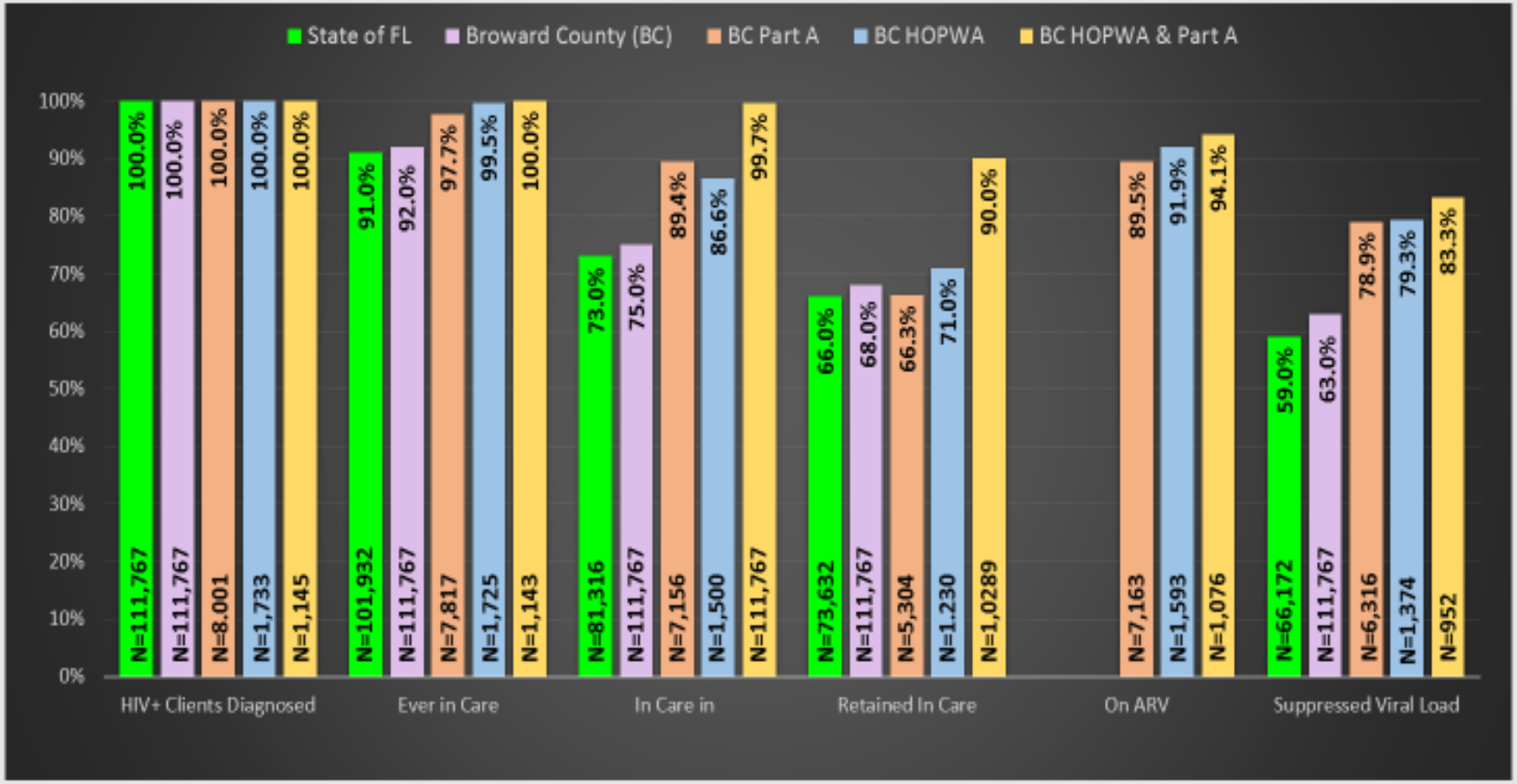
Local Example: Broward County HOPWA

HIV Care Continuum FY 2015 (January 1, 2015 – December 31, 2015)

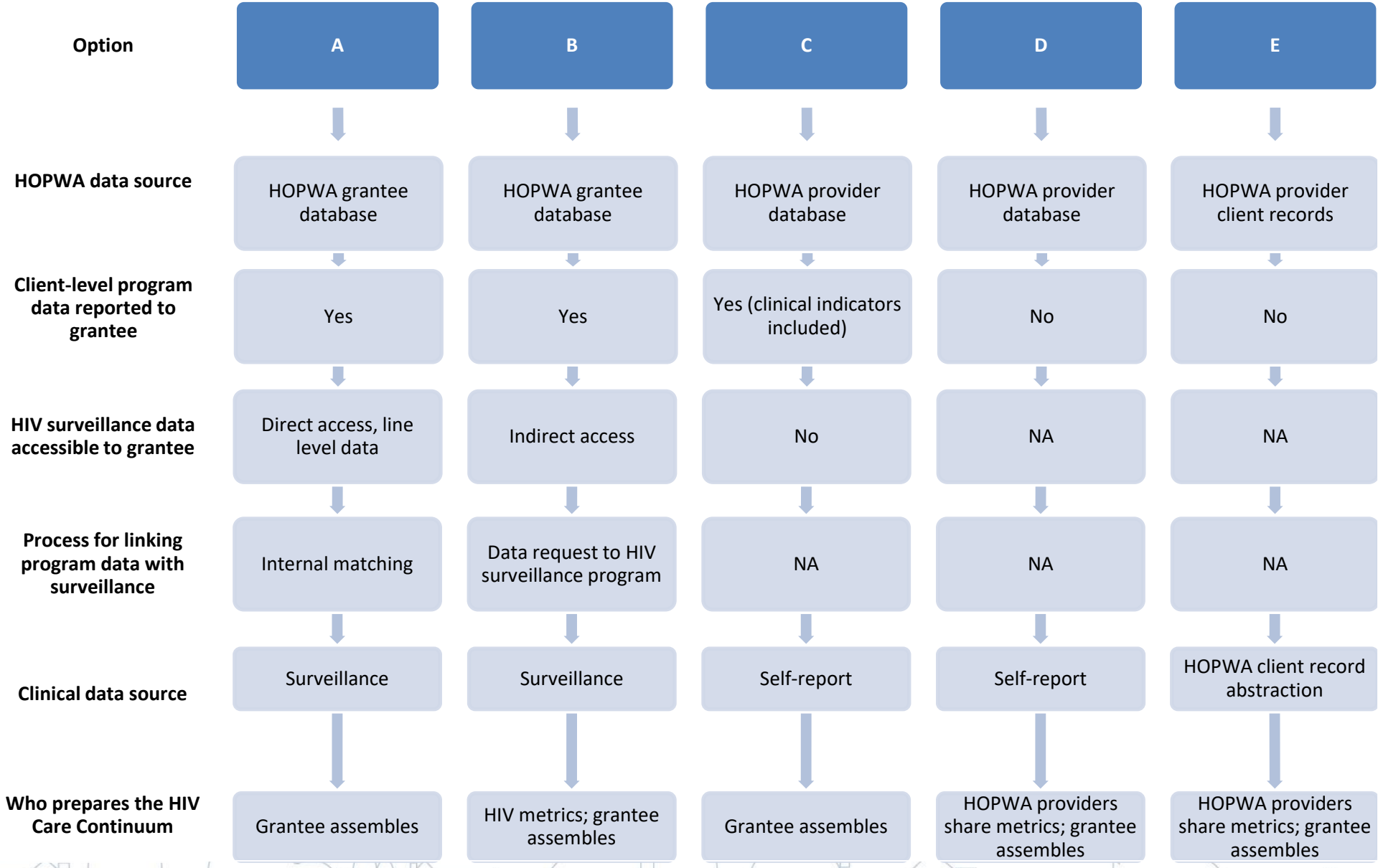


To Create Your Own Continuum

1. Which type of HIV Housing Care Continuum will you develop? (e.g. agency, city, MSA, or state level)

2. Who will you partner with to collect data? (state or local health departments, Ryan White-funded agencies, etc.)

3. What data are you able to gather? What data are you already gathering?


Option
A
B
C
D
E
HOPWA data source
HOPWA grantee database
HOPWA grantee database
HOPWA provider database
HOPWA provider database
HOPWA provider client records
Client-level program data reported to grantee
Yes
Yes
Yes (clinical indicators included)
No
No
HIV surveillance data accessible to grantee
Direct access, line level data
Indirect access
No
NA
NA
Process for linking program data with surveillance
Internal matching
Data request to HIV surveillance program
NA
NA
NA
Clinical data source
Surveillance
Surveillance
Self-report
Self-report
HOPWA client record abstraction
Who prepares the HIV Care Continuum
Grantee assembles
HIV metrics; grantee assembles
Grantee assembles
HOPWA providers share metrics; grantee assembles
HOPWA providers share metrics; grantee assembles

Nuts & Bolts

1. Does your time period match with the other data source's time period?

2. Are you working with unduplicated clients?

3. Are your definitions the same?

4. What ways do you want to segment the data?

Local Example: Broward County HOPWA

HIV Care Continuum Development

- Key Decision Points/Strategies
- Partnerships
- Data System

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Local Example: Broward County HOPWA

HIV Care Continuum Definitions

1. **Total HIV+ Clients Diagnosed**: The number of persons known to be diagnosed and living with HIV (PLWH) at the end of 2015, from data as of 6/30/2016.

2. **Ever in Care:** PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription from HIV diagnosis.

3. **In Care:** PLWH with at least 1 documented VL or CD4 lab, medical visit or prescription.

*Medical Care Service = Medical Care Appointment, Viral Load or CD4 Count Test

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Local Example: Broward County HOPWA

HIV Care Continuum Definitions

4. **Retention in Care:** PLWH with 2 or more documented VL or CD4 labs, medical visits or prescriptions (at least 3 months apart).

5. **On ARV:** PLWA that have a documented ARV Therapy at any time during reporting period within HIV History records.

6. **Virally Suppressed:** PLWH with a suppressed VL (<200 copies/mL) on the last VL.

*Medical Care Service = Medical Care Appointment, Viral Load or CD4 Count Test

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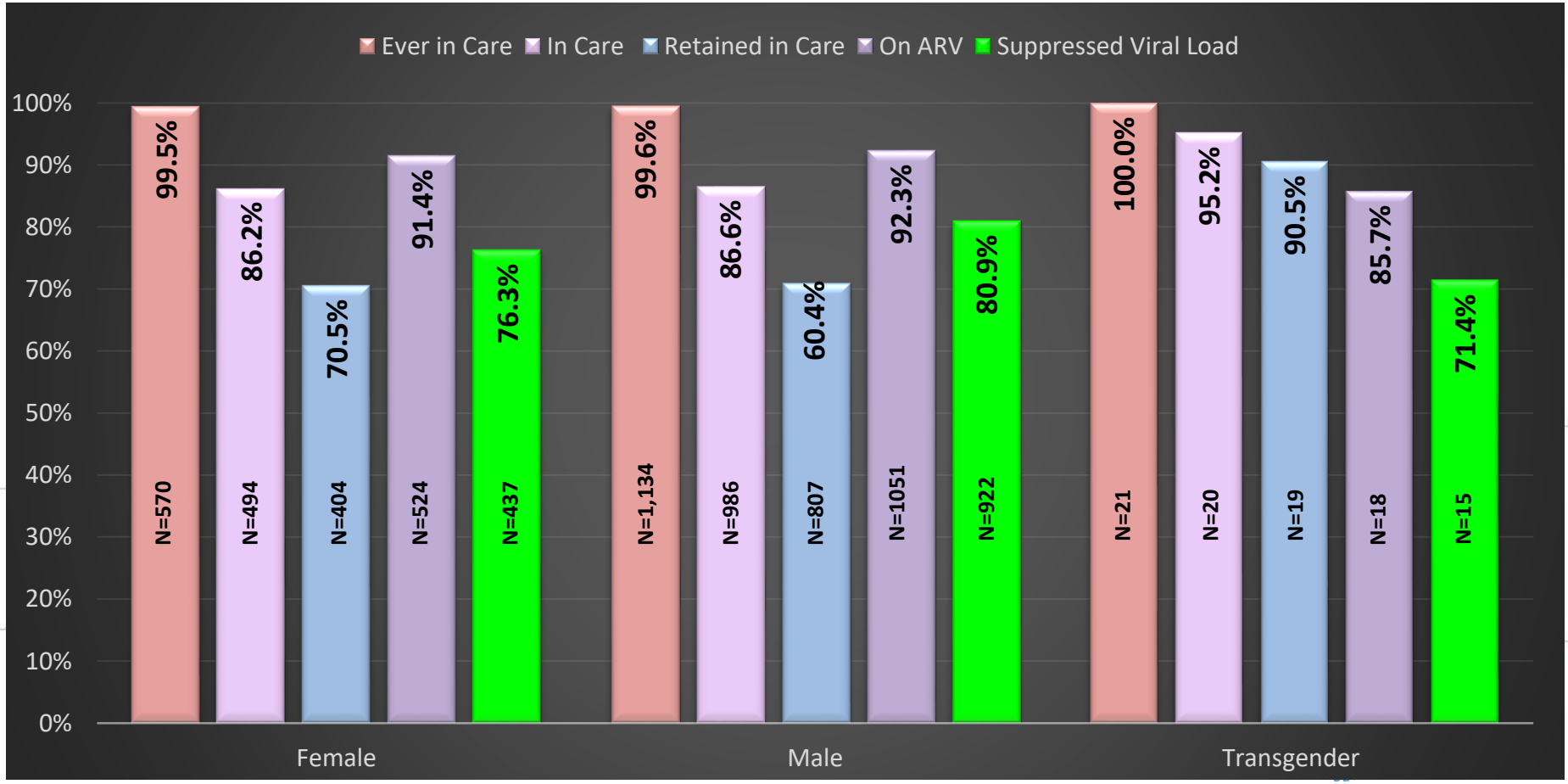
Local Example: Broward County HOPWA

HOPWA Data

- HOPWA data was cleaned removing all duplicates.
- 2611 clients were served in 2015.
- Of 2611, 781 duplicate clients receiving more than one HOPWA service.
- Of 781 duplicate clients, 304 received multiple HOPWA service.
- 97 clients had no viral load reported.
- HOPWA N size was 1733 clients received HOPWA services and had viral loads reported.

Local Example: Broward County HOPWA

HIV Care Continuum for BC HOPWA
FY 2015 – Gender



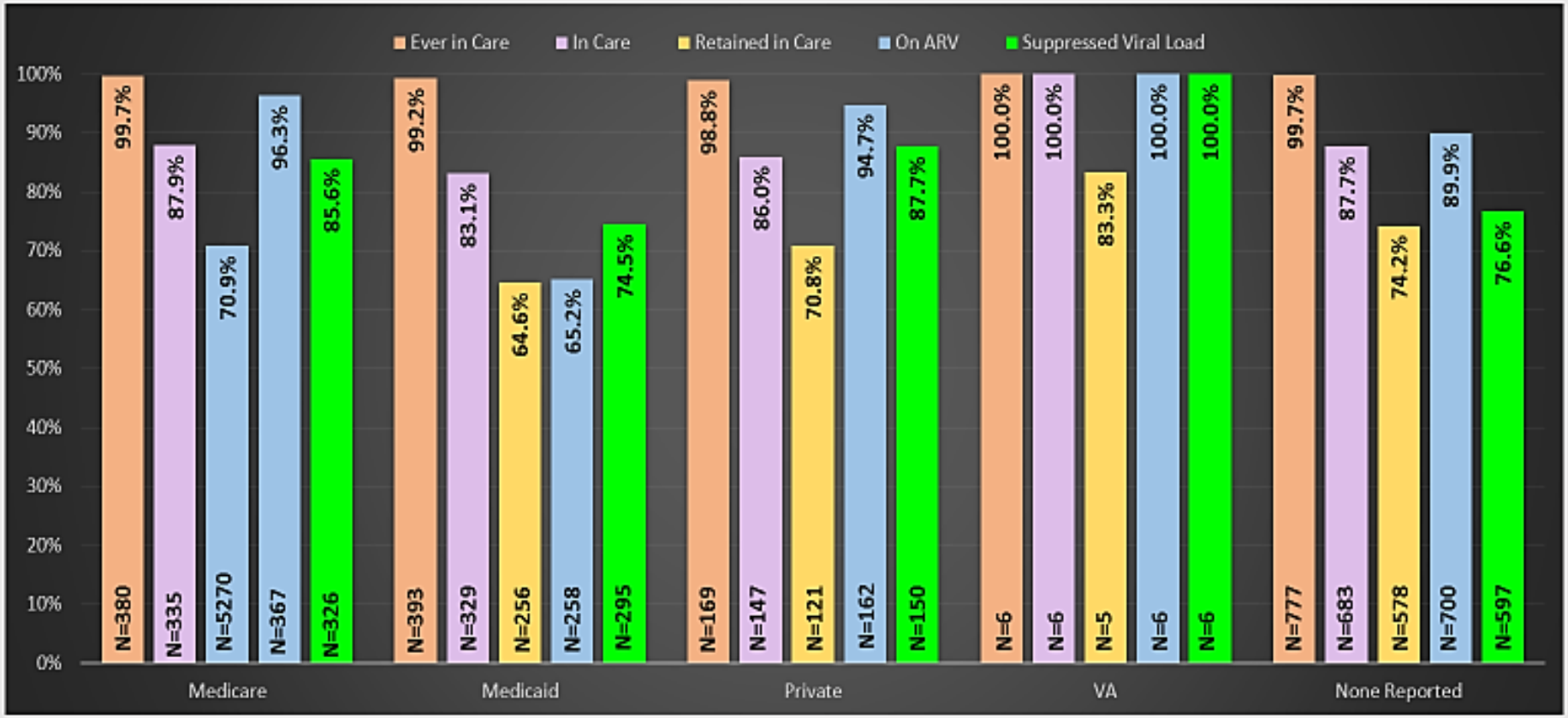
Total Female: 573

Total Male: 1,139

Total Transgender: 21

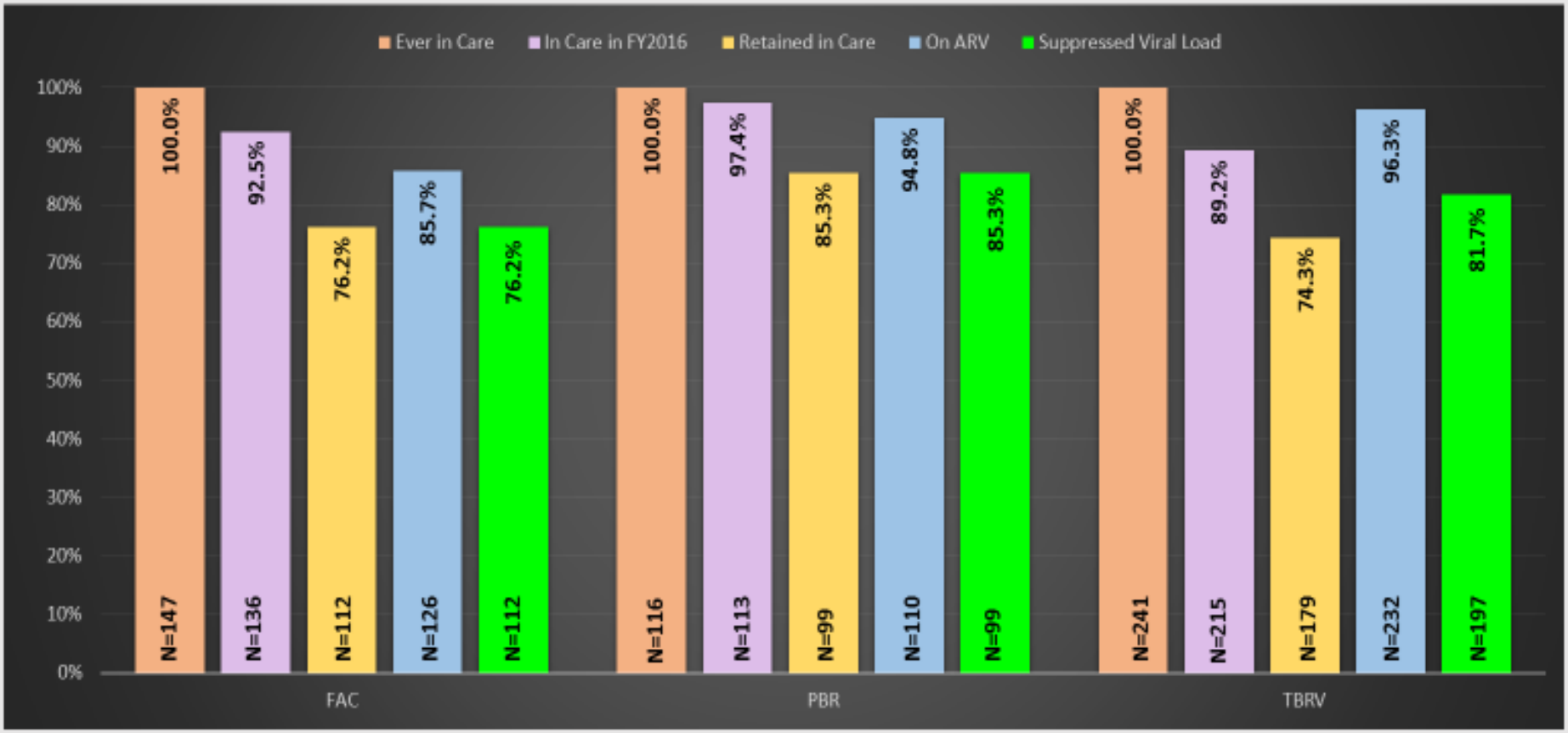
Local Example: Broward County HOPWA

HIV Care Continuum for BC HOPWA FY 2016 – Insurance Type



Local Example: Broward County HOPWA

HIV Care Continuum for BC HOPWA
FY 2016 – FAC, PBR and TBRV Subsidies

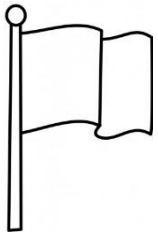


Total FAC: 147

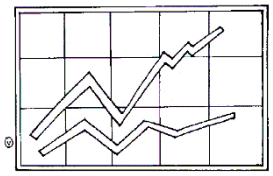
Total PBR: 116

Total TBRV: 241

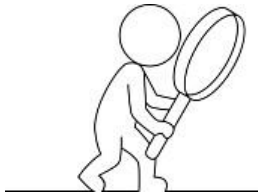
Once You Create a Care Continuum



Support the use of surveillance data



Share progress



Research new approaches

Program planning tool

Education & Advocacy

Community planning tool

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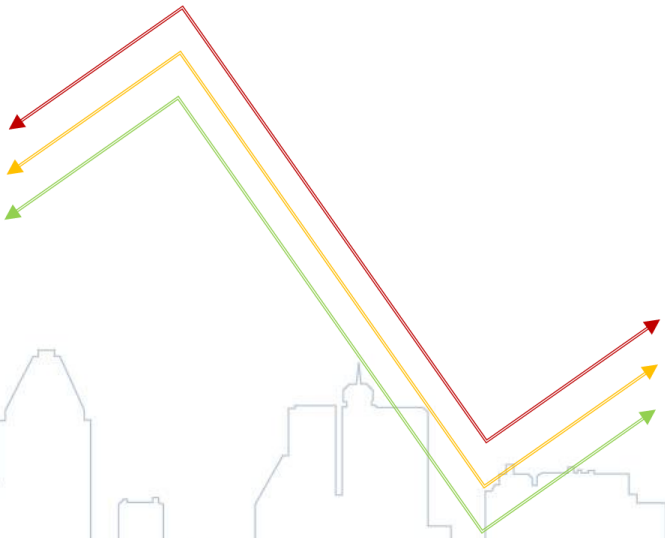
Local Example: Broward County HOPWA

Common Trends Among BC HOPWA and RW Part A

Clients who were engaged in HOPWA and RW Part A had best results in:

- Ever in Care *(100%)*
- In Care *(99.7%)*
- *Retained in Care (90.%)*
- *ARV (99%)*
- *Viral Suppression (83.3%)*



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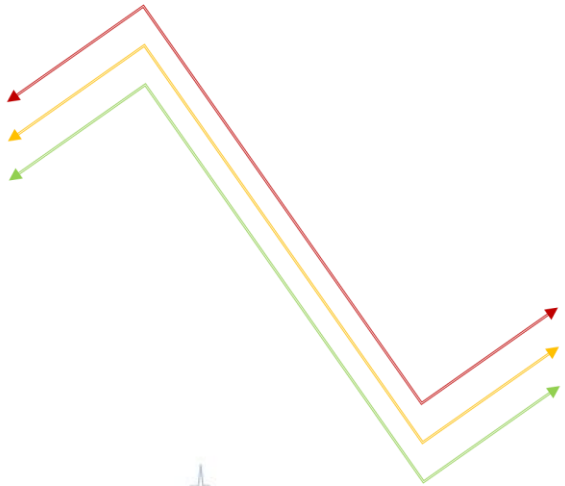
Local Example: Broward County HOPWA

Common Trends Among BC HOPWA
Suppressed Viral Load (≤ 200 copies/mL)

Sub-Population Groups <u>Most Likely</u> to be Virally Suppressed:
Gender—Male *(80.9.%)*
Race—White *(82.8%)*
Ethnicity—Hispanic *(83.8%)*
Insurance—Private *(87.7%)*
Income— SSDI and Earned Income *(82.1% and 82.5%)*
Housing Subsidy vs No-Subsidy—Virtual tie *(79.1% and 79.3%)*
Housing Subsidy—PBR *(85.3.%)*



Sub-Population Groups <u>Least Likely</u> to be Virally Suppressed:
Gender—Female (76.3%) (N size of 8 Transgender *(71.4.%)*)
Race—Black *(77.1%)*
Ethnicity—Non-Hispanic *(78.6%)*
Insurance—Medicaid *(74.5%)*
Income— No Income *(75.1%)*
Housing Subsidy—PHP *(70.6.%)*

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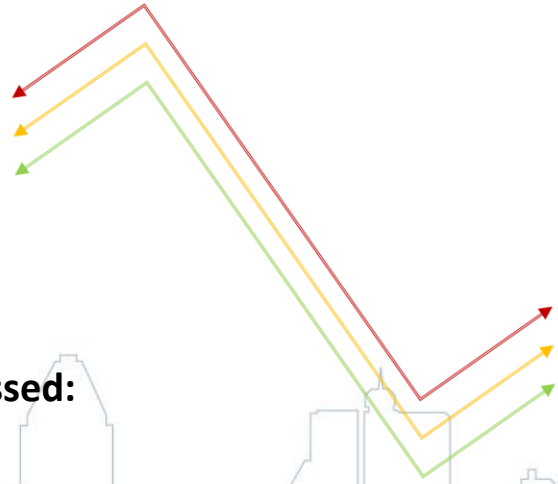
Local Example: Broward County HOPWA

Common Trends Among the BC HOPWA

Retained in Care (2+ medical care services at least three months apart in FY 15)

Sub-Population Groups <u>Most Likely</u> to be Virally Suppressed:

Gender- Female (70.9.%)
Race—White (72.3%)
Ethnicity—Hispanic (73.3%)
Insurance—Medicare (96.3%) (N size 6 VA (100%))
Income— SSDI (94.7)
Housing Subsidy—TBRV (96.3.%)



Sub-Population Groups <u>Least Likely</u> to be Virally Suppressed:

Gender—Males (60.4%)
Race—Black (70.4%)
Ethnicity—Non-Hispanic (70.6%)
Insurance—Medicaid (65.2%)
Income— No Income (89.2%)
Housing Subsidy—PHP (85.7%)

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Local Example: Broward County HOPWA

Notable Trend Differences Between Viral Load and HOPWA Services:

- 65% of HOPWA clients were enrolled in HOPWA and Ryan Whit Part Service.
- While the viral suppression was almost identical between HOPWA and Ryan White clients, clients who are engaged in both HOPWA and Ryan White Part A service had 4% better viral suppression.
- The data for Retained In Care artificially low because of the required data definition and lack of reporting due to insurance type.
- Males appear to be *most likely* to be virally suppressed but are *least likely* to be retained in care.
- Females appear to be *least likely* to be virally suppressed but are *most likely* to be retained in care.
- Typically those clients with more stable income source are *most likely* to be virally suppressed and retained in care.
- Those with Medicare, Private insurance and VA insurance are *most likely* to be virally suppressed and linked in care.

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Local Example: Broward County HOPWA

Notable Trend Differences Between Viral Load and HOPWA Services:

- Clients receiving TBRV, PBR, STRMU and HCM are *mostly likely* to be virally suppressed and are *most likely* to be retained in care.

- Clients receiving PHP clients are *least likely* to be virally suppressed clients. They are most likely not to be retained in care. This appears to be associated with lack of ongoing engagement with HOPWA once the subsidy is received.

- Housing Case Management (HCM) service with no financial subsidy had the similar viral suppression as clients receiving HOPWA financial subsidy.

- HCM service that assist client who do not receive a HOPWA financial subsidy is integral part in keep those served virally suppressed and retained in care.

- Clients are *most likely* to be virally suppressed based on the length of time the clients are engaged in HOPWA services

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Local Example: Broward County HOPWA

Next Steps/Moving Forward:

- Further analysis on the length of time by HOPWA service with the cascade elements.

- Analysis of household income across HOPWA services, ,the HIV Care Continuum Cascade and relationship to the implementation of the “Get Back to Work Initiative”.

- Develop a plan to annually increase HOPWA participants engagement with Ryan White Part A services by 5%.

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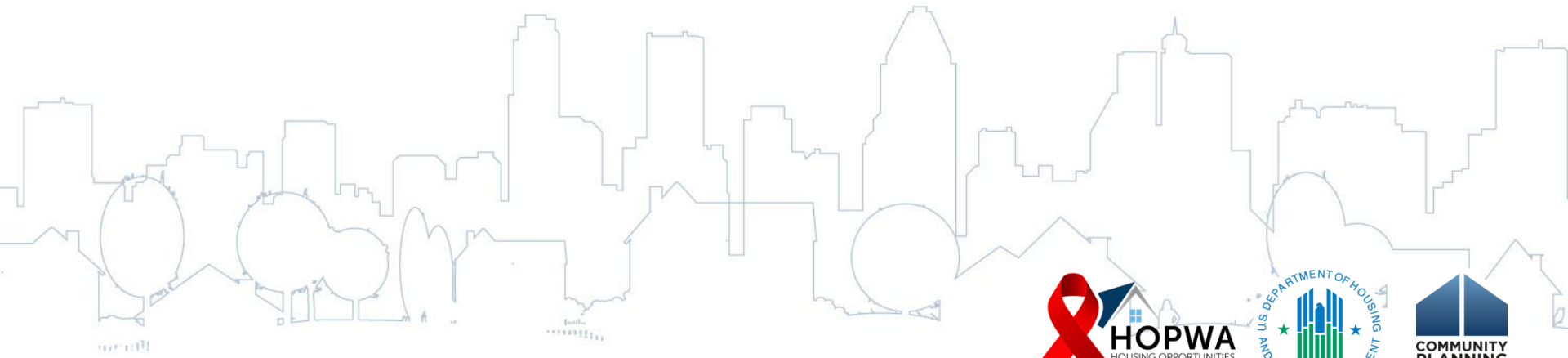
Questions?



Resources

HIV Housing Care Continuum Initiative Resources:

https://www.hudexchange.info/programs/hopwa/hiv-housing-care-continuum-initiative/

CDC's Care Continuum Resources:

https://www.cdc.gov/hiv/policies/continuum.html