# Paradigm time – from HIV treatment clinic to HIV prevention organization

Presenters:

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# CONFLICT OF INTEREST DISCLOSURE
## Adam Lake, MD

**Adam Lake has nothing to disclose**

# CONFLICT OF INTEREST DISCLOSURE
## Rebecca Geiser, MPA

**Rebecca Geiser has nothing to disclose**

# OUTLINE

- Shift in Scope
  - How do we move from treatment to prevention?
  - What are the key drivers that support a shift?
- Fiscal Sustainability
  - What are the sustainable funding streams?
- The Future
  - What are our opportunities and ideas for future growth?

# HISTORICAL SETTING

- Comprehensive Care started in 1999
  - Steady growth over time
  - No competition from the local ID group or other Ryan White Part C Programs
  - Part of family medicine residency and large health system
- Treatment Model: Physician and clinic-centered model 1999-2015
  - Walk in HIV testing (not mobile or outreach)
  - No medical case management
    - Referred to 2 local ASOs
  - 625 patients, 1 social worker
- Historic funding
  - Ryan White Part C
  - 340B Program Income from contract with hospital pharmacy
  - Occasional small and narrow PA Department of Health grants

# PRACTICE AND PATIENT POPULATION

- Primary Care office with HIV specialty services
  - PCMH Certified
  - AAHIVM HIV Specialists
  - Located in the Family Medicine service line
- 30 minute visits
- Patient population HIV+ and affected HIV-
  - Family practice = family members
  - Limited PrEP and transgender patients
- General HIV- patients: legacy and other Medicaid patients needing access
  - Hospital pressure to increase overall managed lives led to wider opening of practice for general primary care

# Shift in Scope:

## How do we move from treatment to prevention?

# SHIFT IN SCOPE: External Drivers

- HRSA HAB PCN 15-03
  - Program Income guidance
    - Includes Ryan White 340B
    - Must be spent within the project period
  - 2015-2019 – Long development of systems
    - Systems improved to be in compliance with PCN 15-03
    - In-house counsel communicates with HRSA/HAB, pharmaceutical companies, and 340B consultants to meet regulations2015-2019 – Long development of systems
  - Implementation
    - Clearly delineate Ryan White revenue and expenses through separate cost centers
    - Front line clinical team treat patient regardless of Ryan White status and all revenue separated on the back end

# SHIFT IN SCOPE: External Drivers

- Ryan White Program
  - RWHAP encourages providing PrEP - visits, navigation, or medication- but doesn't pay for it
  - RWHAP encourages engaging with the transgender community, but only covers services when positive
  - RWHAP encourages outreach to People Who Use Drugs (PWUD), but only covers HIV testing

GET CREATIVE!

# SHIFT IN SCOPE: Internal Drivers

- Dr. Lake joins practice in 2015
  - PrEP on the rise -> taking new patients for PrEP
  - No providers for hormone therapy for transgender folx -> taking new patients for medical gender affirmation
  - Expanding MAT and addiction treatment services

- Rebecca Geiser joins practice in 2019
  - Finalizes system changes to be in compliance with PCN 15-03
  - Provides wider Ryan White Program perspective of best practices from around the country

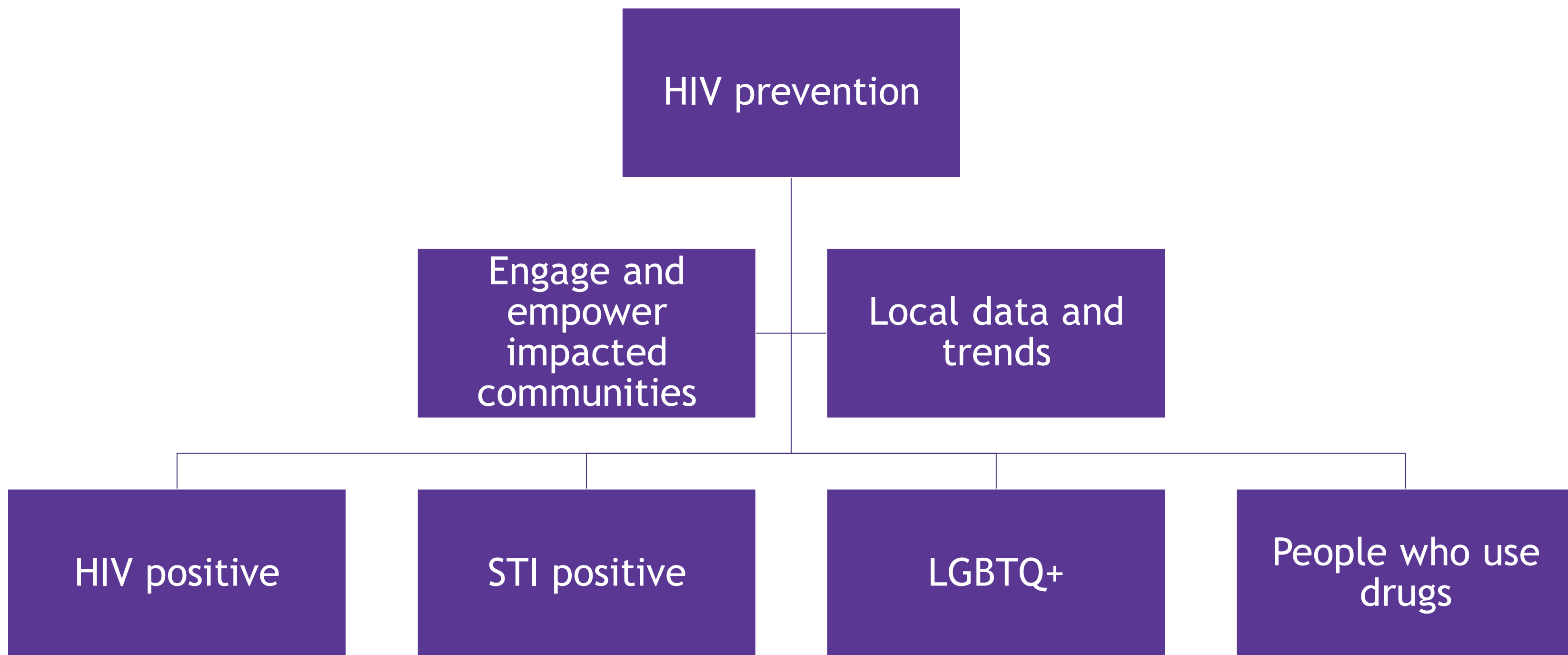
# The Programmatic Case:

# Why should we expand to prevention work?

# CROSSROADS

- Increasing need to engage with priority groups for HIV prevention
  - LGBTQ community
    - PrEP
    - Hormone therapy
  - PWUD
    - Harm reduction (PrEP?)
    - MAT
  - People seeking STD testing and treatment

# REFRAMING: From Treatment to Prevention



# HIV prevention

- Engage and empower impacted communities
- Local data and trends

- HIV positive
  - Treatment as prevention
  - ARTAS, outreach, and connection with ASOs
- STI positive
  - System education
  - Open STI clinic
- LGBTQ+
  - Gender affirming care
  - System advocacy
- People who use drugs
  - Connect with harm reduction groups
  - Connect with treatment providers

# Fiscal Sustainability:

# How do you pay for this?

# STEP 1: Get your own house in order

- Separate cost centers on the back end for revenue
- Seamless primary care for all patients, regardless of HIV status
- Keep clinic flow the same – minimize changes and stress for front-line staff and providers
- Streamline 340B (RWHAP)

# STEP 2: Open the umbrella. Expand funding.

- RWHAP Part B/PA DOH funding
  - Position for MSW as navigation for high risk (HIV negative) populations
    - PCN 16-02 – outreach services – “some activities within this service category will likely reach people who are HIV negative”
  - PrEP marketing and navigation
  - HIV testing in STD clinic
  - Community focus and engagement
  - Partnering in substance use management and treatment planning

- LGBTQ+ Service Line
  - Chart the web of providers
  - Assemble the team
  - Business plan and business intelligence
  - Spin off service line
  - Relationship with HIV prevention remains
  - LGBTQ health is much more than HIV and STDs
    - HIV risk is not constant, nor universal in a community
    - Life after PrEP
- State-funded STD clinic
  - Free testing and treatment for un- and under
  - Navigator provides HIV testing and PrEP education
  - STD 340B covered entity to increase program income

# STEP 3: Market yourself.

- Vision and strategic planning
  - HIV prevention is not just HIV treatment
- Make one-pager about yourself and your mission
  - Set up meetings with an ASK (can be small)
- Get noticed, get attention, get recognition
  - Large health care system
- Internal marketing with providers

# The Future:

# What's next?

# DISCUSSION: ENVISION A NEW FUTURE

- What would care look like if there were no strings?
  - Refocus on goals that matter (to everyone)
    - What requires a provider or physical proximity?
    - What gets you excited to do this work?
  - Change the venue/time?
- How can we decentralize services? COVID pressure = less physical services
  - How to do extragenital testing without physical presence?
    - Can go to local lab for blood and urine, but not swabs
  - When is an exam really necessary?
  - What about injections and vaccines?
    - Partner with pharmacy? They have better hours…
- Move away from scheduling traditional appointments?
  - Walk in hours?
  - Asynchronous visits? (e-visits)
    - If using 340b STD, maybe don't need all the office visit billing?