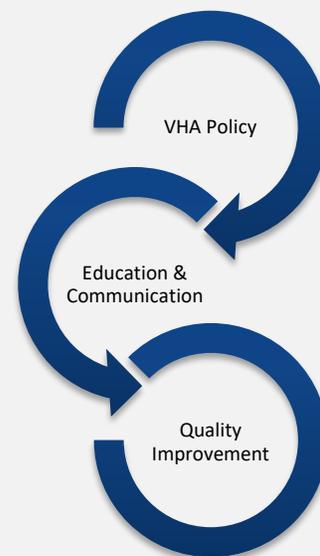


# HIV, Hepatitis, & Related Conditions Programs

Office of Specialty Care Services  
Annual Report 2019

## Our Work

The HIV, Hepatitis, and Related Conditions Programs (HHRC), part of the Office of Specialty Care Services, are responsible for policy, quality improvement, and education/communication in the areas of HIV, HIV prevention, viral hepatitis, and advanced liver disease. Through direction of resources to the field to support and evaluate high quality care for Veterans with viral hepatitis, advanced liver disease, HIV, and those at risk for HIV, HHRC is effectively addressing and supporting several of the Department of Veterans Affairs' priorities. Our system redesign and quality improvement work, particularly through our Hepatic Innovation Teams (HITs) in every VISN, help us to focus our resources efficiently and improve the timeliness of care and treatment for Veterans. Our efforts to develop and refine data capture and informatics tools allow for evaluation and monitoring of care quality at a national level while more standardized, automated clinical support tools help to modernize our system.



### Find us on the web:

[HIV Website](#)

[Viral Hepatitis & Liver Disease Website](#)

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
HIV, Hepatitis, & Related Conditions Programs

# 2019 Highlights

## Viral Hepatitis

VA has cured more than 100,000 Veterans of hepatitis C! We made diagnosing, treating, and curing hepatitis C virus infection a priority, and saved the lives of Veterans. This tremendous accomplishment establishes VA as a global leader in the diagnosis and treatment of HCV. HHRC thanks our dedicated providers, HITs, and the Veterans who have stepped up to be tested and treated, for helping us get to this point. As we move forward, we will continue to treat all Veterans with hepatitis C who are willing and able to be treated and we will improve our efforts to prevent future infections.



We have worked hard to increase hepatitis A and B vaccination among Veterans who are at risk. This included working closely with the Health Care for Homeless Veterans Program at VA and doing direct outreach to frontline homeless care providers, Viral Hepatitis Lead Clinicians, and Health Behavior Coordinators with data resources. Viral hepatitis prevention will remain a priority for our program.

## HIV

This year kicked off the national *Ending the HIV Epidemic: A Plan for America* initiative. This effort, led by the Department of Health and Human Services (HHS), leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure. With over 31,000 Veterans with HIV in our care, VA has a major role to play in this initiative.

On December 2<sup>nd</sup>, we held the Ending the HIV Epidemic virtual conference for VA providers. This is the first time we have held a virtual conference and it was a big success. We had over 300 VA providers attend the 5-hour training which covered the latest research, data, and promising practices in HIV prevention and care.

To conclude the conference, we announced the launch of our new HIV Prevention and Care Affinity Group Program. These groups will help guide our efforts in the national Ending the HIV Epidemic Initiative.

HHRC has developed targeted outreach for each focus area based on three primary factors:

1. Location in a high-risk county, state, or territory
2. Performance below VA's national average according to HHRC's [Affinity Program Data Report](#), or significant opportunities for improvement in a focus area
3. Facility champion interest in quality improvement in the focus area

**With the Affinity Group Program, HHRC will support participating facilities with one or more of the following areas:**

- HIV testing
- HIV care (e.g. viral suppression)
- Increasing PrEP uptake
- Improving STI screening and co-testing for HIV and bacterial STIs
- Developing a Syringe Service Program (SSP)

We will provide general organizational support for the Affinity Groups by holding bi-monthly, collaborative peer mentorship calls to help facilities develop action plans, discuss barriers and facilitators to their implementation,

share strong practices, and utilize data and clinical tools. We will also help scale up and disseminate validated clinical tools and other resources, and provide national and local data on key indicators for each focus area. We are excited to see progress on this work in the year ahead!

We released an updated and expanded version of our [Primary Care Manual](#) in early 2019. The manual serves as a point-of-care reference for HIV clinicians providing HIV and primary care to their HIV patients.

We developed and refined data tools this year to assist the field with HIV care and prevention. This included our [HIV cascade of care report](#), [HIV affinity group data report](#), [HIV data cube](#), [HIV testing and incidence data](#), and our [PrEP clinical data reports](#).

Finally, in August our [National HIV Program Directive](#), 1304, was updated and released. This new directive combines several older directives and clinical guidance statements, making one comprehensive source for policy related to HIV care and prevention.

## Advanced Liver Disease

In November, we held a Hot Topics meeting for VA providers. The meeting was held during the Liver Meeting in Boston with streaming available for those who couldn't be there in person. Topics covered key issues in cirrhosis, non-alcoholic fatty liver disease, and liver transplant.

### Hepatic Innovation Teams (HITS)

Our HITS have continued their vigorous work on Advanced Liver Disease (ALD) this year. A new field-based HIT leadership team has stepped up to lead this initiative and they have adapted well to the new role. HIT teams meet monthly to discuss successes and obstacles and learn from each other as we make advancements on ALD. Throughout the year, HITS updated and developed new educational content for providers and patients. They also completed maintenance and improvements on the ALD Dashboard and ongoing trainings for the field on available data tools to assist with finding, monitoring, and treating patients.

## Cross-Cutting Initiatives

### Informatics & Clinical Support Tools

We deployed several new/updated data tools in 2019. Our [SharePoint site](#) serves as a central location to access all of our data resources.

*Data cubes:* These include clinical data cubes for HIV, ALD, and Hepatitis C which make epidemiologic data for these patient populations more broadly accessible at the national, VISN, facility, and provider level. The cubes also provide treatment and lab data and other information to identify gaps in treatment for current patients.

*Data Reports:* We regularly update reports created to provide the field with targeted information in key areas. The current reports include the HIV affinity data report, HIV cascade of care report, PrEP clinical data report, hepatitis B clinical data report, and hepatitis C birth cohort testing report. A new sexually transmitted infections report will be available soon.

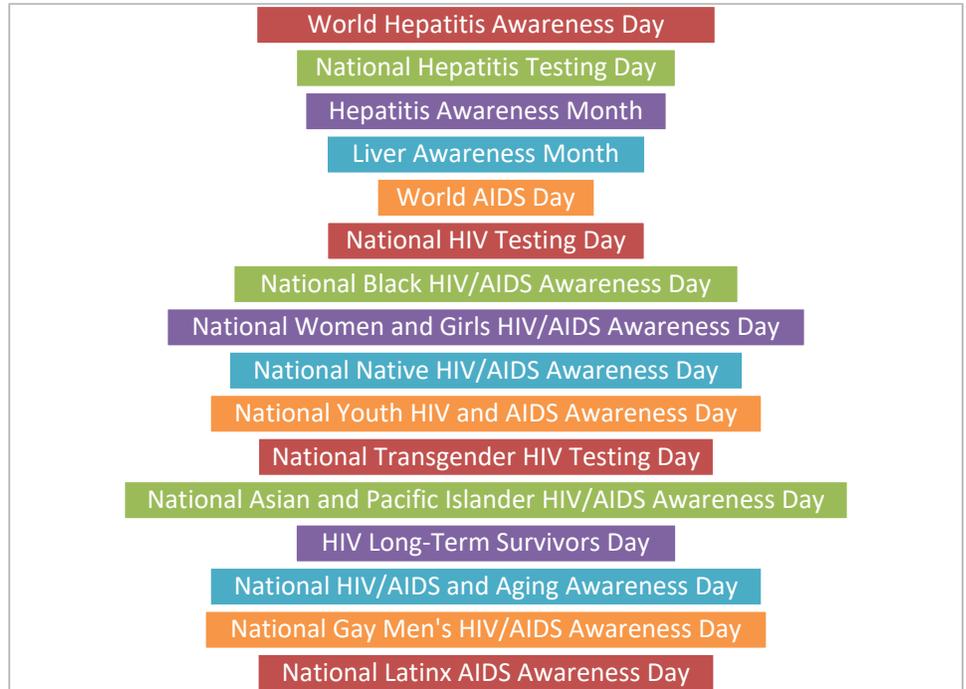
*Clinical dashboards:* HCV, ALD, and HBV Dashboards are another tool used in VA to monitor and organize workflow to follow up with patients appropriately. The dashboards utilize the Data Warehouse and are not derived from CCR.

*Text messaging protocols:* VA is expanding Veteran access to care by providing patients with digital patient engagement tools. One such technology is “Annie,” an automated text-messaging application developed by VA’s Office of Connected Care, aimed to improve health outcomes. This year, we reached out to the field to generate interest in our protocols for HCV, HBV, ALD, HIV, and PrEP, and trained sites in how to use them.

### Social Networking

The performance of VA’s HIV and viral hepatitis websites ([www.hiv.va.gov](http://www.hiv.va.gov) and [www.hepatitis.va.gov](http://www.hepatitis.va.gov)) allow us to reach high numbers of Veterans, providers, and external stakeholders. In early 2019, we released a new look for the hepatitis and liver disease website which included more in-depth information on ALD, HBV, HAV, and NAFLD. We had impressive website visits this year with over 1.1 million unique users visiting the viral hepatitis site which is an increase of more than 250,000 visitors from the previous year! The HIV website continues to have a large audience with over 1.2 million unique users. This large viewership has provided us with the opportunity to communicate on the topics of access, promising practices, and innovation.

This year we participated in 16 awareness events. These events provide an opportunity to share information and resources with a wide audience of providers and patients using our websites and social media, and networking with our federal partners.



### Veteran Engagement

We held Spring and Winter meetings via teleconference with our HIV Community Advisory Boards (CABs). These meetings provide the opportunity for us to present updates directly to Veterans on our programs. CAB members give feedback on the Veteran experience with HIV treatment at VA, help us identify issues, and provide input on program performance.

## Looking Ahead to 2020

The HIV, Hepatitis, and Related Conditions Programs will continue many of our proven methods for communicating and working with the field in 2020, as well as creating new opportunities to complement our current work. We will continue our efforts to broaden our focus to work more in depth on HIV prevention and sexually transmitted infections. The HIV affinity groups will be a key focus in the year ahead and we are excited to take on this work at such a critical time.

Finally, we stand ready to respond to emerging issues in the areas of HIV and liver diseases. We look forward to this exciting work in 2020!

# Our Team



**David Ross, MD, PhD, MBI**

*Director*

Dr. David Ross received his M.D. and Ph.D. (Biochemistry) from the New York University School of Medicine. After completing a categorical internal medicine residency at NYU, Dr. Ross received fellowship training in infectious diseases at Yale University School of Medicine, and subsequently was a member of the faculty there. He served as a medical officer for ten years at the U.S. Food and Drug Administration, first as a medical reviewer and team leader in FDA's Division of Anti-Infective Drug Products, and then as deputy director of the FDA office reviewing therapeutic biologic products and as associate director of FDA's Office of Oncology Drug Products. Dr. Ross is also an ID physician at the DC VA Medical Center.



**Maggie Chartier, PsyD, MPH**

*Deputy Director*

Dr. Maggie Chartier received her MPH in Epidemiology and a certificate in International Development from the University of Washington, Seattle, and her PsyD from the PGSP-Stanford Consortium in Palo Alto. She completed her clinical internship at the University of California, San Francisco (UCSF), and her postdoctoral fellowship in HIV/HCV Psychology at the San Francisco VA. In 2013, she received a James Besyner Early Career Award for her contributions to VA Psychology. Dr. Chartier is also a staff psychologist at the San Francisco VA Medical Center and an Assistant Clinical Professor in the Department of Psychiatry at UCSF.



**Lorenzo L. McFarland, DHA, MSW, PMP**

*Senior Program Manager*

Dr. Lorenzo McFarland served 20 years in the United States Air Force, retiring at the rank of Master Sergeant. His duty assignments include Zaragoza, Spain; Aviano, Italy; Minot, North Dakota; and San Antonio, Texas. He was awarded the Meritorious Service Medal, Air Force Commendation Medal with two oak leaf clusters, and Air Force Achievement Medal with three oak leaf clusters. He holds master's degrees in Public Health and Social Work, and a doctorate in Health Administration.



**Shawn Green**

*Program Coordinator*

Shawn Green serves as the point-of-contact for internal/external stakeholders, HIV and viral hepatitis providers, and the HIV Community Advisory Boards. He has worked with the National Hepatitis Program for over ten years, assisted with the coordination and implementation of the National Hepatitis Innovation Teams, and was the program manager for the San Francisco SCAN-ECHO Program.



**Marissa Maier, MD**

*National Public Health Infectious Disease Officer*

Dr. Marissa Maier is an Infectious Diseases physician at the Portland VA and an Associate Professor at Oregon Health and Sciences University (OHSU). She earned a Bachelor of Arts in Environmental Studies and Development Studies from Brown University, and received her doctorate in medicine from the University of California, San Francisco. She completed her internal medicine residency and ID fellowship at OHSU. Her clinical and academic interests include HIV, hepatitis C, and sexually transmitted infections.



**Timothy Morgan, MD**

*Director, National Hepatitis C Resource Center*

Dr. Timothy Morgan is the Chief of Hepatology in the VA Long Beach Healthcare System. He received his MD from the Emory University School of Medicine. Dr. Morgan has been involved in hepatitis C-related clinical research at the VA Long Beach for the past 25 years. These experiences, as well as his activities improving care for Veterans with HCV at VA Long Beach, provided the groundwork for his responsibilities as Director of the NHCRC.



**Lauren Beste, MD, MPH**

*Director, HIV, Hepatitis, and Related Conditions Data and Analysis Group*

Dr. Lauren Beste practices Internal Medicine and Hepatology at VA Puget Sound in Seattle, Washington and is an Assistant Professor at the University of Washington School of Medicine. She graduated from Johns Hopkins University School of Medicine and the University of Washington School of Public Health.



**Elizabeth Maguire, MSW**

*Communications Lead*

Elizabeth Maguire has a background in macro social work, with an MSW from Boston College. She leads communications efforts for the HHRC. In addition, she works on research projects for the Veterans Health Administration and the Center for Healthcare Organization and Implementation Research. Her research areas of interest include patient and provider communications and adverse events. Ms. Maguire is based at the Bedford, Massachusetts VAMC.



**Joleen Borgerding, MS**

*Statistician*

Joleen Borgerding is a data analyst for the HHRC Data and Analysis Group at VA Puget Sound in Seattle, Washington. She received a degree in Biostatistics from the University of Colorado, Anschutz Medical Campus, following undergraduate studies at the University of California, Irvine.



**Elliott Lowy, PhD**

*Statistician*



**Ronald "George" Hauser III, MD**

*Curator of Laboratory Data*



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