



HIV, Hepatitis, and Related Conditions Program Annual Report 2016

Our Work

In late 2016, the HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) changed its name to the HIV, Hepatitis, and Related Conditions Program (HHRC) to reflect the full scope of our expertise and reach of our programs. Also in 2016, HHRC was realigned under the Office of Patient Care Services in the Office of the Deputy Under Secretary for Health For Policy and Services (10P). We continued to support and advance the mission of VHA by providing state-of-the-art clinical public health services to providers and Veterans in the areas of human immunodeficiency virus (HIV), viral hepatitis, and related conditions. HHRC delivers practical tools that support promising practices and cutting-edge clinical care through:

- Education and communication projects designed to improve and support provider practice and modify Veteran behavior to improve health and engagement in care;
- Quality improvement initiatives, many of which rely on system redesign and LEAN management strategies to address existing gaps in care, anticipate system-wide needs for HIV, hepatitis, and care for related conditions by addressing barriers to access, linkage, and engagement in care; and
- If indicated, proposals for legislative and policy changes.

HHRC's expertise includes clinical knowledge, particularly of infectious diseases, liver disease, and associated co-morbid conditions; mental health and substance use, particularly as these co-morbidities impact HIV, hepatitis, and co-occurring conditions; prevention; epidemiology; informatics; field-based communication, education, and implementation; and project management.

HHRC is effectively addressing and supporting the five Veterans Health Administration (VHA) priorities put forth by Dr. David Shulkin, VHA's Under Secretary for Health: (1) improved access; (2) increased employee engagement; (3) consistency of best practices; (4) rebuilding the trust of the American public and Veterans; and (5) building a high-performing network.

2016 Highlights

Hepatitis C

Treating and curing Veterans with hepatitis C (HCV) infection has been our central priority over the past year. VA had another extremely successful year in this area. During 2016, we treated 38,358 patients with HCV, with approximately 94% cured. HHRC has worked to support quality improvement initiatives, testing and treatment outreach, cutting-edge clinical treatment considerations, patient and provider education materials, and resources and policies to maximize HCV treatment in VA. It is largely due to the dedicated work of VA providers on the ground, and the patients who trust them, that VA has been able to treat and cure record numbers of patients.

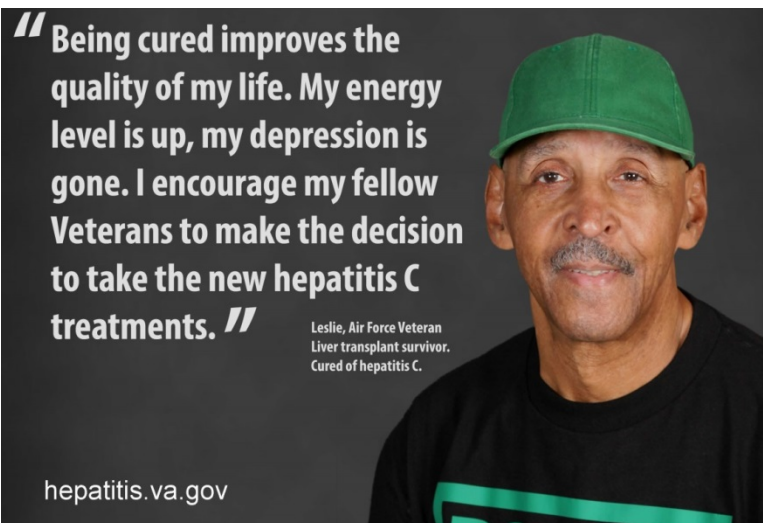
Hepatitis Innovation Teams (HITs)

In collaboration with the New England Veterans Engineering Resource Center (VERC), HHRC's National Hepatitis C Resource Center continued their coordination of VISN-level HCV Innovation Teams (HITs). These HITs bring together field providers and system redesign experts to develop and disseminate strong practices in HCV care that increase access, build high-performing networks, and engage VA employees. In 2016, an in-person meeting in Orlando helped catalyze the profound work of the VISN HITs by giving them an opportunity to share their successes and lessons learned, allowing other teams to take these promising practices back to their VISNs.

Social Media and Communications Outreach

We developed new outreach methods including support for a national advertising effort featuring Veterans who have been cured by VHA. We have worked quickly since then to recruit and photograph four Veterans who were cured and wanted to share their experiences. Advertisements are currently being finalized and will launch in February/March 2017. We will focus on 12 cities with larger numbers of Veterans still needing treatment, but we will also run several national advertisements, and all

materials will be available to any VHA facility interested in running a local campaign in their area. While our advertising campaign is in the works, we have also partnered with the Employee Education System (EES) to develop several short videos about HCV testing and treatment. These videos will feature Veterans who have been cured. We have been working with Veteran Service Organizations (VSOs) to plan for social media campaigns and hepatitis testing events throughout the country. In October, we hosted a social media Thunderclap for Liver Awareness Month featuring a Veteran-focused HCV testing/treatment message with a social reach of 2,143,980 people. In November, we worked with an



American Legion outpost in upstate New York to provide support for an HCV testing event, through which approximately 200 Veterans were tested. This event will serve as a model for VA-VSO collaborations for HCV testing events in the future.

Advanced Liver Disease

Due to the natural history of HCV infection, which causes progressive liver damage over decades, there are increasing numbers of HCV-positive Veterans with advanced liver disease (ALD), cirrhosis, hepatocellular carcinoma (HCC), and other life-threatening, costly conditions. Since 2006, the number of Veterans in care with cirrhosis due to HCV has increased seven-fold to over 44,000 individuals. Over the same time period, the cumulative number of HCV-infected Veterans in care diagnosed with HCC has increased dramatically, from under 200 in 2006 to over 7,000. HHRC increased efforts to address this area in 2016 through two data projects that will aid in understanding gaps in care for these Veterans.

HAIG Survey

HHRC collaborated with the Healthcare Analysis and Information Group (HAIG) to conduct a survey of 153 VHA sites of care, collecting data on hepatitis C-related complications including ALD, cirrhosis, and HCC. This survey has helped our office identify barriers to quality care and gaps in care for Veterans with liver disease and other complications due to HCV. We are currently working to make improvements and share best practices throughout our system based on the results of this survey, which will be published by the HAIG in February 2017.

ALD Cube

This year, HHRC collaborated with the VHA Support Service Center (VSSC) to develop an ALD Data Cube. The purpose of this cube is to make epidemiologic data on cirrhosis, liver cancer, and liver disease more broadly accessible at the national, VISN, facility, and provider level; to provide related treatment and lab data; and to identify gaps in treatment for current patients. This work will help us identify and link Veterans with ALD to care more quickly, identify gaps in treatment, and improve patient outcomes.

HIV/AIDS

This year, we concentrated on increasing access to HIV care across the care continuum. We focused particularly on developing clinical resources on HIV testing, providing updated information on the treatment and care of patients with facial lipoatrophy, increasing the use of pre-exposure prophylaxis (PrEP), and addressing the clinical challenges of Intimate Partner Violence (IPV) and



cognitive impairment in HIV clinical settings. We have had great success in linking 100% of Veterans newly diagnosed with HIV to care within 90 days (Jan-Sept 2015). Building on that success, we continue to work to increase testing among Veterans at risk of acquiring HIV and improve engagement and treatment rates once Veterans are in our care.

PrEP

In 2016, we developed patient and provider education materials for our websites for PrEP. We also convened a national PrEP workgroup, which includes representation from several stakeholder program offices including the National Center for Health Promotion and Disease Prevention, the National LGBT Office, Pharmacy Benefits Management, Academic Detailing, Primary Care, Addiction Services, Women's Health, and Laboratory Medicine, as well as several HIV clinicians and field-based providers. This group is developing a VA Strategic Plan for increasing the use of PrEP across the system. This work will be a major priority for HHRC in the year ahead. Members of HHRC have also served on the Office of National AIDS Policy committees to update the National HIV/AIDS Strategy and more fully implement PrEP for HIV prevention across federal agencies.

Participation in the Office of National AIDS Strategy 2020 Update

In December 2015, President Obama updated the National HIV/Acquired Immunodeficiency Syndrome (AIDS) Strategy (NHAS), with a supplement of clinical indicators published in July 2016. As one of the Federal agencies working to implement this strategic plan by 2020, VA utilizes the HIV Care Continuum model to assess gaps in care, from diagnosis and active linkage to and retention in care, to initiation of antiretroviral therapy (ART) and viral suppression, meaning that no detectable virus is present in the blood. The NHAS clinical indicators supplement lays out an ambitious plan to increase all steps in the care continuum, and VHA's National HIV Program has implemented a VA-specific plan to meet the President's goals.

New Initiatives: Intimate Partner Violence and Cognitive Impairment

We sponsored work groups and quality improvement initiatives to develop strong practices and resources in two areas important to the clinical care of patients with HIV: Intimate Partner Violence (IPV) and Cognitive Impairment. These groups supported quality improvement projects and made great strides in developing resources and testing innovations aimed at increasing screening for IPV in HIV clinical settings and assessing and addressing cognitive impairment in outpatients with HIV. Both of these programs will extend into 2017 to further develop and refine this work.

Cross-Cutting Initiatives

Social Networking

VA has implemented Pulse, an internal VA social networking site, to improve employee engagement and communication, and share promising practices. We have developed HIV/AIDS and Viral Hepatitis spaces to help improve communication with the field, share resources, and answer questions. We saw a great response to our Pulse spaces in 2016. Across both sites, we published 25 blog posts and shared more than 30 resources. Building on this success, we added an additional collaboration group for the VISN HITs to encourage open dialogue and problem solving.

The performance of VA's HIV and viral hepatitis websites (www.hiv.va.gov and www.hepatitis.va.gov) allow us to reach high numbers of Veterans, providers, and external stakeholders. We had record website visits this year with 546,775 unique users visiting the viral hepatitis website and 535,264 unique users visiting the HIV website. This large viewership has allowed us to communicate on the topics of access, promising practices, and innovation.

As in years past we launched awareness campaigns throughout the year. This year we participated in eight events: World AIDS Day, National HIV Testing Day, HIV/AIDS and Aging Awareness Day, National Gay Men's HIV/AIDS Awareness Day, Domestic Violence Awareness Month, World Hepatitis Awareness Day, National Hepatitis Testing Day, and Hepatitis Awareness Month. These events provide an opportunity to share information and resources with a wide audience of providers and patients using our websites, social media, and networking with our federal partners.

Veteran Engagement

We held Spring and Fall meetings via teleconference with our HIV and Hepatitis 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 and hepatitis treatment at VA, help us identify issues, and provide input on program performance. This is valued and essential feedback.

Looking Ahead to 2017

In 2017, we will continue working with clinicians and facilities to reach, treat, and cure as many Veterans with hepatitis C as possible. To this end, we are developing an HCV data cube, disseminating HCV dashboards, deploying advertising campaigns, and supporting the innovative work of the VISN HITs to disseminate their strong practices and focus on engaging a more challenging to treat HCV patient population. Looking ahead, we will also continue to expand our expertise and services into conditions related to viral hepatitis with a focus on cirrhosis and hepatocellular carcinoma care and management. Our new hepatitis B workgroup will be meeting quarterly in the year ahead to better understand and address issues of screening, immunization, and treatment of HBV in our system.

In the area of HIV/AIDS, we will be launching a major HIV prevention effort in 2017. This will include: early detection of HIV among Veterans in VHA care by continuing to increase testing among vulnerable populations; keeping negatives negative by increasing uptake of PrEP; working to better understand and address racial and ethnic disparities in HIV care and treatment; and increasing engagement to treatment and adherence for all HIV positive Veterans. Our PrEP working group will be meeting monthly in the year ahead to develop a national strategic plan for PrEP uptake while developing resources and tools to deploy to the field.

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.

Marguerite A. Petrucci

National Clinical Public Health Program Coordinator



Marge Petrucci serves as the point-of-contact for internal/external stakeholders, HIV and viral hepatitis providers, and the HIV and Viral Hepatitis Community Advisory Boards. Ms. Petrucci has enjoyed working throughout VA for several years and in various programs, including HIV clinical coordinator/manager, GI/liver research, medicine, surgery, neurology, psychiatry, and credentialing. She is based at the VA Connecticut Health Care System in West Haven, Connecticut.

Marissa Maier, MD

National Public Health Infectious Disease Officer



Dr. Marissa Maier is an Infectious Diseases physician at the Portland VA and an Assistant 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.

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.

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.