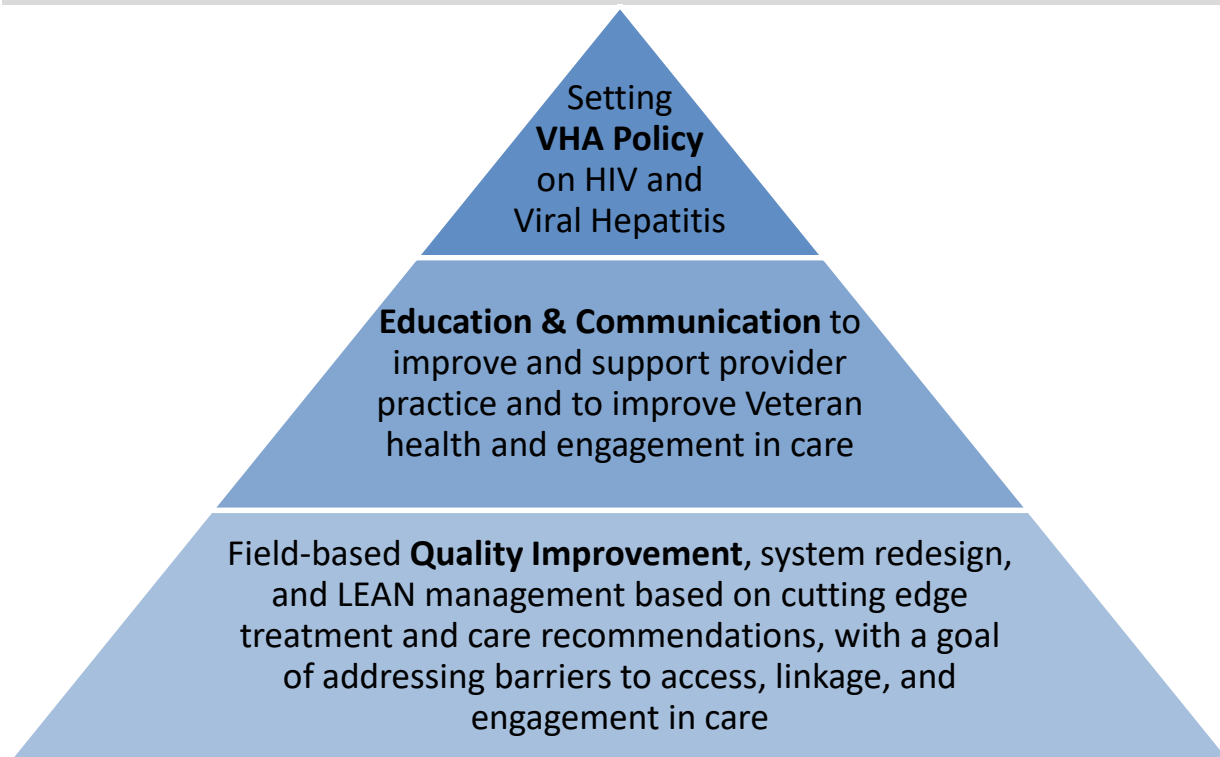


HIV, Hepatitis, & Related Conditions Programs

Office of Specialty Care Services
Annual Report 2017

Our Work



Through direction of resources to the field to support and evaluate high quality care for Veterans with viral hepatitis, advanced liver disease, and 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 (HIT) 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

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HIV, Hepatitis, & Related Conditions Programs

national level and while more standardized, automated clinical support tools which help to *modernize our system*.

2017 Highlights

Hepatitis C

By the end of 2017, 100,000 Veterans in VA care had been started on hepatitis C treatment – a significant accomplishment! We expect to have cured 100,000 Veterans of HCV by the fall of 2018 which is an incredible milestone. While congressionally appropriated special purpose funding provided the resources to purchase these expensive medications, it was the dedication of front-line VHA providers, Hepatitis Innovation Teams (HITs), Veterans, and leadership that maximized the efficient deployment of those resources to treat records numbers of people in record time.

Best practices of VHA in curing hepatitis C were published an [Annals of Internal Medicine article](#) in September.

Hepatic Innovation Teams (HITS)

In collaboration with the Office of Strategic Integration-Veterans Engineering Resource Center (OSI|VERC), HHRC's National Hepatitis C Resource Center continued their coordination of VISN-level Hepatitis Innovation Teams (HITs). The HITs bring together field providers, industrial engineers, and system redesign experts to develop and disseminate strong practices in HCV care which increase access, build high-performing networks, modernize data systems and engage VA employees and patients. At the HIT face to face meeting early in FY 2017, after sharing successes, collaborations and inspiring new innovations in HCV, the HITs took up the charge to expand their efforts to Advanced Liver Disease (ALD), described in more detail below. This model has been incredibly successful in spreading innovation in HCV prevention, care and treatment with incredible potential to impact ALD by building on the foundation built to address HCV across the system. As part of this shift, the HIT name changed for VISN Hepatitis Innovation Teams to Hepatic Innovation Teams.

Social Media and Communications Outreach

This year we ran a successful advertising campaign in 18 locations as well as print advertisements in six national publications. The publications went out to 3,561,540 subscribers. The local campaigns together had a total of 47,211,431 impressions (views). We saw increases in testing and treatment numbers and a jump in website visits during and after the campaigns. Looking to develop outreach



Veteran
Born between 1945 and 1965
? Living with hepatitis C

Not knowing can put your health at risk. Often symptom-free, hepatitis C can lead to liver damage and even cancer. With new, advanced treatments, most can be cured of the disease.

If you're enrolled in VA, ask your doctor about hepatitis C testing and treatment.

Don't hope you're free of hepatitis C. Know for sure.
— Clinton, a Veteran free of hep C

U.S. Department of Veterans Affairs
Learn more at www.hepatitis.va.gov

efforts in different mediums, we worked with VA's Employee Education Service (EES) to create three Veteran videos. These short videos share the stories of three different Veterans who have been cured of hepatitis C. The videos are available on [YouTube](#) and [our website](#) and can be shared in facilities and via local public service announcements.

These efforts were supported by multiple VHA social media posts and a thunderclap to raise awareness. Combined, these efforts have helped us reach millions of people across the country.

Advanced Liver Disease

Due to the progressive liver damage over decades caused by untreated hepatitis C, there are increasing numbers of HCV-positive Veterans with advanced liver disease, cirrhosis, hepatocellular carcinoma (HCC), and other life-threatening, costly liver conditions. HHRC increased efforts to address this area in 2017, including the creation of an ALD Technical Advisory Group (TAG) and the expansion of the HITs to address ALD (see above). The ALD TAG launched in late 2017 with an enthusiastic group of VA frontline providers and subject matter experts. The group has already identified key metrics for ALD care, and provides care on the development of ALD patient and provider educational materials and clinical informatics tools. We look forward to working with this group in 2018.

Hepatitis B

Our National Hepatitis B (HBV) Working Group was very active this year, developing a national plan of action to address HBV across the system, including the identification of indicators for quality of care for HBV based on current professional society guidelines and scientific evidence. The working group identified several informatics tools which will be helpful to address gaps in care and aid front line providers in the care and monitoring of patients with HBV. The working group also took part in the development and planning of various HBV educational materials and training opportunities in FY 17.

HIV/AIDS

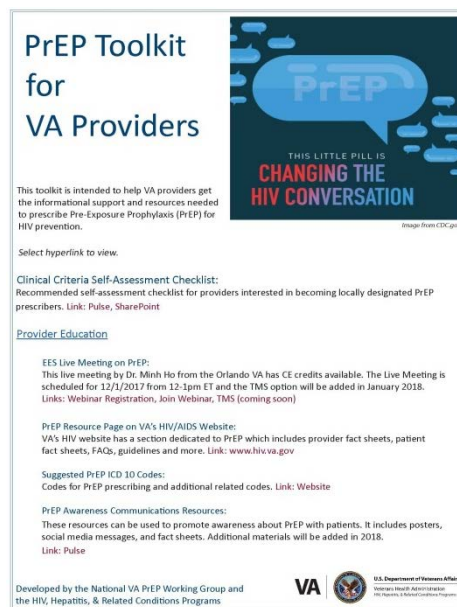
In 2016, there were over 28,000 Veterans with HIV who receive care from VHA. This year, we concentrated on increasing access to HIV care across the care continuum, from prevention and testing to engagement in care. One major initiative was the updating of our HIV Primary Care Manual. As ID providers take on more primary care of Veterans with HIV in addition to their specialty care, the manual serves to be a reference for these providers. The updated manual will be released in early 2018.

HIV Testing

VA's recommendation, which aligns with CDC recommendations for HIV testing include that every Veteran should receive at least one HIV test in their lifetime and more frequently for those with on-going risk factors. In 2016, VA tested over 40% of all Veterans in care for HIV at least once. HHRC awarded eight HIV testing grants to sites. These funds helped to conduct screening in VA's homeless programs in these areas.

Pre-Exposure Prophylaxis (PrEP)

Our National PrEP Working Group 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 expert HIV clinicians, HIV TAG members, and field-based providers. The workgroup successfully launched a PrEP Toolkit for VA Providers for World AIDS Day on December 1st. The toolkit has many resources including a TMS training course, note templates, and social media resources. A key highlight of the PrEP Toolkit is the new published PrEP Facility Reports which provide facility-level data on PrEP prescribing and monitoring.



PrEP Toolkit for VA Providers

THIS LITTLE PILL IS CHANGING THE HIV CONVERSATION

This toolkit is intended to help VA providers get the informational support and resources needed to prescribe Pre-Exposure Prophylaxis (PrEP) for HIV prevention.

Select hyperlink to view.

Clinical Criteria Self-Assessment Checklist:
Recommended self-assessment checklist for providers interested in becoming locally designated PrEP prescribers. Link: [Pulse](#), [SharePoint](#)

Provider Education



EES Live Meeting on PrEP:
This live meeting by Dr. Minh Ho from the Orlando VA has CE credits available. The Live Meeting is scheduled for 12/1/2017 from 12-1pm ET and the TMS option will be added in January 2018.
Links: [Webinar Registration](#), [Join Webinar](#), [TMS](#) (coming soon)

PrEP Resource Page on VA's HIV/AIDS Website:
VA's HIV website has a section dedicated to PrEP which includes provider fact sheets, patient fact sheets, FAQs, guidelines and more. Link: [www.hiv.va.gov](#)

Suggested PrEP ICD 10 Codes:
Codes for PrEP prescribing and additional related codes. Link: [Website](#)

PrEP Awareness Communications Resources:
These resources can be used to promote awareness about PrEP with patients. It includes posters, social media messages, and fact sheets. Additional materials will be added in 2018.
Link: [Pulse](#)

Developed by the National VA PrEP Working Group and the HIV, Hepatitis, & Related Conditions Programs

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Cross-Cutting Initiatives

Informatics & Clinical Support Tools

Much of 2017 was focused on developing data and informatics tools for all our programs to be deployed in 2018.

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

Clinical dashboards: HCV, ALD, and HBV Dashboards are another tool used in VA to monitor and organize work flow to follow up with patients appropriately. The dashboards utilize the Data Warehouse and are not derived from CCR. The ALD Working Group has been charged with the development, management, and implementation of these tools with feedback from providers in the field and various technical advisory groups.

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 Veteran health outcomes by extending the reach of providers outside the exam room. Our HIV and Viral Hepatitis TAGs and our PrEP Working Group helped to develop protocols for this innovative tool in HCV, ALD, HIV, and PrEP patient care.

Telehealth Supplements: Our HIV and Viral Hepatitis TAGs and PrEP Working Group worked closely with the Office of Telehealth Services in Patient Care Services to develop supplemental telehealth protocols for HIV and PrEP and Liver Disease to promote the use of these virtual technologies and expand care to these patient populations.

Social Networking

Pulse is an internal VHA social networking site, to improve employee engagement and communication, and share promising practices. We developed HIV/AIDS, Viral Hepatitis, VISN HIT, ALD and PrEP spaces to help improve communication with the field, share resources, and answer questions. Pulse provides the opportunity to reach providers throughout VA and communicate with a VA only audience on critical topics.

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 870,881 unique users visiting the viral hepatitis website and 1,208,578 unique users visiting the HIV website. 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, social media, and networking with our federal partners.

Veteran Engagement

We held Spring and Fall meetings via teleconference with our HIV and viral 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. In addition, we communicated with Veteran Service Organizations (VSOs) about our work on hepatitis C testing and treatment. We held several calls with VSOs, shared materials and updates, and invited them to partner for social media awareness campaigns.

Looking Ahead to 2018

We are hoping that 2018 will be a transformative year for all our programs. In fall 2018, we expect to hit over 100,000 Veterans with HCV cured. VISN HITs will have the beginnings of ALD programs in place to start system redesign with the goal of providing more effective high quality cirrhosis care. Through tools, education, and outreach, we are aiming to improve the quality of HBV and PrEP care across the system, and be better positioned to impact the HIV care continuum at every step for Veterans in VHA care.

As always, we aim to be flexible and responsive to the challenges and needs identified by clinicians in the field and the Veterans whom we all serve.

We look forward to many accomplishments in 2018!

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 a 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.