

HIV, Hepatitis, & Related Conditions Programs

Office of Specialty Care Services
Annual Report 2018

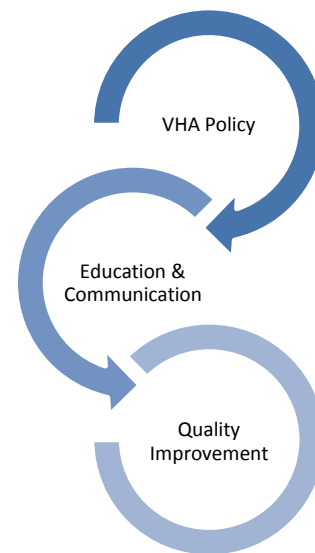
Our Work

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

Find us on the web:

[HIV Website](#) | [Viral Hepatitis & Liver Disease Website](#)



U.S. Department of Veterans Affairs

Veterans Health Administration
HIV, Hepatitis, & Related Conditions Programs

2018 Highlights

Hepatitis C

As of December 2018, we have **cured over 94,000 Veterans** of hepatitis C! With over 114,000 Veterans started on treatment and cure rates above 90%, we will soon hit 100,000 cured. This is a tremendous



Photo: In April, we shared the story of the 100,000th Veteran treated and we hope to soon share the story of the 100,000th Veteran cured!

accomplishment. HHRC thanks our dedicated providers, the Hepatic Innovation Teams (HITs), and the Veterans who have stepped up to be tested and treated for helping us get to this point. You can read more about the work of the HITs in our Federal Practitioner article, [Screening and Treating Hepatitis C in the VA: Achieving Excellence Using Lean and System Redesign.](#)

As we reach this critical point where most Veterans with hepatitis C in our care have been cured or started on treatment, we start to look to what's next for our office in the area of viral hepatitis

and liver disease. As you will read below, Advanced Liver Disease and hepatitis B are two areas where we are increasing our efforts.

Advanced Liver Disease

There are increasing numbers of Veterans with Advanced Liver Disease (ALD), cirrhosis, hepatocellular carcinoma (HCC), and other life-threatening, costly liver conditions. HHRC focused our efforts on development of innovative practices for ALD this year. Our ALD Technical Advisory Group (TAG) was launched in 2017 and their work took off in 2018. With regular meetings of this group of frontline providers and subject matter experts, we honed our key metrics for ALD care. We have also developed extensive new educational content for providers and patients. Finally, there is an ALD Dashboard and ALD Data Cube available to the field to assist with finding, monitoring, and treating patients.

Hepatic Innovation Teams (HITS)

Our HITs initiated their pivot to work on Advanced Liver Disease (ALD) this year. In May, we held a HIT Coordinator Training & ALD Bootcamp in Connecticut. This training provided the necessary background in how to address cirrhosis care in VA. It also helped drive innovation and collaboration among our regional teams.

As part of sustainability planning, new leadership team members planned for the continuation of this work in the years ahead. In December, that leadership team met to develop a strategic plan for moving forward and building on the past success with hepatitis C.

Hepatitis A

There were several outbreaks of hepatitis A in the United States in 2018. HHRC responded by providing educational materials for providers and patients on our website and directly to providers in affected areas. With new guidance expected soon from the Centers for Disease Control and Prevention (CDC) regarding people who are homeless, HHRC will work to make sure Veterans who are at risk are offered vaccination. Read more about prevalence, as well as prevention and vaccination efforts in the Federal Practitioner article, [Hepatitis A Virus Prevention and Vaccination](#).

Hepatitis B

Our National Hepatitis B (HBV) Working Group was very active this year and wrapped up all of its remaining goals. We held several trainings for VA providers on hepatitis B. These trainings are now part of TMS and are included in the [Hepatitis B Toolkit for VA Providers](#). This toolkit was a major goal of the workgroup and it was released to the field in the fall. The toolkit includes all of the tools and resources developed by the group including trainings, clinical reminders, text messaging protocols, a dashboard, and the clinical data reports.

We share more about our work on hepatitis B in the Federal Practitioner article, [Achieving excellence in hepatitis B virus care for Veterans](#).

HIV/AIDS

In Fiscal Year 18, we cared for over 31,000 Veterans with HIV and screened over 242,000 Veterans. We developed and refined data tools this year to assist the field with HIV care and prevention. This included our [HIV data cube](#), [HIV testing and incidence data](#), and our [PrEP clinical data reports](#). We worked with all facilities to update their HIV testing policies, ensuring Veterans are receiving proper tests and follow up care.

We also worked to update our Primary Care Manual which is a resource for our providers who increasingly provide primary and comorbid care for Veterans with HIV as they age. We hope to release the updated version on our website in early 2019.

Finally, we continued to build on our HIV prevention work including PrEP and Treatment as Prevention (TasP). We shared our work on PrEP in a Federal Practitioner article, [Accessibility and Uptake of Pre-](#)

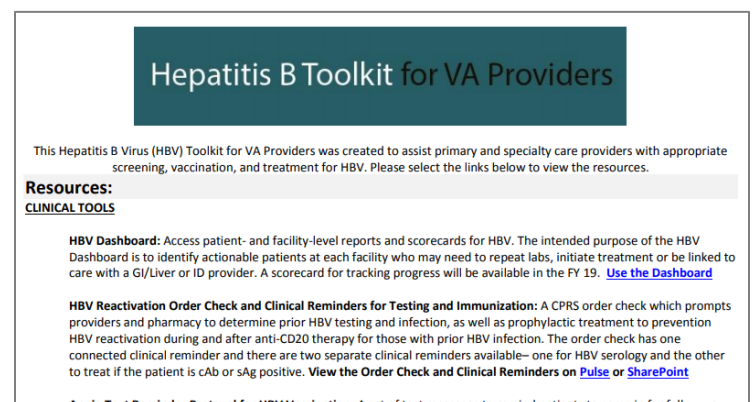


Photo: *Hepatitis B Toolkit released in the Fall.*

[Exposure Prophylaxis for HIV Prevention](#). For World AIDS Day and on our website, we featured information about Undetectable = Untransmittable (U=U) as part of our TasP efforts. U=U is an informational campaign about how effective HIV medications are in preventing sexual transmission of HIV.

Cross-Cutting Initiatives

Informatics & Clinical Support Tools

We deployed several new/updated data tools in 2018 and created a [SharePoint site](#) as a central location to access them.

Data cubes: These include clinical data cubes for HIV 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 treatment and lab data and other information to identify gaps in treatment for current patients. The HIV and ALD cubes are now available and the hepatitis C cube is currently being refined.

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.

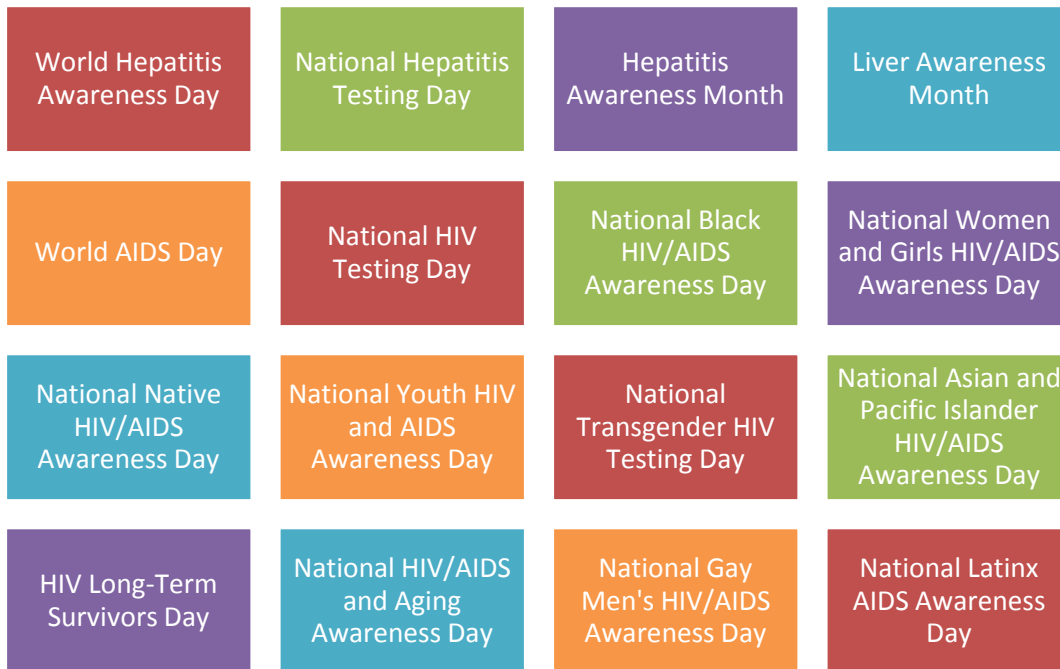
Text messaging protocols: VA is expanding Veteran access to care by providing patients with digital patient engagement tools. One such technology is “[Annie](#),” an automated text-messaging application developed by VA’s Office of Connected Care, aimed to improve health outcomes. This year, we developed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

Social Networking

Pulse is an internal VHA social networking site created to improve employee engagement and communication. We developed new [hepatitis B](#) and [Non-Alcoholic Fatty Liver Disease](#) (NAFLD) spaces this year to add to our existing spaces: HIV/AIDS, Viral Hepatitis, VISN HITs, ALD and PrEP. Pulse helps improve communication with the field and facilitates the sharing of resources. 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 impressive website visits this year with 844,542 unique users visiting the viral hepatitis website and 1,291,301 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 and social media, and networking with our federal partners.

Veteran Engagement

We held Spring and Fall meetings via teleconference with our HIV and hepatitis C 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. Due to our success in treating and curing hepatitis C, the Fall meeting of the hepatitis CAB was the final meeting of that group. We used the opportunity to reflect on the many accomplishments of the group and recognize the impact of the CAB members.

Looking Ahead to 2019

The HIV, Hepatitis, and Related Conditions Programs will continue many of our proven methods for communicating and working with the field in 2019, as well as create new opportunities to complement our current work. We will continue our efforts to broaden our focus to work more in depth on Advanced Liver Disease and NAFLD, as well as HIV prevention and sexually transmitted infections. As part of our broadening focus, we will relaunch the Viral Hepatitis Website in early 2019. The new website will include more in-depth information on ALD, HBV, HAV, and NAFLD. We are planning new resources for Veterans and providers on a range of topics and a variety of formats (videos, fact sheets, trainings, social media, etc.). We also look forward to new data resources that will be available to the field in 2019.

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 2019!

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 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.