Improving HIV Prevention and Care in New Mexico Through Integrated Planning

Andrew Gans, MPH
HIV, STD and Hepatitis Section Manager

National Goals

WHAT YOU NEED TO KNOW

THE VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstances will have unhindered access to high-quality, life-extending care, free from stigma and discrimination.

THE GOALS

- Reducing new HIV infections
- Improving access to care and health outcomes
- Reducing HIV-related health disparities
- Achieving a more coordinated national response

OUR STRATEGY

This is a national strategy, not just a Federal one. Everyone is needed to put this strategy into action and end the HIV epidemic. The updated strategy calls for coordinated efforts from all sectors of society. The many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan to guide implementation of the strategy across the U.S. government.
Goals in the National HIV/AIDS Strategy (NHAS)

1. Reduce new HIV infections.
2. Increase access to care for people living with HIV and optimize health outcomes.
3. Reduce HIV-related health disparities.
4. Achieve a more coordinated national response.

[Updated, July 2015]
National and New Mexico Visions

National HIV/AIDS Strategy 2020 - VISION

The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

NEW MEXICO - VISION

New Mexico will create a future where 1) new HIV infections are rare, 2) all persons with HIV know their status and are retained in high quality care that improves their health outcomes, and 3) barriers, stigma, discrimination and disparities based on race/ethnicity, sexual orientation, gender, gender identity and expression, age, socio-economic circumstance, disability, language and immigration status are eliminated.
New Mexico Integrated Plan: Shared Values

1. Statewide access to services
2. Effective use of resources
3. Engagement of persons living with HIV
4. Reduction of health disparities
5. Integrated of infectious disease prevention
6. Incorporation of harm reduction philosophy
7. Policies support high quality services

New Mexico Integrated Plan: Goals

• **Goal 1 – Prevention:**
  Reduce new HIV infections.

• **Goal 2 – Care and Treatment:**
  Increase access to care and improve health outcomes for persons living with HIV.

• **Goal 3 – HIV-related Health Disparities:**
  Reduce HIV-related health disparities and health inequities.
New Mexico Integrated Plan:  
Goal 1 - Prevention  

- **1-A – HIV TESTING:** During each year, identify at least 45 persons with undiagnosed HIV infection by providing at least 9,000 conventional and rapid HIV tests targeted to at-risk populations.

- **1-B – BEHAVIORAL RISK REDUCTION:** Reduce new HIV infections by delivering evidence-based HIV prevention models to the populations with highest prevalence including gay/bisexual men, other men who have sex with men (MSM) and transgender persons with male sexual partners.

- **1-C – PRE-EXPOSURE PROPHYLAXIS (PrEP):** Expand utilization of PrEP by those at greatest risk. During each year, recruit and enroll at least 100 new individuals in PrEP and ensure that they are retained at least through their first 3-month follow-up medical visit.

New Mexico Integrated Plan:  
Goal 1 – Prevention – What Are We Doing?  

- All contracts for HIV testing provide incentive payments if agencies reach the “jurisdictional target” of 0.5% positivity – meaning at least one newly-diagnosed, confirmed HIV-positive result for each 200 tests.

- Two pilot projects to recruit & retain 100 new clients per year on PrEP:  
  - Planned Parenthood of the Rocky Mountains  
  - Southwest CARE Center

- Social media effort to recruit clients.

- Cross training so prevention workers and HIV test counselors provide excellent referrals to HIV care and support services for PLWH.
New Mexico Integrated Plan:
Goal 2 – Care and Treatment

• **2-A - LINKAGE TO CARE:**
  Enhance systems to ensure that persons newly diagnosed with HIV are rapidly linked to medical care. Maintain the target of at least 90% of persons receiving positive test results from NMDOH-supported sites being linked to their first HIV medical care appointment within 90 days.

• **2-B – DATA TO CARE (DTC):**
  Reengage persons who have fallen out of HIV medical care to improve their health outcomes and reduce their chance of passing HIV to others. First implement a Data to Care (DTC) project that focuses on Ryan White clients who have dropped out in the prior two years.

• **2-C – CARE COORDINATION THROUGH PROVIDER TRAINING:**
  Enhance communication, coordination and training between and among HIV prevention and HIV care and support service systems. Provide at least one annual training for HIV Case Managers and ongoing trainings at CPAG for prevention workers.

---

New Mexico Integrated Plan:
Goal 2 – Care and Treatment
What Are We Doing?

• Provide training to ensure that HIV test counselors have skills to make appropriate referrals for both clients who test negative (i.e. promoting PrEP) and newly-diagnosed PLHW.

• Pilot a Data to Care (DTC) project to identify persons who have dropped out of the Ryan White care network in the past two years. Identify data challenges and other barriers.

• Review state law and policy to allow DTC project using HIV surveillance data in future years. This expands beyond Ryan White clients and has more current clinical/lab information.

• Provided a 2-day training for Case Managers in March 2017.
New Mexico Integrated Plan:
Goal 3 – HIV-related Health Disparities

- **3-A – REDUCE BARRIERS FOR UNDERSERVED POPULATIONS:** Enhance referrals for all populations impacted by HIV in urban, rural and frontier areas by ensuring comprehensive information is available via websites and printed materials.

- **3-B – COMMUNITY ENGAGEMENT:** Ensure that affected communities have a voice in HIV program planning, implementation and evaluation by engaging stakeholders in the New Mexico CPAG, including monitoring of progress with the Integrated Plan for HIV Prevention and Care.

- **3-C – POLICY AND STRUCTURAL CHANGES:** Ensure that stakeholders can bring issues related to needed policy and structural changes to CPAG to secure constructive actions that reduce disparities.

- **3-D – REDUCE HIV-RELATED STIGMA:** Ensure that all HIV prevention and marketing materials include information that reduces HIV-related stigma. Ensure that the HIV Prevention Materials Review Committee convened by NMDOH maintains this focus.

New Mexico Integrated Plan:
Goal 3 – Disparities – What Are We Doing?

- Updated *HIV Care and Services Guide* (aka “the client handbook”) in English and Spanish. Posted online.

- CPAG Annual Planning Summit was held in Roswell in April 2017, to focus attention and learn about needs, gaps and barriers in rural and frontier parts of the state.

- Started an ongoing process to monitor implementation of the *Integrated Plan* with involvement of CPAG and outside stakeholders.
New Mexico Integrated Plan: Other Key Content

- Description of the 18-month planning process guided by the New Mexico HIV Community Planning and Action Group (CPAG).
- Epidemiological overview including HIV Care Continuum.
- Comprehensive needs assessment (by UNM Department of Communication and Journalism).
- Inventory of resources including HIV workforce capacity (thanks to AETC!) and funding.
- Description of regional needs, gaps and barriers.
- Involvement of persons living with HIV (PLWH).

More Than Just HIV Integration: What About STD?

- New Mexico is seeing a rapid rise in syphilis and ongoing increase in gonorrhea.
- During 2016, New Mexico was ranked:
  #5 in rates of chlamydia
  #12 in rates of gonorrhea
  #10 in rates of primary and secondary syphilis
- A significant proportion of persons with new P&S syphilis are persons living with HIV (PLWH). In 2016, 20% self-reported having HIV and 22% were confirmed as having HIV via testing.
STD
What Are We Doing?

• Encouraging HIV Service Provider (HSP) agencies to implement best practices in STD testing, including syphilis screening and multi-site testing.

• Ensuring that at-risk clients can access integrated HIV, HCV and STD screening and testing at NMDOH Public Health Offices (PHO) and outreach sites.

• Conducting partner services (PS) and disease investigation that is completely integrated between HIV and STD.

• Cross-training providers by incorporating STD information into CPAG and the HIV Case Manager Summit training.

More Than Just HIV Integration: What About Hepatitis?

• **Parallel planning on HIV and Hepatitis.**
  Both comprehensive plans were completed in Summer 2016!

• **We can learn from each other.**
  “Accelerating the end of HIV”
  “Eliminating hepatitis C virus (HCV)”

• **There are ways to get involved!**
  CPAG
  New Mexico HCV Elimination Project

• **Voices of the community and impacted populations are needed for success!**
What About Hepatitis?

HEPATITIS C VIRUS (HCV) IN NEW MEXICO: STATEWIDE COMPREHENSIVE PLAN AND PROFILE OF THE EPIDEMIC

June 2016
New Mexico Hepatitis C Coalition

What About Hepatitis?

New Mexico HCV Elimination Project

April 17, 2017
Audio Connection 408.686.2958 Meeting ID: 907 562 2952
Video Connection Zoom: https://zoom.us/j/9075622952
Password: 12345678

Today's Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:00pm</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td></td>
<td>Work Group Report out</td>
</tr>
<tr>
<td></td>
<td>Research and Strategic Information (Kim)</td>
</tr>
<tr>
<td></td>
<td>HCV Prevention (Dickie)</td>
</tr>
<tr>
<td></td>
<td>HCV Testing and Linkage to Care</td>
</tr>
<tr>
<td></td>
<td>HCV Care and Treatment (Rita) (Paulina)</td>
</tr>
<tr>
<td></td>
<td>Public Awareness and Communications (Mariano)</td>
</tr>
<tr>
<td></td>
<td>HCC Group Communication and Documentation (Mariano)</td>
</tr>
<tr>
<td></td>
<td>Steering Committee Meeting</td>
</tr>
<tr>
<td></td>
<td>CDC HCV Elimination Conference (Kim)</td>
</tr>
<tr>
<td></td>
<td>Next Full Group Meeting</td>
</tr>
<tr>
<td>2:30pm</td>
<td>Closing and overview of action items</td>
</tr>
</tbody>
</table>

Technical Assistance: If you have questions, please call Project ECHO! Support at 505-750-4897.
Thank you.

Andrew Gans, MPH
HIV, STD and Hepatitis Section Manager
Infectious Disease Bureau (IDB)
Public Health Division (PHD)
(505) 476-3624
andrew.gans@state.nm.us