IHP Workgroup Status Report

Treat Goal: Treat people with HIV rapidly and effectively to reach sustained viral suppression.

In Attendance: Redacted **Meeting Date:** September 13, 2024
Submitted By: Community & State Chairs

See updated goals. Red for proposed new language. Strikethrough for proposed to remove.

Objective	Data Updates	Successes	Problems	Next Steps
In five years, increase the number of healthcare systems prescribing rapid ART (as defined as ART medication at time of diagnosis) by two *and* increase the number of providers prescribing long-acting ART medications by two.	A team member has reached out to State of NH's Linkage to Care to see if we can find out how many health care systems are currently prescribing ART. Is it just ID? Anyone prescribing rapid ART? Awaiting this data as they were not present at this meeting.	Clarified definition of RAPID ART – **Immediate antiretroviral therapy** (ART) means starting HIV treatment as soon as possible after the diagnosis of HIV infection, preferably on the first clinic visit (and even on the same day as the HIV diagnosis). This strategy also is known as "rapid ART," "same-day ART," and "treatment upon diagnosis." Rapid (Immediate) ART Initiation & Restart: Guide for Clinicians | AIDS Education and Training Centers National Coordinating Resource Center	HIV Testing is performed at public health departments, Urgent Cares, EDs, Ob/gyn offices, Primary Care and then when someone has a positive dx they are referred to ID and therefore unable to provide rapid ART prescription due to length of time.	Do we like the definition in success column from AETC or the one below in the notes from the CDC? A team member is reaching out to a local ID MD to: Discuss option of making a rapid referral to increase time from dx to medication. Also, in this clinic the patient sees the Nurse first. What is the length of time until the patient gets to see MD and MD prescribes ART? A team member is reaching out to State of NH Surveillance to request data asking: What settings are we seeing positive diagnosis? A team member heard in an HPG Advisory meeting that one of the health centers is starting a mobile clinic and looking into offering rapid ART. Need a rep from group to find out more.

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		(AETC NCRC) (aidsetc.org)		
~~Increase PLWH who are in care~~ **Decrease the number of PLWH who have not seen an HIV provider in 12 months, by 5% in five years.**		Clarified definition of what it means to see an HIV provider – in a 12-month period the patient will see a nurse with labs drawn with a follow up scheduled with a provider OR patient has an appointment with the provider. Team agreed a telehealth visit counts as seeing a provider.		Discussion, do we need to know how many people go to providers out of state. A team member will reach out to local ID MD to ask on outcomes of their meeting with State's Linkage to Care & Surveillance programs.

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In five years, increase contracts and/or partnerships with wraparound service providers (dental, mental health, transportation, housing, substance use) in NH communities by 5%. ***Rewrite this goal into 2 separate goals?:** **1. In 5 years, increase *contracts* with wraparound service providers (dental, mental health, transportation, housing, substance use) in NH communities by 5%.** **2. In 5 years, increase *partnerships* with wraparound service providers (dental, mental health, transportation, housing, substance use) in NH communities by 5%.**	Data shared about NH RW CARE contracts		Contracts are easier to measure and clear. Partnerships are vague and need more clarity around what constitutes a partnership. Ideas to measure partnerships: warm handoffs. Ideas on ways to measure contracts: PHED Detailing, partnerships with ASO's.	Confirm the group wants to divide these goals into 2 separate goals. More discussion re how to measure contracts and partnerships. More discussion re is there an opportunity to connect with 211 to bring cohesive resources to the table and therefore increase partnerships? Do we want to explore data re how many PLWH in NH are not in NH RW Care.

Next meetings:

Updated to new date, team agreed at the meeting: Friday, November 1st 3:00 – 4:30

Friday, January 10th 3:00 – 4:30

Notes from chat:

CDC: Rapid ART is defined as initiating ART within 7 days or as soon as possible for those newly diagnosed with HIV. Implementation of rapid ART differs depending on the setting and resources available. Programs will need to identify processes that work best for their populations or setting.

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In response to question raised on why rapid ART is important: In comparison to standard/delayed treatment, rapid ART can reduce the incidence of TB and severe bacterial infections in HIV patients. Our findings suggest that rapid ART should be utilized when clinical conditions and the patient's physical state allow.

Additional plan for discussion at next meeting: State Chair would like to share most recent 5-year surveillance report. 5-Year STI/HIV Surveillance Report, Current | New Hampshire Department of Health and Human Services (nh.gov) Should we add goals to reflect this data esp. 26% of people dx w HIV had a concurrent dx of AIDS. Should we have a goal to decrease this number? Does increase in testing support this? Does PHED Detailing on HIV prevention/asking providers to test more help to further support this effort?