Ending the HIV Epidemic (EHE) and Implementation Science at CDC

David W. Purcell, JD, PhD
Deputy Director, Behavioral and Social Science
Division of HIV/AIDS Prevention

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www.cdc.gov/EndHIV
To End the HIV Epidemic,

HHS is providing funding in 2019 for -
Jumpstart activities in key locations &
Planning in all phase 1 jurisdictions

HHS agencies are also planning for implementation in FY 2020
$4.5 million in funding

FY 2019 Minority HIV/AIDS Fund

Three Pilot Projects via CDC Flagship Health Department Cooperative Agreement

Jumpstart location: Baltimore, MD
Jumpstart location: DeKalb County, GA
Jumpstart location: East Baton Rouge Parish, LA
Local EHE planning
- Jurisdictions will engage local partners to develop community-tailored plans
  - $12 million to 32 eligible, CDC-funded state and local HDs representing Phase 1 Jurisdictions

One national nonprofit
- Funding for one organization with a robust partnership system and capacity to provide support to jurisdictions
  - Up to $1.5 million in 2019
  - Up to another $6 million from 2020 to 2023 based on the availability of resources
CDC: FY 2020 Implementation Planning

- By pillar, CDC has examined innovative prevention programs, best practices and interventions for scale-up

- Planning to announce and award FY20 funding to grantees, pending funding approval

- Exploring workforce needs and solutions and exploring mechanism to support identified needs
CDC’s Role in EHE and Implementation Science
CDC’s Division of HIV/AIDS Prevention (DHAP)

• DHAP focuses on the domestic HIV epidemic
• Funding is approximately $789M in FY2019
  • Of this total, 89% supports extramural activities
  • Nearly 2/3rds of funds support HD & CBOs
    • State, local, and territorial HDs to implement HIV surveillance and prevention program activities
    • Directly funded CBOs to implement programs (even more CBOs are indirectly funded by CDC through HDs)
  • Remaining funding supports CBA/TA; lab, epi, and behavioral research; program evaluation; communications; partnerships; and policy work
Why is Implementation Science Needed?

- We have highly effective HIV prevention tools!
- These tools are not yet fully integrated or implemented in routine practice
- Disparities exist in terms of who is aware of, has access to, and is benefiting from these tools

- Implementation science helps us to identify:
  - Implementation strategies effective in improving uptake and use of tools
  - Critical barriers and facilitators related to uptake and use of tools
  - Improve awareness and use by persons at risk and persons with HIV
Federal Implementation Science Work Group

- CDC, NIMH, & HRSA-HAB have been working together on implementation science since 2018
- This IS WG grew out of a CDC-NIMH WG established in 2016 on the role of behavioral science in HIV prevention
- First activities in 2018 included developing a charter, defining implementation science, and attending a CFAR-NIH mtg on implementation science in Chicago (April 2018)
The EHE announcement highlighted implementation science and identified NIAID as the lead.

Since then, NIAID has funded supplements to CFARs and NIMH-funded ARCs for I.S. research with EHE jurisdictions.
- Rapid input has been and will be provided by agencies and the WG.

The Federal IS WG has continued its work since EHE was announced.
- I.S. pre-meetings at National HIV Prevention Conference (March 2019)
- Expanded to add NIAID, NIDA, and OAR
- The current goals of the federal WG is to support collaboration, idea sharing, and minimize duplication of federal efforts.
CDC’s Research-to-Practice Activities to Support Program Implementation

- **Starting in 1996 → sex and drug risk reduction interventions**
  - Prevention Research Synthesis (PRS) Project & Compendium (Identify)
  - Replicating Effective Programs (REP) (Package)
  - Dissemination of Evidence-Based Interventions (DEBI) (Disseminate/TA)

- **Updated Research-to-Practice Model**
  - Additional domains added to The Compendium (adherence; linkage, retention, and re-engagement; structural interventions, PrEP)
  - More focus on flexible tools and program guidance
  - Updated resources and tools to include new science
Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html

https://effectiveinterventions.cdc.gov/

HIV Prevention that Works

This website is designed to support High Impact Prevention (HIP) – using interventions and public health strategies with proven potential to reduce new infections to yield a major impact on HIV.
Partnerships for Care (P4C)

- Collaboration between HDs (CDC) and FQHCs (HRSA-BPHC) to:
  - Routinize opt-out HIV testing
  - Share surveillance data and EHRs to help identify and re-engage people with HIV
  - Integrate HIV care and PrEP care into primary medical services

- JAIDS Special Supplement; JAIDS 2019 Sept 1;82(1):
  
  Advancing Data to Care as a Prevention Strategy to Reduce HIV Morbidity and Mortality in the U.S
  
  (Edited by: Andrew Margolis, Luke Shouse, and Elizabeth DiNenno)

- Toolkit developed as a resource that is now a reference for BPHC’s EHE supplemental activities
Diagnose/ Treat/ Prevent

- Flagship HD Funding (Component B)
  - Competitively-funded HD projects to support implementation and evaluation of innovative programs or activities. Primarily focused on data use/sharing, PrEP, HIV testing, partner services, or structural interventions

- iQual (in-depth qualitative studies)
  - iQual PrEP exploring barriers/facilitators to PrEP persistence
  - iQual D2C exploring patient and provider experiences to conducting or being reengaged through D2C
Diagnose/ Treat/ Prevent

- **PRS systematic reviews**
  - Literature reviews to identify most prevalent and relevant barriers & facilitators affecting implementation and integration of interventions into programs

- **GAIN (new project)**
  - Studying the use of HIV point-of-care NAT test(s) in parallel with standard HIV testing to increase the provision of same-day initiation of HIV treatment (HIV+) and PrEP (HIV-)
**Diagnose**

- **iSTAMP**
  - To evaluate recruitment strategies, provision of HIV self test, and mobile apps to increase HIV testing and linkage to care and other services for Black and Hispanic MSM

- **APHL Nucleic Acid testing demo project**
  - Help state and local health departments that cannot conduct NAT testing as recommended work with two reference labs to complete the testing algorithm and ensure timely results are reported back (14% positive tests)

- **HIV Screening Guidelines (new activity)**
  - Examine ways to improve uptake of HIV screening guidelines by providers by assessing barriers/facilitators and identifying innovative strategies for enhancing uptake and use (e.g. digital methods)
Patient-centered HIV Care Model (PCHCM)
- Demo project to assess implementation of pharmacy-based model of support for people with HIV (pharmacy-provider collaboration)

Positive Health Check Evaluation Trial
- Evaluate implementation of a brief web-based interactive video counseling intervention to improve continuum of care outcomes in busy HIV clinics

Telemedicine for People with HIV
- Evaluate implementation of a telemedicine model in an urban, HRSA-funded HIV clinic to improve adherence to care appointments and medications to improve viral suppression
Steps to Care

- Translated an evidence-informed care continuum intervention into an online toolkit; evaluated the implementation in 8 clinic settings; and refined and prepared the toolkit for national dissemination.

- The intervention was a RW Part A-funded NYC Care Coordination Program (CCP) that improved retention in care and viral suppression.

- Development of a toolkit focused on:
  - 3 key intervention strategies: Care team coordination, patient navigation (for providers), and HIV self-management (for patients).
  - Online resources to help with preparation, integration, and practice improvement.

Project PrIDE

- 5 HDs in jurisdictions with high prevalence of HIV among MSM worked on implementing enhanced systems to use surveillance and other data to identify, contact, and re-engage MSM and transgender persons with HIV who were out of care
Project PrIDE & THRIVE Demonstration Projects

- Fund HDs [12 in PrIDE and 7 in THRIVE] to support and enhance the uptake and delivery of PrEP services to gay and bisexual men and transgender persons, particularly persons of color

- NIHM funded 8 research grantees to work with PrIDE HD partners to conduct research related to their PrEP programs

- Lessons about implementation at all levels of HD programs
Prevent

- **Sustainable Healthcenter Implementation PrEP Pilot (SHIPP)**
  - Increase the number of clinic staff who provide PrEP care by providing training to non-infectious disease clinicians
  - Increase the sustained use of PrEP by clinic patients with indications for its use by using electronic medical records and other digital tools to identify their patients for PrEP
Project Conéctate (MAIF Funded)

- Use of molecular HIV surveillance data to identify active HIV transmission and facilitate implementation of prevention and related services to HIV clusters that include Hispanic/Latino gay, bisexual and other men who have sex with men (MSM) and persons in their transmission and risk networks
- Grantees → NY State, NYC, Texas, Houston
- Extensive structural and foundational activities required:
  - Engaging community and establishing collaborations
  - Hiring and training staff and building capacity
  - Assessing data protections & implications of criminal exposure laws
  - Implementing high-impact prevention interventions for cluster members and networks
  - Establishing data reporting processes
Conclusions

- CDC is working closely with HDs and communities to do our part to support the implementation of EHE
- CDC-DHAP has a long history of working to translate relevant research for our HIV prevention programs
- Doing the most needed research, and then taking lessons from that research and translating it into useful, digestible chunks for HDs, CBOs, and care providers will be crucial to EHE success
- CDC researchers look forward to active engagement with federal partners as well as funded researchers and programs to improve implementation of the exciting scientific advances
Now is the time.

Our goal is ambitious. Our pathway is clear.

CDC.gov/EndHIV
Thank you.