



Implementation Science within the Ryan White HIV/AIDS Program



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Overview of Presentation



- **Ryan White HIV/AIDS (RW) Program background**
- **Special Projects of National Significance (SPNS)**
- **Examples of SPNS initiatives**
- **Challenges of implementation science in the RW program**

Ryan White HIV/AIDS Program



- **Intent: Funding for health care for people living with HIV disease who cannot afford care on their own**
 - Serve approximately 530,000 annually
 - Budget \$2.3 billion FY 2012
- **Funds**
 - Primary health care, support services
 - Provider training, technical assistance
 - Demonstration grants= Special Projects of National Significance (SPNS)

Ryan White HIV/AIDS Programs



- **Care includes:**
 - Primary care, dental, substance abuse treatment, mental health services
 - Medications
 - Laboratory monitoring
- **Support services include:**
 - Transportation, child care, food, legal services, emergency housing
- **Support of medical home**
 - Multidisciplinary teams, “one stop shopping”, patient centered care

Ryan White Model of Care: Ideal

- **Multidisciplinary**
- **Integrated**
- **Patient centered**
- **Focused on quality**



Increased access to and retention in care

Special Projects of National Significance



- \$25 million from the DHHS “Evaluation Set Aside”
- “Research and development/implementation science” arm of the RW program
- Statutory authority:
 - The Special Projects of National Significance (SPNS) Program is authorized by Section 2691 of the Public Health Service Act (*42 USC 300ff-101*), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-87).
 - The SPNS Program supports the development of innovative models of HIV care to quickly respond to the emerging needs of clients served by the Ryan White HIV/AIDS Programs. The SPNS Program also evaluates the effectiveness of these models’ design, implementation, utilization, cost, and health related outcomes, while promoting the dissemination and replication of successful models.

Typical SPNS Initiative: Grantees



- **8-12 demonstration grants**
 - SPNS sets parameters of study focus, i.e., target population and context
 - Each site writes a grant with its own interventions
 - Local evaluation questions and data collection
 - Variable technical skills in this area
 - ✦ Mix of university and community based grantees
- **1 evaluation and technical assistance center (ETAC) grant**
 - Usually a university with expertise in evaluation
 - Provides TA on evaluation and the topical area
 - Conducts multisite evaluation

Typical SPNS Initiative



- **Competitive grants process**
 - Funding based on Objective Review Committee Score
- **Funding**
 - Usually 5 year project period
 - Demonstration sites: \$ 300-500,000/year
 - Evaluation/TA Site: \$375-550,000/year
- **Cost analysis**
 - Implementation of a cost analysis study for each intervention is a requirement for all demonstration projects.

Selection of SPNS Topics



- **Based on desire to**
 - Respond to the National HIV/AIDS Strategy
 - Legislative mandate: to respond to emerging needs of populations served under Ryan White program
 - Rapidly implement and advance innovations in HIV care/technology
 - Promote a public health agenda
 - Address a specific disparity
 - Address inadequate care/treatment capacity

- **May do “pre-work” at HRSA**
 - Expert consultation meeting
 - Short formative study

New Technology/Advance: Buprenorphine Initiative



- **Addresses:**
 - HIV treatment health disparities for IDUs
 - Lack of access to substance abuse treatment due to
 - ❖ Inadequate capacity of substance abuse tx services
 - ❖ Stove-piped care model, particularly for medication assisted treatment (MAT)
- **Goal: to integrate substance abuse treatment into primary care**
 - Improve HIV related medical outcomes through increased access to treatment
 - Increase access to substance abuse treatment for HIV infected drug users
 - Make care for IDUs more patient centered

New Technology/Advance: Buprenorphine



- **Development of concept**
 - Substance Abuse and Mental Health Administration approached HRSA in 2002
 - ✦ New law to permit primary care provider to Rx MAT/opiates (2000)
 - ✦ Anticipated FDA approval of buprenorphine (2002)
 - Consultation to explore barriers/facilitators
- **Funded 2004-2009**
 - 10 Demonstration sites
 - 1 Evaluation/Technical Assistance center
 - The collaboration addressed state-of-the-art treatment and policy issues relating to the use of buprenorphine opioid abuse treatment in HIV primary care settings, conducted local and multisite evaluations, and disseminated program findings.

New Technology/Advance: Buprenorphine



- **The overall results of the demonstration projects clearly indicate:**
 - It is feasible to insert bup/nx treatment into ongoing HIV programs with resultant benefit in both drug and HIV treatment outcomes, particularly for those clinic patients not previously receiving antiretroviral therapy.
 - Side effects appear to be minimal, and that although there are added costs and personnel requirements, there is both provider and patients satisfaction with and support for integrated models of care.
 - The study results showed important policy and practice implications.
 - Please refer to JAIDS, Volume 56, Supplement 1, March 2011, for more information on findings.

Promote a Public Health Agenda: Prevention with Positives



- **HIV prevention in the HIV care setting was not common (Morin, JAIDS, 2004)**
 - HRSA funded study 1/01-3/02
- **CDC published the SAFE initiative in July, 2001**
 - HIV prevention by addressing HIV infected population
- **Incorporating HIV Prevention into the Medical Care of Persons living with HIV: Recommendations of CDC, HRSA, NIH, and HIVMA (July, 2003)**

Promote a Public Health Agenda: Prevention with Positives



- **SPNS Initiative: Prevention with HIV-Infected Persons seen in Clinical Settings (Prevention with Positives Initiative, 2002 – 2007)**
- **Goal: To evaluate the effectiveness of behavioral prevention intervention programs for HIV-positive clients seen in clinical care settings**
- **15 demonstration sites/ 1 Evaluation/TA Center**
- **Interventions implemented by the sites differed in terms of modality, target population, and the types of professionals, from peers to physicians, who “deliver” the intervention**

Promote a Public Health Agenda: Prevention with Positives Findings



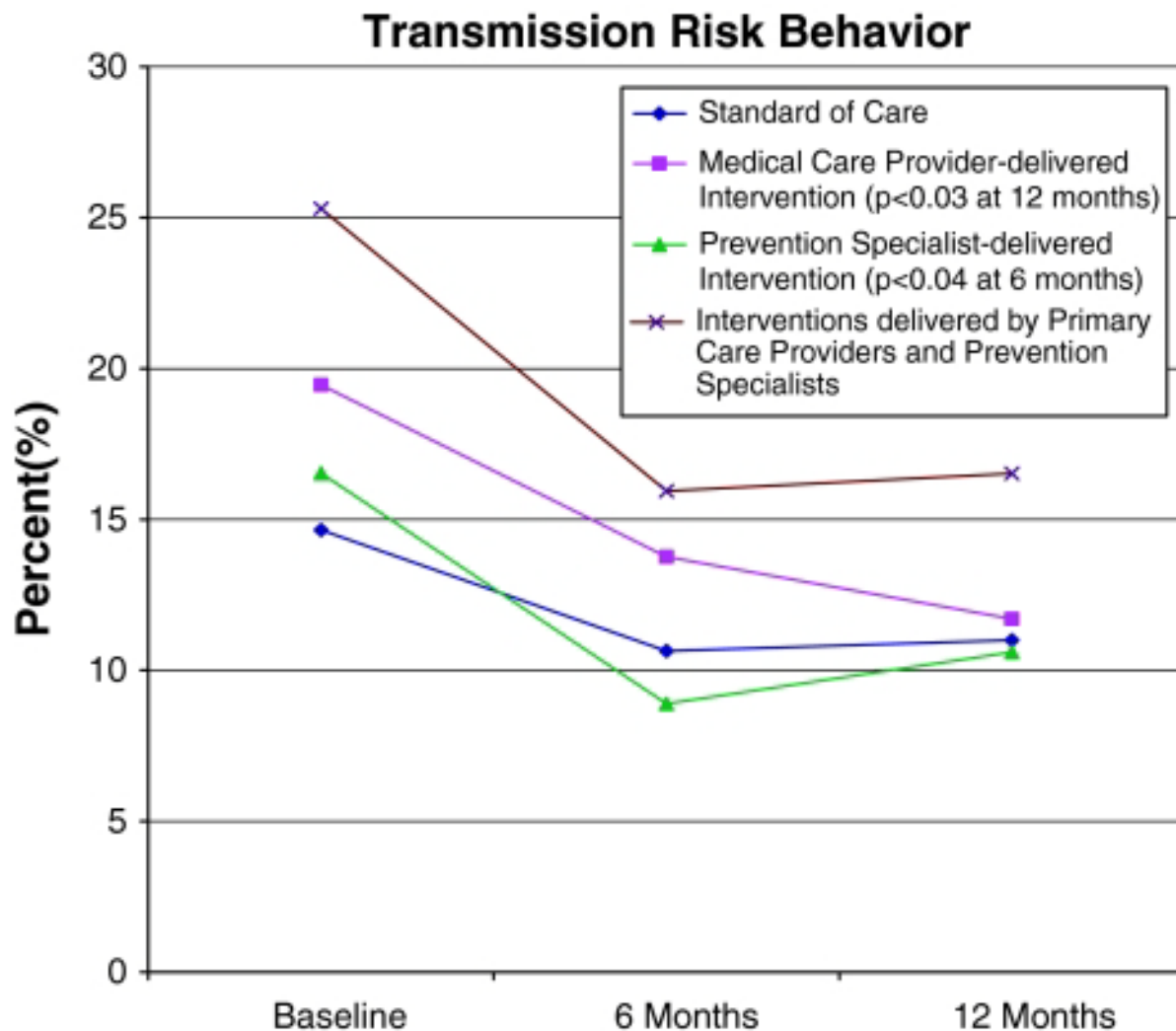
- 3,556 patients were randomized to one of four conditions.
 - Standard of care; or
 - Interventions delivered by:
 - Medical care providers during routine HIV care visits alone; or
 - In combination with services delivered by health educators, case managers or social workers; or
 - HIV-infected peers trained to conduct HIV prevention counseling;

Promote a Public Health Agenda: Prevention with Positives Findings



- All interventions were associated with reduced unprotected vaginal and/or anal intercourse with persons of HIV-uninfected or unknown status among the 3,556 participating patients.
- Compared to the standard of care, patients assigned to receive interventions from medical care providers reported a significant decrease in risk after 12 months of participation.
- Patients receiving prevention services from health educators, social workers or paraprofessional HIV-infected peers reported significant reduction in risk at 6 months, but not at 12 months.

Transmission Risk Behavior by Intervention Type Over 3 Time Points



Promote a Public Health Agenda: SPNS Systems Linkages Initiative



- **Systems level approach**
- **Goal: Develop innovative models to link and retain hard-to-reach HIV infected patients to care**
 - Take a “public health” approach to improve linkage and retention
 - Involves new partners in the health system
 - Uses the Institute for Healthcare Improvement Collaborative Model
- **SPNS initiative geared to the state/ systems level**
 - \$1 million/year/grantee (2011-2016)

Address a Specific Disparity



- **Goal: To improve access to and retention in care**
- **Initiatives:**
 - Young MSM of Color (2004-2010)
 - Women of Color (2009-2014)
 - Enhancing Linkages in Jail Settings Initiative (2007-2011)
 - Transgender Women of Color (2012-2017)
 - Homeless and Multiply-Diagnosed (2012-2017)

Address Inadequate Capacity



- **Dental (2006 - 2011)**
 - Goal: To increase dental care capacity through development of innovative models of dental care
 - Mix of rural and urban sites
- **Hepatitis C (2010-2013)**
 - Goal: To increase HCV treatment by integrating HCV care into HIV primary care
 - Two cohorts of 15 clinics each (2 years for each cohort)
 - Tele-health support through the TA/evaluation center (Based on New Mexico ECHO model)

Challenges of Implementation Science in RW



- **Funding**
 - 1% of the RW budget
- **Authority**
- **Sustainability**
- **Dissemination/Integration**
 - <http://hab.hrsa.gov/abouthab/special/buprenorphine.html>

Sustainability of SPNS Funded Implementation Research Activities



- National service demonstration models are sometimes criticized for developing enriched models of service delivery that may not be integrated into current health care delivery systems or sustainable under current health financing
- A 2003 retrospective study on sustainability of 108 SPNS projects (funded between 1991–1997)
 - >80% of grantees continue to provide innovative services and/or components of their interventions to underserved, vulnerable populations long after the conclusion of the demonstration projects.
- Hepatitis SPNS strategy: limited funding
 - Limited award to \$80,000 initially
 - Increased to \$100,000

Dissemination of SPNS Findings



- Publication of findings in peer reviewed journals
- HRSA publications targeting RW grantees
- Presentations to RW grantees
- Internet posting of Technical Assistance tools
- Development of manuals of successful interventions
 - Prevention with Positives
 - Buprenorphine

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For More Information, Visit Our Website:
<http://www.hab.hrsa.gov/abouthab/partfspns.html>



HIV/AIDS Programs: Helping People with HIV/AIDS Live Longer and Better

- **About the Programs**
 - [Ryan White Program](#), one of the primary ways the U.S. Government provides health care for people with HIV disease
 - [About the Global HIV/AIDS Program](#), increasing access to international HIV/AIDS care, treatment and support
- **Ryan White HIV/AIDS Program: Parts A-F**
 - [Ryan White HIV/AIDS Treatment Modernization Act of 2006](#)
 - [Part A: Funds for Cities](#)
 - [Part B: Funds for States & AIDS Drug Assistance Programs](#)
 - [Part C: Early Intervention Services](#)
 - [Part D: Services for Women, Infants, Children & Youth](#)
 - [Part E: Special Projects of National Significance](#)
 - [Part F: AIDS Education & Training Centers](#)
 - [Part F: Minority AIDS Initiative](#)
- **Apply & Manage Ryan White HIV/AIDS Program Grants**
 - [Open Grant/Funding Opportunities](#)
 - [Technical Assistance for the Ryan White](#)
- **Resources to Improve Clinical Care**
 - [Guidelines and Tools](#)
 - [AIDS Education & Training Centers](#)
 - [Quality of Care](#)
- **Data from the Ryan White HIV/AIDS Program**
 - [Reports & Presentations](#)
 - [Grantee Allocations and Expenditures by Service Type](#)

The Ryan White HIV/AIDS Program Puts Health Care Where It Is Needed

[See Larger Map](#)

NEW

- [World AIDS Day 2007](#)
- [A Living History of the Ryan White Program](#)
- [Severity of Need Index](#)
- [2007 Data Report Training: December 5-7](#)
- [Policy Notice: The Unobligated Balances Provision](#)
- [CARE Action Newsletter and other updates](#)
- [Comments Due on Proposed Core Medical Services Waiver](#)

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