

Regional HIV and Hepatitis C Implementation Plan

November 2015



northern health
the northern way of caring

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Northern Health HIV and Hepatitis C Implementation Plan

Executive Summary

Northern Health (NH), in collaboration with people living with HIV/hepatitis C (HCV) and Northern communities, aims to achieve the goals articulated in the Ministry of Health (MOH) *From Hope to Health: Towards an AIDS-free Generation* framework (2012): reduce the number of new infections in BC; improve the quality, effectiveness and reach of prevention services; diagnose those living with HIV as early as possible in the course of their infection; improve the quality and reach of support services for those living with and vulnerable to infection; and reduce the burden of advanced infection on the health-care system. NH is also committed to the global 90-90-90 HIV targets set by UNAIDS. NH aims to improve outcomes through better coordination within NH along with strengthened community partnerships and collaborations. This plan describes priority work needed to make further progress on the aforementioned goals and targets.

Background

Approximately 33 years after the first case of AIDS was diagnosed in Canada, Northern Health is aiming to stop HIV infections from progressing to AIDS and dramatically reduce transmission of HIV and HCV across the region. NH will make great headway against devastating diseases that affect hundreds of people in the north by achieving the goals of Seek and Treat for Optimal Prevention (STOP) HIV/AIDS and the From Hope to Health: Towards an AIDS-free Generation initiative. The STOP pilot was initiated by the British Columbia MOH and the BC Centre for Excellence (BCCfE) in HIV/AIDS in 2009 to enhance the reach and engagement of British Columbians in HIV testing, treatment, and care. The STOP pilot sought to normalize testing by expanding it beyond identified high-risk groups and making it a routine aspect of medical care. In Northern BC, the STOP pilot built on existing work to prevent HIV by engaging community organizations and creating the NH Blood Borne Pathogens team. The BC MOH then took the successes of the STOP pilot and expanded them into the province-wide From Hope to Health: Towards an AIDS-free Generation framework for HIV prevention, testing and care.

NH HIV and Hepatitis C Care (HHC)

HHC is part of the Regional Chronic Diseases (RCD) Program. The purpose of RCD is to achieve a healthy Northern BC population through collaborative efforts and closer-to-home services. RCD promotes wellbeing, prevents the development of serious complex chronic diseases, supports chronic disease management within communities, improves specialized care and improves outcomes for those living with complex chronic diseases.

The Blood Borne Pathogens team has recently been renamed to HHC to better acknowledge the focus on HIV/AIDS and HCV. More detailed background information on NH's successes and challenges with regards to STOP can be found in the Seek and Treat for the Optimal Prevention (STOP) of HIV: Progress Report (<https://hiv101.ca/Portals/0/Documents/STOP-HIV-Report-July-2015.pdf>).

Goals

The goals for the HIV and HCV Regional Implementation Plan are aligned with the goals articulated in the MOH strategic policy: *From Hope to Health: Towards an AIDS-free Generation* (2012). The five interrelated goals are:

1. Reduce the number of new infections in BC.
2. Improve the quality, effectiveness and reach of prevention services.
3. Diagnose those living with HIV/HCV as early as possible in the course of their infection.
4. Improve the quality and reach of support services for those living with and vulnerable to infection.
5. Reduce the burden of advanced infection on the health-care system.

NH has adopted the UNAIDS 90-90-90 target for these goals, which states by 2020:

90% of all people living with HIV will know their HIV status.
90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy.
90% of all people receiving antiretroviral therapy will have viral suppression.

See Appendix A for more detailed information on the outcome goals and measures of success.

Achieving Goals - The Ideal, Future State through Collaborative Action

Achieving the goals requires action across the North. People living with HIV and HCV need to be effectively reached and engaged by integrated primary care and community services and NH facilities - as well as partnering closely with other NH departments such as HHC, Aboriginal Health, Population Public Health (PPH), and specialized Mental Health and Addictions (MHA), along with other community and Aboriginal organisations, and the First Nations Health Authority (FNHA).

NH will concentrate on the following areas of focus and action in the coming years: renewed community based prevention, harm reduction, testing and peer support services; increased opiate substitution (methadone) treatment and support; increased primary care and acute care testing; and enhanced specialized HIV/HCV clinical care, treatment, and support. These areas of focus and action span the HIV/HCV prevention and care continuum. Table 1 provides more detail on them. Figure 1 maps them onto NH's Idealised System of Services. Key changes fall into three areas:

- **Empowering primary care to determine and lead efforts to increase HIV prevention and testing.**
- **Strengthening community-based harm reduction, testing and support services.**
 - Engaging community and aboriginal organisations is a key factor in improving the quality, reach, sustainability and impact of HIV/HCV services. NH will support these improvements by increasing the funds available for working with these organisations.

➤ **Strengthening specialised clinical services.**

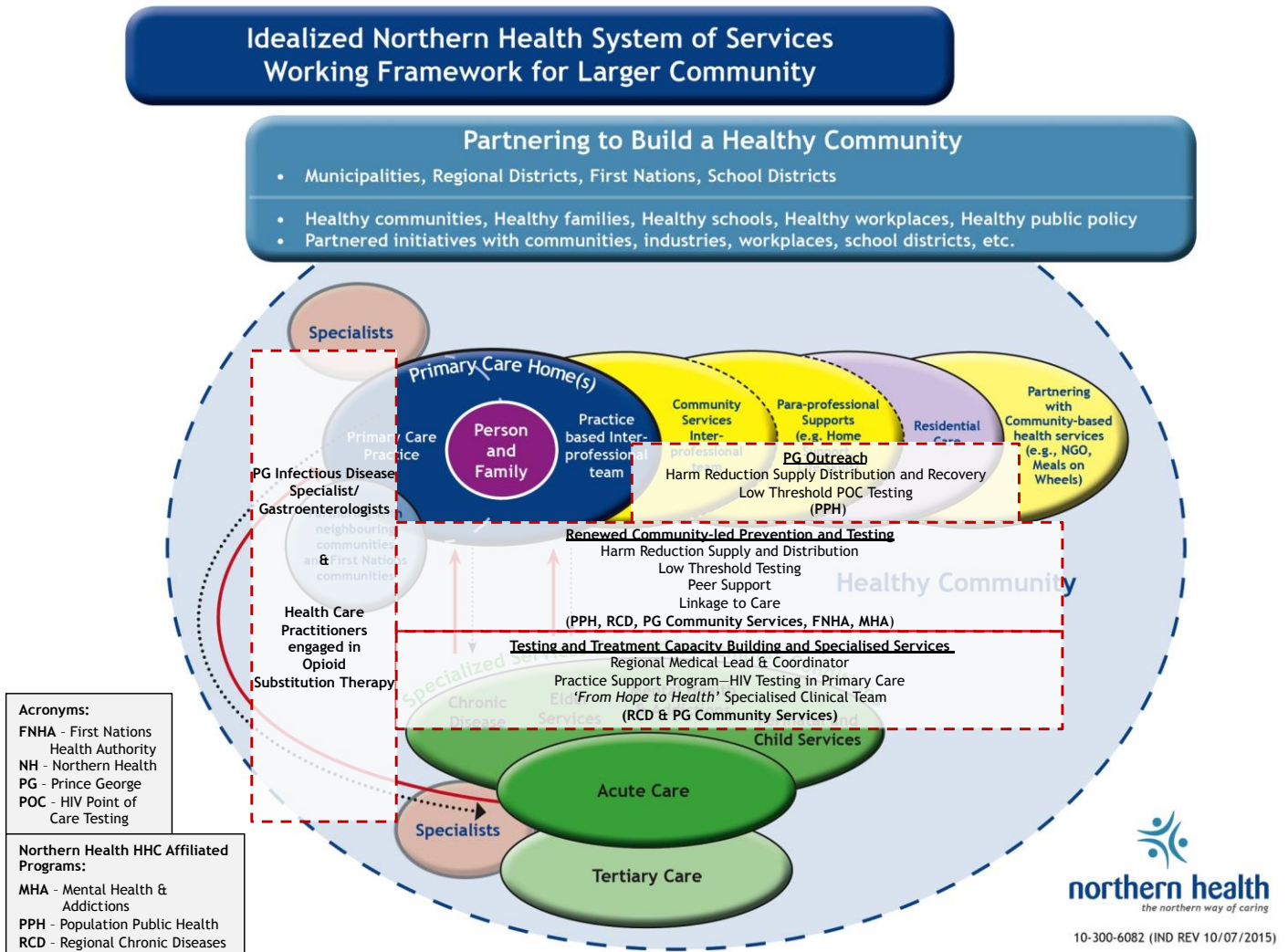
- NH will establish a 'From Hope to Health' Specialised Clinical Team to collaborate with Northern specialists and primary care provider to care for those diagnosed with HIV/HCV.

NH Areas of Focus & Action

Table 1: NH Areas of Focus and Immediate Action

Area(s) of Focus	Immediate Action
1. Renewal of community-based prevention, harm reduction, low threshold testing and peer support services.	<ul style="list-style-type: none"> • <i>HCC, PG Community Services, Population and Public Health, in collaboration with community, initiate a Request for Information and Request for Proposals to enhance our current constellation of community services responding to HIV and HCV. This effort is to be done in collaboration with the First Nation Health Authority.</i> • <i>Population and Public Health to hire a regional harm reduction coordinator.</i>
2. Increase opioid substitution treatment and support.	<ul style="list-style-type: none"> • <i>Medical Affairs in collaboration with Mental Health and Addictions complete an assessment of opioid substitution therapy (OST) services with recommendations on how to improve reach of OST across the North.</i>
3. Increased primary care and acute care testing.	<ul style="list-style-type: none"> • <i>HCC to collaborate with the Northern Divisions of Family Practice and Primary Care Providers to reduce barriers Northern physicians face in routinely offering HIV testing as per recent Provincial Health Officer guidance.</i>
4. Enhance specialized HIV/HCV clinical care, treatment, and support.	<ul style="list-style-type: none"> • <i>HHC and PG Community Services, in collaboration with PG infectious disease and gastroenterologists specialists, establish the 'From Hope to Health' HIV/HCV Regional Specialised Clinical Team to better support those living with HIV to achieve viral suppression and those with HCV to achieve a sustained virological response.</i>

Figure 1: Areas of Focus and Action Mapped onto NH's Idealized System of Services.



To be successful, the plan requires that:

- **Community:**

- ✓ Advocate for clients to help improve services.
- ✓ Collaborate with NH and each other to explore innovative ways to extend support services in smaller communities, helping to address the goals of From Hope to Health and help people engage in HIV/HCV prevention, testing and care.

- **NH Executive:**

- ✓ Endorse the four areas of focus and ensure appropriate resources to execute the plan.

- **NH Managers and Administrators:**

- ✓ Endorse the HCC Regional Implementation Plan with staff and integrate evidence-based strategies (i.e., harm reduction supply distribution/recovery, testing and linkage to care) in your facility/area of focus.
- ✓ Provide insight on local realities that could influence effective implementation of the HHC Implementation Plan and suggest ways to overcome barriers that providers face in engaging Northerners in HIV/HCV prevention, testing, and care.
- ✓ Create connections needed for collaborative action.
- ✓ Support in providing HIV/HCV education for staff and physicians.
- ✓ Help to promote “We can” thinking: Together “we can” integrate HIV/HCV prevention, testing and care into everyday practice.

- **Frontline Staff and Physicians**

- ✓ Help inform on local barriers and suggest how the barriers can be overcome to provide HIV/HCV prevention, testing and care services.
- ✓ Reach and engage Northern British Columbians in HIV/HCV prevention, testing and care
- ✓ Communicate what supports are needed to improve or sustain HIV/HCV prevention, testing and care efforts

Achieving the global vision of an AIDS-free generation will require ...

all Northerners, all health services and providers in the North to:

- ✓ Increase their understanding of HIV/AIDS & hepatitis C (HCV).
 - HIV/HCV is *not* limited to high-risk groups.
 - It is in everyone’s interest to welcome and support people living with HIV/HCV.
- ✓ Determine how to integrate HIV/HCV prevention, testing and care into their community.

Together “we can” create an AIDS-free generation!

Anticipated future changes within each Health Service Delivery Area (HSDA) are shown in Appendix B. Further information on what you can do is in Appendix C. Further information on what HCC can offer patients, providers and communities can be found in Appendix D.

Conclusion

NH is committed to achieving the goals articulated in *From Hope to Health: Towards an AIDS-free Generation* and the UNAIDS 90-90-90 targets. Our focus is shifting towards actions known to improve the patient experience, improve outcomes and avert future health system costs. We are committed to no one dying of AIDS in the North, reducing HIV/HCV transmission, and achieving an AIDS-free generation.

Appendix A: Goals & Measures of Success

Goal #1: Reduce the number of new infections in BC.

This is the ultimate long-term objective of the Northern response to HIV/AIDS and HCV. Improved access to harm reduction supplies, early diagnosis, and treatment engagement are important factors in achieving this objective. Strategies to progress toward this goal are tied to taking action on the other four goals. A measure of success over the next two years is:

- No cases of HIV progress to AIDS.

Goal #2: Improve the quality, effectiveness and reach of prevention services.

HHC will further prevention efforts through HIV/HCV evidenced-based prevention strategies. Such strategies include:

- Working with community agencies and pharmacies to extend the reach and scope of harm reduction supplies and services (including opioid substitution therapy).
- Establishing a regular program for monitoring, evaluation and progress reporting.

Measures of success over the next two years are:

- Equal reach of harm reduction supplies, proportionate to population density, in each HSDA.
- Increased access to and utilization of opioid substitution therapy.
- Annual evaluation of client satisfaction and engagement with health care services.

Goal #3: Diagnose those living with HIV/HCV as early as possible in the course of their infection.

HHC aims to improve earlier diagnoses through increased reach and engagement in testing. This will be accomplished by:

- Offering routine HIV/HCV testing in a variety of health care settings.
- Exploring options for on-line testing.
- Increasing the ability of providers to carry out provincial HIV testing and treatment guidelines.

Measures of success over the next two years are:

- An annual 10% increase in broad based HIV/HCV testing in each HSDA.
- Promotion of inclusive testing, meaning that any person being tested for HCV, sexually transmitted infections or HIV will receive all of these tests.
- HIV testing for 100% of individuals with tuberculosis.
- At least 75% of newly diagnosed HIV clients engaging in partner notification.
- Ensuring standard of care laboratory monitoring as per BCCfE guidelines.

Goal #4: Improve the quality and reach of support services for those living with and vulnerable to infection.

HHC will improve support services by:

- Reducing community and health care provider stigma and discrimination
- Developing streamlined care pathways for providers and patients.

Measures of success over the next two years are:

- Extending community-based peer support services to 6 communities across the North.
- At least 50% of new HIV/HCV diagnoses will be engaging in treatment within 6 months.
- 90% of those diagnosed with HIV are retained in care.
- 90% of those eligible are on HIV treatment, resulting in decreased community viral load.
- Offering HCV treatment to all those that are eligible for publicly funded therapy.

Goal #5: Reduce the burden of advanced infection on the health-care system.

HHC will take measures to improve adherence and support services. A measure of success over the next two years is:

- All providers treating people living with HIV/HCV are aware of all available clinical supports in managing care for those individuals.

Appendix B: Future State Change in Each HSDA

Action/Intervention	Northern Interior	North East	North West
Harm Reduction (HR) Supplies <i>Current State</i> Future State	Public health (PH) units all communities, AIDS PG (onsite and mobile service), Omineca Lakes (mobile service). Limited range HR supplies available in some primary / acute care settings and community agencies. Increase low threshold outreach and access to harm reduction supplies for safer sex, injection and inhalation in all communities.	PH units in all communities. Limited range HR supplies available in some primary care clinics. Increase low threshold outreach and access to harm reduction supplies for safer sex, injection and inhalation in all communities.	PH units in all communities and Atlin Nursing Station. Limited range of HR supplies available in some primary care clinics and community agencies (ie: PLN Smithers). Increase low threshold outreach and access to harm reduction supplies for safer sex, injection and inhalation in all communities.
Opiate Substitution Therapy (Methadone) <i>Current State</i> Future State	Quesnel and Prince George Expansion to communities with level 2 care. (Fort St James, Mackenzie, McBride, Burns Lake).	Fort St. John and Dawson Creek Expansion to communities with level 2 care (Chetwynd).	Terrace, Smithers and Haida Gwaii; Expansion to communities with level 2 care. (Masset, Queen Charlotte City).
Testing: HIV, HCV, and STIs <i>Current State</i> Future State	STI clinics and ad-hoc basis in PH units in all communities. Ad-hoc basis in acute / primary care in all communities and in PG Regional Correctional Centre (PGRCC). Routine offer HIV testing: AIDS PG, PG Detox, Central Interior Native Health Society (CINHS); some primary care clinics in PG. All primary care homes and clinics will expand HCV and STI testing and provide routine offer of HIV testing; All acute care facilities will provide routine offer HIV/HCV testing.	STI clinics in PH units in all communities, ad-hoc basis through PH in most communities. Ad-hoc basis through acute and primary care in all communities. All primary care homes and clinics will expand HCV and STI testing and provide routine offer of HIV testing; All acute care facilities will provide routine offer HIV/HCV testing.	STI clinics and ad hoc basis through PH units in all communities and with PH outreach in Smithers. Ad-hoc basis in acute and primary care in all communities. All primary care homes and clinics will expand HCV and STI testing and provide routine offer of HIV testing; All acute care facilities will provide routine offer HIV/HCV testing.
Linkage to HIV Care/Access to ARVs <i>Current State</i> Future State	PH nurses, selected MH/addictions, primary and acute care providers in all communities; AIDS PG; PGRCC; UNBC Clinic; CINHS, PLN, selected research initiatives. Regional supports: Dr Hamour / Regional HIV Pharmacist via Telehealth; Designate Nurse in each HSDA; FNHA All primary care homes and clinics provide HIV care / ARVs. NH, FN and community service providers aware of pathways for linkage to care.	PH nurses, selected MH/Addictions, primary and acute care providers in all communities; PLN Dawson Creek. Regional supports: Dr Hamour / Regional HIV Pharmacist via Telehealth; Designate Nurse in each HSDA; FNHA All primary care homes and clinics provide HIV care /ARVs. NH, FN and community service providers aware of pathways for linkage to care.	PH nurses, selected MH/Addictions, primary and acute care providers in all communities; PLN Smithers. Regional supports: Dr Hamour / Regional HIV Pharmacist via Telehealth; Designate Nurse in each HSDA; FNHA All primary care homes and clinics provide HIV care /ARVs. NH, FN and community service providers aware of pathways for linkage to care.

Harm reduction supplies: * Condoms only, ** Mobile service; HIV Testing: Δ HIV /HCV and STI testing available in all communities through STI clinics in public health, on ad-hoc basis through public health, primary and acute care.

Future Focus: Full complement of harm reduction supplies and the routine offer HIV testing available through primary/acute care in all communities. HIV care available through primary care in all communities. Telehealth Services available for rural community health centers and some First Nations Communities.

◆NH Service Distribution Discussion Document October 2012

Appendix C: How You Can Improve HIV and Hepatitis C (HCV) Prevention and Care

Education, Prevention & Support		<p>Don't be afraid of HIV/HCV or people living with HIV/HCV.</p> <p>Learn more about HIV/HCV.</p> <p>Get tested - anyone can have HIV/HCV.</p> <p>Encourage family, friends, co-workers and other community members to get tested.</p>
Community Members	<ul style="list-style-type: none"> • Learn the facts. <ul style="list-style-type: none"> ◦ For example, HIV/HCV aren't spread by casual contact, kissing or breathing the same air. • Get tested. • Welcome family members, friends and others living with HIV/HCV. Let them know you support them. 	
Community Agencies	<ul style="list-style-type: none"> • Learn the benefits of a routine offer of testing. • Get tested. • Consider what services you could provide in your community: <ul style="list-style-type: none"> ◦ Distributing/collecting harm reduction supplies. ◦ Offering HIV testing. ◦ Encouraging testing. ◦ Offering/strengthening supports for people living with the illness. 	
Community Leaders	<ul style="list-style-type: none"> • Learn what services are available in your community. • Get tested. • Advocate for services that help <i>all</i> people live healthier lives through improved: <ul style="list-style-type: none"> ◦ Public transportation, housing and opportunities for employment. ◦ Supports for and access to mental health and addictions services. ◦ Services to prevent violence, bullying and discrimination. ◦ Access to harm reduction supplies and low threshold testing. • Encourage health professionals to routinely test for HIV. • Encourage families and others to welcome people home. 	
Health Administrators	<ul style="list-style-type: none"> • What's the rate of HIV/HCV testing in your facility? • Get tested. • Put the routine offer of HIV testing on the agenda in your facility. <ul style="list-style-type: none"> ◦ The routine offer of HIV testing is provincial policy. It saves lives. It saves money. • Encourage staff in-services for HIV/HCV. 	
Physicians & Nurse Practitioners	<ul style="list-style-type: none"> • Learn the benefits of a routine offer of testing. • Get tested. • Advocate for improved services in your community: <ul style="list-style-type: none"> ◦ Ask your patients how easy it is to access harm reduction supplies ◦ Have condom dispensers and used needle receptacles in your washrooms. ◦ Support low-threshold testing. ◦ Speak out against stigma, stereotypes or discrimination among your peers. • Offer HIV testing to all your patients. • Refer follow-up to the designated nurse if you're not comfortable providing ongoing care. • Call the HHC Specialized Clinical Care team for clinical assistance. We're ready to help! 	
Allied Health Care & Social Service Providers	<ul style="list-style-type: none"> • Learn the benefits of a routine offer of testing. • Get tested. • Consider if there are ways you could make it easier to access harm reduction supplies. • Encourage your clients to get tested. 	

Appendix D: What Can HIV and Hepatitis C Care (HHC) Offer Patients, Professionals and Communities

HCC can offer assistance with operations, practice support, and advocacy. Our team has the knowledge, experience and training to:

- Assist with the integration of HIV prevention, testing and care into everyday practice and operations.
- Be a source of information and education on a range of topics related to HIV/HCV - such as current information and up-to-date research about each disease, epidemiological profiles, prevention, testing, diagnosis, care and treatment.
- Provide links to clinical resources and to provincial, NH regional and/or community program supports for providers and patients.
- Offer specialized medical consultations for both providers and patients and clinical pharmacy support for reviewing patient medication profiles, providing clinical guidance with mediations and coping with side effects, reordering medications and accessing contingency supplies.

HHC is always looking to collaborate with others to provide the best possible services to patients and communities in the North.