The CFAR ECHPPP Initiative: History, Highlights and Lessons Learned

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Outline

- History of the CFAR ECHPP Initiative
  - NIH supplements
  - National meetings
  - JAIDS supplements

- Highlights - illustrative manuscripts

- Lessons learned
  - DOH perspective – Michael Kharfen
  - Site PI perspective – Amanda Castel

- Summary
History

July 2010: National HIV/AIDS Strategy (NHAS) released
  □ Reduce HIV incidence, increase access to care, reduce HIV-related health disparities

Summer 2010: CDC Enhanced Comprehensive HIV Prevention Planning (ECHPP) initiative for 12 MSAs most affected by HIV/AIDS
  □ Core set of 14 required and 10 recommended behavioral, biomedical and structural interventions to maximize impact

Spring 2011: NIH CFAR ECHPP initiative launched
  □ Goal: To promote research collaborations between CFARs and DOHs on HIV prevention and the care continuum
  □ DC CFAR: coordination, subcontracts, regulatory issues

2014: Renamed the CFAR HIV Continuum of Care Working Group
Three ECHPP Supplements

- **Sept 2011: ECHPP-1 awarded to 9 CFARs**
  - CFARs in the nine highest AIDS prevalence cities
  - ATL, CHI, DC, HOU, LA, MIA, NYC, PHI, SF
  - Collaborate with local DOHs to conduct operational research
  - 8 of 14 HIV prevention and care ECHPP interventions

- **Aug 2012: ECHPP-2 awarded to 9 CFARs**
  - Implementation science focused on the HIV care continuum
  - HIV testing, linkage to care, retention/re-engagement, adherence
  - NIMH supplement to APCs in SF, LA and NYC to conduct complementary HIV prevention research

- **Aug 2013: ECHPP-3 awarded to 10 CFARs**
  - Pilot interventions to address the HIV continuum of care
CFAR ECHPP-1 Studies

- 8 of 14 required ECHPP interventions addressed
  - Routine opt-out screening (4)
  - HIV testing in non-clinical settings (3)
  - PEP and PrEP (3)
  - Linkage to care (8)
  - Retention and re-engagement in care (3)
  - ARV adherence (2)
  - Behavioral screening and risk reduction (2)
  - Linkages to other medical and social services (2)

- CFAR WG PIs
  - Giordano, Lubelchek, Castel, Bauman, Calderon, Remien, Stephenson, Rotheram, Charlebois, Metsch, Metzger
Two National Meetings

- **Nov 2012**: 100+ participants from 20 CFARs, 10 DOHs, 5 APCs, HHS, CDC, NIH, UCHAPS and NASTAD

- **Feb 2014**: 85 participants from all 19 CFARs, 15 DOHs, and all 5 APCs

**Meeting Goals**
- To present the results of the ECHPP-1/2 projects
- To present the aims and methods of the ECHPP-2/3 projects
Three JAIDS Supplements

- **Nov 2013: JAIDS-1 – 10 manuscripts**
  - NIH Support of CFAR and DOH Collaborative Public Health Research: Advancing CDC’s ECHPP Project

- **May 2015: JAIDS-2 – 11 manuscripts**
  - Addressing the Challenges of the HIV Continuum of Care in High-Prevalence Cities in the US

- **Feb 2017: JAIDS-3 – 8 manuscripts**
  - Promotion of Research on the HIV Continuum of Care in the US
Assessing HIV Testing and Linkage to Care Activities and Providing Academic Support to Public Health Authorities in Houston, TX, TP Giordano et al

- Surveyed health organizations, convened a Scientific Advisory Council
- 210,565 HIV tests at 43 sites in 2011, >90% had active linkage to care

Barriers and Facilitators of Linkage to HIV Primary Care in New York City, LJ Bauman et al

- Qualitative interviews with directors of 24/30 HIV testing sites in the Bronx that tested 607,570 residents over 3 years
- Barriers to linkage - health care system and social factors, characteristics of risk populations
Individual and Community Factors Associated With Geographic Clusters of Poor HIV Care Retention and Poor Viral Suppression, MG Eberhart et al
- Retrospective cohort of 1404 persons HIV diagnosed and linked to care followed for 24 months
- 24.4% and 13.7% resided in hotspots associated with poor retention and poor viral suppression, respectively

Sorting Through the Lost and Found: Are Patient Perceptions of Engagement in Care Consistent With Standard Continuum of Care Measures? AD Castel et al
- Survey of 169 clinic-attending HIV-infected persons classified as in care, sporadic care, or out of care
- Of 21 OOC, 52% felt they were fully engaged in HIV care, 71% had a non–HIV visit and 90% reported current ARV use
“Out of Care” HIV Case Investigations: A Collaborative Analysis Across 6 States in the Northwest US, JC Dombrowski et al

- Multistate project to ascertain the status of HIV cases that appeared to be out of care
- Of 3866 cases with no CD4 or VL in ≥12-mo, 43% had moved, 9% had died, 11% were in care, and only 30% had no evidence of care, migration, or death

Longitudinal HIV Care Trajectories in North Carolina, KA Powers et al

- Retrospective cohort study of all persons newly diagnosed with HIV in NC from 2006-2015 (N = 16,207)
- 26% had high care attendance; 16% steadily declining attendance; 26% had low attendance; 17% and 15% had initially weak attendance with an increase after 1.5 and 3 years
Lessons Learned

- Coordinating an inter-CFAR WG is richly rewarding - work with leading public health-oriented investigators from across the US
- National meetings and JAIDS supplements were critical to build teamwork and demonstrate progress and productivity to the NIH
- Linking the CDC-DOH axis with the NIH-academia axis was fun, innovative and consequential
- Programmatic mission and priorities of DOHs do not always align with the research mission of universities – yet engagement with DOHs is essential
- Coordination can be challenging as scientific focus and approach are decided at the local level
Lessons Learned

- DOH perspective – Michael Kharfen
- Site PI perspective – Amanda Castel
Summary

- CFAR-DOH ECHPP/CoC WG launched in 2011 through 2017
- Engaged all 20 CFARs, 5 APCs and DOHs locally, and CDC and NIH nationally
- 3 supplements, 2 national meetings, 3 JAIDS supplements with 29 manuscripts
- National network of investigators and CFAR-DOH collaborations represent pillars upon which the Implementation Science WG can be built
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HIV/AIDS Trends in Washington, DC

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Implementation Science is the study of methods to promote the integration of research findings and evidence into healthcare policy and practice.