

**Notes and Agenda from Introductory Meeting
I3 Ending the HIV Epidemic Scientific Working Group**

Third Coast CFAR
July 15, 2019
3:30 p.m. – 5:00 p.m.

Objectives of July 15 SWG Meeting

- Introduce the purpose of the SWG and initial planned activities
- Make new connections between members and across organizations
- Identify common interests that can be translated to SWG ‘action teams’

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End of this document includes full notes and agenda from meeting

Close to verbatim suggestions for SWG topics from note cards/emails

1. Scale up sexual health content integration into primary care practice
2. Increase patient voice and implementation inclusion in any and all policy, program, decisions, including as advisors or staffing
3. Increasing HIV testing/PrEP linkage among minor adolescents
4. Interventions/policy/structural/individual PrEP maintenance/persistence among groups at highest risk
5. Innovation to: 1) get HIV genotype AT diagnosis, 2) change models of HIV and PrEP care, 3) keep viremia suppressed consistently

6. Strategies to increase PrEP uptake and improve market research on PrEP persistence
7. How does tx of perinatally-acquired HIV need to change, as many 20-25 year olds can be on salvage regimens
8. Novel and / or more effective models of retention and linkage to care, with re-linkage focus
9. Strategy selection (identifying appropriate implementation strategies based on context and determinants)
10. Develop cascade of care that includes pregnancy for women of childbearing age (life course included) to elicit areas that need focus
11. Building databases for preliminary data around pregnant women and children & building a system to merge NMH prentice & LCH EPIC EMR
12. HIV acute infection - achieve universal testing to achieve viral suppression/TasP for them/their partners
13. PrEP and testing among adolescent and young adults at risk for HIV
14. Quality outcomes
15. Mental health services for pregnant or parenting women living w HIV
16. Partner testing for pregnant women living w HIV
17. Engagement of HIV+, youth, black + brown community members most experiencing inequities (may necessitate stipend/honorarium or other types of support)
18. Health information technology / CDS
19. Engagement of different types of partners related to social and structural determinants of health
20. Gaps in transitioning HIV care for peds to adult, and also care in pregnancy to care in nonpregnancy
21. Building databases for preliminary data around pregnant women and children & building a system to merge NMH prentice & LCH EPIC EMR data

Preliminary Ideas for Action Groups (not ranked)

1. PrEP for adolescents – a few people are interested in this and there's synergy w the IL PrEP WG and GTZ
2. More effective strategies to re-engage people with HIV who routinely fall out of care
3. Increase uptake and persistence of PrEP for WOC, offer education and PrEP outside of traditional venues
4. Reinforcing that HIV care and HIV prevention are part of primary care
5. Focusing on quality outcomes to identify where gaps are and what lessons can be learned to get more effective services to all clients/pts at that site
6. Exploring new models for retention in care or to facilitate the transition between providers b/c of factors like aging out of peds care or pregnancy to no longer pregnant
7. A policy/systems/best practices analysis to identify ways to get genotype at diagnosis to enhance ability for “response” activities
8. Better treatment models for perinatally-infected young adults (16-25) who may be highly treatment experienced
9. Determining best implementation strategies to make testing and PrEP more accessible to minor adolescents
10. Investing in building data systems / harmonizing data so that teams can merge relevant clinical data w research data or publicly available data sets

		Population / Focus							
		Applies to all populations	Transitions to new usual source of care	Minor adolescents / Youth more broadly	MSM	Criminal Justice Involved	Transgender Women	Cisgender Women of Color	Other
EHE Pillar	Diagnose	Importance of detecting and intervening w acute infection (diagnose and tx pillars)		- Increase access to testing					Involve patients in all aspects of developing programs and new policies (all pillars)
	Treat	-More effective or novel models for re-engaging individuals who often fall out of care -same day start	-Ped/Adolescent to adult - Harmonize existing databases to better understand -Transitions between care for pregnant women and nonpregnant women						- HIV care and HIV prev need to be a part of primary care
	Prevent	- strategies to increase PrEP persistence, market research		-IL PrEP WG, adolescent subcommittee -prevention for this population in addition to PrEP		-Scale out PrEP after incarceration		- Scale up of PrEP: educate and offer in new setting - Persistence once initiated	
	Respond	Always collect genotype at time of diagnosis -facilitate better partner services							

Meeting Agenda and Notes

- **Welcome, background and goals of I3 EHE SWG – 10 minutes** (Lisa Hirschhorn, Gregory Phillips, Inger Burnett-Zeigler)

CFAR Scientific Working Groups are designed to bring investigators together to explore new partnerships, advance a particular area of HIV research, and submit new grant applications to internal CFAR competitions or to NIH.

The I3 EHE SWG has a broader approach and purpose. In response to the federal Ending the HIV Epidemic initiative, the CFAR leaders and advisors conceived of a new SWG that would develop new partnerships for implementation research, evaluation, research-practice partnerships, and grants for HIV service delivery.

- Focus of EHE, four pillars:
 - Diagnose
 - Treat
 - Prevent
 - Respond
 - 3Is: Innovation, Implementation for Impact
 - Getting to Zero Illinois (GTZ-IL) – the SWG complements GTZ and does not want to duplicate efforts. SWG resources can be used to further goals through GTZ framework.
 - Preliminary goals and timeline of the EHE SWG
 - Background: the CFAR's previous SWG (END HIV SWG, 2016-2018) – focused on collaborations with health departments with the goal of new grant submissions to NIH. I3 EHE SWG is already distinct in two ways – focus on partnerships between CBOs and academic institutions & goal is new grant submissions for implementation research or service delivery to all agencies issuing EHE RFAs (NIH, CDC, HRSA, IDPH, CDPH)
 - Opportunities are broader- NIH (research) and HRSA/CDC (service to address results from research, research to practice)
 - More embedded research and implementation research to inform evaluation
 - “Action teams” SWG leaders encourage smaller action teams of a few people/organizations to pursue specific ideas, pillars, or populations of interest to them. Work in smaller teams will be more efficient and meaningful. Full SWG will convene quarterly to share progress and new ideas. Real emphasis is on supporting action teams.
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- **Third Coast CFAR funding and support for SWG - 10 minutes** (Rich D'Aquila and Brian Mustanski)
 - CFAR – NIH funded research centers. Currently 20 are funded throughout US. Main purpose is to expand and develop HIV research. Traditional ways of doing this include building new partnerships, offering seed/pilot funds, and providing research services (e.g. biostats, lab tests, IRB consultation, training, other resources and technical assistance)
 - CFARs often serve as the conduit between NIH and academic institutions and can rapidly response to NIH initiatives. An example of this relationship: each spring NIH issues RFAs for “Administrative Supplements” (typically ~\$100k) which will add funds to the CFAR grant to support a high impact, one-year project.

- Beginning in 2020, NIH will issue dedicated RFAs for Administrative Supplements to fund implementation research on EHE programs and to build capacity for feedback/responsiveness so that programs can inform research. Annual awards will be ~\$300k.
- Applications are typically due 30-60 days after the call, so teams have very little time to plan
- To support planning and the exploration of new partnerships now, CFAR is offering “EHE Planning Awards” to teams that include an academic Co-PI and a Community-Based Co-PI. The focus is planning a partnership, that will later submit applications for implementation research grants (NIH) or for services (CDC, HRSA) and program evaluation.
- Open call for proposals: bit.ly/2LUSPJe
 - Reflects EHE goals and GTZ strategy
- Examples of responsive applications:
 - Planning grants
 - Analysis of existing data for needs assessment
 - Review of existing interventions and forum to explore adaptation needs
 - Needs assessment
 - Development of new collaboration with development of concept note
 - Extension of existing projects (i.e., something that only requires an IRB amendment) (collecting new data is not required to write a competitive application)
 - Sub analysis
 - Inclusion of new questions
 - Policy analysis
 - Aligning EHE and GTZ strategies
 - \$10-20k in direct funds, work must be completed by March 31, 2020
- SWG directors and CFAR team here to help. Call Justin, he can help connect teams and identify resources. If there is something you are already doing (need an IRB amendment). Not a goal to get the data, but to build the partnership to get it together. Probably a lot of data just sitting around – you could use this to do a further deep-dive. Lots of resources, new partners, replication and spread of projects.
- There are many ways to gather information that will support planning partnerships without needing to do human subjects research. Example - Community members share thoughts on HIV priorities. Analyze existing clinical or programmatic data. Same objectives without human subjects research.
- Helpful planning for any type of grant (NIH, CDC, etc.) use this as ongoing learning opportunity and generating knowledge. Stepping out of academic context, also a way to focus on target populations and find who we can fund to target that.

- **Brainstorm - 30 minutes (all)**

- What ongoing work and collaborations can we build on?
 - What are new areas for collaborations and work?
 - What are areas for specific smaller focus action teams?
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- Mildred Williamson: Methods for easy access to PrEP (policy issue: how to remove parental insurance as a barrier?); Many PrEP studies how do we keep people sustained on prep since incentivized projects are ending? How to build up sexual health in primary care practices?
 - Lauren Beach: Dual care cascades as population health and health equity in population that is getting older; bisexual patients and defining this behaviorally
 - Emily Miller: Trying to put together care cascade that mirrors life course; what can we learn from data for better retention when women are not pregnant?
 - Rich D'Aquila: focus groups on forms of PREP delivery to get them interested in using PREP Discrete course modelling. Online interviews with online database. If anyone is interested to review the data, rich will make it available. Data showed that having implant available increased the percentage of those qualified.
 - Kathryn Macapagal: related to policy and structure for adolescent in risk groups getting tested and connected with PrEP; Issues for teens getting posttest care and improving that support.
 - Jennifer Jao: adolescents and women: intersection between gaps in care adolescents transitioning to adults, pregnant women transitioning to non-pregnancy
 - Anne Statton: treatment pillar most important for her; innovative models for those recently diagnosed; mobile care and other types care continuums. System that is adaptable to get everyone treated and diagnosed
 - Ramon Lorenzo: molecular data disconnect; vitals in large populations and small populations important, are vitals transmitted, why they are, resistance to treatment;
 - Jen Brown: social determinates and structural determinist; expanding to partners not in care provisions and opportunities of engagement of POS POC not connected to community organizations, and find out what questions they may have groups for ages 24 under and ART, and what would research with viral loads and workflow for ART (??)
 - Tim Long: How can we teach medical students that HIV care is primary care
 - Anne: Not resources for mental health as well as pregnant women with mental health issues and dealing men who have sex with women who are not connected with health services in context of pregnant women and make it scalable.
 - Dennis Li: How to select strategies for your intervention and human cost effectiveness in modeling

○ **Report back and next steps - 20 minutes (all)**

- What do we need to do to form these action teams to focus on expanding or new areas of work to prepare for upcoming work
 - What support will be needed to help them move forward
 - Who is not in the room we need to engage
 - Are any of these appropriate for the internal planning grant opportunity
- What are useful SWG-wide activities in fall and winter

○ **Wrap up**

SWG will disseminate notes from meeting, roster of people who attended and their interests, plus responses from people who submitted note cards (or via email) with suggestions for action teams and SWG priorities.

Meeting participants, their affiliations and interests

- Lisa Hirschhorn – Implementation research and improving quality
- Gregory Phillips– EDIT/ Co-director of SWG / network analysis, evaluation
- Lauren Beach – EDIT / K-12 scholar, heart failure of HIV infection
- Anne Statton – PACPI, CDC money / CITI match (maternal/child orgs, look at essential elements for preventing transmission /Fetal infant mortality - systems issues // perinatally-acquired HIV infection // retaining women who fall out of care and show back up after becoming pregnant again // addiction and people who are hard to reach
- Rich D’Aquila – translational research, pathogenesis of viral rebound
- Kathryn Macapagal – sexual health and HIV / YMSM / non-binary AMAB / young trans // Adolescents in particular / daily oral PrEP / Online HIV prevention methods
- Shannon Galvin – ID Clinic/ HIV and Hep C linkage to care / domestic HIV – trying to implement science that is shown to work in implementation...
- Ramon Lorenzo – ID / basic science / viral evolution / genomics / HIV reservoirs while people are on treatment / in-vitro studies / basic properties of the virus / statistical modeling
- Jen Brown – ARCC director – community engagement strategies / not HIV focused, but have supported several partnerships in this area
- Emily Miller – Maternal Fetal medicine specialist // CDC CITIMATCH / perinatal hotline / focus on mental health, HIV women / PrEP
- Dennis Li – Public health, adolescent sexual health, eHealth programs
- Tim Long – primary care internist, Cook County, Near North primary HIV provider // HRSA, RW, CDC // Chief Clinical Officer at AllianceChicago // directly aligns with what the Alliance would like to do // HealthChoice Network in Miami – Chief Clinical Officer – interested to know if this can apply outside IL
- Mildred Williamson – CORE Center interim executive director

- Jessica Ridgway – ID / medical director of informatics / predictive analytics of HIV care continuum / HIV and PrEP in Women
- Moira McNulty – ID UChicago // HIV implementation research, prevention and PrEP among women // HIV testing
- Brian Mustanski – CFAR/ISGMH // Adolescent HIV and substance abuse // eHealth / IS – Ce-PIM / KIU 3.0
- Aaruni Khanolkar – Lurie – Viral Immunologist // CFAR funding // role of immune response
- Anna Hotton – Epidemiologist // Analytical work / Correlates of HIV transmission and substance abuse // Agent-based modeling projects at CCHE
- Juan Villamar – Administrator of Ce-PIM // resources // partnership development as a research strategy
Laura Rusie – HBH EMR data // same day treatment and PrEP
- Maria Pyra – HBH Epidemiologist – PrEP use in African young women // clinical trial side
- Simone Koehlinger – AIDS Foundation of Chicago // HIV care and housing // connecting with partners who may be able to help // GTZ
- Jennifer Jao – Lurie/NU, transition young adults from peds to adult medicine for HIV primary care
- (Apologies to anyone we might have missed. There were some tech difficulties w the conference call)

Attendees:

(In-person): Lisa Hirschhorn; Gregory Phillips II; Lauren Beach; Anne Statton (PAPCI); Rich D'Aquila; Kathryn Macapagal; Shannon Galvin; Ramon Lorenzo; Jen Brown; Marvin Carr (national medical fellowship through Gilead) and Shayla Reed; Emily Miller; Dennis Li; Tim Long; Mildred Williamson (Core Center); Justin Schmandt; Christina Hayford; Kamara Fant; Fern Murdoch; Jennifer Jao

Via Blue Jeans: Brian Mustanski; Aaruni Khanolkar; Anna Hotton (CCHE); Jessica Ridgway; Moira McNulty; Maria Pyra; Laura Rusie; Sarah Rittner; Simone Koehlinger (AFC); Juan Villamar