Ryan White HIV/AIDS Program
Overview and Update

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau (HAB)

Marlene Matosky, MPH, RN
Chief, Clinical and Quality Branch
Division of Policy and Data, HAB

National Webinar
Sponsoring committee: Policy

March 1, 2022
Housekeeping

- Participants lines are muted during the webinar
- Please type questions and comments in the Question or Chat area
- There will be a Q & A session at the end of the webinar, if time allows
Continuing Nursing Education

Upon full participation in this webinar & completion of an evaluation, participants will be awarded 1.0 contact hours. You will be sent an email with the link to the evaluation.

The Association of Nurses in AIDS Care is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.
Ryan White HIV/AIDS Program
Overview and Update

March 1, 2022

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau (HAB)

Marlene Matosky, MPH, RN
Chief, Clinical and Quality Branch
Division of Policy and Data, HAB
Learning Objectives

Participants will:
• Describe updated Ryan White HIV/AIDS Program (RWHAP) polices
• Discuss relevant RWHAP best practices and clinical guidelines and impact on HIV practices
• Discuss the role of the RWHAP in EHE
Vision, Mission, Strategic Priorities, and Who We Serve
Vision
Optimal HIV care and treatment for all to end the HIV epidemic in the U.S.

Mission
Provide leadership and resources to advance HIV care and treatment to improve health outcomes and reduce health disparities for people with HIV and affected communities.
HRSA HIV/AIDS Bureau’s Strategic Priorities
### Lead Progress: Foster Innovative Solutions to Drive Improvements

Lead and enhance national HIV care and treatment through evidence-informed interventions, best practices dissemination, data-driven decision making, health workforce development, quality management, policy development, and program implementation.

### Partner for Results: Engage Strategically with Stakeholders to Enhance Outcomes and Achieve Results

Develop and strengthen strategic domestic partnerships internally and externally to improve program design, implementation, and evaluation; data utilization and sharing; communications; policy development; community engagement; and service integration.
## Promote Integration: Integrate HIV Services to Improve Overall Outcomes

Implement an integrated approach to HIV care and treatment in an evolving healthcare environment, with a focus on syndemics and the social determinants of health, by integrating preventative care, mental health services, and substance use treatment into HIV primary care.

## Leverage Data: Use and Disseminate Data to Inform Decision Making and Measure and Evaluate Progress

Use data from a variety of sources to improve policies, decision-making, and service delivery and create mechanism for program and outcome data dissemination, including dashboards and data visualizations.
HRSA HAB’s Health Equity Approach

Key activities that reflect a health equity approach:

**Data Utilization and Implementation Science**: HAB uses data to inform decision making to address health disparities, and the RWHAP legislation requires the same of recipients.

**Community Engagement/Partners**: HAB engages community directly, has developed a community engagement framework, and the RWHAP legislation has requirements for recipients' community engagement and partnership.

**Organizational Culture and Personnel**: HAB staff are mission-driven and support training and outreach of organizations and individuals with lived experience to increase employment, enhance engagement, and reduce stigma.

**Service Delivery**: HAB addresses Social Determinants of Health such as housing, food, and transportation, as well as clinical care, through direct services and demonstration projects.
2020 Ryan White HIV/AIDS Program By the Numbers

Ryan White HIV/AIDS Program (RW_HAP) Served
561,416 clients in 2020

More than 50% of people with diagnosed HIV in the United States

6.9% Temporary Housing
4.8% Unstable Housing

47.9% of RW_HAP clients are aged 50 and older

60.9% of clients are living at or below 100% of the Federal Poverty Level

89.4% of RW_HAP clients receiving HIV medical care reached viral suppression* in 2020

73.6% of clients are from racial/ethnic minority populations**

23.6% of clients identified as Hispanic/Latino
46.6% of clients identified as Black/African American


https://ryanwhite.hrsa.gov/data/reports
Ryan White HIV/AIDS Program Clients, by Age Group, 2010 and 2020—United States and 3 Territories

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>2010</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;13</td>
<td>2.1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>13–24</td>
<td>6.6%</td>
<td>3.5%</td>
</tr>
<tr>
<td>25–34</td>
<td>15.0%</td>
<td>18.1%</td>
</tr>
<tr>
<td>35–44</td>
<td>25.8%</td>
<td>19.6%</td>
</tr>
<tr>
<td>45–54</td>
<td>33.9%</td>
<td>23.6%</td>
</tr>
<tr>
<td>55–64</td>
<td>13.7%</td>
<td>25.1%</td>
</tr>
<tr>
<td>≥65</td>
<td>2.9%</td>
<td>9.5%</td>
</tr>
</tbody>
</table>

---

*a Guam, Puerto Rico, and the U.S. Virgin Islands.*
Viral Suppression among RWHAP Clients, by State, 2010 and 2020—United States and 2 Territories

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

Puerto Rico and the U.S. Virgin Islands.
Significant progress has been made in viral suppression among priority populations, but disparities remain, particularly among Black/African American clients, transgender clients, youth aged 13–24 years, and clients with unstable housing.

Hispanics/Latinos can be of any race.

**Viral suppression:** ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

*Guam, Puerto Rico, and the U.S. Virgin Islands.*

National Strategies, Ending the HIV Epidemic in the U.S., and Community Engagement
National HIV/AIDS Strategy (NHAS)

• The **National HIV/AIDS Strategy (2022–2025)** was released on December 1, 2021.
  - Roadmap to accelerate efforts to end the HIV epidemic in the United States by 2030

• Strategy focuses on **four goals**:  
  1. Prevent new HIV infections.  
  2. Improve HIV-related health outcomes of people with HIV.  
  3. Reduce HIV-related disparities and health inequities.  
  4. Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.
Implementing the Strategy

• HRSA is developing an Implementation Plan that outlines **specific actions** that it will take to achieve the Strategy’s goals and objectives.

• Engaging with the Ryan White HIV/AIDS Program stakeholder community in order to hear thoughts and ideas on ways we can support NHAS goals and accelerate our efforts toward ending the HIV epidemic

• Conducting listening sessions with key stakeholder groups, including:
  - Patient Advocacy Organizations
  - HIV Provider Organizations
  - Constituency Based Organizations
  - Coalition Groups
National HIV/AIDS Strategy (NHAS) and Viral Hepatitis and STI Strategic Plans

HRSA’s National Strategic Plans Implementation workgroup has submitted activities that support the STI and Viral Hepatitis Strategic Plans. The Office of Infectious Disease and HIV/AIDS Policy (OIDP) has initiated the process for developing implementation plans for the National HIV/AIDS Strategy.
Four Pillars of Ending the HIV Epidemic in the U.S.

Diagnose
All people with HIV as early as possible.

Treat
People with HIV rapidly and effectively to reach sustained viral suppression.

Prevent
New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

75% reduction in new HIV diagnoses in 5 years and a 90% reduction in 10 years.
Ending the HIV Epidemic in the U.S. – Overlap of RWHAP Parts A and B and Identified Counties and States
Achieving the Ending the HIV Epidemic in the U.S. Goals

People with HIV in care
- Improve viral suppression rates
- Decrease disparities

People newly diagnosed with HIV
- Enhance linkage to care
- Enhance engagement in care

People with HIV out of care
- Expand re-engagement in care
- Improve retention in care
Year 1 EHE Client Data: New Clients and those Re-engaged in Care and Treatment (March–December 2020)

The year 1 EHE goal was to serve 18,000 clients

New Clients
2020 Total: 11,139
• March – August: 6,262
• September – December: 4,877

Re-engaged Clients
2020 Total: 8,282
• March – August: 3,686
• September – December: 4,596

TOTAL NEW AND RE-ENGAGED CLIENTS, 2020

19,421
EHE Recipient Activities: Expansion of RWHAP Services

- ADAP
- Medical Transportation
- Medical Case Management
- Emergency Financial Assistance
- Housing
- Early Intervention Services
- Substance Abuse Outpatient
- Mental Health
- Outpatient

Expansion and Innovation

Source: Unpublished data reflecting EHE implementation activities (March 2020 through February 2021), as reported by 47 RWHAP EHE grant recipients in their EHE Year 1 Non-Competing Continuation (NCC) Progress Report and TriYearly Progress Report. This does not reflect data reported through the EHE Triannual Module.
Activities include:
- Low barrier clinics
- Coordinated protocols that streamline client experience
- Rapid re-engagement protocols after missed appointments

Rapid ART
- Introduce a dedicated Rapid Linkage to Care Coordinator
- Provide treatment within 7 days of diagnosis from at-home/self-testing
- Supply ART starter packs (or 30-day supply) at conclusion of first client interaction

The Many Roles of Peer Navigators and Community Health Workers
- Address social determinants of health
- Enroll clients in health care coverage and schedule appointments
- Provide technology and educational services navigating online medical record access

Source: Unpublished data reflecting EHE implementation activities (March 2020 through February 2021), as reported by 47 RWHAP EHE grant recipients in their EHE Year 1 Non-Competing Continuation (NCC) Progress Report and TriYearly Progress Report. This does not reflect data reported through the EHE Triannual Module.
Community Engagement Guiding Principles

“voices of the community from beginning to end”

- Effectively Partner: Intentional
- Accessing Tools: Committed
- Builds and Grow: Sustainable

- Allow Flexibility: Flexible and Tailored
- Be Transformative: Transformational

Planning - Development - Implementation - Evaluation
HRSA’s EHE Community Engagement in FY 2021

- HRSA hosted 16 virtual EHE listening sessions by region in FY 2021
  - Sessions engaged state and local health departments, community health centers, community organizations serving people with HIV, primary care offices, AIDS Education and Training Centers, and people with lived experience
  - More than 1,900 people attended the virtual listening sessions in FY 2021
- HRSA HAB is developing needed tools and providing leadership training to people with HIV
  - Efforts support ways for people from the community to provide services within their community to engage people into care and treatment
- HRSA HAB is supporting organizations to hire people with HIV
The FY 2021 HRSA Virtual Public Health Leader Roundtable and Community Listening Sessions were an opportunity for participants to share their open and honest feedback on challenges, successes, and barriers in achieving the goals of the Ending the HIV Epidemic in the U.S. (EHE) initiative.

<table>
<thead>
<tr>
<th>16</th>
<th>1,901</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>listening sessions between March-Sept. 2021</td>
<td>total attendees across all sessions</td>
<td>Sessions offered with Spanish translation</td>
</tr>
</tbody>
</table>
Cross-Jurisdictional Themes and Trends

1. Build Peer Navigators and Community Health Workers (CHW) Capacity
2. Breakdown Federal Funding Stream Silos and Improve Collaboration
3. Feedback on EHE Initiative
4. Social Determinants of Health
5. Stigma as a Barrier to Accessing Care
Additional Noteworthy Themes

1. Better data integration for EHE

2. Enhanced support for PrEP and nPEP

3. Increased utilization of social media platforms
Important Initiatives
HAB Resources to Support Health Care Team Members
Providing Care to People Aging with HIV

• Two Reference Guides: Optimizing HIV Care for People Aging With HIV
  ▪ Incorporating New Elements of Care
  ▪ Putting Together the Best Healthcare Team

• HIV and Aging Technical Expert Panel (November 2020) and yearly community engagements

• HIV and Aging Paper (November 2020)

• National HIV Curriculum HIV including Older Adults Module

• Aging and HIV National Webcasts (March & June 2020)

• Collaboration with Administration for Community Living (ACL) and Aging Webcast (October 2021)

• Access, Care, and Engagement Technical Assistance (ACE TA) Center
Engaging People with HIV through Organizational Capacity Development & Leadership Training

Aims to:

• Reduce stigma for people with HIV on multiple levels throughout the health care delivery system
• Focus on implementing stigma-reducing approaches
• Support organizational readiness to employ people with HIV in RWHAP recipient/subrecipient organizations

Aims to:

• Increase leadership, representation, and engagement of people with HIV in RWHAP activities
• Develop skills and support knowledge transfer through peer coaching for people with HIV
• Support organizational readiness to employ people with HIV in RWHAP recipient/subrecipient organizations

Visit the ESCALATE and ELEVATE sites of TargetHIV for additional project details and updates.

https://targethiv.org/escalate  https://targethiv.org/elevate
RWHAP Best Practices Compilation

How is your organization innovating to reduce health disparities along the HIV Care Continuum?

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) is looking for innovative and promising strategies for its new compilation of best practices.

The compilation is part of HRSA HAB effort to catalogue and display best practices implemented successfully in Ryan White HIV/AIDS Program health care and treatment settings.

Do you have a novel approach or promising innovation to share? Please submit it online: TargetHIV.org/bestpractices
Best Practices Compilation

The Best Practices Compilation gathers and disseminates intervention strategies that have been implemented in RWHAP funded settings and improve outcomes along the HIV care continuum. Explore the Compilation to find inspiration and new ideas for improving the care of people with HIV. Submit your innovation today for possible inclusion in the Compilation!

Keyword Search

https://targethiv.org/bestpractices/search
Peer Engagement to Improve Linkage to Care and Retention in Care for Youth, Women, Infants, and Children

Emerging Intervention

<table>
<thead>
<tr>
<th>Outreach and reengagement activities</th>
<th>Linkage to HIV medical care; Retention in HIV medical care; Viral suppression</th>
<th>Treat</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth ages 13 to 24</td>
<td>RWHAP Part D</td>
<td>RWHAP-funded clinic or organization</td>
</tr>
</tbody>
</table>

https://targethiv.org/bestpractices/search

On This Page
- Summary
- Need Addressed
- Core Elements
- Outcomes
- Planning & Implementation
- Sustainability
- Lessons Learned
RWHAP Compass Dashboards and Benchmarking

Ryan White HIV/AIDS Program Compass Dashboard

The Ryan White HIV/AIDS Program (RWHAP) Compass Dashboard provides users an opportunity to interact with and visualize the reach, impact, and outcomes of the RWHAP. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) developed the RWHAP Compass Dashboard to support data utilization to improve outcomes along the HIV care continuum. By advancing users’ ability to interact with and utilize RWHAP program data, the dashboard supports HRSA HAB’s vision of optimal HIV/AIDS care and treatment for all.

https://data.hrsa.gov/topics/hiv-aids/compass-dashboard
Ryan White HIV/AIDS Program Compass Dashboard

The Ryan White HIV/AIDS Program (RWHAP) Compass Dashboard provides users an opportunity to interact with and visualize the reach, impact, and outcomes of the RWHAP. The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) developed the RWHAP Compass Dashboard to support data utilization to improve outcomes along the HIV care continuum. By advancing users’ ability to interact with and utilize RWHAP program data, the dashboard supports HRSA HAB’s vision of optimal HIV/AIDS care and treatment for all.

https://data.hrsa.gov/topics/hiv-aids/compass-dashboard
Demonstrates Impact of RWHAP and Provides Benchmarking Performance by Jurisdiction

<table>
<thead>
<tr>
<th>Select Outcome Measure</th>
<th>Select Year</th>
<th>Select Jurisdiction</th>
<th>Select State/Territory</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Viral Suppression</td>
<td>2019</td>
<td>☐ State or Territory</td>
<td>Alabama</td>
</tr>
<tr>
<td>☐ Retention in Care</td>
<td></td>
<td>☐ Metro Area</td>
<td></td>
</tr>
</tbody>
</table>

Performance Summary, 2019

### All Clients

- **100%** of clients 5,717/5,717

**About Standardized Performance**

HRSA's performance benchmarking methodology allows the calculation of expected outcome measure values based on a jurisdiction's client mix. This can then be compared to national averages, allowing a snapshot understanding of whether a jurisdiction is performing above or below expected results. Learn more about this methodology in the Standardized Performance Fact Sheet.

**Resources**

Standardized performance is below average for the population served. Resources are available to help improve outcomes.

[https://data.hrsa.gov/topics/hiv-aids/compass-dashboard](https://data.hrsa.gov/topics/hiv-aids/compass-dashboard)
Save the Date

The Time Is Now: Harnessing the Power of Innovation, Health Equity, and Community to End the HIV Epidemic

August 23 – 26, 2022

https://ryanwhiteconference.hrsa.gov/
Ryan White HIV/AIDS Program
Policy Updates
Recent Policy Updates and Changes

- Core Medical Services Waiver Process
- Client Eligibility and Payor of Last Resort
- Gender Affirming Care in the RWHAP Letter
Waiver of the RWHAP Core Medical Services Expenditure Requirement: PCN 21-01

- Simplifies the process by which Ryan White HIV/AIDS Program Parts A, B, or C recipients request waivers of the statutory Core Medical Services Expenditure amount requirements

-Reduces the amount of documentation RWHAP recipients must submit, thereby reducing burden
  - One-Page Attestation Form

- PN 21-01 replaces Policy Notice 13-07
  https://ryanwhite.hrsa.gov/grants/policy-notices

Effective Date: October 1, 2021
This Policy Clarification Notice (PCN) outlines the HRSA HAB guidance for RWHAP recipients and subrecipients for determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services.
Recipients and subrecipients:

- Must conduct timely eligibility confirmations, in accordance with their policies and procedures, to assess if the client’s income and/or residency status has changed.

- Are permitted to accept a client’s self-attestation of “no change” when confirming eligibility, although HRSA HAB does not recommend relying solely on client self-attestation indefinitely.

- Should not disenroll clients until a formal confirmation has been made that the client is no longer eligible.
Gender Affirming Care in the RWHAP Program Letter

• Reaffirms the importance of providing culturally-affirming health care and social services to the transgender community

• Letter is *not* new policy or approach to the services delivered by the RWHAP

• Accessible via: [https://ryanwhite.hrsa.gov/grants/program-letters](https://ryanwhite.hrsa.gov/grants/program-letters)
Gender Affirmation

**Gender affirmation** describes processes whereby a person receives social recognition, value, and support for their gender identity and expression. Gender affirmation is often described across several dimensions, including:

- **social** (e.g., social support and acceptance, use of pronouns, names, or clothing that align with their gender identity);
- **medical** (e.g., use of hormones or surgery);
- **legal** (e.g., legal name change or changing gender markers on identity documents); and
- **psychological** (e.g., the degree of self-acceptance and comfort with their gender identity).

Facilitating HIV Care Engagement

• Individuals are more likely to engage in HIV care when gender affirmation needs are met.

• Gender affirmation:
  ✓ Improves engagement in care
  ✓ Improves viral suppression
  ✓ Improves adherence to ART
  ✓ Improves mental health outcomes and well being

• Because transgender and non-binary people bear a disproportionate burden of HIV, it is important for HIV care providers to be knowledgeable about the specific HIV care needs of these individuals.
### Examples of Gender-Affirming Care in the RWHAP

<table>
<thead>
<tr>
<th>Training on cultural humility, cultural sensitivity, and inclusive environments of care</th>
<th>Behavioral &amp; Mental Health Services</th>
<th>Housing &amp; Case Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to gender affirming hormone therapy</td>
<td>Purchase and maintenance of private health insurance, Medicaid and Medicare coverage</td>
<td>Activities that support patient centered, trauma informed, and inclusive environments of care</td>
</tr>
</tbody>
</table>
Can RWHAP funds be used to provide gender affirming surgeries?

As an outpatient ambulatory healthcare program, surgeries are **not** an allowable use of RWHAP or Ending the HIV Epidemic in the U.S. (EHE) initiative funds. This general prohibition applies to surgeries conducted in inpatient and outpatient settings, even when performed “same-day” as an ambulatory procedure under general anesthesia.
Contact Information

Laura Cheever, MD, ScM
Associate Administrator
HIV/AIDS Bureau
Health Resources and Services Administration
Email: lcheever@hrsa.gov
Phone: 301-443-1993
Web: ryanwhite.hrsa.gov

Marlene Matosky, MPH, RN
Chief, Clinical and Quality Branch
Division of Policy and Data
HIV/AIDS Bureau
Health Resources and Services Administration
Email: mmatosky@hrsa.gov
Phone: 301-443-0798
Web: ryanwhite.hrsa.gov
Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US: