

STRATEGIC CHANGES ARE NEEDED TO STRENGTHEN LINKAGE AND ENGAGEMENT IN HIV CARE

DIAGNOSING, CONNECTING TO CARE, and providing a range of social and clinical supports to facilitate continued engagement in care for all people living with HIV is complex, yet achievable. From 2010 to 2020, the number of people with HIV in the U.S. that reached viral suppression more than doubled, totaling 64.6%. Despite progress along the continuum, large disparities across populations persist.

IMPROVING ONGOING ENGAGEMENT IN CARE REQUIRES NEW THINKING

Urgent action is needed to:

Facilitate adoption of differentiated care models that include low-barrier services for specific sub-populations

Certain populations in the U.S. face bigger barriers to being linked to and remaining engaged in care than others. This is oftentimes attributed to having fewer resources, less economic security, less access to health care services, and experiencing greater rates of homelessness or unstable housing. Therefore, individualized supports are necessary to maintain an effective relationship with a system of care. For persons not optimally engaged in care, some jurisdictions have developed models of low-barrier services that often utilize a walk-in model and are usually for people who are unhoused, transitionally housed, and/or those who use substances and have not sustained HIV viral suppression.

Grantees and jurisdictions should be encouraged to employ flexibility and differentiated care based on ongoing individual needs assessments; and HRSA/HAB should develop policy guidance to encourage this flexibility and use the Special Projects of National Significance Program to adapt payment models to account for these changes. Innovative state initiatives and services options under Medicaid can further this goal.

Implement syndemic approaches that can improve HIV outcomes and extend the impact of existing resources Factors that increase risk for poor HIV-related outcomes also increase the risk for other infectious diseases.

Increasing funding for the Ending the HIV Epidemic Initiative (EHE)

and the broader HIV response is important, and HHS and its operating divisions (CDC, HRSA, SAMHSA, etc.) should consider policy options and legislative proposals for blending funding and streamlining reporting requirements to reduce burdens on grantees. An element of differentiated care is reliance on task shifting to relieve the burden and staffing needs on physicians and relying more heavily on nurses, Community Health Workers (CHWs), and other professionals.

Develop monitoring strategies that accommodate differing models of care and evolving clinical practices

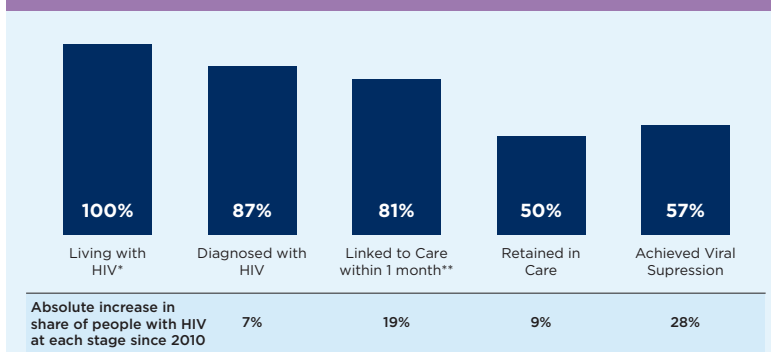
An unresolved challenge in monitoring HIV outcomes is the tension between simplifying clinical interactions and collecting comprehensive data, especially when innovations meant to simplify care (e.g., telehealth and at-home testing) can lead to data loss.

CDC, other departments of HHS, and providers should develop strategies for the greater

implementation of clinical data sets as part of the Data Modernization Initiative. NIH should conduct a stakeholder consultation that includes surveillance experts, the North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD), and others to consider evolving definitions of metrics as clinical standards change and to address data gaps. Additionally, HRSA/HAB should gather user perspectives and make recommendations for increasing the utility of CAREWare, the data management system supported by the Ryan White HIV/AIDS Program.

The doubling of the share of people with HIV who are virally suppressed from 2010 to 2020 shows how the implementation of healthcare best practices and community-centered leadership can drive change. By implementing treatment and care that is integrated with other health and social services and more responsive to individual needs, we can continue improving outcomes along the HIV care continuum.

UNITED STATES HIV CARE CONTINUUM, 2019



SOURCE: Based on CDC surveillance data. See the full Big Ideas brief for specific citations.