

# World AIDS Day 2023: Let Communities Lead-Highlighting Successful Community-Based Programming in Rural Regions

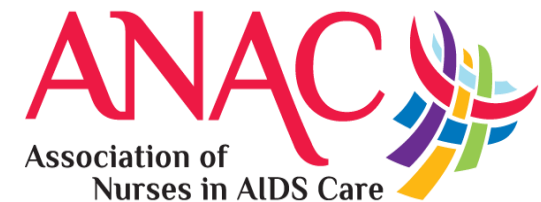
## **Faculty:**

Rebecca Geiger, PharmD, MHA, BCACP  
Sequan Kolibas  
Cordella Lyon, MAEM, BS, RN

## **Moderator:**

Julia Green, MS, APRN, AGNP-C, ACRN, AAHIVE  
Chair, ANAC Rural Committee

November 30th, 2023



# The Association of Nurses in AIDS Care (ANAC)

**Mission:** ANAC fosters the professional development of nurses and others involved in the delivery of health care for persons at risk for, living with and/or affected by the human immunodeficiency virus (HIV) and its comorbidities. ANAC promotes the health, welfare and rights of people living with HIV around the world.



# ANAC2024

## INDIANAPOLIS

NOVEMBER 14 - 16

***Race for the Cure***

NOVEMBER 14<sup>TH</sup>-16<sup>TH</sup> , 2024

[WWW.NURSESINAIDSCARE.ORG/CONFERENCE](http://WWW.NURSESINAIDSCARE.ORG/CONFERENCE)

# Housekeeping

- This webinar is being recorded
- Your lines will be muted during the webinar
- Type questions in the “Question” pane of your dashboard
- There will be a Q & A session at the end of the webinar



# Nursing Continuing Professional Development (NCPD)

ANAC will provide one contact hour of NCPD on completion of this activity.

To receive a certificate of completion, attendees must:

- Be registered to attend
- View today's webinar presentation in its entirety
- Complete the online, post-activity evaluation. You will receive a link to the evaluation by email within the next two days

**The deadline to claim contact hours is December 31, 2023.**



ANAC is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Questions? Email [Sheila@anacnet.org](mailto:Sheila@anacnet.org)



# Learning Outcomes

At the conclusion of today's activity, participants will be able to:

- Discuss the unique challenges that patients and providers face when addressing HIV and syndemic conditions in the rural setting
- Describe three community-based programs that have employed novel strategies to improve access to HIV testing, treatment and prevention



# Disclosures

- Julia Green is an employee of Gilead Sciences ,Inc. All relevant financial relationships have been mitigated. The focus of today's webinar is on HIV programs in rural communities. No clinical recommendations will be made.
- No one else in a position to control the content for this educational activity has relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

# Faculty



Rebecca Geiger, PharmD, MHA, BCACP  
CDR US Public Health Service  
Haskell Indian Health Center  
Lawrence, KS



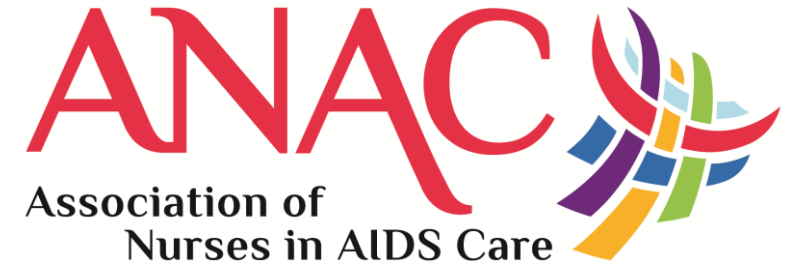
Sequan Kolibas  
Founder and Executive Director  
Hope on T.T.a.P.P.  
Salt Lake City, UT



Cordella Lyon MAEM, BS, RN  
Program Coordinator  
Opt Out HIV Screen Program  
Baptist Hospitals of Southeast Texas  
Beaumont, TX



# ANAC Rural Committee



## Our Purpose

To improve the health of people in sparsely populated areas, by:

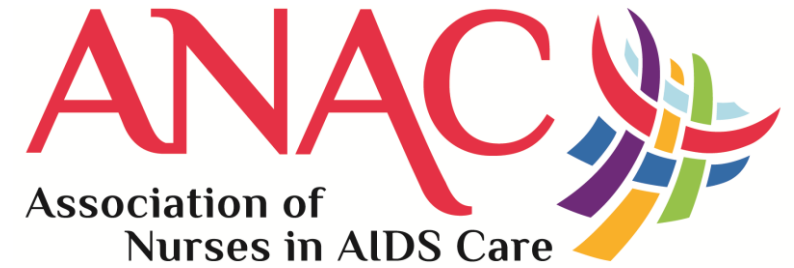
- Identifying special rural issues and social determinants of health that negatively impact people living with HIV and those who could benefit from preventative HIV services
- Facilitating a network of clinicians to share their rural health expertise and to explore solutions to rural barriers to HIV prevention and care

## Our Objectives

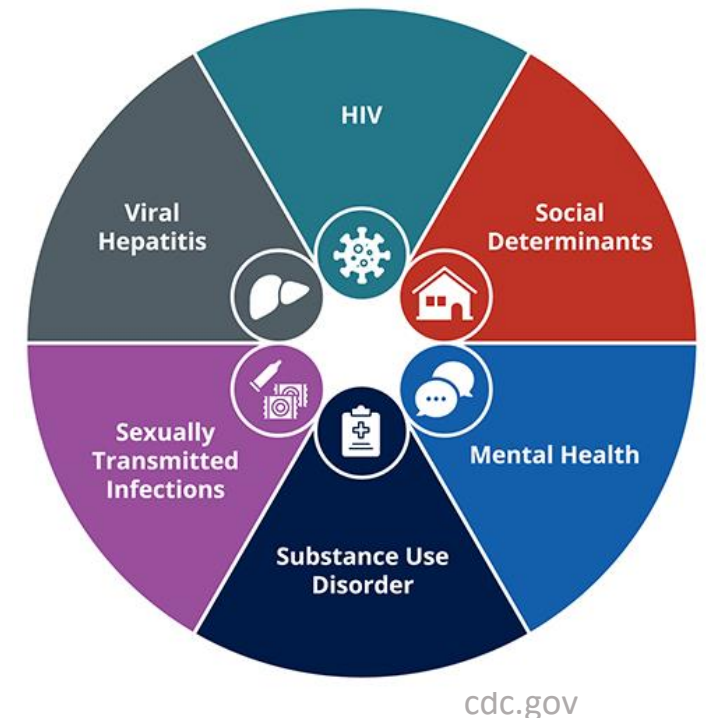
- To facilitate a network of clinicians to share best practices, expertise and innovative approaches to improve access to care and outreach efforts in rural areas
- To develop strategies to recruit and retain clinicians with HIV expertise to serve rural communities
- To advocate for increased and non-traditional HIV syndemic related testing, care and prevention efforts in rural communities
- To develop strategies to decrease HIV related stigma and isolation in rural communities

**For more information on the committee, contact Sheila:  
[sheila@anacnet.org](mailto:sheila@anacnet.org)**

# HIV in Rural America



- Rural residence is a risk factor for lower rates of HIV testing and PrEP use, later HIV diagnosis, later adoption of antiretroviral therapy, and increased HIV-related mortality<sup>1</sup>
- Health problems in the rural area contributing to excess burden include:
  - between 2007- 2018 Rural STD diagnoses increased by 98%<sup>2</sup>
  - hepatitis C virus rates of infection are estimated to be twice that of urban areas<sup>3</sup>
  - lack of health care providers who specialize in providing care to people living with HIV and those people living without HIV who require preventative services<sup>1</sup>
- Complex social, economic, and health system factors contribute to the growing burden of HIV syndemic conditions in rural communities



1. Fair Health, FAIR Health Data Shed Light on Rising STDs, Sexually Transmitted Diseases 2007-2018, <https://www.fairhealth.org/article/fair-health-data-shed-light-on-rising-stds> Accessed September 17, 2023.  
2. HIV Prevention and Treatment Challenges in Rural American – Policy Brief and Recommendations to the Secretary. National Advisory Committee on Rural Health and Human Services. May 2020  
3. Suryaprasad AG, White JZ, Xu F, et al. Emerging epidemic of hepatitis C virus infections among young nonurban persons who inject drugs in the United States, 2006-2012. Clin Infect Dis. 2014;59(10):1411-1419. doi:10.1093/cid/ciu643

# Indian Health Service

## Walk-Up HIV PrEP Service

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REBECCA GEIGER, PHARMD, MHA, BCACP

CDR, US PUBLIC HEALTH SERVICE

HASKELL INDIAN HEALTH CENTER

11/30/23



# Indian Health Service HIV PrEP Data

## PrEP Awareness and Use

among American Indian and Alaska Native Persons, 2019-2021

### Among American Indian and Alaska Native persons:

33% had ever heard of PrEP

7% were currently taking PrEP or had used PrEP in the last 12 months

### Among priority population groups:

37% of American Indian and Alaska Native persons had ever heard of PrEP

3% were currently taking PrEP or had used PrEP in the last 12 months



# Program Description

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The Haskell Indian Health Center Walk-Up PrEP program is a pharmacy driven initiative to increase awareness and access to PrEP medications and services.

The purpose of this program is to reduce barriers to access by allowing rapid HIV testing and patient screening to occur in the pharmacy and PrEP medications provided after a patient is screened and additional labs are drawn.

Operates under Collaborative Practice Agreement to allow pharmacists to:

- Order and perform rapid HIV tests
- Assess and screen patients for appropriateness
- Prescribe and dispense oral PrEP medications



# Walk-Up/Same Day PrEP Procedures

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The same day PrEP policy allows for the provision of patient assessment and care by a clinical pharmacist.

The policy allows for patients to request testing for HIV and PrEP assessment at the pharmacy without a scheduled appointment or referral/consult from a provider.

- Patients who request testing will receive a rapid HIV antibody/antigen test
- The pharmacist will order PrEP initiation labs to include STI panel, Hepatitis panel, HIV tests, CMP, and lipid and pregnancy tests (as indicated).
- After labs are drawn, the pharmacist will enter orders for oral prep medications.
- The patient is scheduled for a two-week telephone follow-up with the Pharmacy Medication Management Clinic
- Patients will follow-up in primary care clinic on an annual basis at minimum





# Outcomes

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This program was recently initiated will be assessed on a quarterly basis with the following:

- Number of patients screened
- Number of patients initiated on PrEP medications
- Number of patients retained in PrEP treatment >1 year
- STI data
- GPRA screening indicators



# Resources

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The needs assessment prior to program initiation were the following:

- Obtaining a CLIA Certificate of Waiver for the clinical pharmacists to perform tests
- Policy to address the Collaborative Practice Agreement
- Training and education on rapid tests for clinical pharmacists
- Educating all clinic staff on the program and its offerings
- Advertisement to raise awareness of program to community, patients, and university students



# Challenges

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A few barriers encountered were the following:

- The clinic lab is not utilizing a rapid HIV test and we had to wait for regional approval to allow the same test to be offered from the facility as was used in the Walk-Up PrEP clinic.
- The facility was undergoing accreditation survey which delayed the policy approval process and the CLIA policy changes.
- Pharmacy staff buy in – only a limited number of pharmacists are providing care in this clinic. We would like to encourage all pharmacists to become providers in this clinic.







# Hope on T.T.a.P.P

(Testing, Treatment and Peer-led Prevention)

Sequan Kolibas & Shane Berry



Steffy Perry



Ziggy & Ludo



- ★ Founded in March 2020
- ★ 986 people tested
- ★ 10 counties
- ★ 225 hepatitis C positive diagnoses
- ★ 64 cured clients, with 35 being RTC
- ★ 29 currently on treatment regimens
- ★ 7 HIV positive diagnoses, with 4 being RTC
- ★ 40% of tests were 1st time HIV tests

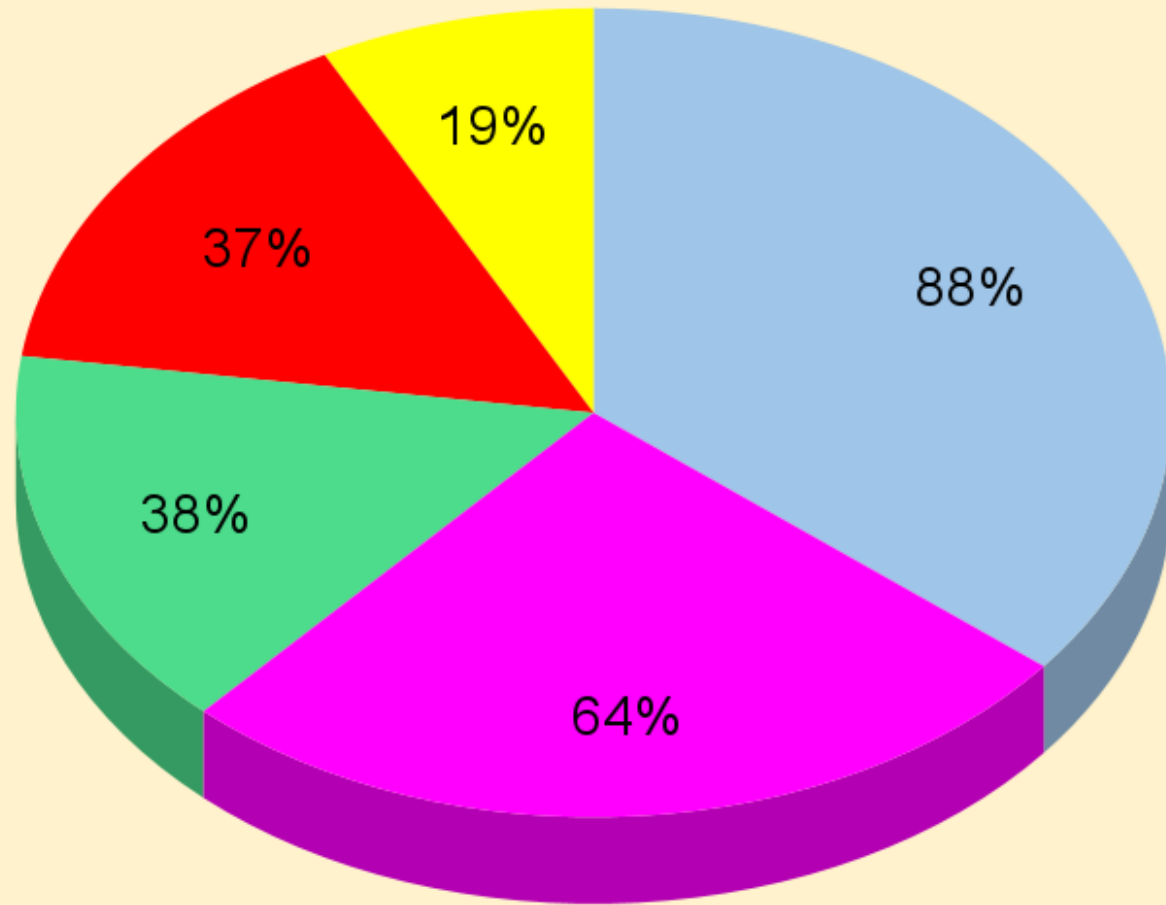
**HOT**

[www.hopeonttapp.com](http://www.hopeonttapp.com)



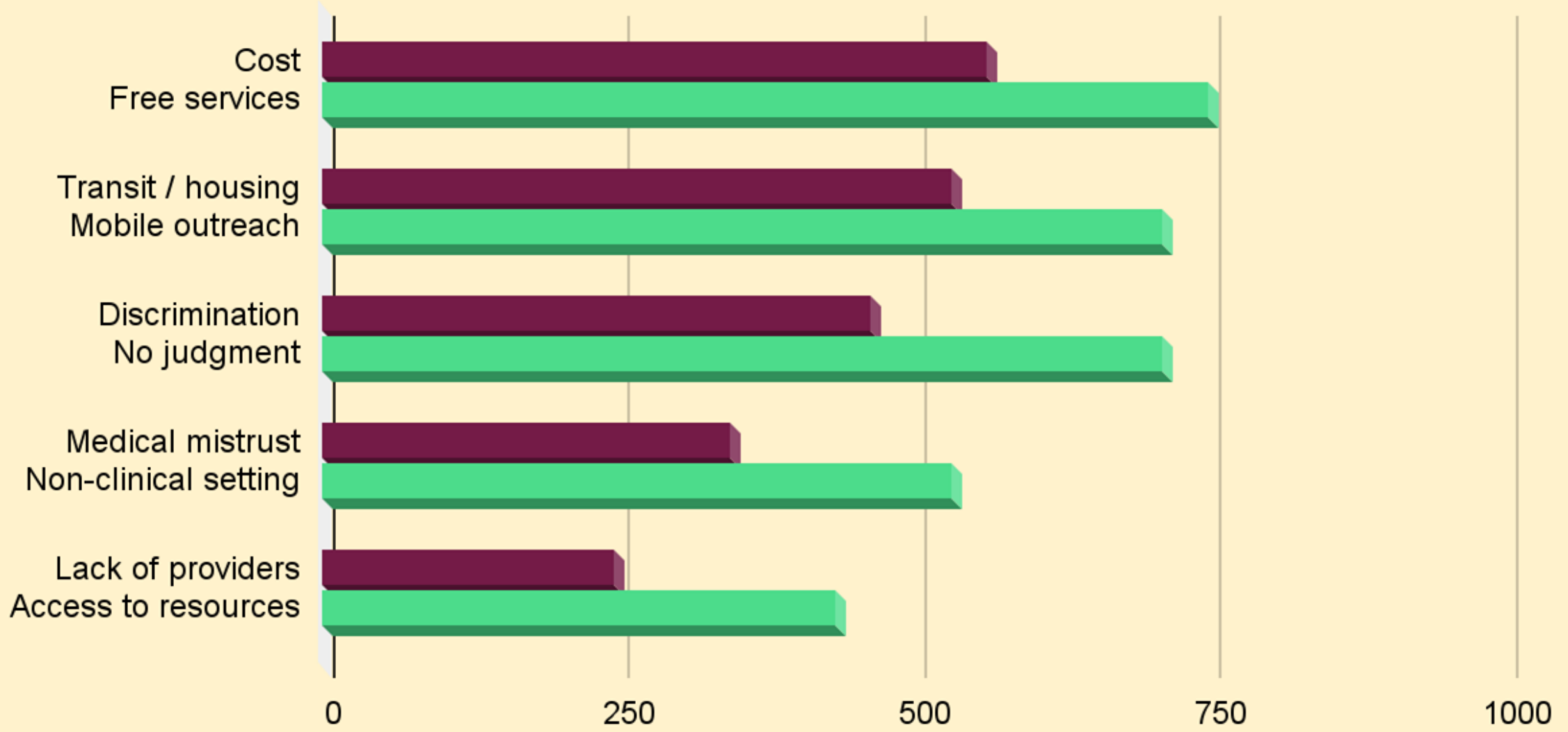
# Vulnerabilities experienced < 12 months

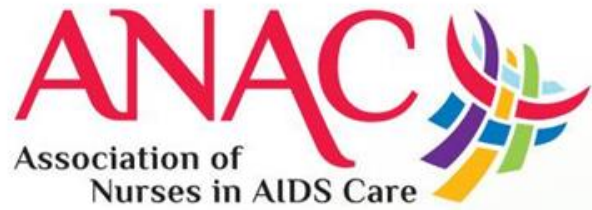
- Drug use
- Injection drug use
- Homelessness
- Incarceration
- Sex work



# Barriers & solutions to accessing healthcare resources

■ Barriers ■ Solutions

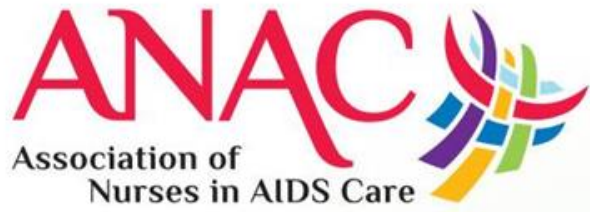




## Addressing the issues

### Bridging the gaps

- Clint; 27 yrs. old; HIV/STI test
- HIV+ with chlamydia
- Blood plasma center
- “Don’t share the bathroom...”
- HIV Peer Navigation
- Involve community partners
- AETC and Utah DHHS
- “I wish you had given me my first diagnosis ...”



ghp Healthcare  
& Pharma  
Awards 2023

# Hope on Ttapp

Most Empowering Mobilized  
Rapid Point-of-Care Program  
Non-Profit 2023 - USA

2023

**WINNER**



# Opt-Out Routine HIV Screening in Emergency Departments: Importance and Challenges





## The Importance of Testing in Emergency Rooms?

- Emergency Departments provide care for all members of the community.
- Routine Testing “Destigmatizes” HIV testing and LTC.
- Routine Testing allows for early detection and LTC.



# The Challenges of Routine Testing

## Systemic Challenges

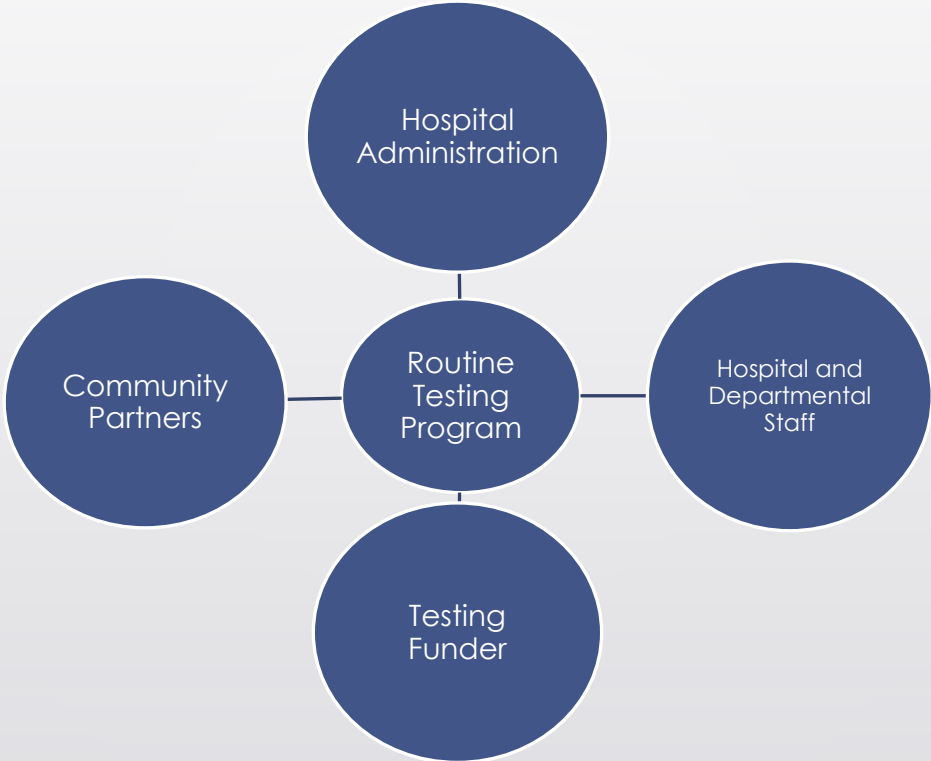
- Establishing Administrative Support.
- Identifying Departmental Champions.
- Educating and Keeping Staff Engaged in Testing
- Building Community Support for Testing and Linkage to Care.
- Building Sustainable Program

## Rural Challenges

- + Lack of Funding
- + Stigma
- + Rurality of Care – Increased impact of Social Determinants of Health

# Design your Community

**“Great things in business are never done by one person, they are done by a team of people.”**  
-  
**Steve Jobs**




# Support for Routine Testing

**WHAT PROVIDERS NEED TO KNOW**

- Routine HIV testing is now common practice in Texas.
- An estimated 18,000 Texans who are infected with HIV are unaware of their status. The main purpose of routine HIV testing is to find people who don't know they are HIV-infected and link them to HIV care and support.
- Texas does not require a separate written consent for HIV testing (see Texas Health and Safety Code Sections 81.105 and 81.106).
- Language matters. An example of opt-out language: "We will include an HIV test in your blood work today. Do you have any questions?"
- Patients have a right to refuse testing. If a patient declines testing, ask why and explore barriers. You may be surprised that the patient tells you s/he has HIV.
- All patients testing HIV-positive should be notified face-to-face and immediately be linked to medical care to manage their disease.
- To find HIV/STD service providers in Texas, visit [www.dshs.texas.gov/hivstd/services/](http://www.dshs.texas.gov/hivstd/services/)
- For CDC routine HIV screening recommendations, visit [www.cdc.gov/hiv/testing/clinical/](http://www.cdc.gov/hiv/testing/clinical/)
- For the U.S. Preventive Services Task Force recommendation for HIV screening, visit [www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening](http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/human-immunodeficiency-virus-hiv-infection-screening)
- For HIV prevention services billing coding guidelines, visit [www.nastad.org/resource/billing-coding-guide-hiv-prevention](http://www.nastad.org/resource/billing-coding-guide-hiv-prevention)
- For U.S. Department of Health and Human Services HIV/AIDS treatment guidelines, visit <http://aidsinfo.nih.gov/guidelines>
- For more information on routine HIV testing in Texas, visit [www.testtexas.org](http://www.testtexas.org)

**WE ORDER The Test**



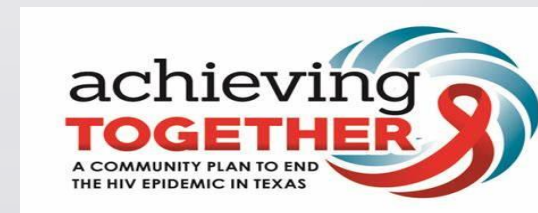
**Routine HIV Testing:  
Information for Texas Health Providers**

TEXAS Department of State Health Services **testTEXAS** HIV Coalition

DSHS Stock No. 4-236 (Revised 4/2017)  
Original design by D.C. Department of Health

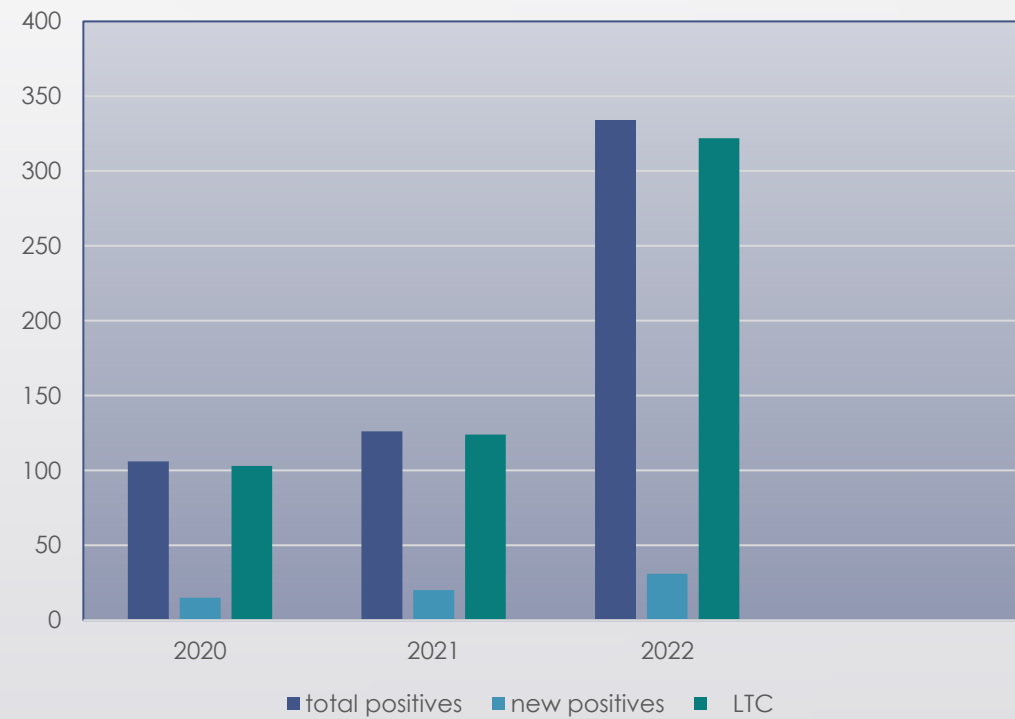
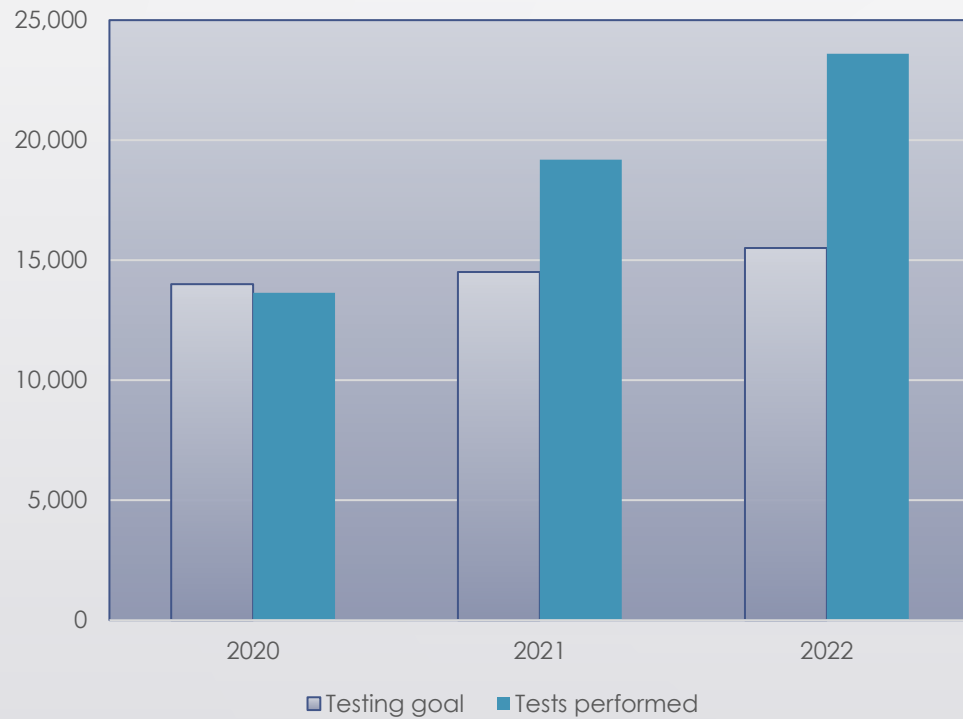
**Our team relies on existing guidelines for planning our program**

**Texas will become a state where HIV is rare, and every person will have access to high-quality prevention and care services regardless of age, race/ethnicity, sexual orientation, gender identity, and socio-economic circumstances.**



<https://achievingtogethertx.org>

# Testing Outcomes







## References

- achieving together texas.org

\* <https://www.dshs.texas.gov/hivstd/>

\*<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>

Thank you!



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# Discussion and Q & A

