

# Partnerships for Care

## Health Centers and Health Departments Collaborating to Improve HIV Health Outcomes, Year Two Update

In the United States, vulnerable and underserved communities are most affected by HIV. Health centers are a key health care safety net and medical home where they can access high quality, coordinated, and comprehensive care.<sup>1</sup> Integration of HIV testing, prevention, and care into primary care enhances access and improves outcomes for people living with HIV (PLWH).

Partnerships for Care (P4C) was a three-year demonstration project (2014-2017) supported by the HHS Office of HIV/AIDS and Infectious Disease Policy's [Secretary's Minority AIDS Initiative Fund](#) and HRSA's [Health Center Program Funding](#) to expand the provision of HIV prevention and care services within communities disproportionately impacted by HIV. For this project, 22 HRSA-funded health centers partnered with four CDC-funded state health departments in Florida, Maryland, Massachusetts, and New York to improve health outcomes across the HIV care continuum for PLWH, especially among racial and ethnic minorities.

### Primary Care HIV Integration in P4C: 2015 2016

In the first two years, the 22 P4C health centers planned and integrated HIV services into their primary care programs through activities in five (5), P4C focus areas:

- 1. Workforce Development:** Multidisciplinary HIV care teams were established and trained to provide culturally-competent HIV services across multiple service delivery sites. Trainings on basic HIV epidemiology, service delivery, and health disparities were also provided to all health center staff.
- 2. Infrastructure Development:** HIV care teams developed and revised HIV policies, procedures, and workflows. P4C health centers also implemented system enhancements to track patient HIV data in electronic health records (EHRs) and population health management software.
- 3. Service Delivery:** P4C health centers delivered the following HIV prevention and care services:
  - **Routine HIV testing** for patients aged 15-65 years across primary care settings, including medical, dental, and behavioral health visits;
  - **Basic HIV care and treatment**, including initiating first-line antiretroviral therapy (ART), managing common health issues, case management and care coordination, and referrals for more complex HIV care;
  - **HIV prevention services**, including risk reduction counseling, screening for sexually transmitted diseases, and at some P4C health centers, pre-exposure prophylaxis; and
  - **Integrated behavioral health, oral health, and enabling services** with HIV care.
- 4. Health Department and Community Partnerships:** P4C health centers and state health departments developed data sharing agreements and held joint case conferencing to track new HIV diagnoses, linkage to care, and re-engagement in care. P4C health centers also established mutual referrals with community-based organizations for enabling services and HIV care.
- 5. Quality Improvement and Evaluation:** HIV care teams collected, analyzed, and shared patient HIV data to monitor program performance and inform quality improvement and pilot projects.



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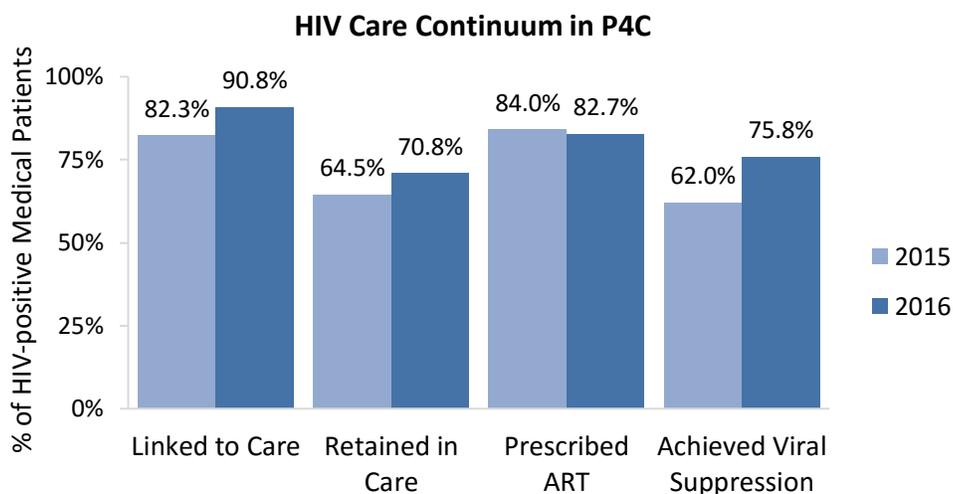
U.S. Department of Health and Human Services (HHS)  
Health Resources and Services Administration



## HIV Outcomes in P4C: 2015 2016

By the end of the second year of P4C, the 22 P4C health centers expanded their HIV services by:

- Testing **77,347 patients** for HIV for the first time in their lives;
- Serving **7,427 HIV-positive patients**; and
- Demonstrating improved trends in health outcomes for HIV-positive patients across the HIV care continuum, as shown below.



Data Source: P4C Health Center Progress Reports, 2015-2016

## Key Lessons Learned in P4C: 2015 2016

The first two years of P4C provided valuable insights into primary care HIV integration at HRSA-funded health centers, including:

- **HIV program leads and/or champions** are needed to support integration efforts and facilitate communication with colleagues and staff.
- **Leadership and staff buy-in** are key to program sustainability and health center cultural shifts.
- **EHR enhancements and related trainings** are essential for meaningful use of health information technology and data-driven decision making in HIV care delivery.
- **Strategic state and local partnerships** strengthen delivery of comprehensive HIV, primary care, and enabling services.
- **Individualized HIV training plans, policies, and procedures** must be health center-specific and flexible to fit the busy clinic environment.

These early key lessons learned from P4C show that comprehensive delivery of patient-centered HIV care requires intensive planning, training, and practice transformation across the HIV care continuum.

For more information about P4C and other HRSA HIV technical assistance resources and programs, visit:

- HRSA Bureau of Primary Health Care: HIV and Primary Care Integration: <https://bphc.hrsa.gov/qualityimprovement/clinicalquality/hivprimarycare.html>
- HRSA HIV/AIDS Bureau: <https://hab.hrsa.gov/>
- HHS HIV.gov: <https://www.hiv.gov/topics/hrsa>

<sup>1</sup> Health Resources and Services Administration (2017). *About the Health Center Program*. Available at: <https://bphc.hrsa.gov/about/what-is-a-health-center/index.html> (Accessed on November 8, 2017).