

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Lead: Patrick O'Neal, MD, MPH

BACKGROUND

Georgia is ranked sixth highest in the nation for its cumulative reported number of AIDS cases (through December 2009). In 2010, the number of persons living with HIV/AIDS in Georgia was 40,328. Forty-four percent of these persons had HIV and 56% had AIDS. In the same year, 66% of Georgians living with HIV/AIDS resided in the Atlanta Metropolitan Statistical Area (MSA). Outside the MSA, the Fulton and DeKalb Health Districts had the highest HIV prevalence rates and the Augusta and Coastal Health Districts had high AIDS prevalence rates. In 2012, Georgia had the 10th highest incarceration rate in the nation (KFF 2012). It is estimated that over 19,000 inmates are released each year and at least 300 are HIV positive. Approximately 50% of those released from the prison system will return to the metro-Atlanta area. Further, high rates of late diagnosis, delayed medical care and a high incidence of opportunistic diseases are some of the challenges experienced in Georgia. Among the 2,885 adults and adolescents diagnosed with HIV infection during 2011 and living at least 15 months after diagnosis, 62% were linked to care within 3 months of diagnosis. Preliminary analysis of Georgia's Medical Monitoring Project (MMP) identified several missed opportunities to intervene and improve health outcomes and reduce transmission. For example, individuals living with HIV reported feelings of guilt, shame, and decreased self-worth. Similarly, Georgia Behavioral Health Survey (GBHS) indicated a high proportion of persons who expressed concern that persons living with HIV would experience discrimination. The Atlanta Eligible Metropolitan Area's (EMA) HIV Consumer Survey conducted by the Southeast AIDS Training and Education Center (SEATEC) of Emory School of Medicine showed that 39% of respondents screened positive for mental health service need and 26% screened positive for substance treatment need (in 2007). The unmet need of both suggested that only 11% of consumers received these services.

Georgia's CAPUS Demonstration Project will fund multiple interconnected projects aimed at improving patient outcomes at each step of the HIV care cascade, particularly for racial and ethnic minorities with an emphasis on addressing social determinants of health, including incarceration, stigma, housing, substance abuse and mental health. In alignment with CAPUS objectives and the National HIV/AIDS Strategy, the Georgia CAPUS project will implement activities both within metro-Atlanta as well as Health Districts most impacted by HIV/AIDS as determined by surveillance data (i.e., Fulton, DeKalb, Clayton, Cobb-Douglas, Coastal).

USE SURVEILLANCE DATA AND DATA SYSTEMS TO IMPROVE CARE AND PREVENTION

Georgia will focus on using surveillance data to improve clinical outcomes through the expansion of internal database interoperability and the creation of clinical alert systems; creating a surveillance system for acute/early infection; creating state, local, and facility-based care cascades to monitor outcomes and allocate

resources; and addressing policy and legal barriers that prohibit sharing surveillance data with health care providers.

Currently, Georgia laws do not allow the GDPH to share pertinent HIV-related information with the client's care provider. GDPH would like to change the laws that prohibit providing essential client information back to the provider in order to provide optimal care to the patient. In 2013, GDPH convened a Legal and Ethical Workgroup to determine the feasibility of community support and legalities around confidentiality and ultimately change legislation. The Workgroup approved the proposed language, which was supported by the Governor's Office. The language developed was placed in a bill that will be introduced in Georgia's legislative session. If the bill becomes law, barriers relating to the ability of GDPH to share HIV surveillance data with a patient's health care provider should allow a greater range of interventions to be considered, in accordance with the legal/ethical framework that has been established.

INCREASE HIV TESTING, LINKAGE TO, RETENTION IN, AND RE-ENGAGEMENT WITH CARE, TREATMENT, AND PREVENTION

GDPH will improve outcomes at each step of the HIV care continuum (i.e., HIV diagnosis; care linkage, retention, and reengagement; use of antiretroviral therapy (ART); and viral suppression) with particular emphasis on racial and ethnic minorities, especially African-Americans, through the creation of the Metro Atlanta Testing and Linkage Consortium (MATLC). The MATLC consists of entities funded for HIV/STD testing and prevention efforts by GDPH and the Fulton/DeKalb jurisdictions, as well as county health departments, academic institutions, federally qualified health centers, and privately funded projects. MATLC will coordinate and focus HIV/STD/VH/TB testing, linkage and prevention activities across five-counties in metro Atlanta using testing data and geospatial maps (i.e., zip codes) to identify persons newly diagnosed and to share strategies to reach populations living in high prevalence areas. Through the Consortium, members will be able to coordinate testing efforts and share linkage information following client's consent. The MATLC will meet quarterly to review the geo-spatial maps and other issues that influence testing to coordinate testing events, share best practices, and discuss successes and challenges. MATLC will be evaluated by the number of events coordinated and implemented and the number of individuals tested and linked to care (if diagnosed with HIV).

GDPH will create a comprehensive statewide online Resource Hub which will be Georgia's primary resource for HIV/STD/VH/TB information and services. This Hub will have a Public (Pub Hub) component and a Private component. The Pub Hub will provide access to HIV prevalence maps, information on public testing and prevention services, and event calendars; a statewide resource directory of services; HIV-related educational information; and epi data. The Private Hub will be secure and password protected, allowing tiered access to Patient Navigators and/or providers in the field based on strict criteria. Key variables within the Private Hub will be populated to a variety of social service applications which will assist clients to obtain required information and reduce redundant data entry as well as assist with linkage activities. For example, health departments and providers will be able to access local and facility-based care cascades to assist in targeting prevention services. Other information that providers may access from the Private Hub include care guidelines, opportunities for health care provider continuing medical education (CMEs), calendars of HIV/STD

testing events and services, and forms that will allow one-time data entry of key variables that will then populate applications for various services (e.g., housing, employment) to avoid having to go to multiple agencies or visit multiple websites. The Private Hub will feature a Pre-Eligibility Portal that will allow individuals to be pre-screened for Ryan White. Eligible clients will be given the option of linking with a case manager to assist with scheduling an appointment for care and other services.

ENHANCE PATIENT NAVIGATION

Presently, GDPH does not have a systematic way to directly monitor patient navigation services for individuals who are newly diagnosed with HIV or to re-engage persons living with HIV who are out of medical care throughout the state (i.e., monitoring of HIV-related lab results (CD4 and viral load measures) is used as an indirect proxy for linkage to care). Thus, GDPH will coordinate a standardized statewide patient navigation system to improve care, retention, re-engagement and adherence, with particular emphasis on metro Atlanta, where the disease burden is greatest among racial and ethnic minorities, especially African-Americans. A Linkage Coordinator will systematize and monitor navigation services across Georgia. Activities will include creating systems to monitor linkage to care across health districts (i.e., documenting number of clients released from prison and into medical care) and re-establishing the Anti-Retroviral Treatment and Access to Services (ARTAS) at Grady Hospital's Infectious Disease Program.

ADDRESS SOCIAL AND STRUCTURAL FACTORS DIRECTLY AFFECTING HIV TESTING, LINKAGE TO, RETENTION IN, AND RE-ENGAGEMENT WITH CARE, TREATMENT, AND PREVENTION

GDPH will focus on five areas that were identified by the community, including decreasing HIV stigma and homophobia directed toward young AAMSM (via anti-stigma campaign); improving linkage to medical care and social services for persons recently released from prison/jail; improving monitoring and expanding linkage to substance abuse and mental health services; coordinating and expanding housing and employment services statewide. GDPH will establish a system to monitor linkage to substance abuse/mental health and housing services. CAPUS providers will be encouraged to participate in the Atlanta Collaborative HIV/AIDS Network for Growth and Empowerment (CHANGE), an initiative funded through the Minority AIDS Initiative, Targeted Capacity Expansion (MAI/TCE) via linkage networks. CAPUS linkage coordinators will coordinate linkage networks for two local health departments in the metro Atlanta area. The linkage networks serve as a one stop shop for clients who are HIV positive and include agencies that can provide an array of social services (e.g., housing, mental health and substance abuse services, employment resources). Project CHANGE consists of substance use, mental health and housing service providers and was created to ensure that all newly diagnosed clients have access to these services. The project fosters collaboration between existing providers who offer mental health, substance abuse treatment and substance abuse prevention as well as agencies who offer HIV testing, treatment and care. The success of Project CHANGE and the linkage networks hinges on the partnerships that are created. A Correction Linkage Navigator will assist soon-to-be released inmates who are living with HIV with linkage to medical care and other support services.

FUND COMMUNITY-BASED ORGANIZATIONS USING A MINIMUM 25% OF AWARD

GDPH will allocate 25% of CAPUS funds to at least five CBOs to address social determinants of health (as noted above). Up to five requests for proposals (RFPs) will be available for CBOs to provide STD/HIV/AIDS care and prevention services. The RFPs will address a range of activities to include: developing peer support programs for persons living with HIV, partnering with faith-based organizations to develop and implement community-level HIV stigma-reducing plans; creating campaigns to address stigma for AAMSM; and facilitating linkage to care and other services (i.e., housing, employment) for persons released from jail or prison.