Ending the Syndemic (ETS) Committee

Meeting Summary 15 June 2022

Date:	15 June 2022	**Start Time:**	11:04 a.m.	**End Time:**	12:28 p.m.
Chair:	Roberta Stewart	**DPH Liaison:**	Gina D'Angelo	**Location:**	Zoom
Attendees:	Refer to page 8	**Recorder:**	Mark Nickel		

RESULTS

1. The committee approved by consensus, with one change by Alex Garbera, the May 2022 meeting summary.
2. The committee confirmed that an ad hoc meeting will occur on Wednesday 22 June 2022 at 10:05 a.m. to assemble information and resources about routine HIV testing for residents and providers.
3. The committee received an update on the State Department of Public Health (DPH) Syndemic Partners Group that assembles to address system-level issues and barriers relevant to implementing ETS strategies and priority activities (i.e., hub model).
4. The committee discussed the benefits and limitations of the hub model to support the other areas of syndemic focus: sexually transmitted infections (STIs), hepatitis, and substance used disorders (SUDs) – as well as behavioral health in general.

ACTION ITEMS

- Mark Nickel will draft a meeting summary. Participants will review the draft meeting summary and provide any additions or corrections.
- Mark will send out a meeting appointment for the ad hoc group on 22 June 2022.
- Roberta Stewart will share items with the Executive Committee that represent cross-over planning areas for committees such as professional development on a status-neutral approach or public awareness campaigns for Positive Prevention CT (PPCT).
- Roberta stated that she would ask about the status of a resource inventory at the Executive Committee meeting.
- Natalie DuMont stated that she could help identify resources relevant to SUDs and that she would reach out to Beacon Health Options to secure any information.
- The committee will assemble in July.

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CALL TO ORDER, WELCOME & INTRODUCTIONS

Committee chair Roberta Stewart called to order the meeting at 11:04 a.m. Roberta used a roll call process to allow participants to make brief self-introductions.

Roberta briefly described the charge of the committee and explained how the ETS work connects to the development of the statewide integrated HIV plan.

UPDATES FROM THE COMMITTEE CHAIR

Roberta announced that the Executive Committee had agreed with the ETS Committee's recommendation to develop a time-limited ad hoc work group to develop routine HIV testing (RHT) information materials for residents and providers. The group will assemble virtually on Wednesday 22 June 2022 at 10:05 a.m. for 45

minutes to identify a base set of materials that should be developed for residents and providers, review samples of materials available from other states, and develop a timeline to develop more advanced resources (e.g., custom materials for different provider sites, billing codes, materials connected to functions of a hub model when the hub model exists). The table below shows the areas of focus for the ad hoc group as identified by the ETS Committee discussion in May. Also, Roberta stated that the Positive Prevention CT (PPCT) Committee has agreed to place a priority on developing RHT campaigns. Marcelin Joseph, PPCT Chair, shared that the committee will assemble an ad hoc group specifically to fast track the development of a two-phase campaign. Phase 1 will occur during October to December 2022 and focus on how RHT will begin in January 2023. Phase 2 will support implementation of RHT.

Hub Model: Preliminary list of Issues, Ideas, and Services	Education & Awareness – Public (PPCT)	Education & Training Providers (AETC)	Provider Tool Kit & Resources (ETS ad hoc)	Hub Services (ETS)	Structural, System & Policy (DPH Syndemic Partners)
General public awareness campaign	X		X	X	
General awareness campaign for providers	X	X	X	X	
Provider education on status-neutral care approach & care standards (all screening and testing)		X	X	X	
Patient-centric videos on issues	X		X	X	
Provider-centric videos on responsibilities		X	X	X	
Best practices for billing codes / reimbursement		X	X	X	
Best practices for testing and linkage to care (by setting)		X	X	X	
Use of shared referral platform such as Unite Us			X	X	

Roberta thanked everyone for sharing their input and stated that the discussion and the movement of the routine HIV testing legislation reinforces the need for, and relevance of, the hub model.

CONSENSUS APPROVAL OF PRIOR MEETING SUMMARY

The committee approved by consensus the May 2022 meeting summary with one suggested change by Alex Garbera. Alex clarified that his comment should focus on the ETS Committee making recommendations about structural and system changes in response to research and documentation from needs assessments of the many barriers and challenges to accessing care. Committee staff will make this change prior to posting the approved meeting summary on the CHPC website.

COORDINATING ENDING THE HIV EPIDEMIC ACTIVITIES

<u>CT DPH update – Syndemic Coordination & Statewide STD Consortium</u>

- Gina D'Angelo stated that the Syndemic Partners Group met and continued their analysis of strengths, weaknesses, opportunities, and threats (SWOT) for the four pillars of diagnose, prevent, treat, and respond as it relates to each area of focus for the syndemic approach. Thus far, the group has discussed the pillar related to diagnose.
    - Many strengths exist in the diagnostic pillar.
    - Weaknesses include not having multi-level communication, education training, workforce capacity, funding for surveillance and data collection, stigma, and ongoing health disparities and inequities.
    - Opportunities relate to changing systems, structures, and policies relevant to aligning approaches such as the ages of routine HIV testing for HIV and hepatitis, updating language

in the statutes, and facilitating integration of services through innovations such as the hub model.

- The group will be developing SMART objectives to promote collaboration. These objectives can be included in Goal 4 (collaboration) of the statewide integrated HIV plan.

- Gina reminded the group about the Ending the HIV Epidemic Summit on 21 June 2022 sponsored by DPH and the AETC.
- Venesha Heron, CT DPH Hepatitis Coordinator, stated that she was participating in the Syndemic Partners Group and focusing on the areas of policy and legislative change most relevant to hepatitis. Also, much energy has been directed to supporting the hepatitis screening events and increasing engagement by stakeholders in the statewide hepatitis planning process.
- Carlos Rodriguez, CT DPH Disease Intervention Specialist (DIS), reported that the DIS hope to get back into the field in the upcoming months.
- Natalie DuMont stated that the Department of Mental Health and Addiction Services (DMHAS) will participate in the upcoming Ending the HIV Epidemic Summit that focuses on the syndemic approach. She will continue to support efforts to strengthen the connection between HIV and behavioral health, including substance use disorders (SUDs).

Other Partners

No other partners reported on syndemic-related planning efforts or activities.

2022 – 2026 PLAN DEVELOPMENT

Roberta reviewed the hub model concept as a soft-landing spot for individuals who need access to syndemic-related services and to support providers who may not offer specific syndemic-related services. Roberta stated that the hub model represented a strategy that could impact a variety of outcomes including access to PrEP (pre-exposure prophylaxis), reduction in sexually transmitted infections (STIs), hepatitis and HIV infections, access to treatment, and lowering viral suppression rates – especially in persons with HIV (PWH) who are affiliated with providers who do not offer full wrap-around services such as those offered by the Ryan White funded providers.

Roberta explained that, during the past months, the CHPC main meeting panel discussions have focused on the areas of focus for the syndemic: STIs, hepatitis, and SUDs. Today's discussion about the hub model would open the discussion space for those areas.

- Several participants stated that the status-neutral approach and professional development training cut across all the syndemic areas of focus. The Needs Assessment Projects (NAP) Team and the AIDS Education and Training Center (AETC) should place an emphasis on this type of training.
- Natalie stated that a set of uniform brief screens or very concise mini-assessments should be identified for each of the syndemic areas of focus. These screens should occur as a part of a comprehensive or holistic approach to care, and not only after someone gets diagnosed in an area of syndemic focus.
- Roberta pointed out the use of the word "mini-assessment," and suggested that the group begin to identify common terms and language. For example, the term "screen" denotes a process that can be conducted uniformly and often not by "experts." These screens can then be used to validate

referrals to subject matter experts who can conduct more thorough assessments. Healthcare systems need to develop these types of processes, particularly because primary care physicians often do not have sufficient time to do more than screens or mini-assessments.

- Camron Berrian shared that some providers are not comfortable discussing certain sexual topics.
- Gina agreed that the identifying a full panel of screens across the syndemic area of focus would be the ideal. Areas of natural synergy exist such as HIV, STIs, and SUDs as it relates to sexual risk behavior, and HIV, hepatitis and SUDs as it relates to safe drug administration, among others.
- A.C. Demidont cautioned that these screens should be short in length, optional, and should not interfere with HIV testing.
- Gina stated that building this approach would require a longer time frame to agree upon the screens and begin incorporating these requirements into contracts.
- Roberta and Gina suggested that an objective in the plan could involve organizing activities around the hub model. For example:
    - Year 1: Develop the hub framework and brief screening protocols.
    - Year 2: Stand up this model with participating organizations affiliated with the hub model.
    - Year 3: Formalize MOUs (memorandum of understanding), funding, and data collection for referrals and documenting outcomes.
    - Year 4: Use the data to improve and innovate the process in response to community need or changes in the epidemic.
- Roberta stated that this initial focus on the screen across areas of the syndemic will define the collaborative workspace that service providers should be creating for patients.
    - Some providers may have all of the comprehensive services available within their organization or a broader system.
    - Other providers may not offer specific syndemic-related services and will need mechanisms to refer and connect their patients to available services including testing, in the community.
    - The process starts with a brief screen that may lead to a different partner conducting a more comprehensive assessment – including a detailed sexual health history and other (lab) testing.
- Venesha agreed that the end goal is not to turn every organization into a comprehensive, one-stop physical location. Rather, the goal is for all providers to focus on the areas of focus for the syndemic and to facilitate access to existing resources. Venesha stated that multiple organizations like this already exist such as Apex Community Care, A Place to Nourish your Health (APNH), Yale New Haven Hospital (YNHH), Connecticut Children's Medical Center, many community health centers, and harm reduction programs. However, these entities each are building solutions sometimes independently of each other. An opportunity exists to build a uniform approach with common brief screens and connections to hubs.
- Kelly Moore agreed with Venesha's description and explained that YNHH offers some incredible services. However, breakdowns in the process occur. For example, when a patient comes in for

PrEP and tests positive for hepatitis, access to treatment for hepatitis breaks down unless the individual is a PWH. This is an example where access to hub services would be helpful until such time the YNHH system can address the issue.

- Tia Gaines shared that a patient typically accesses services for a specific issue. Providers will need to be sensitive to this and trained on how to explain how these brief screens relate to the overall patient's well-being, especially the issue that brought them to the appointment.
- Roberta stated that an important part of this model relates to identifying organizations that can bill to conduct the next-level assessments and lab tests. The referral process then creates a mechanism for these organizations to engage new customers and generate revenue to pay for services. These services then help reduce healthcare costs over the long-term by engaging patients in prevention and treatment services.
- Gigi Chaux stated that, in Stamford, this process is underway in an informal manner. An approach to build a hub model would make a significant difference to patients and to providers.
- Carlos stated that undocumented and uninsured individuals must have the access to testing and brief screens.
    - Roberta stated that the public-facing services can continue to address this concern and the hub services then must add in a dimension of connecting these residents to insurance or to services for which they are eligible. Everyone should have the same access to services and the same standards.
    - Gina stated that part of the function of the hub provider is to solve problems that are caused by breakdowns in the system. The hub services must have some flexibility to be problems solvers and to work in areas where patients may not fit into an eligibility category.
- Roberta stated that this approach allows providers to focus on delivering a standard of care such as rapid-start medication within 7 days or linkage to care within 48 hours.
- Venesha agreed about the standards of care and added that the standard of care connect to implementing the status-neutral approach to care. Currently, providers do not have the capacity or capabilities to deliver status-neutral services.
    - Roberta stated that wrap-around services that exist for PWH from Ryan White-funded care providers could exist for hepatitis patients. The hub model must assemble wrap-around services and resources for these individuals which may include changing funding to support linkage to housing, connection to primary care physicians, emergency funds, and more.
    - Tia agreed with Venesha that many providers focus specifically on the service area for which they are funded.
    - Carlos stated that a normalized approach would address areas where unconscious bias occurs, including assumptions such as married people do not need HIV tests or older individuals may not be sexually active.
    - Roberta stated that the ad hoc group for Routine HIV Testing would be a start to increase awareness among providers and residents about this more holistic approach.

- Natalie agreed that providing as much service on-site for a patient (and reducing travel or scheduling) will increase the likelihood the patient accesses services. Individuals with more access to services will seek follow-up services at that provider and also in the community.
- John Sapero said that the hub model held great promise. He shared recent experience from the Ryan White Part A New Haven/Fairfield Eligible Metropolitan Area that it was difficult to find comprehensive service providers and to implement prevention and care services – including the status-neutral approach, particularly as a funder of only emergency care services. Challenges occurred in developing these referral relationships, especially in the context of achieving patient milestones such as rapid-start treatment within 7 days. He felt that few agencies had capacity or capabilities to deliver at these high levels. This represents an aspirational goal that may take several years to achieve. This would also take a significant level of cross-training personnel on how to assess and link individuals to services.
- Roberta and Gina agreed that this approach will require several years and changes in policy, funding, training, and operational systems, among others.
    - Ryan White Parts A and B have shifted to a regional funding approach in which a lead agency serves as a connector to other subcontractors.
    - In some instances, these service constellations include community health centers and hospitals. No need exists to re-invent the wheel. We need to improve the process.
    - John asked what agencies would be considered as the leading candidates for the hub, and the extent to which these agencies offered the screening or testing across the syndemic areas of focus.
- Natalie stated that DMHAS has been working with organizations to develop Memorandum of Understanding (MOUs) and that Beacon Health Options also has been building out a database of providers that can offer treatment services for community-based behavioral health as a way to connect patients identified in the emergency departments, in-patient psychiatric services, and out-patient providers, particularly those who support Medication Assisted Treatment (MAT) options.
- Roberta suggested replicating this type of process with hepatitis and STIs.
- Kelly stated that YNHH has inpatient care coordination services and discharge planning that could use this information or protocols to connect individuals to community resources, if known.
- Venesha stated that hepatitis could follow this model of having a group of care specialists (by region or hub) that could case conference to link and retain individuals in care – even those who are still using substances and getting hepatitis treatment.
- Roberta stated that emergency departments (EDs) have communities of care teams that are supposed to assemble and address frequent fliers to EDs. It may be worth assessing the capacity of these teams or at least understanding lessons learned from that process.
- Natalie stated that community care teams vary significantly in their capacity and capabilities by region. She confirmed that the patients connected to these teams do experience comorbidities, many related to mental health and substance misuse.
- Gina suggested engaging local health departments and the existing infrastructure. The health directors in the Getting to Zero communities were supportive (including financial support). This is

an underutilized asset to which CT DPH has access.

  - Roberta agreed that health departments may no longer provide a significant amount of direct services. They should be part of these public health strategies – even as part of the communications efforts.

- Barry Walters stated that many resources exist. Many organizations already use informal processes and relationships between staff to problem solve. This hub model needs to recognize the building blocks in place by these forward-thinking groups and help them operationalize and improve the approach.
- Gina stated that the next step appears to be conducting a resource inventory of what agencies can be a critical part of the hub network. She stated that a resource inventory typically is part of the planning process and wondered if the HIV Funders Group was performing that function.
  - Mark asked if the DPH Syndemic Partners Group was in a position to conduct that inventory given that it was the lead of those types of services.
  - Roberta stated that she would ask about the status of a resource inventory at the Executive Committee meeting.
  - Natalie stated that she could help identify resources relevant to SUDs and that she would reach out to Beacon Health Options to secure any information.
- Roberta stated that, as the group gets a handle on the existing service configurations, it will become more apparent what options exist to improve patient navigation, care coordination, and funding for needed services.

Roberta thanked everyone for a productive and candid conversation. She encouraged ETS Committee participants to use their professional networks to connect patients to care.

OTHER BUSINESS

No participants introduce new or other business.

NEXT STEPS / MEETING FEEDBACK

Participants shared positive comments (e.g., “great meeting”) and themes related to the importance of creating an open discussion space and opportunity to explore new solutions.

ADJOURN

Roberta adjourned the meeting at 12:28 p.m.

ATTENDANCE

Name	CHPC Member	1/19	2/16	3/16	4/20	5/18	6/15		
C. Barrian							x		
E. Benedetto	Yes	x	x		x	x	x		
M. Bond		x							
T. Butcher	Yes	x	x						
G. Chaux	Yes			X			x		
C. Cole		x							
A. Cumberbatch				X	x	x	x		
S. Cutaia				X		x			
G. D'Angelo		x	x	X	x	x	x		
A.C. Demidont		x			x	x	x		
A. Dittmore						X	x		
N. DuMont	Yes	x	x	X	x	x	x		
L. Ferraro		x	x	X	x				
T. Gaines			x				x		
A. Garbera			x				x		
R. Garcia							x		
D. Gosselin				x	x				
L. Hunt				x	x	x	x		
V. Heron			x	x		x	x		
L. Irizarry	Yes	x							
M. Joseph	Yes	x	x	x			x		
W. Knox	Yes		x		x	x			
A. McGuire			x						
K. Moore		x		x	x	x	x		
A. Nepaul						x			
J. Norton		x	x						
D. Pawlow		x	x		x	x	x		
C. Powell							x		
R. Radicchio		x		x					
B. Reyes				x	x				
M. Raynor						x			
C. Rodriguez			x		x		x		
J. Sapero		x	x	x	x		x		
R. Stewart	Yes	x	x	x	x	x	x		
C. Vandis							x		
J. Vargas		x	x	x	x	x	x		
Y. Velez		x							
B. Walters	Yes	x	x	x		x	x		
D. Warren-Dias		x	x	x	x				
	TOTAL	20	19	18	17	17	23		