

OHTN Quarterly Report: Q3 October 1 – December 31, 2017

Summary:

The third quarter of 2017 saw staffing changes: 4 OHTN staff working within the REACH and University without Walls portfolios moved to the Centre for Urban Health Solutions at the Li Ka Shing Knowledge Institute (St. Michael's). As of the end of Q2, 51 program plan deliverables had been completed (or changed), 40 (mainly national research and capacity building projects and research initiatives) had moved to St. Mike's and six were deferred by the AIDS Bureau. OHTN is still working to complete 89 deliverables for the current fiscal year.



STRATEGIC DIRECTION ONE: Gather and Analyze Data on the HIV Epidemic and HIV Programs and Services

New Diagnoses in Ontario

In October, OHESI published an update on new diagnoses in Ontario for 2016. This is a preliminary release of data from a more comprehensive analysis. Preliminary findings show that, in 2016, there were 881 new HIV diagnoses in Ontario (6.3 infections per 100,000 people). Rates increased by 7.2% between 2013 and 2016, although they are still lower than for any year prior to 2013. In the past three years, the number of HIV tests in the province increased by 18.9% so the modest increase in new infection may reflect more effective and targeted testing practices. [See the report](#). A new OHESI website was launched December first, to offer better access to data on HIV trends.

IMPACT: Information about trends in new HIV diagnoses helps identify emerging challenges and facilitate quick action. The new report format, and its organization by priority population, will help monitor progress in achieving the goals of the Ontario's HIV/AIDS Strategy.

OHTN Cohort Study Questionnaire Launched on Cloud-based Platform

The OCS launched a revised OCS questionnaire on its new cloud-based platform; all sites currently involved in clinical data collection have begun using it. Simplified based on consultation with stakeholders, the questionnaire requires less time to administer, thereby reducing the burden on both sites and participants. The data-sharing agreement with the Institute of Clinical and Evaluative Sciences (ICES) was also extended in Q3 allowing the continued anonymous linkage of new OCS records to ICES administrative data.

IMPACT: The OCS will continue/ expand its role in monitoring HIV care quality in Ontario, while reducing the burden on clinical partners, freeing time to conduct health quality improvement interventions related to the care cascade.

Improved Access to Reporting Data for Ontario AIDS Service Organizations

Ontario's AIDS Service Organizations report on their activities through the OCHART system. This is an important source of planning information for the province, and a tool for each agency to monitor and evaluate its programs. However, the reporting system is time-intensive: until recently, it required 3-5 OHTN staff members approximately eight weeks every six months to review and verify submitted data, so that it was accessible and useful for end users. New technical innovations implemented in Q3 have partially automated verification, reducing the turn-around time to about three weeks. This change not only

IMPACT: Faster access to data on trends in service use at Ontario ASOs; more staff time for more detailed analyses and assisting ASOs with interventions.

reduces the burden on OHTN resources, but also provides more real-time access to planning information for ASO staff and policy makers.

New Cascade Data Initiative for Ontario

In Ontario's HIV/AIDS Strategy, the HIV cascade is the key framework to understand the HIV response in Ontario, to identify gaps in care, and to make improvements. In recent years, OHTN has worked with the Public Health Labs of Ontario (PHO) to use laboratory HIV testing and viral load data to provide basic cascade measures. This is powerful because it includes everyone being tested and monitored for HIV in the province, however it also has important gaps. For example, it is not possible to determine if someone no longer receiving HIV care has died, left the province or dropped out of care. It does not provide details about the specific health care services people are using and it often lacks information on ethnicity and HIV risk factors. Conversely, the Institute of Clinical and Evaluative Studies (ICES) houses administrative health data about when and where Ontarians are using health care services, as well as information about deaths and out-of-province migration but no testing data. Linking these information sources would provide more comprehensive information about HIV care in Ontario. However, it is a complex undertaking with both privacy and technical challenges. In Q3, OHTN began working with these two agencies to establish processes for such a linkage. OHTN will also be responsible for establishing a governance process led by people living with HIV that will oversee how information from this linked resource will be used.

IMPACT: Better, more comprehensive information about HIV care in Ontario including a more accurate estimate of the number of people living with HIV in Ontario. This would enable more effective and targeted planning of care and services.

Challenges:

- In the past year, Ontario has changed the way it reports HIV outcomes, using priority populations instead of the means of transmission when grouping people in analysis of everything from new diagnoses to cascade outcomes. This makes the information more useful for programs and services which serve specific populations and better aligns epidemiological data with the Ontario HIV/AIDS Strategy. All new OHESI reports now use this approach, but adapting data and information systems to this new format has been challenging. Originally, OHTN anticipated producing tool kits for each specific population. This objective will not be met in the 2018-19 year, but analytic reports about trends in diagnosis for each population is part of the plan for 2018-19.



STRATEGIC DIRECTION TWO: Conduct Targeted High-Impact HIV Research

Thirty-two research papers were published from Oct-Dec 2017 by teams supported by OHTN.

A systematic review of HIV/STI prevention interventions

OHTN staff work with network partners to implement evidence-based interventions. In Q3, OHTN researchers published a [systematic review of HIV/STI prevention interventions](#) that revealed moderate to strong evidence for two particular types of interventions: group-level health education and comprehensive risk counseling and services. Effective interventions include sessions that are: theory-based, tailored one-on-one, and typically grounded in counseling or case management approaches. Sessions target multiple health concerns (beyond safe sex skills-building) and are delivered over a longer period of time. (average five months).

IMPACT: This study offers criteria for selecting evidence-based prevention programs for implementation and will be used to work with network partners on interventions.

Use of AIDS Service Organizations by African, Caribbean and Black Populations

The Black, African and Caribbean Canadian Health (BLACCH) Study was a community-based research project funded by OHTN in the Middlesex-London area. [Data from this project](#) has recently been used to better understand how African, Caribbean and Black populations use AIDS services. In Middlesex-London, as in many mid-sized and smaller cities, only one agency, Regional HIV/AIDS Connection, offers services to multiple at-risk populations. The data reveals that ACB people over 50, as well as immigrants arrived in the last five years, are more likely to know of the ASO's services and to have been to the agency location. While this may indicate effective linkages between the organization and settlement agencies, it also suggests a gap particularly for young, Canadian-born ACB people.

IMPACT: This study highlights the need for this agency, and potentially others in mid-sized centres, to outreach to young, Canadian-born African, Caribbean and Black populations in their communities. The involvement of ASO staff in this research will help ensure uptake of this knowledge.

The impact of cigarette smoking on health related quality of life among people with HIV

Data from the OCS Cohort Study demonstrating the negative impact of cigarette smoking on health related quality of life was published in Q3. Prior to publication this data was cited in the Ontario HIV/AIDS Strategy and provided evidence for including "Promote interventions that can enhance all aspects of health, such as ...smoking cessation" as goal 4.1e of the strategy.

IMPACT: Details from this publication will help target smoking cessation programs to those most at risk and provide evidence for funding these interventions.

Challenges:

- No complete final applications were submitted to the Indigenous Pathways to Health student funding competition



STRATEGIC DIRECTION THREE: Support the Use of the Best Available Data and Research Evidence

Gay Men's sexual health and mental health services

Men who have sex with men are biologically more vulnerable to HIV, but psychosocial factors can also influence that vulnerability. [Recent research](#) has shown that programs that help men build social support and community connectedness, as well as resilience in the face of oppression, can help protect them from HIV. Men who have sex with men and other members of LGBT2 communities also experience high rates of [mental health challenges and addictions](#). Mental health services that provide support around these issues can improve quality of life and reduce HIV transmission among men who have sex with men.

IMPACT: Mental health and addictions compromise quality of life for too many men who have sex with men and increase the risk of HIV infection. This initiative to establish and evaluate targeted services for this population may eventually help reduce HIV transmission among men who have sex with men in Toronto.

OHTN has been working with members of our network to support a Gay Men's Mental Health Summit (March 2018) and to plan and establish a gay men's wellness hub in Toronto that will provide access to pre-exposure prophylaxis (PrEP), testing for HIV and STBBI as well as mental health services. OHTN Director of Prevention Research is working with other researchers on a research proposal to pilot and evaluate this service hub, and a part-time coordinator committed to the project has been hired based at OHTN.

The Sex You Want: Text reminder service

The [Sex You Want](#) is an online resource for men who have sex with men, created by the Gay Men's Sexual Health Alliance. Recently, the service launched a new text message service. Users will be able to sign up for reminders prompting them to seek out and use daily PrEP, to take their HIV medications regularly, or to go for HIV or STI testing at regular intervals. In creating this service GMSH drew on knowledge gathered and synthesized for them in an OHTN rapid response.

IMPACT: The evidence shows that text-based reminders are a simple, effective way to prompt healthy behaviours. Men in Ontario can now easily sign up for this service.

Services for Indigenous People Living with HIV/AIDS

OHTN joined with its network partners, the Ontario Aboriginal HIV/AIDS Strategy (Oahas), and 2 Spirited People of the First Nations, to host an event focused on the health and wellness services available to Indigenous people living with and at risk of HIV. The event, held on December 6 at the 519, brought together Indigenous and non-Indigenous agencies from across the GTA to share information about services they provide to promote health and wellness. The event provided a sex-positive forum for Indigenous people to ask questions about services, and an opportunity for service providers to share information. It also included training on naloxone use.

IMPACT: A key barrier to quality evidence-informed care is often a lack of knowledge. This event helped build relationships between services, while also providing information to indigenous end users of those services.

Access to OHTN Evidence Updates Expands

The OHTN Knowledge Synthesis team currently offers a updating service on the latest findings from the medical literature in 12 subject areas: African, Caribbean and Black communities and HIV, adherence, the care cascade, HIV-associated neurocognitive disorders, HIV care, Mental health and HIV, men who have sex with men and HIV, organization of HIV care, pre-exposure prophylaxis (PrEP), sexually transmitted infections and HIV, syndemics and HIV Testing. Weekly updates of the literature in each area are emailed to subscribers. A presentation about the service at the Ontario Clinic's Network meeting in Q3 resulted in a marked increase in subscribers.

IMPACT: Many frontline providers do not have easy access to the medical literature. This service helps those in the HIV sector with specialized interests stay up-to-date on the latest evidence and consider the implications for their practice.

Creating HIV Care Quality Standards in Ontario

In the past year, OHTN has worked with a team of HIV care providers to examine the evidence and to finalize an Ontario guideline document on best practices in HIV care. Such guidelines are an important first step in establishing best practices, however merely publishing a guideline does not change practice. In 2018-19, driving this change will be a major OHTN goal.

One potential element of this effort would be to work with Health Quality Ontario (HQO) to establish quality standards around HIV care. Quality standards consist of sets of concise statements designed to help health care professionals easily and quickly know what to do. They are designed to be accessible, measurable and implementable. When a topic is selected into the HQO quality standards program, HQO works with sector partners to develop these statements, to create an implementation plan and to establish and monitor indicators to determine whether or not change is happening. In Q3, OHTN submitted a request to HQO to develop quality standards in HIV care.

IMPACT: A quality care standards partnership with HQO would strengthen our efforts to implement consistent, high-quality HIV care in Ontario utilizing HQO's established expertise in implementation and ongoing monitoring of care quality.



STRATEGIC DIRECTION FOUR: Help Create the Backbone for Collective Impact in the HIV Sector

Toronto Linkage to Care Project

OHTN hosted the first Toronto linkage to care meeting in November bringing together representatives of Toronto Public Health (TPH) and Hassle Free Clinic with physicians and primary care services in the city, along with community-based service agencies, and Ontario policymakers. In total, nearly half of new HIV diagnoses recorded in Ontario each year occur in Toronto with Hassle Free and TPH clinics being key testing sites. Collectively the group explored the approaches to care linkage currently in use (Hassle Free has a formal linkage coordinator) and where linkages may be less robust. The group also identified opportunities where medical practices and community agencies may have capacity to provide prompt medical care and social support to these patients, and how more patient-friendly coordinated supports could be offered. The meeting identified two groups that are frequently underserved: visa students (frequently young gay men) and people, frequently women, living outside the down-town core. This group will continue to work to plan more effective and coordinated linkage to care and to develop interventions. OHTN is currently exploring the potential to pilot an initial linkage to care intervention with TPH.

IMPACT: In keeping with Ontario's HIV/AIDS Strategy, better linkage to care in Toronto would improve the health and well-being of vulnerable people living with HIV and also help reduce HIV transmission in Ontario.

eConsult: Support to Low HIV Caseload Family Physicians

Claire Kendal is an OHTN CIHR New Investigator. Her work has provided evidence about how people living with HIV receive care and the role of primary care physicians (PCP). While many PCP have abundant expertise in HIV care, a proportion have fewer than five people living with HIV in their practice. Dr. Kendall's work shows that these "low caseload doctors" are frequently the only HIV care provider for their patients, they have limited decision-making support, and their patients have poorer health outcomes (e.g. less likely to be receiving antiretroviral therapy).

eConsult is an electronic system that allows primary care physicians to receive advice and support from specialists in many fields. It was first piloted in the Ottawa area; Dr. Kendall has been involved in evaluating its use to link PCP to HIV specialists. Her work shows that the service is most used by PCP when their patients have complex potentially-conflicting needs. The service helps PCP make decisions, provides prompt support (specialist advice in an average of two days) and avoids specialist visits. This last feature is important for those in rural and remote areas where specialist care means costly travel and disruption. With this evidence, the Ontario Ministry of Health will now fund eConsult across the province. In the coming months, OHTN will work with Dr. Kendall and her team to identify appropriate specialist mentors to support the new system.

IMPACT: Better decision-making support for low caseload primary care doctors could improve the quality of care for people living with HIV who are currently receiving less effective care. The eConsult service will benefit people living with HIV in rural and remote areas and potentially improve care consistency across the province.

Resident program expanded

The population of people living with HIV in Ontario is aging and so are their caregivers. OHTN works with partners within our network to help ensure that, as HIV care providers retire, a new generation of providers will be available to meet the needs of those living with HIV. Recognizing that most HIV care in Ontario is delivered by primary care providers, OHTN has

IMPACT: Ontario's HIV care workforce is aging. These programs will help ensure renewal of HIV expertise for the future.

supported enhanced postgraduate training in HIV for family medicine graduates. Two year ago, we established a [formal program](#) at the University of Toronto Department of Family and Community Medicine under Dr. Gordon Arbess. The program has funded two trainees each year for the last two years accepted from medical schools across Ontario. This year, the program expanded to take three family medicine residents (Jordan Goodridge, Jonathon Herriot, Ian Armstrong). In addition, Dr. Dale Guenter at McMaster has agreed to train/mentor one resident (Eric Fifield). We hope to explore relations with other medical schools in the coming year.

In addition, OHTN recognizes the ongoing need for HIV specialist care. Celebrating the legacy of pioneering HIV physician Anita Rachlis, a new specialist residency award will support post-graduate specialist training. The first recipient of the Anita Rachlis Award will be Dr. Andrew Kapoor at McMaster University who will be mentored by Dr. Shariq Haider. Dr. Kapoor is a specialist in internal medicine.



Organizational Integrity

World AIDS Day

On December 1, OHTN staff held a World AIDS Day event inviting staff to talk about the lived experience of HIV inside and outside of OHTN. A survey completed after the event found that 21 out of 22 respondents were glad the day had happened and felt it was a success, 100% support a World AIDS Day event next year. Staff felt that the most powerful portions of the event included a session focused on storytelling about HIV lived experience from staff and the arts-informed collage activity.

The day also included an extended discussion of how OHTN can meet the goals of the Ontario Accord and its own GIPA Staff Engagement Program. *It was a heartfelt and powerful day, concluded one participant, an environment for us to embrace and be vulnerable with others.*

IMPACT: The needs and experiences of people living with HIV are at the heart of everything we do. Taking time to reflect on how we live this reality, makes us more effective as an organization and helps us fulfil our commitment to the Ontario Accord.

Challenges:

- Due to Human Resources vacancy, compensation review will not likely complete this year.