

# OHTN Quarterly Report: Q4 January 1 – March 31, 2018



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

### **New Public Health Ontario HIV Testing Requisition Launched**

Over the past year, OHTN has been working with its OHESI partners to support Public Health Ontario in creating and launching a [new form](#) for requesting HIV testing. Revisions to the form, which were launched in February, will provide better information to analyse outcomes for at-risk populations. The new forms record information about gender identity, country of birth, and categories for race and ethnicity. The form also includes pre- and post-exposure prophylaxis treatment as potential reasons for testing, collecting data about PrEP implementation.

#### **IMPACT:**

Short-term outcome:

- The collection of more comprehensive HIV testing data in Ontario

This data will allow Ontario planners to monitor trends in new diagnoses within at-risk populations and guide Ontario's HIV response as per goal 5.2a of the HIV/AIDS Strategy in Ontario.

### **HIV Cascade Report by Sex, Age and Health Region**

In February, the Ontario HIV Epidemiology and Surveillance Initiative (OHESI) release a [new report](#) on Ontario's care cascade with breakdowns by sex, age and region. The report demonstrated improved engagement in Ontario's HIV cascade for both sexes and across all age groups and health regions. However, cascade improvement was lower in younger people and those in the Northern health region, and slightly lower for females and those in Ottawa. A plain language fact sheet on this report is being prepared for Q1 release. The inclusion of regional analyses is an important milestone. In the coming years, OHTN will work with the AIDS Bureau to engage public health units, clinicians and local AIDS services in regional planning and coordination meetings. Regional snapshot reports integrating data on testing, diagnoses, treatment, service delivery and health outcomes will inform these meetings.

#### **IMPACT:**

Short-term outcome:

- Readily accessible data about cascade outcomes; improvements in these measures are the goal of the HIV/AIDS Strategy.

Timely, comprehensive and accurate cascade data for both the province and its regions, enables planning and monitoring of HIV programs and services consistent with Strategy goal 5.2b.

### **Improving the Relevance of the OHTN Cohort Study (OCS)**

The OCS team is becoming a hub for community-engaged research. In Q4, the team developed a community engagement strategy, and a Coordinator was hired. Rather than relying exclusively on small Question Design Working Groups with limited community representation, the OCS will now host community fora with people living with HIV in different topic areas. This input, combined with feedback from experts and the OCS governance committee, will shape the questions in OCS surveys. An initial forum with people living with HIV is planned for Q1 about the issues to consider when assessing quality of care. To further community participation, the Governance Committee has established new terms of reference, with an elected chair and co-chair, and is working to recruit new members.

#### **IMPACT:**

Short-term outcome:

- OCS questions will better reflect the priorities and lived experience of people with HIV

This emphasis on community and stakeholder input will help make the OCS a more effective tool to gather evidence for improve care and services consistent with goals 5.2b and 5.2d of the Strategy.

## Challenges

- A new OCASE reporting view summarizing service use at each individual agency has been developed and could be delivered to ASOs. The OHTN is working to develop effective data sharing agreements with the agencies that will address all privacy concerns and spell out the OHTN’s responsibilities related to how the data are stored and used.



## STRATEGIC DIRECTION TWO: Conduct Targeted High-Impact HIV Research

### Research Chair Evaluation Completed

Over the past six months, an external consultant has undertaken an evaluation of the OHTN research chair program concluded that:

- The program did not attract new, young researchers or researchers outside Ontario,
- The academic-community partnerships were not optimal
- The programs areas of impact in the short term seem limited to advancing knowledge, and building research capacity, without further well-defined impacts in most cases

Based on these findings and direction from the Board, the Chair program in its current form will not be renewed, and no further funding extensions will be provided to chairs whose terms have ended, although current commitments to Chairs will be honoured. The OHTN will share individual assessments with each Chair. Staff will develop a proposal for a new suite of funding programs that will create win-win opportunities for the OHTN to work with impact-oriented researchers.

#### IMPACT:

Short-term outcome:

- Discontinuation of new funding to the existing Chair program

Staff will develop a new proposal for a program that could create win-win relationships with impact-oriented researchers and structures that will help support these researchers to work closely with OHTN consistent with goal 5.2d of the Strategy.

### Follow-up from Previous Reporting

A number of research groups approached OHTN with special funding requests in the past six months. These projects were subject to scientific peer review and the recommended projects were presented to (and approved by) the Board. In Q4, funds were released for the following:

- *Michael Silverman*: Novel Mechanisms of HIV/Hepatitis C, and infective endocarditis acquisition in people who inject drugs: Understanding risk factors and implementation of control measures - \$50,000 in seed funding to strengthen this \$2.87 million CIHR proposal.
- *Patrick O’Byrne*: PrEP RN: Community-based nurse-led PrEP in Ottawa - \$139,600
- *Holly Gauvin / Anita Benoit*: Bringing Healthcare to the Streets – evaluating the impact of a mobile unit bringing harm reduction and HIV testing to Indigenous people who use drugs in Thunder Bay. - \$60,000
- *Cian Wilson*: Tailoring an evidence-based HIV prevention intervention for application with young ACB women in Canada – supports the pilot stage of a potential large study adapting a successful American intervention for teens to a Canadian context. - \$131,835

### **Improving Community Access to the Toronto Urban Health Fund**

The Toronto Urban Health Fund (TUHF) is a city of Toronto program, which provides one-year and three-year project funding to non-profit community-based organizations supporting initiatives in three streams: HIV prevention, harm reduction and child and youth resiliency. In Q4, OHTN's Knowledge Synthesis staff worked with the program to provide training for potential grantees about levels of evidence, the requirements for an intervention to be considered evidence-based and the supports available to HIV-relevant projects at OHTN. The presentations engaged nearly 50 agencies and community organizations and offered concrete examples of evidence-based interventions in each funding stream. Indigenous Research Lead, Jessica Demeria, also presented to the TUHF Review Panel about the principles that shape research in Indigenous communities and about best practices to overcome barriers encountered by Indigenous agencies. She continues to work with TUHF to help improve funding practices.

#### **IMPACT:**

Short-term outcome:

- Community-based agencies in the HIV sector better understand the information needed to successfully compete for pilot intervention funding

Supporting the success of HIV sector agencies in pursuing funding for evaluation and implementation initiatives helps support quality improvement in the sector, consistent with goal 5.2d of the Strategy.

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

### *Clinical Initiatives*

#### **Patient Reported Outcomes Pilot**

When a person living with HIV visits their care provider, the doctor has multiple measures of that person's health in front of them as part of the person's medical record. However, there are many other factors which have a powerful impact on the health and quality of life of people living with HIV, which are not systematically recorded in patient records and may be known only to the patient. Patient Reported Outcomes (PROs) is a system used and validated in the US by Dr. Heidi Crane, Bill Lober and their colleagues at the University of Washington. It [has been shown](#) to help care providers better identify challenges for their patients, such as depression, substance use and suicidal thoughts, and to set a more patient-focused agenda for the appointment, thereby improving quality of care. For example, patients answered questions about adherence to ART more accurately on the survey than in conversations with their physicians. Patients complete a short survey before their appointment

#### **IMPACT:**

Short-term outcome:

- Establish a pilot study of this successful American program to systematically integrate information from patients into the medical record and inform their care.

American studies have shown that PRO data can improve the quality of care in clinical settings supporting goals 4.1e and 5.2d of the Strategy.

(usually as they sit in the waiting room) about challenges they may be experiencing and behaviours that may affect their treatment (e.g. adherence). OHTN is working with three Ontario clinics (both hospital and community-based) and the US investigators to adapt and pilot the PRO tool in the Ontario context. Church Wellesley Health, Women's Health in Women's Hands and the St. Michael's Hospital Positive Care Clinic have all agreed to participate in the pilot and site visits by the US investigators happened with all three clinics in Q4. Work has begun to examine/adapt the existing surveys, technology and process for the Ontario practices. In addition to the funding set aside in the 2018-19 OHTN budget (\$120,000) to support the pilot, OHTN staff have submitted a letter of intent for funding through Ontario's Health Services Research Fund for the project. The OHTN has also contacted Health Quality Ontario to see if they would like to be involved in this project. While they are not able to be active partners at this time, they have asked to be kept informed about the progress.

## Implementing nurse-led HIV interventions in a high-volume primary care practice

MLMC is the largest primary care HIV clinic in Canada. It serves over 2800 people living with HIV, as well as nearly 5000 other clients, many of whom are at high-risk of acquiring HIV (primarily men who have sex with men, but the clinic also serves a significant African, Caribbean and Black population). This initiative will employ two additional nurses to adapt and evaluate interventions based on Canadian best practice guidelines, specifically:

- Proactive records review to identify HIV-negative clients at high-risk, and follow-up assessment of these clients in accordance with Canadian guidelines on PrEP, and to offer and support PrEP use as appropriate
- Proactive records review to identify HIV-positive clients at risk of being lost to care, as recommended in the Ontario Clinical Care Guidelines, and follow-up support and warm referrals as recommended in the guidelines
- Nursing support to improve access to and scale up of PrEP in Toronto (including appropriate follow up)

This incubator project will be an active collaboration between MLMC and OHTN with OHTN providing in-kind support to develop the evaluation plan and to implement the evaluation. If the evaluation results indicate that the project has the desired impact on HIV prevention and retention in care, then the OHTN will work with MLMC to try to ensure sustainable funding (past the 18 to 24-month time period for this incubator project) and promote similar approaches in other high-volume clinics.

## Engagement in Care Initiatives with the OCN

OHTN continues to work with the members of the Ontario HIV Clinic Network (OCN) to continuously improve engagement and retention in care. Over the past months, OHTN has regularly shared the evidence and the best practice use of tools and interventions at the quarterly clinic meetings, such as [reminder systems](#); several member clinics have implemented these tools. The group has established a regular report-back system about retention interventions, so that the experiences of clinics using new approaches, and their successes and challenges, are shared with all other clinics. In March, OHTN scientist Beth Rachlis presented about a [low-cost primary care clinic intervention](#) shown to improve attendance using targeted messages on posters and regular messaging from staff about the value of appointments. Several clinics showed interest in these tools; OHTN is developing materials to support this intervention.

### IMPACT:

Short-term outcomes (18 month):

- Adaptation and evaluation of a nurse-led intervention to implement Canadian PrEP guidelines in a high volume primary care practice
- Adaptation and evaluation of a nurse-led intervention to implement Ontario's HIV Clinical Care guidelines regarding retention in care
- Creation of a potential service model for similar centres in Ontario

OHTN has invested heavily in the development of these guidelines. These initiatives aim to develop pragmatic "real-world" models to implement them consistent with goals 2.2b and 4.2c of the HIV/AIDS strategy in Ontario.

### IMPACT:

Short-term outcomes:

- Expanded use of reminders systems and engagement tools at Ontario clinics.

Encouraging discussion and implementation of these tools at Ontario Clinics is helping to drive evidence-informed interventions into practice, supporting goal 5.2d.

## Cognitive Behavioural Training for Adherence and Depression

In February, OHTN worked with the Ontario Clinic Network (OCN) to present a two-day training session on using cognitive behaviour therapy techniques to help people living with HIV manage adherence and depression. HIV psychologists and researchers, Conall O'Cleirigh and Andres Bedoya, presented the training to frontline staff including nurses, social workers, and clinic coordinators. It was intended to help these personnel understand what impacts adherence and triggers depression, how to offer support, and how to set realistic expectations for change. This training opportunity was positively received.

### IMPACT:

Short-term outcomes:

- Enhanced knowledge of evidence-based approaches to support adherence at Ontario clinics

OCN has the potential to become a training hub for best practices in multi-disciplinary HIV care, supporting Strategy goal 4.1b.

## Follow-up from Previous Reporting

- Claire Kendall presented about the new [HIV eConsult service](#) to the Ontario Clinic Network. OHTN will work to support the specialist recruitment in the coming months.

## Policy and System Initiatives

### Supporting the Use of NARCAN® Nasal Spray in Ontario

In Q4, OHTN was asked by the Ministry of Health and Long-term Care to review the evidence comparing the efficacy of NARCAN® Nasal Spray to established injectable treatments for opioid overdose. A nasally administered product is easier to use outside of controlled medical settings. For this reason, the off-label use of improvised nasal kits has been growing. The OHTN Knowledge Synthesis team reviewed the evidence and concluded that using this nasal spray to deliver treatment for opioid overdose equalled or exceeded the delivery of treatment via injection, and that there was no difference in the safety profile. Based on the evidence, the Ontario Ministry of Health and Long-Term Care announced in March that NARCAN® Nasal Spray would be made [available free-of-charge in Ontario through Ontario pharmacies](#).

### IMPACT:

Short-term outcome:

- A new safe and effective treatment for opioid overdose was made available free-of-charge in Ontario

Effective responses to the opioid crisis are critical to the well-being of people who use drugs. More effective harm reduction for this population is consistent with Strategy goal 1.1e.

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

### Gay Men's Mental Health Summit

In March, OHTN worked with GMSH to host a gay men's mental health summit, *Synchronizing our Impact*. This professional development event was an opportunity for psychiatrists, psychotherapists, social workers, counsellors, and allied mental health workers to learn about the syndemic factors that affect influence gay mental health as well as evidence-based therapies/interventions, and to strategize about ways to improve services for cis & trans, gay, bi, 2 Spirit, queer and other men who have sex with men (MSM). Thirty-five speakers and 125 professionals participated. A summit report and an initial directory of service providers will be produced in Q2. This work is connected to a broader effort to create an active network of gay men's mental health service providers in the Toronto area connected to the proposed new gay men's health hub. The OHTN will continue to support efforts to build this network and promote training to promote evidence-based practices through this network.

### IMPACT:

Short-term outcome:

- Enhanced training for mental health service providers serving MSM

The summit laid the ground-work for building a community of practice to enhance mental health services for MSM, and for creating a referral network to these providers. This supports goals 1.1d of the Strategy.

### Toronto Linkage to Care Initiative

Over 400 people are diagnosed with HIV in Toronto each year. Based on data provided by Toronto Public Health, about a third of those diagnosed do so at immigration clinics and hospitals (particularly emergency rooms), where they may not be effectively linked to care. Toronto Public Health, the OHTN and the AIDS Bureau will partner on an incubator project to test a linkage-to-care coordinator who, building on the existing evidence about effective linkage programs, will develop relationships with personnel at the immigration and hospital testing sites to support effective linkage and evaluate the impact of the program. The coordinator will provide direct support to people testing at the sites, linking them to HIV care and other services, and following up to ensure they are securely linked and engaged in care. The pilot will take place over an 18 to 24-month period, with a comprehensive one-year evaluation submitted. In the final months of the project, the partners will work together to review the outcomes of this pilot and, if successful, to identify ongoing sustainable funding for this role. The OHTN is providing an incubator grant of \$110,000 a year for up to two years to support the project, and is playing a key role in developing the contract for the linkage coordinator and supporting implementation. The coordinator will also be linked to the Hassle Free coordinator to benefit from the experience there and ensure some consistency across the city.

#### IMPACT:

Short-term outcomes (18 month):

- Identify of barriers to care for newly diagnosed individuals at immigration clinics and hospital emergency rooms
- Evaluation of a linkage to care coordinator program to support these sites
- Creation of a potential service model for other centres in Ontario

This initiative “explores a mechanism to ensure timely access to a range of supportive services for people newly diagnosed with HIV,” in keeping with Strategy goal 3.2c.

The small working group convened by the OHTN on linkage to care has identified other issues to be addressed including: a registry of physicians who are able to take new patients, access to social work / mental health services for primary care practices in the city, the prevention and access to care issues facing visa students, services for high-risk negatives and the potential to link with the peer navigator program being developed at Toronto PWA.

### Supporting Coordinated Capacity Building and Training in Ontario’s HIV Sector

HIV Resources Ontario (HRO) is comprised of resource programs and organizations mandated by the AIDS Bureau to build the capacity of Ontario’s HIV sector with training initiatives and other organizational supports. This quarter, OHTN began a new collective impact initiative working with HRO to develop an integrated curriculum of training and support services from HRO members that best uses the skills of each member organization and avoids redundancy. OHTN will facilitate meeting and resource sharing for HRO, and work with the members to plan and develop the training curriculum. Curriculum development will include the generation of multimedia resources as appropriate, as well as an infrastructure for requesting and scheduling training, online meeting support, and data collection for ongoing evaluation. To support this project, OHTN has provided a staff lead, Ryan Kerr, with multimedia, communications and education expertise. He is currently being seconded to the Ontario AIDS Network to support the project’s development.

#### IMPACT:

Short-term outcomes (first year):

- Planning of a single curriculum integrating resources from all HRO organizations,
- improved working relationships and coordination between HRO members.

This initiative may enhance the capacity of Ontario’s HIV sector to provide comprehensive, culturally appropriate, responsive health and social services in keeping with Strategy goal 1.1.

### Follow-up from Previous Reporting

- Work continues on the Gay Men’s Health Hub to provide a range of medical, mental health and sexual health services to cis & trans, gay, bi, 2 Spirit, queer and other men who have sex with men (MSM). Working with the AIDS Committee of Toronto and GMSH, a business case for support is being prepared and will be presented to potential partners. Some funding for piloting this initiative has been secured from the Public Health Agency of Canada through a Canada-wide initiative supporting MSM health centres in several large Canadian cities.