

Partnerships for Care (P4C): Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes

Overview

Partnerships for Care (P4C): Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes is a 3-year cross-HHS project funded through the Secretary's Minority AIDS Initiative (MAI) Fund and the Affordable Care Act. The goals of the project are to build sustainable partnerships among CDC-funded state health departments and HRSA-funded health centers to support expanded HIV service delivery in communities highly affected by HIV, especially among racial/ethnic minorities. State health departments and health centers will work together to increase the identification of undiagnosed HIV infection, establish new access points for HIV care and treatment, and improve HIV outcomes along the continuum of care for people living with HIV (PLWH).



Project Framework

A multi-agency federal partnership is overseeing the project. The partnership includes co-leadership by CDC's Division of HIV/AIDS Prevention (DHAP) and HRSA's Bureau of Primary Health Care (BPHC). Other key federal partners include the HHS Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) and HRSA's HIV/AIDS Bureau (HAB). Project funds are being awarded through both CDC and HRSA.

The project is supported through three complementary funding mechanisms:

1. CDC is supporting four state health departments through a limited eligibility competitive funding process. Eligible health departments were selected based upon burden of HIV among African Americans and Latinos (>5,000 cases statewide), laws and regulations that require laboratory reporting of HIV viral load and CD4 data at all levels, and not receiving MAI funding for the Care and Prevention in the United States (CAPUS) Demonstration Project. The funding application process required that each health department document formal partnerships with up to six health centers in their jurisdiction. Each state health department will receive approximately \$650,000 annually (estimated to total \$7.8 million over the three years). Funding started July 1, 2014.
2. HRSA/BPHC is supporting 22 health centers (four to six in each state) through a limited eligibility application process for supplemental grant funding. Eligible health centers have formal partnership agreements with a funded state health department, have at least 30% of health center patients representing racial and ethnic minority groups, are utilizing electronic health records (EHR), and are not receiving direct funding under Part C of the Ryan White HIV/AIDS Program. Each health center will receive up to \$500,000 annually (estimated to total \$36 million over the 3 years). The Health Center Program is supplementing funds received from the Secretary's MAI Fund to support these awards. Additional information about these funds is available in the [HHS Press Release](#). Funding started September 30, 2014.
3. HRSA/BPHC is also supporting one organization through a competitive contract award process to establish an HIV training, technical assistance, and collaboration center (HIV TAC) to support partners in meeting project goals. Additional information is available here: <http://p4chivtac.com/>



Health Department and Health Center Partnerships

Health Departments	Location of Health Centers
New York State Department of Health	New York City, Buffalo, Rochester, and the Hudson Valley
Florida State Department of Health	Fort Lauderdale, Jacksonville, Miami, Orlando, and West Palm Beach
Maryland State Department of Health and Mental Hygiene	Baltimore City, Prince George's, Montgomery, and Baltimore Counties
Massachusetts Department of Public Health	Boston, Fall River, Lowell, and Salem

Health Department and Health Center Activities

Funded state health departments and health centers are developing sustainable partnerships and working together to meet the goals of the project through the following activities.

State Health Departments

- Use state HIV surveillance data and relevant health center EHR data to improve HIV health outcomes for PLWH who are not in care.
- Expand partner notification, linkage, retention, and re-engagement services for newly diagnosed and previously diagnosed PLWH in collaboration with HIV care teams at health centers.
- Provide training and technical assistance to health centers in areas of expertise to support health center workforce and infrastructure development, in collaboration with the HIV TAC.

Health Centers

- Establish new and enhance existing infrastructure to support the integration of high-quality HIV services into primary care.
- Establish and train one or more multi-disciplinary HIV care teams to provide basic HIV care and treatment.
- Provide HIV services across the continuum of care, including HIV prevention, routine HIV testing, basic HIV care and treatment, formal referrals to complex HIV care and treatment, and care coordination.

Program Evaluation

Program performance is being assessed primarily by utilizing existing, HHS-supported data systems (e.g., HIV case surveillance, Uniform Data System) and program data collected on project activities. Outcome measures include those approved by the HHS Secretary for monitoring HHS-funded HIV services (i.e., common core indicators). A key outcome of the project includes an increase in the number of health center patients who have ever received an HIV test. For PLWH, key outcomes along the continuum of care include increases in the number of health center patients who are linked to care, retained in care, prescribed antiretroviral therapy, and have a suppressed viral load.

