Sharing the Wisdom: SK HIV Collaborative Mobilization Event

October 25th, 2016 - Meeting report

SK HIV COLLABORATIVE

CONTENTS

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Report can be accessed electronically at www.skhiv.ca

EXECUTIVE SUMMARY

On October 25th, 2016, human immunodeficiency virus (HIV) stakeholders participated in *Sharing the Wisdom*: a one-day mobilization meeting hosted by the Saskatchewan (SK) HIV Collaborative; a multi-disciplinary group of HIV program, policy, peers and clinical leaders that provide leadership to and monitoring of HIV activities in Saskatchewan[1].

The purpose of this meeting was to provide a forum for collaboration and information sharing among stakeholders, and gather input into a provincial work plan that will guide HIV work in the province. This work plan will maintain and build on the framework and activities that have been implemented since Saskatchewan's 2010–2014 HIV Strategy. The work plan is based on four pillars: 1. *community engagement and education*, 2. *prevention and harm reduction, 3. clinical management* and, 4. *surveillance and research*.

The mobilization event brought together approximately 180 diverse participants from across the province including: members from Health Authorities; the Ministry of Health; Health Canada's First Nations and Inuit Health Branch; members of community-based organizations and community groups; members of First Nations communities; health care and service providers; academia, and peers living with HIV. The diversity of participants was a strength of this meeting, as was the participation of peers who shared their knowledge and experience.

Facilitated breakout sessions, consistent with the four pillars in the work plan, provided the forum for participants to discuss and provide input into how to address the high rates of HIV in the province. The predominant risk factor driving the rate of HIV in Saskatchewan is injection drug use (IDU). Challenges to the effective management of HIV (e.g., geography, racism, poverty, addictions, mental health, stigma) were salient in participants' discussions and represent significant barriers to prevention and engaging individuals in the continuum of care. While solutions to these issues may be difficult and complex participants put forward many suggestions to address them.

In addition to identifying new **objectives and activities** for the work plan, a number of **principles** were identified. Common themes, activities and priorities across the breakout sessions have been synthesized into **key actions**.

Participants felt that it was important to create more face-to-face opportunities for a variety of stakeholders. This includes increased community inclusion in identifying needs, regional meetings that include health regions, health care professionals, community based organizations (CBOs), and peers, and learning and sharing opportunities for individuals living with HIV and service providers. Increasing capacity to address HIV in the North was also identified as a priority. Participants indicated that consultation/communication and establishing partnerships is important to capacity building.

Participants stressed that clients who are at risk need increased linkages between services including inter-sectoral links and better collaboration between health regions and First Nation communities. Participants also spoke about the importance of engagement with First Nations communities and Métis peoples in harm reduction and prevention efforts.

Discussions regarding clinical management included the identification of barriers to treatment; geography, lack of access to services, stigma and other social barriers, and lack of resources including human. A main theme arising from these discussions was enhancing the continuity and consistency of

[1] A full membership list can be found in the SK HIV Collaborative's 2016/17 terms of reference, at www.skhiv.ca

care and service provision. Participants identified primary care professionals as being important clinical supports within the HIV continuum of care, and suggested both expanding this role through providing comprehensive education and support to primary health care professionals.

Participants identified lack of information flow (particularly between regions and Indigenous communities) as being problematic to surveillance and research efforts. The need to increase consistency and efficiency of both data collection and reporting across the province emerged as an important objective. Enhanced collaboration and communication with policy makers can facilitate data-driven changes. Finally, the need for a greater focus on program evaluation and quality improvement, including the use of real-time data, was identified.

Evaluation of the event was mainly positive, with survey participants (N=80) overwhelmingly agreeing that the meeting facilitated communication and information sharing among stakeholders, and provided an opportunity to reflect and provide input on current activities and priorities. However, approximately a third (27) of the stakeholders who completed the evaluation indicated they did not feel confident that shared recommendations would be incorporated into the provincial work plan.

Next steps include the SK HIV Collaborative finalizing the provincial HIV work plan. This will entail careful consideration of suggested activities to determine their priority and feasibility in the short, medium, and long term. In addition to recommended activities, principles identified by participants will guide the work of the Collaborative.

As an important step in the development of the new provincial HIV work plan, *Sharing the Wisdom* facilitated stakeholder discussion and input into the direction of future HIV work in the province. This input will continue to be an important part of strategic HIV planning in Saskatchewan.

BACKGROUND 2006 – 2015

Saskatchewan has seen a large increase in new HIV diagnoses since 2005, peaking in 2009 with 199 newly diagnosed cases[2]. The most recent statistics show a 43% increase in the number of newly diagnosed cases for 2015 (Figure 1). Saskatchewan's yearly rate of HIV cases has consistently remained above the national average since 2005 (Figure 2). Moreover, for the first time since 2010, there were three confirmed cases of mother-to-child transmission of HIV. In 61% of newly diagnosed HIV cases (98 of 160 persons) in 2015, self-reported IDU was the primary risk factor for getting infected with the virus. Heterosexual activity (27%; 43/160), followed by MSM (8%; 12/160), were the other primary self-reported risk factors. This epidemiological pattern is similar to previous years and differs from national data, in which IDU is reported for a substantially smaller proportion of HIV cases (Public Health Agency of Canada, 2015). Men and Aboriginal people remain over-represented among those newly diagnosed with HIV in Saskatchewan in 2015: 63% (100 of 160 persons) were male and 81% (129 of 160 persons) self-declared Aboriginal ethnicity.

Figure 1: Persons newly diagnosed with HIV by year of diagnosis, 2006-2015

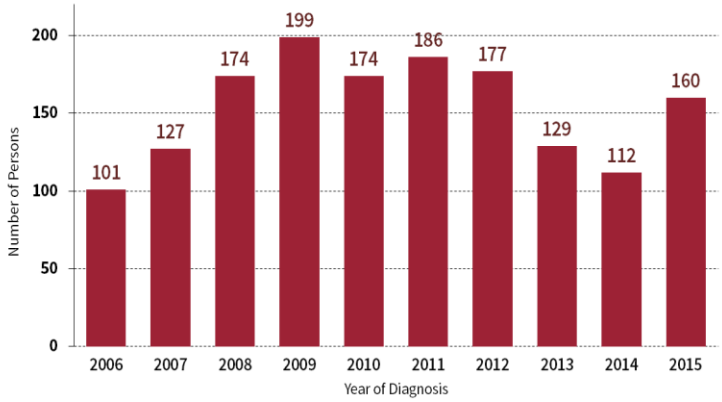
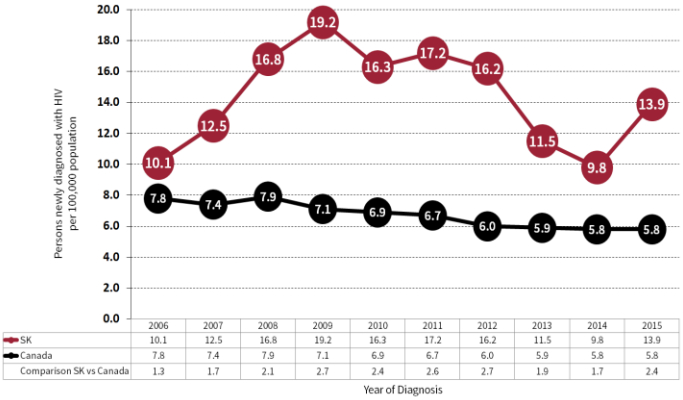


Figure 2: HIV diagnosis rates, SK versus Canada, 2006-2015



In 2010, to address the rapidly rising rates of HIV in Saskatchewan, the Ministry of Health developed and implemented a provincial HIV Strategy[3] in consultation with regional health authorities and key stakeholders. The Strategy (2010–2014) used a holistic framework organized by four main pillars: 1) *community engagement and education*; 2) *prevention and harm reduction*; 3) *clinical management*; and 4) *surveillance and research*. Within each pillar, actions and initiatives were identified to meet pillar-specific objectives. The strategic framework emphasized: a patient-focused approach;, holistic, team-based, and peer-to-peer models of prevention and care; community support and engagement; and communication within and across pillars. The Strategy was tailored to the Saskatchewan context and considered the social determinants of health (e.g., poverty, inadequate housing) that increase the risks of acquiring HIV and of poor outcomes once infected. Ultimately, the goals of the strategy were to reduce new HIV infections, improve quality of life for individuals living with HIV, and reduce risk factors associated with the acquisition of HIV.

[2] The data was obtained from the most recent Ministry of Health HIV/AIDS annual report: *HIV and AIDS in Saskatchewan 2015.*

[3] Information adapted from *Saskatchewan's HIV Strategy 2010-2014*, Saskatchewan Ministry of Health.

Evaluation of the HIV Strategy (June 2015) suggested that it was successfully implemented and had positive impacts, including the following key successes:

- increased HIV testing;
- increased opportunities for community education and engagement;
- improved focus on patient engagement and patient-centered initiatives;
- improved access to multidisciplinary care in rural areas;
- decreased healthcare utilization;
- no mother-to-child transmission of HIV over a four year period; and
- increased access to HIV medications.

These successes were achieved by building upon previous work and capacity, developing further capacity and community support/engagement, and implementing new initiatives, policies, resources, and programs **(Appendix A: HIV & AIDS in Saskatchewan Progress Report)**.

The Evaluation of the HIV Strategy resulted in recommendations to further the progress on addressing HIV by:

- continuing and expanding existing initiatives and programs (e.g. electronic medical record (EMR), routine HIV testing, and peer-to-peer and case management programs);
- increasing capacity of First Nations organizations and primary health care teams;
- integrating HIV prevention and control with that of tuberculosis (TB), hepatitis C, and sexually transmitted infections (STIs);
- developing a new provincial target for HIV testing, an information management system for monitoring and evaluating prevention and control interventions; and
- implementing an HIV continuum of care to track patient outcomes.

Overall, the Evaluation demonstrated progress had been made but there was a continued need for targeted resources and support.

The Strategy built the foundation for continuing work dedicated to addressing HIV rates. Currently the Collaborative is planning the implementation of a new provincial work plan to guide HIV-related work, which builds upon the Strategy and recommendations from the evaluation. This work plan consists of activities intended to further the objectives of each Strategy pillar: community engagement and education, prevention and harm reduction, clinical management, and surveillance and research.

SHARING THE WISDOM

On October 25th, 2016 approximately 180 HIV stakeholders participated in *Sharing the Wisdom*: a one-day mobilization meeting hosted by the Saskatchewan HIV Collaborative; a multi-disciplinary group of HIV program, policy, peers and clinical leaders that provide leadership to and monitoring of HIV activities in Saskatchewan[4]. The purpose of the meeting was to provide a forum for collaboration and information sharing among stakeholders, and gather input into a provincial work plan that will guide HIV work in the province. This work plan will maintain and build on the framework and activities that have been implemented since Saskatchewan's 2010–2014 HIV Strategy. The work plan is based on four pillars: 1. *community engagement and education*, 2. *prevention and harm reduction, 3. clinical management* and, 4. *surveillance and research*.

The day began with a Pipe Ceremony, hosted by All Nations Hope Network, and breakfast. The meeting then opened with prayers from Elder Loretta Wilson and remarks from Vice Chief Robert Merasty (Federation of Sovereign Indigenous Nations) and Assistant Deputy Minister Kimberly Kratzig (SK Ministry of Health). The need for *collaboration* and *community-driven solutions* was highlighted. Updates were provided on the SK HIV Collaborative and the current state of HIV in the province, which emphasized the need for continuing action. An overview of the *Saskatchewan Mental Health and Addictions Action Plan,* including its connection to the risks of acquiring HIV, was also provided. Presentations related to community engagement and education, prevention and harm reduction, clinical management, and surveillance and research followed. Greg Riehl moderated the plenary sessions. **(Appendix B: *Sharing the Wisdom Agenda*)**

The presenters - experts in the field - shared *new initiatives, tools, programming, and success stories* from their areas of work. The presentations illustrated the commitment, passion, and successes of HIV organizations and sectors across the province. Presenters also acknowledged that there are significant challenges including *structural and geographic barriers, high rates of IDU, stigma, and discrimination*.

Participants had the opportunity to join two facilitated breakout sessions, structured around the four pillars, to discuss and provide input into priority areas and activities outlined in the draft work plan, as well as share new ideas. In addition to group discussion, participants were encouraged to document written suggestions during the event and through email in follow up to the event. In each breakout session, participants were also asked to prioritize the activities/ideas that were generated.

The importance of considering the *social determinants of health* was a consistent comment throughout sessions. Issues such as poverty, food insecurity, and inadequate housing are important *primary prevention* targets and should be considered as such in provincial efforts to address HIV.

[4] A full membership list can be found in the SK HIV Collaborative's 2016/17 terms of reference, at www.skhiv.ca

Throughout all discussions principals were identified that underpin the implementation of HIV work in the province:

- **The utilization of a patient-centered and culturally safe approach** is paramount in relation to Indigenous people but also other cultures and subcultures (e.g., drug cultures, youth, lesbian, gay, bi-sexual, transgender, two-spirited, and queer (LGBTTQ)), and needs to be an important consideration in education, service and health care provision, and all other HIV-related initiatives
- The work plan and activities should align with the **Truth and Reconciliation Calls to Action**
- Increased **collaboration and communication** across sectors and jurisdictions is required
- **Geographic context and barriers** need to be considered to ensure that the broadest access to services and education is achieved
- Work should be meaningfully guided by the **principles of GIPA** (Greater Involvement of People Living with HIV/AIDS) **and MIPA** (Meaningful Involvement of People Living with HIV/AIDS)
- **Participants' confidentiality** (e.g., testing and status) should be respected and promoted in how care and services are offered

Overall, eight key actions were identified; these actions represent main themes that participants prioritized across multiple pillars **(Appendix C: Key Actions)**.

BUILDING A WORK PLAN

Key input from the discussions are summarized in more detail as "objectives" and "activities" under each pillar, and shown in relation to those which already exist in the draft work plan. Same or similar ideas may have been discussed in multiple pillars; for the purpose of the work plan, these will be reflected as one activity under one pillar.

Recommended actions have been summarized as work plan activities under the most relevant pillar. They are highlighted in **blue** and added underneath existing activities from the draft work plan.

Pillar 1- Community Engagement and Education

Participants in the *community engagement and education* session identified two new objectives and a number of activities (highlighted in **blue**) which have been added to those already identified in the work plan.

Pillar 1 – Work plan Objectives

Existing:

1. Increase knowledge of HIV among the residents of Saskatchewan
2. Increase supportive home environments for people living with HIV
3. Increase community engagement to address community-related risk factors (e.g., inadequate housing)
4. Increase leadership participation to address community-related risk factors
5. Increase capacity across disciplines to more effectively provide HIV prevention, education, treatment and support services
6. Provide care that is client-centered, non-judgemental, and engaging to all those affected by or infected with HIV
7. Harmonize/standardize practices related to HIV prevention, treatment, and support services

New:

8. Create more face-to-face opportunities to connect people living with HIV and HIV professionals across regions, communities, and the province

9. Increase capacity in the North locally and through established partnerships

Work Plan Activities:

- Assess community readiness and develop a coordinated and integrated model to address HIV (e.g., Know your Status) that can be duplicated in other communities throughout the province
- Continue to implement a province-wide social marketing campaign, building on previous four campaigns created (e.g., "HIV- It's Different Now) to promote testing and treatment and reduce stigma and discrimination
- Offer "Culturally Appropriate HIV Diagnosis and Care" training workshops with the support of an HIV treating physician, a person living with HIV, and an Elder
- Work with Saskatchewan Registered Nurses Association and Saskatchewan Medical Association to ensure nurses and nurse practitioners are functioning at full scope of practice
- Maintain www.skhiv.ca, an online tool for assessing current HIV/AIDS related information and resources for Saskatchewan
- Promote Routine HIV Testing Guidelines for Saskatchewan (updated March 2015) with care providers and general public
- Continued roll-out of HIV & Sexual Health Modules[5] for health care and allied professionals
  - Train the trainer sessions
  - Delivery of content to frontline providers (including peers)
- Create Multidisciplinary Mentorship Model (General Practitioners, Nurses, Pharmacists, Social Workers, allied professionals)
- Review of nursing/medical curricula to ensure adequate coverage of substance use
- Continue to offer HIV Rounds via webinar (formerly telehealth)
- Organize annual E-Learning event in partnership with the University of Saskatchewan College of Nursing
- Build membership and disseminate information via the HIV/Hepatitis C Virus (HCV) Community of Practice Google Group

[5] Modules include Sexual Health 101; HIV 101; HIV Testing, Counselling, Reporting, Disclosure & Treatment; Vertical Transmission of HIV; Building Capacity for Sexual Health Care Provision; Sex Positivity; Harm Reduction; Communication & Language; Culture, Space & Identity

- Deliver presentations and provide education to:
    i) health care and allied professionals
    ii) communities
    iii) schools
- Increase education to:
    i) general public
    ii) police, fire, and emergency departments
    iii) community partners
- Explore opportunities for a formal partnership with Ministry of Education (along with TB, STI strategies) to include relevant material in school curriculum
- **Develop and facilitate access to HIV education and resources which engage and are targeted for specific populations (e.g., LGBTTQ), street-involved, use drugs, Indigenous, northern). Where applicable, resources should be accessible in other languages (e.g., Cree, Dene, Saulteaux)**
- **Develop a PrEP strategy that includes a cost configuration, protocols regarding evidence based and targeted use, and education for the public and professionals**
- **Utilize technological education strategies, such as Public Service Announcements, social media campaigns, and a peer website**
- **Support members of communities (Elders, peers, LGBTTQ, youth) as leaders and educators**
- **Provide education to health care providers, Elders, and the general public around LGBTTQ and culturally appropriate care for these populations**
- **Increase leadership support for peers living with HIV and HCV through strengthened peer networks across the province and federally, increased education, training, and skill building opportunities, compensation and support, and involvement as educators and in the continuum of care as part of multidisciplinary teams**
- **Increase community, family, and professional education and support around palliative care and grief**
- **Expand support care prior to and after death, including palliative homecare and spiritual care**
- **Create a communications strategy for the North and other rural/remote regions**
- **Explore/expand role of communication technology (especially cell phone) for information access and provision of remote care**
- **Remove disclosure of HIV as a condition to accessing basic services (transportation, food/dietary needs)**

In addition to the activities recommended above, participants reiterated the importance of several activities already encapsulated in the work plan. This included discussions of racism, cultural insensitivity, and the need for cultural safety, that aligned with the implementation of "Culturally Appropriate HIV Diagnosis and Care" workshops. Participants also recommended increased mentorship opportunities for peers and health providers. Finally participants suggested the use of an online network to share resources and what is happening in other regions, which aligns with the maintenance of the SK Collaborative website and offers suggestions for future development.

Pillar 2- Prevention and Harm Reduction

Participants in the *prevention and harm reduction* session identified two new objectives and a number of activities (highlighted in **blue**) which have been added to those already identified in the work plan.

Pillar 2 - Workplan Objectives

Existing:

1. Provide prevention (primary, secondary and tertiary) resources including best practices to the regions
2. Provide earlier school prevention education opportunities
3. Establish centers delivering holistic prevention/well-being/harm reduction services
4. Provide comprehensive integrated services including health and social supports via mobile services

New:

5. **Establish more linkages between regions and services/sectors**
6. **Engagement with First Nations communities and Métis peoples, on and off reserve**

Work Plan Activities:

- Provide education to front line staff (including Acute Care and Corrections) on harm reduction
- Continue to incorporate best practices into existing/new programs by following the Prevention and Risk Reduction Guiding Principles
- Continued expansion of Take Home Naloxone program to prevent opioid overdoses
- Work with Mental Health and Addictions Action Plan Coordination Task Team to integrate/coordinate services for HIV/IDU clients with mental health and addiction issues
- Propose expansion of supplies for and access to prevention and risk reduction, e.g. Vitamin C and safer inhalation kits
- Offer education on the risks associated with crystal meth use to frontline staff and clients
- Explore Supervised Injection Sites
- Incorporate prevention strategies for other communities/populations– LGBTTQ, Men who have sex with men (MSM)
- **Expand harm reduction education to encompass: community education and curricula for youth; medical/allied health professionals; mental health and addictions staff; social workers; CBOs; and clients**
- **Provide education and resources to staff around the provision of culturally safe care for multiple cultural groups**
- **Increase knowledge around existing services and links through system navigation training and knowledge/information sharing**
- **Expand "Know Your Status" through First Nations and other community leadership**
- **Expand the role of peers as part of multidisciplinary harm reduction teams and include them early in the continuum of care**
- **Work to expand harm reduction programs and supports to ensure all clients have access across the province**
- **Educate and engage Elders as leaders in harm reduction and prevention and to facilitate access to traditional Indigenous medicines and practices**
- **Develop one-stop-shop services through the implementation of multidisciplinary approaches, with case managers to facilitate links between aspects of care**
- **Link with/ensure funding for housing strategy and other strategies (e.g., poverty reduction, prenatal health, early years), to address basic needs and wellbeing as a form of primary prevention**
- **Consider British Columbia's model of a centralized provincial supply deport where harm reduction supplies, including take home kits, can be ordered online at low cost by harm reduction programs**

In addition to the above activities, participants' discussions affirmed the necessity of those already in the work plan. The importance of best practices around prevention and harm reduction was a focus of discussion, including the need for high tolerance care, trusting clients to know where they are currently at, and the avoidance of abstinence-based education and services. Participants agreed that further linkages are required between HIV prevention, harm reduction, and mental health and addictions. The need for an expansion of supplies for, and access to, prevention and risk reduction was a major theme of discussion in the harm reduction and other breakout sessions. The expansion of supplies and access includes crack pipes/kits, steroid kits, the expansion of methadone and suboxone programs and prescribers (e.g., nurse practitioners and pharmacists), and increased (and more discreet) drop box locations. Finally, participants reiterated the importance of supervised injection sites, including supervised IDU in hospitals, as part of harm reduction efforts; this was considered a priority action by many participants.

Pillar 3- Clinical Management

Participants in the *clinical management* session identified two new objectives and a number of activities (highlighted in **blue**) which have been added to those already identified in the work plan.

Pillar 3 - Workplan Objectives

Existing:

1. Improve access to medical care for those living with HIV
2. Provide one stop diagnosis wherever appropriate
3. Provide rapid initiation of treatment to people living with HIV wherever appropriate
4. Increase frontline support including capacity, education, and standards
5. Promote the use of Highly Active Anti-retroviral Therapy (HAART)

New:

6. Increase continuity and consistency in care and service provision

7. Increase education for and the role of primary health

Work Plan Activities:

- Continued roll-out of the Clinical Reference Toolkit and update to include co-infections of TB and HCV and standard work on requisitions to facilitate baseline and follow-up bloodwork
- Continue to deliver Peer to Peer programming (Regina Qu'Appelle, Saskatoon, Prairie North, PA Parkland, Sunrise Health Regions and the North)
- Continue to deliver multi-disciplinary mobile clinics for HIV/HCV/TB in rural and remote communities, and non-traditional settings
- Build capacity in order to sustain clinical care in communities
  - i) Expansion of telehealth
  - ii) Implementation of Extension for Community Healthcare Outcomes (ECHO)[6] model
  - iii) Stipend for HIV Care
  - iv) Physician mentorship by infections disease (ID) specialist
  - iv) Improve access to/integrate with primary care teams and basic medical services
- Improve infrastructure for testing/blood work in rural and remote settings (Viral Load/CD4)
- Continue to expand HIV POCT sites throughout the province and maintain guidelines, including exploration of testing by other health care and allied professionals
- Promote and maintain the Perinatal Protocols for HIV Prevention in Saskatchewan (released December 2015)
- Continue to administer free formula to infants (up to one year of age) born to mothers living with HIV through the Infant Formula Program
- Expand partnerships with home care to improve quality of life
- Finalize and disseminate Case Management Guiding Principles (2016)
- Develop and present a joint continuing education event (Continuing Professional Education/Continuing Medical Education) in Regina and Telehealth to other sites (e.g., basic overview of key issues related to HIV medications, including for Opportunistic Infections and optimal monitoring)
- Develop and trial antiretroviral (ARV) checklist for community pharmacists to assist in identifying potential/actual drug-related problems and their management
- Provide ongoing, high quality HIV/HCV related information to community and hospital pharmacists in Saskatchewan through a variety of media
- Explore opportunities for pharmacist involvement in rural and northern centres

[6] Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. http://echo.unm.edu/about-echo/

- Collaborate with other pharmacists and healthcare providers to streamline medication coverage procedures including transitions in care, gaps in coverage and third party coverage
- Pursue with Saskatchewan Drug Plan returning to 100% coverage of antiretroviral medication to avoid cost barriers to adherence
- Identify actual and potential barriers to adherence and work to streamline, overcome and educate pharmacists about solutions to these barriers
- Provide guidance on the development of a provincial electronic medical record with respect to drug therapy and the role of the pharmacist
- **Explore additional models of increasing testing, including opt-out testing (corrections and elsewhere); home-based and CBO-based POCT; routine testing as part of annual physical blood work, in acute care, emergency departments, intensive care units and as part of prenatal care; "test weeks" and "bundled" testing so HIV is not the only focus**
- **Adopt longer and more flexible hours, or access to after-hours care**
- **Work to reduce barriers (especially financial) to PrEP, evaluate roll-out strategies, and promote education to professionals and the public**
- **Expand peer involvement in clinical management, including newly diagnosed support groups or in-clinic "opt-out" peer involvement, and "borrow a peer" in regions with low rates of HIV**
- **Develop a provincial mentorship program for health care providers in relation to HIV**
- **Expand a multidisciplinary (one-stop shop) approach to prevention, medical care with increased case management workers in communities, increased capacity for support (including mental health and addictions counsellors, social workers, outreach workers, peers, and transportation), and links with community supports**
- **Modify case management guidelines so that the number of new positions for clinics is guided by caseload**
- **Support and educate health care professionals on the option of traditional Indigenous medicines for HIV treatment**
- **Expand EMR and explore other ways of facilitating information sharing between team professionals, as well as case management tracking across regions and nationally**
- **Support for health care workers to avoid burnout and reduce staff turnover**
- **Develop standardized care protocols that primary health care professionals can utilize**
- **Expand nurse practitioner capacity on reserves**
- **Expand lab services to increase consistency of access**
- **Explore use of Doc in a Box**
- **Standardized ongoing training/refreshers in phlebotomy for nurses, and broader access to phlebotomists**
- **Develop infrastructure and models of care focused on an aging population with other chronic co-morbidities**

Several of the activities already identified in the work plan emerged in discussions as being important priorities for participants. Multidisciplinary mobile clinics, including POCT and testing for HCV, Hepatitis B Virus (HBV), and STIs, were identified as needed to enhance clinical services. Another priority identified was the need to explore barriers to 100% drug coverage; participants noted cost as a significant barrier to effective prevention and care. The importance of continued education for pharmacists, who were considered an important resource in clinical management, was stressed. The desire for continuing education/information related to HIV medications was also identified, specifically advances in ARVs and the modifiable risk factors of HIV/HAART with an emphasis on cardiac health, mental health, and addictions. Finally, many of participants' comments centered around the need to build capacity in order to sustain clinical care in communities, by having infectious disease doctors provide more support (telehealth, mentoring) to physicians, utilizing teaching clinics, online courses, and workshops to provide training and education, and embedding HIV experience in rotations to build future capacity.

Pillar 4- Surveillance and Research

Major foci of discussion within the *surveillance and research* pillar were current gaps and limitations in the data being collected and effective use of the data. Four new objectives and a number of new work plan activities were suggested (highlighted in blue).

Work Plan Activities:

- Prepare annual Prevention and Risk Reduction Report
- Prepare HIV/AIDS Annual Report
- Prepare HIV/AIDS Quarterly Report
- Implement a standardized clinical management tool to develop reportable data at the clinic level
- Define standard indicators to measure the HIV Continuum of Care
- Conduct an Adherence and Drug Resistance Evaluation
- Conduct a Cost Savings Analysis
- **Develop a PrEP strategy that includes a cost configuration, protocols regarding evidence based and targeted use, and education for the public and professionals**
- **Rename the Surveillance and Research pillar so that it reflects the importance of evaluation and program monitoring/quality improvement**
- **Develop a standardized approach to specific Indigenous identifiers (including on/off reserve) that is used in data collection and reporting across the province**
- **Increase knowledge translation activities as one step towards better accessibility of data**
- **Engage communities and people living with HIV in data collection through community-based, qualitative, and mixed-methodology research**
- **Develop a monitoring system to accurately track what percentage of the population is being tested for HIV and how this changes over time (e.g., population penetration of testing as an average every five years)**
- **Improve standardization of the collection and reporting of perinatal data, particularly for babies who are exposed and HIV-negative**
- **Conduct research and data collection regarding individuals who are not engaged in the continuum of care (e.g., numbers in relation to case management, barriers to engagement)**
- **Collect and utilize real-time data, and explore using the *British Columbia Centre for Excellence in HIV/AIDS* as a model**
- **Develop a centralized provincial research and data repository, using the *British Columbia Centre for Excellence in HIV/AIDS* as a model**
- **Strengthen EMR across the province**
- **Improve linkages between HIV and other communicable diseases (e.g., HCV, STIs, TB), and focus research attention on HCV and the development of an HCV strategy**

Pillar 4 - Workplan Objectives

Existing:

1. Improve the provincial HIV surveillance system
2. Increase knowledge of HIV epidemiology in appropriate audiences
3. Increase sharing of HIV epidemiology information to appropriate audiences

New:

4. Strengthen information flow between regions and with Indigenous communities, to ensure meaningful data is collected and information is shared back to communities

5. Increase consistency/standardization and efficiency of data collection and reporting across the province

6. Improve communication with policy makers to effect change based on data

7. Develop a greater focus on program evaluation and quality improvement

Participants also supported activities already in the work plan, noting that it is important to reliably and consistently measure the HIV continuum of care, research and report on drug resistance, and conduct HIV and HCV economic analyses to inform resource requirements and funding allocation.

CONCLUSION

Saskatchewan has seen a large increase in new HIV diagnoses since 2005, peaking in 2009 with 199 newly diagnosed cases. Saskatchewan's yearly rate of HIV cases has consistently remained above the national average since 2005 and the most recent statistics show another 43% increase in the number of newly diagnosed cases for 2015. Injection drug use is the predominant risk factor in our province affecting a high proportion of Indigenous people. Addressing HIV requires a collaborative effort between stakeholders, including provincial and federal governments, health regions, clinicians, community-based organizations and community leaders.

Recognizing that HIV is frequently the product of complex social issues, the SK HIV Collaborative began the process of engaging all key stakeholders in the development of a provincial work plan. The HIV Mobilization event was the last in a series of consultations that began in May 2016. We have heard clearly that addressing HIV requires: continued resources, ongoing coordination of services, ongoing surveillance monitoring and enhanced evaluation efforts, front line supports must be culturally safe and responsive, we need to expand our approaches to clinical management, and ensure that we are responsive to the needs of a variety of target populations (e.g., LGBTTQ), street-involved, injection drug users, Indigenous people, northern residents).

The input gathered has strengthened the provincial work plan and demonstrated a wealth of expertise, collaboration, passion and commitment among all stakeholders in addressing HIV prevention and control. The provincial work plan will be posted on the www.skhiv.ca website.

PARTICIPANT ACKNOWLEDGMENTS

A sincere thank you to all of the expert participants who shared their time and wisdom representing:

- Academia
- Clinical management
- College of Physicians and Surgeons of Saskatchewan
- Community-based organizations
- First Nations organizations
- Government
- Mental health and addictions
- Outreach
- Public Health Agency of Canada
- Public Health
- Self-identified peers
- SK HIV Collaborative

Thank you as well to those who made the Pipe Ceremony possible, all of our morning presenters, Elder Loretta Wilson, our moderator Greg Riehl, and the experts who facilitated the breakout sessions:

- Debbie Rodger
  HIV Strategy Nursing Consultant, Regina Qu'Appelle Health Region

- Deborah Kupchanko, RN, MN
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- Sandra Tokaruk
  Vice President Community/Public Health Services, Sunrise Health Region

- Sugandhi del Canto
  Executive Director, SHARE (Saskatchewan HIV/AIDS Research Endeavor)

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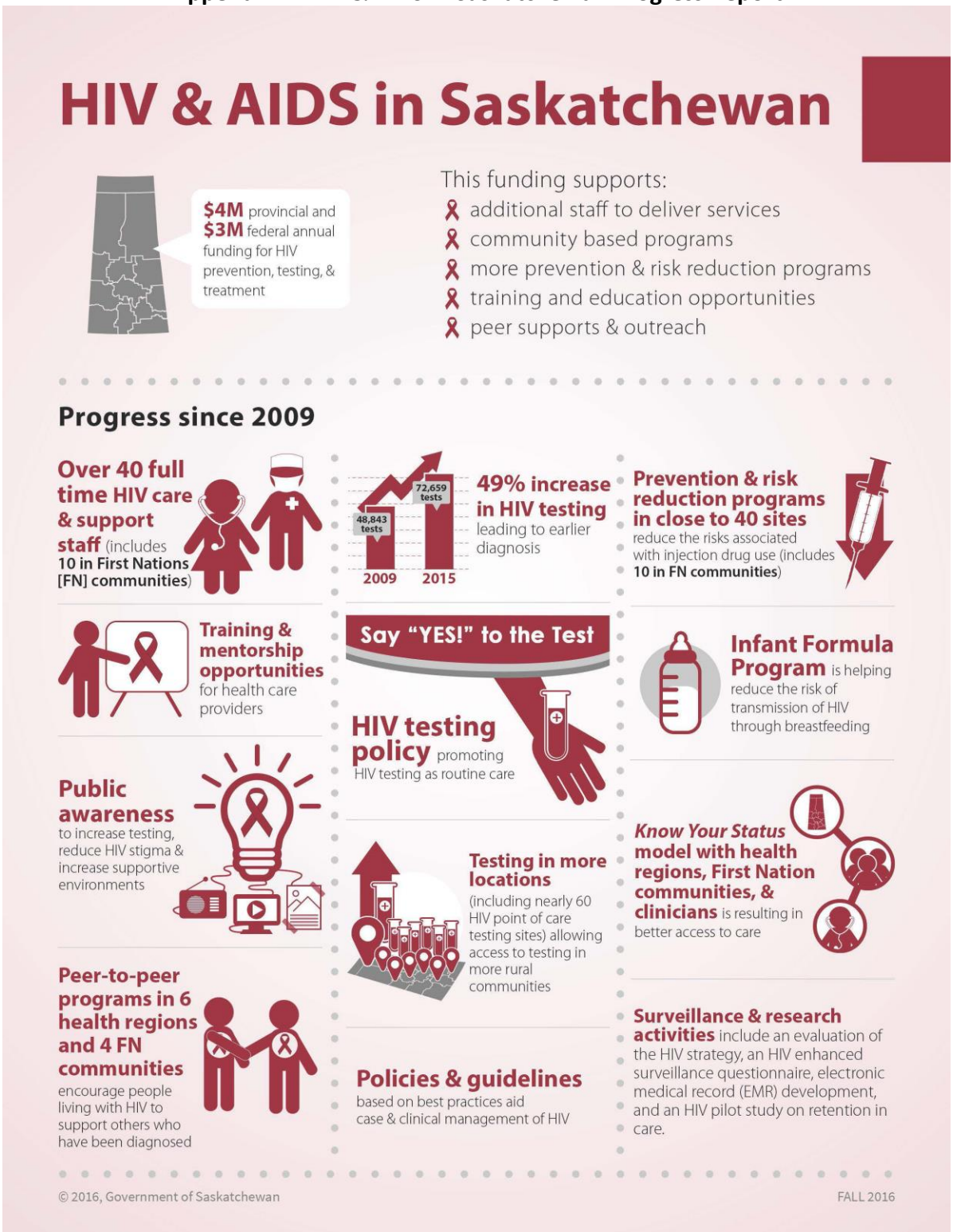
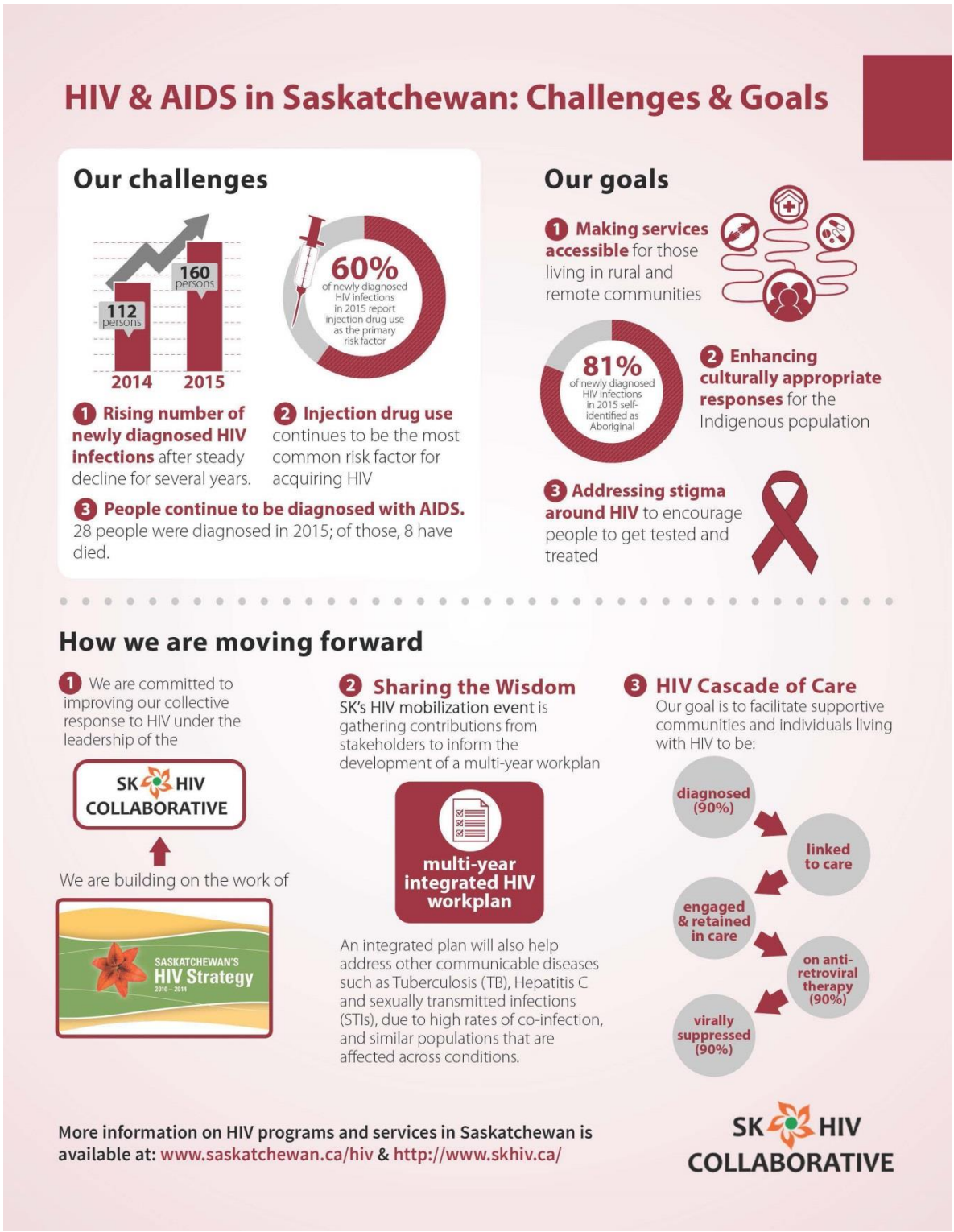
APPENDICES

Appendix A: HIV & AIDS in Saskatchewan Progress Report





NOTE: Some epidemiological numbers were updated since creation of this infographics.

Appendix B: *Sharing the Wisdom* Agenda

Sharing the Wisdom
October 25th, 2016
Travelodge Hotel, Saskatoon, SK
Agenda

8:00 – 8:30 Pipe Ceremony – all are welcome to attend – Galaxy A

9:00 – 10:00 Registration and Networking Breakfast (meal provided)

10:00-10:30 Welcome, Opening Prayer and Greetings

Moderator	Greg Riehl
Elder	Loretta Wilson
Greetings	Vice Chief Merasty, Federation of Sovereign Indigenous Nations
	Assistant Deputy Minister, Kimberly Kratzig, Ministry of Health

10:30 -10:50 HIV Current State and SK HIV Collaborative Update (Denise Werker)

10:50-11:00 BREAK

11:00 – 12:30 Promising Practices in Saskatchewan Presentations

- Community Engagement and Education (Debbie Rodger & Cathy Johnson)
- Prevention and Harm Reduction (Leegay Jagoe, Darlene Bryant, Sherri Walker, Monique Trowell)
- Clinical Management (Paulette Martin & Leslie Ann Smith)
- Surveillance and Research (Sugandhi del Canto & Rozelle Srichandra)

12:30-1:00 Lunch (meal provided)

1:00- 1:20 SK Ministry of Health - Mental Health and Addictions Action Plan (Crystal Nieviadomy)

1:20-1:30 Move to Break Out Rooms

1:30-2:30 Break out Session 1 (Choose 1 session)

- Hercules Room Community Engagement and Education
- Vanguard Room Prevention and Harm Reduction
- Galaxy Room A Clinical Management
- Viscount Room Surveillance and Research

2:30-2:45 BREAK

2:45-3:45 Break out Session 2 (Choose 1 session)

- Hercules Room Community Engagement and Education
- Vanguard Room Prevention and Harm Reduction
- Galaxy Room A Clinical Management
- Viscount Room Surveillance and Research

3:45-4:00 Closing Remarks and Prayer - Galaxy A

SK HIV COLLABORATIVE

Appendix C: *Sharing the Wisdom* Consultation: Key Actions

1. Expand prevention and harm reduction services across Saskatchewan
❖ Expanded variety of harm reduction supplies ❖ Consistent access across the province, including rural and remote areas ❖ Implementation of safe injection sites ❖ Development of a provincial Pre-Exposure Prophylaxis (PrEP) strategy
2. Develop and expand one-stop-shop and mobile models of care and services
❖ Provision of testing, care, and support services in one location ❖ Expansion of mobile models of care for testing, health, and support needs, particularly in rural and remote areas
3. Increase peer involvement in harm reduction and prevention, education, and clinical management
❖ Increased training and support for peers as leaders and educators ❖ Expansion of peer role as part of multidisciplinary teams from testing to treatment, particularly for support at point of diagnosis ❖ Formalized provincial peer network
4. Increase education to healthcare providers, clients, and the general public
❖ Utilization of a variety of mediums to provide education (e.g. social media, community leaders, campaigns, workshops, mentoring, curricula) ❖ Expansion of knowledge exchange to include: HIV and other communicable diseases; harm reduction (including testing); PrEP; palliative care and grief; Indigenous issues (e.g. history of residential schools) and teachings (e.g. traditional medicines); patient-centered care and cultural safety as it pertains to multiple cultures and subcultures ❖ Targeted education towards specific cultural and at-risk groups
5. Increase consistency and accessibility of services, resources, and information provincially, with emphasis on northern and rural and remote areas, including on reserve
❖ Development of strategies (e.g., communication, transportation, education, and support/mentorship) to reduce geography-related barriers ❖ Increased standardization in data collection and reporting across regions ❖ Increased communication, information sharing, and support between regions, including expanded EMR ❖ Expanded clinical, harm reduction, and support services
6. Promote and increase accessibility of testing across the province
❖ Provision of public education and campaigns (e.g., “Know Your Status, “test week”) ❖ Provision of mobile testing and increased Point of Care Testing (POCT), including at-home ❖ Increased phlebotomy staff and training ❖ Increased routinization of testing within institutions (e.g., “opt out” and testing as a routine part of accessing health care)
7. Decrease barriers to engagement in the continuum of care
❖ Collection of data and information on individuals who are not engaged ❖ Provision of 100% HIV-related drug coverage in the province ❖ Increased training on the provision of culturally safe care to health care professionals ❖ Address practical barriers (e.g., transportation) in ways which protect client confidentiality
8. Address social and psychological determinants of health that impact HIV prevention and care
❖ Linkage to other strategies (e.g., mental health and addictions, poverty, housing) ❖ Expanded multidisciplinary models of care

Appendix D: *Draft SK HIV Collaborative work plan (version shared at event)*

Saskatchewan's HIV Strategy 2010-14

In 2010, Government announced *Saskatchewan's HIV Strategy 2010-14* to focus efforts to address increasing HIV rates in the province. The Strategy is aligned under four main pillars:

1. Community Engagement and Education
2. Prevention and Harm Reduction
3. Clinical Management
4. Surveillance and Research

HIV Strategy Evaluation - Outcomes and Impact

The Saskatchewan HIV Strategy evaluation (June 2015) indicated that system improvements and increased resources positively impacted patient care and outcomes. Positive outcomes included increased testing and case finding, targeted educational opportunities, an enhanced focus on patient engagement, improved access to multidisciplinary teams in rural and remote areas, and a decrease in health care utilization.

Many initiatives were concentrated in the larger urban centers. As we continue to expand access to testing, treatment, and care, we expect to see our incidence of HIV increase.

The HIV Strategy, through its diverse and extensive work, encompassed a comprehensive set of interventions and provided an example of how addressing a health issue in a multidimensional way can affect various levels of the health care system, from patient to provider. While important successes were identified, further work is vital to the Strategy's success over the long term.

Moving forward, it is critical that support for HIV prevention and control programs be sustained to ensure continuity of the valuable progress made to date and to improve the health of Saskatchewan residents. It is also important that the Ministry of Health and stakeholders continue to monitor the trends of HIV risk factors, client demographics and co-infection with hepatitis C and tuberculosis (TB) and adjust programming and policies to reflect the changing epidemiology.

Through the 2015 evaluation, a number of recommendations were put forth to build upon the vital work of the Strategy:

<u>Community Engagement and Education</u>

1) Continue education and awareness sessions across the province with a special focus on preventing transmission of HIV and reducing stigma. Cultural insensitivity and racism were noted in the community-based organization (CBOs) consultations as key factors impacting health service delivery and quality of life for people.
2) Improve and expand social media presence to reach a broader audience in the province.

Prevention and Harm Reduction

1) Continue to expand and promote testing for HIV with the knowledge that increased testing will lead to increased case finding. Targeted, risk-based approaches such as HIV Point of Care Testing (POCT) in high-risk situations (i.e. Labour & Delivery) should be expanded, as well as continuing to promote routine HIV testing with health care providers.
2) Consider expansion of peer-to-peer, case management, and enhanced adherence programs into other cities and regions that currently do not have comparable programs.
3) Based on high success in Sunrise Health Region, conduct a needs assessment to identify where additional prevention and risk reduction services are required in the province including on-reserve.
4) Expand programs which provide transportation, housing, and other socioeconomic supports to individuals at risk of acquiring HIV and those living with HIV.

Clinical Management

1) Provide ongoing HIV training opportunities for healthcare providers and promote best-practices provincially.
2) Assess the need for additional multi-disciplinary team clinics in locations where services are not currently available.
3) Engage and build capacity of Primary Health Care teams across the province through mentorship opportunities with infectious disease specialists, registered nurses and pharmacists who are knowledgeable in providing HIV care.

Surveillance and Research

1) Expand Emergency Medical Records (EMRs) throughout the province to monitor clinical outcomes of patients and implement the HIV continuum of care as a means to track patient outcomes. Achieving this recommendation will require work to define and establish a provincial dataset.
2) A new provincial target should also be established for HIV testing measures in the province, based on unique individuals being tested. The Ministry of Health will work with the health regions to establish these measures.
3) Invest in a data information system which allows for ongoing monitoring and evaluation of HIV prevention and control strategies in the province.

Other recommendations vital to the work moving forward include:

- Integrate HIV prevention and control with that of TB, hepatitis C and sexually transmitted infections (STIs), as co-infection with two or more of these infections is not uncommon. Often, the risk factors associated with these conditions overlap and impact the same populations and communities.
- Explore alignment with other strategies, i.e. Connecting to Care, Mental Health & Addictions Action Plan, Saskatchewan's TB Strategy, etc.
- Continue to partner with First Nations' organizations and Health Canada to allow ongoing synergies between provincial, federal and community-based programs.

Saskatchewan (SK) HIV Collaborative

The SK HIV Collaborative was created to provide guidance and advice to the Ministry of Health regarding the implementation of the provincial HIV workplan and to continue the work initiated under the HIV Strategy.

The vision of the SK HIV Collaborative is to support an integrated approach to infectious disease care through partnerships, and enhanced and coordinated services, in order to reduce new infections and promote supportive communities for those affected by HIV and other communicable diseases.

The Collaborative is developing a multi-year workplan to continue the work started in 2010 and build upon the recommendations from the HIV Strategy evaluation. Activities are categorized by the four pillars. The workplan will be developed with the goal of engaging individuals diagnosed with HIV at each level of the **HIV Care Continuum**. The goals will also align with the **UNAIDS 90-90-90 targets:**

- **90% of people living with HIV are diagnosed;**
- **90% of all those who are diagnosed with HIV are on treatment; and**
- **90% of those on treatment have a suppressed viral load**

HIV Care Continuum

The HIV Care Continuum (also known as the HIV Cascade of Care or HIV Treatment Cascade) is a model that outlines the sequential steps, or stages of HIV medical care that people living with HIV will go through, from initial diagnosis to achieving the goal of viral suppression (an undetectable, or very low level of HIV in the blood). A comprehensive continuum of care ensures that all persons living with HIV receive the support required to achieve viral suppression. By ensuring that individuals living with HIV are diagnosed and are then linked to and well-engaged in care, the percentage of people able to achieve viral suppression will be increased. The HIV Care Continuum is recognized as a focal point for efforts to maximize individual and public health benefits of antiretroviral therapy. A thorough understanding of the stages in the HIV Care Continuum where individuals are lost to care informs strategies to re-engage individuals to care and subsequently, treatment.

Figure 1 outlines the sequential steps or stages of care that people diagnosed with HIV move through. It is included here as a way to interpret the Continuum for health care professionals, non-health care professionals and people living with HIV.
The ultimate goal is to support individuals living with HIV to achieve viral suppression, however it is recognized that for those who fail to adequately link to care or be retained in care, viral suppression may be a challenge.

Figure 1

Stage		Definition
1	Diagnosed with HIV	confirmed HIV antibody indeterminate or positive and confirmed by laboratory test (positive)
2	Linked to Care	attended an HIV-specific medical visit within 3 months of diagnosis
3	Retained in Care	attended at least two HIV-specific medical visits within the last year, at least 90 days apart
4	Prescribed Antiretroviral Therapy	prescribed at least one prescription for antiretroviral (ARV) within the last calendar year
5	Achieved Viral Suppression	most recent viral load ≤200 copies/ml, or undetectable viral load, confirmed through laboratory test within the last calendar year

SK HIV Collaborative Multi-Year Workplan

Drawing from *Saskatchewan's HIV Strategy 2010-14*, the Strategy Evaluation, the International Advisory Panel on HIV Care Continuum Optimization and consultations with communities of practice, the SK HIV Collaborative has begun the work of developing a multi-year workplan. The "Sharing the Wisdom" HIV Mobilization event is the next step in gathering input into the workplan.

Goal: 90% of people living with HIV are diagnosed

Pillar 1 - Community Engagement and Education

Objectives:

1. Increase knowledge of HIV among the residents of Saskatchewan
2. Increase supportive home environments for people living with HIV people
3. Increase community engagement to address community-related risk factors e.g. inadequate housing
4. Increase leadership participation to address community-related risk factors
5. Increase capacity across disciplines to more effectively provide HIV prevention, education, treatment and support services
6. Provide care that is client-centered, non-judgmental and engaging to all those affective or infected with HIV
7. Harmonize/standardize practices related to HIV prevention, treatment and support services

Activity	Currently Underway	New Activity	Term[1]
Assess community readiness and develop a coordinated and integrated model to address HIV (e.g. Know Your Status) that can be duplicated in other communities throughout the province	X		O
Continue to implement a province-wide social marketing campaign, building on previous four campaigns created (e.g. "HIV - It's Different Now") to promote testing and treatment and reduce stigma and discrimination	X		O
Offer "Culturally Appropriate HIV Diagnosis and Care" training workshops with the support of an HIV treating physician, a Person Living With HIV and an Elder	X		O
Work with Saskatchewan Registered Nurses Association and Saskatchewan Medical Association to ensure nurses and nurse practitioners are functioning at full scope of practice		X	O

Activity	Currently Underway	New Activity	Term[1]
Maintain www.skhiv.ca – an online tool for accessing current HIV/AIDS related information and resources for Saskatchewan	X		O
Promote Routine HIV Testing Guidelines for Saskatchewan (updated March 2015) with care providers and general public	X		L
Continued roll-out of HIV & Sexual Health Modules[2] for health care and allied professionals • Train the trainer sessions • Delivery of content to frontline providers (including peers)	X		O
Create Multidisciplinary Mentorship Model (General Practitioners, Nurses, Pharmacists, Social Workers, allied professionals)	X		M
Review of nursing/medical curricula to ensure adequate coverage of substance abuse		X	S
Continue to offer HIV Rounds via webinar (formerly telehealth)	X		O
Organize annual E–Learning event in partnership with the University of Saskatchewan College of Nursing	X		O
Build membership and disseminate information via the HIV/Hepatitis C Virus (HCV) Community of Practice Google Group	X		O
Deliver presentations and provide education to: i) health care and allied professionals ii) communities iii) Schools	X		O
Increase education to: i) general public ii) police, fire and emergency departments iii) community partners	X		O
Explore opportunities for a formal partnership with Ministry of Education (along with TB, STI strategies) to include relevant material in school curriculum	X		M

[1] S=short term (<1 year); M=medium term (1-2 years); L=long term (2-3 years); O=ongoing

[2] Modules include Sexual Health 101; HIV 101; HIV Testing, Counselling, Reporting, Disclosure & Treatment; Vertical Transmission of HIV; Building Capacity for Sexual Health Care Provision; Sex Positivity; Harm Reduction; Communication & Language; Culture, Space & Identity

Pillar 2 - Prevention and Harm Reduction

Objectives:

1. Provide prevention (primary, secondary and tertiary) resources including best practices to the regions
2. Provide earlier school prevention education opportunities
3. Establish centers delivering holistic prevention/well-being/harm reduction services
4. Provide comprehensive integrated services including health and social supports via mobile services.

Activity	Currently Underway	New Activity	Term[1]
Provide education to front line staff (including Acute Care and Corrections) on harm reduction	X		O
Continue to incorporate best practices into existing/new programs by following the Prevention and Risk Reduction Guiding Principles	X		O
Continued expansion of Take Home Naloxone program to prevent opioid overdoses	X		M
Work with Mental Health and Addictions Action Plan Coordination Task Team to integrate/coordinate services for HIV/Injection Drug Use (IDU) clients with mental health and addiction issues		X	O
Propose expansion of supplies for and access to prevention and risk reduction, e.g. Vitamin C and safer inhalation kits	X		S
Offer education on the risks associated with crystal meth use to frontline staff and clients	X		S
Explore Supervised Injection Sites		X	M
Incorporate prevention strategies for other communities/populations – Lesbian, gay, bi-sexually, transgender, two-spirited, and queer (LGBTTQ) and men who have sex with men (MSM)	X		O

[1] S=short term (<1 year); M=medium term (1-2 years); L=long term (2-3 years); O=ongoing

Goal: 90% of all those who are diagnosed with HIV are on treatment

Goal: 90% of those on treatment have a suppressed viral load

Pillar 3 - Clinical Management

Objectives:

1. Improve HIV client access to medical care
2. Provide one stop diagnosis whenever appropriate
3. Provide rapid initiation of treatment to people diagnosed with HIV whenever appropriate
4. Increase frontline support including capacity, education and standards
5. Promote the use of Highly Active Anti-retroviral Therapy (HAART)

Activity	Currently Underway	New Activity	Term[1]
Continued roll-out of Clinical Reference Toolkit and update to include co-infections of TB and HCV and standard work on requisitions – to facilitate baseline and follow-up blood work	X		S
Continue to deliver Peer to Peer programming (Regina Qu'Appelle, Saskatoon, Prairie North and Prince Albert Parkland, Sunrise Health Regions and the North)	X		O
Continue to deliver multi-disciplinary mobile clinics for HIV/HCV/TB in rural/remote communities and non-traditional settings	X		O
Build capacity in order to sustain clinical care in communities			
i) Expansion of telehealth		X	O
ii) Implementation of Extension for Community Healthcare Outcomes (ECHO)[2] model		X	M
		X	O
iii) Stipend for HIV Care	X		O
iv) Physician Mentorship by Infectious Disease Specialist	X		S
v) Improve access to/integrate with primary care teams and basic medical services			
Improve infrastructure for testing/blood work in rural/remote settings (Viral Load/CD4)	X		S
Continue to expand HIV POCT sites throughout the province and maintain guidelines, including exploration of testing by other health care and allied professionals	X		O
Promote and maintain the Perinatal Protocols for HIV Prevention in Saskatchewan (released December 2015)	X		O
Continue to administer free formula to infants (up to one year of age) born to mothers living with HIV through the Infant Formula Program	X		O
Expand partnerships with home care to improve patient quality of life		X	O
Finalize and disseminate Case Management Guiding Principles (2016)	X		S
Develop and present a joint Continuing Education (Continuing Professional Education/Continuing Medical Education) in Regina and Telehealth to other sites (e.g. Basic overview of key issues related to HIV medications, including for Opportunistic Infections and optimal monitoring)	X		O
Develop and trial ARV checklist for community pharmacists to assist in identifying potential/actual drug-related problems and their management	X		M

Activity	Currently Underway	New Activity	Term[1]
Provide ongoing, high quality HIV/HCV related information to community and hospital pharmacists in Saskatchewan through a variety of media	X		O
Explore opportunities for pharmacist involvement in rural and northern centers	X		
Collaborate with other pharmacists and healthcare providers to streamline medication coverage procedures including transitions in care, gaps in coverage and third party coverage	X		S
Pursue with Saskatchewan Drug Plan returning to 100% coverage of antiretroviral medication to avoid cost barriers to adherence		X	L
Identify actual and potential barriers to adherence and work to streamline, overcome and educate pharmacists about solutions to these barriers	X		O
Provide guidance on the development of a provincial electronic medical record with respect to drug therapy and the role of the pharmacist	X		S

[1] S=short term (<1 year); M=medium term (1-2 years); L=long term (2-3 years); O=ongoing

[2] Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities. http://echo.unm.edu/about-echo/

Pillar 4 - Surveillance & Research

Objectives:

1. Improve the provincial HIV surveillance system
2. Increase knowledge of HIV epidemiology in appropriate audiences
3. Increase sharing of HIV epidemiology information to appropriate audiences

Activity	Currently Underway	New idea	Term[1]
Prepare annual Prevention Risk Reduction Report	X		O
Prepare HIV/AIDS Annual Report	X		O
Prepare HIV/AIDS Quarterly Report	X		O
Implement a standardized clinical management tool to develop reportable data at the clinic level	X		M
Define standard indicators to measure the HIV Continuum/Cascade of Care	X		S
Conduct an Adherence & Drug Resistance Evaluation		X	M
Conduct a Cost Saving Analysis		X	S

[1] S=short term (<1 year); M=medium term (1-2 years); L=long term (2-3 years); O=ongoing

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1. AIDS.gov (June 3, 2015). *HIV Care Continuum*. Retrieved October 17, 2016 from: https://www.aids.gov/federal-resources/policies/care-continuum/

2. International Association of Physicians in AIDS Care (IAPAC). November 2, 2015. *IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents.*

3. Saskatchewan Ministry of Health. June 2015. *Saskatchewan's HIV Strategy 2010-2014: Final Evaluation Report*.

GLOSSARY OF TERMS

Electronic medical records (EMR): refers to the systematized collection of patient and population electronically-stored health information in a digital format.

Harm Reduction: a range of public health policies and programming designed to reduce the harmful consequences associated with various human behaviors such as recreational drug use and sexual activity in numerous settings. A range of non-judgmental approaches and strategies are utilized to provide and enhance the knowledge, skills, resources and supports for individuals, their families and communities to make informed decisions to be safer and healthier.

HIV Care Continuum: The HIV Care Continuum (also known as the HIV Cascade of Care or HIV Treatment Cascade) is a model that outlines the sequential steps, or stages of HIV medical care that people living with HIV will go through, from initial diagnosis to achieving the goal of viral suppression (an undetectable, or very low level of HIV in the blood) (See Figure 1, page 25). The HIV Care Continuum is recognized as a focal point for efforts to maximize individual and public health benefits of ARV therapy. A thorough understanding of the stages in the HIV Care Continuum where individuals are lost to care informs strategies to re-engage individuals to care and subsequently, treatment.

HIV Case Management: HIV Case Management is an adaptable, collaborative, and client-driven process for the provision of quality health and support services through the effective and efficient use of resources. HIV Case Management supports the clients' achievement of safe, realistic, and reasonable goals within a complex health, social and fiscal environment.

HIV Point of Care Testing (POCT): the practice undertaken by health care professionals of providing pre-test counselling, post-test counselling and a preliminary HIV antibody result at the time of testing outside of a designated laboratory.

Know Your Status Model of Care: a client- and community-focused, mobile, multi-disciplinary HIV/STI project delivered in First Nation Communities in Saskatchewan.

LGBTTQ: Lesbian, Gay, Bisexual, Transgender, Two Spirit, Queer. Definitions below (obtained from OUTSaskatoon)

- **L**esbian: a gender specific term that refers to women who have relationships (mental, emotional, physical & spiritual) with other women.
- **G**ay**:** even though gay is a non-gender specific term, gay is typically defined as men who have relationships (mental, emotional, physical & spiritual) with other men.
- **B**isexual: an individual who has or can have relationships (mental, emotional, physical & spiritual) with men and women.
- **T**ransgender: often used as an umbrella term for individuals whose gender identity and gender expression/behavior does not conform to that typically associated with the sex to which they were assigned at birth.
- **T**wo Spirit is a name used by Indigenous People who assume cross or multiple gender roles, attributes, dress and attitudes for personal, spiritual, cultural, ceremonial or social reasons. These roles are defined by each cultural group and can be fluid over a person's lifetime. Being Two Spirit is a gift from Creator.
- **Q**ueer: used as an umbrella term to encompass the gender and sexually diverse community.

Opt-Out HIV Testing: the healthcare provider routinely offers HIV testing and the individual will be tested unless they decline the test (which they have a right to do). (*Canadian AIDS Treatment Information Exchange, 2016*)

Phlebotomy: a procedure that removes blood from the body, as in drawing blood for medical testing.

Pre-Exposure Prohpylaxis (PrEP): a way for an HIV-negative person who is at risk of HIV infection to reduce their risk of becoming infected by taking ARV drugs. (*Canadian AIDS Treatment Information Exchange, 2016*)

Primary Prevention: aimed at avoiding the development of a disease.

Routine HIV Testing: Testing for HIV that is incorporated into routine medical care and no assessment of risk for HIV is required for a test to be offered to the patient. The Saskatchewan Ministry of Health recommends that voluntary confidential HIV testing and counselling be considered at least once every five years in all adults. Testing may be repeated more frequently based on risk factors.

Safe Injection Sites (also known as Supervised Injection Sites or Supervised Consumption Sites): legally-sanctioned, medically-supervised facilities designed to reduce public drug use and provide a hygienic environment in which individuals are able to consume illicit recreational drugs intravenously.

Secondary Prevention: early detection of a disease.

Social Determinants of Health: Factors such as housing, income, education, employment and social support impact the health of individuals and communities and disproportionately place vulnerable and marginalized populations at risk of poor health outcomes.

Telehealth: links patients to health care teams across the province using highly secure videoconferencing technologies, also used to deliver educational sessions.

Tertiary Prevention: Reducing the impact of an already established disease.