



From left to right: Dr. Evan Adams, B.C. Aboriginal Health Physician Advisor; Gregg Szabo, Vice-President, Specialty Products, Merck; Tiko Kerr, Vancouver-based artist; Dr. Susan MacDonald, Northern Interior Medical Director, Northern Health; Dianne Doyle, President and CEO, Providence Health Care; Hon. Kevin Falcon, Minister of Health Services; Dr. Julio Montaner, Director, BC Centre for Excellence in HIV/AIDS; Henry Hiebert, First Nations Community Volunteer; Dr. Reka Gustafson, Medical Health Officer, Vancouver Coastal Health

## B.C. government funds \$48-million Seek and Treat program

The Government of B.C. and the BC Centre for Excellence in HIV/AIDS (BC-CfE) made history at St. Paul's Hospital on the morning of February 4, 2010.

In the hospital's expansive New Lecture Theatre, B.C. Health Services Minister, Kevin Falcon, stepped up to the podium in front of staff members, persons living with HIV, media, BC-CfE partners and government officials, and pledged \$48 million for a life-saving pilot program that has been more than five years in the making.

The pilot, called Seek and Treat, will be implemented in Vancouver's Downtown Eastside and Prince George and is the first of its kind in Canada and internationally. Over four years, it will expand access to HIV and AIDS medications among hard-to-reach populations, including sex trade workers, injection drug users and men who have sex with men.

The Seek and Treat program will enable health care workers to reach out to more British Columbians living with HIV and to engage those individuals who are medically eligible to gain access to medications to stop HIV's progression to AIDS. Meanwhile, with more people suffering from HIV enrolled in effective HAART treatment, the virus' ability to spread to others in the community will be significantly reduced or even eliminated.

"Seek and Treat promises to decrease HIV and AIDS-related suffering and further prevent the spread of HIV," said Falcon, to appreciative applause from those celebrating this milestone in the battle to defeat HIV and AIDS.

"British Columbia continues to be a recognized global leader in the fight against HIV/AIDS with this groundbreaking approach thanks to the BC Centre for Excellence in HIV/AIDS at St. Paul's Hospital, under the leadership of Dr. Julio Montaner," Falcon added.

*continued on Page 2 >*

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continued from front page



Minister of Health Services Kevin Falcon announced the Seek and Treat pilot project, a \$48-million initiative to expand HIV treatment, testing, and support to under-serviced individuals in Vancouver's Downtown Eastside and Prince George.

During the media conference, Dr. Montaner noted the key role of the B.C. government, Minister Falcon and Premier Gordon Campbell in supporting the BC-CfE and its programs to advance HIV and AIDS research and science over the years.

"Through Premier Campbell's commitment to HIV treatment, care and research, we will reduce AIDS-related deaths and HIV infections in B.C., and we will show the world how to do it," said Dr. Montaner, director of the BC-CfE and the original developer of the innovative Seek and Treat concept.

B.C. artist Tiko Kerr attended the celebration and spoke in support of HAART, the work of the BC-CfE, and the B.C. government's much anticipated funding announcement. Mr. Kerr, who has been HIV-positive for 25 years, said that since he began taking the new drugs in 2006, he feels "like I've been given my life back."

*The Globe and Mail*, which dubbed Seek and Treat a "street-smart, ambitious" strategy, noted that Mr. Kerr, supported by several other patients and Dr. Montaner, has waged a high-profile battle with Canadian health regulators to obtain access to experimental HIV drugs.

Seek and Treat will create the opportunity to respond to regional increases in AIDS infection and mortality. The pilot program will target HIV care in the Downtown Eastside and Prince George and will include Aboriginal populations in those areas as recommended in the provincial health officer's report, *Pathways to Health and Healing*.

Northern Health, Vancouver Coastal Health and Providence Health Care will lead the regional implementation of the pilot project with support from the Provincial Health Services Authority, including the BC Centre for Disease Control, under the leadership of the BC-CfE.

The B.C. government will provide funding to these organizations to invest solely in Seek and Treat, and these key health agencies, along with local AIDS service organizations have stated their intention to do so in a number of unique and supportive ways (please see comments, *A partnership in progress: Implementing Seek and Treat in B.C.*, Page 3).

Merck has committed \$1.5 million over three years to the BC-CfE to help evaluate the pilot program.

"The BC-CfE is a pioneer in HIV/AIDS research, and continues to be a leader in the global effort to provide innovative therapies and healthcare strategies to combat this epidemic," said Gregg Szabo, vice-president, Specialty Products at Merck. "We are proud to support the BC-CfE and the B.C. government in their efforts to expand care for British Columbians living with HIV/AIDS and prevent further HIV infections in the province and throughout Canada."

For patients, HAART treatment prevents virus replication, slows disease progression, extends life expectancy and significantly reduces the number of new HIV-related diseases and AIDS-related deaths.

Since 2004, the number of people in B.C. using HAART has doubled to more than 5,000. For British Columbians who know they have HIV/AIDS and are connected to the health-care system, accessing HAART is relatively straightforward and provides extremely positive outcomes. However, there is a large segment of the at-risk population not connected to the health system, and Seek and Treat aims to go out, diagnose, support and provide treatment to those who are medically eligible, where possible.

It is estimated that more than 12,000 people in B.C. are living with HIV, and approximately 27 per cent of these individuals remain undiagnosed. Mathematical modelling suggests that this pilot project in these two regions could avert as many as 173 HIV infections in the first five years, which in turn, represents about \$65 million in avoided lifetime HIV treatment costs alone.

# A partnership in progress: Implementing Seek and Treat in B.C.

**Dr. Evan Adams, Aboriginal Health Physician Advisor, Office of the Provincial Health Officer, Ministry of Healthy Living & Sport**

“Inner-city, First Nations populations have a complicated health-delivery system – more complicated than that for other British Columbians. Navigating and co-ordinating all of their different programs, funders and bureaucracies so they work better for the clients – and co-ordinating multidisciplinary teams to be culturally-sensitive – will be the most difficult challenges. It will be important for Aboriginal AIDS service organizations to be nimble in accommodating the ‘new players’ and teams on the field, and for teams to focus on the co-ordinated, treatment-oriented (especially medical treatment) model proposed by Seek and Treat.”

**Ross Harvey, Executive Director, British Columbia Persons with AIDS Society (BCPWA)**

“The assistance of AIDS service organizations will be utterly crucial to the success of the entire strategy because, without it, the individuals involved will be unable to sustain the treatment regimens. And migration between Vancouver Coastal Health or Prince George and other health authority areas – especially Fraser – will be a major challenge; AIDS service organizations in those other areas must be involved, too. BCPWA will engage this population through public health nurse contact and referral. BCPWA will offer peer counselling, treatment and other information, individual advocacy and an array of support services.”

**Dr. David Ostrow, President and CEO, Vancouver Coastal Health (VCH)**

“The government has already demonstrated its commitment by generously funding the pilot strategy. VCH will work with them and our partners to support the evaluation process in a manner that helps determine its effectiveness and sustainability. Since the HIV/AIDS epidemic in the early 1990s, government and VCH have significantly increased their commitment to these clients as demonstrated in the expenditure of dollars to the infrastructure of harm reduction. These networks, supported by health care providers, community groups and peers will be available to assist in the support required in the Seek and Treat strategy.”

**Dianne Doyle, President and CEO, Providence Health Care**

“Our plan is to bring together expertise from the BC-CfE and health authorities to reduce the current gaps between science and practice. For example, we know once people are aware of their HIV status they are less likely to transmit HIV, but we also know that there are many people within B.C. who are undiagnosed. The Seek and Treat strategy can help improve the outcomes for these British Columbians and provide better linkages between data sources to have a clearer provincial and regional picture. However, for Seek and Treat to succeed, it’s imperative there be clear accountabilities and one organization leading the overall strategy. The BC-CfE at Providence Health Care has this leadership as identified by government and having pioneered HAART, advocated for its expansion, and being a provincial, national and international leader in treating HIV/AIDS.”

**Cathy Ulrich, President and CEO, Northern Health**

“It’s important that those already involved in serving this population are part of the engagement strategy and that we integrate this approach with strong primary care support. This will require innovation and non-traditional approaches. We are actively engaging AIDS service organizations in an integrated approach to deal with blood-borne pathogens, including but not limited to the Seek and Treat strategy. We are also building on and linking to current outreach activities that provide proactive care to hard-to-reach populations in our midst.”

**David Swan, Executive Director, AIDS Vancouver**

“Individuals who have not tested for HIV and thus are not on medications are the most hard-to-reach population. In many cases these are individuals who are suspicious of government and health care providers, often for very good reason. They are also individuals whose social determinants of health make it difficult for them to make and keep appointments and maintain a regular medication regimen. Finding these individuals, gaining their trust, and maintaining their regimens are going to be the greatest challenges in implementing this program.”

COMMUNITY PROFILE

# Partnership will help evaluate impact of Dr. Peter Centre health services



Maxine Davis

A new collaboration between the Dr. Peter AIDS Foundation (DPAF) and the BC Centre for Excellence in HIV/AIDS (BC-CfE) will help evaluate the impact of the Dr. Peter Centre model of health care service on clinical outcomes.

According to a preliminary memorandum of understanding, the two organizations will develop a data linkage using the DPAF's Electronic Client Record system and the BC-CfE's clinical information system currently in use at the St. Paul's Hospital Immunodeficiency Clinic.

The objective of the collaboration is to share information for the purpose of monitoring, evaluation, and quality improvement.

"One of our interests is that the Dr. Peter Centre be able to demonstrate through data that we are making a contribution to the health outcomes of individuals," says Maxine Davis, executive director of the DPAF, which operates the Dr. Peter Centre.

"This ability to use data coupled with the expertise available at the BC Centre for Excellence in HIV/AIDS will give all of us an opportunity to understand the contribution we're making to improved health."

The Dr. Peter Centre serves HIV-positive individuals for whom treatment is complicated by

multiple illnesses, disabilities, and life circumstances. The centre provides a day-health program and a 24-hour residence program with full nursing care. In addition to health care services, counselling and addictions support are offered, along with music and art therapy.

"Research shows that one of the top determinants of anyone's health is the presence of a social support network in one's life," says Davis. "Most clients here do not have a strong support network, and we have created a place where they can get that support."

Davis believes the Dr. Peter Centre's "clinical services in a social milieu" have a key role to play in supporting the expansion of antiretroviral therapy through the BC-CfE's Seek and Treat pilot program.

The effective delivery of HIV treatment among hard-to-reach individuals is often precluded by underlying issues of stigma, severe addiction, and serious mental illness. Overcoming these barriers, Davis notes, can take months or years.

"If Seek and Treat is going to be effective, there's got to be far more capacity for people to come off the street and into therapeutic care settings," she says.

## Quick Facts about Dr. Peter Centre

**Location:** 1110 Comox Street, Vancouver

**Services:** British Columbia's only day-health program and 24-hour nursing care residence for people living with HIV/AIDS. For a full description of services, please visit [www.drpeter.org](http://www.drpeter.org).

**Contact:** 604-608-1874; [info@drpeter.org](mailto:info@drpeter.org)

## BC Centre for Excellence in HIV/AIDS

- > Improve the health of British Columbians with HIV through comprehensive research and treatment programs;
- > Develop cost-effective research and therapeutic protocols;
- > Provide educational support programs to health-care professionals;
- > Monitor the impact of HIV/AIDS on B.C. and conduct analyses of the effectiveness of HIV-related programs.

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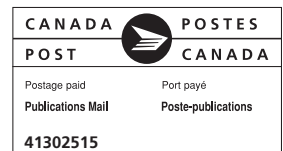
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Funding for the BC Centre for Excellence in HIV/AIDS is provided by the B.C. Ministry of Health through Pharmacare and the Provincial Health Services Authority.



**Correction:** In the January 2010 issue, *Forecast* profiled the Positive Women's Network (PWN). In the Quick Facts section, we referred to the organization in its abbreviated form as PWA. It should be PWN, as indicated in the article.