



LIVE GRAPHIC RECORDING | Drawing Change
Sam Bradd

BC-CfE & Vancouver Coastal Health Collaborate on new Treatment Optimization of Psychosis (TOP) Collaborative

The Treatment Optimization of Psychosis (TOP) Collaborative officially launched on Wednesday, June 23rd. TOP is a quality improvement initiative led by the BC Centre for Excellence in HIV/AIDS (BC-CfE) in partnership with Vancouver Coastal Health's (VCH) Mental Health and Substance Use Services.

TOP aims to systematically share, measure and implement best practices in the treatment of psychosis in community settings rather than in hospitals. Teams from across the VCH region will come together to achieve similar goals over the course of 12 months – connecting people living with psychosis with the best possible treatment, care and monitoring in their own communities, while raising awareness of effective clozapine treatment.

Clozapine is the only treatment approved by Health Canada for people who live with treatment-resistant psychosis (TRS). Compared with other medications, clozapine is about twice as likely to succeed in reducing their symptoms. However, a small percentage of people may have side effects and require extra supports. TOP is designed to help teams develop the expertise to offer this treatment to all clients who could benefit from it. The TOP team noticed how this medication was severely underutilized in BC compared to other jurisdictions and seeks to change this. For example, in Australia and New Zealand clozapine usage is estimated to be about 30% in TRS, but only 17% in BC.

Bob Chapman, Interim Vice President of Vancouver Community for VCH said, "We know that many people living with mental health challenges often receive other treatments before the ideal treatment option. This quality improvement initiative will bring greater

awareness of the efficacy and safety of medication and help to ensure that health-care practitioners can best support their clients who may benefit from optimized treatment options."

With nearly 80% of adults in BC having at least one dose of COVID-19 vaccine, and more than one million people in BC fully vaccinated, the COVID-19 pandemic in BC is hopefully nearing its end. However, those living with mental health challenges suffered disproportionately negative impacts throughout the pandemic as physical distancing, isolation, and instability in work and relationships took their tolls.

In the VCH region, psychosis is the number one cause of readmission to acute psychiatry within 30 days of discharge. TOP has the potential to improve the health of individuals and decrease the use of acute care as research indicates that for appropriately selected patients, clozapine is associated with 18.6 fewer inpatient days per year per client treated.

Hon. Sheila Malcolmson, BC Minister of Mental Health and Addictions said, "For too long, it's been hard for people experiencing psychosis to access care. This new training program will improve care and treatment, and might reduce the need for hospital care. I am grateful for Vancouver Coastal Health and the BC Centre for Excellence in HIV/AIDS, supporting families and people living with psychosis."

TOP's origins are rooted in the experiences and accomplishments of the Treatment as Prevention® (TasP®) strategy pioneered by the BC-CfE. TasP® created a legacy of health-system improvement in B.C. through programs such as the Seek and Treat for Optimal Prevention HIV/AIDS Program and the BOOST

Collaborative (Best-Practices in Oral Opioid agonist Therapy).

The TOP Collaborative will follow the same approach in its implementation to shift initiation of psychiatric care from hospital to community settings; build capacity at each participating community mental health and substance use team in the VCH region; and improve the quality of care for clients living with psychosis.

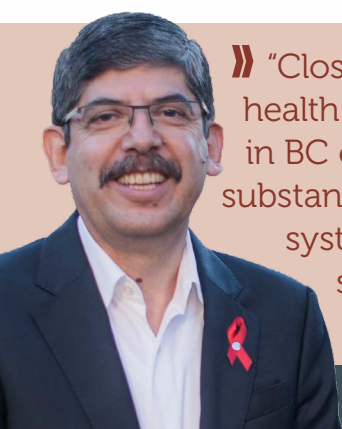
The scope of TOP is large, as all VCH community adult mental health and substance use teams, Assertive Community Treatment, and Early Psychosis Intervention teams will be included in the collaborative. This means Strathcona, West End, Kitsilano, South, North East, Grandview-Woodlands, Ravensong, Early Psychosis Intervention, Vancouver Coastal Assertive Community Treatment teams, and Sechelt Mental Health and Addiction Services will each send several delegates for learning events and have these delegates disseminate the knowledge they gain.

TOP participants will take part in eight continuing medical education events for physicians, clinical staff, and administrative support staff; TOP learning sessions, focused on how to create and sustain clinical changes; action periods where information learned is implemented; and four one-hour webinars focused on topics covered in the learning sessions.

Hardeep Thind, Coastal Regional Manager, British Columbia Schizophrenia Society said, "it's really important for families to have good, accurate information – I believe providing this training will assist frontline staff and help them be more confident in sharing information on clozapine."

» "Closing the gap between science and practice is essential to improving the health of populations. The same successful interventions used to control HIV in BC can be modified to manage other conditions such as mental health and substance use. Shifting the focus of health services from a reactive to a proactive system of care that supports clients where they are is essential for this success."

— BC-CfE Senior Medical Director, Dr. Rolando Barrios



BC-CfE guides creation of a Provincial Best Practice in HIV Case Management document



PROVINCIAL BEST PRACTICE IN HIV CASE MANAGEMENT

Provincial Best Practice in the Re-engagement and Engagement in Treatment for Antiretroviral Interrupted and Naïve Populations (RETAIN)

Providing a standardized practice in RETAIN will add comprehensive support for people living with HIV who have become disengaged from care, or have delayed engagement in HIV care following diagnosis.



Interior Health



island health



northern health



First Nations Health Authority

After consultations with regional health authorities, and the First Nations Health Authority, the BC-CfE is proud to announce the publication of the *Provincial Best Practice in HIV Case Management*.

Aiming to provide a practice standard, this document has arisen through the Re-engagement and Engagement in Treatment for Antiretroviral Interrupted and Naïve populations (RETAIN) Initiative. Launched in 2016, RETAIN is a partnership with regional health authorities to improve upon the previous system for identifying and re-engaging people living with HIV (PLWH) in BC who may have interrupted treatment.

The BC-CfE played a pivotal role in the creation of antiretroviral therapy (ART) which significantly improves the health and longevity of PLWH. PLWH on consistent ART can achieve a suppressed viral load with no possibility of transmitting HIV. However, ART interruptions remain a challenge to improving health outcomes and reduced transmission and delayed ART initiation for newly diagnosed PLWH remains prevalent.

The crucial element of the RETAIN Initiative involves creating clear communication pathways between clinical teams and coordinating case management teams so both sets of teams can work together to bring people living with HIV into care.

Two phases of the RETAIN Initiative have been implemented to achieve this. First, a Clinician Alert is sent to the HIV Care Provider most recently linked to the patient which includes Public Health contact information. The alert is for people either HIV positive and ART naïve (never been treated with ART) or interrupted ART for two months and have not yet resumed.

Next is Routine Coordination of Case Management Support. This is the core component of RETAIN:

ensuring province-wide, public health directed support for all PLWH who have interrupted ART or who have yet to initiate therapy. This may include case management, outreach, or other client-specific interventions at the discretion of Medical Health Officers in each Regional Health Authority.

In creating the best practices document, a RETAIN working group identified five intervention stages to help guide the coordination for outreaching and engaging clients: 1 - Receive and Review, 2 - Investigation, 3 - Establish Relationship, 4 - Facilitate the Connection to Care, and 5 - Monitor the Connection to Care.

Members of teams responsible for RETAIN clients should work with the priorities of the client. As it states, "In many circumstances, re-engaging in HIV care may not be their highest priority. Housing, dealing with mental health and/or substance use issues, applying for disability benefits and obtaining ID and/or status card may be more of a priority for clients." Building relationships with clients may eventually lead to re-engagement in HIV care by helping them to navigate such services.

Additionally, each Health Authority has specific structures which dictate roles and responsibilities of their HIV Case Management teams, key members and/or agencies for collaboration, community partnerships, documentation processes, referral services, and information access.

BC now has an official, standard process of routine coordination to support a public health response in reaching individuals with HIV who are not accessing or have interrupted treatment that can be used as a provincial, national, and international resource.

COVID-19

BC-CfE COVID-19 update

BC's provincial state of emergency, in place since March of 2020 due to COVID-19, was lifted on July 1st. While the pandemic endures around the world, BC's vaccine rates are high and continue to climb and case counts are steadily dropping.

Throughout the pandemic, BC-CfE researchers have been at the forefront of the research efforts to combat COVID-19, contributing their expertise to help better understand the evolutionary genetics of the virus, its spread, and how to best safeguard our population.

Dr. Jeffrey Joy, is the senior research scientist in the BC-CfE molecular epidemiology and evolutionary genetics group. His research interests focus on evolutionary epidemiology, virus evolution, phylogenetics, population genetics, and molecular evolution. Working with his lab, which includes research assistants Angela McLaughlin, Brad Jones, and Rachel Miller, biotechnician Vincent Montoya, and postdoctoral fellow Dr. Gideon Mordecai, Dr. Joy continues to lead efforts to combat COVID-19.

One of Dr. Joy's more recent studies found that federal restrictions on non-essential international travel decreased the proportion of COVID-19 cases from international transmission. However, Dr. Joy's team found that this drop coincided with exponential growth of within-province transmission. These findings helped dispel the perception that many of Canada's cases came from international sources. The CBC reported on the study and presented the information in a compelling and interactive graphic format, which can be accessed here. Dr. Joy's research could inform future policy decisions for reducing virus spread as the study found, "strong evidence that international introductions and interprovincial transmission of SARS-CoV-2 contributed

to the Canadian COVID-19 burden throughout 2020, despite initial reductions mediated by travel restrictions in 2020."

Other recent COVID-19 research by the BC-CfE found that more than half of the imported variants of the coronavirus that led to outbreaks in Canada likely came from the United States. Russia, India, Italy and the U.K. were found to be the next biggest sources of imported virus. This research is critical in disputing the notion of China as the key spreader of COVID-19, an idea which has led to a radical increase in anti-Asian racism and violence. Dr. Joy's research found that COVID-19 arriving directly from China accounted for relatively little transmission of COVID-19 here in BC.

This study was made possible by a remarkable international database of DNA sequences of SARS-CoV-2 which the BC-CfE was able to access. This invaluable resource enables scientists to track, at the genetic level, where and how the pandemic is spreading.

Other recent studies from Dr. Joy's lab have focused on the genesis of the pandemic in North America and Europe, available here; where, when, and how different parts of the SARS-CoV-2 genome have been favoured by natural selection, summarized in depth here; the circumstances surrounding the evolution of SARS-CoV-2 variants of concern; and consequences of interaction between the SARS-CoV-2 pandemic and the HIV pandemic.

These recent studies are some of the many that the BC-CfE has successfully undertaken during the pandemic, demonstrating the value and adaptability of BC-CfE's HIV/AIDS research, redeployed as demand for resources and priorities shifted to the fight against COVID-19.

New Engage Study technical report published



BC-CfE researchers recently published the Engage Vancouver study (also known as Momentum II) technical report. The study serves as a snapshot of the health and wellbeing of cisgender and transgender gay, bisexual and other men who have sex with men (GBM) living in Metro Vancouver from February 2017 to August 2019.

The sample of 753 GBM participants come from varying sociodemographic backgrounds and the diversity embedded in the study helps to provide valuable behavioural and biological data. The research found about one in five (19.4%) of GBM were living with HIV in Vancouver. Almost all (99.8%) GBM living with HIV were aware of their HIV-positive status, 88.7% of GBM living with HIV were receiving antiretroviral therapy (ART), and 98.4% had a suppressed (<200 copies/ml) viral load. These are marked improvements in the Cascade of Care metrics from the results of the first Momentum Health Study, which ran from 2012-2019.

Another encouraging finding in this research is that among HIV-negative/unknown GBM, participants who also reported six or more partners in the past six months reported higher HIV (85%) and STI (75%) testing compared with other GBM. This finding suggests those who will benefit most from testing are more likely to seek it out.

Ultimately, the Engage Vancouver study shows GBM in Vancouver are very engaged in care, likely due to BC's commitment to **Treatment as Prevention**® as a public health policy for HIV since 2010.

If you're interested in learning more, please visit the Momentum Study website at momentumstudy.ca

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 BC and conduct analyses of the effectiveness of HIV-related programs.

Physician Drug Hotline
1.800.665.7677

St. Paul's Hospital Pharmacy Hotline
1.888.511.6222

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