

HOP 1992 - 1996

<p>1992</p> <ul style="list-style-type: none"> Clinic has seen 2400 unduplicated Clients since 1987 No longer a wait list Expansions include procedure clinic, discharge clinic, CMV screenings, GI clinic, pulmonary clinic, adolescent clinic and colposcopy clinic Staff additions include liaison nurse, associate RN and an epidemiologist Expansion of psychiatry to 5 days per week Urgent appointments available 5 days per week HIV state program office adopted HIV formulary ASD project expanded to include patients under 13 years of age Negative pressure rooms added Increased case management capability through use of outside contracts 	<p>1993</p>	<ul style="list-style-type: none"> Census is 1900 active patients 33 research studies ongoing Expansion of sub-specialty services including dental, gynecology, surgical services and mental health services Instituted on-call scheduling to handle after-hours medical needs of HIV patients Expanded home health and hospice services Infusion services performed in clinic in an effort to decrease hospital admissions HOP research committee was formed CMV clinic starts Clinic founder, Dr. Ted, retires; later this year he passes away Staff additions include dentist, dental hygienist, nutritionist, nurse manager, additional primary care MD, and a security guard Expanded formulary to include Parenteral meds 	<p>1994</p> <ul style="list-style-type: none"> Census is 1800 active patients Appointments are still being made using ledger books Wave scheduling starts Formal relationships established with NO/AIDS Task Force, EXCELTH, Planned Parenthood and the Wetmore TB clinic Research Ya-Ya Newsletter started to provide staff with information and education on research activities in the clinic – 30 studies ongoing Volunteers number 32 Weekly group therapy sessions begin Pharmacy and radiology services move on-site Adult pain management services Community Advisory Board (CAB) planning begins 	<p>1995</p> <ul style="list-style-type: none"> 4000 unduplicated clients since clinic opened Viral load testing is available Clinic budget for nutritional supplements for patients is approved Clinic moves to 136 S. Roman St and space doubled Expansion of pain/stress/narcotics use management services Added a psychiatrist to staff Outreach to transgender population begins Addition of healing touch services Instituted quality assurance program Gained national recognition for comprehensive clinic design 	<p>1996</p> <ul style="list-style-type: none"> Census is 1800 active patients, and clinic is taking in 48 new patients per month Maternal/Child visits up 24% over previous year First student internship program Governor Foster leaves funding for HIV/AIDS out of the state budget HOP becomes a Community Care provider Formal dedication of 136 S. Roman St Awarded RWCA funds for medications and substance abuse initiatives
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In the Big Picture

<ul style="list-style-type: none"> FDA approves Zerit (stavudine) under the parallel track policy CDC awards grants for group-level interventions including behavior change and prevention case management services to HIV-negative people FDA approves first rapid HIV test AIDS becomes #1 cause of death among men between 25 and 44 years of age FDA approves Hivid (zalcitabine) for use in conjunction with AZT only 8 months after application is submitted 	<ul style="list-style-type: none"> President Clinton establishes the Office of National AIDS Policy (ONAP) FDA approves use and sale of female condoms CDC revises AIDS case definition 	<ul style="list-style-type: none"> Zerit (stavudine) gets final approval by the FDA CDC recommends use of AZT by pregnant women to reduce chances of mother-child transmission of HIV OraSure, the first HIV saliva test (and does not use blood), is approved by the FDA More antiretrovirals become available AIDS becomes #1 cause of death for all Americans between 25 and 44 	<ul style="list-style-type: none"> HAART (Highly Active Antiretroviral Therapy) era begins Drug resistance to antiretroviral therapy is documented Saquinavir, the first protease inhibitor, a new class of drugs for treatment of HIV/AIDS, is approved by the FDA Expanded access to clinical trials for HAART Epiriv (lamivudine) is approved for use by the FDA 	<ul style="list-style-type: none"> First guidelines on the use of HAART are distributed Effectiveness of HAART creates an air of optimism FDA approves Nevirapine, the first NNRTI (non-nucleoside reverse transcriptase inhibitor) The number of new AIDS cases declines for the first time since the onset of the disease Triple combination therapy becomes the new standard of care FDA approves Norvir (ritonavir)
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