Ending the HIV Epidemic: Reaching the Unsuppressed and Out of Care Panel Discussion

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Dr. Brooks and Dr. Cheever have no financial affiliations to disclose. (Updated 11/26/19)

2020 National Ryan White Conference on HIV Care & Treatment

30 years of Innovating Care, Optimizing Public Health, Ending the HIV Epidemic
• Clinical Conference: August 9-11, 2020
• National Conference: August 11-14, 2020
• Marriott Marquis Washington, DC
• Abstract Submissions Open: November 18, 2019, through December 20, 2019

Ending the HIV Epidemic: Presenters and Panel Members
• Two-Pronged Attack: HIV Testing in a South Florida Healthcare System
  Elizabeth Sherman, Memorial Healthcare System
• CrescentCare's Immediate ART Continuum
  Lorna Seybolt, CrescentCare
• The Undetectables Project
  Andre Brutus, Brooklyn-Plaza Medical Center, Inc.
• A Multidisciplinary Intervention to Address Patients in Care who are Not Virally Suppressed
  Paula Seal, Louisiana State University Health Sciences Center
• Implementing Tailored Interventions to Improve Retention and Viral Suppression in a Rural Ryan White Clinic
  Michelle Collins-Ojie, Warren-Vance Community Health Center, Inc.
Four Pillars of Ending the HIV Epidemic

Diagnose
All people with HIV as early as possible.

Treat
People with HIV rapidly and effectively to reach sustained viral suppression.

Prevent
New HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond
Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

People with HIV in care
- Improve viral suppression rates
- Decrease disparities

People newly diagnosed with HIV
- Enhance linkage to care
- Enhance engagement in care

People with HIV out of care
- Expand re-engagement in care
- Improve retention in care

Identifying the Challenges Ahead

PrEP Medication Access for Uninsured Patients

HOW CAN PATIENTS PARTICIPATE?
- If PrEP medication is a good option for your patients, they can choose the application process that is most convenient:
  - GetYourPrEP.com
  - By phone: 855.447.8450
  - In person at a healthcare provider’s office, including a community health center where trained staff can assist.
- Patients can receive PrEP medication through a pharmacy of their choice.

Ready, Set, PrEP makes PrEP medications available at no cost.

New Orleans, LA, December 4-7, 2019, Ryan White HIV/AIDS Program CLINICAL CONFERENCE
<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Cheever, MD, ScM</td>
<td>Associate Administrator</td>
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Ending the HIV Epidemic

Test and Link to Care

Rapid Start

Retention in Care

Viral Suppression

Re-Engagement in Care

Two-Pronged Attack: HIV Testing in a South Florida Healthcare System

Elizabeth Sherman, PharmD
Memorial Healthcare System

Dr. Sherman has received grant support from Gilead. (11/13/2019)
Goals: Memorial’s HIV Testing Program

- The Miami-Ft. Lauderdale-West Palm Beach metropolitan area (MSA) leads USA in new HIV diagnoses and prevalence of diagnosed HIV1
  - Ft. Lauderdale (Broward county) #1 in new HIV diagnoses and HIV prevalence1
  - Memorial Healthcare System is the public healthcare system of south Broward county and one of the largest public healthcare systems in USA
- Approximately 80% of new HIV transmissions from persons with undiagnosed HIV or those not in care2
- Memorial’s large-scale HIV testing program identifies patients who are undiagnosed, or diagnosed and not retained in care, and links them to medical services including our RWHAP-funded clinic


Methods: 2-Pronged Approach to HIV Testing

1. Opt-out 4th generation HIV testing for all patients in emergency department (ED)

2. Point-of-care testing (POCT) for patients in the 9 primary care clinics, aboard the adult mobile health center (AMHC), and for partners/caregivers/family members of patients in clinics/ED
   - Collaboration with the Gilead Sciences’ FOCUS program and Florida Department of Health
   - Physician champions: Dr. Randy Katz and Dr. Paula Eckardt

Results: July 2018 - June 2019

1. Opt-out 4th generation HIV testing for all patients in ED
   - 22,067 patients tested
   - 121 positive (0.5% reactive rate)
   - 83 previously diagnosed (53% were engaged in care)
   - 38 new diagnoses
   - 104 linked to/retained in care (86% of positives)

2. POCT for patients in primary care clinics, aboard AMHC, and for partners/caregivers/family members
   - 11,389 persons tested
   - 31 positive (0.2% reactive rate)
   - 30 (97%) linked to care
Lessons Learned: HIV Testing Program Expansion

1. Opt-out 4th generation HIV testing for all patients in ED
   • Frontline ED staff require ongoing training
   • Stigma remains a challenge: patients and providers afraid to say "HIV"
     • 83 patients previously diagnosed – but did not disclose status
     • ED treated 96,016 patients – yet only 54,932 were screened

2. POCT for patients seen in the primary care clinics, aboard AMHC, or community members
   • Testing can impact patient throughput time
   • Decreasing number of POCT performed as HIV testing is routinized

Further Applications

• The Memorial Healthcare System HIV testing program demonstrates an effective HIV testing initiative working to end the HIV epidemic
• Knowledge of serostatus is the first step in accessing HIV treatment, reducing transmission, and mitigating public health challenges
• HIV testing programs can be rapidly expanded within healthcare systems and can serve to increase testing in communities
• If you test them, you will find them!
### Ending the HIV Epidemic

**CrescentCare's Immediate ART Continuum**

Lorna Seybolt, MD  
CrescentCare

Dr Seybolt has no relevant financial affiliations to disclose. (11/13/2019)

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**CrescentCare Start Initiative (CCSI):**
Patients newly diagnosed with HIV seen by a provider within 72 hours (optimally same-day) and provided 30 days of ART

**Early Intervention Services (EIS):**
Same protocol but patients contacted clinic over 72 hours after diagnosis  
Range: 4 days – 25 years

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### Procedure/Methods

**Medical Provider Visit:**
- HIV Lifecycle, importance of adherence, U=U discussed  
- Comorbidities assessed  
- Physical Examination  
- Provider option to not rx, alter medications if suspected resistance  
- 30 day-supply of TAF/FTC/DTG  
- DOT – first dose in clinic

**Post-Provider Visit:**
- Enroll in insurance programs  
- Intake Labs obtained  
- Social Work services for those with urgent needs
Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Median Time to Suppression (days)</th>
<th>Mean Time to Suppression (days)</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCSI</td>
<td>28</td>
<td>40.4</td>
<td>227</td>
</tr>
<tr>
<td>EIS</td>
<td>27</td>
<td>51.28</td>
<td>141</td>
</tr>
</tbody>
</table>

2. Time from Diagnosis to First Viral Load Suppression: CCSI
2. Time from Linkage to Care to First Viral Load Suppression: EIS

Key Facilitators of RAPID Intervention

- Same-day appointments
- Flexible provider scheduling (on call backup)
- ART-regimen preapproval prior to genotyping or lab testing
- Availability of ART starter packs
- Accelerated process for health insurance initiation
- Observation of first ART dose in clinic (recommended)
- Guarantee sustained access to ART

Concluding Comments

- Both cohorts demonstrate that starting patients on the day of diagnosis or linkage, before labs are obtained, is highly accepted, safe and well-tolerated
- Rapid entry/initiation improves
  - Time to viral suppression
  - Viral suppression at 12 months
  - Retention in care at 10–12 months
  - Survival at 12 months (international studies)
- Rapid entry/initiation is feasible in a variety of settings
- There are differences between newly diagnosed patients (viral suppression 90%) and those who deferred immediate linkage (viral suppression 77%) P = 0.0071
- Immediate ART leading to rapid viral suppression will be a key component of ending the HIV epidemic
The Undetectables Project

Andre Brutus, MD
Brooklyn Plaza Medical Center, Inc.

Dr Brutus has served as a speaker for Gilead Sciences, Inc., ViiV Healthcare, and Janssen. (Updated 12/2/19)

**GOALS**

In 2018, viral load suppression among new patients dropped 15% from the previous year.

Increase viral load suppression by 15% among New Patients (newly diagnosed & new to care) by December 31, 2019.

**METHODS – Data Driven**

- When comparing 2017 data, we learned that our New Patients (particularly those New to Care) significantly impacted the clinic’s overall VLS rate in 2018. 15% drop in new patients VLS in 2018.
- In Quarter 1, 2019, the Quality Improvement Team reviewed 2018 viral load suppression data in the electronic medical record by comparing 2018 VLS among New patients versus VLS among Existing Patients.
- To address this gap in care, the Quality Improvement Team:
  A. Conducted a monthly review of the data during QI Meetings to assess which patients’ VL had increased over 200
  B. Through reports generated in the EMR, assessed which patients missed clinic or case management appointments
  C. Ensured Case management staff follow up with patients & the pharmacy to ensure patients picked up their medication.
The Undetectables Project is an evidence-based HIV intervention designed to help clients achieve and maintain viral suppression.

Funded by both HRSA (RWPC) and NYC DOH (RWPA), the Rising Heights Program was able to provide increased outreach, and offer incentives (through special funding from DSRIP) to engage, retain and promote treatment adherence among PLWHA disproportionately impacted by social determinants of health such as:

- Homelessness/housing instability
- Substance/mental health issues
- Poverty
- Marginalization due to sexual orientation or gender identity

Primary Methods to Increase Viral Load Suppression

- Robust follow-up via phone calls & home visits
- Integrated case conferences
- Behavioral health assessment & referrals to the SW
- Motivational interviewing
- Adherence education (pill boxes, blister packs)
- Motivation
- DOT for ARV meds
- $100 gift card (Funded through DSRIP)

RESULTS – Viral Load Indicators

<table>
<thead>
<tr>
<th></th>
<th>January 2017</th>
<th>January 2018</th>
<th>January 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Clients Enrolled</td>
<td>247</td>
<td>235</td>
<td>242</td>
</tr>
<tr>
<td># of Clients Suppressed</td>
<td>81%</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td># of Clients with VL &gt;200</td>
<td>16%</td>
<td>11%</td>
<td>9%</td>
</tr>
<tr>
<td># of Clients &lt;20</td>
<td>65%</td>
<td>67%</td>
<td>66%</td>
</tr>
<tr>
<td># of Clients w VL &lt;200</td>
<td>81%</td>
<td>85%</td>
<td>86%</td>
</tr>
<tr>
<td>Total New Clients</td>
<td>26</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td># of Clients Suppressed</td>
<td>65%</td>
<td>50%</td>
<td>64%</td>
</tr>
<tr>
<td># of Clients with VL &gt;200</td>
<td>2%</td>
<td>3%</td>
<td>19%</td>
</tr>
<tr>
<td># of Clients &lt;20</td>
<td>42%</td>
<td>50%</td>
<td>56%</td>
</tr>
<tr>
<td># of Clients w VL &lt;200</td>
<td>65%</td>
<td>50%</td>
<td>64%</td>
</tr>
</tbody>
</table>

LESSONS LEARNED

- Robust follow up via phone calls & home visits bolsters patient adherence to medication;
- Financial incentives are extremely helpful as a tool in helping the provider and staff maintain engagement with fragile patients;
- Adherence groups are a useful forum in receiving feedback from patients on their adherence barriers; (Pill fatigue, Disclosure – family does not know status, care of family, depression)
- Monthly monitoring of VLS Reports provided enhanced structure for staff in using data as a reference to perform targeted outreach & engagement of fragile patients
- Through the use of data & proven HIV intervention strategies, viral load suppression among New Patients increased by 14% as of November 30, 2019.
Ending the HIV Epidemic

A Multidisciplinary Intervention to Address Patients in Care who are Not Virally Suppressed

Paula Seal, MD, MPH
Louisiana State University Health Sciences Center

Dr. Seal has no relevant financial affiliations to disclose. (11/13/19)

Background

- Setting: HIV Outpatient Program at University Medical Center
  New Orleans, serves over 1650 people living with HIV
- Provides comprehensive, interdisciplinary HIV primary care
- On-site services include psychology, psychiatry, dentistry, pharmacy, social work, health education, and patient navigation
- Receives Ryan White Parts A and C
- VL suppression was 86% in 2018
Inclusion

• All patients with 2 viral loads >1000 in the last 6 months were included in the intervention.
• The goal was to increase to viral suppression from 0% to 85% at one year.
• Began in February 2019

Intervention

Patient Navigation contacted the patient 3 days prior for an appointment reminder.

At the scheduled visit, Patient Navigation and Health Education met with the patient.

Health Education scheduled an adherence follow-up appointment with the patient to review adherence to ART, and assist with pill boxes, etc.

After the visit, Patient Navigation followed up by phone with the patient to confirm receipt of antiretroviral therapy and assess motivations and barriers.

Health Education engaged patients at adherence appts and by phone.

Barriers and other adherence issues were directed to the appropriate providers and team members for further intervention and additional visits as needed.

Results

• 54 patients met the inclusion criteria (~3% of clinic)
  – 49% had a psychiatric diagnosis
  – 36% had substance abuse
  – 36% had one or more hospitalizations in the last year
  – 30% had difficulty understanding medication instructions
  – 90% were African American (versus 76% in the clinic)
  – 42% were women (versus 33% in the clinic).

• At six months, viral suppression was 56%.
  • 33% had issues with transportation and 17% with medication acquisition.
Conclusions

- While time intensive, an interdisciplinary intervention can improve viral suppression among patients in care but not virally suppressed.
- Intervention is ongoing, and we will reassess viral suppression in January 2020.

Ending the HIV Epidemic

Implementing Tailored Interventions to Improve Retention and Viral Suppression in a Rural Ryan White Clinic

Michelle Collins-Ogle, MD
Warren-Vance Community Health Center, Inc.

Dr. Collins-Ogle has no relevant financial affiliations to disclose. (11/21/19)
Retention Initiatives and the National HIV/AIDS Strategy

**National HIV / AIDS Strategy (NHAS)**

- Reducing New HIV Infections
- Increasing Access to Care and Improving Outcomes
  - Improving linkage into care and retention to achieve viral suppression that can reduce transmission risk
  - Increase a diverse workforce trained to provide specialty care
  - Support comprehensive, coordinated, patient-centered care
- Reducing HIV Related Disparities and Health Inequities
- Achieve A More Coordinated National Response

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**Patient Care and Retention Program**

Assessment for Patient Care and Retention Intervention

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Reduced Risk</th>
<th>Care Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>No reliable Transportation</td>
<td>Reliably Transported</td>
<td>Reliable Transportation</td>
</tr>
<tr>
<td>Unstable Housing/ Homelessness</td>
<td>Reliably Housing</td>
<td>Reliable Housing</td>
</tr>
<tr>
<td>Recent Change in Contact Information</td>
<td>Change in Contact Information</td>
<td>Stable Contact Information</td>
</tr>
<tr>
<td>Low Income/Poverty</td>
<td>Income/Poverty</td>
<td>Income/Poverty</td>
</tr>
<tr>
<td>HS/Pregant/High Incidence</td>
<td>HS/Pregant/High Incidence</td>
<td>HS/Pregant/High Incidence</td>
</tr>
<tr>
<td>Inadequate Food/Rations</td>
<td>Adequate Food/Rations</td>
<td>Adequate Food/Rations</td>
</tr>
<tr>
<td>Internal Health/Current Substance Abuse (alcohol)</td>
<td>History of Mental Health/Substance Abuse</td>
<td>No Substance Abuse</td>
</tr>
<tr>
<td>Missed at least 2 consecutive visits</td>
<td>Frequent Fliers</td>
<td>No Missed Visits</td>
</tr>
<tr>
<td>Increased VL or no longer Virally Suppressed</td>
<td>Virally Suppressed</td>
<td>Virally Suppressed</td>
</tr>
</tbody>
</table>

**High Risk Patient Care And Retention Program Demographics 2014-2018**

<table>
<thead>
<tr>
<th>Variable</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age: mean yrs</td>
<td>38</td>
<td>48</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>Female</td>
<td>107(38%)</td>
<td>64(44%)</td>
<td>71 (44%)</td>
<td>71( 44%)</td>
</tr>
<tr>
<td>Male</td>
<td>175(62%)</td>
<td>81(56%)</td>
<td>89 (56%)</td>
<td>89(56%)</td>
</tr>
<tr>
<td>MSM</td>
<td>88(50%)</td>
<td>36( 44%)</td>
<td>46 (52%)</td>
<td>42(47%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-white</td>
<td>243 (86%)</td>
<td>131(89%)</td>
<td>143 (89%)</td>
<td>143(89%)</td>
</tr>
<tr>
<td>White</td>
<td>39(14%)</td>
<td>14 (11%)</td>
<td>17 (11%)</td>
<td>17(11%)</td>
</tr>
<tr>
<td>Social Media</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 (37%)</td>
<td>57 (36%)</td>
<td>59(36%)</td>
<td>66(43%)</td>
<td></td>
</tr>
<tr>
<td># Food Visits</td>
<td>94(65%)</td>
<td>103 (64%)</td>
<td>100(63%)</td>
<td>112(74%)</td>
</tr>
</tbody>
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New Orleans, LA, December 4-7, 2019, Ryan White HIV/AIDS Program CLINICAL CONFERENCE
Patient Care And Retention Program (PCARP)

Conclusion

- Identifying patients at highest risk for not being retained is important to target intervention efforts to those groups.
- Invalid contact information, food insecurity, lack of nutritional resources and not being virally suppressed are strong predictors of retention.
- Other important factors more specific to rural communities are inconsistent transportation and lack of a family based support network.
- Characteristics associated with retention will necessarily vary between urban and rural clinics. Rurality of HIV in the deep south becomes important when prioritizing interventions for improvement.
- We highlight the importance of addressing social determinants of health on patient retention, including case management, transportation, use of social media, food and nutrition.

Ending the HIV Epidemic

Discussion:
Attendee Innovations and Implementations