The Nevada 2019 Ryan White HIV AIDS Program Part B Providers Summit

Plenary Topic: Integration of HIV Prevention and Care

January 28, 2019

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HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)

Workshop Learning Objectives

Participants will:

- Review the Health Resources and Services Administration's HIV/AIDS Bureau's (HRSA HAB) successes in ending the HIV epidemic and work to integrate HIV prevention and care
- Explore and challenge the understanding of "integration"
- Consider HIV in Nevada using the existing data and current data gaps
- Understand the role of the Ryan White HIV/AIDS Program (RWHAP) Part B providers can play in integrating prevention and care in an effort to end the HIV epidemic

Agency Overview

Health Resources and Services Administration (HRSA)

HIV/AIDS Bureau (HAB)

Ryan White HIV/AIDS Program (RWHAP)

Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.

HRSA's Ryan White HIV/AIDS Program

- ✓ Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
  - More than half of people living with diagnosed HIV in the United States – nearly 535,000 people – receive care through the Ryan White HIV/AIDS Program
- ✓ Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- ✓ Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- ✓ 85.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2017, exceeding national average of 59.8%

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2017; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)

RWHAP Moving Forward

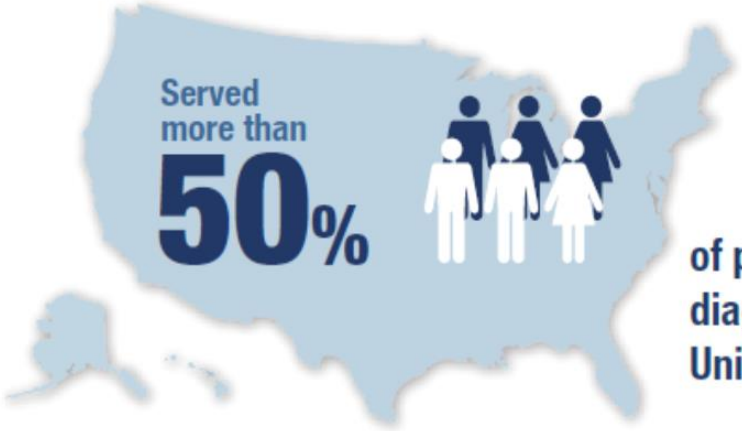
- ✓ Public health approach to provide a comprehensive system of care
- ✓ Ensure low-income people living with HIV (PLWH) receive optimal care and treatment

Clients Served by the Ryan White HIV/AIDS Program (non-ADAP), 2017

Served

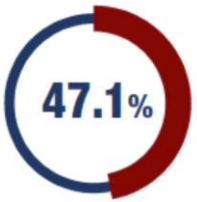
534,903

clients in 2017



of people living with diagnosed HIV in the United States

73.6% of clients were **racial/ethnic minorities**



of clients identified as Black/African American

of clients identified as Hispanic/Latino

62.8% of clients were **living at or below 100% of the Federal Poverty Level**

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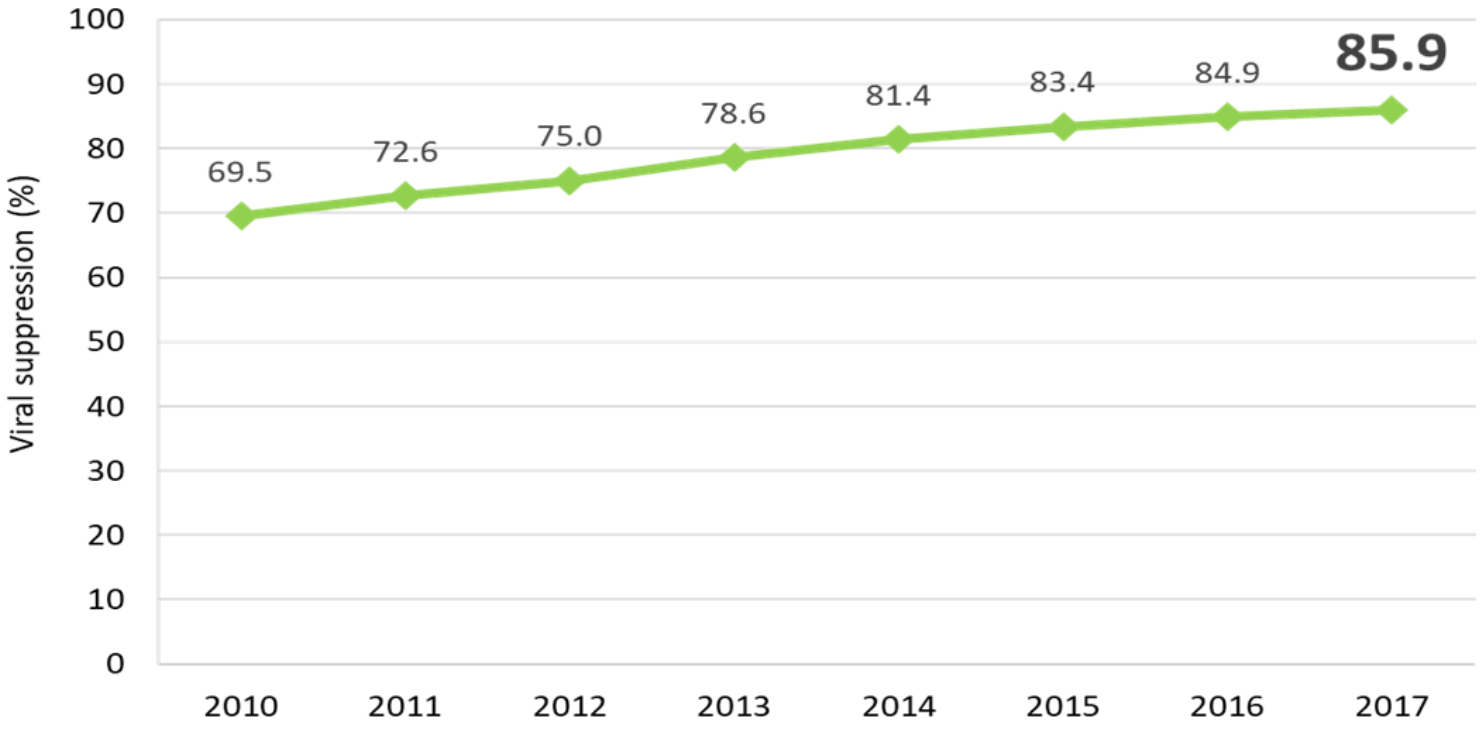
Viral Suppression among RWHAP Clients (non-ADAP), 2010–2017—United States and 3 Territories[a]



Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

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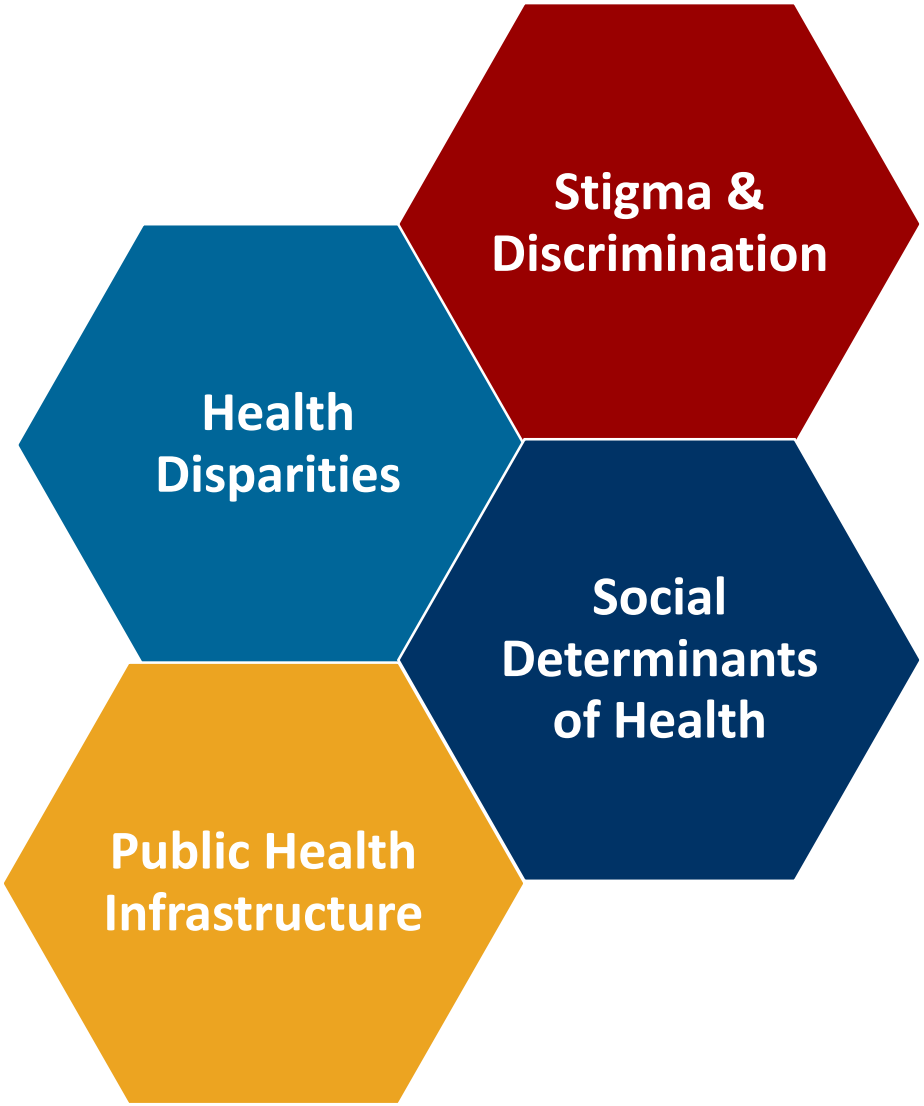
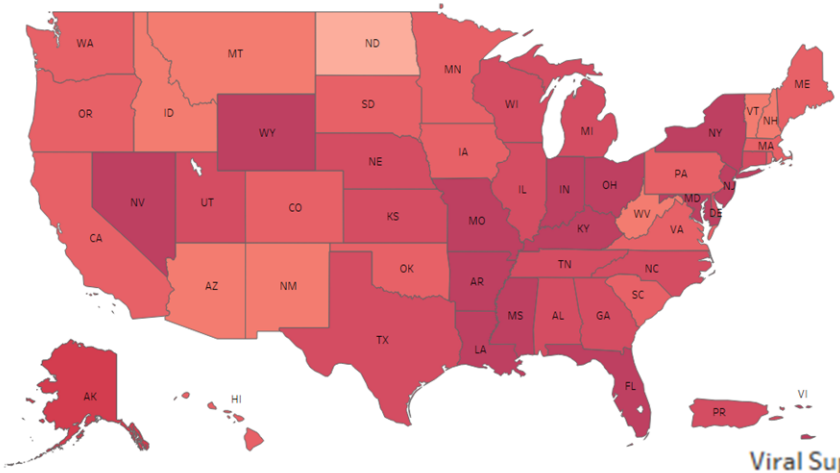
Structural Barriers to PLWH-Centered Health Care System



PUBLIC HEALTH as a KEY DRIVER OF SUCCESS

Viral Suppression among RWHAP Clients, by State, 2010 and 2017—United States and 2 Territories[a]

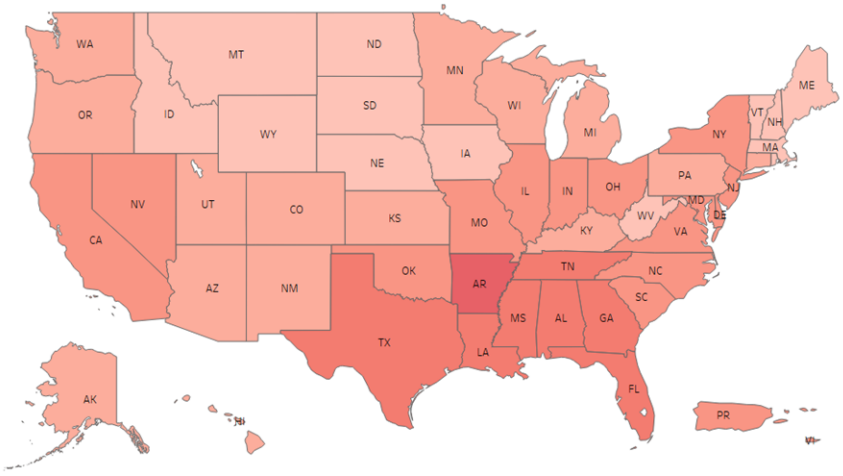


IN 2010 **69.5%** VIRALLY SUPPRESSED

Viral Suppression (%)

- 52.9-66.8
- 66.9-72.8
- 72.9-79.9
- 80.4-85.0
- 85.4-87.7
- 88.1-90.0
- 90.3-97.2

IN 2017 **85.9%** VIRALLY SUPPRESSED



Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Puerto Rico and the U.S. Virgin Islands

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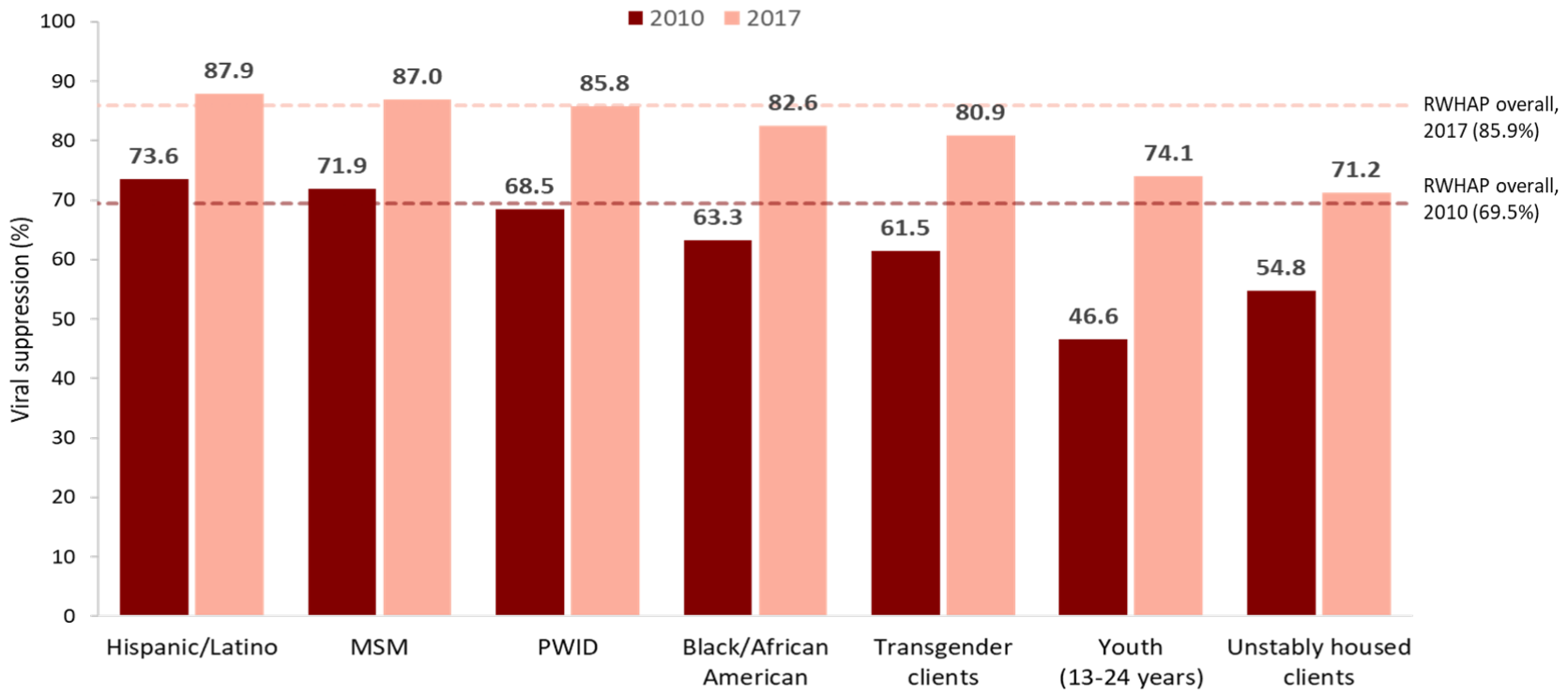
Viral Suppression among Key Populations of RWHAP Clients, 2010 and 2017—United States and 3 Territories[a]



Hispanics/Latinos can be of any race.

Viral suppression: ≥1 OAHS visit during the calendar year and ≥1 viral load reported, with the last viral load result <200 copies/mL.

[a] Guam, Puerto Rico, and the U.S. Virgin Islands.

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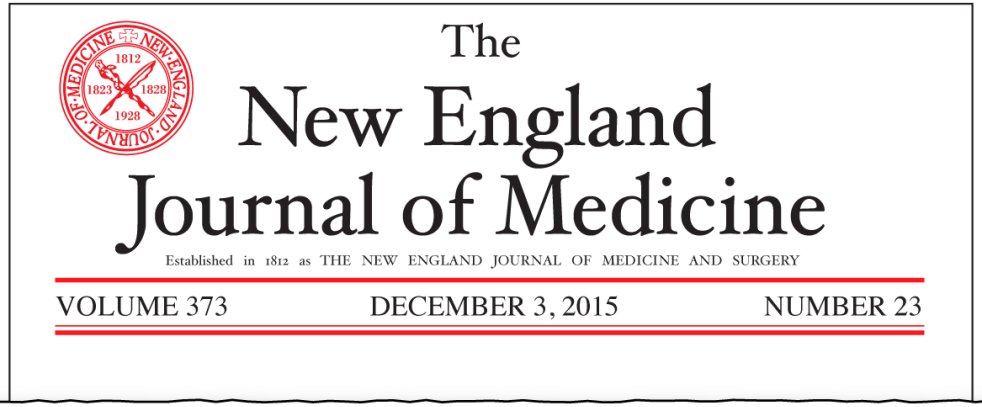


Ending the HIV–AIDS Pandemic — Follow the Science

AS Fauci & HD Marston

Integration of HIV Prevention and Care

What Are We Really Talking About?

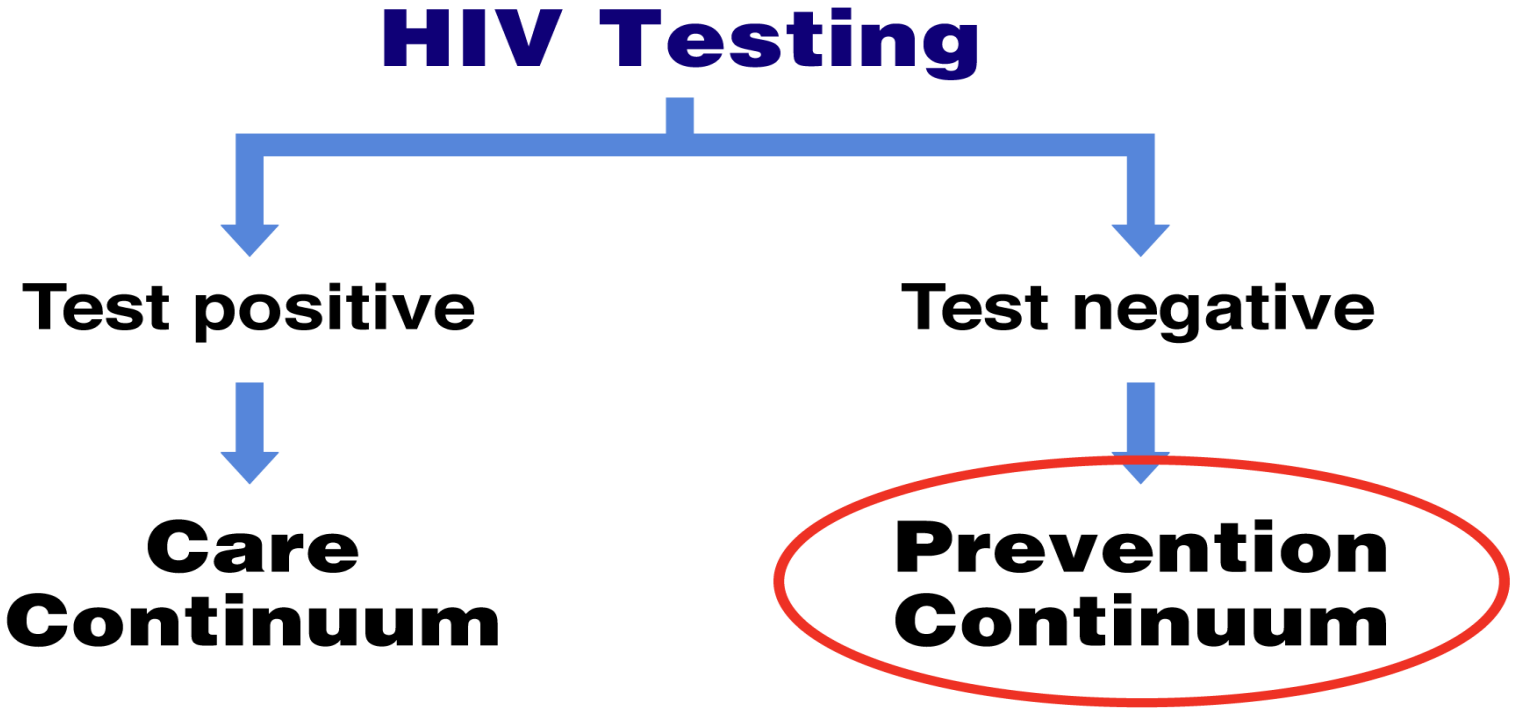
Integration of Prevention and Care

What do we really mean when we talk about an integration of HIV prevention and care?

"the act or process of combining two or more things in an effective way" – Cambridge Dictionary

What is truly needed to turn theory into action and process?

- **Understanding of our systems in order to integrate**
  - What's working and what's not working
  - What works for one population may not work for others
- **Collaboration**
  - Community and other stakeholders involved in testing, prevention and care
- **Coordination**
  - Support for universal HIV testing
  - Rapid linkage to care for those who test positive
  - Comprehensive HIV prevention
- **Communication**
  - Use of data to communicate our progress, challenges and needs
  - The news about the importance of viral suppression
- **Willingness to be effective**
  - Including policy and legal
  - Stop funding what's not working and fund science based, evidence informed practices


HIV Testing
Test positive
Test negative
Care Continuum
Prevention Continuum

Activities to Support Viral Suppression and Incorporate Viral Suppression Messaging

- Scientific advancements in HIV care and treatment created the potential to end the HIV epidemic
- Studies show strong evidence of the prevention effectiveness of antiretroviral therapy (ART) medication for people living with HIV
- People living with HIV who take HIV medications daily as prescribed and who achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to a HIV-negative partner
- People living with HIV are encouraged to start and stay on treatment to keep them and their partners healthy
- Viral suppression messaging is an important tool that can help us end the epidemic

The Benefits of Maintaining an Undetectable Viral Load Bring Good News in the Fight Against HIV

- Sharing information on the effectiveness of maintaining an undetectable viral load, can have a profound impact on attitudes, beliefs, and behaviors that result in stigma and discrimination and should be incorporated into efforts to link and engage individuals in care.

- Health care services that should incorporate these messages include but are not limited to outpatient ambulatory health services, health literacy, medical case management, early intervention services, case management and treatment adherence services.

- It is vitally important for HIV providers to encourage people living with HIV to make life-long commitments to HIV treatment adherence.
  - Current treatment guidelines recommend life-long HIV treatment for everyone diagnosed with HIV.
  - The goal of HIV care and treatment is to get viral load down as low as possible.
  - When treatment is taken daily as prescribed and reduces viral load, there is effectively no risk of sexual transmission.

HIV in Nevada

What Does the Data Tell Us?

HIV in Nevada - Source AIDSVu.org

Number of people living with HIV in 2015

- 8,906

Number of people living with HIV in 2015, by Race

- 23.8% Black | 24.7% Hispanic/Latinx | 44.6% White

Number of people living with HIV in 2015, by Sex

- 83.7% male
- 16.3% female

Rate of people living with HIV in 2015 per 100,000 people

- 371

HIV in Nevada - Source AIDSVu.org

Number of new HIV diagnoses in 2016

- 525

Rate of new HIV diagnoses in 2016 per 100,000 people

- 21

Number of deaths of people with diagnosed HIV in 2015

- 119

Rate of deaths of people with diagnosed HIV in 2015 per 100,000 people

- 5

Nevada Challenges: HIV/AIDS Among Youth in Nevada

- Rates of youth living with HIV/AIDS and new HIV infections among youth are increasing in Nevada.
- Among youth, the burden of the epidemic is among males.
- Rates of new HIV infections disproportionately affected Blacks for both males and females.
- MSM is the primary risk of new HIV infections for males and heterosexual contact for females.

Source: http://dpbh.nv.gov/Programs/HIV-OPHIE/dta/Publications/HIV/AIDS_Surveillance_Program_(HIV-OPHIE)_-_Publications/

Nevada Challenges: Summary of STDs Among Youth

- Youth aged 15-24 years old are disproportionately affected by chlamydia and gonorrhea in Nevada especially women and minorities.
- Chlamydia rates among Black females are eight times that of Hispanics and five times that of Whites.
- Nevada is experiencing increasing trends of chlamydia among males and females.
- Black males have the highest rates of reported gonorrhea cases among youth in Nevada.

Source: http://dpbh.nv.gov/Programs/HIV-OPHIE/dta/Publications/HIV/AIDS_Surveillance_Program_(HIV-OPHIE)_-_Publications/

Nevada Challenges: Opioid Use In Nevada

- In 2016, there were 408 opioid-related overdose deaths in Nevada—a rate of 13.3 deaths per 100,000 persons and equal to the national rate.
- From 2011 to 2016, the number of heroin-related deaths doubled from 40 to 86 deaths, while deaths related to prescription opioids has been steadily decreasing from 362 to 275 deaths.

Source: https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/nevada-opioid-summary

HIV In Nevada – Source PAETC Needs Assessment

- The vast majority (86%) of infections are in Clarke County (which includes the major urban area of Las Vegas), followed by Washoe County (which includes Reno) (10%), with the remaining infections fairly evenly distributed across the remaining 15 counties.
- A prominent regional variation (that translates directly into a key need for improvements in the early steps of the HIV care continuum) is the difference in proportion of new HIV infection that were late diagnoses: roughly 32% of new infections in Clarke and Washoe Counties were late diagnoses (diagnosed with AIDS within 12 months of initial HIV diagnosis) whereas 64% of new infections in all other counties were late diagnoses.
- This was especially significant among APIs, for whom 50% were late diagnoses, and among the 45-64 year old age groups which had a 54% late diagnosis rate. MSM (75% of new infections in 201430) and transgender individuals continue to be disproportionately represented among new HIV infections, as do blacks (20% of new infections versus 7% of the population).
- When we look at population wide data, all states in the Pacific AIDS Education Training Center (PAETC) region are at or above the national average for HIV diagnosis rates, all are above the national average for linkage to care, and all except Nevada are above the national average for retention in care and viral suppression.

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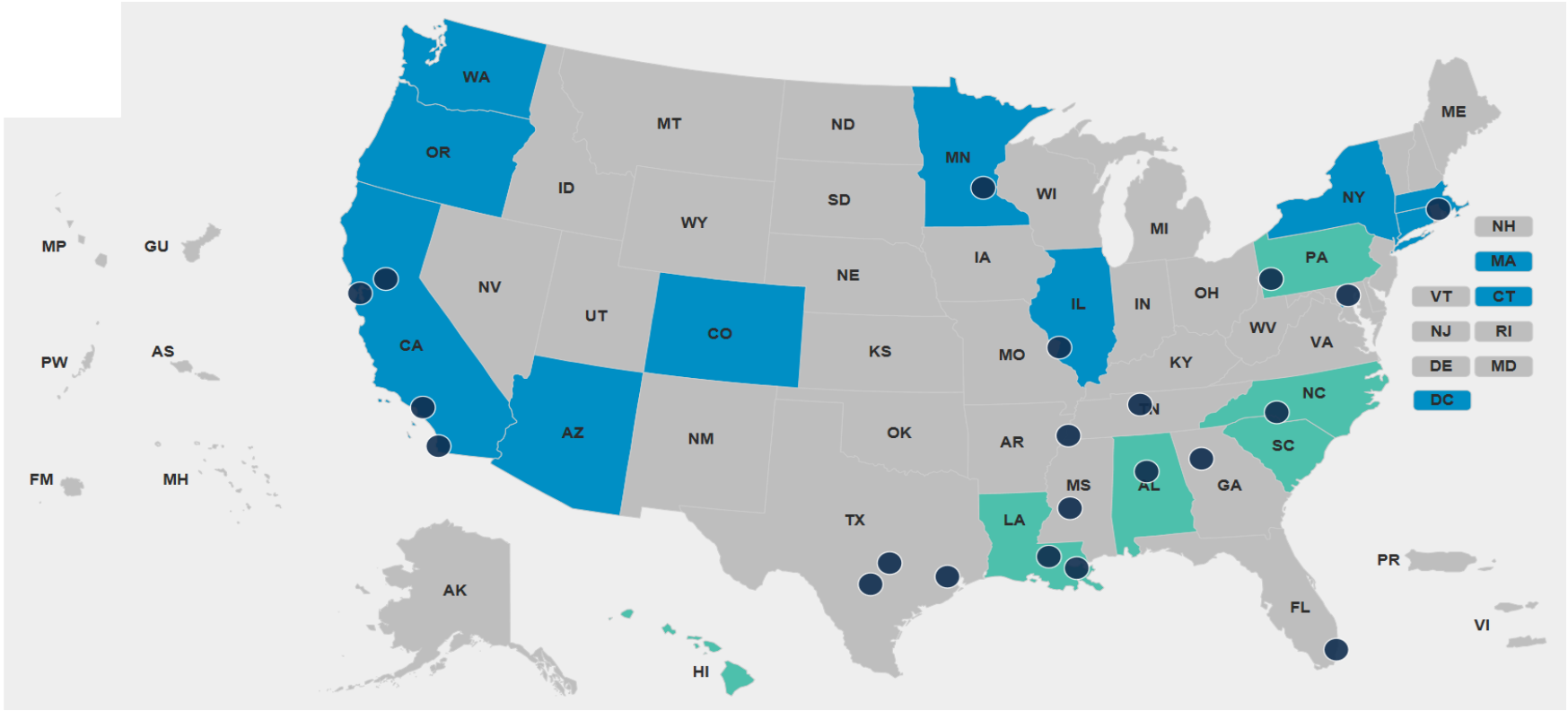
Ending the Epidemic – Jurisdictional Plans



Source: https://www.nastad.org/maps/ending-hiv-epidemic-jurisdictional-plans

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Integration of Prevention and Care to Fast Tracking the End of AIDS in Nevada

- More **HIV Testing** with prompt linkage to care or prevention services
- Linkage to Care working with the unique Points of Entry in Nevada [consider expanding Early Intervention Services (EIS) under RWHAP Program Parts A and B]
- **Immediate antiretroviral therapy (ART)** for all HIV-infected people for their health and to help prevent on-going transmission
- **Using data** to help determine which populations are facing disparities in health outcomes
- **Tailoring services** to address the social and economic determinants of health
- **Pre-exposure prophylaxis (PrEP)** and **other HIV prevention services** for individuals at high risk of HIV infection

Ending the Epidemic – Getting There

The Washington Post

January 10, 2016

Opinions

No More Excuses. We Have the Tools to End the HIV/AIDS Pandemic.

Anthony S. Fauci

Thank You!

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