Ryan White: Improving the HIV Care Continuum

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Disclosures

Consultant Gilead Sciences

http://ryanwhite.com

Objectives

1. Understand the HIV care continuum for Nevada
2. Identify potential gaps in the care continuum
3. Identify potential solutions

POLL: Who is in the room?

My role in Ryan White:

a. Ancillary care (pharmacist, nutritionist, therapist)
b. Case manager (eligibility, social worker)
c. Linkage coordinator / peer navigator
d. Mid level (APRN, PA)
e. Nurse (clinic or case manager)
f. Physician (HIV provider, psychiatrist)
g. Public health surveillance (DDCS, DIIS, epidemiology)
h. Ryan white administration (budget, quality, etc)
i. Other

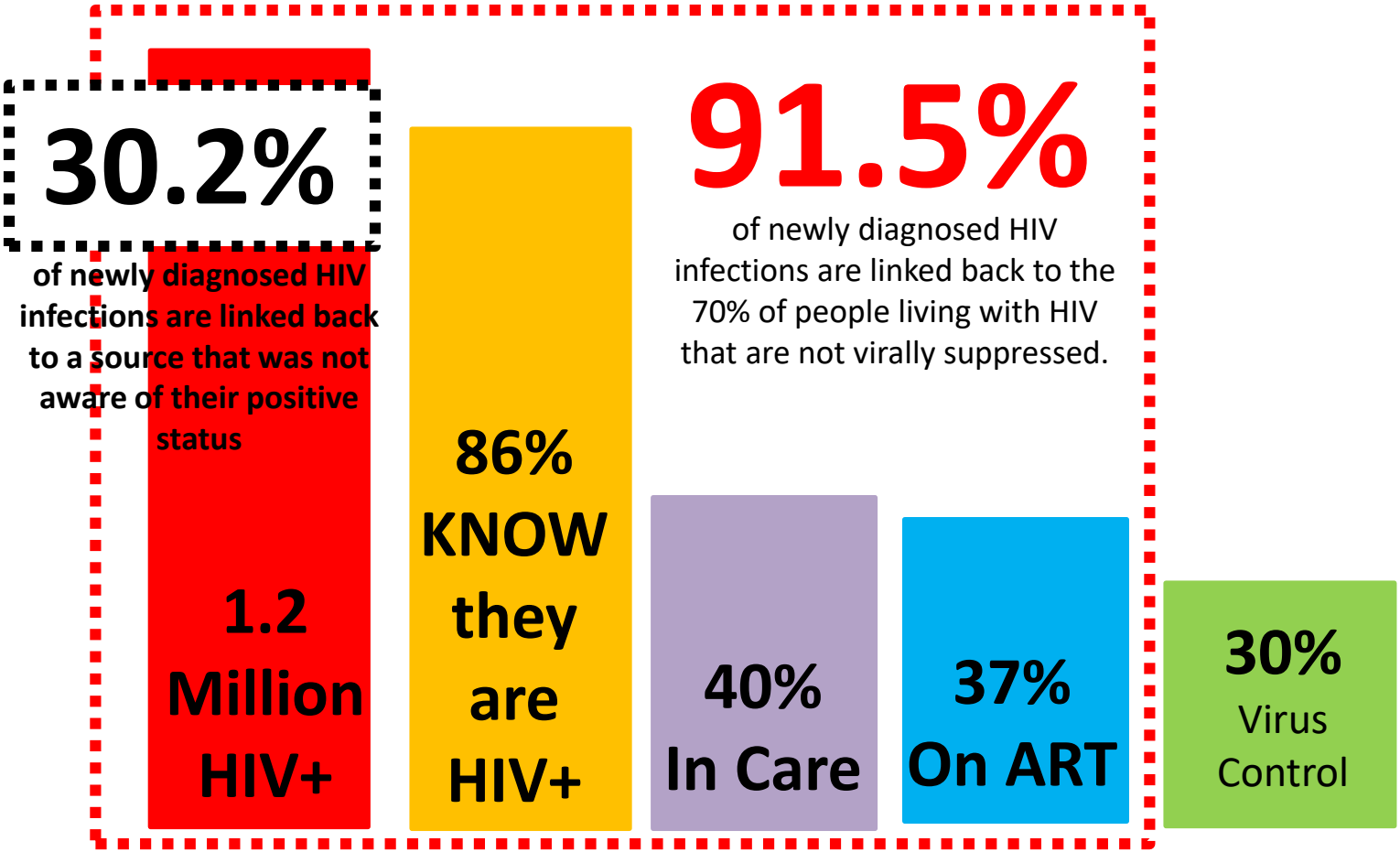
http://www.epi.umn.edu/mch/resource-hrsa-2017-health-equity-report/

I read books...
yesterday.

read

HIV Care Continuum

Estimated percentage of persons living with HIV infection*
by outcome along the HIV care continuum – United States, 2011
*N = 1.2 million people living with HIV (PLWH)



Adapted from Bradley, H. et al (2014). Vital Signs: HIV Diagnosis, Care, and Treatment Among Persons Living with HIV – United States, 2011. MMWR. Morbidity and Mortality Weekly Report, 63(47); 1113-1117. Retrieved from: http://www.cdc.gov/mmwr/pdf/wk/mm6347.pdf

POLL: For HRSA/HAB, what is the linkage to care interval?

a. # newly dx who attended a routine HIV medical care visit within 1 year of diagnosis
b. # newly dx who attended a routine HIV medical care visit within 3 months of diagnosis
c. # newly dx who attended a routine HIV medical care visit within 1 month of diagnosis

HIV Care Continuum

Linkage: (as of March 2017 publication)

$$\frac{\text{\#newly dx attending HIV medical visit within 1 month of dx}}{\text{\#newly dx in the measurement year}}$$

Linkage:

$$\frac{\text{\#newly dx attending HIV medical visit within 3 months of dx}}{\text{\#newly dx in the measurement year}}$$

https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

POLL: For HRSA/HAB, what is the cutoff value for viral suppression?

a. HIV RNA PCR < 200 copies/mL
b. HIV RNA PCR < 150 copies/mL
c. HIV RNA PCR < 40 copies/mL
d. HIV RNA PCR < 20 copies/mL
e. HIV RNA PCR that is undetectable

HIV Care Continuum

Viral load suppression:

$$\frac{\text{\#PLWH with last viral load <200 copies/mL in measurement year}}{\text{\#PLWH with at least one medical visit in the measurement year}}$$

https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

POLL: For HRSA/HAB, what is the performance measure for retention in care?

a. # missed appointments (no shows) during the observation period
b. # completed visits / # total scheduled visits during the observation period
c. Proportion of time intervals with at least on completed visit during the observation period
d. Time intervals between completed clinic visits (usually 3, 4, or 6 months) during the observation period
e. At least one visit in each 6 month period of a 2 year observation period

HIV Care Continuum

Retention in care (HIV Medical Visit Frequency):

$$\frac{\text{\#PLWH with at least one medical visit in each 6 month period in a 24 month period (minimum of 60 days between first medical visit in the prior 6 month period and the last medical visit in the subsequent 6 month period}}{\text{\#PLWH with at least one medical visit in the first 6 months of a 24 month measurement period}}$$

https://hab.hrsa.gov/clinical-quality-management/performance-measure-portfolio

Nevada HIV Care Continuum

Linkage:

$$\frac{\text{\#PLWH linked to care within 3 months in measurement year}}{\text{\#PLWH newly diagnosed in the measurement year}}$$

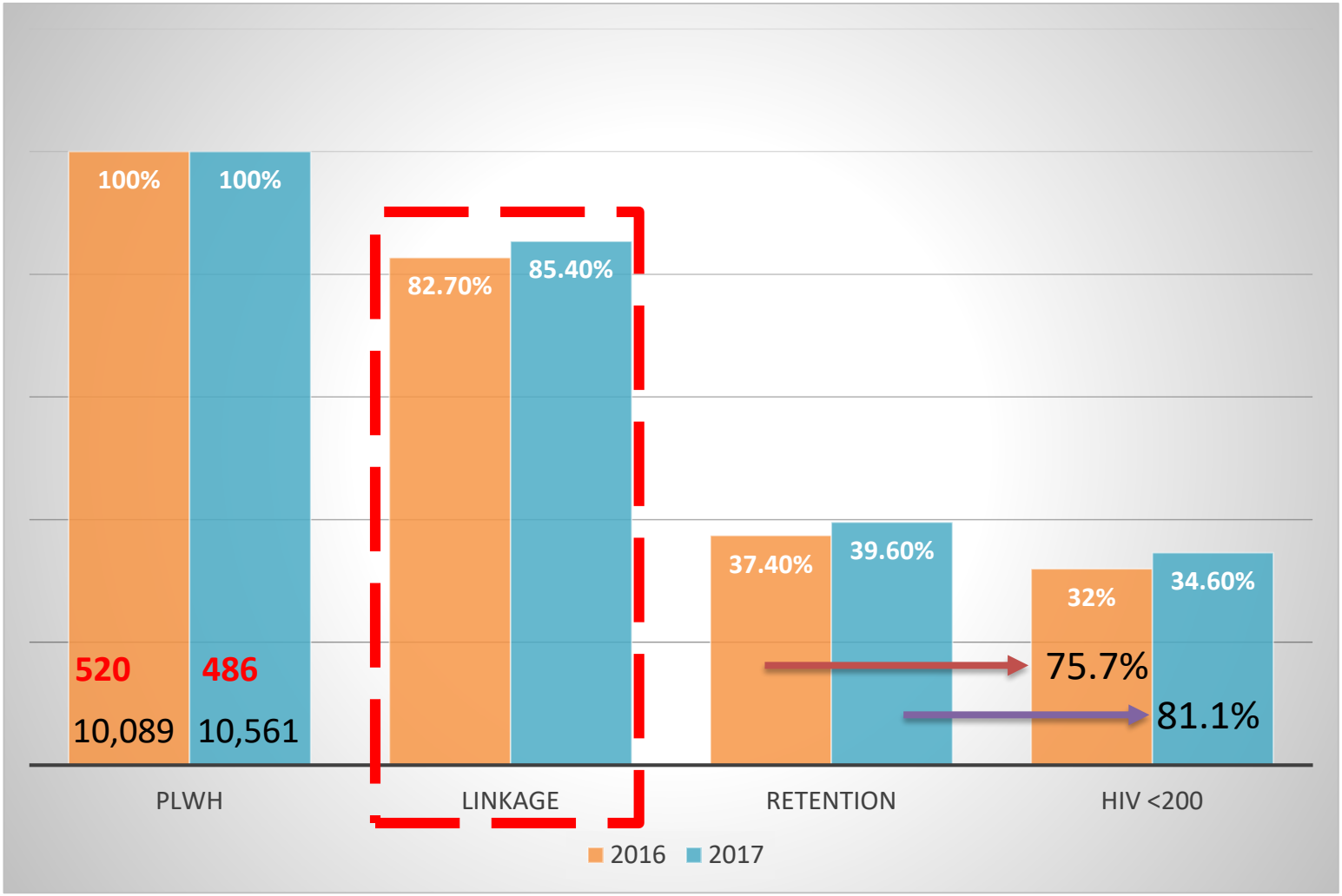
Retention (HIV medical visit frequency):

$$\frac{\text{\#PLWH >/= 2 CD4 or viral load tests at least 3 mos apart in measurement year}}{\text{\#PLWH with at least one medical visit in the measurement year}}$$

Viral load suppression:

$$\frac{\text{\#PLWH with most recent viral load <200 copies/mL in measurement year}}{\text{\#PLWH with at least one medical visit in the measurement year}}$$

Continuum of Care – Persons Living with HIV/AIDS, Nevada, 2016 and 2017



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of March 2018.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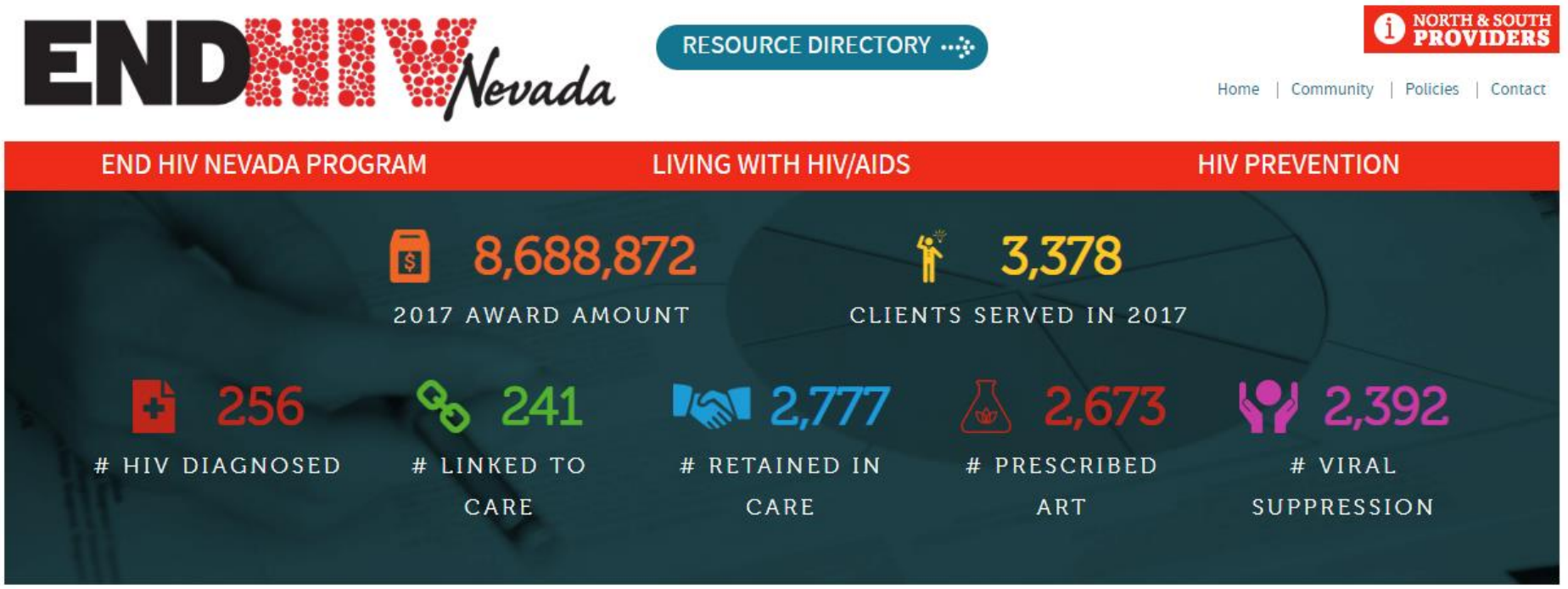
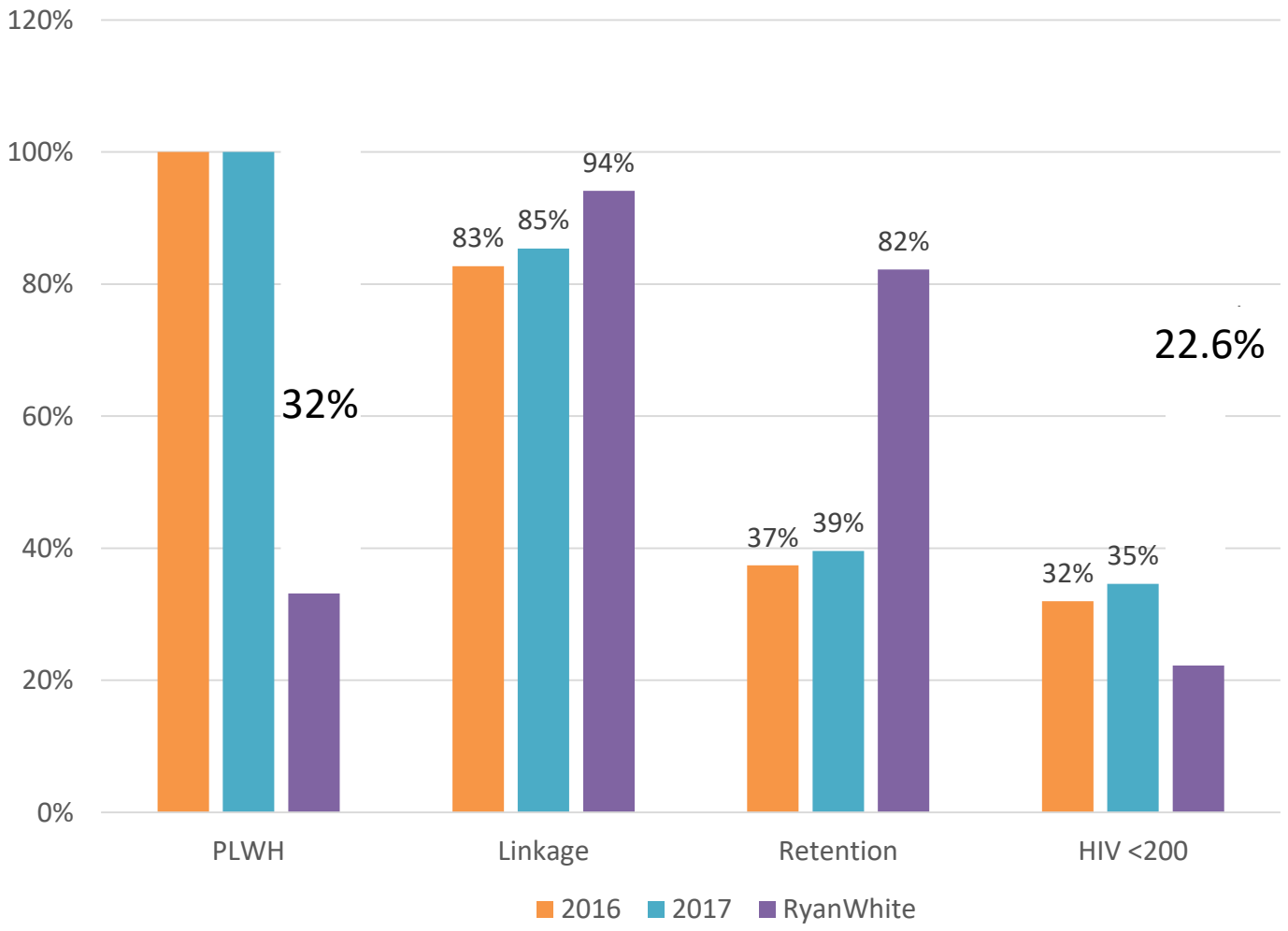
REAL OR FAKE
NEWS



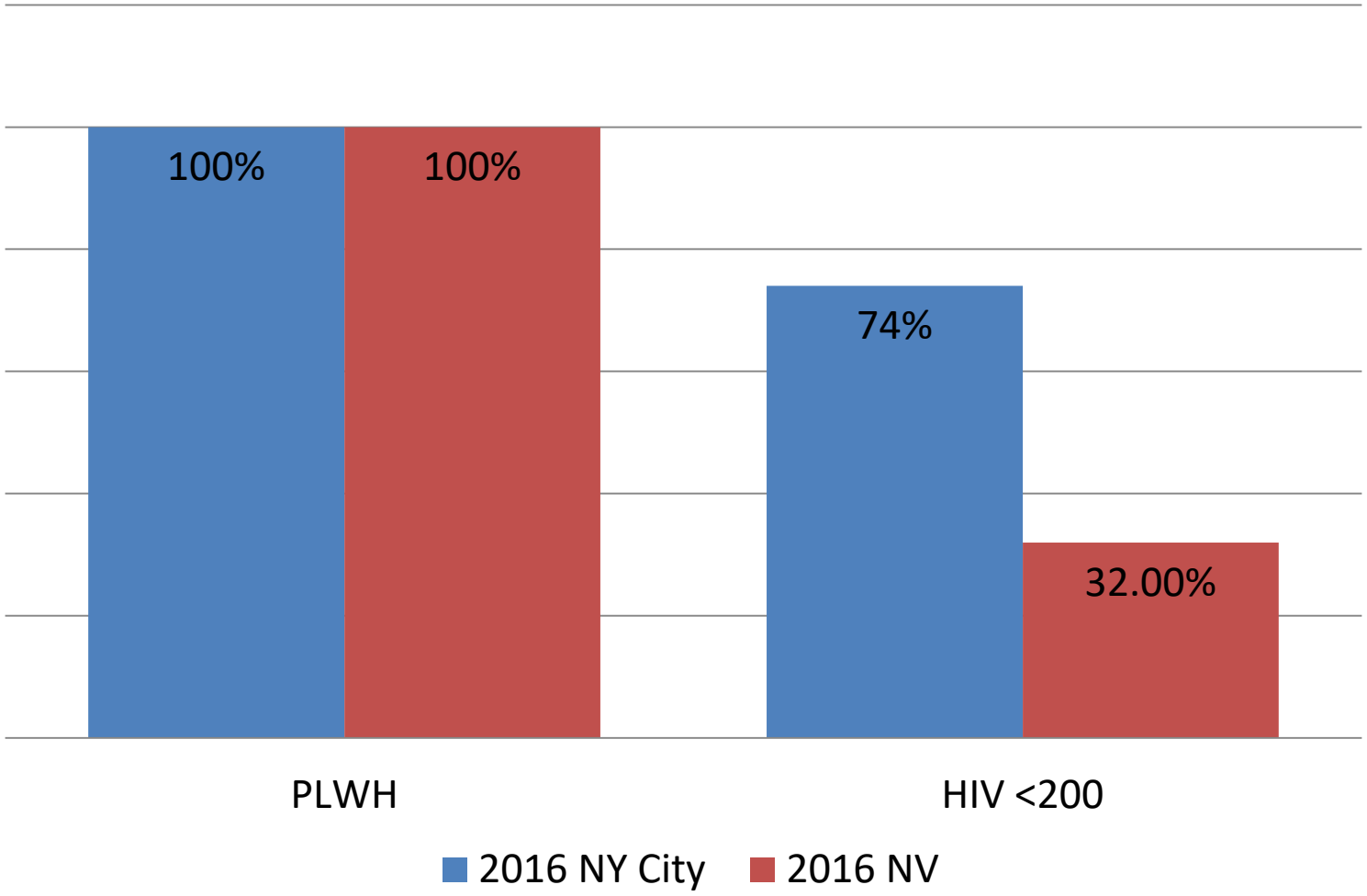
https://endhivnevada.org/

Continuum of Care – Persons Living with HIV/AIDS, Nevada, 2016 and 2017



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of March 2018.

Continuum of Care – Persons Living with HIV/AIDS, NYC 2017 and NV 2016



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of March 2018.
Source: http://www.iapac.org/uploads/IAS2017-IAPAC-Poster-TULBPED48p-web.pdf

FAST-TRACK

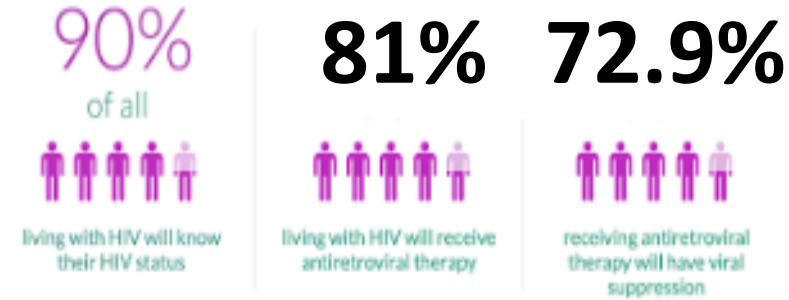
CITIES

- International Association of Providers of AIDS Care (IAPAC)
- United Nations Programme on HIV/AIDS (UNAIDS)
- United Nations Human Settlements Programme (UN-Habitat)
- City of Paris.
  - Launched on World AIDS Day 2014,
  - More than 250 cities and municipalities comitted to 90-90-90

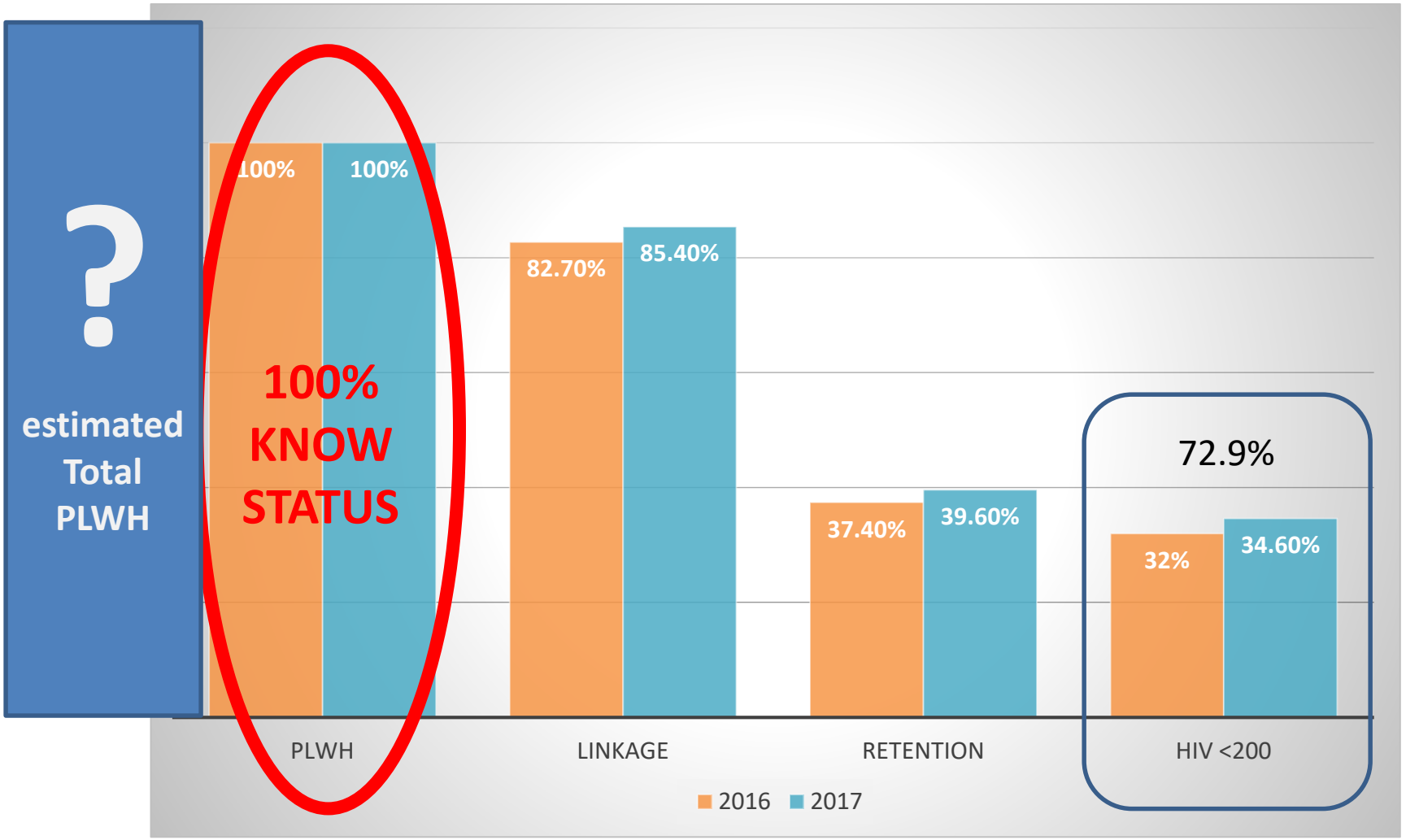
UNAIDS 90-90-90 Goals
2020 International Country Targets

- **Of ALL HIV Positive People**

- **Target 1= 90% diagnosed**
- **Target 2= 90% on ART**
- **Target 3= 90% virally suppressed**



Continuum of Care – Persons Living with HIV/AIDS, Nevada, 2016 and 2017



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of March 2018.

Percentage of people
aged >/= 13 years
living with HIV
who are aware of their status
by jurisdiction, **2012**

GOAL 90%

HIV testing is critical to HIV prevention

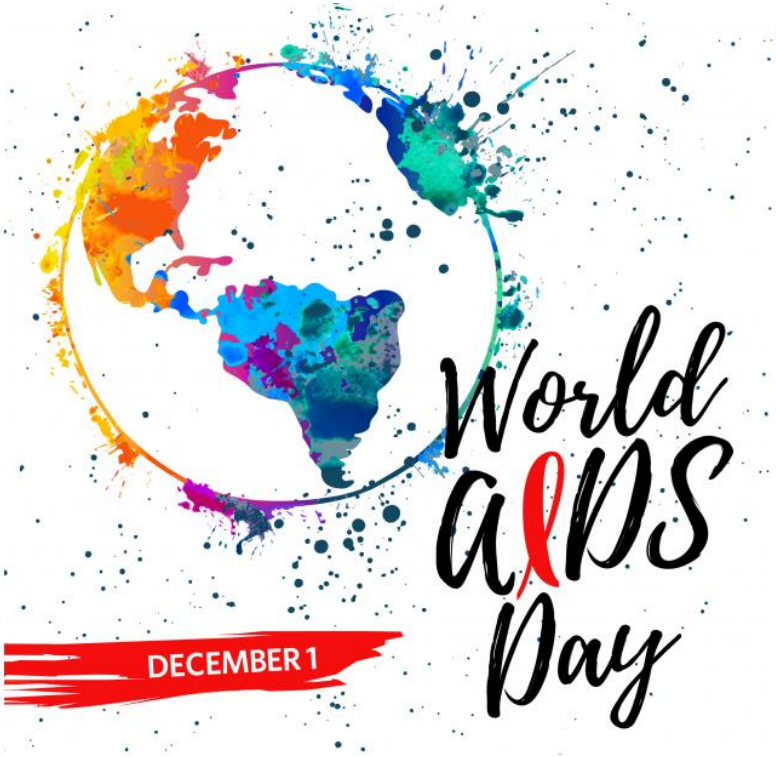
NEVADA 85%

SOURCE: https://npin.cdc.gov/pages/hiv-and-aids-timeline

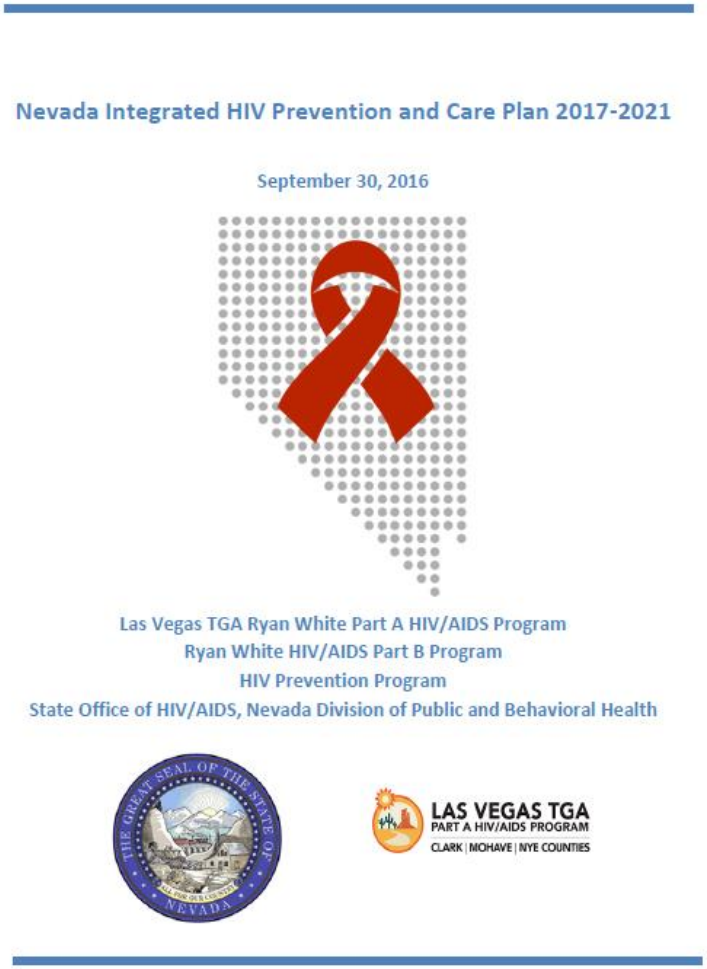
3 NEWS LAS VEGAS

On World AIDS Day, UMC outlines strategy to improve HIV detection, treatment

by Marvin Clemons |



Poll: Do you know what this is?



a. Yes, I helped create this Care Plan.
b. Yes, I know the goals of our state.
c. Yes, I've heard about it but isn't it just getting to zero?
d. No, this is the first time I'm seeing this.


VAUGHN
71

THE GOALS

Reducing new HIV infections

Improving access to care and health outcomes

Reducing HIV-related health disparities

Achieving a more coordinated national response

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

Goal 1: Reducing new HIV infections

Objective 1a. **By 2021, 90% of people living with HIV will know their serostatus.**

- O1a. Strategy 1: Increase number of high risk people tested in Nevada, based on data
- O1a. Strategy 2: Increase community awareness of the importance of HIV testing, including awareness of testing sites
- O1a. Strategy 3: Increase the number of rapid HIV testing locations available in Nevada

Objective 1b. **By 2021, reduce by 25% the number of new HIV diagnoses.**

- O1b. Strategy 1: Increase education and access to PrEP and PEP
- O1b. Strategy 2: Increase community education of HIV/AIDS through comprehensive sexual health education
- O1b. Strategy 3: Provide community-wide harm reduction strategies, including condoms and other harm reduction materials availability and utilization

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Goal 2: Increasing access to care and improving health outcomes for PLWH

Objective 2a. **By 2021, increase to 85% the percentage of people newly diagnosed with HIV who have been linked to a provider within the first 30 days.**

- O2a. Strategy 1: Improved communication between organizations
- O2a. Strategy 2: Link hard-to reach populations providers to provide continuity of care for PLWH
- O2a. Strategy 3: Facilitate patient readiness to participate in their care and management of HIV

Objective 2b. **By 2021, increase by 20% the percentage of clients in care needing mental and/or behavioral health services who went to their first appointment.**

- O2b. Strategy 1: Improve communication among organizations and between clients and organizations
- O2b. Strategy 2: Recruit more mental/behavioral health providers
- O2b. Strategy 3: Professional Development activities

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Goal 2: Increasing access to care and improving health outcomes for PLWH

Objective 2c. **By 2021, 80% of people diagnosed with HIV, who have had a medical visit each year for the past two years, will be virally suppressed (VL <200)**

O2c. Strategy 1: Address treatment adherence of PLWH through educational strategies and evaluation

O2c. Strategy 2: Provide education and information regarding uninterrupted access to and proper use of medication

O2c. Strategy 3: Educate both client and provider stakeholders regarding the importance of routine viral load testing and tracking of viral load data

Objective 2d. **By 2021, reduce to 20% the incidence of STIs in HIV infected persons in care.**

O2d. Strategy 1: Conduct provider education and disseminate recommendations regarding routine screenings for STIs

O2d. Strategy 2: Conduct public and individual education for PLWH and newly diagnosed regarding STI s

O2d. Strategy 3: Develop quality control measures to improve clinical care and outcomes

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Goal 2: Increasing access to care and improving health outcomes for PLWH

Objective 2e. By 2021, increase number of clinics screening for HIV associated comorbidities by 20%.

O2e. Strategy 1: Conduct provider education and recommendations regarding routine screenings for comorbidities

O2e. Strategy 2: Conduct public and individual education for PLWH and newly diagnosed regarding common HIV comorbidities

O2e. Strategy 3: Develop quality control measures to improve clinical care and outcomes

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Goal 3: Reducing HIV related disparities and health inequities

Objective 3a. **By 2021, reduce disparities in the rate of new diagnoses by at least 15 percent among Nevada's priority populations.**

- O3a. Strategy 1: Engage the community in order to find out how to best reach priority populations
- O3a. Strategy 2: Implement HIV prevention public education through media campaigns and social network strategies to target populations
- O3a. Strategy 3: Increase provider and organization capacity to test at sites in their communities

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Goal 3: Reducing HIV related disparities and health inequities

Objective 3b. **By 2010, increase to 85% the percentage of newly diagnosed with HIV among Nevada's priority populations who have been linked to a provider within the first 30 days.**

O3b. Strategy 1: Improve first contact and point of access to care for PLWH who experience multiple "layers" of stigma (e.g., HIV infected, gay, minority, female, transgender, IV drug user, etc.)

O3b. Strategy 2: Improve the ability of PLWH in underserved or high risk groups to navigate the HIV system of care

O3b. Strategy 3: Improve the accessibility of information for PLWH in underserved or high risk groups

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Type in ONE WORD to describe
what you think
is the largest Barrier
to HIV Prevention and Care

POLL: WORD CLOUD

Top HIV Prevention Service Needs

- Basic HIV prevention education
- HIV education for youth, African Americans and Latinos
- HIV education and awareness through social media, internet, and other media campaigns
- Reduction of stigma
- Free or low cost testing
- Access to rapid HIV testing
- Routine testing and sexual risk assessment by primary care providers
- Culturally and linguistically appropriate education
- Education and awareness of PEP and PrEP
- Access to PEP and PrEP
- Free or low cost access to condoms
- Education on harm reduction skills
- Syringe services programs

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Top HIV Prevention Gaps

- Consistent comprehensive HIV prevention education in schools statewide
- Culturally and linguistically appropriate HIV prevention materials
- Awareness of HIV prevention resources in community
- Access to community-based testing for high risk populations
- Universal testing in medical settings
- Ongoing stigma and fear related to HIV and HIV testing
- Availability of syringe services programs
- Usage of condoms in high risk populations
- Testing among high risk populations
- Knowledge and awareness of PrEP and PEP
- Access to PrEP and PEP

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Top HIV Care Service Needs for PLWH in Nevada

- Medical care
- Dental care
- Vision care
- Food assistance
- Medication
- Transportation
- Case management
- Nutrition services
- Mental health care
- Specialty care
- Referrals for health care/supportive services
- Treatment adherence counseling
- Support groups
- Health insurance assistance
- Emergency financial assistance
- Housing services
- Legal services
- Substance abuse help
- Early intervention services
- HIV and health classes
- Outreach

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Top HIV Care Gaps

- Vision care
- Dental care
- Financial assistance
- Transportation
- Specialty doctors
- Nutrition help
- Housing services
- Referrals to health care and other supportive services
- Mental health services
- Food assistance
- Peer advocates
- HIV and health classes
- Substance abuse services
- Legal assistance
- Culturally competent providers
- Providers knowledgeable about HIV
- Providers willing to accept Medicaid

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

Barriers to HIV Prevention and Care Services

Structural and Social Barriers

Stigma related to HIV
Fear of people knowing they have HIV
Sprawl of Las Vegas TGA/distance between services
Transiency

Health Department Barriers

Lack of funding
Lack of personnel
Client mistrust of government
Lack of flexibility within bureaucratic structure
Length of time to implement changes
Difficulties using volunteers due to policies
Difficulties providing incentives to clients
Lack of support for some programming due to political issues/public perception
Lack of Health Departments in many counties

Service Provider Barriers

Lack of HIV providers
Lack of specialty care providers
Lack of mental health providers
Long wait times
Lack of case workers
Lack of culturally and linguistically appropriate services
Lack of one-stop shops for HIV services

Legislative and Policy Barriers

No requirement to report CD4 values with counts below 500 per ml^3 of blood and a detectable viral load (>200 copies/ml)
Lack of comprehensive sexual education in schools

Program Barriers

Complicated eligibility process
Decreases in funding
Restrictions on use of funding
Lack of support for some programming due to political issues/public perception
Securing community buy-in when programmatic changes occur at the federal level

Client Barriers

Lack of housing
Lack of food/nutrition
Mental health and substance abuse issues
Denial about having HIV
Not feeling sick
Lack of transportation
Lack of knowledge of where to go for services
Burden of paperwork
Difficulty accessing medications
Cost of services
Services not covered by insurance

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf


now
what?
tomorrow
yesterday

Nevada Integrated HIV Prevention and Care Plan 2017-2021
Interim Monitoring Program Report

July 2017

Prepared by
HIV Prevention and Care Plan Monitoring Team
Center for Program Evaluation,
School of Community Health Sciences, and School of Medicine
University of Nevada, Reno

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV/Draft%20Final%20HIV%20Prevention%20and%20Care%20Interim%20Monitoring%20Report%20July%202017.pdf

Key:

- **Green:** Activity completed.
- **Yellow light:** Activity in process, ongoing.
- **Red:** Activity not started.

- Develop statewide targeted testing workgroup
- Review available HIV testing data (where testing is conducted and where the positives are being found)
- Recruit substance abuse and mental health representatives to workgroup
- Establish baseline for testing among priority populations
- Enhance, develop and evaluate state training and certification process for new testing sites
- Promote rapid testing
- Develop and administer train the trainer
- Put rapid testing locations on HIV websites
- Initiate provider and Community education and training on PrEP & PEP
- Develop a resource list of pharmacies where PrEP is available
- Training provider and staff on PrEP & PEP
- Explore condom need in community for priority populations
- Awareness campaign about ability to get condoms through Medicaid
- Identify places where free condoms are most needed
- Increase accessibility by creating an online application to map free and purchased condom locations in Nevada

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV/Draft%20Final%20HIV%20Prevention%20and%20Care%20Interim%20Monitoring%20Report%20July%202017.pdf

O3a. Strategy 1: Engage the community in order to find out how to best reach priority populations

Status of Planned 2017-2018 Activities

Identify successful group-specific disease prevention campaigns and strategies that can be adapted to HIV prevention.

http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV/Draft%20Final%20HIV%20Prevention%20and%20Care%20Interim%20Monitoring%20Report%20July%202017.pdf

https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html

- HIV Basics
- HIV by Group +
- HIV Risk and Prevention +
- HIV in the Workplace
- HIV Testing +
- Research −
  - Intervention Research −
    - Effective Behavioral Interventions (EBIs)
    - Replicating Effective Programs (REP)
    - **Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention**
  - Biomedical Research +

Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

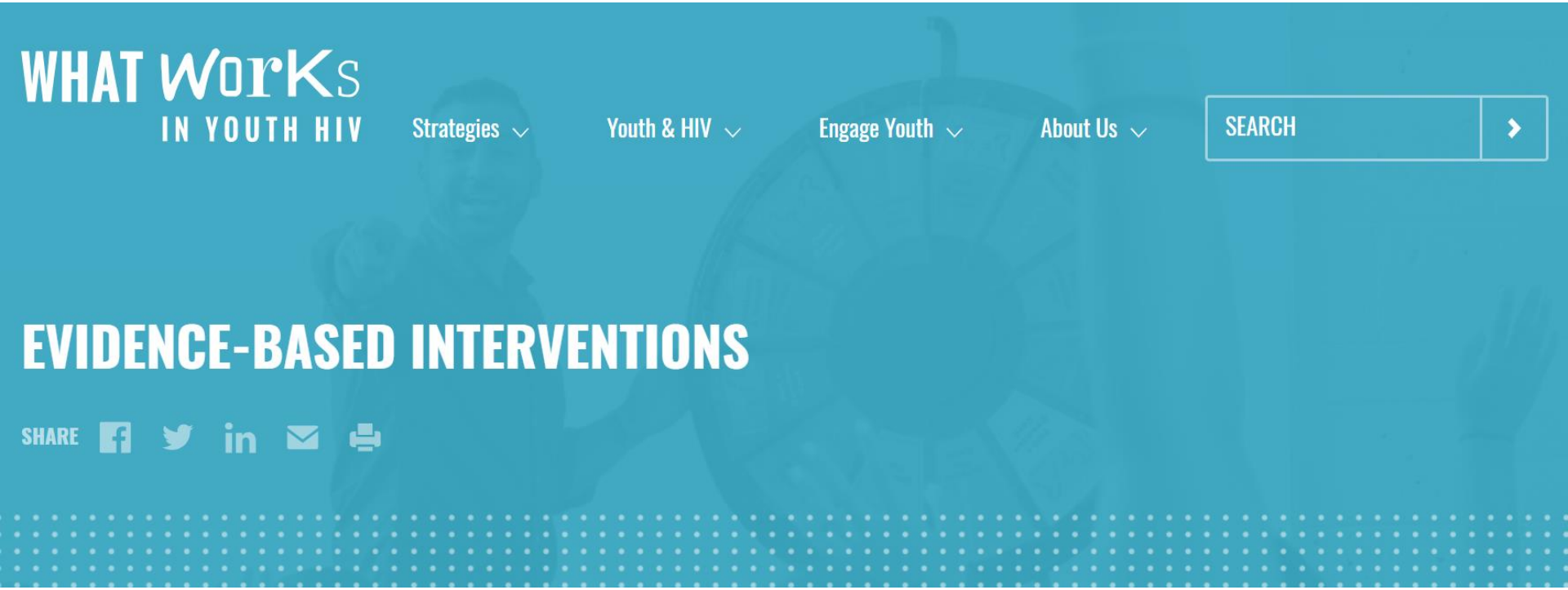
- NEW Structural Interventions (SI) Chapter
- Linkage to, Retention in, and Re-engagement in HIV Care (LRC) Chapter
- Medication Adherence (MA) Chapter
- Risk Reduction (RR) Chapter

The Evidence-Based Interventions (EBIs) and Best Practices in the *Compendium* are identified by the CDC's Prevention Research Synthesis (PRS) Project through a series of ongoing systematic reviews. Each eligible intervention is evaluated against explicit *a priori* criteria (SI criteria; LRC criteria; MA criteria; RR criteria) and has shown sufficient evidence that the intervention works. The PRS Project will regularly update this *Compendium* as new EBIs and Best Practices are identified. Additional details about the *Compendium* or the PRS Project can be obtained by contacting PRS.

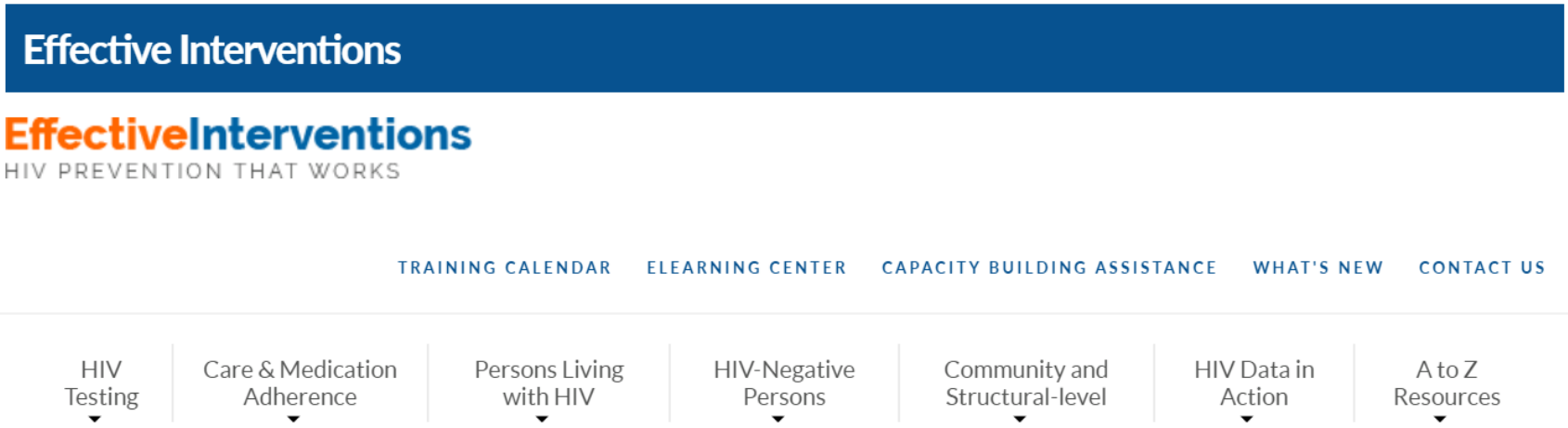
The *Compendium* comprises four chapters. A complete listing of each chapter can be accessed below.

- The **NEW Structural Interventions (SI) Chapter** of the *Compendium* includes **11 best practices**. (Updated December 28, 2018)
- The **Linkage to, Retention in, and Re-engagement in HIV Care (LRC) Chapter** of the *Compendium* includes **15 best practices**. (Updated on December 28, 2018)

https://www.whatworksinyouthhiv.org/strategies/evidence-based-interventions



https://effectiveinterventions.cdc.gov/



ARTAS

RESULTS OF STUDY:

79% (497 of 626) of participants visited an HIV clinician at least once within the first 6 months.

RESULTS IN LAS VEGAS:

83% (251 of 304) of Las Vegas TGA clients were linked to care in 2014.

1. https://effectiveinterventions.cdc.gov/en/care-medication-adherence/group-1/artas

2. J Acquir Immune Defic Syndr. 2008 Apr 15;47(5):597-606.doi:10.1097/QAI.0b013e3181684c51.

3. http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/HIV-Ryan/dta/Policies/Draft_HIV_Plan_9.9.16.pdf

THE GOALS

Reducing new HIV infections

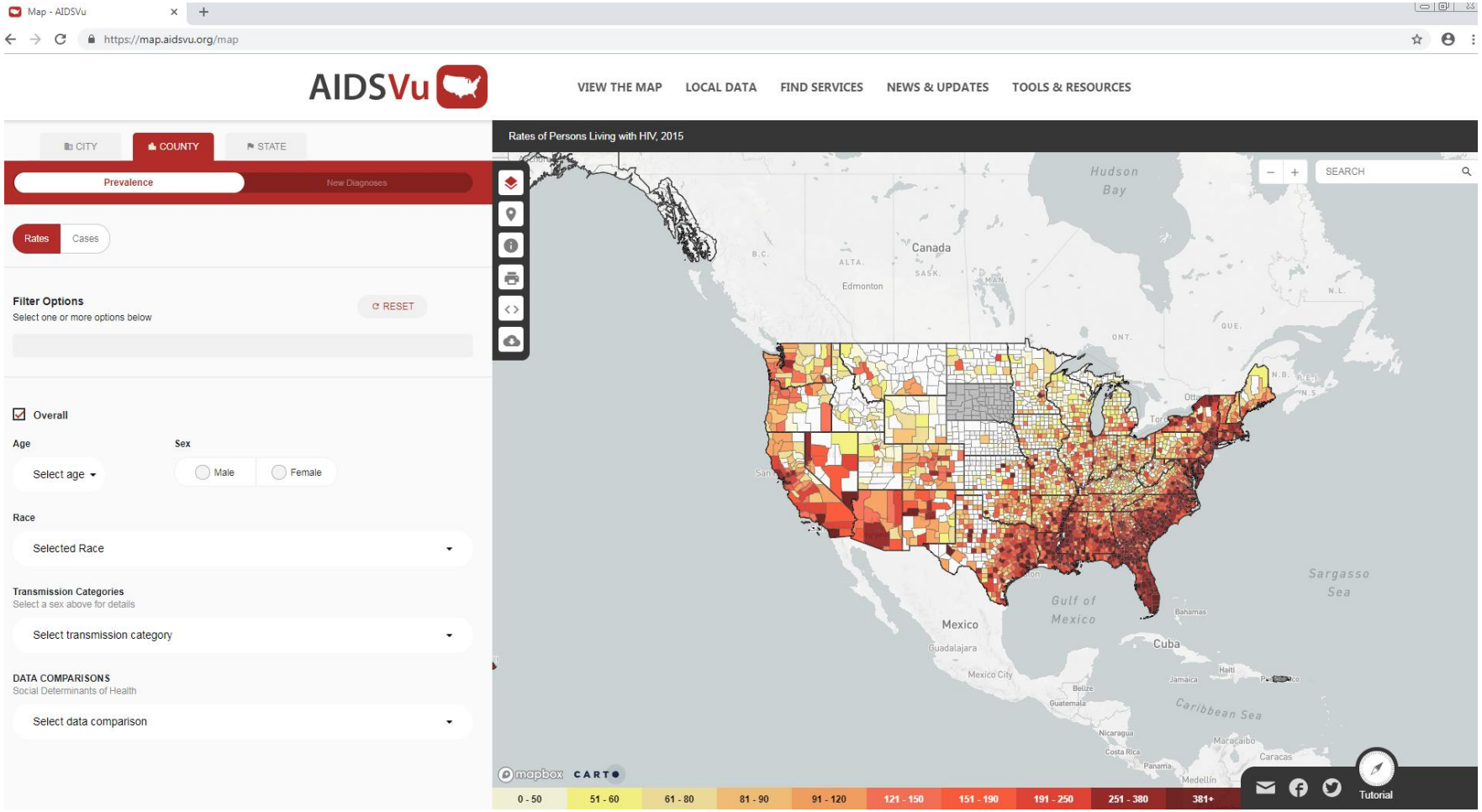
Improving access to care and health outcomes

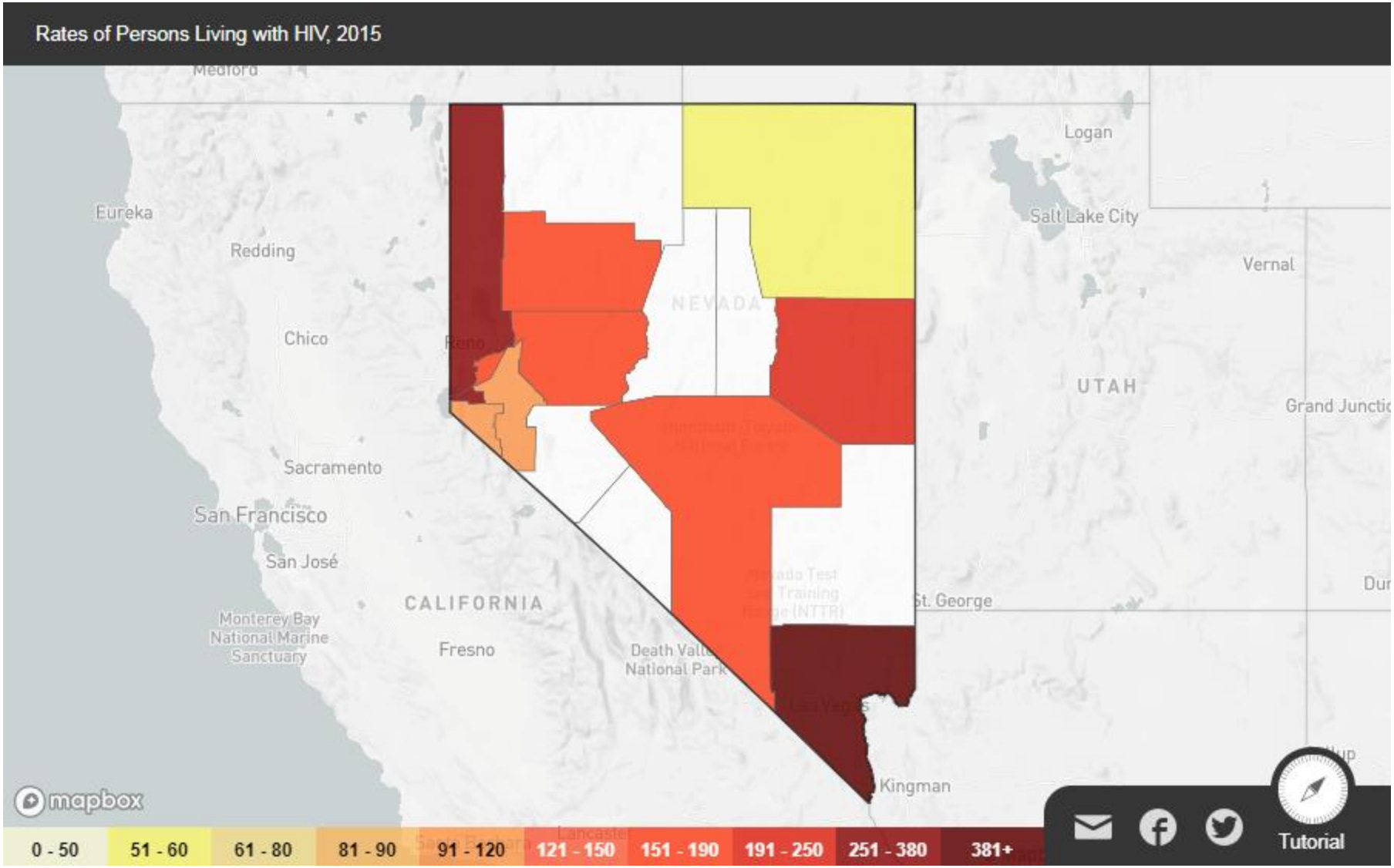
Reducing HIV-related health disparities

Achieving a more coordinated **STATEWIDE** response

NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

https://aidsvu.org/





https://aidsvu.org/state/Nevada/


BATTLE BORN
NEVADA PROUD

END HIV Nevada

Type in ONE WORD to describe
what YOUR PLEDGE
is to END HIV in NEVADA

Thank You!

Questions?