HIV Care Continuum: Keeping the Spotlight on Screening, Prevention, and Treatment

Clinician Outreach and Communication Activity (COCA) Webinar
December 18, 2014
Objectives

At the conclusion of this session, the participant will be able to accomplish the following:

- Discuss approaches clinicians can use to engage and retain persons living with HIV in medical care.
- Explain current clinical guidelines for HIV testing and treatment.
- Describe outcomes associated with viral suppression.
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Vital Signs:

HIV Diagnosis, Care, and Treatment Among Persons Living with HIV — United States, 2011

Eugene McCray, MD

Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention

December 18, 2014
Overview

- HIV in the United States
- HIV diagnosis, care, and treatment
- HIV care continuum
- Opportunities for improvement
HIV IN THE UNITED STATES
HIV in the United States

- 1.2 million people living with HIV
- 50,000 new infections each year

Goals of National HIV/AIDS Strategy

- Reduce new HIV infections
- Improve health outcomes among persons living with HIV
- Reduce HIV-related health disparities
HIV DIAGNOSIS, CARE, AND TREATMENT
HIV diagnosis, medical care, and treatment

- Diagnosis
  - HIV medical care
  - Antiretroviral therapy (ART)
  - Viral Suppression

- Improved health and nearly normal life expectancy among persons living with HIV infection
- Risk of sexual HIV transmission reduced by up to 96%
HIV CARE CONTINUUM
HIV care continuum among 1.2 million persons living with HIV — United States, 2011

Data source: National HIV Surveillance System (NHSS) and Medical Monitoring Project (MMP)
HIV care continuum among 18–24 year olds living with HIV — United States, 2011

*Percentage diagnosed estimated among 18-24 year olds

Data source: National HIV Surveillance System (NHSS) and Medical Monitoring Project (MMP)
### Linkage to HIV medical care within 3 months — persons diagnosed with HIV in 2011

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<tr>
<th>Characteristic</th>
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<td>Total</td>
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Data source: National HIV Surveillance System (NHSS) from 19 jurisdictions
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Data source: National HIV Surveillance System (NHSS) from 19 jurisdictions
Diagnosis and treatment status of persons living with HIV who are not virally suppressed — United States, 2011

Data source: National HIV Surveillance System (NHSS) and Medical Monitoring Project (MMP)
OPPORTUNITIES FOR IMPROVEMENT
What do these data tell us?

- Improvements are needed across the HIV care continuum to
  - Protect the health of persons living with HIV
  - Reduce HIV transmission
  - Reach national prevention and care goals

- Greatest opportunities for improvement
  - Reduce undiagnosed HIV infections
  - Increase percentage of persons living with HIV who are engaged in HIV medical care
  - Improve outcomes along HIV care continuum for young people
What should be done?

- HIV testing

- Linking and retaining patients in HIV care
  - Provider notification systems
  - Strengths-based case management
  - Co-located medical and support services

- Prescribing ART as part of HIV medical care
  - ART recommended for all persons living with HIV
  - 92% of persons in medical care were prescribed ART
  - 76% of persons in medical care achieved viral suppression
What CDC is doing

- Providing funding and technical assistance to state and local health departments and community-based organizations to reduce undiagnosed infections and improve linkage and engagement in care
- Sponsoring awareness campaigns promoting HIV testing and treatment
- Conducting research on innovative ways to improve testing, retention in care, and treatment adherence
- Expanding the use of public health and clinical data to get and keep people living with HIV in HIV medical care
What others can do

- **Health departments and community-based organizations can**
  - Expand HIV testing services to link people to HIV medical care quickly once they are diagnosed
  - Expand the use of public health and clinical data to improve HIV medical care

- **Health care providers can**
  - Test patients for HIV as a regular part of medical care
  - Prescribe ART to all patients living with HIV
  - Help patients living with HIV stay in care and on ART, including linking them to supportive services
Conclusion

- Continued and intensified efforts needed to improve outcomes along the HIV care continuum

- Success needed at each step of the continuum to increase viral suppression among persons living with HIV
  - Diagnosis
  - Linkage to and engagement in medical care
  - ART prescription

- Effort from all communities needed to implement effective strategies to improve the health of people living with HIV and reduce new infections
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ACCESS & BARRIERS TO CARE

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December 18, 2014

No Disclosures

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Challenges, Needs and Resources

- Internal and External Barriers
- Education
- Case Management
- Delivering Standard of Care
- Resources & Community Partners
Education

- Stigma & Discrimination
- Denial, fear, low self-esteem
- Misinformation / Mixed
  - family, friends, church
  - providers, work, media
- Distrust of the system
- Legal issues
  - Title 16-5-60

- Hawthorne Effect
- STDs & safe sex
- Pharmacy issues
  - Understanding medications
  - Refilling medications
- Clinic policies
  - Calling for appropriate medical issues
  - Avoiding refilling ART i.e. ER
- Knowing one’s health
  - CD4 / viral load
Case Management

- “Life 101” transition points
- Unstructured lifestyle
- Fear of disclosure
- Lack of support
  - family, friends, church
  - providers, work, media
- Loss of entitlements/insurance
- Inconsistent access to care
  - Incarceration
- Transportation
- Housing
- Daily necessities
- Inaccessible clinics
  - Hours of operation
  - Travel for specialist
- Substance use & abuse
- Disbanding myths
Delivering Standard of Care

- Cultural competency
- Gender issues
- Prostitution / Parthenon house
- Sex education: mixed messages
  - family, friends, church
  - providers, work, media
- Co-morbidities
  - Mental health
- Discuss alternative care
  - Avoiding hydrogen peroxide
- Improving communication
  - Provider & client
  - Provider & provider
- Keeping abreast of guidelines
- Avoid filling other provider meds
- PEP
- PrEP
- Treatment as prevention
- TeleHealth
Resources & Community Partners

- CAPUS
- Health Inform Exchange
- Resource HUB
  - Georgia CAPUS (https://www.gacapus.com)
- Indigent Care Clinic
- Billing
- Retention
  - Clients & Staff
- Electronic Health Records
  - Can be a barrier
- Job announcements
  - NO HIV CARE

- Patient Access Network Foundation (www.panfoundation.org)
- Georgia AIDS Assistance Program (http://dph.georgia.gov/adap-program)
- Rx Assist (www.rxassist.org)
- Needy Meds (www.needymeds.org)
- Good Rx (www.goodrx.com)
- RX Outreach (www.rxoutreach.org)
- Publix Pharmacy (www.publix.com/pharmacy/free-medication-program)

Thank you
RETAINING PATIENTS IN HIV CARE

Joseph P. McGowan, MD, FACP, FIDSA
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Manhasset, NY

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Perspective

- HIV specialty clinic: 2,000 patients in care, ID specialists/PA/NP, urban/suburban NY
- Care Model: Multidisciplinary, “one-stop shop”, Case Management based, support services on-site
- Barriers to care: Transportation, few other community based options for comprehensive HIV care, mental illness, substance use, “Manhattan focused”
- Goal: Retention, viral suppression rate (VL < 200 copies/ml) in 2013-14 was 94% for those in care
Retention Interventions

- Retention plan centered around having an appointment “on the books”
- Provide reminder calls and follow up on missed appointments
- Challenge: How do you know who is missing? Difficult to track in a large or busy or diffuse practice.
- We use a “prospective case management” approach.
- Use the electronic scheduling system to generate a monthly report indicating which patients do not have a pending appointment. Denominator is any patient seen for an HIV visit in the past 2 years.
Retention Interventions

- The case managers outreach to the patients without a pending appointment to reschedule (initially the Social Worker so that an assessment of barriers can be made).

- If reached identify the reason for lapse from care: Forgot, Too Busy, Insurance issue, Transportation, Child Care, Housing, Drug Use, Mental Illness, Moved, Changed to a new provider (may ask why).

- If not reached: Employ a multidisciplinary team approach, Community outreach

- Challenge: if patient is not already enrolled in community based case management or a Medicaid Health Home, we cannot refer without a HIPAA. Some advocate having a HIPAA release “on file” in case a need arises.
Retention Interventions

- Ensure appointment made before patient leaves the office.
- Consistent Messaging across the staff
- Peer orientation to clinic for all new patients
- Health Education to prepare for treatment and to address suboptimal adherence
- Calls, texts, e-mail to re-engage
- Check appt status when e-scribing med refills
- Peer escort to appointments
- Case Worker outreach
- Set up network with CBOs to engage in Case Management, legal aid, housing support, substance use and mental health treatment
- Use RHIOs, Health Department Partner Services, Event notification
Outcomes, Planning

- Baseline: April 1, 2013: 474/1595 (29.7%) had no pending appointment
- Follow-up: July 1, 2014: Despite a 4% increase in # of patients seen, the proportion without a pending appt dropped: 331/1665 (19.9%)
- Plan to initiate clinic-directed community outreach, and peer delivered intervention (PROMISE)
- If your program lacks multidisciplinary resources: establish linkage relationship with Community Based case management, drug/alcohol treatment, mental health services, legal aid and LGBTQ support agencies and local/state Health Department Partner Services.
Strategies to retain individuals in HIV care

Suzanne Willard, PhD, APN, FAAN

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Systems Approach

- **Understanding the narrative**
  - Providers, patients, context

- **Walking the walk**
  - Identify paths in your system that patients need to travel to get the services that they need
Provider Challenges

- **Understanding ourselves**
  - Don’t assume you know how to do this

- **Importance of team approach**
Key Populations

Drug Dependence
Sexual minorities
Women

- Pregnancy Care
- One stop shopping models
- Family Planning Services
- Preconception counseling and prep
To Ask a Question

- **Using the Webinar System**
  - “Click” the Q&A tab at the top left of the webinar tool bar
  - “Click” in the white space
  - “Type” your question
  - “Click” ask

- **On the Phone**
  - Press Star (*) 1 to enter in the queue to ask a question
  - State your name
  - Listen for the operator to call your name
  - State your organization and then ask your question
Thank you for joining!
Please email us questions at coca@cdc.gov

Centers for Disease Control and Prevention
Atlanta, Georgia

Emergency and Preparedness Response - COCA (http://emergency.cdc.gov/coca)
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