

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

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

Office of Public Health Preparedness and Response  
Division of Strategic National Stockpile



# 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.**

# Continuing Education Disclaimer

---

**In compliance with continuing education requirements, CDC, our planners, our presenters, and their spouses/partners wish to disclose they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters. Planners have reviewed content to ensure there is no bias.**

**The presentation will not include any discussion of the unlabeled use of a product or a product under investigational use.**

**CDC does not accept commercial support.**

# Accrediting Statements

**CME:** The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**CNE:** The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 1.0 contact hours.

**IACET CEU:** The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer 0.1 ANSI/IACET CEU's for this program.

**CECH:** Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 1.0 total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are 0. CDC provider number GA0082.

**CPE:**  The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is a designated event for pharmacists to receive 0.1 CEUs in pharmacy education. The Universal Activity Number is 0387-0000-14-190-L04-P and enduring 0387-0000-14-190-H04-P. This program is knowledge based.

**AAVSB/RACE:** This program was reviewed and approved by the AAVSB RACE program for 1.0 hours of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.

# Eugene McCray, MD



## Eugene McCray, MD

Director

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

# Gregory Felzien, MD, AAHIVS



## Gregory Felzien, MD, AAHIVS

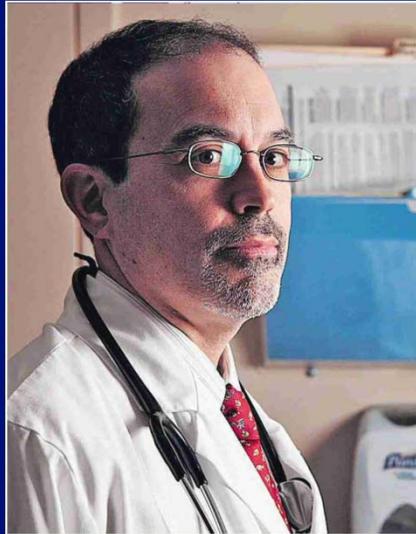
Internal Medicine and Infectious Disease Diplomat

Medical Advisor

Division of Health Protection/IDI-HIV

Georgia Department of Public Health

# Joseph P. McGowan, MD, FACP, FIDSA



**Joseph P. McGowan, MD, FACP, FIDSA**

Medical Director  
Center for AIDS Research & Treatment  
North Shore University Hospital

# **Suzanne (Sue) Willard, PhD, CRNP, FAAN**



**Suzanne (Sue) Willard, PhD, CRNP, FAAN**

President

Association of Nurses in AIDS Care

## **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**

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of HIV/AIDS Prevention



## Overview

- ❑ **HIV in the United States**
- ❑ **HIV diagnosis, care, and treatment**
- ❑ **HIV care continuum**
- ❑ **Opportunities for improvement**

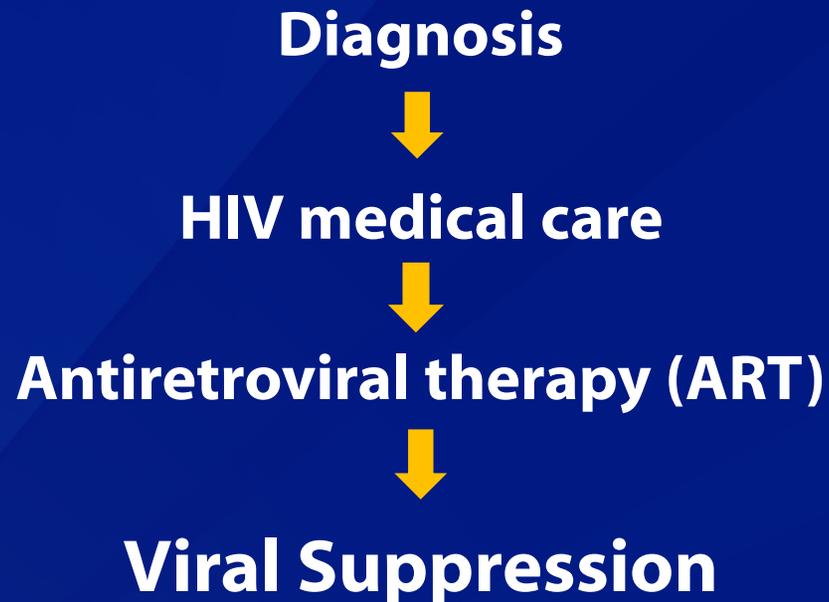
# **HIV IN THE UNITED STATES**

## **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**

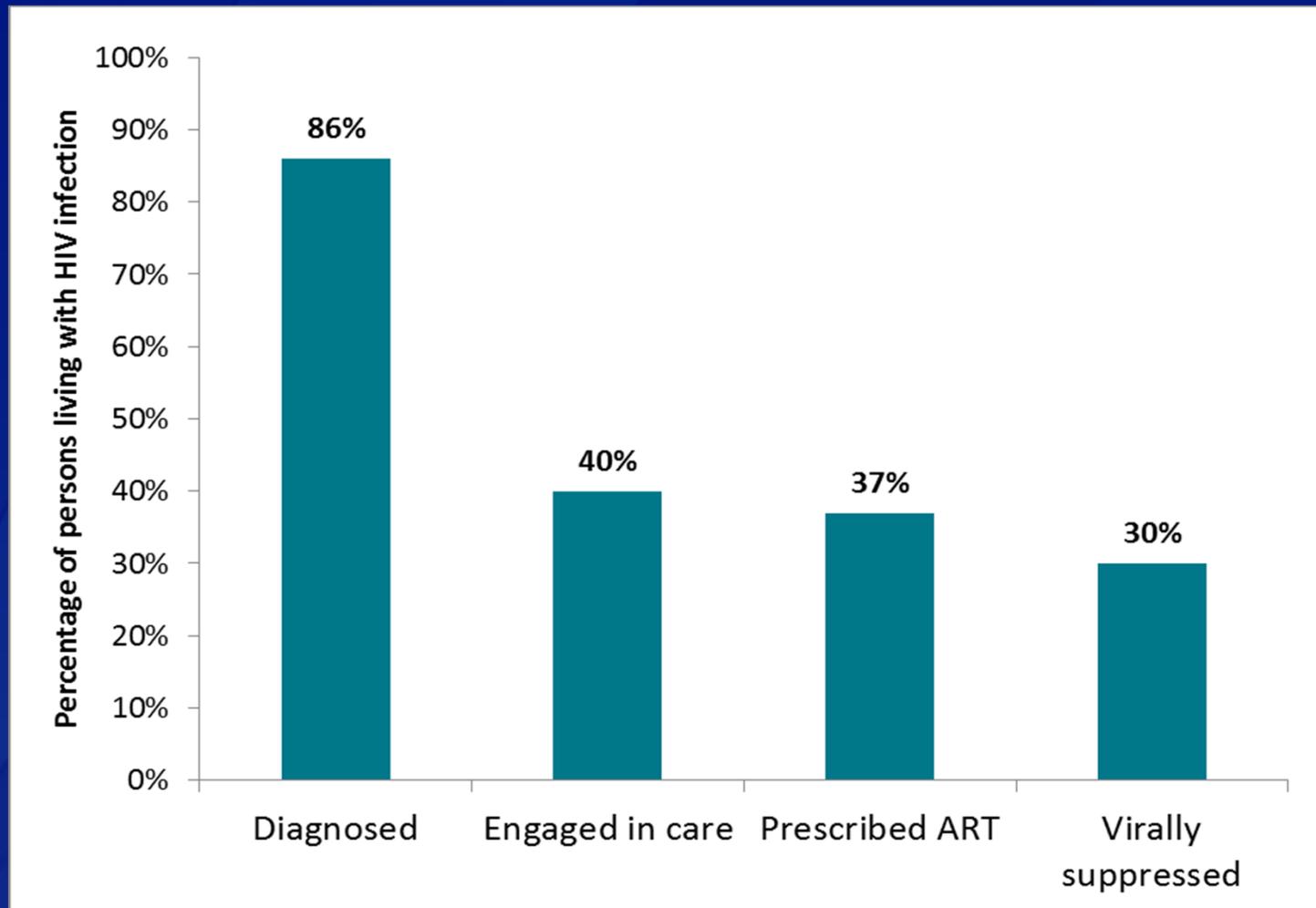
# HIV diagnosis, medical care, and treatment



- ❑ Improved health and nearly normal life expectancy among persons living with HIV infection
- ❑ Risk of sexual HIV transmission reduced by up to 96%

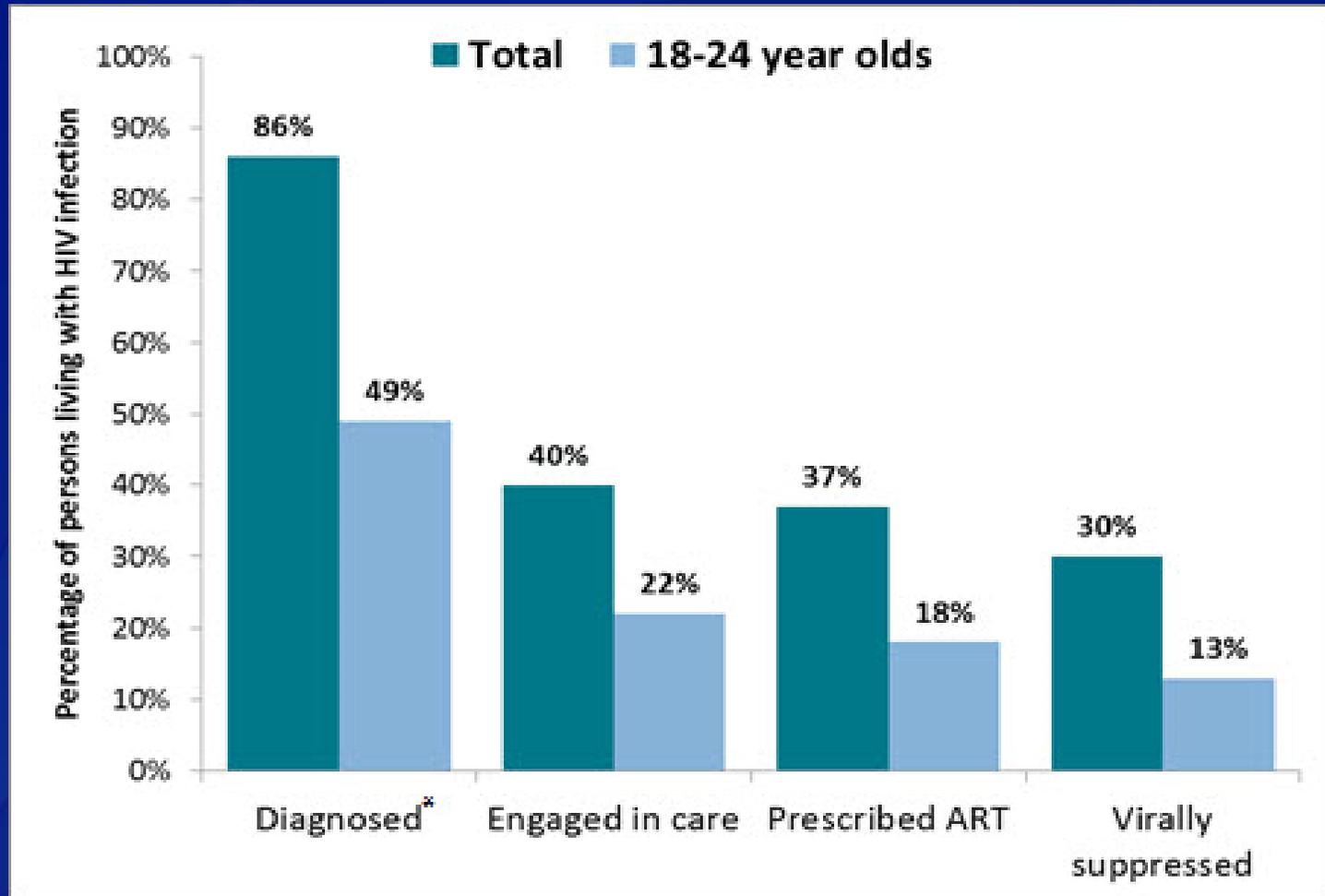
# **HIV CARE CONTINUUM**

# 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

## Linkage to HIV medical care within 3 months — persons diagnosed with HIV in 2011

Characteristic	Linkage to care
<b>Total</b>	<b>80%</b>
<b>Sex</b>	
Male	79%
Female	82%
<b>Age</b>	
13-24	73%
25- 34	78%
35-44	83%
45-54	84%
55+	84%
<b>Race /ethnicity</b>	
Black /African American	76%
Hispanic or Latino	82%
White	85%
Other	86%

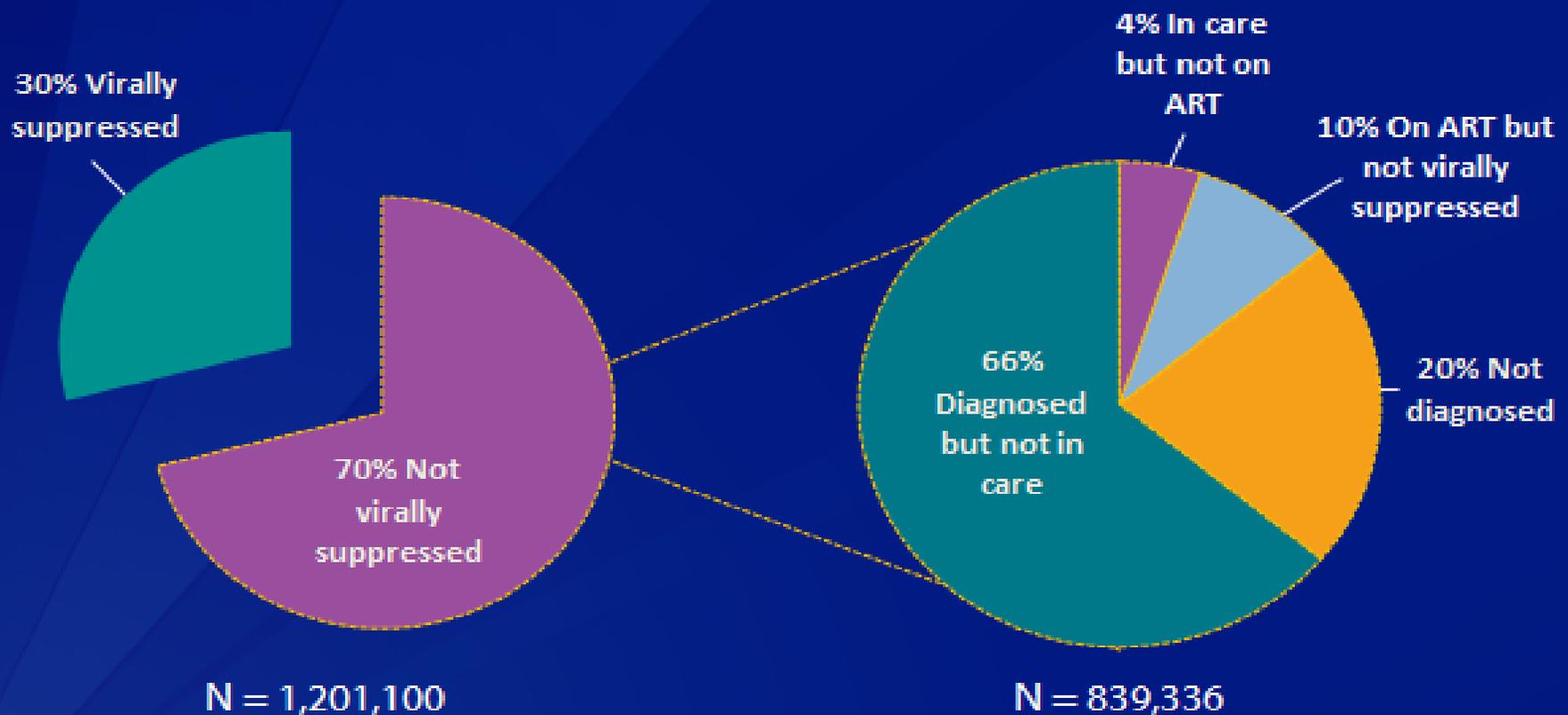
Data source: National HIV Surveillance System (NHSS) from 19 jurisdictions

## Linkage to HIV medical care within 3 months — persons diagnosed with HIV in 2011

Characteristic	Linkage to care
<b>Total</b>	<b>80%</b>
<b>Sex</b>	
Male	79%
Female	82%
<b>Age</b>	
13-24	<b>73%</b>
25-34	78%
35-44	83%
45-54	84%
55+	84%
<b>Race/ethnicity</b>	
Black/African American	<b>76%</b>
Hispanic or Latino	82%
White	85%
Other	86%

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



# **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**

## Vital Signs co-authors

Heather Bradley  
Irene Hall  
Rich Wolitski  
Michelle Van Handel  
Amy Stone  
Michael LaFlam  
Jacek Skarbinski  
Darrel Higa  
Joseph (Buzz) Prejean  
Emma Frazier  
Roshni Patel  
Ping Huang  
Qian An  
Ruiguang (Rick) Song  
Tian Tang  
Linda Valleroy

## Acknowledgements

Jennifer Horvath  
Terry Butler  
Teresa Durden  
Faith Carmichael  
Chris Cagle  
Nick DeLuca  
Michelle Bonds  
Richard Schieber  
Lynn Sokler  
Brandy Peaker  
Belen Moran  
Amy Lansky  
Jonathan Mermin  
Tom Frieden

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# ACCESS & BARRIERS TO CARE

Gregory S. Felzien, M.D. AAHIVS

Diplomat: Internal Medicine and Infectious Disease

Georgia Department of Public Health  
Medical Advisor

Division of Health Protection/IDI-HIV

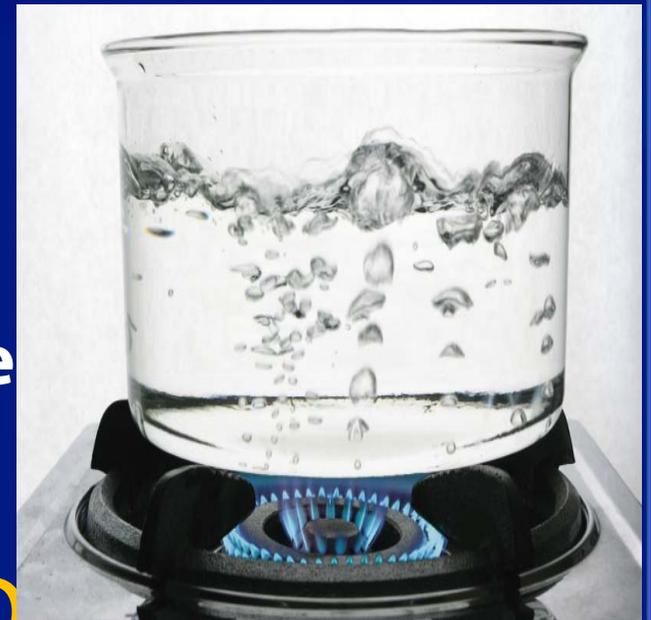
December 18, 2014

## No Disclosures

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

# Challenges, Needs and Resources

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



Communication

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

**Thank you**

# RETAINING PATIENTS IN HIV CARE

Joseph P. McGowan, MD, FACP, FIDSA  
Medical Director, Center for AIDS  
Research & Treatment  
North Shore University Hospital,  
Manhasset, NY

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

# 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-prescribing 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

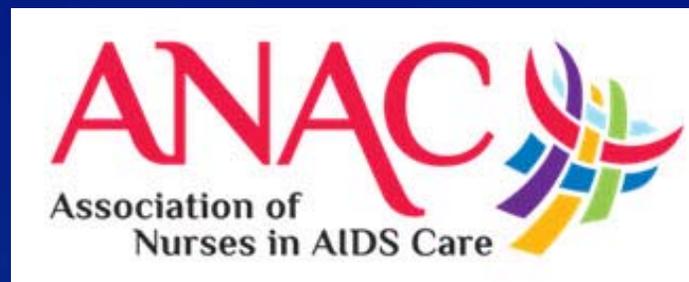


# Outcomes, Planning

- ❑ **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



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

# 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](mailto:coca@cdc.gov)**



**Centers for Disease Control and Prevention**  
**Atlanta, Georgia**

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

# Accrediting Statements (continued)

**CME:** The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**CNE:** The Centers for Disease Control and Prevention is accredited as a provider of Continuing Nursing Education by the American Nurses Credentialing Center's Commission on Accreditation. This activity provides 1.0 contact hours.

**IACET CEU:** The CDC has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102. The CDC is authorized by IACET to offer 0.1 ANSI/IACET CEU's for this program.

**CECH:** Sponsored by the Centers for Disease Control and Prevention, a designated provider of continuing education contact hours (CECH) in health education by the National Commission for Health Education Credentialing, Inc. This program is designated for Certified Health Education Specialists (CHES) and/or Master Certified Health Education Specialists (MCHES) to receive up to 1.0 total Category I continuing education contact hours. Maximum advanced level continuing education contact hours available are 0. CDC provider number GA0082.

**CPE:**  The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This program is a designated event for pharmacists to receive 0.1 CEUs in pharmacy education. The Universal Activity Number is 0387-0000-14-190-L04-P and enduring 0387-0000-14-190-H04-P. This program is knowledge based.

**AAVSB/RACE:** This program was reviewed and approved by the AAVSB RACE program for 1.0 hours of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession.

## Continuing Education Credit/Contact Hours for COCA Calls/Webinars

---

Continuing Education guidelines require that the attendance of all who participate in COCA Conference Calls be properly documented. All Continuing Education credits/contact hours (CME, CNE, CEU, CECH, ACPE and AAVSB/RACE) for COCA Conference Calls/Webinars are issued online through the [CDC Training & Continuing Education Online system](http://www.cdc.gov/TCEOnline/) (<http://www.cdc.gov/TCEOnline/>).

Those who participate in the COCA Conference Calls and who wish to receive CE credit/contact hours and will complete the online evaluation by **January 19, 2015** will use the course code **WC2286(SC)**. Those who wish to receive CE credits/contact hours and will complete the online evaluation between **January 20, 2015** and **November 17, 2015** will use course code **WD2286(SC)**. CE certificates can be printed immediately upon completion of your online evaluation. A cumulative transcript of all CDC/ATSDR CE's obtained through the CDC Training & Continuing Education Online System will be maintained for each user.

# Join Us on Facebook

CDC Facebook page for Health Partners! “Like” our page today to receive COCA updates, guidance, and situational awareness about preparing for and responding to public health emergencies.



**<http://www.facebook.com/CDCHealthPartnersOutreach>**