Improving the Arizona HIV Care Continuum: Focus on Linkage
An Interactive Approach Using Cases

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Disclosures

- Tom Donohoe has no disclosures to state
Evaluation link:
tinyurl.com/Oct14Eval
AETC

Warmline:   (800) 933 - 3413

PEPline:     (888) HIV – 4911
             (888) 448 – 4911

Perinatal Hotline:
             (888) 448 – 8765

http://www.aids-etc.org

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Thank you!

- Alyssa Guido
  Program Director, Arizona PAETC
- Ann Gardner
  Office of HIV Prevention
Learning/Teaching Domains

- Affective
- Skills
- Cognitive
Educational Objectives
At the end of this workshop participants will be able to:

- Review the HIV care continuum with a focus on testing and linkage
- Explain factors that improve linkage to care
- Discuss challenges and facilitators to improve HIV outcomes through case discussions
- Identify one thing to do differently in your HIV work to improve the HIV continuum in Arizona
Cases: Donny and Maria
Continuum: Engagement in HIV/AIDS Care

<table>
<thead>
<tr>
<th>Not in Care</th>
<th>Fully Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unaware of HIV status</strong> (not tested or never received results)</td>
<td><strong>Fully engaged in HIV primary medical care</strong></td>
</tr>
<tr>
<td><strong>Know HIV status</strong> (not referred or did not keep referral)</td>
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<tr>
<td><strong>May be receiving other medical care but not HIV care</strong></td>
<td><strong>Entered HIV primary medical care but dropped out</strong></td>
</tr>
<tr>
<td><strong>Entered HIV primary medical care but dropped out (lost to follow-up)</strong></td>
<td><strong>In and out of HIV care or infrequent user</strong></td>
</tr>
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The U.S. HIV Care Continuum


Where do you work the most?

0%  1. Prevention
0%  2. Testing & diagnosis
0%  3. Linkage to care
0%  4. Retention in care
0%  5. Treatment
My #1 reason for being here is I am a...

0% 1. A HIV tester
0% 2. A HIV case manager
0% 3. A HIV linkage/retention specialist
0% 4. EIS Coordinator
0% 5. AETC or other faculty
0% 6. Other
I have worked in HIV for ____ years

0% 1. 0-1
0% 2. 1-3
0% 3. 3-5
0% 4. 5-10
0% 5. 10-15
0% 6. 15-20
0% 7. 20+
Needle in haystack/throwing back
Cases: Donny and Maria
Donny
(......past)
Donny ... 8 years ago

- A 25-year-old white male MSM had a positive rapid HIV test at an outreach event.
- He was informed of his preliminary positive result, receives post-test counseling, and has blood drawn for a confirmatory ELISA / WB.
- An appointment is scheduled with a local HIV clinic with an appointment date in 3 weeks
- Confirmatory ELISA / WB (+).
Which entity had most responsibility for facilitating linkage to HIV medical care?

0% 1. Outreach organization
0% 2. HIV clinic
0% 3. The patient/client
0% 4. Other
3 weeks later the HIV clinic appointment date arrived...

Donny was a “no show”

Clinic staff attempt to call the patient to re-schedule the appointment but are greeted by an automated message stating telephone not in service...
Who do you think was responsible for (re)contacting Donny?

0% 1. Case manager
0% 2. Front office staff
0% 3. Nobody
0% 4. Nurse
0% 5. Other/unsure
Donny
(now)
Do you think Donny will be asked for his email as an alternate way to communicate/follow-up?

1. Yes
2. No
3. I’m not sure
Linkage & Engagement to Care: Project CONNECT

- CONNECT = Client-Oriented New Patient Navigation to Encourage Connection to Treatment

- Objective: Improve linkage and subsequent retention

- Features: “orientation visit” for new patients within 5 days of initial call to clinic
Linkage & Engagement to Care: Project CONNECT

Main finding:
- Persons in the Post-CONNECT group (31%) had fewer “no show” appointments than persons in the Pre-CONNECT group (18%)

Caveats
- Changes to clinic flow/expectations
- Resources (while cost effective) can be hard to secure

Source: Michael Mugavero, MD
What keeps a patient coming back to an HIV clinic?

1. Better health outcomes
2. Other benefits/services
3. Strong clinic relationships
4. Other
I can explain what that image represents...

0%  1. Yes 100%
0%  2. Yes 50-100%
0%  3. Yes a little
0%  4. No, no idea
World AIDS Day 2015

November 30, 2015 / jack

When we created Grindr for Equality, we envisioned education and support for sexual health in addition to our work for LGBTQ rights. Today, World AIDS Day, we proudly recommit to these efforts, which exist in a four-pronged plan for your health.

1. **Testing**—We’re ensuring Grindr users around the world know where and when they can access LGBTQ-competent, anonymous STI testing.
2. **Protection**—We’re sharing the most up-to-date information in the languages our users are most comfortable with so they can make informed decisions about using protection every time they have sex.
3. **Prevention**—We are increasing access to STI prevention tools like PrEP, the HPV vaccine, and, someday soon, the herpes vaccine.
4. **Treatment**—We are supporting Grindr users who are HIV+ to gain access to treatment. We are also committed to fighting the stigma attached to being HIV.

In the latter half of 2015, we took a deep dive into the third piece of this plan, as we sought to understand our users’ experience with pre-exposure prophylaxis, or PrEP.

For those who may not know, PrEP refers to any medication taken by HIV-negative people to reduce their likelihood of getting HIV. The most common and only U.S. FDA-approved drug in this category right now is called Truvada, which is taken daily and has been shown to be extremely effective in preventing HIV infection. In fact, the U.S. CDC just published a report recommending that 1 in 4 gay and bi men should take PrEP.
Grindr Polls Users on H.I.V. Prevention Pill

By ERNESTO LONDONO  DECEMBER 2, 2015 11:05 AM  Comment

Since it was rolled out in 2012, Truvada, a pill that vastly reduces the risk of contracting H.I.V., has been hailed by some gay men as a game changer in the battle against the disease and condemned by others who argue that it encourages unsafe sex.

The gay hookup app Grindr recently surveyed users about Truvada and found a near-unanimous result: They're particularly interested.
4,757 users completed the online survey

- 1,213 said they were on PrEP (25.5%)
- 2,655 were interested in being on it in the future (55.7%)
- 17% of these 2,655 said they had anxiety about talking with MD
- 10% on PrEP said they had trouble getting Rx from MD
- This difficulty raised to 20% for African American’s on PrEP, 6% of whom said the MD refused.
- 91% on PrEP were accessing through their insurance (50% accessing co-pay assistance)
- Only 1.9% reported noninsurance
- 90% learned about PrEP from friends, 10% from MDs
Case Study: Donny in 2016

Donny is a 25 year old white MSM in your area who describes himself as a “recreational meth user.” He comes to program ABC for HIV testing and reports his last HIV test was 3 years ago and he “uses condoms 95% of the time.” He is very worried today about his HIV status as he partied with 2 men he met on Grindr in a hotel room recently and later saw one of them on Scruff identified as positive. He heard that program ABC offers rapid testing so he heads to that location so he can learn his HIV status ASAP. Donny can be shy when nervous and really just wants to learn his status, not discuss his risks at length. However, if he feels comfortable with the tester, he will answer questions about his risk history, and ask questions.
Small group discussions
Urban/Rural
I feel confident I could make Donny feel comfortable enough to share with me his risk history, including most recent risk activity.

0% 1. True
0% 2. False
0% 3. I’m not sure
I feel confident we would conduct the appropriate HIV test for Johnny based on his most recent risk activity and risk profile

0%  1. True
0%  2. False
0%  3. I’m not sure
Methamphetamine and HIV in MSM: A Time-to-Response Association?

- Probability Sample*: 8%
- Recreational User**: 26%
- Chronic Non Treatment***: 41%
- Outpatient Psychosoc****: 62%
- Residential****: 90%

* Deren et al., 1998, Molitor et al., 1998; ** Reback et al., in prep, *** Reback, 1997; **** Shoptaw et al., 2002; ****VNRH, unpublished data
I feel confident if Donny tested positive at our program he would see an HIV provider within how many days?

0% 1. Same day
0% 2. 1-2 days
0% 3. 3-5 days
0% 4. 5-7 days
0% 5. It could take more than 1 week
0% 6. Unsure
I feel confident Donny will be asked for an email contact in addition to his cell phone

0% 1. True
0% 2. False
0% 3. I’m not sure
I feel confident Donny will receive a “warm handoff” to an HIV clinic/provider

0%  1. True
0%  2. False
0%  3. I’m not sure
How Does the ACA Promote Prevention?

- Increases coverage and eliminates cost-sharing for preventive services.
- Grants to promote community health and wellness.
- Makes prevention a national health priority.
Preventive Services Covered Under the ACA:

- USPSTF “A” and “B” rated services will be provided free-of-cost to the patient. This includes many infectious diseases:
  - Chlamydial infection screening for women
  - Gonorrhea screening for women
  - Hepatitis B screening for pregnant women
  - Hepatitis C virus infection screening for adults
  - HIV screening
  - Sexually transmitted infections counseling
  - Syphilis screening

- Also covers immunizations at no cost to the patient (including Hep A and B).

Adapted from: Are You Ready for the Future? Health Care Reform, Public Health, and Infectious Disease
Bob Bongiovanni, Colorado Department of Public Health and Environment, STI/HIV Section, Care & Treatment Program
HIV Patient’s Insurance Coverage
2010

- Medicaid: 42%
- Medicare: 12%
- Ryan White/Uninsured: 24%
- Private: 13%
- Unknown: 8%

Notes: Based on Patients with HIV Attending Medical Offices Participating in HIVRN; N=19,235. Medicaid includes those with Medicare coverage. Source: Data from K. Gebo and J. Fleishman, in Institute of Medicine, HIV Screening and Access to Care: Exploring the Impact of Policies on Access to and Provision of HIV Care, 2011.
Another person I wish could be here is .....
The Affordable Care Act May Increase The Number Of People Getting Tested For HIV By Nearly 500,000 By 2017

Zachary Wagner¹, Yanyu Wu² and Neeraj Sood³,*

Abstract

People are much less likely to engage in risky sexual behavior if they know that they are HIV-positive. Unfortunately, more than 18 percent of people living with HIV/AIDS in the United States are unaware of their HIV status, and about half of new HIV infections are transmitted from that “HIV unaware” population. For these reasons, HIV testing is at the forefront of HIV prevention strategies in the United States. The Affordable Care Act (ACA) may support these strategies, since gaining coverage increases the likelihood of being tested for HIV. We modeled the impact of the ACA on HIV testing, diagnoses, and awareness of being HIV-positive, assuming that only the eighteen states (and the District of Columbia) that had accepted Medicaid expansion under the ACA experienced a coverage increase.
Case Study: Maria

Maria is a single 52 year old house cleaner living in Your County who estimates she will make $23,540 in 2016 (200% FPL), but has no health insurance. She says she could never afford the rates for “someone my age.” She has not seen a doctor for years, but sometimes goes to urgent care or across the border for antibiotics and dental care. She wants health insurance as she has some chronic back problems and owns a small house worth $100,000. She is afraid an ER trip could bankrupt her or cause her to lose the house. Otherwise, she believes she is in good health and feels great.

However, she does not know that she is living with HIV and HCV. She would not report any risks for either if asked.
Maria is a patient we could see in our county.

0%  1.  True
0%  2.  False
0%  3.  I’m not sure
Maria signs up & chooses a qualified health plan primary care provider (not your site). Do you think she will be tested for HIV as part of her routine care with her provider in 2016?

1. Yes
2. No
3. I’m not sure
Were **YOU** told an HIV test would be done the last time **YOU** saw your primary care provider?

0% 1. Yes—I remember
0% 2. No
0% 3. No—we already knew my HIV status
0% 4. I’m not sure I don’t remember
Time between first learned of HIV+ status and AIDS Diagnosis, by Race/Ethnicity
SHAS, LAC, 1999 - 2002  (N = 748)

- Late detection
- Early detection

Percent

Time between HIV+ and AIDS Diagnosis (months)

- < 1
- 1 - 12
- 13 - 16
- 37 - 60
- > 60

- Latino
- White
- Black

COUNTY OF LOS ANGELES
Public Health

NATIONAL RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT
2016
Research shows Latinos test/treat later for HIV

Late testers are defined as persons who had their first positive HIV test <1 year before the diagnosis of AIDS.

- Completion of interview in Spanish main predictor in late HIV testing (Wohl et al, Los Angeles, 2009)
- Wait for symptoms/illness. Most likely to first test positive as hospital inpatient (Wohl et al, Los Angeles, 2009)
- Also more likely to be older and have active TB (Southeast, Dennis et al, 2011)
- More likely to be heterosexual (CDC/MMWR, National, 2000-2003)
- Fear of stigma for immigrant MSMs (Solorio, Seattle, 2013)

All research notes need for enhanced routine HIV testing efforts for Latino populations.
Evaluation link:
tinyurl.com/Oct14Eval