

Using Data to Optimize the HIV Care and Prevention Continua in San Francisco



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The views expressed herein do not necessarily reflect the official policies of the City and County of San Francisco; nor does mention of the San Francisco Department of Public Health imply its endorsement.



Disclosures

- I have been an investigator in studies for which Gilead has provided study drug

Roadmap

- Getting to Zero San Francisco
- Data on new HIV diagnoses and the HIV Care and PrEP Continua in SF
 - How data collected
 - Tracking progress
 - Identifying gaps and missed opportunities
- Strengthening HIV care and prevention through data
 - Data to Care
 - Data to PrEP



“Getting to Zero” in San Francisco Consortium

Zero new HIV infections

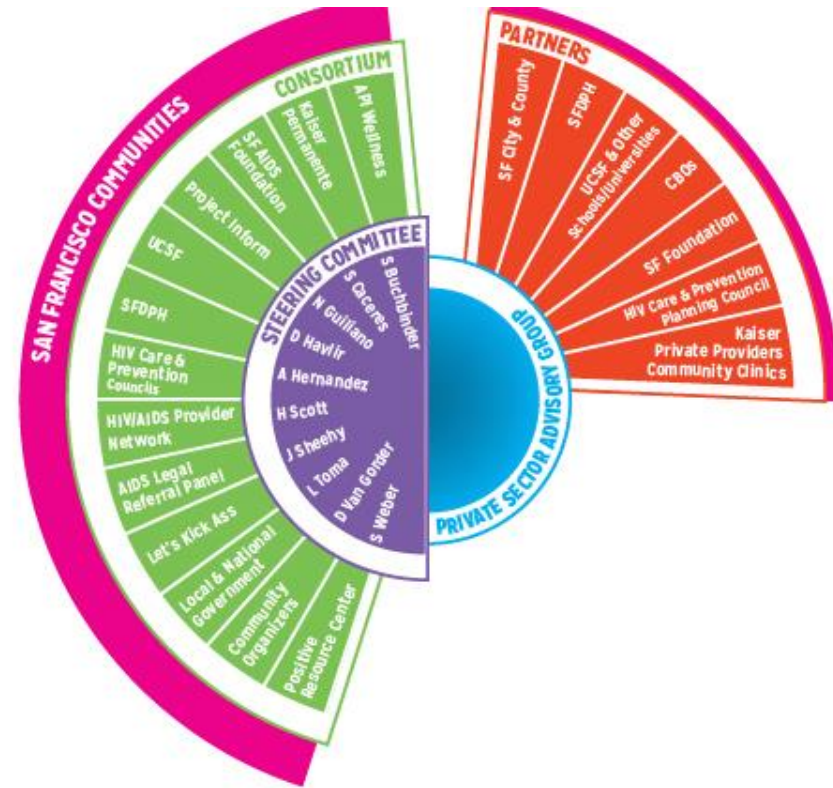
Zero HIV deaths

Zero stigma and discrimination



Getting to Zero SF: What are we?

- Multi-sector independent consortium— operates under principles of collective impact:
“Commitment of groups from different sectors to a common agenda to solve a specific problem.”
- Vision
 - Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of *“Getting to Zero”*



90% reduction in new HIV infections by 2020

Strategic Plan: Signature Initiatives

1. City wide coordinated PrEP program
2. Rapid ART start
3. Patient centered linkage, engagement, retention in care

Committee for each initiative + stigma committee has action plan, metrics and milestones. City of San Francisco provided additional funding 2015-6 for new initiatives

Data sources to inform HIV care and prevention efforts

HIV Care Surveillance: Population-based cohort of living cases

Name-based HIV/AIDS case reporting (medical providers/labs must report initial dx)

All HIV viral loads and CD4 (initial and f/u) reported to health dept

Every 12-18 months, medical chart review of living cases to collect:
- Treatment information, housing status (homeless), demographics, HCV status, relocation outside SF or change in med provider, vital status, OIs, CD4/VL results

HIV Prevention: PrEP

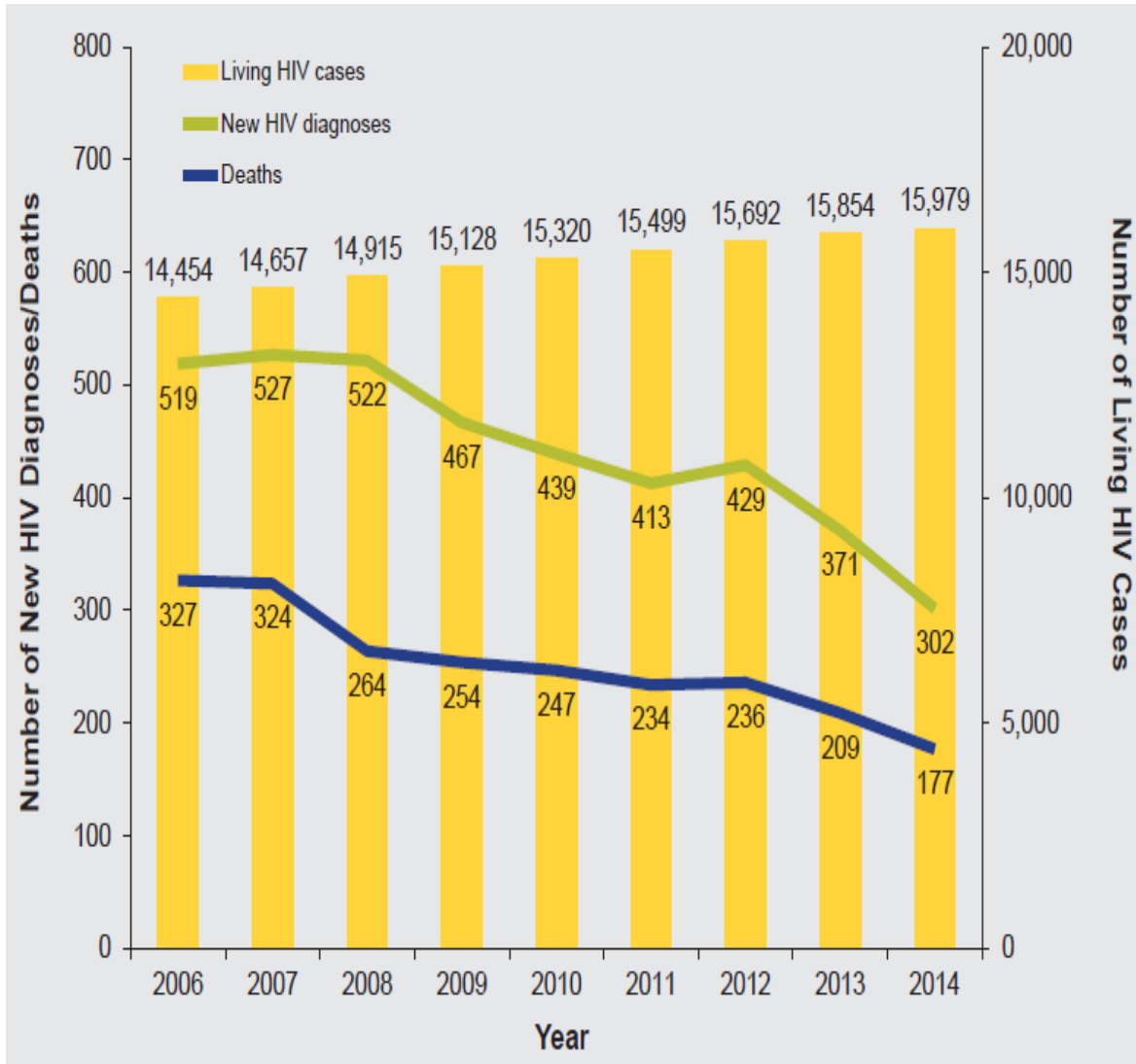
STD clinic (SF City Clinic) and community-based (NHBS, STOP AIDS) surveys

EMR queries of SFPD primary care clinics and other large PrEP practices (e.g. Kaiser)

PrEP Demonstration Project

Interviews with new HIV diagnoses (missed opportunities for PrEP)

New HIV diagnoses & deaths, San Francisco



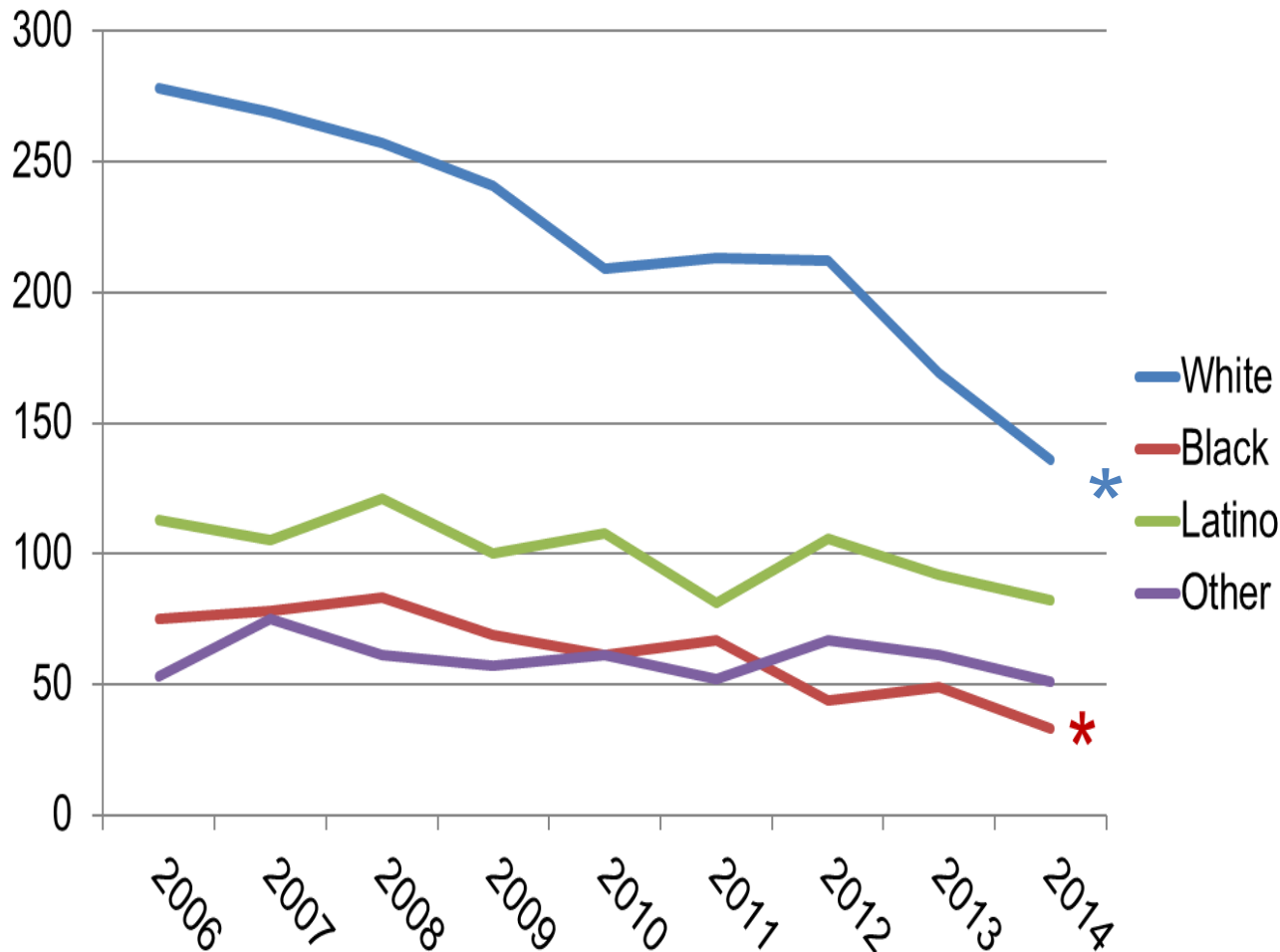
New diagnoses:

- 75% MSM
- 11% MSM/IDU
- 55% people of color
- 13% under 25, 17% over 50
- 11% homeless

Deaths

- Declining HIV deaths
- Increasing drug overdoses and suicides

Total # new HIV diagnoses by race/ethnicity, San Francisco



Disparities remain
Annual male dx'es per
100,000:

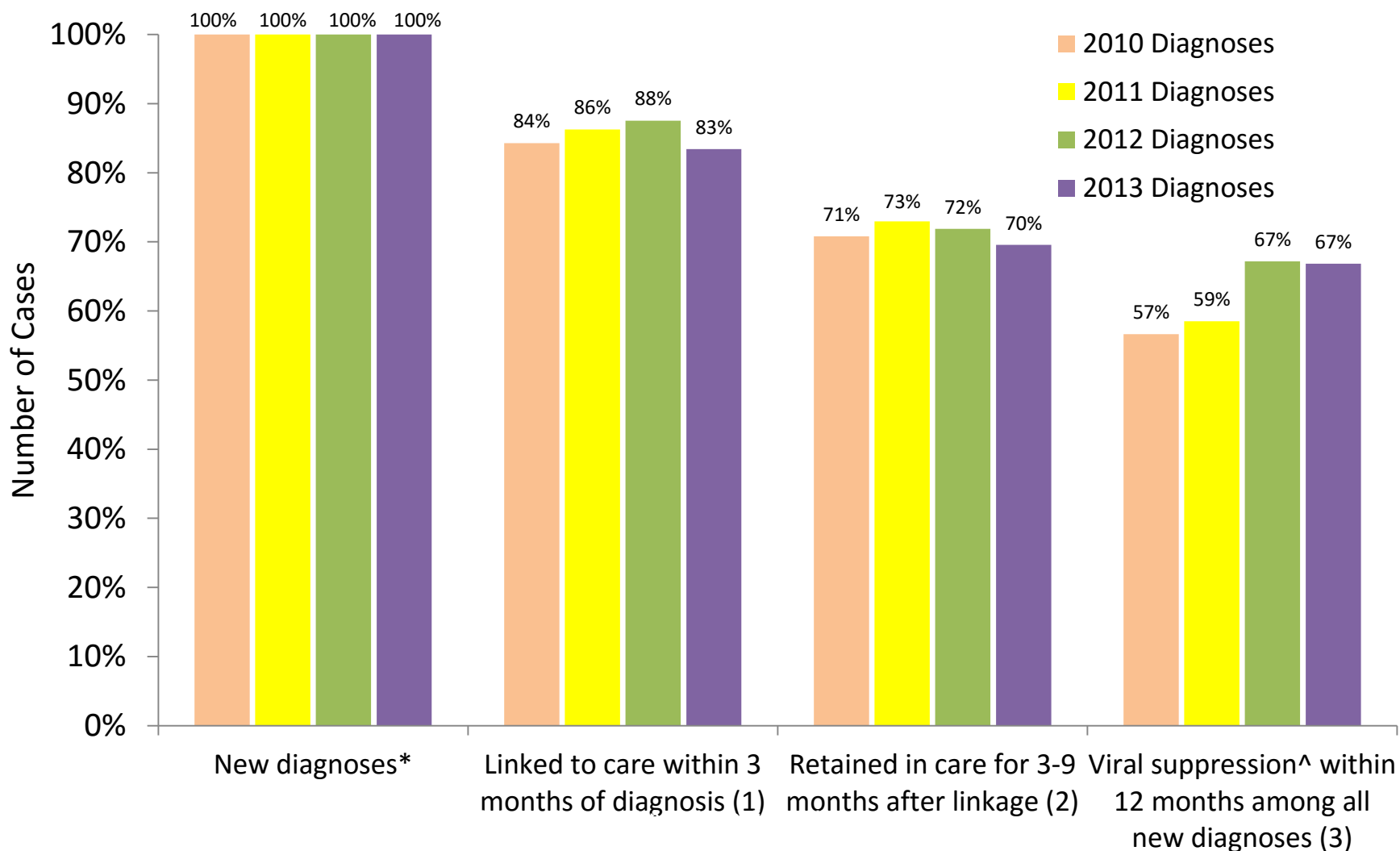
- White: 69
- Black: 127
- Latino: 107
- Other: 33

* Significant decline

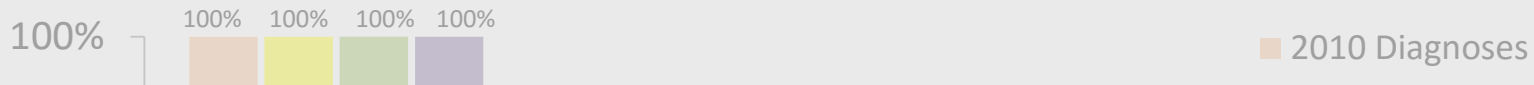
Improving Trends in HIV Care Indicators

- **HIV testing**
 - Unrecognized infection among MSM: 22% (2004) → 3% (2014)
 - Late testers: 27% (2010) → 16% (2014)
- **Linked to care** within 3 mo of new dx
 - 84% (2010) → 92% (2014)
- **Treatment initiation** within 12 mo of new dx
 - 77% (2010) → 97% (2014)
- **Time to VL suppression**
 - Median 11 mo (2003) → 4 mo (2013)

Continuum of HIV care among persons diagnosed with HIV, 2010-2013, San Francisco

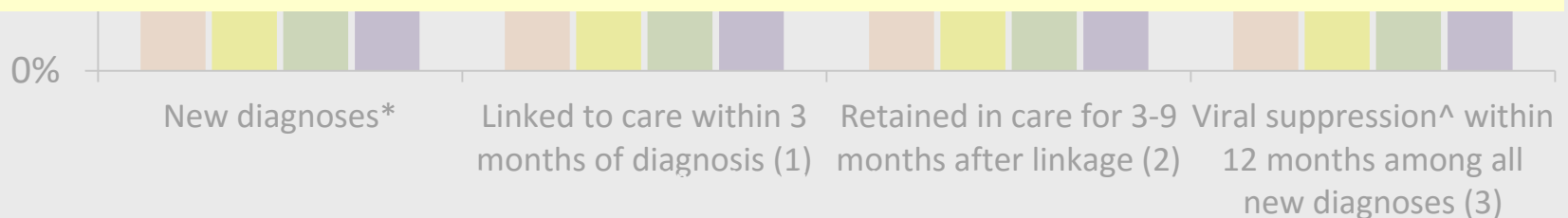


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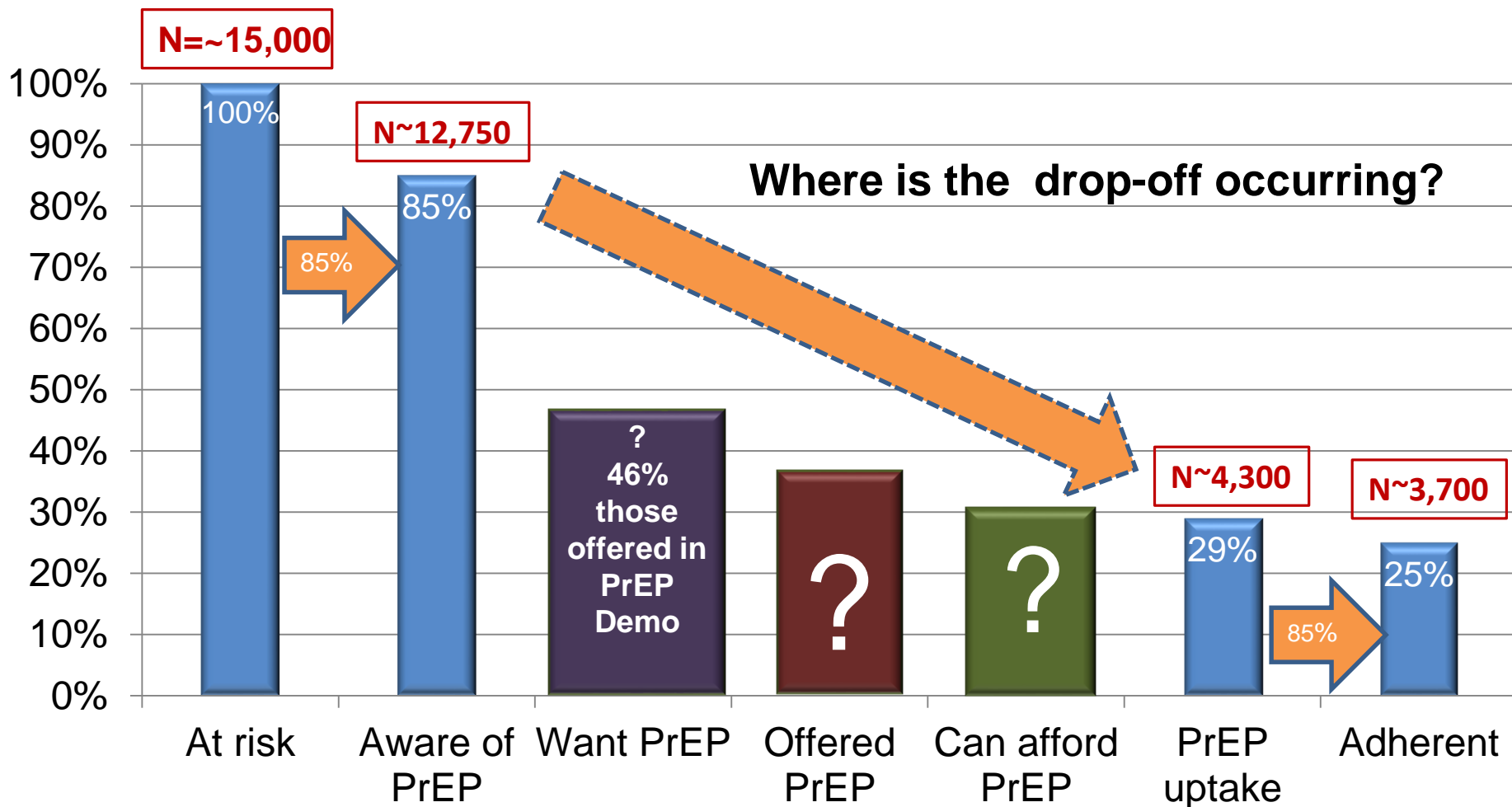


GAPS

- Timely linkage to care, retention and viral suppression less likely among women and transwomen, African Americans and Latinos, and PWID
- Homeless persons less likely to be on treatment.

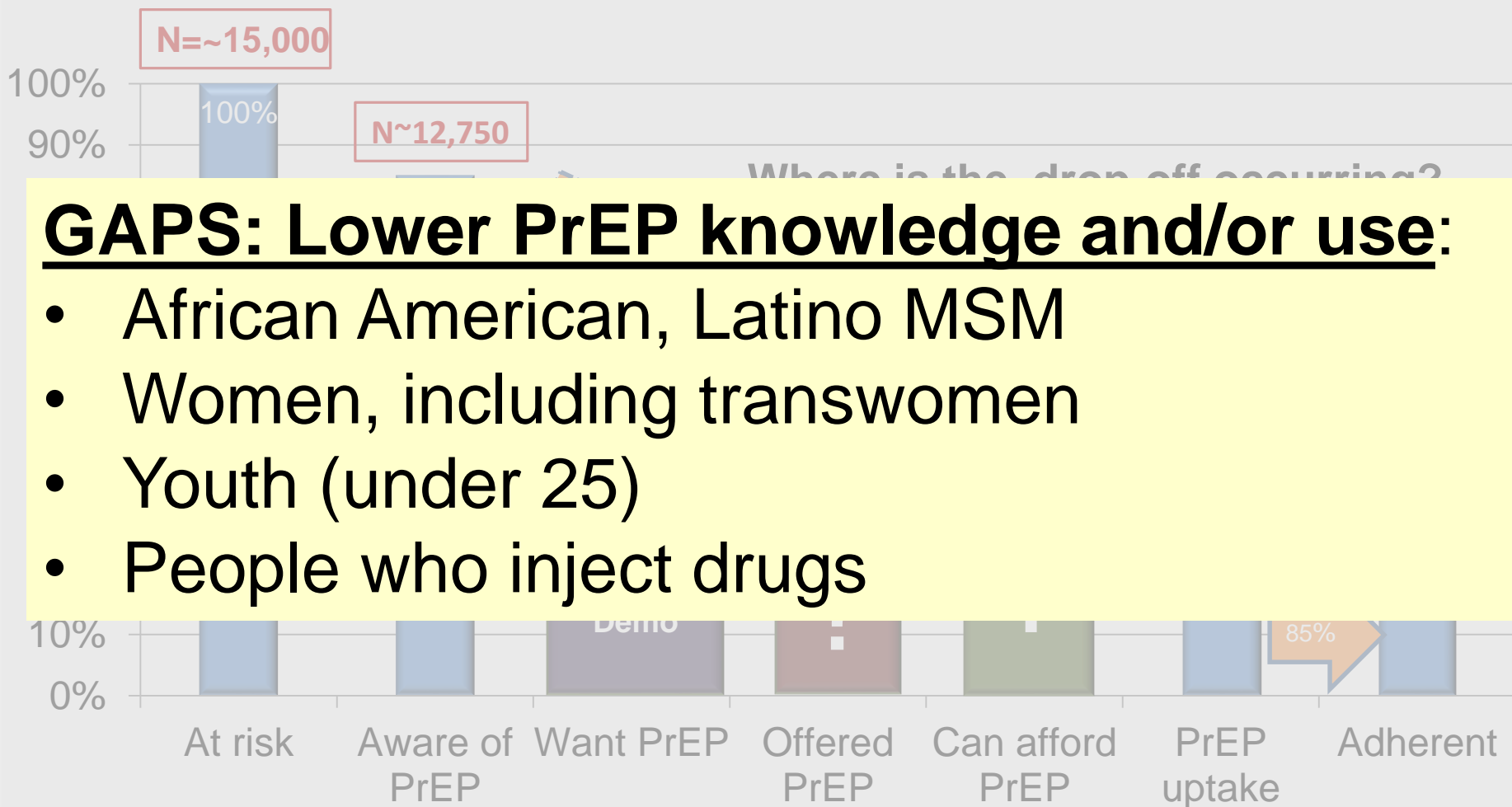


Crude, preliminary PrEP cascade for MSM in SF



Data from NHBS, PrEP Demo, STOP AIDS, SFCC

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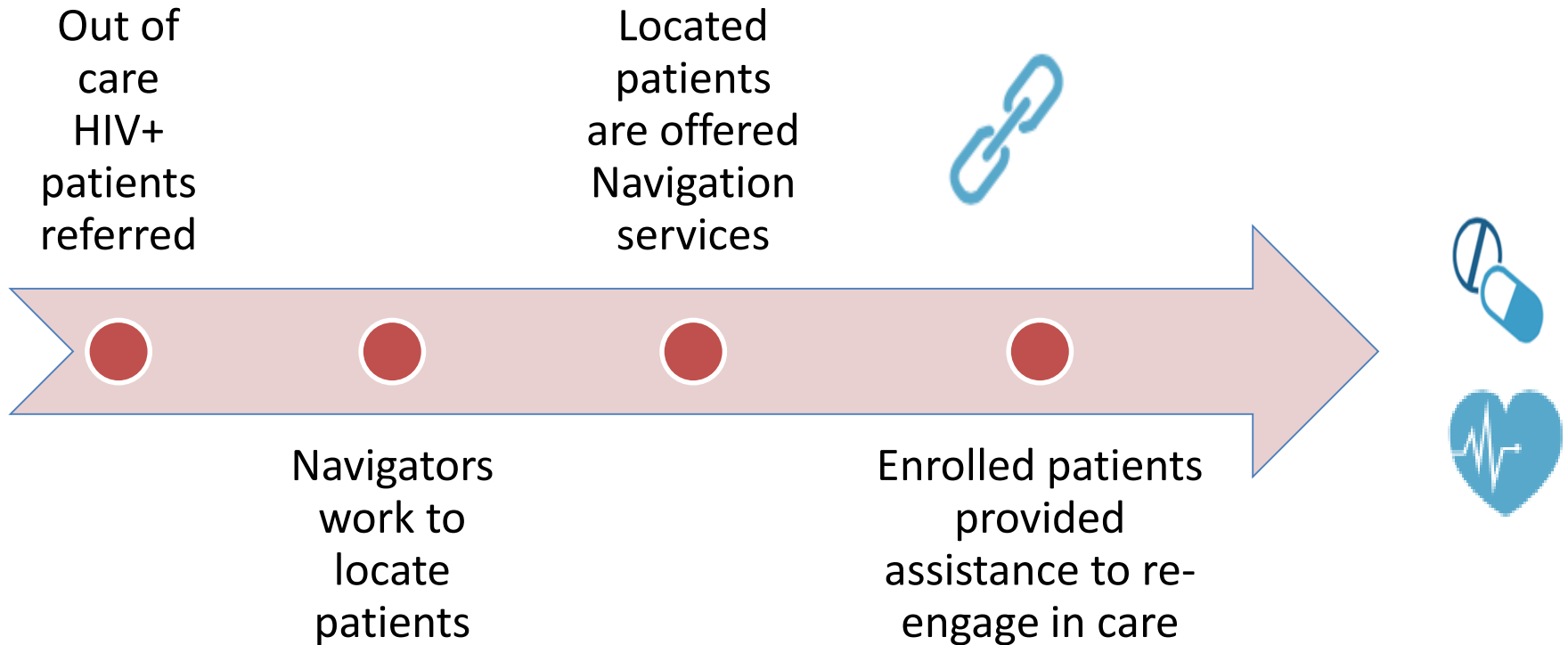
Goals of Data to Care in SF

- Utilize routine data collected as part of HIV Surveillance to inform programmatic activities along the continuum of care
 - Combined Health and Care Provider Model
- Improve workflow
 - Focus PS/linkage “new” positives
 - Focus contact tracing on HIV- partners
 - Focus HIV testing on truly not-in-care
 - Prioritize those most likely to transmit

**Importance of
Triangulation
of Data**

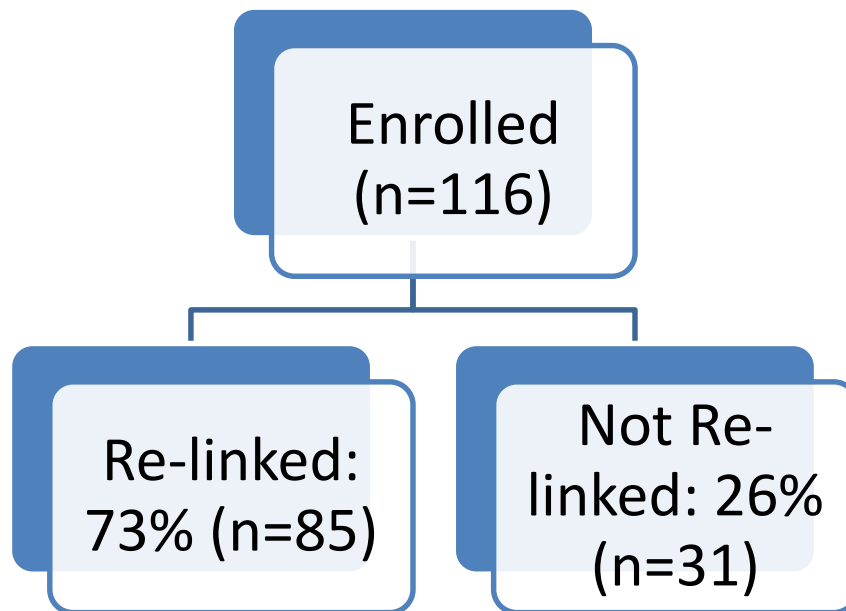
LINCS Navigation

Goal: Provide appropriate HIV –related medical and social services to optimize individual health and prevent HIV transmission



Using surveillance data for program evaluation

LINCS Navigation 2012-2013



Re-linkage	Total	% VLS 12 months pre-LINCS	% VLS 12 months post-LINCS
Re-Linked	85	24%	64%
Not Re-Linked	31	26%	39%

Data to PrEP

- **Focus PrEP outreach efforts** on those with lower PrEP knowledge / uptake
 - PrEP ambassadors
 - Social marketing campaigns
 - PrEP Demo Project for youth, transgender people
- **Identify at-risk pts** in DPH primary care who have rectal STIs or syphilis, not on PrEP
 - Consider adding PrEP to CMR forms
- Need **better data** on **PrEP cascade**
 - Offered PrEP, uptake when offered, access/coverage
- Need **better data** on **PrEP retention**
 - Missed visits, pts lost to f/u
 - Compare PrEP outcomes for different models of delivery

What's the “secret sauce” to the Consortium?

- Engagement of multiple sectors:
 - Activists
 - Clinicians
 - Health Department, Mayor
 - Researchers
 - Foundations, others
- Passion for the outcomes
- Data, data, data

Summary

- **Significant progress in SF**
 - Declining HIV cases and HIV-related deaths
 - Improvements in HIV care indicators
- **Significant disparities remain** in new diagnoses, linkage to care, treatment initiation, retention, and viral suppression
- **Local data** can be used to **measure progress** towards Getting to Zero and **identify gaps**
- Ongoing **collaboration** and **communication** between **Surveillance and Programmatic** efforts are key

Thank you

- **HIV Surveillance:** Susan Scheer
- **Disease Control and Prevention:** Darpun Sachdev, Stephanie Cohen
- **Research:** Susan Buchbinder, Hyman Scott
- **Getting to Zero SF**
 - PrEP: Brad Hare
 - RAPID: Oliver Bacon
 - Retention: Edwin Charlebois, Andy Scheer
 - Stigma: Wayne Steward, Austin Padilla, Mark Ryle
 - Shannon Weber, all committee members

Thank you

