Adherence 2017

JUNE 4–6, 2017 • MIAMI

Jointly sponsored by

IAPAC
INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

PIM
Postgraduate Institute for Medicine

GET TESTED.
TREAT EARLY.
STAY SAFE.

End AIDS.

health.ny.gov/ete

Bruce D. Agins, MD MPH
Medical Director, AIDS Institute
Adherence 2017; Miami

NEW YORK STATE | Department of Health

NEW YORK STATE | Department of Health | AIDS Institute

• HIV/AIDS • STD • VIRAL HEPATITIS • LGBT HEALTH • DRUG USER HEALTH •

Defining the End of AIDS

Governor Andrew Cuomo announcing his new initiative to combat the AIDS epidemic before the 2014 NYC Gay Pride Parade.

Credit: Michael Appleton for The New York Times

Reduce new infections to 750 annually by the end of 2020

Three Point Plan

1. Identify all persons with HIV who remain undiagnosed and link them to health care.
2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission.
3. Provide Pre-Exposure Prophylaxis for persons who engage in high risk behaviors to keep them HIV negative.

NEW YORK STATE OF OPPORTUNITY. Department of Health

ETE Task Force and Blueprint

30 Blueprint (BP) Recommendations

The 30 BP Recommendations include various steps that can be taken now to get New York State to the stated goal of 750 new HIV infections per year by the end of 2020. Pro

7 Getting to Zero (GTZ) Recommendations

The 7 GTZ Recommendations represent additional steps that aim to accelerate movement towards no new infections, depending on fiscal and policy realities. These recommendations are not necessary to get to the goal of 750 new HIV infections per year by the end of 2020.

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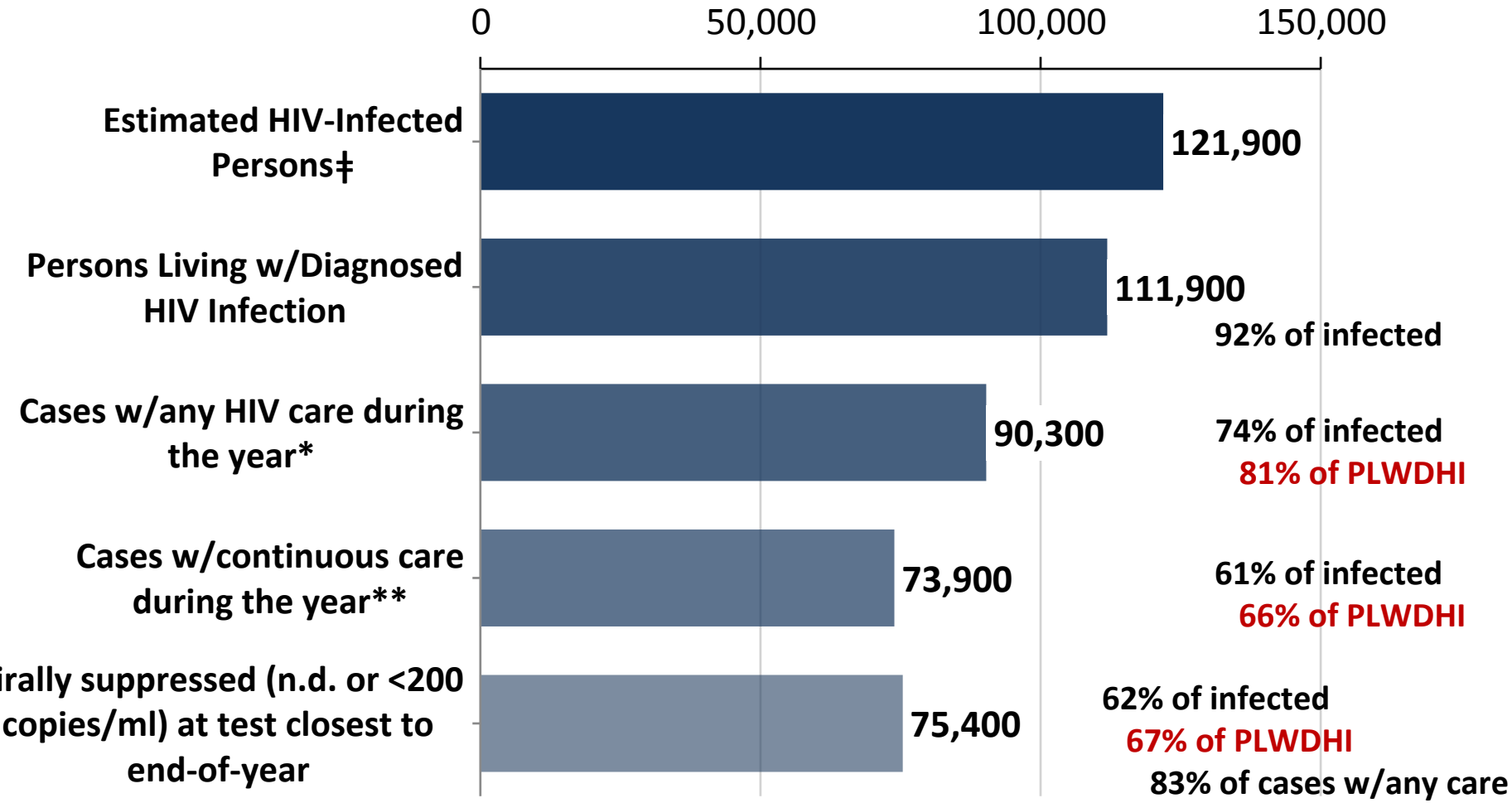
New York State Cascade of HIV Care, 2015

Persons Residing in NYS† at End of 2015



†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

‡ Estimated unknown 6.7 for NYC and 13% Rest of State * Any VL, CD4, genotype test during the year; ** At least 2 tests, at least 91 days apart

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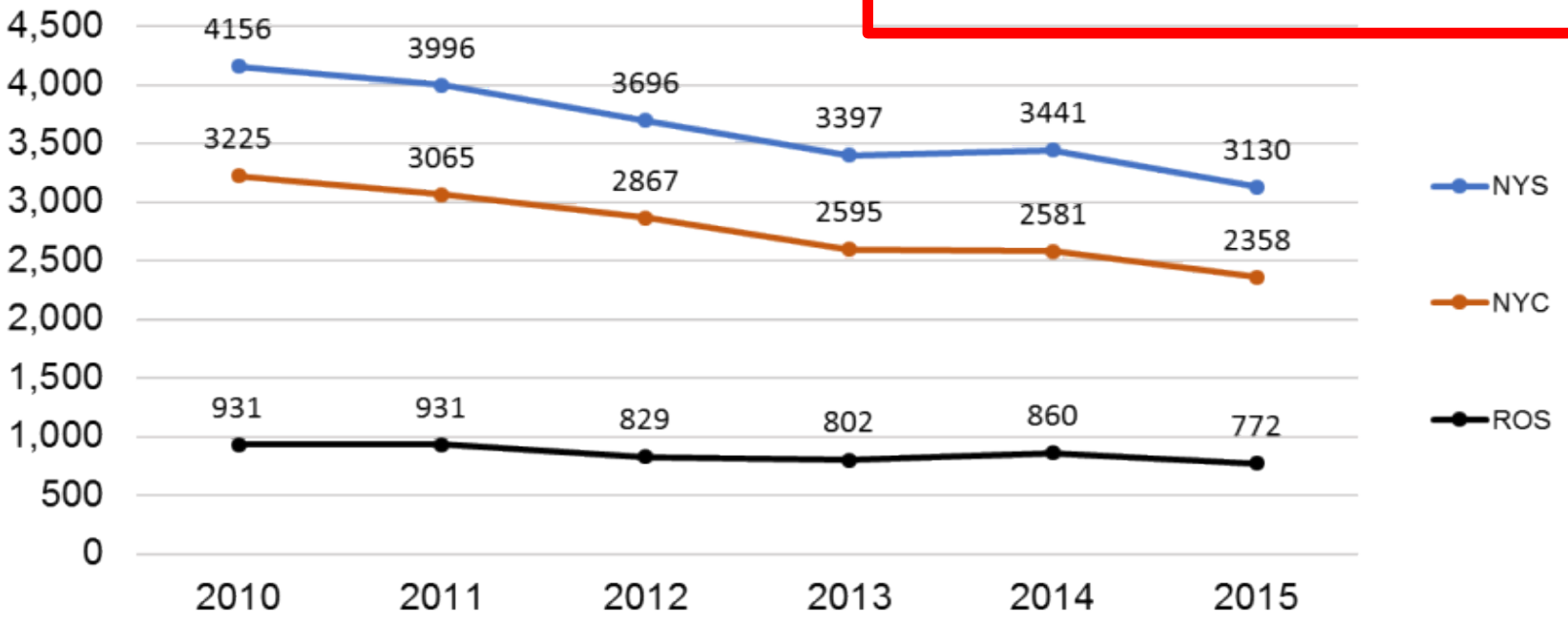
Newly Diagnosed HIV Cases, 2010-2015

Average Change 2010-2015 = -5%
Change 2014-2015 = -9%

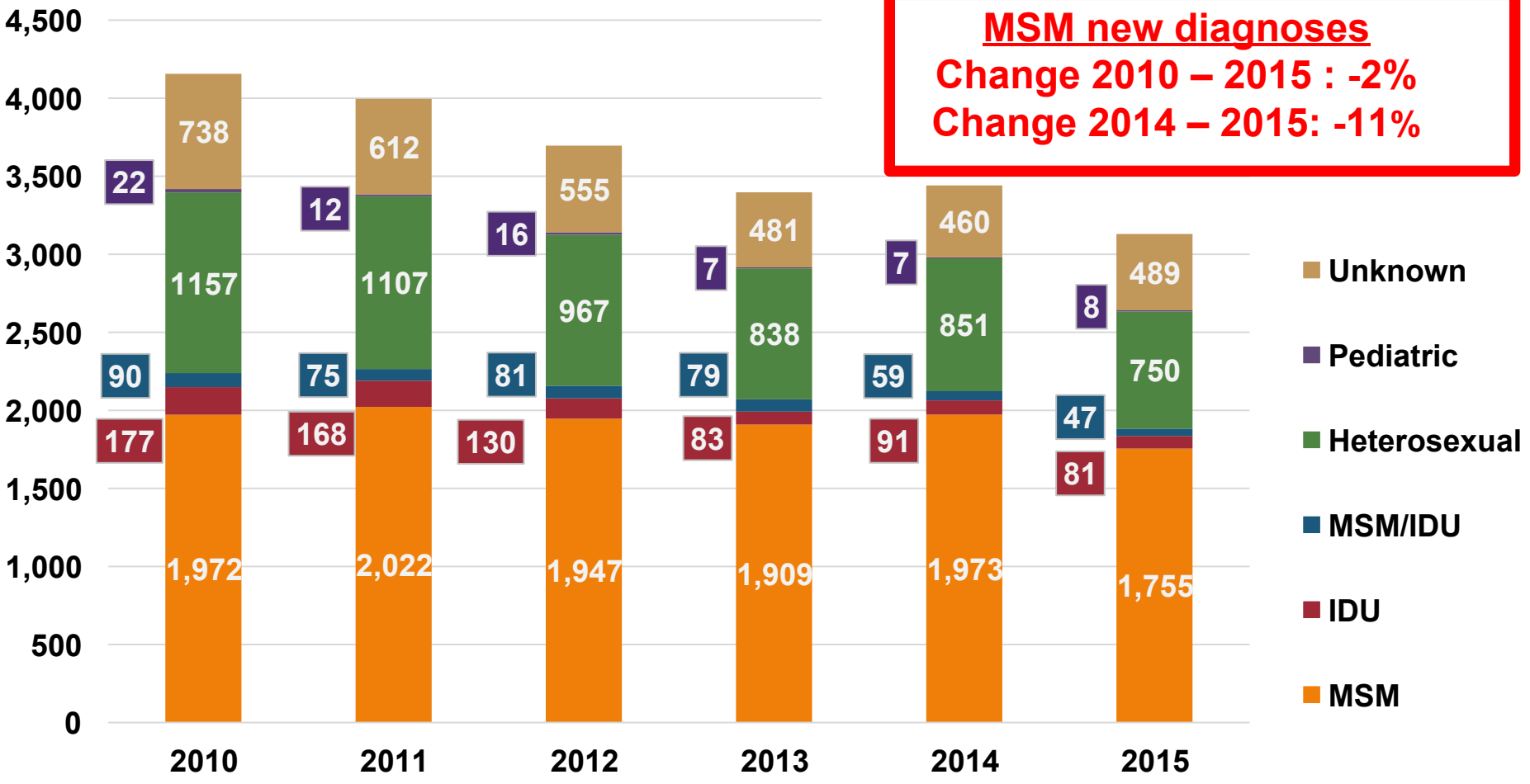


December 2016 BHAE statewide analysis file

NEW YORK STATE OF OPPORTUNITY. Department of Health

Newly Diagnosed HIV Cases by Year of Diagnosis and Transmission Risk, NYS, 2010-2015

MSM new diagnoses
Change 2010 – 2015 : -2%
Change 2014 – 2015: -11%



December 2016 BHAE statewide analysis file

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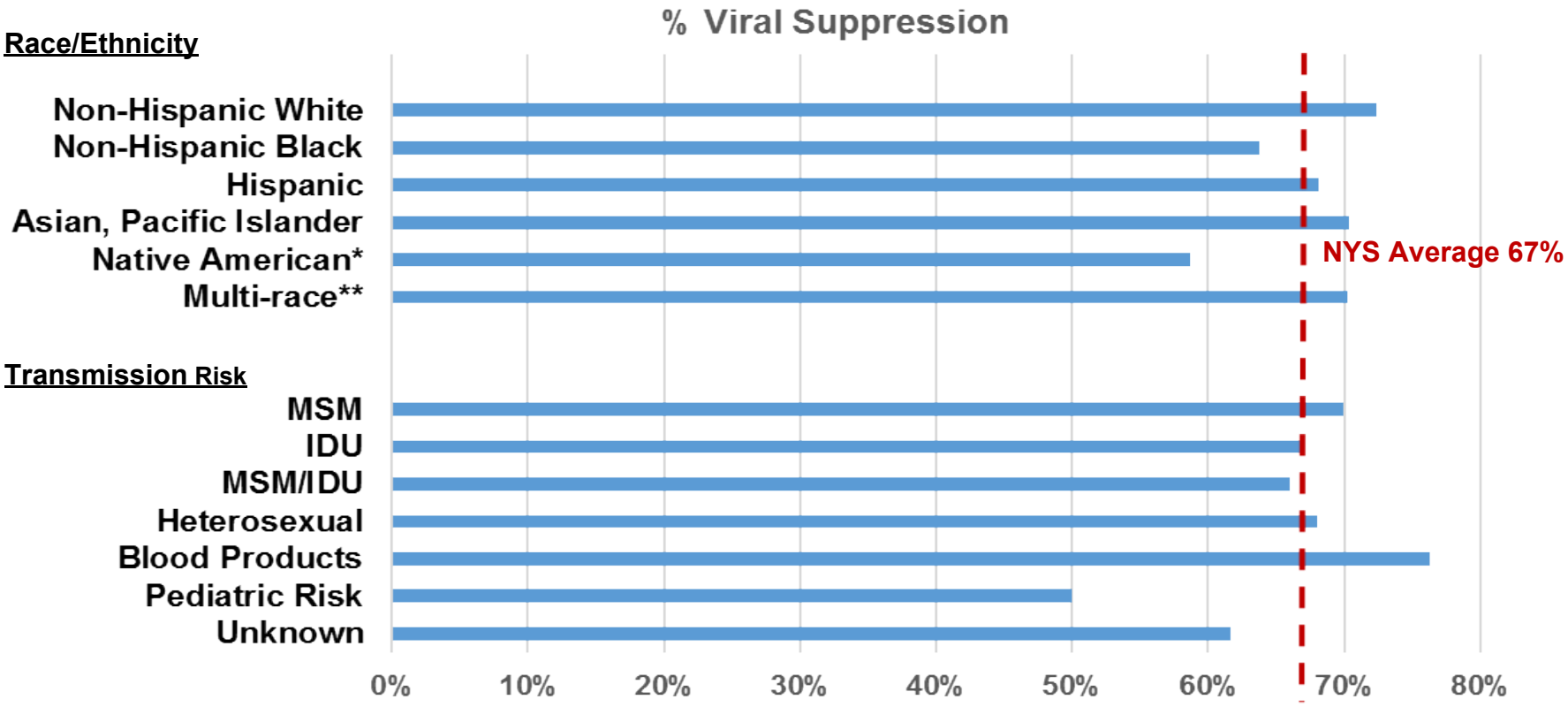
Viral Suppression among Persons Living with Diagnosed HIV Infection at the End of 2015 by Race/Ethnicity and Transmission Risk Group, New York State[1]



[1]Data as of January 2017

*Native American percentage is based on a small number of people (n=37).
**Multi-race percentage may be artificially inflated as an artifact of CDC's algorithm for inferring Multi-race.

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Targeting Viral Load Suppression

SUMMARY OF MEDICAID MATCH DATA FOR ENDING THE AIDS EPIDEMIC (ETE) PILOT

	Members	Percent	Content Summary
Total NYS HIV/AIDS Medicaid Members Submitted for Match to BHAE	73,125	100%	HIV/AIDS Algorithm
Remaining Medicaid Members Matched to CDC Confirmed Case (by Bureau of HIV/AIDS Epidemiology (BHAE))	59,807	82%	Match Rate with BHAE
Deceased as of 12/31/2014 - Removed (Based on date of death with no paid claims beyond death)	5,623	9%	Deceased Removed
Remaining Medicaid Members Matched to CDC Confirmed Case with	**54,184**	91%	Presumed Living
Total Virally Suppressed between January 2011 and July 2015 (Defined as most recent VL < 200 copies/ml)	41,719	77%	Virally Suppressed
TOTAL NOT VIRALLY SUPPRESSED* (Defined as: Most Recent VL >= 200 copies/ml OR No VL	**12,465**	**23%**	**Not Virally Suppressed**
NOT Virally Suppressed in Medicaid Managed Care (MMC) (Based on any capitation payments January 2014 - July	**8,703**	**70%**	**In Managed Care**
NOT Virally Suppressed but NO Plan Affiliation (Possible MMC or Medicaid eligibility issues; about ½ are	3,762	30%	No Plan Affiliation
NOT Virally Suppressed in MMC Sent to 6 ETE Pilot Plans**	**6,441**	**74%**	**Sent to Pilot Plans**

How do we know whether we are meeting our goals?

Measuring Progress: ETE Metrics

	1. New HIV Infections (Incidence)	2. New HIV Diagnoses	3. Linkage to Care	4. Receiving Any Care	5. VLS* – Receiving Any Care	6. VLS* – PLWDHI	7. HIV Status Aware	8. Concurrent AIDS Diagnosis		9. Time to AIDS
	#	#	%	%	%	%	%	%	#	#
2012										10.4%
2013	2,509	3,391	69%	81%	81%	66%	92%	21.7%	736	6.9%
2014	2,497	3,443	72%	81%	84%	68%	92%	19.6%	674	8.9%
2015	2,436	3,155	73%	81%	85%	69%	92%	19.4%	612	8.2%
2016	2,050	2,911	78%	84%	87%	73%	93%	18.4%	536	7.6%
2017	1,750	2,620	81%	86%	89%	76%	94%	17.6%	461	7.0%
2018	1,410	2,253	84%	88%	91%	79%	95%	16.7%	376	6.4%
2019	1,060	1,870	87%	89%	93%	82%	96%	15.8%	295	5.8%
2020	750	1,515	90%	90%	95%	85%	98%	15.0%	225	5.1%

*VLS: Viral Load Suppression

Source: NYS HIV Surveillance System as of January 2017

Actual Target Goal

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Measuring Progress: ETE Metrics

- **New infections: incidence (CDC definition)**
  - *Reduce the number of new infections to 750 by 2020*
- **New infections: reported new diagnoses**
  - *Reduce the number of new diagnoses reported by 55% (NHAS goal: 25%)*
- **Linkage: standard cascade definition of 30 d measured by lab test**
  - *Increase percentage of newly diagnosed patients linked to care to 90%*
- **Receiving any care: evidence of lab test**
  - *Increase percentage from 81% to 90% by 2020*
- **Viral suppression**
  - *Increase percentage of PLWDHI with VLS 85%.(NHAS 2020 Goal: 80%)*
  - *Increase the percentage of PLWDHI who receive care with VLS from 85% to 95% by 2020.*

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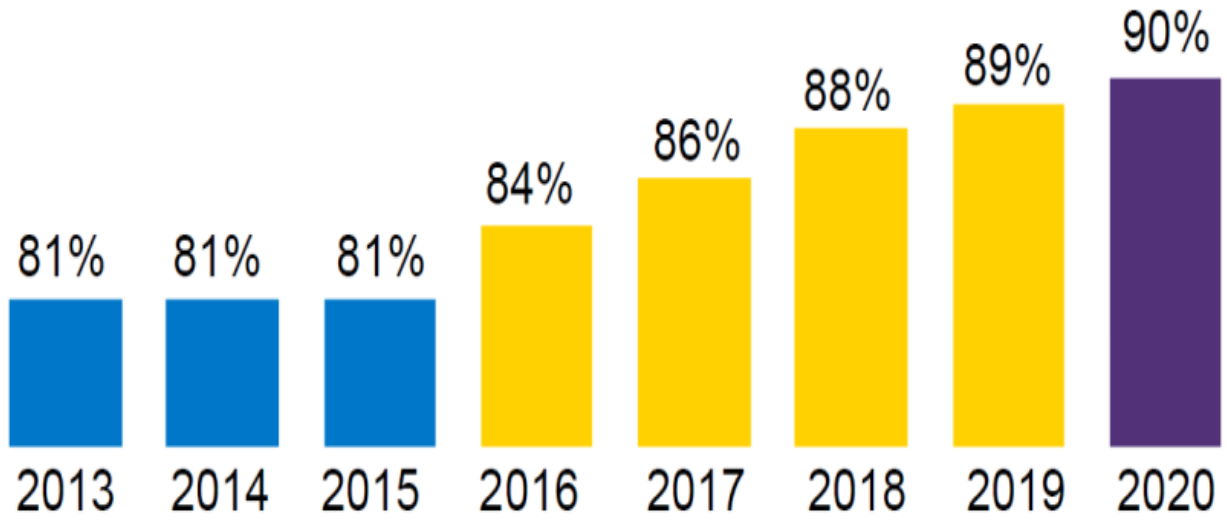
Measuring Progress: ETE Metrics (2)

- **Aware of HIV status: (estimates calculated from CDC and seroprevalence studies)**
  - *Increase the percentage of PLWH who know their serostatus to at least 98%. (NHAS 2020 Goal: 90%)*
- **Concurrent AIDS diagnosis**
  - *Reduce the proportion of persons with a diagnosis of AIDS within 30 days of HIV diagnosis to 15% by 2020*
- **Time to AIDS diagnosis**
  - *Reduce the rate at which persons newly diagnosed with HIV progress to AIDS by 50%.*

Receiving Any Care:
Example of annual targets

By the end of 2020, increase the percentage of persons living with diagnosed HIV infection who receive any care to 90%.



NO RETENTION MEASURE

Measure: Any VL, CD4 or genotype test in NYSDOH HIV Surveillance System in a calendar year.

Actual Target Goal

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How do we work with our stakeholders across New York State?

Ending the Epidemic
Regional Steering Committees

- 13 ETE Regional Steering Committees across NYS
- Forum to develop ongoing ETE related efforts in the respective regions
- Enhance coordination among regional service providers and networks
  - NY Links, NY Knows, faith-based initiatives, other local initiatives
- Include non-traditional partners

Rochester, NY

MCPEtE
Monroe County Partnering to End the Epidemic

Background

- MCPEtE launched as a result of NY Links Sustainability Planning
- Needed a shared leadership, public health approach to sustain regional group activities

Accomplishments

- Identified and prioritized regional gaps and needs
- Established key partnerships (clinical and non-clinical) to meet regional objectives
- Developed measurable outcomes to monitor progress
- Utilized QI methodology to maximize growth, progress and change
- Formalized action steps by developing Commitment Plans

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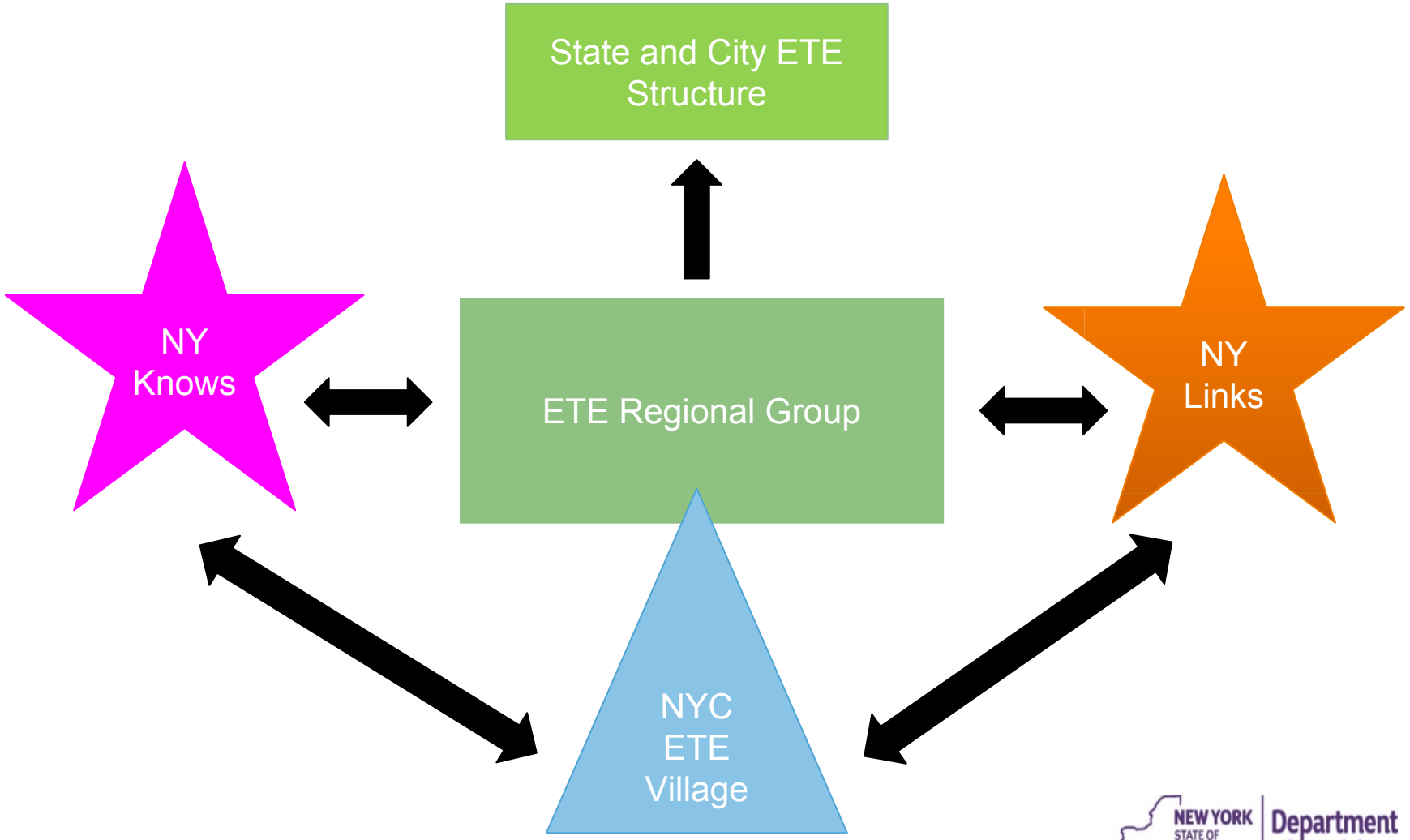
Collaboration with NYC



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NYC Ending the Epidemic: NYS Blueprint Fueled Strategies to Improve the Care Continuum

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New York City Department of Health and Mental Hygiene
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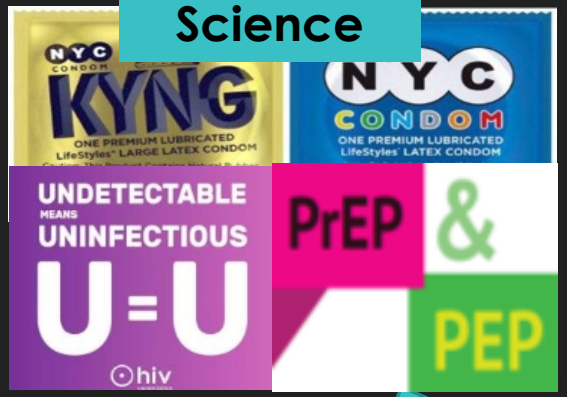
Ending the Epidemic (EtE): A Recipe

Science



Community

Political Will

GET TESTED.
TREAT EARLY.
STAY SAFE.

End AIDS.

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NYC Health

Team Work

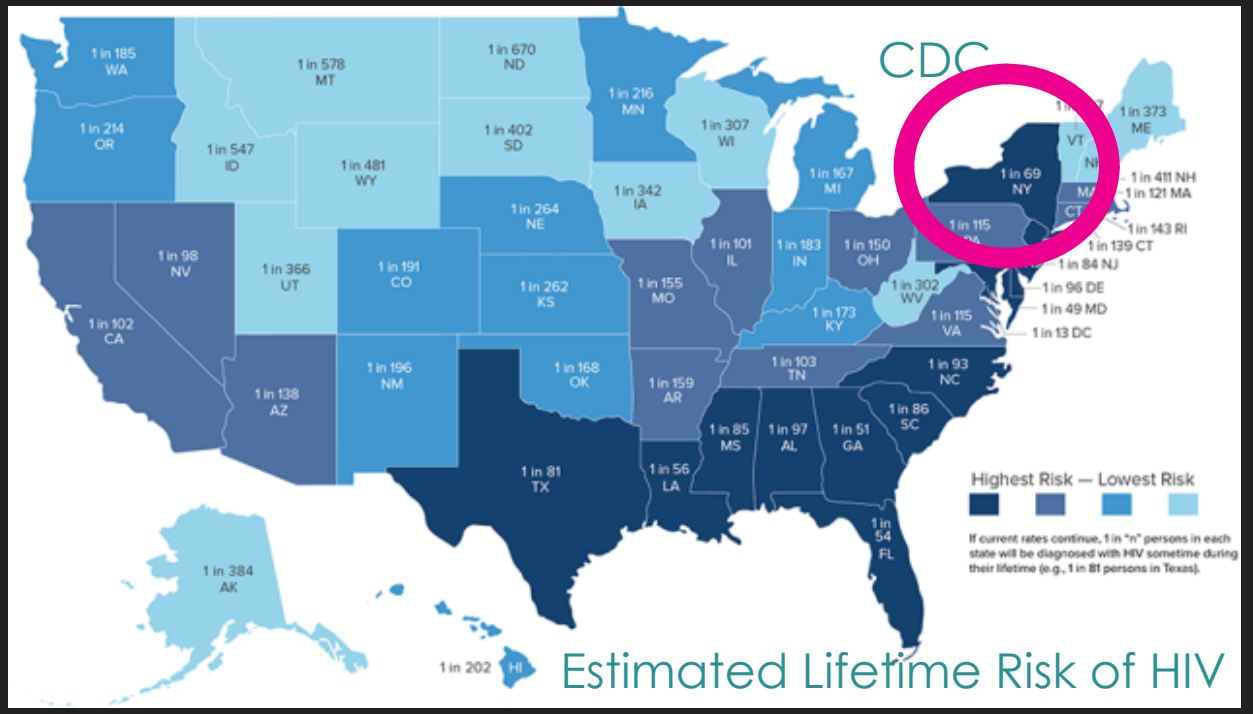
#ENDAIDSNY2020

NYC Health

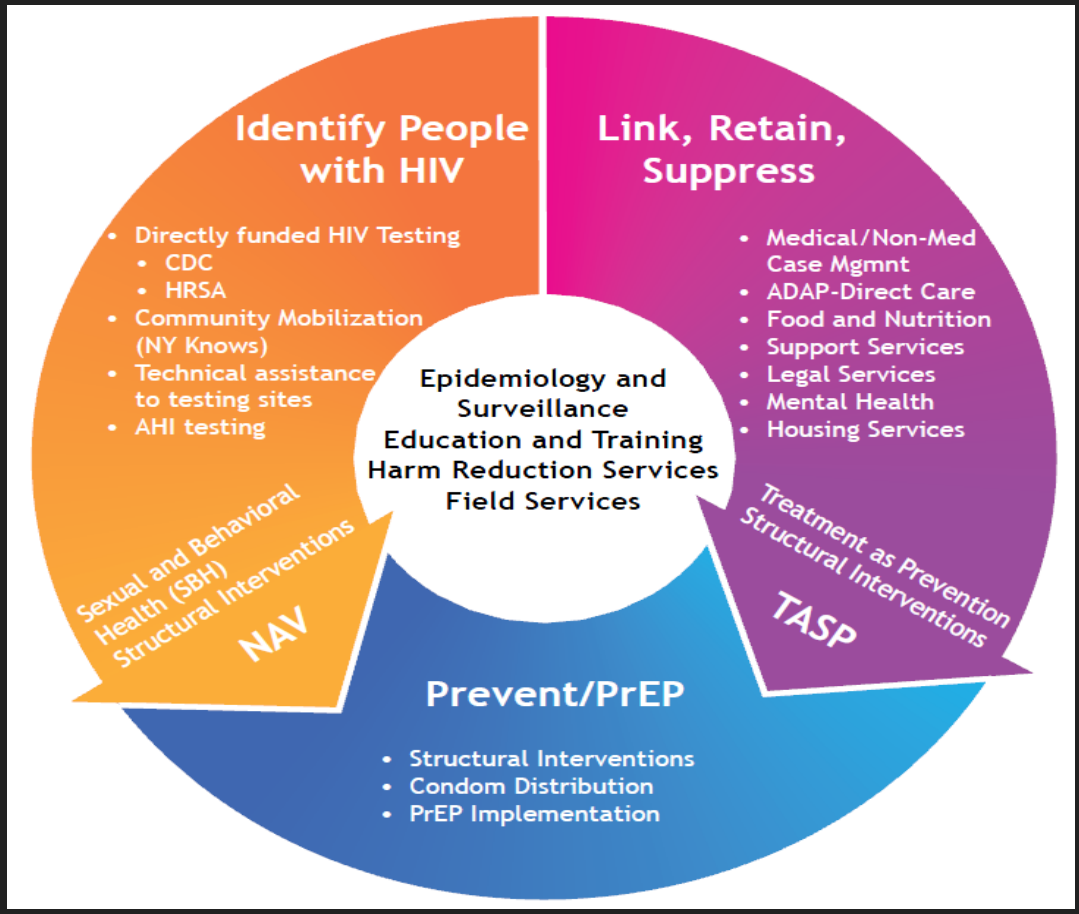
HIV is an Emergency: Treat it That Way!

Community Charges Us to Move Fast

NYC DOHMH Mobilizes HIV Into New Outbreak Mode

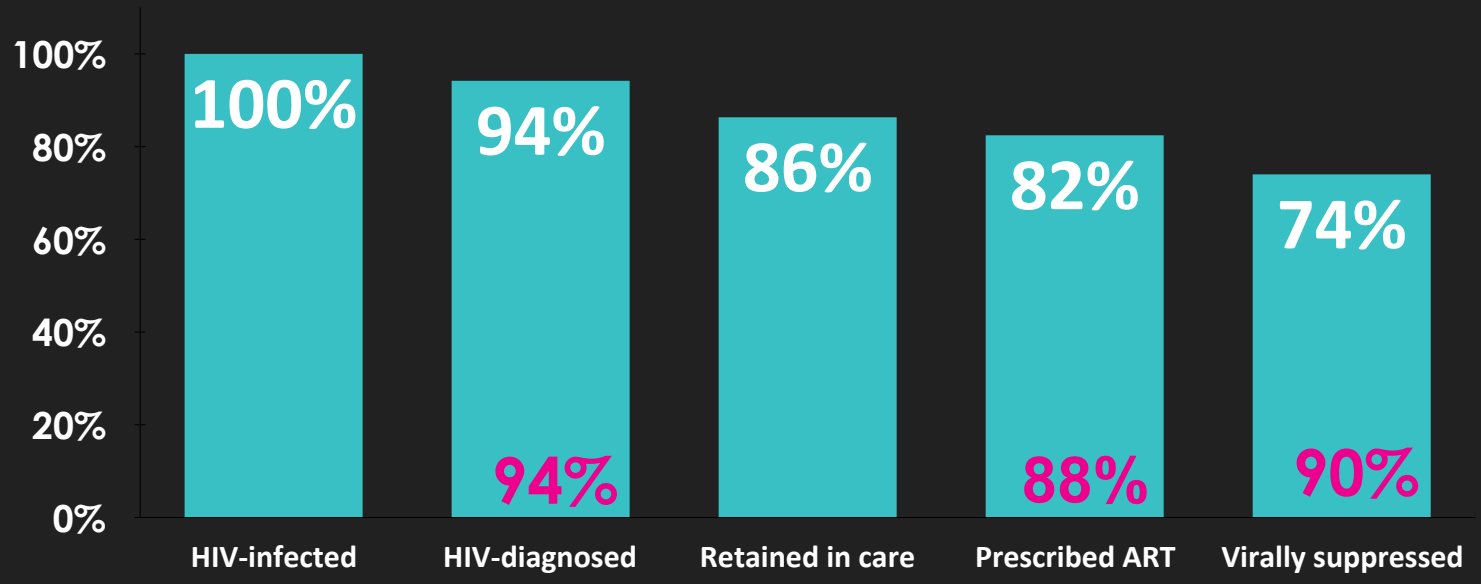


Current Bureau of HIV Services Mapped onto NYS EtE Pillars



NYC Health

Proportion Of PLWHA in NYC in Selected Stages of The HIV Care Continuum, 2015



Of approximately 87,600 PLWHA in NYC in 2015, 74% had a suppressed viral load.

As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

#ENDAIDSNY2020

NYC Health

The New York City EtE Plan:
Strategies to Address Disparities

2. Make Sexual Health Clinics Efficient Hubs for HIV Treatment and Prevention

5. Take NYC Viral Suppression from Good to Excellent
6. Make NYC Status Neutral

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NYC Health

State of the Art HIV Interventions in Sexual Health Clinics

BIOMEDICAL EVALUATION AND INTERVENTION:
INSTANT STARTS OF ARV TREATMENT AND PREVENTION

SOCIAL WORK ASSESSMENT FOR SOCIAL DETERMINANTS OF RISK OR DISEASE PROGRESSION + INSURANCE CONNECTION

NAVIGATION TO LONGITUDINAL CARE FOR BOTH HIV NEGATIVE AND POSITIVE CLIENTS

Not Just a Plan Any More!
NYC Sexual Health Centers are HIV Hubs!!

PrEP Navigation
Launched 10/31/16
ALL CLINICS
Over 1300 Encounters

PEP 28
Started 10/31/16
ALL CLINICS
397 Patients
61% Black/Latinx

"JumpstART"

Launched 11/23/16

STARTED IN ONE CLINIC
FIVE MORE NOW ON BOARD

47 JumpstARTs
68% Black/Latinx

PrEP Initiation

Started 12/22/16

STARTED IN ONE CLINIC
NOW AT 2nd CLINIC

113 PrEP Starts
67% Black/Latinx

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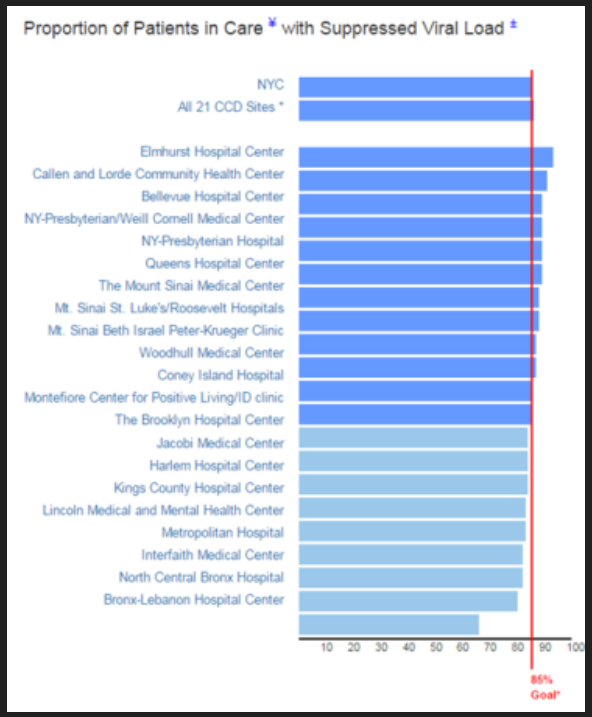
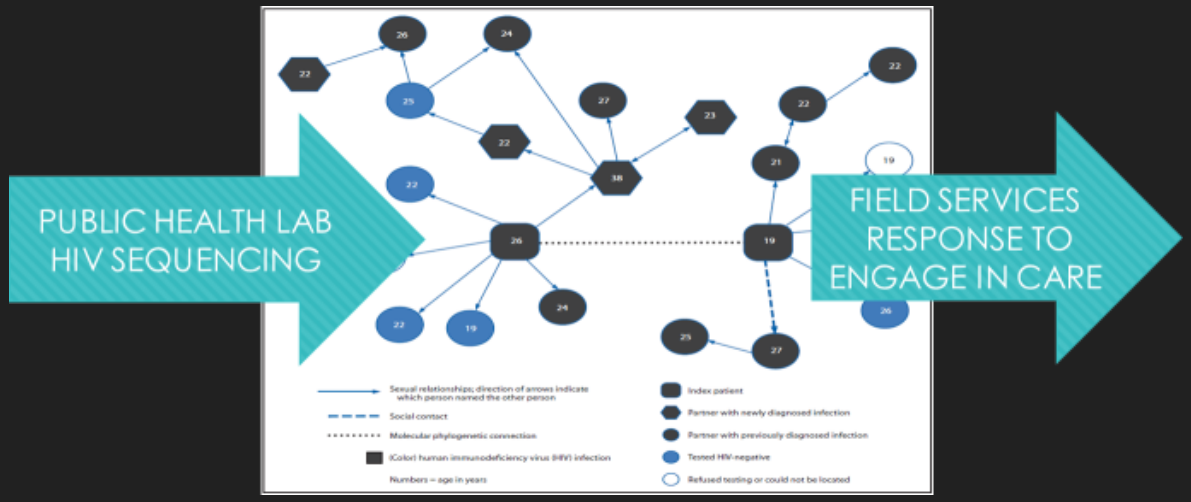
NYC Health

Move NYC Viral Suppression from Good to Excellent





As reported to the New York City Department of Health and Mental Hygiene by June 30, 2016.

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NYC Health

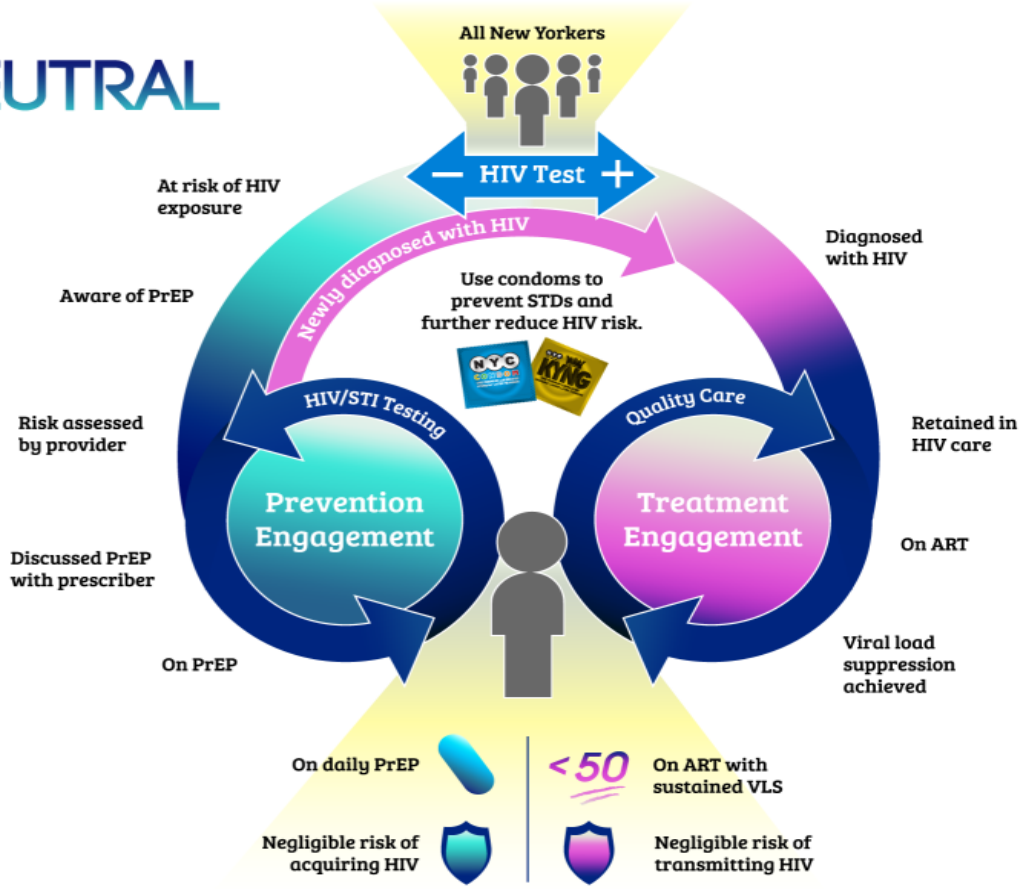
Improving Viral Suppression

#ENDAIDSNY2020

NYC Health

NEW YORK CITY'S

HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE



People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.

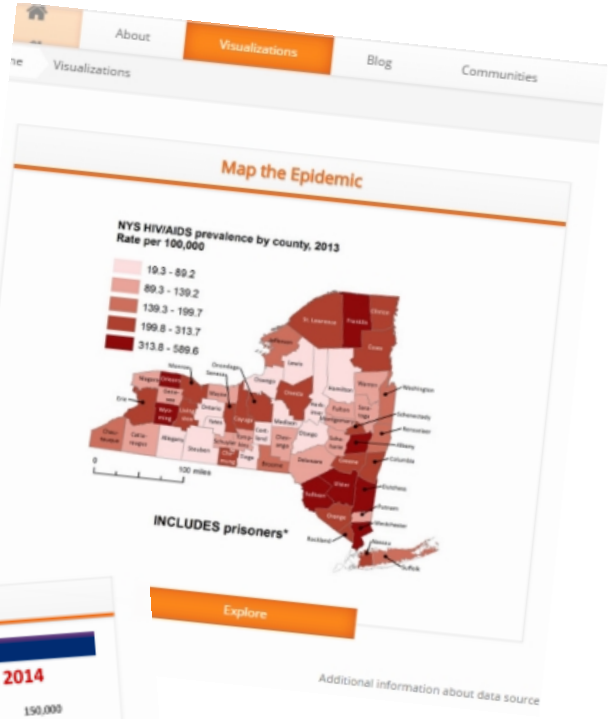
NYC Health

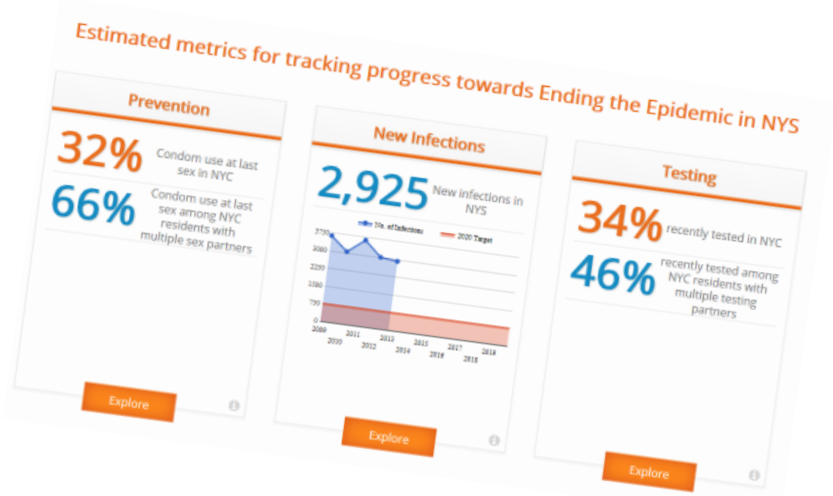
Thank You!

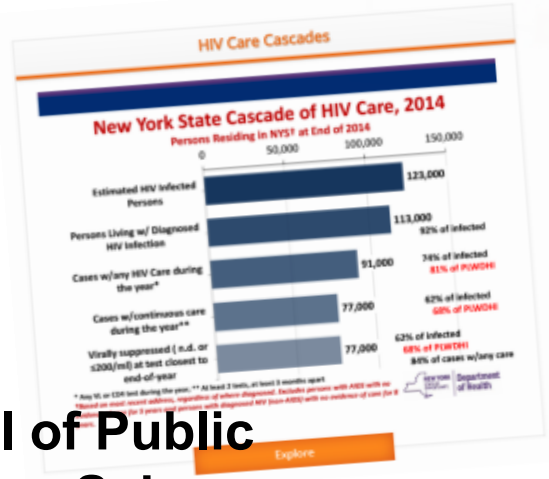
ddaskalakis@health.nyc.gov

Ending the Epidemic Dashboard

http://www.ETEdashboardny.org







In partnership with CUNY School of Public Health Institute for Implementation Science

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Thank you

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