



Adherence and Achieving 90% Viral Suppression – Why Policy is Important

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Adherence

- Adherence is generally defined as the extent to which patients take medications as prescribed by their health care providers.
- **What is the role of adherence in achieving 90% viral suppression among those in care?**



Presentation Overview

- States are developing resource intensive interventions to meet national goals for virologic suppression
- State policy environments are important in achieving national goals
- Adherence -- while important -- is dependent on less discussed steps that come before it
- Timely feedback to clinics/providers is important to achieving suppression goals



Background



UNAIDS 90-90-90 Initiative

- By 2020, 90% of all people living with HIV will:
 - Know their HIV status
 - Of those , 90% will receive sustained ARV therapy
 - Of those, 90% will have viral suppression
- “Modeling suggests that achieving these targets by 2020 will enable the world to end the AIDS epidemic by 2030.”



Why New Treatment Targets Are Needed

- Targets drive progress
- Targets promote accountability
- A new 2020 target is needed to guide action beyond 2015
- A bold new target underscores that ending the AIDS epidemic is achievable



US Viral Suppression Goal

- **Increase to 80% by 2015** the percentage of HIV-diagnosed adults in care whose most recent HIV viral load test (in the past 12 months) showed that HIV viral load was suppressed
- **Numerator:** Number of HIV-diagnosed adults in care whose most recent viral load test (in the past 12 months) showed that HIV **viral load was suppressed**
- **Denominator:** Number of adults with HIV infection diagnosed by previous year-end and alive at year-end and documentation of **at least one CD4 or viral load test during the year**

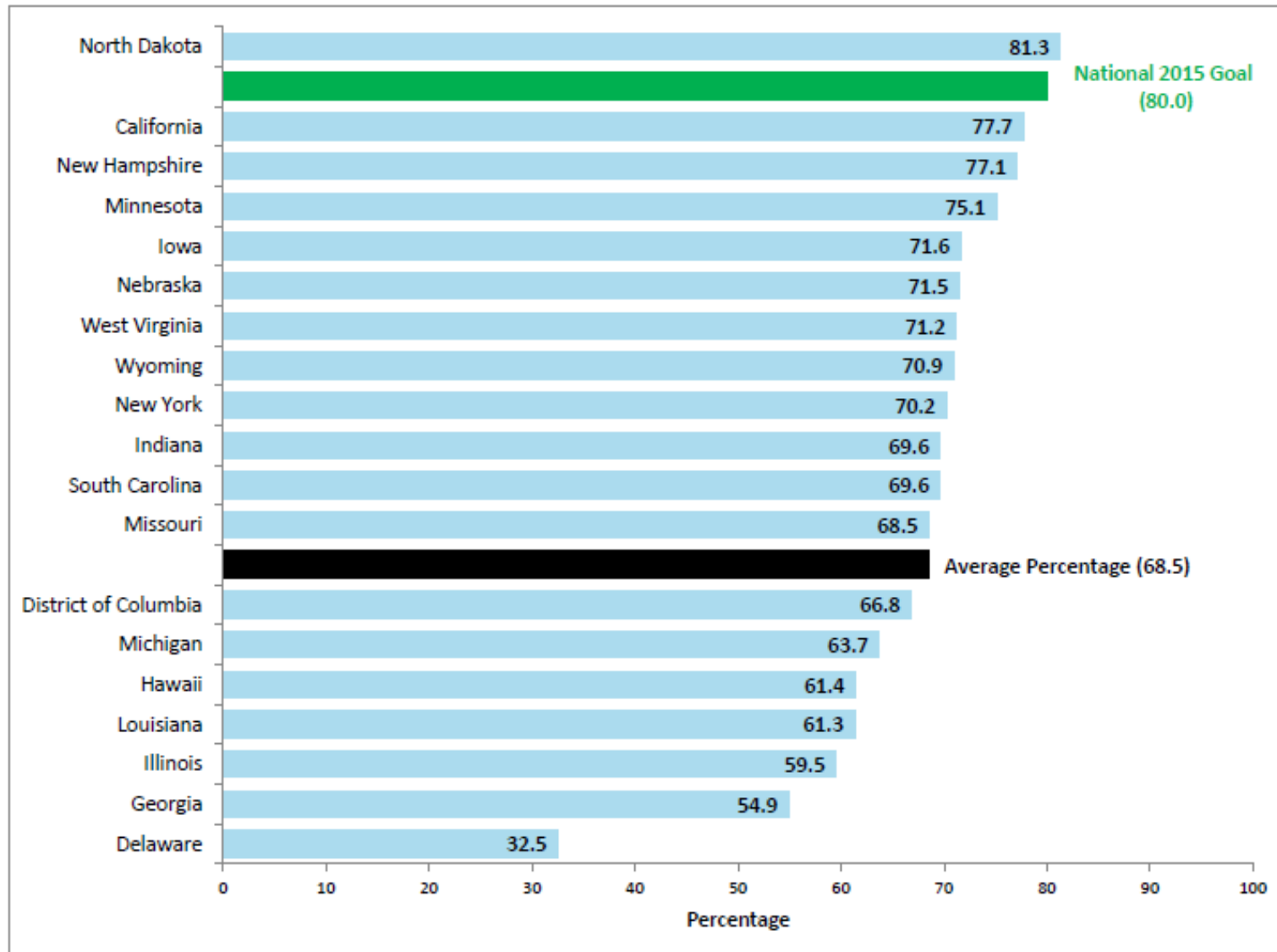


US Viral Suppression Goal

- CDC Division of HIV/AIDS Prevention established the baseline of 71.6% as 2009
- The 2015 goal (**80.0%**) reflects a 10% overall increase from the baseline
- Viral suppression was reported only for states with complete laboratory data (at least 95% of laboratory results are reported to the surveillance programs)
- **In 2011, complete laboratory data were reported in 18 states but not 32 states**



Figure 22. Viral suppression among persons in HIV medical care, 18 states and the District of Columbia, 2010





States Implement US National Goals

- Under the US constitution, states are primarily responsible for protecting the public health
- The national continuum of care goals are thus implemented in each of the states and territories
- States are the “laboratories of innovation”



HRSA Special Projects of National Significance (SPNS)

- The SPNS Program, through its demonstration projects, evaluates the design, implementation, utilization, cost, and health related outcomes of care and treatment models, while promoting the replication of successful interventions.
- One of these projects -- *Systems Linkages and Access to Care* initiative -- is a **multi-state** demonstration project and evaluation of innovative models of linkage to and retention in HIV care.

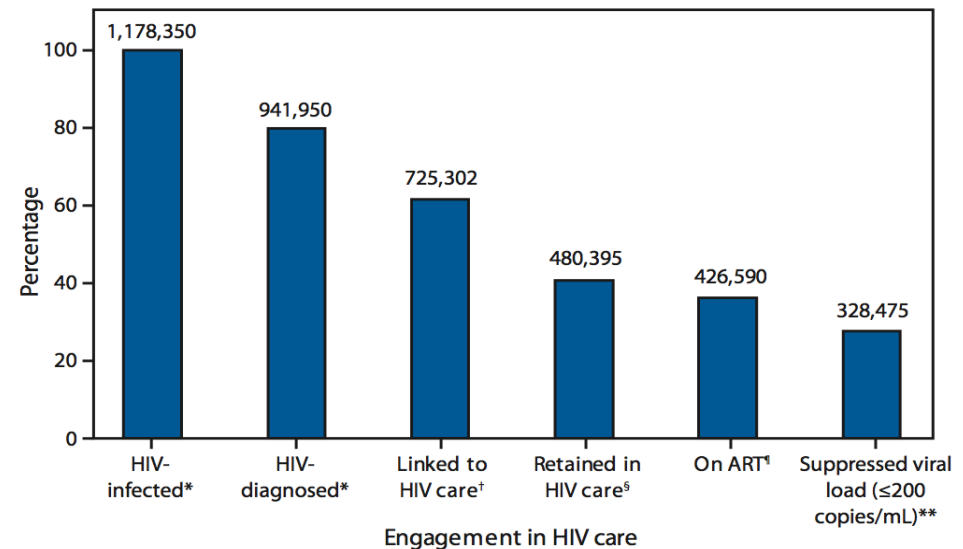


SPNS Initiative Overview

5-year initiative (Sept 2011-August 2016)
 6 States (LA, MA, NC, NY, VA, WI) \$1M/YR
 1 Evaluation and Technical Assistance Center
 (UCSF)

Address critical
 gaps along the
 Care Continuum

FIGURE 3. Number and percentage of HIV-infected persons engaged in selected stages of the continuum of HIV care — United States





Goal for Presentation

- The goal today is not to present either the content or the outcomes of the interventions developed by the six states under this SPNS initiative
- The goal today is to discuss the **process and context** of the development of plans to address continuum of care goals including but not limited to SPNS interventions



Key Research Questions

- What are the **structural and policy** characteristics that facilitate or hinder implementation of interventions to increase the proportion of people virally suppressed?
- What characteristics of interventions lead to increases in **successful viral suppression** among people living with HIV in care?



Continuum of Care Implementation Interviews

- Each of the six state health departments agreed to one hour group key informant interviews on process and context of continuum of care implementation issues
- The goal of these interviews was to better understand how each state health department was thinking about how to achieve a 90% viral suppression rate among those in care

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State Policy Environments Matter



Findings: Policy Facilitators

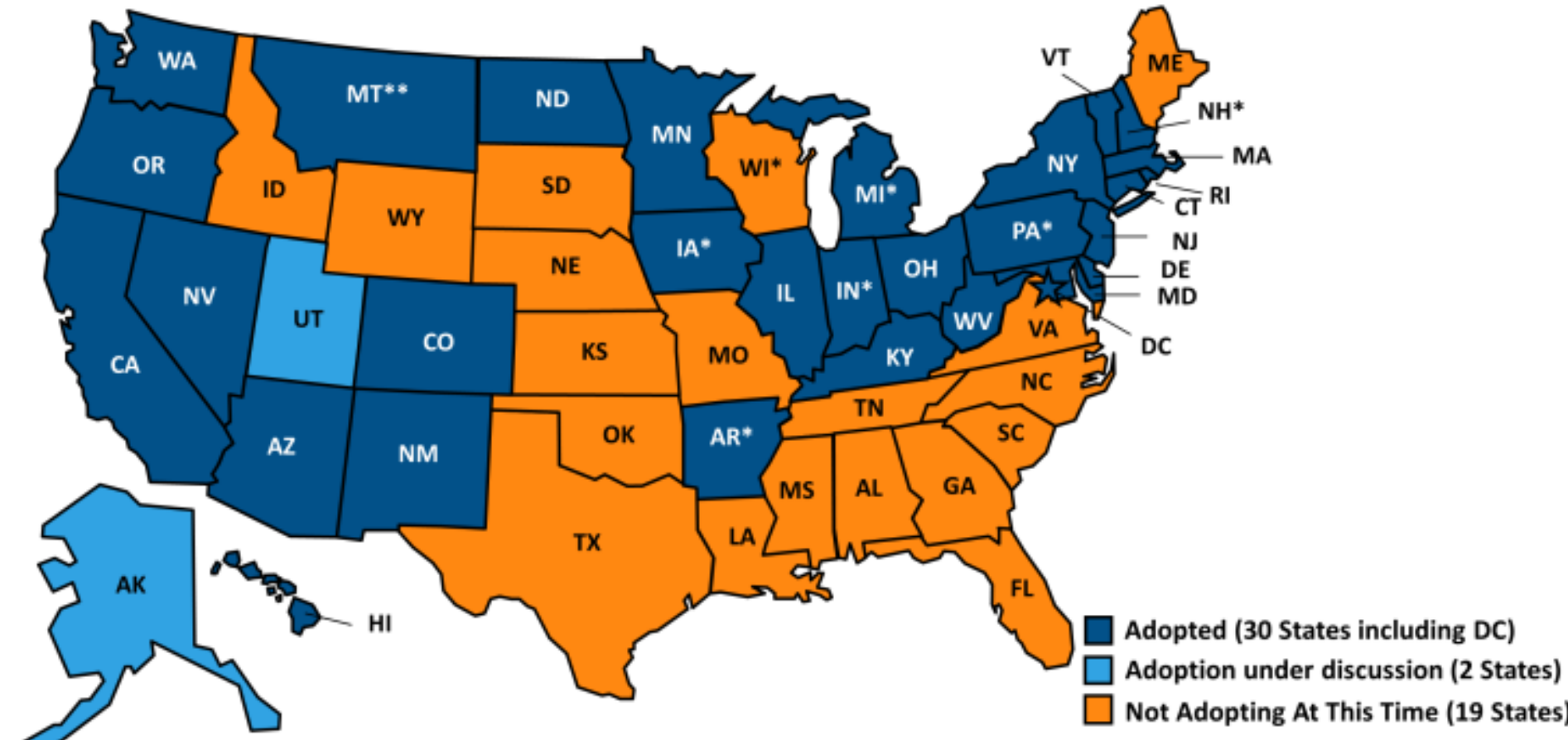
1. Support from executive branch
2. Dedicated HIV funding from legislature
3. Advisory groups beyond federal requirements
4. Timely state plan with M&E goals
5. Research capacity/university partnerships



Findings: Policy Facilitators

6. State regulated comprehensive health insurance
7. Medicaid expansion
8. Medicaid HIV specialty care
9. Surveillance used for linkage & retention
10. Timely, e.g. quarterly, feedback to providers/clinics

Current Status of State Medicaid Expansion Decisions



NOTES: Under discussion indicates executive activity supporting adoption of the Medicaid expansion. **MT has passed legislation adopting the expansion; it requires federal waiver approval. *AR, IA, IN, MI, PA and NH have approved Section 1115 waivers. Coverage under the PA waiver went into effect 1/1/15, but it is transitioning coverage to a state plan amendment. Coverage under the IN waiver went into effect 2/1/15. WI covers adults up to 100% FPL in Medicaid, but did not adopt the ACA expansion.

SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated June 22, 2015.

<http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>



Intensive Interventions Are Needed for a Subset of Patients



End of 2013 Virologic Suppression Rates

- WI = 87%
- MA = 84%
- NY = 82%
- NC = 76%
- VA = 75%
- LA = 70%



The Last 10% Challenge

"What happens now is that most of our clinics are able to achieve suppression rates that go up into the high '80s, low '90s with some outliers.... And, increasingly, the problem is dealing with these patients that are so challenging to address, in terms of their social needs.... But, increasingly, that's got to be where the attention is going to have to be focused."



Process Findings

- Each of the six states is testing resource intensive interventions which go beyond traditional medical case management, i.e. lower case loads, out of office contacts, longer periods of contact
- Increasingly health departments are using Disease Investigation Specialists (DIS officers) to find individuals out of care and often re-training them to provide more extensive linkage and engagement services



Ryan White Core Services

- **Medical case management** includes the provision of **treatment adherence counseling** to ensure readiness for, and adherence to, HIV/AIDS treatments.
- Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services; (4) client monitoring to assess the efficacy of the plan; and (5) periodic reevaluation and adaptation of the plan as necessary over the life of the client.



Disease Investigation Specialists

“But what we realized was...[for] people [that] clinics couldn’t get into care, we really needed people with DIS field work experience. I mean just because a case manager is now dubbed [an interventionist] ...doesn’t mean that they’re very comfortable in the fielddodging pit bulls and drug dealers.”



Adherence as Part of a Cascade within a Cascade

Viral Suppression Cascade Among those in Care

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Steps:

1. Provider prescribes ARVs
2. Patient Agrees to take meds
3. Insurance coverage
Medication access
4. Pick up drugs
5. **Adherence**

Interventions:

- Clinic procedures; QA assessments; education
- Readiness counseling; Patient navigation
- No co-pay or deductible; benefits assistance
- Clinic staff check; Patient navigation
- Adherence counseling; Patient navigation



Prescribing & Readiness

“And we do have patients who come in and say they don't want meds and you think that they're not going to be ready. There's just no point ...it's more important to make sure they feel heard than it is for me to write a prescription.”



Adherence as Less of an Issue

“Well, adherence issues have become... less and less of a problem. We’re not trying to force somebody to take 20 pills a day. Then every counseling technique in the book wouldn’t make it work. But, you know, so, as the medicines have gotten easier and easier, adherence is easier and easier.”



Adherence as More of an Issue

“We’re actually writing an RFP now....and part of that will be adherence counseling.... [We will be] incorporating things like motivational interviewing, harm reduction and working with the most non-adherent. And we’ve shown through a project here in [state] that [this type of] program was able to reach over a 90 percent viral suppression rate of that population.”



Timely Feedback to Clinics/Providers Is Important



Data Velocity Challenge

"There's what I would call ...a data velocity issue.... If there can be some way to really deal with this as an informatics problem, to help increase data velocity...The main idea is that we're going to try to get more timely, more relevant, more locally relevant information into peoples' hands so that it can be acted upon more readily."



Timely Feedback Helps Get to 90%

- No question that timely feedback to providers/clinics would be motivational
- Secure messaging of “out of care” lists to providers; bi-directional communication helps target resources
- Report cards or “dashboards”, including proportion virally suppressed, can help identify sites/providers for technical assistance



Timely Feedback

"So, we look at facility's viral load suppression rates across all the facilities that we work with and then we divide them into quartiles. And, we have a number of interventions for the low performers.... asking them to send a... plan that addresses viral load suppression.... and then we provide enhanced TA to those facilities..."



Policy Implications

- In that state health departments implement national goals, mechanisms are needed to build research/data analysis capacity within states
- States are “laboratories for innovation” -- need for sharing of lessons learned across states
- If national viral suppression goals are to be measured, all states need to be included
- Research on the “cascade within the cascade” leading to viral suppression needs greater attention



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Thank you!