Accelerated Treatment Perspectives on Same-Day ART Prescription: The New York City Experience

Oni Blackstock, MD, MHS
Assistant Commissioner, Bureau of HIV
NYC Department of Health and Mental Hygiene

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History of the HIV Epidemic in New York City
JUMPSTART: SAME DAY TREATMENT IN SEXUAL HEALTH CLINICS
NYC Sexual Health Clinics

NYS Public Health Law mandates that jurisdictions provide safety net STI services

Clinic Access:
• Walk-in basis (Both MD & screening-only visits)
• 5 days/week at 8 sites; Saturdays at 2 sites; 2 evenings at one site
• Services rendered irrespective of ability to pay
• Confidential – no documentation needed
• Ages 12 years and up; no parental notification

Adapted from T. Mikati, NYC
What is JumpstART?

• One of the three pillars of Ending the Epidemic
• Provide anti-retroviral therapy (ART) to people who are:
  – HIV positive (either newly diagnosed or living with HIV) AND have never been on HIV medications
• Goal: start ART the same day of HIV diagnosis
Who is offered JumpstART?

• HIV+ individuals who are:
  – Newly diagnosed with HIV at the NYC Sexual Health Clinics
  – People living with HIV who have never taken HIV medication
• Must be a New York State resident
• Patients >12 years of age can initiate ART without parental consent or notification at provider discretion
JumpstART patient flow

- After patient is identified as a JumpstART candidate, patient is offered immediate ART initiation
- Navigator, medical provider and social worker “huddle” to determine best course of action for patient
- After receiving 30 days of meds, active referral to community provider
- Navigator will assist with benefits programs, if needed
- Follow up as needed with patient and referral provider
Covering JumpstART: 2019

- Patient Assessed for insurance
- If patient is insured:
  - ART will be e-prescribed to collaborating specialty pharmacy.
  - Specialty Pharmacy will run test script to confirm insurance covers ART and if copay or deductible is required, patient navigator will provide pharmacy copay card info, which will result in coverage and no out-of-pocket cost for patient and on demand delivery to the clinic.
Covering JumpstART: 2019

- Uninsured patients will be assessed for Medicaid, Essential Plan, Market Place, and ADAP when applicable. Benefit navigation would be prepared accordingly.
  - If Patient is insurable, they will be linked to a Certified Application Navigator within the clinic, if applicable, for immediate enrollment. Upon approval if clinically indicated a 30 day trial card would be activated or a JumpstART starter pack would be provided until insurance ID # is generated.
  - For ADAP: Patient navigator will activate a Rapid TX voucher with submission of ADAP application and on demand delivery will be provided to the clinic.
  - Patient will then be linked to a PlaySure Clinical Site with medical and medication coverage
JumpstART Follow-up

• At the end of the visit, medical provider prepares continuity of care letter to the jumpstART linkage site

• Medical provider will review JumpstART labs and will contact patient with any abnormality

• If patient is not linked to HIV care linkage site, up to two ART refills will be provided
Client Patient Demographics, 2018

**GENDER & MSM**
- Transgender, 0.8%
- MSM, 46%
- MSW, 54%
- Men, 67%
- Women, 32%

**AGE**
- < 19, 18%
- 20 - 39, 76%
- ≥ 40, 6%

**RACE/ETHNICITY**
- Asian
- Black, 6%
- Latino, 7%
- White, 26%
- Other, 43%

**INSURANCE**
- Insured, 25%
- Uninsured, 75%

Total visits: 87,329
JumpstART initiation

- Data among patients newly diagnosed with HIV at Sexual Health Clinics, 2017-2018
- Delayed JumpstART initiated between 1 and 90 days following date of diagnosis. In 2017 and 2018, median number of days to initiation among newly diagnosed delayed JumpstART patients was 7 days

Time to Linkage to HIV Care

Overall time to LTC (days)

80% (30 days)

50% (13 days)

Time to Viral Suppression

- 85% of patients were virally suppressed at some point during follow-up (90% of JumpstART and 73% of non-JumpstART patients)

Overall time to VS (weeks)

Median 5.9 weeks

Lessons learned

• Patients appreciative of the option of having same day HIV medication
• Time/emotional/counseling intensive
  – Provider: 1-2 hour
  – Patient Navigator: 1-2 hours + follow up
  – Patient total clinic time: approximately 3-4 hours
• jumpstART requires in-depth counseling and time: it does not help to rush a patient through the process
SUPPORT FOR IMPLEMENTATION THROUGHOUT NYC
Support for Implementation throughout NYC

- Status-Neutral Navigation Programs
- Field-Based Initiation through Partner Services
- Provider Communication
- Clinical Operations and Technical Assistance
Status-Neutral Navigation Programs

• New CDC-funded program in NYC (n=11)
• Leverages HIV tests conducted by other funders to support:
  – Immediate ART
  – Linkage to PrEP
• Offers navigation support to address the various structural and behavioral barriers to care engagement
  – Special program in NYS to help pay for medications for the uninsured
• Contracts began: March, 2018
Same Day ART Successes

• Cultivating close relationships between clinical and non-clinical site staff and offering warm hand-offs
• Using the empowerment of patients through iART as a motivation for resistant staff
• Leveraging the clout and charisma of clinical champions to increase provider buy-in
• Co-locating testing and clinical care helps increase immediate initiation
• Using Gilead’s online portal, iAssist, to quickly run insurance claims
Same Day ART Challenges

• Modifying clinic work flows and phone trees to ensure there is always a staff person available to support iART when a patient is encountered
• Ensuring excellent communication across the care team; ensuring that the goals of immediate initiation are stated (and restated!) for all staff involved
• Addressing patient mental health needs when there are relatively few good resources, especially for uninsured patients
RESEARCH: Field-Based ART (or PrEP) Initiation through NYC HIV Partner Services

• Collaboration: CUNY and NYC DOHMH (PI: Sarit Golub)
• Goal: Develop and test a field-based, comprehensive sexual health intervention for HIV-exposed contacts notified by the NYC Partner Services Program
• Primary outcomes: Timely PrEP/ART uptake, linkage to PrEP/HIV care
• Innovations:
  – Brings a comprehensive package directly to those who need it most
  – Takes a “status-neutral” approach
Provider Communication

• Develop and disseminate guidance to clinical sites citywide
  – “Expectations” for sites wishing to pledge to support iART
  – Emphasis on being able to provide next-day appointments for persons wishing to initiate ART

• Dear Colleague Letter & FAQs
  COMING SOON!
Clinical Operations iART efforts:

**iART pilot:**
- Pilot funding from the HIV Center for Clinical and Behavioral Studies at New York State Psychiatric Institute and Columbia University:
  - KAP survey and in-depth interviews among clinical and non-clinical HIV providers
  - Stakeholder meeting

**Technical assistant site visits:**
- 54 visits completed, covering 90+ sites across NYC. Collect information on:
  - awareness of iART
  - provision of iART
  - iART workflow
  - barriers to iART, and
  - request for resources to support iART

**NYS AI Collaboration:**
- Adapt training on rapid initiation for non-clinical providers
- Review RIA detailing kit for primary care providers in Long Island and Upstate
- Monthly coordination meeting to case conference clinical sites in the bottom 25 percentile for viral load suppression

Kit Contents:
- Dear Colleague Letter
- Brief Guidance document
- 2017 surveillance report
- Payment Options
- Example of clinic work flow
- Health Bulletin
- Expectations (?)

Dissemination strategy:
- Site visits to all HIV primary care clinics in NYC
- Post visit evaluations

Formative work
New York State 2018:
Dear Colleague Letter, Jan. 2018

“While same-day initiation of treatment may not always be possible, it is ideal that patients be started on treatment within 3 days.”

https://gallery.mailchimp.com/cd1e7395309e0fe2f2e061ccd/files/1a8d72bc-fd36-4063-841a-87bd1d49f4a9/Al_Director_Call_to_Action_Letter_1_2018.pdf
New York State: RapidTx

Designed to Help Individuals:
• Uninsured or Underinsured and newly diagnosed
• Returning to care after a long lapse

Rapid Tx card pays for:
• One month supply of ADAP covered medications (no refills) when filled with a prescription at an enrolled ADAP pharmacy
• One month of ADAP Plus covered primary care services
• NOTE: Staff should immediately submit a full ADAP/ADAP Plus application for RapidTx clients. Providers can bill retroactively for covered primary care services given in the 30 days prior to ADAP Plus acceptance.
Provider Enrollment

- Provider is a high diagnosing site selected to participate
- Provider is enrolled in ADAP Plus
- Provider completes ADAP Plus RapidTx agreement addendum
- Provider receives RapidTx orientation
- Provider is given a limited number of Provider Specific Rapid Tx access cards
Patient Enrollment

• Simple enrollment process:
  – Two page application
  – Two page medical application to be filled out by the participant’s physician
  – Supporting documents for residency, income, assets
  – If client has health insurance, copy front and back of insurance cards
RapidTX

• Preliminary results:
  – pilot has been successful in linking persons to care and treatment quickly
  – initial cohort of program participants reaching viral suppression in 41 days.

• Program expanded to 11 additional provider sites, and 3 more are completing enrollment.
Summary

• Data support immediate ART initiation
  – Now standard of care in San Francisco
  – Now standard of care in NYC Sexual Health Clinics; approach moving to other NYS/NYC settings

• This approach requires:
  – Clinic practice transformation
  – Navigation to address barriers

• Success is ART initiation, viral suppression, long term engagement
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oblackstock@health.nyc.gov
JumpstART regimen

• Most patients prescribed a regimen of Descovy and Tivicay (unless contraindications)
• All jumpstART patients have the following labs drawn:
  – HIV viral load
  – CD4 count
  – HIV Genotype
  – Metabolic panel
  – CBC
  – STI diagnostics
  – Pregnancy test (if applicable)