

Scaling-up Immediate ART Initiation in Diverse Clinical Settings: The New York City Experience

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(Presenting for Julie Myers, MD, MPH)

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LONDON

FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

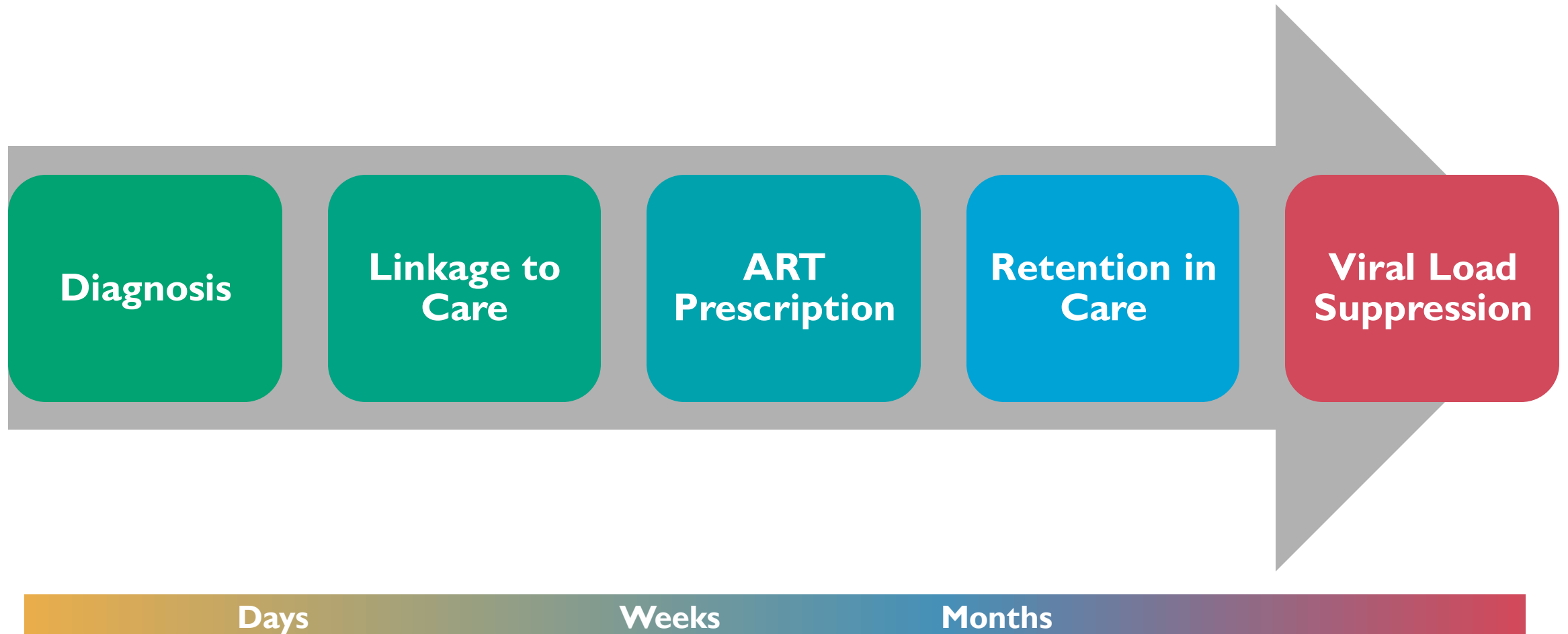
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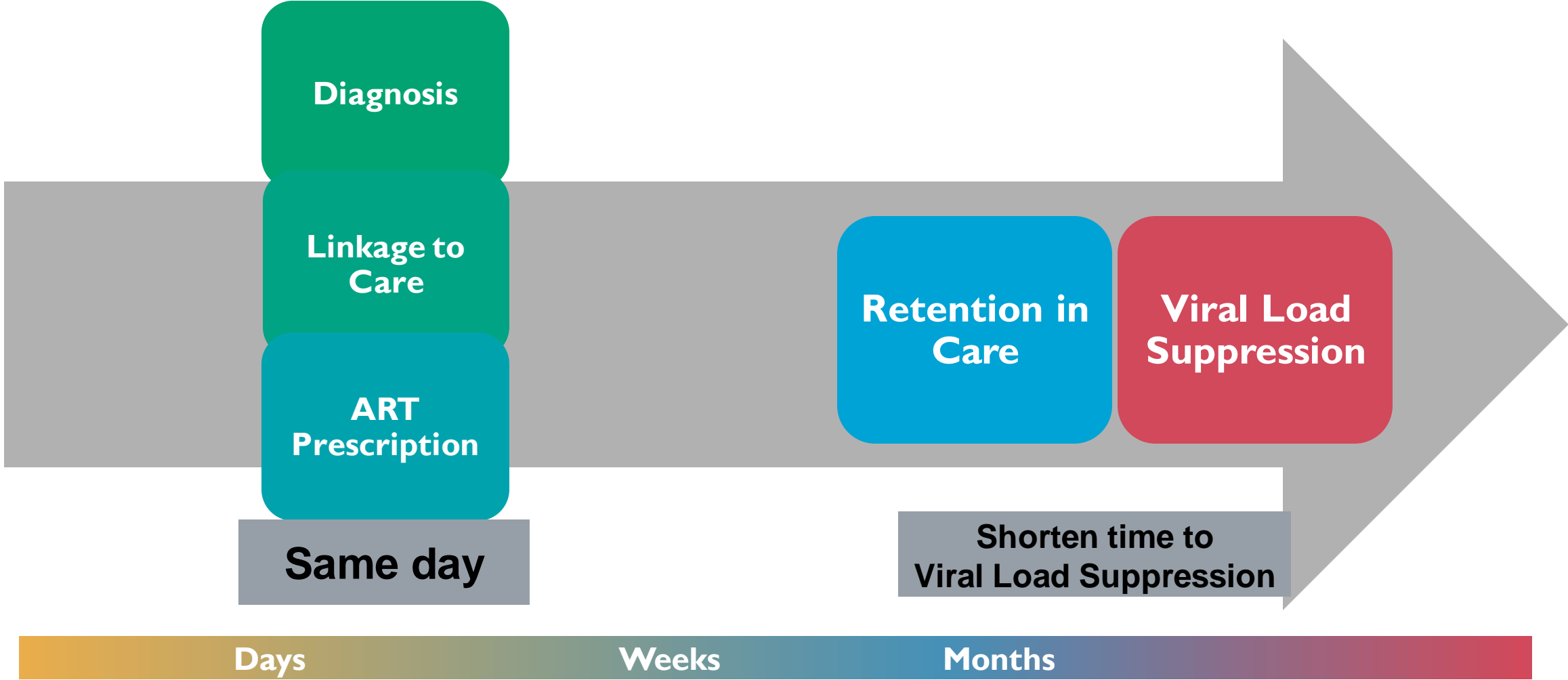
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Treatment Initiation: Rethinking Time and Process



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Summary: Evidence for Immediate Treatment

Study	ART Start within 90 Days	Retention in Care (12 months)	Viral suppression (12 months)
Amanyire (2013-2015)	↑	↔	↑
Koenig (2014-2016)	↑	↑	↑
Rosen (2013-2014)	↑	↑	↑
Labhardt (2017)	↑	N/A	N/A

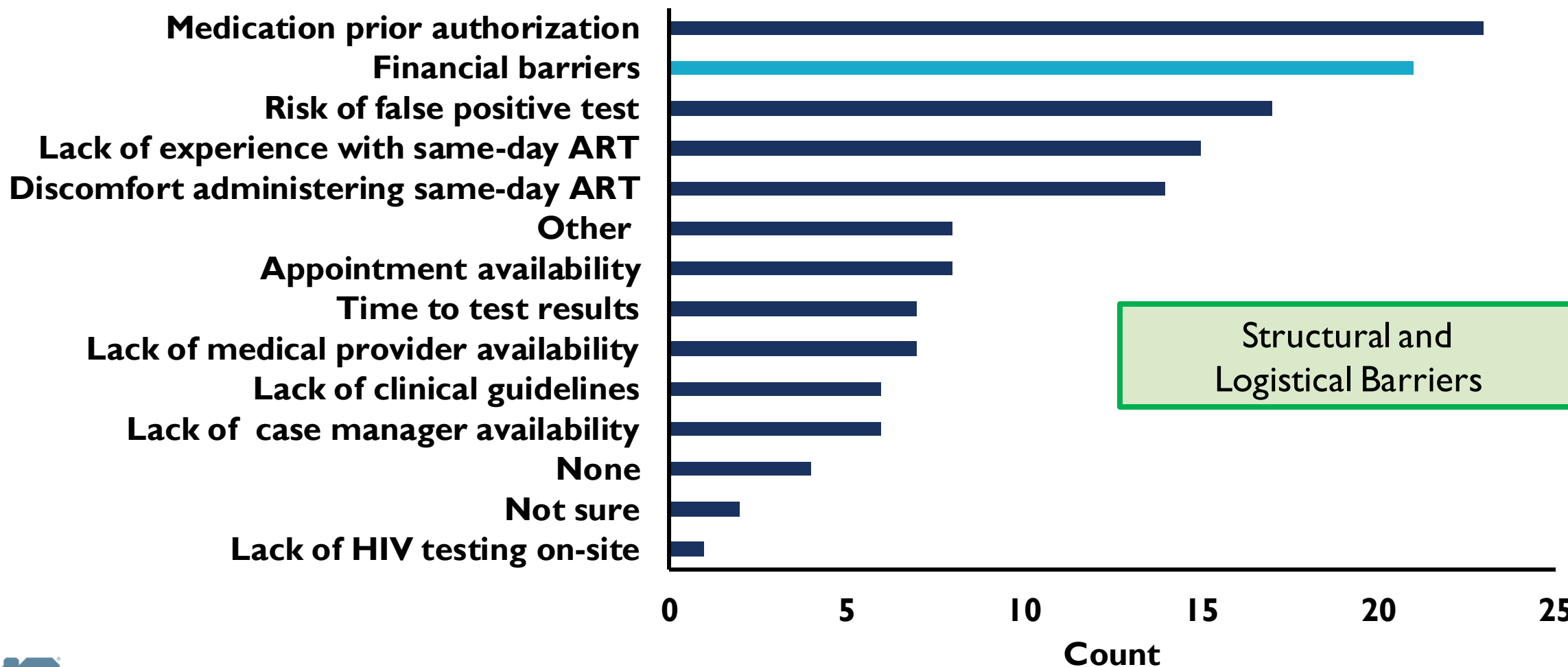
* Non-signif.

Summary: Evidence for Immediate Treatment

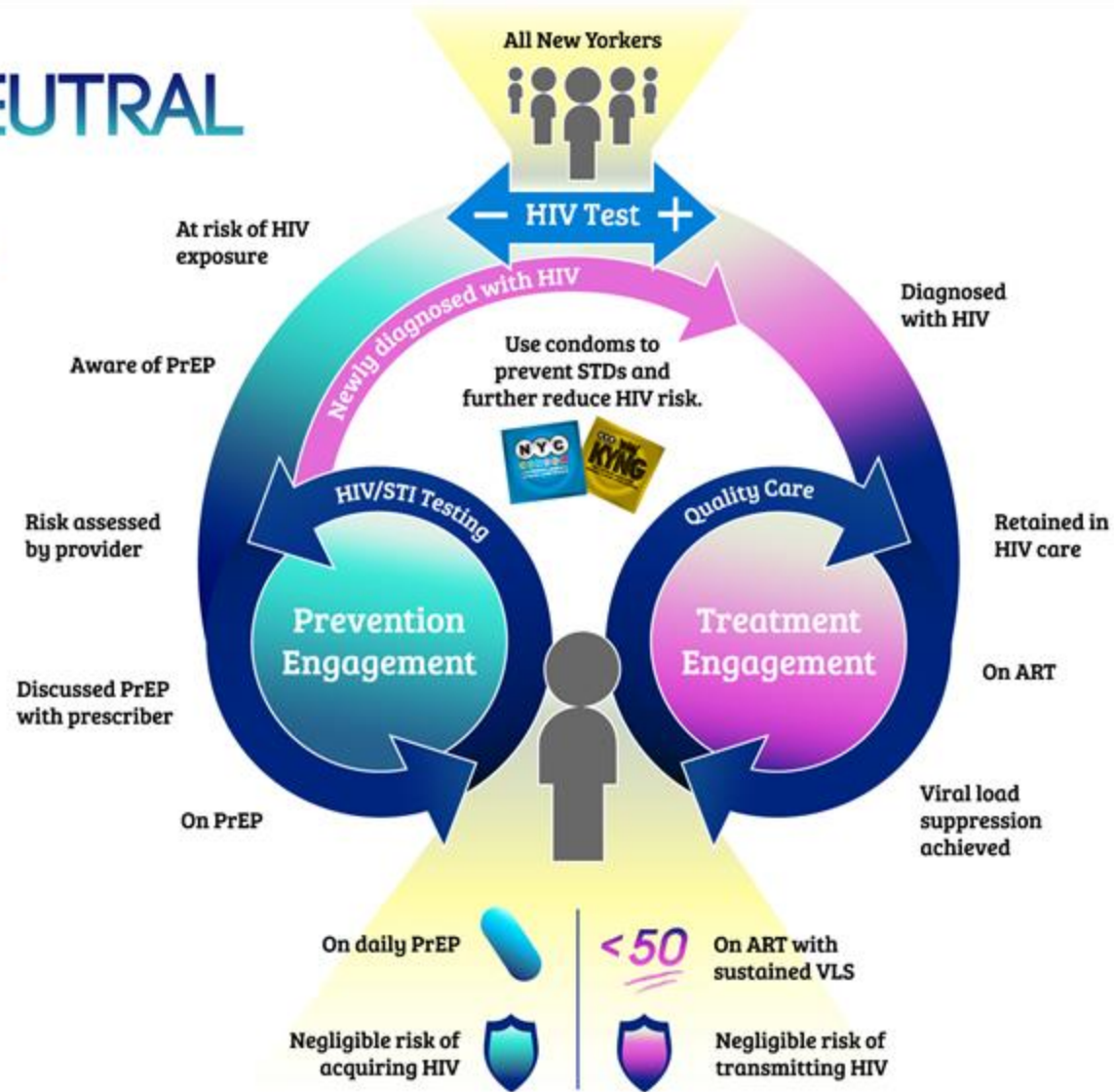
Study	ART Start within 90 Days	Retention in Care (12 months)	Viral suppression (12 months)	Lost to Follow-up (12 months)	Mortality (12 months)
Amanyire (2013-2015)	↑	↔	↑	N/A	↓*
Koenig (2014-2016)	↑	↑	↑	↓	↓*
Rosen (2013-2014)	↑	↑	↑	↓*	↓*
Labhardt (2017)	↑	N/A	N/A	N/A	N/A

Immediate treatment can be empowering for patients and reduce the anxiety of a waiting period

NYC Provider Survey: Barriers to Immediate Treatment (N=46)



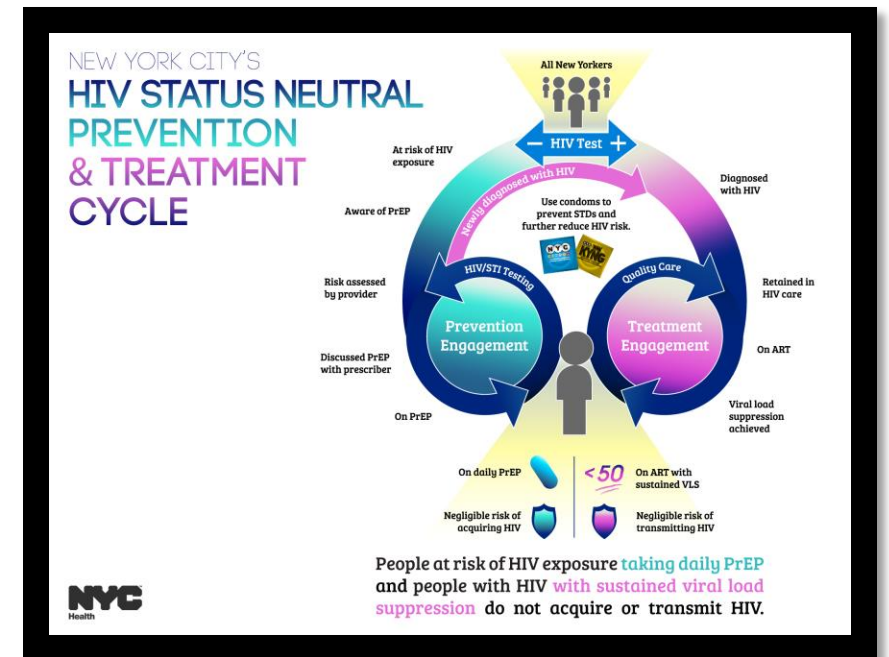
NEW YORK CITY'S HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE



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

Status Neutral Navigation Programs: Overview

- New CDC-funded program launched in NYC to support clinical sites (n=11)
 - Contracts executed: March, 2018
- Leverages HIV tests conducted by other funders to support:
 - Immediate ART (“iART”)
 - Access 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

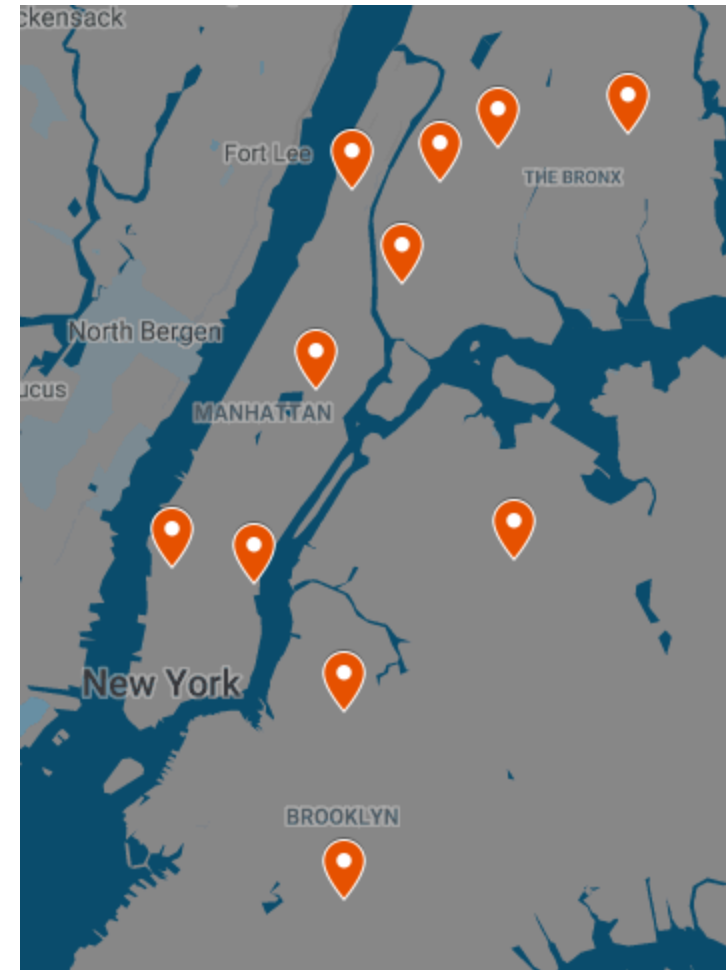


Also funded:

Community-based testing sites to link clients to iART providers

NYC Status Neutral Programs

1. BronxCare Health System
2. Callen-Lorde Community Health Center
3. Community Healthcare Network
4. H+H Bellevue Hospital Center
5. H+H Elmhurst Hospital Center
6. H+H Jacobi Medical Center
7. H+H Kings County Hospital Center
8. H+H Lincoln Medical
9. Mount Sinai Health System
10. New York-Presbyterian Hospital
11. St Barnabas Hospital

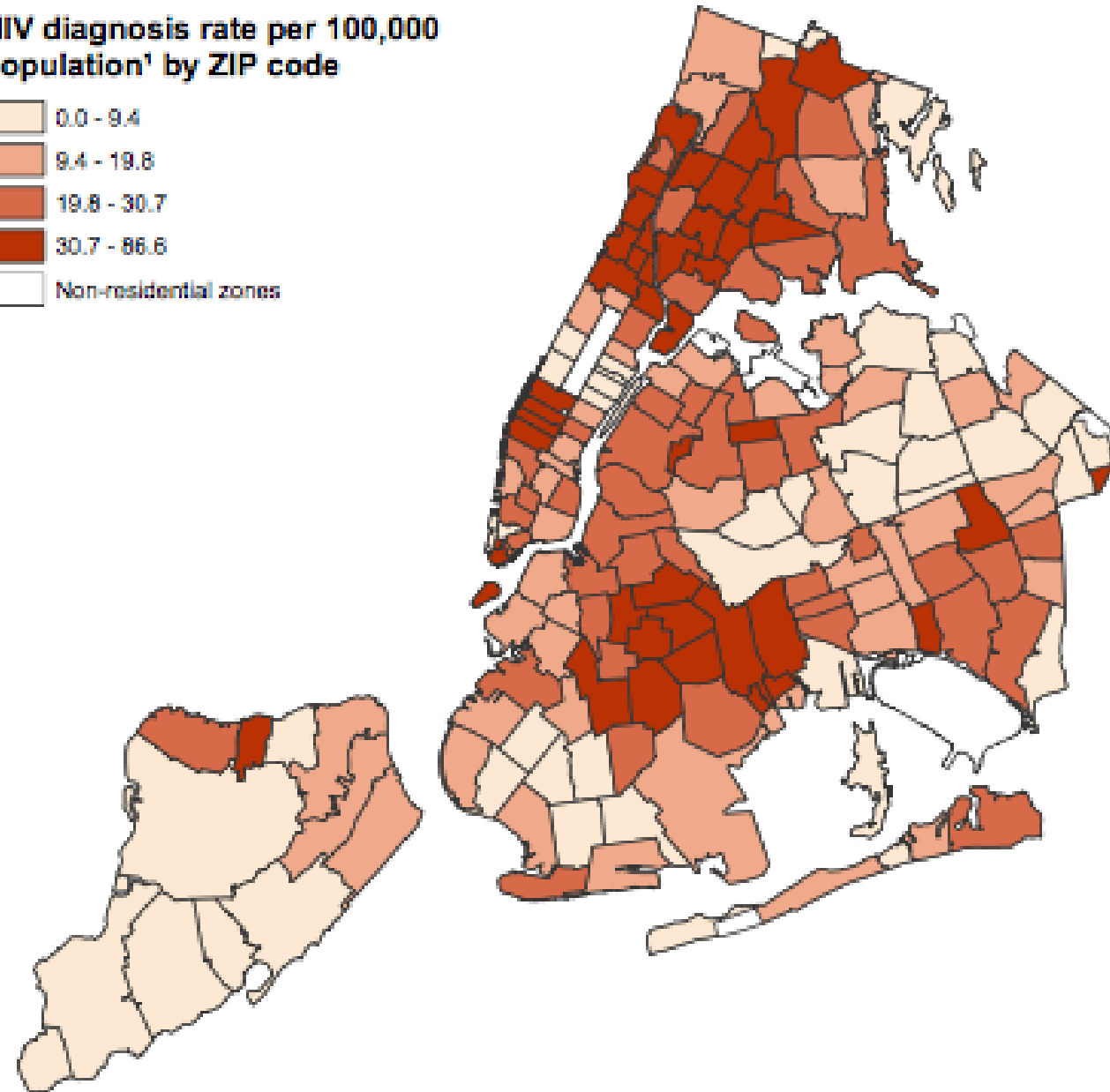
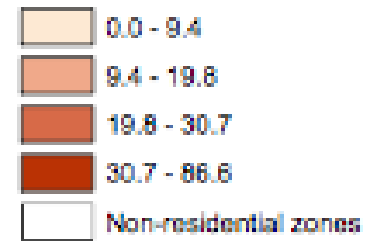


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FIGURE 4.2: HIV diagnosis rates, NYC 2017

HIV diagnosis rate per 100,000 population¹ by ZIP code



Status Neutral Program Objectives

GOAL: Increase the capacity of clinical providers to provide status-neutral navigation, including to:


- Implement iART among those newly diagnosed or those living with HIV (and off ART for >30 days)
- Increase re-engagement in care among those found to be out of care
- Implement provision of PrEP and PEP to those with indications
- Improve linkage to social support services for priority populations in clinical settings

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Incentivizing Same-Day Initiation Through Service Reimbursement

- iART Same-day
 - iART 1-4 days
 - Linkage to care
 - Includes both linkage to a long-term care provider **and** iART >4d
- 
- Increasing reimbursement

Status Neutral Navigation Programs – Preliminary Data

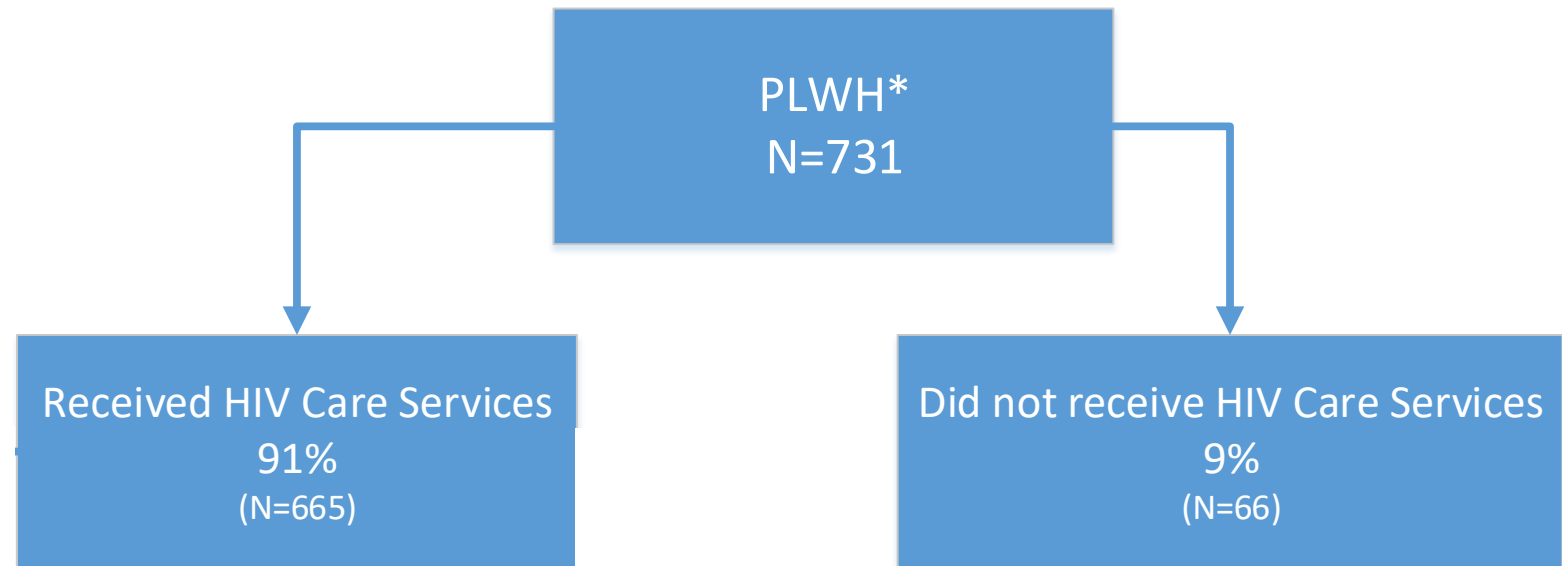
Sep 1, 2018 – July 31, 2019

PLWH*
N=731

**includes newly diagnosed and previously diagnosed clients*

Status Neutral Navigation Programs – Preliminary Data

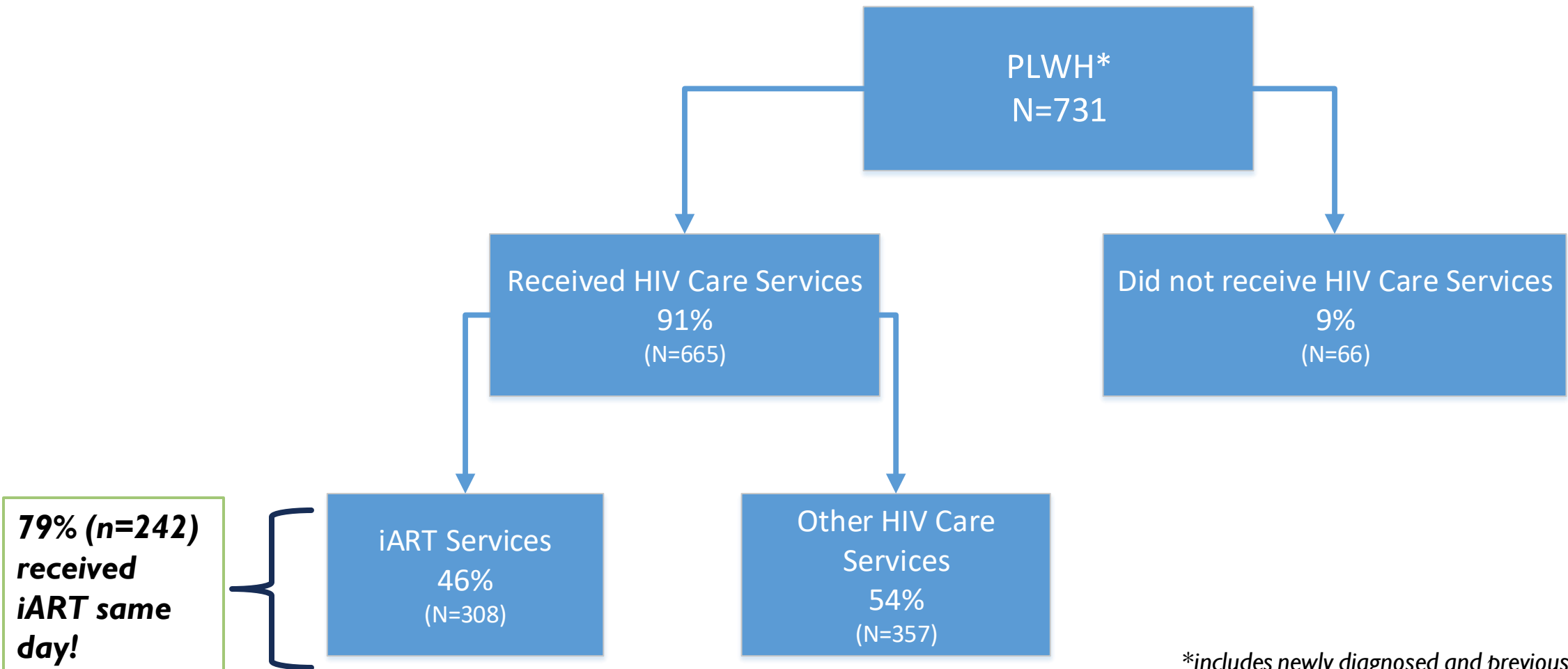
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Status Neutral Navigation Programs – Preliminary Data

Sep 1, 2018 – July 31, 2019



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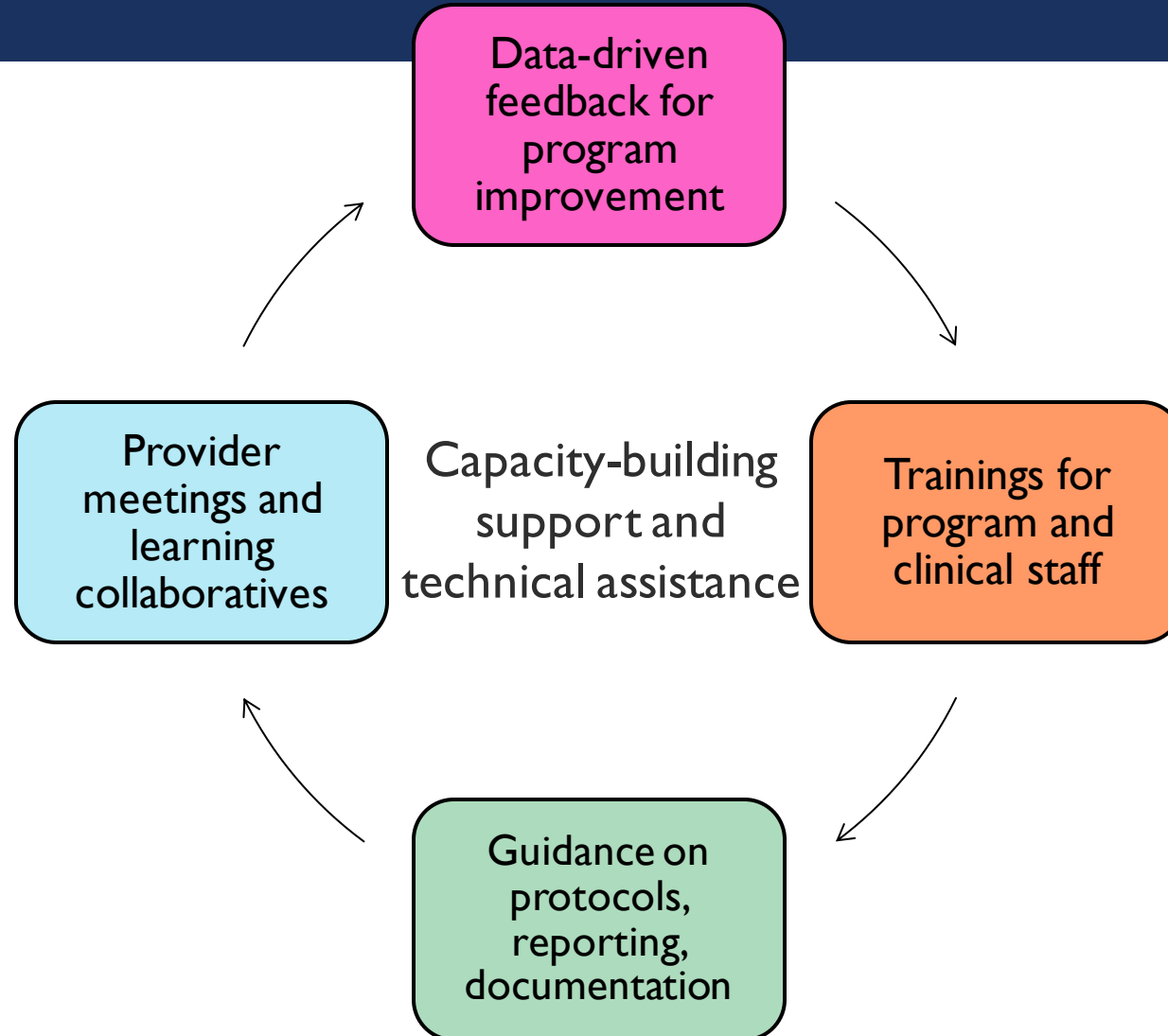
Characteristics of Patients Who Received iART Services (n=308)

Sep 1, 2018 – July 31, 2019

- Newly-diagnosed: 42%
- Gender: Male – 74%; female – 18%; transgender 4%
- Race/ethnicity: Latino – 43%; Black – 35%
- Under age 35 – 46%
- MSM – 47%
- Any crystal meth use – 11%
- Unstably housed/homeless – 7%

Similar to characteristics of newly diagnosed individuals citywide

Health Department Activities to Support iART Contracts



Lessons Learned

- Cultivate close relationships between clinical and non-clinical site staff and offering warm hand-offs
- Use the narratives of patient's empowerment through iART as a motivation for resistant staff
- Leverage the clout and charisma of clinical champions to increase provider buy-in
- Co-locate testing and clinical care to increase immediate initiation
- Use pharmaceutical company's online portal to quickly overcome financial barriers

Ongoing Challenges

- Gaining institutional and provider buy-in
- Modifying clinic work flows to ensure there is always a staff person available to support iART when an appropriate patient is encountered
- Ensuring excellent communication across the care team
- Addressing patient mental health and substance use needs when there are limited resources, especially for uninsured patients

Recommendations and Next Steps

- **Health department support for immediate treatment may help address initial structural and logistical barriers to implementation**
- **Robust evaluation**, including match of program to surveillance data, can help measure program outcomes beyond medication initiation
 - Describe viral suppression and retention among patients in program
 - Compare outcomes of newly-diagnosed program patients with newly diagnosed persons citywide
- We plan to **expand support** for iART in other settings through a variety of mechanisms

Looking Ahead



Acknowledgements

COAUTHORS:

- Julie Myers (lead author)
- Elizabeth Ortiz
- Benjamin Tsoi
- Zoe Edelstein
- Angela Merges
- Aparna Shankar
- Lucila Wood
- Andrea Barkman
- Jessica Klajman
- Lena Saleh
- Stephanie Hubbard
- Katrina Estacio
- Demetre Daskalakis
- ALSO:
 - Njideka Motanya
 - Funded contractors

THANK YOU!

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JUST FOR YOUR REFERENCE – CHARACTERISTICS OF NEWLY DX'd PTS CITYWIDE

- ~~Newly-diagnosed: 42%~~
- Gender: Male – 79%; female – 18%; transgender 3%
- Race/ethnicity: Latino – 36%; Black – 43%
- Under age 30 – 41% ((can't derive % under age 35 from surv rep))
- MSM – 58%
- ~~Any crystal meth use – ? ((we don't have this in surv rep))~~
- ~~Unstably housed/homeless – ? ((we don't have this in surv rep))~~