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

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(Presenting for Julie Myers, MD, MPH)

Authors
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Treatment Initiation: Rethinking Time and Process

- Diagnosis
- Linkage to Care
- ART Prescription
- Retention in Care
- Viral Load Suppression

Days  Weeks  Months
Treatment Initiation: Rethinking Time and Process

Diagnosis

Linkage to Care

ART Prescription

Same day

Retention in Care

Viral Load Suppression

Shorten time to Viral Load Suppression

Days

Weeks

Months
## Summary: Evidence for Immediate Treatment

<table>
<thead>
<tr>
<th>Study</th>
<th>ART Start within 90 Days</th>
<th>Retention in Care (12 months)</th>
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# Summary: Evidence for Immediate Treatment

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Immediate treatment can be empowering for patients and reduce the anxiety of a waiting period.
NYC Provider Survey: Barriers to Immediate Treatment (N=46)

- Medication prior authorization
- Financial barriers
- Risk of false positive test
- Lack of experience with same-day ART
- Discomfort administering same-day ART
- Appointment availability
- Time to test results
- Lack of medical provider availability
- Lack of clinical guidelines
- Lack of case manager availability
- None
- Not sure
- Lack of HIV testing on-site

Structural and Logistical Barriers

NYC DOHMH, unpublished data, 2019
People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.
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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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
Sep 1, 2018 – July 31, 2019

PLWH*  
N=731

Received HIV Care Services  
91%  
(N=665)

Did not receive HIV Care Services  
9%  
(N=66)

*includes newly diagnosed and previously diagnosed clients
**Status Neutral Navigation Programs – Preliminary Data**
*Sep 1, 2018 – July 31, 2019*

- **79%** (n=242) received iART same day!

- **PLWH**
  - N=731

  - Received HIV Care Services
    - 91% (N=665)
  - Did not receive HIV Care Services
    - 9% (N=66)

  - iART Services
    - 46% (N=308)
  - Other HIV Care Services
    - 54% (N=357)

*includes newly diagnosed and previously diagnosed clients*
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%

Health Department Activities to Support iART Contracts

- Data-driven feedback for program improvement
- Trainings for program and clinical staff
- Guidance on protocols, reporting, documentation
- Provider meetings and learning collaboratives
- Capacity-building support and technical assistance
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)
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- Benjamin Tsoi
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- Angela Merges
- Aparna Shankar
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- Andrea Barkman

**ALSO:**
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- Lena Saleh
- Stephanie Hubbard
- Katrina Estacio
- Demetre Daskalakis

**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))