Innovations in HIV: Applying Past Lessons to Accelerate Uptake of Treatment

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UNAIDS Targets

95% use combination prevention
95% of women access HIV and sexual and reproductive health services
95% of PLHIV know their HIV status
90% of people living with HIV and people at risk are linked to people-centred and context-specific integrated services
95% coverage of services for eliminating vertical transmission
95% of PLHIV who know their status initiate treatment
95% on treatment are virally suppressed

Less than 10% of countries have punitive laws and policies
Less than 10% experience stigma and discrimination
Less than 10% experience gender inequality and violence

People living with HIV and communities at risk at the centre

What does this look like in Washington D.C.?

HIV Care Continuum in DC in 2020

Whitman-Walker Health
Barriers to Care

• Social Determinants of Health: conditions in the environments where people are born, live, learn, work, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
  – Economic Stability
  – Education
  – Health Care Access and Quality
  – Neighborhood
  – Social and Community Context

• Stigma

• Fragmented Health Care System

SDoH and Care Outcomes Among People Living With HIV (PLWH) in the U.S.

• Data from the 2015–2019 Medical Monitoring Project: Annual Survey of 15,964 PLWH

NIH Funded award to WWI evaluating factors that contribute to viral suppression and support U=U

- 250 SMM-LHIV for 2 years post diagnosis
- Repeated collection of dried blood spots, other measures of adherence, risk factors, structural barriers, and resilience factors will be used to understand the impact of factors on VS
- To date unemployment, recent incarceration history, and identifying with multiple racial/ethnic categories negatively impact ART uptake
Mobile Outreach Retention and Engagement

A comprehensive intervention to offer expanded support services and medical care outside of the clinic in response to identified barriers to care. 718 Patients were eligible. 370 enrolled. Patients choose their level of engagement.

<table>
<thead>
<tr>
<th>LOW (n=137)</th>
<th>MEDIUM (n=94)</th>
<th>HIGH (n=139)</th>
</tr>
</thead>
</table>
| Low MORE participants receive: SOC  
• Medical visits at the health center  
• Phlebotomy at the health center during standard hours  
• Insurance sponsored transportation, tokens, or SmarTrip (metro-rail) cards which can be accessed by individual | Medium MORE participants receive:  
• The care navigator will track visits, give reminder calls, aid in scheduling, perform adherence counselling and offer connection to additional support services | Full MORE participants receive: a MORE team  
• Mobile medical visits  
• Medical visits at the health center with flexible hours  
• Mobile phlebotomy services  
• Food Cards and connection to services  
• Phone minutes  
• Weekly team care planning |
Outcomes of MORE after 5 years

Rates of Viral Suppression

- Baseline VL
  - FULL: 59.6
  - MEDIUM: 54.7
  - LOW: 55.4

- Last VL
  - FULL: 93.5
  - MEDIUM: 85.9
  - LOW: 71.6

Rates of Retention

<table>
<thead>
<tr>
<th>Category</th>
<th>Full MORE N=137</th>
<th>Medium MORE N=94</th>
<th>Low MORE N=139</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active “in-care”</td>
<td>72.3% (n=99)</td>
<td>44.6% (n=62)</td>
<td>58.3% (n=81)</td>
</tr>
<tr>
<td>Lost to Follow-Up*</td>
<td>9.5% (n=13)</td>
<td>14.4% (n=20)</td>
<td>20.1% (n=28)</td>
</tr>
<tr>
<td>Transfer/moved/in carcerated</td>
<td>8.0% (n=11)</td>
<td>5.0% (n=7)</td>
<td>14.4% (n=20)</td>
</tr>
<tr>
<td>Deceased</td>
<td>10.2% (n=14)</td>
<td>3.6% (n=5)</td>
<td>6.5% (n=9)</td>
</tr>
<tr>
<td>Adjusted Active (minus deceased/transfer)</td>
<td>87.6% (n/N=99/113)</td>
<td>75.6% (n/N=62/82)</td>
<td>73.6% (n/N=81/110)</td>
</tr>
</tbody>
</table>
Sustainability: Cost Analysis

Cost analysis was conducted using the CIE Cost Analysis Calculator: http://ciehealth.org/innovations

- Total cost for implementing MORE was $347,098 annually
  - 80.3% of all direct cost was staffing and personnel
  - 10% of direct program non-personnel costs included staff computer-related expenses and medical supplies
  - 9.8% was client-specific (food cards, educational materials and transportation related costs).
- Overall cost per client served was $4,285

Estimated 2021 cost $13,300 per hospital stay day¹, ER visit was $1,082 in 2019²

Health-related stigma frameworks address:

• Individual psychological pathways
• Social pathways (cultural and gender norms)
• Structural pathways (laws and health policy)
The Health Stigma & Discrimination Framework

• Intersectional Model
• Moves away from focusing on the individual
• Doesn’t distinguish between the stigmatized and the stigmatizer
  • Focuses on drivers and facilitators
• Broader social, cultural, political, and economic forces are centered
• Allows for a structure to research stigma across diseases

NIH funded study to George Washington University Blinken School of Public Health and Whitman-Walker Institute

Study to establish a 5,500 person longitudinal epidemiologic cohort to test socio-structural models of risk and identify new opportunities for structural and community-level intervention.

Aim: To create novel metrics to quantify state-level policy and social climate indicators that create intersectional oppression for BLM SGMSM, specifically structural racism, anti-LGBTQ stigma, and restrictive HIV-related healthcare.
DC CFAR: Integrated Services Pilot

The goals of the study are

1. Characterize clinical trajectories at the intersection of gender-affirming services (GAS) and HIV prevention services (PrEP)

2. Identify effective strategies for integration of GAS and PrEP through interviews to inform a program for subsequent implementation and evaluation
Integrated Care: Status Neutral Approach

Follow CDC guidelines to test people for HIV. Regardless of HIV status, quality care is the foundation of HIV prevention and effective treatment. Both pathways provide people with the tools they need to stay healthy and stop HIV.

DC Ends HIV
Incorporates Status Neutral Care

High V Model
• Find
• Teach
• Test
• Link
• Keep

The big picture. DC has reached the next phase in our plan to end the HIV epidemic. (n.d.). Retrieved November 4, 2022, from https://www.dcendshiv.org/our-plan/the-big-picture
Care at WWH

• Longstanding Stand Alone Programs
  – Red Carpet Program – Same Day Access
  – Fast Forward: Immediate ART Initiation Program
  – PrEP Clinic – Care Navigation and Public Benefits Coordinator – Streamlined Care
Quarterly PrEP Rx Retention

PrEP Rx Retention Rate: Medical Only vs PrEP Clinic
2019-Q2 2022

![Bar chart showing quarterly retention rates for PrEP Rx, comparing Medical Only vs PrEP Clinic from Q1 2019 to Q2 2022.]
Status Neutral Care at WWH

• Providing access to same day care and treatment for all those at risk for HIV
  – Integrating separate programs into a singular approach

• Focusing on whole person health
  – Language focuses on health rather than disease
Next Generation of ARVs

• Long Acting Injectables (LAI)
  – Expand choice
  – Create opportunity to improve medication adherence
  – May help reduce stigma
  – Promote equity

• Implementation hurdles
  – Staffing support to attain medication, administer injections, and support enrolled patients
Effective treatment entails a whole person approach to care that provides supports to overcome SDoH, stigma, and inequities. New exciting treatments will need to be implemented within the broader context of health care programs which support patients in order to reach the 95-95-95 goals.