

Integrating HIV in Primary Care: Some Aspects of the Current Federal HIV Landscape

ACTHIV 2013

Ronald H. Goldschmidt, MD
San Francisco General Hospital
Department of Family and Community Medicine
University of California San Francisco

No conflicts of interest to declare.

Topics

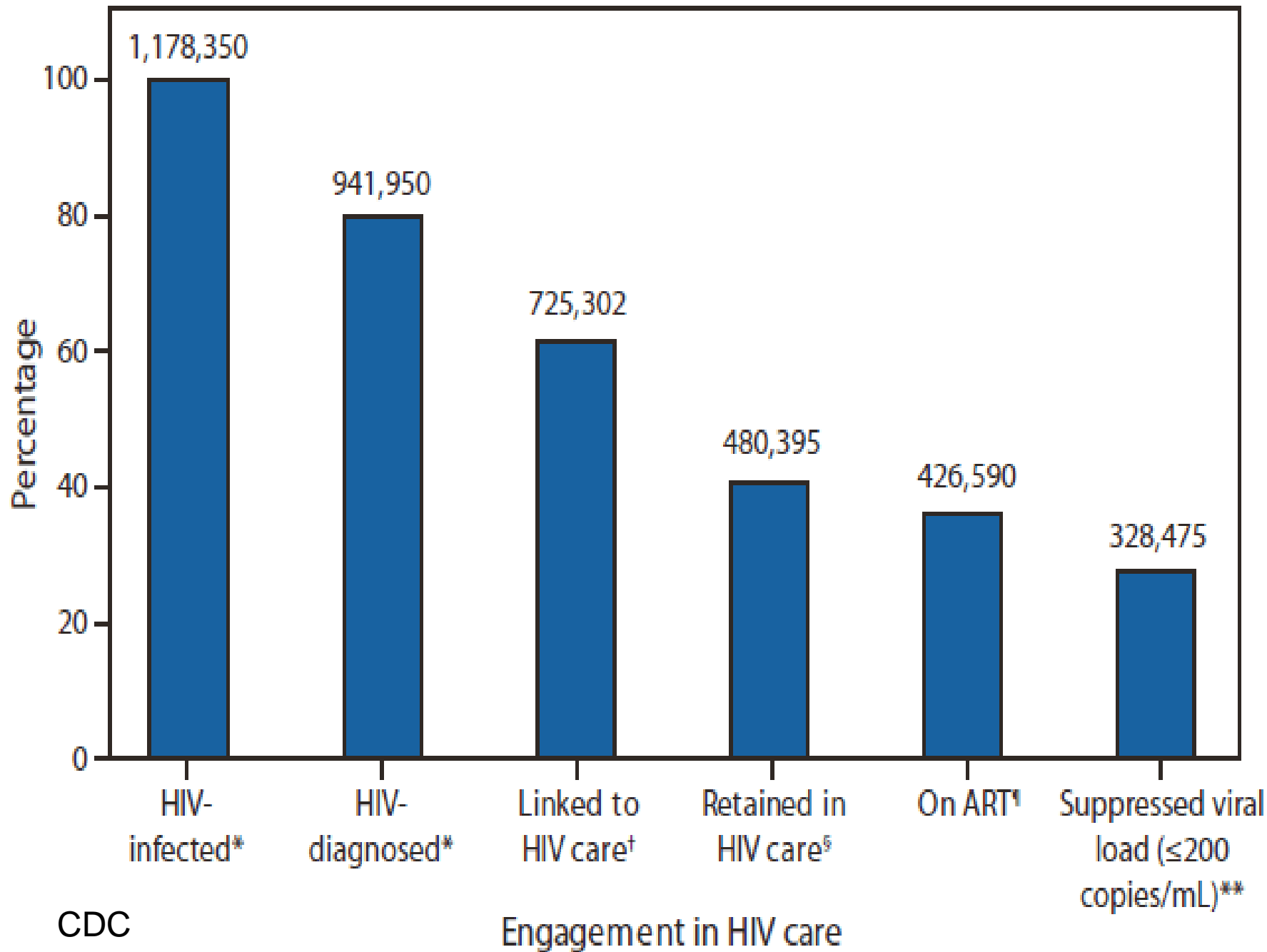
- Clinicians, programs and policies in transition
- Testing and Prevention
- The National HIV/AIDS Strategy
- The Ryan White Program
- Medical Home
- Discussion

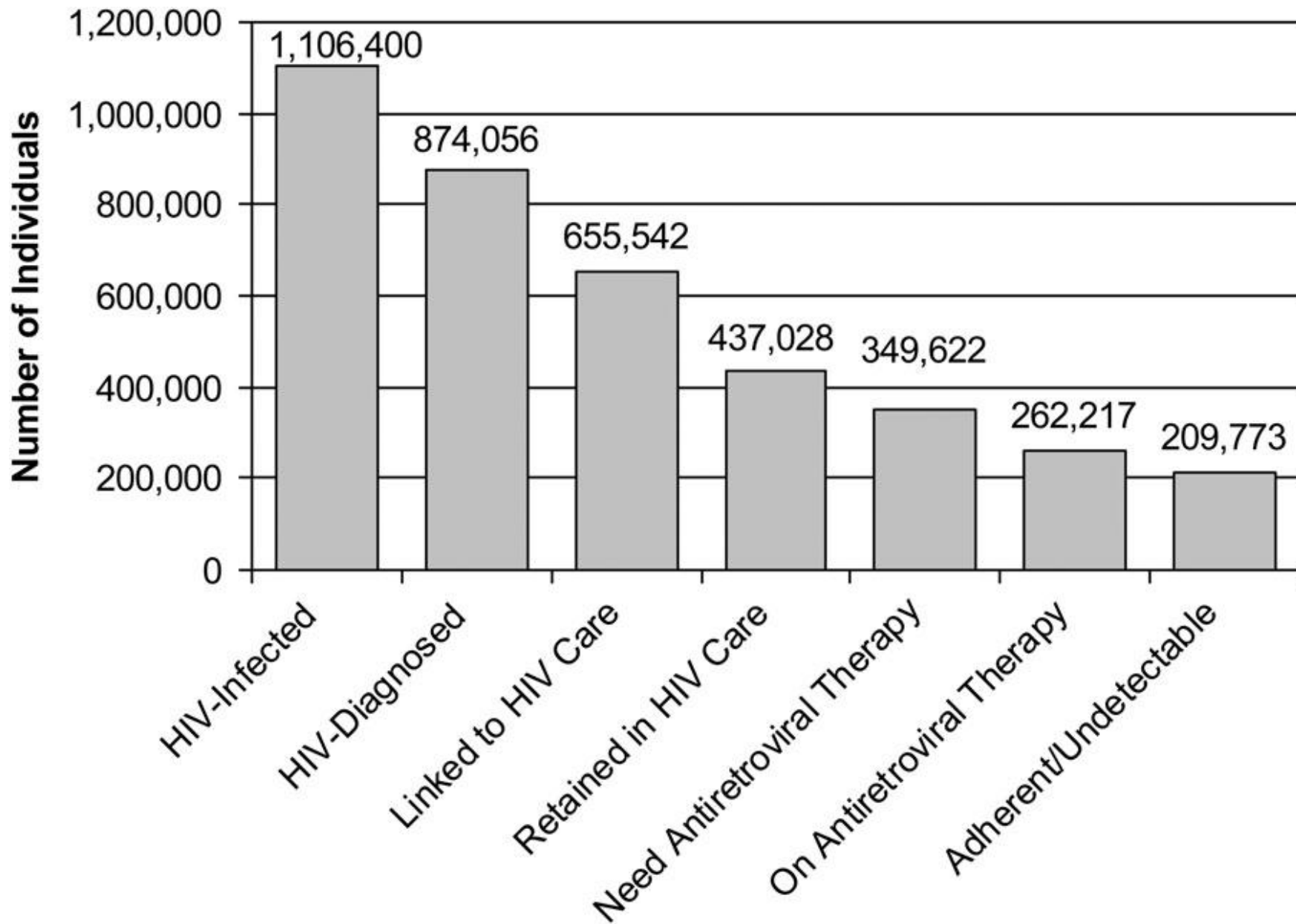
Clinicians, programs and policies in transition

Crossroads

- Advances and challenges

Progress towards AIDS-free generation:
accomplishments and work to be done





Clinicians, programs and policies in transition

Crossroads

- Advances and challenges
 - Progress towards AIDS-free generation:
accomplishments and work to be done
- Paradigm shifts in health care
 - Throughout the healthcare system and
in HIV care specifically

The National HIV/AIDS Strategy

Ronald D. Wilcox MD FAAP

Chief Medical Officer, NO/AIDS Task Force

ronw@noaidstf.org

Associate Professor of Internal Medicine, Pediatrics, and Public Health

Section of Infectious Diseases

Louisiana State University Health Sciences Center – New Orleans, LA

PI/Project Director, Delta Region AIDS Education & Training Center



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Learning Objectives

At the conclusion of this presentation, learners should be better able to:

- State the CDC Recommendations from 2006 regarding routinisation of HIV screening
- List the three major goals of the National HIV/AIDS Strategy (NHAS) and Federal Implementation Plan
- Identify at least two measures of success of implementation of the NHAS already completed



CDC Recommendations for HIV Screening and Testing



HIV Serologic Screening Recommended

- Persons between 13 and 64 years of age routinely offered at entry to care
- Persons with STDs
- Persons with tuberculosis
- Women considering conception and pregnancy
- All pregnant women
- Women in delivery with undocumented HIV status
- Infants born to mothers of undocumented HIV status

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>



“Opt-Out Testing”

- Oral or written information given at time of testing at an appropriate health literacy level for the patient
 - Explaining what HIV infection is
 - Describing ways to prevent transmission
 - Meaning of positive and negative results
- Testing is voluntary and never coerced and prior knowledge is still needed. Patient then given the opportunity to decline testing
 - If refuses, explore reasons. Offer at subsequent visits.
 - Document refusal in patient record
- General consent for medical care is sufficient for HIV testing

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>



Giving results

- **Negative test results**
 - Can be conveyed without personal direct contact
 - High risk patients should be encouraged to get retested in future
- **Positive results**
 - Conveyed in private setting in person
 - Assure confidentiality. Do NOT use family members as translators
 - Discuss partner notification
 - Document in patient record
 - Refer for care

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>



Other considerations

- CDC recommendations do not supercede local laws
- Facilities and institutions may have their own requirements
- Rapid results reported in 20-30 minutes and substantially decrease amount of patients not receiving results but *positive results MUST be confirmed with Western Blot or other confirmatory test*



NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES



Vision for the National HIV/AIDS Strategy

« The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination. »

<http://www.whitehouse.gov/administration/eop/onap/nhas>



Background

- Every 9 ½ minutes a fellow American becomes infected with the Human Immunodeficiency Virus (HIV).
- Estimated 21% of infected are *unaware* of their status
 - Account for 60-70% of new infections
- Expertise and resources are available to slow the spread of HIV infection and to improve the health status of people living with HIV.



Goals of NHAS

- **Primary Goals**
 - Reducing HIV incidence
 - Increasing access to care and optimizing health outcomes
 - Reducing HIV-related health disparities and stigma
- **Secondary Goal**
 - Reducing ‘silo-ism’ – achieve a more coordinated national response



Strategy Development

The White House Office of National AIDS Policy (ONAP) leads the current Administration's efforts to ensure a coordinated, systemic response to the national epidemic.

Now: Office of National AIDS and Infectious Disease Policy



Strategy Coordination

« Success will require the commitment of all parts of society, including State, tribal and local governments, businesses, faith communities, philanthropy, the scientific and medical communities, educational institutions, people living with HIV, and others. »



Goal 1

- *Step 1: Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated*
- *Step 2: Expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches*
- *Step 3: Educate all Americans about the threat of HIV and how to prevent it*



Strategy Objectives

Examples of objectives related to reducing new HIV infections:

- By 2015, lower the annual number of new infections by 25%.
- By 2015, increase from 79% to 90% the percentage of people living with HIV who know their serostatus.



Goal 2

- *Step 1: Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.*
- *Step 2: Take deliberate steps to increase the number and diversity of available providers of clinical care and related services for people living with HIV.*
- *Step 3: Support people living with HIV with co-occurring health conditions and those who have challenges meeting their basic needs, such as housing.*



Strategy Objectives

Increasing Access to Care and Improving Health Outcomes for People Living with HIV

- By 2015, increase the proportion of newly diagnosed people who get into care within 3 months from 65 to 85 percent
- By 2015, increase the proportion of Ryan White HIV/AIDS Program clients who are in continuous care from 73% to 80%.
- By 2015, increase the number of Ryan White clients with permanent housing from 82% to 86%.



Out of Care

During Calendar Year 2011:
-55% (3949) of all known individuals
living with HIV infection in the area were
Out of Care by NHAS definition
-38% (2728) did not have even one CD4
or viral load measured

*LA Department of Health and Hospitals, Office of Public Health
STD/HIV Program, Surveillance Program*



Data:

Unaware Population Estimate

7077 people currently living in New Orleans area already diagnosed with HIV*

Estimated nationally 21% of people with HIV unaware

Therefore: It is estimated that there are

1,881

People living with HIV unaware of their status
in the New Orleans area alone

*Louisiana HIV/AIDS Surveillance Quarterly Report 12/31/12, LA OPH



Goal 3

- *Step 1: Reduce HIV-related mortality in communities at high risk for HIV infection.*
- *Step 2: Adopt community-level approaches to reduce HIV infection in high-risk communities.*
- *Step 3: Reduce stigma and discrimination against people living with HIV.*



Strategy Objectives

Reducing HIV-related Health Disparities:

- By 2015, increase the proportion of HIV diagnosed of gay and bisexual men with undetectable viral load by 20%.
- By 2015, increase the proportion of HIV diagnosed Blacks and Latinos with undetectable viral load by 20%.



Progress Report

- NATIONAL HIV/AIDS STRATEGY UPDATE OF 2011-2012 FEDERAL EFFORTS TO IMPLEMENT THE NATIONAL HIV/AIDS STRATEGY
- Office of National AIDS Policy – July 2012



Progress Report: Goal 1

- CDC supports innovative prevention projects to implement high-impact HIV prevention.
- CDC continues to research and evaluate combination prevention approaches based on both effectiveness and costs.
- SAMHSA supports grants to increase the availability of integrated behavioral and primary healthcare and substance abuse treatment for racial and ethnic minorities.
- FDA approves the first medication for pre-exposure prophylaxis.
- FDA approves the first rapid home HIV test.



Progress Report: Goal 2

- **HRSA expands HIV care.** HRSA announced the availability of funding for the Ryan White HIV/AIDS Part C Early Intervention Services (EIS) Program that provides HIV care and treatment in new service areas. Approximately \$4.6 million.
- **HRSA increases linkage and engagement in care.** HRSA announced approximately \$10 million dollars to increase access to primary medical care and treatment services in June and July 2012.
- **HHS updates HIV treatment guidelines.** In March 2012, HHS published new HIV treatment guidelines that recommend antiretroviral therapy (ART) for all HIV-infected individuals, with the strength of the recommendation dependent on their pre-treatment CD4 cell count. The HHS Panel on Antiretroviral Guidelines for Adults and Adolescents also recommended the use of ART to prevent HIV transmission from an HIV-infected individual to a sexual partner.



Progress Report: Goal 3

- **HUD promotes equal access to housing and addresses issues of stigma.**
—*The Equal Access to Housing in HUD Programs—Regardless of Sexual Orientation or Gender Identity* rule, effective 3/5/12. ★ ★
- HUD's Centers for Faith-Based and Neighborhood Partnerships and Office of HIV/AIDS Housing collaborated to conduct an HIV/AIDS Roundtable (8/3/11) to educate faith-based organizations about HIV stigma and opportunities to support community housing development
- **HRSA encourages grantee input into local planning of 12-City activities.**
- **BPHC is working with HHS operating divisions to inform and support implementation of multiple MAI funded projects.**
- **BPHC project officers are working with health centers to improve HIV service delivery**
- **The National Center of HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is increasing awareness about new healthcare delivery systems.**



National Documents

- **National HIV/AIDS Strategy (NHAS)**
- **Federal Implementation Plan**
- **Community Ideas for Improving the Response to the Domestic HIV Epidemic: A Report on a National Dialogue on HIV/AIDS**

<http://www.whitehouse.gov/administration/eop/onap/nhas>



National Documents

- **Federal Agency Operational Plans**

<http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/>

- **Presidential Advisory Council on HIV/AIDS (PACHA)**

<http://www.aids.gov/federal-resources/policies/pacha/>



Alignment and Support

- All local planning activities should be consistent with and in support of the spirit of the National Strategy.
- Local strategies should be custom tailored to sub-populations most impacted in your area.
 - Blacks, Latinos, Gay or Bisexual Men
- Activities should also be coordinated across programs.



The Point Is...

We need the help of **ALL** healthcare providers to strategize how to get both the Unaware & the Out of Care populations into high quality HIV medical care consistent with current treatment guidelines.



Questions, Comments, Other Ideas

Let's work together to:

Reduce the number of new HIV cases

Increase access to quality HIV Care

Reduce HIV-related health disparities and stigma

Key Steps of the PPACA:

- Improve quality and lower costs
- Increase access to affordable care
- Implement consumer protection measures



Contact Info

Ronald D. Wilcox MD FAAP
2601 Tulane Ave, 10th Floor
New Orleans, LA 70119

Cell 504-491-1219

ronw@noaidstf.org

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