

Why Primary Care Settings are *Essential* to Achieving the Goals of the National HIV/AIDS Strategy

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About the Louisiana Public Health Institute

- Statewide and has expanded to the gulf states
- Non-profit institute founded in 1997
- Located in New Orleans
- Mission - to “improve the health and quality of life for all”
- Broad array of programs focused within health systems and community health
 - Partner/Collaborator
 - Convener
 - Evaluator
 - Provider of training and technical assistance
 - Incubator for innovative programs
 - Advocate for health policies

Session Learning Objectives

Objective 1: Increase participant's knowledge of the National HIV/AIDS Strategy including its goals and indicators.

Objective 2: Participants will understand the role that primary care providers in Louisiana can play in achieving NHAS goals.

Objective 3: Participants will be able to list strategies for incorporating HIV prevention, testing, and treatment into primary care practice.

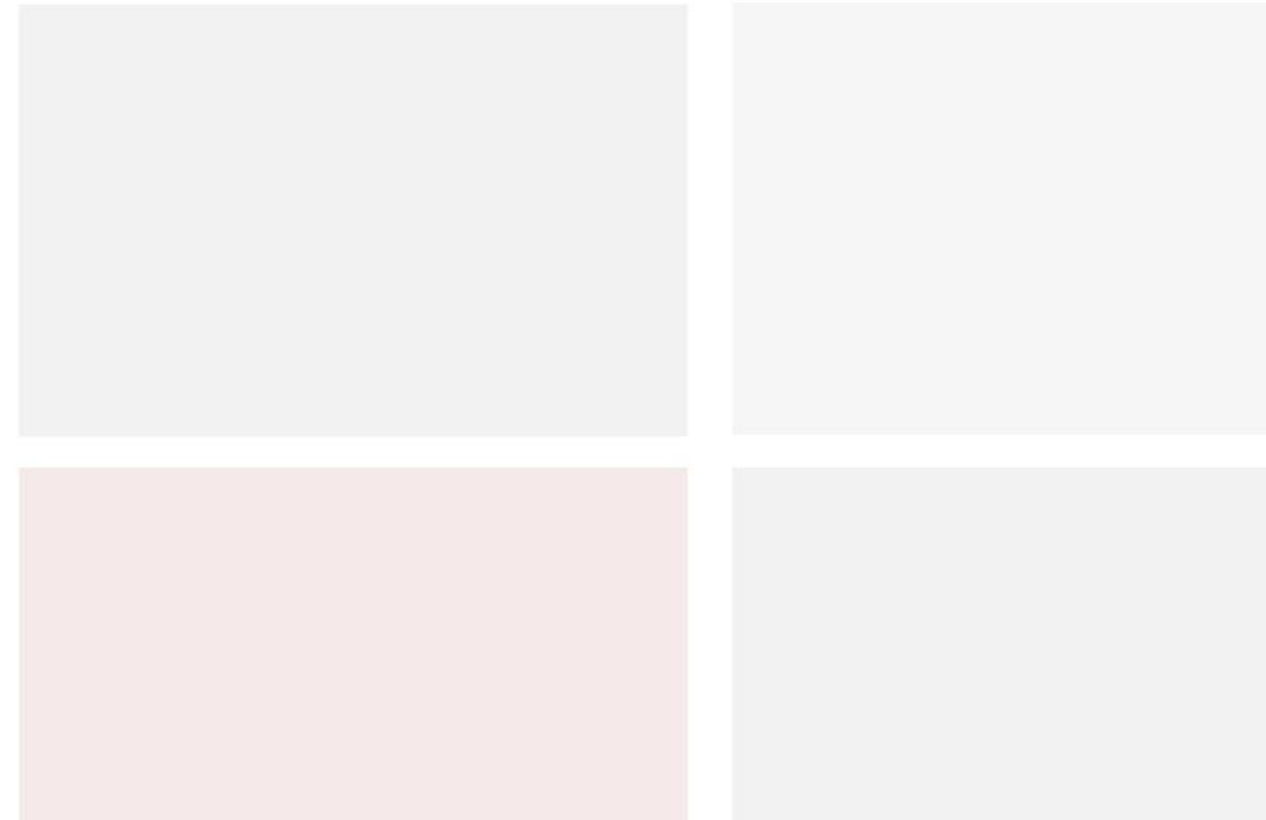
Objective 4: Participants will be able to identify resources for incorporating and/or enhancing the provision of HIV services.

State of the State: Louisiana's 2014 HIV Rankings

- Louisiana ranks: (in rates per 100,000 population)
 - 2nd in HIV diagnosis rates (30.4 per 100,000)
 - 2nd in AIDS diagnosis rates (13.7 per 100,000)

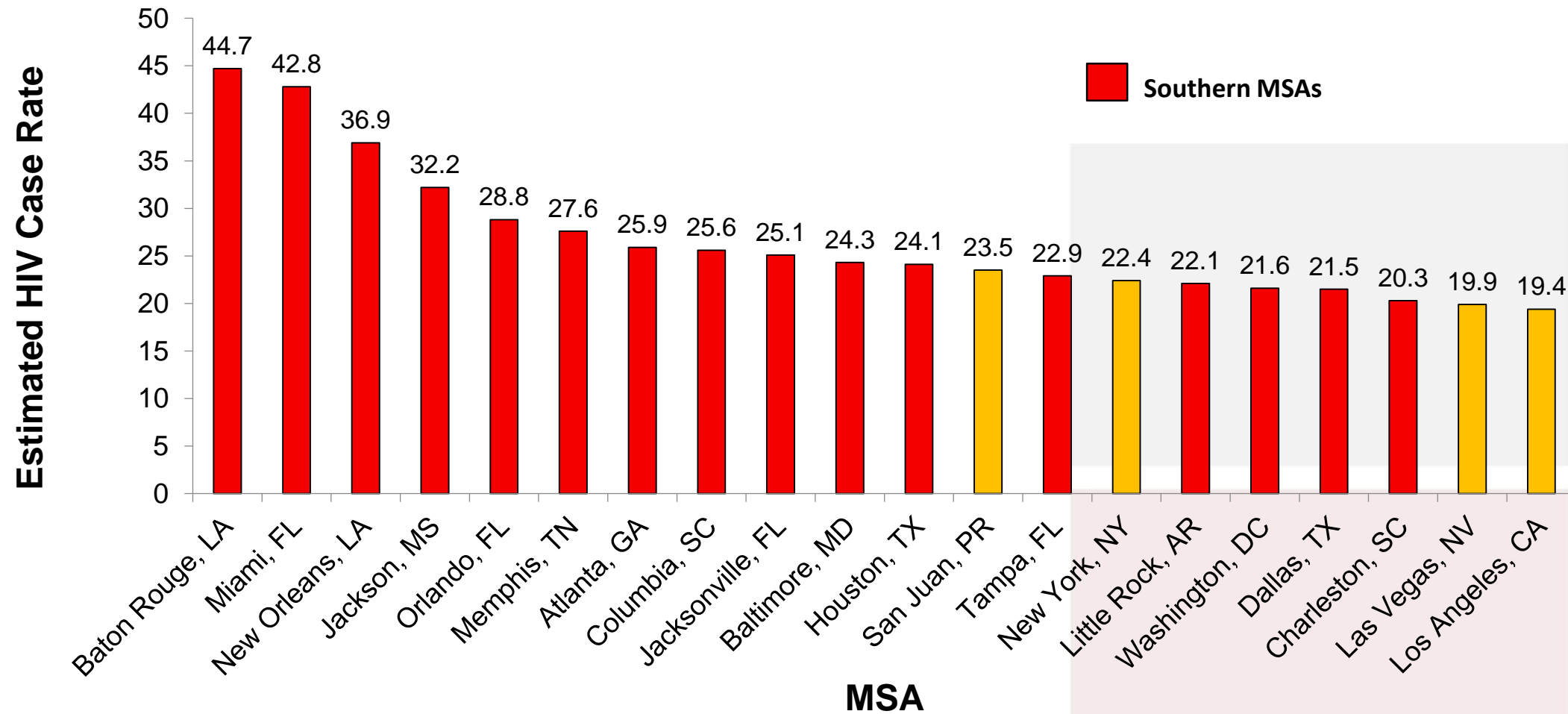
- New Orleans MSA
 - 3rd in HIV diagnosis rates (36.9 per 100,000)
 - 4th in AIDS diagnosis rates (17.0 per 100,00)

- Baton Rouge MSA
 - 1st in HIV diagnosis rates (44.7 per 100,000)
 - 1st in AIDS diagnosis rate (21.6 per 100,000)



Estimated HIV Case Rates by MSA, 2014

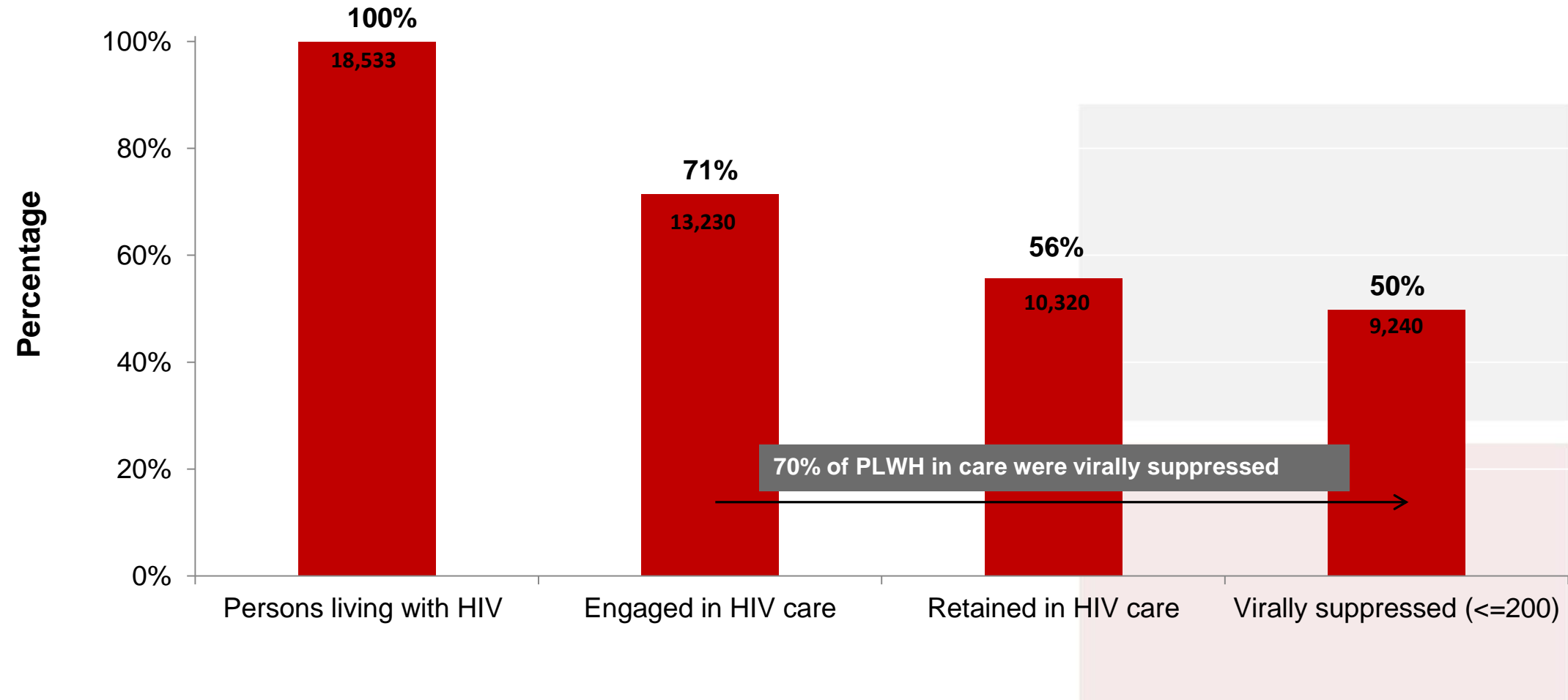
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In 2014, 16 of the top 20 MSAs in the United States were located in the South.

Continuum of HIV Care in Louisiana, 2014

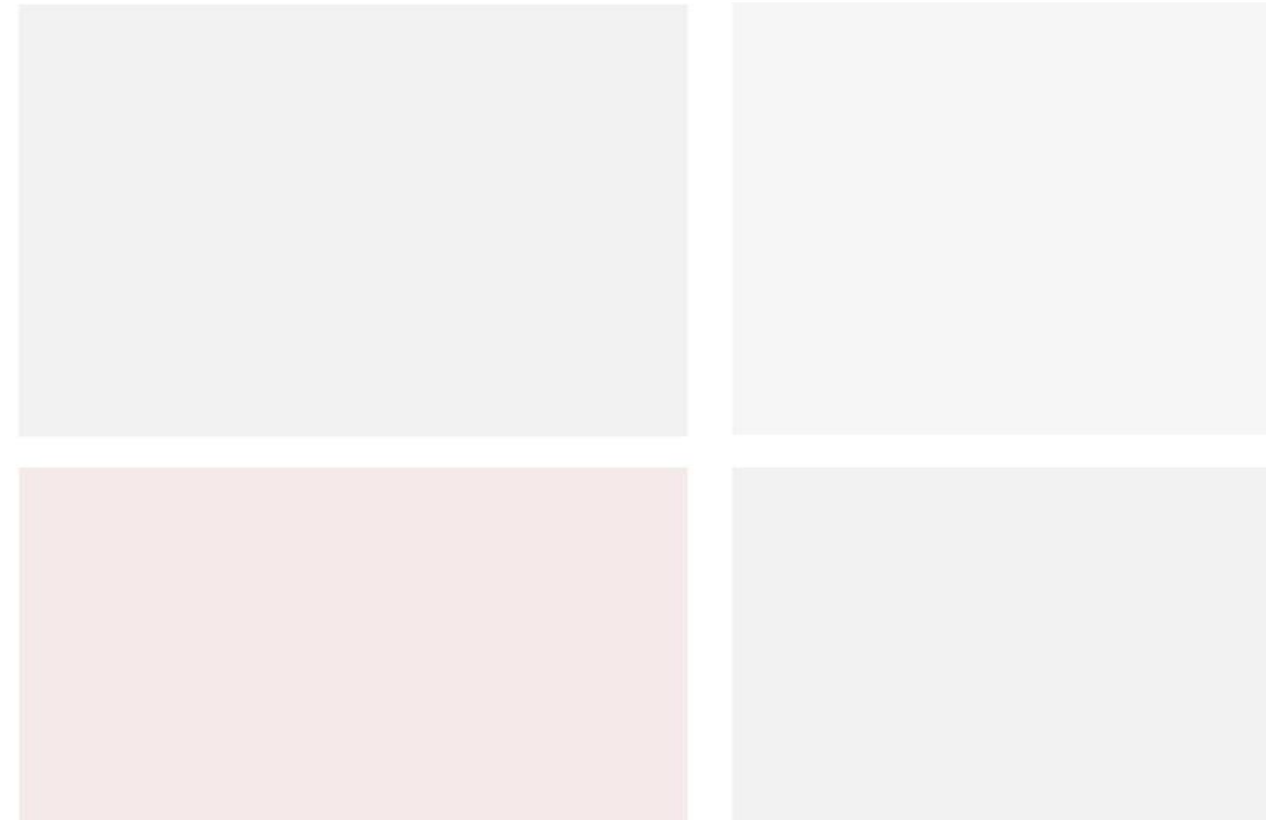
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State of the State: Louisiana's 2014 STI Rankings

Louisiana ranks: (in rates per 100,000 population)

- **3rd** Chlamydia (621.5 per 100,00)
 - 28,896 cases
- **1st** Gonorrhea (193.1 per 100,000)
 - 8,978 cases
- **2nd** Primary and Secondary Syphilis (12.4 per 100,000)
 - 575 cases
- **1st** Congenital Syphilis (71.5 per 100,000 live births)
 - 46 cases



NATIONAL HIV/AIDS STRATEGY for the **UNITED STATES:**

UPDATED TO 2020

JULY 2015



NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020

5 MAJOR CHANGES SINCE 2010

Since the first National HIV/AIDS Strategy was released in 2010, major advances have transformed how we respond to HIV, provided new tools to prevent new infections, and improved access to care. With a vision for the next five years, our National HIV/AIDS Strategy has been updated to leverage these achievements and look ahead to 2020.

Our prevention toolkit has expanded.

Pre-Exposure Prophylaxis (PrEP)
A daily pill to prevent HIV.
 When taken consistently, can reduce the risk of HIV by up to **92%**

Treatment as Prevention

The risk of HIV is reduced by **96%**
 in those who have achieved viral suppression (they have very low levels of HIV in the body).

The Affordable Care Act has transformed health care access.

Millions more individuals now have **affordable, quality health coverage.**

There is **no denial of coverage for pre-existing conditions, like HIV.**

Preventive services are covered without co-pays, including HIV testing.

Protections against sex or disability discrimination in health care.

HIV testing and treatment are recommended.

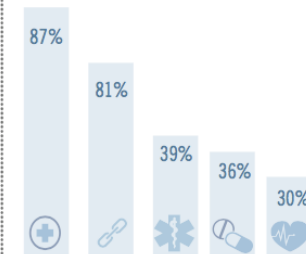
Federal Guidelines now recommend **routine HIV screening** for people aged **15 TO 65**

CDC updated recommendations for HIV testing to help labs **detect infections earlier.**

Federal HIV treatment guidelines now recommend **antiretroviral therapy for all HIV-infected individuals.**

Improving HIV Care Continuum outcomes is a priority.

- President Obama's **HIV Care Continuum Initiative** directed Federal departments to increase the number of individuals who are:
- diagnosed** with HIV
 - linked** to HIV care
 - retained** in HIV care
 - prescribed** HIV treatment
 - virally suppressed** (having very low levels of HIV in their body).



Research is unlocking new knowledge and tools.

- Evidence that **starting HIV treatment early** lowers the risk of developing AIDS or other serious illnesses
- New **HIV testing technologies**, including new diagnostic tests
- New **HIV medications** with fewer side effects, less frequent dosing, and a lower risk of drug resistance
- Continued investigation** of long-acting drugs for HIV treatment and prevention, an HIV vaccine, and, ultimately, a cure.



Learn more about the National HIV/AIDS Strategy: Updated to 2020 at [AIDS.gov/2020](https://aids.gov/2020) #HIV2020

National HIV/AIDS Strategy- Vision

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.

Strategy Goals of NHAS

1. Reduce new infections.
2. Increase access to care and improve health outcomes for people living with HIV.
3. Reduce HIV-related health disparities and health inequities.
4. Achieve a more coordinated national response to the HIV epidemic.

1.B.2

Support and strengthen integrated and patient-centered HIV and related screening (sexually transmitted infections [STI], substance use, mental health, intimate partner violence [IPV], viral hepatitis infections) and linkage to basic services (housing, education, employment).

1.B.3

Expand access to effective prevention services, including pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

1.C.3

Promote age-appropriate HIV and STI prevention education for all Americans.

1.C.5

Tackle misperceptions, stigma, and discrimination to break down barriers to HIV prevention, testing, and care.

2.A.1

Ensure continuity of high-quality comprehensive health care coverage to support access to HIV care.

2.A.2

Ensure linkage to HIV medical care and improve retention in care for people living with HIV.

2.A.3

Support and strengthen capacity to implement innovative and culturally appropriate models to more effectively deliver care along the care continuum.

2.A.5

Provide information, resources, and technical assistance to strengthen the delivery of services along the care continuum, particularly at the State, Tribal, and local levels.

2.B.1

Increase the number of available providers of HIV care.

2.B.2

Strengthen the current provider workforce to ensure access to and quality of care.

3.A.1

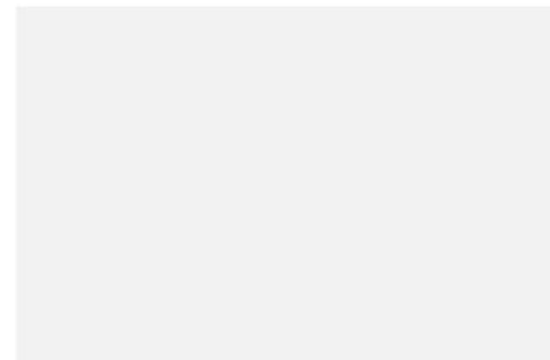
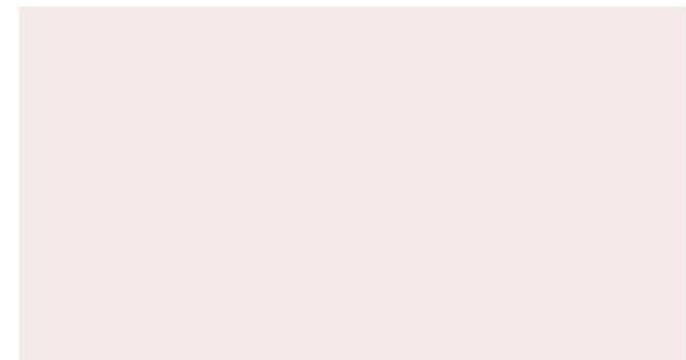
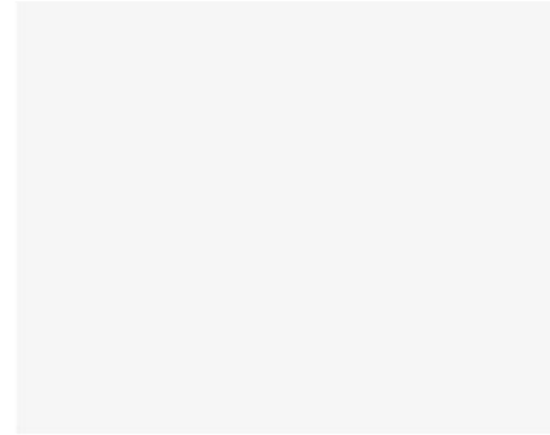
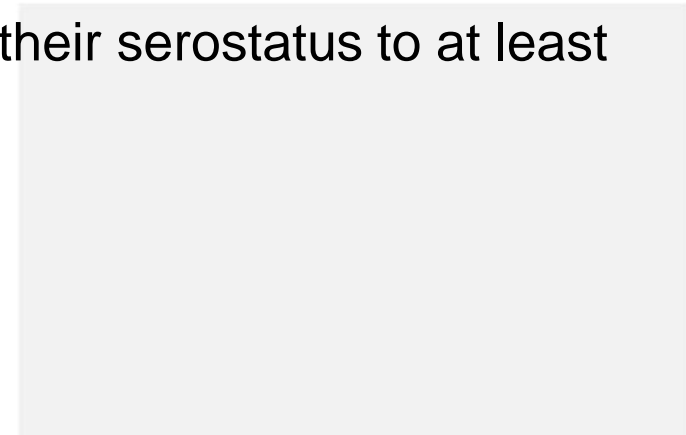
Expand services to reduce HIV-related disparities experienced by gay and bisexual men (especially young Black gay and bisexual men), Black women, and persons living in the Southern United States.

Indicators of Progress

How will we measure our success?

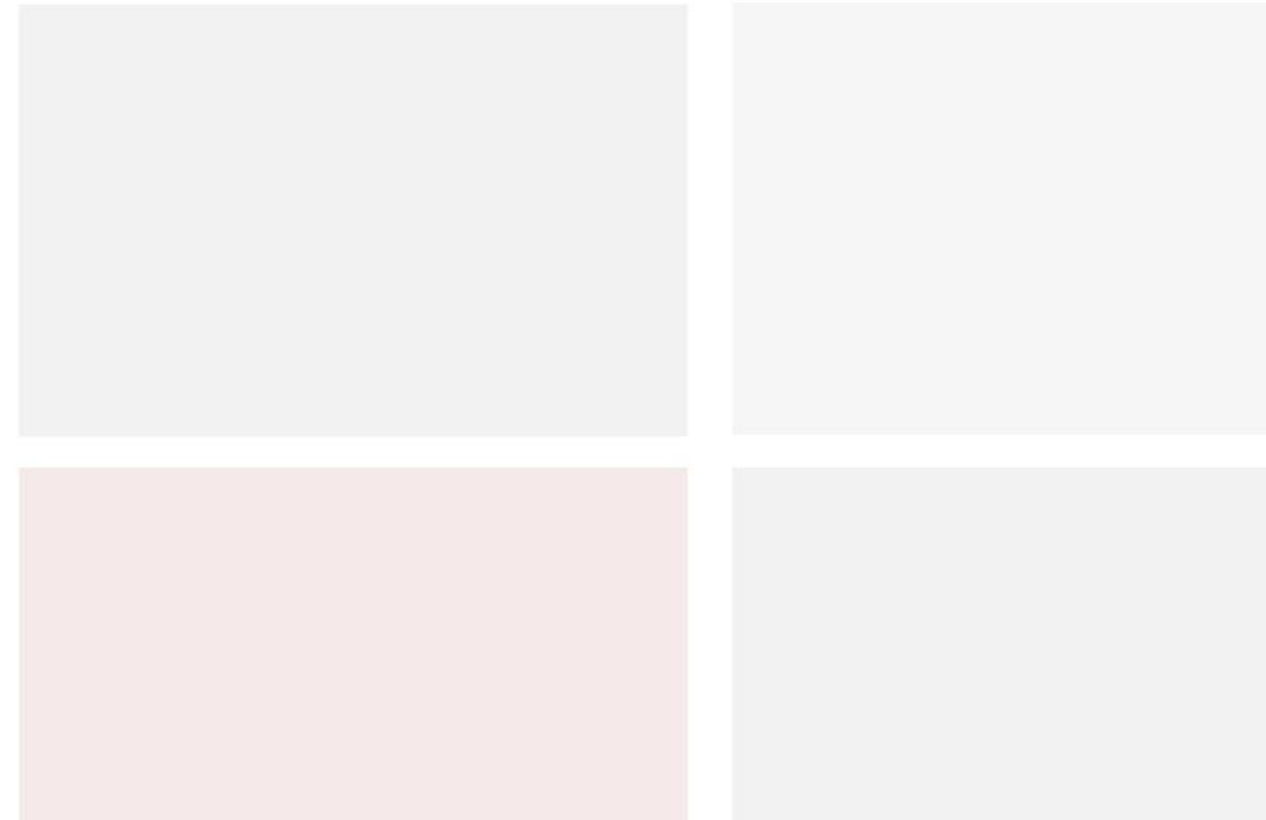
Indicator 1

Increase the percentage of people living with HIV who know their serostatus to at least 90%.



Indicator 2

Reduce the number of new diagnoses by at least 25%.



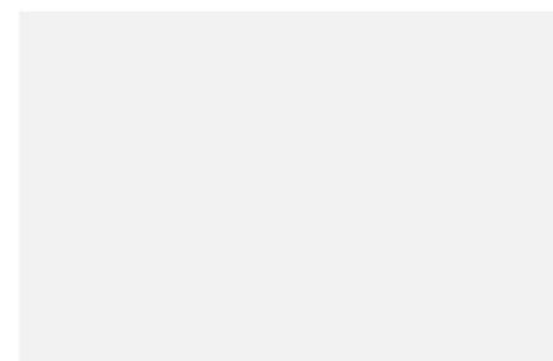
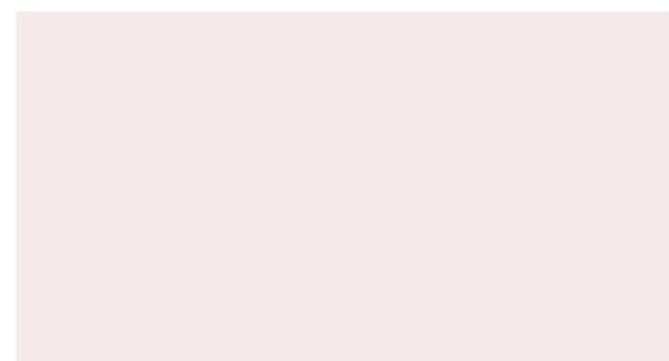
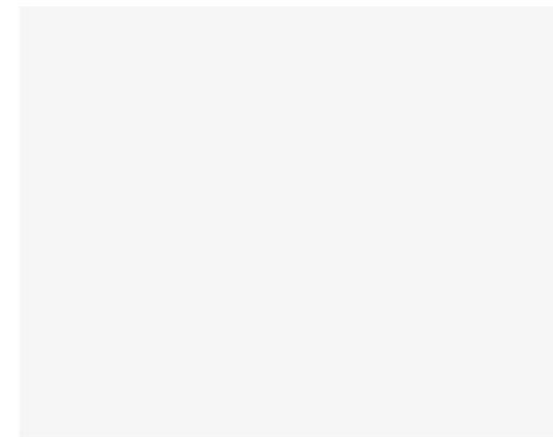
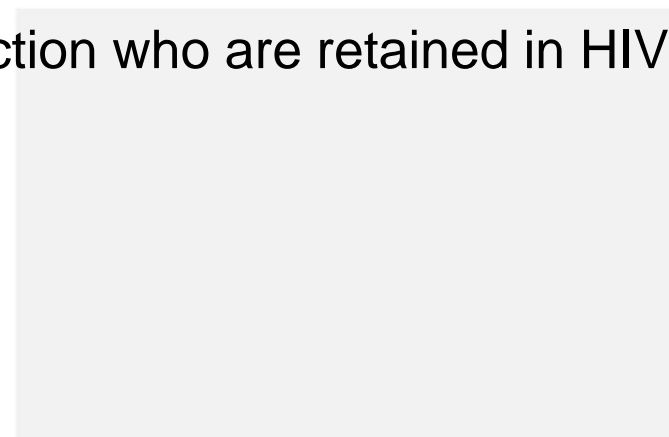
Indicator 4

Increase the percentage of newly diagnosed persons linked to HIV medical care within one month of their HIV diagnosis to at least 85%.



Indicator 5

Increase the percentage of persons with diagnosed HIV infection who are retained in HIV medical care to at least 90%.

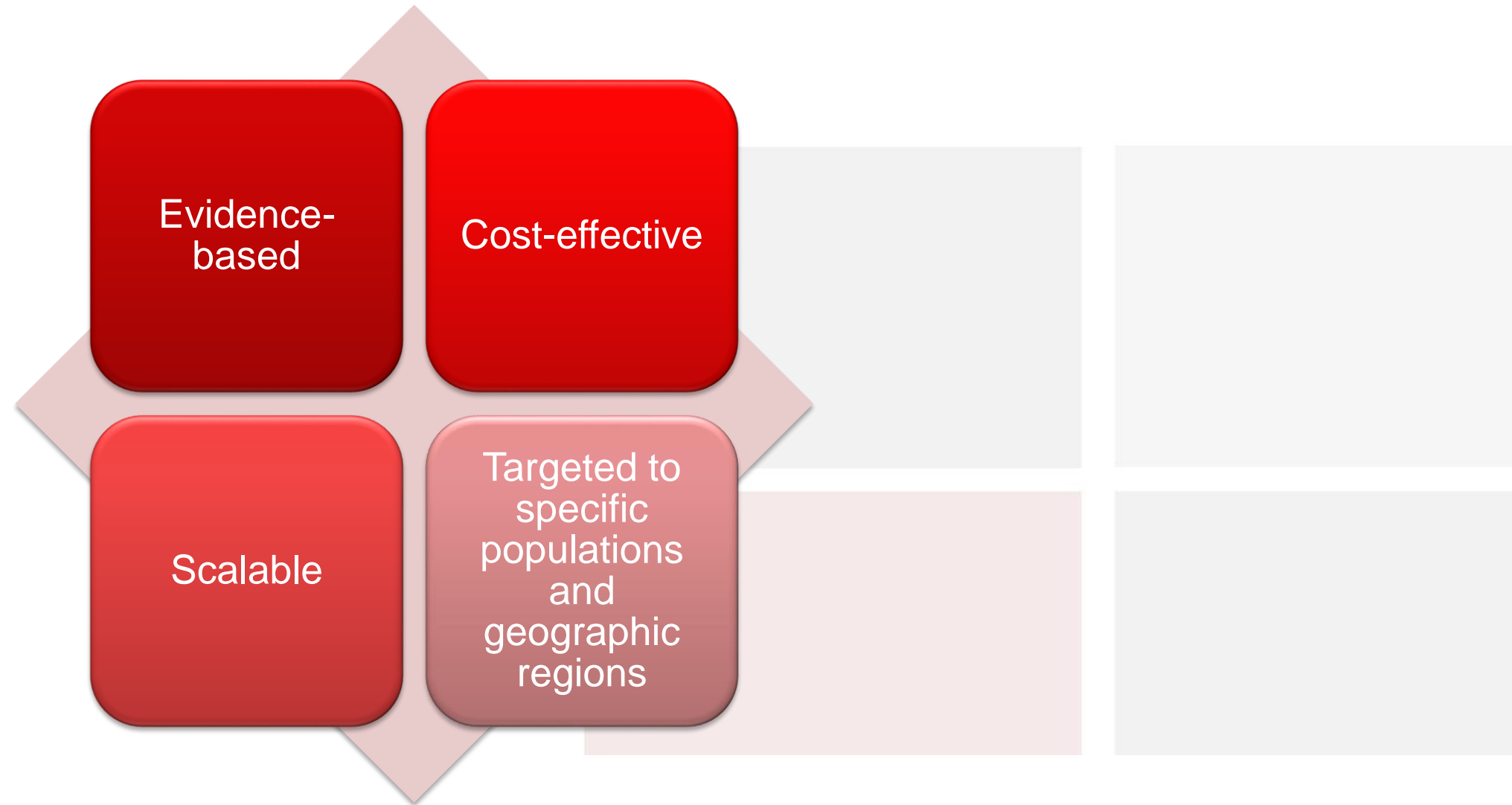


What is the role of primary care providers in meeting these goals?

Community Health Centers' Role in the US Health Care System

- ❑ Serve vulnerable populations
- ❑ Provide continuous care regardless of ability to pay
- ❑ Offer services not found in traditional primary care settings
- ❑ Located in high-need communities
- ❑ Staff are already experienced in providing holistic, patient-centered care

High Impact HIV Prevention (HIP)



HIP in Practice

HIV testing
and linkage to
care

Antiretroviral
therapy

Screening and
treatment for
STIs

Pre Exposure
Prophylaxis
(PrEP)

HIV testing and linkage to care

Testing as Prevention

- PLWH/A who know their status are more likely to take precautions to avoid spreading it to their partners
- Reduce HIV-related morbidity and mortality by enabling early access to treatment
- Opportunity for prevention counseling, regardless of serostatus

Routine, Opt-Out HIV Screening

- It is a population-based approach, without regard to a person's behavioral risk or symptoms
 - Offer test to all patients, regardless of other risk factors
 - Implies that HIV testing is part of usual screening procedures just like cholesterol, blood sugar, and other standard health screens

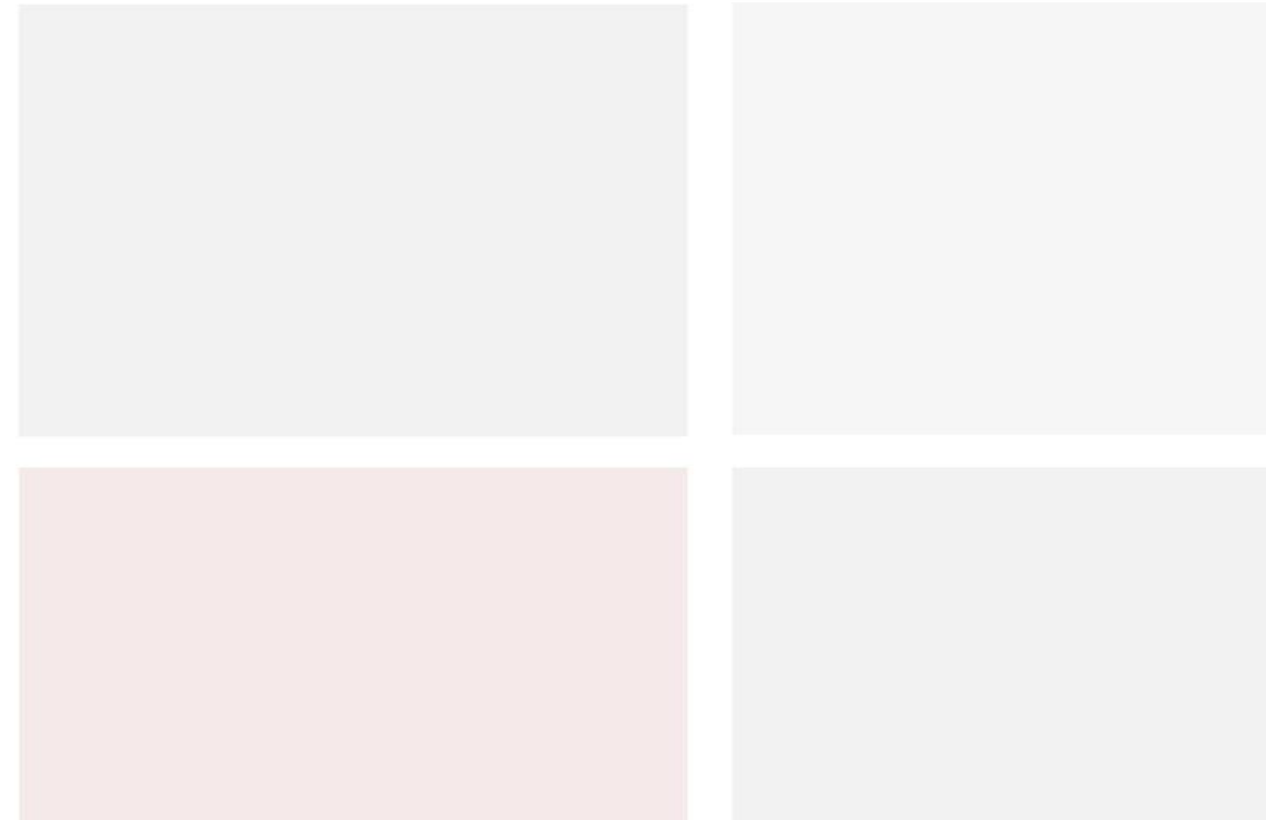
- Opt-out screening is the process of informing the patient that an HIV test is being done then performing the test
 - Separate consent is not required
 - The patient is afforded the right to refuse or “opt-out”
 - Provider should document if a patient refuses

Benefits of Routine Screening

- ❑ Increase opportunities for early intervention - identification and linkage to care
- ❑ Routine HIV testing can lead to discussion of and linkage to prevention interventions
- ❑ Reduces burden of seeing multiple providers at multiple locations
- ❑ Reduces stigma around HIV testing and treatment

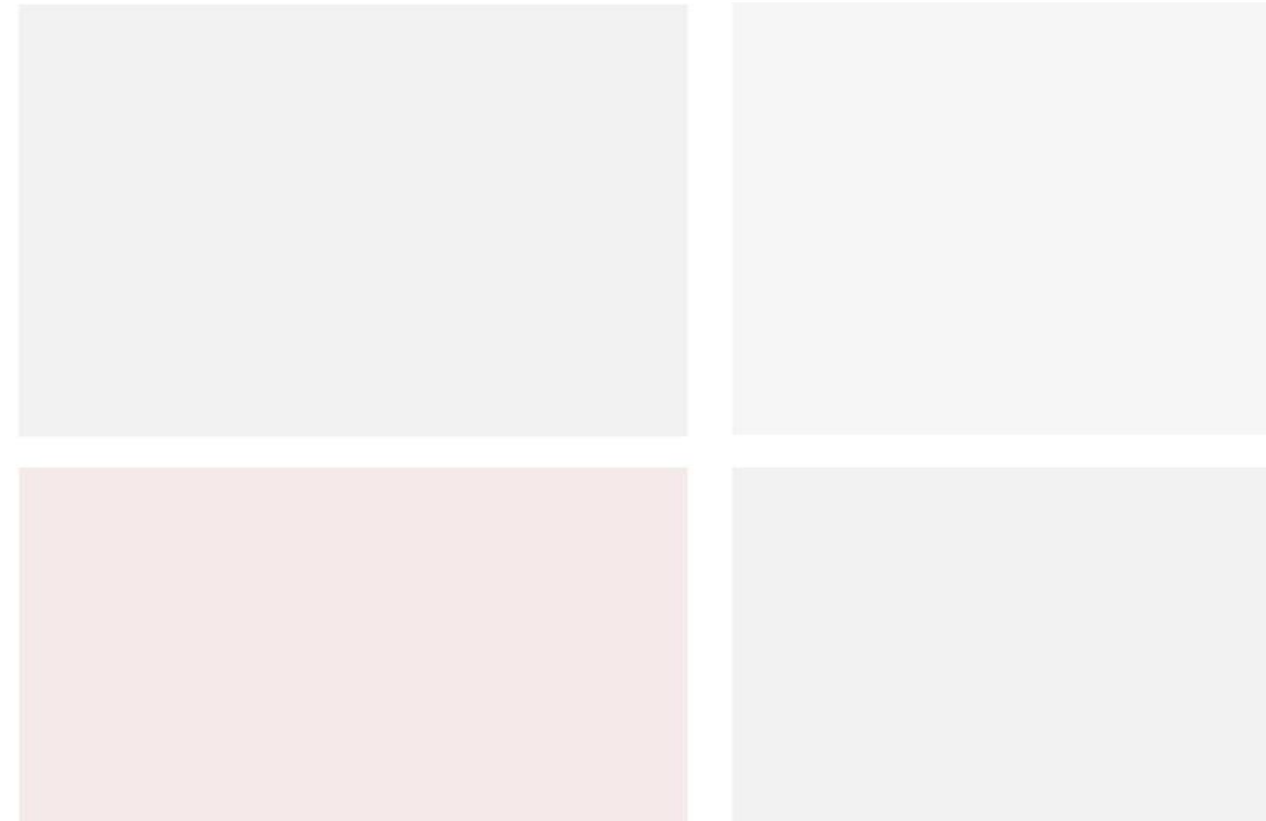
What is linkage to care?

- Active referral to medical care and support services
- Key step in the continuum of HIV care
 - Initiation of treatment
 - Reduction of morbidity and mortality
 - Prevention of transmission
 - Experience sets stage for future retention in care
- Shared responsibility
 - Diagnosing sites
 - HIV specialists
 - Public health entities
 - Service organizations



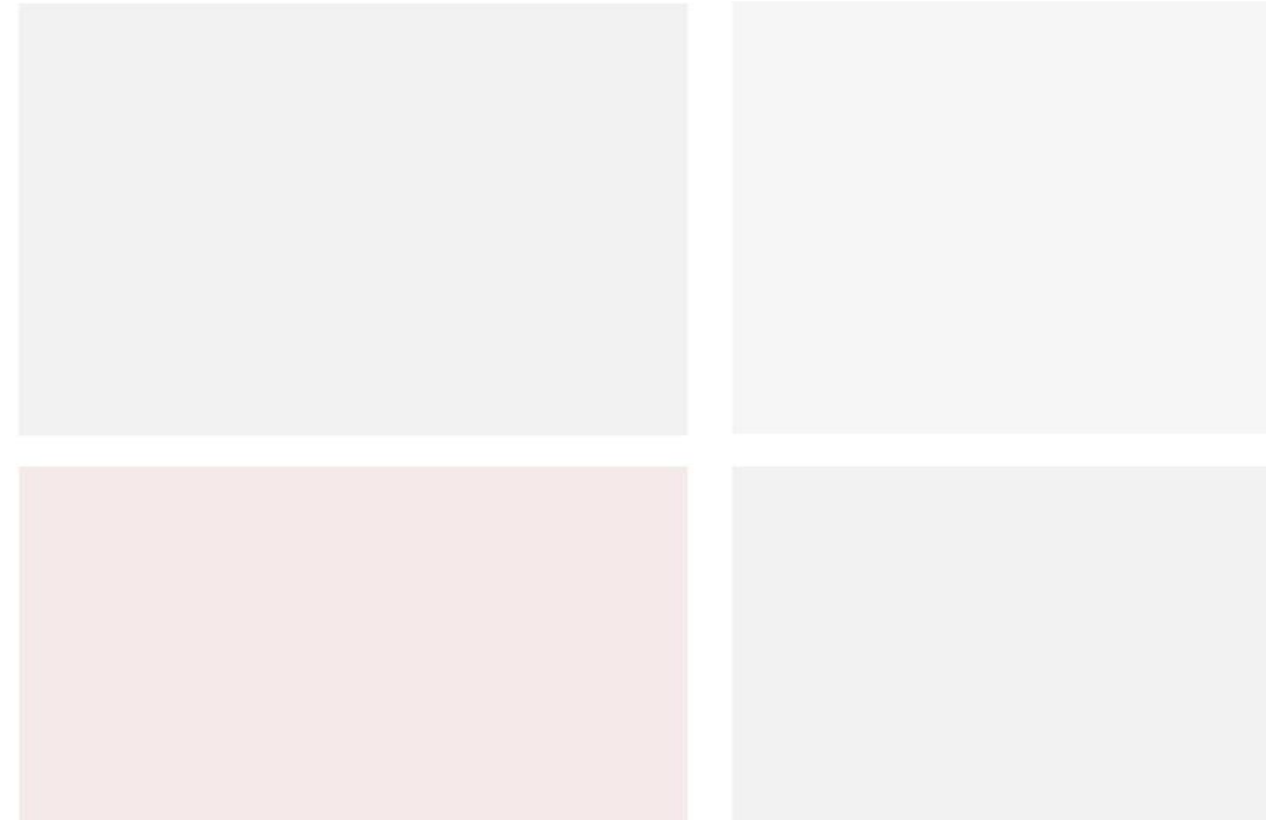
Practice-Level Steps to Facilitate Linkage to Care

- Define clinician roles and responsibilities
- Build referral relationships
- Use standardized referral forms (electronic, paper)
- Exercise sensitivity
- Involve the patient
- Support referrals
- Track and follow-up on referrals



Patient-Level Steps to Ensure Linkage to Care

- ❑ Build a trusting clinician-patient relationship
- ❑ Convey acceptance
- ❑ Provide post-test counseling
- ❑ Provide patient education
- ❑ Develop common goals
- ❑ Schedule specialty appointment before patient leaves
- ❑ Determine insurance status
- ❑ Assess barriers



Linkage to HIV Care is High Quality Primary Care

- Alignment with PCMH
 - NCQA PCMH Standard 5: Track and Coordinate Care
 - Element 5B: Referral Tracking and Follow-Up
- Alignment with UDS
 - UDS data requirements
 - Table 6B, Line 20
 - Numerator: Number of patients who had a medical visit for HIV within 90 days of diagnosis.
 - Denominator: Number of patients first diagnosed with HIV during the measurement period
 - NHAS definition: linked within *1 month* of diagnosis

Antiretroviral therapy

Treatment as Prevention

- When the HIV is suppressed, a person has a much less chance of infecting someone else.
 - Successful HIV treatment suppresses viral load to extremely low (undetectable) levels
 - Effective ARV regimen
 - Medication adherence
 - One landmark study showed that the rate of HIV infection for HIV negative partners was 96% lower if the positive partner was on ARVs (Cohen et al., 2014)

Screening and treatment for STIs

Screening and Treatment for Other STIs

- ❑ STIs increases individual's risk for contracting or transmitting HIV
- ❑ Presence of STIs can indicate high risk behavior
- ❑ STI treatment may reduce viral load of PLWH/A

STI Screening in Primary Care

- Assess risk for adult and adolescent patients (ages 15-65 [USPSTF])
 - Take sexual health assessment
 - As part of new patient health history
 - As part of annual health history for established patients
- Testing:
 - Diagnostic testing for patients with symptoms of an STI
 - Screening for patients at risk for STIs
 - New partner
 - Multiple partners
 - Partner with multiple partners
 - Partner known to have an STI

Pre Exposure Prophylaxis (PrEP)

Pre-Exposure Prophylaxis (PrEP)

- PrEP is an FDA-approved HIV prevention strategy where HIV-negative people who are at risk of getting HIV take approved antiretroviral medication to prevent HIV infection.
- The goal of taking the medicine is to prevent infection and viral replication in the event of exposure.

PrEP vs PEP

- PrEP is not the same as PEP
- PEP: post-exposure prophylaxis
 - Administered after high-risk occupational exposure to HIV to reduce risk of infection
 - 28-day course of three (or more) ARVs
 - nPEP: Non-Occupational Post-Exposure Prophylaxis

PrEP	PEP/nPEP
Pre-Exposure	Post-Exposure
Continuous high-risk exposure	Single high-risk exposure
2-drug regimen	3 (or more) drug regimen
Long-term course	28-day course

PrEP Regimen

- Currently the only approved regimen for PrEP is once daily Truvada which combines two anti-HIV drugs (tenofovir and emtricitabine).
- Other clinical services involved in PrEP
 - Labs (HIV and other STI testing, renal function)
 - Monitoring for side effects
 - On-going risk-reduction counseling

Why is PrEP Important?

- New HIV prevention strategies are needed. Rates of infection have not decreased significantly since the 1990's.
- Used to complement, not replace, other prevention efforts.
 - Education and safer sex counseling are still necessary.

How Effective is PrEP?

- In a word: extremely
- 2015 iPrEx Open-Label Extension study found 100% protection in participants who took PrEP 4+ days/week; 50% protection for all participants receiving PrEP regardless of adherence.
- Drug resistance: a rare, but real concern
 - Case reported in early 2016 of a man who contracted a Truvada-resistant strain of HIV while adherent to PrEP.

For whom is PrEP indicated?

HIV-negative people at on-going high risk of HIV infection

- Relationship with HIV-positive partner
- MSM
 - Gay or bisexual man who has had anal sex w/o a condom *OR* dx with STD in past 6 months
- High-risk heterosexual
 - Heterosexual man or woman who does not regularly use condoms with partners of unknown HIV status and at substantial risk of HIV infection (IDUs, male partners who also have sex with men)
- Injection drug users
 - IDU who has shared injection equipment in the past 6 months

Potential Impact of Medicaid Expansion

- Coverage of services
 - Medicaid covers testing, treatment, and prevention (including PrEP)

- Considerations for new patients
 - Newly insured patients may not have been receiving regular medical care, including HIV testing
 - Expansion to low-income, childless adults will reach many gay and bisexual men (target population of National AIDS Strategy – most affected by HIV epidemic)
 - Coordinated care is even more critical for patients who are new to the health care system.

Summary

- Primary care providers, especially those in FQHCs and RHCs are *essential* partners in the fight against HIV/AIDS in Louisiana.
- HIP provides a toolbox of interventions that work.
- Addressing HIV/AIDS and other STIs is good primary care.
- Start small with one intervention or one measure.
- Help is available via CDC's HIP in Health Care program.

Resources

- National
 - AIDS.gov <https://www.aids.gov/>
 - National HIV/AIDS Strategy <http://www.cdc.gov/hiv/strategy/>
- State
 - LA Health Hub <http://www.louisianahealthhub.org/>
 - HIV 411 <http://www.hiv411.org/>
- PrEP
 - USPHS clinical guidelines <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>
 - Patient assistance and co-pay assistance: <https://start.truvada.com/individual/truvadaprep-copay>
 - Clinical trials results: <http://www.cdc.gov/hiv/prevention/research/prep/>
- Integration of HIP into primary care
 - HIP in Health Care project: hip@pcdc.org
 - Primary care providers in New Orleans and Baton Rouge
 - Coordinated by Primary Care Development Corporation; local TA provided by LPHI

Thank you!

Any questions?

