Integrating prevention into primary care

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Community Contributions to care

- Novel testing strategies
- Addressing gaps in cascade and targeting programs at these gaps
- Integrating HIV care into primary care and provision of services to both HIV negative and HIV positive clients
- Integration of Patient centered medical home
- Impact of ACA
- Integration of STD care, prevention, testing, and primary care (inclusive of PEP linked to Prep)
Figure 1: Percentage of estimated number of HIV-infected persons* in stages of continuum of HIV care in four large United States cities through December 2009

* Includes people diagnosed with HIV in 2008 and living with HIV through 2009 and an estimated additional 20% who are unaware of their infection.

Linked to Care: Chicago (54%), Los Angeles County (62%), Philadelphia (58%), San Francisco (68%)

Accessed Care: Chicago (30%), Los Angeles County (54%), Philadelphia (39%), San Francisco (57%)

On ART: Chicago (26%), Los Angeles County (48%), Philadelphia (34%), San Francisco (51%)

Suppressed viral load: Chicago (21%), Los Angeles County (40%), Philadelphia (23%), San Francisco (44%)

Linkage, Access, ART Use and Viral Suppression in Four Large Cities in the United States, 2009

Slide courtesy of N Benbow, S Scheer et al., AIDS
Continuum of Care for HIV Cases Diagnosed in the District of Columbia, 2005-2009

- **Diagnosed HIV Cases**: 4,879
- **Linked to HIV care by 12/31/2010**: 4,347
- **Received additional HIV care by 12/31/2010**: 3,729
- **Ever achieved viral suppression by 12/31/2010†**: 2,730
- **Maintained viral suppression through 12/31/2010‡**: 1,391

- **Continuous Care**: 58% (4,879 cases)
- **Continuous Care (Ever achieved)**: 56% (2,730 cases)
- **Continuous Care (Maintained)**: 29% (1,391 cases)
- **Sporadic Care**: 42% (4,347 cases)
- **Sporadic Care (Ever achieved)**: 76% (3,729 cases)
- **Sporadic Care (Maintained)**: 89% (3,729 cases)

†At least one viral load test result prior to 12/31/2010 was ≤400 copies/mL.
‡All subsequent viral load test results were ≤400 copies/mL.

Slide courtesy of DC DOH HAHSTA
The VA Cascade

* True Prevalence of HIV Infected in VA is unknown

HIV Spectrum of Engagement Cascade in a Large Integrated Care System by Gender, Age, and Methodologies

- Diagnosed: 16,816 (100%)
- Linked to Care: 16,321 (97%)
- Retained in Care: 13,165 (78%)
- Filled ART > 3 mo: 13,975 (83%)
- RNA < 200 ever in year: 13,953 (83%)
- RNA < 200 at last measure: 13,519 (80%)

Dependent: success in prior stage is required
Independent: success in prior stage is NOT required

Horberg et al., Poster 1033, CROI 2013
Publicly-Supported HIV Rapid Tests in DC

Median CD4 Count at Diagnosis

FY2007: 191  
FY2008: 332  
FY2009: 319  
FY2010: 355  
FY2011: 391

Slide courtesy of DC DOH HAHSTA
DC Cascade-Related Programs

• **Linkage to care**
  • HIV testing providers funded to link HIV positive clients to medical care

• **Red Carpet Program**
  • DC residents newly diagnosed or returning to HIV care
  • No insurance required
  • Clinic appointment within 1-2 business days at one of 18 clinics
Community Health Center Initiatives

• Active STI program, advancing self testing, app 10% infection rates for assymptomatic patients

• Integrate Testing Program with access to primary care, allows for rapid integration into care (Red carpet model)

• Combine care for HIV pos and HIV neg individuals
  • Allows integrated care for all patients to use expanded care model (Patient centered medical home)
  • Allows prevention for both HIV positives and HIV negatives amongst staff
Optimizing Viral Suppression Requires Addressing Each Cascade Step

Figure 3. Six simple simulations (a–f) assessing different levels of engagement in care

Gardner et al., CID 2011
DC Cascade-Related Programs

- Retention and re-engagement in care
  - *Recapture Blitz!* – finds and re-engages clients lost to care

1375 clients reported as lost → 970 clients not found in system or inactive > 6 mos → 404 clients contacted → 174 clients recaptured

- Progressive Policies and Programs
  - Near universal health insurance coverage
  - Early adoption of Medicaid expansion
  - ADAP program with no waiting list

Whitman-Walker Health
Community. Caring. Quality.
Progress Towards Cascade-Related NHAS Goals in DC

<table>
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<tr>
<th>2015 National Target</th>
<th>Group</th>
<th>DC 2007-09</th>
<th>DC 2010-11</th>
<th>DC 2015</th>
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Adapted from Castel et al., Abstract 1117, CROI 2012 and DC DOH
Demo Project Prep

- DAIDS sponsored prep project with UCSF, U of Miami, and WWH
- 20 clients on prep prior to study, and 53 currently enrolled within less than three months and 40 patients on waiting list
- Marked difference in engagement with prep after this was offered
How far can a cascade travel?

Courtesy of Alan Greenberg GWU