



**Department
of Health**

Role of Health Homes in Ending the AIDS Epidemic in New York State

July 26, 2017

Office of the Medical Director, AIDS Institute

Health Homes Webinar

By the end of this webinar, you will be able to:

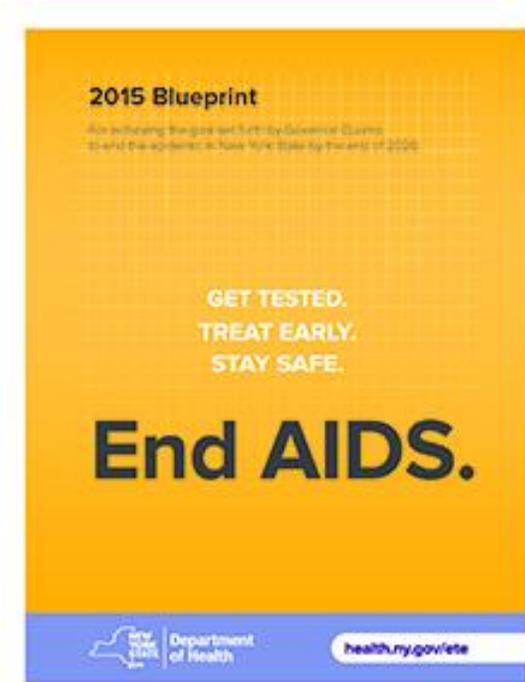
- Describe the goals of New York State's plan to end the AIDS epidemic by the end of 2020;
- Recall the importance of HIV treatment, viral suppression and retention in care;
- Describe the role of health homes in promoting prevention, early identification, linkage to care, treatment adherence and retention in care

Outline

- NYS Plan to End the AIDS Epidemic
- Overview of HIV Transmission and Prevention
- The Starting Point - HIV Testing
- HIV Treatment and Viral Suppression
- Resources to Assist Health Homes

ETE Blueprint

NYS PLAN TO END THE AIDS EPIDEMIC



Ending the AIDS Epidemic (ETE) in NYS

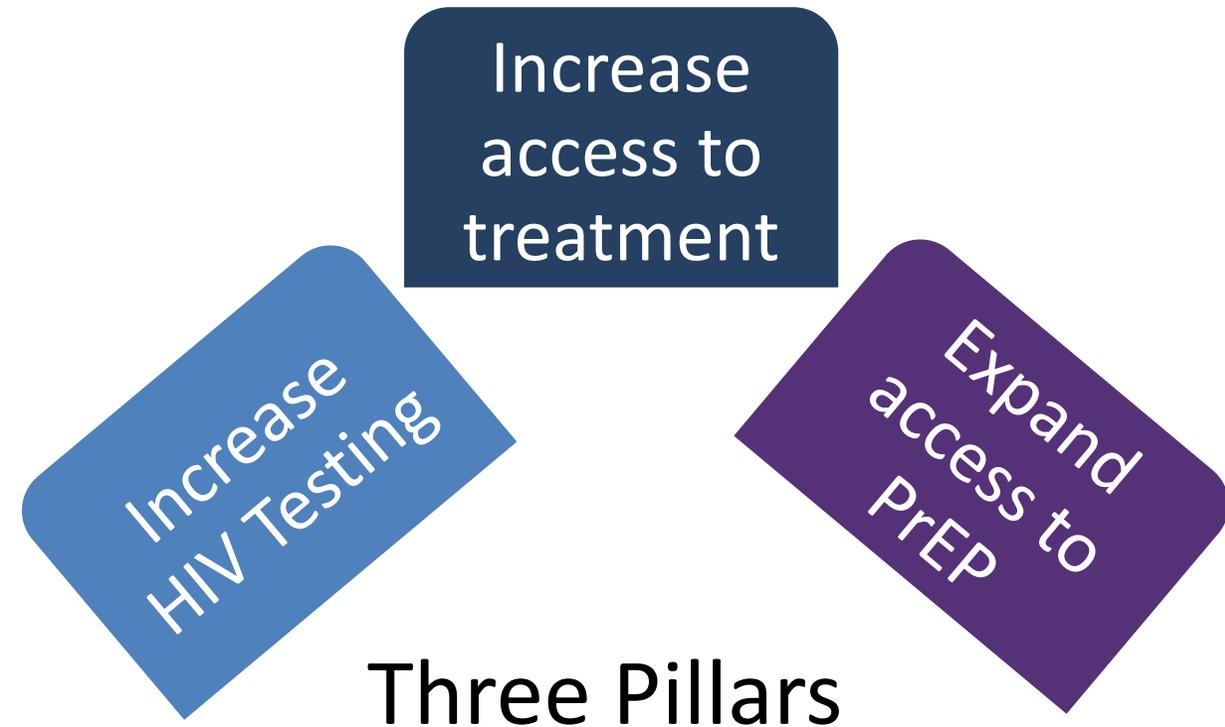
June 29th, 2014 - Governor Cuomo issued a three point plan to end the epidemic

Goal of the ETE Plan:

- Reduce new infections to less than 750 by the end of 2020

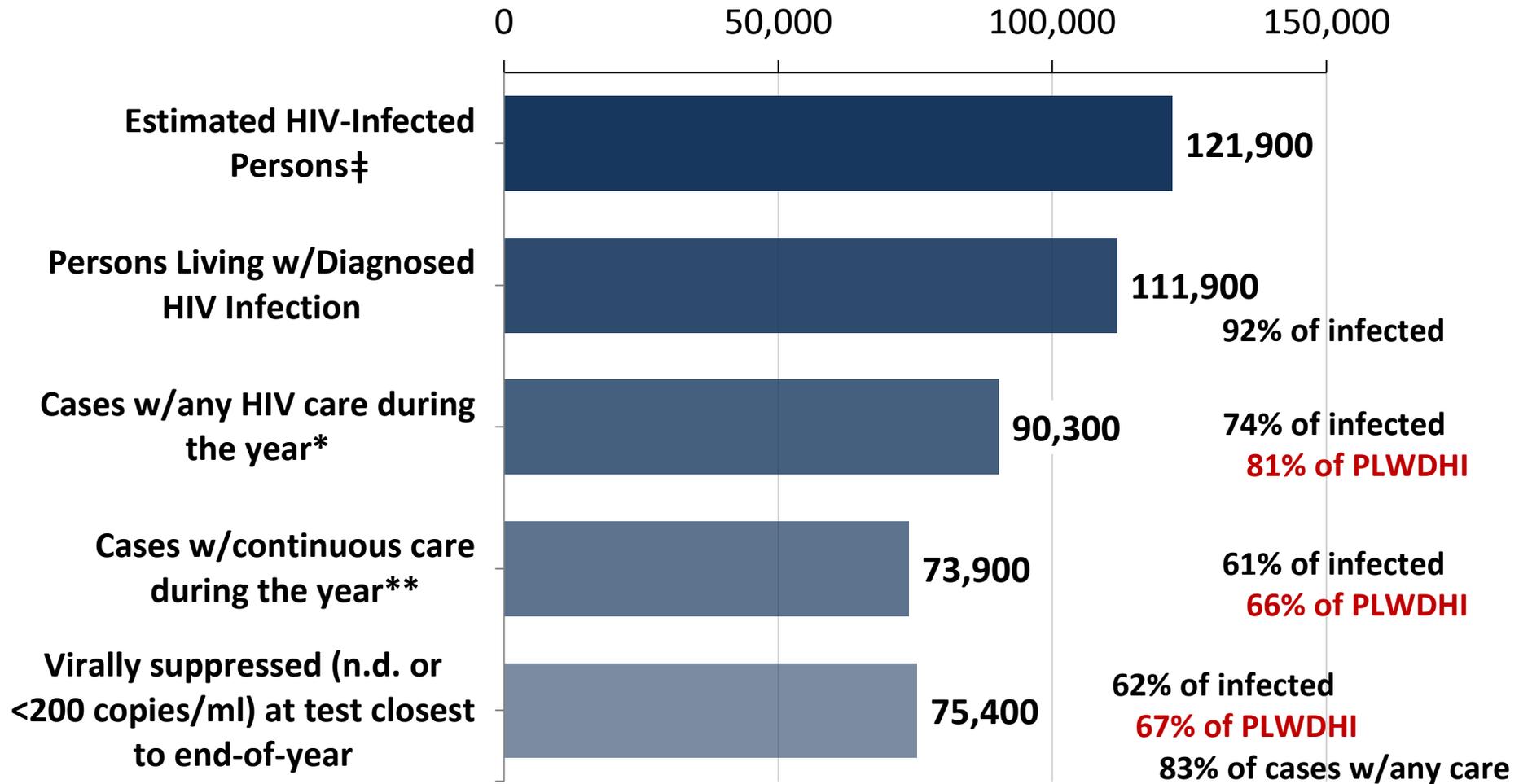
Goals Added in 2016:

- Zero AIDS mortality by 2020
- Zero HIV transmission through injection drug use by 2020
- Maintain zero mother to child transmissions



New York State Cascade of HIV Care, 2015

Persons Residing in NYS† at End of 2015



†Based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

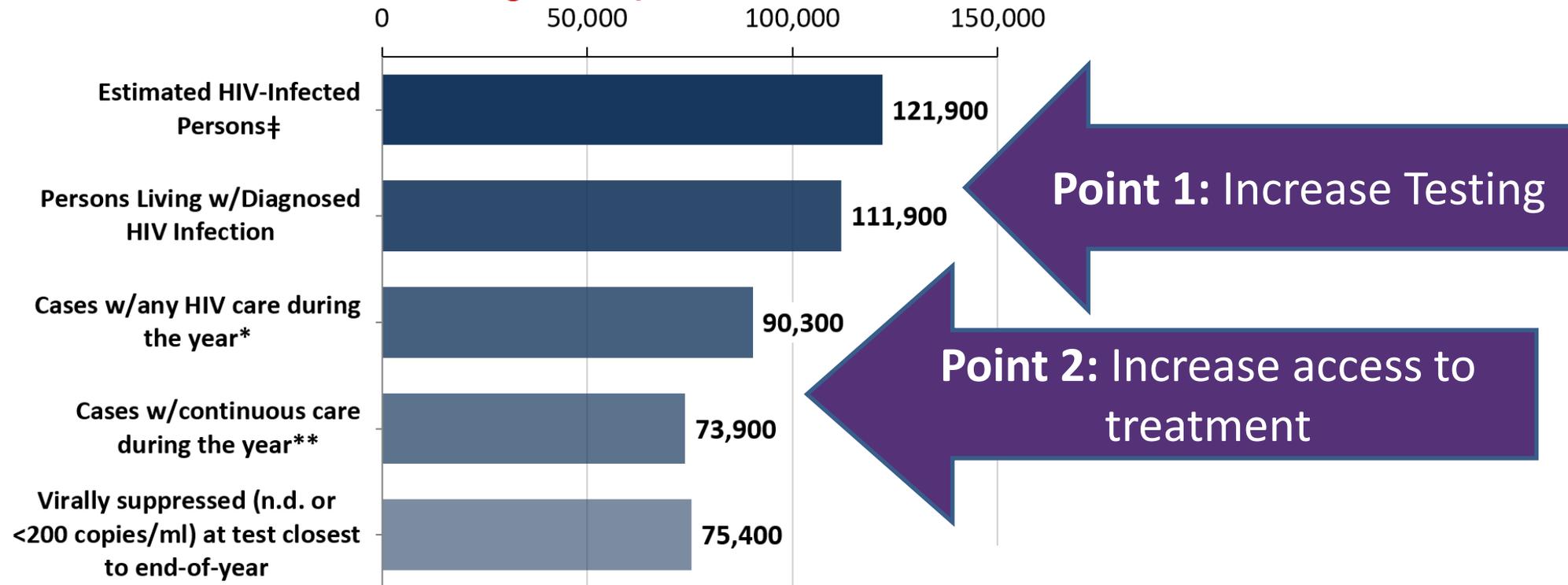
‡ Estimated unknown 6.7% for NYC and 13% Rest of State; *Any VL, CD4, genotype test during the year; ** At least 2 tests, at least 91 days apart



Ending the epidemic will require preventing new infections and addressing both the diagnosis gap and the treatment gap

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Condoms, Syringe Services, PrEP, PEP

HIV TRANSMISSION AND PREVENTION



What is HIV?

- HIV is a bloodborne pathogen
- Targets the immune system
- Weakens the immune system overtime, making a person susceptible to diseases that other people do not usually get.



HIV Transmission: Body Fluids

HIV can be passed by



Condomless Sexual Contact



Sharing Equipment to Inject Drugs



Mother to Child During Pregnancy, Birth or Breastfeeding

- Blood
- Semen
- Vaginal fluids
- Breast milk

HIV can **NOT** be passed by casual contact



Air or Water



Saliva, Sweat, Tears
Closed-mouth Kissing



Insects or Pets



Sharing Toilets, Food or drink

- Saliva
- Tears
- Sweat
- Feces
- Urine

Preventing Injection-Related Transmissions

- Access to new syringes and other injection equipment (water, cooker, cotton, etc.)
- Safe disposal
- Access to drug treatment
- Other harm reduction strategies:
 - Medication assisted therapies
 - Safer injecting practices
 - Opioid overdose prevention

Syringe Access in NYS

- Syringe Exchange Programs (SEP)
- Expanded Syringe Access program (ESAP)
- Syringe Prescription
- NYS Safe Sharps Collection Program
- ‘The Point’

Preventing Sexual Transmission

- Awareness of HIV status
- Use of barrier protection
- Screening and treatment for sexually transmitted infections
- Biomedical interventions – PEP and PrEP
- Other harm reductions strategies

Barrier Protection

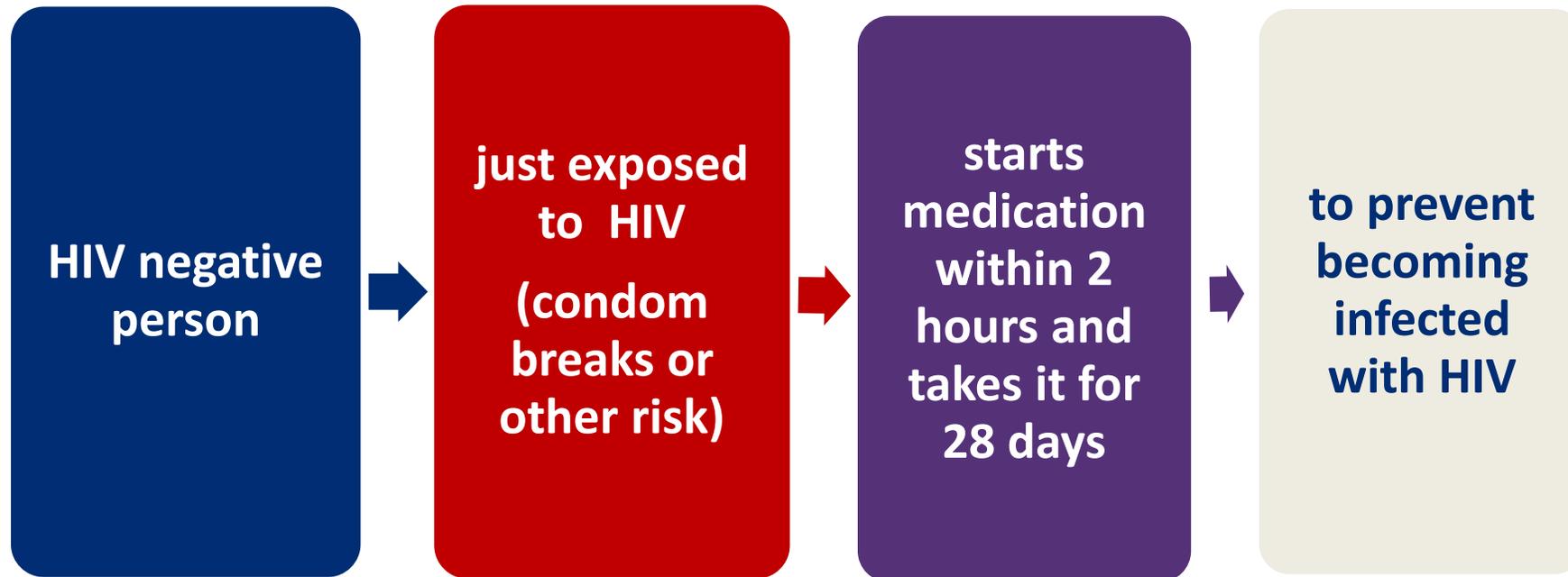


External condom



Internal condom

Post-Exposure Prophylaxis(PEP)

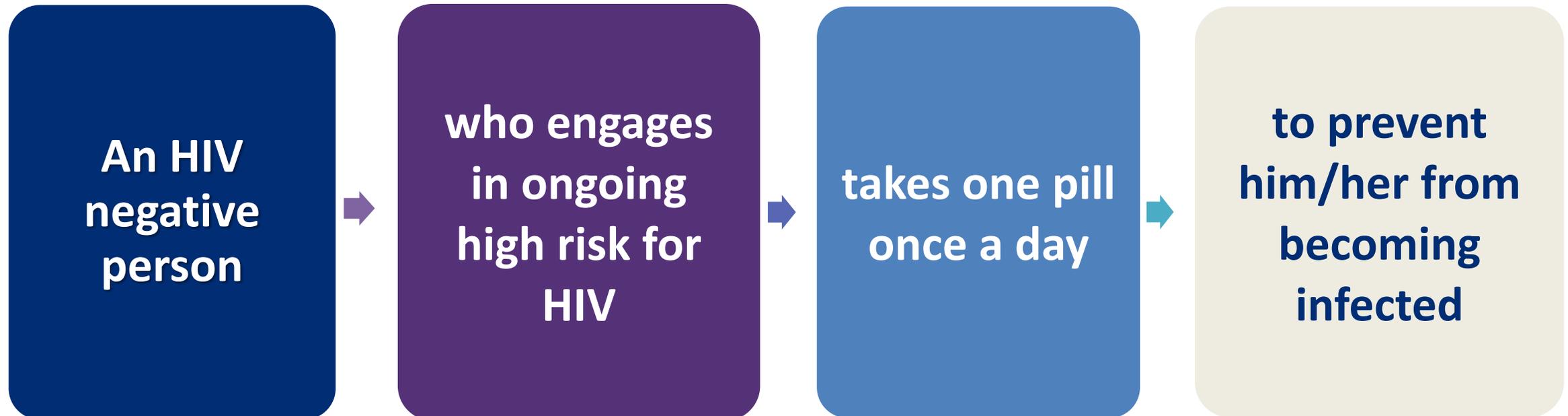


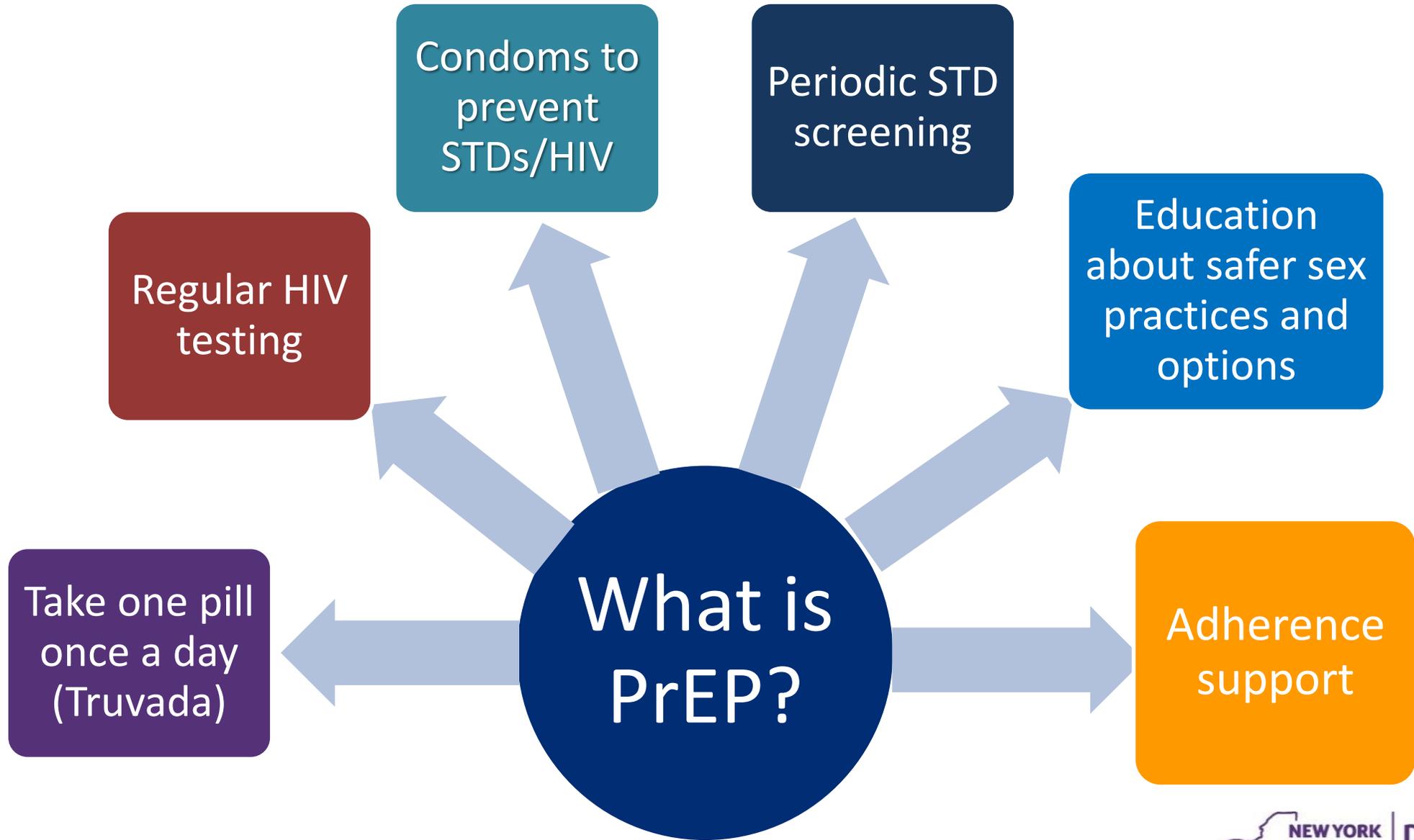
Initiate PEP as soon as possible, ideally within 2 hours, effectively within 24 - 36 hours and with diminishing efficacy between 36-72 hours. PEP is not initiated after 72 hours.

NYS Clinical Guidelines: <http://www.hivguidelines.org/>

Pre-Exposure Prophylaxis (PrEP)

PrEP is a comprehensive intervention that should be discussed with HIV negative individuals who have ongoing high risk for HIV.



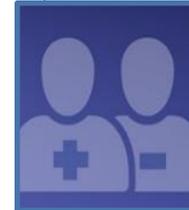


Who should have access to PrEP?

PrEP is only for people who are HIV negative



Men and transgender women who have unprotected anal intercourse with men



Someone in a sexual relationship with an HIV positive partner



People who inject substances including hormones



Individuals who engage in high-risk behaviors



People who have been diagnosed with an STI in the past 12 months



People who have been prescribed multiple courses of non-occupational post-exposure prophylaxis (nPEP)

Role of Health Homes: Preventing HIV Transmission

- Incorporate questions about sexual and substance use practices into intake, assessments and service planning
- Increase clinical and non-clinical staff knowledge about PrEP and PEP
- Educate patients about a range of HIV prevention and risk reduction options
- Assist patients in accessing prevention services, including condoms, sterile syringes, PrEP, PEP, treatment for sexually transmitted infections



The Starting Point

HIV TESTING & RISK ASSESSMENT

Importance of Early Diagnosis of HIV

Allows for initiation of HIV treatment

Improves patient health outcomes

Reduces transmission to partners

HIV Testing is the Starting Point

Everyone should know their status

If a person is not living with HIV,
he or she can learn how to stay
that way



PrEP/PEP



**Other
Prevention
Services**

If a person is living with HIV, he
or she can learn about
treatments and ways to stay
healthy



**HIV
treatment**



**PrEP for
Partners**

NYS HIV Testing Law: 2016 Update

- Requires most health care providers/ health care settings to offer HIV testing at least once as a part of routine care to all persons aged 13 and older
- Requires that a person be advised an HIV-related test will be performed and that they may decline the test
- Removed provisions requiring written or oral informed consent for an HIV-related test in all settings
- If testing results in diagnosis of HIV, the provider is required to make the appointment for follow-up medical care
- Authorizes data sharing of HIV-related information between Local and State health departments and healthcare providers for the purpose of linkage and retention in care

The Offer of HIV Testing: How Often?

- Once as a part of routine care to all patients
- Annually to patients whose behavior indicates elevated risk
- As often as every three months to patients having unprotected anal intercourse or sharing drug injection equipment

Partner Services (PS): Critical Service

- With skilled assistance, people living with HIV will identify partners and provide information needed for notification
- Evidence Based Intervention
- PS Specialists inform partners of exposure to HIV without sharing any identifying information
- Offer HIV testing in the field to partners

Partner Services identify a significant number of new infections each year

This results in linkage to care for diagnosed partners and prevention of subsequent transmissions of HIV

Maintaining Zero Mother to Child Transmission

- Provide routine HIV testing to all pregnant women in the first and third trimester
- Assure access to care and supportive services
- Start HIV treatment as early as possible in the pregnancy for women living with HIV
- HIV medication to the mother during the birthing process
- HIV medication to the exposed infant for 6 weeks after birth and follow-up with diagnostic testing of the infant
- Counsel about avoiding breastfeeding

Role of Health Homes: HIV Testing

- Educate patients about the importance of knowing their HIV status
- Incorporate questions about risk into intake, assessments and plans of care to identify patients in need of more frequent testing
- Link patients with diagnosed HIV to medical care and address barriers to engaging in care
- Ensure newly diagnosed patients are referred to Partner Services
- Work with the care team to ensure the medical records of a pregnant woman with HIV are forwarded to the birthing facility



Linkage, Retention and Adherence

HIV TREATMENT & VIRAL SUPPRESSION

HIV Treatment

- Promote normal lifespan for people living with HIV
- Improves health and quality of life
- Reduces:
 - Hospitalizations
 - Opportunistic infections
 - Drug resistance
- Can help put an end to AIDS-related mortality

HIV Treatment

Clinical guidelines state that all patients diagnosed with HIV should be offered HIV treatment

For the majority of patients, once ART is introduced:

- Viral load decreases to very low or undetectable levels within weeks
- CD4 cell count increases to near normal levels (greater than 450)

HIV Treatment Reduces Likelihood of Sexual Transmission of HIV

- **HPTN 052**
 - Early initiation of HIV treatment resulted in a 96% reduction in new infections among partners
- **PARTNER study**
 - Looked at the risk of HIV transmission when viral load is undetectable on HIV treatment (ART).
 - No HIV transmissions observed after nearly 900 couples had sex without condoms more than 58,000 times.

Treatment Adherence

- Taking the correct medications
- Taking medications **at the prescribed time** every day (on schedule)
- Taking the **full dose** as prescribed
- Following any **food restrictions**
- Avoiding herbs, supplements and other medications that cause interactions

Why Adherence Matters

- In order to stop HIV from reproducing, the proper amounts of medication must get into the body
- Specifically, the drug needs to be at the proper level in the blood
- If the concentration is allowed to drop, HIV will reproduce without anything to stop it
- If this occurs too often, HIV can mutate and develop resistance to ART medications

HIV Treatment-Thinking About the Whole Person

HIV Treatment

- Very effective
- Easy to take - Many people on once a day regimens
- Well tolerated with few or manageable side effects

Other Medical Issues

- People with HIV may have other health issues as well
 - Mental health and substance use issues
 - Co-morbidities related to aging (heart disease, diabetes, arthritis, etc.)

Treatment adherence activities should take the needs of the whole person into consideration

Reasons Patients Miss Doses



- Individual challenges
 - Distrust of medicine/health care system
 - Mental health or substance use
 - Work/travel schedules or Family responsibilities
 - Lack of social support
- Structural challenges
 - Gaps in insurance
 - Financial problems
 - Lack of stable housing
 - Incarceration
 - Stigma

Monitoring HIV Treatment

- **HIV Viral load**

- Measures the amount of HIV in ml of blood
- **Undetectable**: when the amount of HIV in the blood falls below a level the test can detect. **Goal of HIV treatment**
- Usually, become undetectable within 8 weeks of treatment

- **CD4 count**

- Measures an immune system cell (CD4) in a ml of blood
- Indicates the strength of the immune system
- Normal range is between 700 and 1500

Some Patients Need More Intensive Care

- Circumstances that increase the need for contact with the health care provider might be:
 - changes in medication
 - side effects
 - potential resistance to medications
 - changes in the life of the individual—travel, hospitalization, illness
 - adherence concerns

What promotes treatment adherence?

- Teamwork on behalf of providers
- Understanding dosing schedules
- Positive communication with providers
- Identify challenges
- Preparation for decreasing side effects
- Routine behaviors
- Social Support

Promoting Health Care Appointments

- Newly diagnosed individuals should see their medical provider more frequently, within one month of starting treatment and as often as quarterly, based on response to treatment
- Some individuals with HIV who have complex co-morbidities will require frequent visits as needed for effective medical management
- Individuals who are established in care with consistent viral suppression over time and no other complications may see their medical provider once a year

Why is Retention in Health Care Important?

Studies show that missed appointments are associated with worse health outcomes, including:

- Poor adherence
- Failure to suppress viral load
- Clinically significant drug resistance
- Increased hospitalizations
- Increased visits to the emergency room
- Death

Factors that increase Retention

- Engagement with patient
- Trust—of providers and systems
- Knowledge of HIV and treatment
- Appointment reminders
- Having a buddy—someone to go to appointments with
- Stabilized housing, mental health and substance use
- Health improvement

Role of Health Homes: HIV Treatment and Viral Suppression

- Ensure patients with HIV are linked to medical care for HIV and any other co-morbidities
- Assess and support treatment adherence in patients with HIV, addressing any barriers to adherence
- Assist patients in overcoming barriers that may prevent them from attending ongoing health care appointments, including medical visits and lab work
- Address psychosocial issues, promoting stable housing, nutrition, etc.
- Work as part of a team to educate patients about the importance of taking HIV medications consistently and helping them to monitor their viral load
- Help patients to avoid passing HIV to others by helping them to access syringe services, condoms, or other prevention services



Ending the Epidemic

RESOURCES FOR HEALTH HOMES

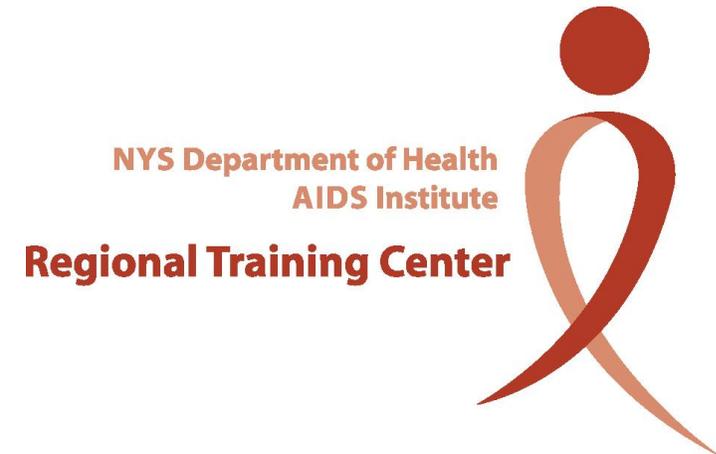
Provider Resources

Training for Clinicians



www.ceitraining.org

Training for Support Staff



www.hivtrainingny.org

Free Consumer Educational Materials

New York State Department of Health AIDS Institute

HIV, STD, Viral Hepatitis
Consumer and Provider Materials Order Form

<http://www.health.ny.gov/diseases/aids/general/publications/>

- HIV/ STD Transmission, Prevention and Awareness
 - Stigma, PrEP, PEP, Special Populations
- HIV Testing
- Pregnancy and Childbirth
- Living with HIV (treatment adherence, staying healthy)
- HIV/ STD Partner Services and Partner Notification
- HIV Uninsured Care Programs (ADAP)
- Harm Reduction for People who Inject Drugs
 - Syringe Access, Opioid Overdose Prevention
- Hepatitis