



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

AIDS Free Pittsburgh and Beyond: Building Your Collective Impact Model to End the Epidemic

Julia Och, MA – Jewish Healthcare Foundation

Stuart Fisk, CRNP, MSN – AHN Center for Inclusion Health

Deborah McMahan, MD – UPMC Center for Care of Infectious Diseases

Learning Objectives



- Review the AIDS Free Pittsburgh strategic plan and outcomes to date.
- Describe the elements of a collective impact model to end the HIV/AIDS epidemic.
- Describe the adaptation of RAPID linkage to care protocols in different clinical settings.

Presentation Outline



- AIDS Free Pittsburgh Overview and Structure
- Lessons Learned: Successes & Challenges
 - AHN Center for Inclusion Health
 - UPMC Center for Care of Infectious Diseases
- Questions & Answers

AIDS Free Pittsburgh Overview and Structure

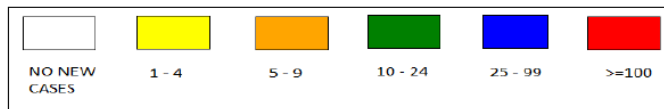
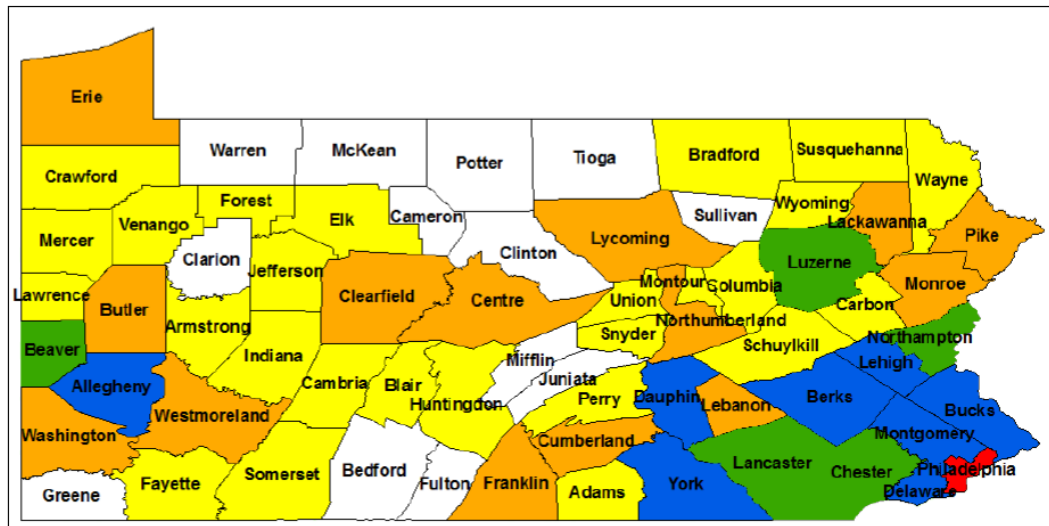


- History & background
- Project goals & structure
- Outcomes to date

AIDS Free Pittsburgh History & Background

- Allegheny County, PA
- Population: 1.2 million people

Figure 3: New Diagnoses of HIV Disease by County in Pa., 2017



Source: 2018 Annual HIV Surveillance Summary, Bureau of Epidemiology, Pennsylvania Department of Health

- Inspired by CROI - other ETE/EHE jurisdictions (NY, WA, SF)
- 2015: Project planning & launch: Test, PrEP, Link
- Key Supports
 - 5-year \$1.5 million joint funding pledge from AHN & UPMC
 - City & County Council Endorsement
- 2016: Dedicated staff hired

AIDS Free Pittsburgh Project Goals & Structure



Goals

- By 2020:
 - Reduce new HIV cases by 75%
 - Achieve zero new AIDS cases
- Objectives
 - Normalize routine screening
 - RAPID Linkage to Care
 - 95% Viral load suppression
 - High-risk HIV prevention
 - Build capacity for PrEP & PEP

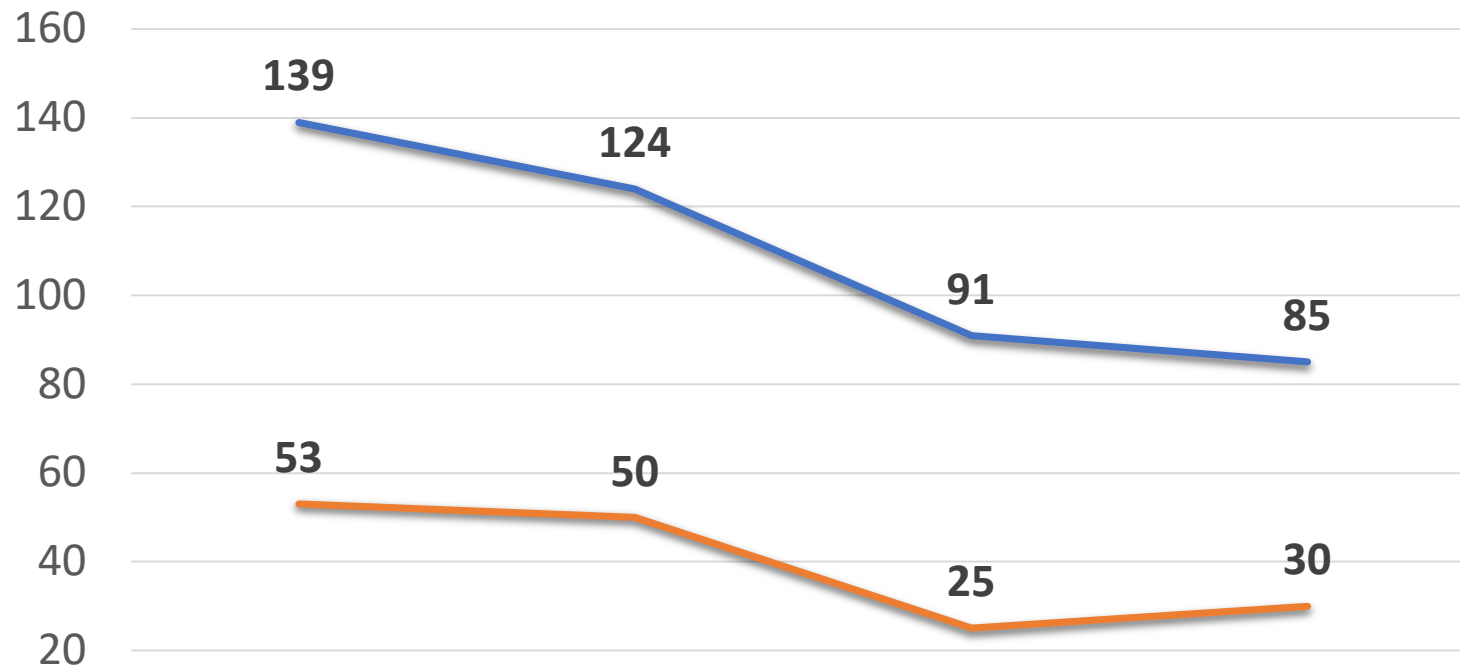
Project Structure

- Collective impact model
- Backbone organization: Jewish Healthcare Foundation (RW Part B SWPA Fiscal Agent)
- Advisory Group & Subcommittees
- Partner organization commitments to ETE

AIDS Free Pittsburgh Outcomes to Date



HIV & AIDS Cases in Allegheny County



	2015	2016	2017	2018
— HIV (#)	139	124	91	85
— AIDS (#)	53	50	25	30

From 2015 to 2018:

- New HIV cases decreased by 39%
- New AIDS cases decreased by 43%

Note: preliminary epi data indicates increase from 2018 to 2019

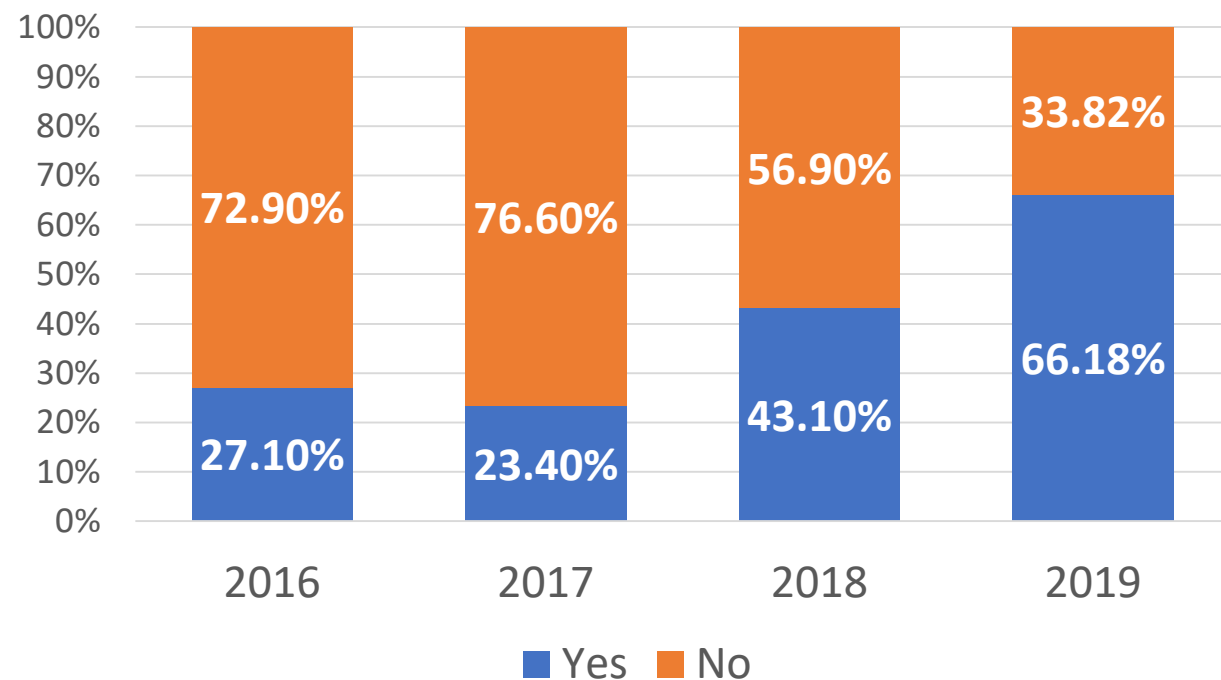
Source: 2018 Annual HIV Surveillance Summary, Bureau of Epidemiology, Pennsylvania Department of Health

AIDS Free Pittsburgh Outcomes to Date – PrEP



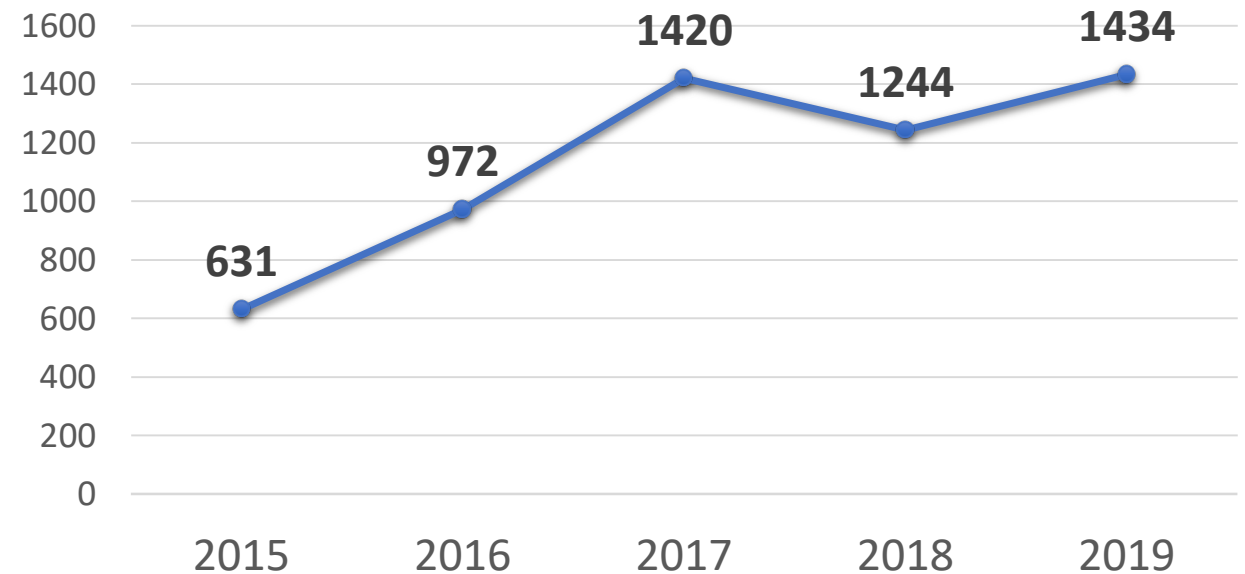
PrEP Awareness

Have you heard of PrEP?



PrEP Uptake

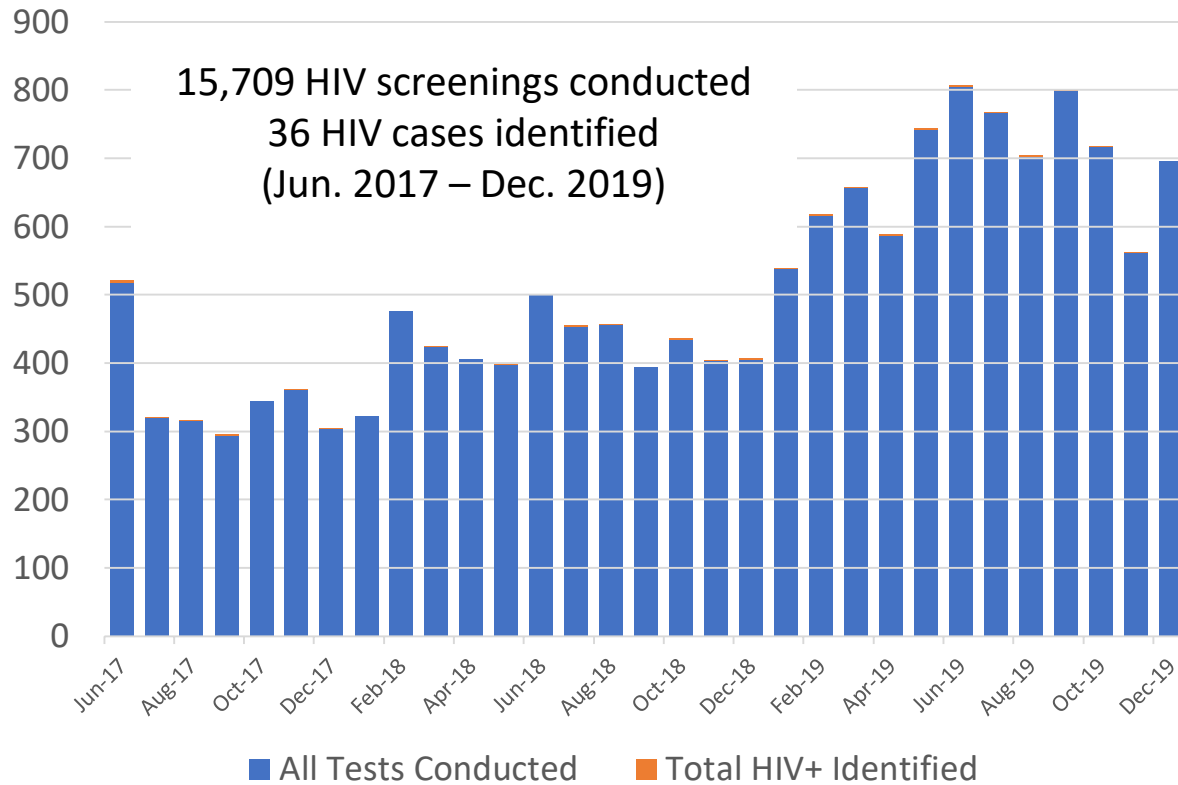
Health Plan Members with at least one PrEP Rx During the Calendar Year



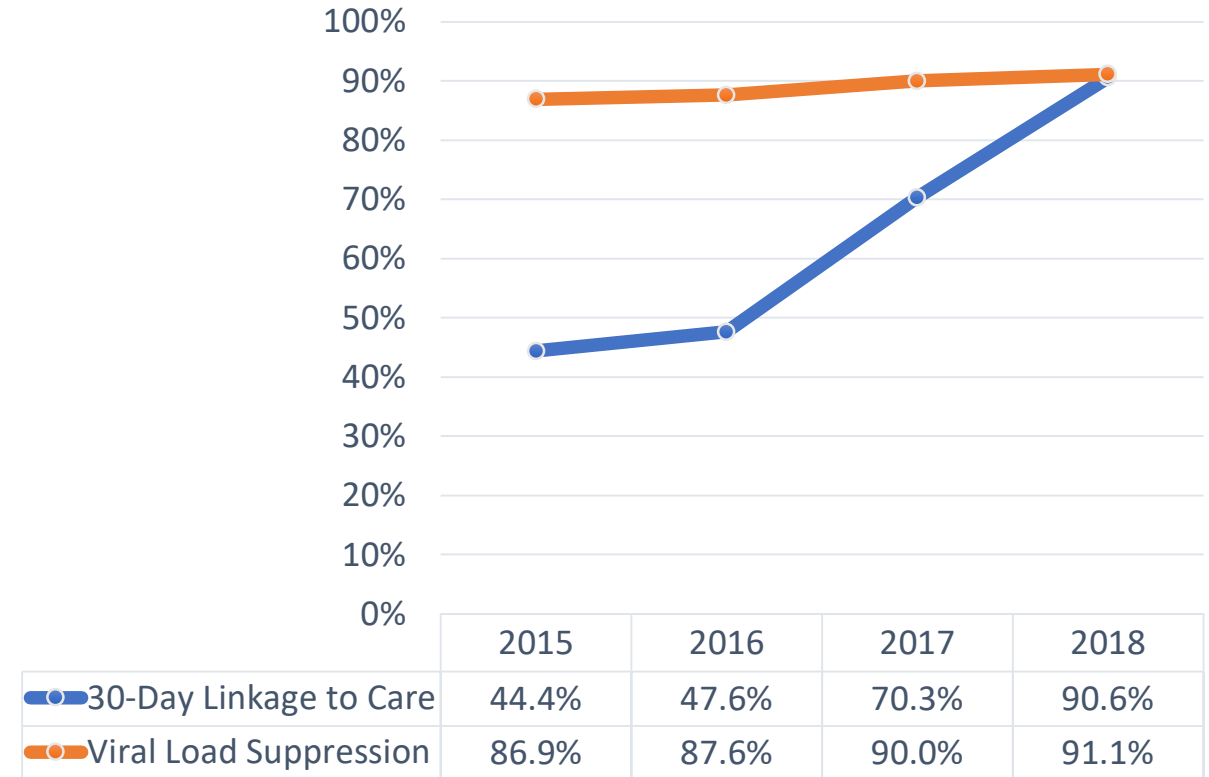
AIDS Free Pittsburgh Outcomes to Date – Test & Link



FOCUS Expanded HIV Screening (AHN & UPMC)



Linkage to Care & Viral Load Suppression (Ryan White Clinic Average Rates)



AHN Lessons Learned: Successes & Challenges



Allegheny
Health Network

- FOCUS HIV screening program (ED)
- RAPID linkage to care adaptation from the SF training & subsequent protocols

FOCUS Project Overview



The Center for Inclusion Health was awarded a grant from Gilead Sciences called the FOCUS (Frontline Of Communities in the United States) Project to implement routinized HIV and Hepatitis C testing. We are currently in year 3 of the grant.

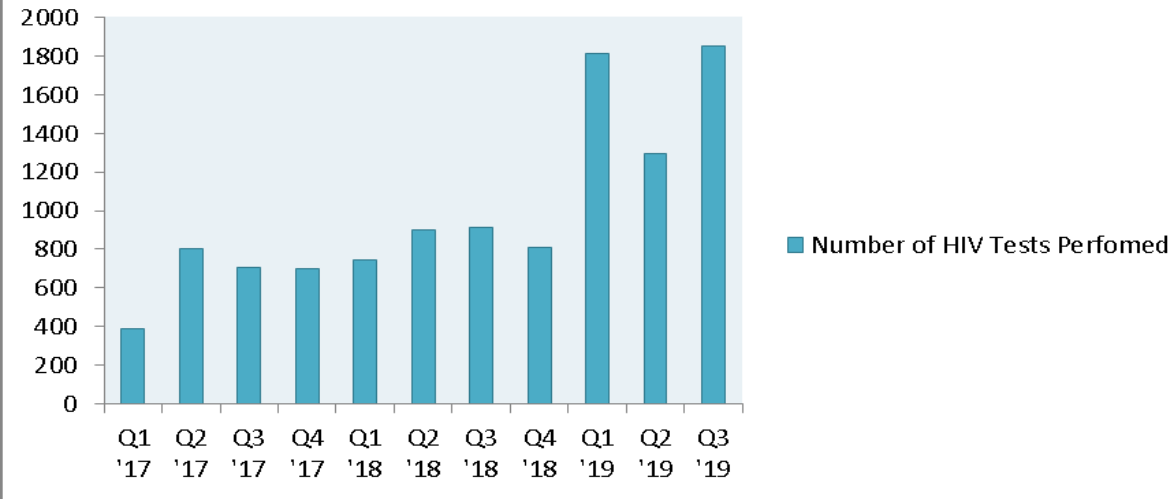
The goals of the FOCUS Project:

- Integration of routine HIV/HCV testing into normal clinical workflow.
- Effective linkage to care and follow-up for patients who test positive for HIV/HCV.
- Establish an organization-wide commitment to implement routine testing and linkage to care.

Testing Sites:

- AGH Internal Medicine Resident Clinic and one Federally Qualified Health Center – create model for integration of HIV/HCV screening in to Primary Care through modification of EMR
- Two AGH Emergency Departments – establishment of a nurse driven process for ED screening in Triage

Number of HIV Tests Performed- By Quarter and Year



- From 2017 to 2019, the FOCUS program at AHN conducted over 11,000 HIV tests across our testing sites, identifying 33 cases of HIV in total- 24 new diagnoses.
 - 27 cases identified in the ED, 6 cases in Primary Care clinics
- All tests conducted were blood draws- HIV AG/AB 4th Gen with Reflex to Multispot Confirmation

HIV Screenings in EDs



- ED eligible patients for HIV screenings:
 - CDC guidelines (13-64 years old)
 - Has not been tested in the past 12 months
 - Does not already have HIV diagnosis
- Screening is a nurse driven protocol. Best Practice Alert is built into the EPIC triage narrator flow sheet and patient is given simple handout with needed information about testing
 - Opt out model with informed consent documented in record.
- If the patient does not decline screening, triage nurse places the order for the labs and the HIV and/or Hepatitis C screening will be drawn with other blood work orders in the department.
 - Charges for uninsured patients are covered by the program so no bill to patient is generated
 - Provider signs the order in EPIC
- All HIV+ patients are referred directly to the Positive Health Clinic's dedicated RAPID line

Why Expand Routine HIV Screenings to EDs?



Case study “Emma” diagnosed???

- Patient is a cisgender heterosexual female in her 30s
- Engaged in both Primary Care and OB/GYN (Seen by both in 2019- not offered HIV screening at either visit)
 - Patient had one pregnancy in previous years - was screened for HIV at that time
 - Result of that screening was nonreactive
- Presented to the Emergency Department (2019)
 - Chief complaint was an orthopedic injury
 - Patient consented to routine HIV and Hepatitis C screening during her visit
 - Admitted for observation
 - Routine bloodwork confirms this patient is **HIV positive**
 - CD4 count at time of diagnosis is extremely low- New AIDS Diagnosis

Patient linked via a RAPID ART program, seen within 5 days of diagnosis

HIV Screenings in Primary Care



- Resident Primary Care Clinic started implementing routine HIV/HCV screenings in 10/2016
 - Screened over 2,000 patients for HIV
 - 6 new PLWH identified; 6 successfully linked to treatment
- Current interventions:
 - HIV/HCV screenings available in Health Maintenance tool, used by the health coaches in the clinic
 - Orders should be pended in patient's chart before visit, and signed at time of visit, if patient consents to screening
- Challenges:
 - Integration into workflow
 - Provider driven protocol
 - MA's cannot legally get verbal consent for testing; Nurses do not see every patient
 - Turnover in residency clinic
- Next Steps
 - Written consent for point of care testing performed by resident
 - Implementing "opt-out" script

AHN Rapid Project



- From March 2017 through May 2019, 53 patients were enrolled in the RAPID program
- 18 (34%) of these patients had an AIDS diagnosis at time of intake
- 100% of patients accepted same-day HIV medication at their initial clinic visit
 - 7 day supply of ART was provided to each patient regardless of insurance
 - 1-4 day follow up call with each patient with a care team member after their medical visit
- Average time to viral load suppression (VLS) was 48.5 days
- At one year after RAPID program , 100% of those retained in care¹ (n=31) remained virologically suppressed (VL < 200 copies)
- ¹Two patients moved out of state

AHN Rapid Expansion



Looking for a Referral For HIV/AIDS Care...
 Allegheny Health Network's HIV Specialty Provider

POSITIVE HEALTH CLINIC

Simple Engagement *Exceptional Care*

2 Methods of Referral

EPIC Referral

Ambulatory Referral to Positive Health Clinic

Direct Referral Line

412-398-6768

-OR-

Hello! Patient scheduled for first appointment within 72 hrs

Patients Receive HIV Medication at First Appointment

Patients Typically Reach Suppression 50 days from Initial Clinic Contact

Ryan White HIV/AIDS Program Recipient

Wholistic Integrated HIV & Primary Care

Transportation Assistance Across SW Pennsylvania

Financial & Medication Support for Eligible Patients

93% Achieved Viral Suppression

99% Patients Prescribed HIV Treatment

POSITIVE HEALTH CLINIC
 1307 Federal St.
 Suite B110
 Pittsburgh, PA 15212
 Main Line: (412) 359-3360

Ambulatory Referral to Positive Health Clinic ✓ Accept ✗ Cancel

Class:

Referral: Override restrictions

To provider:

To prov spec:

To dept:

Reason: **Specialty Services Required** Second Opinion Patient Preference

Priority: **Routine** Urgent Elective

Status: Standing **Future**

Expected Date: **Today** Tomorrow 1 Week 2 Weeks 1 Month 3 Months 6 Months Approx.

Expires: 1 Month 2 Months 3 Months 4 Months **6 Months** 1 Year

Additional Comments: *For new HIV diagnoses, please call for same day assessment: 412-398-6768. For transfer or reengaging patients, please call: 412-359-3360...*

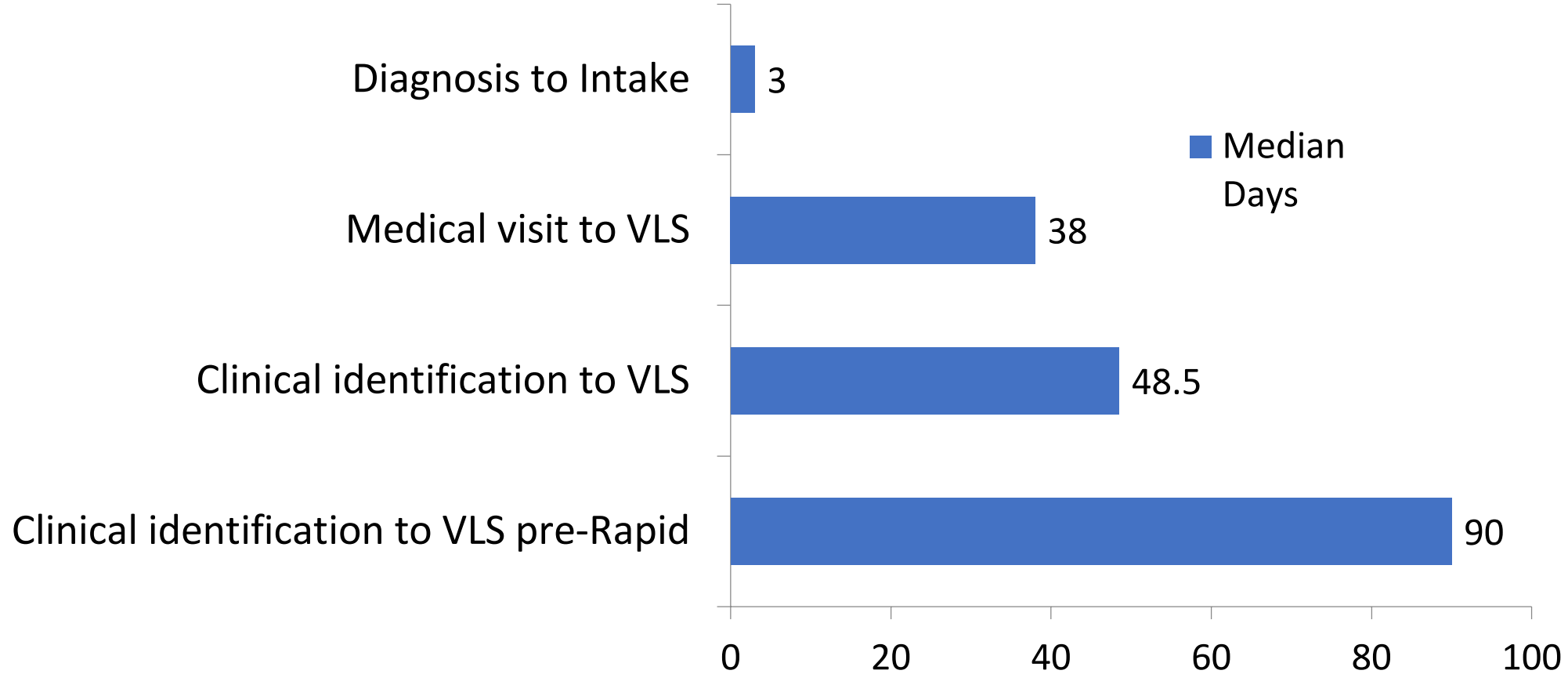
Educate – quarterly meeting presentation on Rapid program to >400 primary care providers in health system as well as to community providers through MAETC.

Quality Improvement -Calling referring providers & closing the loop

Utilize EHR: Creating a referral that is simple and creates easy hand-off

AHN Rapid Project Data

March 2017-May 2019

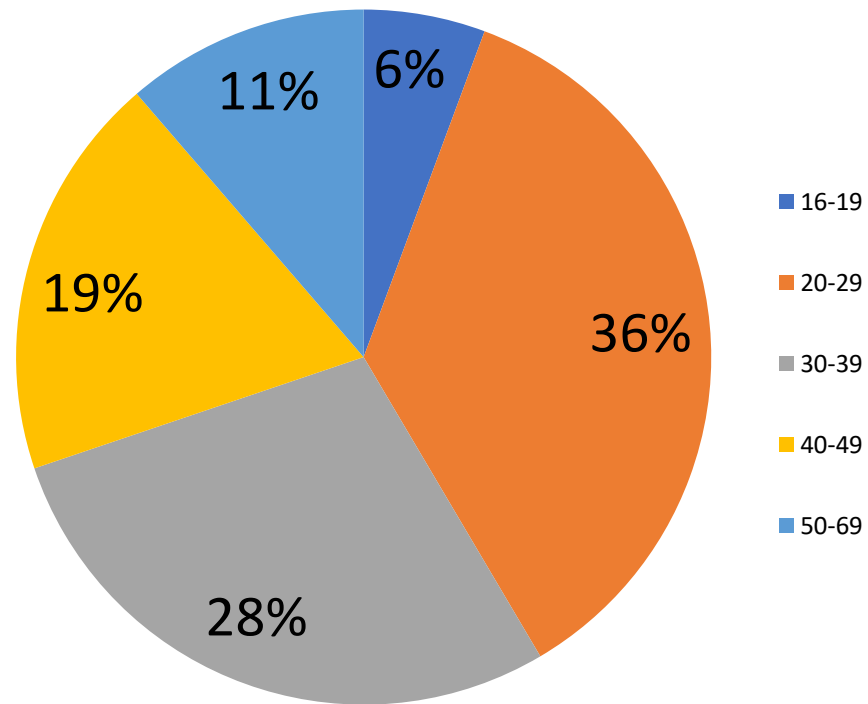


VLS – viral load suppression <200 copies

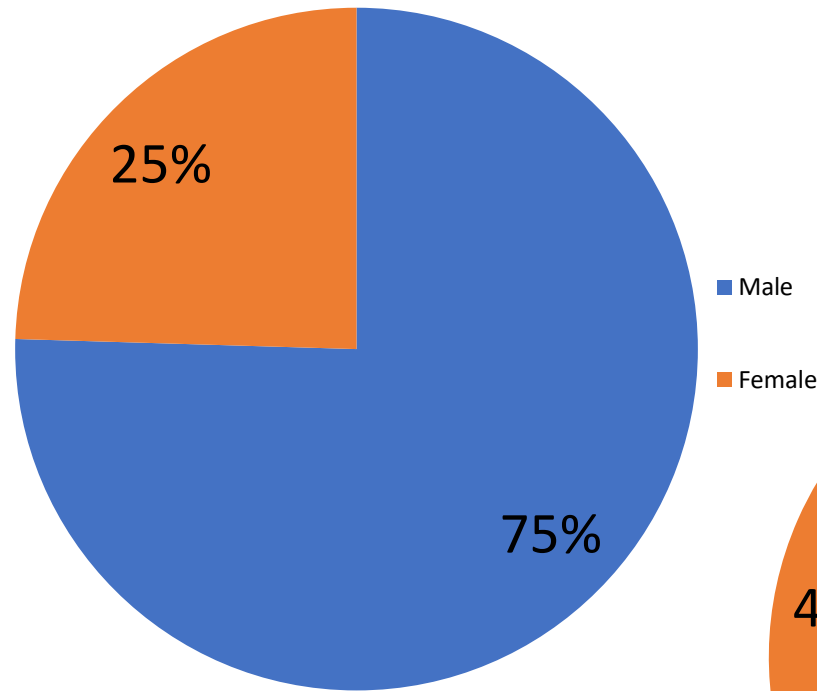
AHN Rapid Project Data

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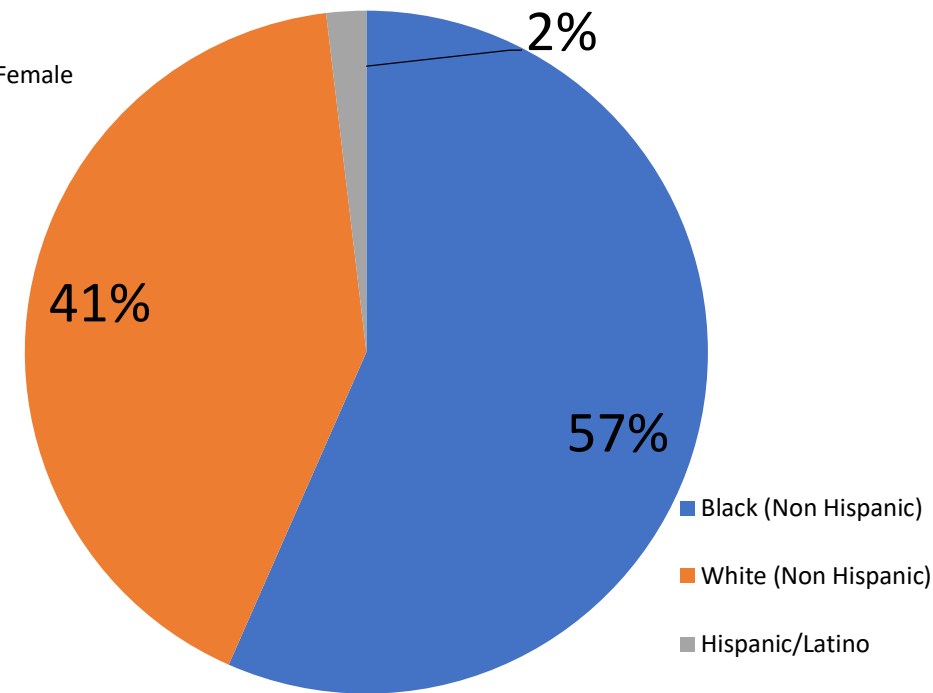
Age At Intake (n=53)



Sex (n=53)



Race/Ethnicity (n=53)



AHN Rapid Program Challenges



- Lack of routine HIV screening – many dx with HIV with AIDS had PCP for 20+ years with access to information about risk and red flags for HIV infection
- Provider referrals in a timely manner – patient made responsible for research & referral to HIV care
- Management of complex co-morbid conditions
- Late-stage diagnosis – e.g. *young* hospitalized patients intubated with PJP
- Decline in testing given COVID-19 pandemic
- Change in engagement with new patients in COVID-19 pandemic – lack of full staffing / change in care model
- New clinical research trials for treatment naïve – enrollment can delay rapid initiation – what is the best approach?

UPMC Lessons Learned: Successes & Challenges



- FOCUS HIV screening program (inpatient)
- Challenges around increasing PrEP access
- RAPID linkage to care adaptation from the SF training & subsequent protocols

FOCUS HIV Screening Program



- Implemented in the inpatient setting
 - Emergency room declined to participate citing acuity of care, volume, staffing
 - Patients approached by admitting physician
 - Patients may decline testing
- Required building an order set into the EMR with alerts
- Must document consent to order HIV testing

HIV Alert for Providers



- **Alert will pop up when signing orders**
 - Beginning 6 hr after admitted, includes Rehab.
 - Stopping after 3 days.
 - On patients born in 1945 or younger, but must be at least 18yr.
 - Will only alert once per user per patient per 24hr.
 - Will not alert if HIV is on the Problem List.
 - Will not alert if an HIV order has been placed on the encounter.
 - Will not alert if Patient Does Not Want HIV Screen order has been placed on the encounter.
 - Will not alert if there has been a result posted on any of the following in the past 2 years:
 - HIV 1 Antibody
 - HIV AG/AB 4th Generation
 - HIV-1/HBV/HCV NAT
 - HIV VIRAL LOAD


FOCUS HIV Screening Challenges



- As of Sept 2019, 14 individuals found to be HIV-positive (3 female)
 - Two had positive previous tests but were out of care
 - Four had negative previous HIV tests
 - Eight had no previous HIV tests
 - All linked to HIV care upon discharge
- Next steps
 - Analyzing data to address barriers, missed opportunities
 - Why do patients decline testing?
 - Why are some patients documented as not asked?
 - Readdress testing in ED (COVID-19 complication)

Access to PrEP Challenges

- Stigma
 - Community engagement to address experiences of community and elicit feedback
 - Further research on micro-aggressions experienced by patients in the community and healthcare setting.
 - Positive community messaging surrounding HIV prevention using billboards, bus stops, etc.
- PrEP in minors – PA law vague regarding whether adolescents can consent to provision of PrEP
 - Collaboration with University of Pittsburgh law school to propose changes to current statutes specific language to protect both patients and providers
 - Discussion with State HIV Planning Group to outline strategy moving forward



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Access to PrEP Approaches



- Limited appointment availability
 - PrEP expanded to all providers, appointments M-F including urgent care clinic
 - Telehealth options
- “Purview Paradox” – PCPs consider PrEP to be out of their purview
 - AFP/MAAETC developing educational programs to teach PCPs to prescribe PrEP
 - PrEP Toolkit pdf, 1 on 1 Lunch and Learn, 15-minute video lectures on prescribing PrEP
 - Magee-Womens Hospital creating a program to prescribe PrEP in outpatient OB/GYN clinics

**AIDS FREE
PITTSBURGH**

AN ALLEGHENY COUNTY INITIATIVE

PrEP Toolkit for Providers

A Resource Guide about Pre-Exposure Prophylaxis

This PrEP resource guide was developed by the AIDS Free Pittsburgh PrEP Subcommittee

Ken Ho, MD, MPH University of Pittsburgh	Mackey Friedman, PhD, MPH University of Pittsburgh	Stacy Lane, DO Central Outreach Wellness Center
Sean DeYoung, MSW, LCSW Allies for Health + Wellbeing (formerly Pittsburgh AIDS Task Force)	Jason Herring, MBA, MPH Allies for Health + Wellbeing (formerly Pittsburgh AIDS Task Force)	Valerie Stalworth, MPH Allegheny County Health Department
Linda Rose Frank, PhD, MSN, ACRN, FAAN MidAtlantic AIDS Education and Training Center University of Pittsburgh	Chiu-Bin Hsiao, MD Allegheny Health Network	Stephen R. Wolfe, DO, MPH, AAHIVS Forbes Family Medicine, AHN
	Sherri Karas, MEd University of Pittsburgh	

<https://bit.ly/AFPPrEPToolkit2020>

Access to PrEP Approaches



- Lack of insurance
 - Implementation of AFP2, use of Gilead Expanded Access Program
 - Consultation with SW to explore options for coverage
- Medical mistrust in communities disproportionately impacted by HIV (trans, people of color, youth)
 - Creation of non-judgmental, sex positive clinic environment
 - Community engagement – providers have given educational sessions, focus groups, participate in events such as Pride, ball events to show solidarity and support
 - *Project Silk*: community-based delivery of PrEP using telehealth platform
 - Recruitment of providers who are members of the target population
 - Established HIV track in residency training program (SPNS Workforce Capacity Initiative)

RAPID Linkage to HIV Care



- Delayed linkage - major barrier to “Treatment as Prevention”
- Approaches
 - See all new or returning to care PWH same day/within 24 hours
 - Established a “hot line” for referring agencies to facilitate new patient appts
 - Placed “hot line” phone number with HIV antibody results within our EMR
 - Changed algorithm for Health System Central Scheduling – all new patients immediately referred to nurse coordinator for rapid appointment
 - Engaged clinicians, SWs, schedulers, (‘all hands’), to implement

¹ Fauci et al. *JAMA*. 2019;321(9):844-845

RAPID Linkage to Care Challenges



- Unnecessary confirmatory testing by PCP (sending viral loads)
- Delayed linkage to care following hospital discharge
- Decline in HIV testing due to COVID-19 pandemic
- Denial, not ready to seek HIV care
- Comorbidities

Results in 2020: All newly-diagnosed patients (n=4) referred to us linked to care w/in 30 days, started on ART at 1st visit; seen for follow-up in 30 days.

Lessons learned: requires commitment at all levels from scheduling team to physicians; good communication with stakeholders

Questions & Answers

Stuart Fisk, CRNP, MSN
stuart.fisk@ahn.org

Deborah McMahon, MD
mcmahond@pitt.edu

Julia Och, MA
och@jhf.org