

**CENTRO
ARARAT**
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Ending the HIV Epidemic in Puerto Rico: Truths, Challenges, and Hopes (16254)

**2020 National Ryan White
Conference on HIV Care & Treatment**

Centro Ararat, Inc. Ponce, PR

Speakers

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Learning Objectives:

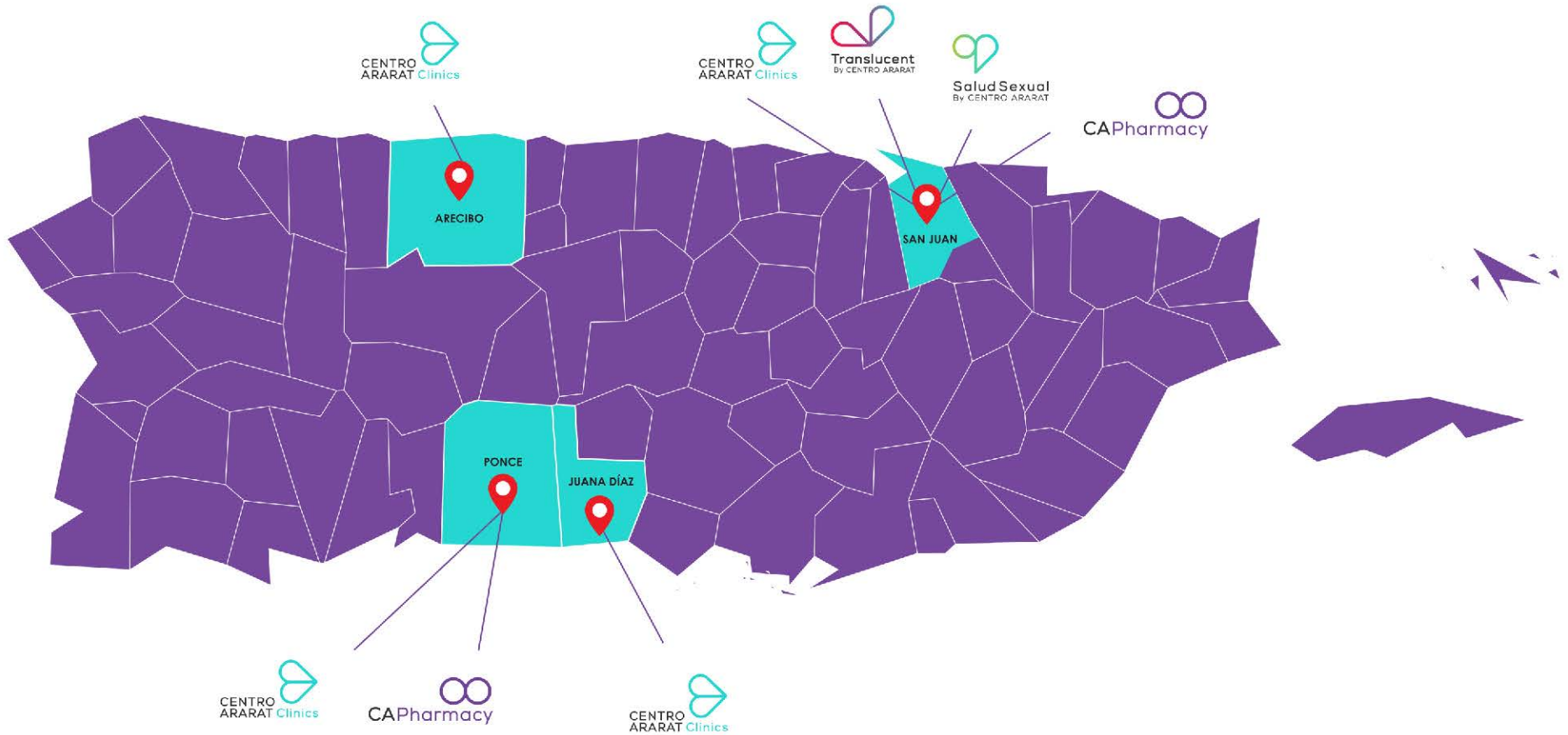
- 1 To understand peripheral aspects that affect HIV continuum of care, including a robust component of sociocultural/economic and policy.
- 2 To analyze effects of social determinants in the perception of apparent control of the HIV acquisition and further strategies in treatment and adherence.
- 3 To enforce importance of education and prevention efforts in the long-term goal of ending the HIV epidemic.

About us:

- **Centro Ararat, Inc.**, is a non-profit private institution with a mission to provide access to comprehensive community-based primary care, mental health care, preventive healthcare and support services for diverse populations in underserved communities throughout Puerto Rico.
- Founded in Ponce, Puerto Rico in 2001.
- Programs:
 - RWHAP Part A, B, C & F (SPNS) Provider
 - RWHAP Part C funded since 2014
 - 4 Primary Care Clinics, 2 Special Care Clinics, 2 Pharmacies (340B)



CA Locations



Integrated clinical care for any patient in need of excellent primary health care and a healthy sexual life.



Social Determinants of Health

- Despite advances in diagnostic and therapeutic techniques, social determinants of health in Puerto Rico continue to affect HIV **prevalence**, **morbidity**, and **mortality**.
- Development of a plan to end the HIV epidemic requires a **clear strategy**, **measurable goals**, and **assessment tools** that PLWH service providers can implement.
- Vulnerability to HIV infection may be increased by specific social determinants of health, which also affect **lack of adherence to safe sexual behavior** and **access to antiretroviral therapy (ART)**.

Social Determinants of Health⁽¹⁾



The history and development of the HIV epidemic in **Puerto Rico** is unlike the rest of the United States.



The epicenter of the epidemic was in the community of **intra-venous** drug users and their partners.

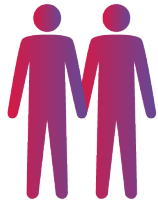
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Thus, **nearly half** of persons living with HIV in Puerto Rico have shared needles for drug use or have partnered with an IV substance user.

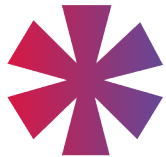
Social Determinants of Health⁽²⁾



One quarter of the persons living with HIV in Puerto Rico are **women**.



And only one quarter of the persons living with HIV in Puerto Rico are **Men who have Sex with Men (MSM)**.



This demography of the epidemic **requires** a multi-pronged approach to outreach, testing, linkage to care and retention in care.

How Does CA Work With Determinants of Health?

- CA adapts its practices to Puerto Rican **culture** and characteristics of communities of persons who share needles, women and MSM in Puerto Rico.
- Removing **barriers** that each segment of the population of PLWH faces, in order to access and receive HIV prevention and treatment, is **KEY!**

How Does CA Work with Determinants of Health? ⁽²⁾

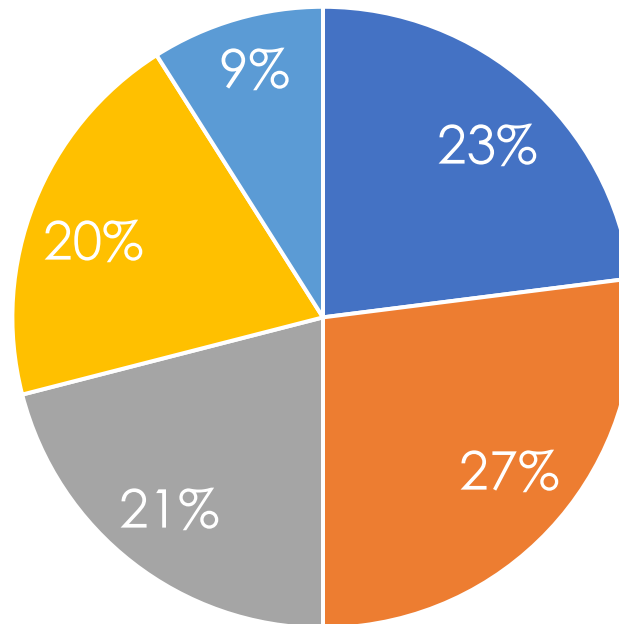
Understand the needs and offer services that improve quality of life for PLWH, meeting them where and as they are:

- AIDS Drug Assistance Program,
- Early Intervention Services (EIS),
- Assistance in the payment of coinsurance and support in the dollar amount of medical services not covered by the applicable primary medical plan,
- Home and Community Health Services,
- Home Health Care,
- Management of Medical Cases and Treatment Adherence Services,
- Nutritional Medical Therapy Services, Mental Health Services, Oral Health Care, Outpatient Health Services,

- Medication-Assisted Treatment for Substances users,
- Emergency Financial Assistance,
- Health Education / Risk Reduction,
- Language Services,
- Medical Transport,
- Non-Medical Case Management,
- Community Outreach Services,
- Housing Services,
- Home Appliance Assistance Services,
- Other Medical and Support Services, among others, remove the barriers that PLWH possesses.

Who Does CA Serve? 2019 RWHAP Service Report⁽¹⁾

Distribution by Age Range – CA Patient Population (2019)



■ 60 years plus

■ 50- 59 years

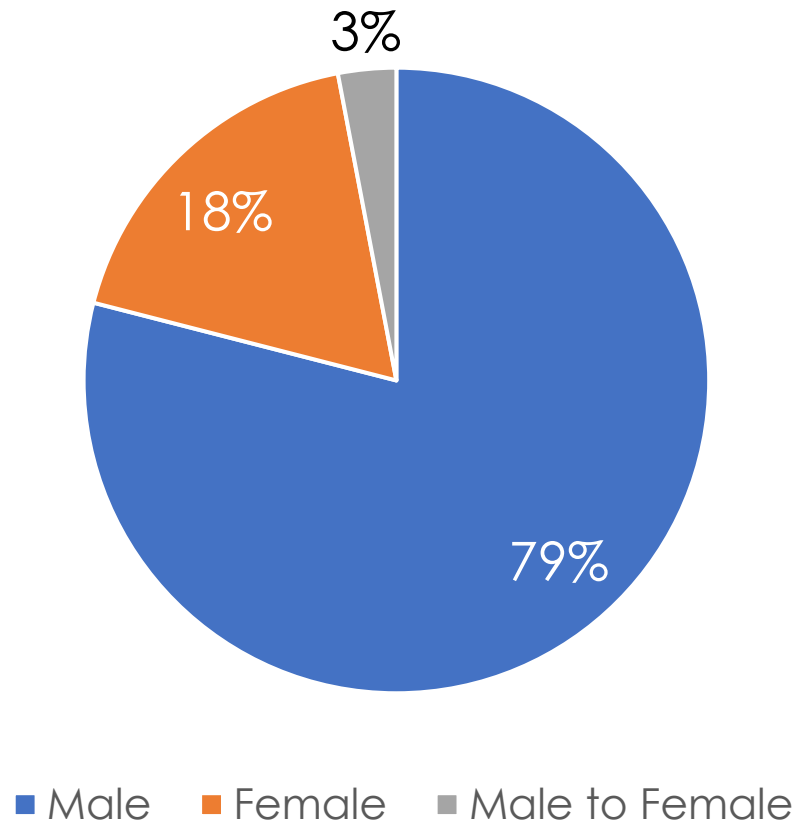
■ 40-49 years

■ 30-39 years

■ 20-29 years

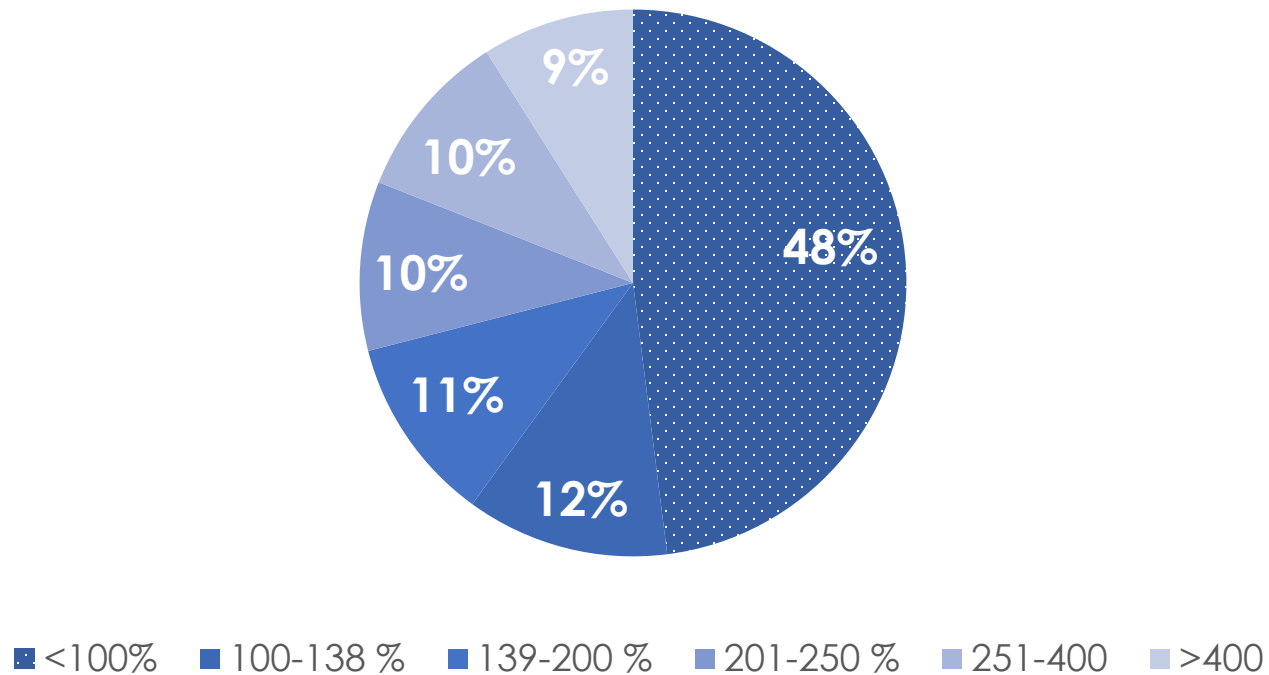
Who Does CA Serve? 2019 RWHAP Service Report⁽²⁾

Distribution by Gender – CA Patient Population (2019)



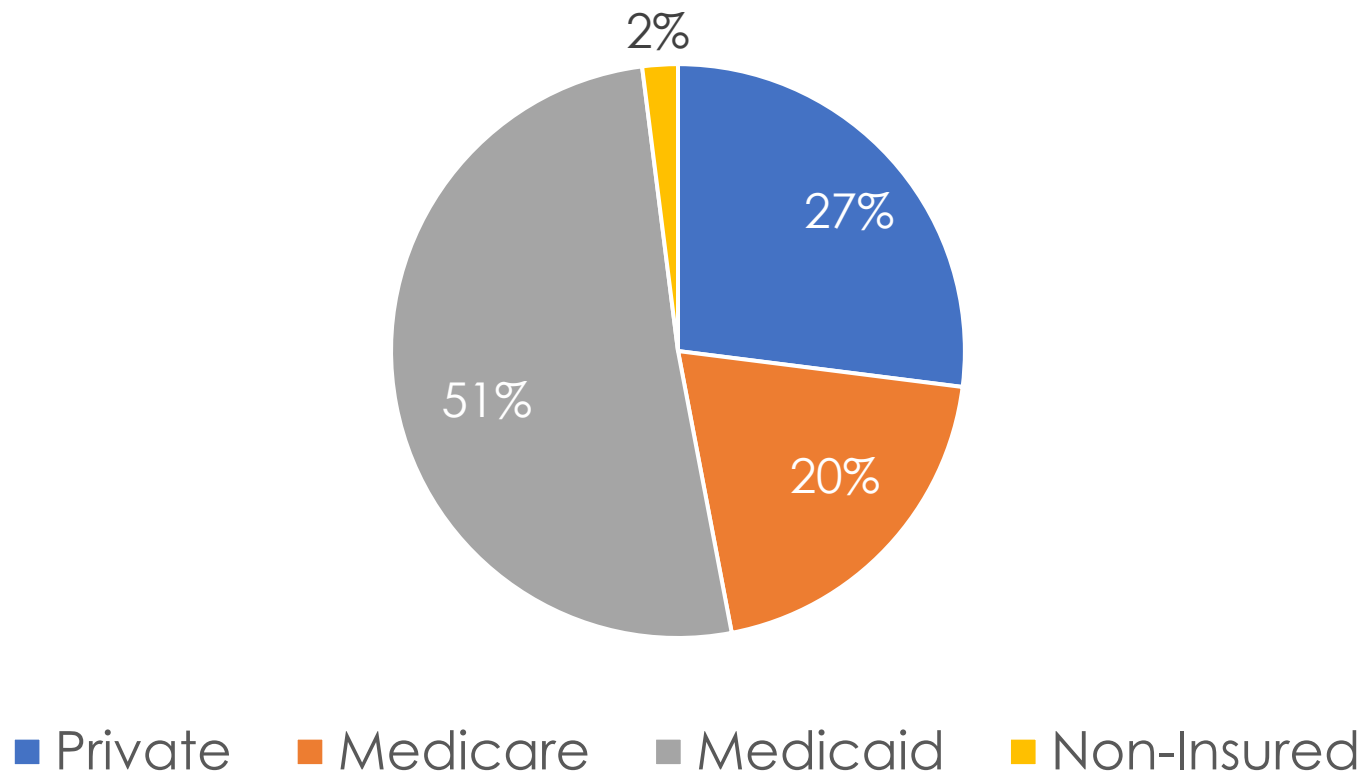
Who Does CA Serve? 2019 RWHAP Service Report ⁽³⁾

Distribution by Poverty Level – CA Patient Population
(2019)

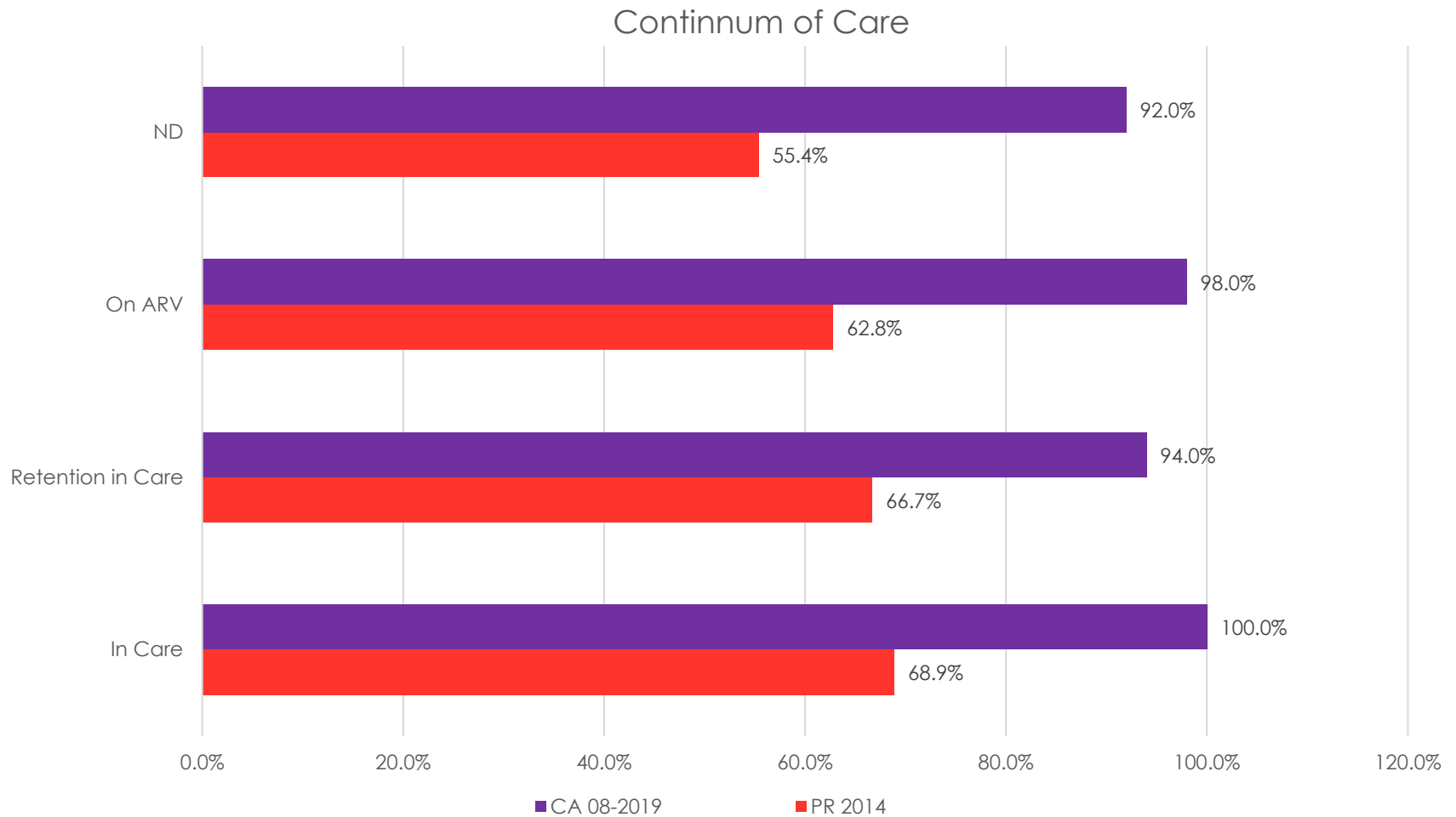


Who does CA serve? 2019 RWHAP Service Report⁽⁴⁾

Distribution by Health Insurance – CA Patient Population
(2019)



HIV Continuum of Care Cascade



CA Achievements in HIV Care⁽¹⁾

FACILITY

- Privacy
- Non-HIV Exclusive Clinic (to reduce stigma)

PERSONNEL

- Respect and kindness
- “Happy face”
- Policies/Procedures to address proper steps in care

ONE-STOP CLINIC

- Medical Case Managers
- Psychologists
- Nutritionists
- Pharmacists
- Social/Support Services Managers
- Labs
- Nurses
- Physicians
- Health Education

CA Achievements in HIV Care⁽²⁾

SERVICES

- Expanded services are viable due to **HIV 340B Program Income**.
- Substance-abuse treatment for SUD, opiate-dependent patient is located at the same place as HIV care.
- Benefits:
 - ✓ 87% achieved viral suppression
 - ✓ Improvement in quality of life
 - ✓ Increased CD4 counts
 - ✓ Better adherence to medication and care

CA Achievements in HIV Care⁽³⁾

SERVICES

- One of the communities in most need of specialized healthcare in Puerto Rico is our **transgender community**.
- CA established the largest primary care program for the transgender community in Puerto Rico.
- Nearly 200 transmen and transwomen currently receive care at CA's Translucent Clinic.
- Over 17% of the patients are HIV-positive and engaged in care.
 - ✓ 65% of patients are *undetectable*.



Translucent
By CENTRO ARARAT

CA Achievements in HIV Care ⁽³⁾

SERVICES

- **CA 340B Community Pharmacies on-site:**
 - ✓ Provide full range of medications
 - ✓ Provide access to medication assistance programs
 - ✓ Home delivery by pharmacy personnel (privacy)
- **Mental health team is available since initial diagnosis to address trauma:**
 - ✓ Resulting from their life experiences
 - ✓ Managing their new diagnosis
 - ✓ Regarding disclosure
 - ✓ Reducing stigma
 - ✓ Promoting adherence

CA Successes in HIV Care

- **Link to Care:**

- ✓ 99.5% in less than 30 days
- ✓ Average: 18 days

- **Initiation of ART/Adherence:**

- ✓ 99% of all patients are on ARV.
- ✓ 96% are adherent to treatment.
 - Treatment as prevention (U=U) campaign has improved patient adherence.
- ✓ 87% have remained undetectable all the time.
- ✓ **Fast Eligibility** procedures help in limit barriers to start treatment.

Challenges to Maintain Patients in Care⁽¹⁾



The overarching economic situation in PR

High unemployment and job instability

Low wages and limited employment benefits

Priority shift away from HIV care to surviving economic problems



Slow recovery from natural disasters:

Hurricane Maria in 2017

Over 10,000 earthquakes since December 2019

COVID Pandemic



Poor collective transportation services

Challenges to Maintain Patients in Care⁽²⁾



Health insurance companies

Lack of coverage for lab tests

High Medication co-payment requirements

Sliding fee scales help, but still patients are affected.

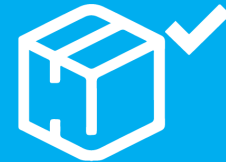


Inconsistency with Clinical/Lab Tests Appointments

Labs required every 3 – 4 months

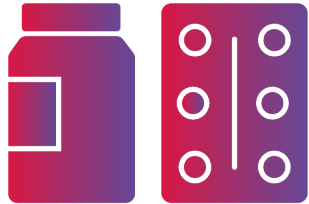
Medical Appointments should occur every four months

Employers resist to provide time-off to employees in clinical care.



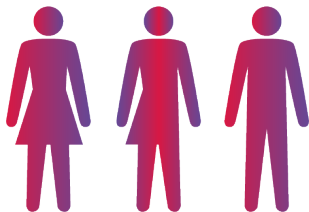
Delay in availability of new medications in ADAP Formulary

Challenges to Maintain Patients in Care ⁽³⁾



Adherence is an important issue that needs attention, particularly for **50+ patients**

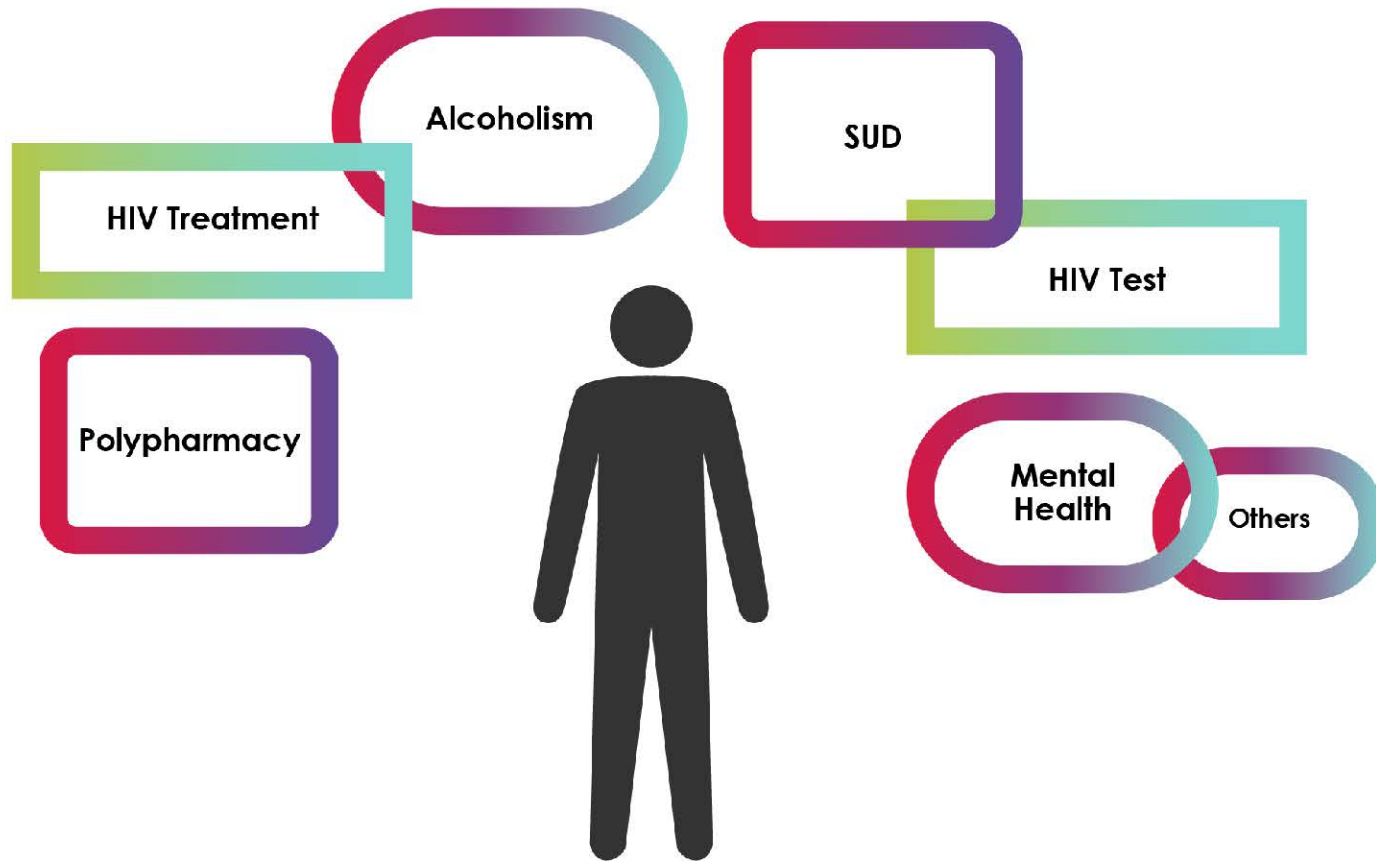
- ✓ Many have been harmed by social displacement, loss of income, or reduction in their retirement benefits.



Transgender patients

- ✓ Patients who have not yet reached their **transition goals** face challenges in maintaining adherence to HIV care.

Challenges to Maintain Patients in Care⁽⁴⁾



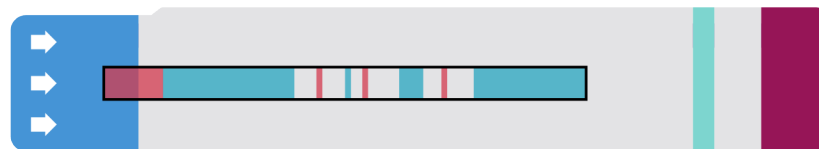
Challenges to Identify New HIV Diagnostics⁽¹⁾

Clinical

- ✓ Rapid or regular HIV testing is not happening in all settings
- ✓ Emergency Rooms don't do HIV testing on persons with symptoms suspicious of HIV
- ✓ Lack of education and promotion from health providers on the prevention and early detection of HIV.
- ✓ Few health care providers are advising their patients to have regular HIV or STI screenings

System

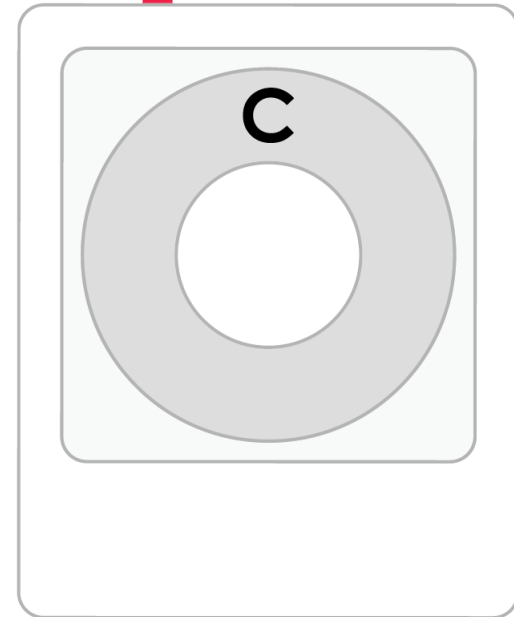
- ✓ Lack of effective strategies in the **collection of information and dissemination** of new diagnoses that allow developing specific strategies in high-incidence spaces.
- ✓ No public data on people tested.
- ✓ Inadequate epidemiological data, contact tracing and outreach.



Challenges to identifying new HIV Diagnostics⁽²⁾

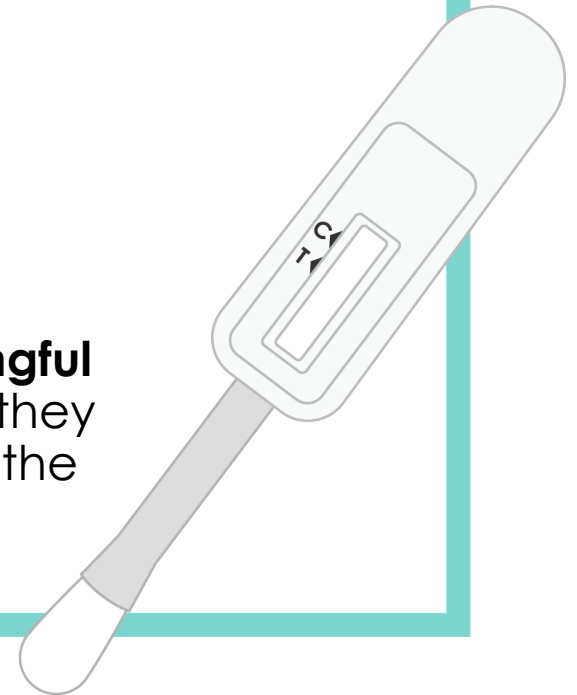
Social

- ✓ Puerto Rico's general population does not **self-identify at risk** of acquiring HIV.
- ✓ Even though one quarter of the HIV+ patients in Puerto Rico are female, women do not self-identify as a population at risk.
- ✓ Increasing HIV rate among MSM are centered on younger males, 13 – 44.
- ✓ Increasing HIV rate among men aged 65+, up 14% between 2018 and 2019.



Challenges to Identify New HIV Diagnostics⁽³⁾

- ✓ In 2020, there is still significant **stigma** related to HIV testing.
- ✓ There is fear of asking for testing or of even suggesting testing to peers.
- ✓ Lack of multisectoral community outreach strategies to **facilitate access** to HIV testing.
- ✓ Lack of outreach work that creates "**meaningful relationships**" with people, especially when they are from vulnerable populations, to accept the referral to a test



Challenges to Prevent New HIV Diagnosis

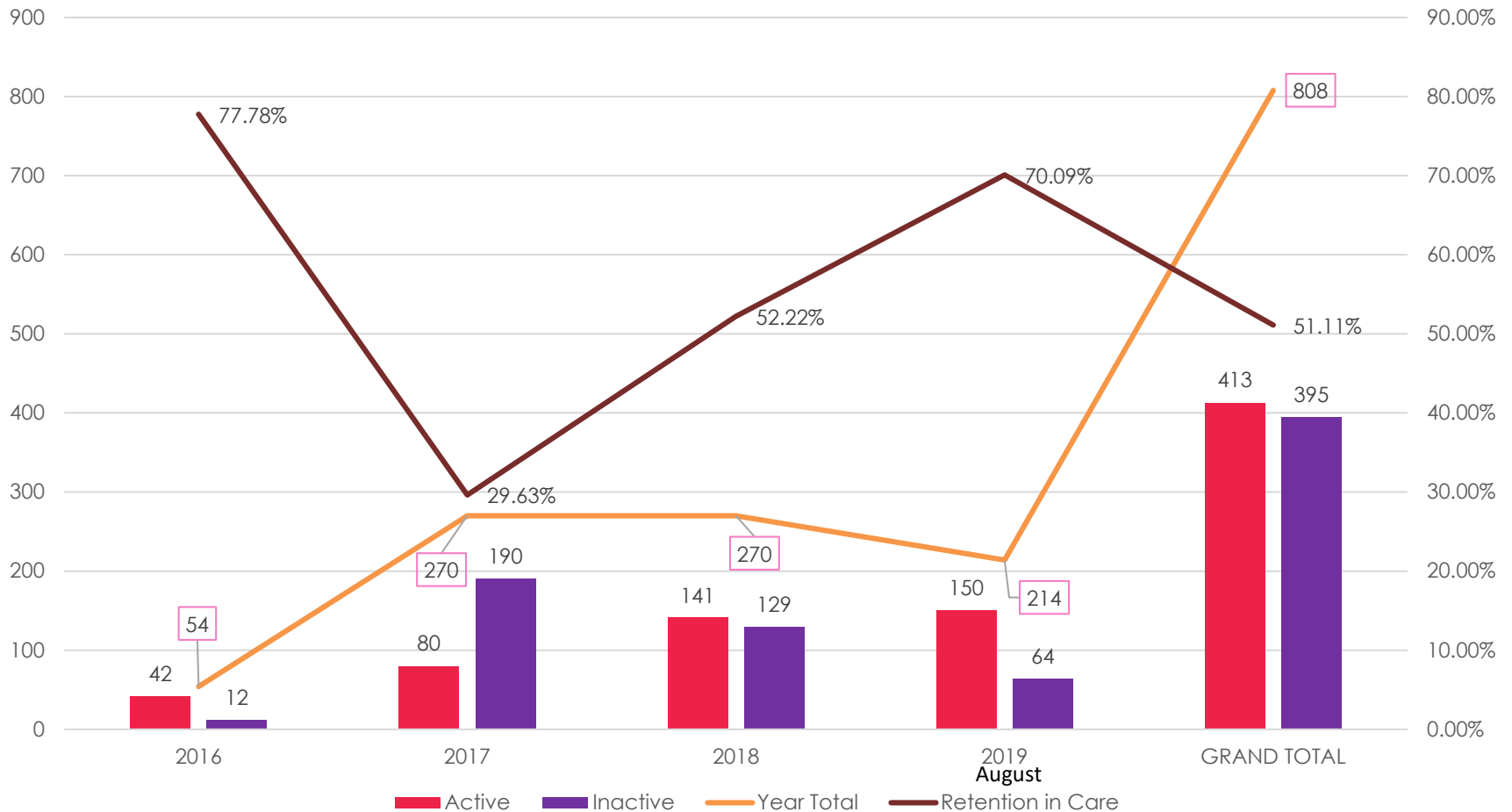
- 1** Lack of effective, engaging Public Campaigns to promote PrEP for HIV Prevention.
- 2** PrEP Outreach is particularly challenging amongst women, older MSM and heterosexual males.
- 3** Lack of acceptance of medication therapy if "I'm not sick!"
- 4** Cost and insurance coverage for PrEP is inconsistent; acts as a major obstacle to linkage and retention in care.

Our PrEP Clinic in Numbers



Salud Sexual
By CENTRO ARARAT

PrEP Participants





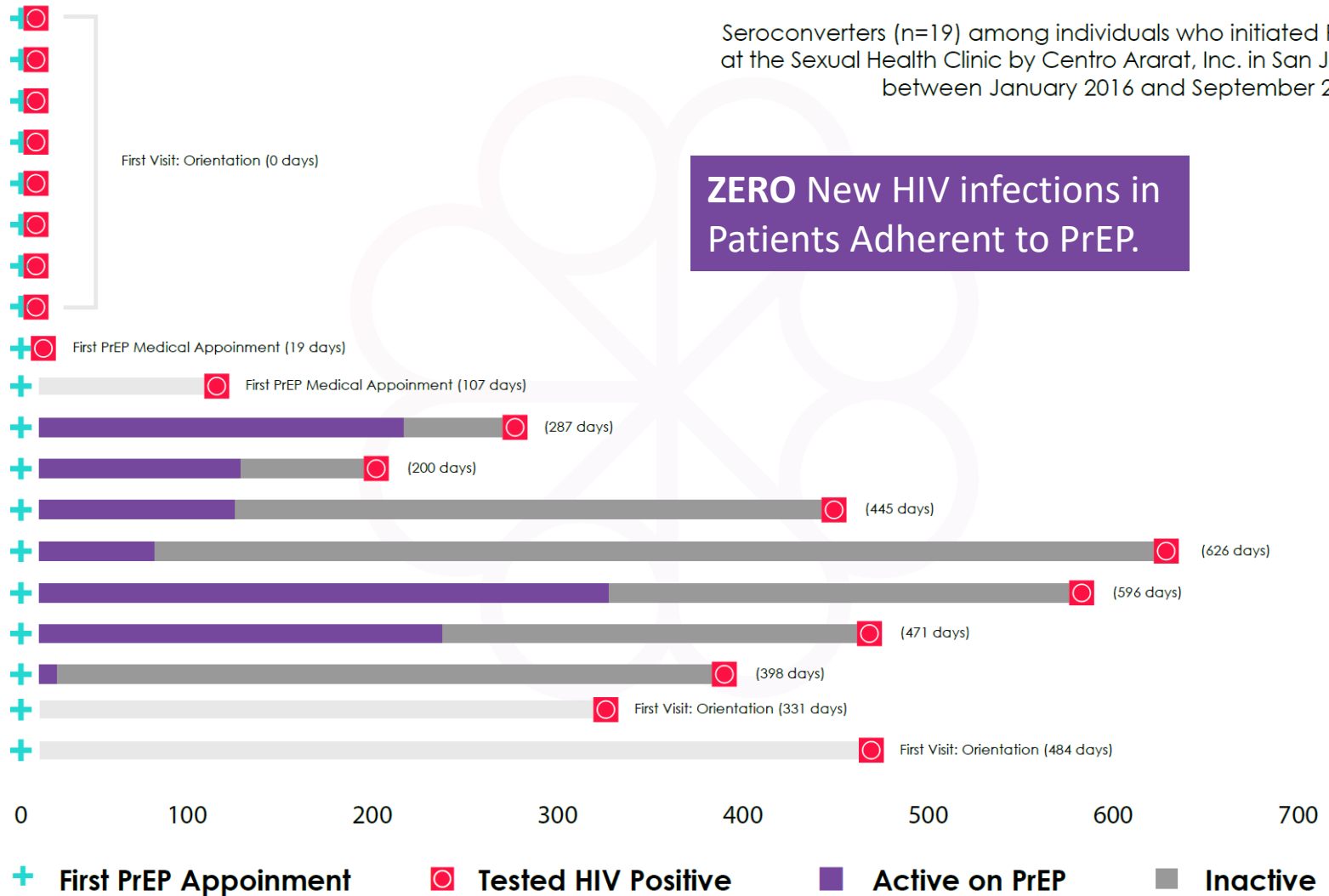
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Failures in PrEP



Seroconverters (n=19) among individuals who initiated PrEP at the Sexual Health Clinic by Centro Ararat, Inc. in San Juan between January 2016 and September 2019

ZERO New HIV infections in Patients Adherent to PrEP.



Time to HIV diagnosis from initial PrEP appointment (days)

The Success of our PrEP Clinic ⁽¹⁾

- PrEP services are provided under the umbrella of CA's "Sexual Health Clinic" as a **One-Stop Prevention Clinic.**
-

- PrEP services include:
 - Lab Testing Services
 - Pharmacy Services on site
 - **Able to use STD 340B Program**
 - Retention and Adherence Specialists (RAS) on Staff
 - To promote prevention, education, adherence and retention
 - Diagnosis and Treatment of other STIs (free of charge)

The success of our PrEP Clinic ⁽²⁾

Focused and early interventions during initial PrEP visits enhance continuation in PrEP care.



Active participation of CA's Education Team

- Clarification of doubts/questions through digital platforms 24/7



Active participation of CA's Marketing Team

- Technological Interventions
- Digital appointment coordination

PrEP's ongoing communication and information **marketing strategies** in both digital and traditional platforms.

A Status-Neutral HIV Prevention and Care Continuum



Ample efforts to provide HIV Test and Treat, which would provide early access to HIV treatment.



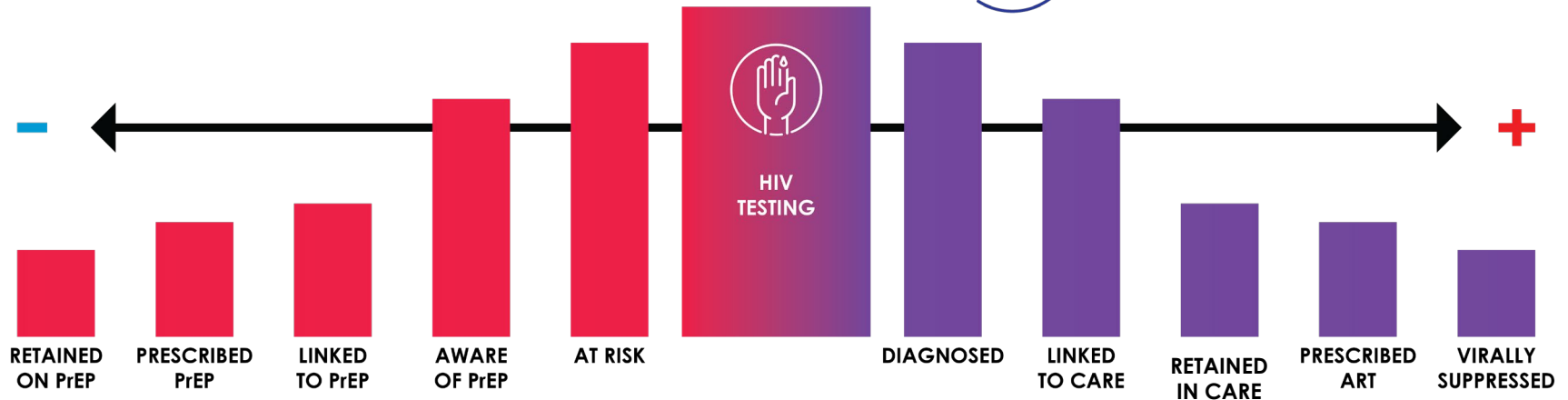
Widened support to **engagement in comprehensive care for PLWHIV**; specific support to enforce adherence.



Complete access to PrEP services for interested/recommended participants; reinforcement of effective adherence strategies for PrEP treatment.

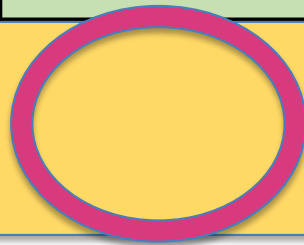


Absolute viral suppression to PLWHIV.



Estimated Number of Persons with Indications for PrEP by Transmission Risk Group in Puerto Rico¹ ₍₂₎

n		MSM	Heterosexual	Hetero Female	PWID	TOTAL
% MSM with PrEP Indication by CDC (2015)	24.70%					



Formula adapted from presentation by **Dawn K. Smith from the CDC at CROI 2018** March 4-7 Boston MA
http://www.croiwebcasts.org/console/player/37188?crd_fl=0&ssmsrq=1571343153778&ctms=5000&csmsrq=5128 Dawn K. Smith¹, Michelle Van Handel¹, Jeremy A. Grey CDC, Atlanta, GA, USA Oral Presentation CROI 2018
 Grey JA, Bernstein KT, Sullivan PS, et al. Estimating the Population Sizes of Men Who Have Sex With Men in US States and Counties Using Data From the **American Community Survey**. JMIR Public Health Surveill. 2016;2(1):e14. Published 2016 Apr 21. doi:10.2196/publichealth.5365
 Estimated PrEP Eligibility in a National Sexual Network Study of US MSM -Department of Epidemiology, Rollins School of Public Health, **Emory University**, Atlanta, GA **Poster 0971 CROI 2019** Seattle, USA



¹ UNPUBLISHED DATA, PROPERTY OF CENTRO ARARAT, INC. (2019)

Estimated Number of Persons with Indications for PrEP by Transmission Risk Group in Puerto Rico¹

n		MSM	Heterosexual	Hetero Female	PWID	TOTAL
% MSM with PrEP indication by CDC 2015	24.70%	12,553	7,593	4,230	2,579	22,725
% MSM with PreP Indication in 2019 by Emory University Study	45.00%	22,869	13,834	7,707	4,699	41,402

Formula adapted from presentation by **Dawn K. Smith from the CDC at CROI 2018** March 4-7 Boston MA
http://www.croiwebcasts.org/console/player/37188?crd_fl=0&ssmsrq=1571343153778&ctms=5000&csmsrq=5128 Dawn K. Smith1, Michelle Van Handell, Jeremy A. Grey CDC, Atlanta, GA, USA Oral Presentation CROI 2018
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Challenges to PrEP⁽¹⁾

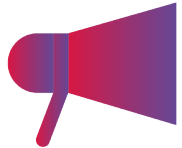
- Keep clients in PrEP services
 - Main causes for Discontinuation
 - Costs of PrEP or loss of private insurance
 - Side effects of medication, perceived or real
 - Getting used to being on medication while not ill
 - Changes in sexual activity/behavior
 - As PrEP uptake continues to rise, **more research is needed** to focus on possible predictors of discontinuation of treatment and changes in sexual behavior following discontinuation.

Challenges to PrEP⁽²⁾



- ✓ General lack of knowledge about PrEP
- ✓ Lack of Insurance or underinsurance
- ✓ Poor public transportation services
- ✓ Patient perception of PrEP as *financially inaccessible*
- ✓ Age requirements to starting PrEP
- ✓ Inadequate support of the public sector
- ✓ Need for more providers

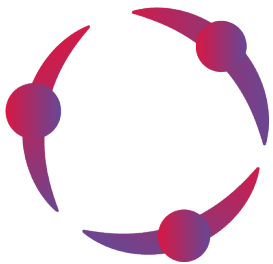
Opportunities in HIV Prevention



Aggressive advertising campaigns in HIV education and prevention



Increased condom distribution and access to PrEP



Grassroots interventions

- We need to empower and educate **vulnerable communities** to develop peer education/prevention strategies.
- Message becomes clear and more effective when it comes from **one/some of their peers**.

Opportunities with Government and Other Institutions⁽¹⁾

1

Active participation of the Government and multisectoral partners in a plan that seeks to eliminate the HIV epidemic in Puerto Rico.

2

Increased advocacy in Puerto Rico: The participation of non-profit organizations and other sectors that promote new/revised public policies is practically null.

3

More **significant legislation** (such as changing the age limit) should be developed to increase access to HIV education, prevention, and management.

4

Sexual health curriculum in schools.

Opportunities with Government and Other Institutions ⁽²⁾

5

Increase Government effort and commitment (including grants) for **development of campaigns on HIV prevention and management**, as well as HIV-associated stigma.

6

HIV Cluster Detection

- Guided delivery of intensive services to stop transmission, offer prevention services, and get people into care.

7

Compulsory CME on PrEP for Health Care Professionals.

8

Required PrEP lab tests coverage by all providers, **based on ICD10** (as B20).

Opportunities at our Clinic



- ✓ Expanded use of telemedicine
- ✓ Extended schedule (weekdays/weekends)
- ✓ 90 days of medication dispensation
- ✓ Labs at home



- ✓ Same-day PrEP initiation
- ✓ PrEP on Demand
- ✓ CA pursues to be identified by insurance providers as a “Preferred Medical Group” of PrEP services

Thanks

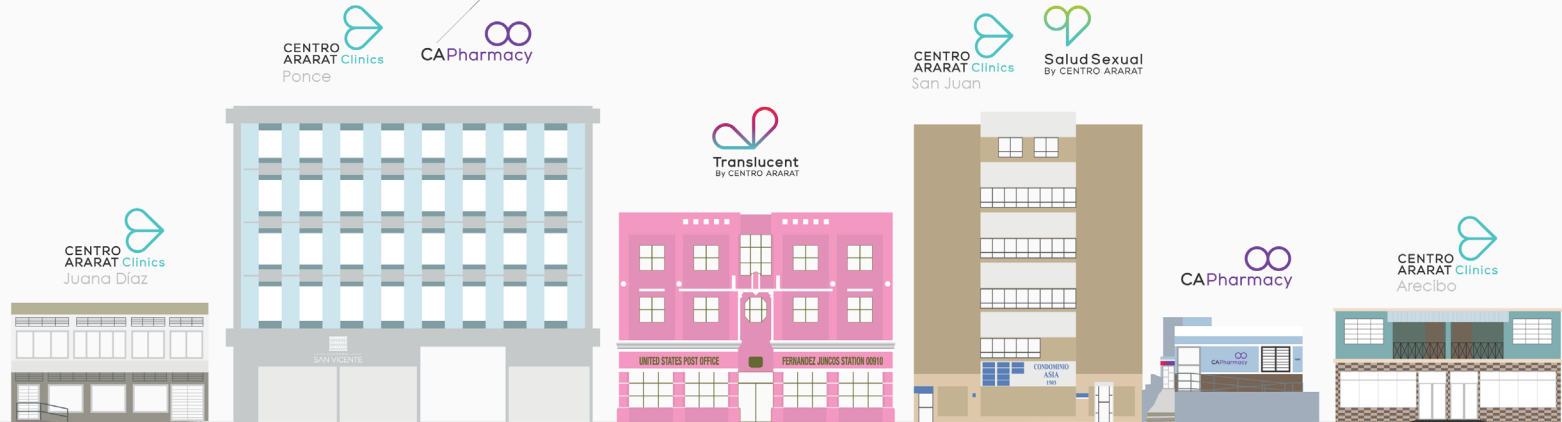
To our patients who provides us with the passion to provide our services

Our 125 employee TEAM, especially:

Maribel Acevedo, MD
Sergio Baerga, PharmD
Romano Baroni, MPH
Carlos Carrero, MS
Domingo Carrero, ADN
Wanda Curbelo, LDN, RND
Marianela De La Cruz
Wigberto Gonzalez, MD
María T. Lugo, MBA
Michael Pagán, MA



Jorge Pérez-Renta, PhD
Frances Plaza, MPH
Juan Ramírez, MD
Lindaliz Rivera
Juan B. Rivera-Villafañe
Liznette Rodríguez, PharmD
Sylvia Rodriguez, RN
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