

Adherence to Antiretroviral therapy in patients of Caribbean descent: A Look at the Ryan White Program

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. List some highlights of the HIV/AIDS Epidemic in Florida
2. Discuss the Ryan White HIV/AIDS Program in Broward county
3. Explain the process of care for patients at one clinic in this program

The Epidemic in Florida

HIV/AIDS in Florida?¹

- Ranks 3rd in the nation for HIV case rates in 2016 (24 per 100 000 population).
- Miami division and Ft Lauderdale division ranked top 2 MSAs for newly diagnosed HIV case rates in 2016.
- Overall a 18% decrease in HIV diagnoses by year of diagnosis, 2008-2017.
- Overall a 51% decrease in AIDS diagnoses by year of diagnosis, 2008-2017.

Broward County (2016)²

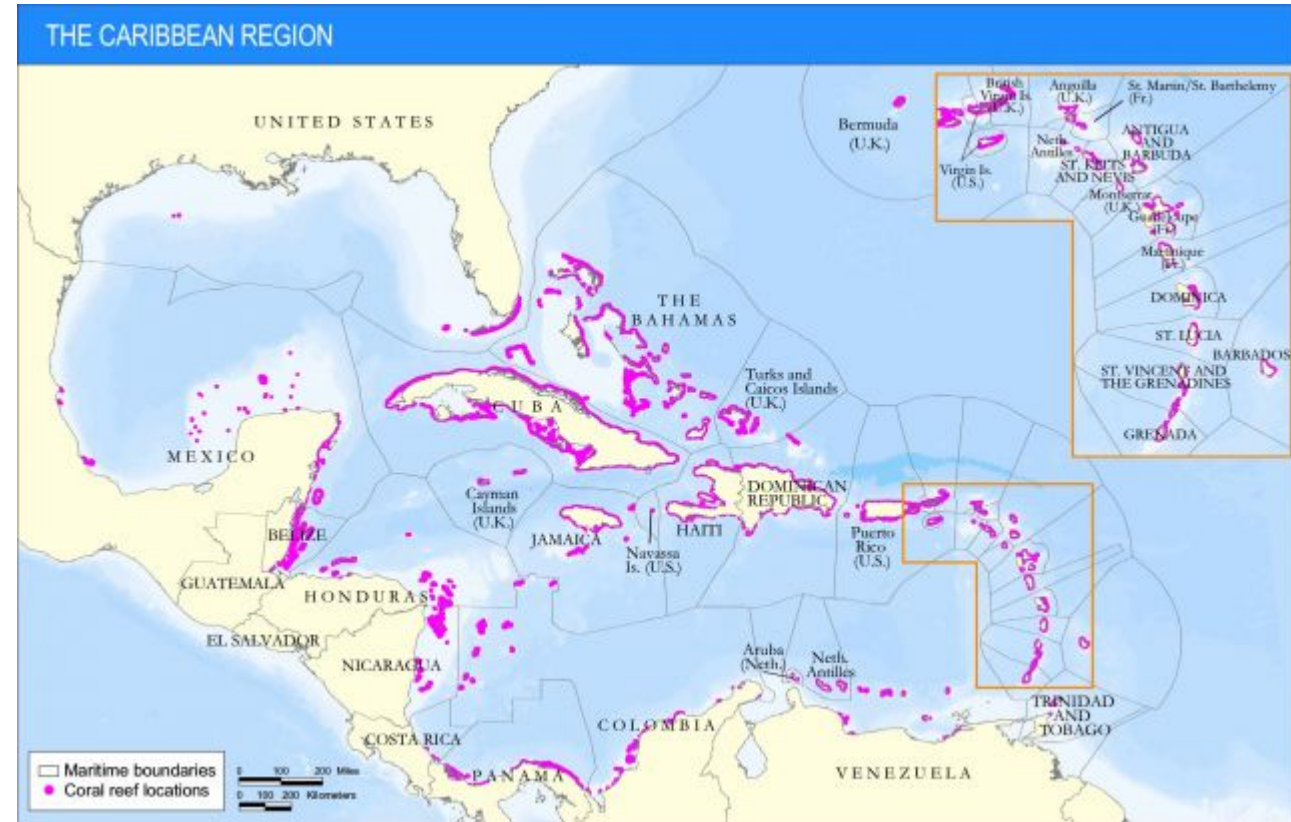
- Persons living with HIV – 19 465
 - Black – 46.2%
 - Hispanic – 17%
 - Male – 73.6%
- Number of new diagnoses – 762
- New HIV Cases – 37.9 per 100 000 persons
- New AIDS Cases – 13.9 per 100 000 persons
- Persons Living with HIV – 1096.3 per 100 000 persons

HIV Among the Caribbean Born Population in Florida³

- 18,163 Caribbean born Persons living with HIV/AIDS (PLWHA) through 2016.
- 20% of new HIV cases in Florida.
- 18% on new AIDS cases in Florida.
- Epidemic concentrated in Miami Dade and Broward counties.

Statement of the Problem^{4,5}

- Approximately 2 million persons from the Caribbean reside in Florida.
- Almost half of these persons reside in Miami Dade and Broward counties.
- Caribbean region ranks third globally for adult HIV prevalence rates.



<https://www.wri.org/resources/maps/caribbean-region>

Goal

Provide comprehensive data on **adherence to ART** in **Persons Living with HIV/AIDS (PLWHA)** of **Caribbean descent** in South Florida.

Significance

1. Persons of Caribbean descent are an understudied group
 - Few studies conducted in South Florida targeting PLWHA of Caribbean descent as a group
 - Contribution to knowledge on this population in South Florida
2. Highlight the Ryan White HIV/AIDS Program
 - Inform development of interventions
 - Inform Policy and improve Public Health

Ryan White Program in Broward County

Eligibility

- Proof of Identification photo
- Client must have a verified HIV positive diagnosis
- Proof of Residency in Broward county
- Income Qualification

Part A Funds

Core medical services include:

- Doctor Visits
- Dental Visits
- Mental Health Services
- Substance Abuse Services (Outpatient Only)
- Pharmacy
- Disease Case Management
- Health Insurance Premium Assistance

Part A Funds (cont'd)

Support services include:

- Eligibility Determination
- Case Management
- Food Services (Food Vouchers and Food Boxes)
- Legal Services

Methodology

Study Design

- Convenient sample
- Cross sectional survey
- Face to face interview
- Adherence assessments developed by AIDS Clinical Trial Group
- Secondary clinical measures of adherence – absolute CD4 count, viral load

Study Design

- Inclusions Criteria
 - Consenting adult patients
 - Diagnosed with HIV/AIDS
 - Taking or experienced with antiretroviral medication
 - Migrated from the Caribbean or second generation Caribbean person
 - Resident of South Florida

Sample

- Infectious diseases clinic
- Convenient
- Sample size – 115 patients

Data Analysis & Interpretation

- Descriptive analyses
 - Mean, medians, ranges, frequencies
- Adherence
 - Self Reported 3 day recall
 - Viral load
 - Absolute CD4 counts

Findings



Sociodemographics

Demographic	
Gender	N = 115
Female	61
Male	53
Did not identify	1

Demographic	Mean	SD	Median	Range
Age (years)	47.00	12.37	48.00	21-79
Household income (\$)	1,976.92	4,588.38	1,100.00	0-40,000

Demographic	Frequency (%)
Age Group (years)	-
20-25	7 (6.0)
26-30	6 (5.0)
31-35	9 (7.8)
36-40	15 (13.0)
41-45	14 (12.0)
46-50	16 (13.9)
51-55	17 (14.8)
56-60	15 (13.0)
>60	16 (13.9)
Educational Level	-
None	2 (1.8)
First to eighth grade	12 (10.5)
Ninth to twelfth grade	27 (23.7)
High school graduate	28 (24.6)
Vocational training/technical degree	7 (6.1)
Some university	18 (15.8)
University graduate	17 (14.9)
Graduate studies	3 (2.6)
Marital Status	-
Single (never married)	51 (44.3)
Separated / divorced	31 (27.0)
Married	18 (15.7)
Widowed	10 (8.7)
Cohabiting	5 (4.3)

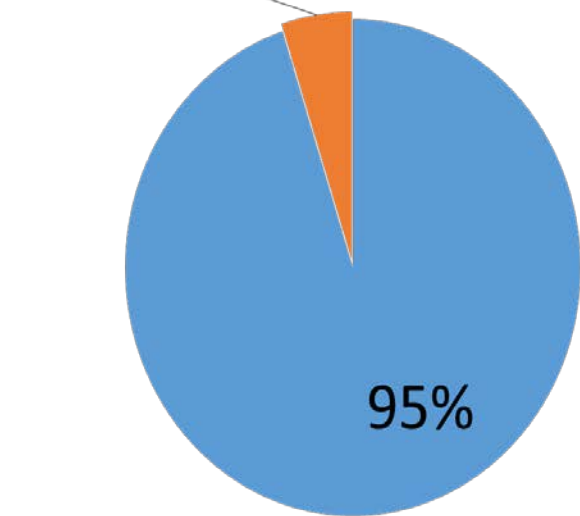
Country of Birth, n=115

Country of Birth	Frequency (%)
<i>Greater Antilles</i>	77 (66.9)
Bahamas	5 (4.3)
Cuba	11 (9.6)
Dominican Republic	11 (9.6)
Haiti	32 (27.8)
Jamaica	16 (13.9)
Puerto Rico	7 (6.1)
Turks and Caicos	1 (0.9)
<i>Lesser Antilles</i>	8 (6.96)
Antigua	1 (0.9)
Barbados	1 (0.9)
St. Vincent	2 (1.7)
Trinidad & Tobago	2 (1.7)
US Virgin Islands	2 (1.7)
<i>United States</i>	24 (21.0)

Adherence

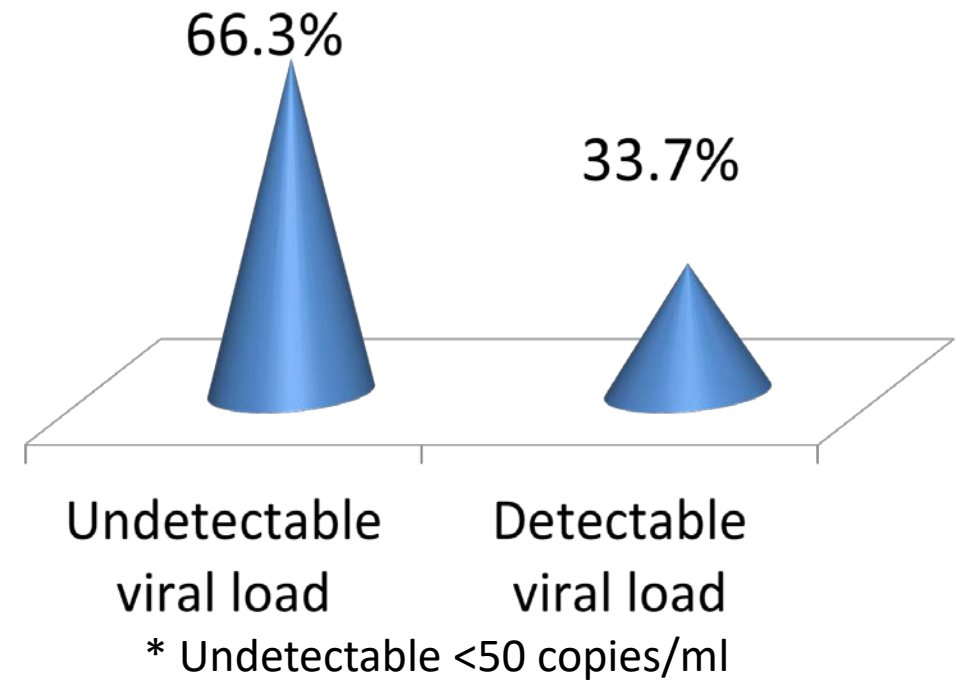
Medication Adherence (3-day self-report recall)

5% Adherence rate – 97.97% (SD 11.21)

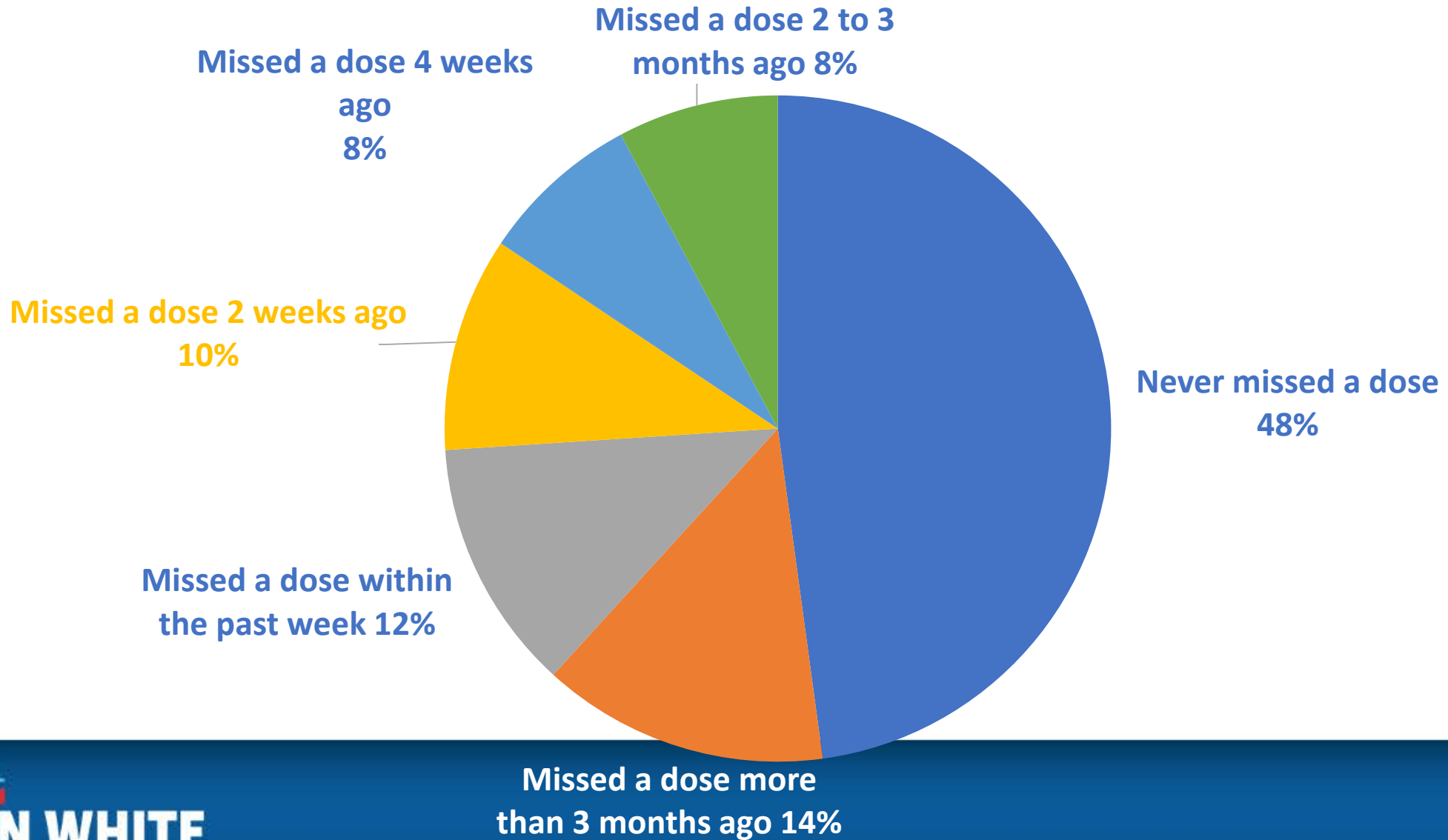


■ Did not miss a dose within the last 3 days

Viral Load of Study Participants



LAST MISSED DOSE



Medications

- The maximum daily pill count of HIV medications was eight tablets.
- The mean daily pill count was 2.43 (SD 1.85).
- Patients were on ART for an average of seven years.
- 10% of patients having been on this therapy for less than 1 year.
- Forty-five percent of the study sample took one pill daily.
- 33% took 3 pills daily.

Discussion

Summary

- Optimal adherence rate of almost 98%.
- Health outcomes did not always reflect this.
- Favorable adherence report likely be due to access to benefits of Ryan White Program.

Healthcare Team



3 Case Management Worker



1 Medical Doctor



1 Clinical Pharmacist



1 Clinical Nurse & 1 Disease Management Nurse Practitioner



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1 Medical Assistant



1 Peer Specialist

Care of Patients

- Approximately 750 patients.
- Followed Department of Health and Human Services Guidelines.
 - Patients seen 2-8 weeks after ART initiation
 - Then every 3 months
- Multidisciplinary case staffing to discuss difficult to manage cases.
 - Worsening viral loads or CD4 counts
 - Out of care
 - At risk
- Team based approach.
- Responsibility assigned to a team member for next steps.
- Reviewed at next meeting along with new cases.

Clinic Expansion

- 3 board certified in infectious diseases MDs
- 1 ARNP
- 2 medical assistants
- 2 clinical specialty nurses
- 3 medical case managers
- 1 practice manager
- 3 “patient access secretaries” or “business office representatives”
- 1 licensed clinical therapist from outpatient behavioral health
- 1 peer advocate
- 1 disease management nurse practitioner
- 1 part-time clinical pharmacist
- 1 full time clinical pharmacist
- 2 pharmacy student interns

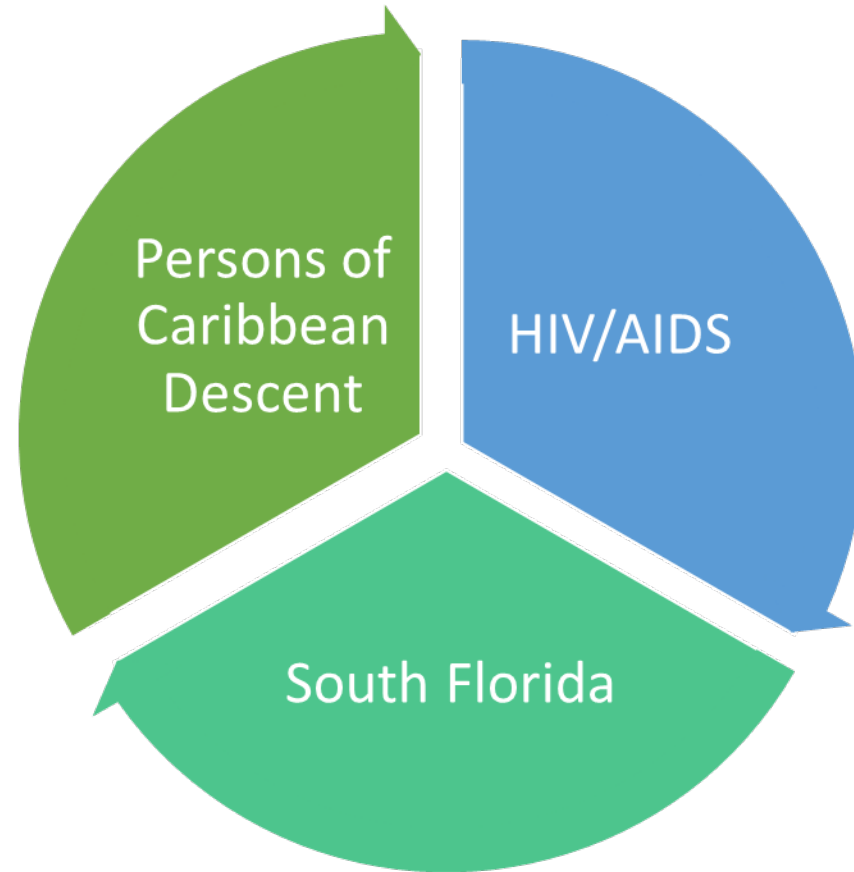
Current Care of Patients

- Currently a Test and Treat site (also known as same-day ART initiation or rapid ART initiation).
 - Testing done at all clinics and emergency departments.
 - Patients who test positive see a provider on the same-day.
 - Labs are drawn.
 - Antiretroviral therapy dispensed (first dose taken at office).

Recommendations

- Policy and guideline making agencies as well as researchers should create interventions to specifically target.
- Patients in this population should always have access to a health care team.
- The impact of the epidemic on persons of Caribbean descent living with HIV/AIDS in the US must be explored thoroughly.
- Sample from other cities throughout the US

Recommendations



Limitations

- Sampling
 - Convenient
 - Could only find 115 available cases
 - Only adults participated
 - Patients recruited from one clinic
- Data collection
 - Self report
 - Compensation
 - Translator used in a few cases

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

<http://ryanwhite.cds.pesgce.com>

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