

CENTRO
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Ending The HIV Epidemic in Puerto Rico

Addressing the Unique Needs

Ivan Melendez-Rivera, MD, FAAFP, AAHIVS
Chief Medical & Operating Officer
Centro Ararat, Inc

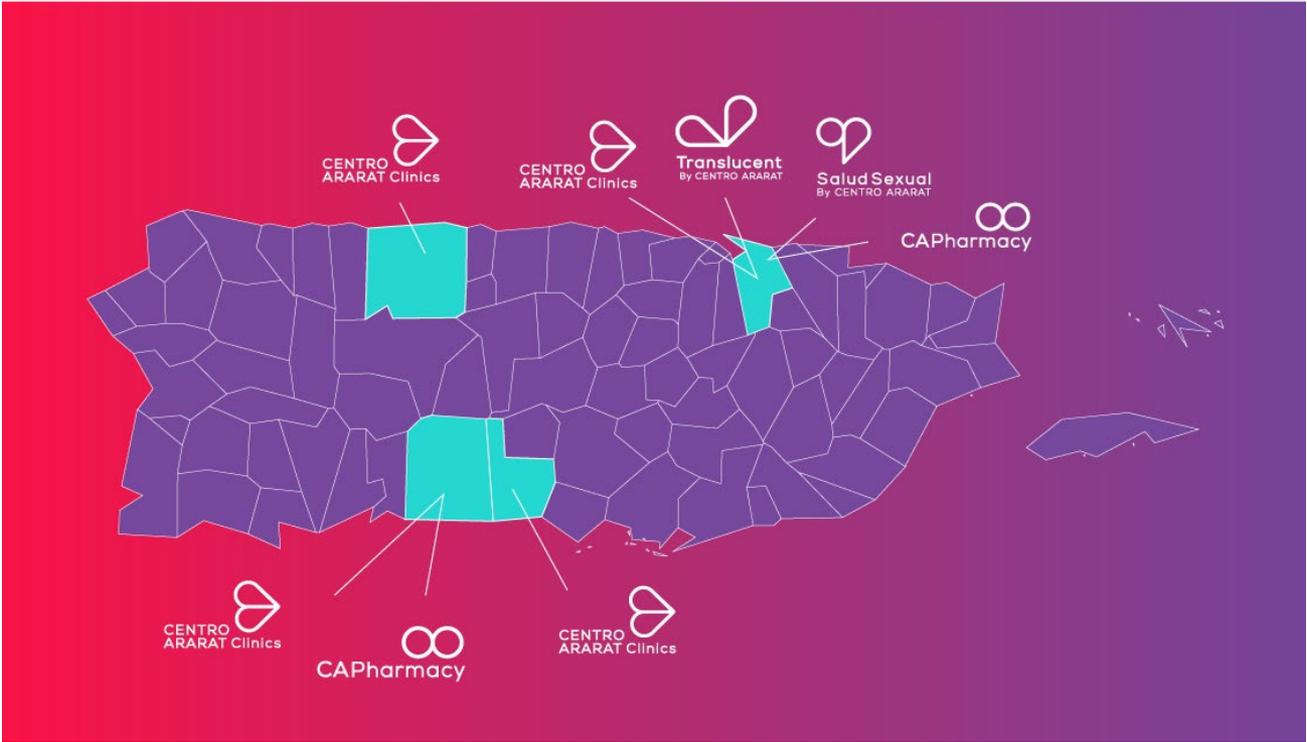
Centro Ararat, Inc



- **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 social 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)



CENTRO ARARAT, INC.



Integrated clinical care for any patient wishing to have 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**.
- The development of a plan to end this epidemic requires a **clear strategy, measurable goals, and assessment tools** that PLWH service providers can implement.
- Vulnerability to HIV infection may be increased based on specific social determinants of health, which may also affect **lack of adherence to safe sexual behavior and access to antiretroviral therapy**.

How does CA work with the determinants of health?

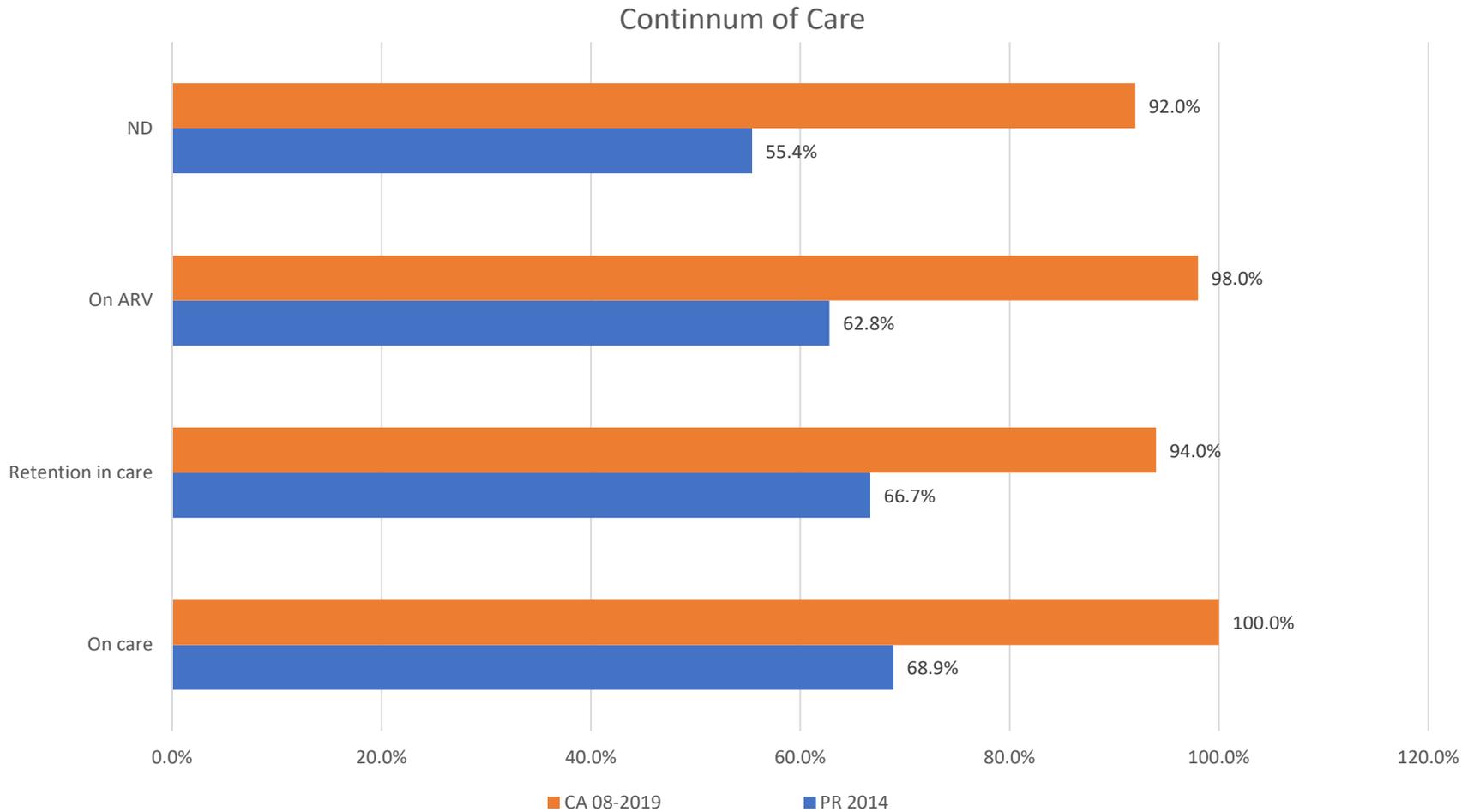
- CA adapts its practices to Puerto Rican **culture** by removing many of the **barriers** PLWH face for HIV prevention and treatment.

How does CA work with the determinants of health?

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 Use Substances,
- 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.

HIV Continuum of Care Cascade



CA Achievements in HIV care

- **Facility**
 - Privacy
 - Non-HIV exclusive clinic (to decrease stigma)
- **Personnel**
 - Respect and kindness
 - Happy face
 - Policies and Procedures to address the steps in care
- **One-stop clinic**
 - Medical Case Managers
 - Labs
 - Nurses
 - Physicians
 - Psychologists
 - Nutritionists
 - Pharmacists
 - Education Specialists
 - Social and Support Services Managers

CA Achievements in HIV care

- **Services**

- Expanded services are viable due to **HIV 340B Program Income**
- Substance abuse treatment in the same place as HIV care
 - 87% achieved viral suppression
 - Improvements in quality of life
 - Increases in CD4 counts
 - Better adherence to medication and care

CA Achievements in HIV care

- **Services**

- Hormonal treatment for gender affirmation

- CA serves nearly two hundred transgender (male & female) patients at high-risk to HIV

- 17% are HIV Positive and in Care
 - 44% are non detectable

- Difficulty in data collection – patients usually self-identify as “female” or “male”, not as transgender, which makes data collection more challenging.

CA Achievements in HIV care

- **Services**

- Community Pharmacy on site
 - Provides full range of medications
 - Provides access to assistance programs
 - Home delivery by pharmacy personnel (privacy)
- Mental health team 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
- Start of therapy and adherence
 - 99% of all patients are on ARV,
 - 96% are adherent to their treatment.
 - Treatment as prevention (U=U) campaign has improved patient adherence.
 - 87% have remained undetectable all the time
 - **Rapid Eligibility** procedures have helped limiting the barriers to starting treatment.

Challenges to keeping Patients in Care



- The economic situation in PR
 - Work instability
 - Priority shift from HIV care to surviving economic problems
- Poor collective transportation service
- Health Insurance companies- Biggest obstacle
 - Lack of lab coverage
 - High Medication co-payment requirements
 - Sliding fee scales help, but still, patients are affected
- Keeping medical and lab appointments
 - Labs required every 3 to 4 months
 - Medical visits every four months
 - Employers don't like providing time off for the visits.
- Delay in availability of new medications at ADAP

Challenges to keeping Patients in care

- Adherence is an important issue that needs attention, particularly in the case of **patients 50+**
 - have been harmed by social displacement, loss of income, or reduction in their retirement benefits.
 - Although CA offers sufficient support services to keep participants in care, there are similarly sectors of the population that are still at risk from this combination of factors
- Problems such as alcoholism, substance abuse, multiple medical conditions including mental health.
- Transgender clients
 - People who have not yet reached their **transition goals**, sometimes find it challenging to have adherence to HIV care

Challenges to identifying new HIV diagnosis

- **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

Challenges to identifying new HIV diagnosis

- **Social**

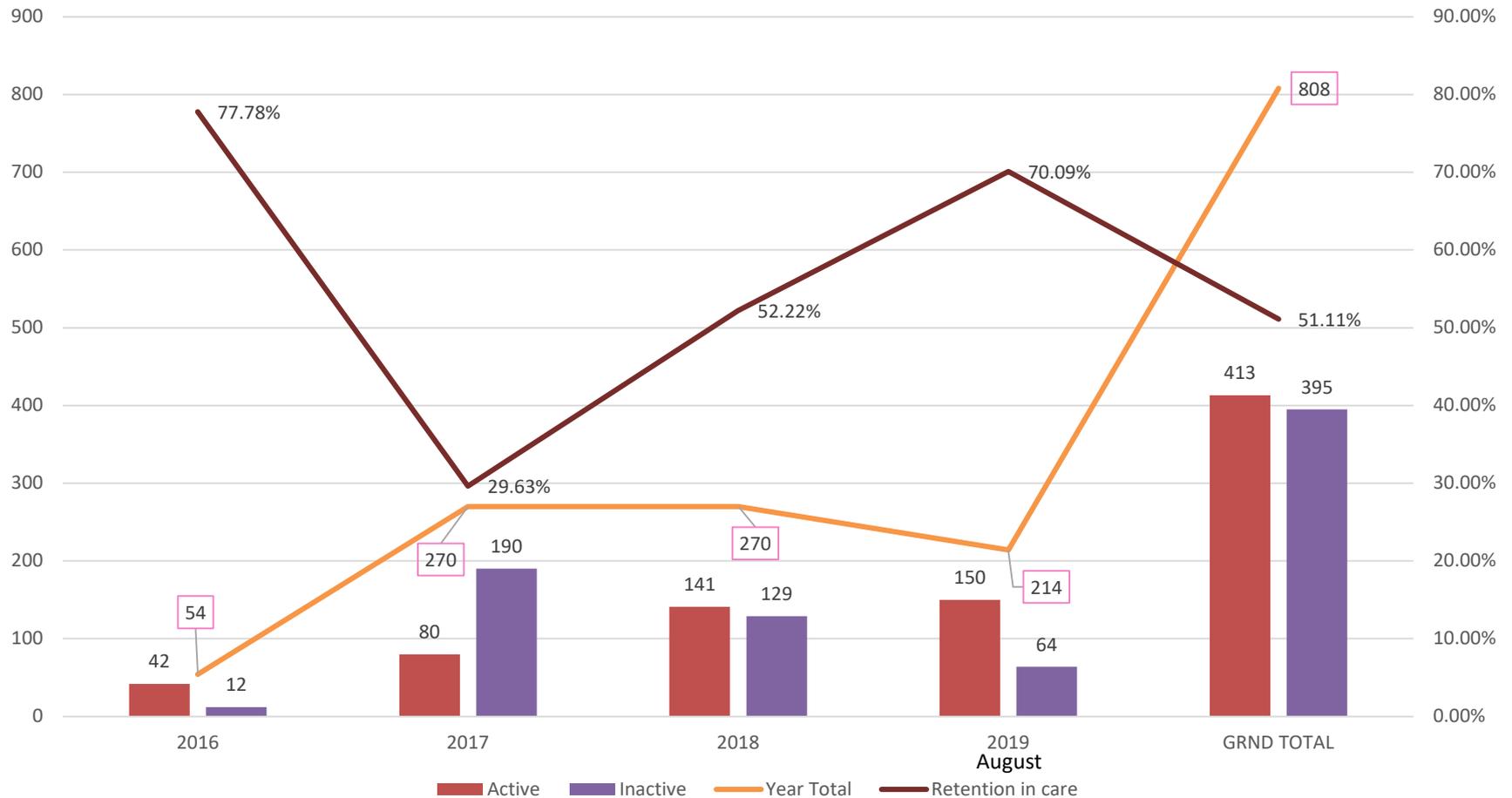
- Puerto Rico's general population does not **self-identify at risk** of acquiring HIV.
- **Stigma** related to HIV test (fear of asking for testing or of suggesting testing)
- Lack of multisectoral community outreach strategies to **facilitate access** to HIV testing.
 - People over 50
 - Transgender (**Trans men** whose sexual orientation is towards cis men, trans women or both)
- Lack of outreach work that creates "**meaningful relationships**" with people, especially when they are from vulnerable populations, to accept the referral to a test

Our PrEP Clinic in numbers



Salud Sexual
By CENTRO ARARAT

PrEP Participants





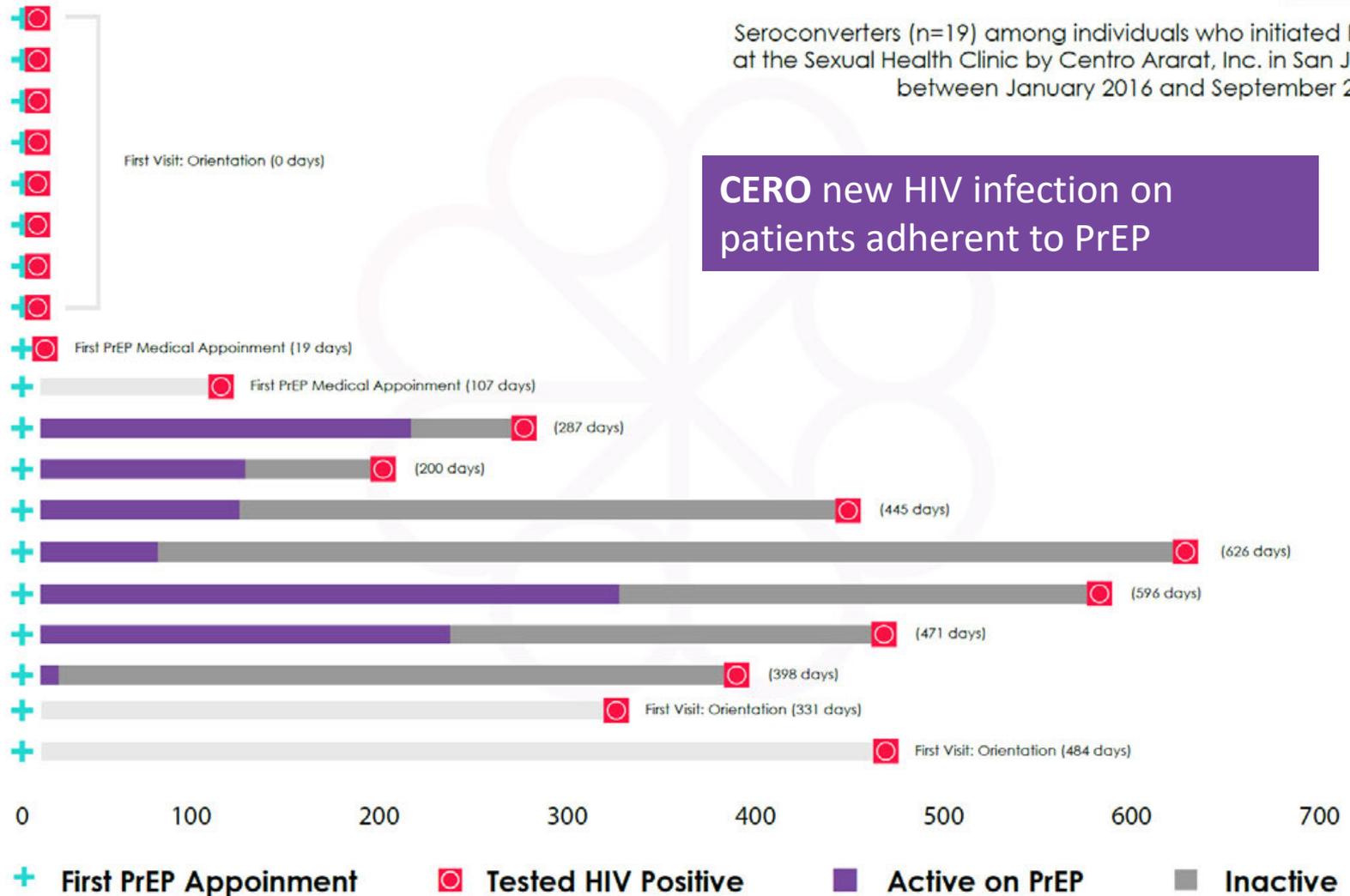
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Failures in PrEP



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

CERO new HIV infection on patients adherent to PrEP



Time to HIV diagnosis from initial PrEP appointment (days)

The success of our PrEP Clinic

- PrEP services provided under the umbrella of “Sexual Health Clinic” as an HIV Neutral Clinic. **One-stop Clinic**
 - Labs
 - Pharmacy services on site
 - **Able to use STD 340B program**
 - Retention and Adherence Specialists (RAS) on staff
 - Prevention, education
 - Diagnosis and Treatment of other STIs
- Focused and early interventions during initial PrEP visits enhance continuation in PrEP care
- Active participation of CA’s Education Team
 - Clarify doubts and questions through digital platforms 24/7
- Active participation of CA’s Communication 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.



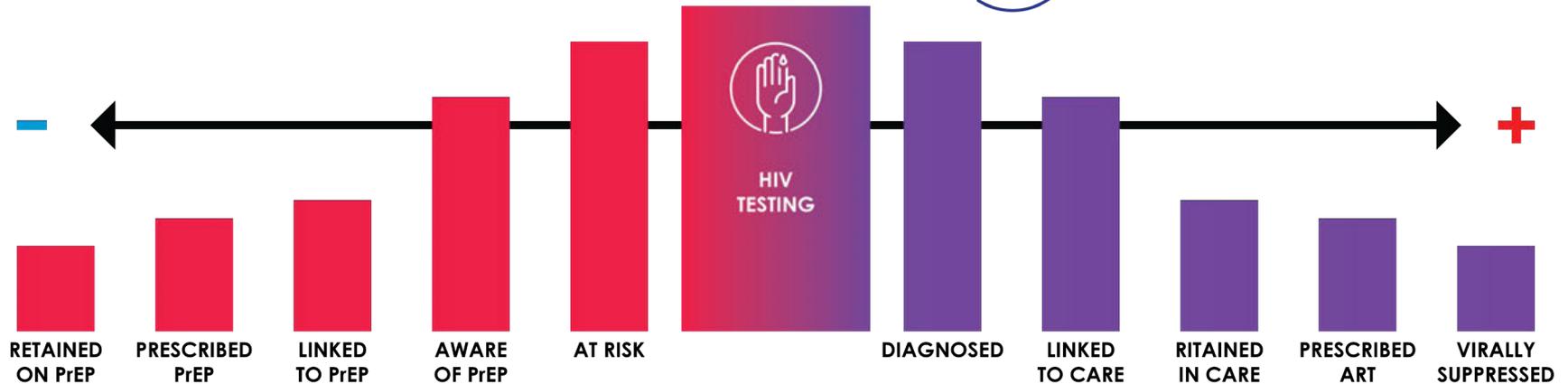
Widened support to **engagement in comprehensive care for PLWHIV;** specific support to enforce adherence.



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

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

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 CENTRO ARARAT, INC 2019 PROPRIETARY



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% MSM with PrEP Indication in 2019 by Emory University Study	45.00%	22,869	13,834	7,707	4,699	41,402

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Challenges to PrEP



- Keep clients in PrEP services
 - Main causes of discontinuation
 - cost of PrEP or loss of private insurance
 - side effects of medication, perceived or real
 - changes in sex life, such as:
 - entry into a stable relationship with seronegative partner
 - entry into relationship with seropositive undetectable partner
 - breakup with seropositive partner
 - sexual abstinence
 - As PrEP uptake continues to rise, **more research needs** to be focused on predictors of discontinuation and sexual behavior change following discontinuation.

Challenges to PrEP

- General lack of knowledge about PrEP
 - Among primary care physicians (PCP)
 - They don't believe in the medication
 - Don't accept prescribing a drug for someone w/o a disease.
 - Concern about possible medication side effects
 - Among at-risk population
 - Among the general population
- Lack of Insurance or underinsurance
 - Government Health Insurance (GHI) doesn't cover PrEP
 - GHI require lab orders with PCP authorization
 - No universal coverage by private insurers

Challenges to PrEP



- Poor collective transportation service
- Patient perception that PrEP is financially inaccessible.
- Age requirements to starting PrEP
 - The age for sexual consent in Puerto Rico is 16 years
 - The age to start prevention treatments without parental consent is 21 years.
- Government
 - Personal and Political agendas
 - No support from decision-makers
- Need for more providers
- It is crucial to establish partnerships with government agencies and non-profit organizations that handle **age 50+** population-related issues to raise awareness, support and encourage the use of PrEP in people in this social group who are sexually active.
 - AARP publications completely ignore the topic – nor is it addressed in public appearance interventions.

Opportunities in HIV prevention

- Aggressive advertising campaigns in HIV education and prevention
- Increased condom distribution
- **Grassroots interventions**
 - We need to empower and educate **vulnerable communities** to educate and empower their community themselves.
 - The message becomes clearer and is more effective when it comes from **someone in the community**.

Opportunities with the government and other institutions

- **Active participation of the Government** and multisectoral sectors in a plan that seeks to eliminate the HIV epidemic in Puerto Rico.
- **Increased advocacy** in Puerto Rico: The participation of non-profit organizations and other sectors that promote new public policies and changes to them is virtually nil.
- More **significant legislation** (such as changing age) should be developed to make HIV education, prevention, and management more accessible.
- **Sexual health curriculum at schools.**

Opportunities with the government and other institutions

- Increased Government effort and commitment (including the granting of funds) to the **development of campaigns on HIV prevention and management**, as well as to eliminating the stigmatization of the condition.
- **HIV cluster detection**
 - guiding the delivery of intensive services to stop transmission, offer prevention services, and get people into care
- **Compulsory CME on PrEP** for health care professionals
- Require PrEP labs to be covered by all providers **based on ICD10** (as B20)

Opportunities at our Clinic

- Telemedicine
- Extended hours (weekdays and weekend)
- 90 days of medication dispensation
- **Same day PrEP initiation**
- PrEP on Demand
- We are looking to be identified as a “Preferred Medical Group” for PrEP services for insurance providers



Thanks

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

Our 125 employee TEAM, especially:

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



Jorge Perez-Renta, ABD
Frances Plaza, MPH
Juan Ramirez, MD
Lindaliz Rivera
Juan B Rivera-Villafane
Linette Rodriguez, Pharm D
Sylvia Rodriguez, RN
Marisabel Roman, MPHE
Madeline Torres
Miguel Vazquez, PsyD



Contact Information

Ivan Melendez-Rivera, MD

IMelendez@centroararat.org

Centro Ararat, Inc

8169 Calle Concordia Ste 412

Ponce, PR 00717

787-284-5884 x 222