Ending the HIV Epidemic in PR: The Role of CBOs

Presenter:
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- CBO established in 1990
- Multi-funded (RW, local government funds, CDC, etc), non-profit, located in San Juan
  - Ryan White Parts A, C and D
- Provides comprehensive services to PLWHIV and people at-risk for HIV infection and other STIs
  - Emphasis on youth and the LGBTTQI population.
- Serves approximately 900 HIV+ patients per year
- Recently awarded funds to become a FQHC through the BPC
## Counseling, Testing and Referral (CTR) in PRCONCRA

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HIV tests</strong></td>
<td>2902</td>
<td>2575</td>
<td>1993</td>
<td>2037</td>
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<tr>
<td><strong>New HIV diagnoses</strong></td>
<td>56</td>
<td>48</td>
<td>31</td>
<td>37</td>
</tr>
<tr>
<td><strong>Sero-positivity rate (%)</strong></td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Engaged into care</strong></td>
<td>51</td>
<td>46</td>
<td>30</td>
<td>37</td>
</tr>
<tr>
<td><strong>% Engaged into care</strong></td>
<td>91%</td>
<td>95%</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Condoms distributed</strong></td>
<td>37,814</td>
<td>60,439</td>
<td>56,233</td>
<td>51,803</td>
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<tr>
<td><strong>Previous HIV diagnoses</strong></td>
<td>29</td>
<td>53</td>
<td>43</td>
<td>49</td>
</tr>
<tr>
<td><strong>Re-engaged into care</strong></td>
<td>25</td>
<td>50</td>
<td>41</td>
<td>48</td>
</tr>
<tr>
<td><strong>% Re-engaged into care</strong></td>
<td>86%</td>
<td>94%</td>
<td>95%</td>
<td>98%</td>
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</tbody>
</table>
Demographics of our Ryan White Clinic

- Served: 977
  - 861 active
  - 12 deceased

- Gender Distribution:
  - Male: 740
  - Female: 231
  - Unknown: 6

Medical Insurance Distribution

- Public: 75.60%
- Private: 35.20%
- No Insurance: 3.80%

Some clients have more than one medical insurance

Reference: PRCONCRA RSR 2018
Demographics of our Ryan White Clinic

Distribution by age range

- 13-24: 2%
- 25-44: 37%
- 45-64: 54%
- 65+: 7%

54.4% Adults 45-64

**Risk Factor**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>%</th>
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<tbody>
<tr>
<td>MSM</td>
<td>57.3</td>
</tr>
<tr>
<td>IDU</td>
<td>7.8</td>
</tr>
<tr>
<td>Heterosexual Contact</td>
<td>44.8</td>
</tr>
<tr>
<td>Hemophilia</td>
<td>0.1</td>
</tr>
<tr>
<td>Transfusion</td>
<td>0.8</td>
</tr>
<tr>
<td>Perinatal Transfer</td>
<td>1.7</td>
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</tbody>
</table>

**Poverty Level**

<table>
<thead>
<tr>
<th>Poverty Level</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 100%</td>
<td>64.7</td>
</tr>
<tr>
<td>100-138%</td>
<td>12.9</td>
</tr>
<tr>
<td>139-200%</td>
<td>12.7</td>
</tr>
<tr>
<td>201-250%</td>
<td>4.1</td>
</tr>
<tr>
<td>251-400%</td>
<td>4.4</td>
</tr>
<tr>
<td>401-500%</td>
<td>0.9</td>
</tr>
<tr>
<td>More than 500%</td>
<td>0.3</td>
</tr>
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</table>
Clinical outcomes of our RW patients

**Prescription of antiretroviral therapy**

- 2014: 96.95%
- 2015: 97.65%
- 2016: 97.93%
- 2017: 98.5%
- 2018: 98.6%

**HIV viral load suppression**

- 2014: 83.78%
- 2015: 86.55%
- 2016: 86.12%
- 2017: 88.1%
- 2018: 86.57%
- 2019: 90.13%
- RW Program: 85.9%
- US National Average: 59.8%

Reference: PRCONCRA RSR 2018

95-100% of new diagnoses are engaged into care
Lessons Learned for improving Viral Load Suppression

• Re-engaging the patients who are Out-of-Care (OOC)
  • Patients who are diagnosed with HIV but are OOC represent the highest contributors to new HIV infections

• Selected as part of our QA/QI projects since 2017
  • A total of 164 patients have been re-engaged in care during this period
  • Active process
  • Devoted staff
  • Helps identify barriers to retention

Results of CQM project (2018): Patients re-engaged to care
Recommendations to improve clinical outcomes among PLWHIV in PR

- Federally funded clinics should be required to track their patients who are OOC
- Improve surveillance and communication within HIV providers (re-engaging the OOC) in the jurisdiction
  - This will allow early recognition of patients who have fallen OOC
- Institute pilot rapid initiation protocols in the island to further decrease time to viral suppression (none has been established in the island yet)
Implementing PrEP in PR: Understanding the HIV prevention scenario in the island

- PR stands 12th place among the jurisdictions with higher HIV prevalence (1)
- Administrative Order 343 (Oct 2015): PR-DOH adopts the 2020 national strategy objectives
- Dissemination letter for Order 343 (June 2017)
- PR-DOH’s PrEP implementation guidelines (Aug 2018)

(1) CDC (2017)
Implementing PrEP in PR: Understanding the HIV prevention scenario in the island

Yet, in 2019, PrEP is still not easily available to patients at risk for HIV*

Structural Barriers:

- PrEP not available through PR-DOH’s STI/HIV clinics
- Lack of trained resources to implement PrEP services
- Staff willingness: lack of education, stigma, lack of resources, etc (?)
- Vast majority of HIV care in PR occurs within a Ryan White context: restricted funds
- Access Barriers: limited insurance coverage, including Medicaid and private insurances
- nPEP: enormous gap in access
  - Reserved for sexual assault victims, through ER

Only a handful of CBO’s and private clinics currently offer PrEP

<table>
<thead>
<tr>
<th>Region</th>
<th>Division</th>
<th>State</th>
<th>PrEP users Total</th>
<th>PrEP users N per 100,000 people&lt;sup&gt;*&lt;/sup&gt;</th>
<th>PrEP users N per publicly listed PrEP clinics</th>
<th>PrEP-to-need ratio</th>
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<td>Midwest</td>
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<td>372.0</td>
<td>5.3</td>
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<td></td>
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<td>Florida</td>
<td>5,703</td>
<td>20.5</td>
<td>68.9</td>
<td>1.1</td>
</tr>
</tbody>
</table>

* Denominator used here is total population aged 13 years and above in each of the corresponding states.

PR is the jurisdiction with the lowest PrEP-to-need ratio.
New HIV Diagnoses

Number of new HIV diagnoses, 2017

445

Rate of people newly diagnosed with HIV per 100,000 population, 2017

15

PrEP

Number of PrEP users, 2018

(Note: Data underestimates the total number of PrEP users in the U.S. See data methods.)

98

Rate of PrEP users per 100,000 population, 2018

3
Implementing a PrEP clinic in PR: Consumers’ perspective

- 86% have heard of PrEP
- 84% would PROBABLY use PrEP
- 85% would be comfortable with PrEP use
- 75% interested in PrEP at the time of the interview
- 44% worried about possible side effects
- Only 26.2% have talked about PrEP with their HCP

Need to get PCP involved!!!
Implementing a PrEP clinic in PR: The PRCONCRA experience

- A prevention clinic was established in Sep 2016
- Over 500 patients have received HIV/STI clinical preventive services, including PrEP and nPEP
- Initial source of unrestricted funding (Elton John Foundation and Gilead Pharmaceuticals) allowed the jumpstart of this clinic
- It is now a self-sustainable clinic, thanks to the program income derived from our 340B drug discount revenues
Implementing a PrEP clinic in PR: The PRCONCRA experience

- Prevention clinics population characteristics: n=474
- Age Average: 32 y/o

**Gender Distribution**

- Male: 83.8%
- Female: 15.8%
- Trans Women: 0.4%

**Obvious gender disparity**

**Age Distribution**

- 13-24: 20
- 25-44: 64
- 45-64: 15
- >65: 4.5

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Puerto Rico CONCRA

Community Network for Clinical Services, Research and Health Advancement
Implementing a PrEP clinic in PR: The PRCONCRA experience

- Uneven and under-coverage by private and Medicaid insurances
- Access is strongly dependent on Gilead’s PAP or co-pay assistance program
Implementing a PrEP clinic in PR: The PRCONCRA experience

- Jan-Dec 2018
  - n=87 new cases in which PrEP was prescribed
  - Average retention: 6.5 months
    - 3 mos: 62%
    - 6 mos: 54%
- Discontinuations due to AEs: 0
- Sero-conversions while on PrEP: 0
Implementing a PrEP clinic in PR: Retention in PrEP Care is a Challenge

- Not a chronic condition
- Limited resources (limited clinic hrs.)
- Not all services are free
- Risk might be seasonal

Increase available clinic hrs./ flexibility
Free HIV testing
Access more resources to offer more free wrap-around services
Provide other services (ex Mental Health)
Incorporate other modalities of health services provision (ex Telehealth)
Implementing a PrEP clinic in PR: The PRCONCRA experience

• nPEP as gateway to PrEP
  • nPEP users have 4 times the lifetime risk of being diagnosed with HIV
  • 53 patients have been prescribed nPEP
  • 5 patients lost to f/u
  • 17 (35%) have transitioned to PrEP
  • Transition to PrEP is a seamless process for the patient

• nPEP is currently NOT covered by the state, except in cases of sexual assault

• Access to this prevention strategy is extremely limited in PR
Implementing PrEP clinics in PR: Filling the Gaps

- Training of HCP, including PCP is required
  - More involvement of Ryan White structures and resources in the prevention arena would be VERY beneficial!!!
- PrEP needs to also become available through PR-DOH’s STI clinics
- Seek to eliminate disparities in access to PrEP in key populations: women, IVDA, adolescents, transgender
- Private and public insurances need to include medication coverage and PrEP services
  - Access should not rely so much on manufacturer’s PAP programs
- nPEP needs to become more accessible for patients who need it, when they need it
- Learn and model the experience and expertise of CBO’s already providing PrEP