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Texas Collaborative for HIV Education and Prevention (TCHEP) Learning Series

Updates and Recommendations for Primary and Emergency Care Services



A Status Neutral Approach: Redefining HIV Prevention and Care in Texas Healthcare Settings



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Texas Collaborative for HIV Education & Prevention Learning Activities:

“A Status Neutral Approach: Redefining HIV Prevention and Care in Texas Healthcare Settings”

June 16, 2021



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- Complete the participant evaluation



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Other professions:


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Certified in Public Health

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For more information on CE credits, please contact Isabel Clark Isabel.Clark@dshs.texas.gov or email us at tcchep@uthct.edu

For any other question on TCHEP, including materials from this learning series, please visit: <http://tcchep.org>



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Roxana L. Cruz, MD, FACP

Texas Association of Community Health Centers



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A Status Neutral Approach

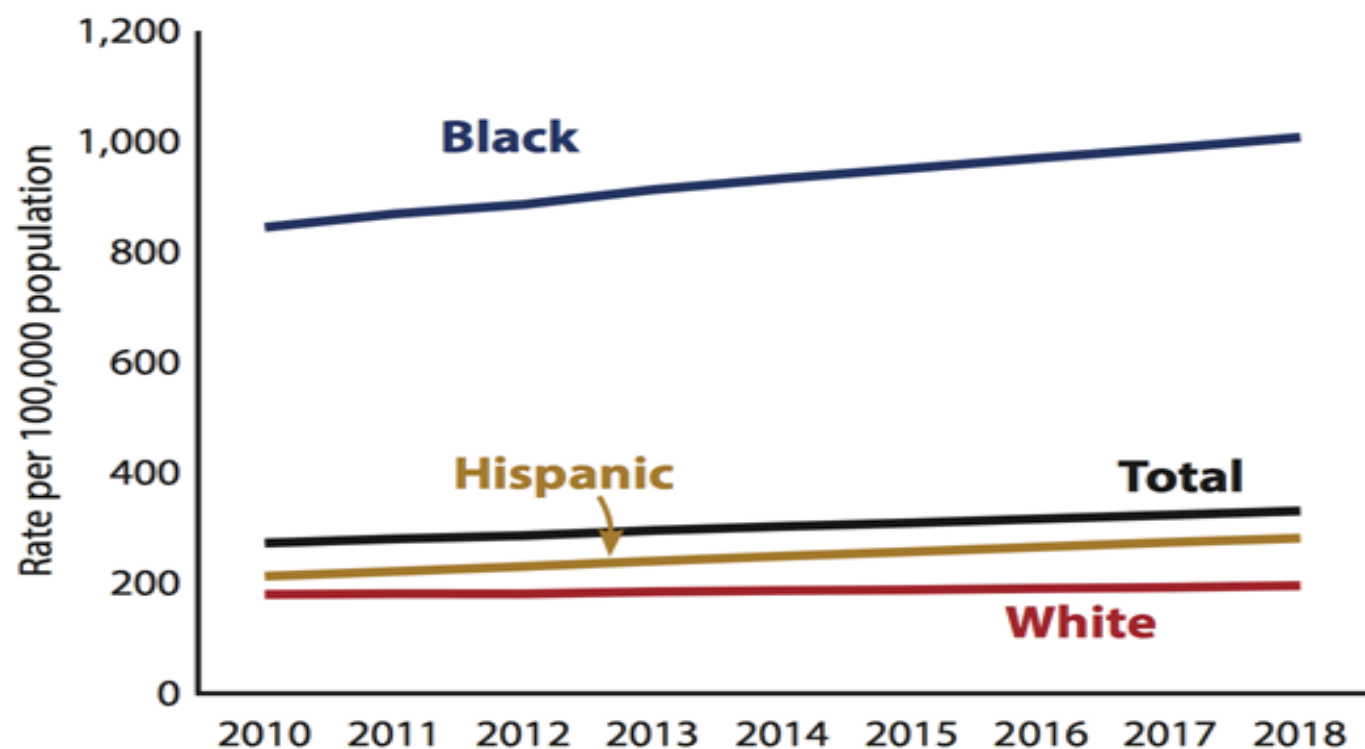
Redefining HIV Prevention & Care in Texas Healthcare Settings

Objectives

- **Define the Status Neutral Approach for HIV Prevention**
- **Review the interventions adopted by clinicians**
- **Explain the benefits & challenges of a Status Neutral Approach to prevent new HIV transmission in the context of Texas Health Centers**

Demographics of PLWH

People Living with HIV in Texas



Priority Populations



*Latinx Gay, Bisexual
and other Men who
have Sex with Men*



*Black Gay, Bisexual
and other Men who
have Sex with Men*



*White Gay, Bisexual
and other Men who
have Sex with Men*



Black Women



*Transgender Women
(particularly Black and
Latinx transgender
women)*

“Achieving Together: A Community Plan to End the HIV Epidemic in Texas and The Texas HIV Plan 2017-2021”

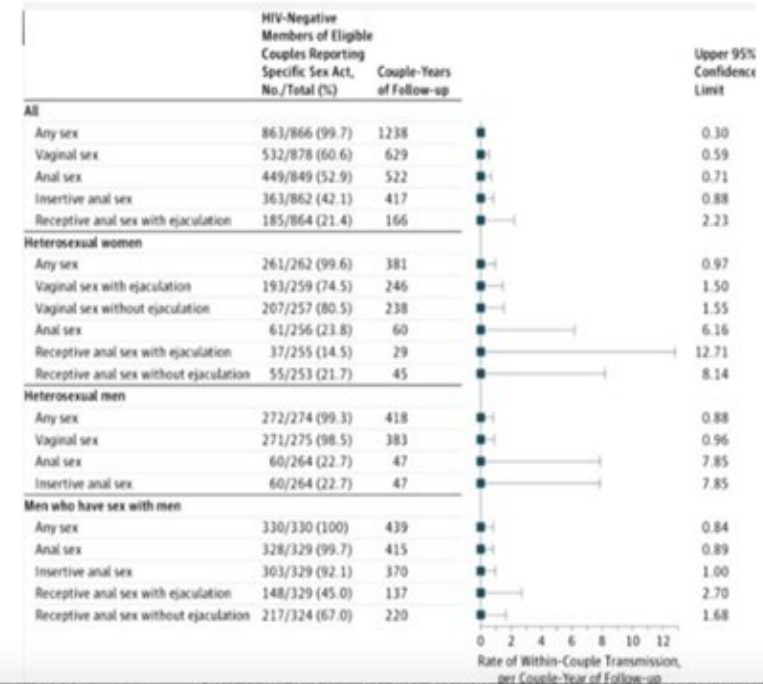
<https://www.dshs.texas.gov/hivstd/info/edmat/HIVAIDSinTexas.pdf>

PARTNER Study

Roger, A, *et al* JAMA 2016;316(2):171-181

- Prospective, observational PARTNER study was conducted at 75 clinical sites in 14 European countries
- Enrolled 1166 HIV serodifferent couples (HIV-positive partner taking suppressive ART) who reported condomless sex (September 2010 to May 2014)
- Eligibility criteria for inclusion of couple-years of follow-up were condomless sex and HIV-1 RNA load less than 200 copies/mL.
- Used phylogenetic analysis if an HIV-negative partner became infected to determine phylogenetically linked transmissions

No documented cases of within-couple HIV transmission during condomless sex when HIV positive partner is virally suppressed



"People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV"



Status Neutral Approach for HIV Prevention

HIV Care & Prevention are the same = Getting to HIV Neutral



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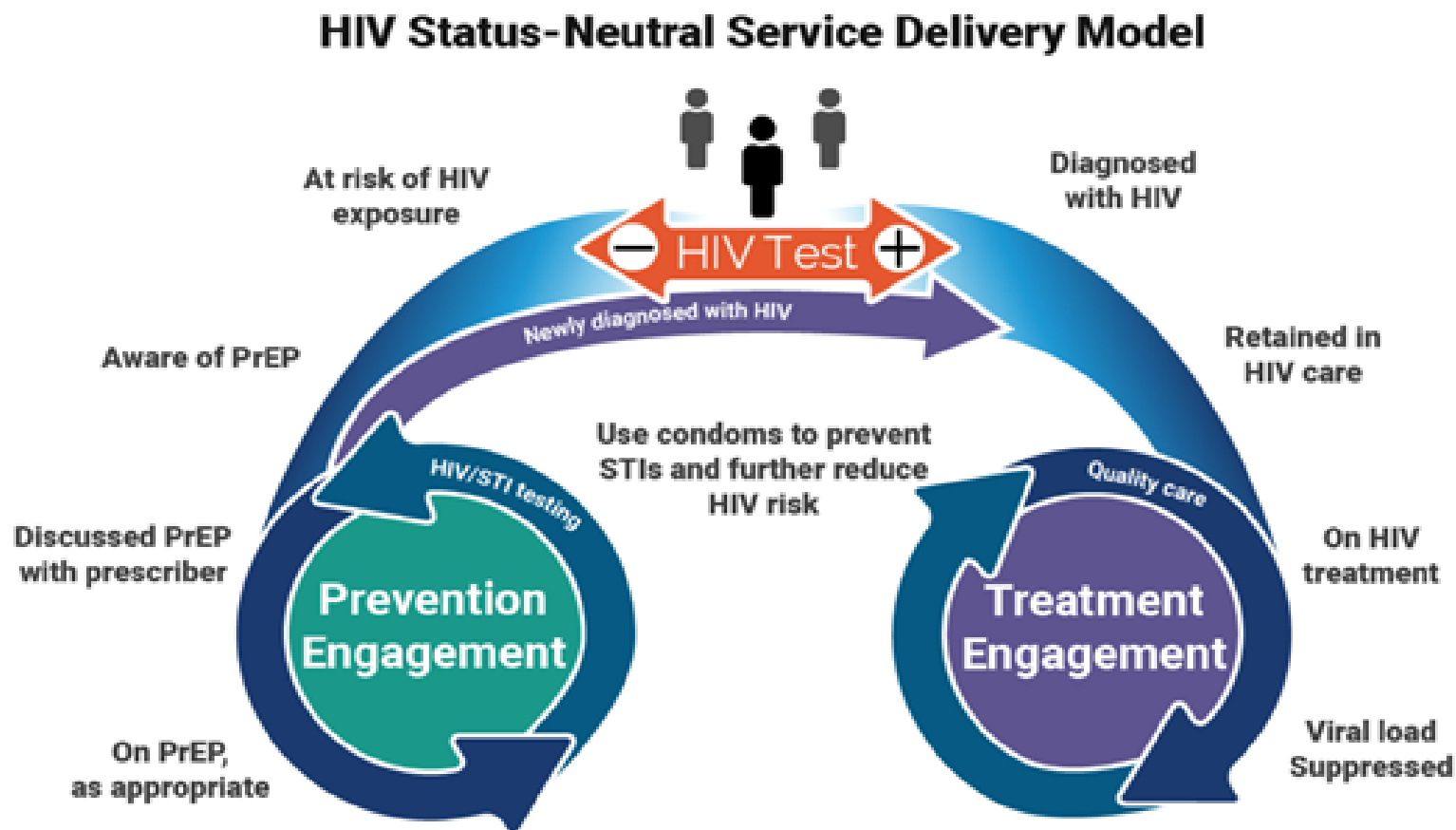


Key Elements to a Status Neutral System

- Person-first
- Status neutral systems ensure agencies are available to provide access to services
- HIV testing is not the only entry point
- Status neutral systems offer variety of services
- Status neutral systems require diverse funding streams
- Status neutral systems require diverse partners.



Service Delivery Model





Interventions for Clinicians

Approaches & Considerations



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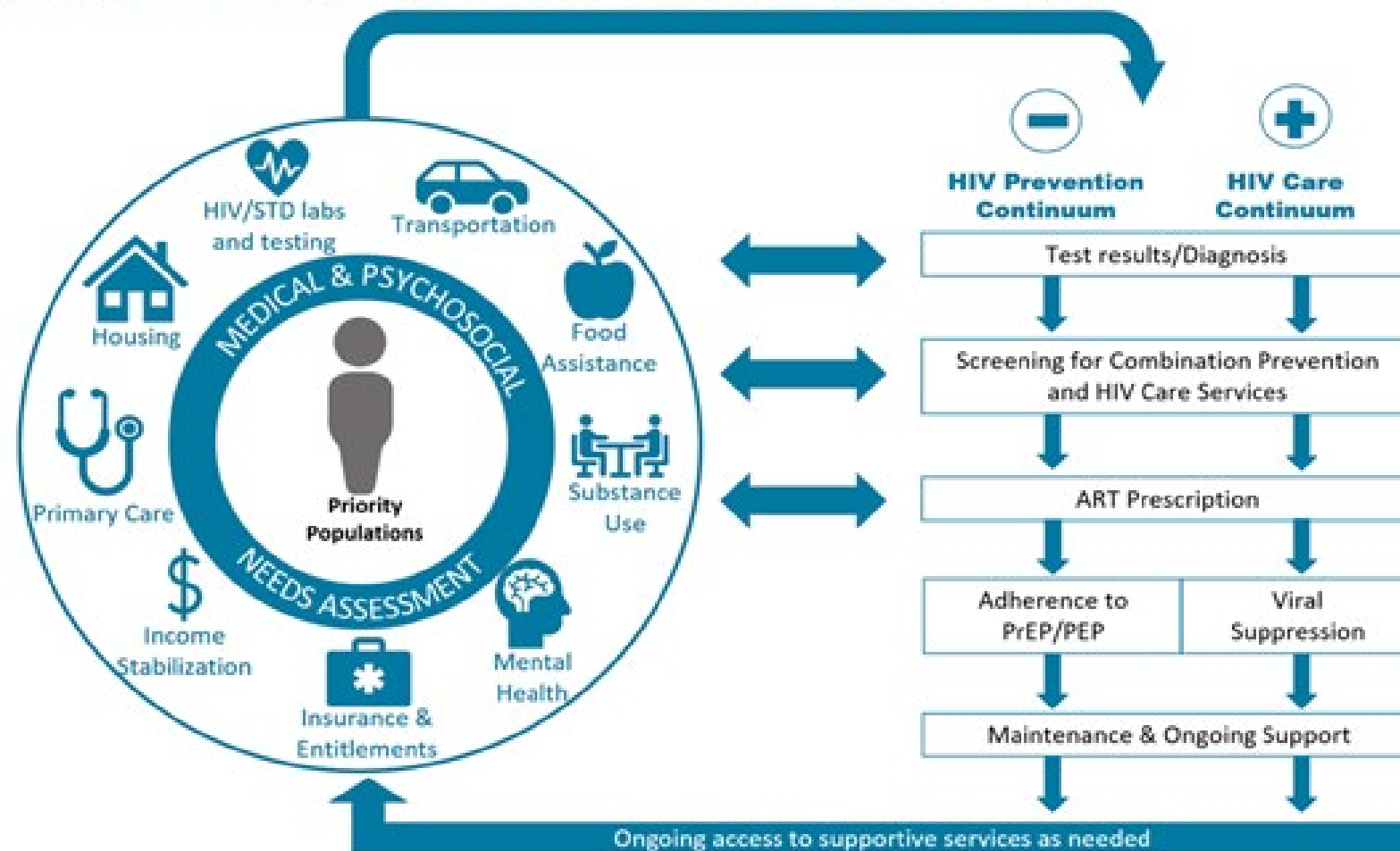


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Status Neutral: Individual Level

STATUS NEUTRAL AT THE INDIVIDUAL LEVEL



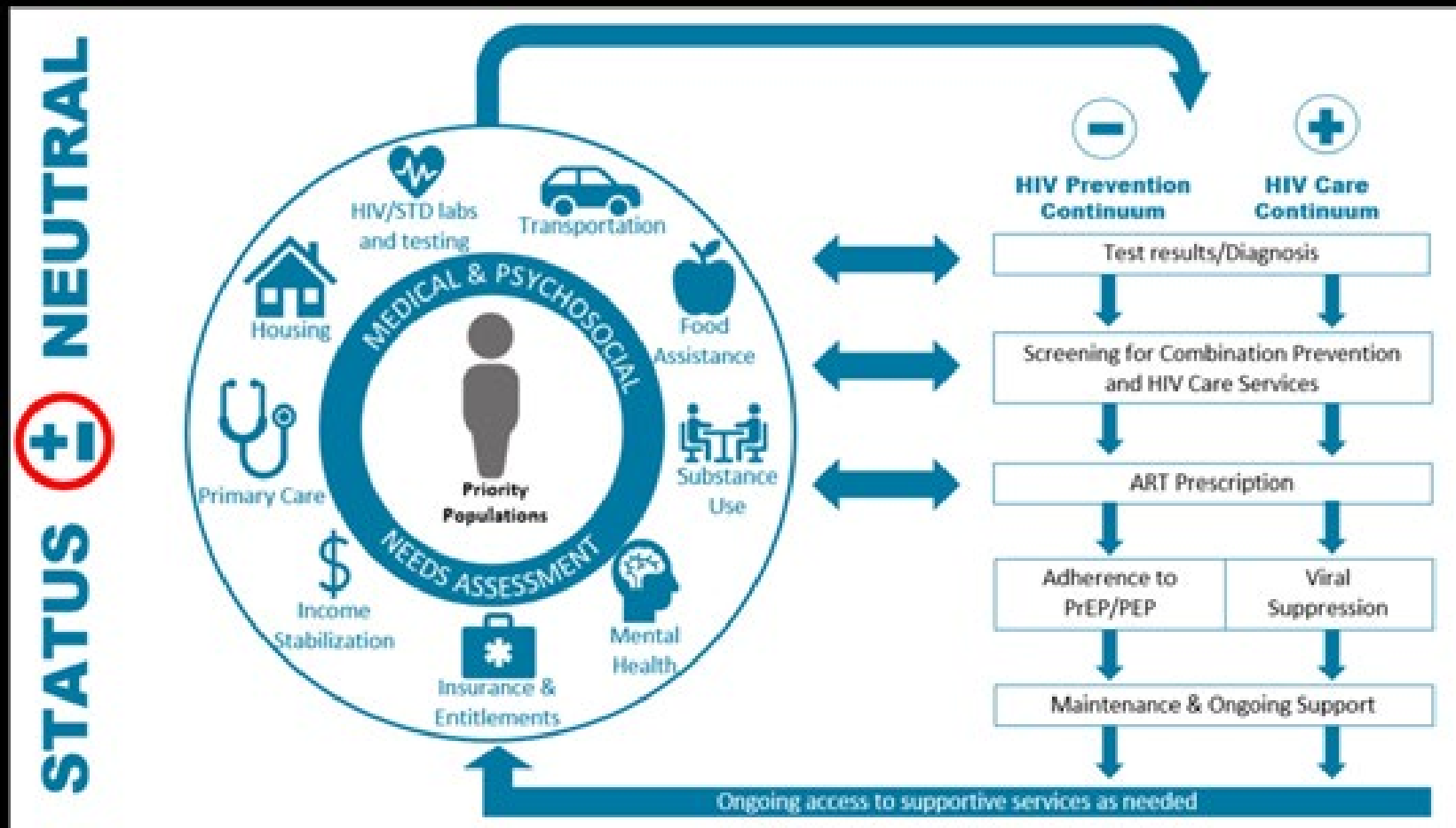
Approaches to Non-Linear Interventions

- “The experiences and needs of these [priority] populations should drive the development and adaptation of local status neutral systems, pathways and services.”
- Addressing individuals through the continuum of care, meeting them where they are.
- Partner with Ryan White Providers as part of the continuum of care to EtE
- Create Peer-to-peer groups for patients and promote discussion with trusted messengers regardless of HIV status

Interventions

- HIV Primary Prevention Engagement & HIV Treatment Engagement strategies
- Discuss PrEP with all sexually active patients
- Sexual Health History or Assessment completed
- Link to Clinical Prevention
- High Behavioral risks discussed: Harm reduction options & strategies
- Cultural sensitivity/humility
- Screen using the most rapid and sensitive methods available (4th generation rapid testing, testing for acute infection)
- HIV-uninfected patients at risk:
 - Offer full 28-day course of PEP
 - Start PrEP and navigate to PrEP provider for continuation of therapy
- Reinforce follow up with primary care provider = engagement in clinical care (VLS or daily PrEP)

Status Neutral: Community Level





Benefits & Challenges of a Status Neutral Approach

Context of Texas Health Centers



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Benefits & Strategies

- Patient Centered Care
- Team-based Care & Shared Decision Making = acknowledges that a hierarchical medical system has inadvertently been a barrier to the scale-up of innovative strategies to end HIV
- **Messaging:** Gain-framing, inclusive, and community-led/based approach to guide PrEP services delivery implementation.

Strategies:

- Use of STI/STD for screening and introducing options
- Use of Opt-out HIV Testing
- Discuss/Prescribe: PrEP, nPEP
- Sharing Lessons Learned from peers/colleagues
- Connecting with partners outside the health center space

Challenges & Next Steps to EtE

- Stigma
- Mis-information
- Interdisciplinary or Cross-sector collaborations
- Funding & Cost as barriers to testing, PrEP, nPEP

NEXT Steps:

- Health care professionals need knowledge updated and their **applied skills built around innovative service delivery options** for HIV testing, U=U, PrEP
- Social influences on U=U implementation through **trusted messengers/influencers** directed to public

Implementing a Status-Neutral Approach to HIV

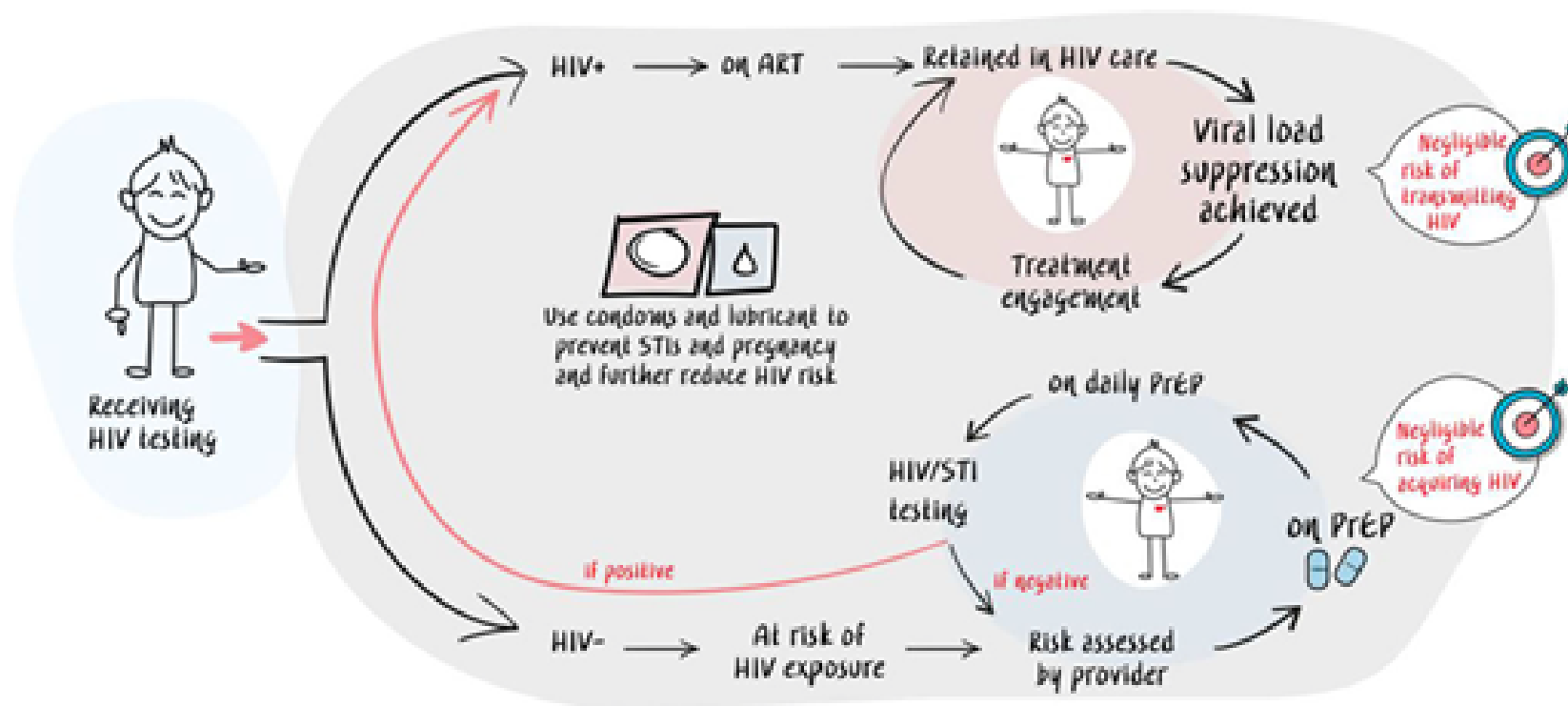


Fig. 1 "Status-neutral" approach to HIV as a way to shift the messaging and programming paradigms of HIV treatment and prevention
<https://doi.org/10.1007/s11904-020-00516-z>



Ogechika K Alozie, MD, MPH, AAHIVM

Southwest Viral Med



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A thick red ribbon graphic that starts on the left, curves upwards and to the right, loops back down and to the left, and then curves back down and to the right, ending in a small arrowhead pointing towards the bottom right corner.

**Status Neutral
Rapid Start**

**Ogechika K. Alozie,
MD, MPH, AAHIVS**

Southwest Viral Med



- El Paso, Texas
- Infectious Diseases clinic – mostly focus on HIV, STDs, and Hepatitis C
- Co-located with Project CHAMPS – Ryan White case management Agency
- Service ~700 patients
- 60-70% uninsured Hispanic patient population

SWVM Funding

RW sub-grant recipient, TIPP in-kind donations, DSHS PrEP grant

HRSA 340B Status— STD and Ryan White

340B Contract Pharmacies

Program Goals

Appt within
72 hours of
initial referral

Provide care
without
regard to
testing result
or insurance
status

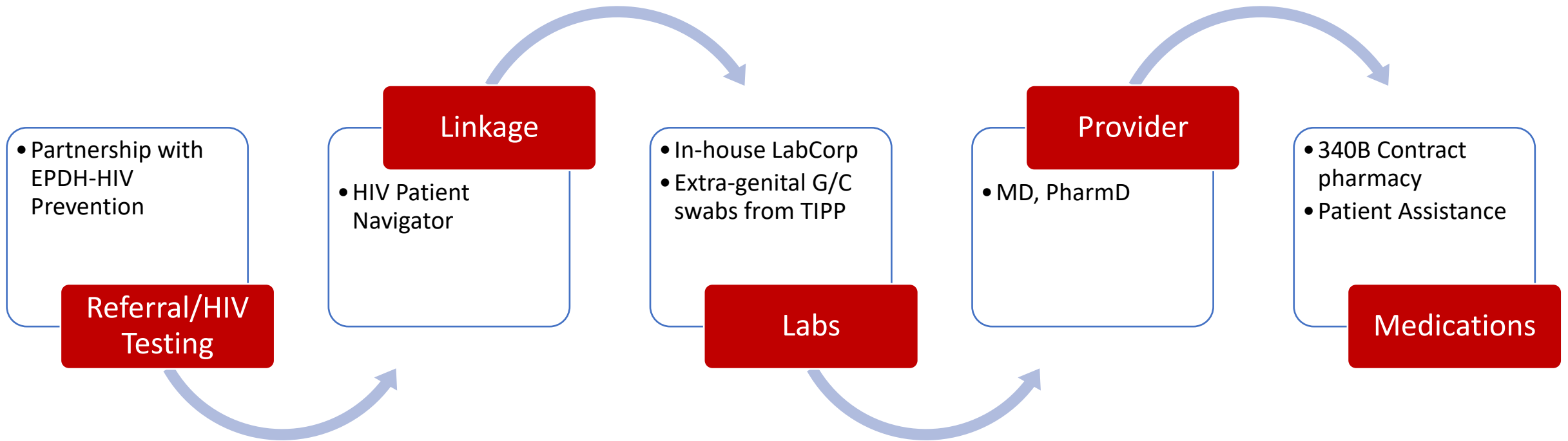
Start ART on
day seen by
provider

Increase
overall
retention
rates

Program Development



Key Components



Barriers

Access

- Need more navigators
- Appointment availability

Insurance Status

- High uninsured rates (do not generate enough 340B income to subsidize labs)
- High cost and frequency of needed labs
- Ability to obtain ARRT within 72 hours

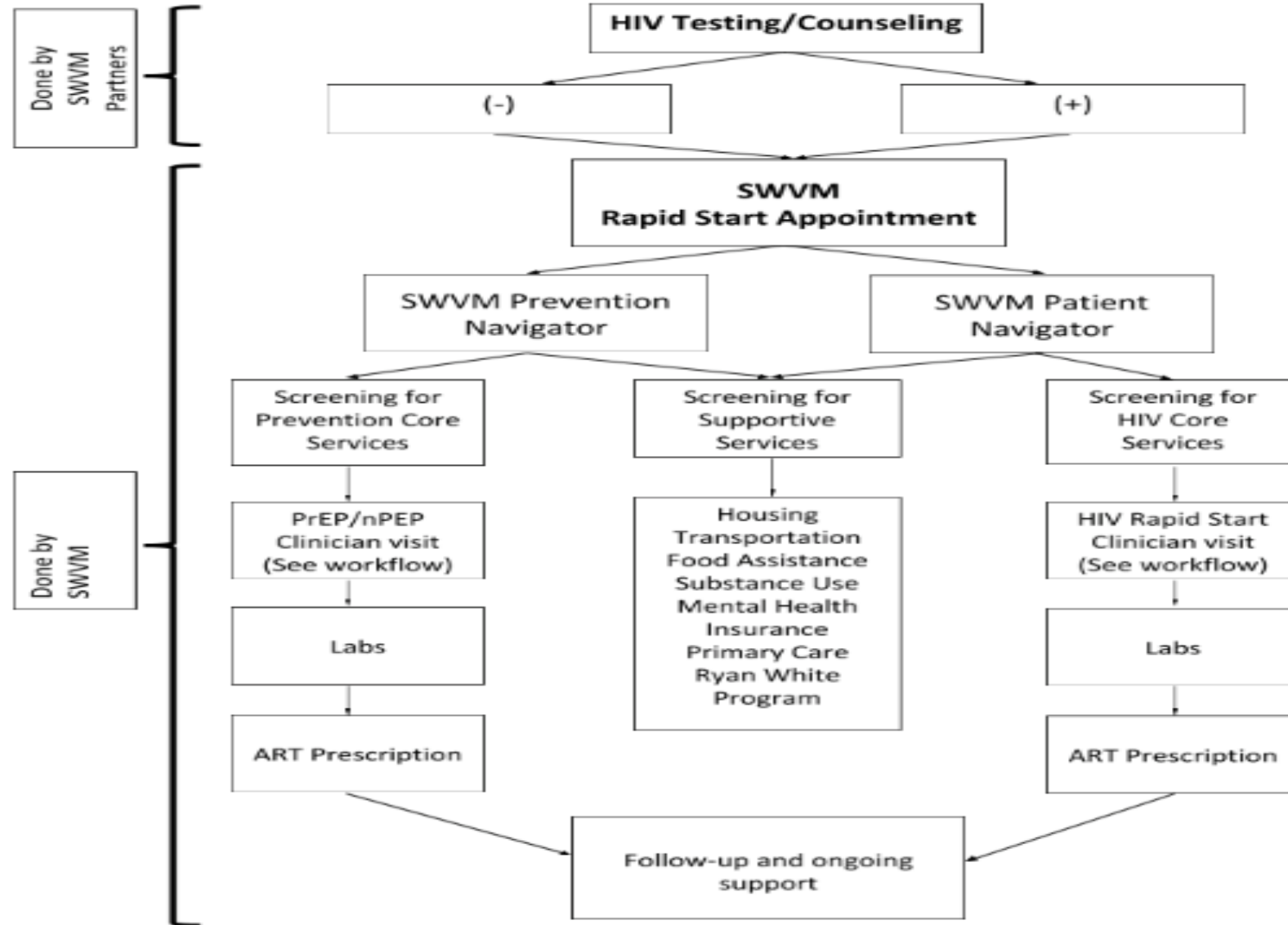
Solutions

Access

- Hired Prevention Navigator
- Hired Nurse Practitioner

Insurance Status

- LabCorp Indigent Program
- Purchased medication at 340B price to provide 3-day supply to all patients



Rapid StART Status Neutral Data

Referrals	Retention in Care/VS
26 nPEP	100%
88 PrEP	92%
36 HIV Services	95%
January 1, 2020-May 31, 2021	

	nPEP	PrEP	HIV
Seen in 24 hrs.	100%	78%	88%
Started on ART on day seen	100%	40%*	100%

*No recent HIV test or recent unprotected sexual encounter

Acknowledgements

**Grecia Heredia, PharmD, AAHIVP, BCACP,
and the SWVM Team**



That's all, folks!

Any Questions?



Thank you!