



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

Rapid Initiation of ART in Diverse HIV Care Settings in the District of Columbia

Adam Visconti – DC Health

David Cornell – Mary's Center

Heather Alt - Whitman Walker Health

Natella Rakhmanina- Children's National

Disclosures



- AV - No conflicts of interest or financial disclosures
- DC – Disclosures: Presenter for Gilead Sciences Speaker’s Bureau, Descovy for PrEP, 2019-2020. No other items to disclose.
- HA – No conflicts of interest or financial disclosures
- NR – No conflicts of interest or financial disclosures

Overview



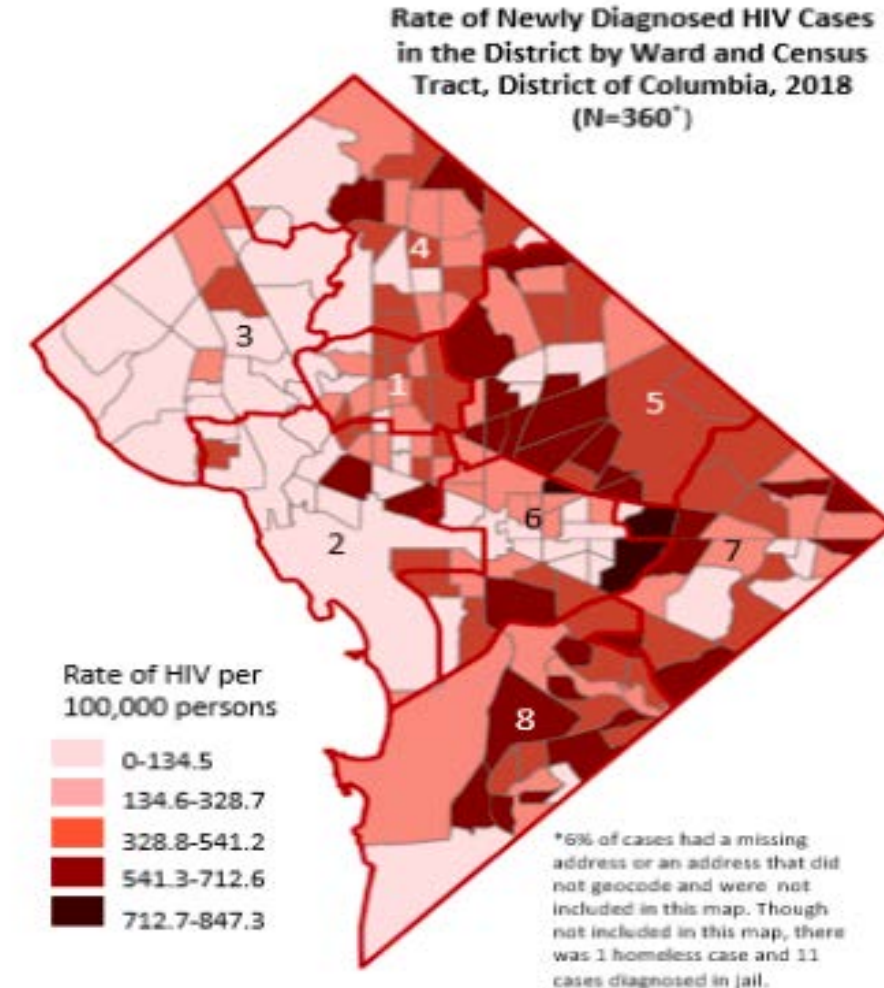
- HIV in DC
 - Demographics, trends, care continuum dynamics
 - Rapid ART in DC
- Program Overview:
 - Mary's Center
 - Whitman Walker Health
 - Children's National
 - DC Health
- Program Questions
- Audience Q&A

HIV in DC



VIRTUAL
2020 NATIONAL
RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

- 12,332 PLWH in DC (1.8%)
 - 71.7% Black; 15.6% White, 7.6% Latinx
 - 27% Black MSM, 15% Black Heterosexual Women, 13% white MSM
 - 73.0% sexual transmission; 9.7% injection drug associated
- 282 new HIV cases in 2019
 - 1,362 cases in 2007
 - 399 cases in 2015
 - *New cases younger, more Latinx, less associated with injection drug use compared to overall PLHW DC residents*



HIV Care Continuum in DC



In 2018:

- 57.2% of individuals newly diagnosed with HIV linked within 7 days
 - 84% within 30 days of diagnosis
- Median time to viral suppression: 114 days
 - 68% within 6 months
- Among RW Clients:
 - 73% retained in care
 - 95% prescribed treatment
 - 80% virally suppressed

Ending HIV in DC

- **90/90/90/50 Plan**
 - **90% of HIV+ know status**
 - Expanded and targeted screening
 - **90% PLWH on treatment**
 - Rapid ART, TAP, Data to Care, culturally appropriate services
 - **90% on treatment virally suppressed**
 - **50% reduction in new HIV diagnoses**
 - PrEP, PEP, safe injecting, condom distribution, educational initiatives



Aim: Initiate ART as soon as possible following HIV diagnosis

- **Intent:** Facilitate engagement in treatment, expedite viral suppression to reduce time to transmission
 - Consistent with recommendations from WHO, IAS, HHS ART Guidelines (1,2,3)

Population: New HIV diagnosis, readiness to start treatment, no significant medical complications

Organization: Independent programs by local HIV care providers

- **Rapid ART Working Group:** Quarterly meetings with providers facilitated by HAHSTA / RW Quality Team started in April 2018
 - Protocol exchanges, quality metric formulations, sharing best practices
 - Communication with health department and HIV surveillance team for up to date demographic trends, resistance patterns, linkage

Panel Overview



- Adam Visconti – DC Department of Health – DC Health and Wellness Center
- David Cornell – Mary’s Center
- Heather Alt – Whitman Walker Health
- Natella Rakhmanina- Children’s National

Clinical Sites – Mary’s Center



Mary’s Center

- **Location:** Five clinic locations: 3 in Downtown DC, 2 in Suburban Maryland
- **Funding:** FQHC, largely funded by grants.
 - RW History: RW funding first in 2017, various other HIV/STI prevention funding
- **Volume / Services:**
 - Volume: 55,000 patients annually
 - Services: Medical, Dental, Mental Health, Charter School, Home Visiting, Social Services
- **Demographics:**
 - Gender: 63% Female, 37% male
 - Race / Ethnicity: 70% Latinx/Hispanic, 44% White, 16% Black/AA, 25% unreported.
 - Insurance: 57% Medicaid/Public, 30% uninsured, 11% Private, 2% Medicare.
- **HIV Treatment / Prevention History:**
 - PrEP Program funded starting in 2017, now up from 8 patients in year 1 to 157, 38.2% Female
 - HIV Program with 200 HIV+ Patients, roughly 14% eligible for RW, 3 ID providers, minimal R-ART.

Clinical Sites – Mary’s Center



- **“SDART” @ Mary’s Center (“start”, not S-dart”)**
 - **Start:** January 2019
 - **Providers:** 1 NP & 1 MD HIV certified, 1 PA HIV trained, all provide ID consults
 - Training: Board-certified ID physician, AAHIVS-certified NP w/ Duke Univ. HIV Fellowship
 - SDART protocol based on 2017 WHO Guideline allowing trained HIV Health Education staff to provide Rapid ART with support.
 - **Medication:** BIC/FTC/TAF only
 - Provision: On-site dispensing of Biktarvy samples, ADAP rapid entry if needed
 - **Volume:**
 - 2019: 8 new clients, all diagnosed on-site/outreach, all treatment naïve
 - **Outcomes:**
 - 8 started, 6 follow-up at 1 month, 4 attended 3-month, all 4 were VS at 3- and 6-months.
 - Most MC SDART clients are youth with variable appointment attendance, often high social support needs (housing, employment, transportation, food, sex work, family support, etc).

Clinical Sites – Whitman-Walker Health



Whitman-Walker Health

- **Location:** Two medical center sites: NW and SE DC
- **Funding:** FQHC, 330 funds from HRSA
 - RW History: RW funds since 1990
- **Volume / Services:**
 - Volume: In 2019: 20,760 patients; 130,622 encounters for medical, dental, sexual health
 - Services: Medical, dental, substance use, mental health, sexual health, legal, public benefits, Nurse Care Management, onsite pharmacy
- **Demographics:**
 - Gender: 41% male, 16% female, 4% trans woman, 2% trans man, 2% gender queer, 35% did not specify
 - Race / Ethnicity: 32 % white, 32% Black or African American, 21% unreported, 9% other, 3% Asian, 1% Native American, 74% not Latinx, 18% Latinx, 8% declined to specify
 - Insurance: 30% private; 25% public; 11% self pay + uninsured + sliding fee scale
- **HIV Treatment / Prevention History:** Serve most HIV+ clients in city; Red Carpet; PrEP; Research

- **“Fast Forward” @ WWH**
 - **Start:** 11/2017
 - **Providers:** ~20 MD/PA/NP
 - Training: All patient facing departments familiar with flow
 - **Medication:** Primarily Biktarvy[®] and Symtuza[®]
 - Provision: All patients can acquire same-day meds regardless of insurance; Intro Packs; Vouchers
 - **Volume:**
 - 10/1/18-9/30/19 : 67/99 newly diagnosed or new to HIV care
 - **Outcomes:** Transformed standard of care. Faster time to VL suppression. No statistical significance for retention in care. Would like to evaluate qualitative experience: stigma.

Clinical Sites – Children’s National



Children’s National

- **Location:** Ward 5, single clinic located at Children’s National Hospital with primary, inpatient and multiple subspecialty services, labs and radiology on site
- **Funding:**
 - **RW History:** >30 years of funding, recipient of DC Part A, Part A-MAI, and Part B; Suburban Maryland Part A-MAI; Title IV Part D; and DC Regional Early Intervention Services awards
- **Volume/Services:**
 - **Volume:** ~675,000 outpatient clinic visits annually, ~230 customers living with HIV in care, ~160 HIV exposed customers/year, 2,500 tested for HIV and 550 (United Medical Center only) for STI/year
 - **Services:** Early intervention services, PrEP/PEP, pharmacy on site, ambulatory and inpatient medical, subspecialty medical, sexual and reproductive health, mental health, substance abuse, psychosocial support, medical and non-medical case management, medical transportation, emergency financial assistance, patient care navigation, peer navigation, nutritional support, peer support, parent/caregiver support , school and community outreach, STI testing and treatment, contraception
- **Demographics:**
 - Gender: 48% cis-females, 1% transgender
 - Race / Ethnicity: 95% Black/African American including 30% African immigrants, 10% international adoptees
 - Insurance: all kinds accepted, Medicaid 75%, private insurance 24%, uninsured <1%
- **HIV Treatment/Prevention History:** main provider for persons age 0-24 yo in DC area for >30 years, specializing in vertical and horizontal HIV; site for multiple clinical trials and research protocols for pediatric and adolescent patients; youth PrEP program with school outreach; Rapid ART services for ~10 years (including infants, children and adolescents)

- **“HIV Services/Rapid ART” @ Children’s National**
 - **Start:** ~ 10 years
 - **Providers (4 MDs, 3 NPs, 1 RN):**
 - Training: MDs, NPs, RDN, LD, CPNP-PC, RN, PsyD, APNP, LICSW, LGSW, and MPH; most providers AAHIV certified; weekly team meetings, multiple CME and other trainings
 - **Medication (age/weight based, following HHS guidelines):**
 - Provision: through research and standard of care pharmacies on site and throughout wide network of regional pharmacies, including home delivery, rapid enrollment in ADAP and other drug assistance programs as needed
 - **Volume:**
 - 2019: 220 customers in care, 12 newly diagnosed customers, most diagnosed off site, initiated on ART at first visit
 - **Outcomes:** overall viral suppression=75% and retention in care and treatment= 88%; ~4 months to VL suppression among newly diagnosed including young children, and 82% retention rates of new clients

Clinical Sites – DC Health and Wellness Center



DC Health and Wellness Center:

- **Location:** Single clinic, co-located with TB clinic, central DC
- **Funding:** DC Government-run and funded sexual health clinic
 - RW History: Pilot site for Rapid ART initiative, no previous RW experience
- **Volume / Services:**
 - Volume: 7,000 annual clinical encounters
 - Services: STI diagnosis and treatment, PrEP/PEP, contraception, mental health counseling
- **Demographics:**
 - Gender: 69% cis-male, 30% cis-female, 1% trans-female
 - Race / Ethnicity: 67% Black, 29% White (49.7% Latinx; 50.3% non-Latinx), 4% Asian
 - Insurance: 45% no insurance, 27% Medicaid (78% MCO), 26% private, 2% Medicare, 1% TriCare
- **HIV Treatment / Prevention History:**
 - PrEP / PEP: 4 years, active cohort of ~450 clients
 - HIV care and treatment: no previous experience, started rapid ART in 2019

- **“Rapid ART” @ DCHWC**
 - **Start:** January 2019
 - **Providers:** 1 NP / 1 MD, ID consultation if needed
 - Training: Supplemental HIV didactics through online sources, supplemental protocol / process training of staff at monthly staff meetings
 - **Medication:** BIC/FTC/TAF; DRV/COBI/FTC/TAF
 - Provision: On-site provision of medication, rapid entry into ADAP if needed
 - **Volume:**
 - 2019: 25 new patients started (19 diagnosed on site, 6 treatment naïve)
 - **Outcomes**
 - 23 / 25 achieved viral suppression (average 39 days from first visit)
 - 22 / 23 VS within 90 days, all within 180 days of first visit

Group Questions



1. What was a significant barrier your site encountered when starting your rapid initiative?
2. What words of advice would you give to site considering starting a rapid ART initiative?
3. How has COVID impacted rapid ART at your program?

Questions?