

Mind the Gap!

Maximising the Response: Addressing Gaps in
the Treatment Cascade

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Treatment for People who are HIV free

- GAP
- Do people who test negative get the right support to remain negative?
- What does treatment support for people who test HIV negative look like?
 - Sero-different partners
 - People considered “High risk”
- PrEP Gap: How many people who test negative for HIV will go on to acquire HIV?
- PrEP “Cascade”

Treatment for people who have HIV

- Treating people with HIV may or may not include the use of antiretroviral drugs
- People who are using antiretroviral drugs, for whatever reason, have particular treatment needs
- Information exists about the use of antiretroviral drugs for other people's benefit
 - Pregnant women
- Less available information on antiretroviral drug use in people with high CD4 counts



British HIV Association

Standards of Care for People Living with HIV 2013



Describes what good care looks like

Everyone knows what's expected

Outcomes focussed: measures and indicators

Adaptable: goals rather than routes

Measurable : demonstrate implementation

Auditable outcomes

Be able to identify when standards are not met

Who are these standards for?

- Service providers involved in the care of people with HIV.
- Commissioners with responsibility for purchasing care for people with HIV
- People with HIV – what should they expect to be able to access



A single system approach



Gap:Diagnosis



TOTAL
HIV
+
100
%

Diagnosed
HIV+
77%

HIV is under recognised by clinicians

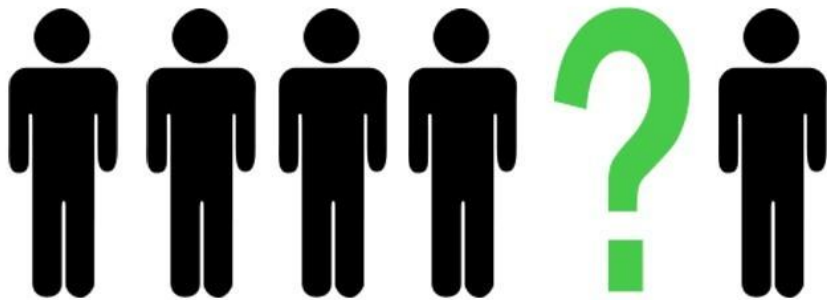
- Snapshot audit in 2010
- 1,112 people newly diagnosed with HIV
- 52.2% baseline CD4 count below 350 c/mm³
- 30% clinical symptoms associated with HIV
- 25% of patients had at least one missed opportunity for an earlier diagnosis

Standard 1

People attending health care services (primary, secondary and tertiary care) should be offered diagnostic tests in accordance with current national guidance



Gap: Access and Retention in Care



Diagnosed HIV
+
77%

Retained in
care
73%

Standard 2

People newly diagnosed with HIV, wherever they are tested, should be offered a full assessment, carried out by an appropriately trained practitioner with specialist expertise in HIV, at the earliest possible opportunity and no later than 2 weeks after receiving a positive HIV test result.

Services must have mechanisms in place for those who miss appointments or who transfer their care to another centre, to ensure people with HIV are retained in specialist care.



Gap: Taking Antiretroviral therapy – or not?



Retained in
Care
73%

Prescribed
ARVs
64%

Standard 4

People living with HIV should be prescribed antiretroviral drugs by an appropriately qualified clinician and receive treatment and monitoring with such drugs that follow current national guidance.



UK Treatment Guidelines 2012

Starting Antiretroviral Treatment

We recommend patients with chronic infection start ART if the CD4 cell count is 350 cells/mL or below. It is important not to delay treatment initiation if the CD4 cell count is close to this threshold

We recommend the evidence that treatment with ART lowers the risk of transmission is discussed with all patients, and an assessment of the current risk of transmission to others is made at the time of this discussion

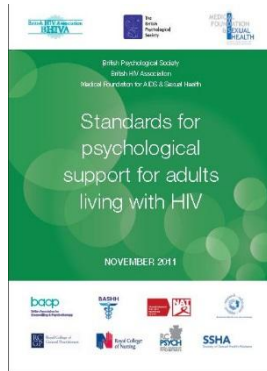
We recommend following discussion, if a patient with a CD4 count above 350 cell/ μ L wishes to start ART to reduce the risk of transmission to partners, this decision is respected and ART is started

Gap: On ARVs with Supressed Viral load



Prescribed ARVs
64%

Viral load undetectable
58%



HIV CRITICALLY RELATED CARE

HIV- critically - related care

- Promotion of mental , emotional and cognitive wellbeing as it relates to HIV
 - Stepped model of care
- Promotion of good sexual health
 - Maintaining relationships, disclosure, screening for STIs
- Reproductive health
 - conception, contraception, pregnancy and childbirth



Martin Fischer and Gill Ereaut Health foundation 2012

SUPPORT, SELF MANAGEMENT AND USER ENGAGEMENT

Engagement and sharing

- Opportunities for appropriate self management
 - Physical, social, peer support, self management
 - Non clinical care provision
- Involvement of people with HIV in decisions about their care and their services
 - At all stages of service design and implementation
 - Individually, clinic – level, nationally



KNOWLEDGE: COMPETENCY, DATA, AND RESEARCH

Knowledge: Competency, data & research

- Care delivered by those with appropriate skills and competencies
 - Multidisciplinary teams
- Information – using, sharing and generating data
 - Public Health England HARS data sets
 - Use of the NHS Number
 - Engagement with research
 - Audit : national and local

Implementing good care

- Whole system approach
- National Service specifications
- Quality dashboard
- CQUINS
- ARV procurement
- Payment by results
- HARS data sets
- Audit
- Patient related outcome measures (PROMS)
- Joint strategic needs assessments
- Health and wellbeing boards
- HealthWatch
- Overview and Scrutiny Committees



Some ideas for closing gaps

- Person centred approach to care, treatment and research
- Whole system: efficacious drugs alone are not enough
- Understand what works where? And why?
- Closing the intellectual and academic gaps
- Leadership: The role of people with HIV, clinicians, politicians
- Visibility: challenge complacency
- Resource: infrastructure, people, technology, money
- Stamina: For the long haul
- Failure is not an option

THANK YOU

BHIVA Standards project was
supported by
MAC AIDS Fund
Right Care