

Optimization: Cross-Cutting Lessons from Interventions to Improve Engagement in HIV Care

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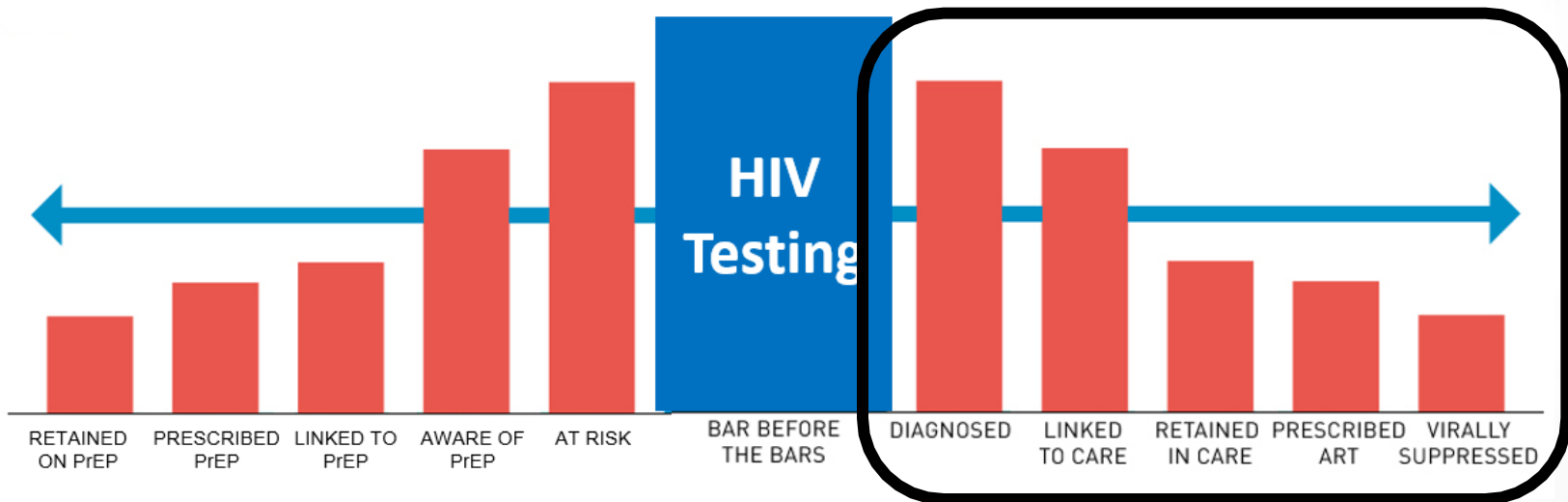
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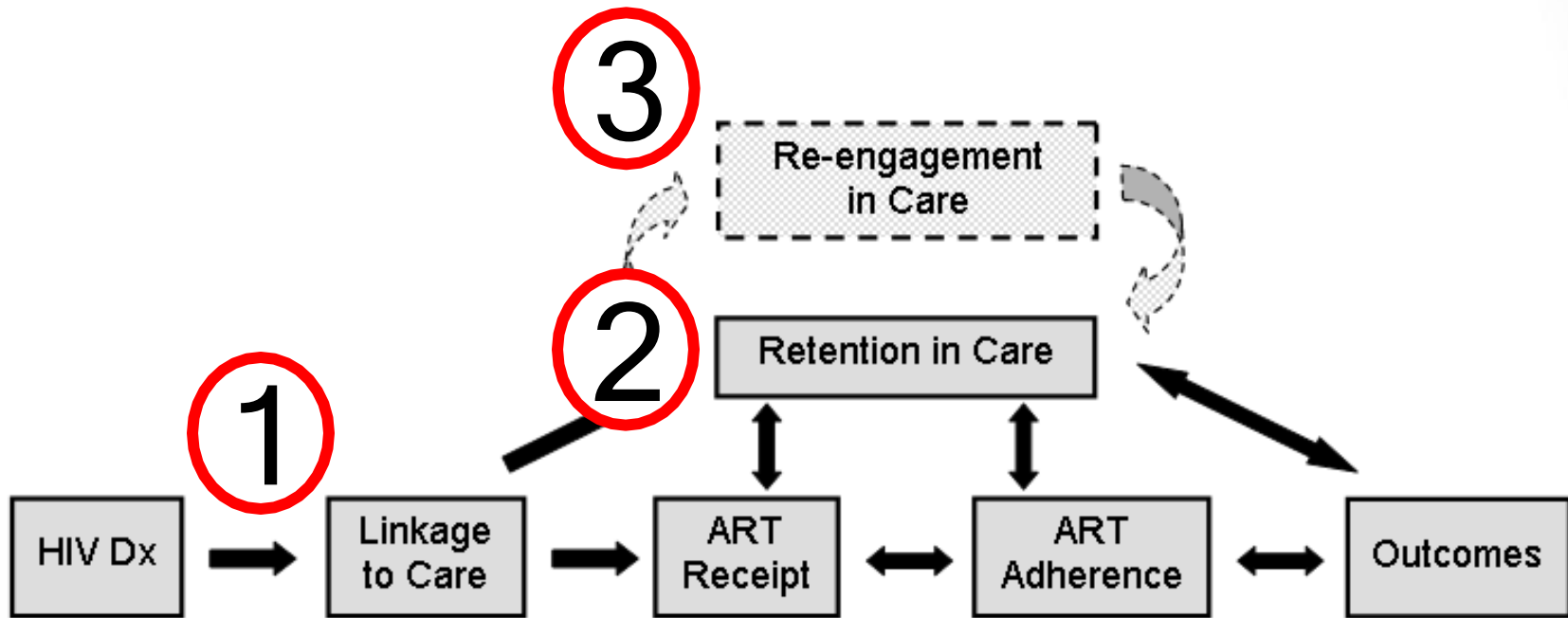
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Status Neutral Continuum of HIV Prevention and Care

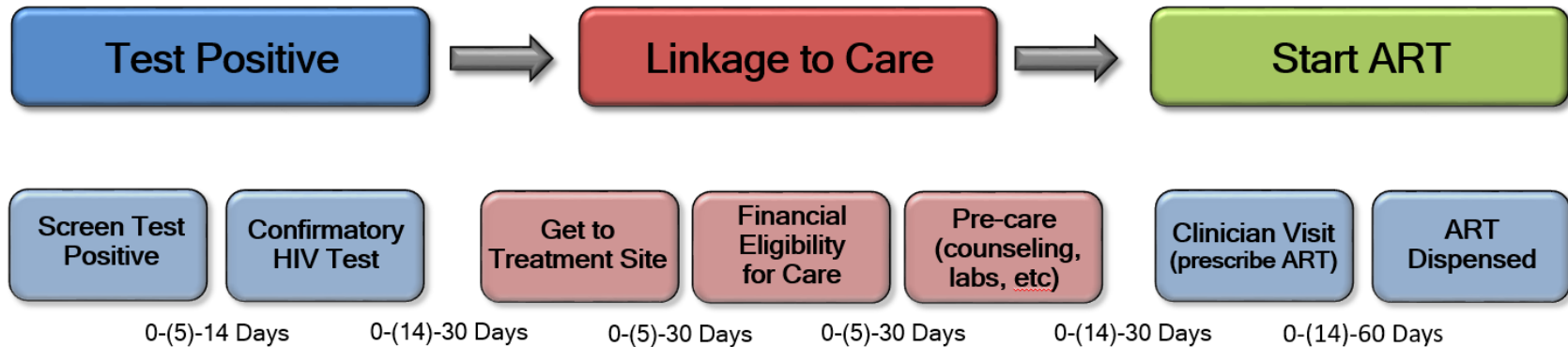


Blueprint for HIV Treatment Success: 'Dynamic' Engagement in HIV Care



'Fast Track,' Rapid Start Programs

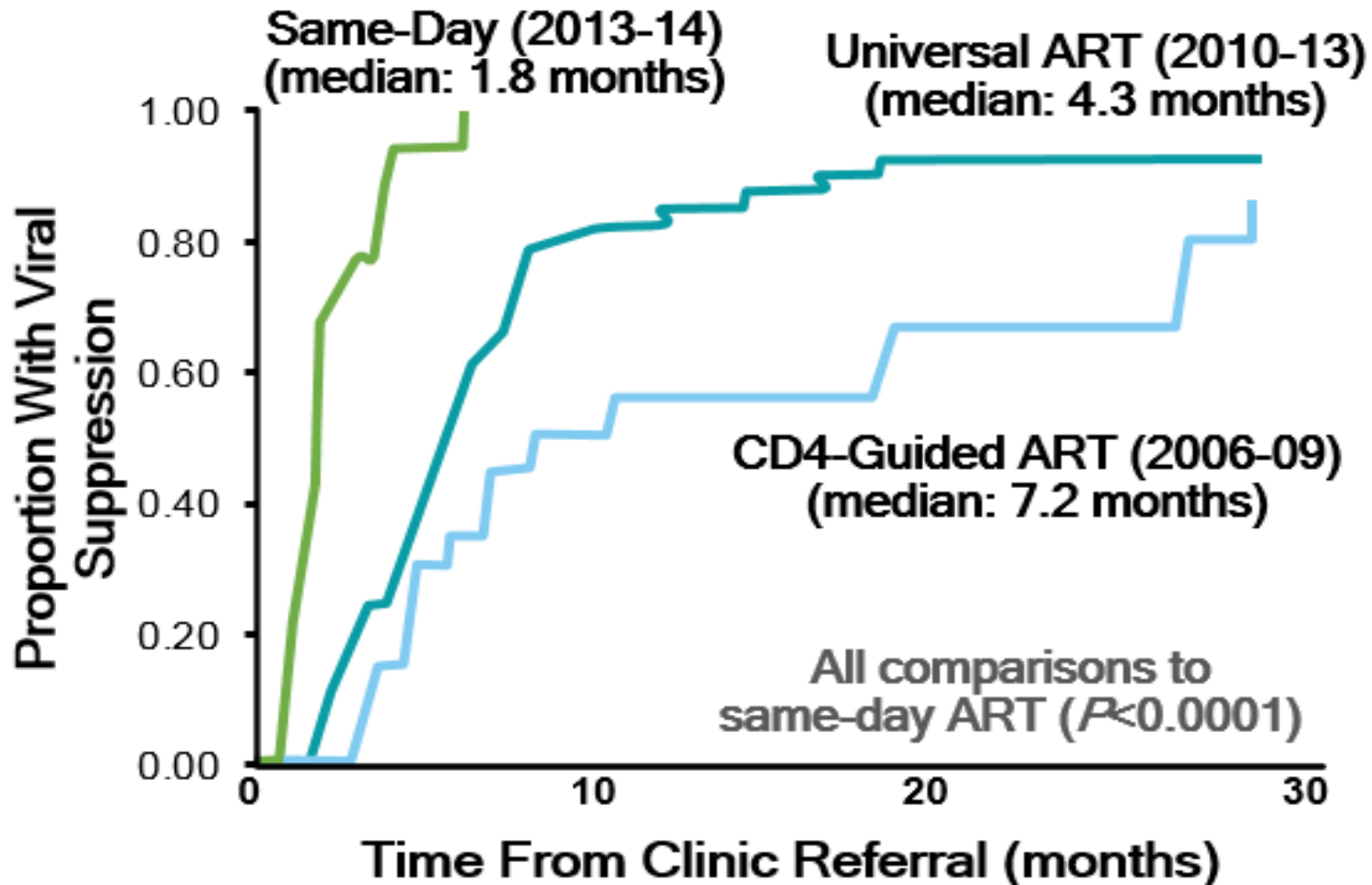
Early Steps on the Care Continuum: Historical Impact on ART Start & VS



Historical Delays in ART Start up to 194 Days

Public Health Approach: SF RAPID

Time to HIV RNA <200 copies/mL



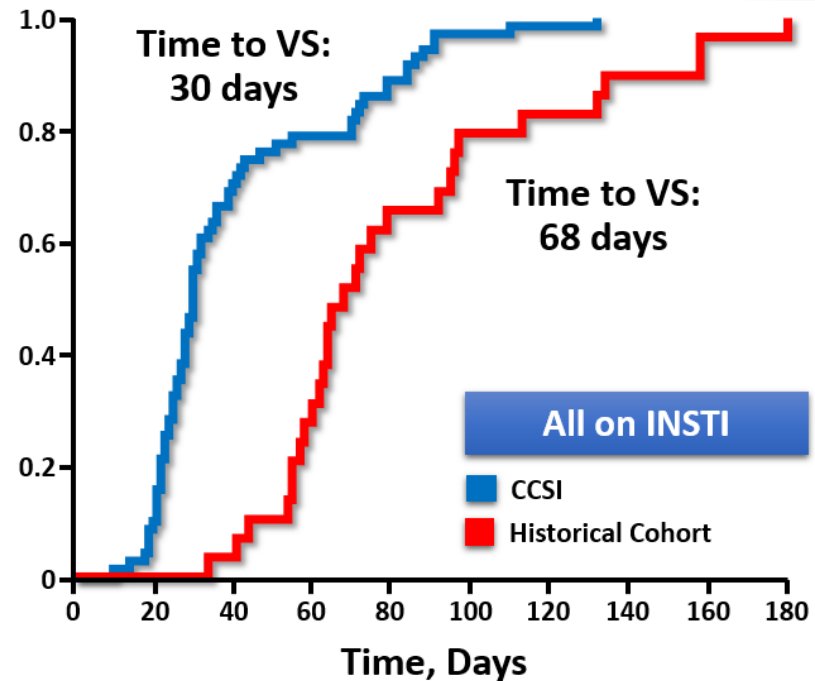
Clinic-Based Approach: CCSI

■ Crescent Care Start Initiative (CCSI): FQHC, NOLA, LA

- LTC & ART w/in 72 hrs
- 24-hr LTC coordinators
- Primary provider visit
 - Labs & DTG+TAF/FTC
 - 1st ART dose in clinic
- HIV specialist w/in 4 wks

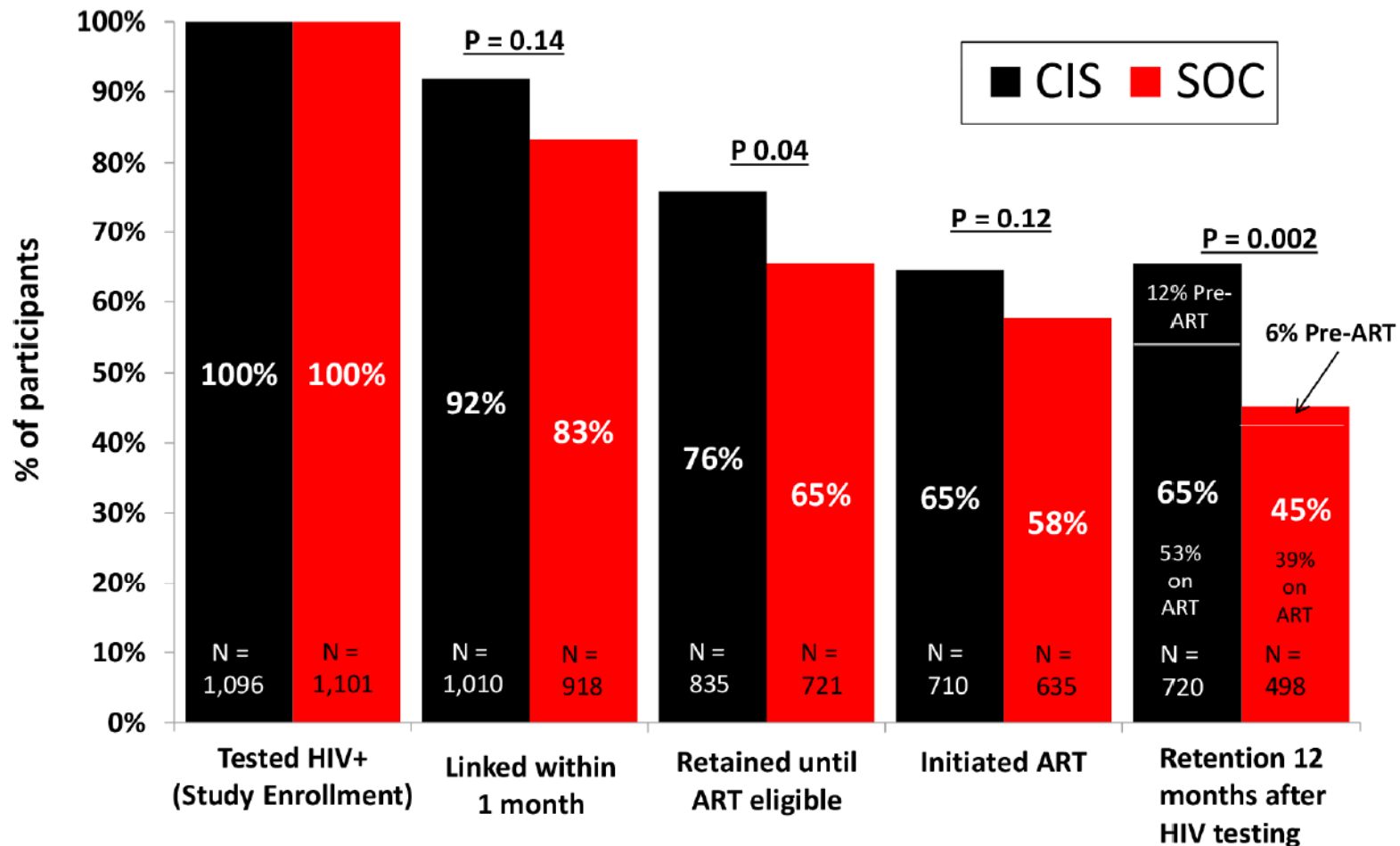
■ CCSI Results

- 92% LTC & ART in 72 hrs (n=71/77)
- All 71 CCSI patients achieved VS
 - Median time = 30 days



Combination Intervention Strategies (CIS)

Link4Health for Linkage & Retention in Adult HIV Care

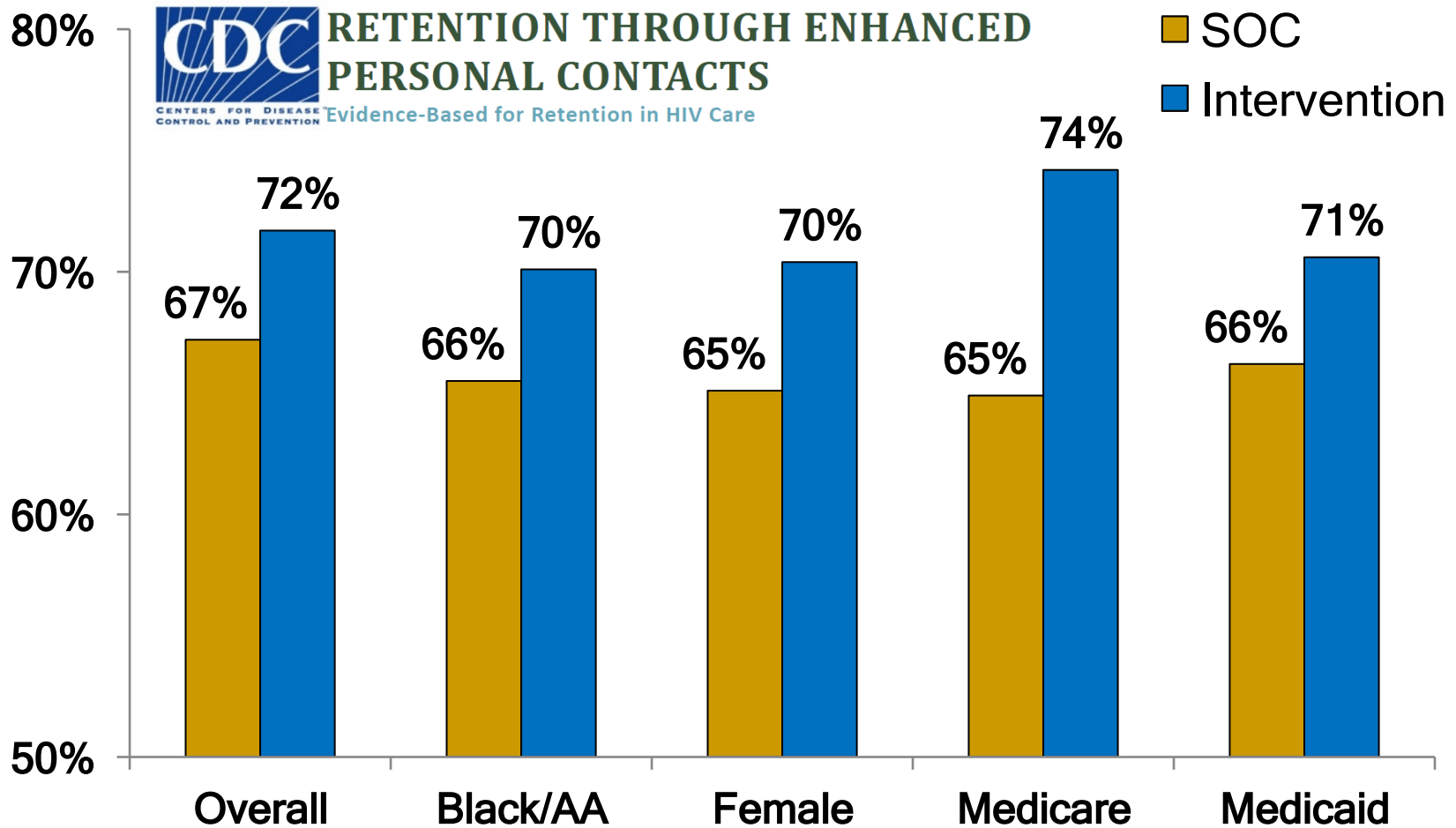


A CIS Strategy for Linkage & Retention in Mozambique

Category	Outcome	CIS N = 744		CIS+ N = 493		SOC N = 767	
		N	Percent	N	Percent	N	Percent
Primary outcome							
At diagnosing facility	Linked to care within 1 month of diagnosis and retained 12 months after diagnosis	425	57%	273	55%	268	35%
At any health facility	Linked to care within 1 month of diagnosis and retained 12 months after diagnosis	547	74%	360	73%	363	47%

Retention (RiC) & Re-engagement in Care Interventions

Retention via Enhanced Personal Contact (REPC): Clinic-Based



Project HOPE (CTN049): Patient Navigation +/- Financial Incentives

	<u>No./Total (%)</u>		
	Navigation Only	Navigation + Incentives	Usual Treatment
HIV treatment			
Visited an HIV specialist			
Self-report	177/225 (78.7)	208/240 (86.7)	155/232 (66.8)
Medical records	92/131 (70.2)	103/125 (82.4)	88/151 (58.3)
Secondary Outcomes at 6 Months ^j			
Treatment success	97/248 (39.1)	120/260 (46.2)	89/253 (35.2)
Viral suppression (success) ^c	97/225 (43.1)	120/238 (50.4)	89/233 (38.2)
Deaths (failure) ^d	23/248 (9.3)	22/260 (8.5)	20/253 (7.9)

Lessons learned...

- Effective engagement in care interventions are incredibly time & resource intensive
- ‘Fast track’ programs show promise...will long-term engagement & VS be sustained?
- Combination intervention strategies work...but which components? Need all of them??
- Mixed findings for conditional incentives
- Effect sizes of engagement interventions are relatively modest...no “silver bullet”
- Even when improve engagement outcomes...challenging to improve VS

U=U: Undetectable=Untransmittable



HIV & AIDS - sharing knowledge, changing lives

"The scientific evidence is clear. Someone whose HIV is undetectable does not pose an infection risk to their sexual partners."

For information on HIV you can rely on: www.aidsmap.com

#UequalsU

There has never been a more hopeful time in the history of AIDS. Revolutionary advances in HIV prevention and treatment can now bring the epidemics of HIV stigma and HIV to a halt.



New York State Becomes the First State in the U.S. to join U=U
September 28, 2017



Department of Health



HEALTHY CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

City of Chicago and Community Leaders Join U=U Campaign as Part of New Effort to Reduce HIV Transmissions to Zero

September 28, 2017



A PERSON LIVING WITH HIV WHO HAS AN UNDETECTABLE VIRAL LOAD DOES NOT TRANSMIT THE VIRUS TO THEIR PARTNERS.

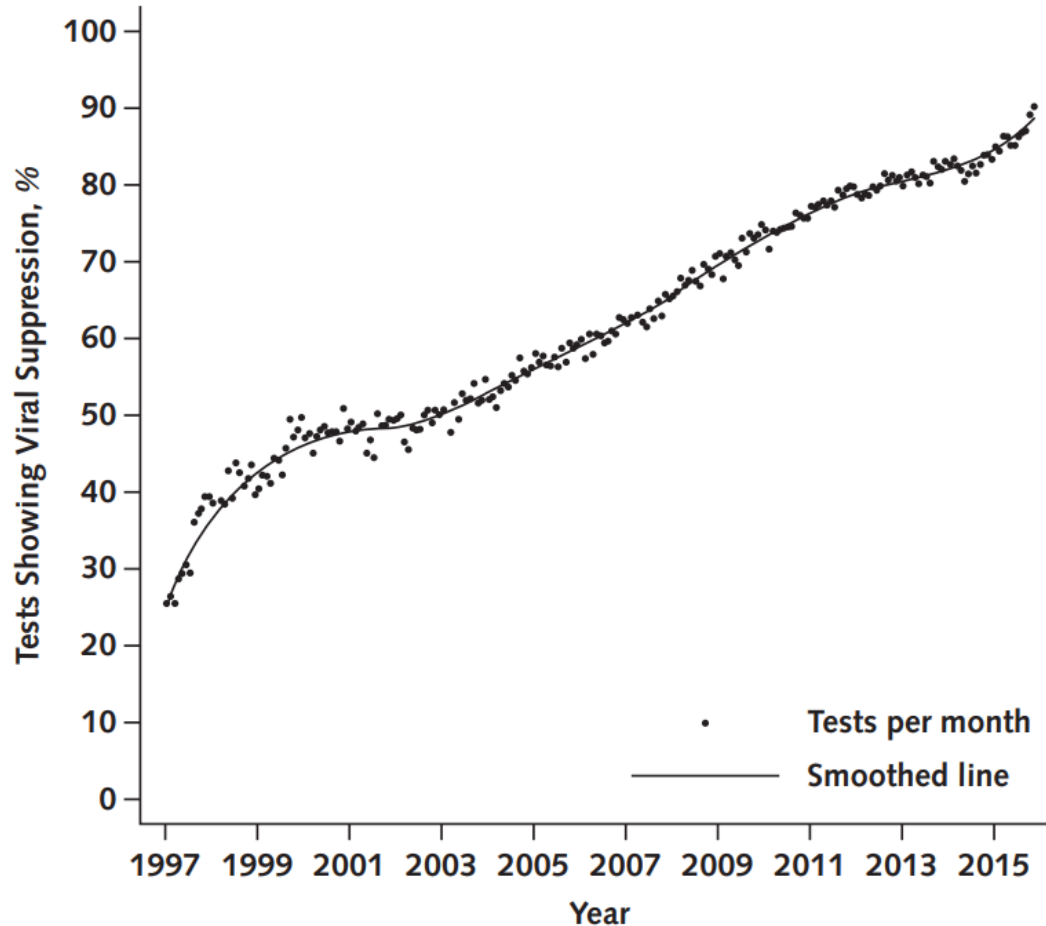


<https://www.preventionaccess.org/about>,

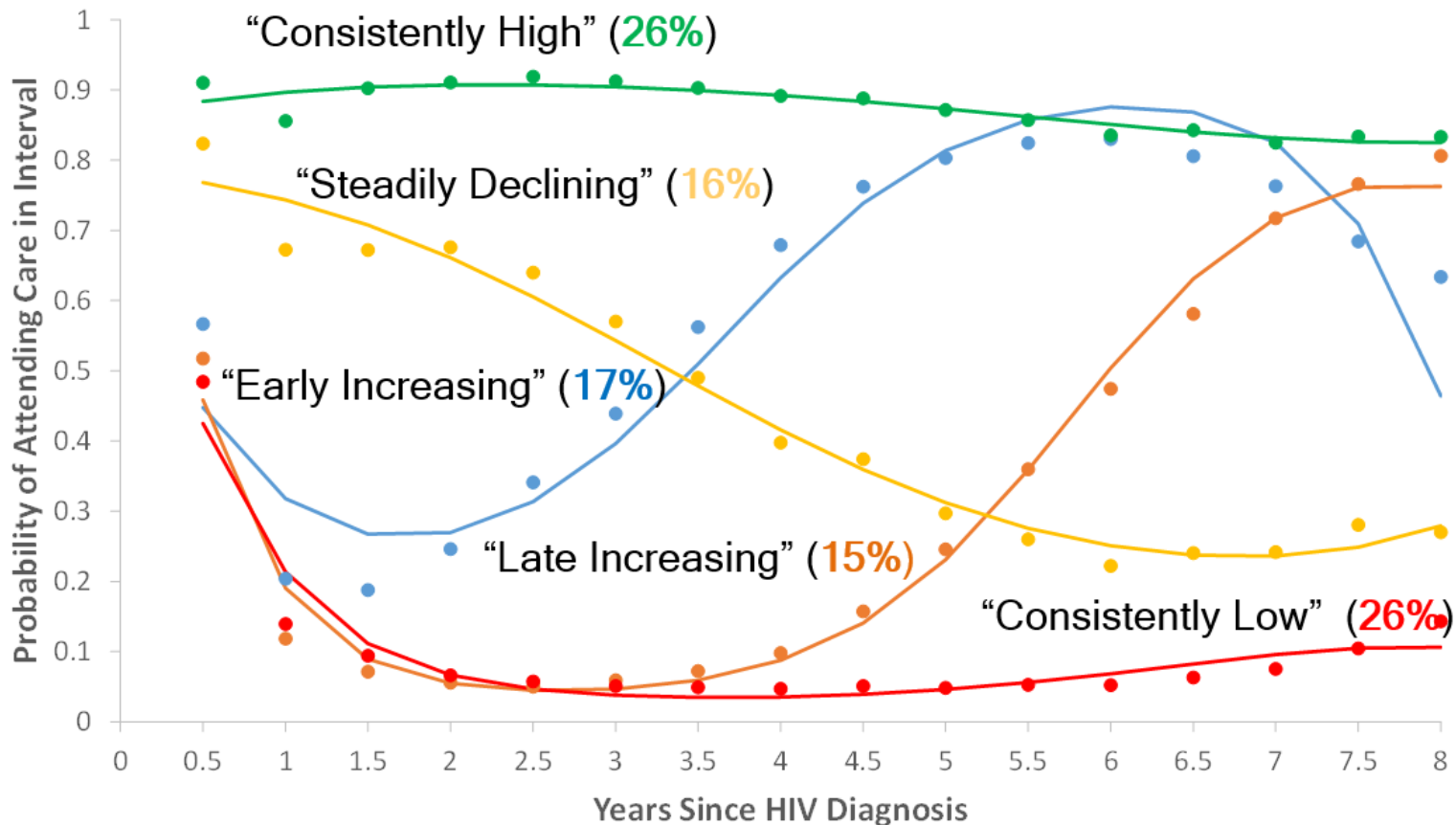
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https://www.cityofchicago.org/city/en/depts/cdph/provdrs/health_services/news/2017/september/city-of-chicago-and-community-leaders-join-u-u-campaign-as-part-.html

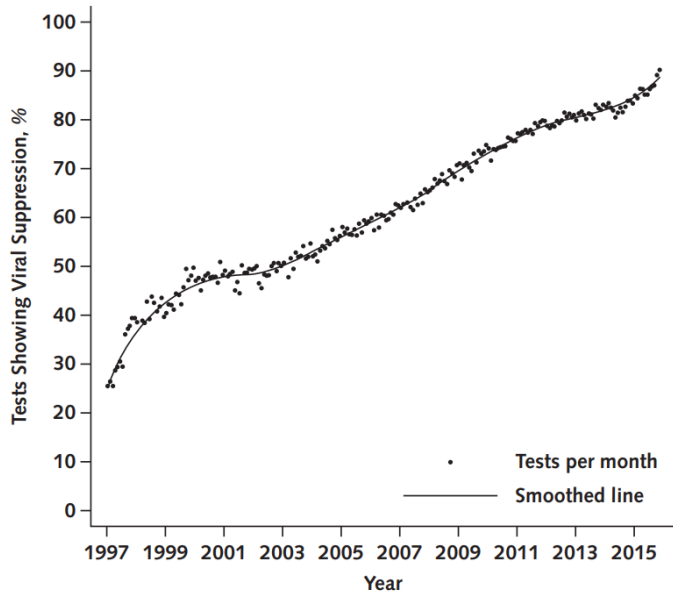
HIV VS Trends Over Time: CNICS Clinical Cohort, 1997-2015



Engagement in HIV Care: A Dynamic Behavior & Indicator(s)



Going forward...



DIFFERENTIATED SERVICE DELIVERY

