The DC Experience: Scaling up TLC Plus
The Washington Post

November 26, 2007

Study Calls HIV in D.C. a “Modern Epidemic”

The New York Times

November 27, 2007

Report Finds Washington Has Highest AIDS Infection Rate Among U.S. Cities
Estimate of Persons Living with HIV/AIDS in DC

Nationally, Persons Living with HIV/AIDS: 1,039,000-1,185,000

DC Residents Living with HIV/AIDS: 19,728 - 26,704

~ 25% Unaware of Infection

~ 75% Aware of Infection

~ 25% - 50% Unaware of Infection

~ 50% - 75% Aware of Infection

Source: DC Department of Health, Regional EMA Comprehensive HIV Care Plan, 2009-2011
HIV/AIDS in the District of Columbia


• 16,513 reported living with HIV/AIDS in the District as of 12/31/2008
• 3.2% of the District’s population diagnosed with HIV/AIDS
• One-third to one-half of people (locally) may be unaware of the HIV+ status
(Source: DC NHBS data)

DC Resident Living with HIV/AIDS as of 2008, by Gender and Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>Black</th>
<th>Hispanic</th>
<th>White</th>
<th>Other*</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>8,285</td>
<td>736</td>
<td>2,548</td>
<td>325</td>
<td>11,894</td>
</tr>
<tr>
<td>Female</td>
<td>4,204</td>
<td>146</td>
<td>144</td>
<td>125</td>
<td>4,619</td>
</tr>
<tr>
<td>Total</td>
<td>12,489</td>
<td>882</td>
<td>2,692</td>
<td>450</td>
<td>16,513</td>
</tr>
<tr>
<td>DC%</td>
<td>75.6%</td>
<td>5.3%</td>
<td>16.3%</td>
<td>2.7%</td>
<td>100%</td>
</tr>
<tr>
<td>US% (2007)</td>
<td>51%</td>
<td>18%</td>
<td>29%</td>
<td>2%</td>
<td>100%</td>
</tr>
</tbody>
</table>
HIV Prevalence among Sub-Populations
District of Columbia

HIV Prevalence by Race/Ethnicity

- Black Males: 7.1%
- All Blacks: 4.7%
- Hispanic Males: 3.4%
- White Males: 2.9%
- Black Females: 2.8%
- All Hispanics: 2.1%
- All Whites: 1.8%
- Overall DC HIV/AIDS prevalence Among Adults and Adolescents: 3.2%

HIV Prevalence NHBS Study Populations

- Black MSM: 28.0%
- White MSM: 7.7%
- IDU: 24.0%
- Black Heterosexuals: 3.9%
- Female Heterosexuals: 6.3%
- Female Heterosexuals: 3.2%
- Male Heterosexuals: 1.0%
HIV Risks and Risk Behaviors in the District

**Other mode of transmission includes hemophilia, blood transfusion, occupational exposure (healthcare workers), and perinatal.
Framing the Response: Prevention to Care Continuum

- Awareness of HIV status; Early diagnosis
- Access to and utilization of care
- Offer of HAART
- Adherence to and retention in care
- Improved health outcomes and results
- Reduced stigma
National HIV/AIDS Strategy

- Reduce New HIV Infections

- Increase Access to Care and Improve Health Outcomes for People Living with HIV

- Reduce HIV-Related Disparities and Health Inequalities

- Achieve a More Coordinated National Response to the HIV Epidemic
**Scale up of Evidence Based Prevention Portfolio**

**Reduce the HIV, STD, TB, and hepatitis-related morbidity and mortality**

- Effectively monitor the status and response of the HIV, STD, TB, and Hep epidemics
  - Streamline the data collection process
  - Improve the quality of the data collected
  - Increase data use for program planning and improvement

- Reduce transmission/prevent new infections of HIV, STD, TB, and Hepatitis
  - Increase the use of routine screening for HIV
  - Reduce impact of risk behaviors among target populations
  - Promote positive behaviors
  - Reduce stigma related to HIV, STDs and the risk behaviors

- Improve care and treatment outcomes and quality of life for individuals w/ HIV and/or TB
  - Strengthen recruitment and recapture of HIV positive individuals into HIV care
  - Increase retention rates within care and treatment programs
  - Improve results and health outcomes
  - Ensure individuals living with HIV and their families have stable housing

- Increase the District’s capacity to respond to the HIV epidemic effectively
  - Strengthen grants/contracts management to a performance-based model
  - Increase the human resource capacity to address the HIV epidemic
  - Improve fiscal and operational efficiencies and accountability
  - Increase organizational capacity of local organizations
  - Expand innovative partnerships

- Improve care and treatment outcomes and quality of life for individuals w/ HIV and/or TB
Care and Treatment Success: Multiple Steps to Maximize Impact

HIV Treatment Cascade*

HIV Testing in the Linchpin of the Districts Response...

Full Benefits of Testing can not be realized without Linkage to Care

What is TLC Plus?

TLC + builds on the “Test and Treat” approach is based following concepts:

**Pillar One:** All community members get tested for HIV,

**Pillar Two:** All individuals who are HIV-positive are immediately linked to medical care,

**Pillar Three:** HIV-positive individuals begin appropriate medications (antiretroviral therapy - ART) and consistently take these medications (adherence) to reduce the levels of virus in their system (suppression),

**Pillar Four:** All individuals receive appropriate supports to optimize positive health outcomes by decreasing proportion of HIV + people not in care, decrease impact of co occurring diseases (STD, Hepatitis, TB) and conditions (mental health, substance abuse).
Questions and Concerns with TLC +

- Will TLC Plus be a “Magic Bullet” that will reduce HIV Incidence?
- Will focus on TLC Plus will detract from other strategies?
- IS TLC Plus coercive?
- Will TLC Plus Work?
- Who is going to pay for TLC Plus?
Expanded HIV Testing

Number of Publicly Funded HIV Tests

- **Start of routine testing expansion**
- **2004**: 19,766
- **2005**: 24,325
- **2006**: 34,876
- **2007**: 43,271
- **2008**: 72,866
- **2009**: 92,748

Facility Type
- Clinical CBO
- Non-Clinical CBO
- Hospital
Pillar One: Expanded HIV Testing

- Expand Routine, Opt Out HIV Testing to 20 HIV Testing Sites
  - Scale up of Offer of Routine, Opt Out HIV Screening in 7 of 8 ED Departments and Hospital Admissions
  - Expanded Routine Testing and Linkage to Care components to Federally Qualified Health Centers, Primary Care and STD Clinics, Community Based Organizations
  - Social Mobilization targeted to increase HIV testing and testing frequency among men who have sex with men (MSM) and other subpopulations disproportionately affected by HIV
Testing Promotion: Routine Testing

Providers

Handbook
Pocket Card
Poster
Pin
I ask for the test... We offer the test...

Model: Direct-to-consumer Marketing

DOH: Development, Media, Client & Provider Tools

Global Business Coalition/ Pfizer Partnership:
Direct-to-provider ‘sales’
200 Primary Care Docs
Regular sales reps
Co-branding
Reduction of AIDS Cases: Number of AIDS Dx, 2004-2008, District of Columbia

Implementation of Routine Opt Out HIV Testing
Outcomes: Median CD4 Count at Time of HIV/AIDS Diagnosis

Publicly Supported HIV Tests:
FY07: 43,271 tested
FY08: 72,864 tested
FY09: ~92,300 tested
Pillar Two: Linkage to Care Component

- **Full Benefits of HIV Testing Can Not Be Realized without Appropriate Linkage to Care**
- TLC Plus Assesses Financial Incentives vs. Standard of Care (+) for HIV positive patients identified at the testing sites to HIV care sites.
- Upon completion of confirmatory HIV laboratory testing, patients with coupons will be given an FI ($25 gift card) at an HIV care site. A $100 gift card will be provided to patients upon completion of a care visit that includes interaction with a healthcare provider and discussion of HIV laboratory test results (e.g. CD4 cell count and viral load (VL) measurements).
Comprehensive Community Approach to HIV: The 4R’s

- Recruitment
  - Health System Navigator
  - Red Carpet Entry
- Recapture/Re-engagement
  - Blitz!
- Retention
  - Acuity Scale & MCM Guidelines
- Results
  - Linkages
  - Treatment Promotion
Linkages vs. Referrals

The full personal AND public health benefit of testing can only be realized with timely initiation of care

- Emphasis on provider responsibility for patient entry into care services not just referrals
- Linkage workshops for providers
  - Tools to examine client trends and organizational needs to analyze the types of targeted services required
  - “Roundtables” with DOH/mental health and DOH/Substance abuse
  - Hosting networking between DMH and HAHSTA providers
Testing Promotion: Linkage to Care

Consumers
Information and Appointment Cards

**RESULTS**

**YOUR HIV TEST RESULT TODAY IS NEGATIVE.**

- Your test result does not show HIV at this time.
- Tips to Stay Negative:
  - If you have had unprotected sex or shared needles in the past, get another HIV test in 3 months.
  - Know your partner’s HIV status.
  - Condoms keep you safe.

Your doctor should test you every year to be sure that you are still HIV negative. If your doctor does not offer you a test, ask for one.

**RESULTS**

**YOUR HIV TEST RESULT TODAY IS POSITIVE.**

This means:
- You can still have a healthy and productive life!
- HIV can be managed with proper treatment.
- You have been given an appointment to see an HIV specialist. It is very important that you go to that appointment.
- Follow your doctor’s instructions carefully.
- Protect yourself and others. Use condoms.
- You and your medical provider should discuss testing your partners.
- Telling a friend or family member who can support you.

You are not alone! There are services available to help you.

**ASK FOR THE TEST**

**YOU REFUSED AN HIV TEST TODAY...**

- You are missing an opportunity to take care of your health and the health of others.
- HIV is a serious illness or chronic illness, affecting at least 1% of the population in the United States.
- DC recommends yearly HIV testing to keep you healthy.
- By not taking the HIV test, you may have a medical condition that you and your doctor don’t know about.
- Your doctor may not know that you do not have HIV. It is important for you to let your doctor know if you have sex with someone who is HIV-positive.
- As many as 50% of people with HIV don’t know they are infected.

Ask your doctor if you have questions about taking the test. You can always change your mind and get the test.

For more information about the tests, including locations to receive the test, visit www.doh.dc.gov/hiv.

Call 303-671-4960 to make an appointment.

**DC TAKES ON HIV**

--

**APPOINTMENT**

**Is on (date) __________________**

**At (time) __________________ AM/PM**

This will be during my:

FIRST / SECOND / THIRD trimester (circle one).

If this is during the first or third trimester, be sure to ask for an HIV test at this appointment!

---

My specialist’s name: __________________

Phone number: __________________

(Ask for Dr. White)

---

**DC TAKES ON HIV**

--
Linkage to Care: Red Carpet Entry program

- New appointments within the next business day of for HIV + clients who are new or re-engaging in care
- Access to a “Red Carpet Concierge” who can be directly contacted to arrange these appointments and;
- A phrase new clients when they arrive so that they can be identified as Red Carpet Entry clients  e.g. Dr. White
Linkages to Care: Time of Entrance to Care as Evidenced by First CD4 Count, Percentage or Viral Load Test among HIV/AIDS Cases by Year of HIV Diagnosis and the Total Number of New AIDS Diagnoses, by Sex, District of Columbia, 2004-2008 (N=5,946)*

Year of HIV Diagnosis

- 2004: 1,335
- 2005: 1,188
- 2006: 1,264
- 2007: 1,196
- 2008: 963

*2008 Clinical Site Partners, 77% Linkage
Pillar Three: Viral Suppression

- 20 HIV care sites will be randomized to either the FI intervention or the SOC for the achievement and maintenance of viral suppression.
- HIV care sites assigned to the FI intervention will provide an FI ($70 gift card) to HIV-positive patients demonstrating a suppressed VL (as defined by <400 copies/mL) at quarterly care visits.
- Incentives based on positive health outcomes
- Not incentives to take medication
Care and Treatment in DC

• In 2006, over 91% of District Residents were covered by Medicaid, Medicare, DC Alliance or Private Health Insurance
• Approximately 70% of People Living with HIV/AIDS are covered by some form of public Health Coverage based on income
• New Part A RW Application 2011
  • Focus of Coordination and clustering of services
  • Focus on Quality, standards of Care, Health Outcomes
• Scale up of Health Reform will allow reallocation of resources (ADAP, RW Services) to expand coverage of care and treatment
Recapture Blitz summary

1,365 clients (from the 5 of 8 providers reporting)
- 366 active within 6 months
- 642 active >6 months
- 328 not found in system
- 29 deceased

Attempted to contact 982 clients
- 404 contacted (41%)
  - 230 found in care (56.9%)
  - 186 scheduled for appointments (46%)

*The 5 providers reporting recapture activities are Carl Vogel Center, FMCS, RAP, WHC, WWC.

Have not reported: Andromeda, CNMC, and Unity-Phoenix Center and are therefore not included in this summary.
Medical Case Management Guidelines

• “Traditional case management plus”

• Paradigm shift within the guidelines:
  • Retention in care and improved health outcomes (CD4, viral load) for the client is an MCM responsibility

• Performance evaluation of medical case managers is a responsibility of the MCM program
People Newly Diagnosed with HIV/AIDS Meeting HHS Treatment Guidelines for ARV Initiation
AIDS Drug Assistance Program (ADAP)

“It’s Free to Treat your HIV”
2007-2008

50% increase in ADAP enrollment

From Treatment Provision to Treatment Promotion
Pillar Four: Prevention for Positive and Appropriate Services

- HIV Positive Persons in care will be randomized into a prevention for positive intervention vs. Standard of Care
- The CARE+/ACASI intervention session will ascertain behavioral risk, assess self-efficacy/motivation, and provide tailored feedback on specific risk behaviors.
- Expanded SOC for Prevention for Positive programs
  - Reduce Loss to Follow Up/Not In Care
  - Assess availability of mental health and substance abuse services, Develop Model Interventions
  - Expanded Hepatitis C Subspecialty Care
Partner Services

- Service to be offered to all newly diagnosed

- Need partners to offer & help with partner solicitation

- Outreach to partners (confidential) offering testing and support services
DC Condom Program: Changing the Paradigm

Moving from Access (Condom Provision) to Use & Impact (Condom Promotion)


- 3.2 million condoms distributed in FY09

- MAC AIDS Female Condom Partnership
  - Normalizing use, Increasing availability
  - Identifying and recruiting non-stigmatized locations
Focus on Data

- Publicly Funded HIV Testing and HIV Surveillance Data will be used to monitor study and site characteristics
- Scale up of Testing, Linkage to Care, Viral Suppression, New Diagnosis, In Care, Loss to Follow up and Unmet Need
- Expand Uses Local Data: Community Viral Load, Incidence, Retention, Recapture
Involvement in the HIV response

- **Fed Gov:** $$$, TA, Guidelines
- **Media:** info, ads
- **Families, Social Networks, Individuals:** change
- **NGOs, CBOs:** program, pops
- **Medical Establishment:** services, pops
- **Academia:** TA, Research, Services
- **DC Planning Councils:** Priorities, $ direction/advice
- **FBOs:** leaders, stigma, support, services
- **Private/Business** insurance, social resp prevention

**DC GOVT**
- Leadership, Coordination, $$$

- Priorities
- Experiences & Approaches
- Reality & Implementation
- Best Practices
- Gaps in Service, Effect and Intention
- Cost-efficiency, Resources

**EVENTUAL IMPACT**