Ongoing Implementation of the National HIV/AIDS Strategy

Baltimore

April 29, 2013

Grant Colfax, MD
Director, Office of National AIDS Policy
Domestic Policy Council
The White House
The National HIV/AIDS Strategy
Overview

Goals
1. Reduce the number of people who become infected with HIV
2. Increase access to care and optimize health outcomes for people living with HIV
3. Reduce HIV-related health disparities
4. Achieving a more coordinated national response to the HIV epidemic

Facets of the Strategy
- Limited number of action steps
- Sets 5-year quantitative targets to meet
- Emphasis on evidence-based approaches
- Multiple Federal agencies charged with Strategy implementation: HHS, HUD, VA, DOJ, DOL, SSA; HHS lead coordinating agency.
- Roadmap for all public and private stakeholders responding to the domestic epidemic
- Focus on improving coordination and efficiency across and within Federal, state, local and tribal governments
- Emphasis on concentrating efforts where HIV is most concentrated and in populations with greatest disparities, including: gay men, people of color, and transgender individuals.
New HIV Infections in the U.S.

- Estimated 50,000 new HIV infections annually in U.S.
- MSM 64% of new infections; 48% increase in young black MSM
- HIV prevalence among MSM >40 times higher than other men
- Black women most impacted among all women
- Latinos disproportionately impacted compared to whites
- 2010: Infections among women drop 20%; MSM increase 12%

Figure 1: Estimated New HIV Infections in the U.S., 2009, for the Most-Affected Subpopulations

(Prejean et al., 2011)
We must do better:
Percentage of persons with HIV engaged in stages of the continuum of care – United States

Hall et al, IAS, July 27, 2012
Percentage of persons with HIV engaged in selected stages of the continuum of care, by race/ethnicity – United States

Hall et al, IAS, July 27, 2012
Achieving the goals of the Strategy

Guiding Principles

• Align resources with epidemic
• Shared responsibility
• Accountability
• Science-driven
Making wise investments: the President’s 2014 domestic HIV/AIDS budget

• Over $23 billion for Federal domestic HIV/AIDS efforts
  – HHS domestic spending increases $1.47 billion
  – Includes increases of $73 million in discretionary funding to HHS and $155 million increase to VA
  – NIH HIV research budget is proposed at $3.12 billion, an increase of $48 million
  – Focus on evidence-based programs that will have population-level impact

• Increased focus on increasing diagnosis, linkage, and engagement in care
Evaluation of the 12 Cities Project: One Strategy to Improve Coordination, Collaboration and Integration

Final Report

Submitted to:

Office of HIV/AIDS and Infectious Disease Policy
U.S. Department of Health and Human Services

November 7, 2012
Let’s Get the Basics Right

• Effective, Evidence-based Approaches We Know Prevent HIV
  – Condom availability
  – Comprehensive drug treatment
  – HIV testing (awareness of status)
  – Circumcision (limited effectiveness in US)
  – Antiretroviral therapy for people living with HIV
  – Antiretroviral therapy for high-risk negatives
  – Serosorting (among positives)
  – Testing pregnant women

*Best combination of HIV prevention approaches that will have population-level effect for specific populations is unknown*
## Making Smarter Investments: CDC Modeling for Philadelphia

<table>
<thead>
<tr>
<th>Untargeted interventions</th>
<th>Cost per new infection averted (rank)</th>
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</thead>
<tbody>
<tr>
<td>Testing in clinical settings</td>
<td>51,293 (3)</td>
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<tr>
<td>Partner services</td>
<td>99,105 (7)</td>
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<tr>
<td>Linkage to care</td>
<td>114,644 (8)</td>
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<tr>
<td>Retention in care</td>
<td>75,665 (5)</td>
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<tr>
<td>Adherence to ART</td>
<td>42,753 (2)</td>
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</table>

<table>
<thead>
<tr>
<th>Targeted interventions</th>
<th>HRH</th>
<th>IDU</th>
<th>MSM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Testing in non-clinical settings</td>
<td>866,272 (12)</td>
<td>53,935 (4)</td>
<td>17,965 (1)</td>
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<tr>
<td>Behavioral intervention for HIV+ people</td>
<td>594,796 (10)</td>
<td>700,005 (11)</td>
<td>97,410 (6)</td>
</tr>
<tr>
<td>Behavioral intervention for HIV-people</td>
<td>15,642,127 (14)</td>
<td>2,931,406 (13)</td>
<td>327,210 (9)</td>
</tr>
</tbody>
</table>

ART, Antiretroviral therapy
HRH, High risk heterosexuals
IDU, Injection drug users
MSM, Men who have sex with men

Sansom et al, CDC Grand Rounds August 21, 2012
Care cascade for black MSM

Undiagnosed HIV
OR, 6.38 (4.33-9.39)

Diagnosed HIV+
OR, 2.59 (1.82-3.69)

Health insurance coverage
OR, 0.47 (0.29-0.77)

ART utilization/access
OR, 0.56 (0.41-0.76)

>200 CD4 cells/mm³ before ART initiation
OR, 0.40 (0.26-0.62)

ART adherence
OR, 0.50 (0.33-0.76)

HIV suppression
OR, 0.51 (0.31-0.83)

Black MSM with HIV more likely to have lower income (<$20k)
OR, 3.42 (1.94-6.01)

Black MSM with HIV less likely to have healthcare visits
OR, 0.61 (0.42-0.90)

Millet et al., Lancet, 2012
Toward Health Equity: The Affordable Care Act

- Expands coverage to about 30 million Americans
  - 9 million uninsured Latinos will have access to coverage
  - 7 million uninsured African-Americans will have access to coverage

Source: Office of the Assistant Secretary for Planning and Evaluation, 2012
The Affordable Care Act: Meaningful Change Now

- 54 million additional Americans receiving preventive services
- More than 3 million young adults insured by remaining on parent’s private insurance
- Eliminated lifetime limits for 105 million Americans
- Hundreds of persons living with HIV now covered under Pre-existing Condition Insurance Plans
- ADAP benefits considered contribution toward true out-of-pocket expenses, helping fill “donut hole”
- Insurers cannot rescind coverage except in cases of fraud or intentional misrepresentation
- Expanded National Health Service Corps
  - 3600 providers (2008) to 10,000 (2011)
  - Increased patients served from 3.7 to 10.5 million
Affordable Care Act: 2014

• No denial of coverage for pre-existing conditions (includes HIV)
• Expands Medicaid eligibility to 133% of Federal poverty level
• Creates affordable insurance exchanges with a choice of private insurance plans and with tax credits to make coverage affordable
• Increased resources to community health centers ($11 billion over 5 years)
Maximizing the Care Cascade: Components of Comprehensive HIV Care

Program Sustainability
- Access to Care
- Ryan White/Public Health Funding
- Public & Private Health Coverage
- Provider Reimbursement

Service Delivery & Integration
- HIV Testing
- Linkage to Care
- Engagement & Retention in Care
- Access to Medications
- Medication Adherence Support
- Medical Case Management
- Co-location
- Social Services to Address Unmet Social Needs
- Public Health & Community Agencies

Healthcare Team
- HIV/Primary Care Provider
- Specialty Medical Care
- Clinical Pharmacist
- Care Coordinator
- Oral Health
- Nursing

Support Services
- Alcohol and Drug Treatment
- Drug Assistance Programs
- Housing
- Legal Services
- Secondary Prevention Counseling
- Nutrition Counseling
- Pharmacy Services
- Psychosocial - Mental Health

Quality Improvement
- Performance Standards
- Practice Guidelines

Electronic Health Records

Secretary Sebelius announces HIV/AIDS to be included on list of chronic conditions for medical homes...

“Today, I am proud to announce that we will be issuing a rule to explicitly include HIV/AIDS on the list of chronic conditions that every state may target in designing effective Health Homes. This will make it easier for states to provide coordinated care for people living with HIV/AIDS.”

White House World AIDS Day event, November 29, 2012

November 1, 2012  
Vol. 55, No. 9

Clinical Infectious Diseases

Improvement in the Health of HIV-Infected Persons in Care: Reducing Disparities

RD Moore, JC Keruly & JG Bartlett

- 6,366 patients followed in clinical HIV cohort in Baltimore, 1995-2010
- ~28,000 person-years of follow-up
- Projected longevity for a 28-year-old patient, regardless of sex, risk group, or race: >73 years of age

Slide courtesy of Dr. Fauci, NIAID
Insurance Status of Clients Receiving Ryan White Services 2008

- Private: 12%
- No Insurance: 31%
- Medicare: 13%
- Other Public: 9%
- Other Insurance: 3%
- Medicaid: 33%

Source: HRSA
The future of Ryan White

• Administration recognizes and supports need for Ryan White program
• 2014 POTUS budget includes $2.4 billion for the program, an increase of $20 million
• RW role will continue to evolve with implementation of Affordable Care Act
• Focus on improving care cascade outcomes
HIV Tracks with Social and Economic Disparities

HIV Infection Among Heterosexuals in Urban Areas, by Socio-Economic Indicators

Fighting Discrimination Against People with HIV/AIDS

The Americans with Disabilities Act (ADA) gives Federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications.

An individual is considered to have a "disability" if he or she has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. Persons with HIV disease, either symptomatic or asymptomatic, have physical impairments that substantially limit one or more major life activities and thus are protected by the ADA.

Persons who are discriminated against because they are regarded as being HIV-positive are also protected. For example, the ADA would protect a person who is denied an occupational license or admission to a school on the basis of a rumor or assumption that he has HIV or AIDS, even if he does not.

What's New?

blog AIDs.gov:
- It is a Civil Right to Live Free from Discrimination on the Basis of HIV/AIDS Status
- American Laser Settlement Agreement
  Resolving laser hair removal company’s denial based on HIV status of the full array of services provided to others who seek hair removal treatment.

blog AIDs.gov:
- Justice Department Issues Letter Regarding Illegal Exclusion of Individuals with HIV/AIDS from Occupational Training and State Licensing

press release
- Justice Department Issues Letter Regarding Illegal Exclusion of Individuals with HIV/AIDS from Occupational Training and State Licensing

blog AIDs.gov:
- Department of Justice Settles with Cosmetology School in Puerto Rico on Allegations of HIV Discrimination
The Department of Labor and The National HIV/AIDS Strategy

• DOL continually enforces workplace rights and protections with regard to people living with HIV/AIDS

• DOL recently launched an HIV/ AIDS and employment eWorkgroup, a collaborative workspace to exchange ideas and effective practices to connect PLWHA to employment services

• In collaboration with the National Working Positive Coalition, DOL convened an Institute on HIV/AIDS and Employment
Trauma associated with risk of treatment failure and mortality

- Meta-analysis of 29 studies of women with HIV/AIDS in the United States:
  - 30% PTSD (5x times national rate)
  - 55.3% intimate partner violence (> 2x the national rate)
- Recent trauma had 4x the odds of antiretroviral failure
- Domestic violence doubles risk of death from HIV


• Membership: Co-chaired by White House Advisor on Violence Against Women and the Director of the Office of National AIDS Policy. Representatives from DOJ, DOI, DHHS, DOE, DOH, VA, HUD, OMB

• The Working Group has
  – Met regularly since March 2012
  – Completed an inventory of each member agency’s programs that touch on HIV/AIDS and violence against women
  – Conducted three research focused workshops with Federal partners and leading scientists (PACHA representation)
  – Hosted two webinars with community stakeholders receiving 200 comments
  – Sought stakeholder input through the ONAP website
  – Identified specific target areas for focus and action
As a young gay man in my early 20s witnessing the devastation of the AIDS epidemic in my community, I noted to a friend one night, "If gay men were allowed to get married, this disease would go away." At the time, this statement was one that resonated with me, although I could not effectively articulate why I was convinced of the proposition. In fact, only recently have I come to truly understand the truth and power of my words, and how the AIDS crisis and the other numerous health disparities experienced by gay men may, in fact, be ameliorated or possibly eliminated through the enactment of marriage equality.

RECENT ADVANCES

Monumental steps have been taken toward marriage equality in support for marriage equality, leading journalist Andrew Sullivan to describe Barack Obama, in his Newsweek article, as "the first gay president." The icing on the cake came within weeks of those statements when the 1st US Circuit Court of Appeals in Boston ruled that the Defense of Marriage Act was unconstitutional, setting up an inevitable challenge in the Supreme Court, which in my heart I believe will uphold this appellate court decision.

MARRIAGE EQUALITY IS A STRUCTURAL DETERMINANT OF HEALTH

I came of age in the early 1980s, a decade after the Stonewall Riots and ensuing gay rights movement, which ensured that I could live my life openly in New York City. I am also a man approaching middle age who has to enhance our social resources and strengthen our social capital.

It is this improvement in social capital that will ultimately improve our collective health, helping both ourselves and our society at large to more effectively address the physical and mental health challenges that we face. This is why I also believe that marriage equality will help to reduce the burden of AIDS for future generations of gay men. Marriage will prove to be as powerful a weapon in the prevention of this disease and should garner as much excitement as the new wave in biomedical approaches to HIV prevention, including preexposure prophylaxis (i.e., PrEP), which while powerful tools, falsely and dangerously have been heralded as the antidote to the AIDS crisis for the gay population.

The field of Public Health has

Ongoing National HIV/AIDS Strategy Implementation Needs

- Continued collaboration among Federal, State, local government, and private partners
- Flexibility at local level while maintaining alignment with NHAS principles
- Prioritize maximizing the continuum of care
- Research to determine best ways to move forward among multiple options
- Technical assistance to prepare HIV workforce for ongoing changes in environment
- Shift from process-oriented to outcome-oriented metrics
- More rapid analyses of surveillance data and use of data for public health purposes
- Ongoing support for basic and clinical research
Vision for the National HIV/AIDS Strategy

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination”
Acknowledgements

• HHS: Howard Koh, Ron Valdiserri, Andrew Forsyth, Tim Harrison, Vera Yakovchenko, Greg Millet
• ONAP: James Albino, Aaron Lopata, Alicia Williams
• OMB: Aaron Lopata

The White House, World AIDS Day, December 1, 2012
Measuring HIV-related Outcomes: Towards a National Consensus

- Parsimony
- Harmony
- Achievable
- Sustainable
- Usable
- Shareable
# Adoption of HHS Core Indicators

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<tr>
<th>Core Indicators</th>
<th>CDC (7)</th>
<th>HAB (6)</th>
<th>BPHC (2)</th>
<th>IHS (5)</th>
<th>SAMHSA (2)</th>
<th>OPA (2)</th>
<th>OMH (7)</th>
<th>OWH (4)</th>
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<td>HIV positivity rate (8)</td>
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<td>✓</td>
<td>✓</td>
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<td>✓</td>
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<td>Late diagnosis (3)</td>
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<td></td>
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<td>Linkage (7)</td>
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<td>Retention (5)</td>
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<td>Initiation of ART (3)</td>
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<td></td>
<td></td>
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<td>Viral Load suppress. (4)</td>
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<td>Housing status PLH (5)</td>
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<td>✓</td>
<td>✓</td>
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</tr>
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</table>

✓ = Relevant service supported and appropriate core indicator to be deployed.
Engagement in Care by Race/Ethnicity

- Black (n=11,784)
- Hispanic (n=1,697)
- White (n=8,826)
Secretary’s Minority AIDS Initiative Fund for Care and Prevention in the United States (CAPUS)

- Among people of color living with HIV, increase the proportion who are:
  - diagnosed
  - linked and retained in care

- Interventions include addressing social, economic and structural barriers to HIV testing, linkage to, retention in, and re-engagement with care

- Grantees: Georgia, Illinois, Louisiana, Mississippi, Missouri, North Carolina, Tennessee, Virginia
Highlights of 2010 CDC incidence data

• Overall, new infections remained stable
• Disparities continue: blacks 44% of new infections, whites 31%, Latinos 21%
• MSM infections increased by 12%
• Infections among heterosexual females, including black females, decreased slightly (18% and 21%, respectively)
• Majority of new infections among women remain among Black and Latina women

Source: CDC, 2012
National HIV/AIDS Strategy 2015 Targets

• **Reducing new infections**
  – Lower annual number of new infections by 25%
  – Reduce transmission rate by 30%
  – Increase from 79% to 90% the percentage of people living with HIV who know their status

• **Increasing access to care and improving health outcomes**
  – Increase the proportion of newly diagnosed patients linked to care within 3 months of diagnosis from 65% to 85%
  – Increase proportion of Ryan White clients who are engaged in care from 73% to 80%
  – Increase number of Ryan White clients with permanent housing from 82% to 86%

• **Reducing HIV-related health disparities and health inequities**
  – Increase the proportion of diagnosed gay and bisexual men with undetectable viral load by 20%
  – Increase the proportion of Black Americans with undetectable viral load by 20%
  – Increase the proportion of Latinos with undetectable viral load by 20%
Moving Forward...

Report details:
• Update on ongoing Federal efforts
• New Federal initiatives