Overcoming Structural Barriers to HIV Prevention

October 30, 2013

Harvey J. Makadon MD
Director of Professional Education
The National LGBT Health Education Center
The Fenway Institute, Fenway Health
Clinical Professor of Medicine
Harvard Medical School
Boston, Massachusetts
Structural Challenges to HIV Prevention Implementation

- **Collaboration**
  - Remove Barriers
  - Expand the Continuum

- **Consistency**
  - Dissemination of Information
  - Systems Approach

- **Compensation**
  - Funding
  - Reimbursement
Initial Approach to HIV/AIDS

Counseling and Testing  Care and Treatment
Initial Approach to HIV/AIDS

Screening, Care, and Treatment
Look Outside to Eliminate Barriers
Looking Outside

- Social Determinants of Health
  - Employment
  - Housing
  - Education
  - Access to Care

- Stigma and Discrimination
  - Many wont seek or delay care
  - Complex behavioral effects

- Bias in health care
Expanding the care continuum to optimize patient effective HIV prevention and care
Consistency
Aligning Resources with the Epidemic

Matching Prevention Funds to the Epidemic

When CDC’s new approach is fully implemented, HIV prevention resources will closely match the geographic burden of HIV.

Proportion of Americans Living with an HIV Diagnosis (2008)

Proportion of CDC Core HIV Prevention Funding—FY2016

1 Maps do not include U.S. territories receiving CDC HIV prevention funding.

2 New funding allocation methodology will be fully implemented by FY2016; this breakdown assumes level overall funding.
Medicaid Expansion Will Impact Funds for HIV Prevention
Putting it all together

Universal HIV Screening

HIV Positive
- HIV care / antiretroviral therapy / Counseling / Adherence

HIV Negative
- Safer sex
- Address STIs
- PEP or PrEP
- Counseling / Adherence

Reduce HIV Incidence
Screening and testing are prevention interventions

- USPSTF grade A recommendation-Test all once 15-65
- Those who test positive need evaluation and treatment.
- People who are negative but at high risk need ongoing testing
- Testing is a pre-requisite for:
  - Treatment as prevention
  - Pre-exposure prophylaxis

Weinhardt, 1999
More testing is needed

- 20% of those with HIV do not know they are infected.

- 32% receive an AIDS diagnosis within one year of HIV diagnosis.
Barriers to HIV Testing

- Only 61% of general internists offer HIV testing regardless of risk.

- 50% of EDs are aware of CDC’s guidelines, and only 56% offer HIV testing.

Haukoos, 2011; Korthuis, 2011
Universal HIV Testing in Health Centers

- HHS interviewed a sample of health centers in 2011 to see if following CDC’s HIV testing guidelines:
  - Only 20% of sites were testing all patients 13-64 y/o
  - Remaining sites only tested high-risk patients or those who asked

- Facilitators:
  - Federal funding for testing; community partnerships

- Barriers:
  - Lack of funding (patients can’t afford tests)
  - Lack of perceived risk by patients and staff
  - Patients fear results
  - Confidentiality concerns
Why Not?

- Attitude
- Leadership
- Financing
- System

Aaron E Henry Community Health Services Center
Clarksdale, Mississippi
Aurelia Jones-Taylor MBA, CEO
Putting it all together

Universal HIV Screening

- HIV Positive
  - HIV care / antiretroviral therapy / Counseling / Adherence

- HIV Negative
  - Safer sex
  - Address STIs
  - PEP or PrEP
  - Counseling / Adherence

Reduce HIV Incidence
PrEP
"The PrEP Package"

INTRODUCING THE “PrEP PACKAGE” FOR ENHANCED HIV PREVENTION:
A Practical Guide for Clinicians
October, 2012

PROTECTING YOURSELF FROM HIV THROUGH PRE-EXPOSURE PROPHYLAXIS (PrEP):
What You Need to Know
October, 2012

THE FENWAY INSTITUTE
CDC recommendations for who should be considered for PrEP

- Men who have sex with men or transgender women; heterosexually active men and women; injection drug users
- “Substantial, ongoing, high risk for HIV acquisition”

- How would you determine if a patient meets this definition?
Tool for Management of Community Acquired Pneumonia
A tool for risk-stratifying MSM: CDC risk index ("HIRI")

“In the past (year) have you had sex?”

“With men, women, or both?”

Score < 9: standard prevention
Score ≥ 10: consider PrEP

<table>
<thead>
<tr>
<th>HIV-infected in next 6 months?</th>
<th>Score ≥ 10</th>
<th>Sensitivity 84%</th>
<th>Specificity 45%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPV 1.9%</td>
<td>NPV 99.5%</td>
<td></td>
</tr>
</tbody>
</table>

Smith JAIDS 2012

HIV-infected in next 6 months?

<table>
<thead>
<tr>
<th>Score ≥ 10</th>
<th>Sensitivity 84%</th>
<th>Specificity 45%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPV 1.9%</td>
<td>NPV 99.5%</td>
</tr>
</tbody>
</table>

Add down entries in right column to calculate total score

Smith JAIDS 2012
Putting it all together

Universal HIV Screening

HIV Positive
- HIV care / antiretroviral therapy/
  Counseling/Adherence

HIV Negative
- Safer sex
  Address STIs
  PEP or PrEP
  Counseling/Adherence

Reduce HIV Incidence