



Philadelphia Ending the Epidemic Planning

AIDS Activities Coordinating Office
Philadelphia Department of Public Health



City of
Philadelphia

EHE Coordinator

- Nursing
- Community Building
- Public Health
- Sexuality Education



Ending
the
HIV
Epidemic

HHS Has Launched A New Initiative to End the HIV *Epidemic* in America

GOAL:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.



Prevent people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.


Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



HIV Workforce will establish local teams committed to the success of the Initiative in each jurisdiction.




Overview

- Ending the HIV Epidemic: A Plan for America
 - CDC PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States
Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic
 - HRSA 20-078: Ending the HIV Epidemic: A Plan for America
– Ryan White HIV/AIDS Program Parts A & B
 - NIH CFAR and ARC supplemental funding
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Strategies

Increase capacity for immediate linkage, re-engagement and provision of immediate ART in Philadelphia

- A. Expand central capacity of AACO (CSU) for linkage to medical care; provide rights-based consumer education
 - B. Develop low threshold, immediate access HIV treatment centers for key populations/areas
 - C. Provide resources for changes in the RWHAP system that have failed the community
 - D. Address social determinants of health: large request for housing funds (e.g., rapid rehousing)
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Current RWHAP Programs

- 1) Clarify that RWHAP and EHE funds are public health funds – not a type of insurance
- 2) Identify patient population for each clinic
- 3) Identify provider specific barriers
- 4) Develop provider-driven approaches
 - One size does not fit all






Populations of Responsibility

- Use surveillance data to identify:
 - Patients in care and not virally suppressed
 - Patients out of care whose medical care in the past 5 years was at a given institution
- Institution will be broadly defined - not the HIV medical practice but the institution which receives RWHAP public health funds






Menu of Interventions

- Support expanding weekend and evening hours
 - Expand comprehensive MCM in clinical settings
 - Community Health Workers
 - Behavioral Health Consultants
 - Tele-psychiatry
 - Managed Problem Solving
 - Other evidence-informed activities
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Treat

- Planning to develop Treatment First approaches to HIV medical care with low barrier access and immediate ART in critical clinics, for example STD and SSP
 - Planning new service requirements for RW programs for better access
 - such as additional walk-in hours,
 - extended hours and
 - implementation of immediate ART
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Rationale for Rapid ART Initiation

- Rapid ART initiation reduces treatment delays and loss to follow-up.
- Observational and clinical trials of rapid ART initiation have demonstrated shorter times to viral suppression and improved rates of retention in care.
- Rapid ART initiation is safe, efficacious, and uses most of the same regimens recommended as initial treatment in existing DHHS guidelines.

Recommendations

- ☑ Clinicians should offer rapid initiation of ART—preferably on the same day (A1) or within 96 hours—to all individuals who are candidates for rapid ART initiation and who have:
 1. A confirmed HIV diagnosis (A1), *or*
 2. A reactive HIV screening result pending results of a confirmatory HIV test (A2), *or*
 3. Suspected acute HIV infection, i.e., HIV antibody negative and HIV RNA positive (A2).




Social determinants of health

- Homophobia (Internalized and external)
 - Housing
 - Transportation
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Transportation

- Logisticare is problematic
 - Complaints need to be recorded with Logisticare
 - AACO will follow up with process to document and aggregate these complaints
 - PDPH has regular calls with MA program
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We have the tools..





Let's talk ?