



Identify, Link, and Expand Care: Care Coordination To Advance HIV Health Outcomes

November 10, 2020

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

1

Goals for Today's Webinar

- Today we will address:
 - Strategies for how health outcomes can be improved for people with HIV by addressing co-occurring conditions by non-medical professionals.
 - The impact of not adequately addressing co-occurring conditions that may lead to HIV treatment challenges and ultimately treatment resistance.
 - Identifying potential resources and care that supports holistic well-being.

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

2

Learning Objectives

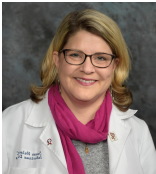
- By the end of today's session, participants will be able to:
 - Define resistance and treatment challenges for PWH
 - Educate others who work with PWH on HIV related treatment resistance and the health risks associated with low level viremia.
 - Describe strategies and tools to educate and empower PWH that can improve patient engagement and self-efficacy

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

3

Faculty



Susan Hulse PA-C

University of Rochester's AIDS Treatment Center, Physician Assistant
Rochester, NY



Jennifer Cook, MPH

ACR Health, Director of Support Services
Syracuse, NY



Steve Wood

ACR Health, Director of Insurance Programs
Syracuse, NY

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

4



RESISTANCE, ADHERENCE AND CHALLENGES TO HIV TREATMENT IN 2020

Susan Hulse, PA-C
University of Rochester AIDS Center
Rochester, NY

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

5

What is HIV resistance?

- It is when the HIV changes/mutates its structure so that particular HIV medication(s) no longer work to help control the virus.
- These mutations can develop quickly

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

6

Why does resistance matter?

- Developing mutations to one anti-retroviral medication can mean that there is resistance to other HIV medications.
 - This can mean that certain levels of resistance can take out an entire class of medications.
- Resistance is permanent.
 - It may be hidden but will always be there.
 - We call that archived virus
- It may prevent people from being able to simplify their regimen.
 - Example: 1 pill once a day might not be an option for those who have resistance
- If there is resistance then there is not virologic control which makes the individual more likely to infect others.

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

7

Why does resistance happen?



- It can be passed from one person to another.
 - Some people have baseline resistance. Meaning that the person who infected them, gave them resistant virus
 - Getting re-infected with someone's resistant virus or "super-infection"
- It is from taking HIV medications inconsistently enough to maintain adequate drug levels in the blood. There needs to be adequate drug levels in the blood to fully suppress the virus from replicating.
 - It is not from just taking them for a long period of time
 - It does not happen from just being HIV infected for a long time. Resistance only develops in the presence of ARV's.
 - Adherence can be impacted by many factors

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

8

How to prevent resistance?

- Take ARV consistently without missing doses
- Not missing doses maintains the drug level in the blood needed to achieve an “undetectable” viral load
 - If the viral load is so low, then there is not active virus able to replicate itself and mutate
 - The virus has to be in the presence of HIV medications to mutate against it.

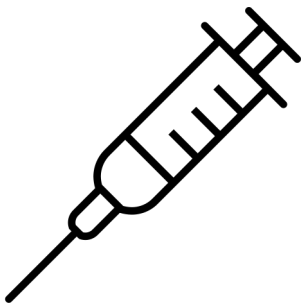


ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

9

Testing for resistance?



- Resistance testing is done by testing the blood
- It is recommended to get resistance testing performed
 - prior to starting on ARV
 - in pregnant women who are not on ARV
 - if the viral load does not respond to ARV
 - if the viral load stops responding to ARV
- There has to be virus present to perform most resistance testing
- Resistance testing when a person is not on ARV may not show resistance, that is called wild-type

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

10

**We know that adherence
(taking medication every day and not
missing a dose)
is key, but
there are those who are not virologically
suppressed and HIV resistance still
occurs, so...
What are the challenges to
adherence?**

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

11

Treatment Challenges

- Although the ARV of today are much more tolerable than the regimens of the past, some people do develop side effects or toxicity issues
 - GI issues such as nausea, vomiting or diarrhea
 - Difficulty sleeping
 - Headaches
 - Kidney problems
 - Osteoporosis
 - Weight gain
 - Abnormal lipids
- Often side effects pass after 4-8 weeks after initiating ARV.
- If they persist, there may be treatment options to help manage side effects
- ARV may be able to be changed to a different regimen if there is a problem tolerating a particular medication

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

12

Treatment Challenges

- Behavioral health
 - Depression
 - Significant mental illness
 - Difficulty accepting the diagnosis
 - does not want to be reminded that they are infected
 - Confidentiality/ stigma concerns
 - Lack of mental health services
 - Low health literacy



ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

13

Treatment Challenges

- Substance use
 - Due to the nature of active substance use, there may be inconsistency with taking ARV and remaining engaged in care with HIV provider
 - May be fearful to take ARV if drinking/drugging

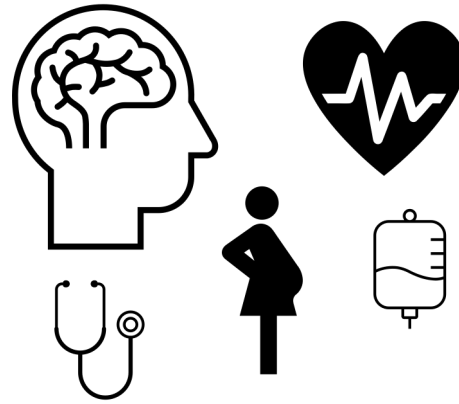
ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

14

Treatment Challenges

- Chronic co-morbidities such as
 - Diabetes
 - Hypertension
 - Hepatitis
 - Cancer
 - Memory concerns
 - Aging
 - Pregnancy
 - Frequent hospitalizations



ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

15

Treatment Challenges

- In patients with chronic co-morbidities there is concern for drug-drug interactions, pill fatigue, poly-pharmacy and timing issues
- Example:
 - The use of heartburn medication can lower the drug levels of certain ARV's
 - The use of multiple vitamins, calcium, iron, cation-containing antacids can lower the drug levels of certain ARV's, thus there is a timing recommendation. These ARV should be taken 2 hours before or 6 hours after taking one of these supplements. This is complex

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

16

Treatment Challenges

- COVID-19
 - Difficulty getting an appointment with HIV provider or difficulty getting routine lab work performed
 - Fear of contracting COVID-19
 - Concern that there could be a disruption in the availability of ARV
 - Mental health challenges of the pandemic



ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

17

Treatment Challenges

- Housing and food insecurity
 - Certain regimens require that they be taken with food in order to achieve adequate drug levels.
- Transportation
 - To appointments, to get lab work, to pick up medications from pharmacy
- Cost/affordability
 - Lack of insurance, disruptions in insurance, high co-pay's, high deductible plans.



ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

18

Summary

- There are many factors which may lead to adherence issues, which may result in individuals developing resistance to an antiretroviral regimen.
- It is important for patients to have open and honest discussions with their care provider about any challenges they may be having with adherence
- Providers need to try to help patients determine what barriers there may be to adherence so that they can work together to find a solution
- Community and supportive services can play an essential role in assisting HIV patients to be successful with controlling their disease

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

19



Jennifer Cook

Director of Support Services – ACR Health

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

20

It's not just "if" a patient is non-adherent / treatment resistant, but **WHY?**

- When looking at WHY we must consider the social, physical, economic, and personal challenges/ barriers that a patient is going through.
- By not addressing these factors we cannot see the full picture which can lead to treatment challenges.

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

21

How can we assess barriers that exist for patients/clients?



Using assessment tools that take social determinants into account



Build trust and give patient space/time to tell you what is going on



Go to the patient/client – see where they live (if allowed)



Communicate with other medical and supportive providers



Utilize peers to build trust

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

22

How can we help address with these barriers for patients/clients?



OFFER PROGRAMMING
THAT IS SPECIFIC TO
BARRIER/CHALLENGE



REFER TO RESOURCES IN
YOUR COMMUNITY AND
FOLLOW UP



WORK AS A "CARE
TEAM" WITH THE
PATIENT/CLIENT



STAY RESILIENT AND
CONTINUE TO ENGAGE!



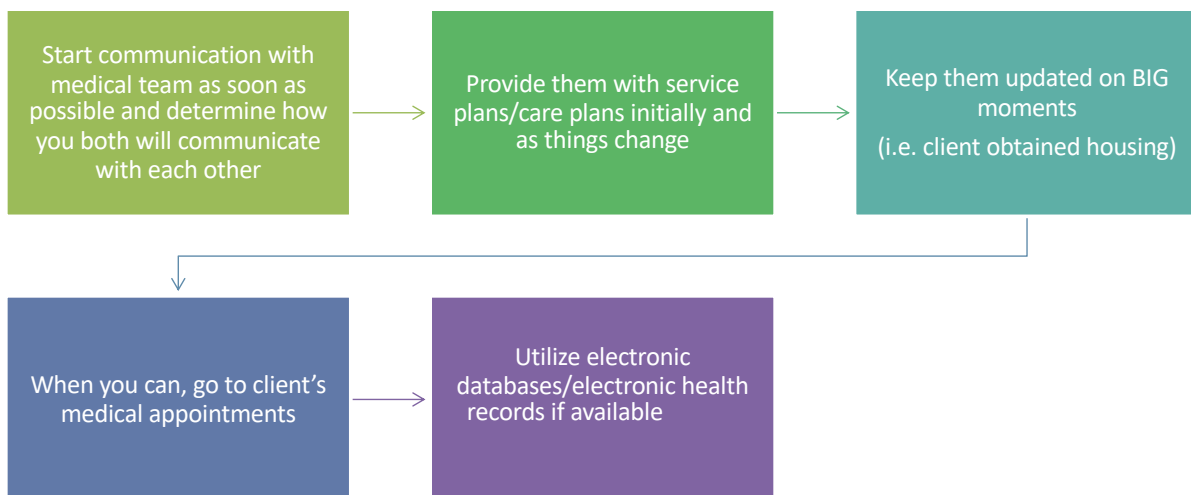
COMMUNICATE WITH
MEDICAL PROVIDERS AS
MUCH AS POSSIBLE

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

23

Communication with Medical Providers



ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

24



Steve Wood

Director of Insurance Programs – ACR Health

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

25

Health Insurance

- State/Federal Based Marketplaces - Get to know your enrollers – Navigators, Application Assistants, Health Plan Enrollers
- Medicare – Part D plans - www.medicare.gov
- ADAP – understand your state's ADAP Formulary
- Medicaid – Are the drugs part of your State's Medicaid formulary (formulary is online at your State's DOH website)

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

26

Health Insurance

- Working through coverage issues
 - Pre/Prior Authorizations
 - Step Therapy
 - Denials
 - Limited ADAP programs
 - States without expanded Medicaid
 - Savings cards

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

27

Q & A

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

28

Understanding HIV and Resistance: A Practical Guide to What HIV Resistance Means to You



- What happens if HIV is not well controlled?
- Why do my HIV medications change?
- What is HIV resistance?
- Questions to ask your doctor.

HIVandResistance.com

HealthHIV

ADDRESSING HIV TREATMENT RESISTANCE

29

HIV Discussion Guide

HIV Discussion Guide

Find out if your virus is at risk of becoming resistant to your medication.

Fill out and download this discussion guide to help you talk to your provider.

www.HIVandResistance.com

1. Do you know when your last viral load and CD4 count were? ☐ Yes or ☐ No
If yes, what was the approximate date?

2. Was your viral load undetectable? ☐ Yes or ☐ No
If your viral load was not undetectable, what was your viral load?

3. What was your last CD4 count?

4. What are the names of your HIV medications?

5. Are you having challenges taking your medication? ☐ Yes or ☐ No
If yes, describe these challenges:

6. Are you following the instructions your healthcare provider gave you on how to take your HIV medications? ☐ Yes or ☐ No
If no, what is different about how you take your HIV medications?

7. Have you changed your HIV medications in the past? ☐ Yes or ☐ No
If yes, how many times have you changed your HIV medications?

8. Do you know why you changed your HIV medications? ☐ Yes or ☐ No
If yes, then why did you change your HIV medications?

9. Do you have any other health care concerns (Behavioral health, Substance abuse, Diabetes, COVID-19, Hypertension, Hepatitis)? ☐ Yes or ☐ No
If yes, what are your concerns?

If your viral load is not undetectable, SCHEDULE AN APPOINTMENT WITH YOUR HEALTHCARE PROVIDER TO DISCUSS WHY.

- Ask your healthcare provider why your viral load is detectable and if there are treatment options that can get your virus undetectable.
- Ask your healthcare provider if you need resistance testing.
- Refer to the Understanding HIV and Resistance Brochure.

For more information go to HIVandResistance.com

THERA technologies

Find out if your virus is at risk of becoming resistant to your medication.

Fill out and download this discussion guide to help you talk to your provider.

www.HIVandResistance.com

HealthHIV

ADDRESSING HIV TREATMENT RESISTANCE

30

HealthHIV Consumer Guide



HIV Clinical Considerations

- People with HIV who have a detectable viral load may be at greater risk for serious illness due to COVID-19, so it is essential to continue care such as antiretroviral therapy (ART) medication.¹
- People with HIV who become hospitalized should continue their ART during hospitalization. Take all antiretroviral (ARV) medications with you to the hospital, as many ARVs may not be available through the hospital's inpatient pharmacy.
- People with HIV on an ART regimen that includes Raltegravir (Isoscalor)[®] IV infusions every 2 weeks should contact their providers or TRISA patient support[®] for assistance. 1-833-25-TRISA (1-833-258-8722) to plan for continued treatment without interruption.²
- People with HIV at greater risk for serious illness due to COVID-19 are also those who:
 - have other chronic conditions, such as cancer, diabetes, obesity or respiratory conditions
 - are age 65+ years
 - are in a nursing home³
- For those with more than one medical condition, it is important to coordinate care.^{1,2}
- Some doctor's appointments, clinic visits, or lab tests may be postponed, particularly for those with well-controlled HIV.¹
- Those with poorly controlled HIV can benefit from continuing or resuming care.
- People with HIV who stopped ART medication can benefit by starting again.
- It's important to keep at least a 30-day supply of medication on hand, and if possible, a 90-day supply.^{1,2}
- No HIV medications (ART) are proven to prevent or treat COVID-19, therefore, it's not necessary to switch medications.^{1,3}
- COVID-19 treatment and vaccine research studies are underway, and people with HIV may want to enroll.

More information is available here: <https://clinicaltrials.gov/>

1. <https://aidsinfo.nih.gov/guidance/118/covid-19-and-persons-with-hiv-interim-guidance-333a>
2. https://www.cdc.gov/coronavirus/2019-nCoV/need-extra-precautions-for-travel.html#CCD_AA_refId=https://341627162F
3. https://www.cdc.gov/COVID19/2019-nCoV/need-extra-precautions-for-travel.html#CCD_AA_refId=https://341627162F



- HIV Clinical Considerations
- Telehealth
- AIDS Service Organizations and Community-Based Organizations
- Housing and Access to Healthcare
- Self-Care and Healthy Outlook: Aging People and People of Color
- Faith-Based Approaches for Social Connection

Download from:

<https://tinyurl.com/yxlbry7>

HealthHIV

ADDRESSING HIV TREATMENT RESISTANCE

31

This webinar is generously supported through an educational grant from:



www.Theratech.com

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

32

For More Information & Technical Assistance



www.HealthHIV.org



2000 S ST NW
Washington, DC 20009



www.HealthHCV.org



202.232.6749



www.HealthLGBT.org



Info@HealthHIV.org

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

33

For Questions Contact

Michael D. Shankle, MPH
Senior Director of Capacity Building
Michael@HealthHIV.org

ADDRESSING HIV TREATMENT RESISTANCE

HealthHIV

34