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

November 10, 2020

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.
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

Faculty

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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
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.

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
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.

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
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?

**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
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

• 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
Treatment Challenges

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

• 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
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

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.
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.

Jennifer Cook

Director of Support Services – ACR Health
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.

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
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

Communication with Medical Providers

- Start communication with medical team as soon as possible and determine how you both will communicate with each other
- Provide them with service plans/care plans initially and as things change
- Keep them updated on big moments (i.e. client obtained housing)
- When you can, go to client's medical appointments
- Utilize electronic databases/electronic health records if available
Steve Wood
Director of Insurance Programs – ACR Health

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)
Health Insurance

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

Q & A

- 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

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
**HealthHIV Consumer Guide**

- 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

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