Identifying People Living with Diagnosed HIV in Medical Care but Who Are Not Virally Suppressed: Results from Health Resources and Services Administration-HIV/AIDS Bureau's Updated Approach

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Presentation Overview

- Follow up to presentation at annual meeting on updated approach to estimate unmet need

- One of three presentations to discuss estimates
  - Late diagnoses (April 2023)
  - Unmet need for medical care, or not in care (May 2023)
  - **In care but not virally suppressed (June 2023)**

- Define unmet need measures and populations, present results and discuss how to use in our work

What is Unmet Need?

- Defined by HRSA HIV/AIDS Bureau as:

  " the need for HIV-related health services by individuals with HIV who are aware of their status, but are not receiving regular primary [HIV] health care."

- Estimated Unmet Need has been a reporting requirement for RWHAP recipients since 2005

- Data and methods to estimate unmet need have evolved with improvements in HIV care and data quality

- New and expanded methodology released 2021 and implemented in 2022

1."HRSA/HAB Definitions Relate to Needs Assessment," prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

Evolving Definition of Unmet Need

2005
- Focus on people aware of their HIV/AIDS diagnosis but not in regular HIV medical care
- People living with diagnosed HIV and AIDS with no evidence of care (at least one **viral load [VL]** or **CD4 test** or **ART prescription**) in past 12 months

2017
- Unmet need definition updated to align with HIV Care Continuum definitions
- People living with diagnosed HIV and AIDS with no evidence of care (2 or more **medical visits** or **VL** or **CD4 tests** at least 90 days apart) in past 12 months
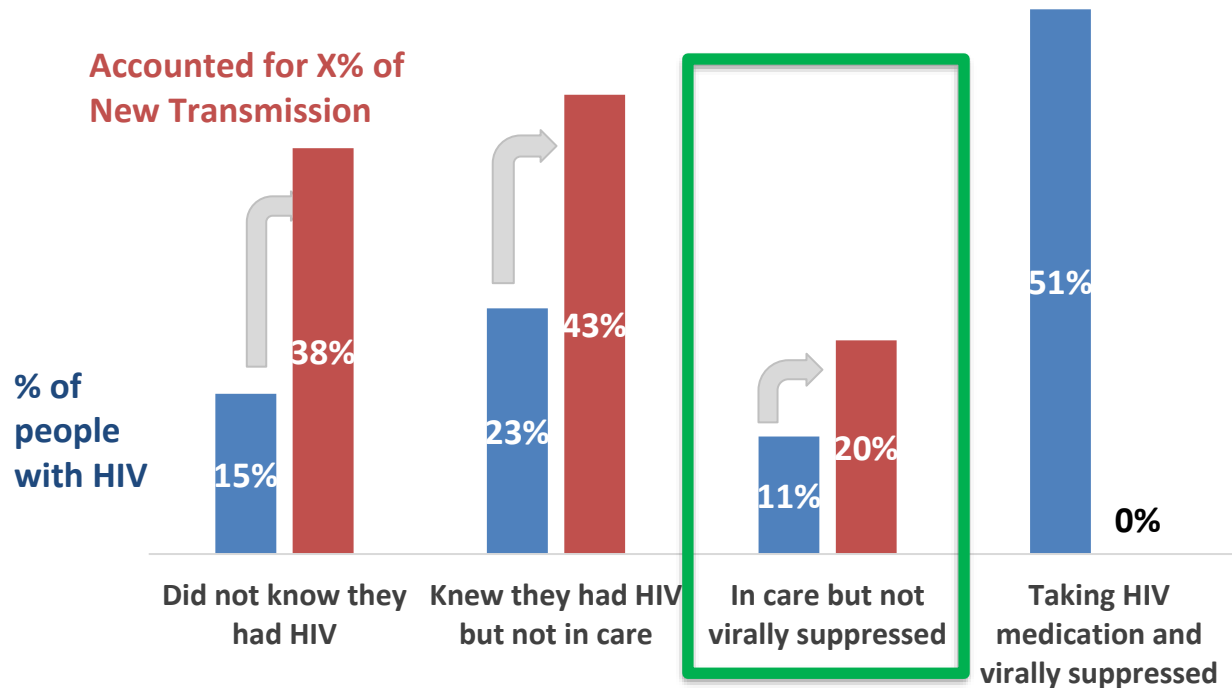
2021
- Revised and expanded unmet need definitions and added RWP population
- People living with **diagnosed HIV** with no evidence of care (at least one **VL or CD4 test**) in the past 12 months
- Adds two new indicators:
  - Persons diagnosed with HIV in the past 12 months with **LATE DIAGNOSIS (Stage 3 [AIDS]** diagnosis or an **AIDS-defining condition** ≤ 3 month after HIV diagnosis**)**
  - Persons living with diagnosed HIV **IN MEDICAL CARE** (at least one VL or CD4 test) who were **NOT VIRALLY SUPPRESSED** in the past 12 months

Unmet need estimates attempt to measure the gaps between the HIV care continuum
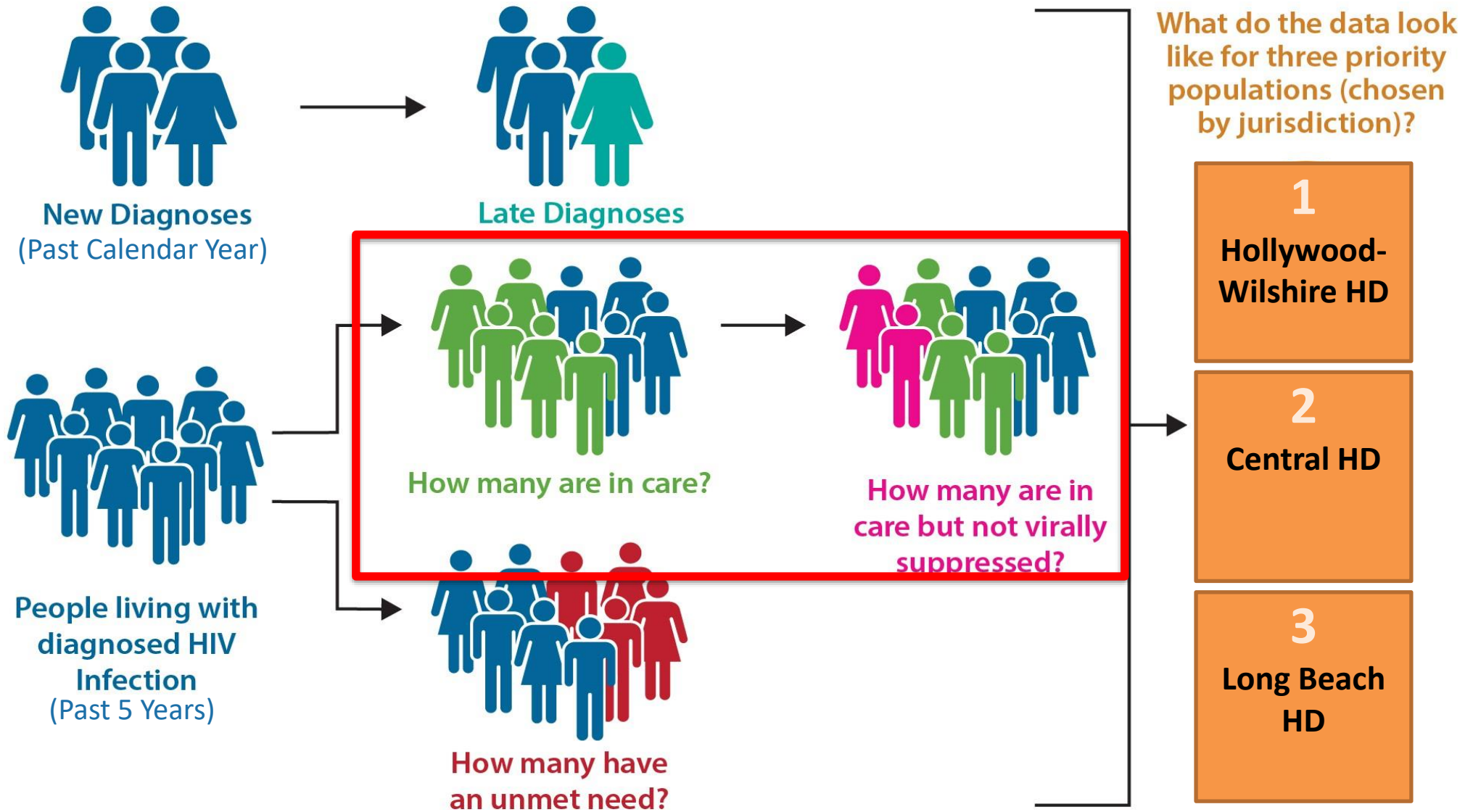
- To reduce HIV transmission

Accounted for X% of New Transmission

% of people with HIV

Did not know they had HIV	Knew they had HIV but not in care	In care but not virally suppressed	Taking HIV medication and virally suppressed
15% / 38%	23% / 43%	11% / 20%	51% / 0%

HIV Transmissions in the United States, 2016[1]

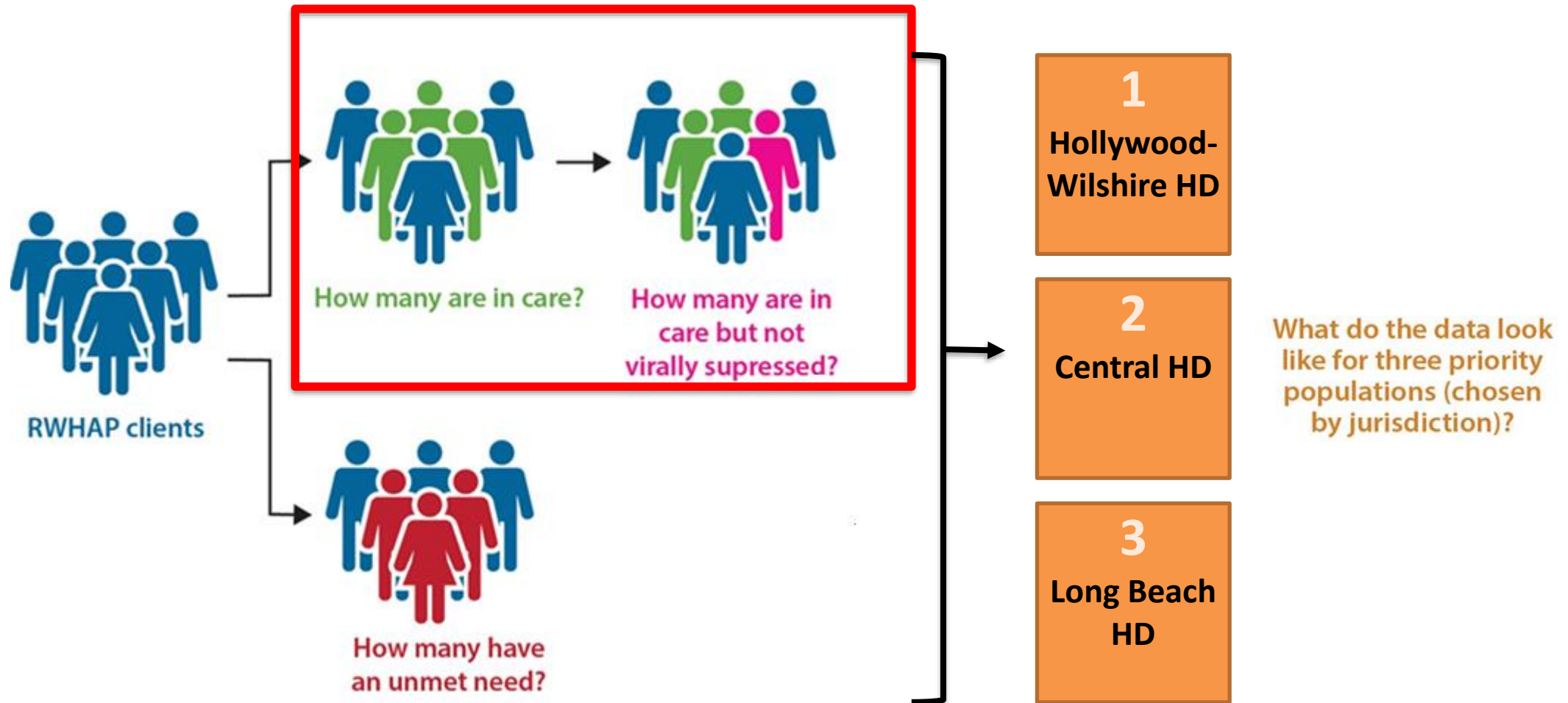- To improve health outcomes among PLWDH
  - Start ART early in infection
  - Reduce HIV comorbidities, coinfections and complications
  - Slow disease progression
  - Extend life expectancy
  - Reduce HIV-related mortality

1. Li Z, Purcell DW, Sansom SL, Hayes D, Hall HI. *Vital Signs:* HIV Transmission Along the Continuum of Care — United States, 2016. MMWR Morb Mortal Wkly Rep 2019;68:267–272. DOI: http://dx.doi.org/10.15585/mmwr.mm6811e1 .
2. National HIV/AIDS Strategy for the United States (2022-2025). https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf

New Diagnoses
(Past Calendar Year)

People living with diagnosed HIV Infection
(Past 5 Years)

Late Diagnoses

How many are in care?

How many are in care but not virally suppressed?

How many have an unmet need?

What do the data look like for three priority populations (chosen by jurisdiction)?

1
Hollywood-Wilshire HD

2
Central HD

3
Long Beach HD

Approaches to Identify Disparities and Gaps - Examples

Across Group Comparison*

- Helpful for describing a population
  - Latino males made up 24% of LAC residents in 2020

- Identify disparities across populations
  - Latino males made up 53% of LAC residents newly diagnosed HIV in 2020
  - Proportional difference between residents who were Latino males (24%) compared to new diagnoses who were Latino males (53%)

Within Group Comparisons*

- Helpful to understand how specific groups are impacted compared to each other
  - Linkage to care among 170 newly diagnosed Hollywood-Wilshire HD residents (85%) compared to 126 newly diagnosed among Central HD residents (67%) compared to 92 newly diagnosed among Long Beach HD residents (80%)

Considerations when thinking about this data

PLWDH in LAC In Care but Not Virally Suppressed
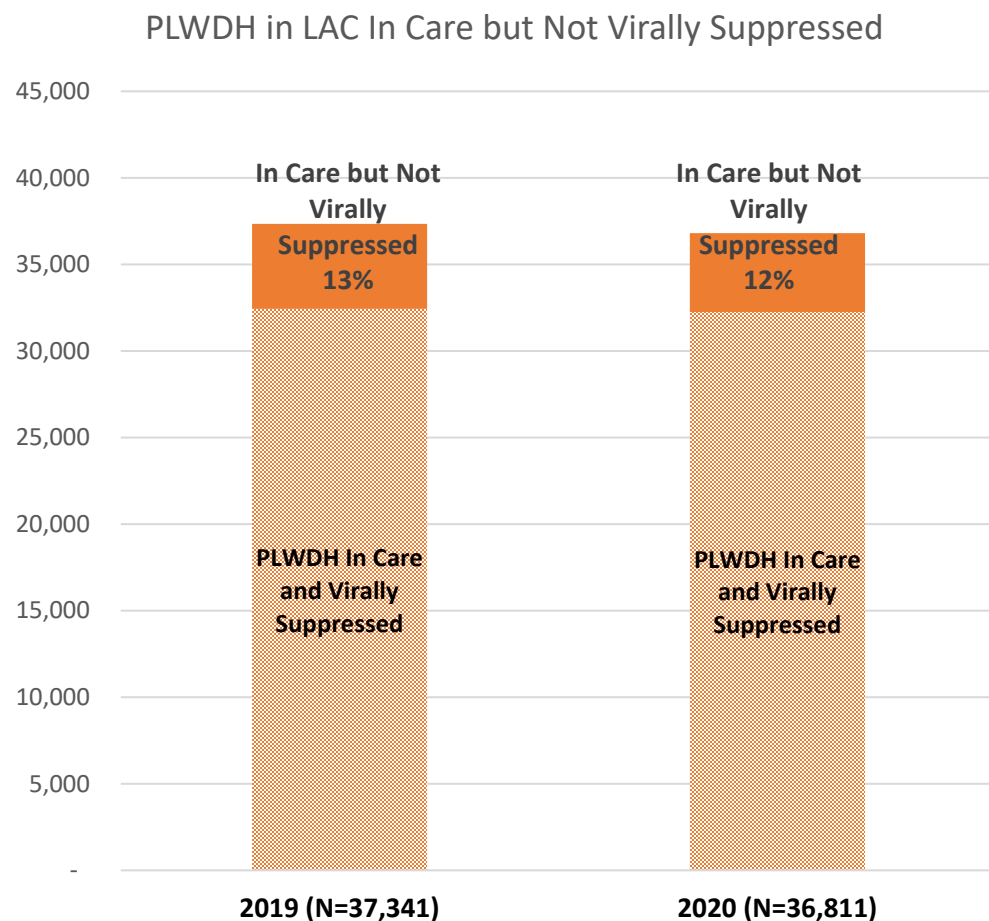
- These data represent the characteristics of:
  - LAC residents living with confirmed HIV diagnoses in 2020 reported to DHSP
  - RWP clients who accessed services in 2020

- These data do not reflect
  - Why PLWDH may or may not access HIV care services

- Unmet need is estimated using HIV surveillance and program data – both may be incomplete due to reporting delay. For example, changes in unmet need from 2019 to 2020 may be due to
  - Decreased laboratory access or availability due to COVID-19
  - Fewer people seeking care services

Unmet Need Estimates: In Care but Not Virally Suppressed among PLWDH and RWP Clients in LAC, 2020
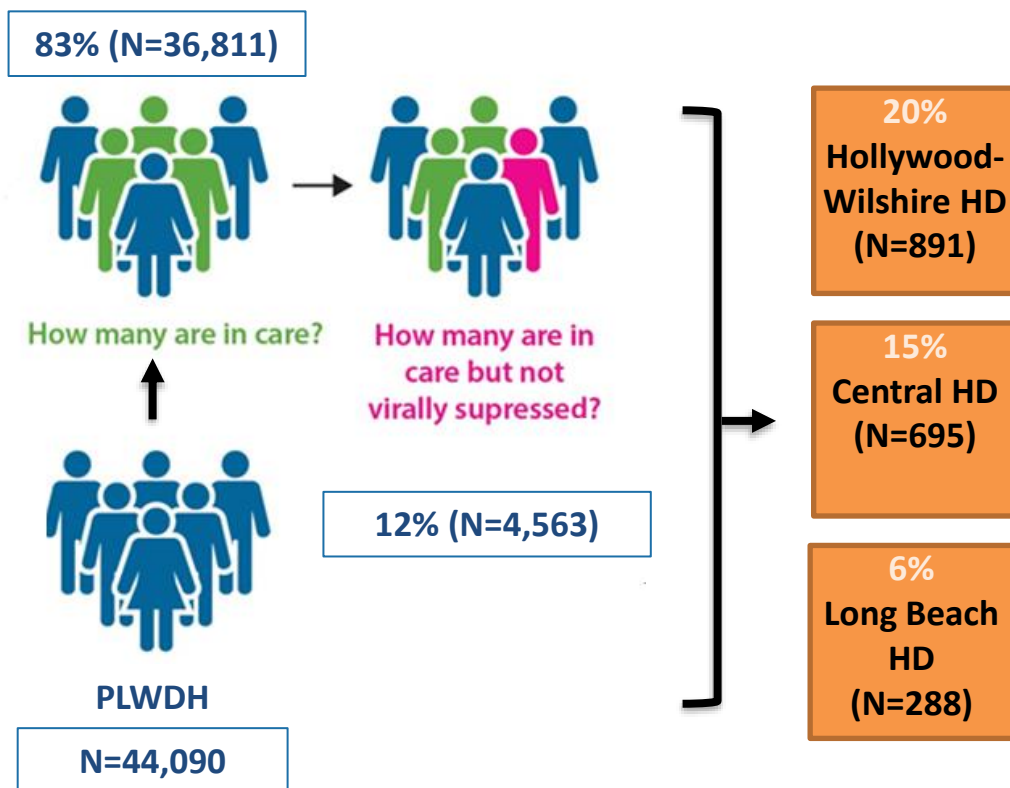
Context for Unmet Need for Adherence Support

- EHE Goal: Increase percentage of PLWDH with viral suppression to 95% by 2025
  - 61% among all PLWDH in LAC regardless of care status[1]
  - 92% among PLWDH **in care** in LAC[1]

- Among a representative sample of PLWDH in LAC, 79% were prescribed ART[1]
  - Of those on ART, 46% reported missing at least one dose in the past 30 days
  - The main reason for missed ART doses was forgetting to take their medicine

- Limitations to ART prescription and adherence data
  - Only reported for a limited number of RWP services
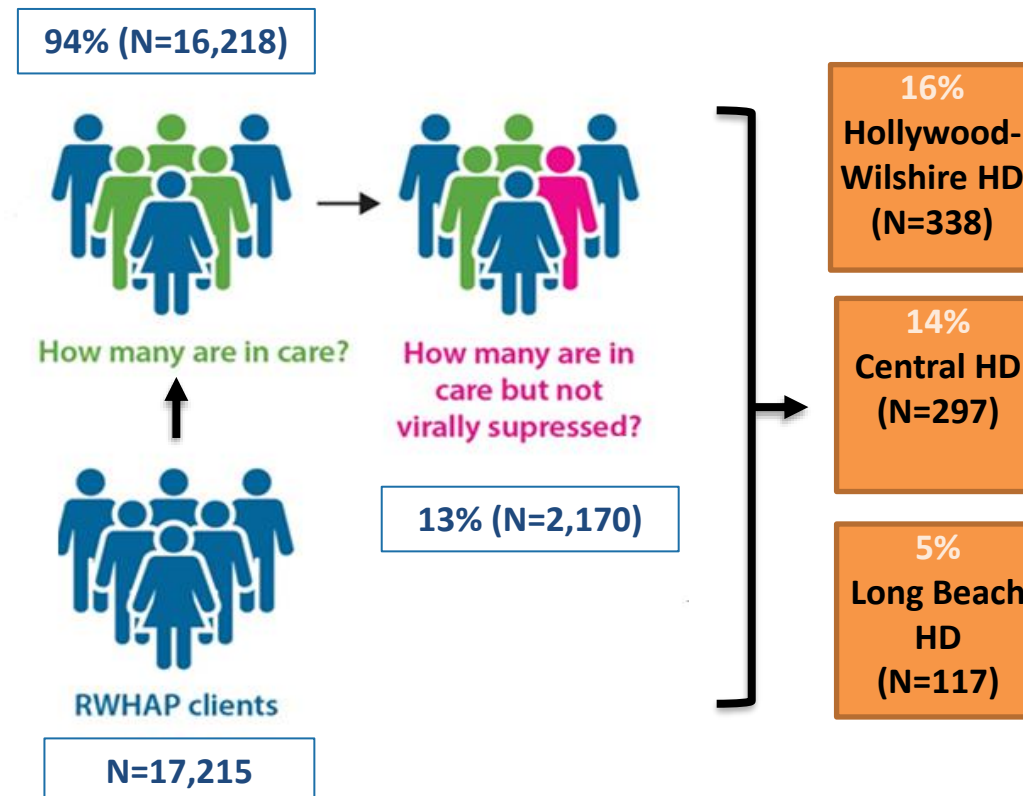
Treat

1.Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.

Unmet ART Adherence Need among LAC PLWDH and RWP Clients, 2020

LAC 5-Year Population

83% (N=36,811)

How many are in care?

How many are in care but not virally supressed?

12% (N=4,563)

PLWDH

N=44,090

20% Hollywood-Wilshire HD (N=891)	
15% Central HD (N=695)	
6% Long Beach HD (N=288)	

RWP Clients

94% (N=16,218)

How many are in care?

How many are in care but not virally supressed?

13% (N=2,170)

RWHAP clients

N=17,215

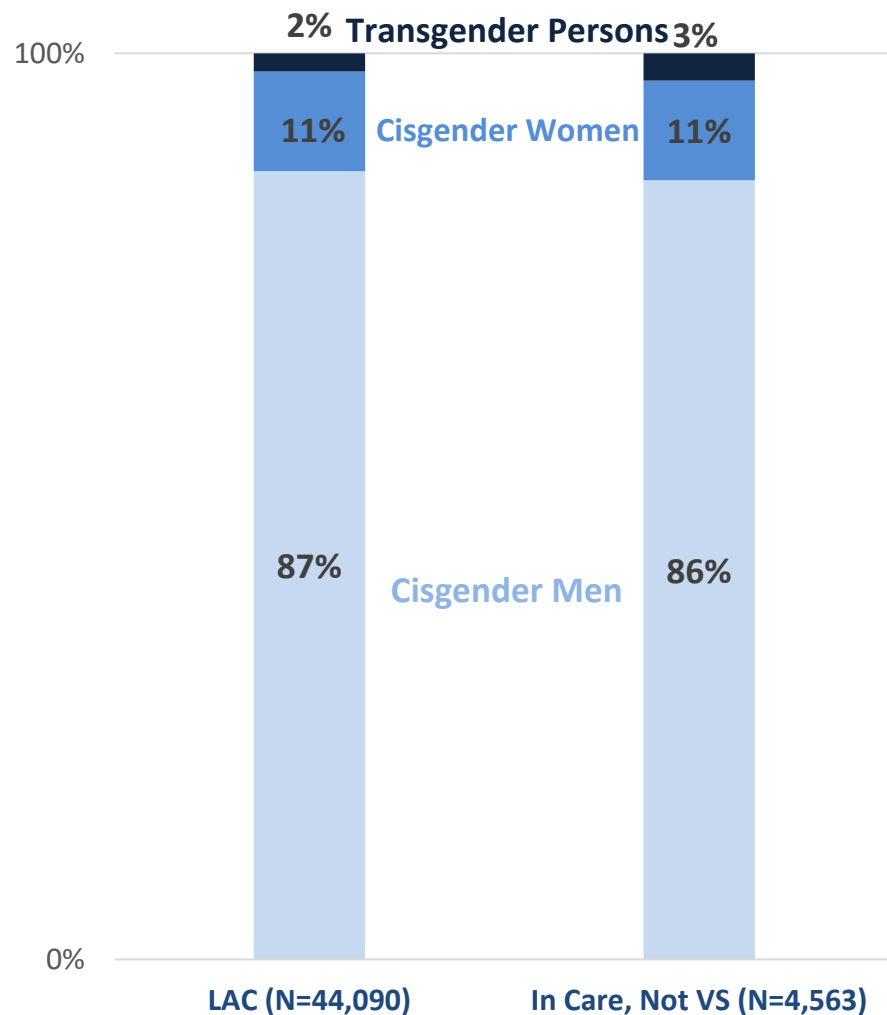|	
16% Hollywood-Wilshire HD (N=338)	
14% Central HD (N=297)	
5% Long Beach HD (N=117)	

- Unmet need for ART adherence support was comparable between LAC and RWP
- In LAC and in the RWP, unmet adherence need was highest among residents of Hollywood-Wilshire health district
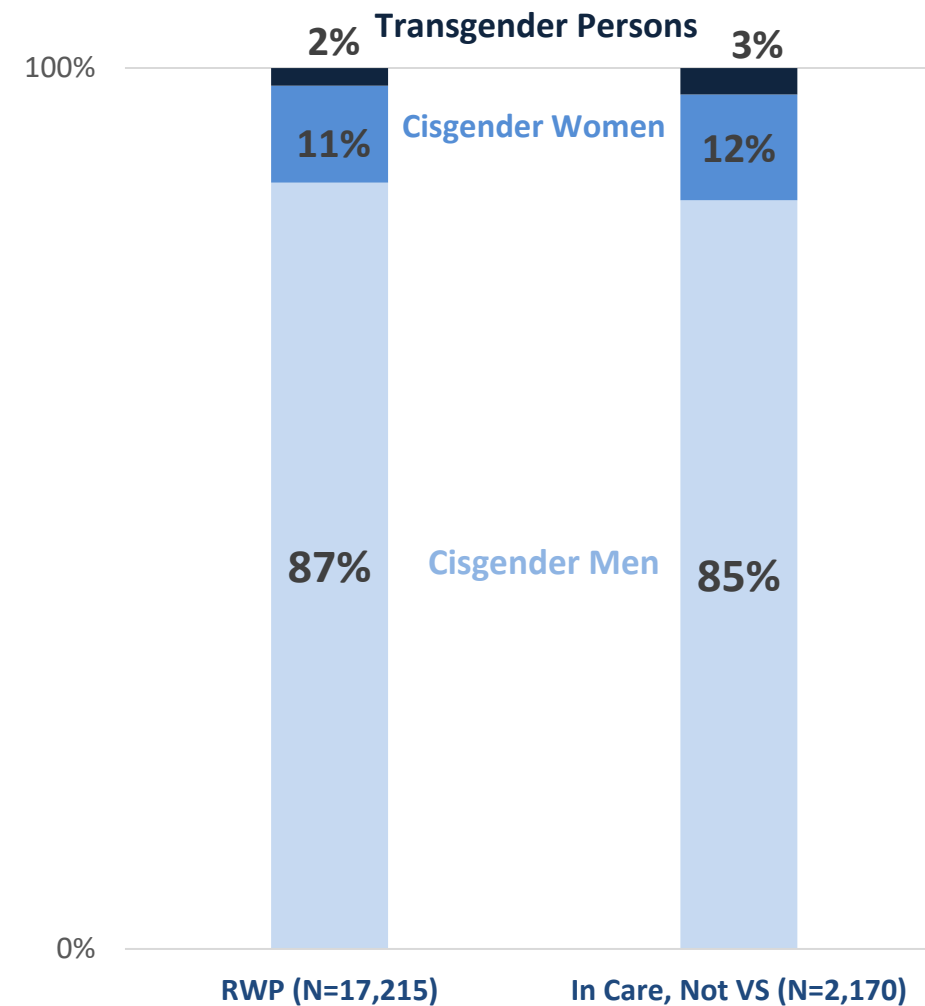
Unmet Need for ART Adherence Support by Gender Identity, 2020

LAC PLWDH
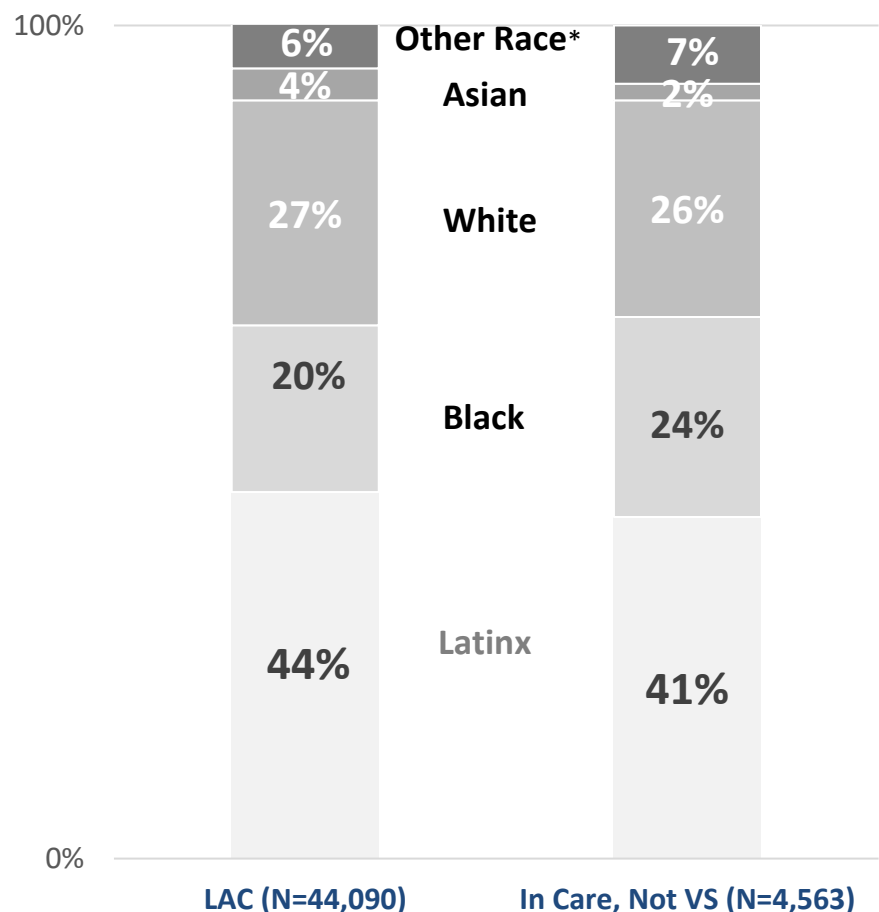
- The largest percent of PLWDH and RWP clients were cisgender men

- Cisgender men represented the majority of individuals in care without VS

RWP CLIENTS

Unmet Need for ART Adherence Support by Racial/Ethnic Group, 2020

LAC PLWDH

	LAC (N=44,090)	In Care, Not VS (N=4,563)
Other Race*	6%	7%
Asian	4%	2%
White	27%	26%
Black	20%	24%
Latinx	44%	41%

RWP CLIENTS

	RWP (N=17,215)	In Care, Not VS (N=2,170)
Other Race*	1%	1%
Asian	4%	2%
White	21%	20%
Black	22%	30%
Latinx	52%	47%

- A higher percent of RWP clients were Latinx vs. LAC

- Fewer RWP clients were of other racial/ethnic groups compared to LAC

- Unmet need for adherence support was disproportionately higher among LAC and RWP clients who were Black race/ethnicity compared to their population size
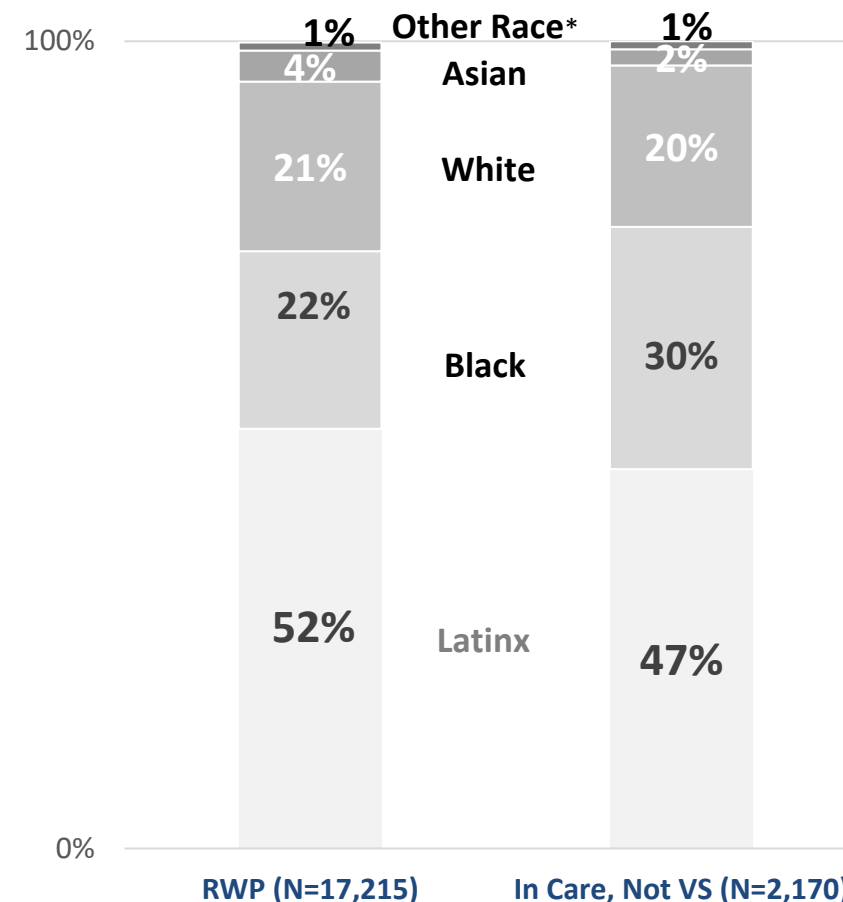
*Persons of other racial/ethnic groups include: Multiple race, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander, race/ethnicity not reported.

Unmet Need for ART Adherence Support by Age Group, 2020

LAC PLWDH

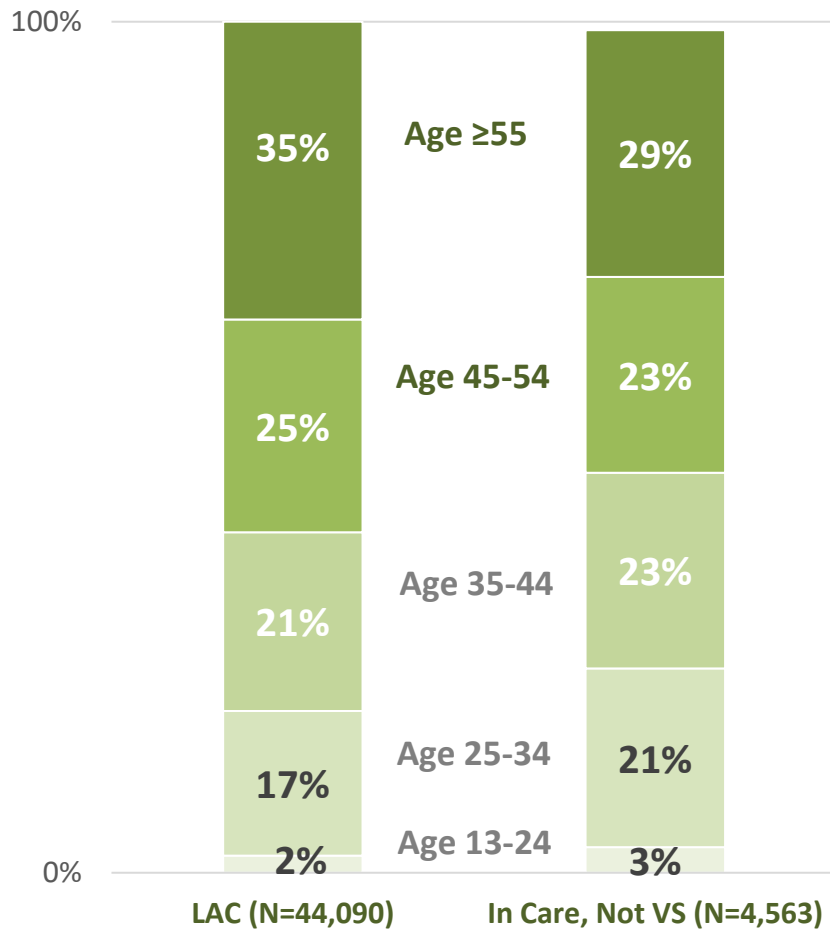|	LAC (N=44,090)	In Care, Not VS (N=4,563)
Age ≥55	35%	29%
Age 45-54	25%	23%
Age 35-44	21%	23%
Age 25-34	17%	21%
Age 13-24	2%	3%

RWP CLIENTS

	RWP (N=17,214)	In Care, Not VS (N=2,170)
Age ≥55	28%	20%
Age 45-54	26%	24%
Age 35-44	23%	26%
Age 25-34	21%	26%
Age 13-24	3%	4%

- The majority LAC PLWDH and RWP clients were ≥ age 45

- Among LAC PLWDH, 52% of LAC PLWDH ≥ age 45 had unmet adherence need compared to 44% of RWP clients

- While 40% of PLWDH in LAC were <age 45 they represented 49% of those with unmet adherence need

- Similarly, clients <age 45 represented 47% of RWP clients but 56% of unmet need
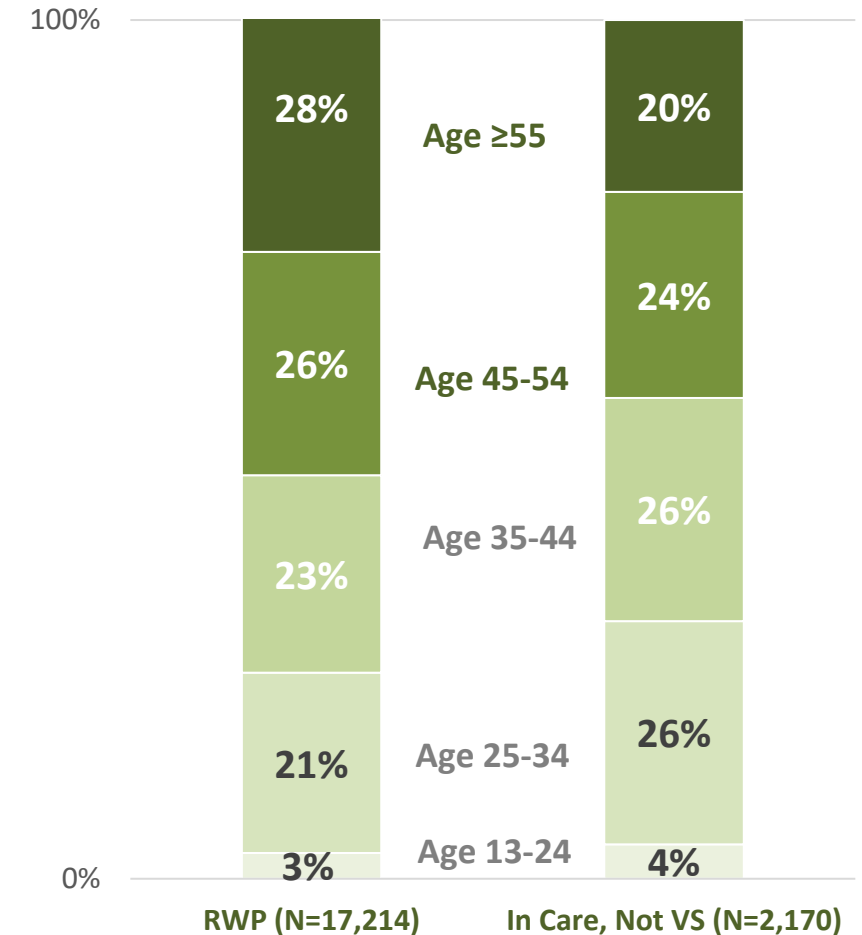
Unmet Need for ART Adherence Support by Risk Category, 2020

LAC PLWDH

- **2%** Other sexual risk*
- **3%** PWID
- **5%** Heterosexual
- **5%** MSM-PWID
- **14%** No identified risk
- **72%** MSM

LAC (N=44,090)

In Care, Not VS (N=4,563): 3%, 4%, 5%, 7%, 14%, 67%

RWP CLIENTS

- **1%** Other sexual risk*
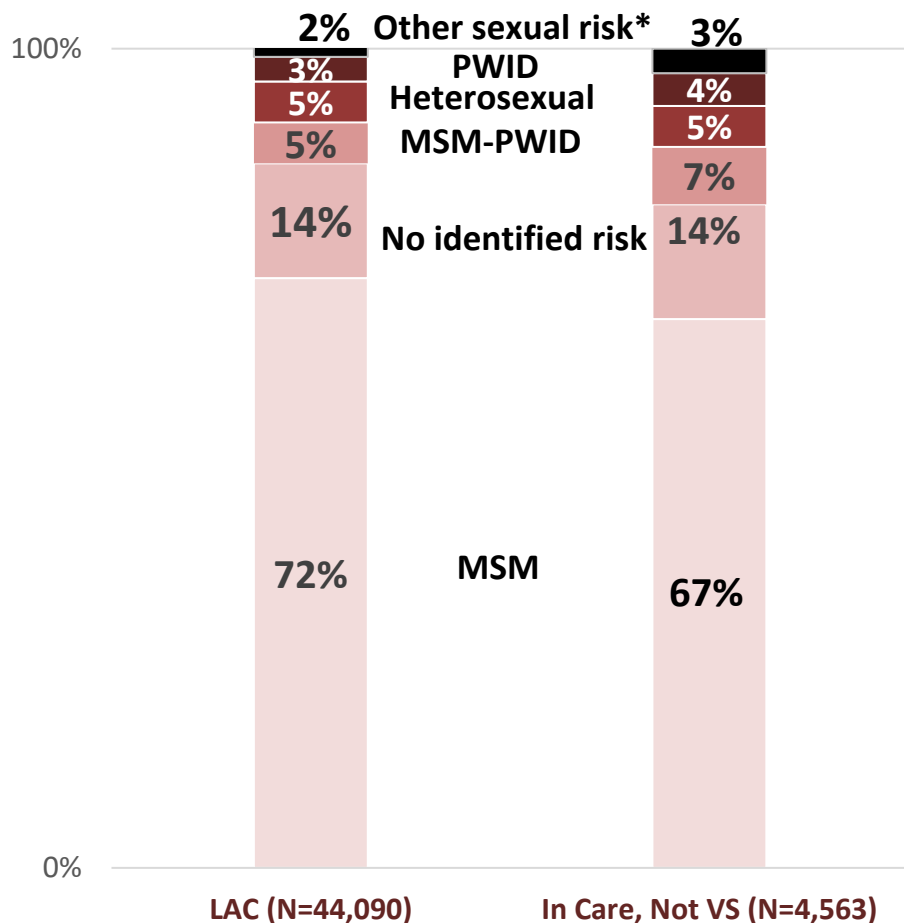- **2%** MSM-PWID
- **2%** PWID
- **5%** No identified risk
- **20%** Heterosexual
- **70%** MSM

RWP (N=17,214)

In Care, Not VS (N=2,170): 3%, 3%, 3%, 6%, 20%, 64%
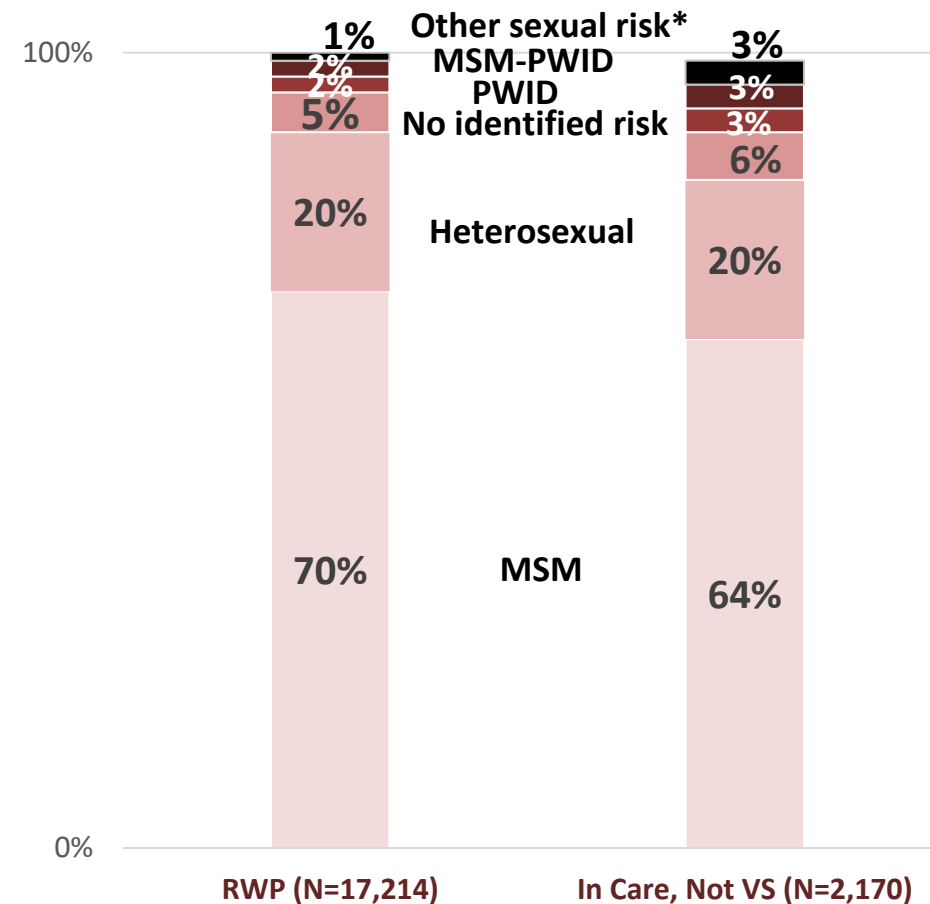
- The majority of LAC PLWDH and RWP clients were MSM

- Relative to population size, MSM represented a <u>lower</u> percent of LAC PLWDH and RWP clients with unmet adherence need

Definitions: MSM: Men who have sex with men; PWID: People who inject drugs
*Other sexual risk include: sexual contact among transgender individuals, sexual contact and PWID among trans individuals.

LAC PLWDH

Bar chart showing unmet need estimates (LAC PLWDH):
- Transgender 18%, Cisgender women 13%, Cisgender men 12%
- Black 16%, Other 15%, White 12%, Latinx 11%, Asian 8%
- 13-24: 18%, 25-34: 16%, 35-44: 14%, 45-54: 11%, 55+: 10%
- PWID 18%, MSM/PWID 18%, Other sexual risk 18%, No risk identified 14%, MSM 11%, Heterosexual 11%
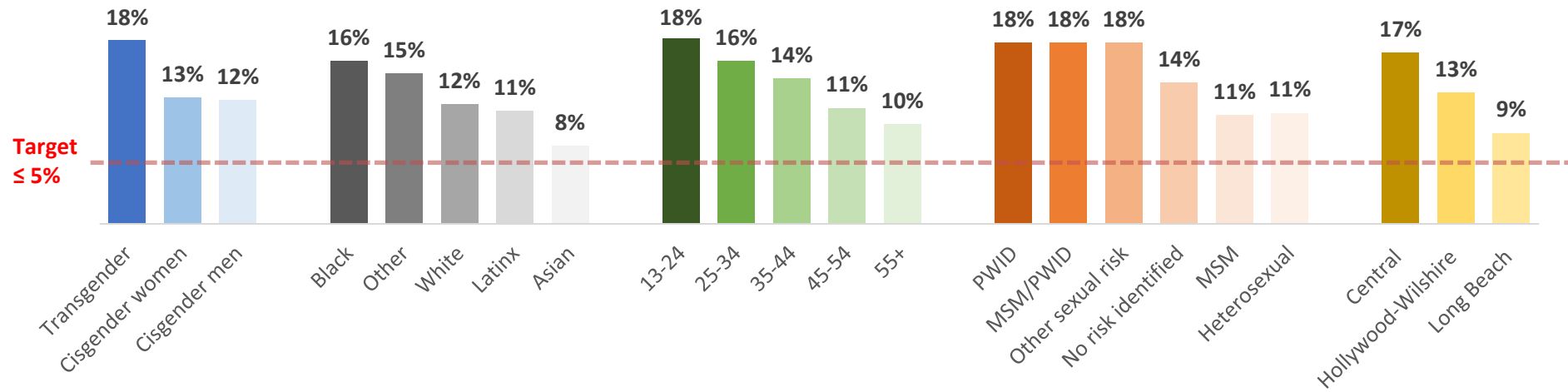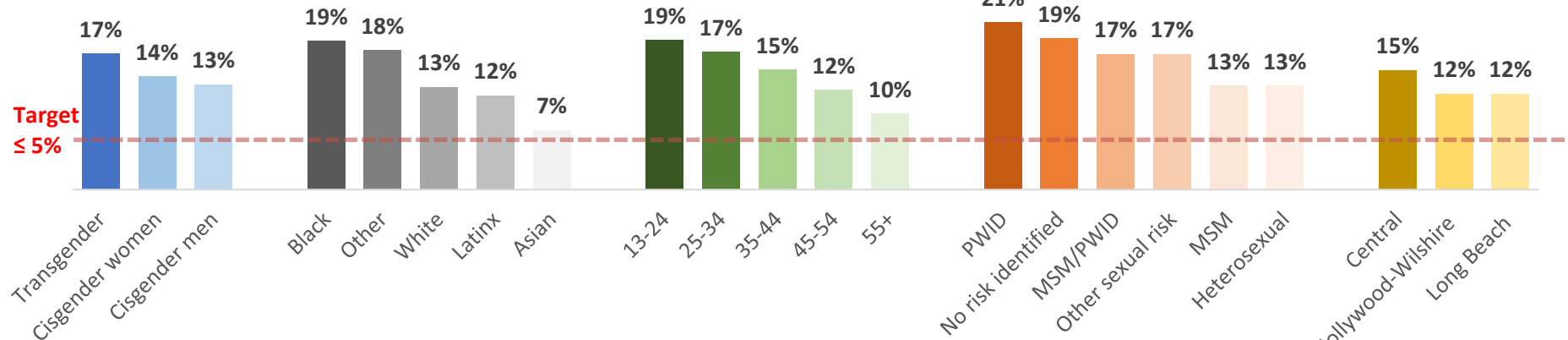- Central 17%, Hollywood-Wilshire 13%, Long Beach 9%
- Target ≤ 5%

Bar chart showing unmet need estimates (RWP Clients):
- Transgender 17%, Cisgender women 14%, Cisgender men 13%
- Black 19%, Other 18%, White 13%, Latinx 12%, Asian 7%
- 13-24: 19%, 25-34: 17%, 35-44: 15%, 45-54: 12%, 55+: 10%
- PWID 21%, No risk identified 19%, MSM/PWID 17%, Other sexual risk 17%, MSM 13%, Heterosexual 13%
- Central 15%, Hollywood-Wilshire 12%, Long Beach 12%
- Target ≤ 5%

RWP CLIENTS

Unmet need for adherence support within groups was similar for LAC and RWP

Neither population met the EHE goal of ≤5% unsuppressed viral load

Trans persons, those of Black or other racial/ethnic groups, younger persons, PWID and those residing in Central HD had the highest levels of unmet adherence need

Los Angeles County PLWDH Population-Level Unmet Need Estimates within Categories of Age, Gender, Race/Ethnicity, Transmission/Risk Categories and Health District, 2020.

Key Takeaways

Population-level (LAC)

Largest burden of unmet adherence need (in care, not VS)	• Cisgender men • Latinx PLWDH • ≥ age 55 • MSM • Hollywood-Wilshire HD
Unequal % of PLWDH vs unmet adherence need	• Black PLWDH • < age 45 • Central HD
Highest % of unmet adherence need within population	• Transgender persons • Black PLWDH • Age 13-24 • PWID • Central HD

Program-level (RWP)

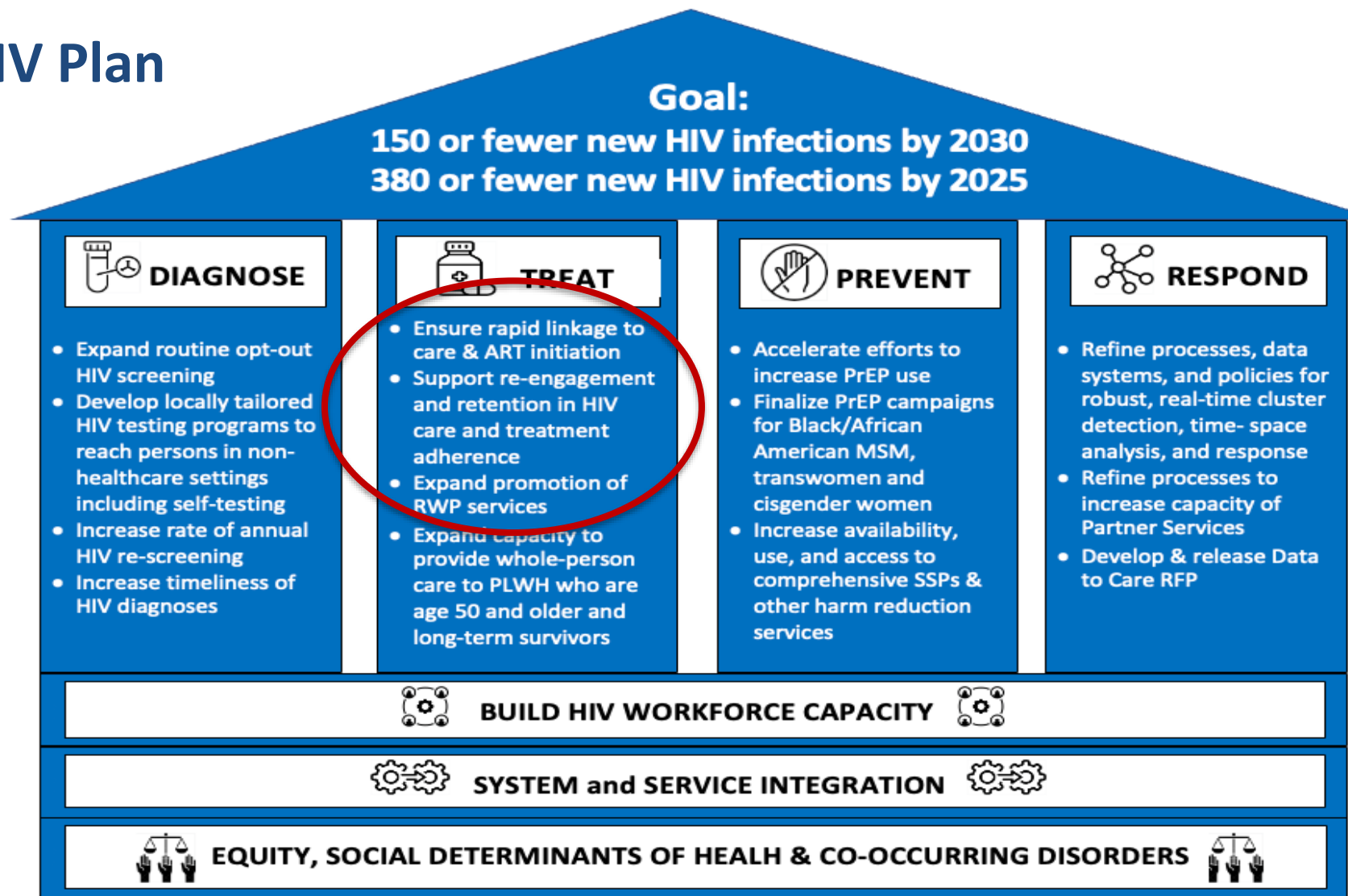|	
Largest burden of unmet adherence need (in care, not VS)	• Cisgender men • Latinx clients • Aged 25-44 • MSM • Hollywood-Wilshire HD
Unequal % of RWP clients vs unmet adherence need	• Black clients • Under 45 years of age • Central HD
Highest % of unmet adherence need within population	• Transgender clients • Black clients • Aged 13-24 • PWID • Central HD

Questions

Discussion – using estimates of unmet need for ART adherence support for planning

LAC Comprehensive HIV Plan Snapshot

Priority Populations
- Latinx MSM
- Black MSM
- Transgender persons
- Cisgender women of color
- PWID
- Persons < age of 30
- PLWH ≥age 50

Goal:
150 or fewer new HIV infections by 2030
380 or fewer new HIV infections by 2025

DIAGNOSE
- Expand routine opt-out HIV screening
- Develop locally tailored HIV testing programs to reach persons in non-healthcare settings including self-testing
- Increase rate of annual HIV re-screening
- Increase timeliness of HIV diagnoses

TREAT
- Ensure rapid linkage to care & ART initiation
- Support re-engagement and retention in HIV care and treatment adherence
- Expand promotion of RWP services
- Expand capacity to provide whole-person care to PLWH who are age 50 and older and long-term survivors

PREVENT
- Accelerate efforts to increase PrEP use
- Finalize PrEP campaigns for Black/African American MSM, transwomen and cisgender women
- Increase availability, use, and access to comprehensive SSPs & other harm reduction services

RESPOND
- Refine processes, data systems, and policies for robust, real-time cluster detection, time- space analysis, and response
- Refine processes to increase capacity of Partner Services
- Develop & release Data to Care RFP

BUILD HIV WORKFORCE CAPACITY

SYSTEM and SERVICE INTEGRATION

EQUITY, SOCIAL DETERMINANTS OF HEALH & CO-OCCURRING DISORDERS

- Identify and address barriers to ART adherence at the patient-level[1]
  - Behavioral health –stigma, mental health issues (depression, anxiety), substance use
  - Client-centered supportive services (housing, poverty, benefits, transportation)
  - Adherence tools – pill boxes, apps, reminders
  - Incentives or directly administered therapy

- Provider-level
  - EMR reminders to clients for medications and refills; flag patients with unsuppressed VL for follow-up
  - Medication side effects

- Health-department-level -Directly administered therapy?

- Novel approaches – incentives, long-acting injectable ART

- Focus on those populations that account for a large proportion of PLWDH with unsuppressed viral load in LAC
  - Black sub-populations, women and transgender persons, persons aged 30-49, PWID and those residing in the Central HD

1.Thompson, et al. https://www.acpjournals.org/doi/full/10.7326/0003-4819-156-11-201206050-00419
2.Division of HIV and STD Programs, Department of Public Health, County of Los Angeles. HIV Surveillance Annual Report, 2021. http://publichealth.lacounty.gov/dhsp/Reports/HIV/2021AnnualHIVSurveillanceReport.pdf.

How can our services improve viral suppression and reduce unmet need?

- Expanding access to RWP wraparound services

- Facilitate ART access and adherence
  - Rapid ART and same-day appointments
  - Peer-support?
  - Update Medical Care Coordination adherence intervention
  - Provider detailing?
  - U=U social marketing?

- Expand access for HIV medications
  - Uninterrupted coverage
  - Mobile or street-based clinics that dispense ART
  - Pharmacy collaboration

- Linguistically and culturally appropriate services

Next Steps for Unmet Need Estimates

- Further analyses are needed to
  - Identify predictors of unmet need among LAC residents
  - Include housing status
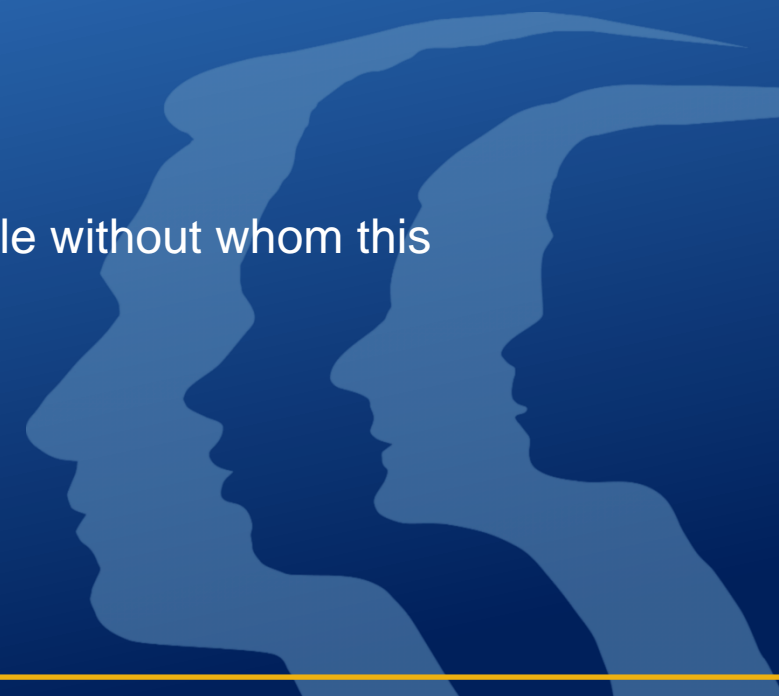
- Summary report completed mid-2023

Special thanks to the following people without whom this presentation would not be possible:

Sona Oksuzyan, PhD

Janet Cuanas, MPP

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Michael Green, PhD, MHSA

References and Resources

- Webinar video and slides: Enhanced Unmet Need Estimates and Analyses: Using Data for Local Planning https://targethiv.org/library/enhanced-unmet-need-estimates-and-analyses-using-data-local-planning

- Webinar video and slides: https://targethiv.org/library/updated-framework-estimating-unmet-need-hiv-primary-medical-care

- Methodology for Estimating Unmet Need: Instruction Manual https://targethiv.org/library/methodology-estimating-unmet-need-instruction-manual