

CDC *Vital Signs* Town Hall Teleconference
Q&A

HIV Care Saves Lives: Viral Suppression is Key
December 2, 2014
2:00 pm (EST)

Steve Reynolds: So this is our opportunity or your opportunity to ask questions, share your success stories, your challenges, lessons learned. You don't necessarily have to ask a question just press star 1, say your name and the operator will put you in the queue to ask your question or give us your comment or your success stories of today.

So while we wait for folks to hit star 1 and to do that let me start off by asking Dr. Bradley a question. Why do you think so many people are not in HIV medical care?

Dr. Heather Bradley: Sure so this is sort of a complicated issue and our study I will say wasn't designed to look at specifically at the reasons that people are not in care. But we know that, you know, people fall out of care for a variety of reasons.

Including of course lack of access to insurance and healthcare but sometimes people perceive themselves to be in good health or they may be feeling good.

They may have a lack of experience navigating the complicated healthcare system and accessing support services. So then there are broader structural issues like poverty, homelessness, substance abuse, limited access to transportation or childcare that just prevent people from being able to access care.

And so that's, you know, that's where we sort of we look to the Ryan White program and others to provide supportive services that can help people stay in care and on ART.

Steve Reynolds: Excellent thank you, folks just a reminder press star 1 if you want to ask a question and state your name and the Operator will put you in the queue. But Karalee, let me ask you a question.

Is Florida using other data sources to assess anti-retroviral therapy usage instead of medical monitoring project estimates?

Karalee Poschman: Currently we are not, but we're actively working to match our eHARS data, our HIV surveillance data with our patient care data. And one of our goals is to see how well we can estimate ART usage with a combination of using some of the surveillance data with the Ryan White care data from CAREWare, which is what we use in Florida, from our AIDS drug assistance program data and from Medicaid.

But one of the things that we really need to work on is cultivating new data sources and building relationships with insurance companies so that we might be able to get some information.

But one of the things that we're really interested in is if anyone else is attempting to do this and their successes, challenges, thoughts on this. So we would really like to hear from other parts of the country as to how they're approaching this.

Steve Reynolds: Thank you, that's a great question to the audience. If you have an answer please press star 1 and we will queue you into the call. But while we wait for that to happen, Venus, I have a question I'd like to ask.

It sounds like your program has had great success in the DOT services. How did you get the providers to buy-in for DOT?

Venus Vacharakitja: So at the beginning of the program at first the provider would not buy into the DOT services at all. I think one of the things - they didn't understand the concept very well and they haven't seen the tangible, the result rather so the provider was not convinced and that was part.

So it's go with a lot of education, it's a lot of let me try and prove it to you, it's more in that sense. We make sure with the client that they refer, we implemented DOT services and we learn that - and at the end of the provider understand and see that there are positive results.

Individuals of patients that they refer to be on DOT services actually had better improved their viral suppression - suppressed their CD4 is much improved.

Many patients who are on DOT now are very stable. So that helped them to understand and appreciate the DOT services.

Steve Reynolds: That's great, how do you manage 97% engagement in care?

Venus Vacharakitja: Our program has additional, multiple asset, multiple protocol in place in engaging the patients into care. In addition to the ones that New York City DOH provided to us.

So when the patient navigator is not able to get in contact or the client might fall off from care, the - so within five business days that that would start the diligent search, or that's what we call.

To start with the contact, either phone call or visit, contact anyone that the patient's have a contact with. So that part of it is helping in engaging, re-engaging the patients into care because a majority of our staff are individuals who knows the committee very well.

So that also part of it is helping in getting to buy in and attending to that treatment.

Steve Reynolds: Excellent thank you, Dr. Bradley do we expect to see improvements along the continuum post-2011?

Dr. Heather Bradley: Well we expect to see improvements and we have the percentage of people who are virally suppressed has been relatively stable over the past three years.

We only have three years of data on this and in about another six months we'll have a couple more data points to look at in terms of trends. But we do expect that we may see accelerated increases post-2011.

In 2011 the definitive research came out showing that HIV treatment is prevention and in 2012 as we mentioned earlier the clinical guidelines changed to recommend ART to everyone regardless of their CD4 count. And so with ART being recommended for everyone with HIV we hope that more people will be seeking care knowing that they'll be getting treated.

And so we certainly expect to see the kinds of sort of step wise increases we've been seeing but we may see more accelerated change.

Steve Reynolds: Great, well how do people do in terms of viral suppression once they're in regular medical care?

Dr. Heather Bradley: So people do really well. Of people in care 92% were prescribed ART and 76% were virally suppressed. So more than 3/4, so once we get people into care they're doing well.

We know that HIV care and treatment works. We just have to focus on getting them there.

Steve Reynolds: All right I think we're going to end up ending the call a little bit early today but before we close let me point you in the direction of a couple resources. If you all would look at slide 40.

On slide 40 there's the Prevention Status Report or PSR, it's highlighted there for all 50 states and the District of Columbia. The status of certain policies and practices designed to address ten public health problems, including HIV.

The PSR pulls together - the PSR's pull together information about state policies and practices in a simple, easy to use format that decision makers can use to examine their state status and identify areas for improvement.

I really hope you guys will give the PSR's a look over and use them in your individual states. There's also a link directly to the 2013 HIV PSR on the December *Vital Signs* Town Hall Teleconference web page or you can visit the link at the bottom of the slide to see all of the PSR's by state or topic.

Lastly, please let us know how we can improve the teleconference for you. Email your suggestions to OSTLTSfeedback@cdc.gov. That's OSTLTSfeedback@cdc.gov.

We hope you all - we hope you will be able to join us for the next month's town hall on Tuesday, January 13 when we will focus on alcohol poisoning.

Thank you to our presenters, you all did an outstanding job we really enjoyed your presentations today and everyone else who attended on the call.

And that closes are call for today so thank you all for joining, goodbye.

Coordinator: That concludes today's conference, all participants may not disconnect.