

Getting to Zero: An Update



POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Protecting and Promoting Health and Equity

Susan Buchbinder, MD: Bridge HIV

Tracey Packer, MPH: Community Health Equity and Promotion

Health Commission presentation

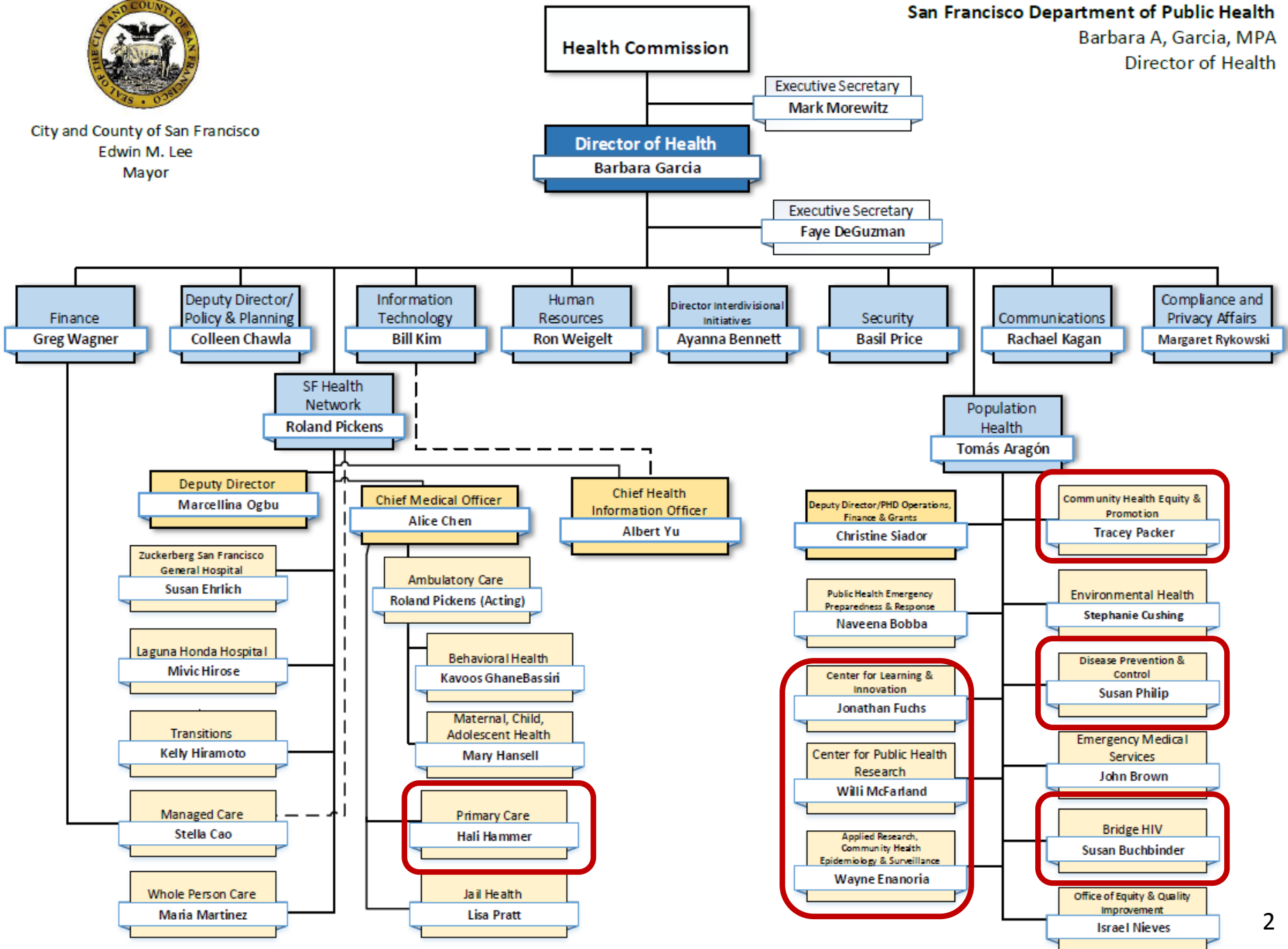
May 2, 2017





City and County of San Francisco
Edwin M. Lee
Mayor

San Francisco Department of Public Health
Barbara A. Garcia, MPA
Director of Health



Presentation

- Overview of Getting to Zero Consortium
- Data on SF epidemic
- Getting to Zero initiatives and progress to date

San Francisco's Getting to Zero Initiative



- ***Zero new HIV infections***
- ***Zero HIV deaths***
- ***Zero stigma and discrimination***

Collective Impact

GTZ is a multi-sector consortium that operates under principles of collective impact:

“Commitment of groups from different sectors to a common agenda to solve a specific problem.”

Common Agenda

- Keeps all parties moving towards the same goal

Common Progress Measures

- Measures that get to the TRUE outcome

Mutually Reinforcing Activities

- Each expertise is leveraged as part of the overall

Communications

- This allows a culture of collaboration

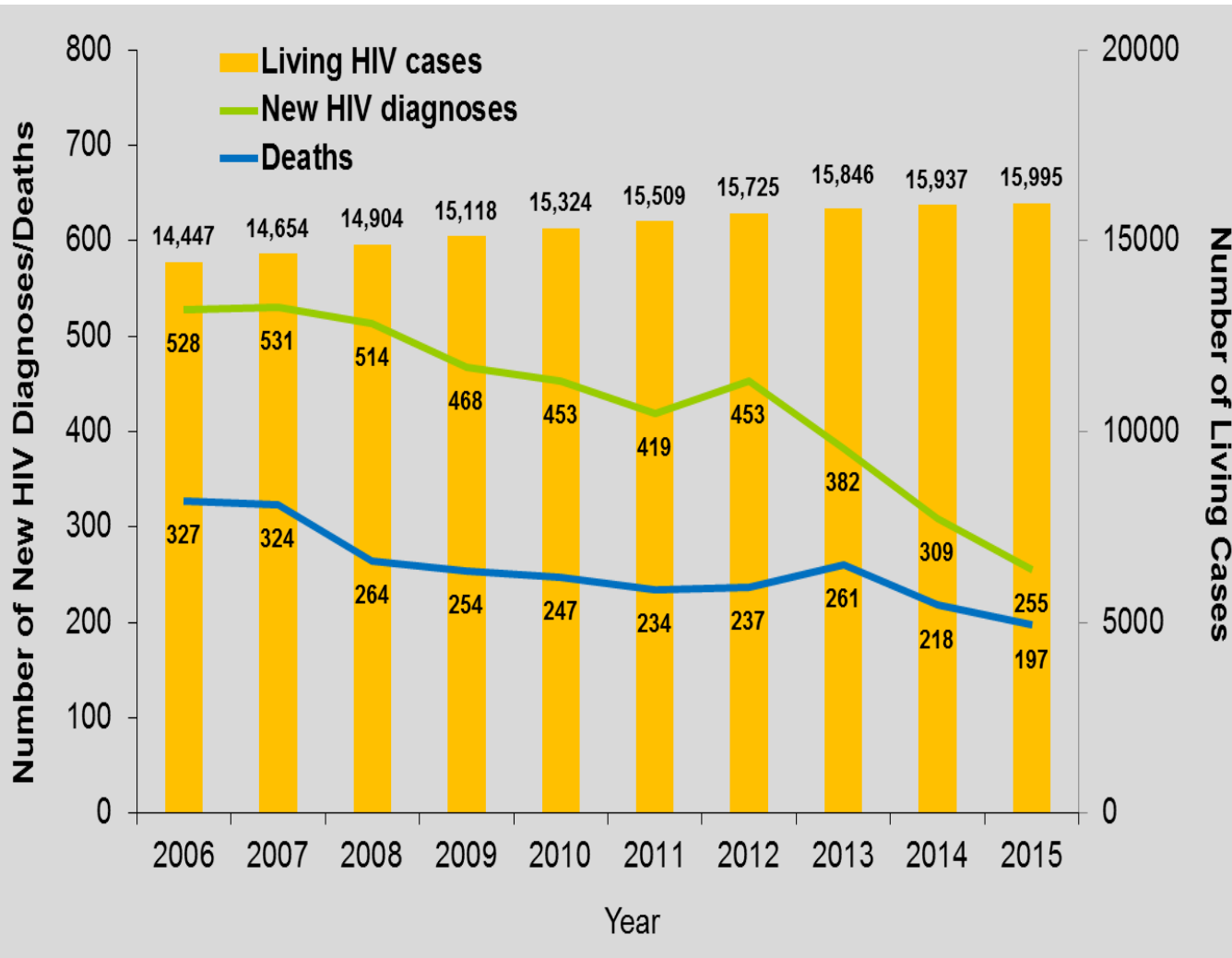
Backbone Organization

- Takes on the role of managing collaboration

Involvement in GTZ: Sponsors and over 200 members



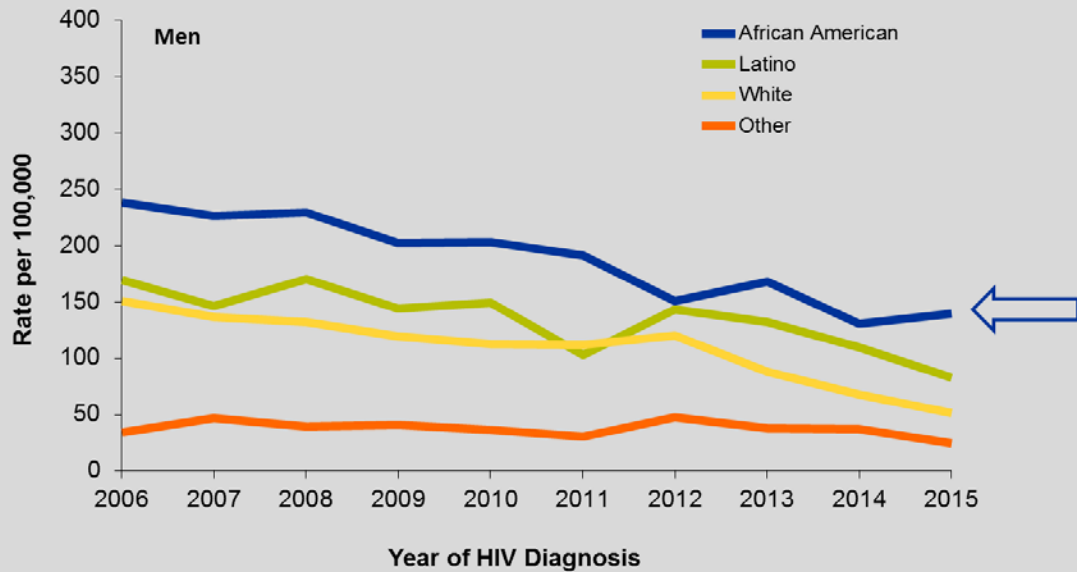
New HIV diagnoses and deaths declining in San Francisco



In the United States, new HIV diagnoses have **declined 18%** over the past **6 years**

In contrast, in SF, new diagnoses **decreased 44%** just in the past **3 years!**

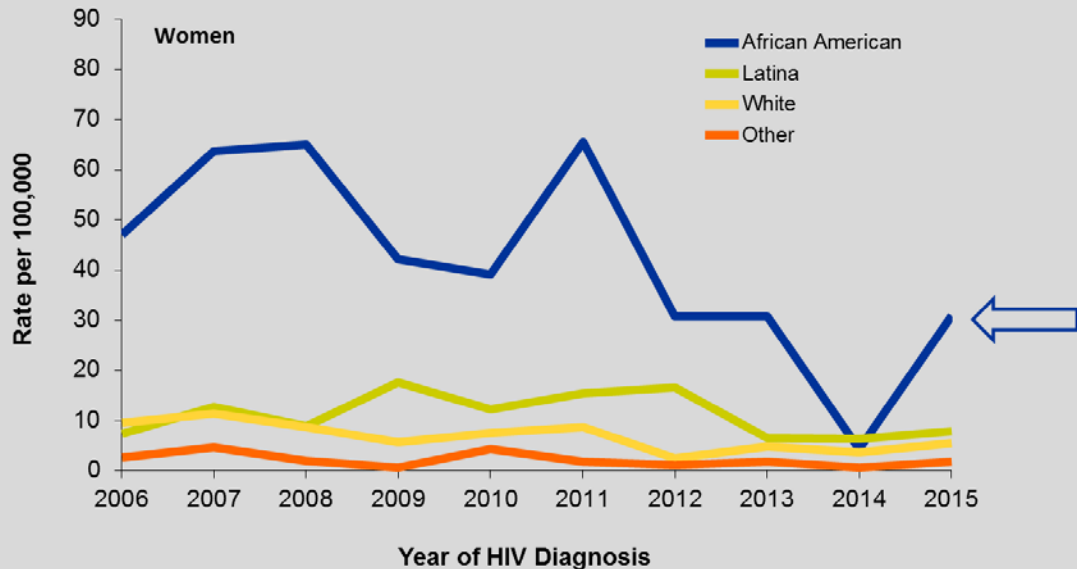
Disparities Remain in New HIV Infections in SF



New diagnoses highest in

- AA men (140/100,000)
- Latino men (83/100,000)
- White men (52/100,000)

Rates declining significantly in AA, Latino and White men

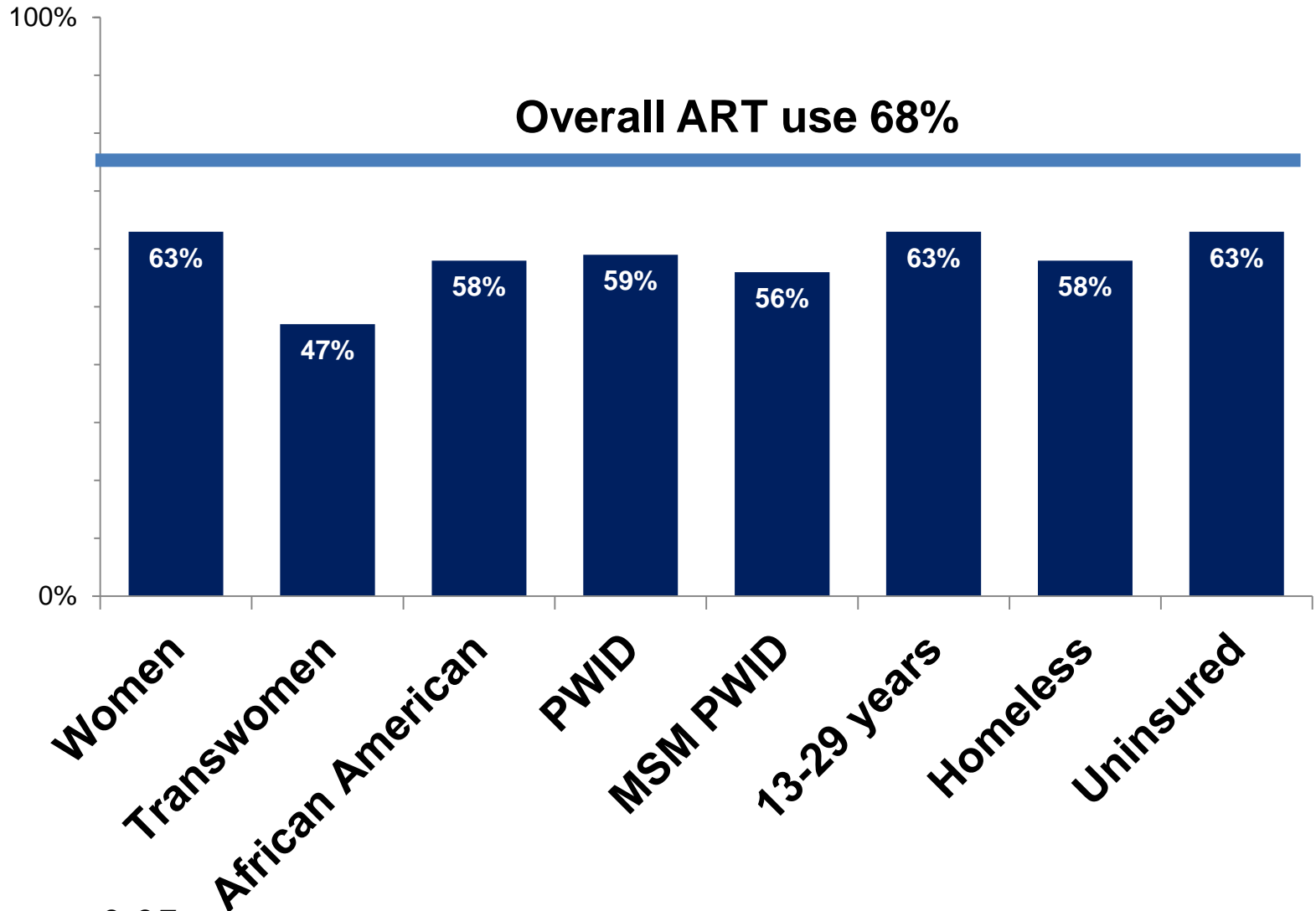


New diagnoses highest in

- AA women (31/100,000)

This rate is nearly as high as in White men

ARV Treatment: Who are We Missing?



P values <0.05

Change in HIV care and prevention indicators: 2009-2014

Indicator	2009 to 2014	P-value
Linked to care within 3 months of diagnosis	86% to 92%	0.02
Retained in care within 6-12 months of linkage	70% to 73%	0.31
Initiated ARV treatment within 12 months of diagnosis	63% to 91%	<0.0001
Virally suppressed within 12 months of diagnosis	49% to 82%	<0.0001
Developed AIDS within 3 months of diagnosis	27% to 16%	0.0006
Died within 12 months of diagnosis	3% to 1%	0.06

Strategic priorities for San Francisco Getting to Zero Consortium

City-wide coordinated PrEP program



Rapid ART start with treatment hubs



Linkage-engagement-retention in care



Reducing HIV stigma



Vision

Become the first municipal jurisdiction in the United States to achieve the UNAIDS vision of ***“Getting to Zero”***

Drug user health

Mental health/ Substance use/Housing as HIV prevention

Linkage to care and partner services (LINCS)

Treatment as prevention

Primary care HIV screening

Syringe access

Health ed/risk reduction

STD testing & treatment

Prevention with positives

HIV testing

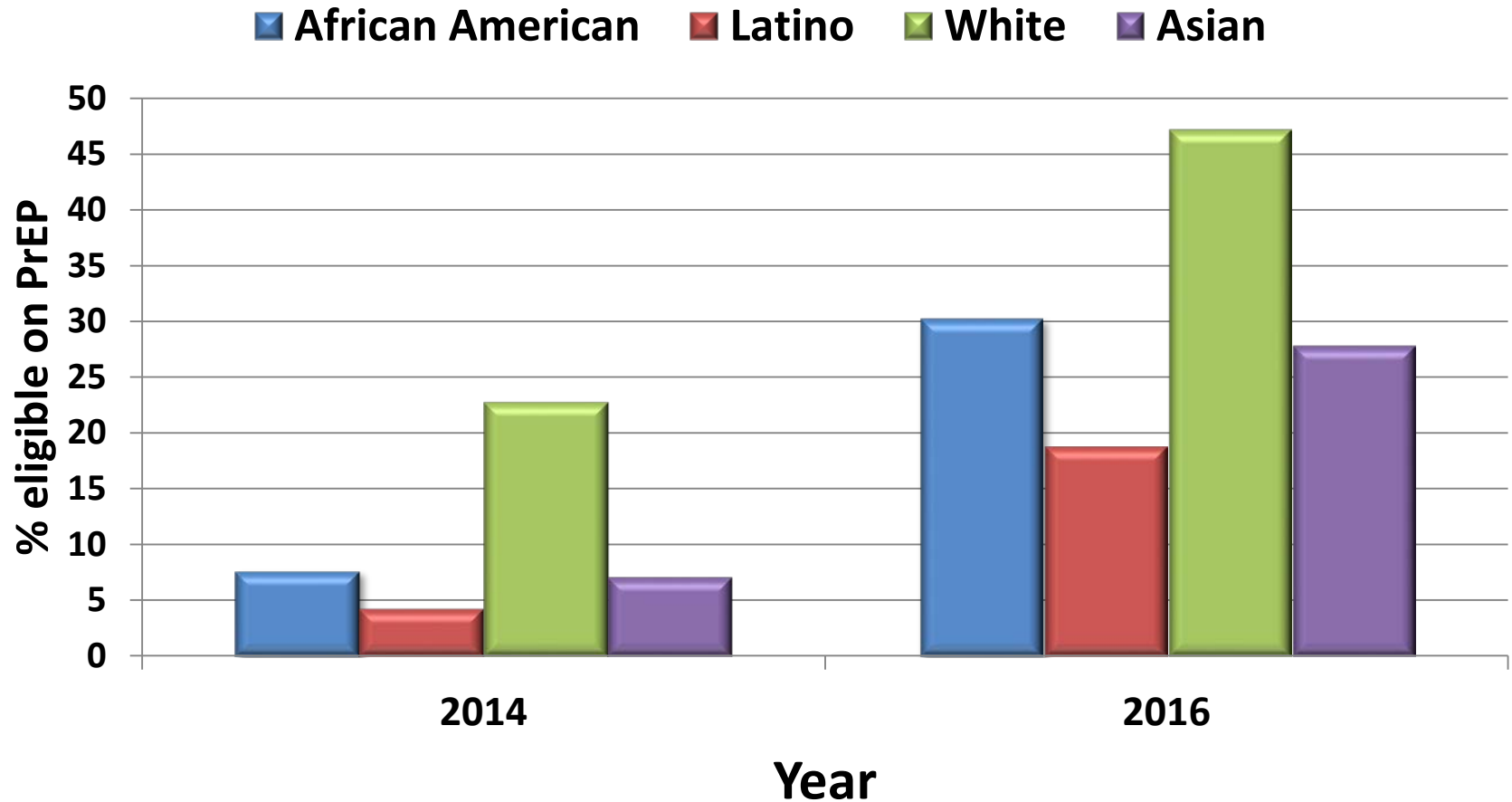
GTZ Accomplishments: PrEP

- Four new GTZ PrEP programs funded
 - African-American MSM
 - Latino MSM
 - Trans Women
 - Young MSM
- Pharmacy Delivered PrEP in the Mission
- PrEP emergency fund for youth
- Data to PrEP pilot launched



PrEP use in MSM in San Francisco, 2014-2016

Improving, but disparities remain



GTZ Accomplishments: RAPID Access to ART

- Two detailers (NP, RN) hired through GTZ funds
 - For HCOs/large clinics: Group meetings with leadership, staff + individual detailing
 - For office practices: Individual detailing
- To date, 27 clinics/offices/health groups trained in Rapid

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Rapid ART Program Initiative:

How immediate ART initiation improves health outcomes

Earlier treatment is better care^{1,2}

START: HIV+ adults who started ART immediately with a CD4+ T cell count of ≥ 500 cells/mm³, compared to those who deferred until their CD4+ T cell count fell to ≤ 350 cells/mm³.

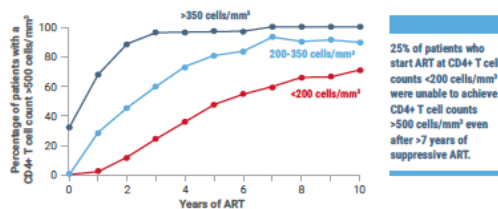
- were 0.43 times as likely to die from any cause.
- experienced a 72% reduction in the number of serious AIDS-related events.
- experienced a 39% reduction in the number of serious non-AIDS related events.

TEMPRANO: HIV+ adults who started ART immediately with a baseline CD4+ T cell count of < 800 cells/mm³, versus those who deferred at the same baseline count.

- were less likely to reach death (any cause), AIDS defining disease, non-AIDS defining cancer, or non-AIDS defining invasive bacterial disease (HR 0.56, 95% CI 0.41-0.76).
- This also applied to patients with CD4+ T cell counts ≥ 500 cells/mm³ (HR 0.56, 95% CI 0.33-0.94).

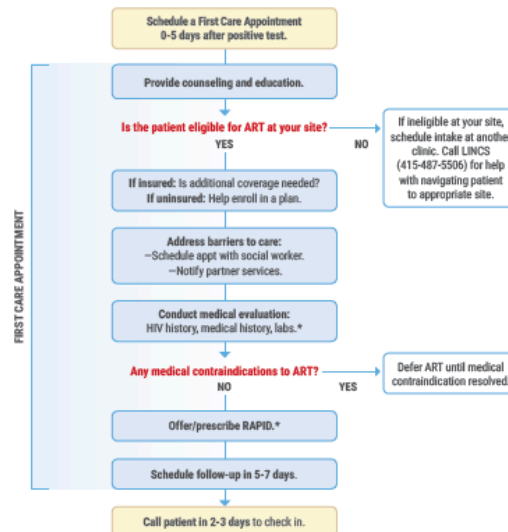
Earlier ART improves CD4+ T cell recovery³

FIGURE 1. THE PERCENTAGE OF PATIENTS ON ART WITH A CD4+ T CELL COUNT IN THE NORMAL RANGE (> 500 CELLS/MM³) OVER TIME, STRATIFIED BY CD4+ T CELL COUNT BEFORE INITIATION OF THERAPY



How to implement RAPID at your healthcare facility

FIGURE 4. RAPID CARE FOR PATIENTS TESTING HIV POSITIVE



* See pages 6-7 for labs and recommended treatment regimens.

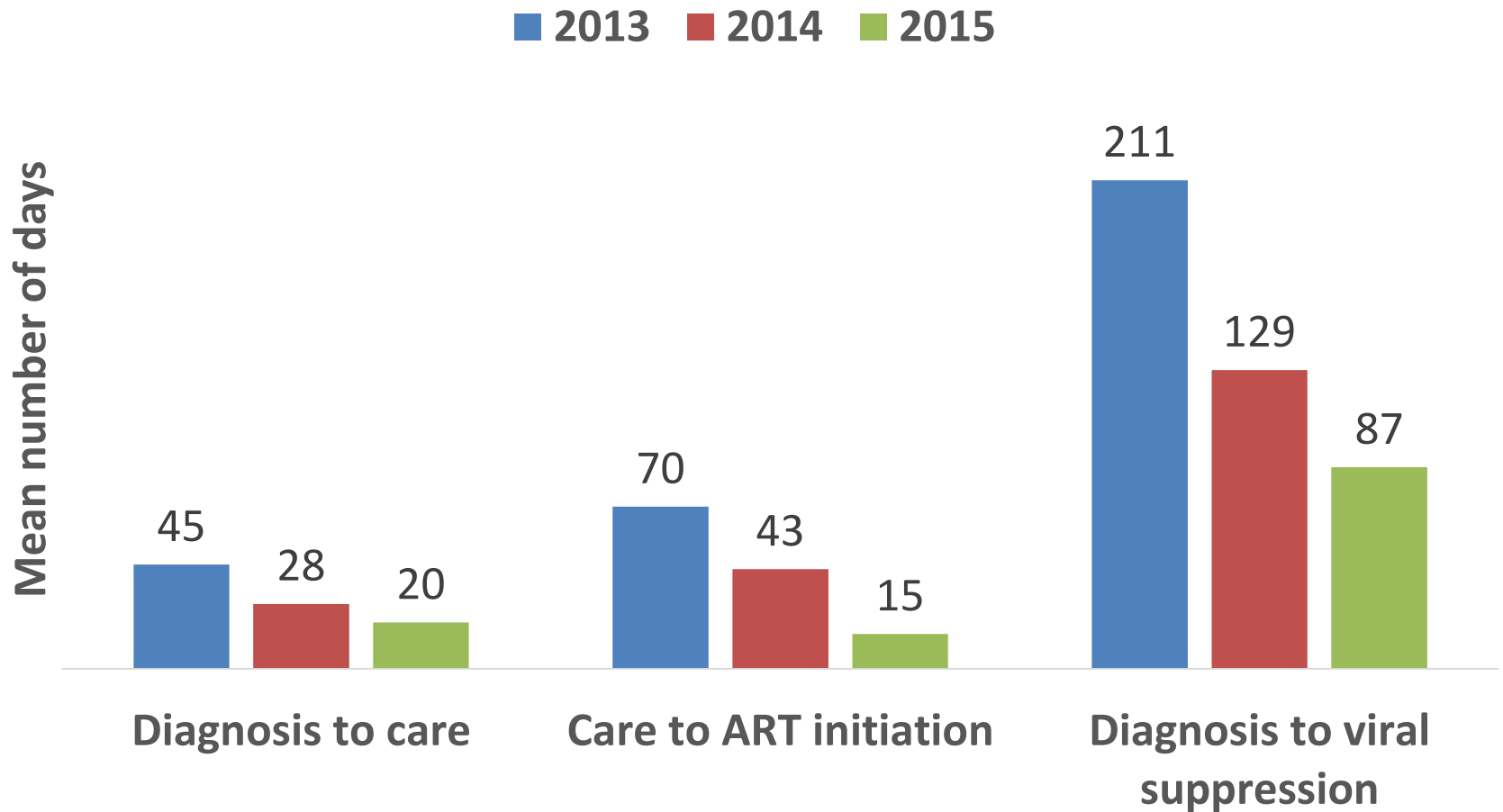
Protocol requested by: US

- CDC
- HRSA
- Locales: Alameda, Contra Costa, San Mateo, FL, NY, PA, GA, MD

Other countries

- Canada
- Australia
- Thailand
- The Netherlands

Time from Diagnosis to Outcomes 2013 to 2015



GTZ Accomplishments: Re-engagement and Retention

- **Medication Access & Security Project** – To address viral suppression disparity among homeless/marginally housed by increasing secure access to ART and other treatment.
- **Cell Phone Project** – Cellphones w/ voice and SMS for people who are homeless and marginally-housed currently in navigation and cell phone charging stations.
- **Communications** – Frontline Organizing Group (FOG) developed standardized retention and re-engagement messaging for clients and providers, stigma & barriers reduction.
- **Intensive Case Management Program** linked to food security and employment services with special emphasis on people with HIV on aging.

Improvement in viral suppression

Navigators (funded by MAC AIDS) in three DPH clinics that serve priority populations

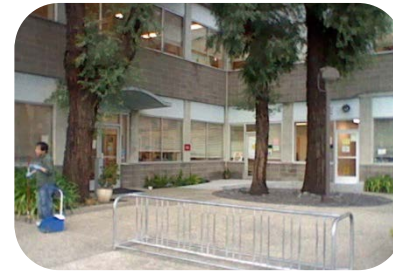
91% of
~3100
patients
served by
SFHN



Ward 86



Tom Waddell



Castro Mission

10% of
all
PLWH in
SF

	W86 (N=2209)	TW (N=485)	CMHC (N=224)
White	42%	39%	44%
Black	23%	31%	12%
Latino	23%	15%	28%
VLS (Feb 2017)	79%	89%	96%

Thank You and Questions



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