

Michael Reese HIV Care Program: 30+ years of HIV Care

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HOPE conference

Michael Reese Hospital

Opened 1880

- Located in a Jewish neighborhood, in early years served a diverse array of mostly European immigrants
- By the time the hospital closed in 2008, it primarily served the black community
- Michael Reese was dedicated to charity care as well as medical research and education
 - 1890-1981, hospital training school for nurses
 - Pioneering medical research (polio, insulin processes, cardiac medicine, infant incubators)
 - Institute for Psychosomatic and Psychiatric Research and Training



Michael Reese Hospital

- 1989 medical residents started a free clinic for PLWH who did not have other primary or HIV care
- First program South of the Chicago Loop
- Shared space with the hemophilia clinic
- By late 1980s, almost all people living with hemophilia or other bleeding disorders had acquired HIV from blood transfusion
- Clients with sickle cell disease were also highly impacted by HIV
- Poor, black, uninsured or public aid insured patients

Integrated care services

- Each discipline comes to the patient in the room
- Initially just medical, psychology, then case managers
- Residents, psych interns; supervised by staff providers
- At the time, a unique service program
 - Created to meet this population's serious and unmet needs
 - Similar to Patient Centered Medical Home
 - Became a model for other programs
- Patient centered, eliminates need for multiple appointments and transportation arrangements
- Reduces stigma of mental health appointments

Integrated care services

- Funded by donations, fundraising, AIDS Foundation of Chicago (AFC) Case Management, and Ryan White (federal funds administered by Chicago Dept. of Public Health)
- Early 2000s, Prevention for Positives CDC Grant money
 - Previously condoms/money to buy condoms not available to PLWH
 - Care Program saw only PLWH so did not qualify until Prevention for Positives
- Care Program developed a program to prioritize prevention
 - Each visit, every patient - assessed mental health and substance use that hindered their ability to use condoms, or practice prevention methods

Finding a new home 2008

- Michael Reese Hospital closed in 2008
- Mercy Hospital, a few blocks away, had previously discussed having an HIV program
- Client advisory board meetings, client surveys, discussions
 - How far would people travel from their home
 - What neighborhoods would they go to for care
- Clients did not want to access care in County health system
- Other south side hospitals did not have room
 - Poor, black, uninsured or Medicaid patients

Sister Sheila Lyne

- Catholic nursing sister who was in administration at Mercy
 - Mercy has the longest hospital history serving the poor in Chicago
 - Founded by Sisters of Mercy
- Worked for Chicago Department of Public Health and was HIV Division Chief
- Moved back to Mercy and welcomed the HIV Care program



Moving a few blocks

- Summer 2008, two clinics per week at both Reese and Mercy
 - Minimize confusion and chance of people getting lost in the move
- Mercy clinic space in the Family Health Center
 - Multidisciplinary clinic
 - No posters, magazines, or leaflets about HIV, MSM, IDU
 - Central outpatient lab for all outpatients
 - Deliberate choice to minimize stigma and increase appointment adherence

Care Program clients today

- 93% African-American
- 27% female
- 3% aged 13-24 years
- 43% aged 25-44 years
- 47% aged 45-64 years
- 7% aged over 64 years

Care Program clients today

- 65% living below 100% of poverty level
- 73% living in stable/permanent housing
- 10% living in temporary housing
- 17% living in unstable housing

Care Program clients today

- 15.5% private employer or ACA insurance
- 19.6% Medicare
- 40.2% Medicaid or other public health plan
- 24.7% uninsured

Care Program client PLWH identified risks

- 53% gay and bisexual or same-gender loving men
- 4% injection drug users
- 1% hemophilia/coagulation disorder
- 43% heterosexual contact
- 0.6% perinatal transmission

Care Program today

- Primary and specialty care to PLWH, people vulnerable to HIV, people who are mono- or co-infected with Hepatitis B, Hepatitis C, and tuberculosis
- Staff extensively trained in trauma, cultural awareness, LGBTQ awareness, and other population-specific issues
- >75% clients virally suppressed
- Several new concurrent HIV and AIDS diagnoses each year
- Referrals from ER, in-patient units, community organizations
- Expanded services including funding for PrEP

Academic and Residency programs

Train residents, students, and mental health providers to care for patients with HIV, psychiatric, and substance use disorders.

- Nurse Practitioner students and DNP candidates
- Medical interns and residents
- Psychology externs
- Pharmacist doctoral candidates and residents
- Midwest AIDS Training and Education Center clinical scholars
 - course of study specifically designed for minority or predominately minority-serving, front-line clinical care providers

Care Program services

- Primary and multi-specialty care, including STI screening and treatment
- Medical, non-medical, and Department of Rehabilitative Services case management
- Early intervention linkage and retention services
- Adherence and health promotion counseling
- Substance use counseling
- Mental health care
- Nutrition counseling and education
- Gender-affirming hormone treatment

People must know that HIV services are available to them and can bring value to their lives.

Getting to Zero Illinois Plan, 2019
<https://gtzillinois.hiv/the-plan/>

Getting to Zero by 2030

- Zero new transmissions
- Zero people living with HIV not on treatment

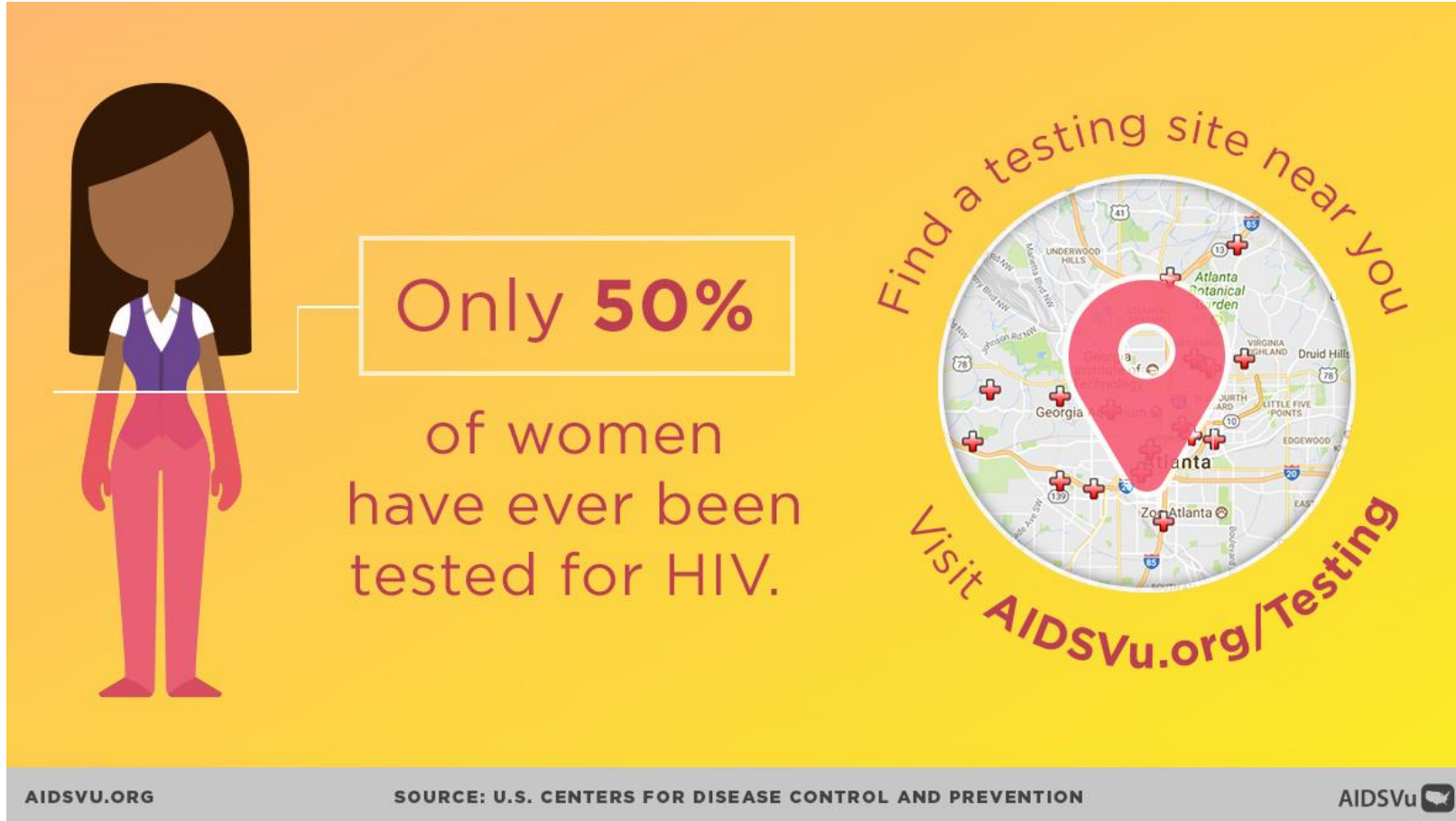


gtzillinois.hiv

Challenges in the 2020s

- HIV is easily diagnosed with simple blood test
- Recommended screening by national guidelines
- Single tablet regimens are available even to patients with resistance
- HIV medications are advertised on TV
- PrEP is highly effective
- PrEP is covered by insurance, copay assistance and state funding available for those under- or un-insured
- Living with controlled HIV does not mean earlier death

HIV testing still not universal



Only **50%** of women have ever been tested for HIV.

Find a testing site near you

Visit AIDSVu.org/Testing

AIDS.VU.ORG SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION AIDSVu

The infographic features a stylized illustration of a woman on the left. A white line connects her to a yellow box containing the text 'Only 50% of women have ever been tested for HIV.' To the right is a circular map of Atlanta, Georgia, with several red location pins indicating testing sites. The map is surrounded by the text 'Find a testing site near you' at the top and 'Visit AIDSVu.org/Testing' at the bottom. The background is a gradient from orange to yellow. At the bottom, there is a grey bar with the website 'AIDS.VU.ORG', the source 'SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION', and the 'AIDSVu' logo.

HIV impact on women, 2017



One in five new HIV diagnoses in the U.S. are among women



64% OF WOMEN living with HIV in the U.S. are Black, though Black women are 13% of the female population

Supporting others in testing

- Creating and fostering strong collaborative relationships with other providers
- Offering support for test results
 - Care program staff assist in interpreting test results, giving results to patients, and linking patients to care
- Care program staff available to inpatient nursing & medical staff, ER staff, and outpatient staff
- Sharing information about comorbidity of syphilis and HIV
 - Black gay and bisexual men diagnosed with syphilis in Chicago have 50% risk of acquiring HIV within the next one year

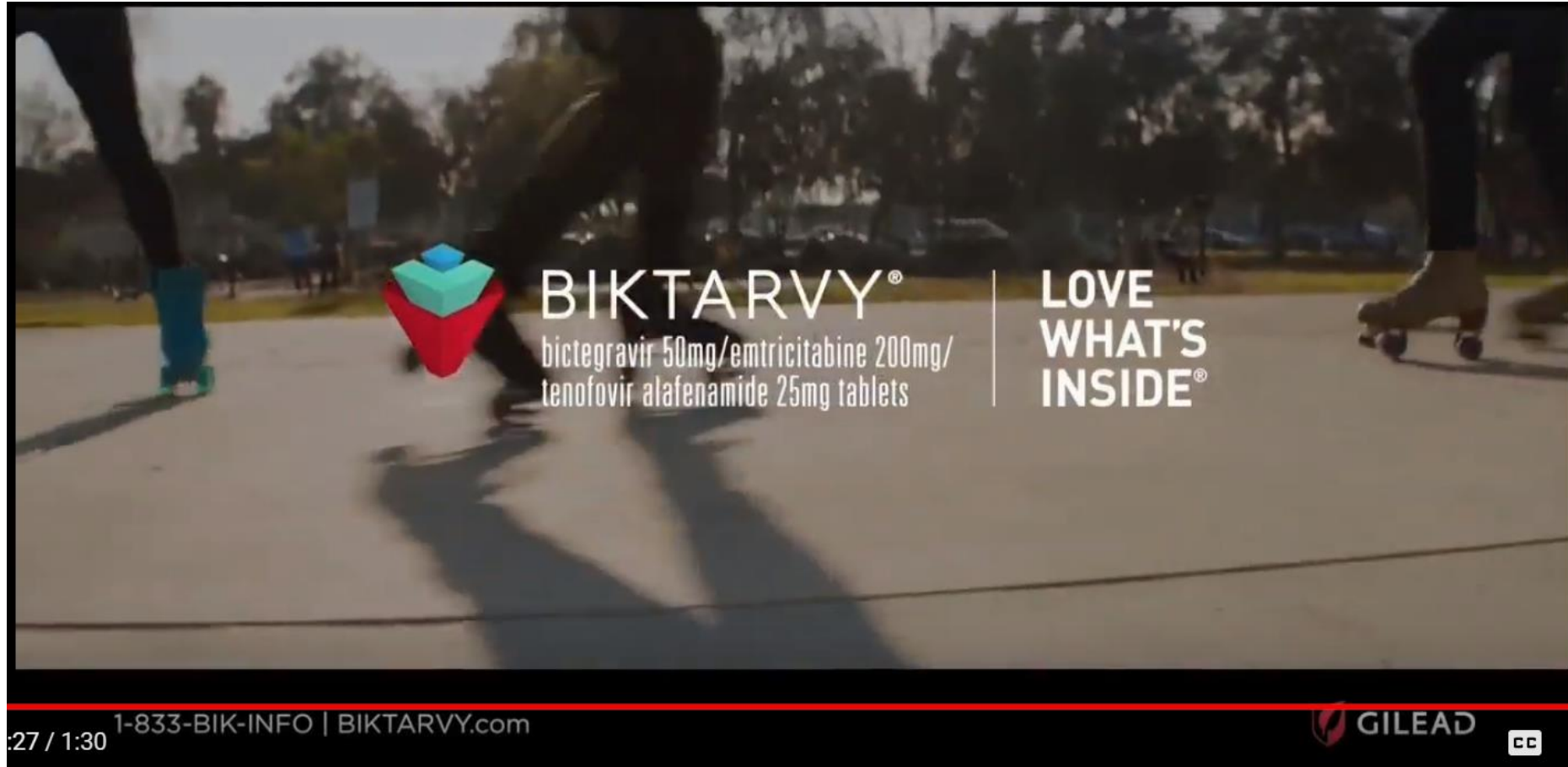
One pill, once per day, minimal side effects

- Younger clients never took daily medication before
- Taking medication is a reminder of living with HIV
- Family or roommates or friends might Google search the pill and discover status
- Treatment fatigue over years
- Depression is debilitating
- Hunger and homelessness are higher priorities


Medication adherence

- Practice with multivitamins before starting ART
- Set alarms on calendar, phone, other technology
- Keychain pillbox to keep with you at all times
- Pick a time that is practical
- Buddy system with a friend
- Work on adherence strategies in therapy
 - Shame, stigma, fear
- Nursing education

HIV medication advertisements





The advertisement shows a person roller skating on a paved path in a park. The skater is wearing a teal top and dark pants. The background is a blurred park scene with trees and other people. The text is overlaid on the center of the image.

 **BIKTARVY[®]**
bictegravir 50mg/emtricitabine 200mg/
tenofovir alafenamide 25mg tablets

**LOVE
WHAT'S
INSIDE[®]**

0:27 / 1:30 1-833-BIK-INFO | BIKTARVY.com

 **GILEAD** 

“I saw on TV about how the meds are bad...”

×

Approved to treat HIV-1, but it is now also being used as a PrEP drug to prevent HIV infections.

TRUVADA LEGAL HELPLINE
CALL US NOW! 1-800-914-0188

Medication advertising

- Misperceptions from advertisements
 - “Should I be on the HIV medication that’s made for women?”
 - Not everyone can be on a single pill
- Truvada commercial/lawsuit education for non-HIV specialists
- Education for patients
- <https://www.positivelyaware.com/articles/truvada-safety>
- Tuskegee Syphilis Study

Grave disparities exist in the HIV epidemic. These disparities map to race, ethnicity, sexual orientation, gender identity, age and a person's other lived experiences.

Getting to Zero Illinois Plan, 2019

<https://gtzillinois.hiv/the-plan/>

Medical mistrust

- Institutional racism
 - Generations of poor/subpar treatment and being dismissed due to race and ethnicity
- Homophobia
 - Both systemic and individual
 - Few providers willingly acknowledge they do not provide equal health care to all patients
- Mental illness discrimination

STIGMA KILLS

THE HARMFUL IMPACT OF STEREOTYPES

Free Panel Discussion on Saturday Dec 19 1-3pm
Gay City Caleres Auditorium - 817 E Pike St, Seattle, WA 98122

Not fitting in with mainstream society can have severe repercussions, especially where sexual orientation, mental health, and drug use are concerned. Stigma is a form of societal judgement on a person's situation, attitudes, or qualities, which can extend beyond individual circumstance to impact entire communities.

Stigma is a form of stereotyping that can negatively affect the way people are treated in the world. The harms of stigma can put people at severe disadvantages when trying to access health care, housing, employment, and fair judicial treatment.

This panel will feature...

Shelley Beckler - HIV/AIDS Ticker at Gay City
Dr. Rebecca - Social justice activist and writer
Maggie McNeil - Sex worker, author, and public speaker
CDHC Figueroa - HIV Network Community Advocate
Moderated by **Caroline McLeod**

Hosted by the
Sex Workers Outreach
Project of Seattle
in honor of
The International Day to End
Violence Against Sex Workers www.SWOP-Seattle.org

ADDICTION IS A DISEASE

and must be treated like we

TREAT OTHER DISEASES.



Tragic Kate Spade 'refused bipolar treatment for fear of hurting brand'

By Heidi Pitlor

Kate Spade, the designer whose handbags were sold in 2009, died last week at the age of 52. Her death was a tragedy for many people who loved her brand. But her death was also a tragedy for her family, who were left to deal with the aftermath of her death. Her death was a tragedy for her family, who were left to deal with the aftermath of her death.

Spade had bipolar disorder, which she refused to treat. She was afraid that treatment would hurt her brand. She was afraid that treatment would hurt her brand. She was afraid that treatment would hurt her brand.

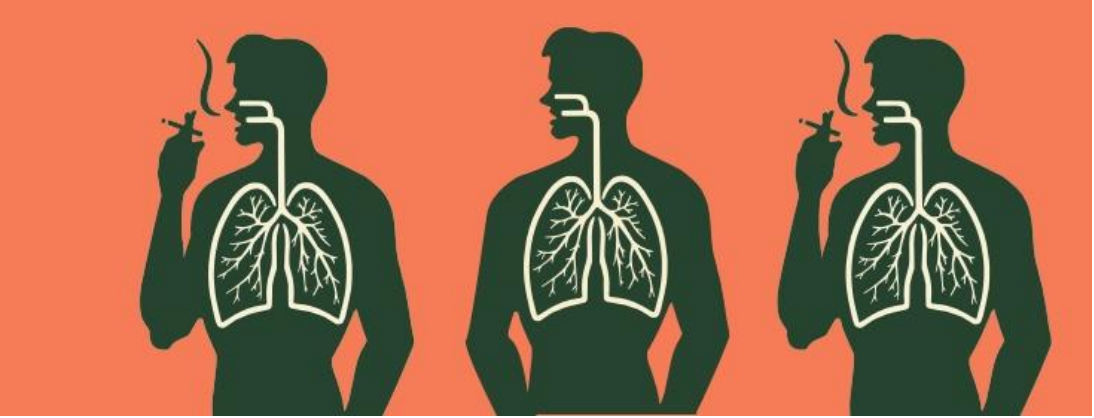
YOU CAN'T JUST TURN DEPRESSION OFF
STOP THE STIGMA

CCAA Stop the Stigma
March 2014, April 2015

International Network of Religious Leaders Living with or Personally Affected By HIV and AIDS

POSITIVE FAITH IN ACTION

HIV and AIDS STIGMA KILLS



STIGMA in providers and community

- Perception of risk of acquiring HIV
 - “none of my patients are doing those things”
 - “why do you scare patients by talking about HIV?”
 - “HIV is only a problem in the city”
 - “I saw a patient with syphilis- and it was a woman and she had a real job!”
- Perception of living with HIV
 - Throwing away plates and glasses after PLWH uses
 - “Don’t worry I would never kiss the baby”
 - “My nephew tells me he’s fine but we all know...he has had HIV for years so he is going to die soon.”
 - Dishonor to the family so must leave house and end contact with family

Fighting stigma

- Acknowledge stigma
- Educate about sex, STIs, HIV, mental illness, drug use, et cetera
- Offer therapy referral
- Create a safe space to ask and answer any questions
 - Confidential nurse line
- Educate other colleagues, every chance you get
- Nurses are the front line providers and educators

PrEP is highly effective against HIV

- PrEP offers no protection against other sexually transmitted infections
- Higher incidence of STI may be in part due to more testing for STI
- To use prophylaxis, must perceive a risk
- Difficult to convince someone they are statistically in high risk group (race, gender, geographic location)
- Using PrEP confers positive social status in some groups
- Using PrEP implies distrust and infidelity in some groups

PrEP challenges

- Requirements of PrEP (regular visits with labs, taking daily pill or properly using 2-1-1) are barriers
 - Especially for those with disorganized lives (mentally ill, homeless) who are also some of the most vulnerable
- Use calendar/alarm functions for reminders to call for refills, take meds, set up and attend appointments
- Case management and supportive services
- Nurse support

PrEP will be a covered preventative service in 2021

- Fear of high cost is barrier to patients learning about PrEP
- Provider time to educate and enroll patients in medication assistance programs is a barrier
- State program and manufacturer programs require information about household income, social security number, other private information
- Discussing applications for medication assistance with patients before completing, helping pharmacy staff process claims using MAP

Aging with HIV

- 55% of our patients are over 44 years of age
- Diabetes, hypertension, and chronic kidney disease
- Shifting focus from surviving immediate crisis of HIV to managing multiple long-term illnesses
- Isolation for long-term gay male survivors who lost their peer group in years before effective treatment
- Re-focusing goals of treatment and end of life wishes
- Re-evaluating medications and eliminating unnecessary meds

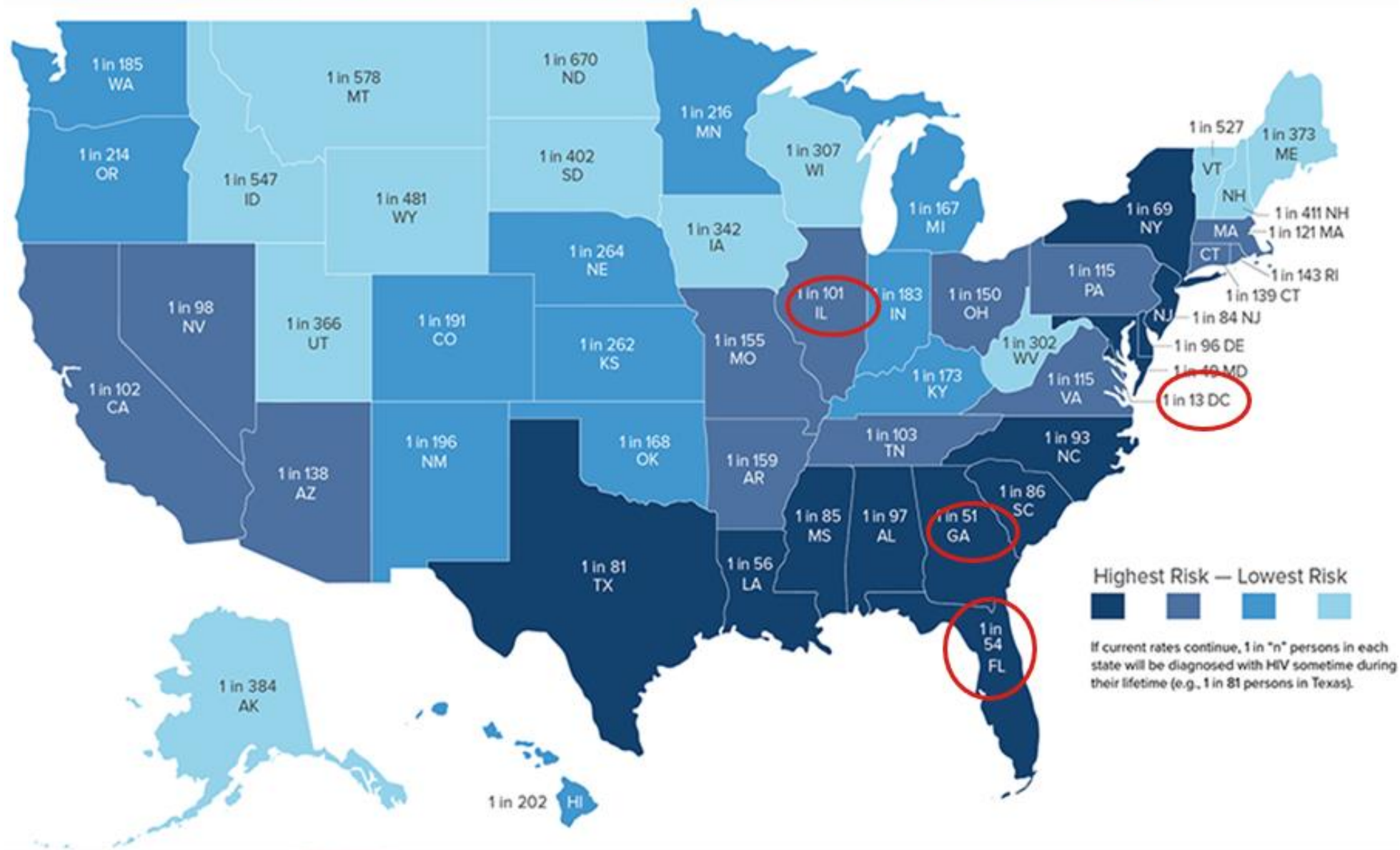
Care Program now

- Evolving with our patients' needs
 - Age based screenings
 - Sexual health and sexuality in elders
- Continuing to meet ongoing needs
 - Mental health therapy
 - Substance use and harm reduction
- Creatively using our existing relationships
 - New OT program “practical strategies to manage your day-to-day health”

Advocating for our patients & educating our peers!

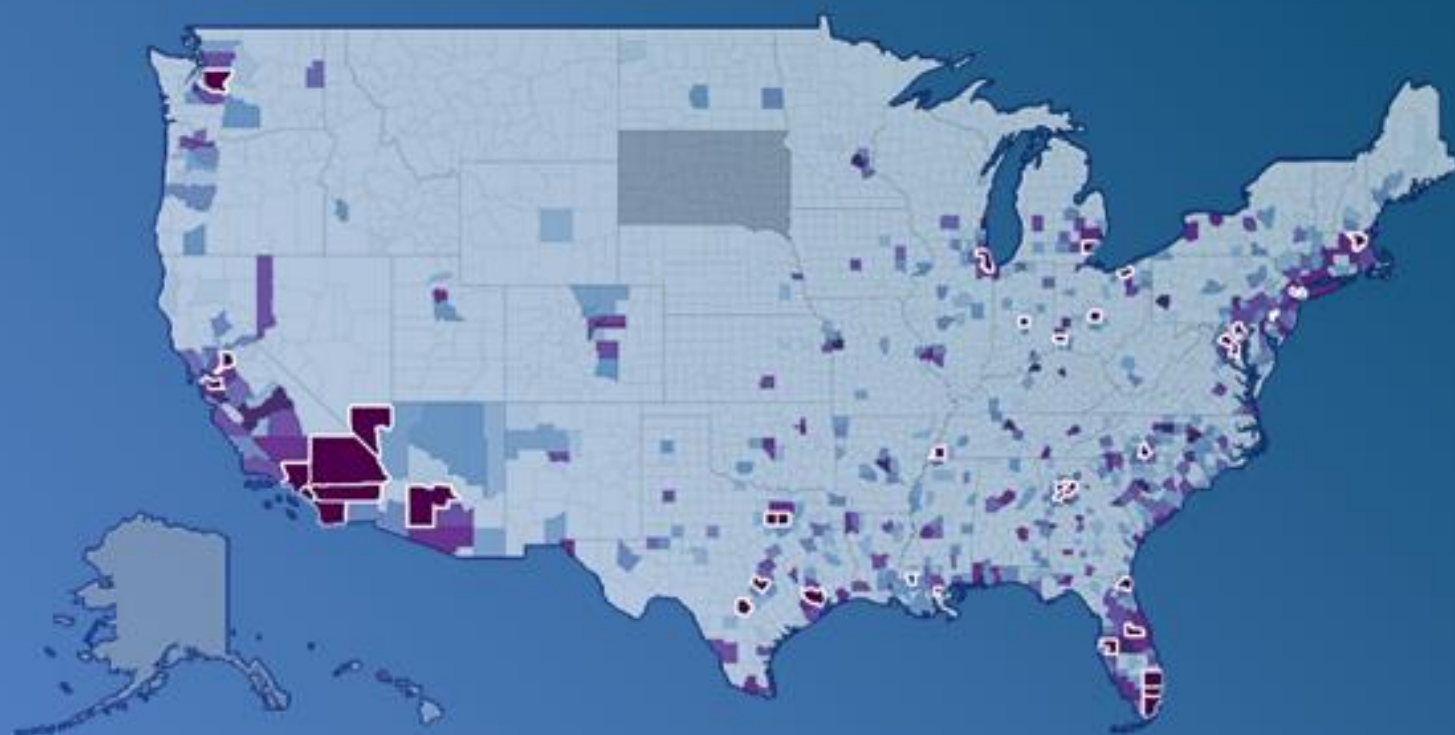
sarah@careprogram.care

Lifetime risk of HIV (2016, CDC)



Ending the HIV Epidemic: A Plan for America

48 Highest Burden Counties + DC + San Juan + 7 States with Substantial Rural HIV Burden



NUMBER OF PERSONS NEWLY DIAGNOSED WITH HIV, 2016



SAN JUAN - NUMBER OF PERSONS NEWLY DIAGNOSED WITH HIV, 2012-2016



ALABAMA



ARKANSAS



KENTUCKY



MISSISSIPPI



MISSOURI

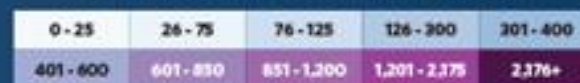


OKLAHOMA



SOUTH CAROLINA

NUMBER OF PERSONS NEWLY DIAGNOSED WITH HIV, 2016



Ending the Epidemic

- Of the 48 highest burden counties targeted by the initiative, 48% are in the South.
- In 67% of the 48 target counties and DC, the percent of people living in poverty is higher than the national average.
- Most of the 48 target counties fall in states with a high unmet need for PrEP.

STI update (2018 data)

- HIV 7th in nation
 - P&S Syphilis 13th
 - Chlamydia 11th
 - Gonorrhea 16th
-
- Black MSM 1 in 2 lifetime risk
 - Latino MSM 1 in 4 lifetime risk
 - White MSM 1 in 11 lifetime risk

