

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

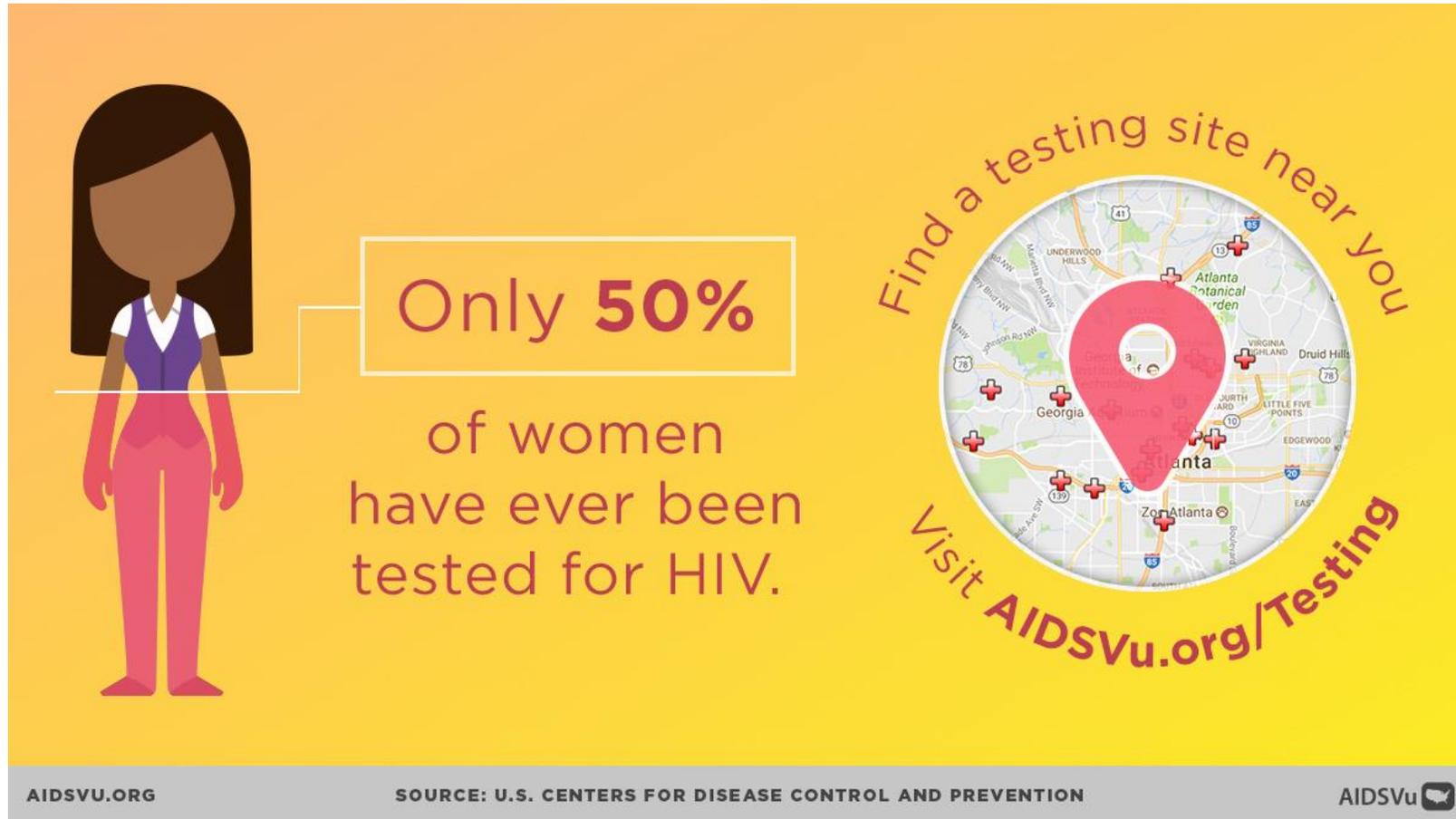


gtzillinois.hiv

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

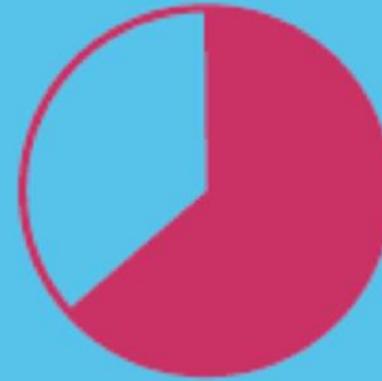
AIDSvu.ORG SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION AIDSvu

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 cross icons 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 of yellow and orange. At the bottom, there is a grey bar with the website 'AIDSvu.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

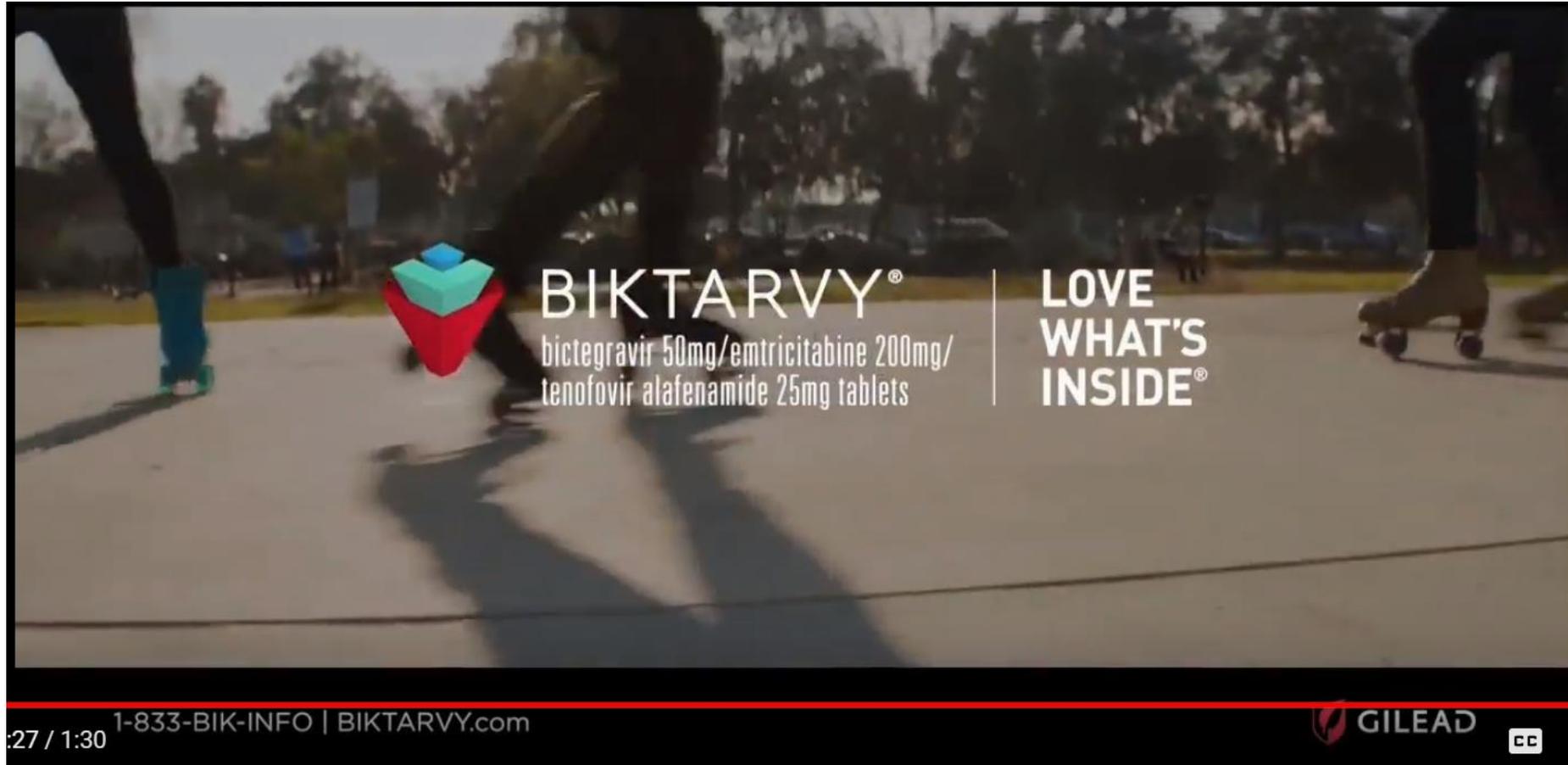
One pill, once per day, minimal side effects

- 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 person 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.

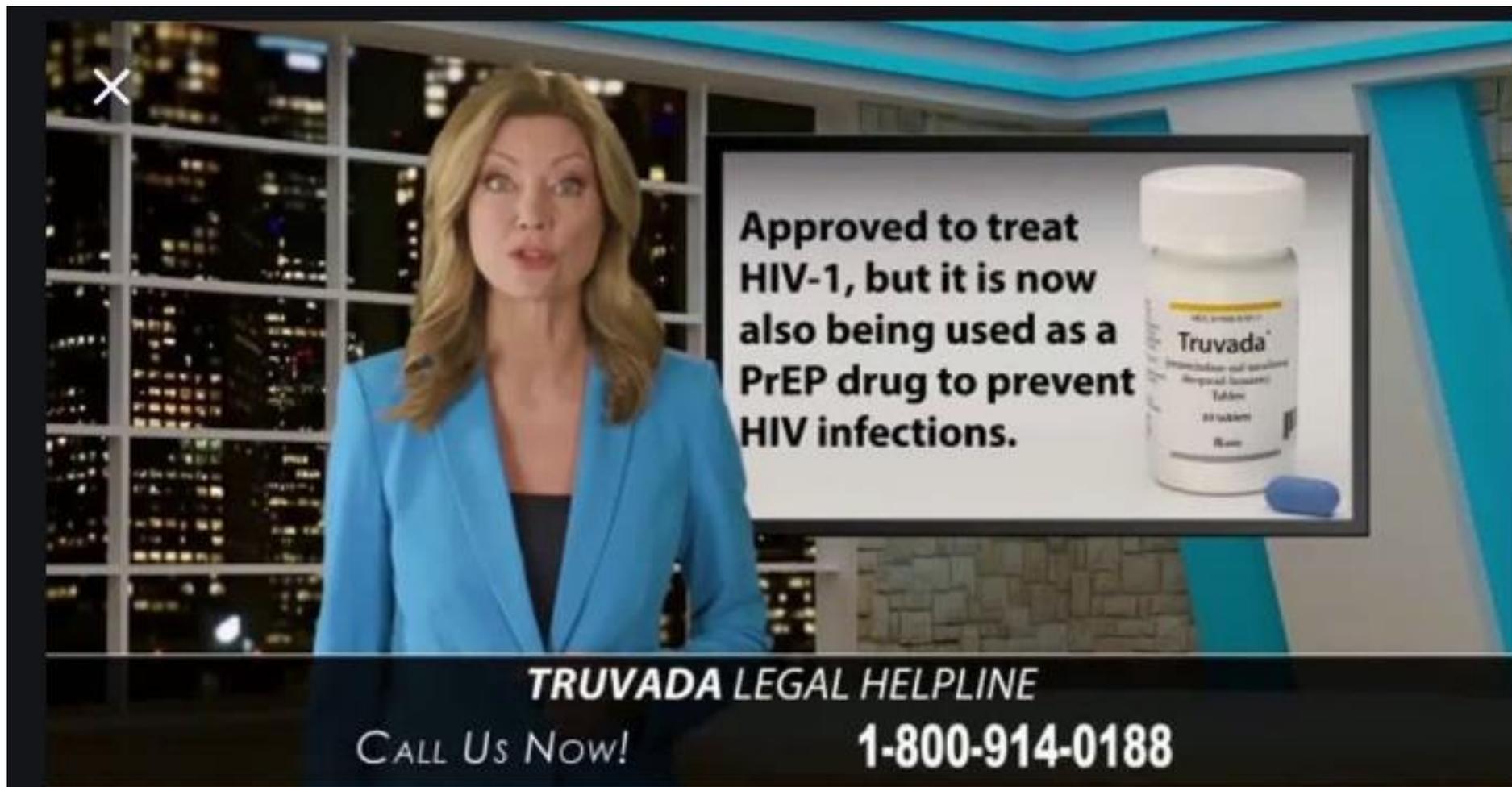
 **BIKTARVY**[®]
bictegravir 50mg/emtricitabine 200mg/
tenofovir alafenamide 25mg tablets

**LOVE
WHAT'S
INSIDE**[®]

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

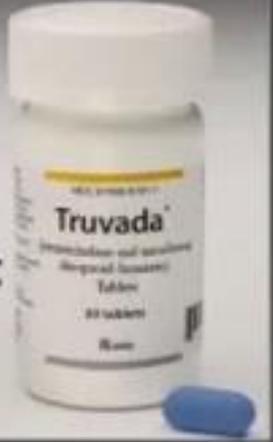
 **GILEAD** 

“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 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

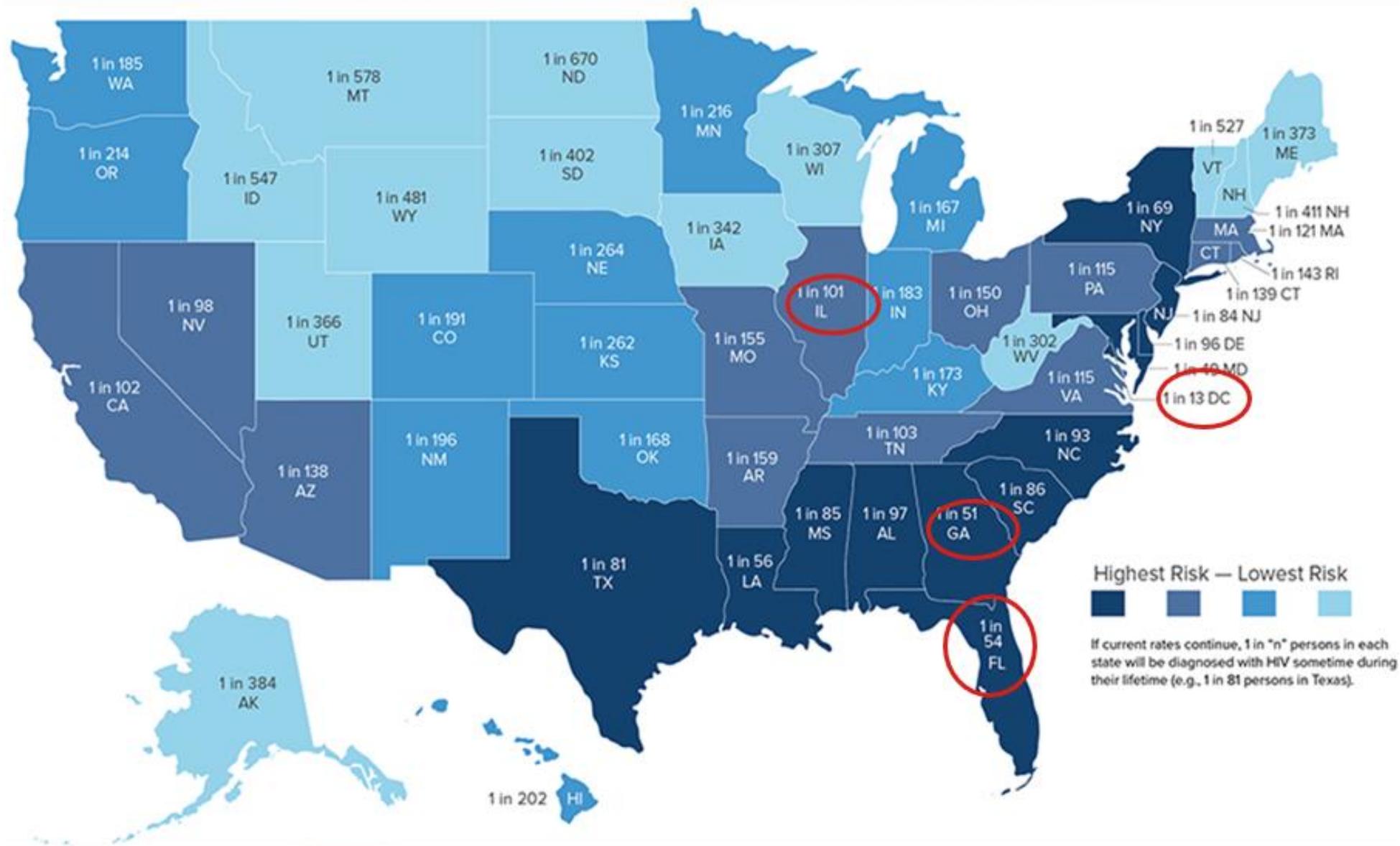
Care Program now

- 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!

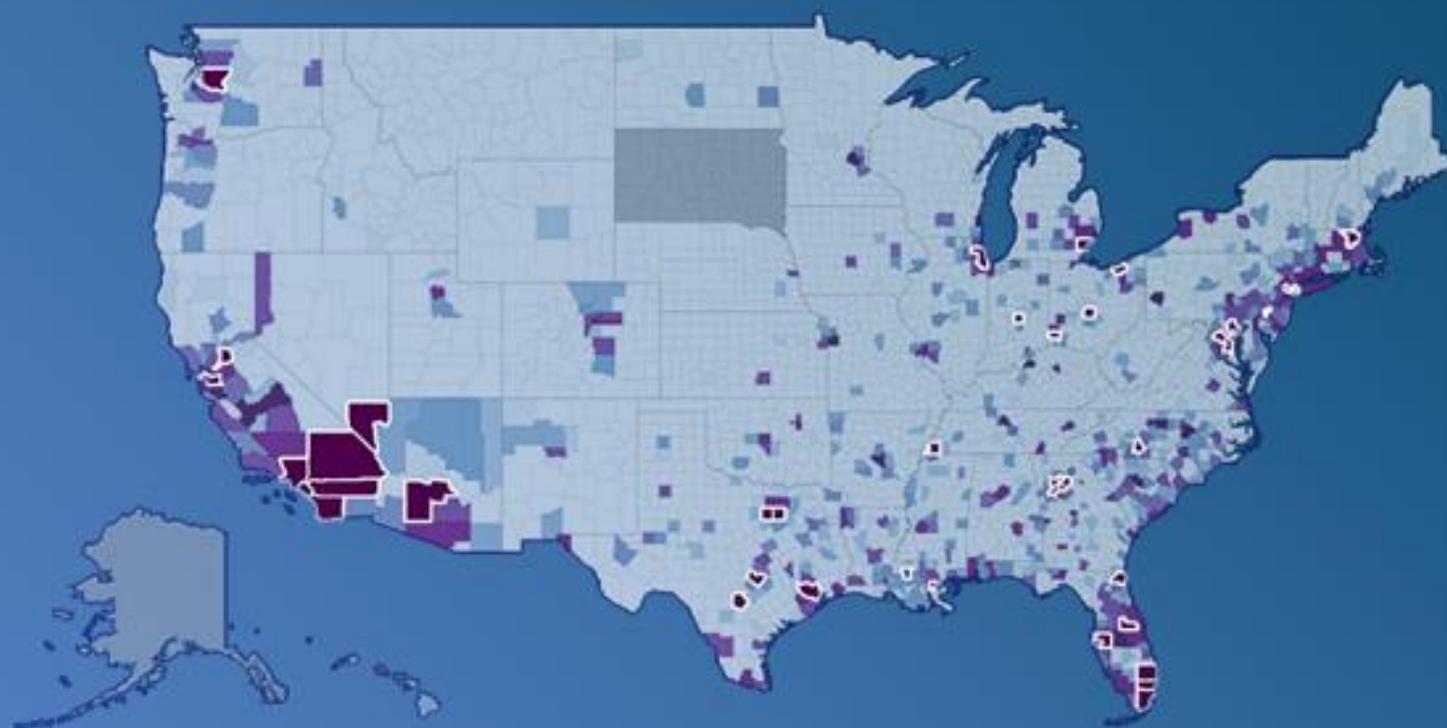
sarah@careprogram.care

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

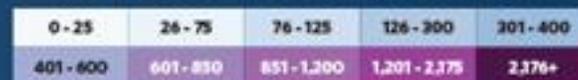


OKLAHOMA



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

