

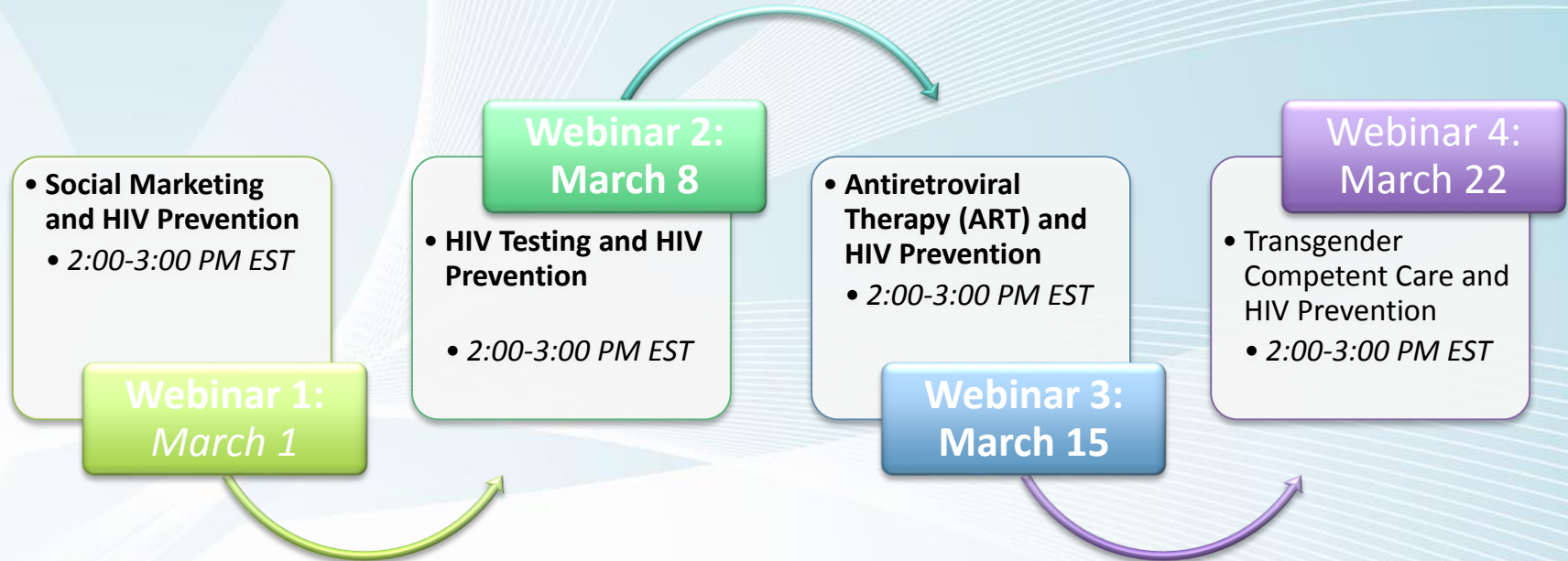


Five Things to Know About Antiretroviral Therapy (ART) & HIV Prevention

Five Things to Know:
Essentials of HIV Prevention Webinar Series
Webinar 3

Primary Care Development Corporation

Five Things to Know: Essentials of HIV Prevention



About the Primary Care Development Corporation (PCDC)

Founded in 1993, PCDC's mission is to catalyze excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

- Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury
- Offices in New York City and Los Angeles County
- Three Programs:
 - **Capital Investment**
 - **Performance Improvement**
 - **Policy & Advocacy**

About HIP in Health Care

PCDC's HIP (High-Impact Prevention) in Health Care program is funded by the U.S. Centers for Disease Control and Prevention (CDC) to **build the capacity of healthcare organizations to deliver HIV prevention services** and strategies within clinical settings.

- We provide training and technical assistance at no cost to healthcare organizations (i.e., direct service providers) across the United States and its affiliated territories

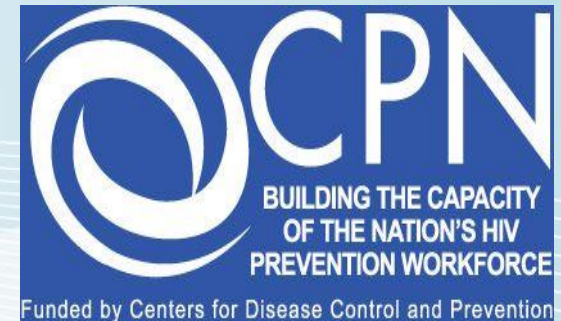
PCDC Capacity Building Assistance's (CBA) program materials and activities are supported by Funding Opportunity Announcement PS14-1403, Category C Number 5 NU65PS004403-03-00 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of PCDC and do not necessarily represent the official view of the Centers for Disease Control and Prevention.

About the Capacity Building Assistance (CBA) Provider Network (CPN)

HIP in Health Care is part of the national Capacity Building Assistance Provider Network.

- The CPN is a network of 21 organizations that are funded by CDC to build the capacity of the nation's HIV prevention workforce in 3 settings:
 - Health Departments
 - Community-Based Organizations
 - Health Care Organizations

- CPN providers provide CBA in the following areas:
 - HIV testing
 - Prevention with HIV-positive persons
 - Prevention with HIV-negative persons
 - Condom distribution
 - Organizational development & management
 - Policy



<http://www.cbaproviders.org>



- Please use the question box to ask questions.
- ✓ **Questions will be answered at the end of the presentation.**
- ✓ **All unanswered questions will be addressed and sent out to attendees**
- Attendees will receive webinar slide set, recording and evaluation link by the end of the webinar within business day

Training Objectives

By the end of the training participants will:

- Describe the role of antiretroviral therapy (ART) in the prevention and treatment of HIV.
- Review the studies that demonstrate that sustained viral suppression can result in effectively no risk of sexual transmission of HIV.
- Explain the importance of medication adherence in achieving and maintaining viral suppression.
- Review available strategies and resources to promote medication adherence.

Today's Agenda

- Antiretroviral therapy (ART), HIV prevention, and treatment
- Key research about ART and viral suppression
- Medication adherence and viral suppression
- Culturally sensitive and inclusive information dissemination
- Panel discussion



Judy Lipshutz, MSW, RN,
Senior Project Manager



FIVE THINGS TO KNOW ABOUT ART & MEDICATION ADHERENCE

Five Things to Know About ART & Viral Suppression

1

Antiretroviral therapy preserves the health of people living with HIV.

2

People living with living with HIV who take ART as prescribed, and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus.

3

There are many people who are not aware of treatment and prevention options.

4

Medication adherence is key to achieving and maintaining viral suppression.

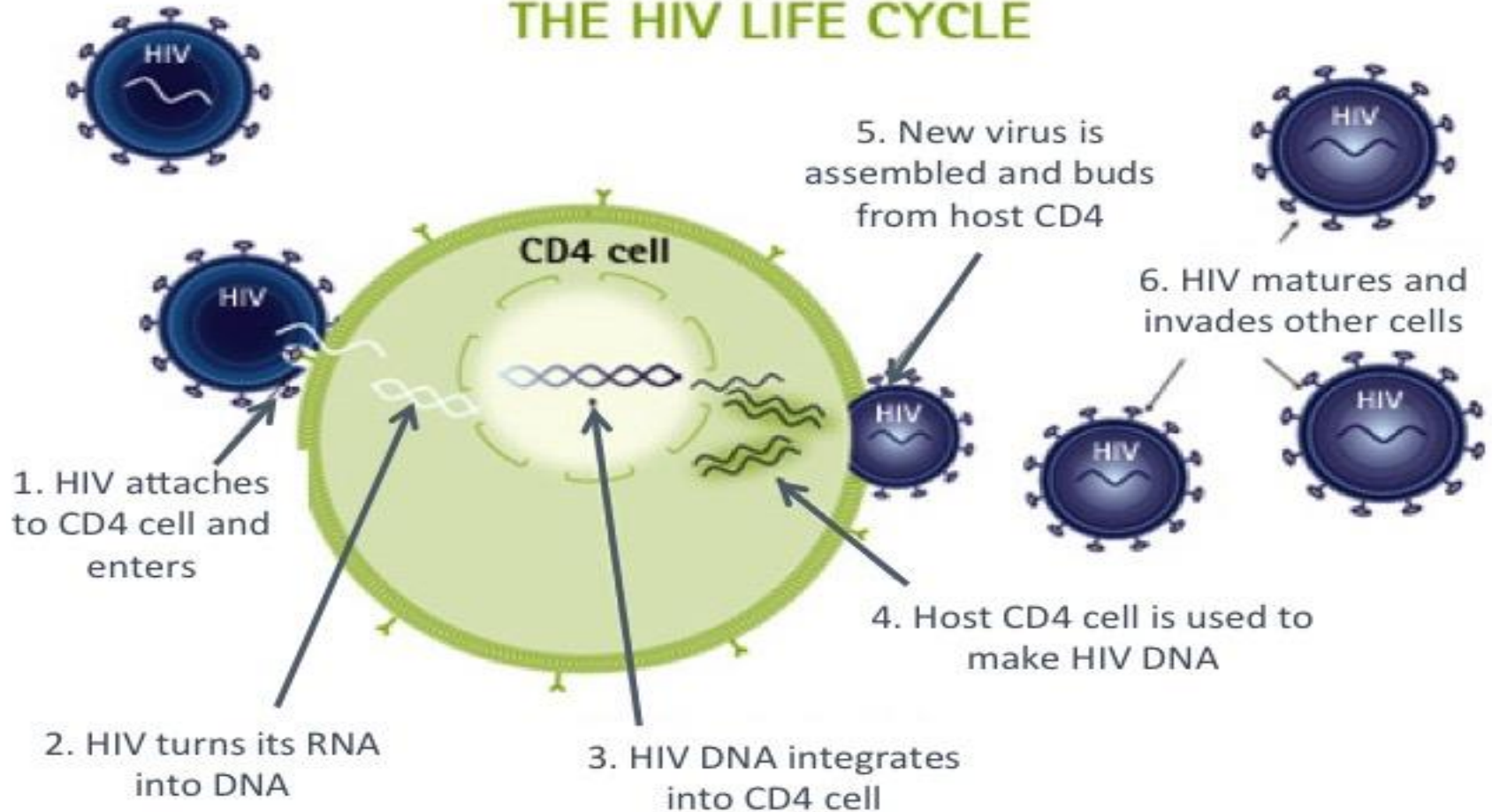
5

HIV testing, prevention, and treatment needs to be culturally competent, scientifically accurate, accessible, and inclusive for all persons at risk for or living with HIV; regardless of age, socioeconomic status, race, gender, or sexual orientation.

1

ART PRESERVES THE HEALTH OF PEOPLE TAKING IT

THE HIV LIFE CYCLE

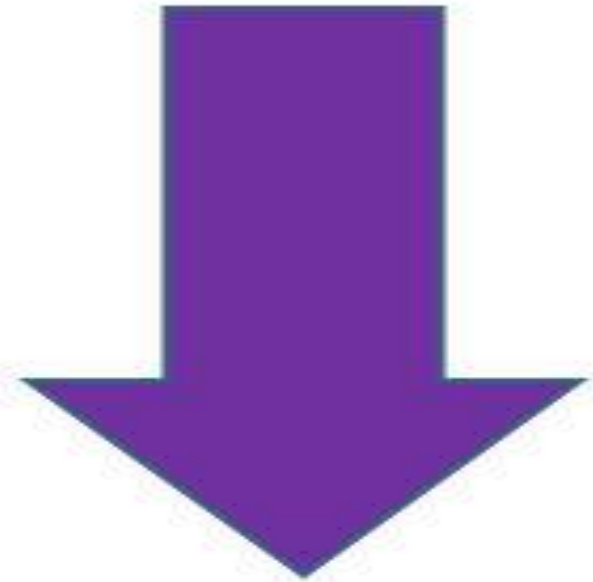


Viral Load and CD4 Count



**As the viral
load
increases...**

**CD4+ T Cell
Count
decreases**



Antiretroviral Therapy Initiation

- The Department of Health and Human Services (HHS) Panel recommendations for the initiation of ART:
 - **Remove the CD4 threshold and initiate ART for all people with HIV regardless of CD4 count, in order to reduce HIV morbidity and mortality.**
 - **The diagnosis of HIV infection is criterion for treatment initiation.**
- When initiating ART, it is vital to provide patient centered-education about the benefits of ART; along with strategies to optimize adherence.

<https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/10/initiation-of-antiretroviral-therapy>

2

**AN UNDETECTABLE VIRAL LOAD MEANS EFFECTIVELY
NO RISK OF TRANSMITTING HIV**

Studies of ART & Suppressed Viral Load Reducing HIV Transmission

- HPTN 052 (Cohen MS, et al. 2011)
 - **96% reduction in risk of transmission for partner with suppressed viral load (below 200 copies/ml)**
 - **Follow-up HPTN 052: 93% (Cohen, M. et al. 2015)**
- 2014 & 2015 Confirmation Research: All found ZERO transmissions from adherent virally suppressed partners
 - **Partner Study (Rodger, et al. 2014)**
 - **Opposites Attract Study (Grulich, Andrew E., et al. 2015)**
- Treatment as Prevention (TasP): Suppressed viral load reduces risk of transmission by 96% (CDC, 2016)

ART & HIV Prevention

Across three studies, which included thousands of couples and thousands of acts of sex without a condom, or PrEP, there were **no** HIV transmissions to an HIV negative partner when the HIV-positive person was virally suppressed.

CDC, September, 2017



Dear Colleague

INFORMATION FROM CDC'S DIVISION OF HIV/AIDS PREVENTION

September 27, 2017

Issued on National Gay Men's HIV/AIDS Awareness Day and concludes:

- Scientific advances have shown that antiretroviral therapy (ART) preserves the health of people living with HIV, and that there is strong evidence of the prevention effectiveness of ART
- When ART results in viral suppression (less than 200 copies/ml or undetectable levels), it prevents sexual HIV transmission.
- Across three different studies, including thousands of couples and many thousands of acts of sex without a condom or pre-exposure prophylaxis (PrEP), no HIV transmissions to an HIV negative partner were observed when the HIV-positive person was virally suppressed.
- **People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to HIV-negative partners.**

CDC, 2017

3

NEED FOR INCREASED AWARENESS

Education, Training & Support Is Needed

- The majority of people living with HIV, medical providers, and those potentially at risk of acquiring HIV, **are not aware** of the extent to which successful treatment prevents HIV transmission.
- Health care providers, advocates, individuals living with or at risk for HIV, need to provide this message.
- Need for accessible and culturally sensitive health care that integrates HIV testing, care, treatment and prevention education into routine care.

Prevention Access Campaign

CDC Treatment Works Campaign

This campaign shows how people living with HIV have overcome barriers to get in care and stay on treatment. On this website, you will find information encouraging people living with HIV to get in care and stay on treatment, as well as resources on how to live well

www.cdc.gov/hivtreatmentworks



Centers for Disease Control and Prevention

CDC 24/7: Saving Lives, Protecting People™



MENU

CDC A-Z



SEARCH

Act Against AIDS



Language: English (US)



Get In Care

Stay In Care

Live Well

4

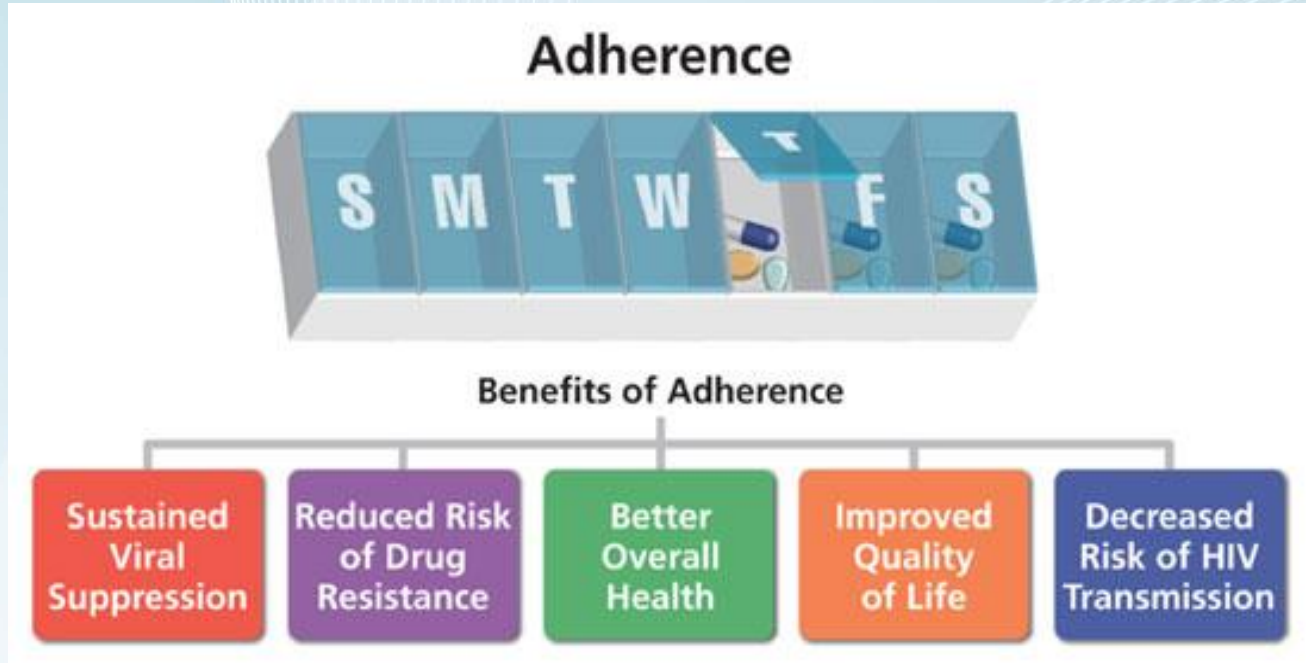
MEDICATION ADHERENCE IS KEY TO VIRAL SUPPRESSION

What Is Medication Adherence?

“Medication adherence is broadly defined as taking a medication as prescribed, i.e., in the right amount, for the prescribed duration and in the recommended way. Adherence is the result of the active, voluntary collaboration between patient and physician to produce a therapeutic result.”

Ho, P. M., Bryson, C. L., & Rumsfeld, J. S. 2009.

Benefits of HIV Medication Adherence



<https://aidsinfo.nih.gov/education-materials/fact-sheets/21/55/following-an-hiv-regimen---steps-to-take-before-and-after-starting-hiv-medicines>

Provider Communication & Medication Adherence

- Almost 50% of all patients prescribed medication are non-adherent.
- Researchers have begun to realize that physician attitudes and communication practices, not just patient behavior, are key drivers of medication adherence.
- Over the past 40 years, 106 studies have reported positive associations between physician communication and patient adherence.

Rosenow, 2005
Dimatteo, 2010

Supporting Medication Adherence

Five Communication Best Practices for Medication Adherence:

1. Development of trust
2. Understanding patient's perspective
3. Shared decision-making
4. Paying attention to psychosocial needs
5. Not underestimating patient's desire for information

Wilkins, 2014

Supporting Medication Adherence (continued)

- Establish trust and bidirectional communication
- Provide simple explanations and education
- Support adherence
- Monitor medication adherence in a non-judgmental manner

Adapted from: [www.cdc.gov/hiv/pdf/guidelinesPrePProvider](http://www.cdc.gov/hiv/pdf/guidelinesPrePProvider_Supplement_2014.pdf) Supplement 2014.pdf.

CDC Effective Interventions

- In April 2011, eight evidence-based interventions to support HIV medication adherence were reviewed and identified as “good-evidence” by the CDC Prevention Research Synthesis Project.
- Four of the interventions were translated into an e-learning training toolkit for clinical and non-clinical HIV providers.



<https://s3.amazonaws.com/CDC-HIP/Videos/MedicalAdherent.mp4>

HIV Medication Adherence e-Learning Toolkit Strategies to Improve Health Outcomes and Reduce the Risk of HIV Transmission:

HEART (CE# WB2257)	<p>Individual/dyadic, social support and problem-solving intervention delivered before and in the first two months after initiating ART, includes a patient-identified support partner</p>
SMART Couples (CE# WB2258)	<p>Discordant couple-level intervention, addresses ART adherence and safer sex practices within the dyad, by fostering active support between partners</p>
Peer Support (CE# WB2259)	<p>Individual-and group-level intervention, where HIV-positive people, currently adherent to ART, serve as peers and provide medication-related social support</p>
Partnership for Health for Medication Adherence (CE# WB2260)	<p>Individual-level, clinic-based, brief provider-administered intervention emphasizes the importance of the patient-provider relationship to promote adherence</p>

<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/BiomedicalInterventions/MedicationAdherence.aspx>

EVERY DOSE EVERY DAY™

Strategies to improve HIV medication adherence

The toolkit also includes:

- Mobile application for iOS and Android smartphones featuring dose and medical appointment reminders and pharmacy refills
- Consumer handouts about the importance of staying adherent and understanding viral load and CD4 count
- Posters featuring real persons living with HIV and their reason for staying adherent
- Program Monitoring Companion-general information on program monitoring

5

**LET'S MAKE HIV PREVENTION &
CARE HIGH QUALITY AND INCLUSIVE**

ART & the HIV Care Continuum

The benefits of ART can be realized only by those individuals who are tested, diagnosed, and linked to care in a timely way, and start and adhere to ART to achieve viral suppression. This reflects the HIV Care Continuum which includes:

- **Diagnosis of HIV infection**
- **Linkage to care**
- **Retention in care**
- **Receipt of antiretroviral therapy**
- **Achievement of viral suppression**

<https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf>

ART & the HIV Care Continuum (continued)

- HIV testing, prevention, and treatment needs to be culturally competent, scientifically accurate, accessible, and inclusive for all persons at risk for, or living with HIV, regardless of age, socioeconomic status, gender identity, or sexual orientation.
- Capacity Building Assistance providers are uniquely situated to increase the capacity of health care organizations to provide these services.

To Request HIV Capacity Building Assistance at PCDC:

<https://www.pcdc.org/what-we-do/performance-improvement/hiv-prevention-capacity-building/>



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Free HIV Capacity Building for Providers

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Free HIV Capacity Building for Providers

How can we partner with you?

PCDC's HIV prevention capacity building assistance (CBA) program provides free training and technical assistance to health care organizations with the goal of expanding and improving the delivery of HIV prevention services within clinical settings. Our program is based on the core components of CDC's High Impact Prevention strategy.

HIV PREVENTION NEWS

HIP WEBINARS



Catalyzing excellence in primary care to achieve health equity

References

1. Centers for Disease Control and Prevention. (2016f). Proven HIV Prevention Methods. CDC Fact Sheet. May 2016. <https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-proven-prevention-methods-508.pdf>
2. Cohen MS, Chen YQ, McCauley M, et al. (2011). Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med* 2011;365:493-505).
3. Cohen, M; et al; (2015) Final results of the HPTN 052 randomized controlled trial: antiretroviral therapy prevents HIV transmission. 8th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, Vancouver, abstract MOAC0101LB, 2015.
4. Dimatteo, M.R. (2010), Physician communication and Patient Adherence to Treatment: A Meta-analysis, 47(9), 826-834. *Medical Care*
5. Grulich, Andrew E; et al; (2015) "HIV Transmission in Male Serodiscordant Couples in Australia, Thailand and Brazil" 2015 Conference on Retroviruses and Opportunistic Infections (CROI), Seattle, USA, Abstract Number 1019LB
6. Ho, P.M. Bryson, CL. & Rumsfeld, J.s. (2009). Medication adherence: its importance in cardiovascular outcomes. *Circulation*, 119 (23), 3028-35).
7. Lancet, HIV, U=U taking off in 2017, www.thelancet.com/hiv Vol 4 November 2017
8. Lundgren, Jens et al, Prevention of HIV transmission by antiretroviral therapy, *Lancet*, [http://dx.doi.org/10.1016/S2352-3018\(17\)30204-7](http://dx.doi.org/10.1016/S2352-3018(17)30204-7)
9. <https://www.preventionaccess.org/>
10. Rodger A; et al; (2014) HIV transmission risk through condomless sex if HIV+ partner on suppressive ART: PARTNER study. 21st Conference on Retroviruses and Opportunistic Infections, Boston, abstract 153LB, 2014
11. Rosenow, E. (2005). Patients' Understanding of and Compliance With Medications: The Sixth Vital Sign? *Mayo Clinic Proceedings*, 80 (August), 983-987.
12. Wilkens, Stephen,, "Physician-Patient Communication Master Series, Mind the Gap Academy Publishing, 2014 [http://mindthegapacademy.com/WhitePaper/Medication%20Adherence%20And%20Physician-Patient%20Communication\(1\).pdf](http://mindthegapacademy.com/WhitePaper/Medication%20Adherence%20And%20Physician-Patient%20Communication(1).pdf)
12. U.S. Dept. of Health and Human Services, Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV Downloaded from <https://aidsinfo.nih.gov/guidelines>, 1/9/2018.
13. U.S. Public Health Service, Pre-exposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Providers' Supplement, <https://www.cdc.gov/hiv/pdf/guidelines/PrEPProviderSupplement2014.pdf>.

Resources

1. <https://effectiveinterventions.cdc.gov/docs/default-source/medication-adherence-docs/everydoseeveryday2pager.pdf?sfvrsn=2>
2. https://effectiveinterventions.cdc.gov/docs/default-source/medication-adherence-docs/A_Suppor_Partner_Can_Help_508.pdf?sfvrsn=0
3. https://effectiveinterventions.cdc.gov/docs/default-source/medication-adherence-docs/About_Your_Viral_Load_and_CD4_508.pdf?sfvrsn=0
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6. https://effectiveinterventions.cdc.gov/docs/default-source/medication-adherence-docs/Take_Your_HIV_Medicine_Correctly_508.pdf?sfvrsn=0
7. <https://www.preventionaccess.org/undetectable>
8. <https://www.aids.gov/hiv-aids-basics/just-diagnosed-with-hiv-aids/hiv-in-your-body/stages-of-hiv/>

Poll

Using a single monitor (computer), how many people are watching this webinar with you;

- a) Only me
- b) Me + one colleague
- c) Me + 2 colleagues
- d) Me + 3 colleagues
- e) Me + 4 or more colleagues

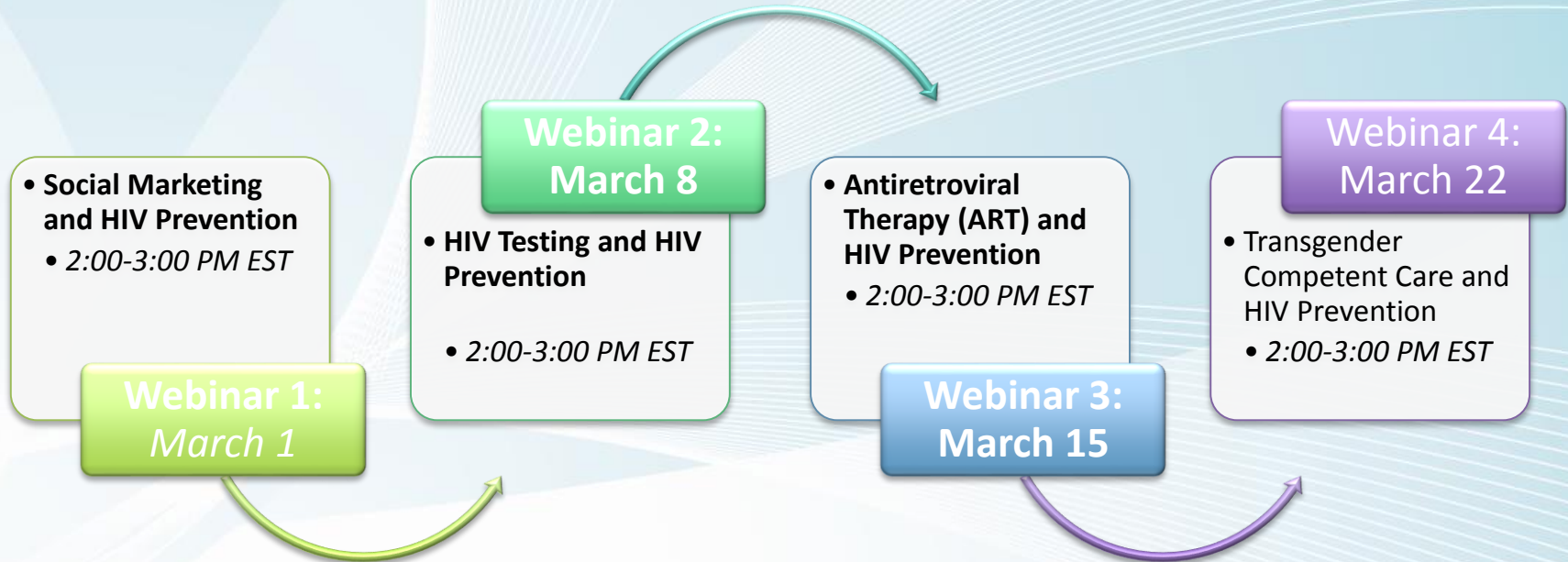
Panel presentation

Let's go live!

Questions



Five Things to Know: Essentials of HIV Prevention



THANK YOU!

For more information about PCDC's HIP in Health Care capacity building assistance services, contact us at:

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W: www.pcdc.org/hipinhealthcare