Getting to Zero San Francisco Update: Presentation to the SF HIV Community Planning Council, November 2022
Presenters: Mary Lawrence Hicks
and Susa Coffey, MD and Miguel Ibarra, MSW

GTZ-SF Committees & Leadership, 2021-2025

PrEP+ PEP
Chairs: Al Liu + Nikole Trainor

RAPID 2.0: RAPID, Restarts and Retention
Chairs: Susa Coffey + Miguel Ibarra

Tackling Disparities in HIV Care Continuum for People Experiencing Homelessness
Chairs: Liz Imbert + TBA

HIV & Aging
Chairs: Brad Hare + Ramon Matos

GTZ-SF Areas of Advocacy

HIV, COVID & MPX
Leads: Brad Hare + Janessa Broussard

Accidental Drug Overdose Prevention
Leads: Paul Harkin + Mary Lawrence Hicks

Adolescent & Young Adult
Leads: Tonya Chaffee + Adam Leonard

Additional Areas
- **STIs e.g. doxyPEP**
- **Chest/Breastfeeding**
- **Mental Health**
- **Housing Policy**

GTZ-SF Priority Areas & Activities, September 2022

Centering Racial Equity To Attain Improved Health Outcomes for All San Franciscans

PrEP & STIs	People Experiencing Homelessness/Unstably Housed	RAPID/Restart & Retention	HIV & Aging	Drug Overdose Preventions

• Working with the City to develop City wide DoxyPEP plan
• Working with PEH Committee to disseminate PrEP (incl LAI-PREP) to PEH, PWID]
• Launched EB/SF PrEP social marketing campaign focused on pop's underutilizing PrEP. Live campaign.
• Regional collaboration to develop LAI-PrEP Protocol (SF, Santa Clara, Alameda)
• Working with the Adolescent Chairs to increase PrEP navigation services within CHPY clinics, TAY navigation center and other sites
	• Crafting a strategy to deliver LAI ART through community-based programs, syringe access sites and the Health Access Point to launch in January 2023
	• Completed landscape & gap analysis of HIV services
	• Working on:
	  • Streamlining of Referrals for HIV Navigation/Case Management Support
	  • Panel Management for HIV Care at Street Medicine
	  • HIV/STI Testing at SIP/I&Q Sites
		• Developing specialized RAPID protocol for restarts
		• Posted Long-Acting Injectable Antiretroviral Protocol developed by community partner W86
		• Updated RAPID protocol for initial start
		• Surveyed clinic sites that offer RR (and several that do not): defined program elements, successes, challenges, needs
			• Committee leading multiple stakeholder effort to address issues of inaccessibility, patient education, and transparency
			• New Committee to focus to mental health and isolation
			• Review of SFDPH and community generated data
			• 9/18 HIV & Aging Stakeholder Meeting hosted by SFAF & PAETC to define collaborative and strategize for action
				• Ongoing advocacy with stakeholders for passage of SB57, next steps post veto
				• Published policy document and Call to Action - Getting to Zero Preventable Deaths in San Francisco: A Call to Action to Address Drug Overdose Deaths
				• December 2021- Convened Consortium to raise alarm and plan action

Communications & Community Engagement, 2022

Maintain continuous communication with the SF communities in real time as new information, opportunities and resources become available.

- Track and disseminate data on changes in HIV/STI prevention and care indicators due to COVID and MPX; address reductions with CBOs/providers
- COVID and MPX Town Halls to update community on evolving outbreaks, effects on PLWH
- Getting to Zero website and listserv as clearinghouse for information and best practices
  - HIV (e.g., PrEP, RAPID, LAI-ART)
  - Updates and resources
    - ***MPX, Meningitis, and COVID-19 Guidance***
    - ***Long-acting antiretrovirals***
    - **Resource for questions about MPX & COVID19 eligibility and vaccination**
    - **Countered mis-information**
  - STIs (e.g., doxy-PEP)

GTZ-SF World AIDS Day Consortium Meeting

Thursday, December 1
5:30-6:45pm
25 Van Ness Ave., 6th Floor
Conference Room & Zoom

You are Invited!

Please RSVP https://www.eventbrite.com/e/gtz-sf-world-aids-day-2022-consortium-meeting-tickets-465186343877

Questions? Ideas? Or to join the Consortium Google Group or a specific committee, please email Courtney at courtney.liebi@ucsf.edu

GETTING TO ZERO SAN FRANCISCO
RAPID AND RETENTION COMMITTEE

Miguel Ibarra, MPH MSW; SFCHC

Susa Coffey, MD; UCSF/Ward 86 SFGH

Committee members: Erin Antunez, Oliver Bacon, Robert Arnold, Joanna Eveland, Diane Jones, Andy Scheer, Pierre Crouch

RAPID AND RETENTION BACKGROUND

- RAPID ART (after new diagnosis of HIV) - Very successful on Citywide level
  - Client acceptance = high
    - 98% at Ward 86
    - SF Citywide: median time from HIV diagnosis to ART start – 1 day (2020)
- Viral suppression (VS) within 12 months of RAPID start:
  - Ward 86: 96% (data through 2017)
  - SF Citywide – 80% (2020)
    - Lower in ciswomen (61%), B/AA (63%), PWID and MSM-PWID (67%), homeless (66%)

SFDPH HIV Epi Report 2021

RAPID AND RETENTION BACKGROUND (2)

- *Retention* in care and on ART is essential to long-term viral suppression, and remains huge problem for PWH in SF

- Overall VS in SF (2021): *72%*   (91% if at least 1 lab test in 2021)

  - Lower: cis women, B/AA (68%), age 25-49 (65-67%), PWID incl MSM PWID and TWSM PWID, heterosexual, homeless (27%)

- Need for best practices and policies

SFDPH HIV Epi Report 2021

RAPID AND RETENTION BACKGROUND (3)

- Many people drop off ART, and often out of care (regardless of RAPID or non-RAPID start)
  - This number remains high, even as # of new HIV infections has declined
  - Need to see them at point of return and offer immediate ART restart (RAPID Restart), re-engagement in care
  - PWH off ART have *demonstrated* that they have barriers to engagement
    - May need a high level of support to maintain adherence and engagement
    - Currently, robust supports after RAPID Restart are not routinely available

- Need for best practices and policies

COMMITTEE GOALS - 6 TO 12 MONTHS

1. Maintain goals and focus of RAPID starts for people with new HIV diagnoses
2. Enhance retention efforts to help people started on ART
3. Establish a new focus on RAPID Restart: immediate ART restart on day of presentation
   - Survey existing RAPID Restart practices in SF, including key elements, programmatic and patient barriers
   - Define RAPID Restart and elements of program
   - Create scalable/exportable model
4. Focus on and track disparities, identify needs of specific populations

RAPID RESTART – DEFINING THE PROBLEM

- Ward 86 RAPID Restart: offer restart ART at first clinic visit

- Mostly done through Ward 86 Urgent Care

  - No dedicated RAPID Restart resources (yet)

RAPID RESTART IN WARD 86 URGENT CARE: DEMOGRAPHICS AND BASELINE CD4, N=62
(10/20-3/22)

Demographic	Proportion
Sex/gender	94% male (cis) (1.6% cisW, 3% TGW, 1.6% nonbinary)
Race/ethnicity	B/AA: 22.6% L/Hisp: 26% White: 29% Multi: 11%
CD4 count (n=58; n= 8 with no BL CD4 count)	**<200: 52%** >200: 48%
SUD/MH/housing issues	**Composite: 86% yes**; 14% no or unknown • **73% SUD** • 47% MH • 37% unhoused/unstable (many with unkn. housing status)

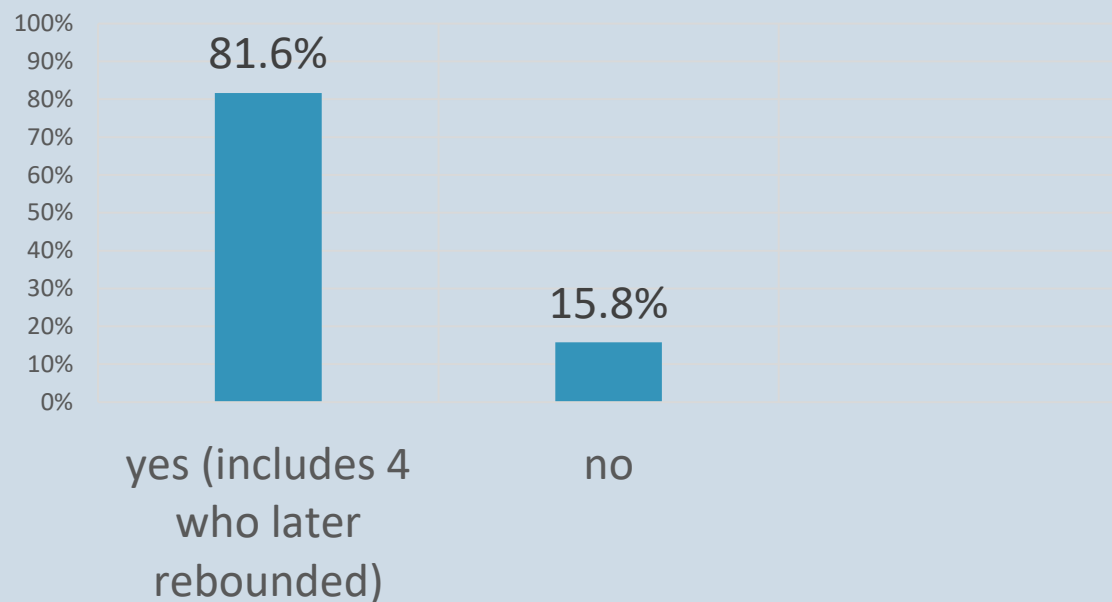RAPID RESTART IN WARD 86 URGENT CARE: PRIMARY CARE F/U
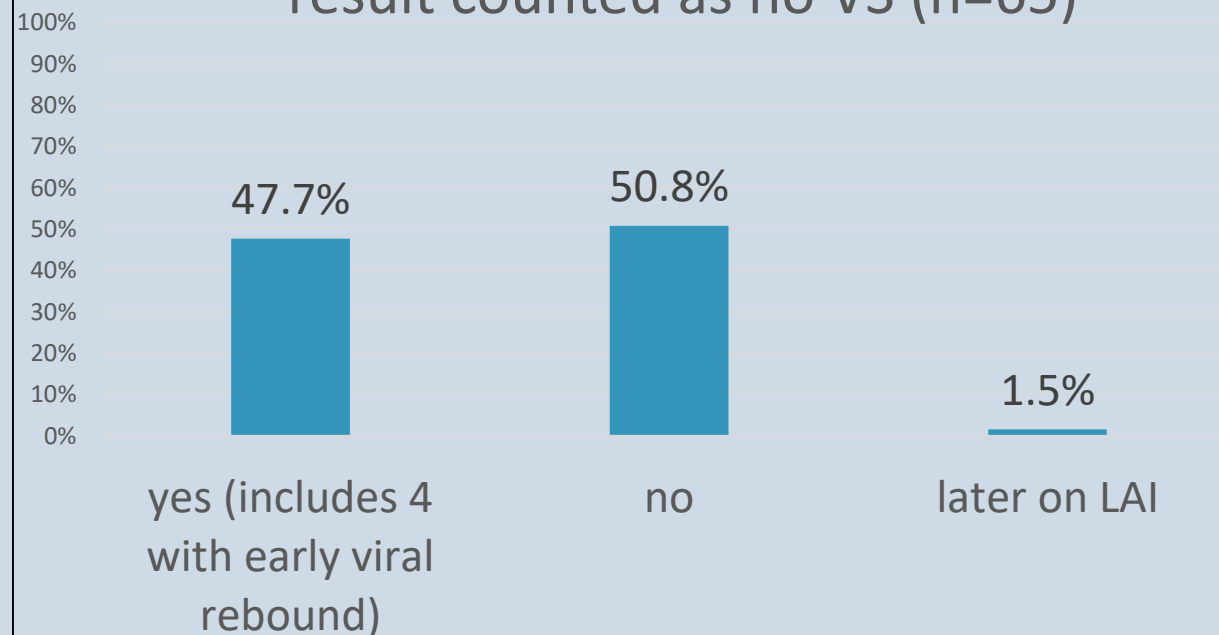
Primary care visit within 3 mos of RR
(n=66)

7.6%

40.9%

51.5%
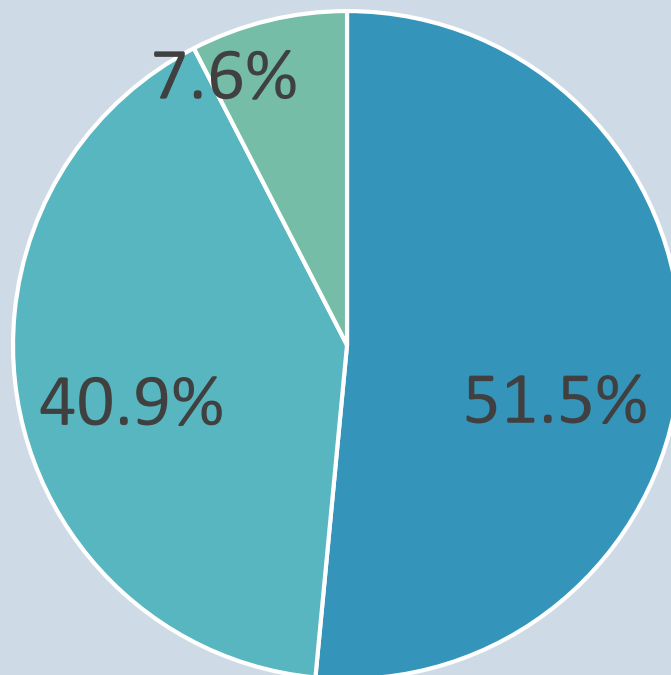
■ yes ■ no ■ phone visit only or hard to cateorize

RAPID RESTART IN WARD 86 URGENT CARE: VIRAL SUPPRESSION

VS within 6 months in group with f/u VL (n= 38)

- yes (includes 4 who later rebounded): 81.6%
- no: 15.8%

~42% with no f/u VL test

VS w/in 6 months, total group; no result counted as no VS (n=65)

- yes (includes 4 with early viral rebound): 47.7%
- no: 50.8%
- later on LAI: 1.5%

RAPID RESTART AT WARD 86

- RR in Ward 86 Urgent Care (and elsewhere in SF) is feasible, and acceptable to patients

- Requires individualization of regimens (in contrast to RAPID in most new dx)
  - (Often, incomplete history at time of RR)

- Ward 86 "restarters"
  - High risk for AIDS-related events; urgently need ART and ongoing care
  - Many barriers to care

- For many, restarting ART does not translate to reengagement in care – need enhanced supports

RAPID RESTART: CITYWIDE

- RAPID Restart (immediate ART restart on day of presentation) is possible, and may be a tool to enhance longer-term retention, but:
  - o PWH off ART have demonstrated that they have barriers to ongoing engagement, including: issues with substance use, mental health, housing
  - o May need a high level of support to maintain adherence and engagement
  - o Currently, robust supports after RAPID Restart are not routinely available (eg, psychosocial support)
- The RR population presents a focused target for intervention and study (to better understand issues and optimal supports for retention)
- Highlights need for coordinated system to track all RR visits
- Reality that not all health centers are created equal
  - High population potential, but lacking provider availability/resources
  - Provider availability, but lacking resources/capacity

RAPID RESTART: NEXT STEPS

- Ward 86 and GTZSF RR Ctte working to develop model for engagement-in-care supports for RAPID Restarts, based on successful RAPID model

  - Dedicated supports may include: SW services, navigation; SUD, MH, housing services; insurance specialists; panel management; low-barrier care (eg, drop in options)

- Coordinate/collaborate with existing resources, incl POP UP, PHAST, LINCS navigation, network of care (eg, CCARES/Jail Health, MXM, community clinics), SUD services,

- Develop treatment targets/goals and track metrics

SUPPORT & NEEDS TO ACHIEVE GOALS

- Add'l SW/navigation support (in-clinic SW, LINCS, other)
- Add'l SUD and MH care
- CM contract changes to accommodate RAPID + RR agenda
- Support for data collection and eval – eg, City Clinic, Ward 86
- Obtaining rapid access to clinical care and ART (insurance/access specialists)

In future:
- Collaboration and engagement with East Bay – need to explore

- Advocacy at higher level
  - Easing barriers to HIV testing and to insurance/coverage

QUESTIONS/DISCUSSION