

## HIV Levels of Viral Suppression by Population

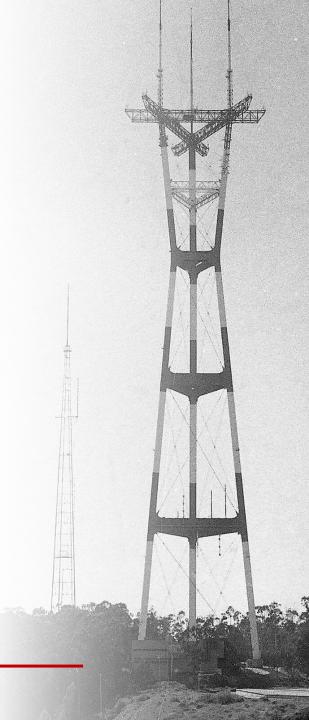
#### Disparities still exist primarily based on housing stability

- Increasing level of housing instability directly correlates with decreasing levels of viral suppression
  - Need to stratify data to include type of unhoused status, income, Intermittent insurance coverage, housing status and food insecurity

Greater age directly correlates with increasing levels of viral suppression

#### Some viral rate suppression variance by race/ethnicity

- The HHS funded primary care providers have been able to almost close disparity in viral load suppression level in Black and African Americans in care
- Black and African Americans are overrepresented in out of care or intermittent care seeking population.
- Latin/e/x/a/o are overrepresented in new diagnosis
  - Data shows higher levels of viral suppression for this group in SF HHS system of care than average across population



# **Budgetary**

#### San Francisco General Fund budget deficit to date:

- Elimination of some vacant positions
- Elimination of some new CCSF positions
- 5% contingency reductions likely with methodology still to be determined

# Some risk of reduced RWP funding levels to the formula part of the RWPA award based on prevalence and incidence

- Success of Prep and LAI prep has resulted in decreasing HIV incidence (new infections)
- Net out migration of people living with HIV to more affordable areas



Housing Crisis (1)

#### **Current State**

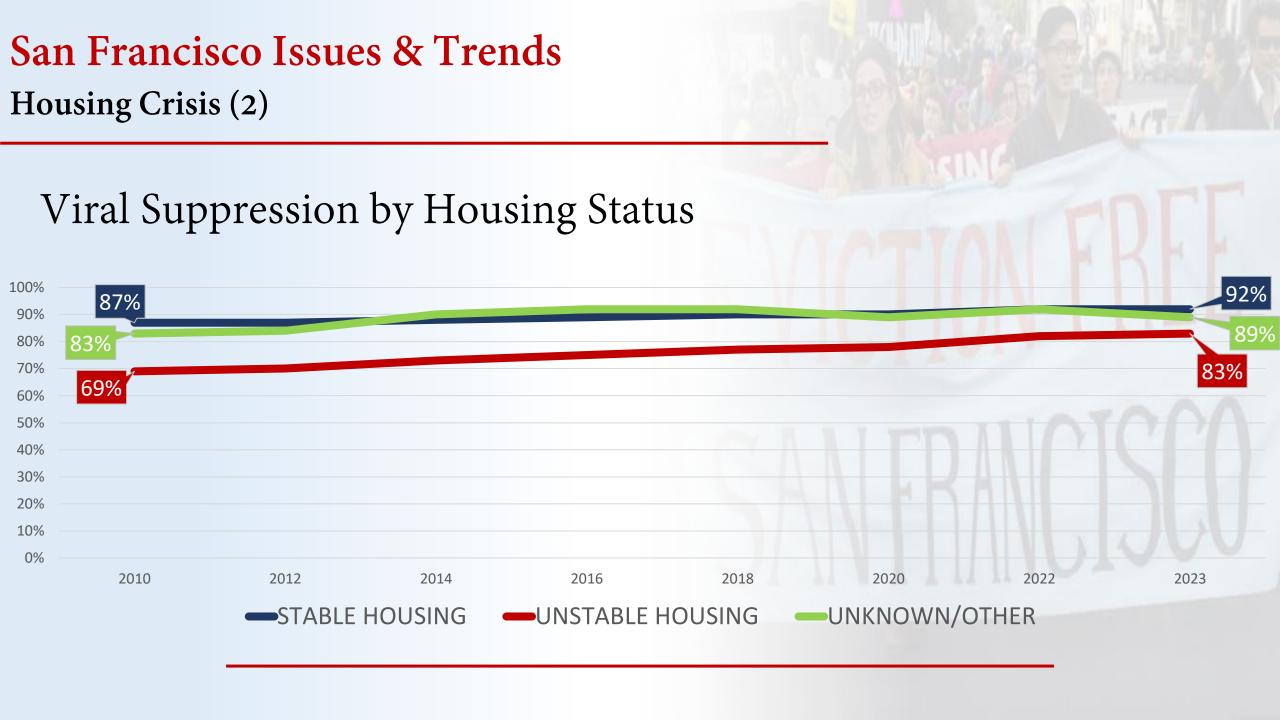
• San Francisco is the second least affordable area in the United States, behind only San Jose

EHE includes a focus on Intensive Housing Case Management

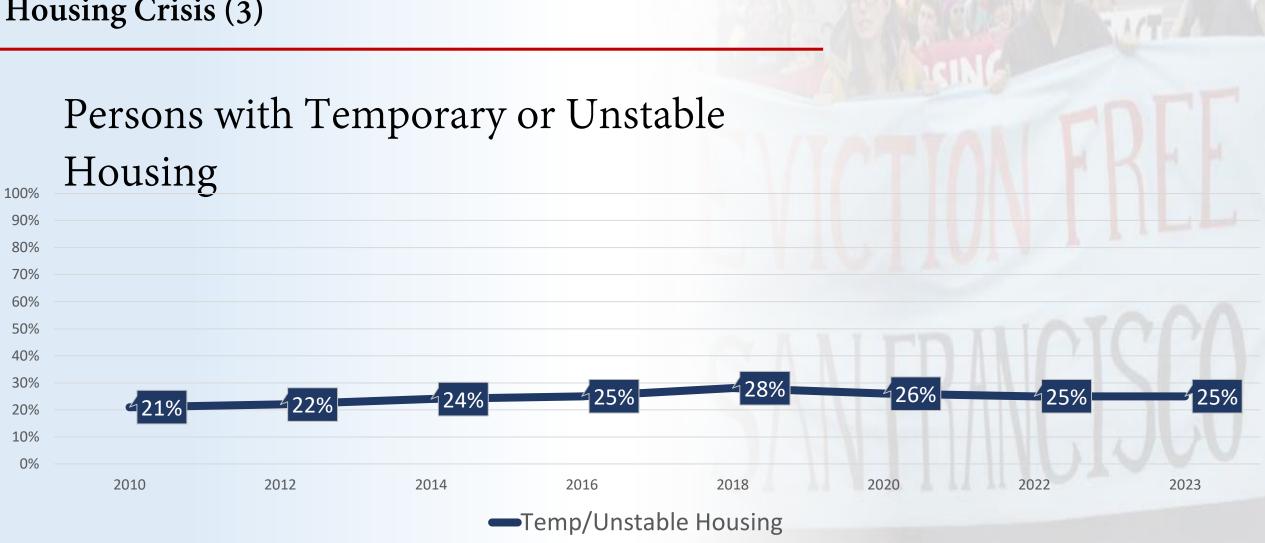
#### SF MOHCD HIV Housing Strategic Plan

- The HIV Housing Plan is a comprehensive strategic plan that states goals and metrics regarding the housing programs and services for people living with HIV/AIDS in San Francsico.
- Our consultant, Integriti3D finalizing draft of the plan scheduled for released for feedback and suggestions in June '24

HHS and Mayors Office of Housing and Community Development (MOHCD) have partnered to strengthen both systems and are now working with Disability and Aging Services (DAS) to leverage system and response



Housing Crisis (3)



#### Overdose Crisis & Evolving Patterns of Substance Use

#### **City & County Response**

- San Francisco reported 806 overdose deaths in 2023, up from 647 in 2022.
- There were 64 in February 2024.
- City restructured services and developed a comprehensive plan in 2022.
  - https://www.sf.gov/substance-use-and-overdose-prevention-services

# HIV DPH and Community Medical Providers report great reduction number of people living with HIV who currently inject drugs

Need to reconceptualize and further develop stimulant and other substance use treatment.

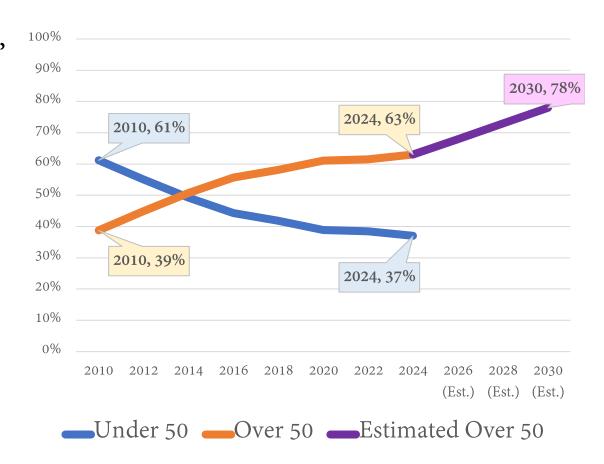
# Aging HIV Population (1)

# Coordination to integrate HIV services, Aging /Adult Services, and Medical Care

- If, how and at what point to we transition HIV+ elders to geriatric focused care?
  - Should Infectious disease doctors train to provide geriatric care, can geriatricians develop HIV expertise and what mechanisms for consultation need to be developed across specializations?

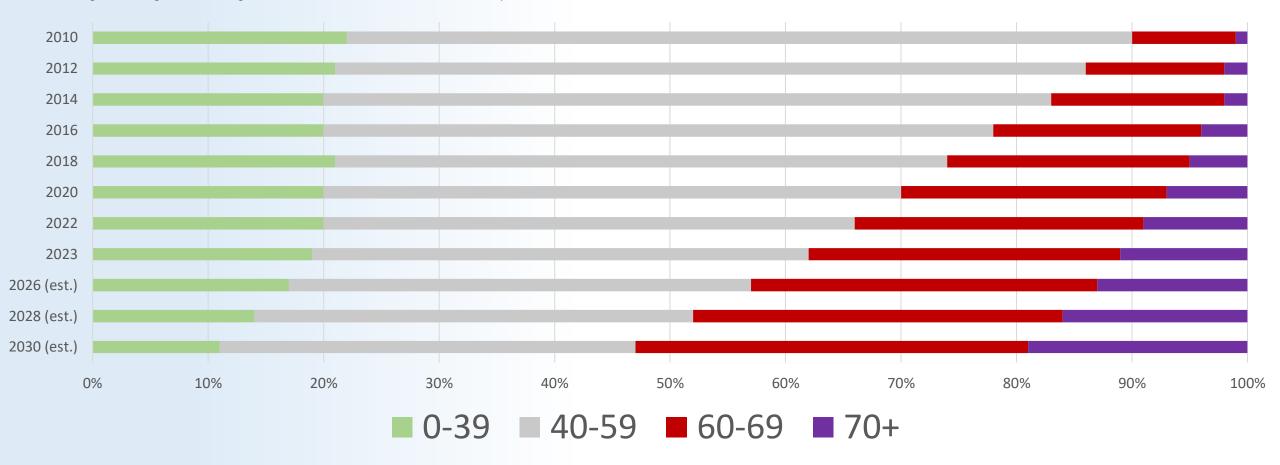
# Potential challenges of polypharmacy and multiple medical conditions

 Will we need expanded pharmacist services for HIV and aging?



# Aging HIV Population (2)

Change in age demographic over time with projected out to 2030:



# Aging HIV Population (3)

#### Cognitive Changes related to HIV and Aging

- How and to what extent will HIV-related cognitive changes impact other cognitive conditions related to aging?
- If and how will HIV and other cognitive/memory medications interact.

#### Stigma

• Will stigma impact peoples perceived and actual safety to be out about their sexual orientation, gender identity and HIV status if they want or need to be as they enter elder adult systems of care.



### State of California

#### **Issues & Trends**

- Ongoing multi-year budget deficit
- Reduction of Ryan White Part B to San Francisco
- Medi-Cal Expansion
  - Now includes all regardless of citizenship and/or documentation status
- Cal AIMS funding through Medi-Cal Mental Health Specialty Care
  - Expanding intensive case management services and outreach / linkage in San Francisco
    - Some SF DPH programs and CBO with HIV + clients are beginning to provide services funded through Cal-AIMS



### United States of America

#### **Issues & Trends**

#### National Budget for HIV Prevention and Care Flat funded

 SF EMA still pending exact grant funding levels for FY2024 for RWPA and RWPC

#### Challenges of operating without RWP Reauthorization

- Need to assess future political climate related to reauthorization
  - Legislative and implementation details are based on the realities of HIV epidemic 15 years ago in 2009
    - Some difficulties to innovate and modernize
      - e.g. status neutral services

# United States of America

# Issues & Trends – Professional Pipeline

Fewer Life-Time HIV Service Warriors as HIV has become more manageable and less stigmatized.

- HIV now one of many social justice issues in which newer professionals are interested
- As treatment has simplified for those who become infected in the last 10-15 years less primary care provider interest in and perhaps need for HIV specialization

Many long terms HIV service providers, advocates and policy makers are retiring

- Loss of institutional memory
- Opportunity for a new generation of providers to take leadership

On-going shortage of MD, RN and MEA to provide all kinds of primary care including HIV care

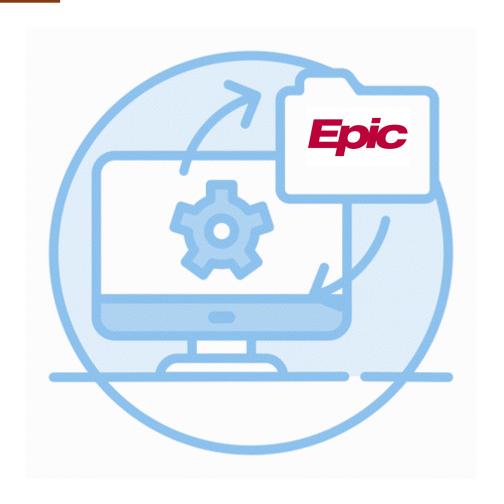
On-going shortage of mental health providers

# Data Integration & Electronic Medical Records

#### **Issues & Trends**

# Electronic Medical Record roll-out is nearing completion both in DPH and in CBO

- Gravitating to an EPIC product
- EMR allows for production of significant amount of customized real time data
  - Included tracking across systems
    - Enables high levels of care across systems with data sharing agreements
    - Opportunity for higher levels of continuity of care across programs
- SF DPH System now in optimization phases
  - Need to understand and access data extraction and analysis to improve care at client and population levels



# Biomedical Interventions & Evolving HIV Care Models

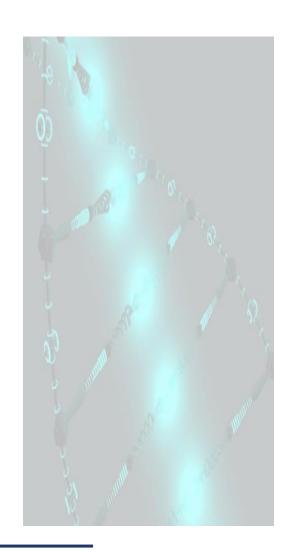
#### Issues & Trends

#### LAI ARV

- Learning how to optimize these services as well as current limitations
- Evolving science
- Current study showing that new formulations are likely effective for 4 months rather than the current two months
- SF focus on populations for whom daily pill dosing is burdensome

#### Reduced medical appointment frequency need

- For durably virally suppressed clients many providers and clients are choosing to reduce viral load and/or t-cell tests to annually and reducing the frequency of visits
- HIV for many (but not all) now seen as another chronic manageable condition
  - At what point if any could/should HIV care for uncomplicated patients be mainstreamed back to primary care?
    - Would HIV specific care become like specialty care for those with complex and difficult to control disease?
      - If so, how do we ensure this specialty care is available and sufficient?
- Cure and/or a very effective preventative vaccine for HIV
- Biomedical Advances that will significantly impact care models



# HIV Health Services (HHS)

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