

Long-acting injectable (LAI) ART and PrEP in San Francisco

A LANDSCAPE ANALYSIS



San Francisco
Department of Public Health



HIVHEALTHSERVICES



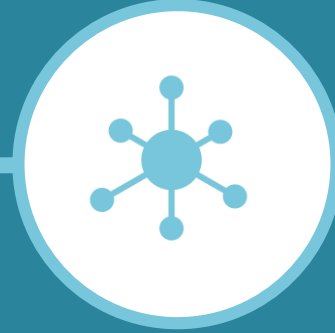
Plan for today

Background
& Approach



Key
Findings

LAI
Program
Models



LAI Uptake

Future
Consideration



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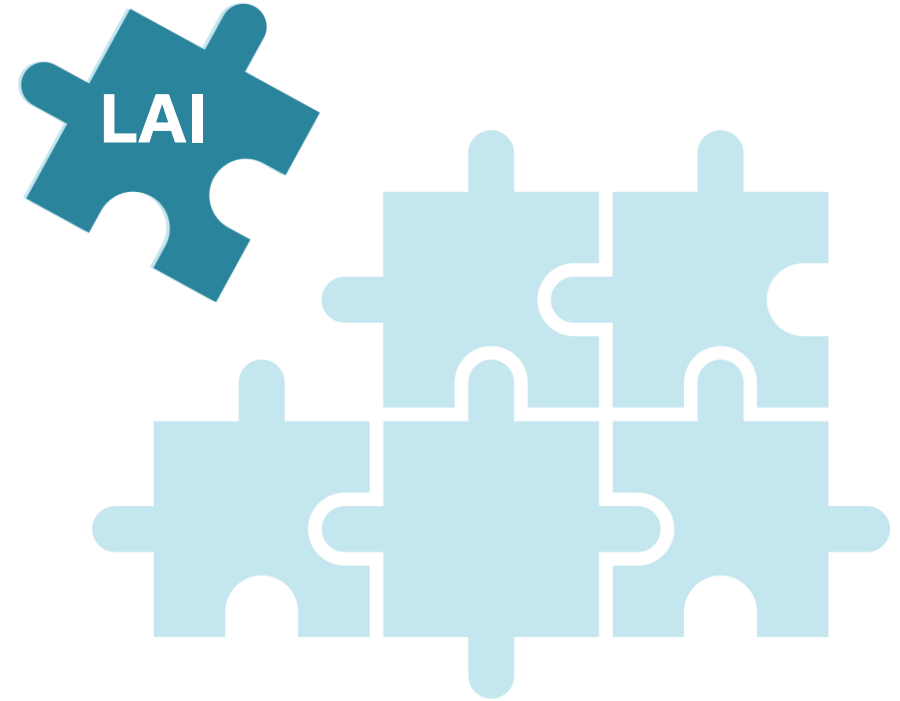
LAI Uptake

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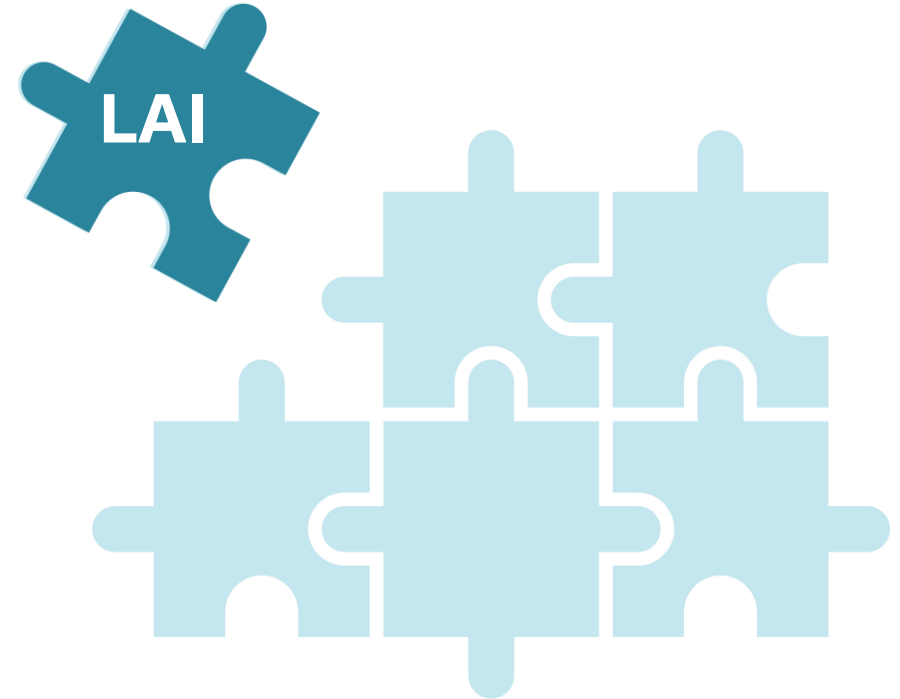
Background

- Oral ART and PrEP have been foundational in reducing new HIV infections
- LAI ART and LAI PrEP as promising new tools for HIV treatment and prevention
- Potential to engage patients who face adherence barriers to daily oral ART/PrEP



San Francisco is a Leader

- SF has shown leadership with LAI ART and LAI PrEP
- SF provider perspectives are invaluable to optimizing the impact and equity of these interventions
- GTZ SF has been tracking implementation of LAI and DOXYPEP as well



Developing a Landscape Analysis

Andy Scheer, HIV Health Services

Overview of the Landscape Analysis

- **Purpose:** to assess the state of LAI ART and LAI PrEP implementation in SF
 - Focus on key facilitators and barriers to reaching the envisioned future state for these interventions
- **Approach:** Interviews with implementation sites, supplemented by:
 - Data on LAI uptake
 - Review of relevant literature and materials

Qualitative Data Collection & Analysis
(n=12 sites, 21 interviewees)

Quantitative Data
Collection &
Analysis
(n=6 sites)

Review of
Relevant
Literature
and Materials

Participating implementation sites

	Site interviewed	LAI ART?	LAI PrEP?
1	Bridge HIV	N/A ✓	N/A ✓
2	Castro-Mission Health Center*	✓	
3	Health at Home*	✓	✓
4	Kaiser Permanente	✓	✓
5	Maria X Martinez Health Resource Center*	✓	
6	Mission Neighborhood Health Center*		✓
7	Strut (San Francisco AIDS Foundation)	✓	✓
8	San Francisco Community Health Center*	✓	✓
9	San Francisco City Clinic	✓	✓
10	St. Mary's Medical Center	✓	
11	Tom Waddell Urban Health Clinic*	✓	✓
12	UCSF Ward 86		

*Also provided quantitative data about LAI uptake

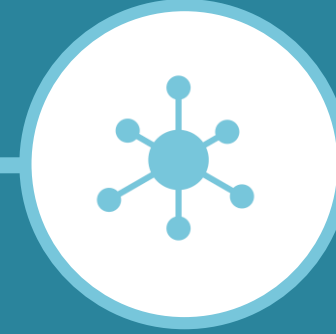
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Key themes

1
Acceptability

2
Equity

3
Resource-
Intensiveness

4
Scalability

1

Acceptability of LAI ART and LAI PrEP

- Acceptable to patients, especially those who find taking a daily pill logistically challenging or stigmatizing.
 - Common concerns include injection-related pain and frequency of clinical visits
- Providers are enthusiastic, with many switching patients over
 - Provider concerns include implementation capacity and the potential for patients to develop drug resistance
 - Also need for more provider training

“I think a lot of patients really are receptive to the idea, especially if they've been on other long acting injectables for psychiatric needs in the past...Because of the amount of transience that happens with homelessness and unstable housing, trying to keep track of oral ART daily is nearly impossible for a lot of people.”

“...if it's a once a month thing, they're like, great, I can just be a person the rest of the month and not think about my HIV.”

“Having this tool to support people in course correcting in getting healthier has been incredibly gratifying and incredibly exciting, both for us and also for the people who have had a hard time controlling their HIV with the [oral] methods.”

2

Equity of LAI ART and LAI PrEP

- Many programs approach LAI with an equity lens
- LAI is reaching populations who face barriers to oral alternatives
 - E.g., people experiencing homelessness, people who use drugs, Black and Latino MSM, and trans women, among others
- Equity wins go beyond HIV prevention and treatment to better patient engagement and trust in health services overall



There's...a not small proportion of patients that have never been on daily oral ART, have never had an undetectable viral load. And basically, almost immediately on long acting, they achieve that, and then they feel a lot better. And I think it's actually that feeling a lot better...that actually gives people—especially for the patients that come in with...really low CD4 counts—[they] are like, 'Wow, maybe there's a point to medicine'...I feel like they've had this experience of panic, coming into clinic and leaving and not feeling better, because they're not able to take meds regularly for so long...that it's really hard to understand. 'What's the value of going to the doctor?'"

3

Resource-intensiveness of LAI implementation

- Programs are resource-intensive due to the time and skill needed for patient navigation support, patient follow-up between injections, and insurance navigation
- Providers emphasized the need to start slow when building a new program, adapting LAI services to the site's resources and patients

“

We initiate with people who sometimes kind of fall off the radar. And that can potentially be unsafe. So, we do a lot to find people who [are off the] radar. And that is really hard. It takes a lot of people power. And outreach. Outreach is expensive and time consuming. But we do it. And I would say that that's probably one of the biggest challenges we have.”

“

A lot of my time will be spent working with the private insurances and trying to figure out how to navigate them or trying to convince pharmacies that I know what I'm doing, and direct them on how to get things covered, because they're unfamiliar with it...”

4 Scalability and sustainability

- Sites interviewed have several innovative ideas for scaling LAI ART and LAI PrEP implementation
- However, nearly all lack dedicated resources for LAI ART and/or LAI PrEP
- Some have already capped participation, and all would require additional resources to expand.

“I'm like: 'this is how much staffing I have. So here's what I'm gonna do to...control demand really.' And [I] have to say no to people...I mean, anyone I say no to for injectable, I'm like, 'but how about oral prep, because we can do that today?'...but...it feels like we don't currently have enough staff for expanding beyond what we've been doing.”

“Because of our funding limitation, we have a limit of 10 patients, but we know there's a need for more.”

“We're at the point where, to expand this model, we really do need more support from the City.”

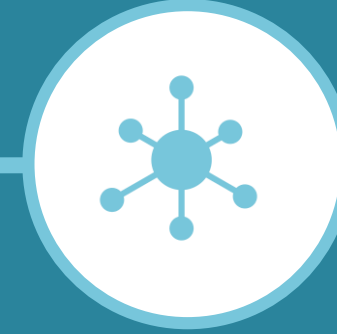
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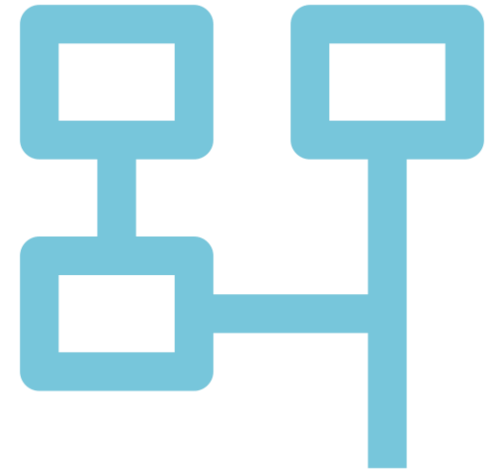
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How are LAI programs structured?

- Varies based on organization size, existing services, available resources, staffing, and patient populations
- Most include a range of staffing types
 - Nurses, outreach specialists, pharmacists, clinicians
 - Can be in-house or partners
 - Often led by nurses
 - Benefit from lived experience of staff members
- Many allow flexible appointments for injections
- All require considerable outreach and navigation support



Examples of LAI program models

No one-size-fits-
all solution

Embedding LAI
services into an
oncology infusion
clinic

Integrating LAI
services into
outreach for SRO
residents

Making LAI
services part of
primary care

Offering low-
barrier LAI services
at an existing drop-
in clinic

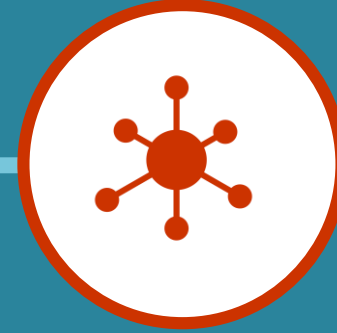
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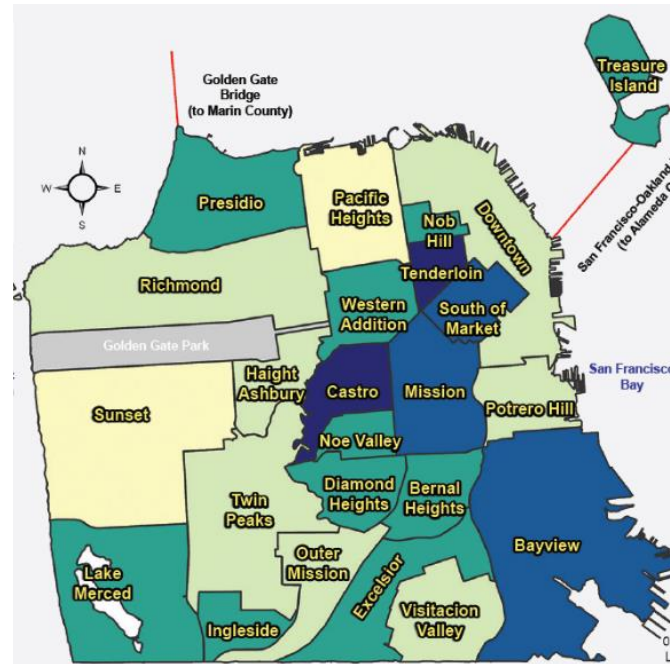
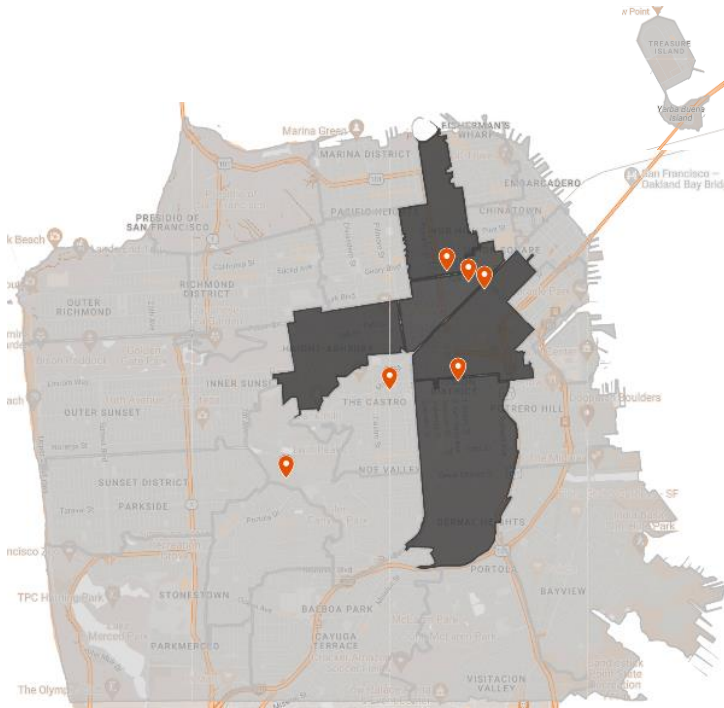
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LAI uptake (data from six sites)

- Three offered LAI ART and PrEP; three just LAI ART
- Total of 68 patients on **LAI ART**; 71 patients on **LAI PrEP**



Most sites and patients were in neighborhoods with relatively high rates of new HIV diagnoses

Map from SFDPH HIV Epidemiology Report, 2022

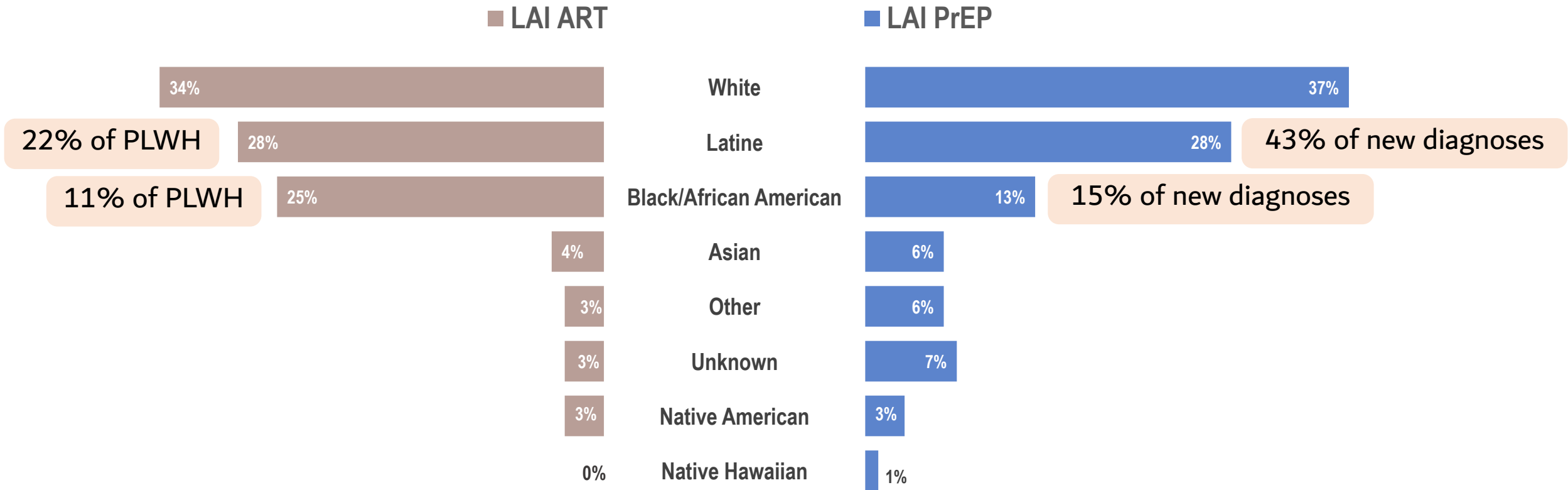
Characteristics of LAI patients*

- Most LGBTQ+ (80%)
- Mostly insured by Medi-Cal (71% for LAI ART; 86% for LAI PrEP)
- Most had been on oral ART or oral PrEP previously (97% and 92%, respectively)
- Average age of 45 years for LAI ART (range: 22-70) and 37 years for LAI PrEP (19-63).



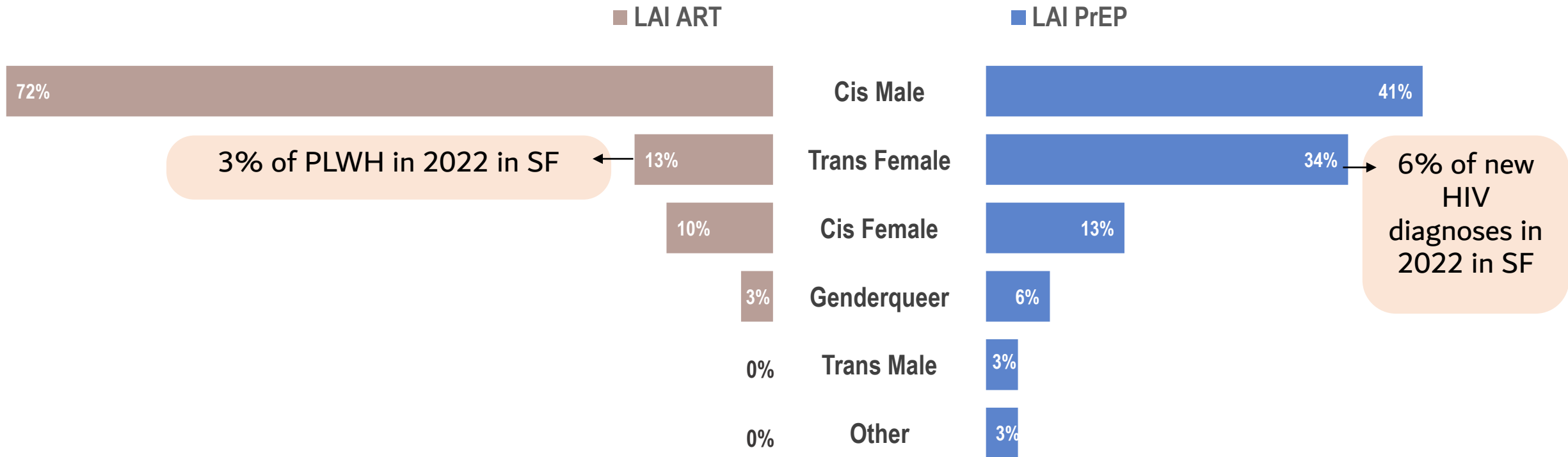
**Data only represent six implementation sites*

LAI patient race/ethnicity*



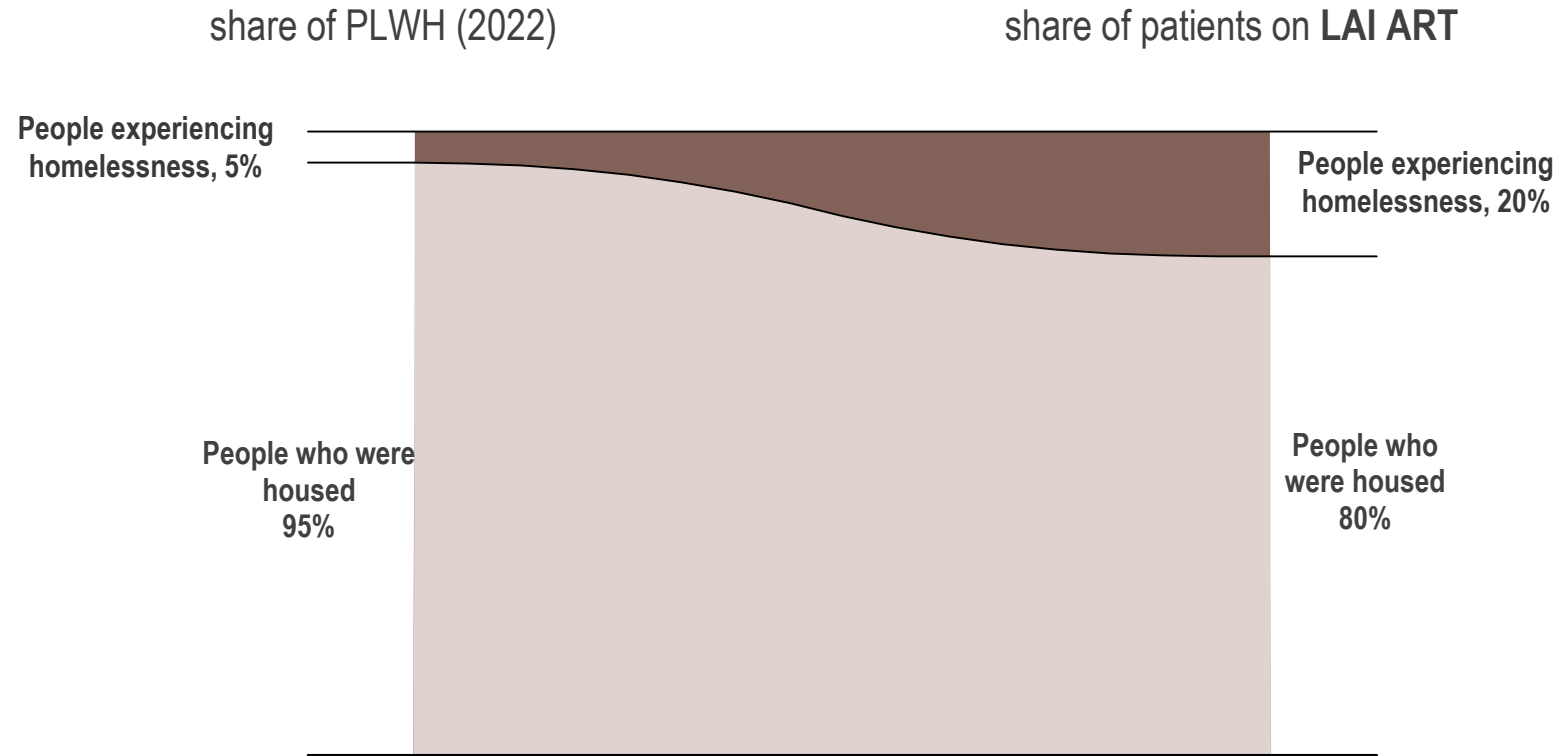
*Data only represent six implementation sites

LAI patient gender identity*



**Data only represent six implementation sites*

LAI patient housing status*



For LAI PrEP, PEH made up 17% of new diagnoses and 14% of LAI PrEP patients

**Data only represent six implementation sites*

Take-home points from patient data

- Small sample, can't generalize to SF broadly
- But reflects the clinic patient populations and the intentional lens of equity expressed in many interviews

“

What we're trying to do... is really focus on the equitable expansion, and particularly in populations who have had lower uptake of PrEP, and also have high rates of HIV [and] new diagnoses. And so that's why there's a lot of interest in trying to get it more available for people experiencing homelessness, and people who use drugs who we've really been bad at getting oral PrEP out to. And then, amongst the people of color and African American, Latinx populations that also have lower uptake...and higher rates of HIV...And then cis and trans women as well...those are the groups that we've been focused on.”

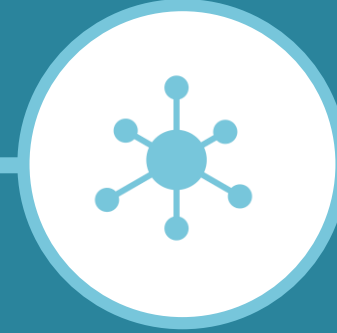
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Considerations for the Future of LAI

- One of *many* tools for ending the HIV epidemic, with provider and patient interest
- Scale is limited given resource-intensiveness and lack of dedicated resources; cannot expand without more resources
- Potential for large equity gains, especially if integrated into the settings and services accessed by priority populations
- Would benefit from additional partnership and collaboration
- Opportunity to assess through more robust evaluation



What questions
do you have?



Thank you!