

Director's Note

Treatment as Prevention in Practice

Reaching Viral Suppression

Communicating About Viral Suppression

Key Approved HRSA Viral Suppression Messages

Stories From the Field: The Ryan White Wellness Center, Charleston, South Carolina

Stories From the Field: Pacific AIDS Education and Training Center

References



TREATMENT AS PREVENTION IN PRACTICE

HIV treatment with antiretroviral therapy (ART) has transformed HIV from a deadly disease to a manageable health condition. In addition to the health benefits to the individual, research has shown that when people with HIV take ART daily as prescribed and have achieved and

maintained an undetectable viral load test result, they have effectively no risk of sexually transmitting the virus to a partner who is HIV-negative.^{1,2}

Taking HIV medication to prevent sexual transmission of HIV also is known as treatment as prevention (TasP). Over the past few years, TasP has been promoted through the community-led campaign Undetectable = Untransmittable (U=U) to reduce stigma and ultimately end the HIV epidemic.^{3,4}

Director's Note

Health care providers and others who interact regularly with people with HIV have multiple opportunities to communicate important messages about HIV treatment and viral suppression. One message is that daily antiretroviral therapy (ART) can improve health, quality of life, and life expectancy. Another emphasizes that taking ART daily as prescribed and achieving and maintaining an undetectable viral load can keep people with HIV from sexually transmitting HIV to their partners.

This issue of *CAREAction* focuses on the importance of conveying key messages about viral suppression to people with HIV during patient encounters and effective ways to do so. In addition, "Stories From the Field" highlight Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) recipients' efforts to move clients into treatment more quickly and to help people with HIV reach and maintain viral suppression.

Data from HRSA's *2017 Annual Client-Level Data Report* show that 85.9 percent of HRSA's RWHAP clients receiving HIV medical care were virally suppressed in 2017, compared with a national viral suppression average of 59.8 percent among people with HIV. Regularly communicating messages about viral suppression to clients can help to maintain, if not increase, that percentage.

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REACHING VIRAL SUPPRESSION

Ensuring that people with HIV are treated rapidly and effectively to achieve and maintain viral suppression is a key strategy of the President's initiative, *Ending the HIV Epidemic: A Plan for America*.⁵

The Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program (RWHAP) recipients have long been leaders in providing comprehensive services and innovative programs to people with HIV across the HIV care continuum. These services and programs are essential for linking people with HIV to care and treatment with ART, keeping them in care, and helping them improve their health outcomes through viral suppression. In fact, more than half of people living with diagnosed HIV in the United States receive services through the RWHAP each year. In 2017, approximately 535,000 people received at least one RWHAP-funded service.

COMMUNICATING ABOUT VIRAL SUPPRESSION

In a recent letter to RWHAP program colleagues, Dr. Laura Cheever, the Associate Administrator of HRSA's HIV/AIDS Bureau, strongly encouraged RWHAP recipients,⁶ subrecipients, planning bodies, and providers to leverage their expertise and RWHAP infrastructure to incorporate viral suppression messages for people with HIV through outpatient ambulatory health services, medical and nonmedical case

Key Approved HRSA Viral Suppression Messages

- ♣ Advances in HIV care and treatment have created the potential to end the HIV epidemic.
- ♣ People with HIV who take HIV medication daily as prescribed and who achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.
- ♣ Sharing messages about viral suppression with people with HIV may have a profound impact on their life choices and how they feel about themselves and may help reduce stigma and discrimination.⁷

management, health literacy information, early intervention services, and treatment adherence discussions.

To do this, providers are encouraged to involve people with HIV in treatment decisions, develop trusting patient-provider relationships, assess barriers to treatment adherence, and support people with HIV in achieving and maintaining healthy outcomes.

Providers also are encouraged to reinforce viral suppression messages through routine patient discussions about TasP and the impact of viral suppression. For these discussions—supported by case managers, social workers, and medical providers—other staff should use consistent language, tailor messages about viral suppression and sexual health practices, and stress prevention of other sexually transmitted infections (STIs).⁸

Stories From the Field: The Ryan White Wellness Center, Charleston, South Carolina

The Ryan White Wellness Center, part of Roper St. Francis Healthcare, receives funding from HRSA's RWHAP Part B AIDS Drug Assistance Program and Part C Early Intervention Services. Since 2014, the



Center, which serves seven coastal counties in South Carolina, has grown tremendously—from seeing 600 clients annually to nearly 1,000. To meet its clients' needs, the Center increased staffing from 11 to 25 professionals who provide comprehensive, patient-centered HIV care.

“When we look at our new patients, we’re seeing pretty rapid growth in young black men who have sex with men [MSM],” said Aaron O’Brien, the Wellness Center’s quality and development manager. “We’re seeing a lot of co-infection with syphilis and other STIs among our PrEP [pre-exposure prophylaxis] patients and our HIV-positive patients. And over half of our patients are aged 45 to 64.”

In 2018, data revealed that younger African American people with HIV in the area were least likely to be virally suppressed. In response to these trends, the Center started to focus on newly diagnosed patients, creating the Red Carpet Service to ensure that new clients moved through testing and diagnosis and into treatment within 11 days. During the first enrollment appointment, Center staff collect the client’s information and assess the person’s housing, medical, dental, and mental health needs. Clients often see a provider and receive antiretroviral medications the same day. The Red Carpet Service program has provided clients rapid entry into treatment and led many new clients to achieve viral suppression within weeks, rather than months. “The immediacy of treatment really puts a sense of urgency in a patient, and they take it really seriously,” said O’Brien.

Regular interaction among clinicians, case managers, and peer navigators is key to clients’ quickly beginning and continuing treatment, according to Center Director Kimberly Willis. “Collectively, the full team meets once a week, and then we meet as small teams. Each Friday, we review every patient coming into the Center the next week, giving the peer, the clinical provider, and the case manager a chance to speak to that patient and [determine] need.”

The Center also conducts extensive staff cross-training to improve coordination of care and ensure that everyone is “sharing the same message,” Willis said. Case managers are trained to run their own performance measures reports using CAREWare, which makes them more aware of the importance of documentation and of individual client retention and viral suppression status, which they use to identify client barriers to HIV care. Cross-learning occurs through shared leadership responsibility at the Center. For example, case managers oversee specialized services, such as housing assistance or the food closet.

The Center holds four community events each year. “We’re constantly revisiting and addressing community needs,” said Willis. HIV screening is offered at outreach events, along with regular health screenings, and HIV messages are presented in positive, family-friendly ways.

The combined activities of the Ryan White Wellness Center have led to steady increases in viral suppression among its clients—from 87 percent at the beginning of 2018 to 93 percent at the end of the same year. Viral suppression among MSM clients of color increased

even more dramatically during the same time, from 83 percent to 93.5 percent.

Stories From the Field: Pacific AIDS Education and Training Center

The Pacific AIDS Education and Training Center (AETC) receives RWHAP Part F funding for training and capacity-building programs designed for health care providers to improve care for people with HIV in Arizona, California, Hawaii, and Nevada, as well as the six U.S.-affiliated Pacific Islands: American Samoa, Guam, the Republic of Palau, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Commonwealth of the Northern Mariana Islands. The Pacific AETC has its central office at the University of California, San Francisco (UCSF), and works with eight local partners throughout its region.

The Pacific AETC has worked with local partners on several “Getting to Zero” campaigns that aim to end the HIV epidemic. These initiatives have common goals to achieve zero new infections, zero stigma, and zero HIV/AIDS deaths. The campaigns promote such interventions as PrEP and TasP, which have been integral to the renewed momentum toward ending HIV.

AETCs routinely provide clinical training and technical assistance to health care teams to ensure that people with HIV have access to treatment, are retained in care, and achieve viral suppression. In addition to the Key Approved HRSA Viral Suppression Messages on page 2, “providers are also trained to share the message that ‘if you’re undetectable, you’re untransmittable,’” said Pacific AETC Director Prescott Chow. PrEP “goes hand in hand with the U=U discussion” with patients, added Mr. Chow.

According to JaDawn Wright, Pacific AETC Deputy Director, “Our whole team really believes that we can get to zero and that we can do this in our work lifetime. I think that’s an exciting prospect that keeps you engaged in the work.”

The Pacific AETC offers in-person trainings and technical assistance; preceptorships; online resources, such as a PrEP provider toolkit; and a biweekly telehealth and case consultation webinar series. Topics include PrEP, acute HIV, ART initiation, opportunistic infections, and sexually transmitted infections. The program also provides capacity-building assistance in other areas that affect access to and retention in services, such as sex positivity, trauma-informed care, and social determinants of health. Sex positivity “relates directly to the comfort level of providers to discuss sex with their patients,” said Mr. Chow. “Sex positivity education is critical for moving the needle in terms of how we talk with people and communities about HIV risk and transmission and what we can do about it. For people who are living with HIV, U=U should definitely be part of that conversation.”

Trainings at Pacific AETC are offered to all HIV care team members, including clinicians, peer navigators, and case managers. “We’ve been



bringing different types of faculty to the table, because we realize it’s not only clinicians who need training,” said Ms. Wright. “The entire health care team really needs to be involved in the care of HIV patients, from prevention all the way through testing and then down the continuum of care.”

References

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