

A grayscale photograph of a large, multi-story hospital building with a grid-like facade of windows. The building is identified by a logo at the top center consisting of a cross and the word "Grady". Trees are visible in the foreground and to the right of the building.

# **Grady Infectious Disease Program**

**At the Ponce de Leon Center**

**341 Ponce de Leon Ave, Atlanta, GA 30308**

# The Grady IDP philosophy

The **most important** thing we can do is provide an environment which supports and encourages personal responsibility for sexual health, reduces stigma and encourages and facilitates testing, linkage and retention in care.

# Grady's Legacy of Care

- The Ponce Clinic is one of the largest, most comprehensive programs in the U.S. for people living with HIV disease
- 2/3 of patients have advanced, symptomatic HIV disease

***Grady IDP treats 1 out of 7 persons living with AIDS in Georgia.***

# The Facts & History

- Founded in 1986 to care for dying patients
- Moved to current location in 1993 (Ponce de Leon Center)
  - 55,000 square foot building previously headquarters of the Presbyterian Church USA, sold to Grady specifically as a site to care for individuals living with HIV/AIDS
- One of the largest clinics nationally

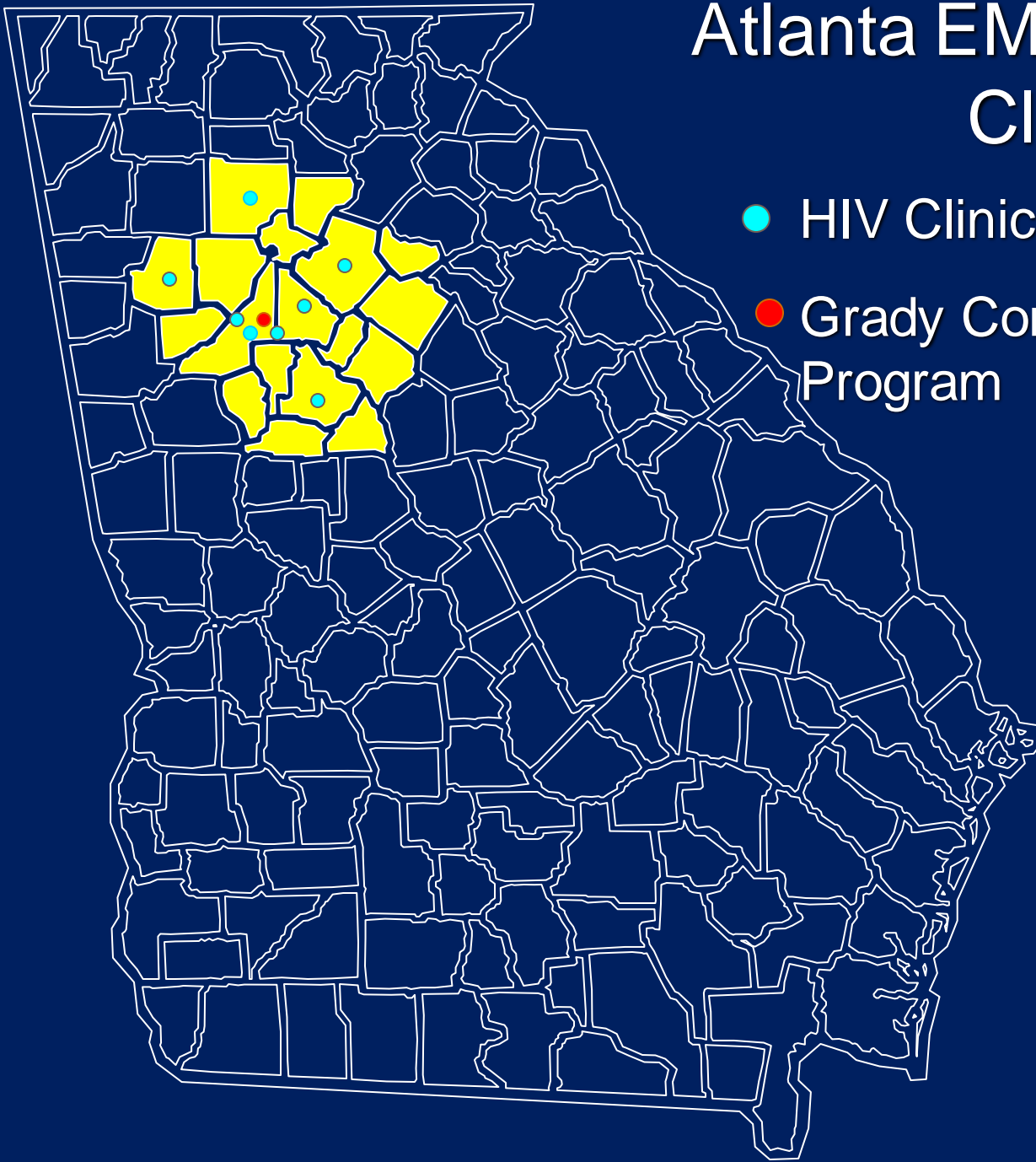
# Who do we serve?

- Persons with HIV who reside in the 20-county Atlanta EMA
- Infants, children and youth <25y from any county in GA
- HIV+ parent of a child being followed in the Family Clinic from any county in GA
- If not a patient at Grady, must have late stage HIV/AIDS or complex needs

# Atlanta EMA Public HIV Clinics

● HIV Clinics

● Grady Comprehensive HIV Program



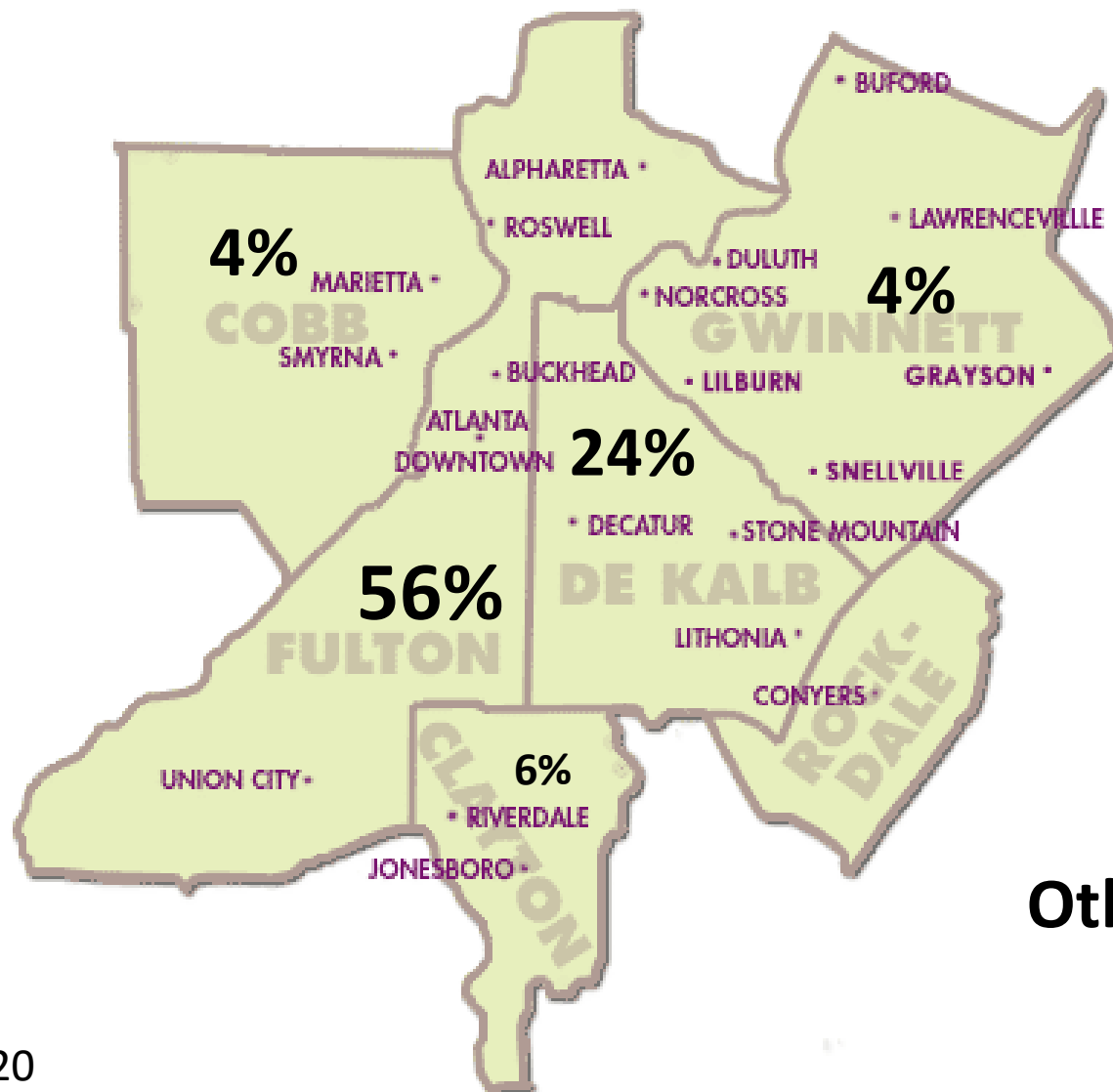
20 county EMA  
including Fulton,  
DeKalb, Clayton,  
Cobb and Douglas  
counties

# Who are our patients?



- 71% Male, 27% Female, 2% Transgender
- 85% Black/African American, 13% White, 5% Latinx
- 11%  $\leq 24$ , 36% 25-44, 53%  $\geq 45$  years of age
- 52%  $< \text{FPL}$ , 80%  $< 2\times \text{FPL}$
- 43% uninsured, 29% Medicaid, 31% Medicare
- 66% Stage 3 (AIDS)

# Patient County of Residence



As of 2/29/20



# Visits by the numbers, 2019

42,483 – Ambulatory Medical Care

13,175 – Oral Health

10,728 – Mental Health

2,275 – Substance Use

2,362 – Nutrition

# Medical Services

Primary Care Clinics	Specialty Services
Adult Clinic	Cancer Care (Hematology/Oncology) including chemotherapy
Women, Family and Youth Clinic	Hepatitis Treatment
Mental Health, Substance Use and Wellness Center	Pulmonary
Oral Health Center	Neurology
Nurse Adherence Education	Ophthalmology
Evening Hours*/Walk-In services	Dermatology

\*suspended during COVID-19

## Critical Additional Services (Wrap-around)

Financial Counseling	Laboratory
Health Education and Peer counseling	Pharmacy including Mail-Order/Specialty Options
Patient Navigation	Radiology
Rapid Entry	Nutrition
Chaplaincy	Physical Therapy
Translation Services	Medical Transportation
Childcare*	On-site Community Services* (Legal Aid, Project Open Hand, Hope Atlanta)

\*suspended during COVID-19

# Barriers to Continuous Care and Supportive Services

- Access to medications
- Stigma
- Transportation to clinic
- Bureaucracy to access healthcare
- Limits on patient navigators, outreach etc.

# Over the years, Grady IDP has led the way

- Clinical Care – one of the largest, most comprehensive sites in the US
- Research (Emory) – ground breaking work on treatment, strategies for care, complications of HIV, transmission, HIV-associated cancers and more
- Largest registry of HIV patients in the country

# Sample Programs

- Patient Navigation Services
- Rapid Entry
- GREAT
- Oral Health
- Center for Well Being

# Patient Navigation

- Patient Navigators work directly with medical providers to provide the best patient experience.
- Rapid Entry Navigators assist the patient for the first 30 days of enrollment.
- The Main Clinic and the Women and Family Youth Clinic navigators assist the patient after initial enrollment.

# Overcoming Barriers to Care

- Patient Navigators assist patients in obtaining documents need for Ryan White
- Call to remind patient's of their upcoming appointments.
- Assist in Linkage to Care
- Retention to Care- reach out to patients that have missed appointments



# REACH: Rapid Entry and ART in Clinic for HIV Goals

1. Facilitate provider appointment and ART access within 72 hours of patients' first presenting to clinic for enrollment<sup>a</sup>
2. Decrease time to viral suppression

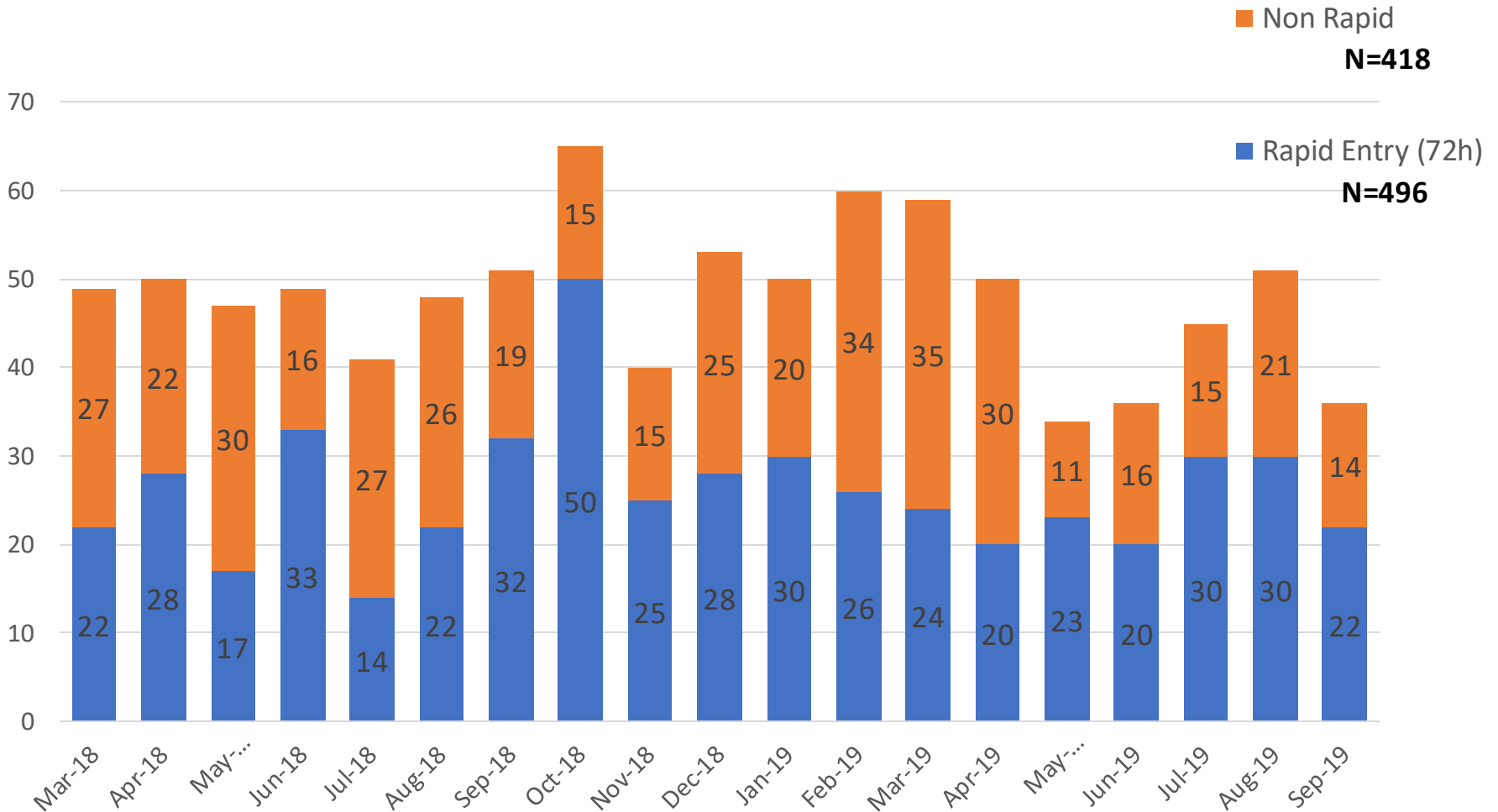
## Health System Changes to Facilitate Program Implementation

ACTION	LEVEL
Remove eligibility restrictions for clinic enrollment	EMA Ryan White office
Loosen administrative requirements for clinic enrollment	EMA Ryan White office; <b>hospital system</b>
Remove TB skin test as requirement for clinic enrollment	<b>Clinic administration</b>
Enhance access to <i>New Patient</i> provider visits	Hospital system; clinic administration
Enhance provider education on <i>Rapid Starts</i>	<b>Clinician</b>
Enhance support for accessing ART, regardless of payer	<b>Pharmacy administration</b>
Continue access to ongoing ART-adherence education	<b>Nursing</b>

EMA, eligible metropolitan area; TB, tuberculosis.

Colasanti J, et al. *Open Forum Infect Dis*. 2018;5(6):ofy104.

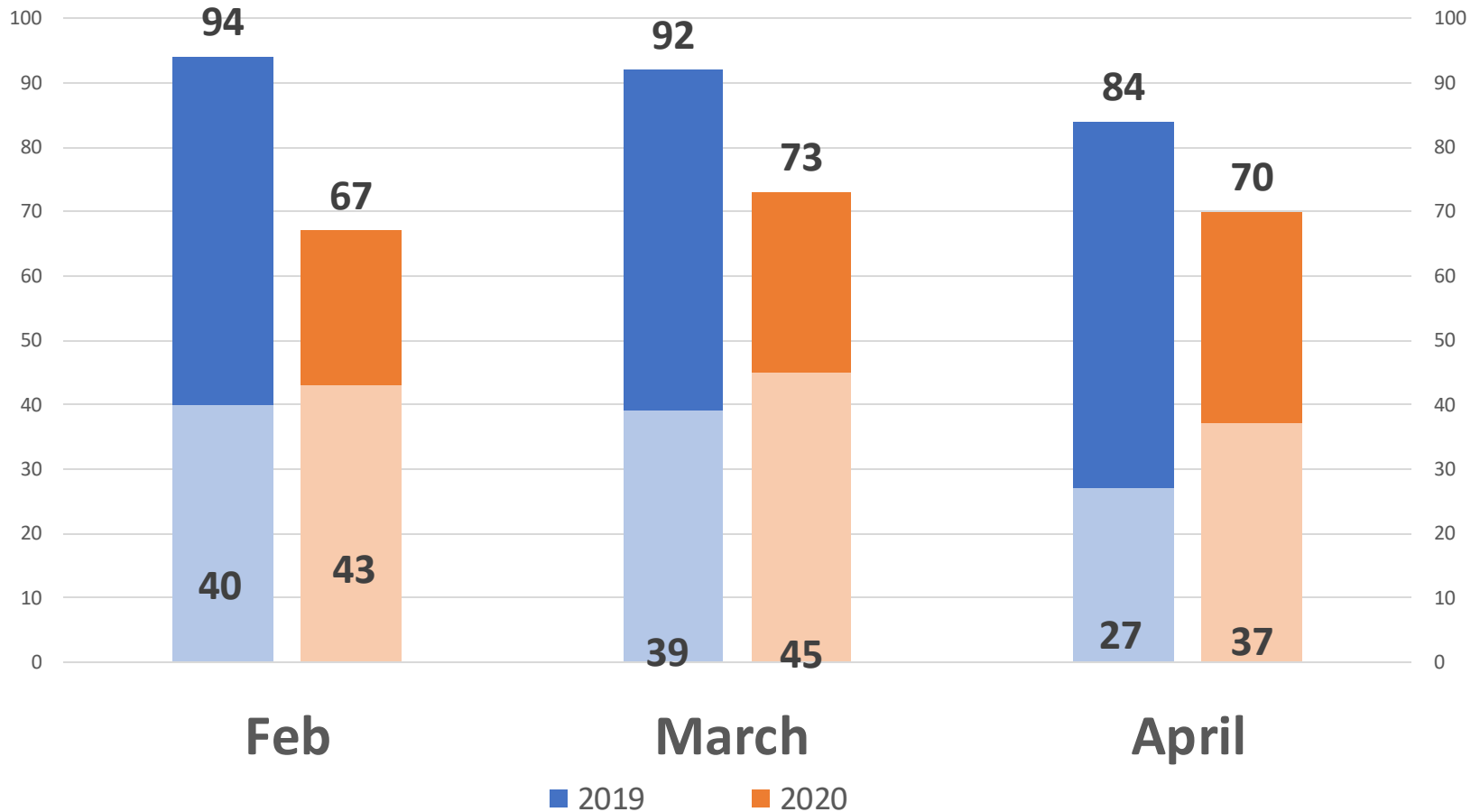
# Rapid Entry at IDP



# Rapid Entry in COVID times

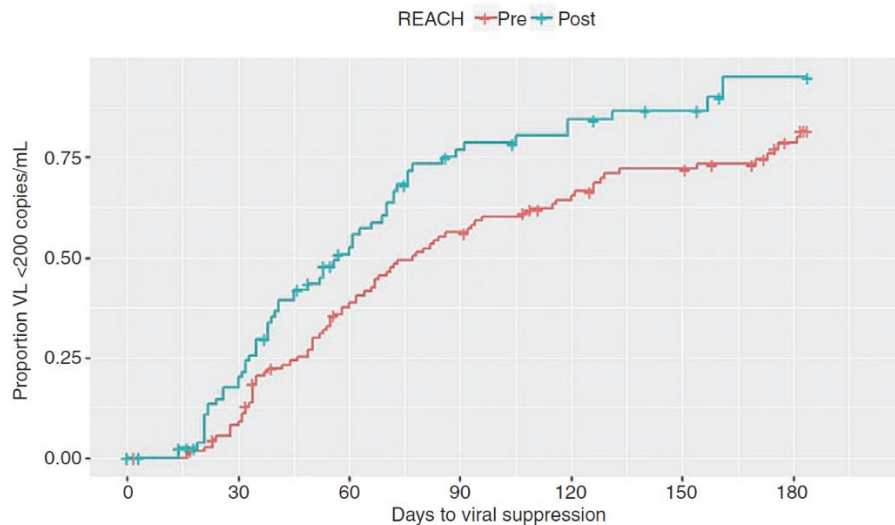
## Total New and Re-enrolling

Rapid portion of patients in lighter color



# Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States

Jonathan Colasanti,<sup>1,2,3,4</sup> Jeri Sumitani,<sup>4</sup> C. Christina Mehta,<sup>5</sup> Yiran Zhang,<sup>5</sup> Minh Ly Nguyen,<sup>1,2,4</sup> Carlos del Rio,<sup>1,2,3,4</sup> and Wendy S. Armstrong<sup>1,2,4</sup>



- 10 weeks – 90 patients who were new to clinic and not suppressed
  - excludes those re-engaging
- Improved time to VS
- No change in retention
- Program closed due to volume – reopened with some funding

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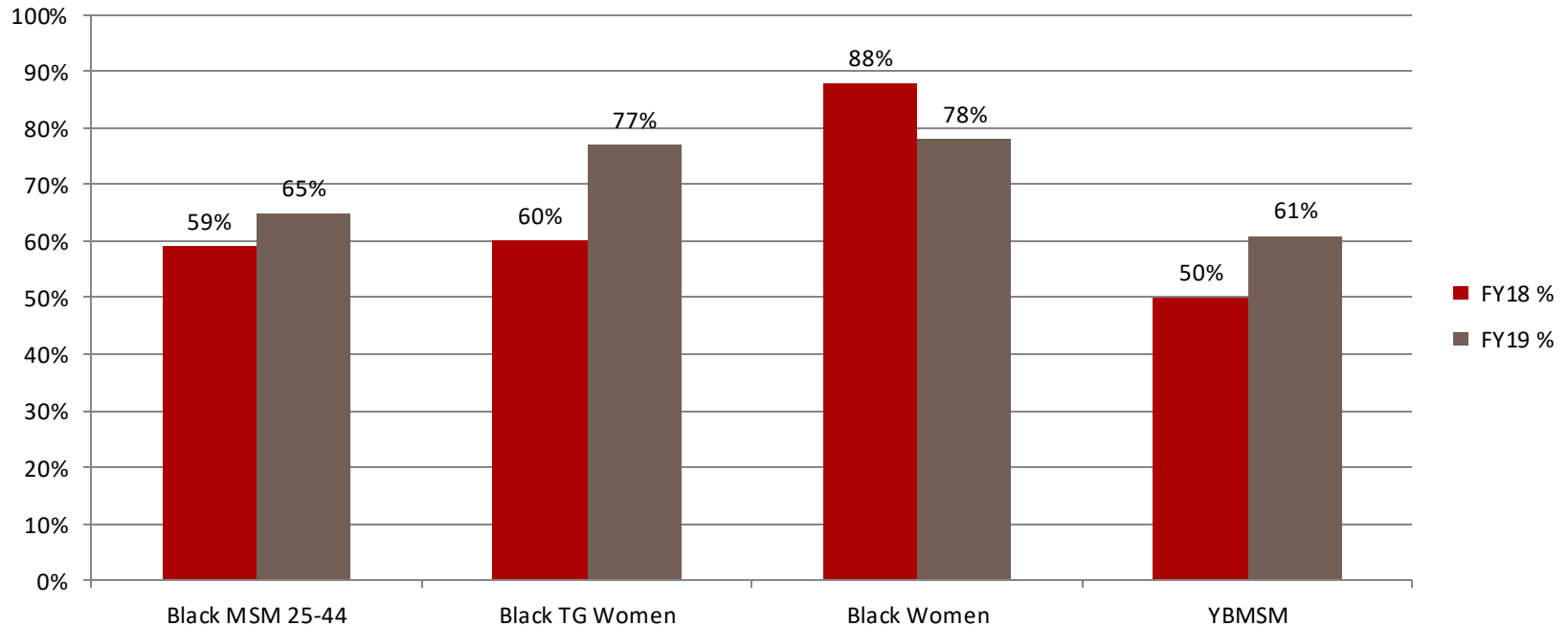
# GREAT Program

## Grady Retention Enhancement Assistance Team

- Three-year program from: 2018-2021 (MAI)
- 1,200 African American patients
- Goal: enroll individuals who are at risk for falling out of care, are not undetectable, and have multiple barriers to retention in care
- Program includes a multidisciplinary approach with team of Navigator, Pharmacist and Pharmacy Tech assigned to each patient

# GREAT Program-Viral Suppression

Viral Suppression by Target Population - FY 18 & 19



# The Oral Health Center

- Established 1991 and led by national expert, David Reznik, DDS, the IDP OHC is recognized nationally and internationally
- Comprehensive services (only implants and braces are not offered) to all patients that are retained in care
- Other patients from the EMA are seen to manage complex dental cases and oral pathology seen in association with HIV.

# Services Provided in Center for Well Being



## Mental Health/Substance Misuse Treatment

- HIV neuropsychiatry
- Psychiatric medicine
- Biopsychosocial assessment
- Psychotherapy
- Behavioral consultation
- Substance misuse
- Family systems support

## Behavioral Health Wellness Services

- HIV psychoeducation
- Stress/coping skills training
- Relationship skills training
- Health and sexuality
- Service systems negotiation
- Coping with chronic illness
- Wellness series



# Ending the HIV Epidemic: A Plan for America



Can lead the way

## GOAL:

Our goal is ambitious and the pathway is clear – employ strategic practices in the *places* focused on the right *people* to:

75% reduction in new HIV infections in 5 years and at least 90% reduction in 10 years.



**Diagnose** all people with HIV as early as possible after infection.

→ FOCUS HIV Testing

**Treat** the infection rapidly and effectively to achieve sustained viral suppression.



**Protect** people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

→ Grady PrEP Program

**Respond** rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.



**HIV HealthForce** will establish local teams committed to the success of the Initiative in each jurisdiction.

## IDP

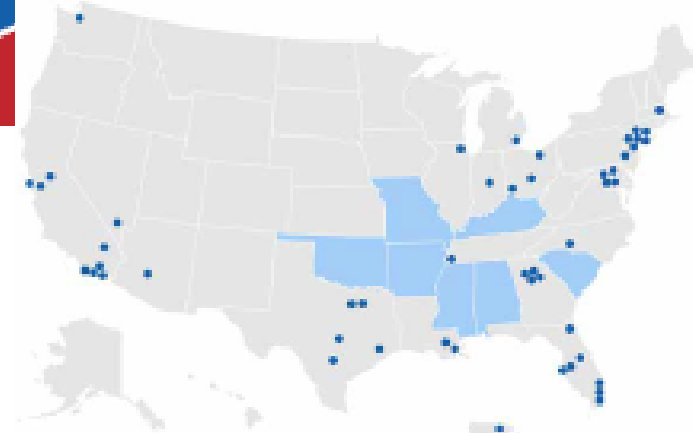
Rapid Entry

GREAT: Patient Navigator + Specialty Pharmacy Retention Program

CARES: open access for severe mental illness/substance use

Co-located MH/Substance use

Partnerships with CBOs: housing, food, legal support,



# Provide Local Expertise

- Partnering with our primary care providers and the ER to ensure access to pre- and post exposure prophylaxis
- National Model for Rapid Entry Programs
- Expertise for complicated opportunistic infections, resistant virus and serious mental illness

# Challenges

- Space
  - Expansion project underway (Certificate of Need approved)
- Personnel – Need more care providers (nurses, CMAs, etc.)
  - Growing numbers and increasing medical complexity
  - BURNOUT
- With successful linkage and retention – crisis mode

# Challenges

- Budget has been stable over many years however patients and needs are increasing – barely maintaining status quo operating costs and now...
  - IDP's State grant on DPH's list of recommended **cuts** to the Legislature for the fiscal year **starting July 2020**. If it passes, IDP loses almost \$5 million
  - Loss of state funding will impact the whole system of care in the Atlanta EMA and leave patients with the most complicated needs either scrambling for care or out of care completely

# Grady's Response

RIGHT **PEOPLE**, RIGHT **PLACES**, RIGHT **PRACTICES**

**People:** Nationally- and internationally-renowned medical experts; caring and committed staff

**Places:** Located in the epicenter of the Southern HIV epidemic, a priority area in the U.S.

**Practices:** Rapid linkage to care and strategies to retain in care

