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
HIV Clinics
Grady Comprehensive HIV Program

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% <= 24, 36% 25-44, 53% >= 45 years of age
- 52% < FPL, 80% < 2X FPL
- 43% uninsured, 29% Medicaid, 31% Medicare
- 66% Stage 3 (AIDS)
Patient County of Residence

As of 2/29/20

- Fulton County: 56%
- Gwinnett County: 24%
- Cobb County: 4%
- Other: 6%

Grady
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

<table>
<thead>
<tr>
<th>Primary Care Clinics</th>
<th>Specialty Services</th>
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</thead>
<tbody>
<tr>
<td>Adult Clinic</td>
<td>Cancer Care (Hematology/Oncology) including chemotherapy</td>
</tr>
<tr>
<td>Women, Family and Youth Clinic</td>
<td>Hepatitis Treatment</td>
</tr>
<tr>
<td>Mental Health, Substance Use and Wellness Center</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>Oral Health Center</td>
<td>Neurology</td>
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<tr>
<td>Nurse Adherence Education</td>
<td>Ophthalmology</td>
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<tr>
<td>Evening Hours*/Walk-In services</td>
<td>Dermatology</td>
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* suspended during COVID-19
<table>
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<tr>
<th>Critical Additional Services (Wrap-around)</th>
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<tbody>
<tr>
<td>Financial Counseling</td>
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<tr>
<td>Health Education and Peer counseling</td>
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<tr>
<td>Patient Navigation</td>
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<tr>
<td>Rapid Entry</td>
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<tr>
<td>Chaplaincy</td>
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<tr>
<td>Translation Services</td>
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<tr>
<td>Childcare*</td>
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</tbody>
</table>

*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 needed for Ryan White
- Call to remind patients’ 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

2. Decrease time to viral suppression

Health System Changes to Facilitate Program Implementation

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

EMA, eligible metropolitan area; TB, tuberculosis.
Rapid Entry at IDP

N=418

Non Rapid

Rapid Entry (72h)

N=496
Rapid Entry in COVID times

Total New and Re-enrolling

Rapid portion of patients in lighter color

Feb 2019: 40  2020: 43
March 2019: 39  2020: 45
April 2019: 27  2020: 37
Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States

Jonathan Colasanti, Jeri Sumitani, C. Christina Mehta, Yiran Zhang, Minh Ly Nguyen, Carlos del Rio, and Wendy S. Armstrong

- 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

Open Forum Infectious Diseases®
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

- Black MSM 25-44: FY18 59% / FY19 65%
- Black TG Women: FY18 60% / FY19 77%
- Black Women: FY18 88% / FY19 78%
- YB MSM: FY18 50% / FY19 61%
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**

**GOAL:**

- 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.
- 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.
- 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.

**FOCUS HIV Testing**

**Grady PrEP Program**

**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
Thank You