



Starting an Effective Model to End the Syndemic at PIMC

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Conflicts of Interest & Disclosure Statement

- No financial interests to disclose
- The views expressed in this presentation are those of the authors alone
- The contents do not represent the views of the Indian Health Service or the United States Government.



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Ending the HIV Epidemic



Diagnose all people with HIV as early as possible.

Treat people with HIV rapidly and effectively to reach sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



Arizona HIV/AIDS Incidence Rate (per 100,000) Among American Indian/Alaska Native, 1991 - 2022

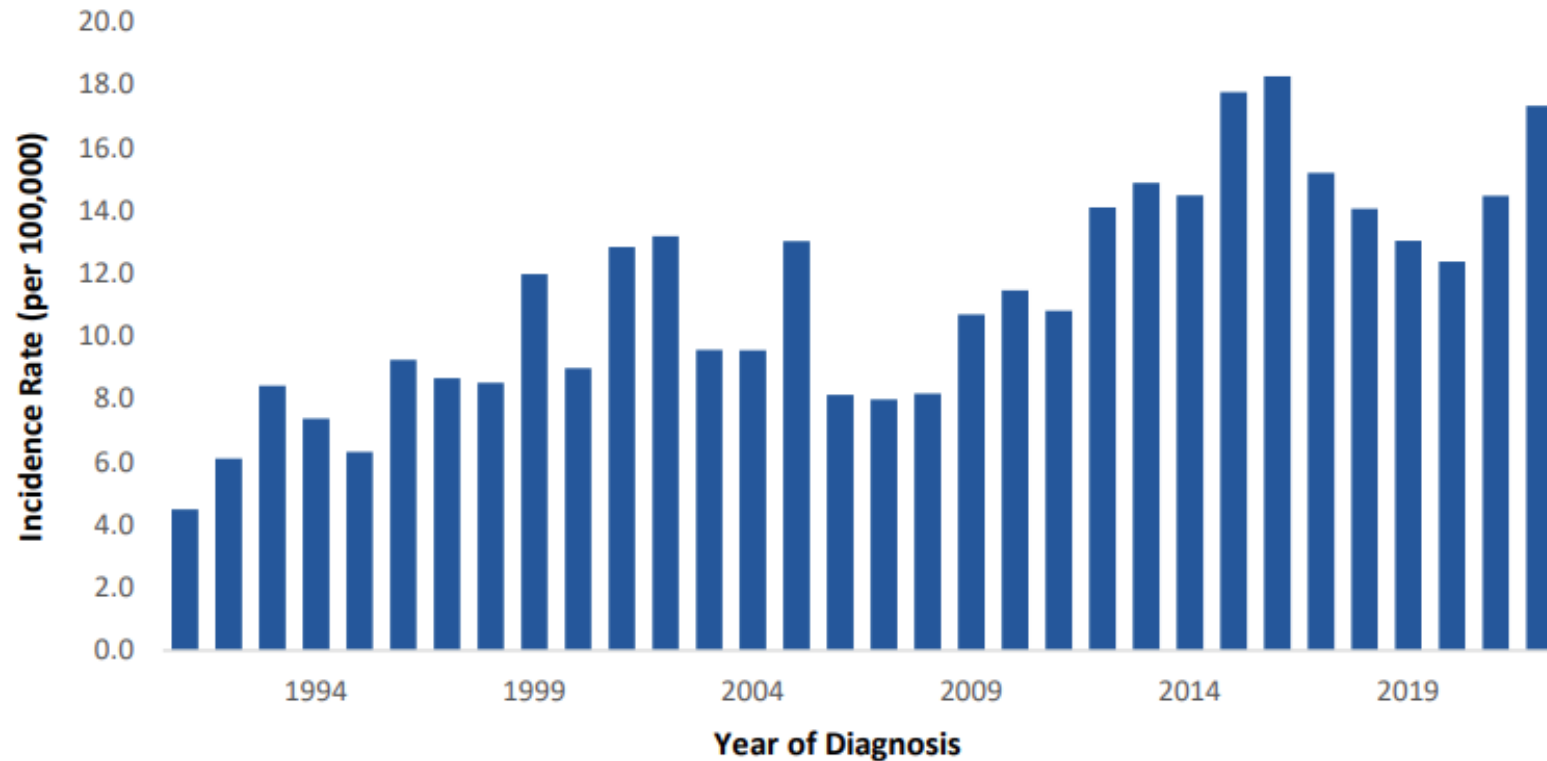


Figure 20: HIV/AIDS incidence rate (per 100,000) among American Indian/Alaska Native population, Arizona 1991 - 2022.



Arizona Monthly HIV Testing, 2019-2022

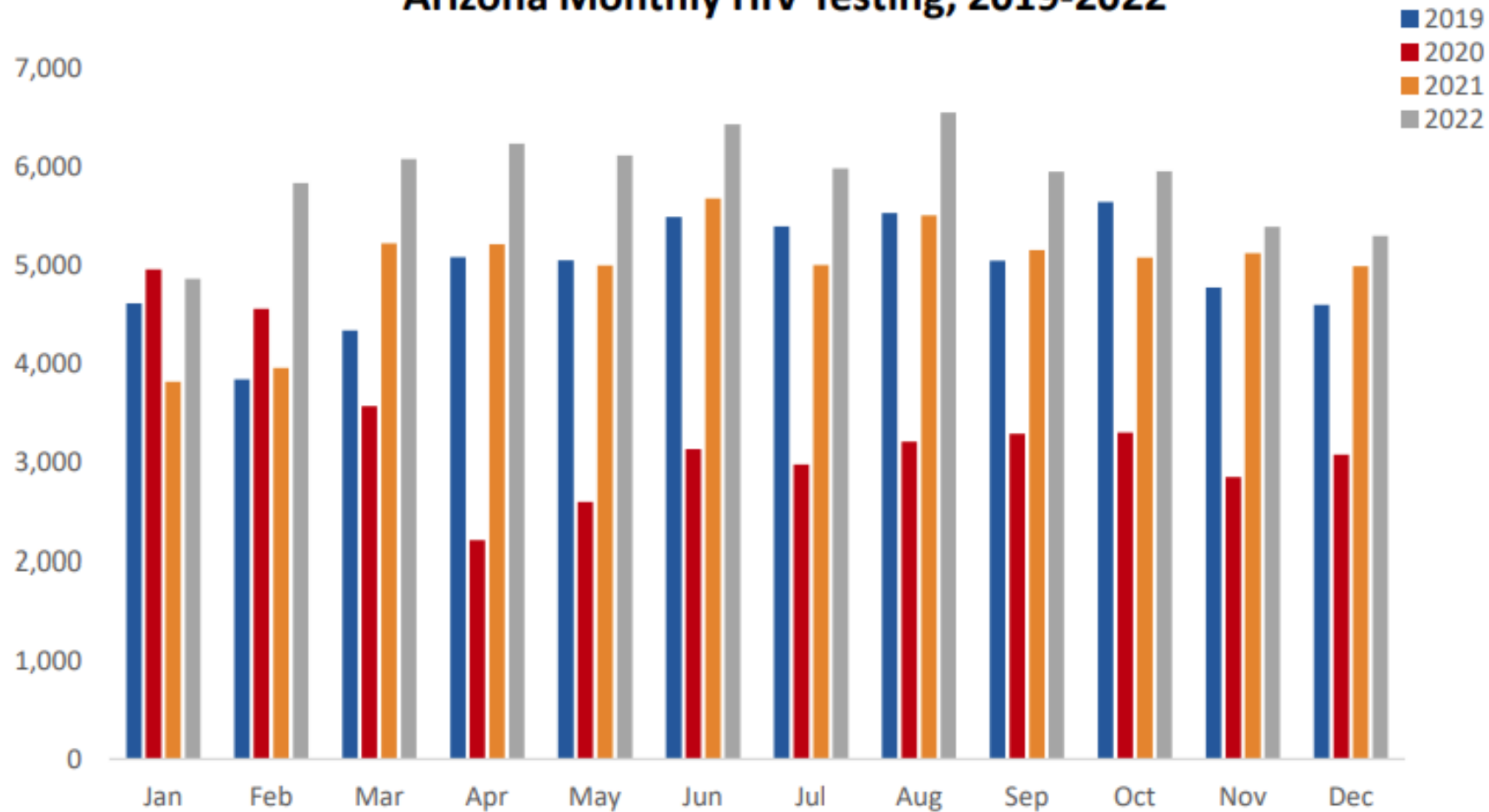


Figure 14: Number of HIV tests by month and year, Arizona 2020-2022. Home-test kit data not included in graph above.



Arizona HIV/AIDS Incident Cases Among American Indian/Alaska Native by Counties, 2012 - 2022

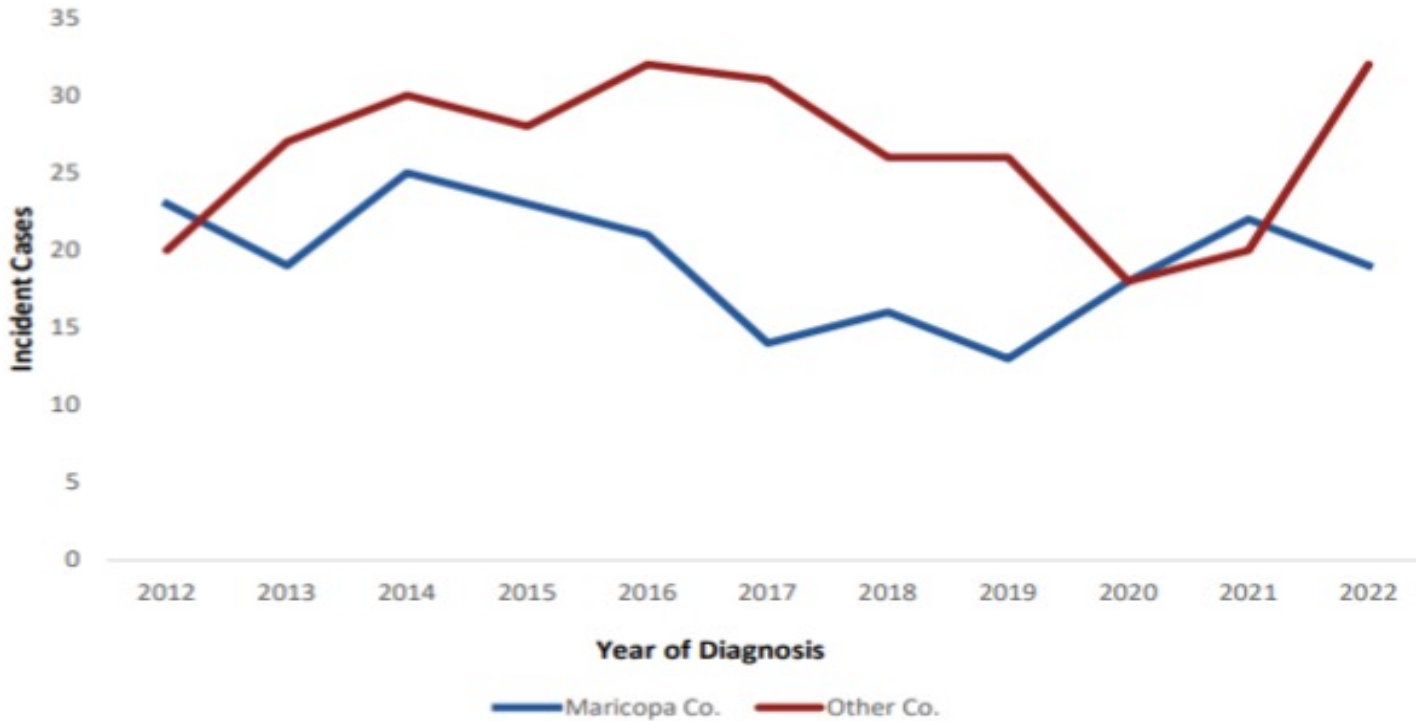


Figure 25: Number of HIV/AIDS incident cases in American Indian/Alaska Native; Maricopa County and Other Counties, 2012-2022. Other Counties include: Apache County, Cochise County, Coconino County, Gila County, Graham County, Greenlee County, La Paz County, Mohave County, Navajo County, Pima County, Pinal County, Yavapai County, and Yuma County.

Percent of Total Arizona HIV/AIDS Incident Cases by Age Category Among American Indian/Alaska Native, 2022

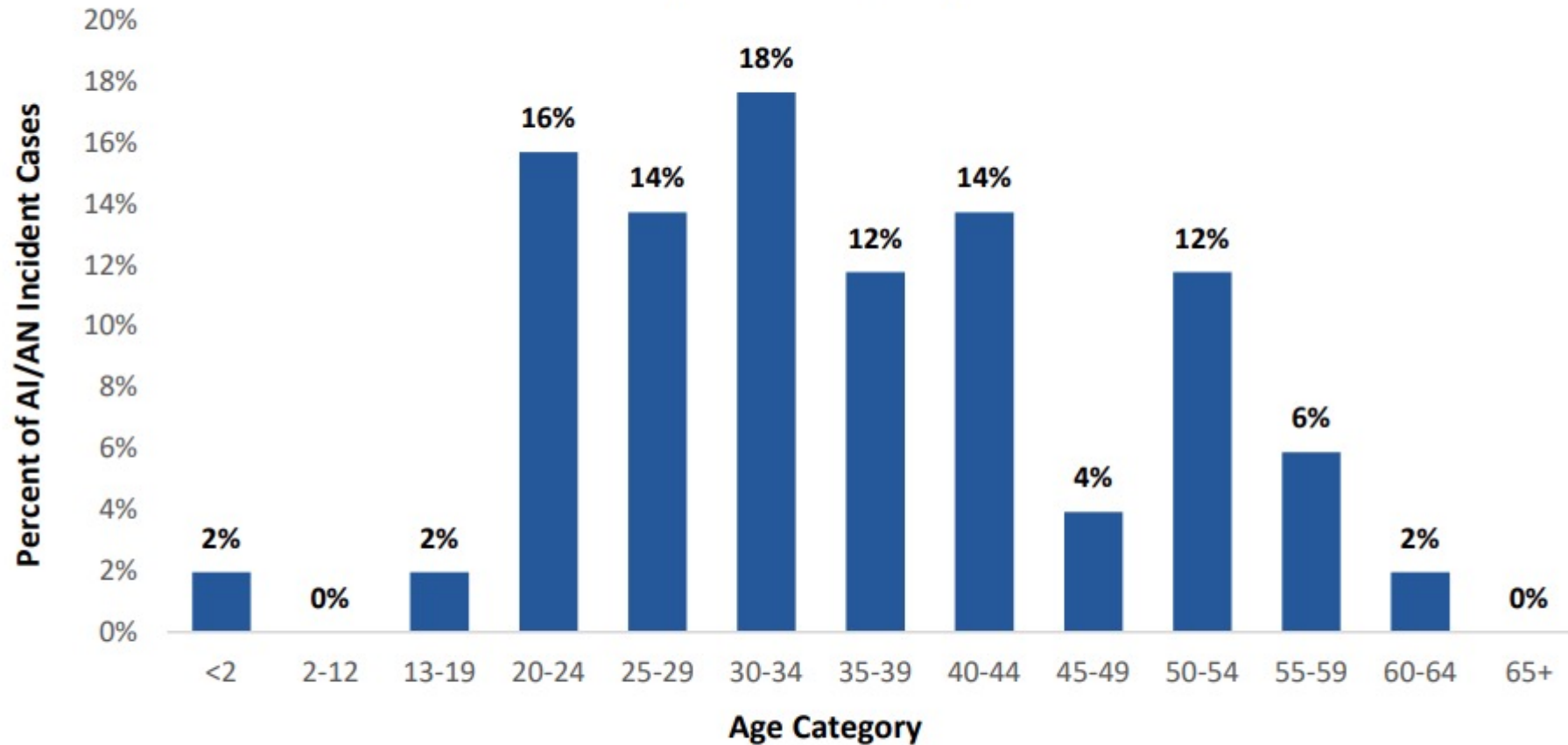


Figure 22: Percent of total HIV/AIDS incident cases by age category among American Indian/Alaskan Native, Arizona 2022.

PIMC HIV Center of Excellence (HIVCOE)

Our Mission

To increase services, access, disease management and patient care for American Indians/Alaska Natives (AI/AN) living with HIV through a culturally competent and comprehensive HIV health care delivery system.



History of HIV COE

- Late 1980's IHS establishes HQ HIV program
- 1990's Area HIV Programs established training, program support
- 1996 Phoenix Area HIV Program transferred to PIMC and called Center of Excellence (COE)



History of HIV COE: Services

- 1996 - 1 provider, 1 director, 2 case managers
- 2004 - pharmacy resident clinic support
- 2005 - established permanent pharmacist position
 - case management model changed to medical
- 2009 - behavioral health services integrated
- 2013 - established PrEP services
- 2015 - benefits coordinator added
- 2016 - established hepatitis C, added NP, PharmD, RN
- 2022 - additional HIV case manager position added



The COE Team

- Providers
 - 2 full time positions, Karen Beauvais, NP (and 2nd full time provider starting 3/25/2024)
 - Volunteer, Dr. Melanie Taylor (CDC), ½ day or 0.1 FTE
 - Psychiatrist/Internal Medicine, Dr. Stephanie Markman (0.5 FTE)
 - Infectious Disease, Dr. Voichita Ianas, 1 day or 0.2 FTE
- RN Case Managers
 - Jennifer Lee^, Glenn Basile, Sarah Reyes, & Mary Rattler
- Pharmacists
 - Heather Huentelman & Jonathan Enchinton
- Clinic Support: Medical Assistant/LPN
 - Haydee Sanchez and Robert Niederberg
- Benefits Coordinator
 - Vivian Morris



PIMC HIV Center of Excellence (HIVCOE)

- Treatment and care across the continuum of HIV
- Located in the Primary Care Medical Clinic (PCMC)
 - Important as decreases stigma versus a stand alone clinic
- Medical Home model with a co-located team
 - Primary care for patients living with HIV
- Services brought to the patient in one place
 - Access to dental, eye, lab, xray, ultrasound, diabetes education, nutrition



HIVCOE

- Case management services
- Pharmacist consultation, adherence support and rapid starts
- Weekly multidisciplinary team meeting
- Review all new HIV test results for the entire facility, ensuring appropriate interpretation and linkage to care
- Technical assistance, provider training, and replication to other IHS and tribal care settings
 - ECHO instructors, participants and IHS Grand Rounds



Team Room- 8 work stations



HIV COE by The Numbers

- HIV
 - 800 AI/AN diagnosed with HIV
 - 400 actively in care
- PrEP
 - Active: 150
- Total (inactive + active): 350
- HCV
 - 275 with sustained virologic response



Percent of Arizona Cases Diagnosed with HIV vs HIV/AIDS Concurrently by Race/Ethnicity, 2022

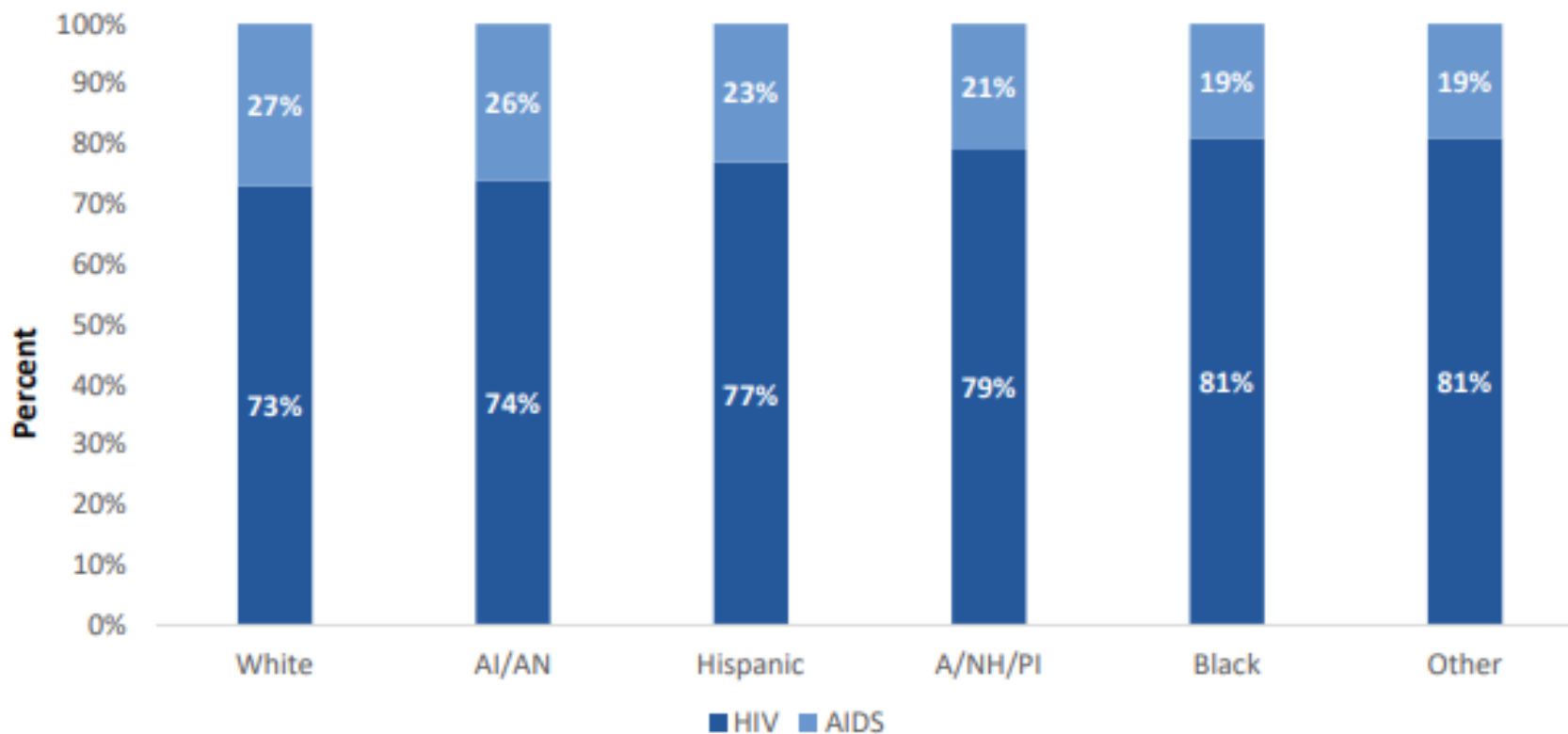


Figure 24: Percent of cases diagnosed with HIV vs HIV/AIDS concurrently by Race/Ethnicity based on initial CD4 lab, Arizona 2022.

Arizona HIV/AIDS Care Continuum by Race/Ethnicity, 2022

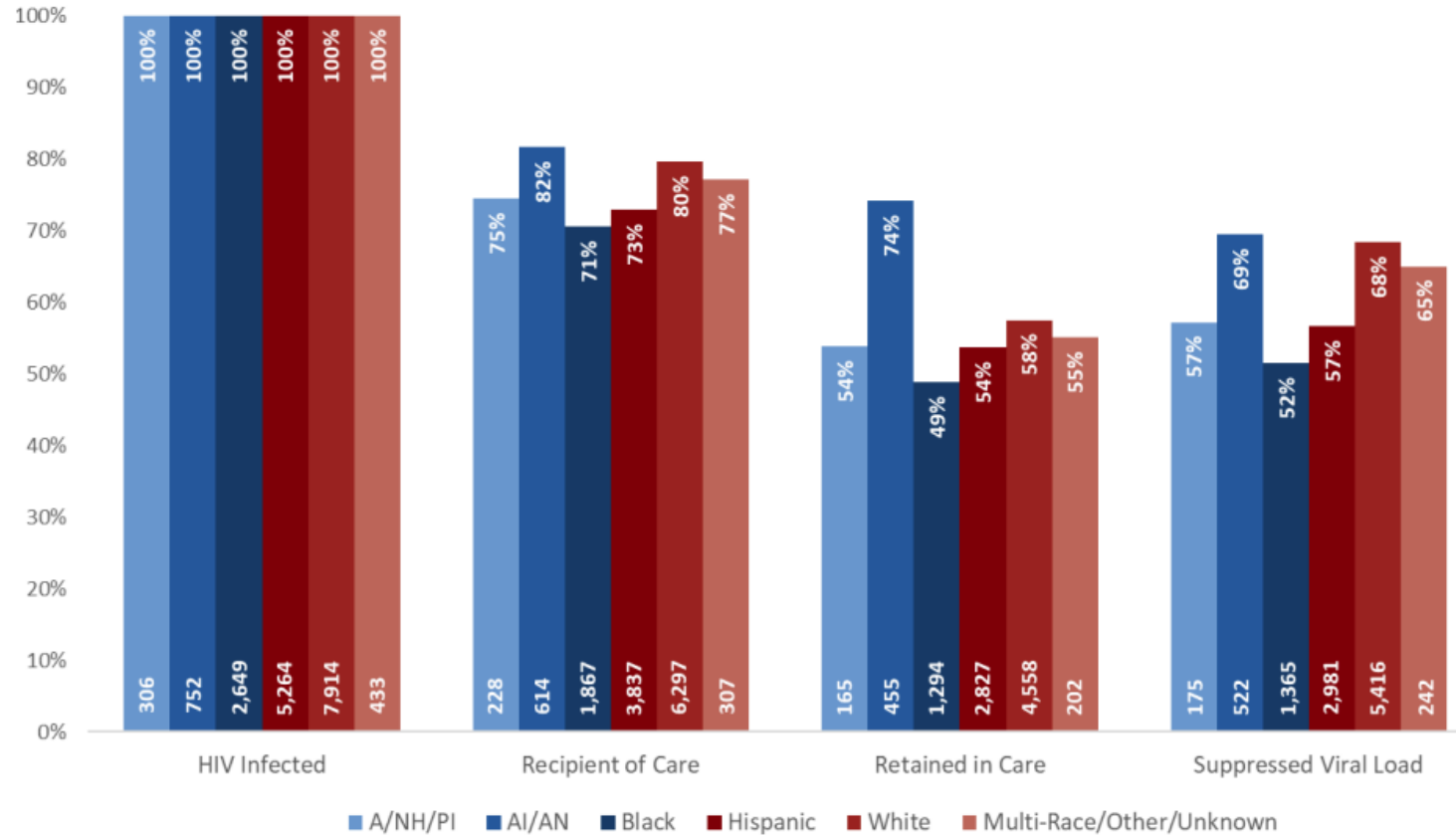


Figure 4: HIV Care Continuum include patients who were diagnosed, received care, retained in care, and virally suppressed by Race/Ethnicity, Arizona 2022.



Most Recent Initiatives

- Expansion of PrEP- started summer 2022
 - Residency Project- Adam Gurnoe 2022/2023
 - Jr COSTEPs summer 2022
 - Specialty Pharmacy Resident Training Elective Spring 2023
- Mpox July 2022
 - TPOXX and JYNNEOS
- Standardized post-sexual exposure evaluation and treatment- June 2022
 - Order sets for medication and labs
 - HIV nPEP, pregnancy prevention, empiric STI treatment



Sexual Assault Order Set

ORDER SETS (Meds & Labs)

Female or Transmale <150kg

Male or Trans female <150kg

Female or Transmale >150kg

Male or Trans female >150kg

Female or Transmale Penicillin Allergy

Male or Trans female Penicillin Allergy

Sexual Assault Medications (Female or Transmale <150kg)

- cefTRIAXone 500mg IM + Doxycycline 100 mg PO BID x 7 days [PATIENT ONLY]
- cefTRIAXone 500mg IM with 1% Lidocaine
- Lidocaine 1%
- Doxycycline 100mg bid x 7 days [PATIENT ONLY]
- metroNIDAZOLE 2 grams x 1 dose
- Ulipristal (Ella) 30mg Tab
- GC/Chlam Cervix
- GC/Chlam Urine
- GC/Chlam Rectal
- GC/Chlam Throat
- Trichomonas vaginalis Urine [PCR]
- Trichomonas vaginalis Cervix [PCR]
- Urine HCG
- Hepatitis B Surface Ag
- Hepatitis B Surface Ab
- Hepatitis B Core Ab Total
- HIV Combo
- Syphilis Assay w/ Reflex
- Pelvic Exam (set up)

Stop Order Set

MEDICATIONS

>>Give nPEP IF within first 72 hours of assault<<

Truvada + Raltegravir

Immunizations

>>Check state database under RPMS+AZ<<

>> may be offered to any unvaccinated persons

Hepatitis A Vaccine (Adult)

>> may be offered to any unvaccinated persons up to age 45

HPV 9 Vaccine

>> may be offered to any unvaccinated persons or as a booster dose if needed

Hepatitis B Vaccine (Adult)

>> for unvaccinated/ nonimmune or still undergoing vaccination

Hep B Immune Globulin IM

STD Medications...

Duration

Start: NOW
p: T+1@10PM

Start: NOW
Stop: T+1

Start: NOW
p: T+1@2200

01/17/24 09:56

Medication Order

cefTRIAXone INJ.SOLN

Change

Pt Wt on 08/17/2023 264.55 lb (120 kg)

Pt Ht on 08/17/2023 70 in (177.8 cm)

Dosage Complex

Dosage	Route	Schedule (Day-Of-Week)
500MG/1VIAL	INTRAMUSCULAR	NOW (E.D./CLINIC) <input type="checkbox"/> PRN
1GM/1VIAL	INTRAMUSCULAR	MO-TU-TH-FR-SA
2GM/1VIAL	INTRAVENOUS	MO-TU-WE-TH
2GM/1VIAL	IVPB	MO-TU-WE-TH-FR
250MG/1VIAL	SUBCUTANEOUS	MO-TU-WE-TH-FR-SA
500MG/1VIAL	EPIDURAL	MO-WE
		MO-WE-FR
		MONTHLY
		NOON
		NOW
		NOW (E.D./CLINIC)



Most Recent Initiatives

- Public Health Nursing STI clinic- started Aug 2023
- Universal Screening- Syphilis Reminder 2023
- Injectable antiretroviral medication- started June 2023



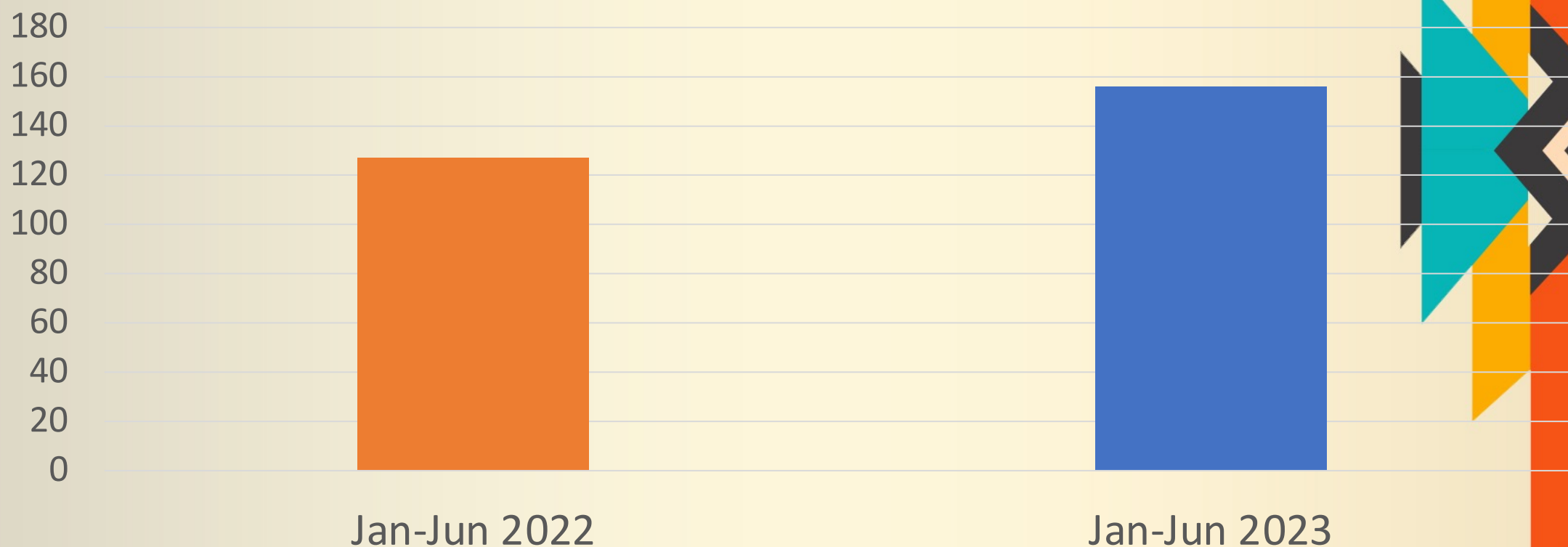
Impact of STI Nurse Practitioner

- Tony Nazario, NP started August 2023
- Walk-in STI clinic for symptomatic patients
- PHN clinic for asymptomatic walk-ins
- Most successful intervention for increasing PrEP
 - 2/3 of all new PrEP starts



Newly Identified Syphilis Cases

Number of syphilis cases



H.Huentelman, V.Ianas, "Increase in syphilis cases diagnosed at a tertiary IHS Facility Following Expanding Screening", CROI 2024 poster session

Expansion of syphilis screening

- 59% were male and 41% were female
- 31% of females (n=20) were within childbearing age (15-49).
 - 20% (n=4) were symptomatic (primary & secondary)
 - 80% (n=16) were asymptomatic
- Syphilis cases were identified in 5 PIMC departments
 - UC/ER (28%), inpatient (10%),
 - HIV treatment and prevention clinic (25%), primary care clinic (29%), women's clinic (8%)
- Only 42% of the cases identified were empaneled patients with a PCP
- 15% of cases occurred in persons living with HIV (n=23)
- 10% of cases occurred in patients on PrEP (n=16)

H.Huentelman, V.Ianas, "Increase in syphilis cases diagnosed at a tertiary IHS Facility Following Expanding Screening", CROI 2024 poster session



Most Recent Initiatives

- Doxy PEP- started Sept 2023
- Incentives Program- started Jan 2024
- Transgender Flag 2022/2023
- Sherman School Outreach 2024
 - Native STAND



Doxy-PEP

- Initial studies referenced by CDC in MSM and TGW
 - Chlamydia – 70% incident reduction
 - Syphilis – 73% incident reduction
 - Gonorrhea – No effect seen
- Additional studies have found statistically significant gonorrhea efficacy

MSM = Men who have sex with men TGW = Transgender women

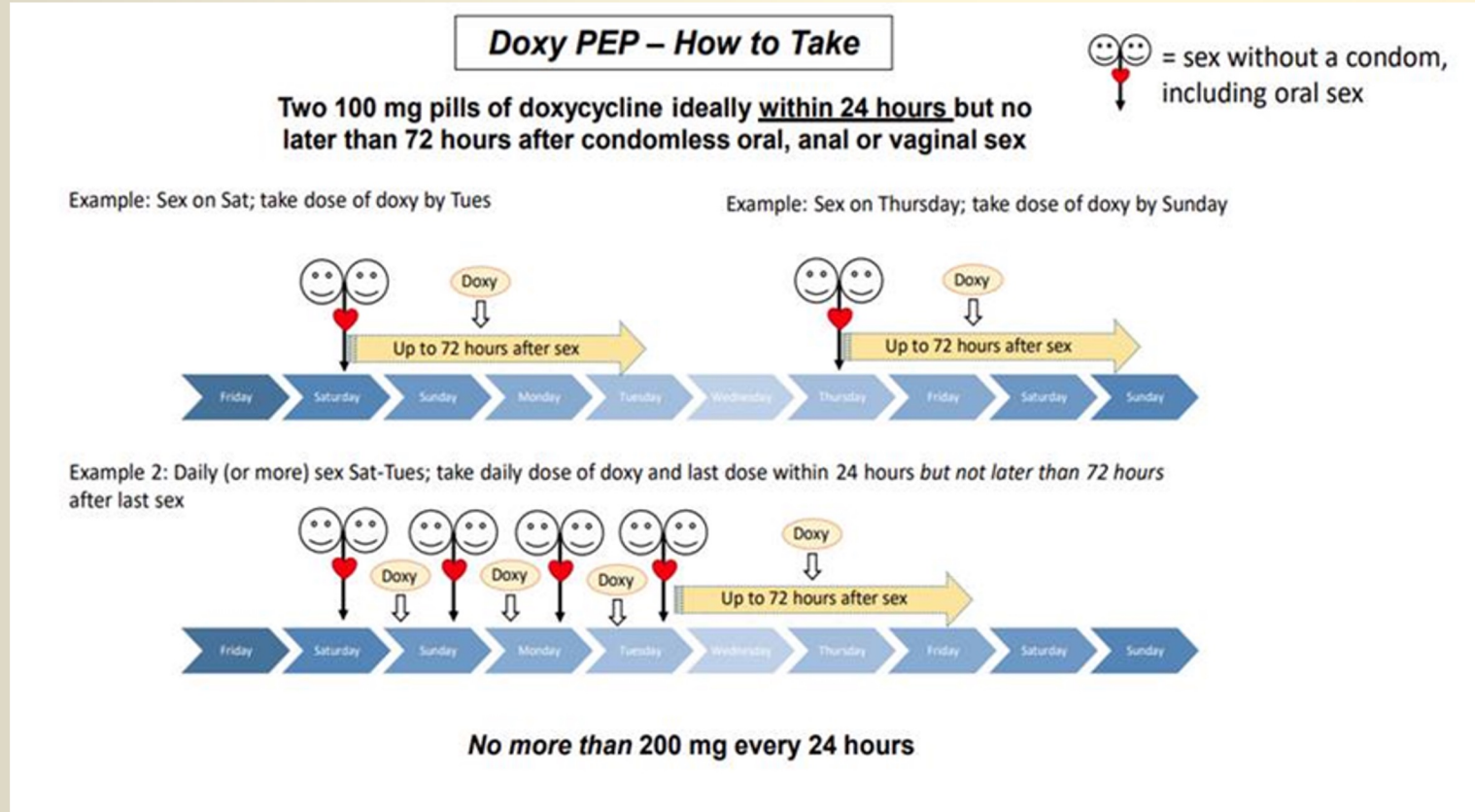
CDC. STI treatment guidelines. Centers for Disease Control and Prevention. Published 2021. <https://www.cdc.gov/std/treatment-guidelines/default.htm>

Juliana S Grant, Chrysovalantis Stafylis, et al. Doxycycline Prophylaxis for Bacterial Sexually Transmitted Infections, *Clinical Infectious Diseases*, Volume 70, Issue 6, 15 March 2020, Pages 1247–1253, <https://doi.org/10.1093/cid/ciz866>

Jean-Michel Molina, Isabelle Charreau, et al. Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial, *The Lancet Infectious Diseases*, Volume 18, Issue 3, 2018, Pages 308-317, ISSN 1473-3099, [https://doi.org/10.1016/S1473-3099\(17\)30725-9](https://doi.org/10.1016/S1473-3099(17)30725-9). <https://www.sciencedirect.com/science/article/pii/S1473309917307259>.



Doxy-PEP Patient Handout (Front)



Preferred Name and Pronouns

RPMS Training

Example of SO/GI Intake Form

Example of Intake Form

Legal Name	Preferred Name (Optional)	
First _____	Date of Birth MM/DD/YYYY	
Middle _____	Birth Sex: sex assigned at birth	Legal Sex: if different from birth sex; documentation required
Last _____	<ul style="list-style-type: none"> • Female • Male • Other 	<ul style="list-style-type: none"> • Female • Male • Other

Gender Identity (Optional)	Personal Pronoun (Optional)	Sexual Orientation (Optional)
Female	He, Him, His, Himself	Straight
Male	She, Her, Hers, Herself	Gay, Lesbian, Homosexual
Transgender male/man/female-to-male	They, Them, Their, Theirs, Themselves	Bisexual
Transgender female/woman/male-to-female	Ne, Nem, Nir, Nirs, Nemself	Don't know
Genderqueer (neither)	Ey, Em, Eir, Eirs, Emself	Decline to Answer
Don't Know	Ve, Ver, Vis, Verself	Other _____
Other _____	Xe, Xem, Xyr, Xyrs, Xemself	
	Don't Know	
	Decline to answer	
	Other _____	

**Do Not Scan in Health Record.
Update in Patient Registration application and shred after.**





- <https://www.healthynativeyouth.org/curricula/native-stand/>
- Native sexual health specific to High School age groups.
- Videos, handouts, lesson plans, powerpoint slides, workshop activities
- "How to negotiate safe sex with a partner," healthy relationships, etc



Challenges

- Clinical and team space
- Communicating to patients (no texting)
- Transportation
- Housing
- Substance misuse treatment
 - Closing of programs in Arizona
- Patient access to EHR, lab results
- Universal testing in the emergency/urgent care



Resources



Virtual ECHO Clinics

ECHO Programs

- HIV
 - 2nd Wednesdays @ 11am PT
 - www.indiancountryecho.org/program/hiv/
- Infectious Disease
 - 3rd Thursdays @ 11am PT
 - Topics include HIV, PrEP, STIs, and more!
 - www.indiancountryecho.org/program/infectious-disease/
- HCV
 - Wednesdays @ 11am PT
 - www.indiancountryecho.org/program/hepatitis-c/



Contact information

- HIV, PrEP, HCV clinic at PIMC
 - Phone: 602-263-1541
 - Fax: 602-200-5386
- Heather Huentelman, PharmD, BCPS, AAHIVP, CAPT USPHS
 - Heather.Huentelman@ihs.gov
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