Getting to Zero
San Francisco Consortium

Zero new HIV infections
Zero HIV deaths
Zero stigma and discrimination

Photo by Jim Herd
1. Welcome
2. Legislative, Budget & Policy Update, Q&A
3. 2018 HIV Epidemiology Annual Report, Q&A
Policy Update

Courtney Mulhern-Pearson

September 26, 2019
2019 state legislative update

- **AB 362 – Overdose prevention sites (co-sponsor)**
  - Would allow San Francisco pilot overdose prevention sites and save lives by preventing overdose and the transmission of HIV and hepatitis C. The authors have decided to leave this bill open until next year.

- **SB 159 – Expand access to PrEP and PEP (co-sponsor)**
  - Would allow pharmacists to initiate and furnish specified amounts of PrEP & PEP and prohibits plans and insurers from subjecting them to prior authorization and step therapy
  - Currently on the Governor’s desk.

- **SB 233 – Sex worker rights (support)**
  - Would prohibit the arrest of persons in the sex trade who are reporting sexual assault, domestic violence and other violent crimes, or who are in possession of condoms.
  - Signed by Governor Newsom 7/30/2019.
2019 state budget focus

- State level - requested $20 million each for HIV, HCV & STD prevention and $2 million establish an End the Epidemics task force and create an integrated strategic plan to coordinate the state’s response to HIV, HCV and STDs
  - Signed budget included $5 million in ongoing funding for each no dedicated funding for a task force, advocates are continuing to meet with the Governor on next steps
- SFAF also supported the $15.2 million ask for care navigators at syringe access programs, to reach people who use drugs and assist them with linkage to health care services, increasing the number of people who are able to benefit from medication assisted treatment such as methadone and buprenorphine as well as HIV and HCV testing and linkage to care
  - Fully funded in the signed budget
2019 local budget update

• Full backfill for all federal HIV cuts
• A little more than 2% or $66,000 included for a cost of doing business increase for grant funded contracts
• $1 million for seniors and adults with disabilities and $1 million for subsidies specifically for people with HIV
• $2 million to fund a two-year pilot program to provide housing subsidies for 75 transgender households.
• $500,000 for enhanced mental health services for long term survivors of HIV
• Unsuccessful in securing funding to pilot overdose prevention services
2019 public charge rule

• Published August 14, 2019, the Department of Homeland Security (DHS) rule expands the list of public programs that the may use to determine whether someone is, or is likely to be, a “public charge.”
  – An individual deemed likely to become a public charge can be denied individual entry to the U.S. or have their legal permanent resident status adjusted.

• The new rule also allows U.S. Citizenship and Immigration Services (USCIS) to deem an immigrant “inadmissible on a health-related ground” for a variety of illnesses that often impact people living with and affected by HIV.
2019 public charge rule

• Use of these programs — even for limited periods of time — may be considered in a public charge determination:
  – Medicaid (except for those who are under 21 or pregnant women)
  – Some income-based Medicare programs, including Medicare Part D Low-Income Subsidy Program
  – Section 8 Housing Assistance under the Housing Choice Voucher Program
  – Section 8 Project-Based Rental Assistance
  – Subsidized public housing
  – Supplemental Nutrition Assistance Program (SNAP)

• State, local and tribal funded non-cash programs and Ryan White programs (including the AIDS Drug Assistance Program, or ADAP) are not included in the rule

• The will go into effect on October 15, 2019 unless any of the many lawsuits succeed in delaying implementation.
National Average Drug Acquisition Cost (NADAC) pricing index issue

- February 2016: CMS published a final rule requiring each state Medicaid Agency to adopt an actual acquisition cost (AAC) based methodology for outpatient drugs
- February 2019: CA implements the CMS’ National Average Drug Acquisition Cost (NADAC) pricing index, following a study conducted by Mercer Government Human Services Consulting (Mercer)
  - NADAC is a national drug-pricing benchmark determined by a federal survey representing the national average invoice price for drug products based on actual invoices.
  - NADAC specifically states that “The NADAC equivalency metrics represent aggregate discounts for retail community pharmacies and do not represent aggregate discounts for other classes of pharmacy trade (i.e. specialty mail order, long term care, home infusion, etc.)
Specialty drugs definition

- CMS defines specialty drugs as any medication that is over $670, and often includes branded medications intended to provide treatments for disease states such as HIV, mental health, cancer, rheumatology, and hepatitis.
  - These include medications like Abilify, Triumeq, Latuda, Atripla, Truvada, and the Hepatitis C treatments.
Impact in California

• As of February 23rd, 2019, pharmacies across the state are being reimbursed at lower rates than purchase costs for specialty medications
  • The reimbursement rates have been applied retroactively to April 1, 2017.

• Pharmacies across the state who provide these medications to patients are losing money on every prescription they fill, not only the through the direct loss created through purchasing at a higher rate than reimbursement, but also through staff time involved in providing care, and other business overhead expenses.
  • Community based pharmacies are considering discontinuing these services as a result.
Request for Getting to Zero

- Legislators, community organizations, and individual doctors have all been applying pressure to the Governor’s office to halt the NADAC and to create an amendment which would exempt special medications from this current system, and come up with a reimbursement system which would adequately compensate pharmacies for the cost of drug purchases.

- Pharmacists are requesting that Getting to Zero weigh in as this could directly impact our goals of eliminating HIV infections within San Francisco.
  - Specifically they would like Getting to Zero to make a formal request to the San Francisco Board of Supervisors asking that they take a stand on this issue.
San Francisco AIDS Foundation promotes health, wellness, and social justice for communities most impacted by HIV through sexual health and substance use services, advocacy, and community partnerships.
Outline of Presentation

1. Highlights from the Annual HIV Epidemiology Report
2. Data on Disparities for PLWH
3. Special topics in our report: stigma and PrEP
HIV Diagnoses, Deaths, and Prevalence, 2006-2018

- Overall 94% of PLWH are aware of their HIV status
- New diagnoses decreased 13% between 2017-2018
- Nearly 16,000 living HIV cases
- Aging epidemic: 67% of PLWH > 50 years; 30% > 60 years
- No pediatric HIV cases since 2005
Continuum of HIV Care among Persons Diagnosed with HIV

Timely linkage to care

Percent of Cases

New diagnoses

Linked to care within 1 month of diagnosis

Viral suppression within 12 months among all new diagnoses

2013 Diagnoses
2014 Diagnoses
2015 Diagnoses
2016 Diagnoses
2017 Diagnoses
2018 Diagnoses

0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
Top 3 Underlying Causes of Death among Persons with HIV, 2006-2017

- HIV: 51.7% (2006-2009), 41.2% (2010-2013), 38.0% (2014-2017)
Number of New Diagnoses by Demographic Characteristics

- Latinx
- African American
- Homeless
- PWID
- MSM PWID
- Women
- API

Year of HIV Diagnosis

Number of Cases

- Latinx: 74
- African American: 40
- Homeless: 27
- PWID: 17
- MSM PWID: 16
- Women: 20
- API: 20

2012 2013 2014 2015 2016 2017 2018

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Annual Rates of Men Diagnosed with HIV by Race/Ethnicity

Rates increasing among AA and Latino men; declining among white and API men

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>27/100,000</td>
</tr>
<tr>
<td>African American</td>
<td>145/100,000</td>
</tr>
<tr>
<td>Latino</td>
<td>89/100,000</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>11/100,000</td>
</tr>
</tbody>
</table>
Annual Rates of Women Diagnosed with HIV by Race/Ethnicity

Rate of new diagnoses highest in AA women; slightly higher than white men

- White
- African American
- Latina
- Asian/Pacific Islander

AA women 35/100,000
Health Disparities
Survival After AIDS, 2012-2016

Overall 89%
AIDS survival lowest among African Americans and PWID

Survival Probability

- White: 88%
- African American: 82%
- Latinx: 94%
- Asian/Pacific Islander: 95%
- MSM: 91%
- PWID: 79%
- MSM-PWID: 88%
- Heterosexual: 90%
- Men: 89%
- Women: 88%
- Trans Women: 98%

3-year survival
Disparities in Viral Suppression

74% overall viral suppression

Percentage Virally Suppressed

- Women: 66%
- Trans Women: 68%
- African American: 68%
- Latinx: 70%
- 25-29: 69%
- 30-39: 67%
- 40-49: 67%
- PWID: 65%
- MSM-PWID: 68%
- TWSM-PWID: 64%
- Homeless: 33%
Number and Percent of Homeless Persons Diagnosed with HIV

<table>
<thead>
<tr>
<th>Year of HIV Diagnosis</th>
<th>Number of Cases</th>
<th>Homeless Cases</th>
<th>Homeless %</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>57</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>2010</td>
<td>67</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>2011</td>
<td>39</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>2012</td>
<td>55</td>
<td></td>
<td>12%</td>
</tr>
<tr>
<td>2013</td>
<td>37</td>
<td></td>
<td>9%</td>
</tr>
<tr>
<td>2014</td>
<td>44</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>2015</td>
<td>29</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>2016</td>
<td>25</td>
<td></td>
<td>11%</td>
</tr>
<tr>
<td>2017</td>
<td>29</td>
<td></td>
<td>13%</td>
</tr>
<tr>
<td>2018</td>
<td>40</td>
<td></td>
<td>15%</td>
</tr>
</tbody>
</table>
Stigma measures by year

![Bar chart showing stigma measures by year](chart.png)

- **2015 (n=165)**
  - Disclosure Concerns: 70%
  - Public Attitudes: 46%
  - Personalized Stigma: 33%
  - Negative Self-image: 56%

- **2016 (n=195)**
  - Disclosure Concerns: 72%
  - Public Attitudes: 41%
  - Personalized Stigma: 27%
  - Negative Self-image: 40%

- **2017 (n=185)**
  - Disclosure Concerns: 62%
  - Public Attitudes: 44%
  - Personalized Stigma: 50%
  - Negative Self-image: 21%
Summary

Trends
- New diagnoses decreased
  About 13% reduction in the number of new diagnoses from 2017 to 2018.
- HIV-related deaths declining
  Number of HIV-related deaths has declined by 19% from 2013 to 2017.

Improvement Needed
- Health disparities persist.
  Not all San Franciscans are being reached or experiencing the same improvements.
- Women, trans women, African-Americans, PWID and, in particular, the homeless experiencing many health disparities including:
  - Disproportionately diagnosed
  - Poorer treatment and care outcomes
  - Poorer survival

Gaps are Closing
- Disparities are improving
- Care indicators are improving even in demographic groups with relatively poor outcomes

~ Co-Moderators ~

Jacob Moody, San Francisco Community Health Center
Miguel Ibarra, UCSF/Zuckerburg General Hospital
STD rates have increased in San Francisco while new diagnoses of HIV have decreased.
STD rates are increasing across all race/ethnic groups.
San Francisco City Clinic is working to support PrEP uptake among persons of color

<table>
<thead>
<tr>
<th></th>
<th>SFCC MSM patients not known to be living with HIV, 2018</th>
<th>Demographics of Clients getting PrEP from SFCC as of July 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number</td>
<td>3193</td>
<td>771</td>
</tr>
<tr>
<td>Male</td>
<td>--</td>
<td>94%</td>
</tr>
<tr>
<td>Latinx</td>
<td>26%</td>
<td>35%</td>
</tr>
<tr>
<td>Black/AA</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>17%</td>
<td>19%</td>
</tr>
</tbody>
</table>

A previous analysis showed that 45% of SFCC PrEP clients remained on PrEP after 6 months, with no differences by race/ethnicity.
Syphilis among women is increasing in SF, CA, and nationally, resulting in increases in mother-to-child transmission of syphilis (congenital syphilis), which can result in stillbirth and neonatal death.

- Between 2017 and Q2 2019, the proportion of female cases that were:
  - Latina increased from 10% to 19%
  - Black/AA stable at ~30%;
  - White stable at ~27%
  - Asian/PI stable at ~12%

~ Guest Panelists ~

John Sauceda, University of California San Francisco
Maria Lopez, Mission Wellness Pharmacy
Ivan Ramirez, Mission Neighborhood Health Center
Juan Pablo Medellin, Mission Neighborhood Health Center
former client
Ana Montano, AIDS Legal Referral Panel