Office of AIDS Programs and Policy

Medical Advisory Committee

April 30, 2010

9:00-11:30am

nPEP Pilot Program (P-QUAD) Status Update

OAPP Medical Advisory Committee
April 30, 2010

Jennifer N. Sayles, MD, MPH
Medical Director
Office of AIDS Programs and Policy

P-QUAD nPEP Inclusion Criteria
(All must be satisfied)

1. 18 yrs of age and able to provide consent
2. High-risk exposure (unprotected or with failed condom):
   - Receptive/Insertive Anal Intercourse
   - Receptive/Insertive Vaginal Intercourse
   - Receptive Oral Intercourse w/ejaculation with HIV+ source
   - Sharing intravascular injection drug works
3. High-risk source (one or more):
   - Known HIV+, MSM, MSM/W, IDU, CSW, Sexual perpetrator, History of incarceration, From an endemic country (prevalence >1%), Partner of one of the above
4. Exposure within 72-hrs of presentation
5. Not known to be HIV+
6. No countermanding concomitant medications or allergies

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P-QUAD Medication Regimens

- Standard Regimen:
  - Truvada – for high-risk exposures (100 doses)
  - Combivir – for intolerance to Truvada (50 doses)
- Expanded Regimen:
  - Kaletra – for highest-risk exposures or suspected source drug resistance, add to the above medication administration (100 doses)
- Additional drug procurement:
  - Raltegravir 50 doses, requesting additional 100 doses of Truvada and Kaletra

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Clinical and Laboratory Evaluations

	Baseline (Day 0)	Week 2 Visit (Day 10-14)	Week 4-6 Visit	Week 12 Visit	Week 24 Visit
Meds Dispensed	X	X			
HIV ELISA[c]	X		X	X	X
Urine GC/CT Rectal GC/CT Pharynx GC	X				
Serum RPR	X			X	
Urine HCG[a]	X	X[b]	X[b]	X[b]	X[b]
HBsAg	X				
Cr, LFTs, CBC	X	X[b]			
HIV RNA					
HIV Genotype					
Stored Plasma/PBMCs[d]	X		X	X	X
Adherence Cnsl	X	X			
Drug and Alc Assess	X				
Risk Assess	X		X	X	X
Risk Red (Standard)	X	X			
Behavioral Program (Expanded)	X				

[a] Females of childbearing potential only
[b] If clinical signs and symptoms direct, not routine
[c] Positive or indeterminate rapid HIV ELISA testing will be confirmed with a serum Western Blot
[d] Plasma and PBMCs will be drawn and stored at indicated time points. If seroconversion to HIV occurs, these samples will be run for HIV RNA (viral load) and genotyping

Clinical Demonstration Sites

LA Gay and Lesbian Center

1625 North Schrader Blvd.

Los Angeles, CA

323.860.5880

MLK/MACC – OASIS Clinic

1807 East 120th Street

Los Angeles, CA

310.668.5131

P-QUAD Enrollment to Date

- LAGLC
  - Project launched March 2, 2010

  Enrolled: N = 15
  - N = 15 received expanded regimen Truvada/Kaletra
  - N = 10 completed 28 day regimen (5 are currently on regimen)

- OASIS
  - Project launched April 15, 2010

  Enrolled: N =1 (4/28/2010)

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Medical Care Coordination
An Overview

OAPP Medical Advisory Committee

April 30, 2010

Jennifer N. Sayles, MD, MPH

Medical Director

Office of AIDS Programs and Policy

What is Medical Care Coordination?

The Medical Care Coordination (MCC) model is a multi-disciplinary team approach that integrates medical and non-medical case management.

MCC team members are co-located at the client's medical facility, in order to better facilitate clients' access and adherence to HIV medical care.

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Rationale

- To promote linkage to and retention in medical care
- To standardize assessment and referral
- To identify and remove barriers to treatment adherence
- To improve health outcomes
- To reduce duplication of services
- To foster a medical and a non-medical home for clients

Ryan White Utilization in Year 18

18,866 Ryan White clients

- **78%** (14,723) receive medical care
- **8%** (1,590) receive medical case management
- **24%** (4,485) receive psycho-social case management; of these
  - 69% **(3,084)** access Ryan White medical care

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Ryan White Utilization in Year 18

- **1,781** new clients registered in CW
  - 1,184 entered medical care

- **~2,000** former patients didn't access Ryan White medical services in Yr 18

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Program Goals

- Streamline care coordination to improve HIV+ patients':
  - Access to medical care
  - Adherence to care and treatment
  - Health outcomes
- Eliminate duplication of services
- Standardize services across sites
- Reduce HIV transmission

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Target Population for MCC

- HIV+ clients who:
  - Are not in medical care
    - Recently diagnosed <6 months
  - Have fallen out of care
  - Are currently in care and having trouble adhering to care plan
  - Are adherent but have poor health status

Program Design

- Screening
- Assessment / Acuity
  - Medical service needs
  - Non-medical service needs
- Integrated care plan
- Multi-disciplinary case conferencing
  - Co-located MCC team
- Follow-up and reassessment

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MCC Structure

Client Entry/Engagement into Care

PS	HCT	CBO	Clinic	STD

Screening and Triage

Medical CM	Non-Medical CM

Comprehensive Assessment of Needs

Acuity Determination	Case Conference

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Integrated Care Plan

Medical Needs Assessment

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Non-Medical Needs Assessment

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Integrated Care Plan Development

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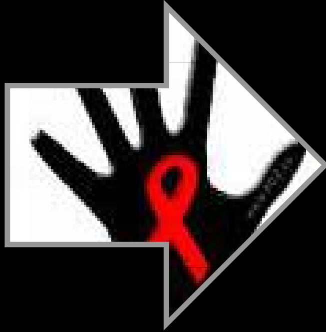
Implementation



Non Medical

- Risk Reduction Counseling
- Housing
- Substance Abuse Treatment
- Public Benefits
- Disclosure
- Mental Health

Medical

- Co Infections
- Tx Side Effects
- Nutrition
- Adherence
- Patient Education

Multidisciplinary Case Conference/ Collaboration

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Discussion

- Are these coordinated services currently offered in your clinic?
- How will this model be integrated into your clinic?
- Who will perform functions?
- When will patients be assessed?
- How will data be shared?

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Contact Information

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http://www.ph.lacounty.gov/aids/