



A PANDEMIC + AN EPIDEMIC

COVID-19's Impact on New York's Plan to End the HIV Epidemic



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Introduction

New York State's Blueprint to End the HIV/AIDS Epidemic by the end of 2020 (ETE) was making strong and sustained progress toward its goal—and then COVID-19 hit.

While the pandemic has presented enormous challenges to our nation's health care system, it has also provided valuable lessons in service delivery and has made racial health disparities impossible to ignore. This Issue Brief explores how COVID-19 has affected health care in New York, specifically with regard to HIV treatment and prevention, and offers recommendations on how to maintain New York's momentum towards becoming the first state in the nation to end the HIV/AIDS epidemic.

Message from Doug Wirth, President and CEO of Amida Care



James Baldwin famously said, “Nothing can be changed until it is faced.”

COVID-19 has forced all of us to face issues that have been neglected for far too long. Indeed, the current Black Lives Matter movement has opened the door to making this a transformative moment in history; it has offered an opportunity to re-examine how to manifest the ideals of equity and social justice that we should aspire to as Americans.

For those of us who work in public health, COVID-19 has presented incredible challenges. The pandemic has shined a harsh light on the devastating impact of health disparities. At the same time, it has renewed our resolve to think creatively, act strategically, and work harder to achieve the goals we have set for ourselves.

This Issue Brief explores a few of the solutions that are key to Ending the HIV/AIDS Epidemic in New York. We can do it—but equity and accessibility must be at the forefront of this effort. Only by working in partnership with consumers, providers, community advocates, and government leaders will the vision of an HIV-free future become a reality.

Ending the HIV Epidemic in New York + the Impact of COVID-19



Across the country, the rapid rise of COVID-19 has severely disrupted every facet of health care. While there is much discussion about the challenges the health care system faces in responding to the pandemic, its impact on efforts to End the HIV/AIDS Epidemic remains to be seen.

During the pandemic, patients reported reluctance to visit their medical providers and longer wait times in hospital emergency rooms. The rise in the number of uninsured Americans, largely due to employer layoffs, also contributed to people avoiding health care altogether. The long-term consequences of this sustained inability and hesitation to engage with health care will not be fully understood for years to come.

Before the COVID-19 outbreak, New York was on track to End the HIV Epidemic (ETE) by 2020, thanks to the leadership of Governor Andrew Cuomo and years of hard work by government officials, health professionals, providers, community organizations, and advocates. It is important to consider how COVID may have affected progress on the goals of the ETE Blueprint as well as the future of HIV/AIDS work in a “new normal” scenario.

The disruption to the health care system will be felt unevenly across populations. COVID-19 is disproportionately impacting communities of color, low-income communities, immigrant communities, and all those experiencing systemic disparities (such as housing instability and food insecurity). In New York City, Latinx people account for 34% of COVID-19 deaths, although they represent 29% of the city’s overall population, and Black people represent 28% of deaths, although they account for 22% of the city’s population. These are the same communities that are disproportionately affected by HIV.

As the health care system and governments continue to grapple with how best to manage the impact of the pandemic, we must work both to reduce transmission and improve health outcomes associated with COVID-19. At the same time, we must not lose ground in the treatment and prevention of HIV/AIDS.

New York State’s Plan to End the Epidemic by 2020

In 2014, New York State Governor Andrew Cuomo announced an aggressive plan to End the HIV/AIDS Epidemic by 2020, which, if successful, would make New York the first state in the nation to achieve this milestone. In order to meet this goal, New York identified three key objectives. They are:

- Identify persons with HIV who remain undiagnosed and link them to health care;
- Link and retain persons diagnosed with HIV in care to maximize viral suppression so they remain healthy and to prevent further transmission; and
- Provide access to pre-exposure prophylaxis (PrEP) for persons placed at elevated risk for HIV to help them stay HIV-negative.

In 2015, New York State released a Blueprint to End the Epidemic, complete with recommendations to achieve the aforementioned goal and objectives. The Blueprint identifies men who have sex with men (MSM), MSM of color, people of transgender experience, women of color, and those who use injection drugs as communities with the highest incidence of HIV and most vulnerable to contracting HIV.

Progress on Ending the HIV Epidemic Goals

New York City, once the national epicenter of the HIV/AIDS crisis, has experienced significant and steady progress in reducing new infections since the New York State Blueprint to End the Epidemic was launched in 2015. The most recent data from the New York City Department of Health and Mental Hygiene (NYC Health Department) show that in the first half of 2019, there were 876 New Yorkers newly diagnosed with HIV, down from 984 in the same time period the previous year. While the COVID-19 pandemic threatens this progress, there is much to learn from our experience in order to maintain the momentum towards our goal of Ending the HIV Epidemic in New York.

WHAT WORKS

New York City has been able to make such incredible progress in large part through the transformation of the NYC Health Department's STD clinics into Sexual Health Clinics. At these clinics, individuals can obtain antiretroviral therapy (ART) for HIV treatment and prevention. The Sexual Health Clinics now offer immediate (same day) HIV treatment initiation with linkage to care, pre-exposure prophylaxis (PrEP) initiation with linkage to care, and 28 days of post-exposure prophylaxis (PEP). These services are available to patients regardless of immigration status or ability to pay. With these and other new services, the clinics serve as one-stop shops for individuals who wish to access STI and HIV testing, treatment, and prevention; sexual health vaccines; emergency contraception (with longer-term birth control options available); counseling; and harm reduction services.

The Health Department's Sexual Health Clinics are an essential component of the health care delivery system. Of note:

- › ~10% of new HIV diagnoses in NYC occur in these centers;
- › ~15% of new acute HIV diagnoses in NYC occur here; and
- › These clinics provide the optimal setting to immediately begin ART for the newly diagnosed (otherwise known as JumpstART or Rapid Start)

Rapid Start is the immediate initiation of HIV therapy upon diagnosis and has been shown to suppress the virus quickly and improve retention in care. Timing is absolutely crucial in



HIV treatment, especially upon new diagnoses, as delays are associated with increased risk of transmission and can lead to medical complications, higher treatment costs, and worse health outcomes overall.

Access to highly effective prevention tools like PrEP and PEP are key to preventing HIV transmission. PEP is a medication that can prevent the transmission of HIV if taken after a known or suspected exposure to HIV. PrEP is 99% effective at preventing sexual transmission of HIV when taken daily. New York has made tremendous progress towards an HIV-free future, due in large part to the expansion of PrEP awareness and education.

New York State Medicaid Special Needs Health Plans (SNPs) also play a critical role in New York State's plan to End the Epidemic. They have a proven track record of helping people living with HIV to become virally suppressed and helping those placed at elevated risk access HIV prevention services. With SNPs focus on social determinants of health to reduce barriers to accessing health care, integration of pharmacy benefits to tailor formularies to the patients they serve, and personalized care management, they have made a valuable contribution to New York's Ending the Epidemic successes.

COVID-19's Impact on HIV Care

By the end of 2020, New York's stated goal to end the HIV/AIDS epidemic would mean reducing new HIV infections to 1,000 per year and reducing the rate at which persons diagnosed with HIV progress to AIDS by 50%. State-wide data show these goals were achievable before the pandemic hit. But COVID-19 has seriously impacted health care service delivery, and HIV treatment and prevention are no exception.

- › Overall, individuals are seeking out primary care services less than before COVID-19.



SEXUAL HEALTH + WELLNESS

Sexual Health Clinic services, including HIV testing, were reduced citywide during the COVID-19 pandemic:

- › According to a recent survey of clinics in New York State offering sexual health services, as of April 1, 2020, only 25% of responding clinics reported being able to offer HIV testing.
- › One of the NYC Health Department's eight Sexual Health Clinics remained open during the entirety of the COVID-19 crisis. Two more clinics have since reopened. Clinics continue to offer limited services to prioritize urgent health needs while maintaining social distancing. To meet the sexual health needs of New Yorkers, the NYC Health Department launched the NYC Sexual Health Clinic hotline, a telemedicine hotline offering syndromic management of STIs and other remote services.

- › In an effort to fill the gap in services during the COVID-19 pandemic, the NYC Health Department issued guidance to providers on maintaining HIV and STI services during the COVID-19 pandemic, including providing services by telephone or video conference, when possible. Over the summer, the NYC Health Department launched Door 2 Door, a new safer sex product home delivery service, and the Community Home Test Giveaway Virtual Program, a partnership with community organizations to help reduce barriers to HIV testing during the pandemic. While at-home test kits are an option for HIV testing, there is no reliable at-home process for STI testing, and there is no denying the value of access to in-person community services.

This is particularly concerning given how essential these centers are for people who may be otherwise disengaged from health care. In many cases, these clinics are the only form of health care New Yorkers access on a regular basis, including those whose ongoing care was interrupted as a result of closures.



CASE STUDY: SINCE 2011, THE UNIVERSITY OF CHICAGO HAS EXPANDED HIV TESTING AND LINKAGE TO CARE ACROSS HOSPITALS AND CLINICS. As a result of integrating routine HIV screening into standard clinical processes, the emergency department saw a significant increase in the number of acute HIV diagnoses during the COVID-19 pandemic than in previous years. This can be attributed to people's concern that their flu-like symptoms could be COVID-19, when in reality it was acute HIV. This model, if replicated, could be a game-changer for capturing acute HIV diagnoses. Embedding routine HIV screening into emergency departments and other health care settings is critical to diagnosing newly transmitted HIV (important given the heightened risk of transmission of acute HIV vs. established HIV).



› New York Knows is a NYC Health Department/community partnership working to provide voluntary HIV testing to all New Yorkers, routinize HIV testing in health care, identify people with HIV who are undiagnosed and link them to care, and connect people placed at risk of HIV to PrEP and other prevention services. It has continued to engage and mobilize community partners virtually during the COVID-19 pandemic.

- › The NYC Health Department's PlaySure Network for HIV prevention consists of City-supported HIV testing sites, community-based organizations (CBOs), and clinics working together to promote patient-specific approaches to sexual health and HIV prevention, increase access to PrEP and PEP, and link people who test positive for HIV to care. To help ensure continued access to services, the NYC Health Department maintains citywide directories of PlaySure Network partners currently offering services: one for HIV and STI testing, PrEP, PEP, and HIV care, and the other for HIV-related navigation and support services. Also available are online directories of providers currently offering sexual and reproductive health services in the Bronx, Brooklyn, Manhattan, Queens, and Staten Island. The directories list providers and their contact information, whether they are currently accepting walk-in patients, and available services. The NYC Health Department continues to track trends PlaySure Network service utilization.
- › Crucial in-person outreach efforts, including those that happened in bars, nightclubs, and other locations frequented by those placed at elevated risk for HIV, have ground to a halt.

As we approach the end of 2020, the focus of Ending the HIV Epidemic in New York should now be on how to maintain the momentum gained over the past several years. It is yet to be fully determined what impact COVID-19 has had and will continue to have.

Recommendations for Government, Health Plans, Providers and Individuals

It will take all of us working together to end the HIV epidemic in New York. Based on the success New York has experienced thus far, coupled with efforts that are being successfully implemented across the country, the following recommendations address what government, health plans, and individuals can do to help continue this progress.

Recommendations for Public Health Agencies

Focus on communities placed at elevated risk

Public agencies need to redouble efforts to reach communities placed at elevated risk for HIV with routine screening and targeted testing. According to New York City's 2018 HIV Surveillance Annual Report, despite an 11.1% decrease in the number of new HIV diagnoses from 2017 to 2018, several populations experienced increases in the number of new HIV diagnoses from 2017 to 2018 (transgender people, people ages 50-59, and men who report both sex with men and a history of

injection drug use). Further, inequities in viral suppression were also apparent, with fewer transgender people, Black and Latinx people, young people, and people with a history of injection drug use achieving viral suppression. To end the epidemic, these communities must be prioritized with outreach, prevention, testing and treatment services.

Strengthen access to Medicaid to help address health disparities

The COVID-19 pandemic has shined a harsh light on the devastating impact of health disparities in communities of color. People of color are more likely to contract and die of COVID-19 as well as suffer

from conditions like asthma, obesity, heart disease, and diabetes. Black people are eight times more likely to be diagnosed with HIV and nine times more likely to die of AIDS than the general population. A quarter of new HIV infections in the U.S. occur among Latinx people, although they represent 17% of the population. These health inequities exist because of serious structural barriers to accessing quality, affordable health care, including rampant discrimination and higher rates of poverty. Medicaid is vital to helping people access health care, including HIV testing, treatment, and prevention services.

Implement a quality measure to track progress on HIV goals

New York State should reevaluate how it tracks health plan performance on HIV care (both treatment and prevention) and implement a quality measure. A quality measure is needed to better gauge how plans are contributing to the Ending the Epidemic goals and address HIV more comprehensively, and would be useful in identifying if/how plans can improve service delivery. New York State's Medicaid program should be the first in the nation to implement this strategy and can serve as a model for the rest of the country.

Increase PrEP uptake among New Yorkers on Medicaid

Ending the Epidemic will require New York to increase the number of Medicaid beneficiaries on PrEP from 6,000 today to 30,000. It is important to make sure that people who could benefit from PrEP know that it is available to them and to ensure that PrEP is truly accessible, even during the COVID-19 pandemic. New York State should work with health plans to create shared guidelines to ensure that people who seek testing and treatment for sexually transmitted infections (STIs) are informed about PrEP. In recent months, the Centers for Disease Control (CDC) suggested that health care providers consider providing a prescription for a 90-day supply (as opposed to a 30-day supply with two refills) to help reduce the number of trips or requests patients have to make to the pharmacy and improve adherence. It is important that we continue these practices for as long as COVID-19 is a barrier to health care for individuals who could benefit from PrEP.

Support immediate initiation of ART

In August 2020, the NYC Health Department launched a virtual public health campaign promoting immediate initiation of ART (iART) – preferably, the same day the client is diagnosed, or within 96 hours of diagnosis – for all clients who are iART candidates. Studies have shown that this practice increases the proportion of patients who achieve viral suppression and are retained in care after 12 months. iART is the recommended standard of care for HIV treatment in New York State, in line with recommendations by the New York State HIV Clinical Guidelines Program and International Antiviral Society-USA Panel. Public health agencies should support such efforts.

Learn from experience using at-home test kits

In an effort to ensure HIV testing did not cease altogether, many clinics made use of at-home testing kits. While historically some jurisdictions have had success reaching individuals with at-home kits who are averse to accessing services in traditional health care settings, the model has limitations and is not a substitute for in-person testing and interactions once a diagnosis is confirmed. Better access to home testing as well as follow-up resources should be examined.



Remove prior-authorization requirements for PrEP

New York State currently requires that health plans cover PrEP and related services such as laboratory tests and follow-up visits without cost sharing to any individual who is assessed to be at elevated risk for HIV. This requirement and new guidance released in October is important to help remove barriers to accessing PrEP. New York State should go a step further by removing prior-authorization limitations, including step edits. PrEP remains absolutely crucial to the success of New York's ability to end the epidemic, and prior-authorization requirements are unnecessary barriers to access. It is also critical for the State to set adequate rates for Medicaid health plans to cover PrEP utilization. The State of California has issued regulations clearly covering PrEP drug costs and associated preventative services without prior-authorization or step edits. These regulations can serve as a model for New York to follow.

Recommendations for Health Plans and Providers

Use telehealth services to support PrEP utilization

Health plans should focus on using telehealth services to support PrEP utilization among their members, with follow-up services built in. Telehealth offers health plans the opportunity to lower the communication barrier between members and providers by not requiring in-person visits to manage certain aspects of care. Telehealth should be specifically deployed to support PrEP uptake and utilization.



Proactively improve access to sexual health services, including HIV tests and PrEP discussion upon STI diagnoses

Health plans should use plan data to identify members who could benefit from PrEP. For example, a positive STI diagnosis should automatically trigger an HIV test and a follow-up conversation about PrEP, every time. Providers should prompt conversations with their patients about sexual health and decisions about whether PrEP is right for them. Health plans should proactively work with New York State to improve access to such sexual health services and implement stronger quality measures that capture these efforts.

Implement cultural competency training and care

To help address racial health disparities related to COVID-19 and HIV, it's important to implement cultural competency training for all care providers and institution staff. This includes all staff in supportive roles, such as security guards and administrative staff.

Recommendations for Individuals

Get tested

Everyone should get tested for HIV, but it is particularly important for those placed at elevated risk to get tested more frequently. To locate an HIV testing site, search the [NYC Health Map](#), text "TESTNYC" to 877-877, call 311, or contact a [Community Home Test Giveaway Virtual Program](#) partner organization to request a free home HIV test kit.

Visit your primary care physician

Even people who are healthy should regularly seek out primary care and ask their providers questions about sexual health, wellness, and what steps they can take to stay well.

If symptoms arise, don't wait

If an individual starts to exhibit symptoms of [HIV seroconversion](#) (fever, swollen glands, muscle aches, tiredness), they should seek immediate medical care to be evaluated for PEP or Rapid Start. Time is of the essence immediately following infection, so it is extremely important to be aware of these symptoms and reach out to a provider for assistance.

Talk to your provider about PrEP

Individuals should openly engage their providers in conversations about PrEP to find out if it is right for them.



Conclusion

The COVID-19 pandemic has presented challenges to health care across the board, and the effects are far-reaching.

Even so, there are opportunities to learn from this crisis and refocus efforts to achieve New York State's End the HIV Epidemic goals. Working hand in hand, government agencies, health plans, and providers can help New York realize an HIV-free future.

For more information, visit Amida Care at amidacareny.org.