

# The impact of COVID-19 on HIV Practice

Jason E. Farley, PhD, MPH, ANP-BC, FAAN, AACRN

Professor & Nurse Practitioner

Johns Hopkins University School of Nursing and Medicine

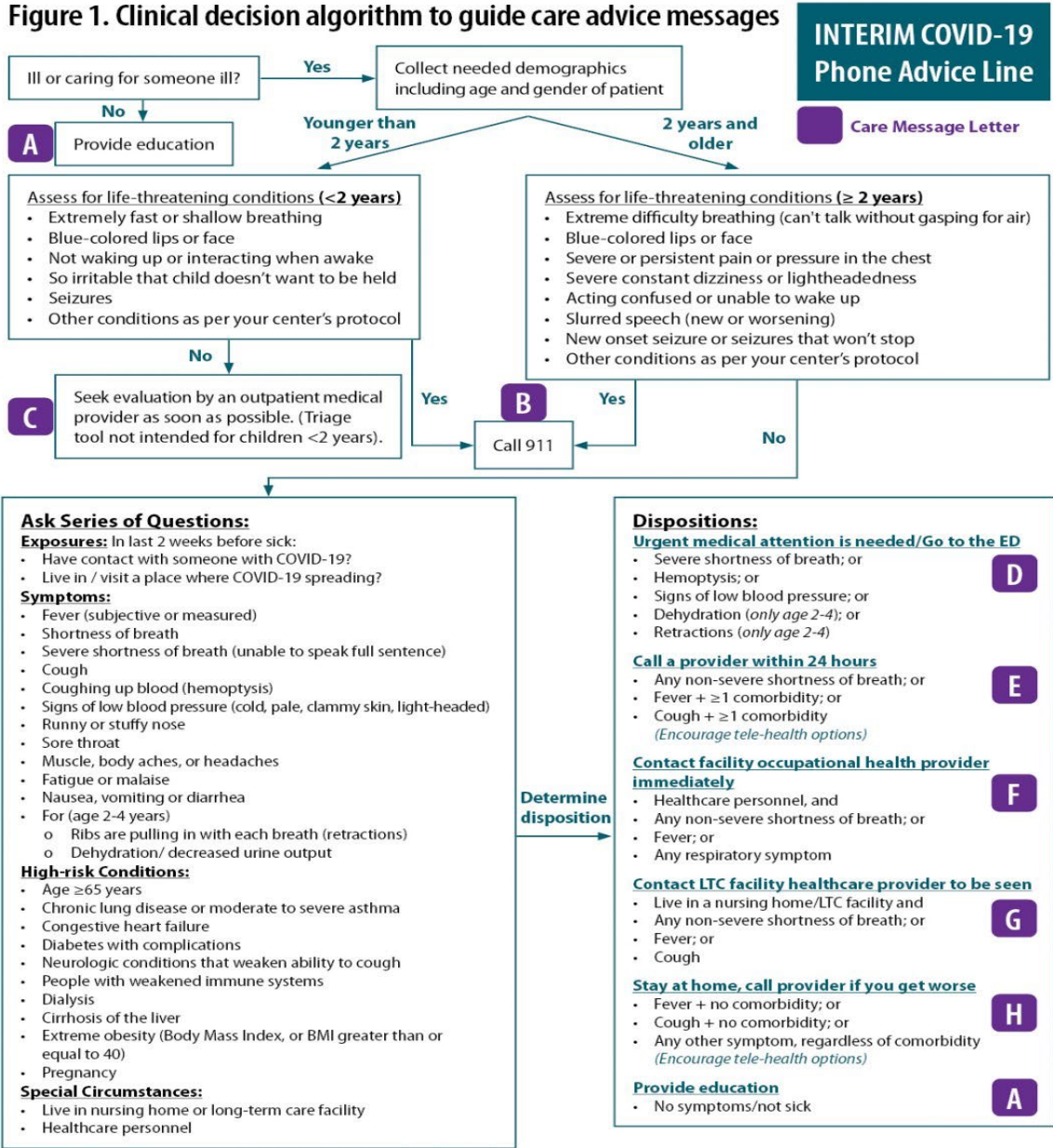
Division of Infectious Disease, John G. Bartlett Specialty Clinic

Past President, Association of Nurses in AIDS Care (ANAC)

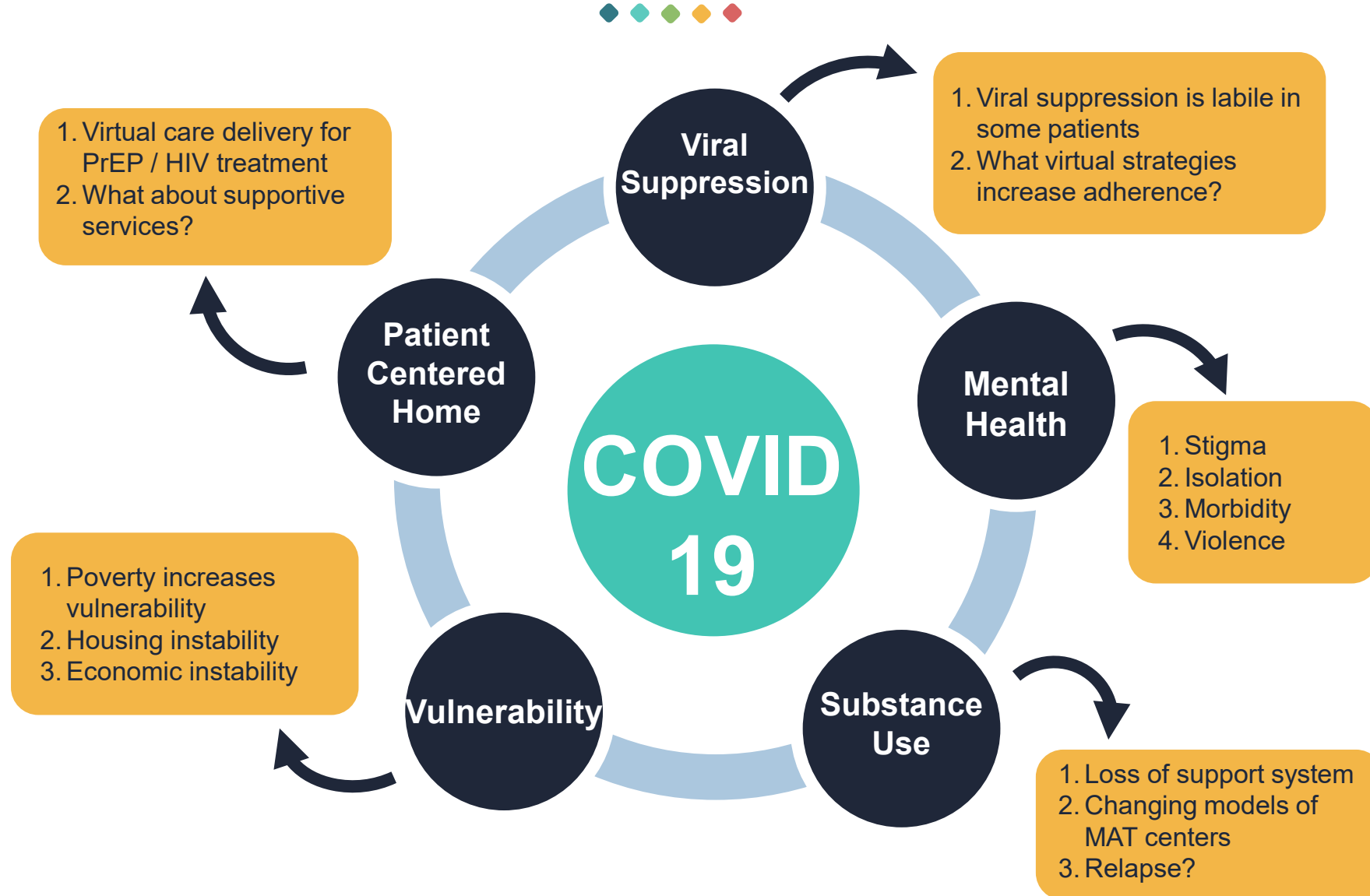
# CDC's recommendations to help people with HIV protect themselves from COVID-19 include:

- Having at least a 30-day supply of HIV medicine [preferably, 90 days]
- Avoiding close contact with people who are sick
- Practicing good hand washing
- Avoiding large crowds and gatherings
- Avoiding non-essential travel
- Following recommendations made by local public health officials
- Establishing a clinical care plan to communicate with health care providers online or by phone – including MAT programs

Figure 1. Clinical decision algorithm to guide care advice messages



# The Impact of COVID on HIV Patient Care – we need data





# Factors Impacting Adherence

## Patient Factors

- Age
- Level of education
- Social factors
- Mental health including risk taking behaviors
- Neurocognitive impairment
- Substance abuse
- Pill Aversion

## Medication Factors

- Pill burden
- Type of drug
- Side effects
- Running out of medication without refills in setting of fear to go to pharmacy
- Literacy / numeracy

## Provider Related Factors

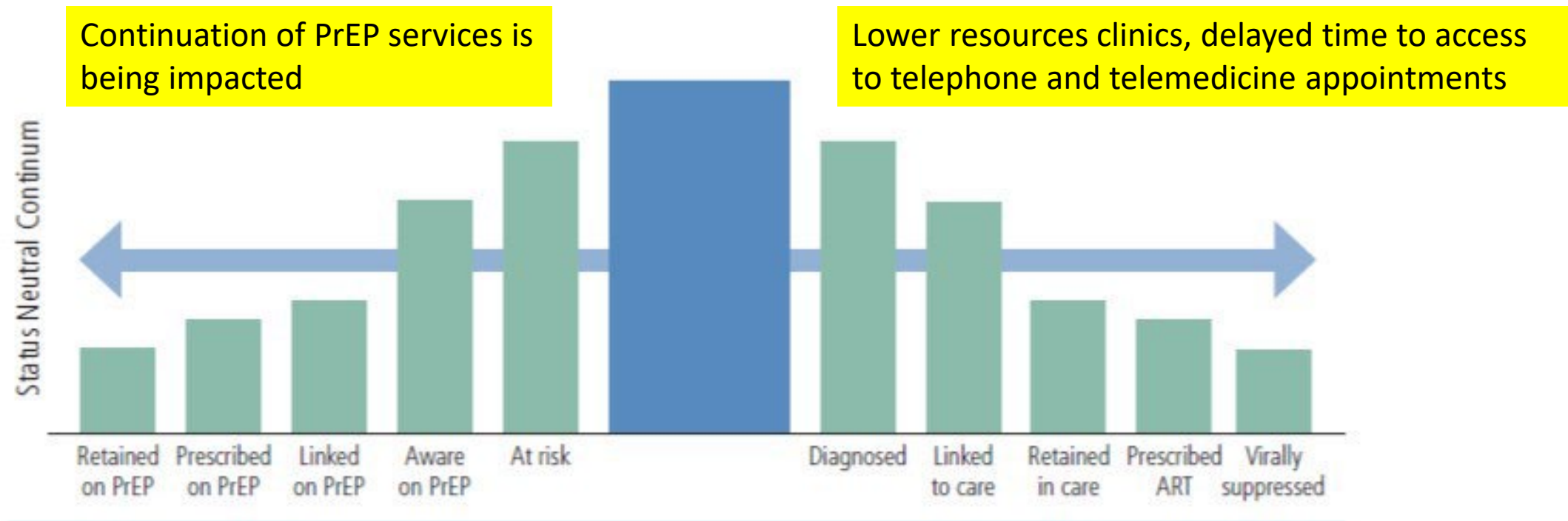
- Provider-patient relationship
- Trust
- Satisfaction with care
- Accessibility
- User experience with telehealth / telephone contacts

Factors in red are factors differentiated by COVID19

# Influence of COVID19 on the Status Neutral Continuum

IAS-USA

*Topics in Antiviral Medicine*



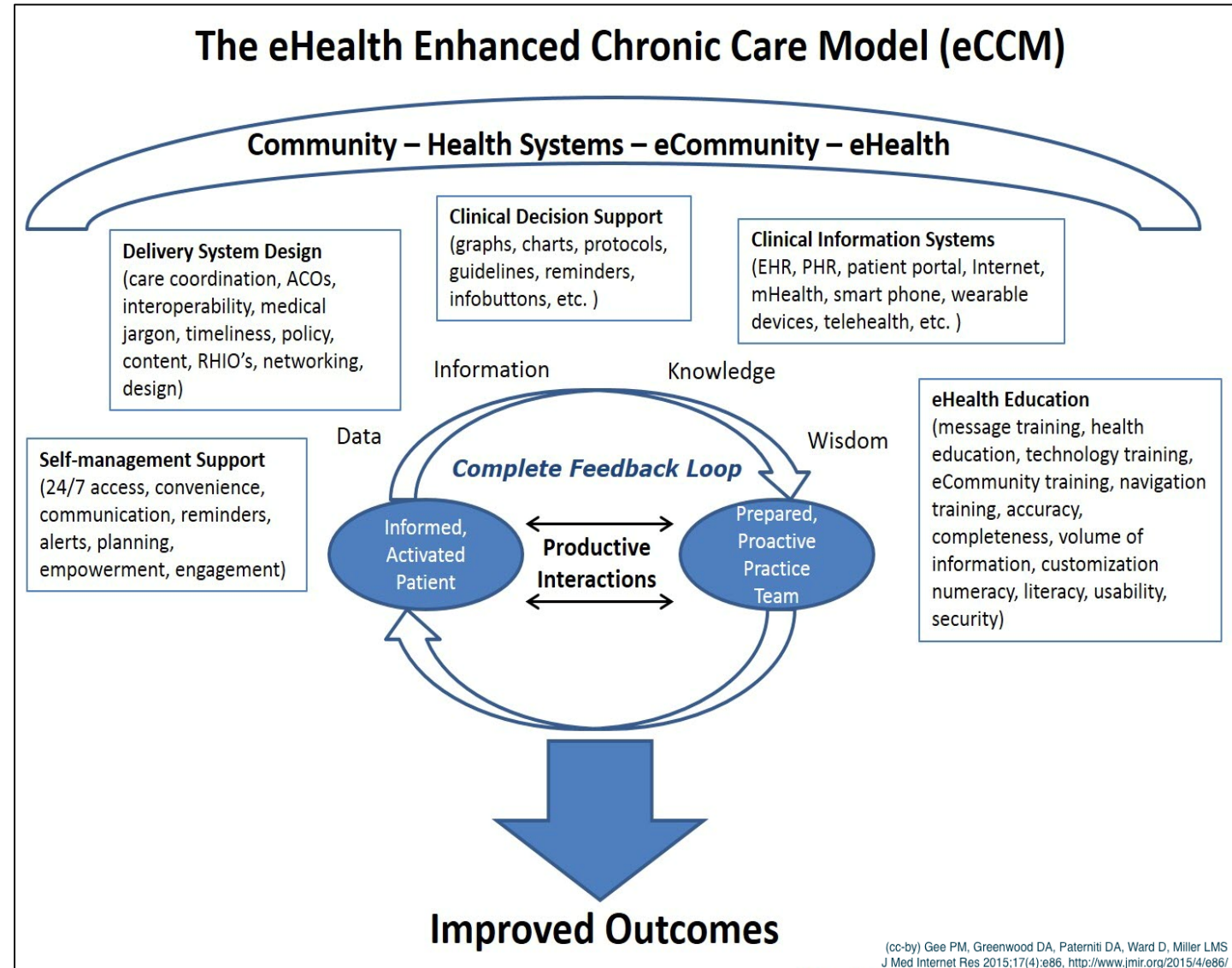
**Figure.** In the Status Neutral Continuum, the HIV prevention continuum (left) is for individuals who test HIV-negative, and the HIV treatment continuum (right) is for individuals who test HIV-positive. PrEP, preexposure prophylaxis; ART, antiretroviral therapy. Adapted from Abstract 61 and <https://www.nastad.org/domestic/hiv-prevention-health-equity>.<sup>3</sup>



# Avoiding Destruction of the Patient Centered Medical Home:

## Key Questions for virtual medical home:

1. How are support and adherence staff engaged?
  - a. Pharmacists?
  - b. Providers?
  - c. Nurses?
2. Telehealth
  - a. HIV only or HIV and PrEP
  - b. Acute visits via telehealth
  - c. Home disclosure of HIV status
  - d. Telephone might be better for some
3. Differentiated models
  - a. Longer refills
  - b. Text reminders – do HCWs use their cell
  - c. Mailed pill boxes
  - d. External lab providers



# Escalation Matrix for Adherence Strategy

## TIER 1

- All patients receive standardized information
- Email, EHR blasts, robo-calls

## TIER 2

- Patients with long-term viral suppression (VL<20)
- Automatic refills by pharmacy for 90 day supply

## TIER 3

- Patients with VL<20, vulnerable to non-adherence
- Weekly contact (perhaps more), added virtual support

## TIER 4

- Labile viral suppression needing frequent contact
- Text reminders, phone calls, filled / shipped pill boxes.



# Housing

## Using HOPWA Program Funds for Infectious Disease Preparedness and Response

March 19, 2020

Housing Opportunities for Persons With AIDS (HOPWA) grantees may use HOPWA funds for a range of eligible activities to prepare for and respond to infectious diseases such as the coronavirus disease 2019 (COVID-19). The following chart includes examples of eligible HOPWA activities to support infectious disease preparedness and response.

Activity Type	Description
Administrative Costs	Creating a disaster response plan for the local HOPWA program to ensure access to housing and services for eligible households during crises.
Resource Identification	Assessing and implementing modifications to workflow and program design in response to infectious diseases such as COVID-19 that may impact eligible household access to housing and services.
	Conducting local assessment and planning activities to ensure grantees and project sponsors are prepared to respond rapidly and effectively to emergencies and infectious disease outbreaks in their programs.
	Coordinating with Ryan White HIV/AIDS Program (RWHAP) recipients which can be well positioned to play an important role in delivering medical care and supportive services to HOPWA-eligible individuals and assisting local communities during infectious disease outbreaks.
Supportive Services	Assisting HOPWA eligible households in accessing essential services and supplies such as food, water, medications, medical care, transportation, and information. Providing nutrition services in the form of food banks or meal deliveries. Educating assisted households on ways to reduce the risk of getting sick or spreading infectious diseases such as COVID-19 to others. Unless otherwise waived, grantees and project sponsors are subject to the HOPWA regulatory requirement that payments for health or medical services may only be made as a last resort.
Leasing	Costs for short-term hotel/motel stays for clients are eligible under the leasing line item. Hotel/motel stays are limited to no more than 60 days in a six-month period. Hotel/motel rooms can be used as quarantine space for eligible clients who may have been exposed to infectious diseases such as COVID-19.
Operating Costs for Housing Facilities	Essential furnishings, maintenance, equipment, and supplies that support the operation of housing facilities. Eligible supplies include cleaning and disinfection supplies. Unless otherwise waived, medical supplies such as gloves and masks may be purchased subject to the regulatory requirement that payments for health services for any items or service may only be made as a last resort.

### Planning Considerations

- HOPWA grantees should review their available grant balances. Grantees often do not have fully expended grants. There may be unspent resources that could be used for activities related to infectious disease preparedness and response.

# The Virtual Patient Centered Medical Home: The New Normal after COVID19?



# Honor the Health Care Heroes Who Lost Their Lives to COVID-19

**Know someone?**

Leave a remembrance  
Share their photo

<https://bit.ly/2R1gyZL>  
[son-social@JHU.edu](mailto:son-social@JHU.edu)

Use hashtag #HealthCareHeroes on social media to raise awareness of this project so we can capture as many of our fallen colleagues as possible.

**#HealthCareHeroes**







**Johns Hopkins experts in global public health, infectious disease, and emergency preparedness have been at the forefront of the international response to COVID-19.**

This website is a resource to help advance the understanding of the virus, inform the public, and brief policymakers in order to guide a response, improve care, and save lives.

## COVID-19 Data Center

Track global cases and trends. **Updated daily.**

Total Confirmed

**874,081**

Total Deaths

**43,287**

Total Recovered

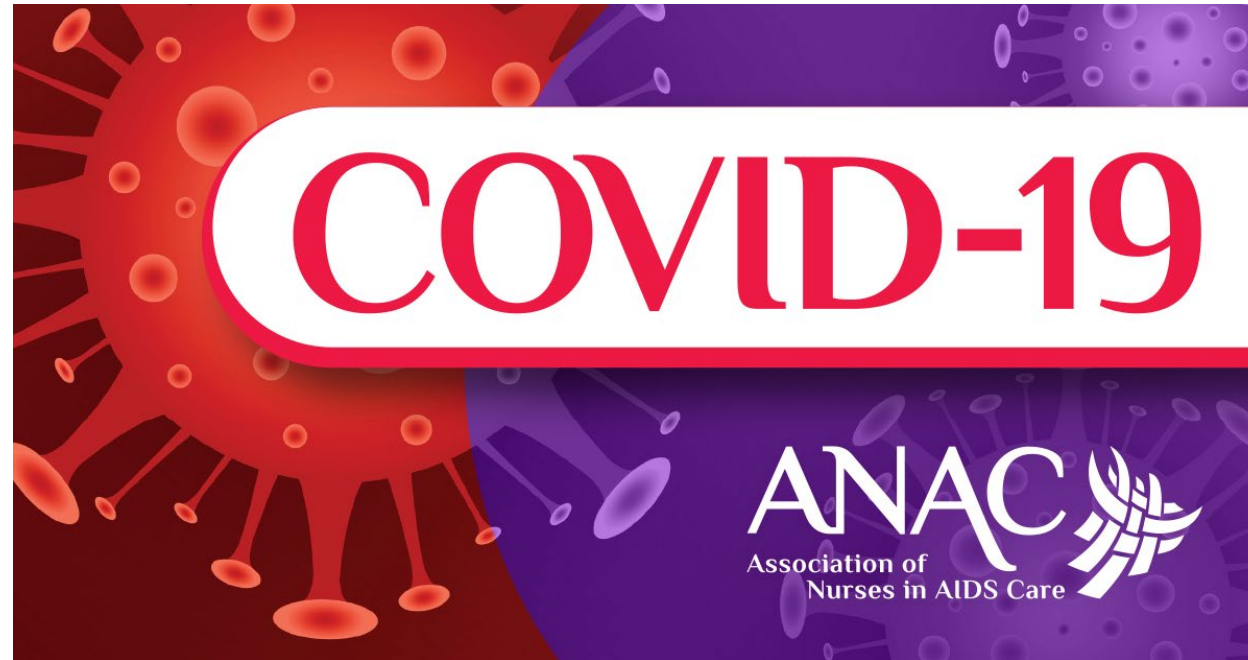
**176,466**



[View the COVID-19  
Interactive Map](#)



[Explore The Growth of  
New Cases Worldwide](#)



Visit our homepage for resources, upcoming  
webinars and links to weekly updates.  
[NursesinAIDScare.org](https://NursesinAIDScare.org)