

# A New HIV Diagnosis Is a Call to Action: iART Virtual Academic Detailing in New York City

Elizabeth A. Garcia, PharmD

Deputy Director of HIV Clinical Technical Assistance, New York City Department of Health and Mental Hygiene

Bureau of Hepatitis, HIV, and Sexually Transmitted Infections

*Envisioning a New York City without transmission or illness related to viral hepatitis, HIV, and sexually transmitted infections.*

# Disclosures

- No relevant financial or nonfinancial relationships to disclose
- Speaker has no conflicts of interest

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Text **NARCAD1108** to **37607** once to join

# What informs your detailing campaigns most?

Community input

Organizational priorities

Clinical guideline/literature updates

Epidemiological data

A combination/all of the above

# Who We Are: NYC DOHMH

- **Public health detailing since 2003**
- HIV Technical Assistance Unit, HIV Clinical Operations and Technical Assistance (COTA)
  - **Mission:** Establish strong relationships with clinical and non-clinical HIV providers and key stakeholders to deliver data informed technical assistance
  - **Outcomes:** To strengthen the capacity of the HIV workforce and improve clinical outcomes among people living with HIV (PLWH) in NYC



[Dresser et al. Am J Public Health. 2012;102 Suppl 3\(Suppl 3\):S342-S352.](#)

RESEARCH AND PRACTICE

## Public Health Detailing of Primary Care Providers: New York City's Experience, 2003–2010

Michelle G. Dresser, MPH, Leslie Short, MPH, Laura Wademer, BA, Victoria Lowerson Brodow, MPH, Rachel Sacks, MPH, Kelly Larson, MPH, Joslyn Levy, MPH, BSN, and Lynn D. Silver, MD, MPH

The Public Health Detailing Program within the New York City Department of Health and Mental Hygiene (DOHMH) has worked closely with primary care providers and their staff since 2003 to improve patient care by addressing the leading, largely preventable causes of illness, disability, and death. Drawing on evidence indicating that gaps in provider knowledge and the absence of office systems contribute to suboptimal care, the Public Health Detailing Program was designed to address these and other issues of care delivery.<sup>1</sup> Public health detailing focuses on neighborhoods facing the greatest health disparities and is part of New York City's approach to reduce the disproportionate burden of poor health.

Public health detailing initiatives center on clinical topics chosen for their anticipated effect on morbidity and mortality and other public health priorities. Although the focus is on managing chronic conditions, the program has "detailed" issues ranging from intimate partner violence screening to recruitment for the New York City Medical Reserve Corps, promoting the implementation and use of electronic health records, supporting exclusive breastfeeding, and improving medication adherence in patients with cardiovascular disease and diabetes. Public health detailing develops its campaigns in collaboration with internal and external clinical experts.

The program strives to improve primary care physician practice through 1-on-1 visits, or "detailing," a well-known and successful strategy usually associated with the pharmaceutical industry.<sup>2,3</sup> Whereas most public health interventions in the primary care setting focus on 1 condition or disease over time, public health detailing has developed a standard methodology for the delivery of a variety of public health messages. Highly trained Health Department representatives promote evidence-based, clinical preventive services and chronic disease management by delivering brief, targeted messages to the entire clinical care team of physicians, physician assistants, nurse practitioners, nurses, administrators, and other staff.<sup>2-4</sup>

Through its campaigns, public health detailing supports providers and their staff by (1) outlining and discussing evidence-based key recommendations tailored to specific clinical interventions, (2) providing information on new public health policies or practice guidelines, and (3) assessing readiness to adopt key recommendations and supporting clinical tools that best suit the practice.<sup>5</sup> The Public Health Detailing Program's "Action Kits" contain clinical tools, provider resources, and patient education materials to promote evidence-based best-practices recommended by the DOHMH, which are the focus of discussion during office visits by representatives.

We have outlined the results of evaluations from 20 different campaigns.

**METHODS**

Between October 2003 and 2010, the Public Health Detailing Program completed

**Objectives.** We evaluated the effectiveness of the Public Health Detailing Program in helping primary care providers and their staff to improve patient care on public health challenges.

**Methods.** We analyzed reported changes in clinical practice or behavior by examining providers' retention and implementation of recommendations for campaigns.

**Results.** During each campaign, 170 to 443 providers and 136 to 221 sites were reached. Among assessed providers who indicated changes in their practice behavior, the following statistically significant increases occurred from baseline to follow-up. Reported screening for clinical preventive services increased, including routinely screening for intimate partner violence (14%–42%). Clinical management increased, such as prescribing longer-lasting supplies of medicine (29%–42%). Lifestyle modification and behavior change, such as recommending increased physical activity to patients with high cholesterol levels, rose from 52% to 73%. Self-management goal setting with patients increased, such as using a clinical checkbook to track hemoglobin A1c goals (28% to 43%).

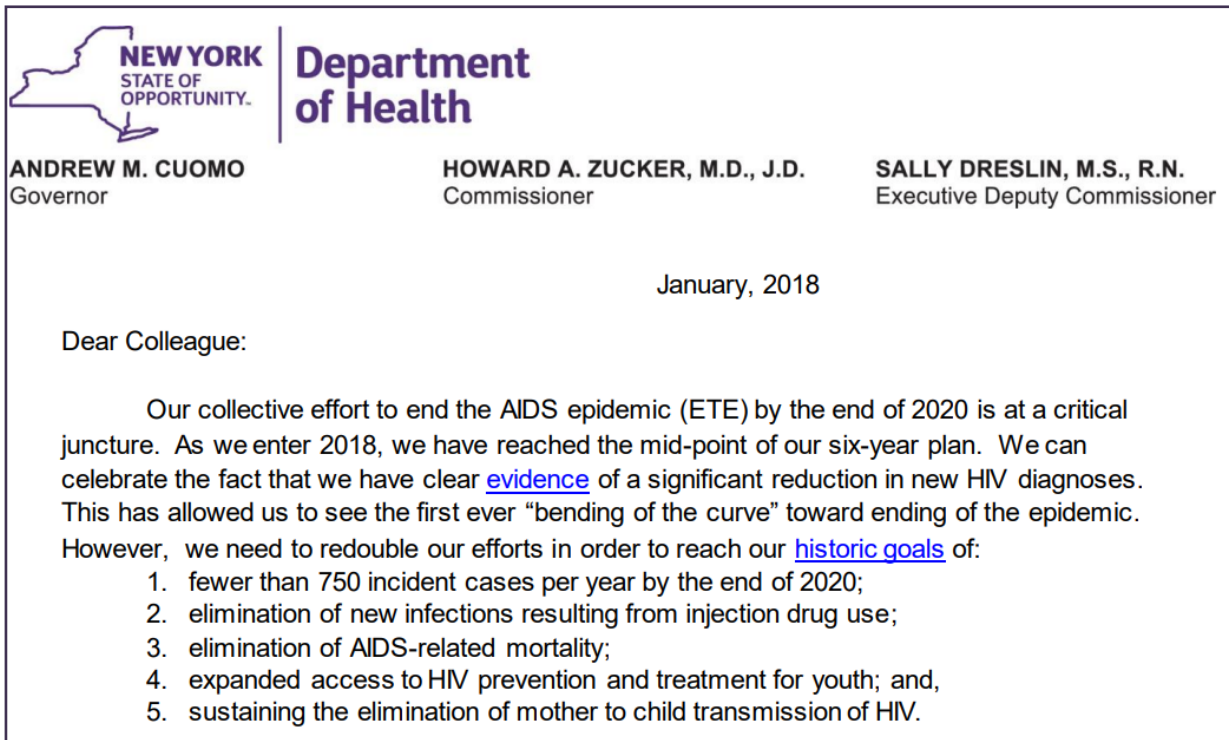
**Conclusions.** Data suggest that public health detailing can be effective for linking public health agencies and their recommendations to providers and influencing reported changes in clinical practice behavior. (*Am J Public Health*. 2012;102:S342–S352. doi:10.2105/AJPH.2011.300622)

a total of 49 campaigns. Public Health Detailing used survey data of the leading health indicators by zip code to prioritize the geographic areas of East and Central Harlem, South Bronx, and North and Central Brooklyn as target areas for its campaigns, although some were expanded citywide. After working initially from a list of Medicaid providers, Public Health Detailing sought to identify and subsequently detail all primary care providers working in these geographic areas. Evidence showed that residents in these neighborhoods were more likely than other New Yorkers to have asthma, cancer, HIV/AIDS, diabetes, and heart disease and to be overweight or obese. These target neighborhoods are the primary geographic focus of many DOHMH programs.<sup>6</sup>

The Public Health Detailing Program uses highly trained Health Department representatives to deliver consistent and repeat messaging to providers.<sup>3</sup> All representatives are expert communicators, and most have graduate degrees or experience in public health or are health professionals. Preceding each campaign,

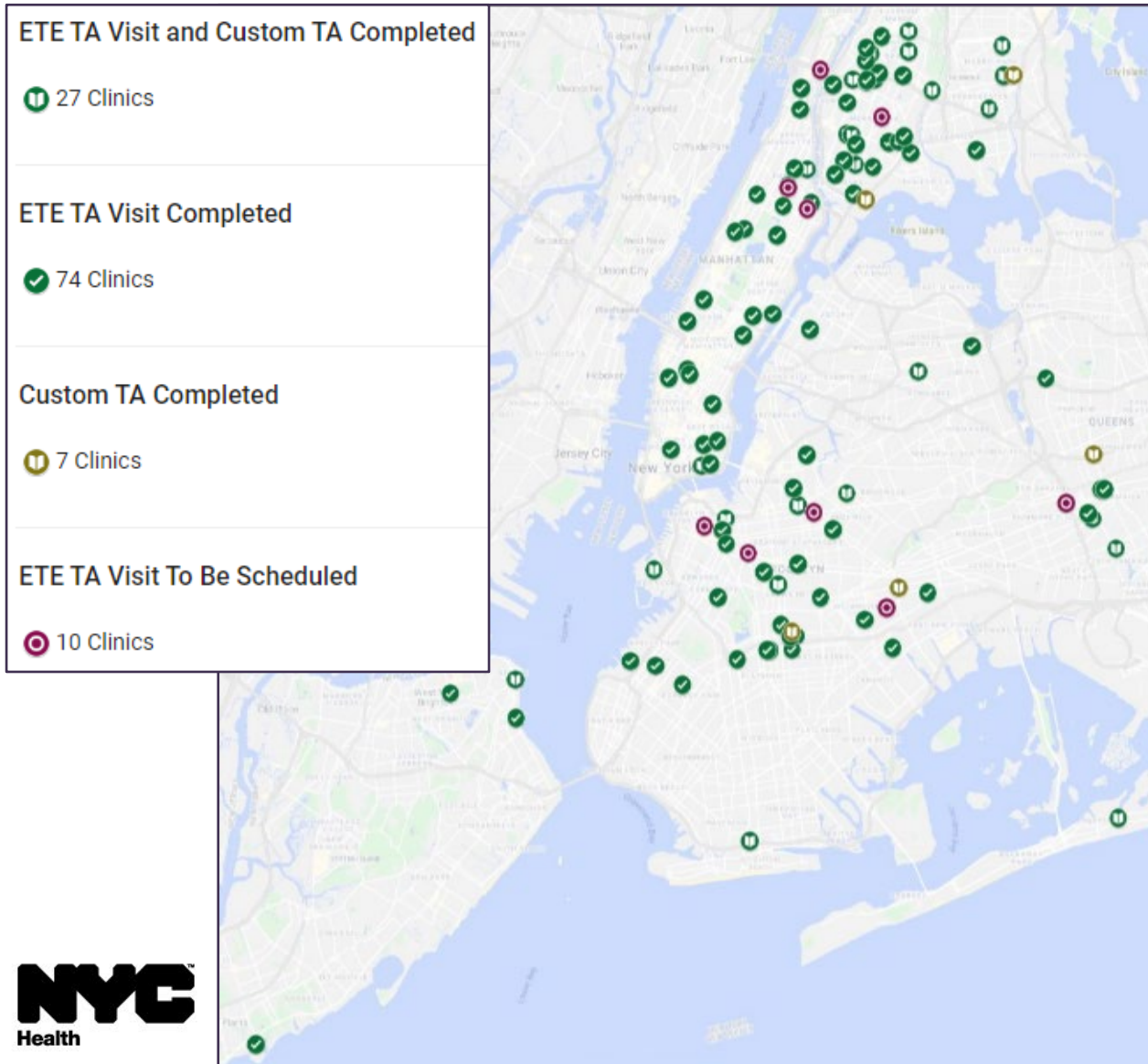
# Project Timeline

- **2018:** New York State Department of Health (NYSDOH) AIDS Institute frames a new HIV diagnosis as a call to action



- **2019:** HIV COTA Program within NYC DOHMH began planning its immediate initiation of antiretroviral treatment (iART) detailing initiative
- **November 2021:** iART virtual detailing visits were launched

# iART Formative Work



- **Topic selection and key messages emerged from:**
  - Ending the Epidemic (ETE) technical assistance (TA) site visits
  - City-wide knowledge, attitude, and practice survey administered to providers
  - Anecdotes from providers
- **Organized iART Stakeholder Meeting to share results with clinical and non-clinical providers**

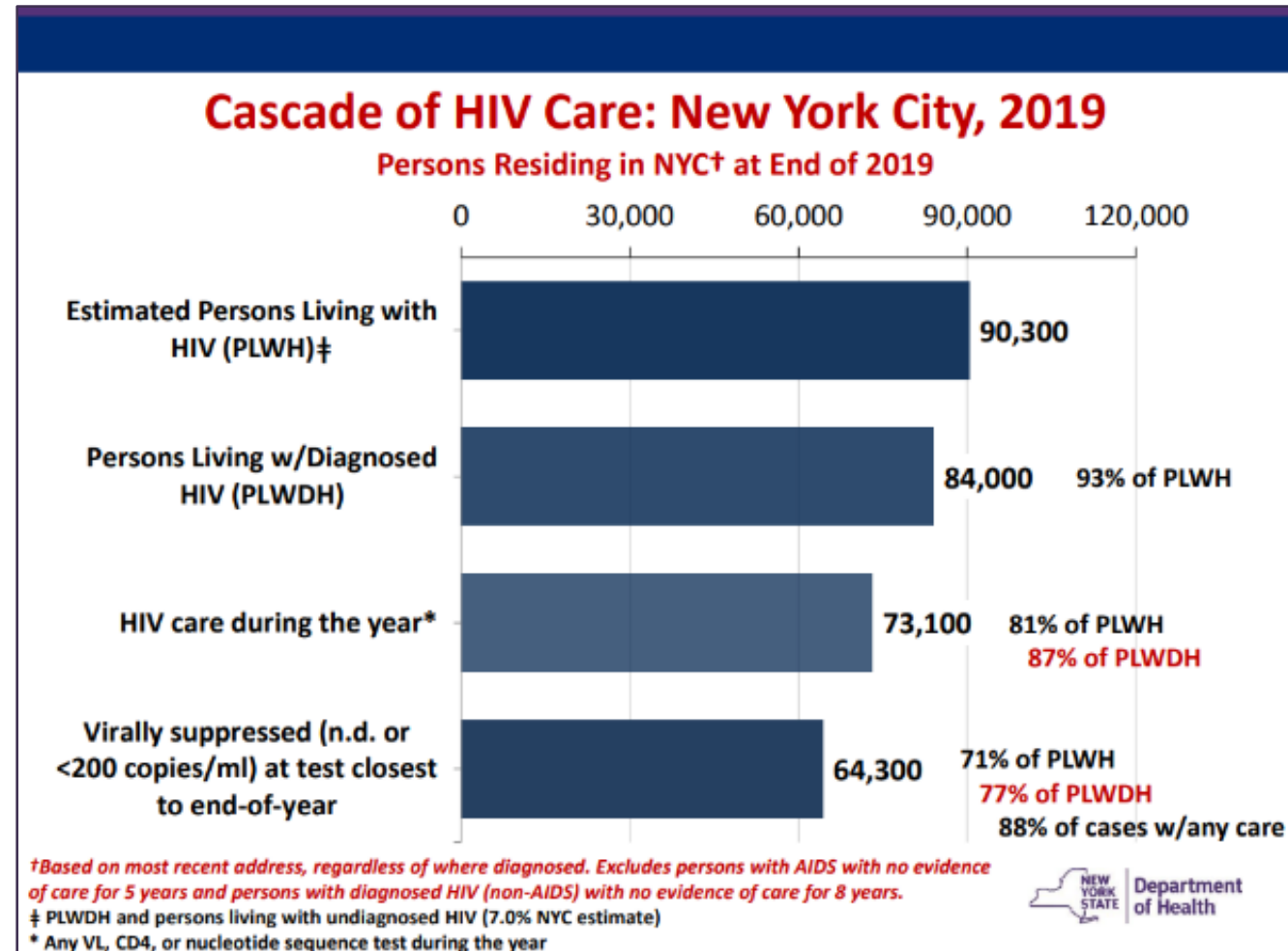
# iART Site Selection

Clinical and non-clinical providers at **~190 HIV clinical settings** throughout New York City were prioritized for iART virtual detailing based on:

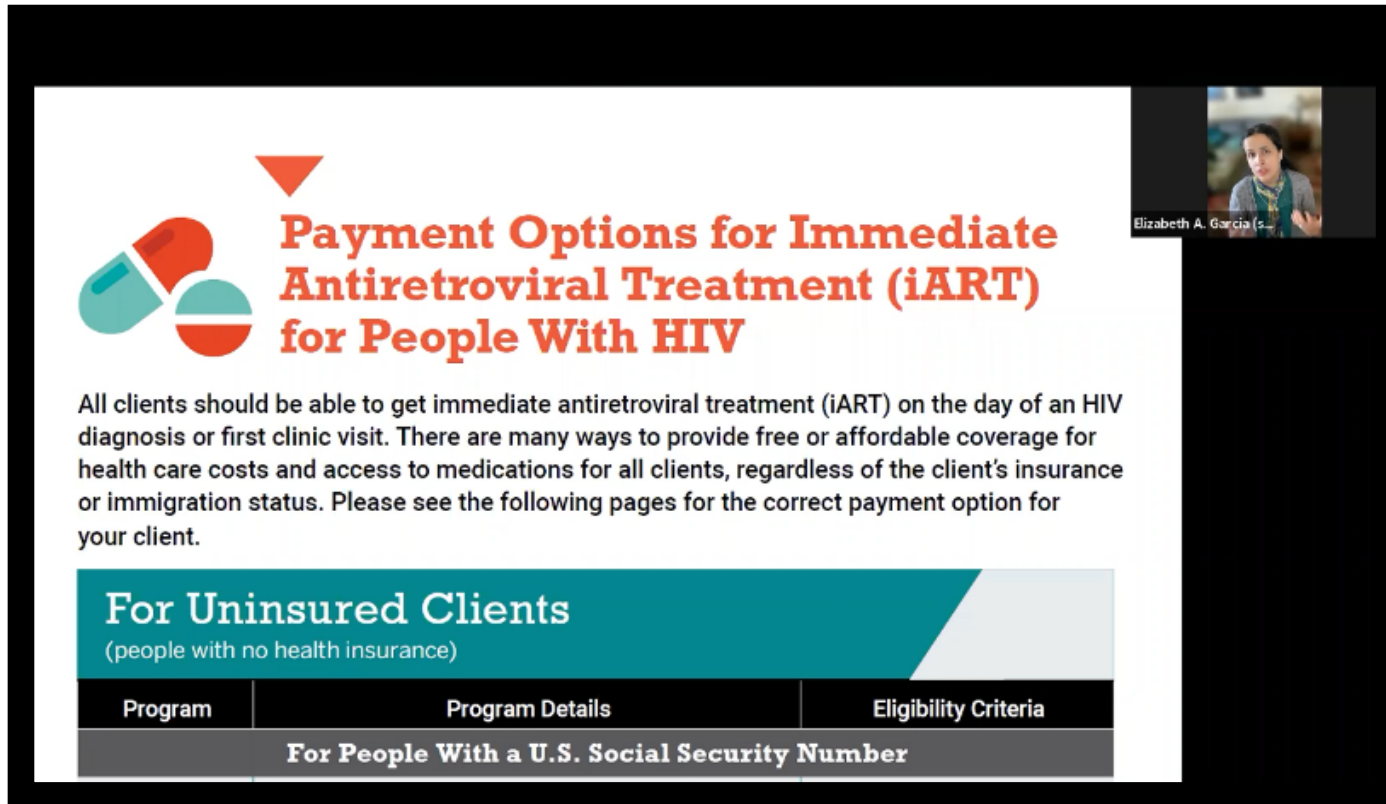
- Viral load suppression (VLS) rates
- Caseloads
- Rates of new HIV diagnoses
- Agencies serving Ending the HIV Epidemic (EHE) priority populations
- VLS rates within three months of a new HIV diagnosis



[New York State Cascade of HIV Care, 2019 \(ny.gov\)](https://www.ny.gov/newsroom/new-york-state-cascade-of-hiv-care-2019)



# iART Virtual Detailing



**Payment Options for Immediate Antiretroviral Treatment (iART) for People With HIV**

All clients should be able to get immediate antiretroviral treatment (iART) on the day of an HIV diagnosis or first clinic visit. There are many ways to provide free or affordable coverage for health care costs and access to medications for all clients, regardless of the client's insurance or immigration status. Please see the following pages for the correct payment option for your client.

**For Uninsured Clients**  
(people with no health insurance)

Program	Program Details	Eligibility Criteria
<b>For People With a U.S. Social Security Number</b>		

Elizabeth A. Garcia (5...)

- iART AD was planned as an in-person initiative
  - COVID-19 necessitated a shift to a virtual format
- Visits are virtual (via Zoom) and 60 minutes long
  - Up to 4 key messages are discussed in-depth
  - Generally 1:1 format; 3-participant maximum
- CME is available



# iART Detailing Key Messages

**Offer HIV testing to all clients at least once a year, and more frequently to clients who may benefit from testing every 3-6 months**

**Initiate ART as soon as possible, preferably on the same day of diagnosis**

**Perform genotype resistance testing on all clients with HIV, but do not wait for genotype testing results to initiate eligible clients on iART**

**Establish an iART clinic workflow**

# iART Public Health Action Kit

- **Consists of:**
  - Existing resources from NYSDOH and NYC DOHMH
  - Newly designed resources to support key messages
    - HIV testing
    - iART payment options
    - Genotype resistance testing
    - iART clinic workflows
- **Shared electronically during and after iART detailing visits**
  - Printed toolkits will eventually be mailed to clinic sites



# What tools do you use to evaluate your academic detailing programs?

# iART Virtual Detailing Visit Evaluation and Tracking

Baseline  
Survey

Commitment  
Follow-Up

3-Month  
Survey

6-Month  
Survey

Function	Tool
Scheduling	Calendly, Outlook
Evaluation (Surveys)	Alchemer (formerly SurveyGizmo)
Contact and Event Tracking	Public Health Partners Connect (Salesforce)
Visit Tracking	Excel (quantitative), Word (qualitative)
Project Management	Asana

# Sample iART Evaluation Question

## Baseline iART E-detailing Evaluation

The following question is about the entire clinic where you work. Please select that answer that best reflects your clinic.

Which of the following recommendation(s) around immediate initiation of ART does your clinic currently follow? *(select all that apply)*

- Offer HIV testing to all clients at least once a year, and more frequently to clients who may benefit from testing every 3 – 6 months.
- Initiate antiretroviral treatment (ART) as soon as possible, preferably on the same-day the HIV diagnosis is made.
- Perform genotype resistance testing on all clients diagnosed with HIV, and do not wait for testing results to initiate ART for clients eligible for immediate ART (iART).
- Establish an immediate antiretroviral treatment clinic workflow
- None of the above
- Don't know
- Prefer not to answer

# iART Virtual Detailing Visit Quantitative Results

Metric	Total
Agencies that participated in an iART virtual detailing visit	<b>23% (22 of 96 contacted agencies)</b>
iART Virtual Detailing Visits Completed	<b>41</b>
Total Unique Participants	<b>61</b>
Participants Requesting CME	<b>24</b>
Baseline Surveys Received	<b>72</b>
3-Month Post-Visit Surveys Received	<b>17</b>
6-Month Post-Visit Surveys Received	<b>5</b>
iART Technical Assistance Sessions	<b>3</b>

# iART Virtual Detailing Visit Qualitative Feedback

## Payment Options for Immediate Antiretroviral Treatment (iART) for People With HIV

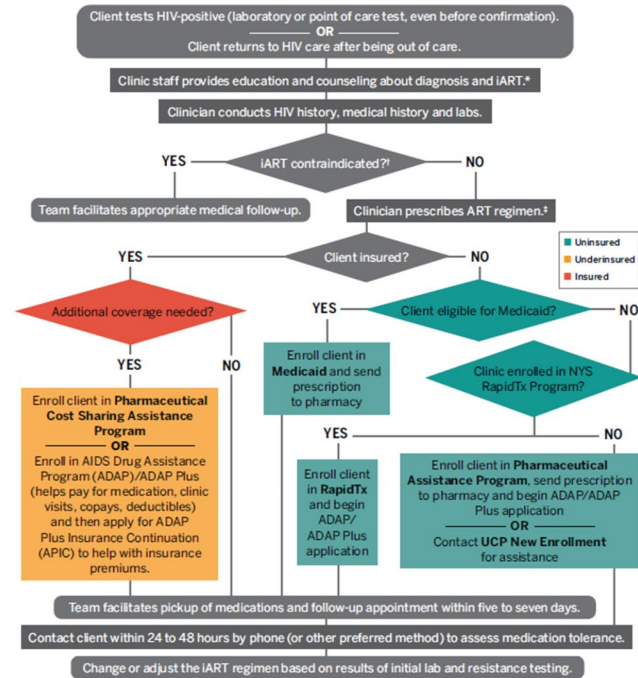
All clients should be able to get immediate antiretroviral treatment (iART) on the day of an HIV diagnosis or first clinic visit. There are many ways to provide free or affordable coverage for health care costs and access to medications for all clients, regardless of the client's insurance or immigration status. Please see the following pages for the correct payment option for your client.

### For Uninsured Clients

(people with no health insurance)

Program	Program Details	Eligibility Criteria
<b>For People With a U.S. Social Security Number</b>		
<b>Medicaid</b>	Provides coverage for HIV primary care, including medical services, labs and medications. For more information, visit <a href="https://benefits.gov/benefit/1637">benefits.gov/benefit/1637</a> .	For individuals with incomes less than or equal to 138% of the Federal Poverty Level (FPL).*
<b>Medicare</b>	Provides coverage for HIV primary care, including medical services, labs and medications. For more information, visit <a href="https://ssa.gov/benefits/medicare/">ssa.gov/benefits/medicare/</a> .	For individuals age 65 and older, younger than age 65 with a physical disability or at end-stage renal disease.
<b>For People With or Without a U.S. Social Security Number</b>		
<b>New York State Uninsured Care Program (UCP)</b>	<b>AIDS Drug Assistance Program (ADAP):</b> Provides no-cost medications for the treatment of HIV and opportunistic infections.	Requires proof that the person lives in New York State and has an income less than or equal to 500% of the FPL.
	<b>ADAP Plus:</b> Provides HIV primary care. Covers costs of medical services, including labs provided 30 days prior to account activation.	
	<b>UCP RapidAccess:</b> UCP revised the enrollment process to facilitate same-day enrollment for ADAP and ADAP Plus. For more information, contact the New Enrollment Unit at 800-542-2437 or 800-682-2437, or apply online at <a href="https://nyucp.providecm.net">nyucp.providecm.net</a> . Visit <a href="https://health.ny.gov/diseases/aids/general/resources/adap/">health.ny.gov/diseases/aids/general/resources/adap/</a> to learn more.	

## Clinic Workflow for Immediate Antiretroviral Treatment (iART) for People With HIV

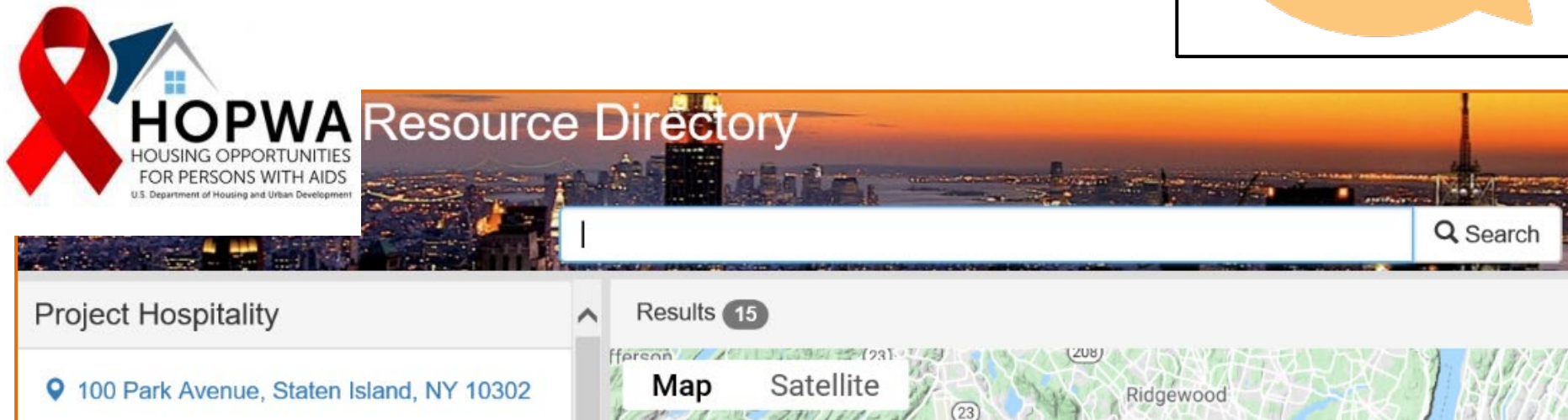


\* Suggestion: Keep open appointment time slots available for eligible iART clients.  
 † Contraindications include: (1) Prior history of irregularly taking iART as HIV treatment with a strong possibility of having acquired drug resistance. These clients will benefit from waiting for drug resistance testing to ensure medication is likely to be effective; (2) Signs or symptoms of severe opportunistic infections (for example, cryptococcal meningitis, tubercular meningitis, cytomegalovirus retinitis). Consult with a clinician experienced in managing severe opportunistic infections before initiating iART.  
 ‡ According to the August 2019 NYS Department of Health AIDS Institute Clinical Guidelines, the preferred regimens include: (1) TAF 25 mg/FTC/BIC, Biktarvy; (2) TAF 25 mg/FTC and DTG, Descovy and Tivicay; (3) TAF 10 mg/FTC/DRV/COBI, Symtuza.

- Most popular tools:
  - iART Payment Options
  - iART Clinic Workflow
- Participants appreciate being connected to NYC DOHMH HIV care resources and contacts within NYC DOHMH and NYSDOH, including:
  - Housing
  - AIDS Drug Assistance Program (ADAP)
  - At-Home HIV Testing

# Additional Topics and Questions Discussed During iART AD

- Services for undocumented New Yorkers
- Supportive care resources (mental health, substance use disorder)
- Care for transgender persons
- HIV medication diversion
- Addressing stigma
- Long-acting injectable antiretroviral therapy
- Viral hepatitis screening and management





# Future Detailing Activities and Lessons Learned

- **Expanding iART Virtual Detailing Visits**
  - Community-based organizations providing HIV preventive services
  - Non-HIV clinical sites, including urgent care locations, emergency departments, and university health centers

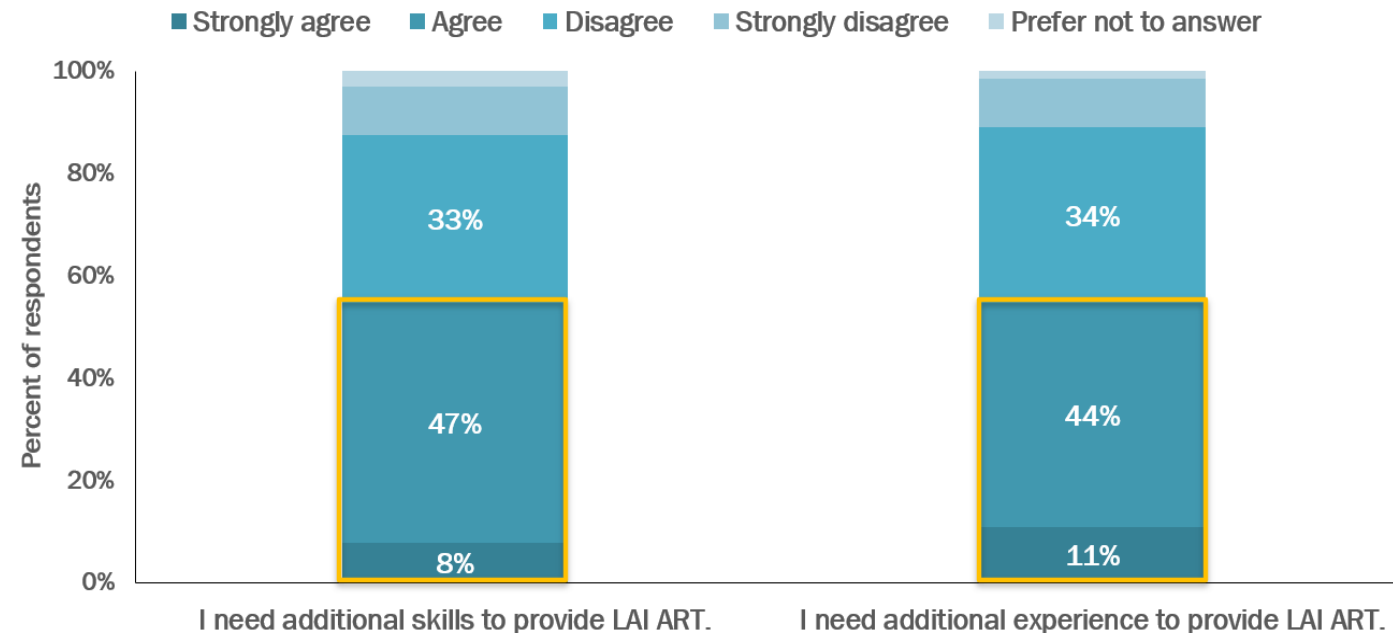
- **Lessons learned from iART**

## Virtual Detailing

- Expanded detailer training
- Scheduling timelines
- Multiple site visits

- **Long-Acting Injectable Antiretroviral Therapy (LAI ART) Virtual Detailing Initiative**

LAI ART Technical Assistance Needs



# Acknowledgements

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- Musarrat Rahman, Analyst, Planning Monitoring and Evaluation
- Kathleen Reilly, Director of Planning Monitoring and Evaluation



**Thank you!**

**Questions? Please reach out!**

**Elizabeth A. Garcia, [egarcia9@health.nyc.gov](mailto:egarcia9@health.nyc.gov)**