WORKSHOP 18 - 19 Settembre 2020

Innovazione in HIV. Cosa significa?

# Long-acting: una possibile riorganizzazione della cura

Fondazione

COALITI

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# Long-acting: una possibile riorganizzazione della cura



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# Background

- S.S.N/R a hospital care delivery system driven/centralized with a broad of field specialized health care workers, facilities dedicated physicians.
- HIV disease could be considered as model of the transition of the care of a chronic disease from primary care to a hospital based setting
- Must be planned the change from the actual standard of care (tailored on a monopathology for young people) to a different landscape (elderly status of majority of the PLWHIV with several health and wellness problems)



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Review



#### The Role of Physical Activity for the Management of Sarcopenia in People Living with HIV

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Despite none of these studies having specifically addressed the benefits of physical exercise on sarcopenia, there is evidence that exercise is effective to increase aerobic capacity and muscle strength, and to improve body composition and inflammatory outcomes in PLWH. Therefore, the expected benefits of physical exercise are likely to translate into a successful and specific intervention for prevention and treatment of sarcopenia in this population.

- The pros and cons of in-hospital and primary care delivery health system must be evaluated (focused mainly on quality, efficacy of health care services and clinical outcome)
- The added value must be however the transfer of the technology that characterizes hospital know how in the perspective of a P4 oriented copartecipated evolving medicine (prevention, personalization, prediction, precision)



# To be done

- Modification of the skills and rules between hospital and primary care providers (starting from synergic administrative governance and dedicated resources)
- In order to implement this program some services, usually in charge to primary care, must be integrated with hospital facilities:
  - prophylaxis and prevention [PEP, Prep, vaccinations]
  - predictive medicine algorithms for a chronic multiorgan disease possible progression.

# CSL – big data - example









# Advanced machine learning systems in HIV-1 infected patients: a promising tool to predict renal impairment

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# **Probability of CKD development**



# Don't forget - The Big data gold mine Renal laboratory determinations



## New Paradigma in PLWHIV long term management

- Consider the relevant change of strategies
- Availability of a lot of new drugs,
- •Simplification/lightening of the treatment i.e. 3D vs 2D, long acting drugs
- Eradication and ATI programs
- Prophylaxis and vaccination

### New SARS-CoV-2 pandemic scenario

# Eclipse of health care system

#### What else can people with HIV who are at higher risk of getting very sick form COVID-19 do to protect themselves? (CDC)

Steps that people with HIV can take to prepare in addition to what is recommended for everybody

- Make sure you have at least a 30– to 90-day supply of your HIV medicine
- Make sure all your vaccinations are up-to-date, including vaccinations against seasonal influenza (flu) and bacterial pneumonia.
- Establish and maintain a plan for remote clinical care. Try to establish a telemedicine link through your HIV care provider.
- If your HIV is undetectable (or virally suppressed) talk to your health care provider about delaying your routine medical and lab visits.
- If your health care provider changed your treatment, ask if it's safe to delay the change until follow-up testing and monitoring are possible.

# SARS CoV-2 pandemic reality yesterday and today:

- Strongly reduced care offers
   (√new HIV infections diagnosis, 个个 late
   presenters, PLWHIV follow-up visits, 个个AIDS
   progression, 6 months 56% = 4500 fewer visits in
   HSR PLWHIV cohort )
- Several different modalities to cART refilling to garantee continuity of care (↑↑↑ social distancing rules)
- Limited/complexity access to care and the overload of COVID-19 and related care workers activities in-hospital

# PLANNING New clinical pathways

 Revision of existing legislation and regulations  Feasibility check with new clinical pathway model with redifined the integrated role of the protagonists

# HIV: Post COVID-19 speeding up of new tools of health care



- Piano Assistenziale Individuale (P.I.C.P.C.)
- Home Drug Delivery
- Fielding of Unità Speciali di Continuità Assistenziale
- Telemedicina

**VISTE** le "*Linee di indirizzo nazionali – TELEMEDICINA*", approvate nella seduta del 10 luglio 2012 dell'Assemblea generale del Consiglio Superiore di Sanità, che tra l'altro prevedono:

- che le strutture sanitarie, per poter esercitare attività di Telemedicina nelle varie discipline con oneri a carico del Servizio Sanitario Nazionale, debbano:
  - essere accreditate dalla Regione per la disciplina specialistica per la quale intendano attivare singole prestazioni di Telemedicina e/o percorsi clinici assistenziali (PCA o PDTA) integrati con le attività di Telemedicina;
  - documentare le necessarie attività formative per i medici, al fine di garantire la corretta erogazione delle prestazioni.
- che il paziente possa essere supportato da un caregiver o da un operatore sanitario nella gestione della comunicazione;





#### Bollettino Ufficiale della Regione del Veneto

in versione Telematica

Home » Sommario BURV » Dettaglio Deliberazione della Giunta Regionale

Scarica versione stampabile Deliberazione della Giunta Regionale

Bur n. 63 del 08 maggio 2020

Materia: Sanità e igiene pubblica

DELIBERAZIONE DELLA GIUNTA REGIONALE n. 568 del 05 maggio 2020 Attivazione di servizi di assistenza sanitaria erogabili a distanza: Telemedicina.

Note per la trasparenza

Con il presente provvedimento, si riconosce la possibilità agli Enti del Servizio Sanitario Regionale di erogare servizi di assistenza sanitaria in modalità di Telemedicina secondo le Linee di indirizzo nazionali di cui all'intesa della Conferenza permanente per i rapporti tra lo Stato, le Regioni e Province Autonome sancita in data 20 febbraio 2014 (repertorio atti n.16/CSR), recepita con DDR n. 50 del 24 dicembre 2014, considerata l'attuale situazione sanitaria.

# HSR ICEBREAKER STUDY

**Scopo dello studio** - Valutare la possibilità di organizzare un percorso innovativo di gestione clinica a distanza dei pazienti con infezione da HIV, in soppressione virologica stabile grazie alla ART, che consenta di ridurre la presenza dei pazienti in ospedale, sostituendola con a interventi di assistenza domiciliare che garantiscano continuità di cura parimenti efficaci.

**Obiettivo primario -** Valutare la possibilità di organizzare e implementare un percorso innovativo di gestione clinica a distanza dei pazienti con infezione da HIV, in soppressione virologica stabile grazie alla ART, che consenta di alternare presenza dei pazienti in ospedale a interventi di assistenza domiciliare.

**Metodi -** Ai pazienti sarà offerta la possibilità di effettuare prelievi al proprio domicilio, consegnare referti, consegnare cART a domicilio e effettuare visita virtuale, in alternanza con la modalità di monitoraggio ambulatoriale tradizionale (in presenza).

# Toward CARLA in clinical practice: main concern

# PLWHIV

- Patients information and preparation (informed consent)
- Pool of PLWHIV interested in the switch from a oral daily cART to i.m. long acting drugs
- Selection of the best candidates to CARLA long term treatment (consensus/contract)

# HCW/MD

- Preparation of MD on the matter
- •Sharing the indications/selection criteria with team and patients
- Planning of the S.O.P.
- Individual committment of HCW/MD to bear much attention and time spent in care.

# **HEALTH CARE SETTING**

- a) Change in SSR PDTA
- b) More time spent in treatment and management of each PLWHIV (doubling of visits + 6000 visits/year HSR cohort
- c) Management of increased medicalization (injections and side effects)
- d) Recognition of the program of health activities of the Center according with points A,B,C

## Details operating on administration of i.m. LA drugs

# Drugs handling

- Vials storage
- Preparation of bottles
- Schedule of i.m. administration (R/L side)
- Management of AE (pain!)

NOTE: Time spent >30' including check-in
COMMENT SELF CARE is impossibile