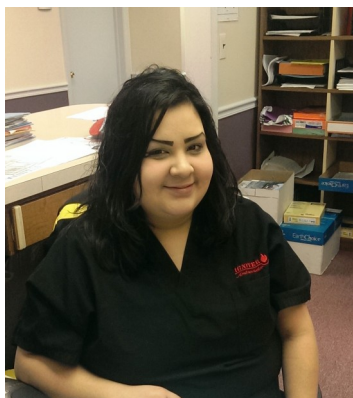


# NEWS & VIEWS

## Here's Rosie



**Name:** Rosie E Pina

**Title:** Medical Assistant at Aurora Clinic

**What did you do before coming to ODC?** I was an Optometrist Assistant

**How long have you been with ODC?** I was with Open Door as a student doing my extern in 2011 for about 4 months, then in November 2013 I was asked to cover while Dee was on leave and now I am an official em-

ployee.

**What types of things do you do or would like to do with ODC?** I assist the provider and nurse with everything related to patients, whether it is to schedule an appointment, rooming patients or drawing blood. The patient is my first priority.

**Describe your family (define family however you want)?** I come from a big family; I have 2 younger sisters, 2 older brothers and 1 half sister. I am also married, and consider my husband my best friend. I also have many friends who I consider family.

**What do you enjoy doing in your free time?** In my free time I enjoy to shop and to spend time with my puppy, I adore him, he is like my child.

**Where is the farthest place from home you have**

**ever been?** I have been to Durango Mexico to visit my grandma and other family.

**What is your favorite food?** What isn't my favorite food...I love enchiladas!!!

**What is one thing you want to do that you haven't done yet?** I want to learn a third language, I already speak Spanish and English. I'm interested in learning Portuguese.

**Who is the most impactful person in your life or most impactful person on humanity (dead or alive)?** The most impactful person in my life is my mother. I look up to my mother very much because growing up there was a lot of obstacles in our way in order to just survive. My mother always made sure we were always taken care of and always assured us that everything was going to be

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**OPEN DOOR CLINIC'S CLIENT ADVISORY COMMITTEE INVITES YOU TO COME AND CELEBRATE THE 3RD ANNUAL SPRING SOCIAL WITH US AND YOUR FAMILY, AND FRIENDS AT THE LUAU**

**LOCATION:**  
**FIRST CONGREGATIONAL CHURCH OF GENEVA**  
**321 HAMILTON STREET GENEVA, IL 60134**  
**MAY 31, 2014 3 PM TO 7 PM**

**FOOD AND DRINK**  
**DRESS FOR THE OCCASION**  
**MUSIC BY OUR FAVORITE DJ TOM**  
**LIMBO CONTEST (HOW LOW CAN YOU GO)**  
**MUSICAL CHAIR CONTEST**

## New Electronic Medical Record for Open Door

In May, Open Door will be going live with a new Electronic Medical Record (EMR). Open Door went with an EMR last summer, but quickly discovered it was not sufficient to take care of the needs of our patients. After additional research, Open Door will be going with eClinicalWorks as their new EMR. It will be very exciting to have this powerful

tool. Patients will have the ability to be given summaries of their visits. Eventually there will be a patient portal. Lab tests and medication orders will go directly from the EMR to the lab or to the pharmacy.

The week of May 19<sup>th</sup> staff will be attending training on this new EMR. Due to the training, no appointments have been made

for that week. There will be limited availability to staff that week.

This is a huge undertaking for the staff of Open Door. Don't be surprised if you see some staff members bald from pulling out their hair. But we all know that in the end, this is going to be a great leap forward in providing the best care possible.



Copyright ©2012 R.J. Romero.  
"Janet, would you please delete all of my personal snide remarks and print a copy of Ms. Cole's electronic medical record?"

## Advocacy Update

Bryan Gooding  
Illinois Alliance for Sound AIDS Policy

On April 9<sup>th</sup> three clients and one staff member joined the Illinois Alliance for Sound AIDS Policy (ASAP) and over 100 other advocates as they converged on Springfield to lobby on issues important to the HIV/AIDS community. The biggest push was for the continued funding of HIV/AIDS services, as well as offering two revenue solutions such as extending the 2011 flat tax increase for the short term, and the "Fair Tax Campaign", providing future revenue for all essential services in the state of Illinois. On March 26, 2014, Governor Quinn released his budget and in it he left funding for HIV/AIDS services the same, and that's good news. The bad news is the budget is contin-



gent on the continuation of the 2011 flat tax increase. If that doesn't happen then we are again facing severe across the board cuts for the whole state, including a 14% or 4 million dollar cut to HIV/AIDS programs.

Extending the 2011 flat tax is only a temporary bandage on a hemorrhaging wound. We need a long term solution. The Fair Tax Campaign proposes a graduated tax that would mean a tax cut for 94% of Illinoisans while insuring funding for essential services for the state. This would replace the flat tax with a tax structure that would reflect growth within the state. A flat tax was written into the state constitution in the 70's and is about out of style as super bell bottoms and the Brady Bunch! In 2014 we can't expect to run the state on the same outdated policies of the 70s. The

push is to get the fair tax on the ballot and let the voters in Illinois decide what's best for them.

You can support this effort by calling your legislators or visiting them in their home office. Ask them to support continued funding for services for people living with HIV/AIDS. Also ask them to support the temporary continuation of tax increase and put the Fair Tax on the ballot for the people to decide.

In other advocacy news Sen. Holmes from Aurora sponsored a cap the co-pay bill. This bill would change Illinois insurance law to cap co-pays on schedule 4 drugs at \$100 per prescription or \$200 total. As we move forward with the implementation of the Affordable Care Act people with long term chronic diseases are facing co-pays in the 100s or 1000s for life saving drugs effectively making the Afford-

able Care Act unaffordable. Sen. Holmes has always been an outstanding supporter of people living with HIV/AIDS. We can support her by asking other legislators to support her in her efforts.

These are big issues that require broad state wide support. You can increase your impact by getting family and friends involved. You may have friends or family in different areas across Illinois, educate them on the issue and enlist them in a phone campaign asking their legislators for their support. For more information on the issues or help developing a phone campaign or how to talk with you legislators please contact Bryan Gooding at [bryang@opendoorclinic.org](mailto:bryang@opendoorclinic.org). Together, we can make a better Illinois for all.



LET'S GET SOCIAL!

## The Client Advisory Committee (CAC) Wants YOU



**The CAC is looking for a few clients that want to make a difference.**

**We meet every other month, plan and host events during the year for clients and their families.**

**We prefer that you have transportation but it is not a requirement, dedication to help other clients and most important likes to have fun.**



**If interested Contact Dean B at**

**[deannewsletter@yahoo.com](mailto:deannewsletter@yahoo.com) or your case manager.**

**OR talk to a CAC member.**





## What Will HIV Treatment Look Like in 5 Years?

Thebody.com

HIV antiretroviral therapy first arrived on the scene almost 30 years ago and changed HIV from being a fatal virus into a chronic, manageable disease. Since then, the medications have become more effective, simplified and tolerable. However, adherence and side effects still remain an issue. Today, there's buzz and research surrounding longer-acting regimens, less frequent doses and even possible cure strategies.

We asked some of the leading experts and advocates in HIV care what they think HIV treatment will look like in five years. These interviews were conducted at the 21st Conference on Retroviruses and Opportunistic Infections in Boston earlier this month.

### Cost vs. Benefit Decisions

"I think we are due for a collision between the economics of how do we save money versus what we've been doing, which is the best possible therapy for the patient.

"Our field continues to improve. There are exciting developments. There's improvements in things that are already pretty good, and making them even better. We still see new drugs. We still see coformulation. We also know that there are already, and still to come, generics of the existing drugs -- which have been really good, but not as good, based on the studies we see.

"So I think the really interesting

question will be, do we, as clinicians, get to do what we're trained to do, which is to provide the best possible regimen, regardless of what it costs? Or are we forced to do just OK because a payer says, 'We're not paying for the best?'"

### Better Care and Long-Term Success

"It depends on whether you're asking me about how we should treat HIV, or what the health care system will look like. But I do think that in the next five years we're going to be talking a lot more about how we get people to be successful on therapy over decades, instead of over three to five years that we've been doing for so, so long.

"I also think that there's going to be some really exciting breakthroughs for us in the next five years. I think that we're a lot closer to understanding targets and mechanisms that will lead us along the right path for a cure."

### Simplified Second-Line Treatment

"I think first-line therapy is going to look very similar to what it looks like now. I think second-line therapy is going to be very dramatically

changed. I think it will be simplified and I hope we're in the situation where we have a single tablet."

### Longer-Acting Regimens and New Drugs to Treat Persistence

"I think that we're going to be moving to longer-acting agents. We're going to move to agents that can be injected or given through different routes. So I think that is going to be the new landscape. Also, I think we're looking at new compounds that are going to be available for our patients that have hard-to-treat HIV."

Greater Reach and Less Frequent Doses

"I think the future HIV landscape will be marked by two changes from what we see now. The first will be a much greater effort and infrastructure to engage the unengaged. Since the cascade shows that in any given community 50 to 70 percent of the people are not suppressed, if we don't

migrate toward getting those people in care it's not going to change the trajectory of the epidemic. Whether that will involve different strategies about doing care, such as less frequent injections of medicine or simpler regimens that get rolled out by

different levels of providers, and how that will be influenced by the Affordable Care Act and 'Obamacare,' that will be an emerging question."

More of the Same

"For the populations that I'm particularly interested in, people with very little money in lower-middle income countries, I'm fearful that the landscape is going to look very similar to how it does now, because I don't think that we're progressing fast enough -- and often for reasons that are not to do with science or medicine, like regulatory issues, pricing, or having not done the right piece of research as the drug was being developed to enable it to be used in people like women. So I think it's going to look much the same."

### For More Information

To explore the issues raised by these HIV care providers, researchers and advocates in more depth, check out the following resources on TheBodyPRO.com:

**HIV Care Today**, a multi-author blog in which care providers discuss the everyday challenges of their jobs, recent developments in their fields and issues relevant to the evolution of HIV/AIDS care.

**HIV Management in Depth**, an interview series in which top experts go in depth to discuss critical issues in HIV clinical management.



## New Faces are Comming to Open Door



You will be seeing some new faces

among the staff at Open Door. Christina Rivera has been hired as Medical Biller. She will be at both offices.

The Aurora office will have a new receptionist in May. Esther Hancock has accepted the position to begin May 19<sup>th</sup>. Rosie will then be able to use her Medical Assistant

skills to her fullest. That will make a complete medical team for Aurora with Constance Pachucki, MD, Marcia Huston, MD, Juan Mercado, DNP, Martha Gonzalez, RN, Rosie Pina, MA.

In the Elgin office, an offer has been made for a Medical Assistant to complete the medical team there

also. Hopefully, next month we will be able to announce that new team member.



**Free STI Testing**  
**Aurora and Elgin**  
For Dates Please Call:

**Aurora:**

630-264-1819

**Elgin:**

847-695-1093



## Walk for a Cause

On May 24<sup>th</sup>

in Elgin is the Fox Trot.

Walk for a Cause is for non-profits.

To walk for Open Door the cost is \$12.00.

\$8 of the \$12 comes to Open Door.

If we get 50 walkers we get an extra \$500 from the City of Elgin.

Here is the website:

<http://www.cityofelgin.org/index.aspx?NID=1676>



## Treatment as Prevention: The Value of Early Treatment of HIV Infection

The Incidental Economist

We've all heard that an ounce of prevention is worth a pound of cure. What you may not have heard is that early detection and treatment of HIV is itself a powerful strategy for preventing HIV infection and AIDS. There are two interesting studies in *Health Affairs* that document the importance of 'treatment as prevention.' I'll get to these papers in a moment, but first let me provide some context.

'Early' treatment of HIV refers to this question: At what CD4 count should you initiate antiretroviral therapy for an HIV+ person? CD4 cells are critical components of the immune system. The CD4 count is the number of such cells in a cubic milliliter of blood. As HIV infections progress, the number of CD4 cells decline and this is a marker of the immune system's declining ability to resist infection or cancer. Early treatment, then, means that you start treating the patient with antiretroviral therapy while his or her CD4 count is still relatively high ( $> 350$  cells /  $\text{ml}^3$ ), as opposed to waiting.

When to start antiretroviral therapy has been controversial. There are plausible reasons to wait, including the significant side effects associated with antiretroviral drugs. However, when combination antiretroviral therapy (cART) appeared in 1996 and it was shown that you could live with HIV, early treatment became more common.

One of the benefits of early cART is that it reduces the HIV transmission probability, that is, the probability that an HIV+ person could infect others through sexual contact. In the clinical trial 052 of the HIV Prevention Trials

Network (HPTN 052), researchers found an astounding 96% reduction in HIV transmission among patients who received early cART.

So, the question considered in a *Health Affairs* colleagues was: how many new cases of HIV infection have been prevented by the use of early cART treatment? They looked at the history of the US epidemic from 1996-2009. Obviously, we can't (directly) count the number of HIV infections that didn't occur.

What they did instead was to run a computer simulation of the spread of the epidemic. The simulation used historical data on the prevalence of HIV infection. Using those data and data about the networks of sexual encounters for HIV+ persons, they simulated the sexual transmission of HIV through the US population from 1996 to 2009. (The network diagram below describes a cluster of adolescents, linked by their history of sexual contacts.)

Now imagine that some of the nodes in the network are HIV+. HIV infection will spread through the network. But the rate at which HIV spreads, and therefore the number of new infections, will depend on the HIV transmission probability. And this transmission probability will be reduced if the HIV+ persons in the network get early cART.

Goldman et al. ran their simulation under three conditions. In one condition, patients received early or late cART in the proportions observed during the actual history of the epidemic. In this condition, the simulated history of new HIV infections (the red line in the Figure below) reproduced the actual history of the epidemic from 2009 forward. Goldman et al. also ran the simulation under two counterfactual strategies in which doctors waited until CD4 counts were lower before initiating treatment. The blue and green lines depict how the history of the epidemic would have proceeded if early cART had not been used,

and they show higher rates of new HIV infections.

The authors concluded that *the strategy of early cART prevented 188,000 new HIV cases*

during 1996-2009. In a related paper in the same issue of *Health Affairs*, Romely and his colleagues show that early cART also increased the life expectancy of HIV patients.

Compared to people who initiated cART late..., those who initiated treatment early (with a CD4 count of 350-500) could expect to live 6.1 years longer, and the earliest initiators (with a CD4 count of more than 500) could expect an extra 9.0 years of life.

cART is expensive, but it turns out that the total value of life expectancy gains to the early and

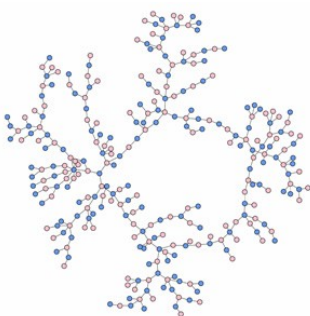
earliest initiators of treatment was \$80 billion, with each life-year valued at \$150,000... The value of the survival gains was more than double the increase in drug manufacturers' revenues from early cART initiation.

The most important lesson is that it is essential to get people at risk tested for HIV infection. If you are HIV+ but do not know it, and don't get tested, it's likely that your disease will be found too late to benefit from early cART. That will shorten your life and endanger your sexual partners.

A broader lesson is that the value of medical treatment is sometimes hidden. The prevention of 188,000 HIV infections is a huge but invisible public health achievement.

People say that lives saved through prevention are "statistical abstractions," but I don't see it that way. We do not know the identities of the people who were saved—you may be one, but you will never know—or their exact number.

Nevertheless, these lives are real, not abstractions, and saving them was worth the cost. The HPTN 052 trial cost an eye-popping \$72 million and in the current state of funding for the NIH, I doubt that it would be undertaken. But the return on investment in cART, which HPTN 052 helped validate, is denominated in the billions. These aren't billions that anyone can spend. Neither will the value of these lives be counted in measurements of our Gross Domestic Product. But the lives are real, lived by people who value them.



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JIM DAVIS 3-26

## **Canticle Ministries Annual Plant Sale**



After our "challenging" winter, has the emergence of warm weather had you suddenly day-dreaming about sunny summer gardens? Then be sure to mark your calendars for the Canticle Ministries Plant Sale!



### **Proceeds from the sale help fund Canticle Ministries' programming**



Transitional Housing Program assisting individuals who are in the process of transitioning away from dependence on social services to a more independent living situation



Canticle Ministries Scholarship - a college scholarship program benefiting high school students impacted by HIV/AIDS pursuing post-secondary education



### **LOCATION**

Wheaton Franciscan Entrance #7, on the campus of  
Marianjoy Rehabilitation Hospital  
26W171 Roosevelt Road in Wheaton, IL.  
Once on the campus, follow the signs

*beautiful annuals of all kinds  
and colors donated by the  
area's finest nurseries*



### **DATES & TIMES**

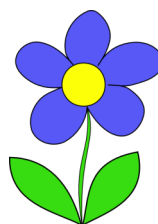
**Friday May 16th**  
11:00 AM – 6:00 PM  
**Saturday May 17th**  
8:00 AM – 3:00 PM



*unbeatable prices*



*beautiful natives of all kinds  
and colors donated by the  
area's finest nurseries*



*beautiful perennials of all  
kinds and colors donated by  
the area's finest nurseries*



## **The Suggestion Boxes Are For You**

**There are suggestions boxes in each clinic for the clients to use.**

### **How you ask?**

**If you have an idea to improvement in the clinic.**

**If you have a praise to a staff member.**

**If you have a concern of any kind.**

**If you just want to say something.**



**All you have to do is write it on a piece of paper, you can put your name on it or not it is all up to you. And put it in the box. The CAC will see what it is and make any recommendations to the staff.**



**We want your experience at the clinics to be a GREAT one but if we don't know what your ideas or concerns are and we can't keep doing the great things going. So the CAC and the clinic staff can't this if it wasn't for YOU.**





## Life Expectancy in Some People With HIV Exceed Average

From TheBody.com

The decision to start treatment is different for every person with HIV and is a conversation best had with his or her doctor. But research consistently finds that one of the benefits of starting HIV treatment as early as possible may be a longer life. In fact, a new study from the U.S. shows that, for people who start treatment before their CD4+ count falls below 350, their average life expectancy can be equal to -- or, in some cases, even higher than -- the general population.

For a disease that was once considered a death sentence, this is huge news, especially because life ex-

pectancy and mortality are often on the mind of people newly diagnosed with HIV



and those considering starting treatment.

Meanwhile, a second recent study looked at death rates for non-AIDS-defining illnesses among people who

started HIV treatment when they had a CD4+ count above 350. It found that the non-AIDS death rate was not, and had never been, any higher than among a comparable group of HIV-negative people.

There are a lot of other factors that go into mortality rates, including illicit drug use (which has been shown to seriously cut into the average lifespan) and history of other illnesses. While these studies definitely show some good news regarding starting HIV meds early, many factors should go into the decision to start treatment, so please consult with your HIV care provider.

## MAY EVENTS

- 02 - HIV/AIDS Activity Education Group 4p-6p (A)
- 05 - Substance Use Group 11a-12p (A)
- 06 - Positive MH 4p - 5:30p (A)
- 07 - Positive MH Group (E)12p - 1:30p
- 00 - Making Stress Work for You 12:30p - 1:30p (W)
- 09 - HIV/AIDS Activity Education Group 4p-6p (A)
- 12 - Substance Use Group 11a-12p (A)
- 13 - Positive MH 4p - 5:30p (A)
- 14 - Positive MH Group (E)12p - 1:30p
- 00 - Game Night 4p - 6p (W)
- 15 - HAPPY BIRTHDAY CARMAN (CAC)
- 16 - HIV/AIDS Activity Education Group 4p-6p (A)
- 16 - Newsletter Articles Due
- 16 - Bingo Night 4p - 6pm (E)
- 19 - Substance Use Group 11a-12p (A)
- 20 - Positive MH Group 12p - 1p (A)
- 21 - Positive MH Group (E)12p - 1:30p
- 22 - Pain Management Group 1p-2p (A)
- 23 - HIV/AIDS Activity Education Group 4p-6p (A)
- 26 - Newsletter to Clinics
- 26 - Substance Use Group 11a-12p (A)
- 26 - HAPPY BIRTHDAY JENNIFER (E)
- 27 - Positive MH Group 12p - 1p (A)
- 28 - Positive MH Group (E)12p - 1:30p
- 28 - Game Night 4p-5p (W)
- 31 - CAC Spring Social 'LUAU' 3p - 7p (G)

## SAVE THE DATE: AUGUST 9TH 2014

### OPEN DOOR & CAC ANNUAL PICNIC

HOSTED BY  
FIRST CONGREGATIONAL CHURCH  
OF GENEVA

IF YOU ARE INTERESTED IN GETTING THE OPEN DOOR CLINIC'S MONTHLY NEWSLETTER VIA E-MAIL OR HAVE ANY TOPICS THAT YOU WOULD LIKE TO SEE IN THE NEWSLETTER.

PLEASE EMAIL ME AT [deanbnewsletter@yahoo.com](mailto:deanbnewsletter@yahoo.com)

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ELGIN, IL 60120

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Elgin, IL 60120
- (G) First Congregational Church  
321 Hamilton  
Geneva IL 60134
- (W) Canticle Place  
26W105 Roosevelt Rd  
Wheaton, IL 60187