

Peers, Providers and Patient Outcomes

Presented by:

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Disclosure

- Elizabeth Taylor and Mark A. Baker
Have no financial interest or relationships to disclose.
- HRSA Education Committee Disclosures
HRSA Education Committee staff have no financial interest or relationships to disclose.
- CME Staff Disclosures
Professional Education Services Group staff have no financial interest or relationships to disclose.

Learning Objectives

At the end of the workshop, the participant will be able to:

1. Describe the role and responsibilities of the PTN and discuss strategies for integrating peers into the treatment adherence program.
2. Give specific examples of how the PTN and Nurse collaborate and maintain continuity of care including the process for documenting the plan of care and patient encounters.
3. Identify the key elements that must be documented to support collaboration, maintain continuity, and track outcome measurement.

Washington Hospital Center HIV/AIDS Program

- Located in the center of Washington, DC in the Ambulatory Care Center of the Washington Hospital Center
- Provides primary medical care and support services to persons who are HIV infected.
- Staff includes 5 attending MDs who are infectious disease specialists
- Teaching hospital with 5 fellows in training for ID
- Peer Treatment Navigator, Social Work Medical Case Manager, Registered Nurse Medical Case Manager, and Program Coordinator
- Program psychologist and dietitian

What Does the Game Illustrate?

- One infected person who has unprotected sex or shares needles can
 - infect a lot of people
 - in a short time
 - without anyone knowing it.

Adherence

Why Does It Matter?

- Adherence to anti-retroviral medication is essential to prevent the development of resistant virus. The literature suggests that all patients at some time in their medication life-time will have some difficulty taking medication.
- Adherence to anti-retroviral medication is essential to decrease the HIV viral load, and thus the transmission rate of HIV.

Quinn, et al 2000

The Role of the Peer Treatment Navigator

- Provide psychological, emotional and educational support to known HIV + patients and their families
- Help identify, link and retain HIV-infected persons in care
- Demonstrate a healthy lifestyle
- Assist in the exchange of information, views and attitudes between the medical providers and the client or patient population
- Facilitate the Consumer Advisory Board

Personal Reminder Calls



2008

- Average of 160 patients per month scheduled for primary medical care visits
- 56 no-shows
- 35% no-show rate

2010

- Average of 215 patients per month scheduled for primary medical care visits
- 59 no-shows
- 27% no-show rate

Initial Assessment

- How do you believe you became infected with HIV and how long have you known it?
- What do you know about HIV-tell me about it?
- Conduct a brief sexual history.
- Have you ever been on medications for HIV?
- Who is your support system?
- Questions about substance use.

Setting Expectations

- Washington Hospital Center HIV/AIDS program Patient Provider Agreement and “No-Show” policy
- Developed by the Washington Hospital Center HIV/AIDS program Client Advisory Board in collaboration with the treatment team.

PATIENT PROVIDER AGREEMENT (PPA)

PATIENT PROVIDER AGREEMENT

I, _____ would like the Washington Hospital Center to be my primary medical provider. I understand that we both have a responsibility to work together to produce optimal health care outcomes.

Washington Hospital Center ID Team agrees to:

- ***Provide professional, respectful and considerate care, regardless of race, gender, religion, national origin, or sexual orientation.***

PPA (continued)

- *Be the primary medical provider, to give quality medical care and treatment options.*
- *Collaborate with you, the patient, to find treatment/medical regimen that are mutually agreed upon.*
- *Communicate information in terms that, you, the patient can understand concerning your condition, diagnosis, and proposed treatment in a timely manner.*
- *To make every reasonable effort to protect your privacy and confidentiality concerning your medical care, your medical records and all communications pertaining to your care.*

PPA (continued)

- ***Continue to provide care if you, the patient refuses to comply with treatment recommendations.***
- ***Inform you, the patient of the medical consequences of refusing to comply with treatment recommendations.***
- ***Call you, the patient to remind him/her of their upcoming appointments.***
- ***Ensure availability of support services provided by Peer Treatment Navigator, Social Work/Case Manager, Adherence Counseling, and Medical Staff.***

PPA (continued)

- *As the patient I agree to,*
- *Be considerate of the rights of other patients and hospital personnel and follow hospital rules and regulations regarding patient care and conduct.*
- *Collaborate with the ID Physicians, to develop a mutually agreed upon plan of care. This may include following the instructions of nurses and other health professionals as they carry out the coordinated care plan ordered by your physician.*
- *Complete an evaluation with ID Education, Dr. _____ and/or Psychologist, and follow through with treatment recommendations*

PPA (continued)

- ***Inform medical team of any illness and side effects that may potentially cause me to stop taking medicine identified in treatment regimen. Provide to the best of my knowledge accurate and complete information about my present complaints, past illnesses, hospitalizations, medications prescribed by other providers, medication side effects, and to report any changes in my care.***
- ***Inform medical team of any alternative therapies/providers other than WHC ID.***
- ***Inform medical team within 24 hours, if I cannot keep schedule appointments. It will be up to me as the patient to reschedule appointment. (see attachment)***

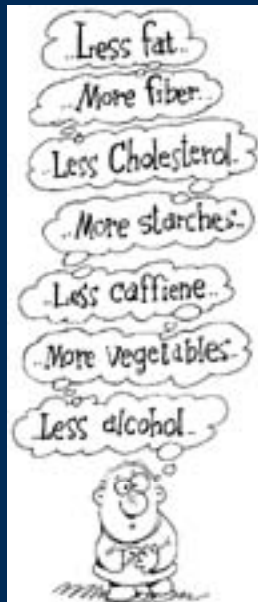
PPA (continued)

- *I have read and understand the guidelines listed above. All of my questions and concerns regarding this agreement have been adequately answered. _____*
- *Both parties understand that if contracted obligations are not fulfilled, then referrals to other providers will be given.*
- *Patient Signature* *Date*
- *PTN/Support Staff Signature*

Role of ID Nurse Educator

- Provides Medical Case Management towards effective living with HIV
- Includes medication adherence and side effects management, disease management
- Safe sex behavior modification and prevention instruction.

Patients receive multiple messages at the same time, and receive them differently depending on their life experiences.



Nursing Process in a Nutshell

- Assessment- what do they need?
- Intervention- what will reach them?
- Response- what did they do/say?

Identification of barriers most important

Overlapping of the Roles

- Begins in weekly clinic conference
- Electronic medical record links all providers by documentation and communication
- Consistent message provided to patients
- Each team member builds off of all gathered information to support adherence

Case Study #1

34 year old black female, single mother, works fulltime

Diagnosed while in hospital, November 2008

Initial CD4 count= 34, HIV viral load= 154,890

Enrolled in NIH study. Started on Atripla. Remained on it for 2 weeks, then was switched to Truvada, Reyataz and Norvir due to rash that was thought to be due to Efavirenz.

PTN and ID nurse educator worked with patient using a combination of phone calls, emails (with patient permission) and face to face visits. (Total of 7 PTN encounters, 3 ID Nurse Educator)

- First restaging after 2 weeks, CD4= 161 and HIV viral load= 6,217***
Most recent lab results: May, 2009 CD4= 301, HIV viral load= undetectable

Case Study #2

*46 year old black female, visually impaired. Married.
Training for job placement*

**HIV diagnosed 1996, history of multiple treatment failures due to non-adherence to medications and appointments
ID education visits prior to September, 2008 were hit and miss.**

Patient and providers feel she is ready to start a new regimen:

Intelence, Isentress, Prezista, and Norvir, all to be taken every 12 hours

September, 2008

CD4= 77, HIV viral load= 194,670

Peer Treatment Navigator and ID Nurse Educator work together with phone calls that include support and counseling, facilitation of refills, and scheduling of appointments. Patient attends 2 appointments with PTN and 2 appointments with ID Nurse Educator

First restaging: December, 2008 CD4=141, HIV viral load= 90

- **Viral load was undetectable by January, 2009, CD4 328**

Lessons Learned

- The team approach, using peers and medical staff works
- Patients need multiple sources of support, and team members need support from each other
- Selecting the right peer depends on knowing your patient population and staff needs.
- Consistent messages delivered by team members with different styles, ensure that the message is heard.
- Outcomes reflect patient improvement, but the work is never over.