

ACHIEVING VIRAL LOAD SUPPRESSION IN YOUTH LIVING WITH HIV IN SOUTH MISSISSIPPI

Southeast Mississippi Rural Health Initiative, Inc. (SeMRHI)

Hattiesburg, MS #15629 National Ryan White Conference 2020





INTRODUCTION

- Mississippi-1 of 7 states identified by the Ending the HIV Epidemic (EHE) initiative
- Subpopulation with the lowest rates for viral load suppression and retention in care
- Aim: By December 31, 2019, 85% of youth living with HIV will achieve a viral load suppression rate of 75% or greater.
- Baseline VLS rate=58.33% (July 2018)
- Retention in care PI project in 2017 revealed the following data:
 - VLS rate for youth=55.26% (21/38)
 - 17 were not suppressed
 - 11/17 have been discharged (65%) as of December 2018
 - 7/11 "lost to care"
 - 4/11 "relocated"





METHODS AND ACTIVITIES

- Identify youth who are not VLS on the daily huddle sheet
- ECHO patient checklist
- Consumers disclose potential barriers during phone and/or faceto-face contact with case managers
- Health Literacy tool-Bead Adherence tool

- Referrals to appropriate resources to address barriers, such as Behavioral Health and HOPWA
- New hire of RN Case Manager-September 2019
- Two contract ID physicians for once a week clinic-November 2019





BEAD ADHERENCE TOOL AND ECHO PATIENT CHECKLIST



DATE:		
NAME0	CASEMANAGER	MR#
DOB AGE PROVIDER		
BASELINE VIRAL LOAD	DATE	
MOST RECENT VIRAL LOAD	DATE	
ACUITY LEVEL:BASIC	INTENSIVEMODERATE	PRN
CONTACT FREQUENCY	NEXT APPT	
# OF MISSED APPTS IN PAST 12 MONTHS		
ART REGIMEN:		
DATE OF LAST CONTACT OTHER	PHONEFACE-TO-FACE	
BARRIERS TO CARE		
BARRIERS TO ART ADHERENCE		
ART DOSAGE REMINDERS: PILL BOXPHONE REMINDEROTHER		
INTERVENTIONS USED:		
BEAD ADHERENCE TEACH BACK TOOL		
MOTIVATIONAL INTERVIEWING		
MONTHLY CONTACT WITH PATIENT		
TEACHBACK TOOL (BOOK)		







RESULTS

SeMRHI's Viral Load Suppression Rates



LESSONS LEARNED



- Successful interventions:
- Combination of completion of the ECHO Checklist with consumers (identify and address barriers)
- Bead adherence tool (visual tool/maturity level)
- New ART rapidly suppresses VL and minimum side effects which contributes to daily ART adherence

- Meet the patients where they are
- Continue to address ongoing barriers to care:
 - >missed appointments
 - lack of adherence to ART
 - ➢ failure to complete ADAP recert
 - newly diagnosed with high VL rates and behavioral health indicators





CHALLENGES/LIMITATIONS

- Patients' challenges despite interventions:
 - Stigma, behavioral health indicators
 - > denial of diagnosis
 - maturity level
 - overwhelming social determinants of health
- Clinic challenges: staff turnover and training new staff
- Despite available support services, VLS was not achieved for some of the youth living with HIV at SeMRHI.

- Use of bead adherence tool and ECHO patient checklist will spread to all patients who are not VLS
- Pending implementation for early fall 2020: text messaging platform for case managers, on-demand ride sharing services (Uber and Lyft), and hiring of linkage to care social worker and high-acuity nurse case manager

