

Enhancing access to care for newly diagnosed and lost to care HIV patients in an FQHC



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Glossary



- Screening: Performing an HIV test for all persons in a defined population
- **Targeted Diagnostic testing:** Performing an HIV test for subpopulations of persons at higher risk, typically defined on the basis of behavior, clinical, or demographic characteristics and persons with clinical signs or symptoms consistent with HIV infection using 4th generation analysis.
- **HIV-prevention counseling:** An interactive process of assessing risk, recognizing specific behaviors that increase the risk for acquiring or transmitting HIV, and developing a plan to take specific steps to reduce risks.
- Entry to Care: measures the percentage of persons with diagnosed HIV seen by care team and received medication.
- **Linkage to Care:** defined by having a medical visit and one or more documented viral load test or CD4 within 30 days (1 month) of HIV diagnosis.
- **Viral Suppression:** viral load test result of <200 copies/mL at the most recent viral load test during measurement year.
- **Retention in Care:** percentage of persons with diagnosed HIV who had two or more CD4 or viral load tests, performed at least three months apart.

Glossary



- **HIV Care Continuum:** spectrum of engagement in HIV clinical care, spanning from persons unaware of their HIV infection status to those fully engaged in HIV care, defined by having a MCM, PCP, Mental health provider and ART Prescription.
- **Hours of Operations:** M –W: 8am 5 pm

T: 8am - 6pm

F: 8am - 4 pm

S: 8am -2pm

• Skeleton Crew: Staff available during holidays, and weekends including COVID-19.

M –F: 8am - 5 pm

S: 8am -2pm

- Extended Hours: Access after normal working hours for patients to be able to enter into care: MCM or PCP M-W 5pm -7pm; Th 6pm-7pm; Friday (in a need bases) and Saturday (8am-2pm)
- MSM: Men who have sex with men or male-to-male sexual contact (The term MSM indicates a behavior that allows for HIV transmission; it does not indicate how individuals self-identify in terms of sexuality or gender.)
- Transgender: whose gender identity differs from the sex they were assigned at birth.

Background



Approximately 1.1 million people are living with HIV in the United States of America, in which the South region has the highest incidence of newly diagnosed cases, with 52% In Miami Dade County, the FDH reported that the PLWHIV increased to 28,345(an increase of 1.0%) in 2018.

Community Health Care Centers play an essential role in the delivery of testing and engaging patients of lower socioeconomic status to care in order to stop this growing health care epidemic.

Borinquen Health Care Centers has engaged in Ending the HIV Epidemic by following the San Francisco and the New York City model, HAART. Borinquen is starting HAART on the same day and providing linkage to care to newly diagnosed HIV patients and to re-engage those that are lost to care in order to decrease the infection rate in Miami Dade County; this will allow us to decrease the number of HIV infected individuals by suppressing their viral load.

The Test and Treat Program protocol allows the patients diagnosed with HIV to start treatment within 7 days of diagnosis, at BHCC patients are engaged to start treatment within the same day of contact with one of our providers.

History

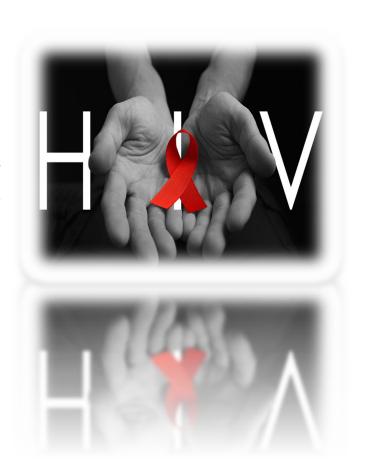


The test and Treat Program at Borinquen Health Care Centers started as a pilot program in October 2017 with 2 patients and was officially launched on November 1st, 2017.

The program initially targeted newly diagnosed HIV patients and later integrated patients who were lost to care to provide re-engagement and appropriate medical support.

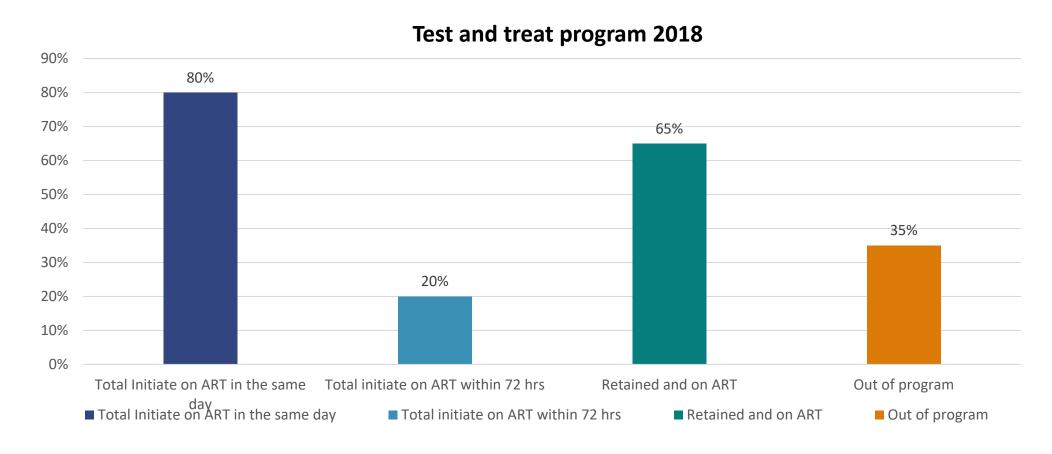
The linkage to care of the patients was initially within the first 72 hours of diagnosis, and there was a single assigned PCP available for the program for this type of patient.

We had centralized HIV care in one clinic with 1 PCP and on a need basis, we provided and utilized other HIV specialist providers from another locations.



This is how we performed

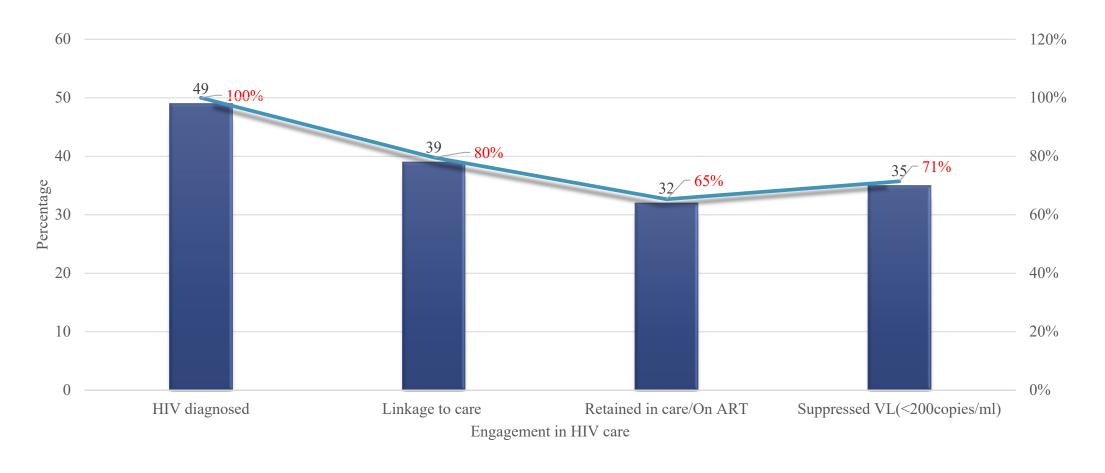




Total of Patients: N=49 including 12 enrolled in 2017

Outcomes 2018



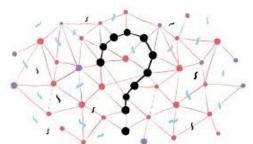


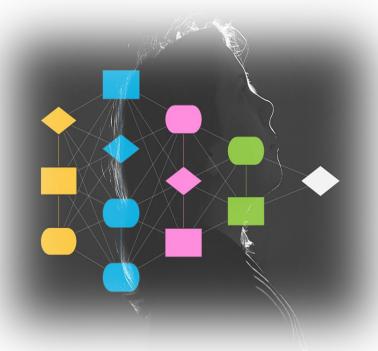
Total of Patients: N=49 including 12 enrolled in 2017

What did we think?







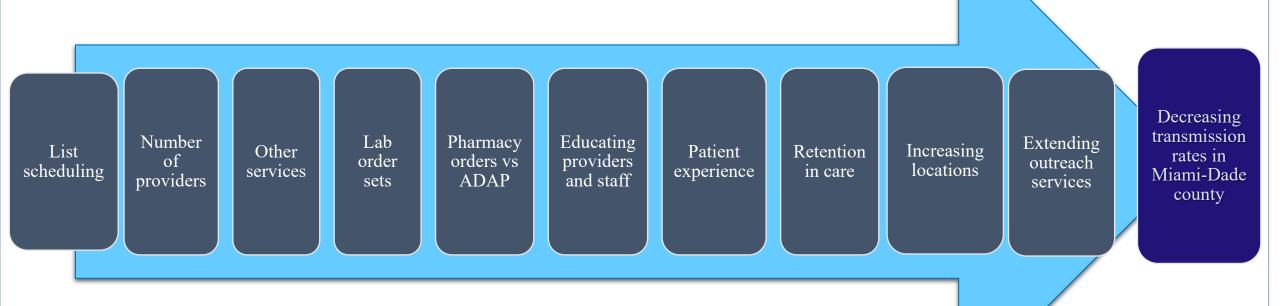




Why?... Who?...How?...

Areas of Improvements





And many more ideas...

Root Cause Analysis.





Root Cause Analysis



Need of extended hours – Skeleton Crew Outreach mobile staff number and tasks to Follow up HIV+ patients Care team (PCP,MCM, clinical staff)skills to ensure Improve HIV Service linkage to care. Delivery: Testing - Same day ART Work Processes for new testing and treatments - Same Day initiation - Viral Load medical appointments suppression – Retention in Care Team building and communication across departmentscare Integration of service (Behavior health-Family Medicine— Specialty - Oral health - Lab - MCM Monitoring plan with process and outcome indicators- Reports in weekly and monthly basis

- HIV testing services: Number of individuals who received HIV testing services and received their test results
- Antiretroviral therapy (ART) initiation and Continuation: Number of adults newly enrolled on antiretroviral therapy same day (less than 7 days)
- Viral load suppression: Percentage of ART patients with a viral load result with a suppressed viral load (<200 copies/ml)

Objective: Enhancing access to care 3 RYAN WHITE CONFERENCE ON THE CONFERENCE ON THE

Improve the Rapid ART initiation and Linkage to care to HIV patients by following the Florida Department of Health Test and Treat to decrease the infectious rate of HIV positive patients in Miami Dade by providing Rapid access to care.

Methods: The data used in this study were selected using the following characteristics:

- 1) Patients must have had a new diagnosis of HIV or lost to care by definition.
- 2) ART initiation within the same day of diagnosis or within 72 hours of diagnosis.
- 3) Patients must have had a follow-up appointment with their PCP two weeks after initial diagnosis and at least 2 MCM visits within the first 30 days of diagnosis.
- 4) MCM encounter within the same day of diagnosis and no later than 72 hours of diagnosis.

Forward Into the Future





Work Plan



- Increase capacity of providers and retain the staff and care team.
- Increase same date appointment slots for rapid access.
- Improve order sets for labs.
- Integrate medical caser management and patient navigator with the clinical team.
- Expanded outreach services to link patients to care
- Implemented rapid access email.
- Expanded the sites.

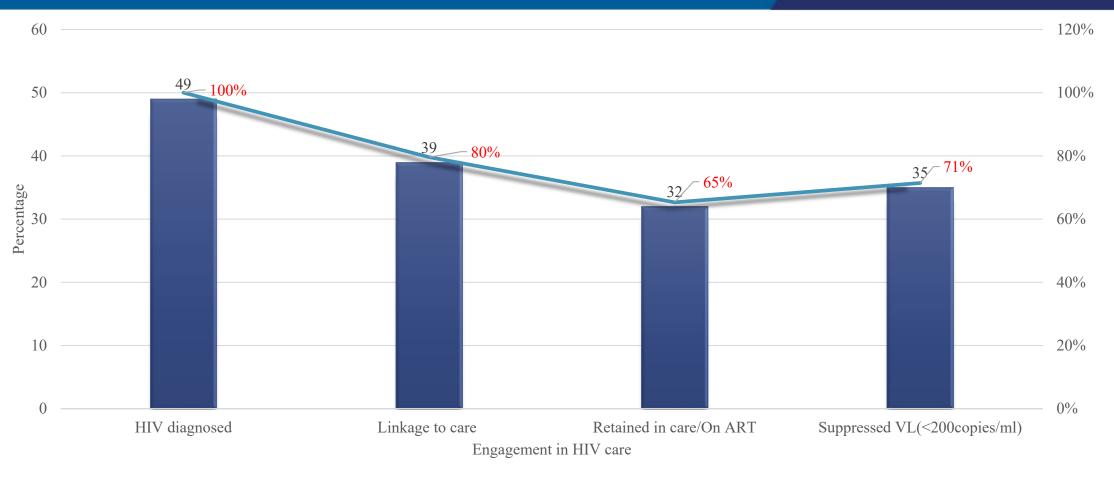
- Enhanced collaboration with Department of Health and Jackson Memorial Hospital.
- Implemented inter consult of PCP with specialist of HIV.
- Coordinated with HR skeleton crew and expanded hours
- Notified the County and the partners.
- MCM and clinical operations team obtaining buy in from the staff.
- Buy in from administration and the Board of Directors.



Outcomes RCA

HIV infected and engaged persons by selected stages of the continuum of care 2018

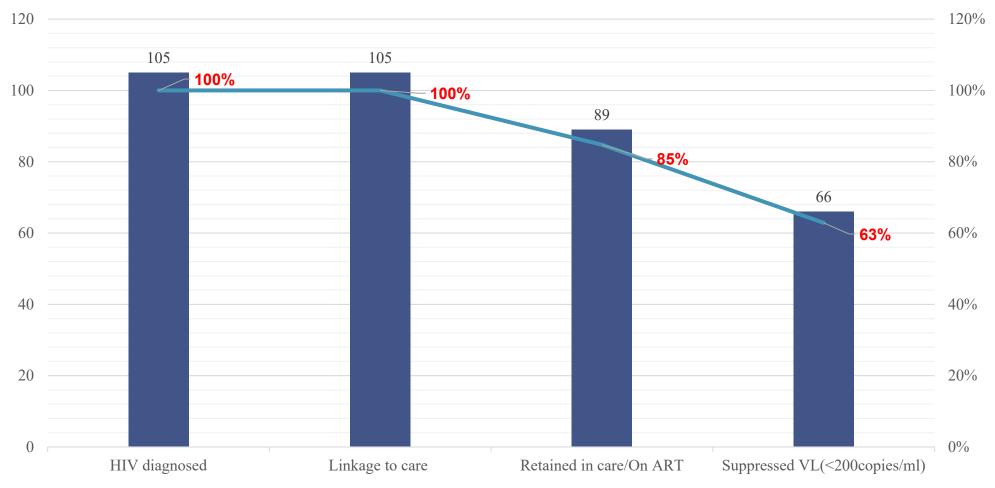




Total of Patients: N=49 including 12 enrolled in 2017

HIV infected and engaged persons by selected stages of the continuum of care 2019



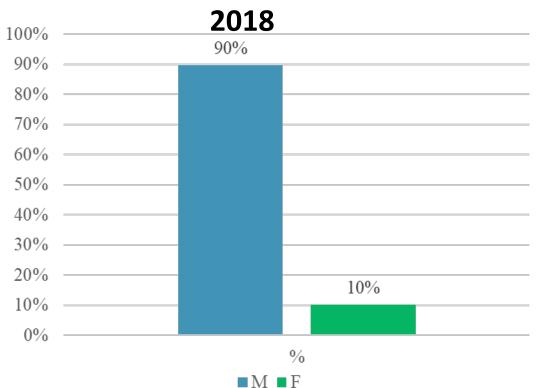


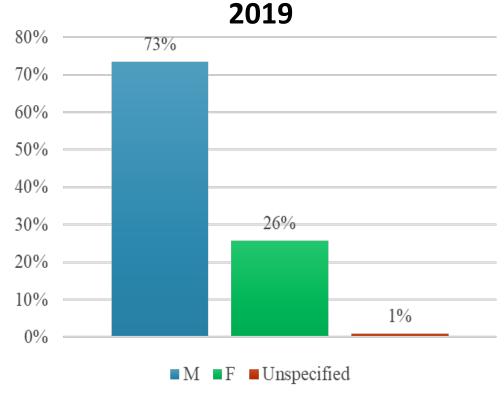
Total of patients N= 105

Demographics by Birth Sex



Test and Treat Program





Total of Patients: N=49 including 12 enrolled in 2017

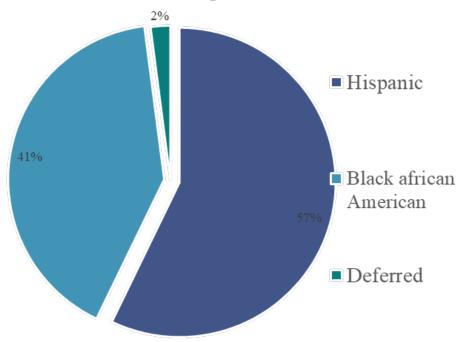
Total of Patients N=105

Source: Florida Department of Health 2019 Male 71.4% vs 28.3 % Female

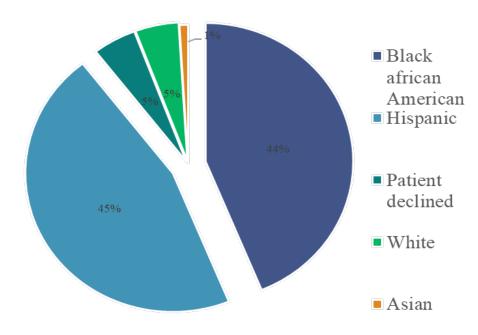
Demographics by Ethnicity



Test and Treat Program 2018



Test and Treat Program 2019



Florida Department of Health 2019:

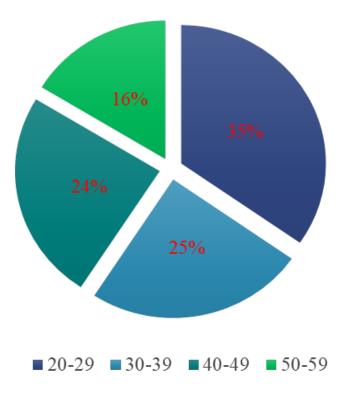
White: 24.6% Black: 39.4% Hispanic/Latino: 34.0% Asian: 1.1%

American Indian/ Alaska Native :0.1% Native Hawaiian/Pacific Islander: 0.8%

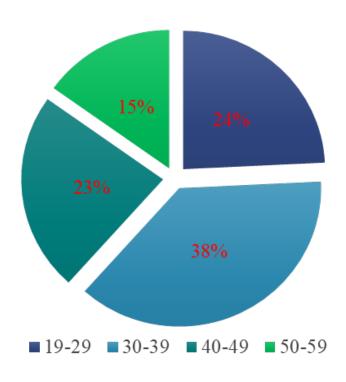
Demographics by Age Group







Test and Treat Program 2019



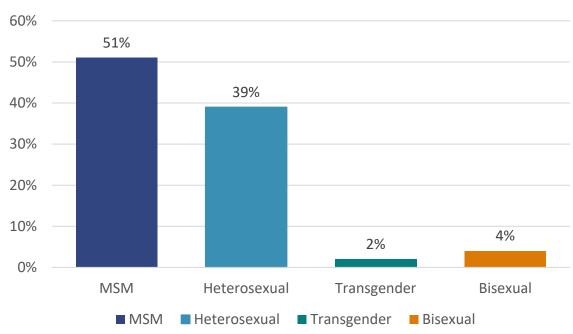
Florida Department of Health 2019

Age 20-29: 3.9% 30-39: 11% 40-49: 20.9% 50-59: 37.3%

Demographics by Gender Identity

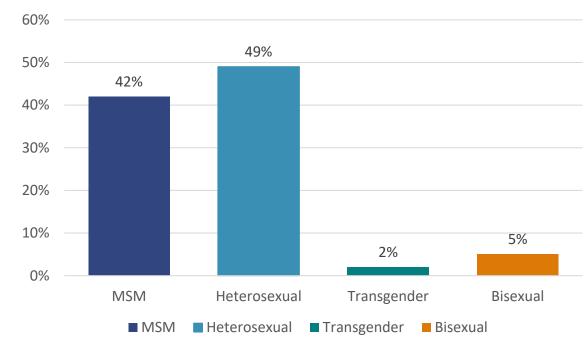


Test and treat programs 2018



Total of Patients: N=49 including 12 enrolled in 2017

Test and treat programs 2019



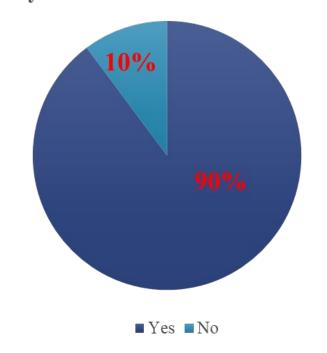
Total of Patients N=105

Florida Department of Health 2019: MSM: 74.5% Heterosexual Contact

Ryan White Patients



Ryan White Patients 2017-2018



Total of Patients: N=49 including 12 enrolled in 2017

Ryan White Patients 2019

13%

87%

Total of Patients N=105

■ Yes ■ No

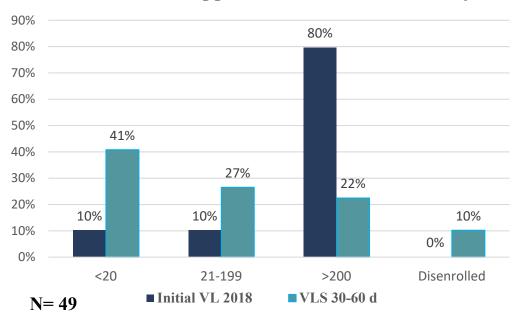
We can observe that BMC has increased the number of non-Ryan White Patients

Treatment Outcomes



Linkage to Care

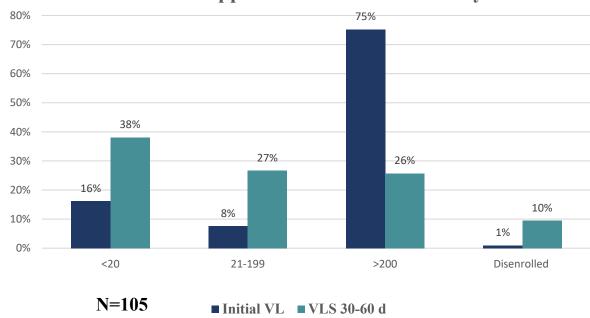
Rapid Access Program 2018 Viral Load Suppression within 30 to 60 days



Average of visits/patient after Dx of HIV: 2/month.

*Outliers: 4 patients, 6 visits within 30 days

Rapid Access Program 2019 Viral Load suppression within 30 to 60 days



Average of visits/patient after Dx of HIV: 3.5/month.

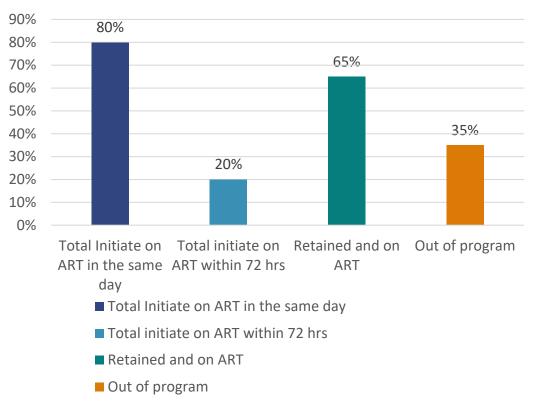
^{*}Outliers: 6 patients, 5 or 8 visits within 30 days

Treatment Outcomes



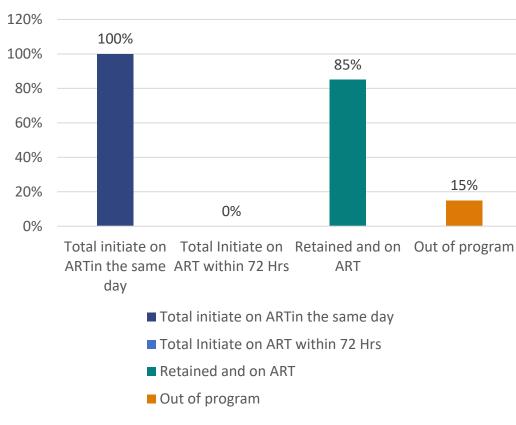
Retention in Care

Test and treat program 2018



Total of Patients: N=49 including 12 enrolled in 2017

Test and treat program 2019



Total of Patients N=105

Comparative outcomes



Test and Treat Program 2019

	%	# patients
Total active patients T&T		103
In medical care	99%	102
Retention in care	85%	88
ART use	87%	90
VLS	68%	70
Total MCM active	74%	76
MCM retention	91%	69
MCM using ART	89%	68
MCM VLS	66%	50

https://targethiv.org/library/scorecard-results-ryan-white-services

Current Challenges



- Access to care and coverage depending on the insurances and paperwork does not allow us o process paperwork same day.
- Eligibility process is complicated and can hinder the ability of the working population to attend long appointments.
- Uninsured patients to be coordinated with ADAP is complex and not convenient when clients are working.
- Engaging patients with substance abuse and coordinating mental health services and ART medication initiation very challenging.
- Transportation in Miami Dade County is an issue.
- Immigration Policy.
- COVID-19

There is always room for Improvement



PDSA



Plan

To increase access to patients diagnosed with HIV and lost to care

To provide same day appointment and decrease the possibility of patients declining treatment

Action

To increase the number of patients seen on the same day and receiving HAART we expect a decrease in the VL and retention in care

PDSA

Study

Same day testing and HAART initiation vs HAART initiation within 72 hours

Do

Same day appointment Same day ART initiation and retention in care Extended hours Skeleton Crew

Lessons Learned



- All barriers must be considered before initiating Test & Treat.
- Immediate linkage to medical services helps retention in care.
- Connecting both new and lost to care clients to HIV Peers create a safe relatable environment for clients.
- 18-25 age group may be insured with parents and to consider disclosure when using health insurance.
- Increasing the number of staff in the primary setting that can initiate HIV treatment.
- Collaboration with external agencies is an excellent referral system.

Ongoing Changes





Team approach appointment with a primary provider and case manager.



Enhance Learning of residents, providers and care team.



Telehealth/technology training for the new normal (Pandemic, Hurricane, etc.)



QI projects to address non viral load suppressed clients.





Questions?





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