Ending the Epidemic By Achieving Health Equity Through Patient Navigation

2022

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Bexar County Hospital District

Over 100 Years of Service

San Antonio, Texas

Bexar County Hospital District dba University Health

- South Texas' only safety net health system
- Level 1 Trauma Center
- Texas' 3rd largest hospital system
- 28 County Service Region across South Texas

University Health

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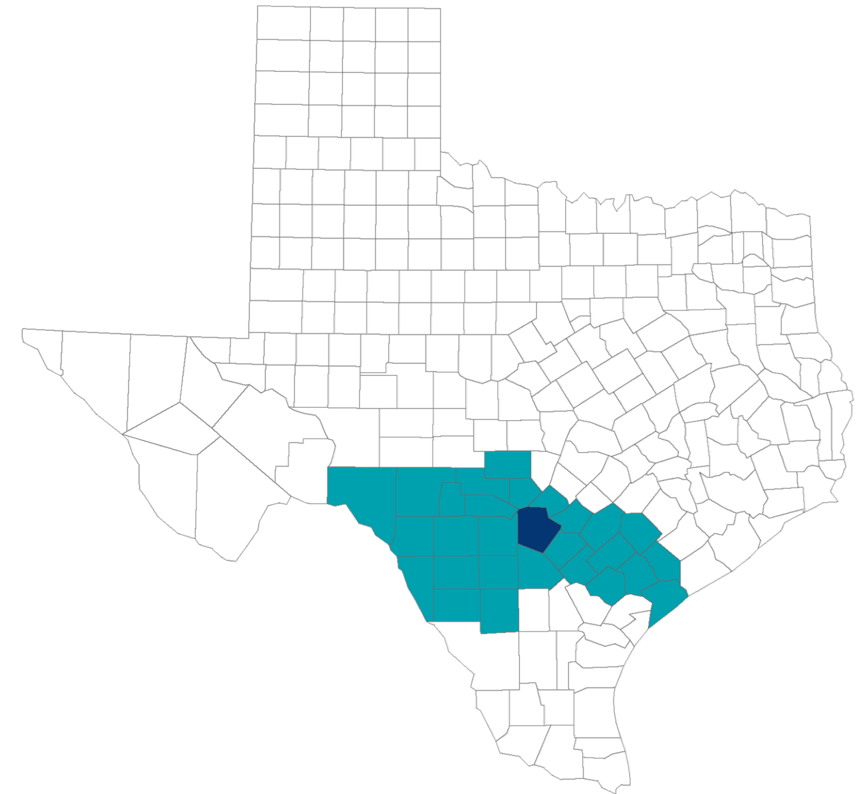
Mission - The mission of University Health is to improve the good health of the community through high quality compassionate patient care, innovation, education and discovery.

Vision - We are leading the way to be one of the nation's most trusted health institutions.

Values - Our patient care will be high quality and compassionate above all, attentive, kind and helpful without exception, and wise in the use of resources.

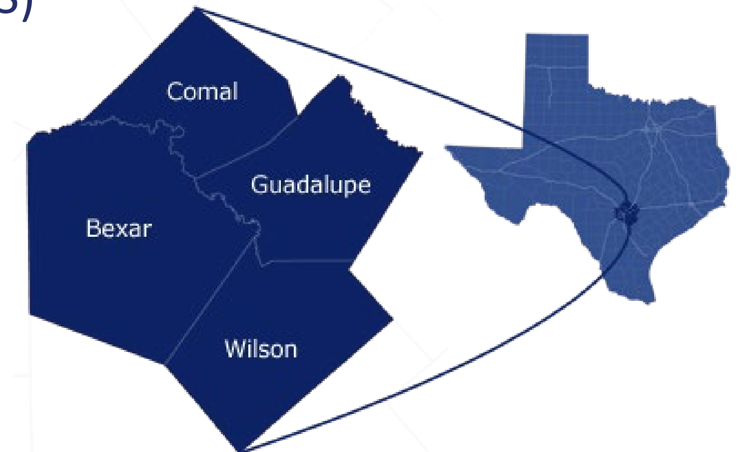
University Health 2

- San Antonio is the 7th largest city in the United States
- Bexar County, the fourth most populous county in Texas, slightly larger than Rhode Island
- 94% of the region's PWH (People With HIV) can be found in the San Antonio metropolitan region
- Bexar County has a significantly larger proportion of Hispanics (60.5%) than both Texas (37.6%) and the nation (16.3%)



University Health 3

- Ryan White Administrative Agency for Parts A, B, D, and EHE
  - Serves the San Antonio Transitional Grant Area (SATGA), a 4 county area
    - Bexar*, Comal, Guadalupe, and Wilson
    - ~2.4 million people
- Specialty Community Partners within the SATGA's
  - Family Focused AIDS Clinical Treatment Services clinic (FFACTS)
  - Black Effort Against the Threat of AIDS (BEATAIDS)
  - San Antonio AIDS Foundation (SAAF)
  - Alamo Area Resource Center (AARC)
  - El Centro del Barrio (CentroMed)



*EHE funded county

What is Health Equity

- Health Equity is defined as the opportunity for all men, women and children to attain his or her full health potential
- Health Equity means that one's social position, individual circumstances, or ability to pay for services does not negatively influence health outcomes
- Patients receive care based on individual need

Why is it Important?

- Providing equitable Health Care creates a healthier population which provides better healthcare outcomes
- Health Equity expresses an organization's commitment to the ideal of equality through access
    - When individuals have easy access to healthcare they are more likely to act as their own advocate and maintain adherence with visits and medication
    - Health equity provides a clear path to preventive healthcare

How does Patient Navigation and Health Equity work?

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- Patient Navigators serve as a conduit between the Health Care system and the patient
- A Nurse Care Navigator/Patient Navigator knowledge from:
  - The health care system
  - The disease process
  - The ability to absorb and communicate complex medical information for a patient
  - Ability to access health care networks

The Role of Nurse Care Navigator and Health Equity

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- Several studies have shown that health is affected by several complex factors, such as:
  - Social Factors
  - Environmental Factors
  - Economic Factors
  - Biological Factors
  - Health Care

https://www.cdc.gov/publichealthgateway/sdoh/index.html

The Role of Nurse Care Navigator and Health Equity

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- Research shows a nurses role is vital in improving Health Equity through navigation
- A patient navigator helps guide a client through the healthcare system by:
  - Facilitating lab appointments
  - Medical appointments
  - Medication refills
  - Identifying barriers in achieving successful healthcare outcome

- Examples of these are:
  - Housing / Homelessness
  - Utility payment assistance
  - Transportation
  - Food disparity

Health Equity and Navigation

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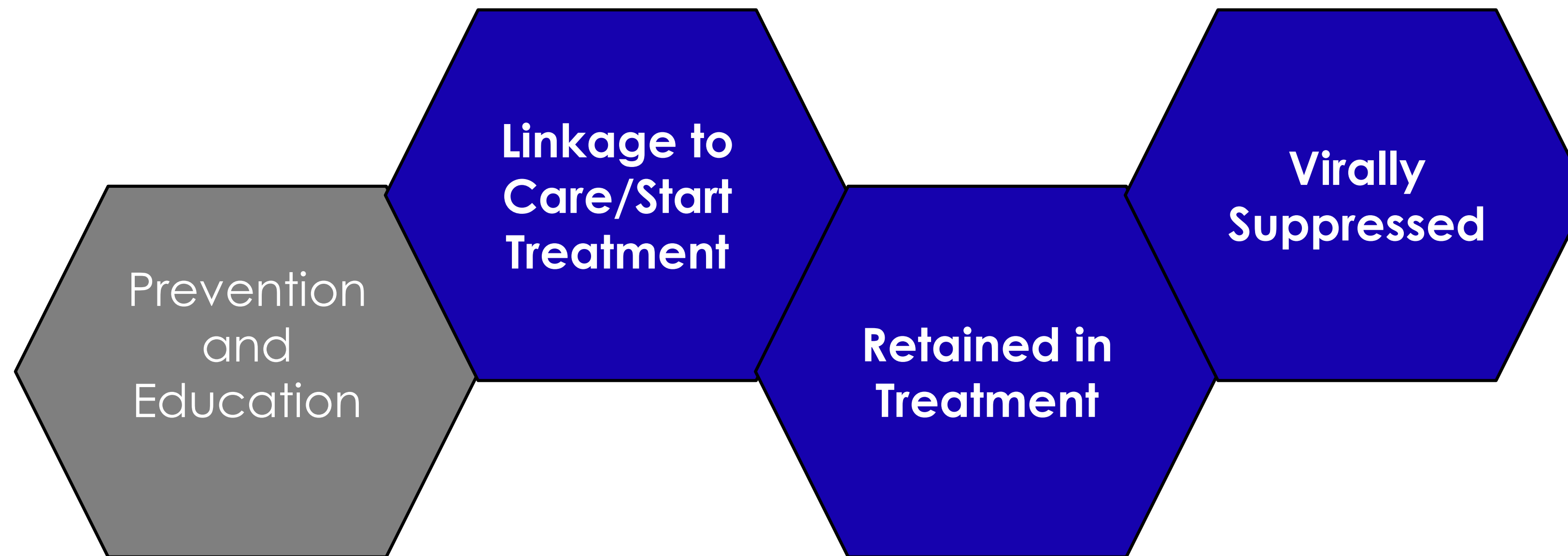
- Supporting patients through the healthcare continuum is a Navigators priority. The goal is to reach Viral Suppression by providing solution based guidance



Navigation Structure

- We currently have 3 navigators
  - Ending the HIV Epidemic
  - Part A
  - Part D
- Our navigation team works as one unit, allowing for a seamless transition when patients transition from one program to the next
- EHE has allowed us to quickly serve clients and then refer to other funding streams

Team Work

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- Navigation is not a stand alone process
- We rely on community partners, grant partners and fellow team members to ensure clients receive the resources they need for successful outcomes
- You will see examples of this in our case studies

The Need for Navigation

- It is projected that the need for navigation team members in the healthcare system, insurance companies, and physicians office will increase by 50% by the end of 2024
- The cost associated with clients who have difficulty adhering to their treatment plan and medical appointments is rising
- Navigation services is one step towards creating the health equity we need in our community

https://www.cdc.gov

Case Study 1

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- Examples of how Navigation improves patient outcomes and brings us closer to the Health Equity Standard we all hope to have in this field
- Case Study One:
  - Patient A received a positive DX. Patient A fears they may have given it to partner. Navigation team is called in to be a part of communication between both parties in clinic
  - Call is immediately made by navigation team member for patient A to get started on rapid start at HIV clinic
  - Patients A partner is met at another clinic by another navigator for immediate testing. Navigator then makes appointment at local HIV clinic for follow up with physician and additional testing
  - Navigation team members were able to facilitate the care and treatment of both parties within 48 hours of initial call

Case Study 2

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- Patient B presented to ED with COVID symptoms. Through routine HIV testing in ED they were identified as newly DX. Patient was informed of their status in the hospital. Patient B was then referred to navigation team. Navigator was able to make contact, get patient into a medical appointment and started on HIV medication. Patient presented as virally suppressed within 3 months of initial DX
    - Patient expressed confusion at initial meeting with navigation team member. "I don't know where to start."
- Navigating through the system is very difficult for patients. They are unsure of next steps, what clinic to contact and need assistance to understand what is needed to stay healthy or what healthy looks like for them

Case Study Background

- In both cases the patients were part of an underserved community with lack of resources and insurance
- Patients were not mentally or financially prepared for the DX and needed guidance to take the steps needed to begin care and treatment
- Through the navigation process patients in both case studies were able to talk through their DX in confidence, get into medical treatment and receive medication w/in days of DX
- Favorable outcomes were documented for patients in both case studies

In Conclusion

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- Nurse navigators advocate for care while facilitating the treatment process. Offering the possibility for patients to receive the health care they need and deserve

Ending the Epidemic By Achieving Health Equity Through Patient Navigation: Questions?

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