Educational Approaches about Long-Acting Injectable Treatment for HIV that Enhance Equity: Benefits, Challenges, and Strategies

Abstract 25536

ALAI UP

NATIONAL 2024 RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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We acknowledge and appreciate the support of our HRSA Program Officer Marlene Matosky and Clinical Advisor Britt Gayle.

Learning Objectives

- Describe the benefits of educating all people with HIV about LAI ARTs.
- Weigh pros and cons of different education approaches on equity.
- Describe strategies for implementing universal education for LAI ARTs.
- Consider feasibility of implementing universal education for LAI ART at your own agency.

Workshop Outline

- **Introduction to ALAI UP and Rationale for Universal Education**
- Universal Education in Practice: Examples from the Field
  - a Department of Health-affiliated HIV Clinic
  - a Safety-Net Hospital-affiliated HIV Clinic
  - a Federally-Qualified Health Center
- Current Practice and Feasibility at Your Agency: Interactive Exercise

ALAI UP Introduction

- ALAI UP is a Special Project of National Significance (SPNS) funded by HRSA HIV/AIDS Bureau and Minority HIV/AIDS Fund
- ALAI UP co-develops long-acting injectable HIV treatment programs with eight clinical sites that **prioritize the needs of underserved populations** and **intentionally implement LAI ART in ways that increase equity in health outcomes**.
- ALAI UP synthesizes and disseminates lessons learned from ALAI UP Demonstration Sites to accelerate implementation of LAI ART that prioritizes the needs of underserved populations at other agencies.

Long-Acting Injectable Antiretroviral Therapy can be a tool to enhance health equity

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- Historically, pharmacological innovations in HIV have exacerbated health disparities rather than alleviate them.
- The first long-acting injectable antiretroviral therapy (LAI ART), injectable cabotegravir/rilpivirine (iCAB/RPV), was approved by the FDA in 2021.
- LAI ARTs can dramatically transform HIV care for those who are not well-served by oral regimens, but only if these clients know about and have access to LAI ARTs.
- Programmatic choices regarding which clients are educated about LAI ART have the potential to have profound impacts on equity.

What do we mean by “health equity” relating to LAI ARTs?

- Equity as an outcome is achieved when a person’s social position or social identity does not predict their access to and successful use of LAI ARTs.
- Equity as a process requires that all people are valued equally, with due recognition of historical injustices and provision of resources according to need (rather than equal support to everyone).

Adapted from the NYC Department of Health and Mental Hygiene Race to Justice Initiative

Why educate all patients about Long-Acting Injectable Antiretroviral Therapy?

Universal education is a combination of strategies that ensure that every patient with HIV who comes into your clinic is exposed to information about injectable treatment.

Rationale for universal education:

- Centers equity as a primary goal of implementation
- Mitigates provider implicit bias by ensuring education for all patients
- Motivates patients and care teams to work towards viral suppression to enable switching to LAI ART
- Creates opportunities for providers to abide by principles of shared decision making by meeting patients where they are in relation to LAI ART

What gets in the way of universal education about LAI ART?

- Concern that demand for LAI ART will exceed current clinic capacity
- Desire to learn from “ideal” clients first before offering to all patients
- Worry that interested clients will feel disappointed if they are not clinically eligible or cannot afford or access the medication because of insurance issues
- Lack of patient-facing materials and materials to train staff
- Reliance on only clinical staff to educate patients

Universal education is acceptable and feasible in some, but not all, clinics

- Six out of eight clinics have initiated “universal education” approaches, with the goal that all people with HIV accessing services at their clinic learn about injectable treatment.
- Clinics have adopted a combination of strategies to implement “universal education” including passive and active approaches

Workshop Outline

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- **Universal Education in Practice: Examples from the Field**
  - **a Department of Health-affiliated HIV Clinic**
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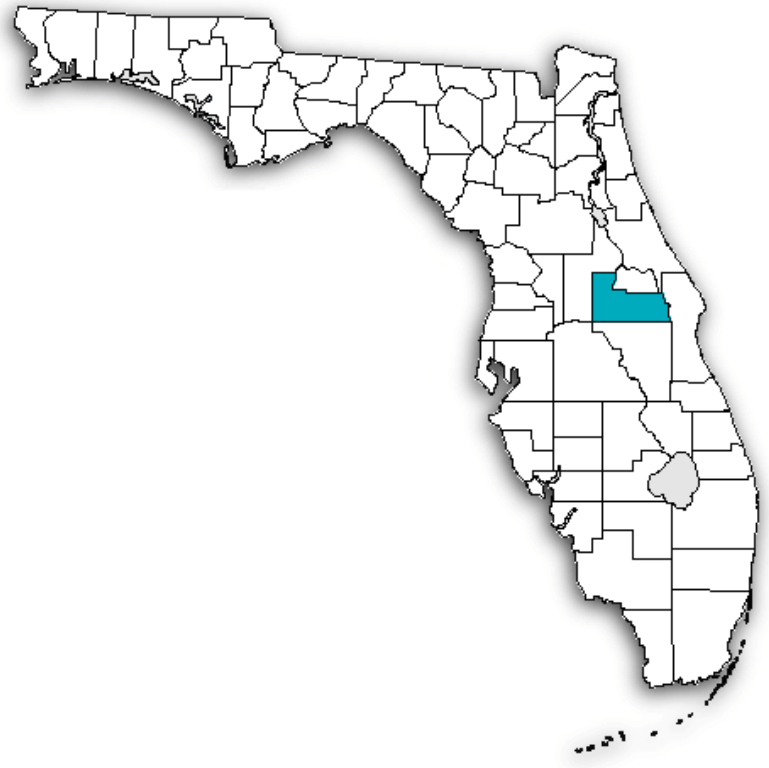
  - **a Federally-Qualified Health Center**
- Current Practice and Feasibility at Your Agency: Interactive Exercise

Sunshine Care Center

Florida Department of Health in Orange County

Site Background

- One of 67 Public Health Departments under the governance of the integrated Florida Department of Health
- 2022 HIV Incidence: 28.3 per 100,000
- 2022 HIV Prevalence: 672.8 per 100,000



Site Background

- Providing HIV care to residents in Central Florida for 39 years.
- RWHAP Part C and D Recipient; Part A, B, and F Subrecipient.
- Serve approximately 1,900 PWH annually.
  - Medical Care
  - Wrap-around support services (ADAP, case management, psychosocial support, vertical transmission prevention, oral health, nutrition therapy, etc.)

Approach

- Clinical team take lead of in person education and screening
- Non-clinical staff continue education in person or through telephone and alert clinical team if client interested
- Ongoing community engagement (listening sessions, focus group discussions, lunch and learn, etc.)

Clinical Implementation

- Education and screening occur in exam room
- Duration 3-8 minutes
- Led by Physician or ARNP
- Documented within clinical encounter form, LAI encounter form, and medical chart

Non-Clinical Implementation

- 1:1 conversations facilitated by non-clinical care team
- In person group community listening sessions and focus group discussions
- Passive education through multimedia strategies

Key Moments

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May 2023

Community Q&A Session

Listening session hosted in partnership with local Planning Council

September 2023

Update to electronic **database system** to capture education provided

January 2024

Listening Session: PWH on Oral ART

February 2024

Listening Session: PWH on LAI; Clinical Care Team

LAI ART all **staff refresher training**

March-May 2024

Creation of **live action short film** for waiting room lobby

April 2024

Deployment of **LAI ART clinical encounter form** to capture educational and screening outcomes

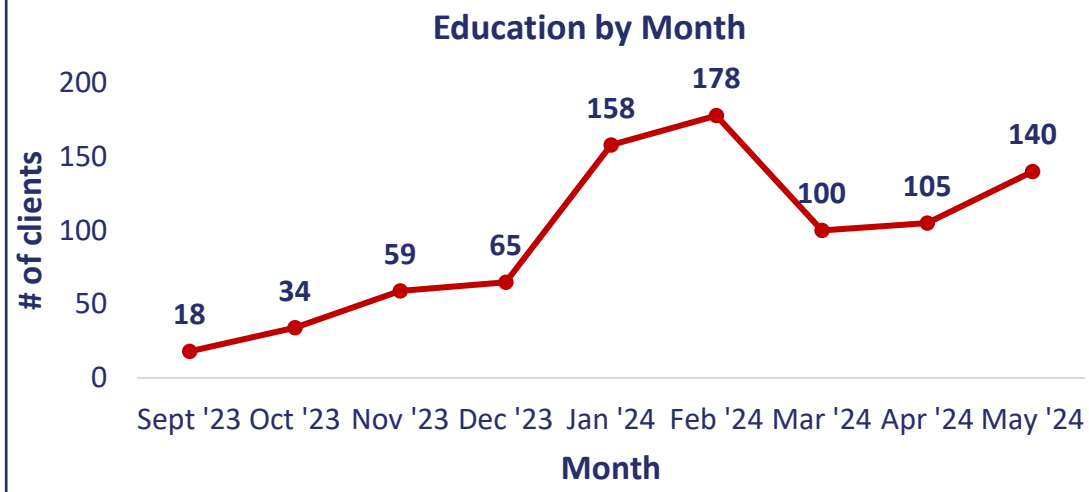
June 2024

Development of policy guidance of **educational materials** based on PWH **stage of readiness** towards LAI ART

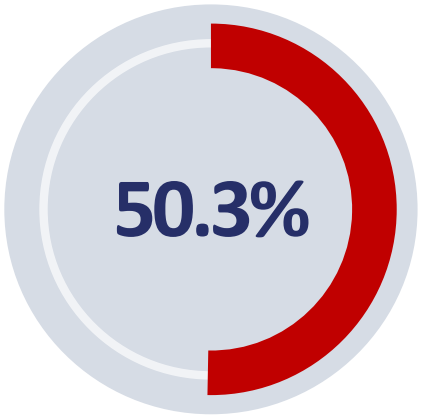
Data: Education Provided

- Time Period: September 2023 – May 2024

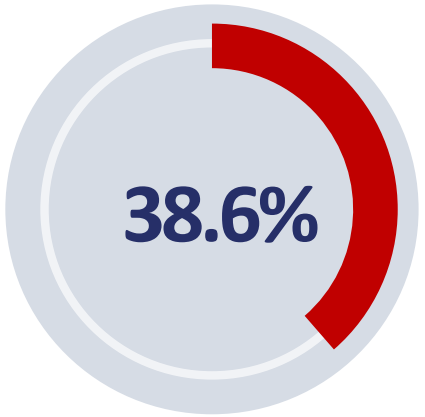
572 distinct clients educated by Physicians or ARNPs



87% of the clients educated were from racial and ethnic populations

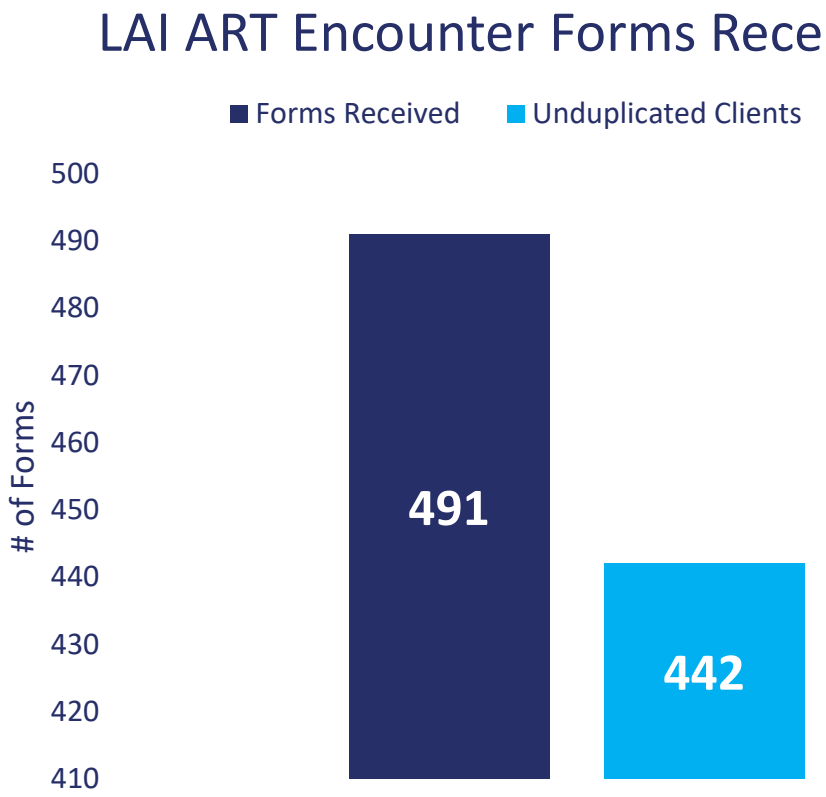


of clients were **Black/African American**



of clients were **Hispanic or Latino/a**

Data: LAI ART Encounter Form



- Educated
  - 39.9% Interested or Maybe Interested
  - 60.1% Not Interested or Unknown
- Screened
  - 19.8% Eligible
  - 80.2% Not Eligible or Unknown
- Enrolled
  - 9.1% LAI ART Enrolled
  - 2.3% LAI ART Enrollment Processing
  - **92% Enrolled** are **Black/African American** and/or **Hispanic or Latino/a**

Reflections/Final Messages

- Program not project
- Incredible care team and subject matter expertise
- Develop educational materials based on stage of readiness to LAI ART

Sinai Infectious Disease Center

Bijou Hunt, MA
Director, Sinai Infectious Disease Center
Sinai Chicago
Chicago, IL

Sinai Infectious Disease Center

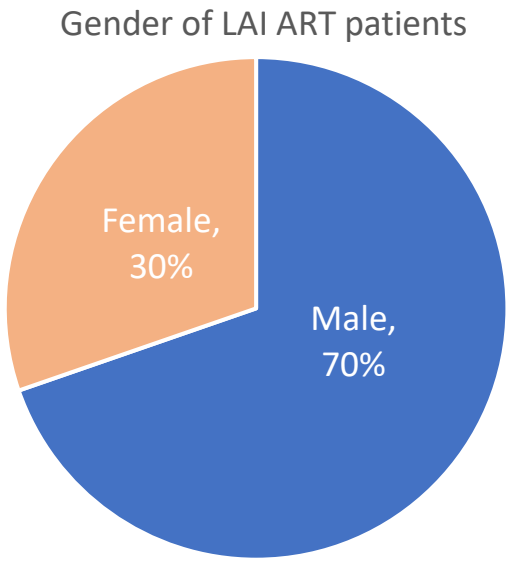
- Sinai Infectious Disease Center (SIDC) at Sinai Chicago
  - Part of Sinai Chicago, a safety-net health system
    - Located on Chicago's west and southwest sides
    - Serving primarily AA & Latinx patients in under-resourced communities
  - Our hospital-based outpatient ID clinic serves ~400 PWH
    - Medical care (3 ID physicians, 2 NPs, 1 PharmD, 1 MA)
    - Wrap-around support services (case management, patient navigation, mental health & psychosocial, etc.)

Site Background

- LAI ART at SIDC
  - Established LAI ART program in April 2022
  - Currently serving 30 PWH on LAI ART
  - LAI ART patient population:

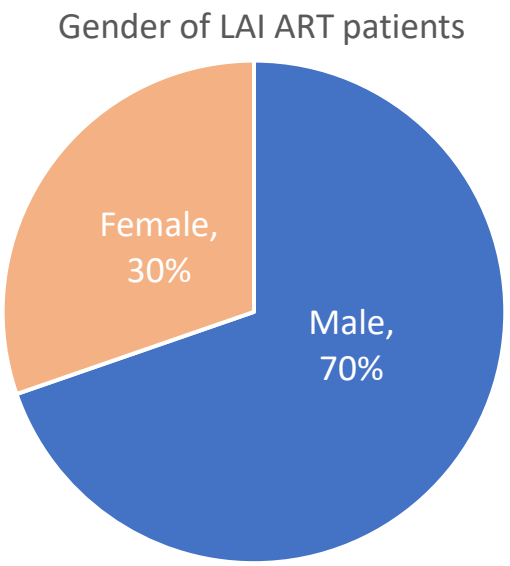
Site Background: PWH on LAI ART by Gender

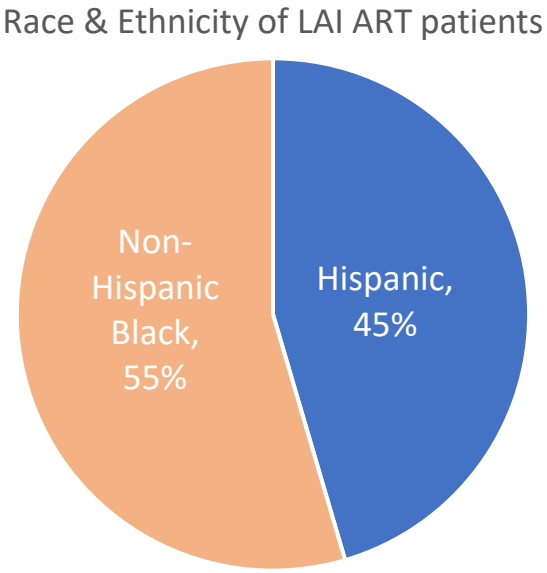
- LAI ART at SIDC
  - Established LAI ART program in April 2022
  - Currently serving 30 PWH on LAI ART
  - LAI ART patient population:



Site Background: PWH on LAI ART by Race & Ethnicity

- LAI ART at SIDC
  - Established LAI ART program in April 2022
  - Currently serving 30 PWH on LAI ART
  - LAI ART patient population:

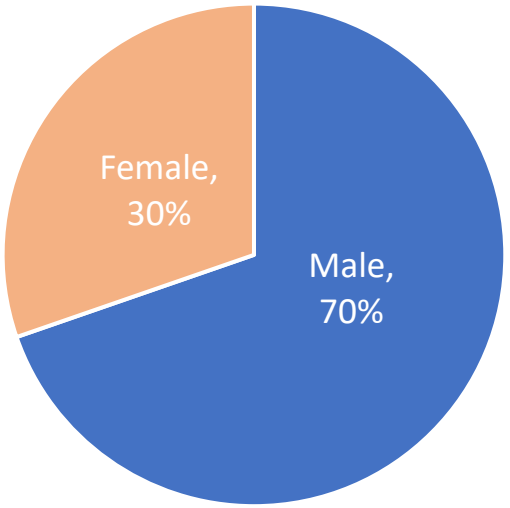




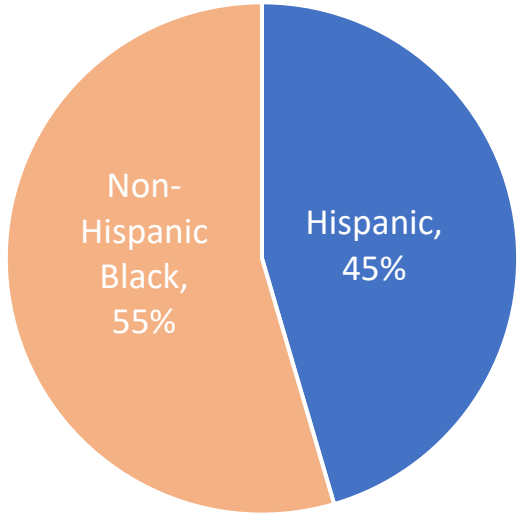
Site Background: PWH on LAI ART by Payor Source

- LAI ART at SIDC
  - Established LAI ART program in April 2022
  - Currently serving 30 PWH on LAI ART
  - LAI ART patient population:

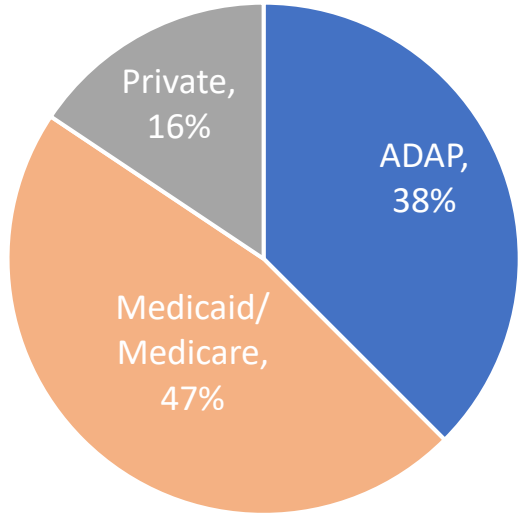
Gender of LAI ART patients



Race & Ethnicity of LAI ART patients

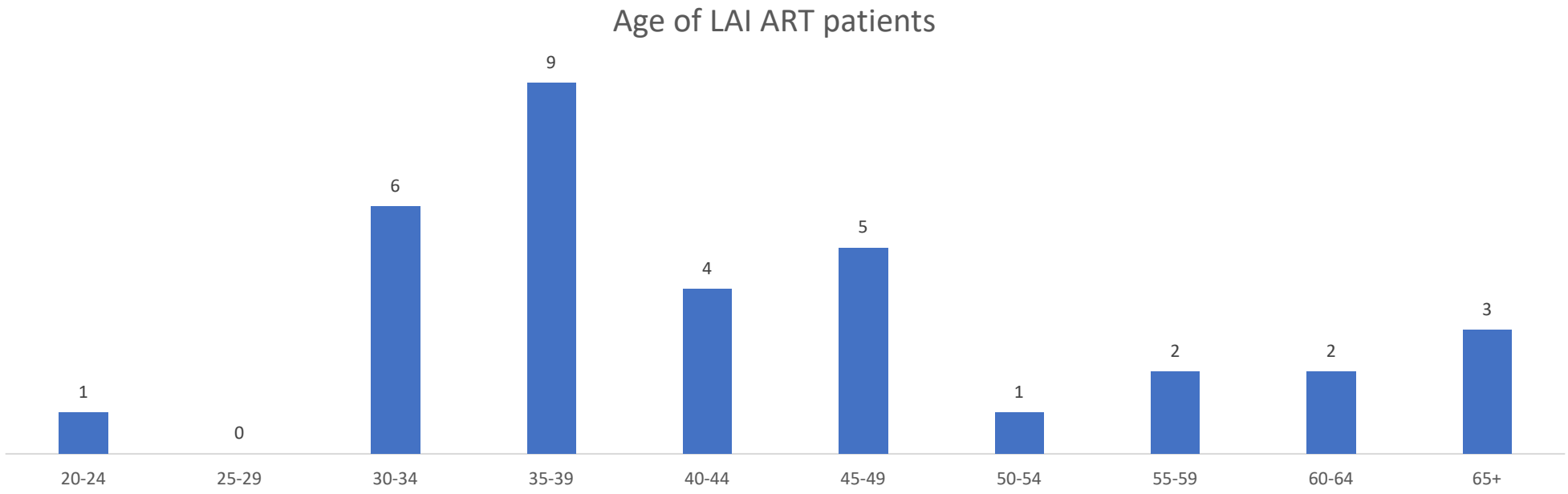


Payor source of LAI ART patients



Site Background: PWH on LAI ART by Age Group

- LAI ART at SIDC
  - Established LAI ART program in April 2022
  - Currently serving 30 PWH on LAI ART
  - LAI ART patient population:



History of LAI education: Pre-screen-to-educate model

- SIDC began administering iCAB/RPV in April 2022
- Started with a small group of patients (<10) in order to refine protocols and system-level changes
- Patients initially invited to transition to iCAB/RPV were pre-screened based on:
  - Viral suppression (VL<20)
  - Absence of pregnancy
  - Absence of HBV
  - History of adherence to medical appointments
- Pre-screened and eligible patients were provided with 1:1 education about iCAB/RPV by the ID clinical pharmacist during clinic appointment
- Data was documented in REDCap database by pharmacist

Transition to Universal Education Model

- In June 2023, through participation in the ALAI UP collaborative's first all-partner convening, SIDC leaders recognized that the 'pre-screen-to-educate model' was not aligned with the goal of equitable rollout of LAI ART and that a shift to universal education would need to occur.
- In December 2023, SIDC sought to broaden the reach of its education efforts and advance health equity by adopting a universal education model for educating its patients about iCAB/RPV.

Components of Universal Education Model: Provided by non-clinical staff

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Provided by non-clinical staff

- Medical and non-medical case managers, patient navigators, and a psychosocial and mental health support specialist
- Large team of non-clinical staff
- Nearly all clinic patients have at least one non-clinical staff member with whom they regularly interact
- Trusted source of information for patients, often serving as a liaison between patients and clinical care team members
- Regularly communicate with patients about things like upcoming appointments, transportation and other SDOH needs, insurance documents, and care plans

Components of Universal Education Model: Training non-clinical staff

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Training non-clinical staff (December 2023)

- Two-hour in-person training led by SIDC's Director and ID pharmacist
- Didactic and interactive presentation included background on:
  - Why universal education about iCAB/RPV can help advance health equity
  - How iCAB/RPV works as a complete HIV treatment option
  - The importance of appointment adherence
- Presentation materials were adapted from provider education resources provided by ALAI UP

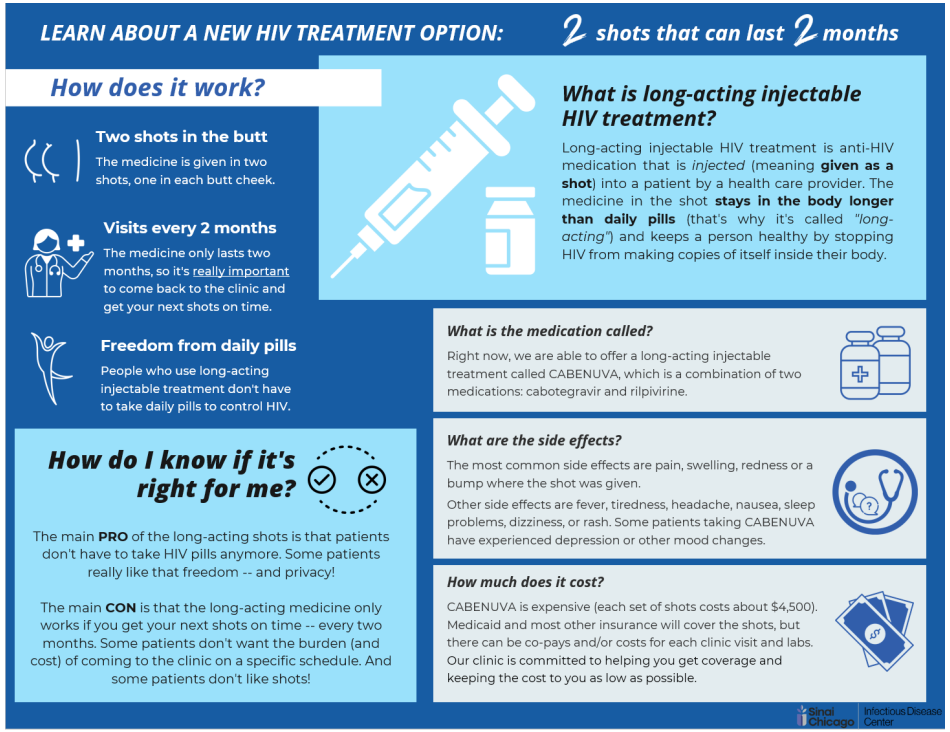
Components of Universal Education Model: Training non-clinical staff cont'd

Training non-clinical staff (December 2023)

- The training also introduced non-clinical staff to resources, including:
  - iCAB/RPV patient-facing Information Sheet
  - iCAB/RPV Education Script
  - iCAB/RPV Education Checklist
    - All of which were adapted from resources provided by ALAI UP

iCAB/RPV patient-facing Information Sheet

- Information Sheet could be shared with patients by text, email, or print-out and was available in both English and Spanish



LEARN ABOUT A NEW HIV TREATMENT OPTION: 2 shots that can last 2 months

How does it work?

Two shots in the butt
The medicine is given in two shots, one in each butt cheek.

Visits every 2 months
The medicine only lasts two months, so it's really important to come back to the clinic and get your next shots on time.

Freedom from daily pills
People who use long-acting injectable treatment don't have to take daily pills to control HIV.

How do I know if it's right for me?

The main **PRO** of the long-acting shots is that patients don't have to take HIV pills anymore. Some patients really like that freedom -- and privacy!

The main **CON** is that the long-acting medicine only works if you get your next shots on time -- every two months. Some patients don't want the burden (and cost) of coming to the clinic on a specific schedule. And some patients don't like shots!

What is long-acting injectable HIV treatment?

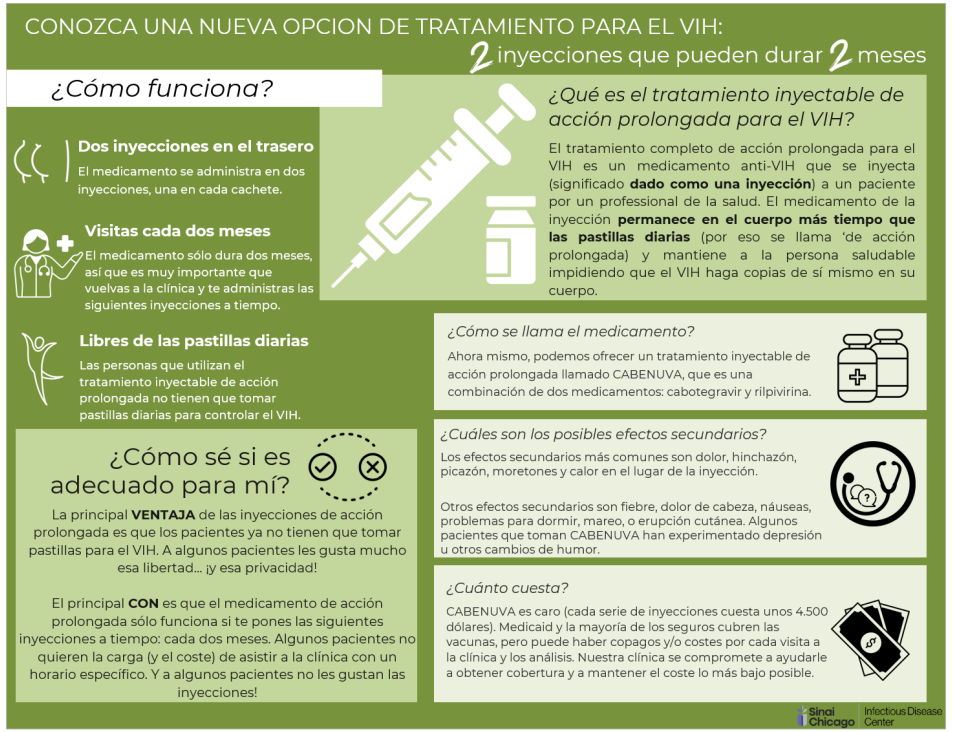
Long-acting injectable HIV treatment is anti-HIV medication that is *injected* (meaning **given as a shot**) into a patient by a health care provider. The medicine in the shot **stays in the body longer than daily pills** (that's why it's called *"long-acting"*) and keeps a person healthy by stopping HIV from making copies of itself inside their body.

What is the medication called?
Right now, we are able to offer a long-acting injectable treatment called CABENUVA, which is a combination of two medications: cabotegravir and rilpivirine.

What are the side effects?
The most common side effects are pain, swelling, redness or a bump where the shot was given.
Other side effects are fever, tiredness, headache, nausea, sleep problems, dizziness, or rash. Some patients taking CABENUVA have experienced depression or other mood changes.

How much does it cost?
CABENUVA is expensive (each set of shots costs about $4,500). Medicaid and most other insurance will cover the shots, but there can be co-pays and/or costs for each clinic visit and labs. Our clinic is committed to helping you get coverage and keeping the cost to you as low as possible.

Sinai Chicago | Infectious Disease Center



CONOZCA UNA NUEVA OPCION DE TRATAMIENTO PARA EL VIH:
2 inyecciones que pueden durar 2 meses

¿Cómo funciona?

Dos inyecciones en el trasero
El medicamento se administra en dos inyecciones, una en cada cachete.

Visitas cada dos meses
El medicamento sólo dura dos meses, así que es muy importante que vuelvas a la clínica y te administras las siguientes inyecciones a tiempo.

Libres de las pastillas diarias
Las personas que utilizan el tratamiento inyectable de acción prolongada no tienen que tomar pastillas diarias para controlar el VIH.

¿Cómo sé si es adecuado para mí?

La principal **VENTAJA** de las inyecciones de acción prolongada es que los pacientes ya no tienen que tomar pastillas para el VIH. A algunos pacientes les gusta mucho esa libertad... ¡y esa privacidad!

El principal **CON** es que el medicamento de acción prolongada sólo funciona si te pones las siguientes inyecciones a tiempo: cada dos meses. Algunos pacientes no quieren la carga (y el coste) de asistir a la clínica con un horario específico. Y a algunos pacientes no les gustan las inyecciones!

¿Qué es el tratamiento inyectable de acción prolongada para el VIH?

El tratamiento completo de acción prolongada para el VIH es un medicamento anti-VIH que se inyecta (significado **dado como una inyección**) a un paciente por un professional de la salud. El medicamento de la inyección **permanece en el cuerpo más tiempo que las pastillas diarias** (por eso se llama 'de acción prolongada) y mantiene a la persona saludable impidiendo que el VIH haga copias de sí mismo en su cuerpo.

¿Cómo se llama el medicamento?
Ahora mismo, podemos ofrecer un tratamiento inyectable de acción prolongada llamado CABENUVA, que es una combinación de dos medicamentos: cabotegravir y rilpivirina.

¿Cuáles son los posibles efectos secundarios?
Los efectos secundarios más comunes son dolor, hinchazón, picazón, moretones y calor en el lugar de la inyección.

Otros efectos secundarios son fiebre, dolor de cabeza, náuseas, problemas para dormir, mareo, o erupción cutánea. Algunos pacientes que toman CABENUVA han experimentado depresión u otros cambios de humor.

¿Cuánto cuesta?
CABENUVA es caro (cada serie de inyecciones cuesta unos 4.500 dólares). Medicaid y la mayoría de los seguros cubren las vacunas, pero puede haber copagos y/o costes por cada visita a la clínica y los análisis. Nuestra clínica se compromete a ayudarle a obtener cobertura y a mantener el coste lo más bajo posible.

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iCAB/RPV Education Script

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1. Empowering Opener

- ❒ We are talking to all our current patients about a new HIV treatment option, called *long-acting injectable treatment*.
- ❒ We want you to know about this option, because we want to make sure that we keep you up-to-date and informed about new developments in HIV care, and we want to make sure that you can make choices about the type of treatment that's best for you.

2. What is long-acting injectable ART (LAI ART)?

- ❒ Long-acting injectable treatment is an anti-HIV medication that is given in the form of a shot, instead of pills. The medication in the shot is "long-acting" – meaning that it stays in the body for a long time, which is why you don't need to take it every day.

3. How do people take LAI ART?

- ❒ Patients who choose this option start by getting two shots (one in each butt cheek).
- ❒ They then need to come back in one month to get two more shots. These initial shots build up the level of the anti-HIV medication inside the person's body.
- ❒ After the first month, patients come back to the clinic every two months (about every 8 weeks) to get the two shots. Each time after that is the same, two shots, one in each butt cheek.
- ❒ Patients who take LAI ART do not have to take daily anti-HIV pills.

4. Pros and Cons of LAI ART

- ❒ The main "pro" of the long-acting shots is that patients don't have to take HIV pills anymore– and some patients really like that freedom.
- ❒ The main "con" is that the long-acting medication only works if you get your next shots on time – every two months. Some patients don't want the burden of having to come to the clinic on such a specific schedule (and some don't like shots!)
- ❒ The other "con" is that LAI ART is very expensive (about $4,000 every two months). Not all insurance will cover the cost of the shots, and sometimes our clinic must do a lot of work to get the insurance to pay. So, patients who want to start LAI ART should understand that it might be a bit of a hassle at first.

5. Assessing Patients' Interest in LAI ART

- ❒ Here at our clinic, we want to make sure that our patients have as many options available to them as possible, so that they can make decisions about their HIV care that work best for them.
- ❒ If you think you might be interested in the long-acting treatment option, I can give you some more detailed information to help decide if it's right for you. If you're not interested right now, we can always talk about it at a later visit.

- The Education Script was a longer and more detailed document, meant to guide staff through their conversation with the patient

iCAB/RPV Education Checklist

- The Education Checklist was a shortened version that staff could switch to once they felt more comfortable with the material

☐ Introduce what is long acting ART
☐ Introduce Cabenuva® as a long acting ART that is being offered at SIDC
☐ Disclose that Cabenuva® is **not available** for everyone and must be discussed with their HIV provider or pharmacist
☐ Discuss dosing schedule of Cabenuva® (every month or every other month)
☐ Discuss administration of Cabenuva® (two intramuscular injections in each gluteal region) and that injections are administered in the ID Clinic
☐ Reinforce the commitment to being able to be adherent with injection appointments

Tracking Universal Education: Efforts & Outcomes

- The Education Script and Education Checklist both included a section for outcome tracking
- Non-clinical staff were trained to document all patient education sessions and outcomes on the script or checklist form and return the document by email to the data team to be recorded in the SIDC REDCap database

Client Name: _____ Client DOB: ____

EPIC MRN: _____ Meditech MRN: _____

Today's date: _____ Completed by:_____

Interested in LAI (check one): _____ YES _____ NO _____ NOT RIGHT NOW

If NOT interested, why not?
(1) Not ready to switch at this time; wants to research/think more; check back
(2) Not right for me
(3) Concerned about side effects
(4) Waiting for a less frequent dosing interval
(5) Fear of injections
(6) Not interested in more frequent visits to the clinic
(7) Content with oral ART regimen
(8) Travel
(9) Planning to get pregnant
(10) Other: _____

Table 1. Patients Educated vs not Educated about iCAB/RPV by Demographic Characteristics Before Adoption of Universal Education Model

- Table 1. **Before** Adoption of Universal Education Model

	Clinic Population		Ever Educated as of December 2023		Never Educated as of December 2023		P-value
	N	%	N	%	N	%	
Before Universal Education Model: January 2023-December 2023 (N=294)							
Total	294		100	34.0	194	67.0	
Race & Ethnicity*							0.4
Non-Hispanic White	12	4.1	3	3.0	9	4.6	
Non-Hispanic Black	182	64.9	59	59.0	123	63.4	
Hispanic	97	33.0	38	38.0	59	30.4	
Sex							0.5
Male	195	66.3	69	69.0	126	65.0	
Female	99	33.7	31	31.0	68	35.0	
Age							0.07
18-24	5	1.7	3	3.0	2	1.0	
25-34	63	21.4	24	24.0	39	20.1	
35-44	74	**25.2**	32	**32.0**	42	21.7	
45-54	67	22.8	21	21.0	46	23.7	
55-64	51	17.4	14	14.0	37	19.1	
65+	34	11.6	6	6.0	28	14.4	

Table 1. Patients Educated vs not Educated about iCAB/RPV by Demographic Characteristics After Adoption of Universal Education Model

- Table 1. **After** Adoption of Universal Education Model

	Clinic Population		Ever Educated as of March 2024		Never Educated as of March 2024		P-value
	N	%	N	%	N	%	
After Universal Education Model: January 2024-March 2024 (N=156)							
Total	156		80	51.3	76	48.7	
Race & Ethnicity*							0.5
Non-Hispanic White	6	3.9	3	3.8	3	4.0	
Non-Hispanic Black	86	55.1	41	51.3	45	59.2	
Hispanic	63	40.4	36	45.0	27	35.5	
Sex							0.5
Male	109	69.9	58	72.5	51	67.1	
Female	47	30.1	22	27.5	25	32. 9	
Age							0.3
18-24	8	5.1	4	5.0	4	5.3	
25-34	45	28.9	24	30.0	21	27.6	
35-44	40	25.6	24	30.0	16	21.1	
45-54	30	19.2	11	13.8	19	25.0	
55-64	21	13.5	9	11.3	12	15.8	
65+	12	7.7	8	10.0	4	5.3	

Before change to universal education, those ever educated vs never educated differed by age (but not race/ethnicity or sex).

	Clinic Population		Ever Educated as of December 2023		Never Educated as of December 2023		P-value
	N	%	N	%	N	%	
Before Universal Education Model: January 2023-December 2023 (N=294)							
Total	294		100	34.0	194	67.0	
Race & Ethnicity*							0.4
Non-Hispanic White	12	4.1	3	3.0	9	4.6	
Non-Hispanic Black	182	64.9	59	59.0	123	63.4	
Hispanic	97	33.0	38	38.0	59	30.4	
Sex							0.5
Male	195	66.3	69	69.0	126	65.0	
Female	99	33.7	31	31.0	68	35.0	
Age							0.07
18-24	5	1.7	3	3.0	2	1.0	
25-34	63	21.4	24	24.0	39	20.1	
35-44	74	**25.2**	32	**32.0**	42	21.7	
45-54	67	22.8	21	21.0	46	23.7	
55-64	51	17.4	14	14.0	37	19.1	
65+	34	11.6	6	6.0	28	14.4	

After change to universal education, there were no race/ethnicity, sex, or age differences in clients ever educated vs never educated.

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	Clinic Population		Ever Educated as of March 2024		Never Educated as of March 2024		P-value
	N	%	N	%	N	%	
After Universal Education Model: January 2024-March 2024 (N=156)							
Total	156		80	51.3	76	48.7	
Race & Ethnicity*							0.5
Non-Hispanic White	6	3.9	3	3.8	3	4.0	
Non-Hispanic Black	86	55.1	41	51.3	45	59.2	
Hispanic	63	40.4	36	45.0	27	35.5	
Sex							0.5
Male	109	69.9	58	72.5	51	67.1	
Female	47	30.1	22	27.5	25	32. 9	
Age							0.3
18-24	8	5.1	4	5.0	4	5.3	
25-34	45	28.9	24	30.0	21	27.6	
35-44	40	25.6	24	30.0	16	21.1	
45-54	30	19.2	11	13.8	19	25.0	
55-64	21	13.5	9	11.3	12	15.8	
65+	12	7.7	8	10.0	4	5.3	

A greater proportion of clients were educated in the 3 months of universal approach (51%) vs a whole year of the selective education approach (34%).

	Clinic Population		Ever Educated as of December 2023	
	N	%	N	%
Before Universal Education Model: January 2023-December 2023 (N=294)				
Total	294		100	34.0

	Clinic Population		Ever Educated as of March 2024	
	N	%	N	%
After Universal Education Model: January 2024-March 2024 (N=156)				
Total	156		80	51.3

With the universal education approach, a greater proportion of people educated were found to be interested

- Growth in interest appears to be from males, non-Hispanic Black patients, and older patients.

	Interested	
	N	%
Clients ever educated as of December 2023 and seen between January 2023-December 2023		
Total	57	57.0
Race & Ethnicity*		
Non-Hispanic White	0	0
Non-Hispanic Black	34	57.6
Hispanic	23	60.5
Sex		
Male	37	53.6
Female	20	64.5
Age		
18-24	1	33.3
25-34	12	50.0
35-44	21	65.6
45-54	10	47.6
55-64	9	64.3
65+	4	66.67

	Interested	
	N	%
Clients ever educated as of March 2024 and seen between January 2024-March 2024		
Total	55	68.8
Race & Ethnicity*		
Non-Hispanic White	2	66.7
Non-Hispanic Black	29	70.7
Hispanic	24	66.7
Sex		
Male	40	69.0
Female	15	68.2
Age		
18-24	1	25.0
25-34	14	58.3
35-44	18	75.0
45-54	9	81.8
55-64	8	89.0
65+	5	62.5

The top three reasons for not being interested in iCAB/RPV remained the same with selective vs universal education.

-	Content with oral ART regimen		Fear of injections		Not interested in more frequent clinic visits	
-	**N**	%	N	%	N	%
January 2023-December 2023 (N=34)	8	23.5	13	38.2	9	26.5
January 2024-March 2024 (N=18)	5	27.8	5	27.8	6	33.3

Lessons learned

- The pre-screen-to-educate model was appropriate for initial iCAB/RPV roll-out as it allowed us to test and refine our protocol
- However, universal education achieved a more equitable outcome
- Non-clinical staff are well-suited to have preliminary discussions about LAI and gauge patients' interest in learning more about this treatment modality
- Overall, patients are interested in learning more about LAI and may be motivated to improve medication and appointment adherence

Contact Us

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Coastal Family Health Center Biloxi, MS

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Site Background

- Coastal Family Health Center (CFHC) is a Federally Qualified Health Center (FQHC) that operates medical clinics, pharmacies, mobile units, and school-based clinics in the catchment area of three coastal counties in Mississippi.
- Services provided by these clinics include adult and pediatric medicine, dental, optical care, women's health services, behavioral health counseling, case management and additional support services.

Site Background

- CFHC has provided services for over 48 years
- Providing HIV care to residents for over 25 years.
- RWHAP Part C.

- Serve approximately 550 PWH annually.
  - Medical Care
  - Behavioral Health
  - Optical
  - Dental
  - Women's Health
  - And so much more

Approach to LAI ART Education

- The clinical team takes the lead of in-person education and screening first by identifying patients who could benefit from LAI ART during morning huddles.
  - *"There are no good or bad patients, only people who could benefit from this new treatment" – Summer Jackson, Patient Navigator*
- Non-clinical staff continue to provide education in person and connect patients to Patient Navigator to provide additional education via telephone, if the patient is interested
- Ongoing community engagement (listening sessions, CAB meetings, Support group discussions, lunch and learn, etc.)

Clinical Implementation

- Morning huddle
  - The clinical team meets every morning to discuss the provider schedule for that day and identify patients who would benefit from the injectables. However, each patient is educated that injectables are available at CFHC.
- Education and screening occur during their medical visit
- Duration 5-8 minutes
- Led by Ryan White team (provider, nurse, case manager, or patient navigator)
- Documented within EHR, and Patient Navigator is notified if the person is interested.

Non-Clinical Implementation

- 1:1 conversations facilitated by non-clinical care team
- In person group community listening sessions and Consumer Advisory Board meetings.
- Passive education through multimedia strategies, posters, radio commercials over clinic intercom, and lobby television.

Key Moments

NATIONAL 2024 RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

May 2023

Community Listening Session

Listening session hosted with the Consumer Advisory Board at local community center

July 2023

2nd Community Listening Session with

October 2023

1st group of patients received their first injection and ALAI UP convening in Nashville, TN

February 2024

I Am Me Fellowship Picnic listening session

March 2024

Paint & Sip Listening Session at the local community center with an increase of participants

April 2024

New provider identified to assist and join the ALAI UP team

June 2024

ALAI UP Site Visit to affirm the work at CFHC

Data: Education Provided

- Time Period: March 2023 – June 2024

409 out of 553 (74%)

distinct patients educated by ID provider, LPN, Case Management, Patient Navigator, or APRNs.

- Educated
  - 28.3% Interested or Maybe Interested
  - 53.4% Not Interested
  - 18.3% Not enough data/unknown
- Screened
  - 73.4% Eligible
  - 15.4% Not Eligible
  - 11.2 Unknown
- Initiated.
  - 3.2% LAI ART Initiated
  - 0.3% LAI ART Enrollment Processing
  - **98% Enrolled** are from **Black/African American** or **Latino/Hispanic Populations**

ViiV Connect/Training

- ViiV representative provided training with the medical provider and nurse on how to administer the injectable.
- ViiV conducted a lunch and learn with CFHC Ryan White team which consisted of materials on the injectables, talking points, handouts, insurance process, and posters.
  - Talking points:
    - **uncomfortable reminder of their HIV status**
    - **forgetting to take their HIV medication**
    - **unintentionally discovering their HIV status**

CFHC Mission and Vision

- Coastal Family Health Center provides quality, comprehensive patient-centered care to the community regardless of one's economic status.
- Coastal Family Health Center will have a significant impact on the health and well-being of the communities we serve. To this end, we will work with others to ensure a creative and cost-effective range of health/social services that are accessible to all.

Reflections/Final Messages

- Part of the program and not a separate entity
- The world's best team with a heart to provide the best care available to our patients.
- Community involvement

Workshop Outline

- Introduction to ALAI UP and Rationale for Universal Education
- Universal Education in Practice: Examples from the Field
  - a Department of Health-affiliated HIV Clinic
  - a Safety-Net Hospital-affiliated HIV Clinic
  - a Federally-Qualified Health Center
- **Current Practice and Feasibility at Your Agency: Interactive Exercise**

Activity Instructions

- Please circulate around the room and visit each of the stations with white paper on the walls.
- Stations list a universal education strategy we discussed & has red, green, and yellow post-its and a series of questions
- Education can be delivered in clinical and non-clinical settings so we encourage everyone to participate!
- Please choose a post-it color to indicate whether this strategy could be implemented easily at your agency (green), implemented with a little effort (yellow/orange), or would not be possible to implement at your agency(red)
- On the post it, please write down
  - Why you answered in the way you have
  - A short descriptor of your agency type (CBO, FQHC, ASO etc)
  - Any other details you care to provide
- Talk to each other and our speakers while you circulate!

Contact us

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For resources and information visit

targethiv.org/spns/alai-up