

# GO CARE COMMUNITY HEALTH CENTER

A Community Health Center in the Rural Southeast's Experiences with Linkage and Retention Since the COVID-19 Pandemic

Mark Windham, CEO

GO CARE Community Health Center

West Monroe, LA

20  
22

NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

# Today's Objectives

- **Acknowledge** the Significance of Patient-Centered Care
- **Embrace** an Integrated Model of Care to Foster a Positive Culture in Your Linkage and Retention
- **Utilize** Rapid Start of Antiretroviral Therapy is a Key Component of Linkage and Retention for New HIV Diagnoses
- **Open Communication** Among Care Team Members Leads to Successes in Linkage and Retention

# A Little About Us ...

GO CARE Community Health Center was founded in 1988 and is located in West Monroe, Louisiana.

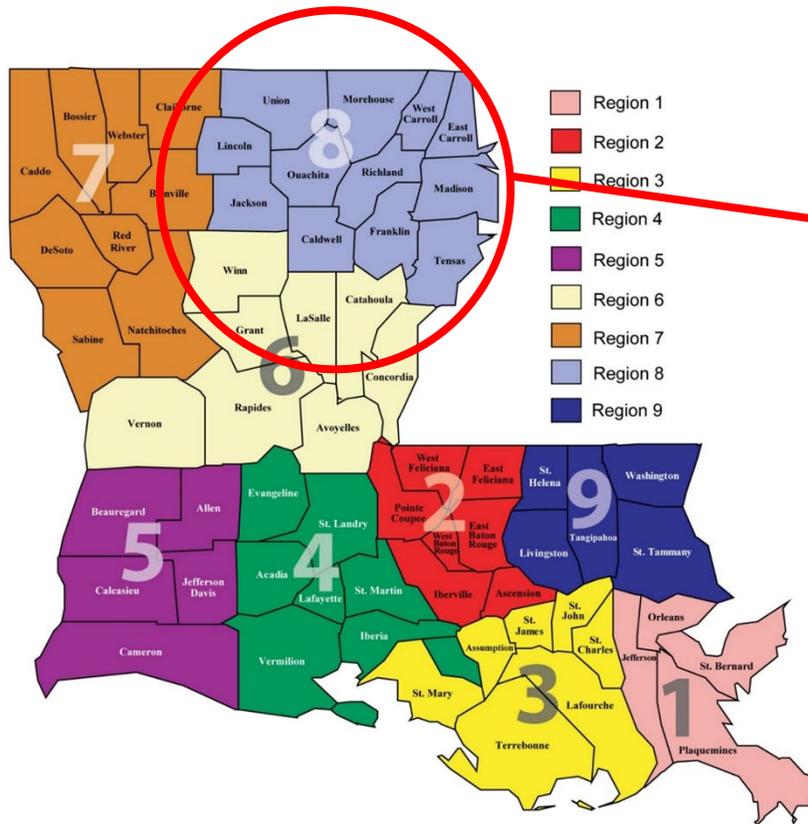
6,000 ft<sup>2</sup> service site housing:

- Clinical, Behavioral Health, Prevention, and Support Services operations

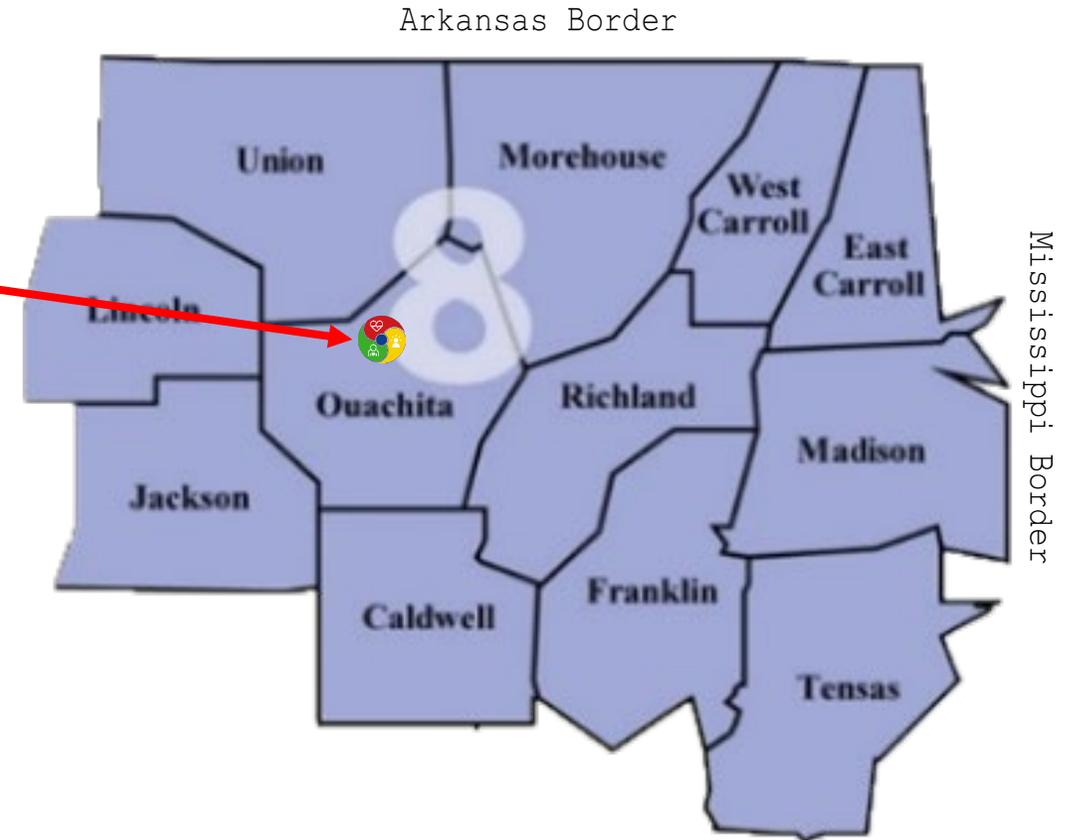
1,200 ft<sup>2</sup> administrative site housing:

- Administration, Information Technology, and Quality & Compliance

# Where We Work and the People We Serve



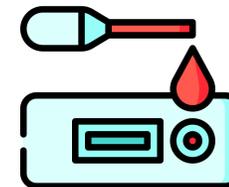
Located in West Monroe  
Ouachita Parish, Louisiana



The 12 parishes comprising Region 8  
encompass roughly 7,240 square miles.

# What We Offer

- Federally Qualified Health Center Look-Alike since November 2019
- Ryan White Part C EIS clinic since 2002 (on-site since June 2015)
- Ryan White Part B/HOPWA services since 1990s
- Prevention services since 1990s
- Behavioral Health services since 2015
- Transgender Health since May 2016



# Our Care Team

- Total Staff of 38
  - 01 Full-Time Physician
  - 04 Full-Time and 01 Part-Time Family Nurse Practitioners
  - 04 Clinic Nurses; 02 Patient Care Coordinators
  - 01 Full-Time Behavioral Health Counselor
  - 01 Part-Time Clinical Psychologist
- 11 RW Part B Staff, excluding Administration
- 09 RW Part C Staff, excluding Administration

# Our Practices

## Helpful Practices Implemented Since 2018



Integrated Model of Care



PATIENT CENTERED CARE



Rapid Start Program  
for Antiretroviral Therapy



Weekly Case Conferences



Daily Care Team Huddles

# Patient Centered Care

Melds perfectly with our health center's organizational values . . .

- We **know** that every person is deserving of good health and well-being.
- We **fight** to reduce stigma.
- We **honor and respect** the autonomy and dignity of our patients.
- We **take** a collaborative, holistic, and progressive approach in providing both preventive and quality care.



**First impressions are critical and are lasting.**

# Integrated Model of Care

All facets of the health center work *collaboratively* to deliver effective, patient-centered care, thus enabling a patient to be carried through the HIV care continuum, resulting in **achieving** and **maintaining** an undetectable viral load:

- Prevention and Linkage to Care
- Medical
- Behavioral Health
- Support Services



# Rapid Start of Antiretroviral Therapy (ART)

Rapid Start Program started in Dec 2018 as a pilot program through the Louisiana Department of Health STD/HIV/Hepatitis Program

- Via on-site rapid testing
- Via referral from outside entities
- Link folks to care within 72 hours of diagnosis
- Send them home with ART same day as provider appt
- Instill in them the significance of retention in care
- Educate them regarding the importance of U=U



# Daily Care Team Huddles

Entire Care Team meets daily at 8:05 a.m. via Microsoft Teams

- Every patient for the day is discussed
- Patient challenges are voiced by Care Team members
- Specific patient needs are brought to the Care Team
- Supports the Integrated Model of Care
  - Administration
  - Behavioral Health
  - Clinical
  - Front Office
  - Linkage and Retention
  - Support Services
    - Case Management, Food Vouchers, Housing, Transportation



# Weekly Interdisciplinary Case Conferences

Interdisciplinary Team meets weekly via Microsoft Teams to collaborate care for **every** PLWH who has not yet achieved an undetectable viral load.

- All Medical and Non-Medical Case Managers
- Behavioral Health
- Benefits and Eligibility Coordinators
- Linkage and Prevention Coordinator



# Barriers We've Encountered

- Unreliable Means of Communication
- Unreliable Transportation
- Regional Stigma Surrounding HIV
- Patient Transiency
  - Correctional Facilities
  - Sober Living Houses
  - Rehabilitation Programs
- No-Shows



# Successes We've Enjoyed

- Positive Patient Feedback through Satisfaction Surveys
- Served **683** PLWH in our clinic between April 2021 and March 2022
- Viral Suppression Rate of **93.35%** among our patients living with HIV as of 03/31/2022!



Continuum of Care Step	2018	2019	2020	2021	2022
PLWH Linked to Care (#)	116	98	85	198	205
New HIV Diagnosis (#)	31	48	58	128	134
New Referrals (#)	85	50	27	70	71
Retained in Care (%)	59.86	64.61	74.34	83.93	91.58
Viral Suppression Rate (%)	86.59	86.86	90.54	88.54	93.35

# Things We've Learned

- Affirming and Inclusive Care goes hand-in-hand with Linkage and Retention
- Be cognizant of the barriers and struggles our patients experience
- Stable housing and nutritional security are vital
- Help the helper
- Celebrate the effects of an integrated team



# Interventions We've Used to Make a Positive Impact on Outcomes

- Interdisciplinary Care Team Huddles Every Morning
- Case Conferences Following Patients to Viral Suppression Every Week
- Whole-Team Communication
- Meaningful Support Services (Food Vouchers/Housing)
- Affirming and Inclusive Culture



# Thanks to Our Team

- **Lenora Evans, RN, MT, CIC**

- Director of Quality & Compliance

- **Rusty Chambless, MA, MBA**

- Director of Operations & Prevention

- **Tyler Hunt**

- Administrative Assistant

- **Venita Grimes**

- Linkage & Prevention Coordinator



# How to Reach Us



Mark Windham, CEO

(318) 325-1092

[mark@go-care.org](mailto:mark@go-care.org)

[www.go-care.org](http://www.go-care.org)



# Working Toward Viral Suppression and Retention in Care: The UAB Family Clinic Experience

Dayna J. Cook-Heard, MAEd

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Andrew Yousef, MAEd, CHES

Tina Simpson, MD, MPH

UAB Family Clinic

Birmingham, AL

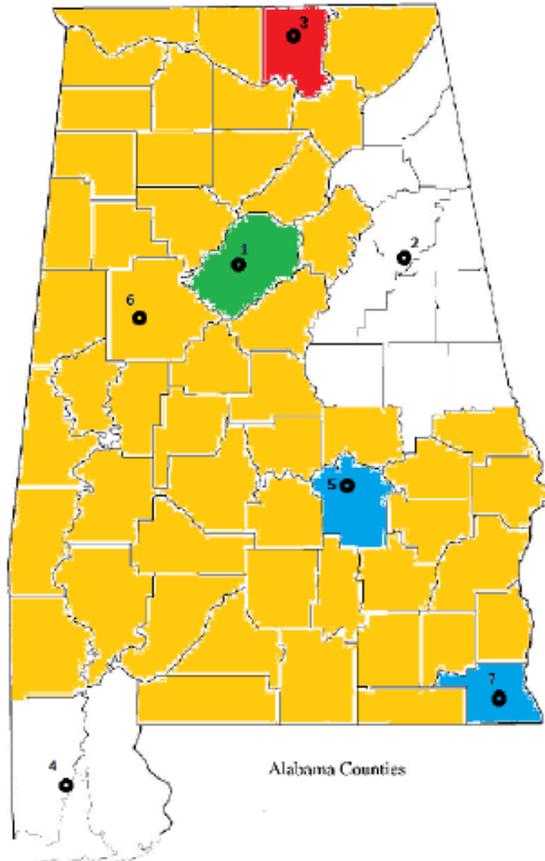
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# Objectives

- Briefly describe the clinical environment of the UAB Family Clinic
- Provide an overview of Family Clinic's QM Data related to viral suppression and retention in care
- Discuss strategies to improve viral suppression and retention in care, particularly for adolescents

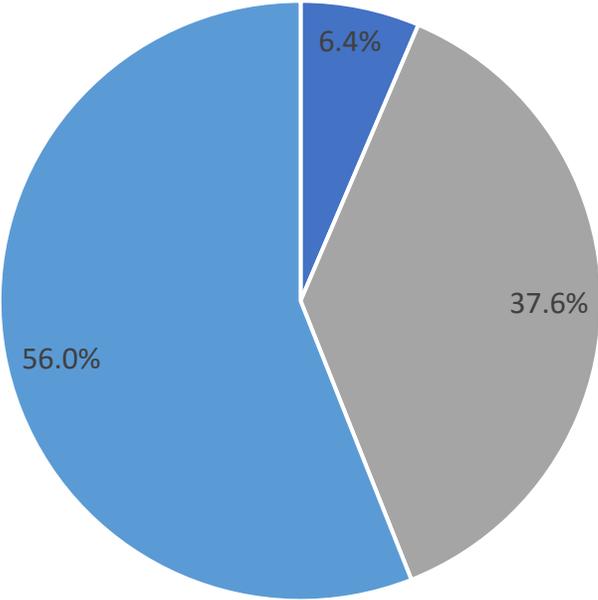
# UAB Family Clinic



- The UAB Family Clinic is part of the University of Alabama at Birmingham (UAB) Department of Pediatrics and is affiliated with the Children's of Alabama.
- Since 1988, the Family Clinic has served WICY, providing comprehensive interdisciplinary medical, behavioral health, nutrition, and psychosocial supportive care.
- Our service area contains 54 of the 67 counties in Alabama.

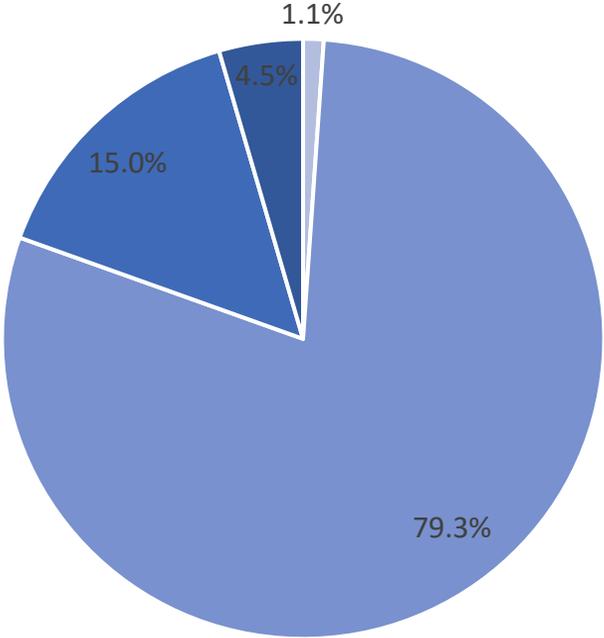
# UAB Family Clinic Demographics

Age



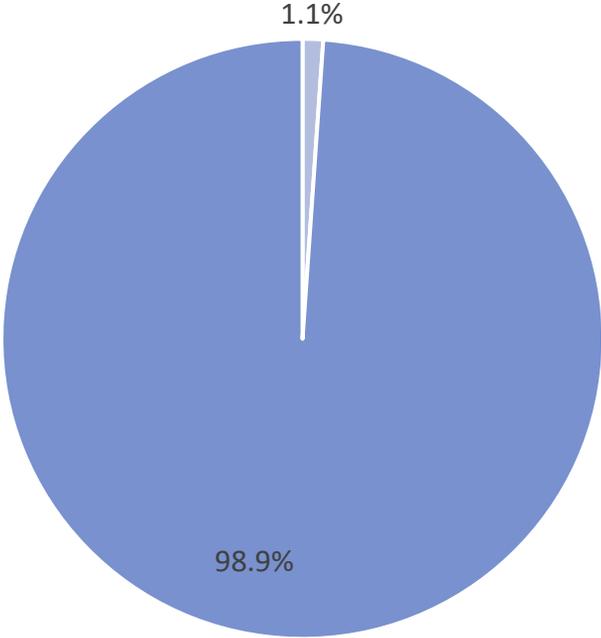
■ <13y ■ 13-24y ■ >25y N = 266

Race



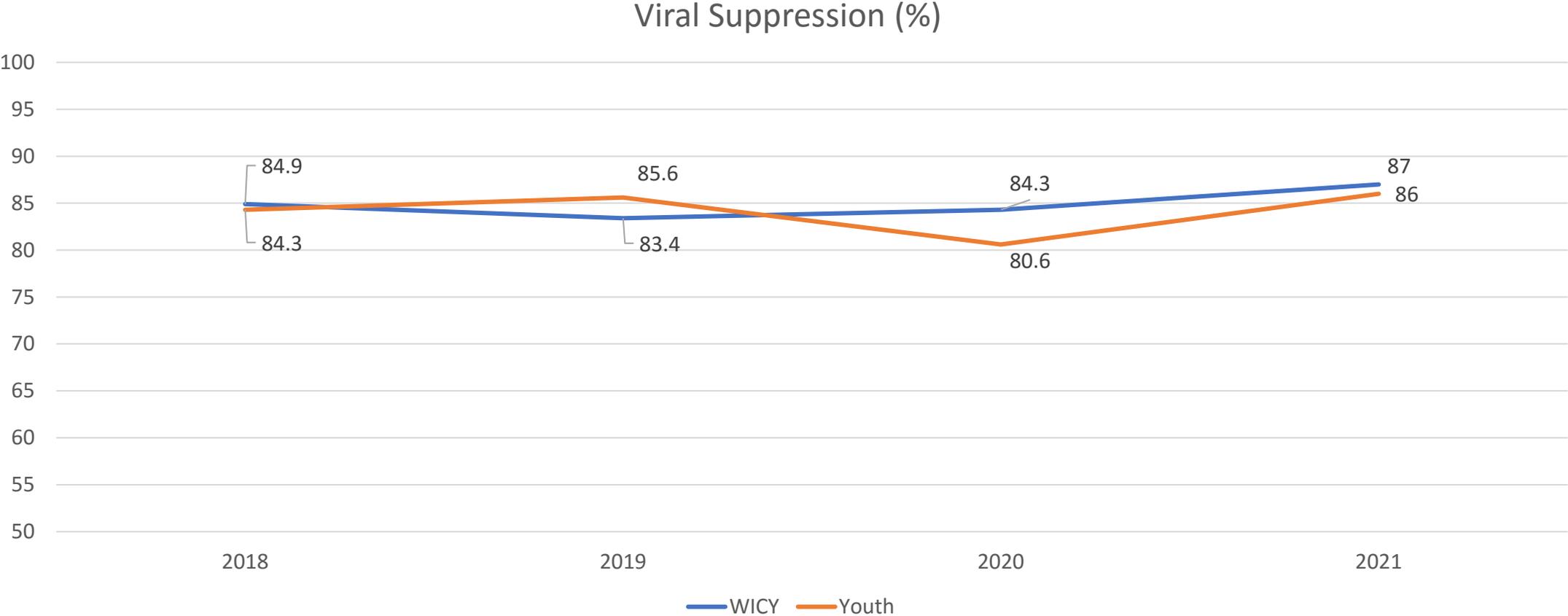
■ Asian ■ Black/AA ■ White ■ More than one race

Ethnicity



■ Hispanic ■ Non-Hispanic

# Family Clinic Quality Measures



# Family Clinic Quality Measures

## Retention in Care

Demographic	2018	2019	2020	2021
WICY	86.3%	88.6%	78.5%	80.1%
Youth	87.0%	90.3%	84.5%	75.0%

# Strategies to Improve VL and Retention in Care

Assessing Barriers to Adherence

Data for Care Intervention

Transition Readiness Assessment

Disclosure Support

# Strategies to Improve VL and Retention in Care

## Assessing Barriers to Adherence

## Adherence Barrier Questionnaire

**UAB MEDICINE** 

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Adherence Barriers Questionnaire**

You are being asked to fill out this questionnaire since your HIV viral load, or the amount of virus found in your blood, is higher than we would like for it to be. The goal of this questionnaire is to see how your Family Clinic Care Team can best help to address any barriers you may have to taking your medications.

**Instructions:** Please answer each question and mark (x) to what extent the statements apply to you. Answer to the best of your ability.

1. How sure are you that:	Not sure at all (0)	Somewhat sure (1)	Very sure (2)	Extremely sure (3)
a. You will be able to take all or most of your anti-HIV medication as directed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The anti-HIV medication will have a positive effect on your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If you do not take your anti-HIV medication exactly as directed, the HIV in your body will become resistant to this medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

People may miss taking their HIV medications for various reasons. The next question will help to determine possible reasons why you may have missed taking your anti-HIV medications.

2. In the past month, how often have you missed taking your medications because:	Never (0)	Rarely (1)	Sometimes (2)	Often (3)
a. You wanted to avoid side effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Of sharing anti-HIV medications with other family members and friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Of religious beliefs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Of not fully understanding the anti-HIV medications and their requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Of traveling away from home (for example to work, family, friends)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Identification of Barriers

## Development of an Adherence Plan

# Strategies to Improve VL and Retention in Care

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Data for  
Care

Project led by UAB 1917 Clinic

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Retention through Enhanced Personal Contacts

Low-resource intensive intervention

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Designed to improve patient appointment adherence

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# Strategies to Improve VL and Retention in Care

## Youth Transitioning to Adult Care

## Transition Readiness Assessment Questionnaire (TRAQ)

## Individualized Transition Plan (ITP)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Today's Date \_\_\_/\_\_\_/\_\_\_ (NRNH \_\_\_\_\_)

### Transition Readiness Assessment Questionnaire (TRAQ)

*Directions to Youth and Young Adults:* Please check the box that best describes your skill level in the following areas that are important for transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private.

*Directions to Caregivers/Parents:* If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes your skill level. [Check here](#) if you are a parent/caregiver completing this form.

	No, I do not know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
<b>Managing Medications</b>					
1. Do you fill a prescription if you need to?					
2. Do you know what to do if you are having a bad reaction to your medications?					
3. Do you take medications correctly and on your own?					
4. Do you reorder medications before they run out?					
<b>Appointment Keeping</b>					
5. Do you call the doctor's office to make an appointment?					

# Strategies to Improve VL and Retention in Care

## Disclosure Support



YOU ARE INVITED TO ATTEND

### "LEARNING TO TALK ABOUT YOUR STATUS"

July 30th, 2022 • 12pm -2pm  
1600 5th Avenue South  
CPP1 Suite G20  
Birmingham, AL 35233

RSVP [\[Redacted\]](#)

**the Family Clinic**

# Lessons Learned



# The UAB Family Clinic Team

Tina Simpson, MD, MPH, Program Director  
Sequoya Eady, MPH, Administrative Director

- **Providers**

- Heather Relyea-Ashley, MD
- Heather Austin, PhD
- Samantha Hill, MD, MPH
- Cecelia Hutto, MD
- Scott James, MD
- Christa Nevin, MD, MPH
- Mickey Parks, CRNP
- Claudette Poole, MD
- Tina Simpson, MD, MPH

- **Nursing Staff**

- Shelia Stills, RN
- Shundarrica Blocker, CA

- **Social Work Staff**

- Lori Mills, MSW
- Lauren Marefka, MSW

- **Quality Management Staff**

- Dayna Cook-Heard, MAEd, Program Manager
- Wilnadia Murrell, BS Program Coordinator

- **Linkage and Retention Coordinators**

- Nanyamka Foreman, AS
- Andrew Yousef, MAEd, CHES

- **Research, Education and Outreach Staff**

- Theolishia Smith, MPH, Program Manager
- Amy Ball, MPH, Program Coordinator
- Dennis Otali, VISTA

- **Office Associate**

- Jaleesa Morris, BS

# Contact Us

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UABFamilyClinic