Replicating Innovative HIV Care Strategies in the Ryan White HIV/AIDS Program

Innovative HIV Care Strategies for Individuals Who Are Not In Care or Have a New HIV Diagnosis

June 27, 2024

Agenda

- *Project Overview*
  - About the Special Projects of National Significance (SPNS) Program & Integrating HIV Innovative Practices (IHIP) Project – presented by: Shelly Kowalczyk (MayaTech)
- *Intervention Overview*
  - ***Linkage, Integration, Navigation, and Comprehensive Services (LINCS)*** – presented by: Erin Antunez, San Francisco Dept of Public Health
  - ***HIV Clinical Pharmacist Services*** – presented by: Dr. Michelle Lewis, University of Oklahoma, Health Sciences Center College of Pharmacy
- *Q&A*
- *Participant Feedback*

About Integrating HIV Innovative Practices (IHIP)

- **Funding/Administration**: The Ryan White HIV/AIDS Program (RWHAP) Part F: Special Projects of National Significance (SPNS) Program administered by HRSA's HIV/AIDS Bureau (HAB).

- **Purpose:** To support the coordination, replication, and dissemination of innovative HIV care strategies in the RWHAP through the development and dissemination of implementation tools and resources.

Framework for RWHAP SPNS RWHAP

DEMONSTRATE OR IMPLEMENT	EVALUATE & DOCUMENT	COORDINATE, REPLICATE, & INTEGRATE
Fund recipients to respond to emerging needs of people with HIV using evidence-based, evidence-informed, and emerging interventions	Use an implementation science framework to identify effective interventions to improve HIV outcomes among Ryan White HIV/AIDS Program clients	Develop guides and manuals, interactive online tools/toolkits, publications, and instructional materials that describe how to coordinate, replicate, and integrate interventions and strategies for RWHAP providers
Fund special programs to develop a standard electronic client information data system to improve the ability of recipients to report data	Evaluate and document specific strategies for successfully integrating interventions in RWHAP sites	Streamline access to materials and promote replication through the Best Practices Compilation

Key Support to RWHAP Providers

- Implementation tools and resources
  - Featuring interventions implemented by RWHAP grant recipients/subrecipients
- Capacity building technical assistance (CBTA) on featured interventions
- Support in the development and dissemination of implementation tools and resources
- Email Helpdesk (ihiphelpdesk@mayatech.com)

Check out TargetHIV.org/IHIP

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Erin Antunez	Nothing to Disclose
Michelle Lewis	Nothing to Disclose

LINCS Navigation: Implementation of a Navigation in San Francisco

Erin Antunez,
San Francisco Department of Public Health
June 27, 2024

People • Care • Prevention

Disclaimer

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Erin Antunez, MS

People • Care • Prevention

Erin Antunez is a LINCS Program Manager with the San Francisco Department of Public Health with 25 years of experience in the field of harm reduction and HIV prevention and treatment. Her work focuses on promoting sexual health and preventing the spread of HIV and other sexually transmitted infections. Ms. Antunez has a passion for health promotion for both clients and staff and lowering barriers to care.

LINCS Overview

LINCS is a partner services and linkage to care program, staffed by a team of DIS and Navigators, that aims to decrease transmission of and lower morbidity and mortality from STIs

- LINCS offers treatment assurance, partner services, linkage to care, and navigation to accomplish program goals
- Navigation focuses on people with HIV who are out of care

LINCS Navigation

Navigation services include:

- 3 months of intensive support with appointment reminders, escorts, transportation
- Guidance to health care services including benefits/system navigation
- Health education, motivational interviewing
- Address barriers to care (e.g. transportation, housing, food insecurity)
- Navigation goal: Linkage to care and viral load suppression

Some Chat Question Responses

What do navigators do? Some examples below:

a. Navigator and PWH build relationship of mutual respect and trust
b. Offer short-term, strengths-based case management to PWH to connect with HIV care
c. Support and advocacy to navigate complex benefits and care system
d. Identify and address barriers to care and treatment
e. MI, education, coaching around ART, U=U, harm reduction, health promotion

Navigators are NOT clinicians, licensed social workers, long-term case managers but will provide warm handoffs and care coordination with providers

Intervention

- **Who we Prioritize for Navigation - NIC PWH**:
  - Dx <6 months ago + missed 1 appt
  - Hospitalized with detectable viral load
  - Detectable viral load, not seen in 4 months (prioritize VL>100,000)
  - CD4<200 and history of poor medication adherence
- **What do we do?**
  - Receive and triage referrals
  - Assign to navigators, who work to locate NIC PWH
  - Located patients offered navigation support for 3 months to assist with re-engagement in care and ART
- **How do we Navigate?**

Challenges and Successes

Challenges and How They Were Overcome

- Burnout
- Grief/Trauma
- Meeting client needs
- Locating clients

Successes (including outcomes)

- 12+ years of Navigation for PWH in SF
- Established reputation as a team that is well trained and have a lot of tools in our toolbox (ranging from harm reduction, ARTAS, MI to ability to get same day care appts, Lyft, food)
- Positive health outcomes for PWH with complex needs- 64% of Navigation clients are VL suppressed 12 mo. after LINCS enrollment!

Outcomes - Data from SFDPH's 2022 HIV Surveillance Report

Table 3.5 Care indicators among people who accepted and completed LINCS services in 2021 by demographic and risk characteristics, San Francisco

		Number who received LINCS services	% Linked to care within 3 months of LINCS initiation[1]	% Retained in care 3-9 months after linkage[1]	% Virally suppressed at most recent test in 12 months after LINCS initiation[1]
	Total	**81**	75%	49%	64%
Gender[2]	Cis Men	63	76%	49%	65%
	Cis Women	12	75%	58%	42%
	Trans Women	6	67%	33%	100%
Race/Ethnicity	White	26	81%	62%	58%
	Black/African American	17	76%	35%	71%
	Latinx	28	75%	46%	68%
	Asian/Pacific Islander	5	60%	40%	60%
	Other/Unknown	5	60%	60%	60%
Age in Years (as of 12/31/2021)	13-24	3	33%	0%	67%
	25-29	10	60%	30%	70%
	30-39	22	77%	50%	68%
	40-49	26	81%	54%	50%
	50+	20	80%	60%	75%
Transmission Category	MSM	24	75%	42%	75%
	PWID	13	69%	46%	46%
	MSM-PWID	31	74%	48%	55%
	Heterosexual	6	83%	83%	67%
	Other/Unidentified[3]	7	86%	57%	100%
Housing Status[4]	Homeless	46	72%	54%	57%
	Housed	35	80%	43%	74%

1 Percent of people who received LINCS.
2 Data on trans men are not released separately due to small numbers. See Technical Notes "Gender Status."
3 Includes TWSM, TWSM-PWID and people with no identified risk factor.
4 Housing status is based on the most recent residence at time of LINCS initiation in 2021.

LINCS

How did we plan for and implement our Navigation program?

Navigate and link client to care and ART

- Internal Assessment
- Build Relationships with Clinic and CBO partners
- Establish Referral Process
- Create Protocols
- Hire and Train Staff
- Locate and Outreach to clients who are not-in-care

Consumer Testimonial #1

“Navigation helped tremendously, and it ensured that I didn’t have anything else that could prevent me from making it to my appointment… the unique thing was getting support and services like Lyft rides and incentives.”

Consumer Testimonial #2

“What worked was having an understanding and compassionate staff. It allowed me to follow through with my appointments without shame.”

Sustainability

- Multiple funding streams
- Health department role and access
- Partnerships and Relationships
- Niche- LINCS serves mid level acuity PWH

Lessons Learned

- Client-centered, relationship focused approach that meets people where they are is key to success of Navigation program
- Clear referral criteria and program focus area ensure we are able to meet the needs of enrolled clients

References

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Pharmacist Impact on the HIV Care Continuum: Decreasing Time to Care

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Michelle Lewis Disclaimer

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Michelle Lewis, PharmD, BCPS, AAHIVP

Dr. Michelle Lewis is a Clinical Associate Professor with the University of Oklahoma College of Medicine. She is a Board-Certified Pharmacotherapy Specialist and is credentialed as an HIV Pharmacist by the American Academy of HIV Medicine. She has an active HIV pharmacotherapy practice within the University of Oklahoma Infectious Diseases Institute providing medication support to over 1800 patients with HIV infection. Dr. Lewis is also the Clinical Co-Director of the South Central AIDS Education and Training Center partner site located within the University of Oklahoma providing peer education and technical assistance to build HIV care capacity throughout Oklahoma and neighboring states.

Overview

- HIV Clinical Pharmacist Services Intervention was established in our outpatient infectious diseases clinic
  - Clinic serves approximately 1800 patients with HIV infection
  - Supported by RWHAP funding parts B, C, and D
  - Borne out of need with no independent funding source
- Patients were waiting up to 60 days to engage in care
- Objective: decrease time for newly referred patients to engage in care with a pharmacist led service initiative

Federal Response

- National HIV/AIDS Strategy (2022-2025)
  - Provides a vision to guide the HIV/AIDS response, sets goals for achievement, and defines objectives and strategies to aid in implementation
    - Prevent new HIV infections
    - Improve HIV-related health outcomes of people with HIV
- Ending the HIV Epidemic
  - Initiative designed to coordinate efforts across federal agencies to end the HIV epidemic through diagnosis, treatment, prevention, and public health response

Care Continuum (1)

HIV.gov. What is the HIV Care Continuum? October 28, 2022. Available at: https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum

Linkage to Care and Treatment

- Maximum and durable suppression of viral replication with antiretroviral therapy (ART) decreases morbidity and mortality
  - This is achieved only when patients engage in care and stay in care
- Studies indicate starting ART earlier in disease process leads to better outcomes
  - Patients should be started on medication as soon as possible after infection occurs
- Treatment can be used for prevention
  - Medications decrease viral load which decreases transmission

Traditional Patient Journey (1)

- Testing at outside facility
- Referral for care placed
- Referral processed and patient scheduled with provider
- Initial provider visit - education provided, labs completed
- Second provider visit - labs reviewed, ART initiated

Traditional Patient Journey (2)

Referral processed and patient scheduled with provider

- We found that the time between referral and first-available appointment stretched to an average of 69 days
- The average time to actual first-appointment arrival was 78 days

Need vs Resources: Linkage to Care

What We CAN'T Do

- Create more time for providers
- Add more providers

What We CAN Do

- Utilize current resources differently
- Clinical pharmacist

Our Intervention

1	2	3	4	5
Testing at outside facility	Referral for care placed	Referral processed and patient scheduled	Intake visit with pharmacist – education provided, labs completed	Initial provider visit - labs reviewed, ART initiated

- Step 4 – Pharmacist visit within 14 days of referral
- Step 5 – Provider visit remains as originally scheduled, but ART can be started at initial visit

Pharmacist Visit (1)

Introduction to clinic

- Patient has now been to clinic, knows location and parking situation
  - Decrease no-show and late arrival for provider appointments

Targeted patient interview

- Diagnosis
- Risk factor
- Sexual health & STI history
- Medical & medication history
- Social history
- Resources for health care (insurance, case management, etc.)

Pharmacist Visit (2)

Education

- Disease process
- Transmission
- Antiretroviral therapy
  - Rational
  - Adherence
  - Resistance

Orders

- Referrals – case management & behavioral health
- Lab
- Medications – ART & prophylaxis

Challenges

- Integration into established clinic practice
- Current pharmacist practice vs new pharmacy practice
    - Medication access – pharmacist technician
    - Medication reconciliation – nursing/providers
- Prescribing protocol – collaborative practice
- Provider availability – consultation is needed

Retrospective Analysis

Primary Objectives

- Time from referral to scheduled appointment
- Time from referral to visit attendance

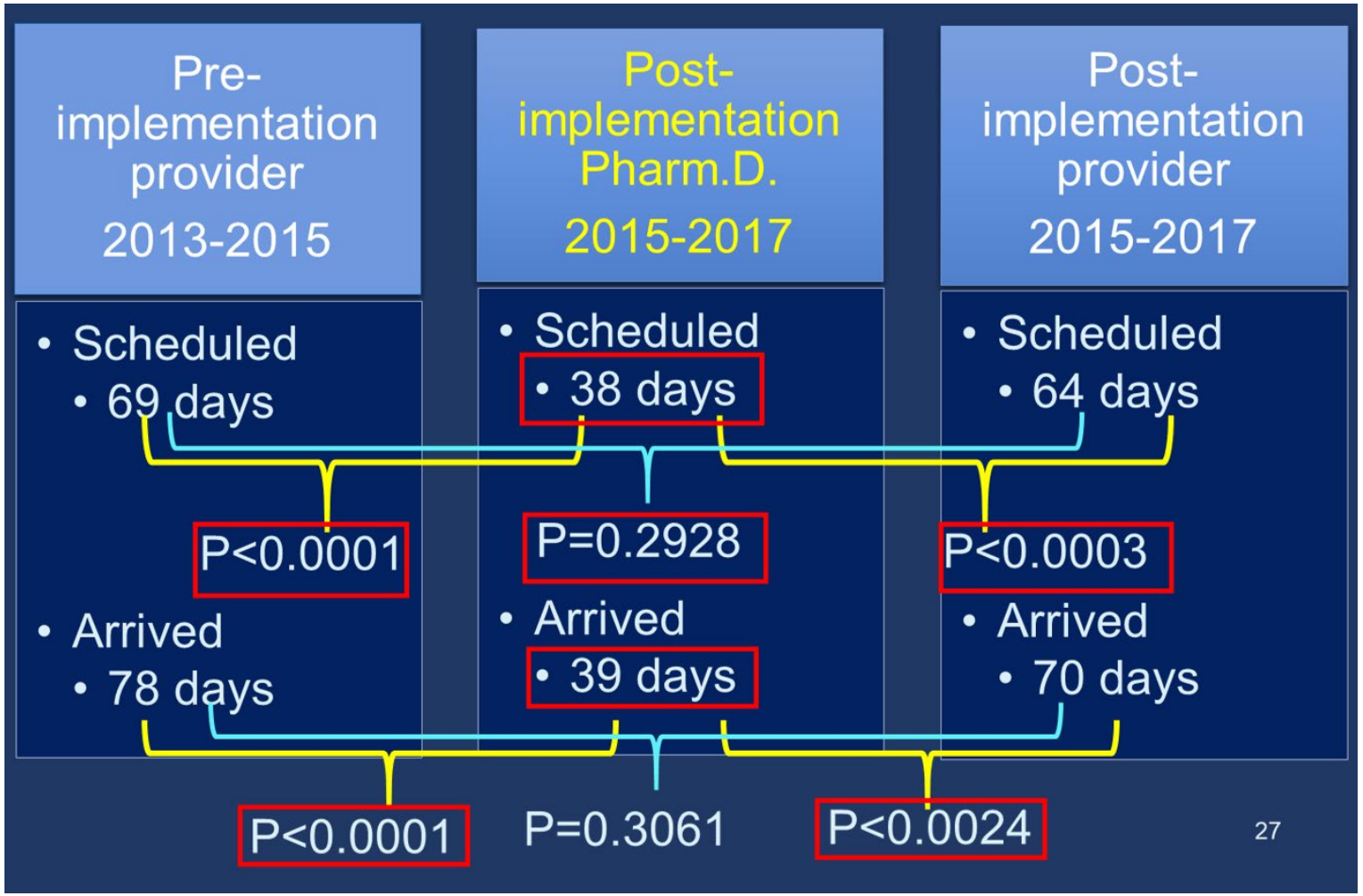
Secondary Objectives

- Time to ART initiation
- Time to viral suppression
- Retention in care (at least one return visit within 6 months)

Patient Population

- Pre-implementation (2013-2015)
    - Non-Pharm.D. providers : Arrived N=139
- Post-implementation (2015-2017)
    - Pharm.D. : Arrived N=100
- Post-implementation (2015-2017)
    - Non Pharm.D. providers : Arrived N=45

Primary Outcomes



Secondary Outcomes

	Pre-implementation Non-Pharm.D.	Post-implementation Pharm.D.	Post-implementation Non-Pharm.D.
Time to ART (days)	122 (p = 0.8006)	95 (p = 0.0488)	101 (p = 0.5094)
Time to viral suppression (days)	316 (p = 0.2807)	208 (p = 0.0005)	253 (p = 0.3608)
Retention in care (%)	92	93	91

Sustainability (2)

STAFFING

- Health care workforce shortage – HIV workforce shortage
- Clinically trained personnel - residencies/training programs

Our Lessons Learned

- Assess your program as a whole
  - Look at processes and procedures
  - Think about how things can be done differently
- Assure all “providers” are working to the extent of licensure/training
- Be sure administration and practitioners are all aligned
  - Trust among providers
- Have clear roles and responsibilities

Our References

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Participant Feedback

Please use the following link to give your feedback

https://www.surveymonkey.com/r/June272024

Stay Connected!

Sharing Information & Strategies

CBTA questions, email:

IHIPhelpdesk@mayatech.com

To access IHIP tools/resources and join the IHIP Listserv:

https://targethiv.org/ihip

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