2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Utilizing HIV Peer Navigators as Members of Care Management Teams to Achieve Viral Load Suppression

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Disclosures

Sharen Duke and Marcy Thompson have no financial interest to disclose.

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Learning Objectives

1. Explore medical-community partnerships between community-based organizations and medical facilities that can result in increased patient engagement in HIV care and treatment.

2. Design effective strategies to integrate peer navigators into medical care management teams.

3. Understand how to effectively utilize HIV peer navigators in order to increase linkage to medical care and decrease missed appointment rates

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

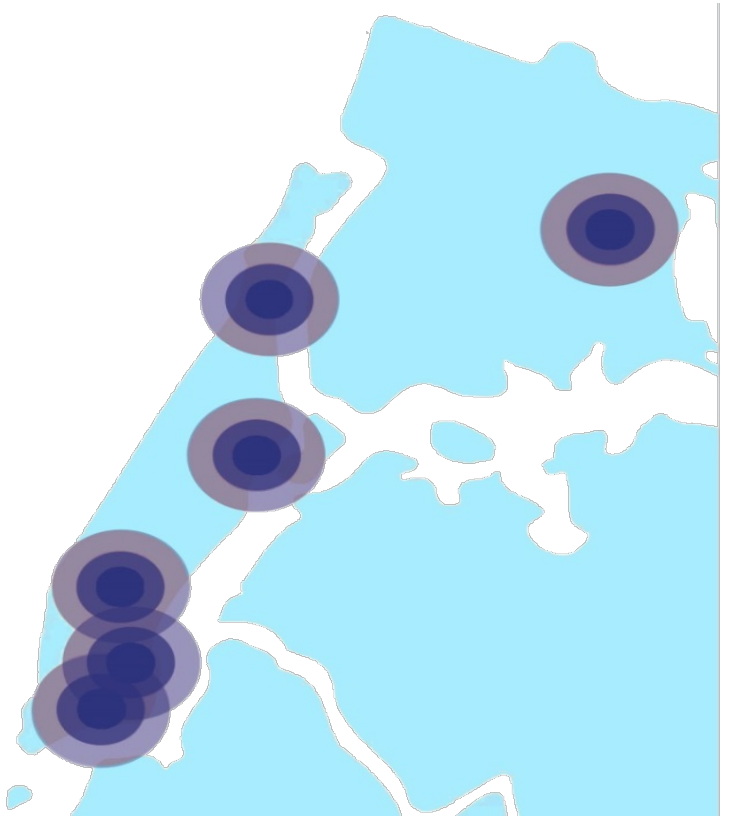
http://ryanwhite.cds.pesgce.com

Positive Change in Action

The Alliance helps New Yorkers affected by HIV and other chronic illnesses make lasting positive changes towards health, housing, recovery, and self-sufficiency.

Each year, we help New Yorkers:

- Get tested for HIV
- Overcome addiction
- Access medical care
- Escape homelessness
- Rejoin the world of work
- Replace isolation with community
- And lead healthier and more self-sufficient lives.



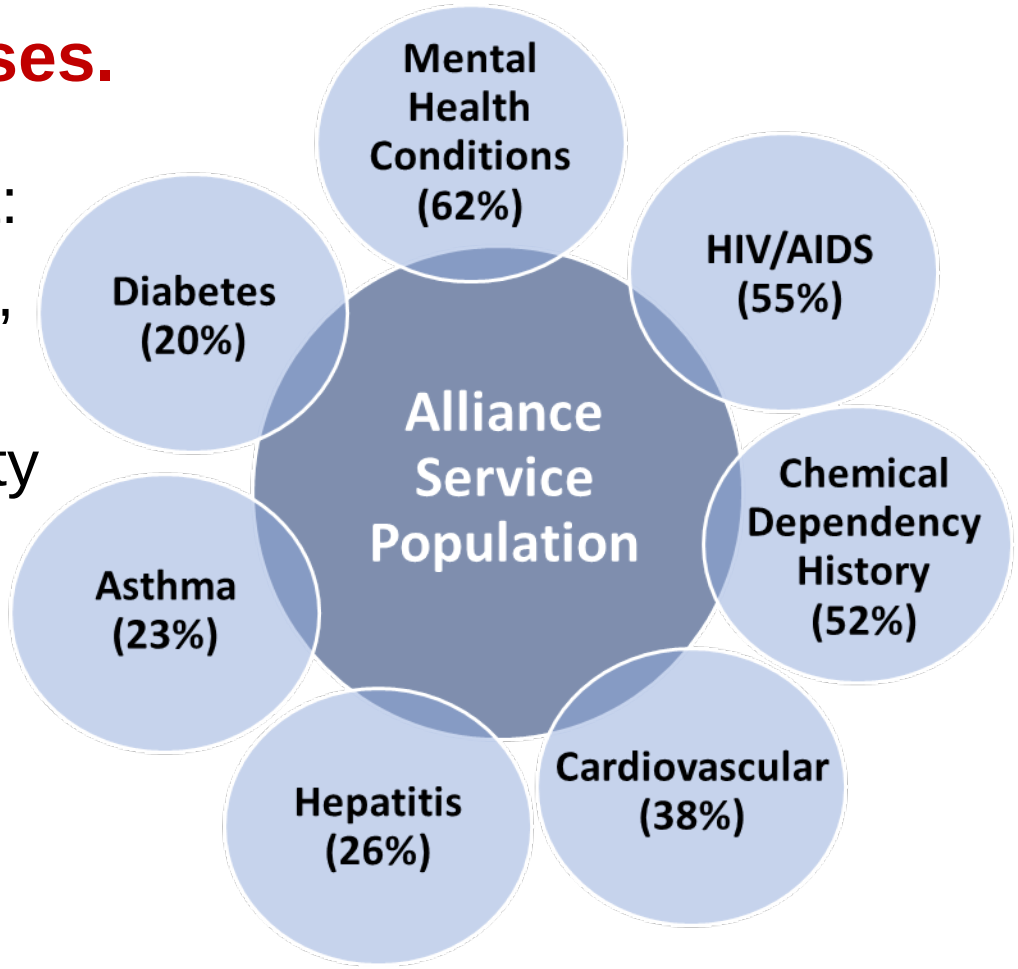
Alliance's **individualized, full-service approach** gives each person the unique mix of support he or she needs to **feel better, live better, and do better**.

Alliance Service Population at a Glance

Most clients have multiple chronic illnesses.

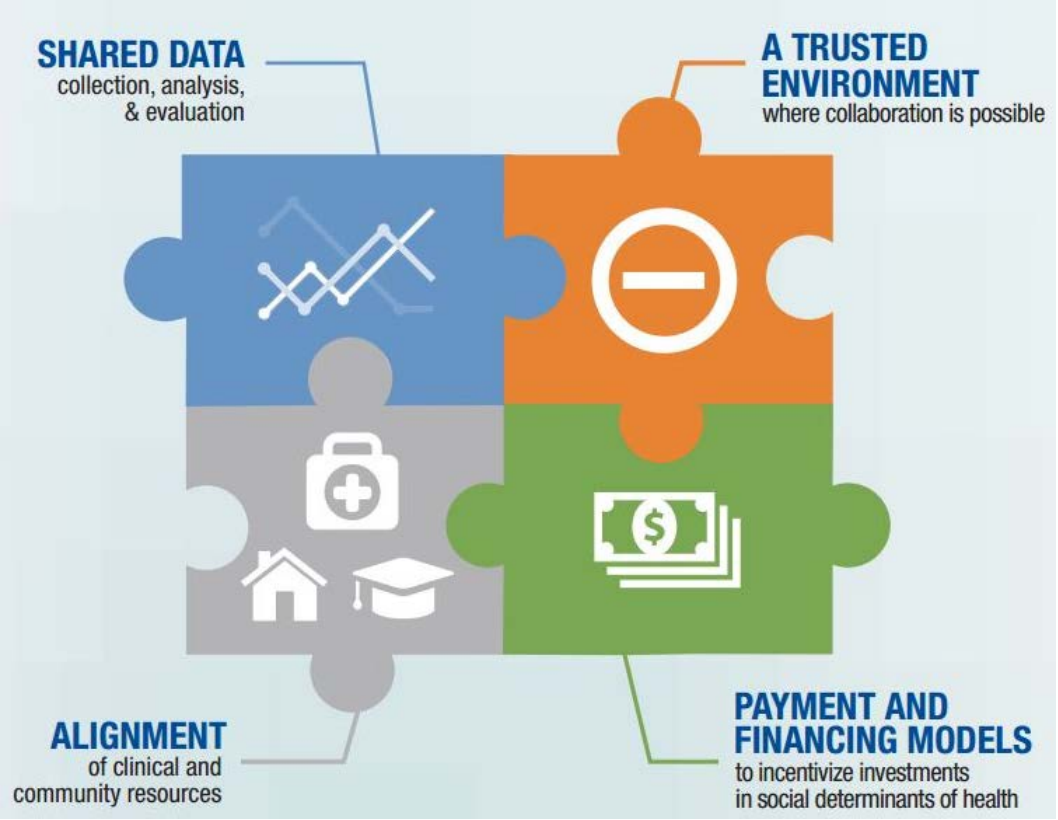
Assist in obtaining the needed care and support:

- **Housing:** unsafe, unstable, threats of eviction, rent arrears, needed repairs
- **Mental Health Diagnosis:** Depression, Anxiety Disorder, Bipolar Disorder
- **Food Insecurity**
- **Entitlements:** undocumented, Medicaid reactivation; spend-downs



Models of Medical-Community Collaboration

- Co-locate Community Care Managers in Medical Facilities
- HIV Treatment Adherence
  - Access to Anti-Retroviral Treatment
  - Monetary Incentives for VLS
- HIV Testing/Newly Diagnosed
  - Expedited confirmatory testing
  - Expedited medical appointment
- Joint grant-seeking



Co-Location of Care Managers in Medical Clinics

GOAL

Co-locate Community Care Manager into medical clinic to address social determinants of health and retain patients in care by providing medical and behavioral health navigation, treatment adherence support, transportation assistance, and linkage to other community based support care.

Care Management Services

- Appointment reminders
- Accompaniment to services
- Follow-up on missed appointments
- Entitlements advocacy
- Housing placement assistance
- Navigation to specialty care
- Case conferences
- Joint assessments and service plans

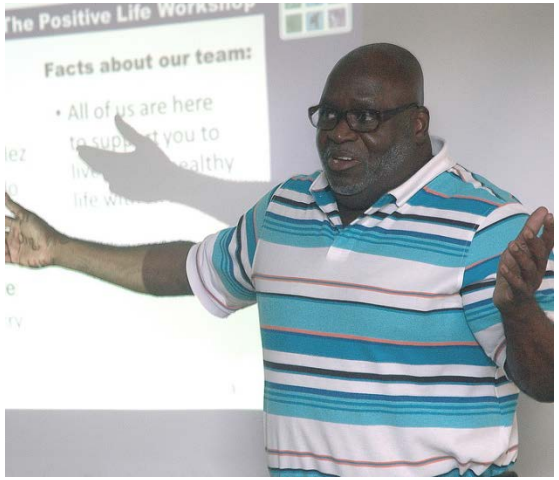
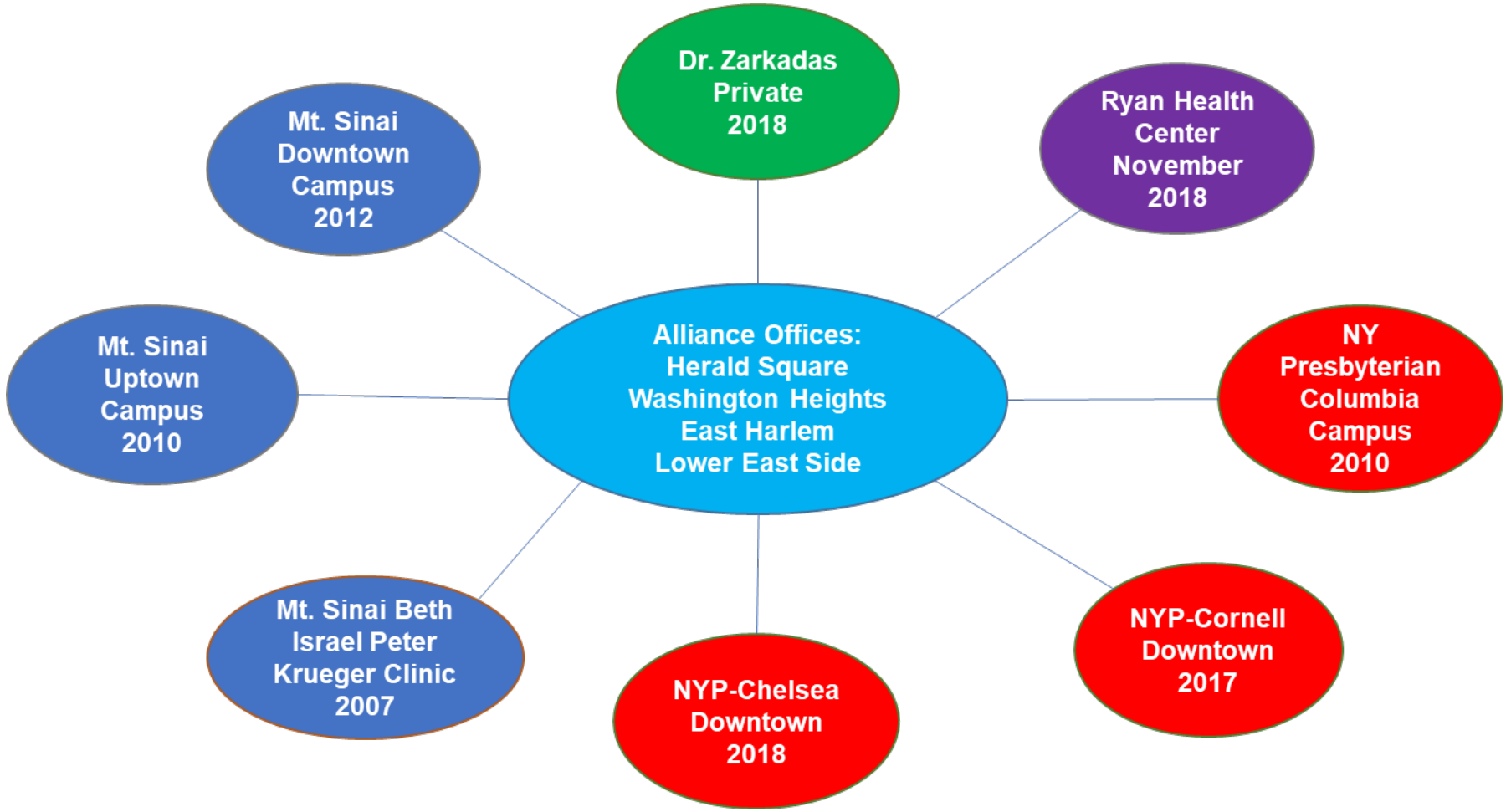


Photo: David Nager/ASCNYC

Alliance Co-Location Facilities



Co-Location Works!

- **Co-location of CBO care management within the medical setting provides:**
  - Real time data exchange
  - On-site case conferencing between care managers and medical providers
  - Fast track access to medical appointments
  - Resources to address social determinants of health
  - Intensive field-based outreach to clients lost to care

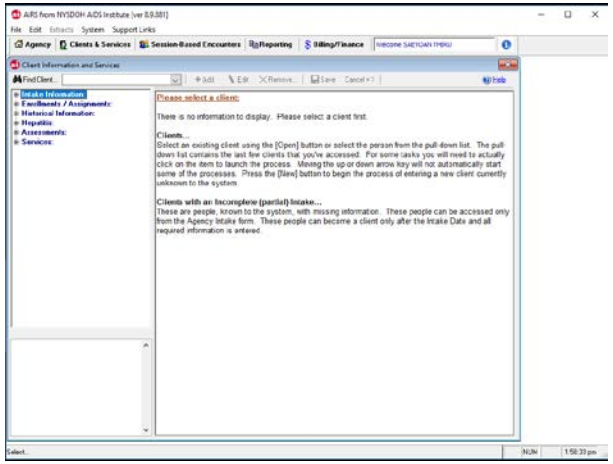


Photo: David Nager/ASCNYC

Benefits of *Peer Navigation*

Each Alliance Health Home Care Manager has a **dedicated Peer Navigator** to provide the **"feet on the ground"** for the patients. Together, the HH Care Manager and Peer Navigator help patients work through any barriers that might prevent her/him from seeing their doctor or other medical care professional.

Photo: David Nager/ASCNYC

Role of Peer Navigators

- Shared Lived Experience:
  - Culturally
  - Linguistically
  - Socially
  - Economically
- Reduce Barriers to Care
- Foster Trust
- Promote Long-term Engagement
- Guide Patients Toward Health and Stability
- “Warm hand-off” to care coordination

Photo: David Nager/Alliance

Support & Training for Peer Navigators

- **Bi-Weekly Supervision with Staff Mentor**: Focus on skills development by creating individualized personal and professional development plans tailored to each Peer's interests, priorities, and needs.
- **Weekly Mandatory Support Group**: Provide skill enhancements, encouragement, and guidance to help the Peer Interns "stay on track" with their own recovery and personal aspirations.
- **Continued Training / Education:** Quarterly training on variety of topics

Photo: David Nager/Alliance

Benefits of Employing a Peer Workforce

FOR PEERS

- Enhanced skills
- Self-esteem
- Peer placement
- Marketability (employment)
- Support network

FOR ORGANIZATIONS

- Credentialed training
- Credibility within community
- Increased service resources (for outreach enrollment, and navigation)
- Low-cost strategy
- Role models

Role of Peer Navigators

Peer Navigators are integral members of Alliance's Care Management Program. Peers conduct:

- Outreach for Patient Activation/Linkage to Care
- Patient Navigation, Appointment reminders, Accompaniment to services
- Coaching / Health Education
- Motivational Interviewing & Goal Setting
- Self-Management & Adherence Support
- Case Conferencing/Communication with care team

Photo: David Nager/Alliance

Impacts

- Alliance Health Home Care Management teams (care manager & peer navigator) result in increased linkage to care and treatment adherence:
  - 91% HH care managed clients were consistently engaged in care
  - 54% were virally suppressed at intake
  - 80% were virally suppressed at 6 month follow-up

Photo: David Nager/Alliance

Impacts within medical clinics

- HH Enrollment: 90% conversion from clinic patient outreach to HH enrollment
- 63% re-engagement of patients who had fallen out of care (no medical visits in > 6 months)

Clients in Care

- 90% decrease in missed appointment rate
- Appointment reminders via texting app; peer accompaniment; transportation assistance and coordination

Photo: David Nager/Alliance

Impacts within medical clinics

Viral Suppression

- 85% improvement in medication adherence:
  - Enrollment in Alliance Undetectable and/or Pharmacy Access Center Program
- 92% of clients were undetectable after 6 months of program enrollment
  - 95% of clients had sustained viral suppression for at least 12 months
  - 78% of unsuppressed clients at intake became undetectable by 6 months

Photo: David Nager/Alliance

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Thank You