NATIONAL 2018 RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

Expediting Specialty Referrals to Reduce Disparities in HIV Outcomes: *The Patient Navigator Role*

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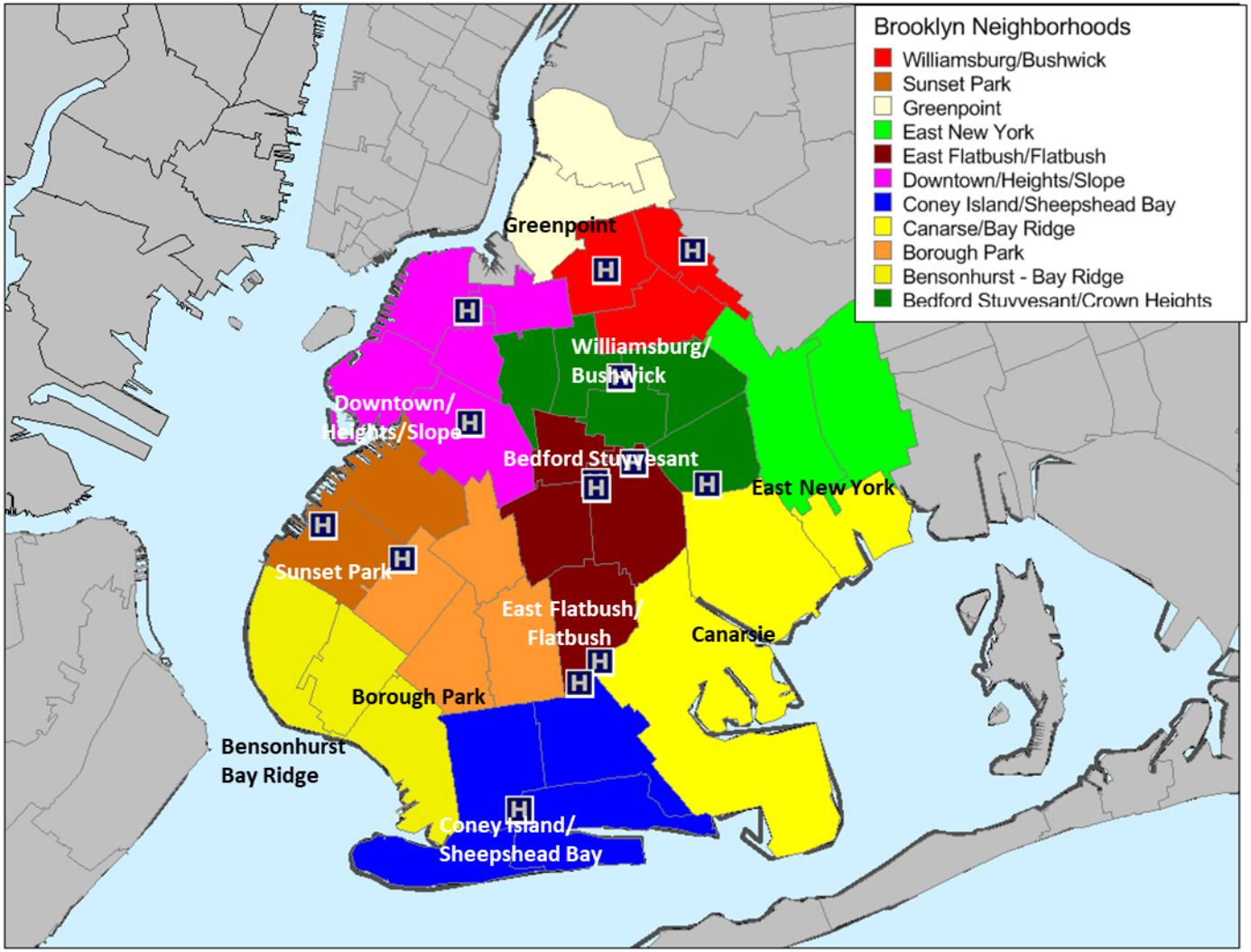
STAR PROGRAM
SPECIAL TREATMENT AND RESEARCH

STAR Program

Achieve Health Equity through

- *Quality Care*
- *Education and Research*
- *Community Empowerment*

Brooklyn Communities



Community Setting

STAR Health Center

Primary care

HIV treatment

PEP/PrEP

HCV screening/ treatment

Behavioral Health

Nutrition

LGBTQ Health Initiative

RW-A Care Coordination

Eligibility Criteria For Care Coordination

- Newly diagnosed with HIV within past 12 months
- Unsuppressed viral load within past 12 months
- New to HIV care
- Out of care for at least 9 months
- Pregnant
- Change in ART regimen
- **Other high risk for falling out of care**

Clinical issue

- Non-AIDS medical conditions occur more often and are associated with a greater risk of death than AIDS

- Close coordination of specialty referrals is imperative to reduce disparities in morbidity and mortality

Co-Morbidities In HIV Patients

- Higher rates with PLWHIV
  - Cardiovascular disease
  - Kidney disease
  - Osteoporosis and fractures

- Similar rates with HIV-negative people
  - Hypertension
  - High Cholesterol
  - Endocrine disease
    - Diabetes

“I am HIV Positive, Now What?”

- Why don’t patients go to their specialty appointments?
- How are they at risk to falling out of care?

Patient Barriers

- Lack of health literacy
- Low socioeconomic status
- Fear or/and overwhelmed by new diagnosis
- Lack of time/ Inconvenient hours
- Transportation issues
- Unstable living situation-i.e. homelessness
- No working phone
- Out-of-network providers

Patient Barriers

- Immigration status
- Drug addiction
- Mental health issues
- Cultural barrier
- Language barrier
- Specialty provider not LGBTQ friendly
- Lack of social support
- Mistrust of health care system

Provider Barriers

- Pt is uninsured/ lack Insurance coverage
- Medicaid & Medicare
- Long wait time for specialty appointments
- Lack of communication with providers within hospital systems

Role of Patient Navigator

- Facilitate Team-Based Care
- Assessment of patients
  - Needs
  - Ability
- Logistics
- Closely monitor completion of specialty referrals

How PNs Expedite Specialty Referrals: Holistic Approach

Remind patients of the purpose of the appointments via *Health Promotion Sessions*

Listen to patients reasons behind their resistance

Inform PCP of any other symptoms patients are experiencing

Connect to resources & social support

Accompanying patients to the specialty

Advocate for patients

PN Attributes in Expediting Specialty Appointments

- Being patient
- Ability multi-tasking and retain information about pt's medical & social history
- Effective communication skills
  - Building relationships
- Culturally Competence
- Motivational Interviewing

Honoring Autonomy…

Case Study: Patient W

- 65 year-old African American woman
- HIV+ for 20 years from heterosexual contact
- Dialysis for 17 years
- Non-adherent to ART treatment
- Medical issues include
  - kidney failure, Non-obstructive coronary artery disease, COPD/asthma, high cholesterol, gastro-esophageal reflux disease, osteoarthritis

Challenges

- Medical Challenges
  - Dialysis
    - Limited appointment time
  - Cancer and Surgeries
  - Mental Health

- Social Barriers
  - HIV status revealed by family
    - Lack of Trust
  - Isolated

Patient W's Strengths

- Willing to go to specialty appointments when motivated
    - Memorial Sloan Kettering
- Asks a lot of questions
- Can provide some of her medical history to providers on her own.
- Can learn to trust providers when she develops rapport with those involved in her care.

Patient Navigator's Role

- PN built rapport with patient
- PN stressed the importance of going to specialty appointments
- Linked how her HIV management could affect the outcomes of other medical issues
- Logistics
  - Transportation & Insurance
- Bridging communication between medical providers and case workers involved in her care

Patient Navigator's Role

- Contacted patient's daughter for more active involvement in mother's care.

- Active listening
  - Providing PCP about pt's symptoms that may lead to specialty referral

Outcome: One Year Later

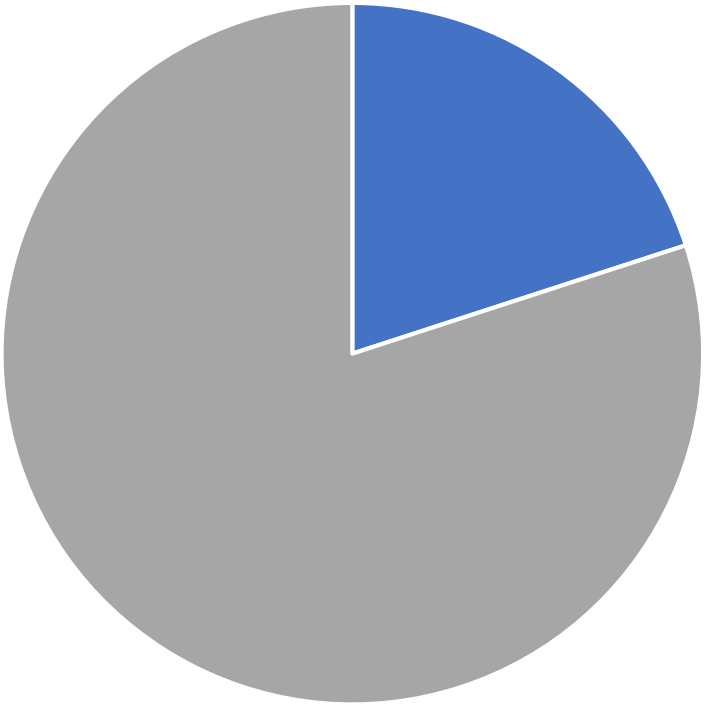
- Patient W started to go to specialty appointments more regularly

- Completed one of the two surgeries she needs.
  - PN was able help pt seek 2nd option
  - Obtained pre-surgical clearances

- Patient W recovered from surgery at rehab center.

QI PROJECT-Incomplete Cardiology Referrals: 1 in 5 CC pts

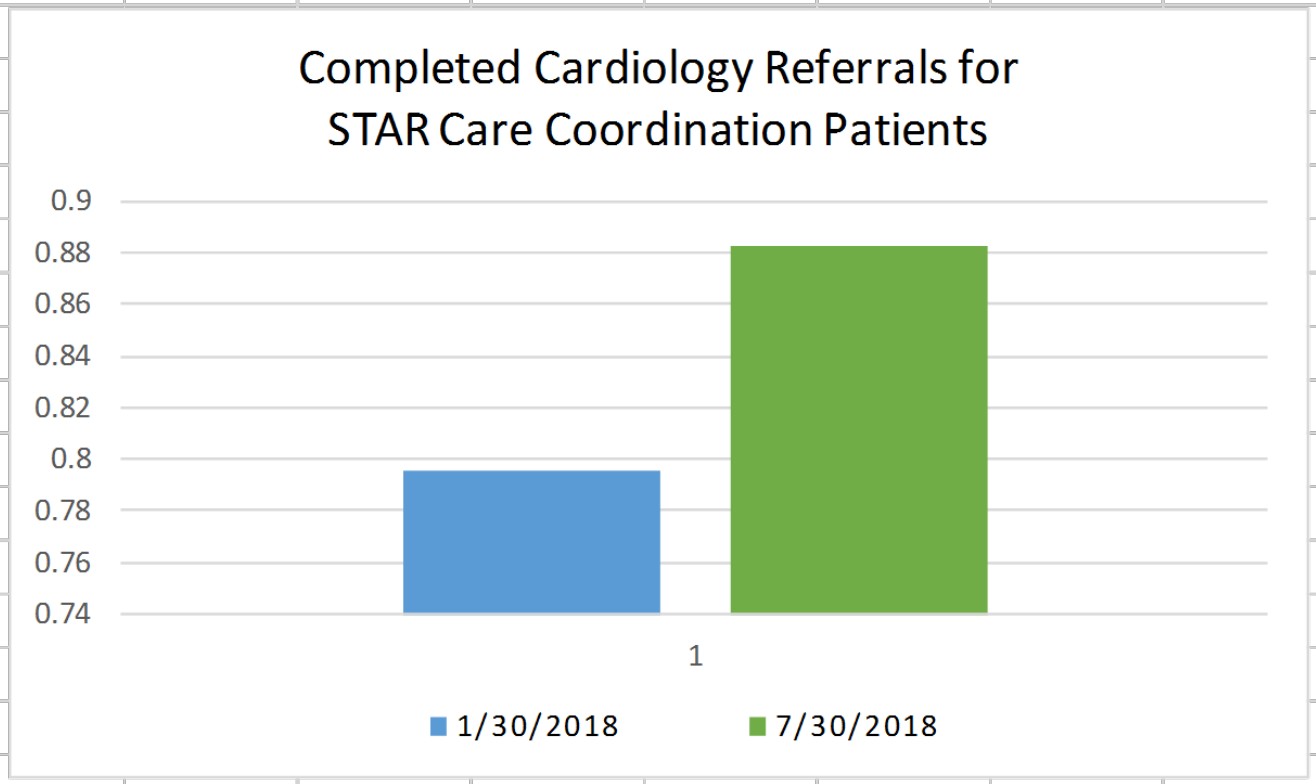
Incomplete cardiology appointments exceeded all others: 2017



Interventions Implemented

- Case presentations by Patient Navigators
- Education re: HIV and chronic disease management
- Improved Appointment Monitoring
- Exploring Structural Causes of Medical Mistrust

Follow Up Data



Lessons Learned

- Expediting specialty appointments involves *team-based care*.
- The health care system is confusing.
- PN must evaluate patients' abilities and needs
- PN can help pt's empower themselves in managing own care
- Consistent communication between medical provider improve patients' continuity of care.

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