2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

How a mobile- outreach, retention, and engagement (MORE) project improved health care for HIV+ individuals in Washington, DC

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Disclosures

britt

Grant/research support form: ViiV + Gilead

Community Advisory Board: Gilead

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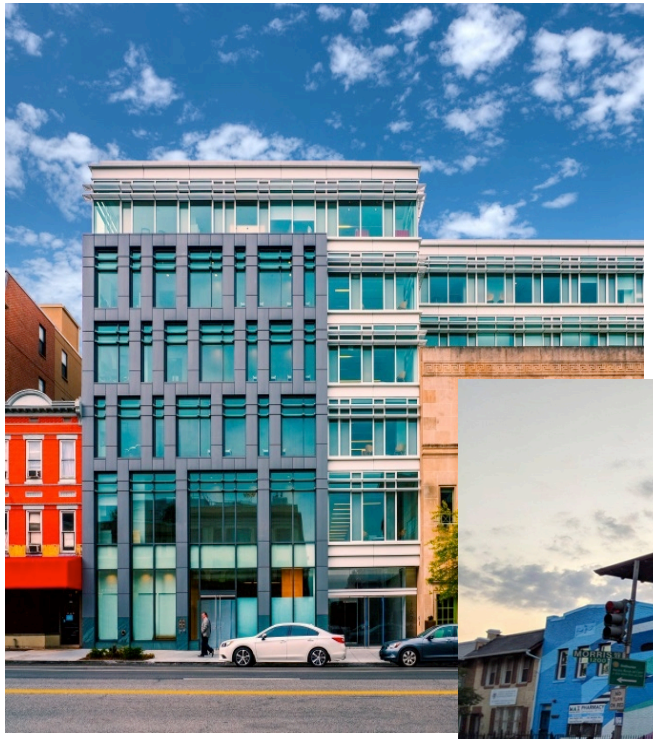
Commercial Support was not received for this activity.

Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Identify ways to innovate health care delivery and support programs in your setting
2. List important considerations in the implementation and sustainment of such programs
3. Describe how contributing factors in an environment or patient population can inform service delivery in such programs

Whitman-Walker Health



Vision: Whitman-Walker envisions a society where all individuals are seen for who they are, treated with dignity and respect, and afforded equal opportunity to health and well-being. Through care, advocacy, research and education, we empower all persons to live healthy, love openly, and achieve equality and inclusion.

Mission: Whitman-Walker Health offers affirming community-based health and wellness services to all with a special expertise in LGBTQ and HIV care. We empower all persons to live healthy, love openly, and achieve equality and inclusion.

Whitman-Walker Health Today

- Primary Medical Care
- HIV/STI Testing and Treatment
- Infectious Disease specialty care (HIV, HCV)
- Gender Affirming Care/Trans Care
- PrEP/PEP
- Medical Adherence
- Retention and Engagement
- Dental Care
- Aesthetic Medicine
- Pharmacy
- Behavioral Health
- Research
- Legal Services
- Insurance Navigation
- Youth & Family Services
- Peer Support
- Community Health
- Wellness Programming
- Training and Education
- Policy

History: CBO/ASO → Health Center

1973: Volunteer run “Gay Men’s VD Clinic” in the basement of a church in Georgetown

1978: Incorporated as WWC

1983: First and only responders to the HIV crisis in the Washington, DC area

1980’s – 1990’s: Grants and fundraising largely centered on continuing to respond to the HIV epidemic as a “free clinic”

2000’s: Restructuring business model and operations to become a full service community health center

2010’s: FQHC/medical home status

SOME FIGURES….

WWH: Encounters/Patients 2017

20,285 unique patients

- 10,327 unique medical patients

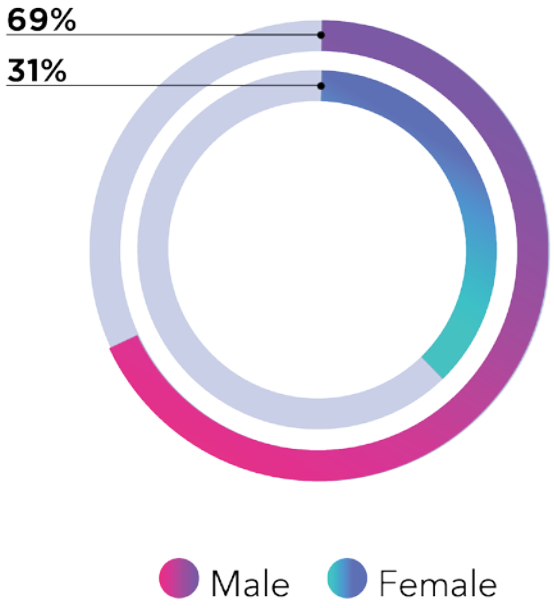
132,449 encounters.

2017 Encounters by Facility	
1525	107,526
MRC	15,910
1342/ETMC	4,673
Youth	3,207
Field & Community	1,133

2017 Encounters Center-Wide	
All Services	132,499
All (w/out Lab)	109,177
Medical	35,173
Behavioral	22,931
CH & GMHW	19,786
Public Benefits	9,352
Dental	9,151
Care Mgmt & Navigation	5,544

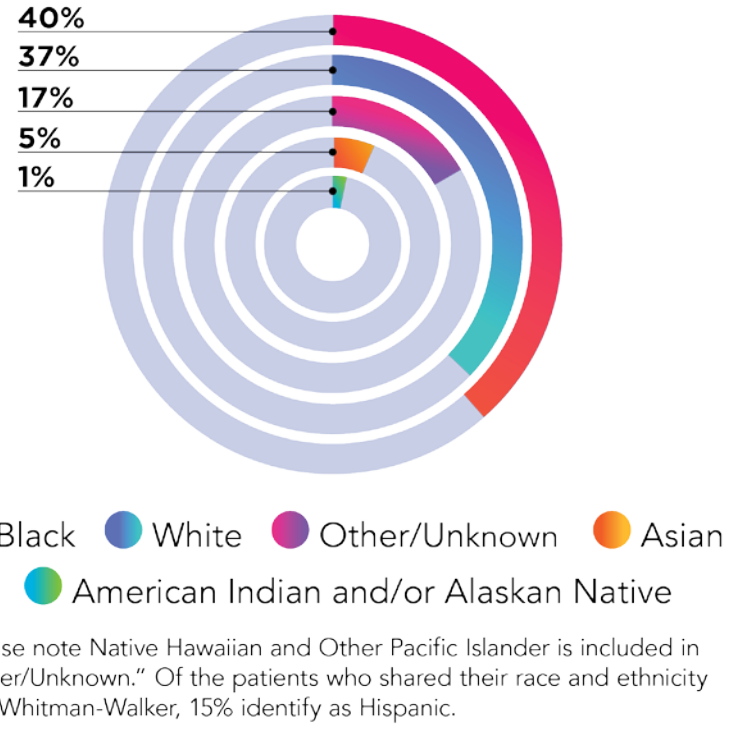
WWH: About Our Communities

GENDER



*Please note 8% of Whitman-Walker patients identify as transgender.

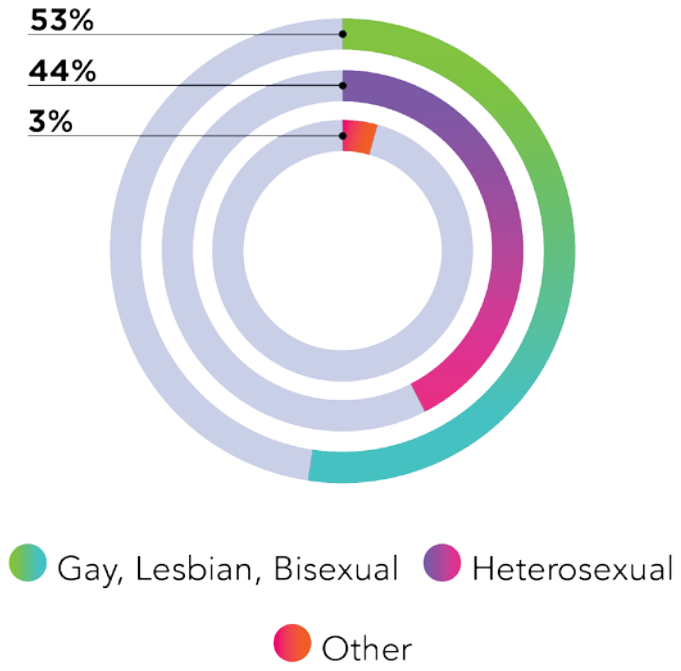
RACE/ETHNICITY



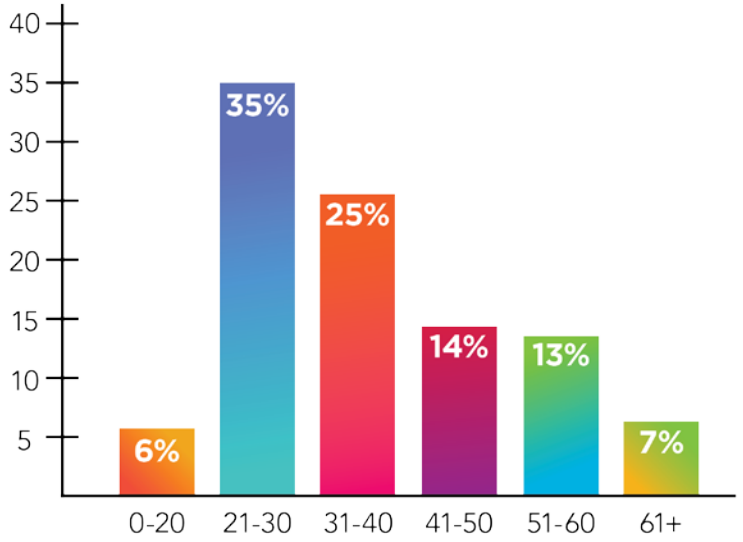
*Please note Native Hawaiian and Other Pacific Islander is included in "Other/Unknown." Of the patients who shared their race and ethnicity with Whitman-Walker, 15% identify as Hispanic.

WWH: About Our Communities

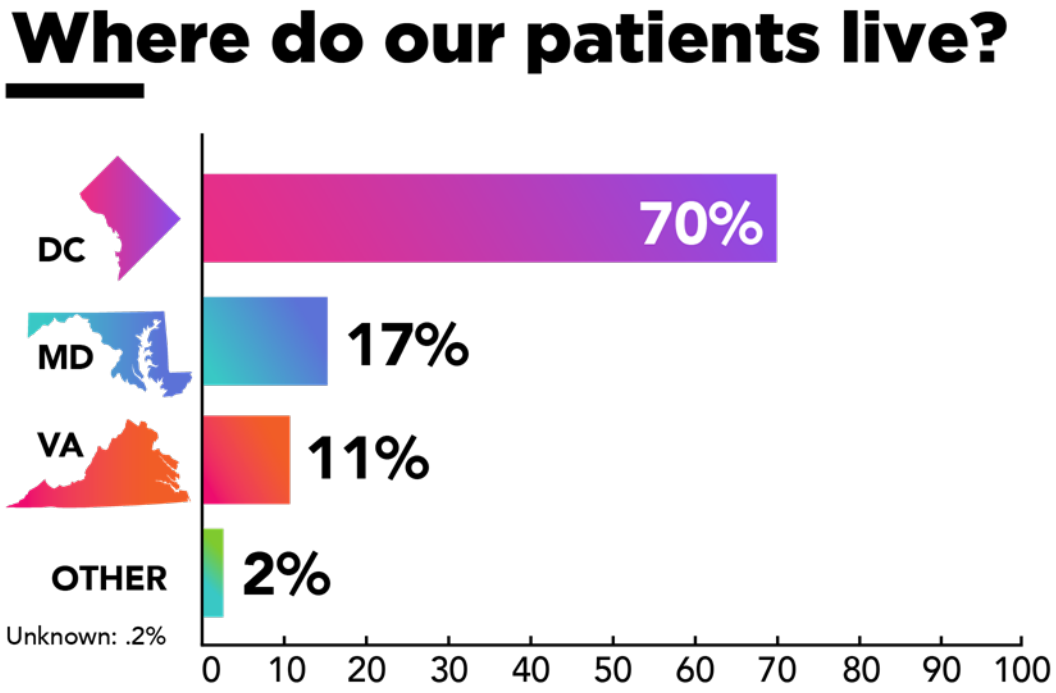
SEXUAL ORIENTATION

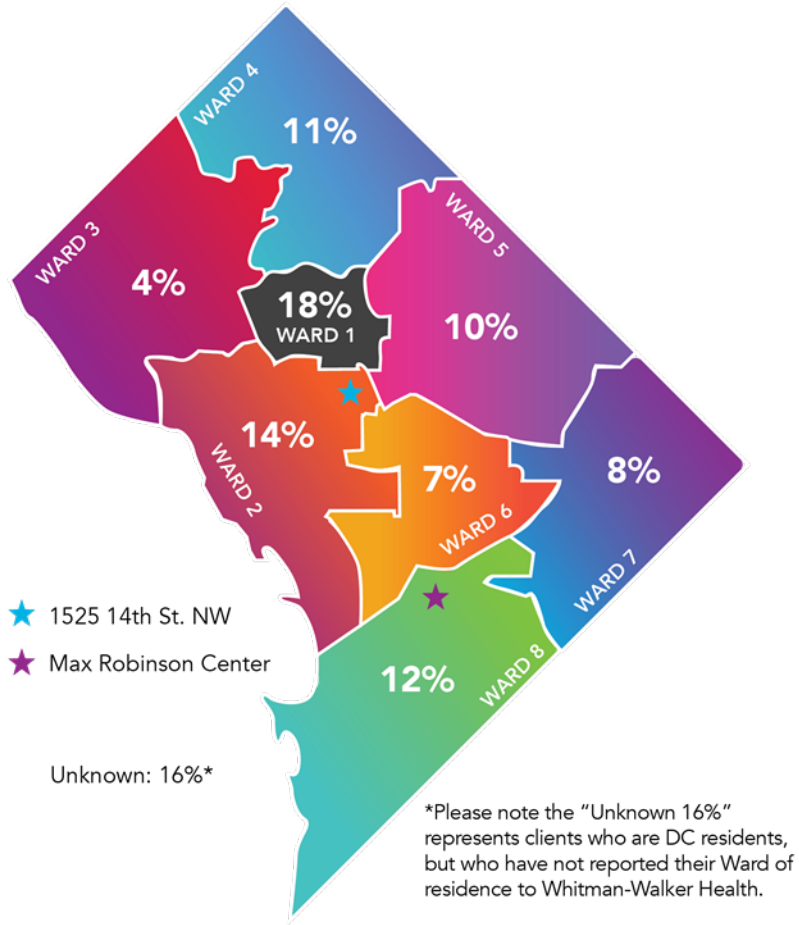


AGE



WWH: About Our Communities





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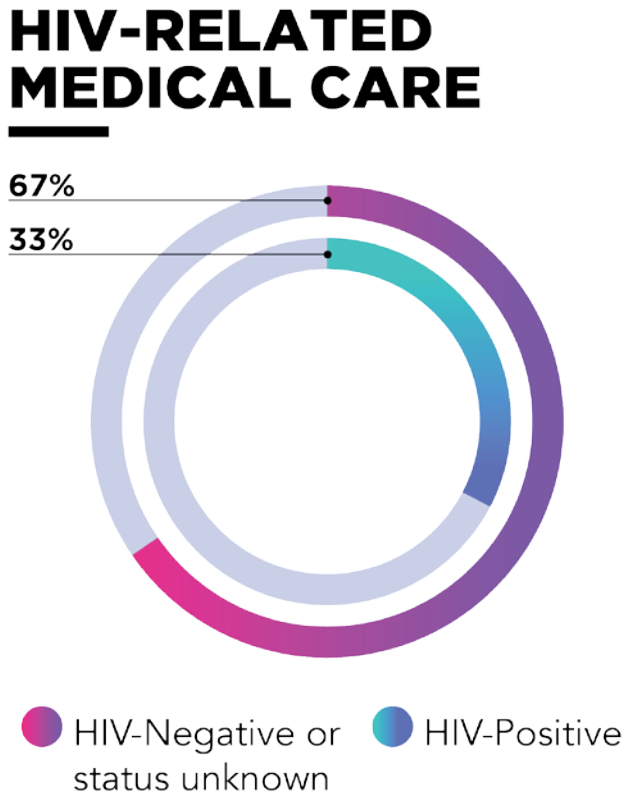
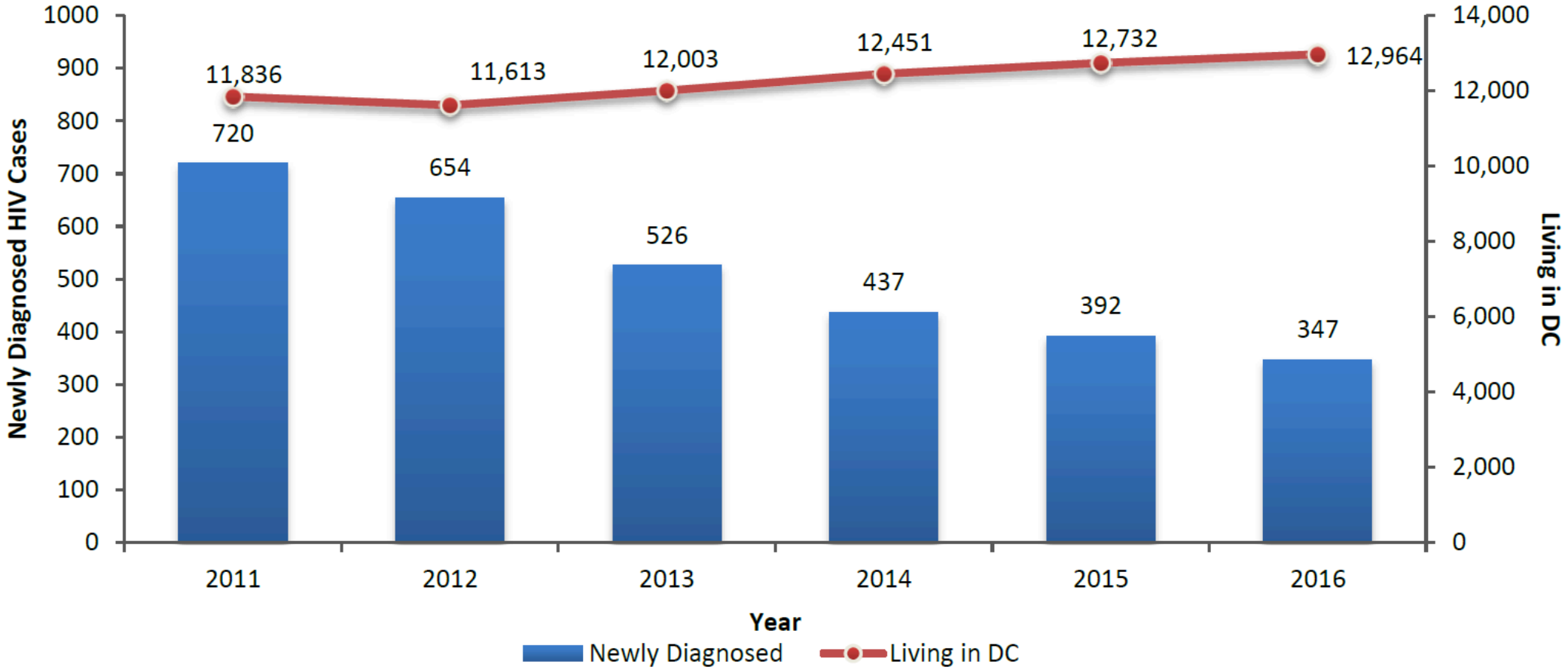


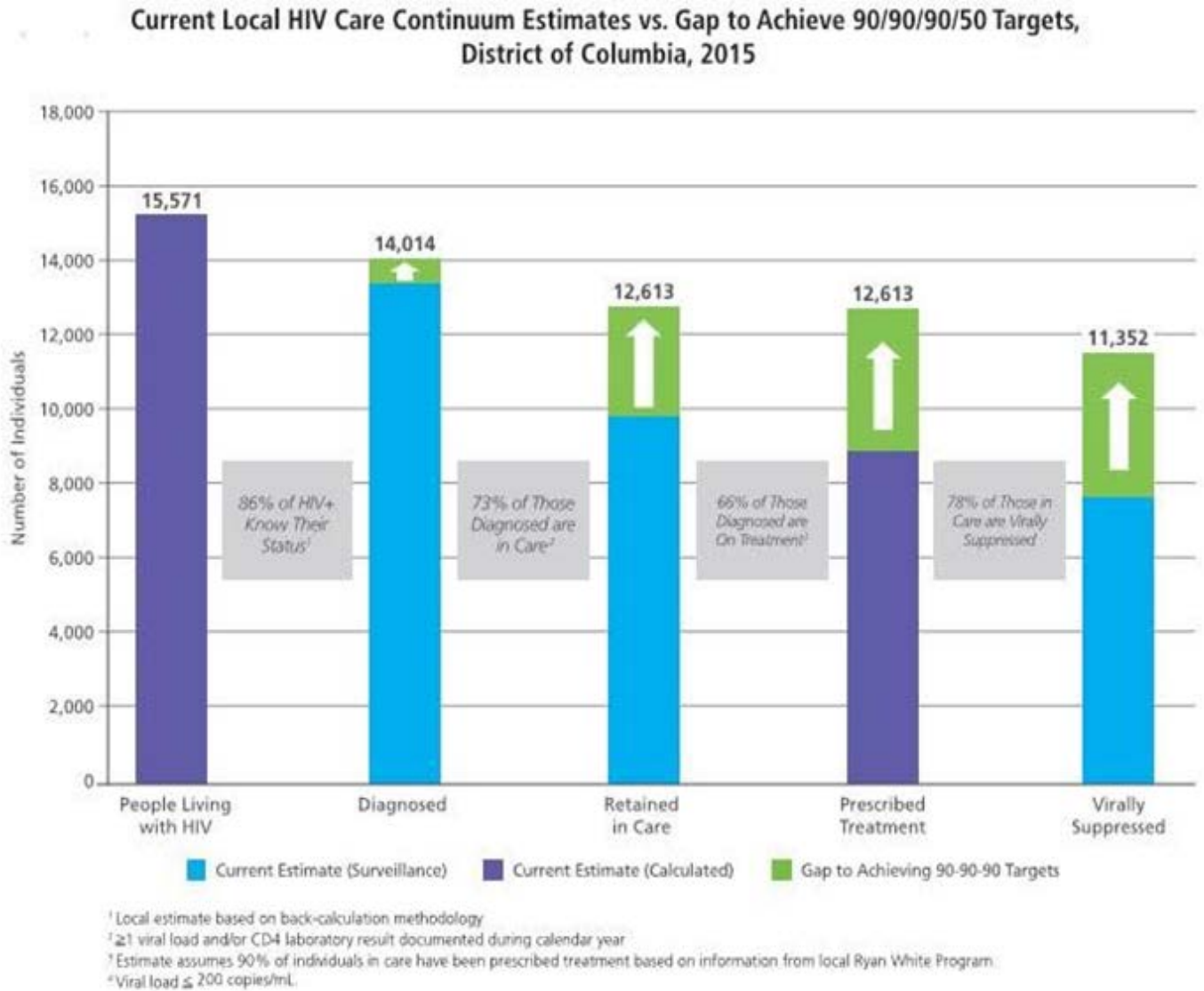
HIV in Washington, DC



HIV in DC ctd.

Mayor Bowser's 90-90-90-50 goal for 2020

- 90% diagnosed
- 90% of those diagnosed on ARVs
- 90% of those on ARVs virally suppressed
- 50% decrease in new HIV infections



Reported Barriers to Care

GWU Milken Institute, DC:

4 most reported barriers:

- Transportation
- “Didn’t feel like it”
- Forgot Appointment
- Competing priorities

Castel AD, Measuring Engagement and Retention in HIV Care in Washington, DC. Second National CFAR/APC HIV Continuum of Care. Washington, DC,

Baligh et al, Philadelphia

High	-Competing Life Activities -Feeling Sick -Stigma -Mental Illness -Transportation -Insurance issues
Med	-Forgetfulness -Negative Experience with clinic -Scheduling challenges -Difficult relationships with staff
Low	-unstable housing

Baligh et al. (2015) Barriers and facilitator to patient retention in HIV care. BMC Infectious Diseases. 15:246l

Bridging a Gap

Mobile Outreach Retention and Engagement (MORE)

- Public/Private Partnership
  - DC department of health
  - Washington AIDS partnership
  - Bristol Myers Squibb Foundation
  - MAC AIDS Fund
- A comprehensive intervention to offer expanded support services and medical care outside the four walls
- Address identified barriers to care and cover gaps left by existing supports
- Some folks need MORE***

MORE Team

2 Medical Providers

- 1 Physician Assistant
- 1 Nurse Practitioner

2 Care Navigators (CN)

- Highly trained and skilled support staff
- Adherence specialist
- Advocate and Liaison
- Connection to Community Resources

1 Community Health Educator (first 2yrs)

1 Program Manager

MORE in Action

- 2 staff at every community or home visit (often >40min)
- Support comes in layers, a team approach to coordination
- Texting directly with a staff person
- M-F evenings and day time; Saturdays if needed
- Blood draws in the field; flex time at the clinic; responsive during MORE hours
- LYFT, Uber, or personally transported to specialty visits
- Communicate and consult with internal care team members (MH especially)

Response by Barrier

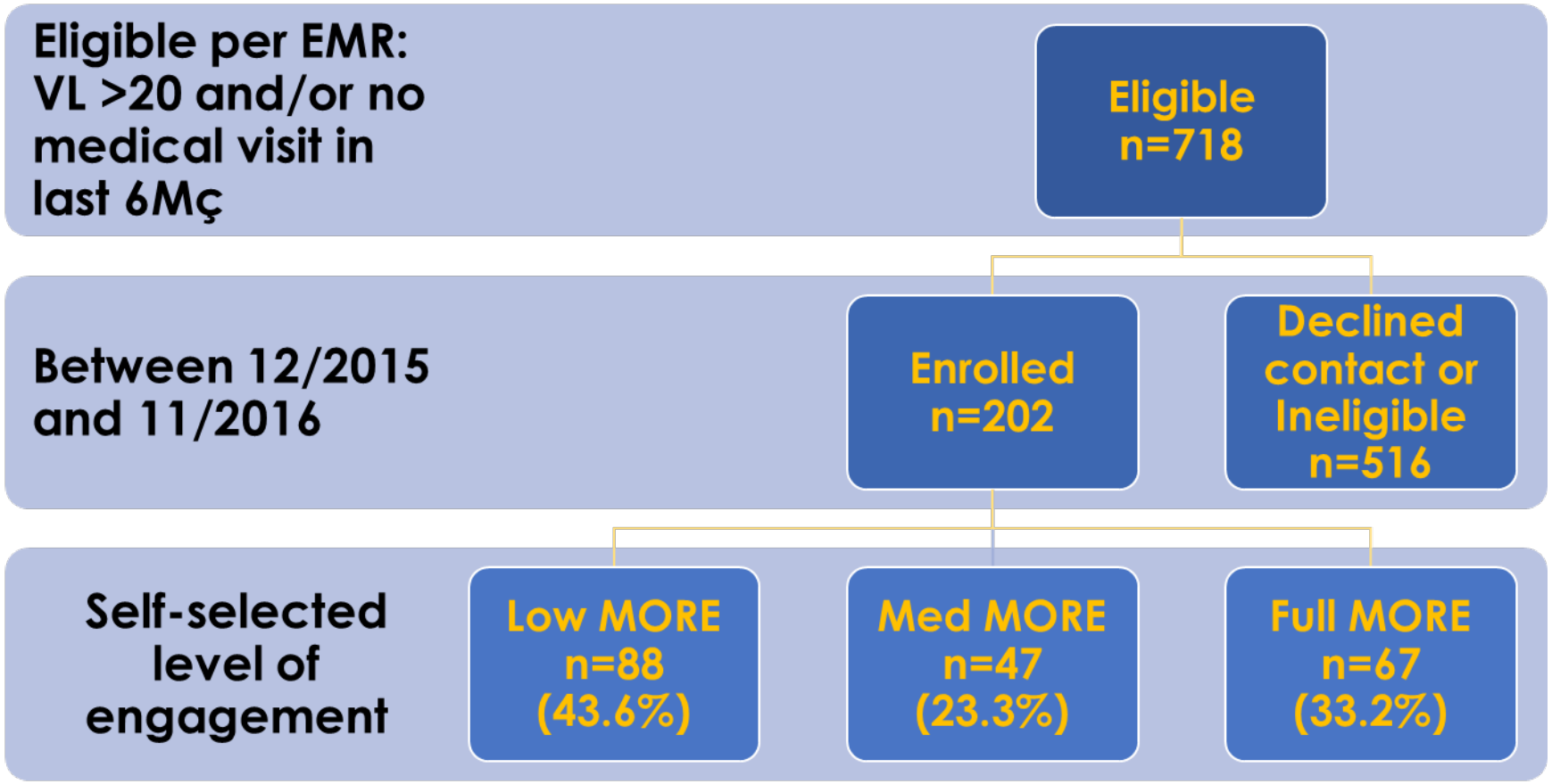
Barrier	Response
Transportation	-Medical and phlb visit in home -lyft/Uber rides and help with MTM
Forgetting	-Medical and phlb visit in home
Stigma	-Medical and Phlb appts out of clinic setting
Feeling sick	-Medical and phlb visit in home
Scheduling	-Home visits -Extended hours offered
Insufficient Health Insurance	-Care navigation to public benefits
Competing Priorities	-Medical and Phlb home visits, extended hours
Housing	-Connection with services through CHE
Mental Health / Substance Abuse	-Transportation to appts, -Facilitation Of scheduling with in-house services
Negative experience with staff/space	-Home phlb and medical visits -Increased access to support (CN/CHE) and MORE provider

MORE for Everyone?

Prioritize patients with a detectable viral load, and/or missing appointments

- Regular data pulls highlight priority patients
- Chart review (over 1000 pts to date)
- Engage them to pitch MORE support – it looks different for everyone
- Bring them in, and/or consult with existing care team about MORE being a good fit
- Enroll them!

Initial Eligibility + Enrollment



What MORE taught us, so far

Ramp up + Year 1

- 1st ever team in the USA for HIV-care
- A branded van is not the solution
- DBS was futuristic, wasn't ready yet
- Partnering for research takes time
- IRB oversight
- Data collection and expectations
- Be flexible and communicative – with everyone
- Transportation & Social Services
- Relationships matter, most of all.

Year 2

- Advance Dried Blood Spot technology
- Payment reform with support from Harvard and DOH
- 3rd party evaluator cleans Year 1 data
- Presentation at IAPAC, June 2017, and IAS, July 2017
- Increased medical coverage
- Additional hours at pop-ups
- Complex cases

Year 3

- New Funders
  - Changed outcome evaluation – focus on Adherence, Quality of Life, and Patient Satisfaction
  - Formal Control Group
  - Analyze results after 1 yr
- Open enrollment – need 150 total participants
- No Community Health Educator, 2 Medical Providers
- Sustainability Progress: Ryan White funding
- Still complex referrals, needs for MH support, transportation barriers

Will MORE last Forever?

What does MORE look like for You?

1. Identify ways to innovate health care delivery and support programs in your setting
2. List important considerations in the implementation and sustainment of such programs
3. Describe how contributing factors in an environment or patient population can inform service delivery in such programs

Obtaining CME/CE Credit

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

http://ryanwhite.cds.pesgce.com

Thank you!

- Malachi, Chris, Megan, Sacha, (Glynette, Doug, and Krishna!)
- Our Patients
- Washington AIDS Partnership
- Michael Kharfen and HAHSTA
- Meghan Davies, Sarah Henn, Rachel McLaughlin at WWH
- HIPS, Casa Ruby, Miriam's House, Joseph's House, N Street Village
- Abbott Laboratories
- Our LabCorp phlebotomists
- Shattuck and Associates