NATIONAL PARAMETER STREAMENT



The Power of Integrated Case Management After a Catastrophic Event

Frederiksted Health Care – US Virgin Islands Division of Social & Community Programs

Event 12053

Learning Objectives – Participants will:

- -Be able to describe effective Case Management
- -Recognize the importance of continuity of care following a catastrophic event or natural disaster

-Discuss the importance of collaboration in reaching key outcomes



Frederiksted Health Care

- FQHC with RW-C integrated services
- RW-C funding since 2000 inception
- CDC High-Impact Prevention since 2015
- Serve approximately 100 PLWH/A annually



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Josie Widjaja Kozloff, PA-C – Primary Care Provider, including HIV Care

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Aisha Mussington, MPA, CDC High Impact Prevention Lead Navigator



PRESENTERS:

United States Virgin Islands (USVI)

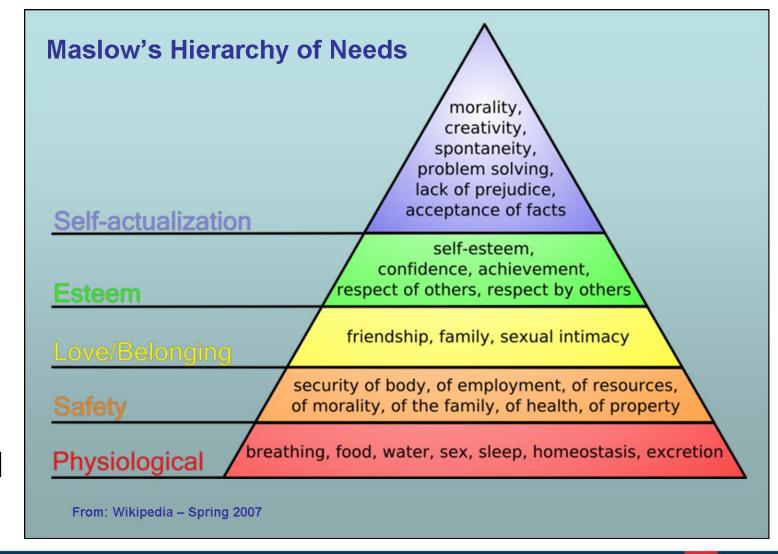






St Croix

- 49.5% at or below 200% FPL (90% of PLWH/A)
- Median salary \$10K
 lower than mainland
- 40% uninsured, with no exchange available
- HPSA = 18
- Medically Underserved





Irma 9/4

Maria 9/19-20

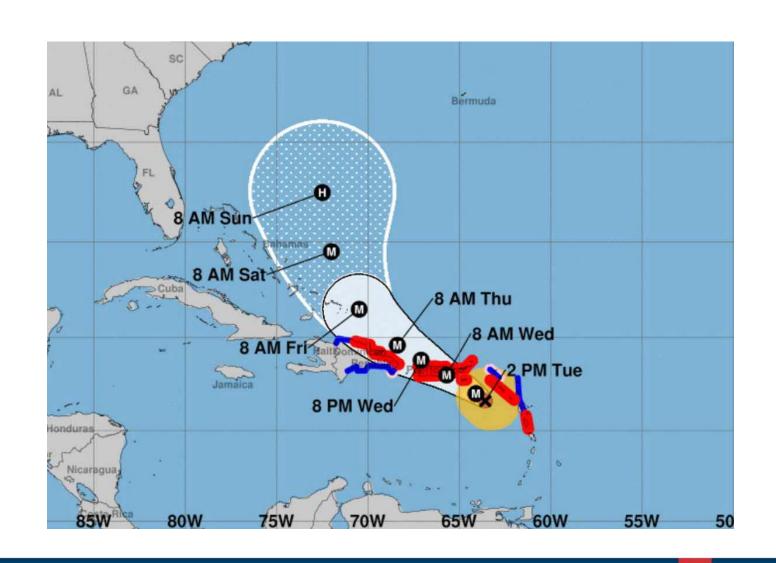






NOAA

- Television weather is for beginners!
- Hurricanes are BIG storms
- Climate science reliably predicts storm path
- 48 hours in advance, details are clear





Irma Rescue Efforts: Medical Evacuation







Field Hospital at the Airport



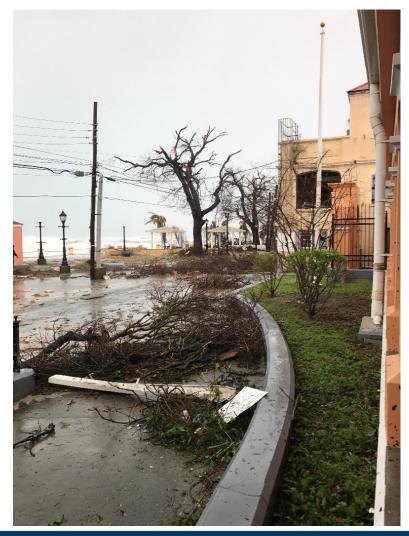




Frederiksted Health Care: Post-Maria



First things First: Access to Building, Food, Generator Power









Frederiksted Health Care: Post-Hurricane



Worst Hurricane in St Croix History?





Integrated Case Management: All Hands on Deck!



- Behaviorists -LSW, MSW
- Addiction specialist
- Medical Providers
- HIV Nurse
- RW Case Manager
- CDC Prevention Specialists
- Program Director



Much of island left accessible only by foot







Order soon maintained:

- state of emergency
- military presence
- daylight hours curfew





September Storms,

- Irma support = Maria shortages
- Little to no telephone/internet
- Ports closed for all shipping
- Staff displaced, disoriented
- Basic needs first
- Create network of support
- Intermittent generator service
- Emergency partnerships

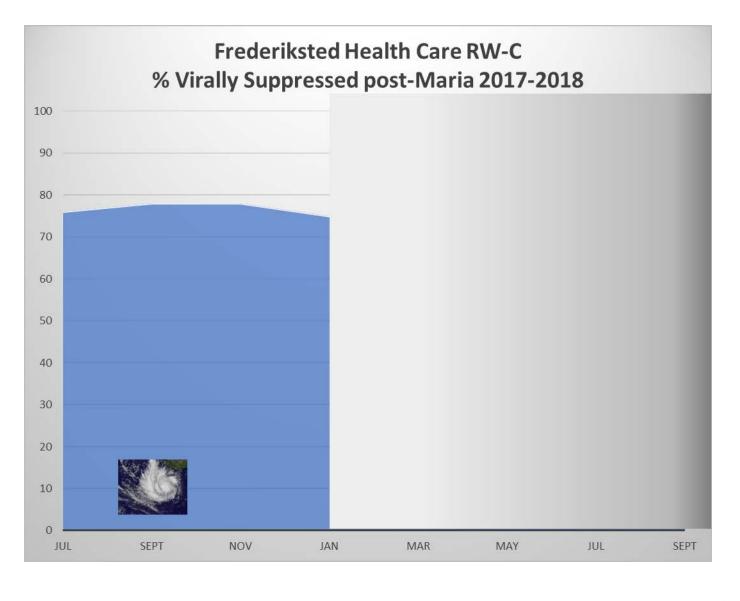
October Goals:

- Touch every client by 10/1
- Resolve medication issues
- Assess for evacuation
- Identify Mental Health needs
- Renewed client relationships
- Objective: Sustained Viral Load Suppression
- Growing collaborations
- Clearinghouse for information



Viral load Suppression

- Within 4 months, VLS rate dropped slightly
- Need to interrupt the trend!
- PTSD, depression and grief – staff and clients





It's RSR time! = Data to Care:

- No standardized process for Risk Screening
- United States Virgin Islands (USVI)
 - -3rd in HIV prevalence (705.8/100,000) in US & territories
 - -Overall USVI viral suppression (28%)
 - –Local clinic viral suppression (79%)
- Local Practice Gap
 - -Chart Audit: 30% were screened & counseled (as defined by HRSA performance measures)

(CDC, 2016)



How about a QI Initiative?

- Best Practice
 - -Risk Screening & Risk Counseling for all HIV-positive patients in high prevalence areas (CDC, 2016)
- Supporting Evidence
 - -80% virally suppressed (Petersen, et. al, 2017)
 - -93% reduction in transmission of HIV ("treatment as prevention") (Cohen et. al, 2016)
- HRSA/HAB Performance Measures
 - -Evidence-based guidelines on HIV care
 - -Define Risk Screening & Risk Counseling (HRSA, 2017)



Aim of Quality Improvement Project

The aim of this quality improvement project was to improve effectiveness of care to patients infected with the human immunodeficiency virus (HIV) by increasing the percent of patients receiving risk screening and counseling by 30% over a 90 day period.



Project Plan

- Integration of Interdisciplinary Team
- Engagement of Patient
- Improve Compliance with HRSA/HAB Standards
- Plan Do Study Act
- Develop standardized process
- Improve viral suppression rates



Team fully engaged in QI development





HIV Risk Screening

Completed by RN at intake process of patient appointment

- 1. Unknown partner HIV status
- 2. Multiple sex partners
- 3. Medication nonadherence
- 4. Viral load >200
- 5. Substance use (alcohol, non-injection drug, and injection drugs)



HIV Risk Screening Tool

HIV Risk Screening Question	Response	Risk Identification	HIV Risk Counseling	Documentation Completed	
Partner Status	No partner Unknown partner status HIV negative partner HIV positive partner	High Risk Low Risk	Medication Adherence Viral Load		
Multiple Sex Partners	No partner 1 partner > 1 partner MSM	High Risk Low Risk	Health Education Substance Use	Yesinitials	
Use of Condoms	Yes No	High Risk Low Risk			
Viral Load >200	Yes No	High Risk Low Risk			
Substance Use	No Alcohol Non-injection drugs Injection drugs	High Risk Low Risk			
Other		High Risk Low Risk			



HIV Risk Counseling

Interdisciplinary Approach

- 1. Risk Assessment Tool RN (during intake/vitals)
- 2. Medication Adherence Provider (brief intervention)
- 3. Viral Load Provider (brief intervention)
- 4. Health Education Case Manager (in-depth counseling)
- 5. Substance Use Counseling Case Manager with Referral to Treatment Behavioral Health Specialist







Taking Medications

HIV MEDICATIONS AND VIRAL LOAD

Missing Medications

- Virus is not controlled.
- Health is in danger.
- *High risk* of transmitting the virus to others.

UNDETECTABLE = UNTRANSMITTABLE !

How much virus is my body? (Viral RNA Load)	Is my immune system strong? (CD4 Count)
	1,000
	500
	400
	300
	GOAL 200
	100
	50 28 2
DATE 12018 DATE DATE DATE DATE	DATE DATE DATE DATE DATE
0. 0. 0. 0.	

•	Virus is controlled.	
•	You stay healthy.	
	Low rick of	

Tell me one way you will stay involved in your care: _

- Low risk of transmitting virus to others.
- You feel good!

-	i Tou reel good:		~	· · ·	~				
		You feel sick!							
How will I take my medications every day?			(place ✓ o	(place ✓ on decision made by patient)		Patient engaged in LEARNING why medication is important?	Ye = 1		
I will	use a pill box to organize my med	ications.		x_	_		No = ō		
I will ask my partner, friend, family member to remind me to take my medications.				atient engaged in NDERSTANDING Viral Load and	Ye. = 1				
l will	follow a routine to take my medic	cations at the same time every day.		x_	CI	CD4 Count?			
l will	carry an extra dose of medication	when I am away from home.				atient engaged in making ECISIONS about medication	Yes = 1 No = 0		
I will	keep all my medical appointment	S.			ac	adherence? S			

HIV Health Education

How can I stay healthy with HIV?









every day, as prescribed



Without treatment, HIV (human immunodeficiency virus) can make a person very sick and even cause death.

Learning the basics about HIV can keep you healthy and prevent transmission.

HIV Can Be Transmitted By







- HIV Is **NOT** Transmitted By









Insects or Pets

Protect Yourself From HIV

- · Get tested at least once or more often if you are at risk.
- · Use condoms the right way every time you have anal or vaginal sex.
- · Choose activities with little to no risk like oral sex.
- · Limit your number of sex partners
- · Don't inject drugs, or if you do, don't share needles or works.
- . If you are at very high risk for HIV, ask your health care provider if pre-exposure prophylaxis (PrEP) is right for you.
- · If you think you've been exposed to HIV within the last 3 days, ask a health care provider about postexposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.
- . Get tested and treated for other STDs.



Keep Yourself Healthy And Protect Others If You Are Living With HIV

- · Find HIV care. It can keep you healthy and greatly reduce your chance of transmitting HIV.
- · Take your medicines the right way every day.
- · Stay in HIV care.
- · Tell your sex or drug-using partners that you are living with HIV. Use condoms the right way every time you have sex, and talk to your partners about PrEP.
- Get tested and treated for other STDs.

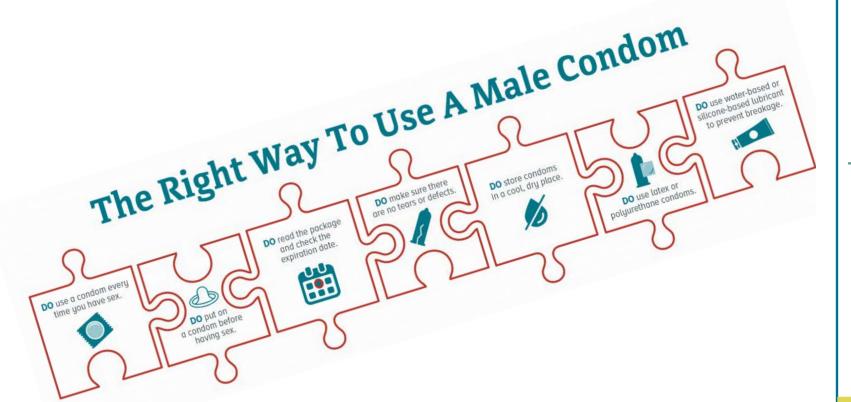


For more information please visit www.cdc.gov/hiv





HIV Health Education



(Page 1 is in English, Page 2 is in Spanish)

February 2018

Safer Sex 101 For HIV

There are now many tools to help prevent HIV.

Here's how to reduce your chance of getting or transmitting HIV through sex.

Understand The Risks

Some kinds of sex are riskier than others for getting or transmitting the virus.

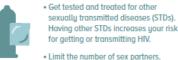
- Anal sex is when the penis is put inside the rectum (or butt), and it is the riskiest kind of sex for getting or transmitting HIV. Being the bottom or having your partner's penis inside you is much riskier than being the top or putting your penis inside your partner.
- Vaginal sex is when the penis is put inside the vagina. Either partner can get HIV during vaginal sex, though it isn't as risku as anal sex.
- Oral sex is when the mouth touches the penis, vagina, or rectum. The chance of getting or transmitting HIV through oral sex is extremely low.
- You can't get or transmit HIV from sexual activities that don't involve contact with body fluids (e.g., touching).

The only way to know your HIV status is to get tested. Knowing your status can give you important information and help you make good decisions to prevent getting or transmitting HIV.

– Reduce Your Risk –

There are a number of ways you can reduce the risk of getting or transmitting HIV.

- If you are living with HIV, get on and stay on treatment, called antiretroviral therapy (ART), to protect your health and help reduce the risk of transmitting HIV to others.
- If you are at high risk for HIV, take daily medicine to prevent HIV, called pre-exposure prophulaxis (PrEP).
- Take antiretroviral medicine, called post-exposure prophylaxis (PEP), if you think you have been exposed to HIV in the last 72 hours and are not on PrEP.



- Limit the number of sex partners.
 Having fewer sexual partners lowers your chances of getting or transmitting HIV.
- Choose less risky activities like oral sex.
- Use condoms the right way every time you have sex.
- Abstinence is the only 100% effective way to prevent HIV.

The more of these actions you take, the safer you can be.

For more information please visit www.cdc.gov/hiv

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention









ALCOHOL AND DRUGS CAN
IMPAIR YOUR JUDGEMENT AND
AFFECT YOUR ABILITY TO MAKE
SAFE CHOICES. PUTTING YOU AT
GREATER RISK FOR HIV.



HIV CAN BE TRANSMITTED BY SHARING DRUG PREPARATION OR INJECTING EQUIPMENT WITH A PERSON WHO HAS HIV.



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HIV and Injecting Drugs 101

Sharing needles or works puts people who inject drugs at high risk for getting HIV.

- Can I get HIV from injecting drugs?



Yes, if you share needles or works like spoons, cookers, cottons, or water with someone who has the virus. Sharing can transfer blood from person to person, and blood can carry HIV.

Also, when you're high on drugs, you're more likely to take risk: with sex, which can increase your risk for getting HIV.



June 2018

— How can I lower my risk of getting HIV? -

The best way is to stop injecting drugs. To find a treatment program to help you quit, visit www.findtreatment.samhsa.gov or call 1-800-662-HELP (4357).

If you choose to inject drugs, here are some ways to lower your risk for HIV:

- Use new, sterile needles and works every time you inject, and never share needles or works.
- If you do share needles, always clean used needles with bleach.
- Bleach can't be used to clean works like water, cookers, or cotton. These works can transmit hepatitis C as well as HIV.
- Use condoms the right way every time you have anal or vaginal sex, or choose activities with little to no risk like oral sex. Abstinence is the only 100% effective way to prevent HIV.

- Take pre-exposure prophylaxis, or PrEP, a daily medicine that can reduce your chance of getting HIV. Ask your health care provider if PrEP is right for you.
- If you think you've been exposed to HIV within the last 3 days, ask a health care provider about postexposure prophylaxis (PEP) right away. PEP can prevent HIV, but it must be started within 72 hours.



Where can I get new, clean needles?



- Many communities have syringe services programs that give out new, clean needles, bleach kits, and other supplies. To find one near you, visit nasen.org/directory.
- Some pharmacies sell new, clean needles.
- In some places, doctors can write prescriptions for new, clean needles.



For more information please visit www.cdc.gov/hiv

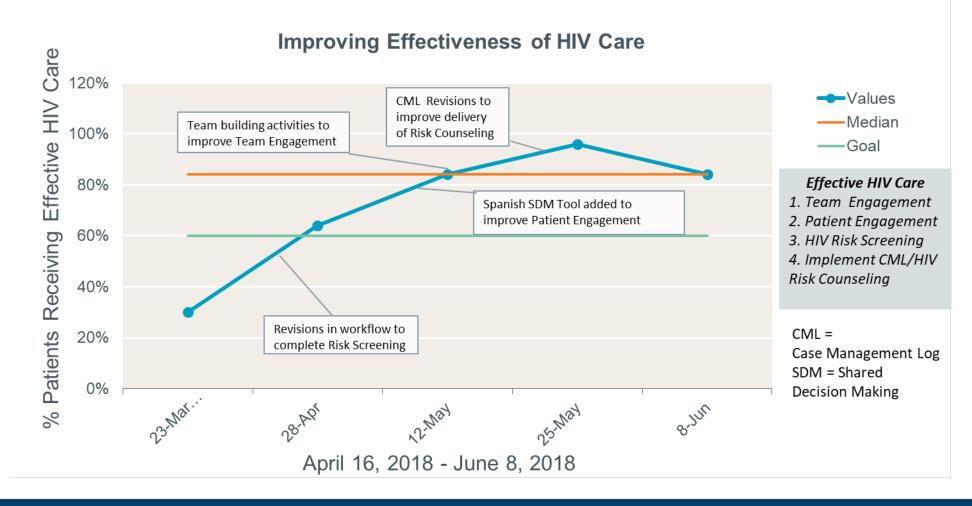
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention





Effective HIV Care

Team Engagement, Patient Engagement, Risk Screening, Risk Counseling





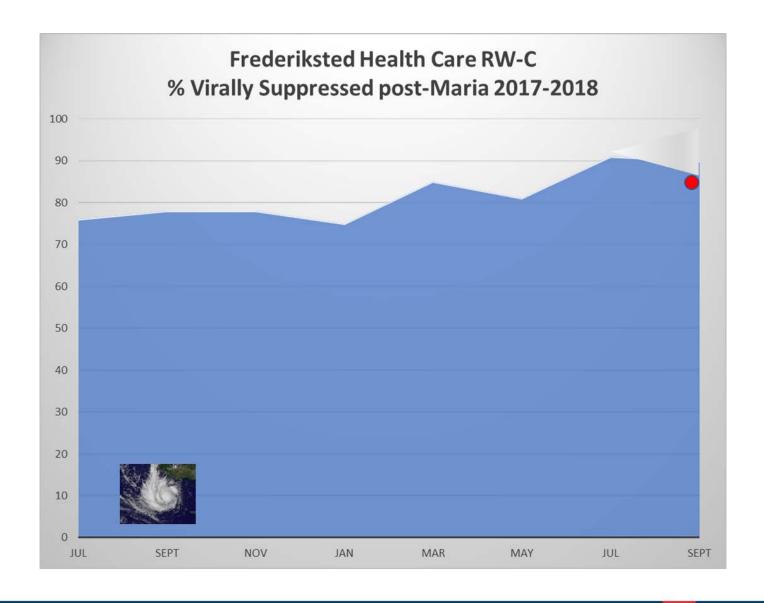
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TViral load Suppression

Focusing on Right Care Standards improved overall service delivery, resulting in increased viral load suppression one year post catastrophic event.

Integrated Case Management increased effectiveness of QI initiative.





Lessons Learned:

- Down the Silos!DoH CBOs CDC RW
- FEMA:Bring in Humans! No CMs as yet!
- \$\$\$ is a *long-term* solution
- AIDS U & Private Funders:
 Dw/oB –like team?
- QA/QI: No excuses! Hawthorne effect?
- Recovery is hell...





We've only just begun....



- VI Infrastructure improving...
- Many still in "blue roof" mode
- 2018 'season' brought PTSD
- Staff identified 6 additional Quality Improvement Needs





Thank you!

Frederiksted Health Care RW-C St Croix US Virgin Islands

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