Improving Linkage and Retention In Care: Integrating Community Health Workers into Multidisciplinary Care Teams

December 13, 2018

Brian Fitzsimmons
Public Health Analyst, Divisions of Community HIV/AIDS Programs
HIV/AIDS Bureau (HAB)
Health Resources and Services Administration (HRSA)

Disclosures

Presenter(s) has no financial interest to disclose.

This continuing education activity is managed and accredited by AffinityCE/Professional Education Services Group in cooperation with HRSA and LRG. PESG, HRSA, LRG and all accrediting organization do not support or endorse any product or service mentioned in this activity.

PESG, HRSA, and LRG staff as well as planners and reviewers have no relevant financial or nonfinancial interest to disclose.

Commercial Support was not received for this activity.

Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HIV/AIDS Bureau Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people living with HIV/AIDS and their families.

Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people living with HIV
  - More than half of people living with diagnosed HIV in the United States – more than 550,000 people – receive care through the Ryan White HIV/AIDS Program
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 84.9% of Ryan White HIV/AIDS Program clients were virally suppressed in 2016, exceeding national average of 55%

Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2015; CDC. HIV Surveillance Supplemental Report 2016;21(No. 4)

HRSA Ryan White & Global HIV/AIDS Programs

Agenda

- Welcome/Introductions
- Presentations
  - Overview of Community Health Workers (CHW) in Ryan White
    - Brian Fitzsimmons, Project Officer in Division of Community HIV/AIDS Programs
  - CHW Program at the University of Alabama
    - Kathy Gaddis, Clinical Supervisor at UAB 1917 Clinic
  - CHW Program at East Carolina University
    - LaWanda Todd, Associate Program Manager & LaSean Hutcherson, Support Coordinator
  - CHW Program at Southern Nevada Health District
    - Lourdes Yapjoco, Ryan White Program Manager
  - Panel Discussion and Questions

Learning Outcomes

- Understand the role of community health workers in improving linkage and retention in care for underserved and hard-to-reach ethnic minority populations.
- Discuss the key functions of a community health worker and how those functions fit under the various RWHAP service categories.
- Describe the programmatic and practical considerations of successfully integrating CHWs into existing HIV multidisciplinary treatment teams among a variety of RWHAP clinics and models of care.
- Identify CHW core competencies currently in use across the country and those under development by national training and accreditation bodies.

What is a CHW?

According to the American Public Health Association (APHA), “a CHW is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.

This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.”

Why the focus on the term of CHW?

- The job functions and public health roles of CHWs have always contained peer-based roles historically used in Ryan White HIV/AIDS Programs
- The dramatic improvements in HIV care including clinical outcomes and increased life expectancy of people living with HIV (PLWH) means that HIV is mirroring other chronic disease conditions
- The CHW professional community continues to advance in professionalizing the roles and competencies of these peer-based positions
- By fully incorporating CHWs, this shift facilitates the adoption and sharing of a growing body of CHW training and professional development resources that exist to promote skills for use in the field

CHW work in multiple settings

- Ryan White HIV/AIDS Program Clinics
- Community Health Centers
- Hospitals
- Substance use service providers
- State and municipal heath departments
- Community based organizations
- Public housing authorities
- Public safety

CHWs increase access to:

- Primary care, including HIV primary and specialty care
- Health care coverage and enrollment in payment resources
- Preventive education, screenings, and treatment, including immunizations
- Mental Health/ Behavioral Health services
- Community/social services
- The HIV care continuum

CHWs address diverse health issues

- Infectious Disease
- Chronic Disease
- IPV, Assault, Youth Violence
- Maternal & Child Health
- Nutrition Services
- Tobacco Control
- Lead Poisoning Prevention
- Early Detection/Intervention

Staff Position Titles under the CHW Umbrella

Common Ryan White Staff Titles

- Peer/Consumer Advocate
- Peer Educator
- Peer Navigator
- Retention Specialist
- Outreach Worker
- Linkage/Retention Coordinator
- Prevention Specialist

Common Staff Titles Outside Ryan White

- Community Health Educator
- Health Advocate
- Family Advocate
- Enrollment Worker
- Promotor de Salud
- Family Support Worker
- Doula
- Youth Outreach Worker

HRSA CHW Project

- Title: Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care (HRSA-16-185)
- Cooperative Agreement in HAB's Division of Community HIV/AIDS Programs to provide technical assistance and evaluation on the use of CHWs in Ryan White
- Funded by the Secretary's Minority AIDS Initiative Funding
- Project Start Date: September 1, 2016
- Project End Date: August 31, 2019
- Boston University (School of Public Health) serving as the Technical Assistance and Evaluation Center (TAEC) for the project

CHW Project Goals

- Develop an effective model that successfully integrates CHWs into HIV multidisciplinary treatment teams
- Training and direct technical assistance on CHW implementation to subaward sites; national webinars and a library of CHW-related publications and resources for the HIV community
- Evaluation to assess the effectiveness of project activities including those at each subaward site
- Dissemination of content, including a CHW Implementation Guide as a capstone deliverable

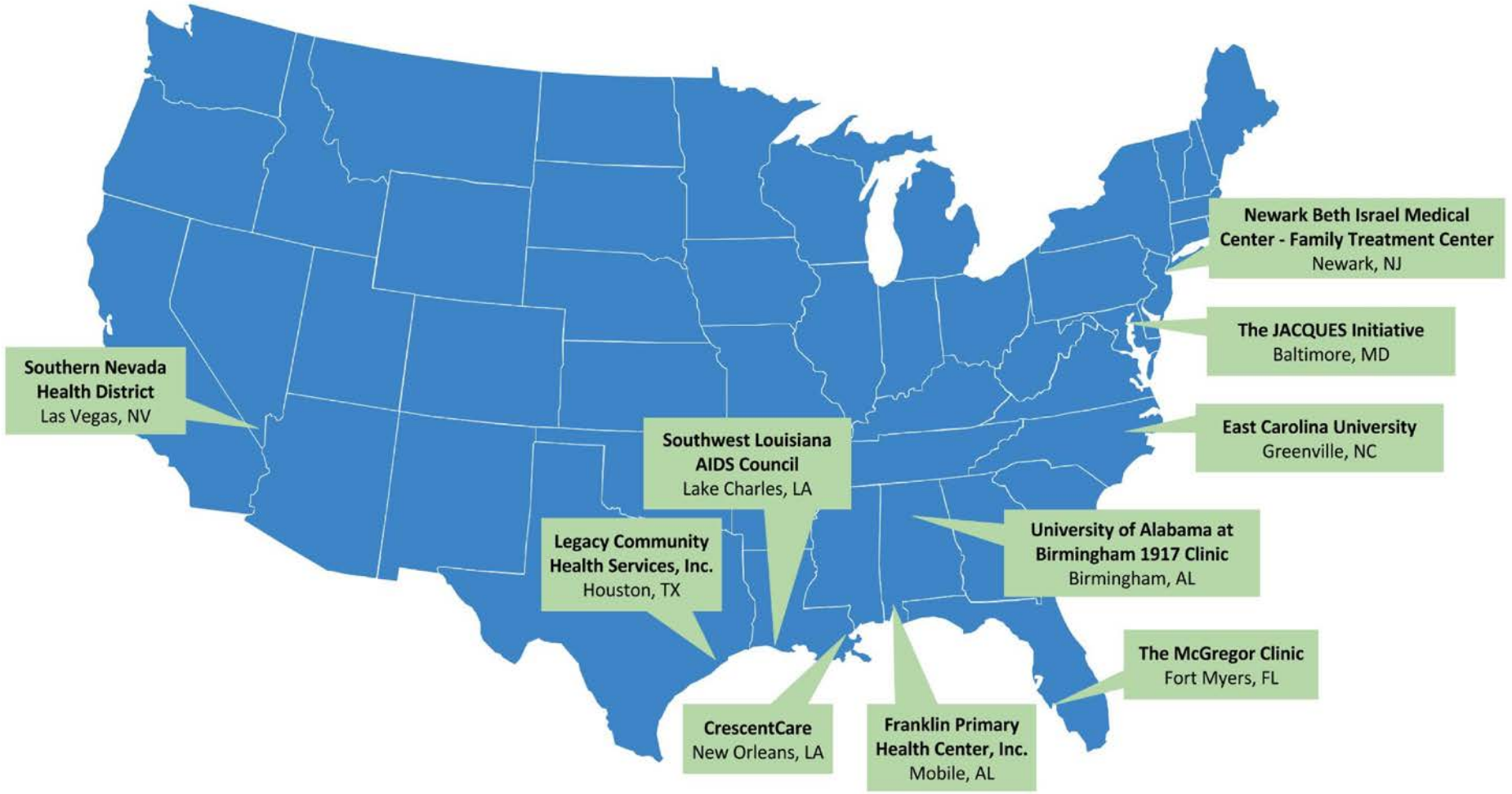
Subaward Selection Criteria

- RWHAP-funded medical provider sites
- Low viral load and retention among ethnic minorities based on 2015/2016 RSR data
- Distribution included both urban and rural recipient sites
- Organizational capacity and commitment to cost-sharing and sustainability beyond project end date

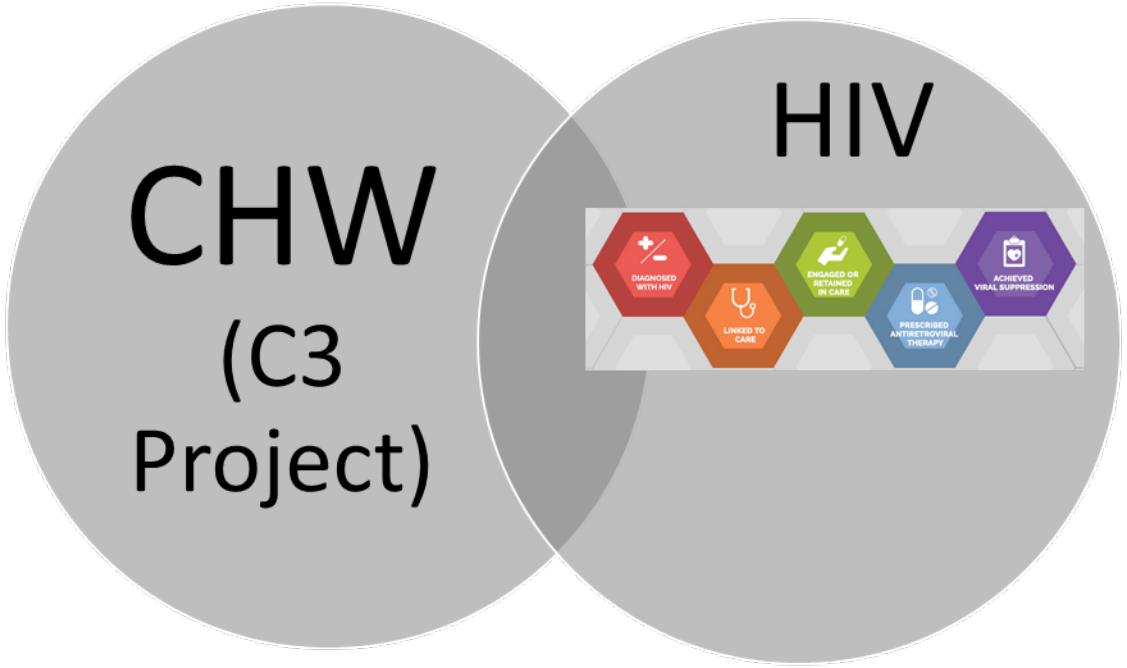
Subawarded Sites

CrescentCare	New Orleans, LA
East Carolina University	Greenville, NC
Franklin Primary Health Center	Mobile, AL
JACQUES Initiative	Baltimore, MD
Legacy Community Health Services	Houston, TX
The McGregor Clinic	Fort Myers, FL
Newark Beth Israel Medical Center– FTC	Newark, NJ
Southwest Louisiana AIDS Council	Lake Charles, LA
Southern Nevada Health District	Las Vegas, NV
University of Alabama at Birmingham 1917	Birmingham, AL

Subaward Site Locations



Defining CHW Curriculum & Training



CHW Roles: CHW Core Consensus (C3) Project

1. Cultural Mediation Among Individuals, Communities, and Health and Social Service Systems
2. Providing Culturally Appropriate Health Education and Information
3. Care Coordination, Case Management, and System Navigation
4. Providing Coaching and Social Support
5. Advocating for Individuals and Communities
6. Building Individual and Community Capacity
7. Providing Direct Service
8. Implementing Individual and Community Assessments
9. Conducting Outreach
10. Participating in Evaluation and Research

CHW Common Core Project

State	Scope of Practice	Curricula
California	California Health Workforce Alliance	City College of San Francisco
Massachusetts	Official Draft State SOP	Board of Cert. Draft Core Competencies
New York	New York State CHW Initiative Report	New York State CHW Initiative
Oregon	Scope of Practice Committee, State Traditional Health Worker Commission	Community Capacitation Center Multnomah County
Minnesota	MN Community Health Worker Alliance	Official State Curriculum
IHS/CHR	IHS Scope of Practice	Postponed
Texas	State Definition of CHWs	State Curriculum Standards

CHWs in Ryan White

Preliminary Findings from CHW Project

- Training and supervision needs of CHWs were underestimated
- Coaching sessions are an important bridge between learning sessions and CHWs practice/program management
- CHWs expressed a strong desire for peer/professional support among colleagues
- Type of organization has little impact on how CHW services are provided to PLWH
- CHWs are utilized at every step of the HIV care continuum to improve viral suppression and retention

Preliminary Challenges in CHW integration

- Training and professional development
- Role Definition
- Integration into existing treatment teams
- Ongoing professional support and peer training

Where do CHWs fit in Ryan White HIV/AIDS Programs?

Questions to consider:

- What the are services/functions to be carried out by your CHW or CHW program?
- To what degree are those services/functions being currently provided by staff?
- To what degree will those functions shift to incorporate CHW functions; and what adjustments need to be made to current program workflow?
- Regardless of the specific roles/functions, consider the framework of the HIV care continuum and the RWHAP service categories contained in HAB's PCN 16-02.

Incorporating CHWs into RWHAP programs and clinics

- Ryan White HIV/AIDS Programs follow the service categories detailed in HAB PCN 16-02
- The typical duties of a CHW were covered in slides 9-12 so lets list the RWHAP service categories that contain the same functions and services of a CHW
- Keep in mind that in several categories, *CHWs may only perform specific tasks or roles under a category often as part of a multidisciplinary team that, collectively, provides a continuum of services that can cover both Core Medical And Support Services*

Incorporating CHWs into RWHAP programs and clinics

RWHAP Service Categories applicable to CHW functions:

Outpatient Ambulatory Health Services

Early Intervention Services (vary by RWHAP Part)

Health Education/Risk Reduction (HERR)

Non-Medical Case Management

Outreach Services

Psychosocial Support Services

Referral for Health Care and Supportive Services

CHWs may incorporate duties from multiple RWAP service categories

Experiences from the field

- CHW Program at the University of Alabama at Birmingham, 1917 Clinic
  - Kelly Ross-Davis, Program Manager
- CHW Program at East Carolina University, Adult Specialty Care
  - LaWanda Todd, Associate Program Manager
  - LaSean Hutcherson, Support Coordinator
- CHW Program at Southern Nevada Health District
  - Lourdes Yapjoco, Ryan White Program Manager

University of Alabama at Birmingham (UAB) 1917 Clinic

Tommy Williams – CHW
Dominique Hector - CHW
Kelly Ross-Davis – Administrative Supervisor
Kathy Gaddis – Clinical Supervisor

The mission of the 1917 Clinic is to address the needs of patients, their families and significant others, the scientific community, and the community at large in responding to the urgent and unique issues surround HIV/AIDS.

CHW Focus Population – Linkage to Care:

- New patients who have arrived to New Patient Orientation (NPO), but not arrived to provider appointment.
- Patients who did not arrive for the first scheduled NPO (had to be rescheduled at least one time).
- All Reconnect patients who are reinitiating care.
  (VL > 1000)

http://www.uab.edu/1917clinic
https://www.facebook.com/1917Clinic

30 1988-2018 YEARS
CELEBRATING BIRTHDAYS, THROUGH RESEARCH, EDUCATION & CARE
UAB MEDICINE 1917 CLINIC

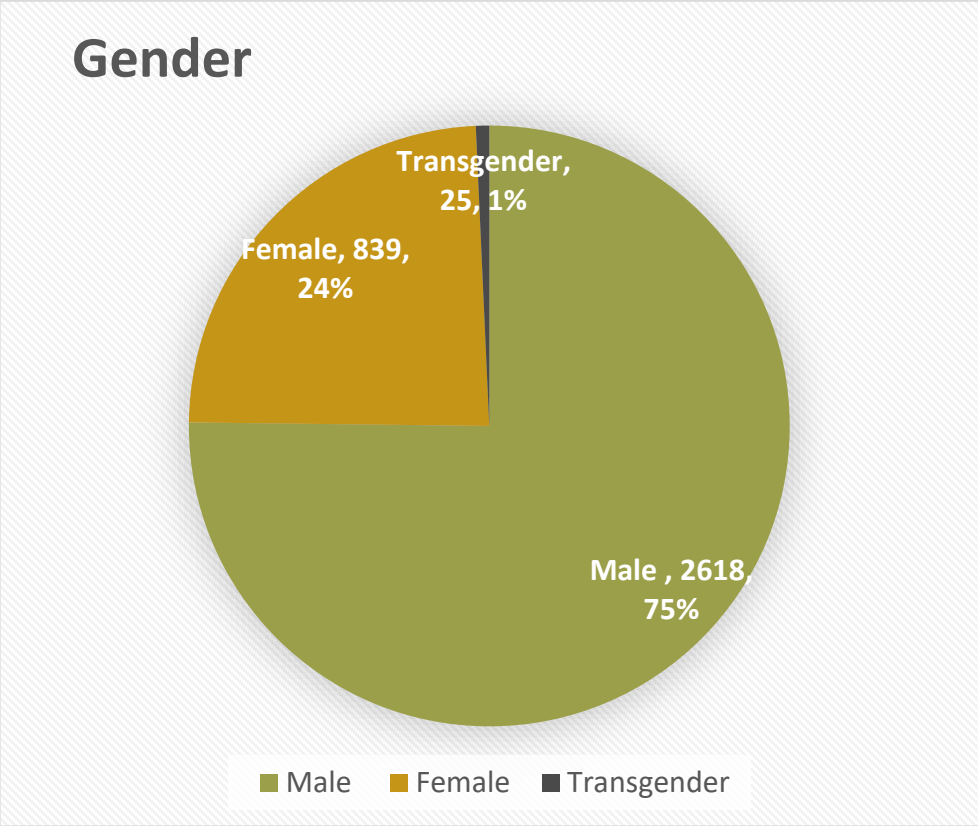
Service Area and Services provided

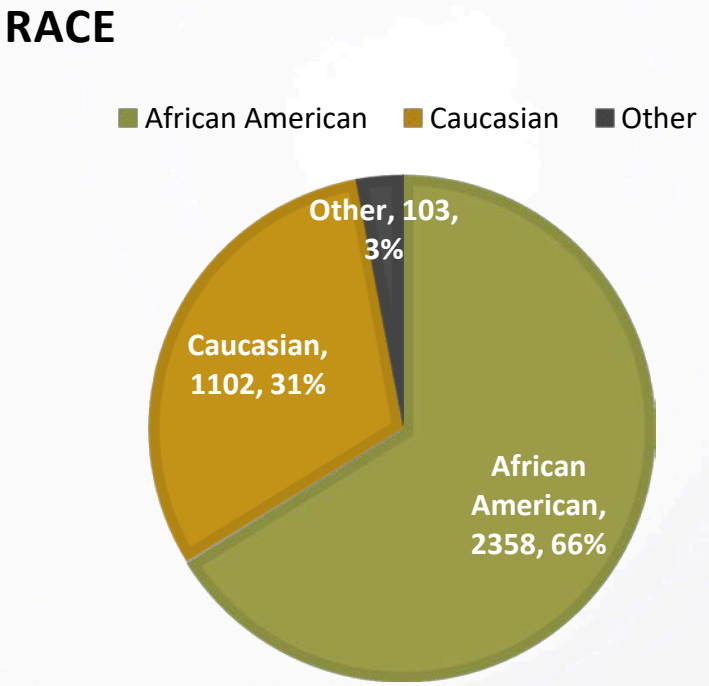
- Clinic population 3457
- Majority live in Alabama
- Target area is Birmingham and 7 surrounding counties

Health Outcomes

- HIV Viral Load
  - 91% of ≤1000
  - 88% have ≤ 200
- Retention Rate - 82 %
  - HRSA Measure of 2 visits within a year period separated by 3 months

Gender and Race





Income and Insurance

- 89% have income below 100 % of the Federal Poverty Level
- 26% have private insurance independently
- 35% have Medicare or Medicaid
- 24% have private health insurance through the Alabama Department of Public Health
- 15% have no insurance

30 1988-2018 YEARS
CELEBRATING BIRTHDAYS, THROUGH RESEARCH, EDUCATION & CARE
UAB MEDICINE 1917 CLINIC

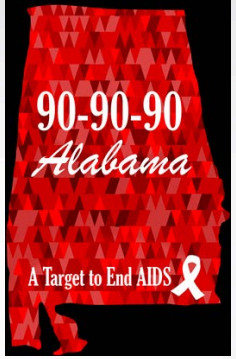
Services Provided

- HIV Testing
- Ambulatory HIV primary, specialty medical, oral health care
- Medical case management
- Mental health counseling including addiction
- Nutrition Counseling – Nutritionist
- Medication Adherence Counseling
- Education and training for the community and healthcare workers
- Clinical and Behavioral Research

30 1988-2018 YEARS
CELEBRATING BIRTHDAYS, THROUGH RESEARCH, EDUCATION & CARE
UAB MEDICINE 1917 CLINIC

UAB 1917 Clinic CHW Team

What we plan to achieve…



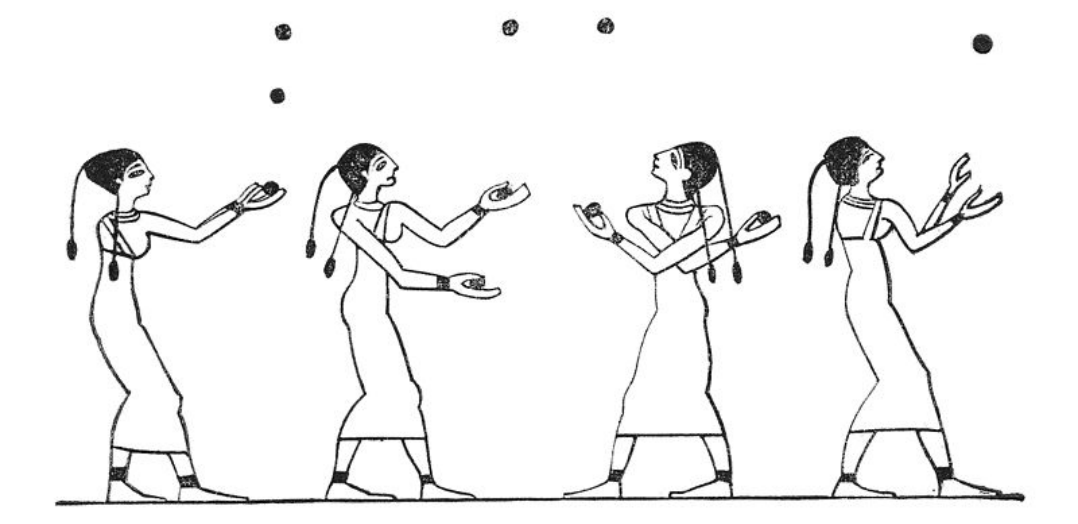
- Successfully integrate CHWs into 1917 Clinic to meet our overall mission and specific focus.
- Intentionally coordinate the CHW strategies into Alabama's Data For Care (D4C) Enhanced Personal Contact – patients at risk of missing appointments.
- Strategically incorporate Alabama's 90-90-90 Initiative, so 90% of our focus population is linked and engaged in care by 2020.

Challenge

Juggling multiple responsibilities in a high volume clinic

Strategy

Working together for a common mission with specific roles



UAB 1917 Clinic – LS2: Agency Updates

SCORPIO Study – Serving Communities. Offering resources. Partnering in Outcomes. (Spring 2018)

Major Activities since LS1

- Planning meetings between CHWs and RISC (behavioral research staff)
  - Finalized protocol
  - Training with BU for REDCap & Tracking Form
  - Talking points to introduce study to eligible patients
- Staff changes and training –
  - Dominique Hector, CHW
  - D'Netria Jackson, RISC Research Study Coordinator
- Started enrollment 2/19/18
- Revisited system to identify eligible patients

Focus for LS2 to LSC3

- Recruitment, recruitment, recruitment
  - Continue to refine process to identify eligible patients
  - Open communication with CHW and RISC team including monthly meeting
- Case Studies with Clinical Supervisor

CHW Initiative PR

2/20/17-11/30/17	New (30%)	ReConnect (26%)	Transfer (44%)	Total (100%)
Arrived to New Patient Orientation	106/116 (91%)	85/99 (86%)	148/166 (89%)	339/381 (89%)
Arrived to 1st Provider Appointment	96/116 (83%)	65/99 (66%)	133/166 (80%)	294/381 (77%)

UAB 1917 Clinic – LS3: Agency Spotlight

SCORPIO Study – Serving Communities. Offering resources. Partnering in Outcomes. (Summer 2018)

CHW Team

- Jim Raper, PI
- Kelly Ross-Davis, Administrative supervisor
- Kathy Gaddis, Clinical Supervisor
- Tommy Williams, CHW
- Dominique Hector, CHW
- D'Netria Jackson, RISC Study Coordinator
- Sarah Dougherty, RISC Mentor, Chart Abstraction

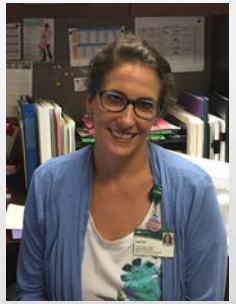
Recruitment Strategy

Excellent communication between CHWs and Research Team

Plan: Provide snacks during enrollment!

Highlight

We now have six patients enrolled!



Lessons Learned

- Defining the specific role of the CHW within our clinic
- Developing protocol with specific steps and systems
- Refining protocol to perform the specific role in real life
- Clarifying how the CHW integrates with clinic team and community partners
- Educating the clinic team on the CHW role
- Providing ongoing training and support
  - Open communication with supervisor
  - Case studies
- Celebrating success as a team

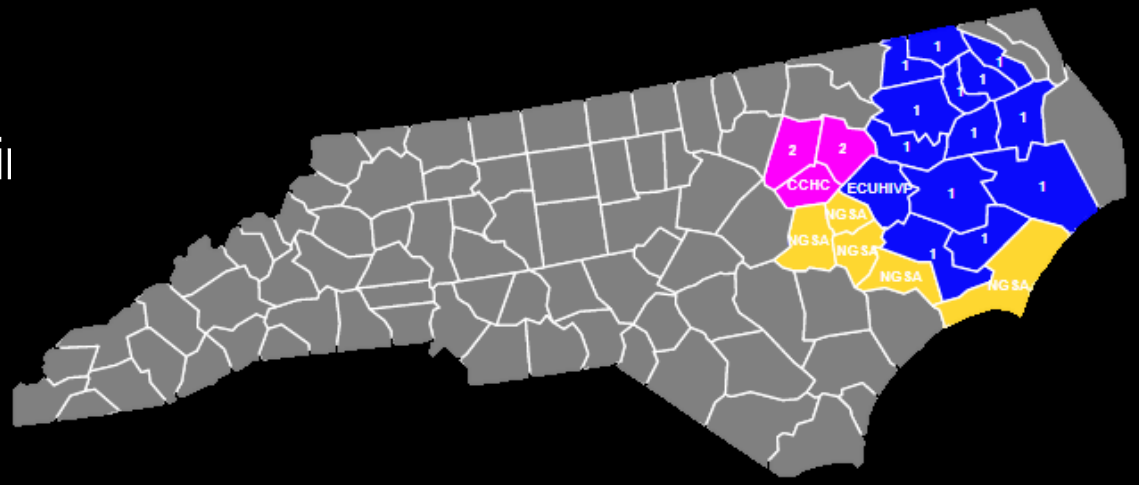
ECU ADULT SPECIALTY CARE

CHW's: Karen Carr, Maurice Carter & Peter Williams

CHW Coordinators: LaWanda Todd & LaSean Hutcherson

OVERVIEW OF ECU HIV PROGRAM (ECUHIVP)

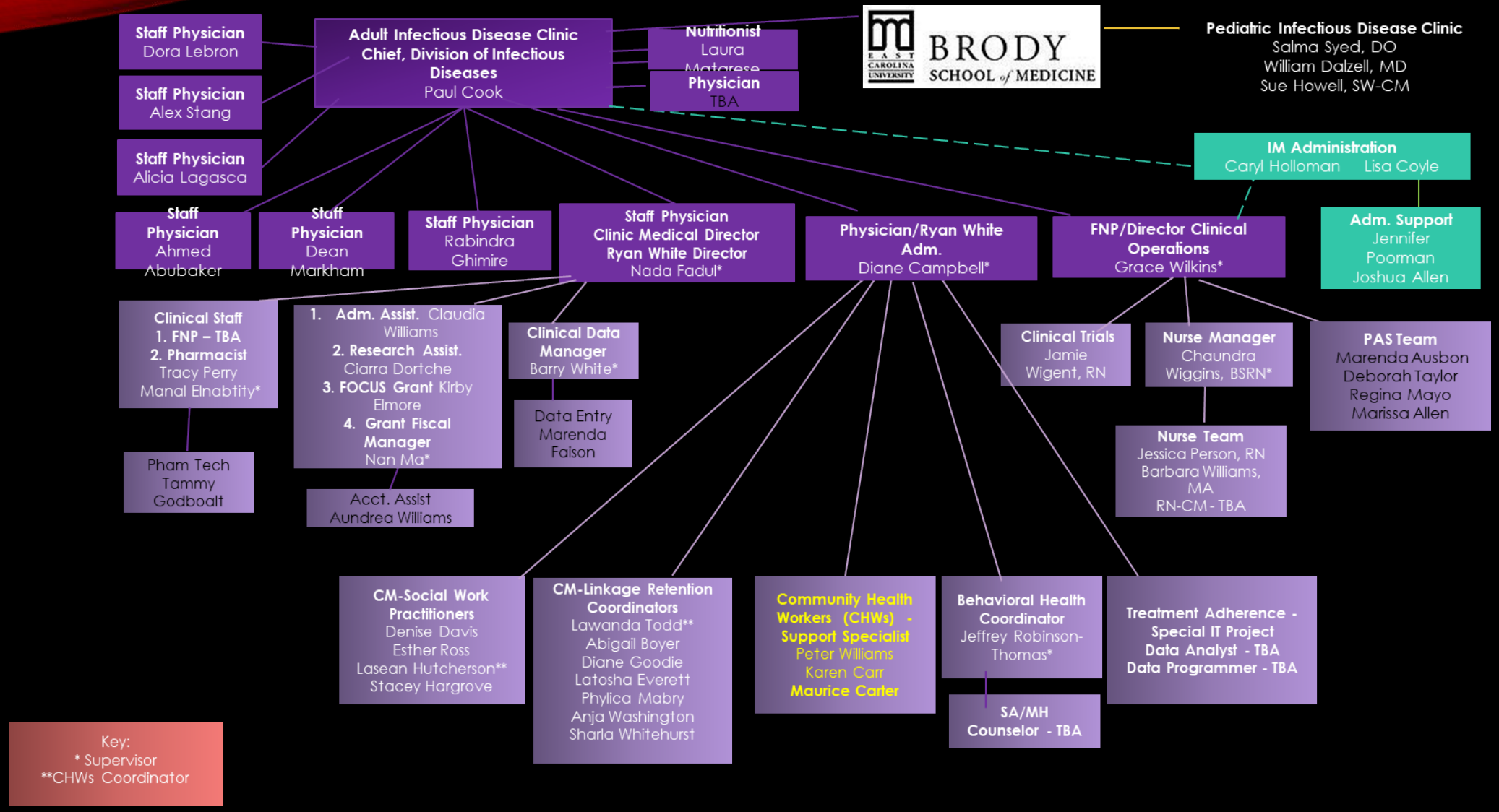
- ECU Adult Specialty Care is located in Greenville, NC
- Serves more than 1500 PLWH living in the 30 counties i NC (blue and yellow on NC map)
- Majority African American men
- Client population is 65% men and 35% women
- Income and Insurance – 2016
  - 38% no insurance; 26% Medicare, 17% Medicaid and 19% Private
  - 59% < 100 FPL, 24% 100-200FPL and 8% 200-200FPL



ECUHIVP - ONE STOP CLINIC AND SERVICE PROVIDED

- Outpatient Ambulatory Outpatient Services (OAMC)
- Early Intervention Services: HIV testing, Linkage to care
- Treatment Adherence Clinical Counseling
- Nutritional Screening and Treatment
- Medical Case Management
- Behavioral Health Services
- Oral Health Services
- Non-Medical Case Management Services:
  - HIV Medication Assistance Program (HMAP)
  - Prescription Assistance program (PAP)
  - Transportation Assistance

ECUHIVP Organization Structure



CHW PROJECT GOALS AND STRATEGIES

- **Goals**
- Develop a new work force to help improve treatment adherence
- Provide Supportive services to help improve treatment adherence

Objectives

- Help clients achieve retention in care (RIC) and viral load suppression (VLS)
- Help clients self-navigate their health care and understand the value of RIC and VLS
- Identify sustainable interventions that support RIC and VLS
- Increase program VLS rate from 85% to 90%

ECU HIV PROGRAM – CHW INITIATIVE

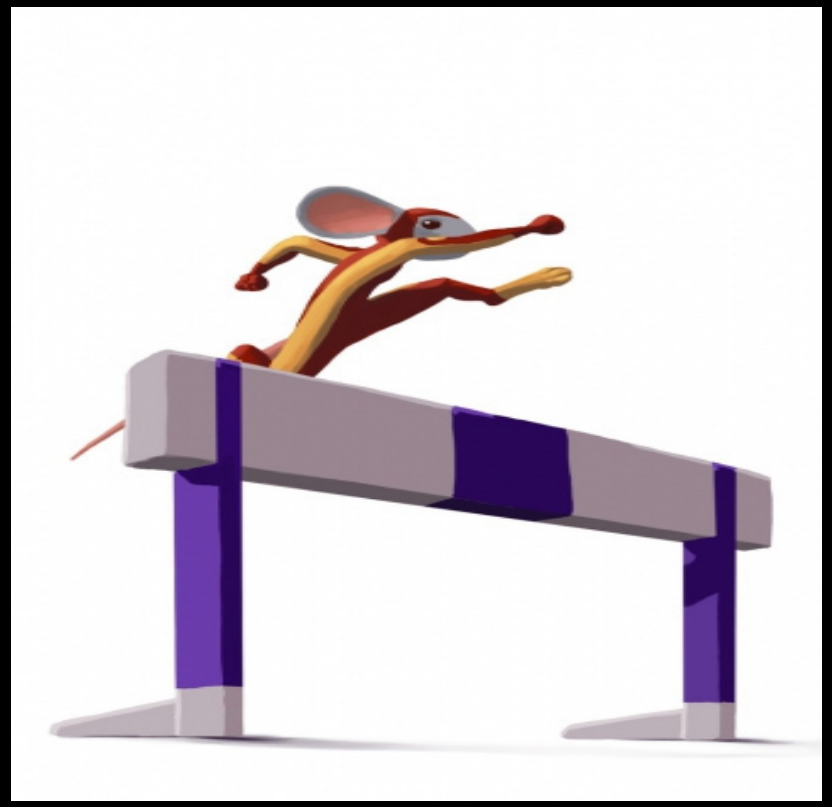
Recruitment Strategy

- Targeted clients: 1) not retained in care and or VL suppressed; and 2) complex clients with other chronic health conditions (MH, SA…etc)
- The CHW presented the project to clients and if client expressed an interest an Administrative Supervisor provided a detailed overview and enrolled client.

Program Highlights

- Within the first 4 months, 22 clients were enrolled. Of those, 7 (31%) became viral load suppressed within that time.
- The CHW program has proved to be so beneficial that ECU administration approved and funded an additional position, which is supported by RW program income.
- Providers and MCM are requesting CHW assistance. There is now more demand for a CHW then availability.

CHW PROGRAM CHALLENGES



- Identifying what support services CHWs should provide
- Hiring the right CHW: Developing job description; advocating for new work force development; and choosing the right CHW for the job
- Develop process to integrate CHW into an existing multidisciplinary team
- Coordinating training plan and mentor CHWs to help them develop skills to do their job

LESSONS LEARNED

Greatest Lessons Learned:

- CHWs are a needed work force to provide support services (not provided by any other member of our multidisciplinary team).
- CHW can be trained to identify client barriers, develop a treatment plan, and follow-up on treatment plan.
- CHW are able to get information from clients not obtained by other members.

Clinic Changes as Result of CHW Project

- Developed CHW protocols of work flow
- Developed referral process to request CHW services in the EHR
- Added CHWs to the provider/case management model

CHWS ACCOMPLISHMENTS AND NEXT STEPS

Accomplishments

- CHWs have a proven track records in helping clients achieve viral load suppression
- CHW have completed multiple trainings to include MI, Mental Health First Aid, Peer education & training, TIC.
- CHW have proven to be an integral part of the ECU-ASC team.
- Represent ECU-ASC at regional HIV network , CAB at ECU and State.

Next Steps

- Continue to streamline CHW processes to prevent duplication of services and enhance CHW referral process
- Find opportunities for continuous education & training to build CHWs skills
- Continue to incorporate CHWs into the TAT in an effort to work towards sustainability

Southern Nevada Health District (Health District)

- Serves more than 2 million residents and 40 million visitors per year
- **Nevada, 2017:** 486 New HIV diagnoses; 32 % AA, 32% White, 30% Hispanic
- **Ryan White Interdisciplinary team (Parts A and B):** Eligibility, Linkage Coordinator, Social Worker and Nurse Case Managers, clinic providers, medical assistants, pharmacist
- **As of start of BU grant –** Health District had **zero** CHWs; As of 12/2018 – 1 CHW hired; active recruitment of CHWs in three different Health District programs
- CHW Program 9/2017: Planning, Integration/Implementation
- Aha! Moments

Panel Question and Answers

During this segment, please use the microphone to direct your questions to the panel.

Contact Information

Brian Fitzsimmons

Project Officer, Division of Community HIV/AIDS Programs

HIV/AIDS Bureau (HAB)

Health Resources and Services Administration (HRSA)

Email: bfitzsimmons@hrsa.gov

Phone: 301-945-9820

Web: hab.hrsa.gov

- **Please see handouts for contact information of project site presenters**

Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

Sign up for the HRSA *eNews*

FOLLOW US:

HRSA
Ryan White & Global HIV/AIDS Programs

Obtaining CME/CE Credit

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

http://ryanwhite.cds.pesgce.com