Improved linkage, engagement and viral suppression: preliminary findings from a patient navigation demonstration project

Casey Schumann, MS

Wisconsin Division of Public Health, AIDS/HIV Program

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Presentation Outline

- Evaluation plan
- Clients served
- Primary outcomes: linkage to care, retention in care, viral suppression
- Post-discharge outcomes
- Elements contributing to success
- Future of Linkage to Care Specialists (LTCS) in Wisconsin

Evaluation Plan: Quantitative

- Client data: collected by LTCS and eHARS
  - Client demographics, housing, and insurance status
  - Client type (e.g., newly diagnosed, out of care)
  - Barriers survey at intake and discharge
- Encounter data: collected by LTCS
  - Date, place of service, mode of contact, total time
  - Checklist of topics discussed
  - LTCS attended/transported client to medical appointment
- Outcomes: eHARS
  - Laboratory data as proxy for linkage to care, retention in care, viral suppression

Evaluation Plan: Qualitative

- Implementer perspective
  - LTCS and supervisors at mid-point of implementation
  - LTCS near the end of implementation
- Client perspective
  - Clients enrolled in LTCS program
  - Clients discharged from LTCS program

Evaluation Plan

- Cross-site evaluation
  - Primary outcomes
  - Process outcomes (e.g., dose response)
- Local evaluation
  - Primary outcomes
  - Outcomes ≥ 12 months after discharge
  - Process outcomes
- Qualitative evaluation: key themes identified by clients that are associated with observed outcomes

Control Subjects

- Propensity score matched controls from eHARS
  - Statistical technique to identify controls who were most like the Linkage to Care clients (demographics, health status)
  - One-to-one match of enrollees and control subjects based on propensity score and client type
- Limitations
  - Does not balance on predictors that are not in the model (hopefully overcome by including client type)
  - Identifying controls for clients at risk of falling out of care

Outcome Definitions

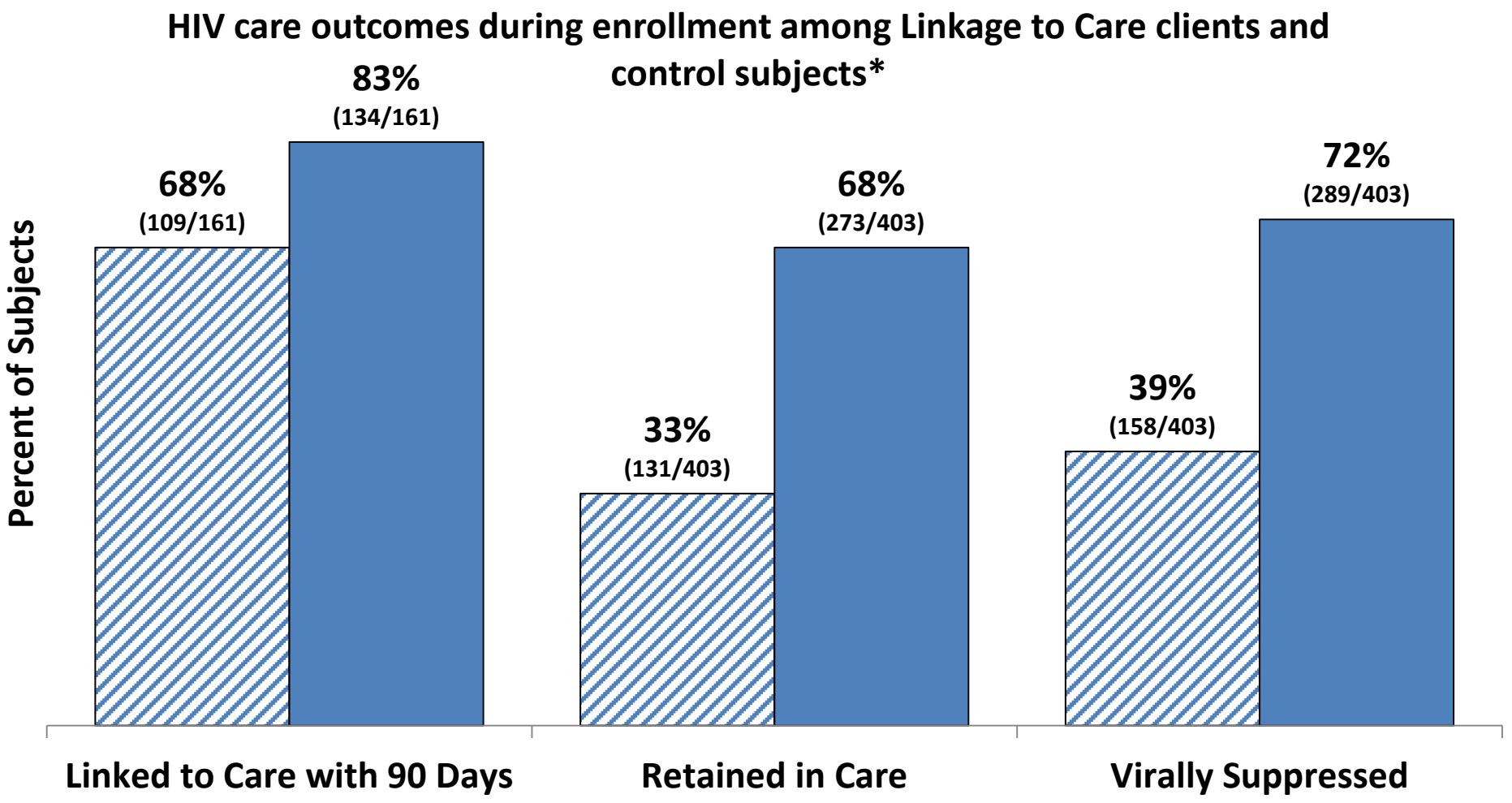
- Linked to care within 90 days: medical visit within 14-90 days of diagnosis
- Retained in care: rate of medical visits greater than 1 every six months over enrollment (discharge) period, with at least 90 days between visits
- Viral suppression: most recent viral load test result prior to (post) discharge is <200 copies/mL

Primary Outcomes: Clients Served

	LTC Clients (n = 403)	Propensity Matched Controls (n = 403)	WI HIV NON-LTC Subjects (n = 7,179)
Age	37.6 ± 11.9	36.9 ± 12.1	47.9 ± 11.9 ‡
Gender			
Female	84 (20.8)	74 (18.4)	1,386 (19.3)
Male	311 (77.2)	325 (80.6)	5,755 (80.2)
Transgender	8 (2.0)	4 (1.0)	38 (0.5)
Race			
Black	257 (63.8)	255 (63.3)	2,839 (39.5) ‡
White	132 (32.8)	137 (34.0)	3,972 (55.3) ‡
Other	14 (3.5)	11 (2.7)	368 (5.1) ‡
Hispanic / Latino	70 (17.4)	66 (16.4)	922 (12.8) †
Risk			
Injection Drug Use	59 (14.6)	42 (10.4)	1,009 (14.1)
MSM	243 (60.3)	249 (61.8)	4,210 (58.6)
High-Risk Heterosexual Contact	219 (54.3)	210 (52.1)	3687 (51.4)
Client Type			
Client type: Newly Diagnosed	161 (40.0)	161 (40.0)	
Client type: New to Care	38 (9.4)	38 (9.4)	
Client type: Out of Care	83 (20.6)	83 (20.6)	
Client type: Post Incarcerated	51 (12.7)	51 (12.7)	
Client type: At Risk	70 (17.4)	70 (17.4)	

†p<0.0001, ‡p<0.05

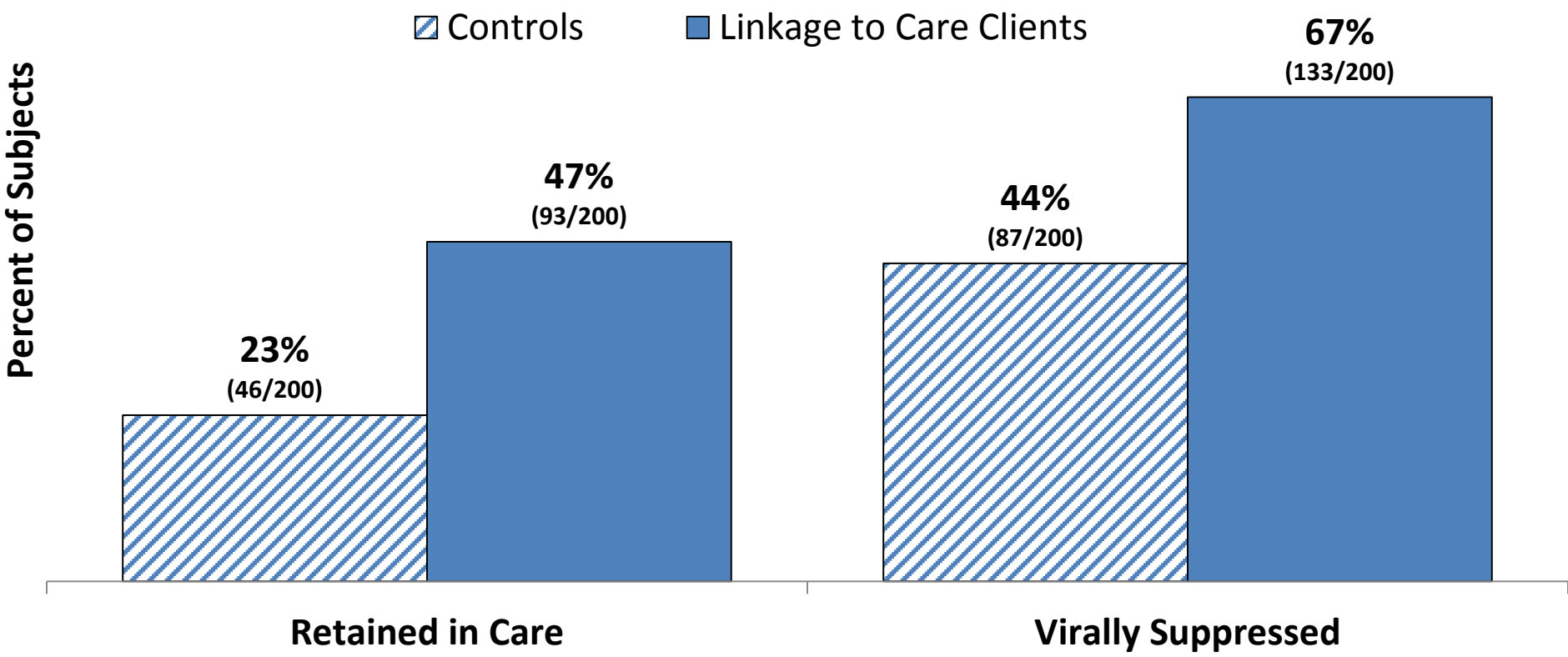
Primary Outcomes



*All differences significant at p<0.0001

Post-Discharge Outcomes

HIV care outcomes ≥ 12 months post discharge among Linkage to Care clients and control subjects



*All differences significant at p<0.0001

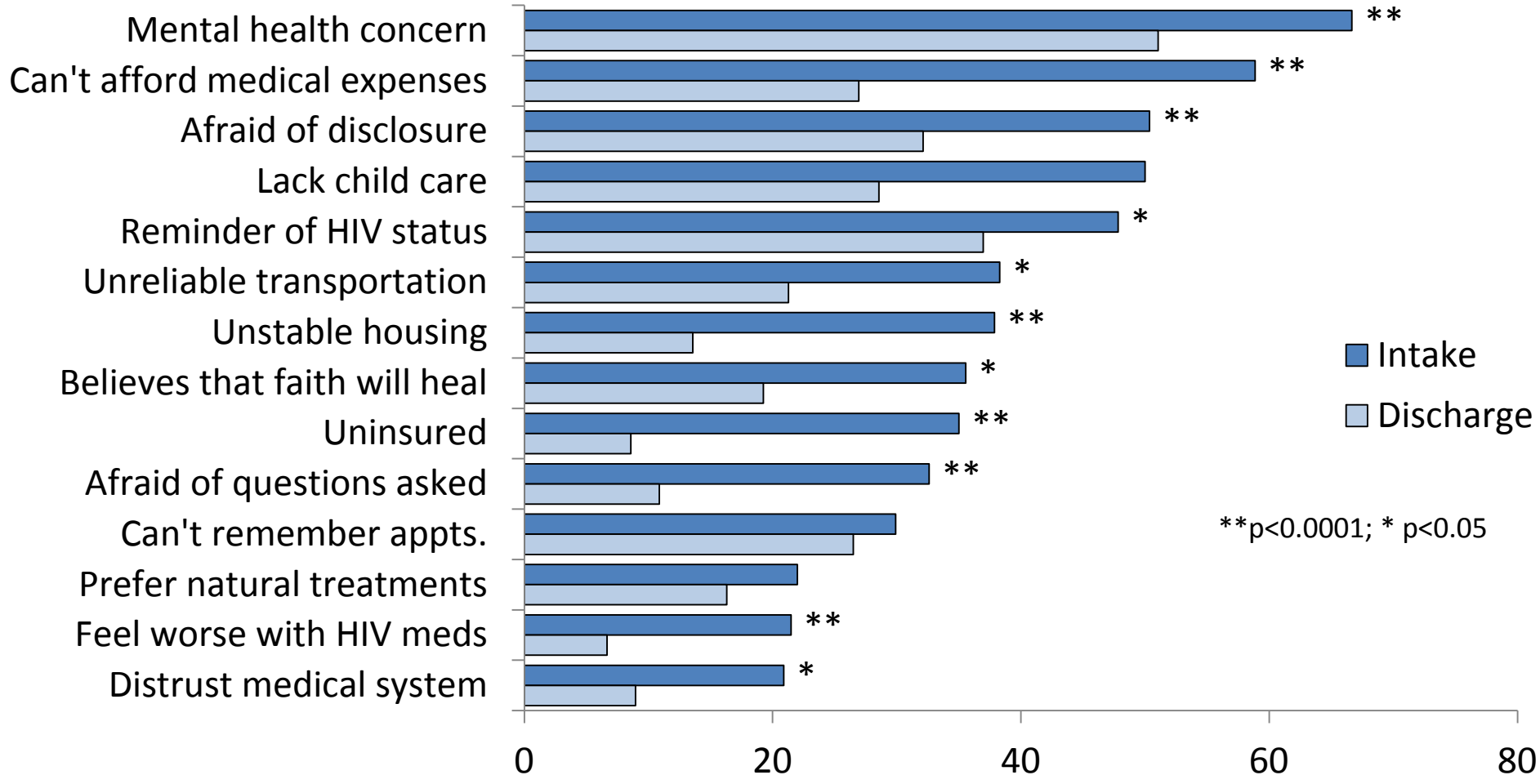
Elements Contributing to Success: Qualitative Themes

LTCS provided multiple forms of social support:

- Mitigated negative feelings associated with HIV stigma
- Increased motivation to adhere to medical care and maintain positive outcomes
- Increased comfort with medical care
- Relationships resulted in reluctance to transition out of the program

Elements Contributing to Success

Change in Linkage to Care client barriers: intake to discharge (n=140)



Future Plans for Linkage to Care Program in Wisconsin

- Evaluation: post-enrollment outcomes
- Sustaining the program
  - Funding options: Part B, Part B supplemental, ADAP rebate
  - Service within medical case management
- Service delivery
  - Increase access to LTCS: increase number, location, geography
  - Modify medical case management: lower caseloads, use of texting, training in motivational interviewing

Client Quote

"I was thinkin' about how this program has made me feel and what it's done for me... It's given me hope, it encourages me, it taught me I can trust people, because the people down here have just been beautiful. I mean, very trusting. It's motivated me, it's given me self-worth. Direction. Because I didn't know what the … I was gonna do when I came out of prison, I really didn't. I got will-power in me now, I want to fight some more, I want to fight now. Fight to obtain meaning. Meaning and purpose, those are all the things that the program has done for me."

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Casey Schumann

casey.schumann@wi.gov

608-266-3495