NATIONAL
2016 RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Women Empowering Women

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

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

1. Identify ways to leverage strengths of staff to best meet the specific needs of clients

2. Identify how to create a staffing structure that actively engages clients about the importance of treatment and adherence while efficiently collecting clinical data

3. Describe how to make performance indicators a meaningful part of everyday work

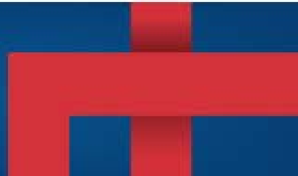
Ice Breaker

Mix and Mingle

- Name
- Agency and Job Position
- Resident State
- Favorite Harm Reduction Tool or Best Workshop attended this week

GMHC Overview

- Services provided
- Client profile
- Clinical statistics



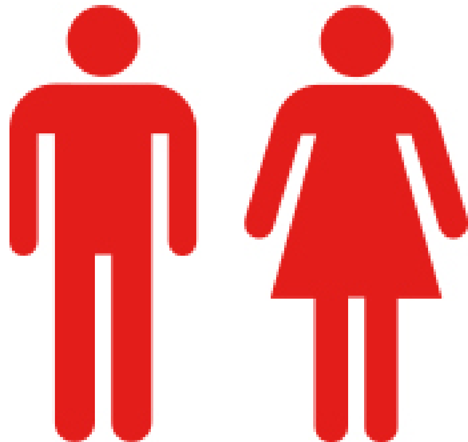
GMHC

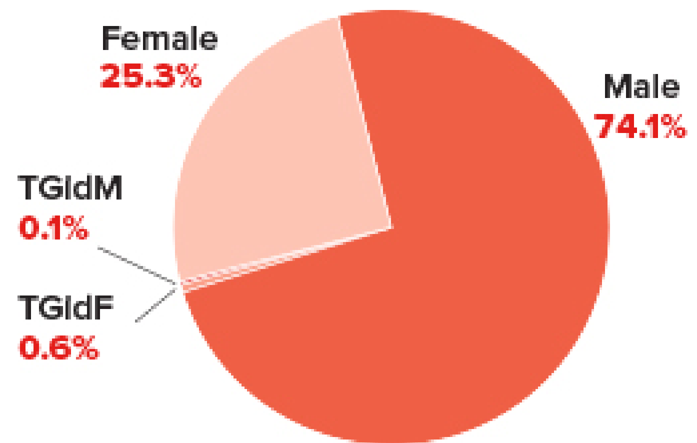
END AIDS. LIVE LIFE.

GMHC is the world's first and leading provider of HIV/AIDS prevention, care and advocacy. Building on decades of dedication and expertise, we understand the reality of HIV/AIDS and empower a healthy life for all.

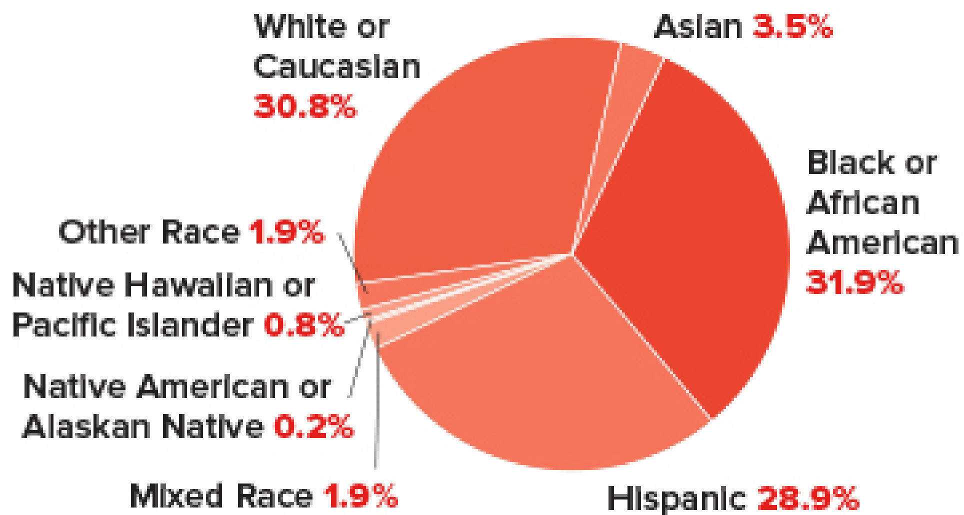
Our Mission: GMHC fights to end the AIDS epidemic and uplift the lives of all affected.

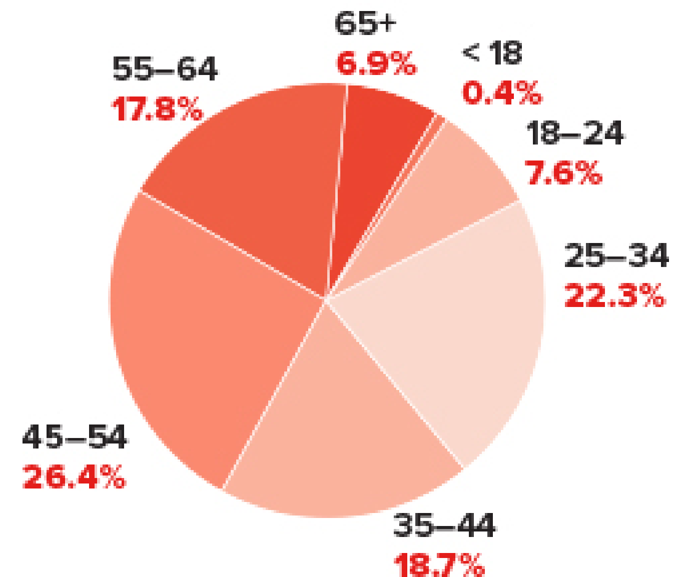
GMHC Overview by gender



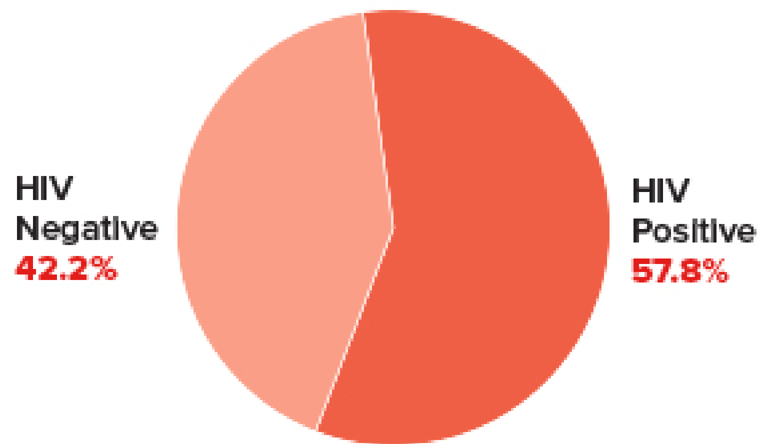


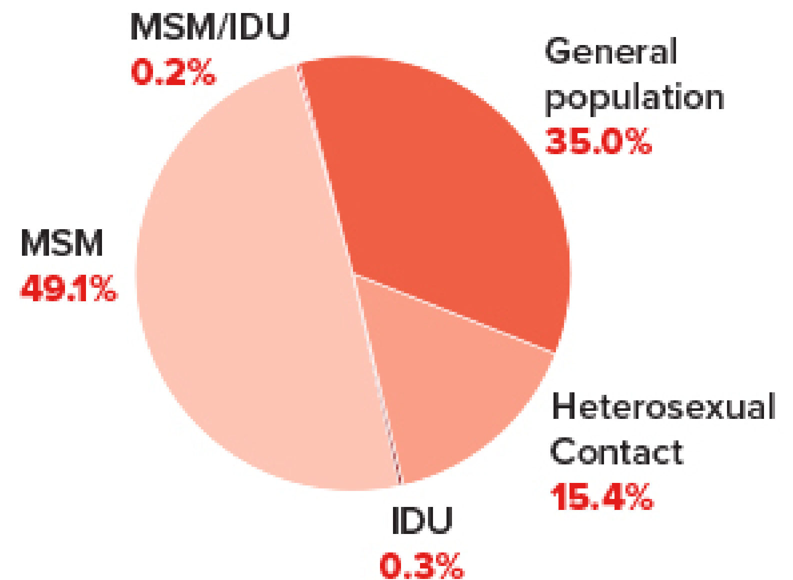
GMHC Overview by race and age



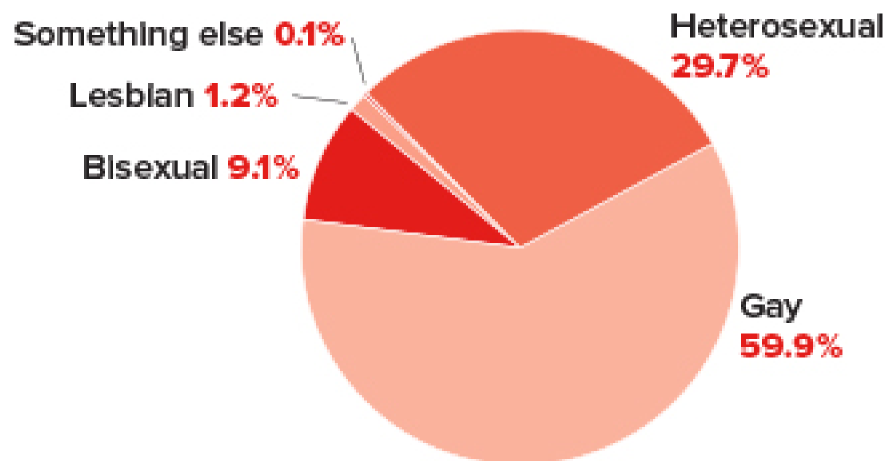


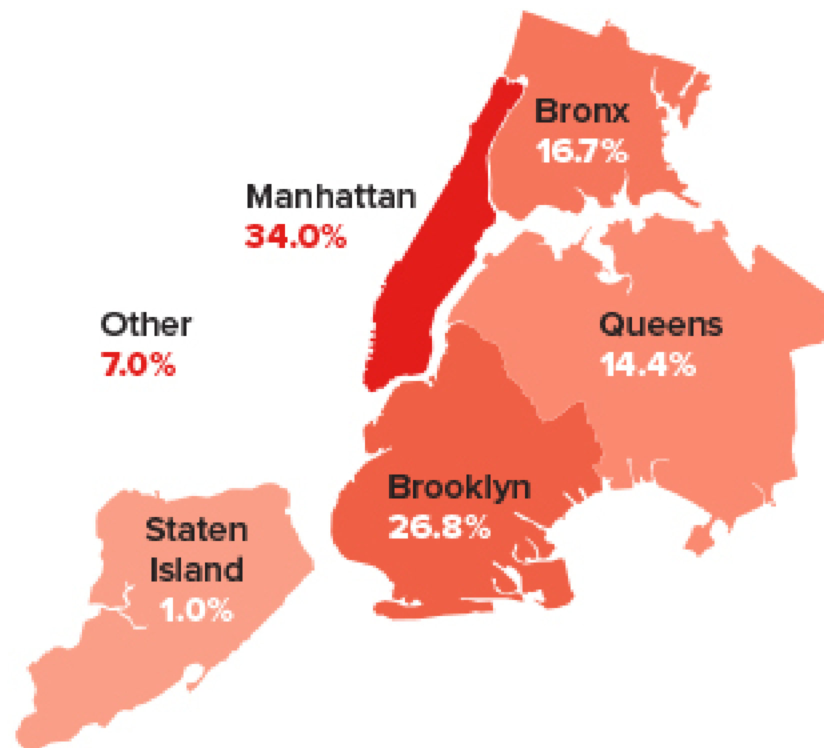
GMHC Overview by CDC





GMHC Overview by residence and sexual orientation

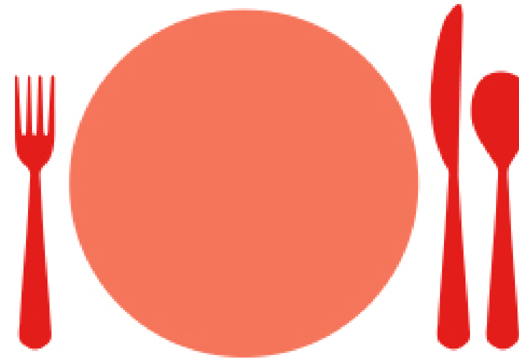




GMHC Services

- Coordinated Care
- Mental Health
- Prevention
- HIV & STI Testing
- Substance Use
- Legal
- Financial Management
- Advocacy
- Rental Assistance
- Meals & Nutrition
- Workforce
- Wellness
- Outreach and Education

Meals Served: 85,940



Meals in Pantry Bags: 30,663

- Women in the US account for:
  - 25% of all people living with HIV
  - 19% of all new diagnoses in 2014
  - Disproportionately affects African-American (62%) and Hispanic/Latina (16%) women (CDC, 2014)
  - 87% of incidence due to heterosexual sex

http://www.cdc.gov/hiv/group/gender/women/index.html

Women in Care

- Retention of HIV+ individuals in primary care relates to long-term health outcomes, including survival.
- Optimal engagement/retention in primary care services should be prioritized, and women may be a particularly important population on which to focus efforts.

Mission Statement:

The mission of Women's Care, Prevention and Support Services(WCPSS) is to provide and connect High Risk and HIV – positive women and their families to high quality and compassionate services, creating and sustaining health, vitality, and social change.

The Women's Harm Reduction Recovery (HRR) program at GMHC:

- History of department
- Programs
- Educates women on the importance of taking control of their own health.
- Prioritizes collecting Primary Care Service Measurements(PCSM) data as part of this mission.

Women's Services Staff

- Who's the staff?
  - Hiring process – what do we look for?
  - Background of staff
- Staffing structure
  - Managing Director: Vacant
  - Director
  - 3 Harm Reduction Counselors
  - 2 Client Navigators
  - 1 Group Facilitator
- Matching clients and staff
  - Examples

- Intake and Assessment
- Service Planning
- Expectations
- Identifying priorities
- Harm Reduction goals
- **Examples of clients who enroll

Hiccups in the Program

GROUP PARTICIPATION

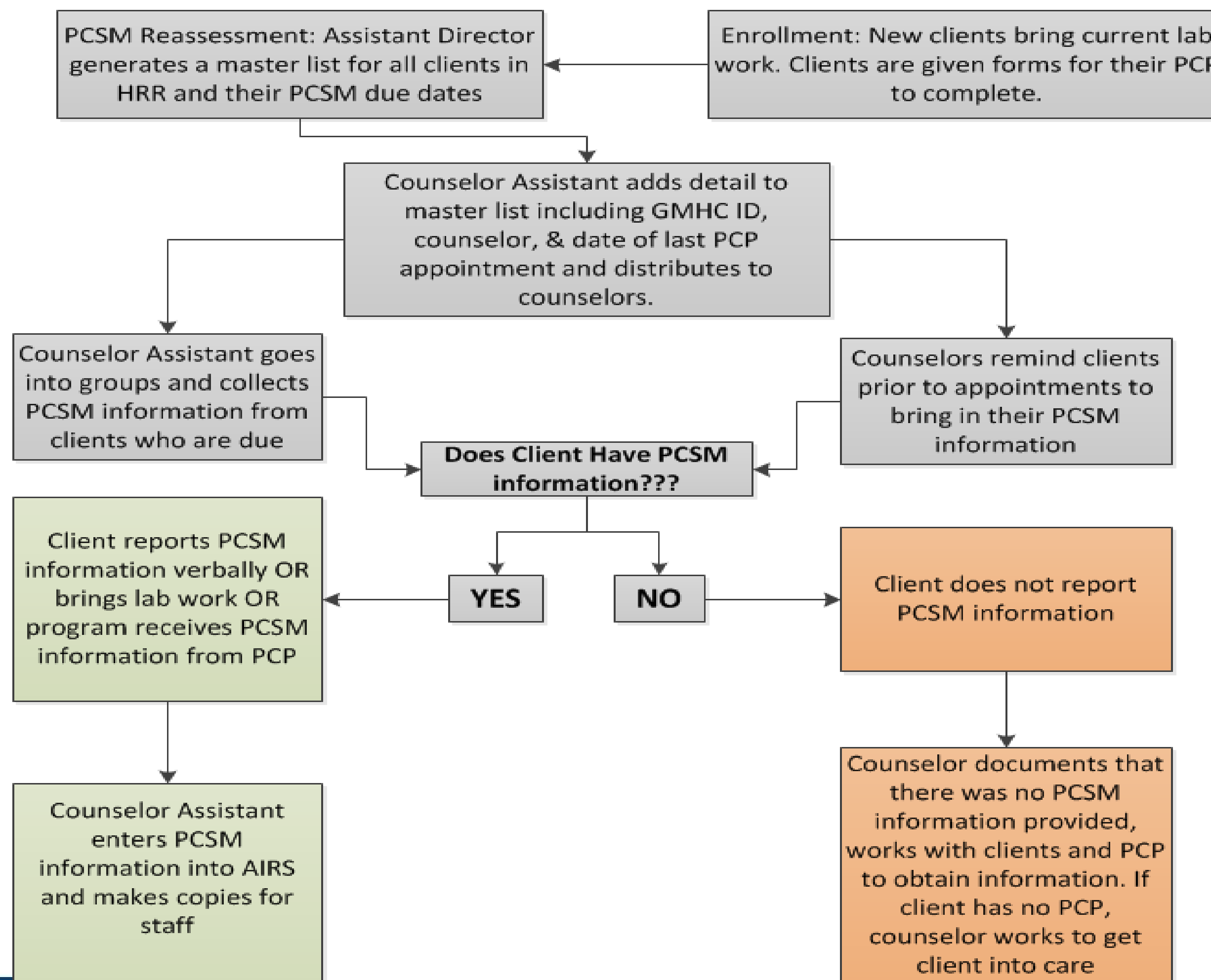
- Count off into Groups
  - Counselor
  - Client
- Scenarios
  - Questions to address
    - What happens when a client misses an appointment due to drug use?
    - How do staff “catch” and support clients?

- Critical clinical indicators
  - CD4
  - Viral Load
  - ARV prescriptions
  - Treatment adherence
  - Primary Care Provider(PCP)
  - Collected quarterly
- Labs

- Launched Quality Improvement Project using PDSA method to address low PCSM numbers following a 2012 audit.
- To use a PDSA QI process to increase the portion of client charts with current and accurate documentation of PCSM and lab results to 85%.
- Ensure that clients are engaged in primary care treatment.
- Group activity!

Barriers Identified	Potential Solutions
GMHC was requiring provider-verified paper documentation of test results	Clients will be able to verbally self-report their lab results (but only **once** per year)
Even obtaining provider-verified documentation once per year was difficult in some cases	Create a standardized tool to initiate contact with providers directly
Variation amongst the frequency of CD4 and Viral Load tests	Create a standardized tool to document medically-indicated frequency of testing
No system for identifying individuals due for PCSM	Create a standardized reporting tool that will use data to alert HRR staff when client is due

Collection and Doc flowchart



Documentation Components

Distribution of **Tracking Continuum of Care and Medical Form** (list) to counselors

Authorization for Release of Health Information - filled out every time a client changes providers

M11Q: Medical Request for Home Care - verifies HIV status

Medical Information Request with attached **personalized letter** from Assistant Director - filled out every time a client changes providers

Medical Follow up and Blood work - must be signed by someone who works in the PCP office; filled out every time a client changes providers

Sample letter to medical provider

Date: ___________________

Client: ____

D.O.B.: ________________________

Dear Medical Provider,

The above named client is currently receiving support services within the Women's Care, Prevention and Support Services at the Gay Men Health Crisis. In order for us to continue complying with our funders and providing program services we are required to document and report Primary Care Measures every four months; which will ensure clients engagement in care. Attached you will find a medical form to be completed.

Please feel free to contact me for additional clarity if needed @ 212. 367. 1358 or you may contact Nelly Melendez, Counselor Assistant / Data Recorder @ 212. 367. 1325. Thank you in advance for your cooperation.

Sincerely,
Glynis Simmons
Assistant Director, Women's Care, Prevention & Support Services
Michael Palm Center for AIDS Care and Support

Sample tracking sheet

To: Medical Provider

From: Glynis Simmons

Women's Care Prevention and Support Services, Assistant Director

Re: ______________________________________ DOB:__________________

The above client is accessing support services within WCPSS @ GMHC. Tracking continuum of care is required from our funders. The following information will assist us in complying with our funders need; please fill in the two questions and return to client.

1. How often is this client required to receive a medical follow – up
   - ___ Monthly
   - ___bi monthly
   - ___every 3 months
   - ___every 4 months
   - ___every 6 months
2. How often is blood work drawn?
   - ___ Monthly
   - ___bi monthly
   - ___every 3 months
   - ___every 4 months
   - ___every 6 months

_________________________ ______________________

Print Name/ Provider # Staff Signature

Based on your answer to these questions we will be requesting medical update information. Thank you in advance for your attention on this matter; please feel free to contact in the event more information is needed.

Glynis Simmons

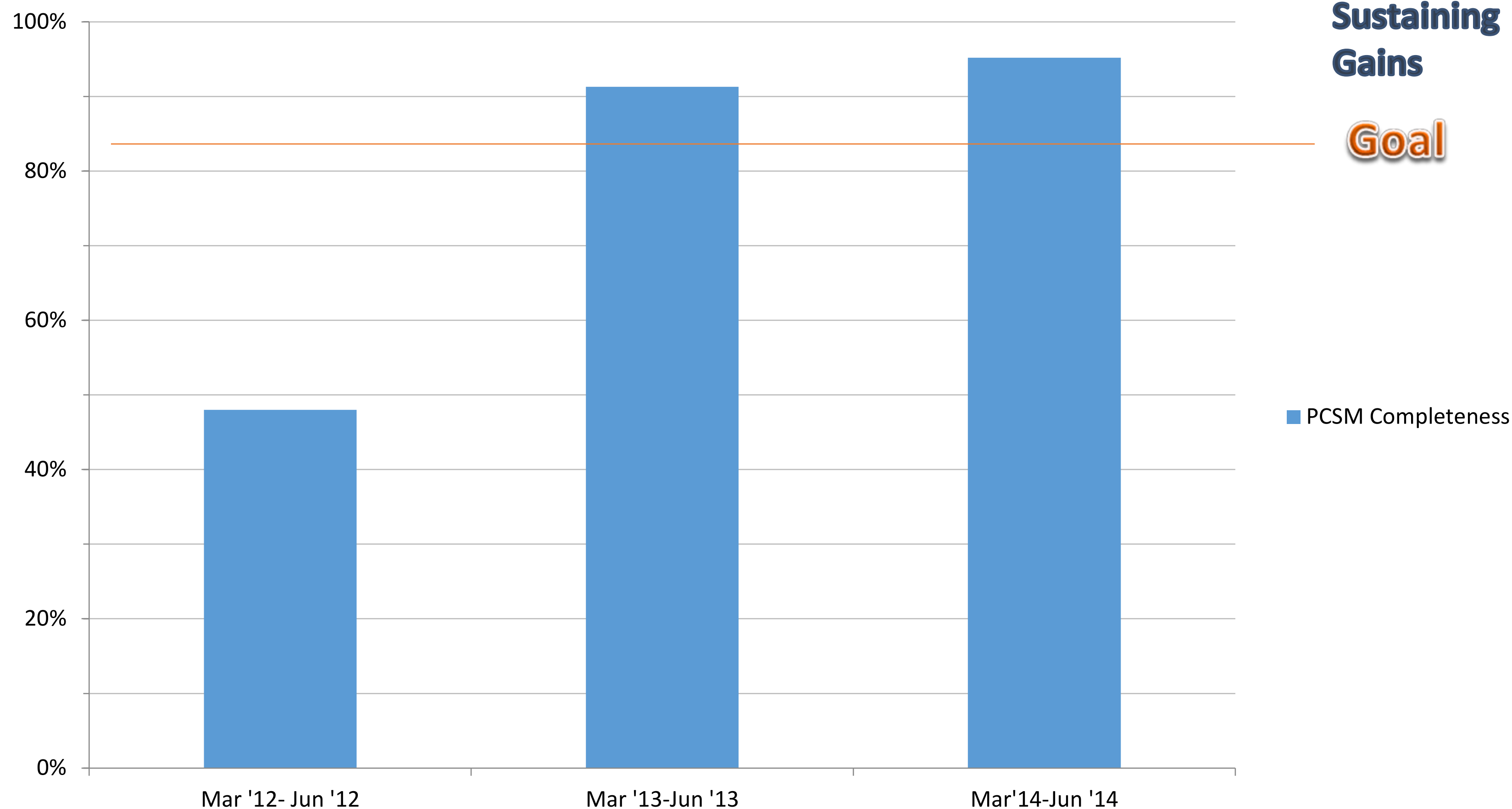
Assistant Director; WCPSS

212 367 1358

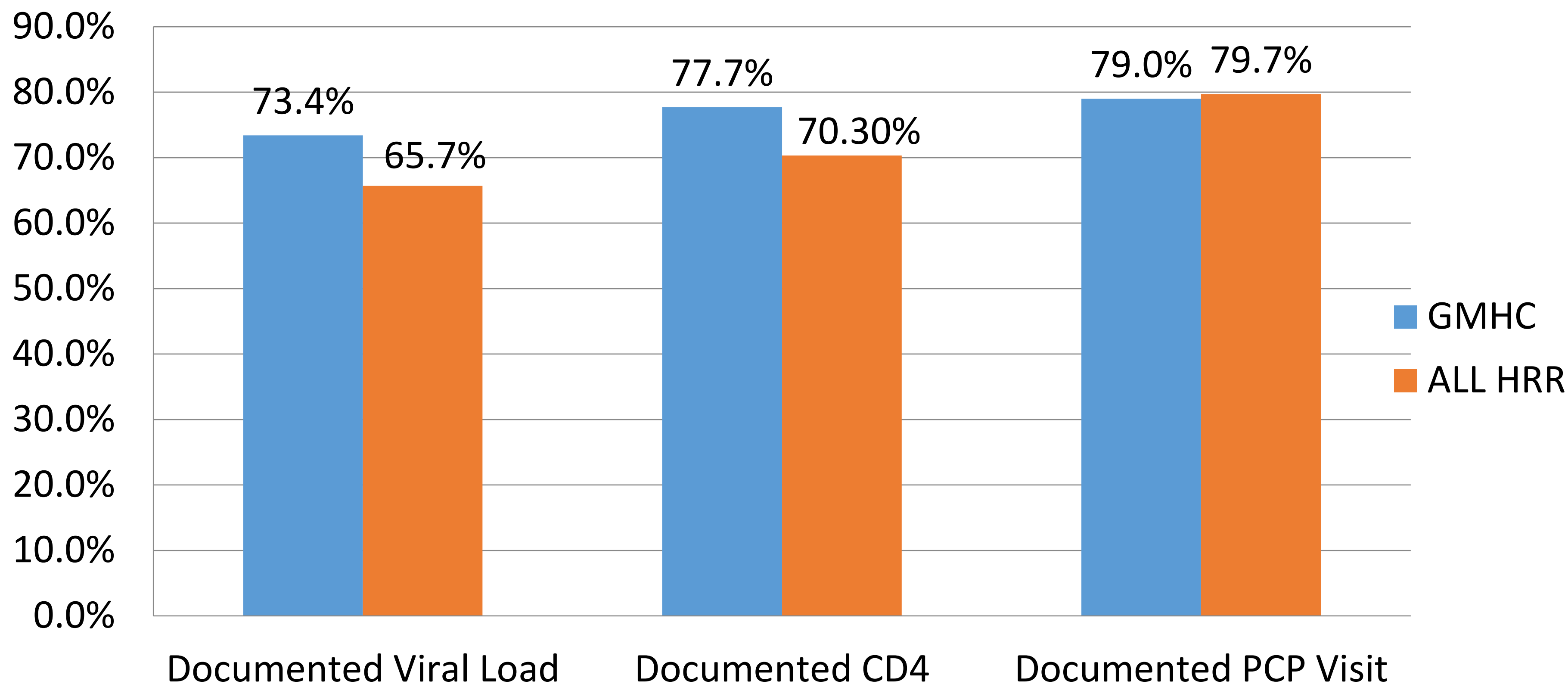
Sample excel tracker

GMHC ID	Last PCSM Date	Days Since PCSM	Status	PCSM Due Date	Days Until Due	PHS Enrollments
	3/18/2014	176	OVERDUE	6/16/2014	-86	HRR
	3/27/2014	167	OVERDUE	6/25/2014	-77	HRR
	2/26/2014	196	OVERDUE	5/27/2014	-106	HRR
	1/1/2013	617	OVERDUE	4/1/2013	-527	HRR
	5/6/2014	127	OVERDUE	8/4/2014	-37	HRR ADV
	3/27/2014	167	OVERDUE	6/25/2014	-77	HRR
	4/4/2014	159	OVERDUE	7/3/2014	-69	HRR
	3/26/2014	168	OVERDUE	6/24/2014	-78	HRR
	4/8/2014	155	OVERDUE	7/7/2014	-65	HRR
	3/27/2014	167	OVERDUE	6/25/2014	-77	HRR
	1/22/2014	231	OVERDUE	4/22/2014	-141	HRR
	5/14/2014	119	DUE	8/12/2014	-29	HRR
	5/27/2014	106	DUE	8/25/2014	-16	HRR
	6/12/2014	90	DUE	9/10/2014	0	HRR FNS
	5/21/2014	112	DUE	8/19/2014	-22	HRR FNS
	6/6/2014	96	DUE	9/4/2014	-6	HRR FNS
	5/30/2014	103	DUE	8/28/2014	-13	HRR
	5/14/2014	119	DUE	8/12/2014	-29	HRR
	6/11/2014	91	DUE	9/9/2014	-1	HRR
	6/12/2014	90	DUE	9/10/2014	0	HRR FNS
	5/29/2014	104	DUE	8/27/2014	-14	HRR
	6/4/2014	98	DUE	9/2/2014	-8	HRR FNS
	6/12/2014	90	DUE	9/10/2014	0	HRR
	6/6/2014	96	DUE	9/4/2014	-6	HRR
	6/4/2014	98	DUE	9/2/2014	-8	HRR
	6/4/2014	98	DUE	9/2/2014	-8	HRR
	6/6/2014	96	DUE	9/4/2014	-6	HRR FNS
	6/11/2014	91	DUE	9/9/2014	-1	HRR
	7/22/2014	50		10/20/2014	40	HRR
	7/31/2014	41		10/29/2014	49	HRR FNS

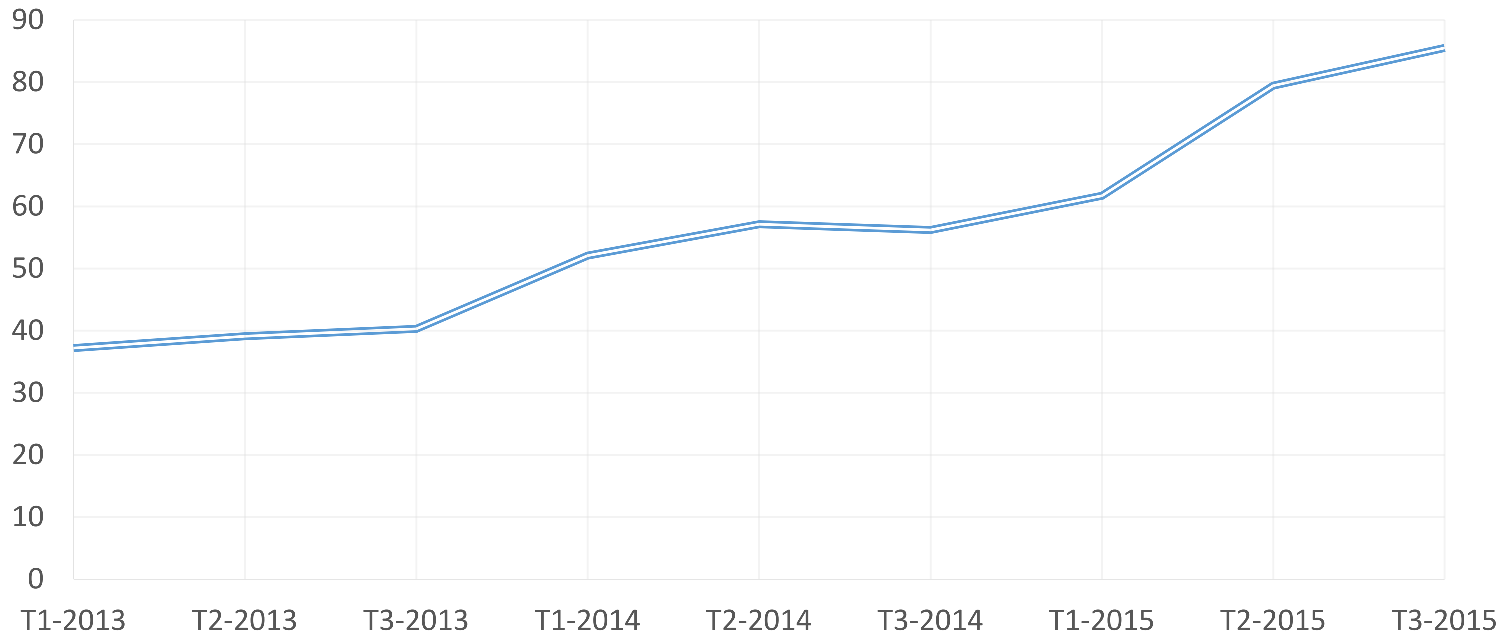
Success Rate



GMHC vs City Wide HRR Programs



Undetectable Viral Loads



- WCPSS achieved and sustained significant increases in the collection and timeliness of PCSM data.
- Counselors are better able to monitor clients' engagement and connection to care. Counselors are aware when clients fall out of care and support them to re-engage.
- More time is available to discuss client lab results and to have meaningful conversations (low threshold counseling) about the importance of engagement in care and taking care of one's health.

Next Steps

- Continued ongoing and routine monitoring of PCSM completeness before client interactions and every 120 days to ensure gains are sustained and proactively address training issues when applicable.
- Inspired by this QI project, Analytics and Evaluation will use GMHC data to create HIV Treatment Cascades for all agency programs before and after enacting PCSM policies to demonstrate the impact of engagement in care on viral suppression.

Obtaining CME/CE Credits

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

Link to CME/CE Credits

Thanks!

Glynis Simmons, CASAC – T, ADS

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