

Enhancing Care Continuum Outcomes for Youth Living with HIV *Outcomes of An Innovative Multi-Agency Collaboration*

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Disclosures

Dr. J. Dennis Fortenberry 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. Summarize the principal outcomes of a multi-agency collaboration
2. Summarize linkage to care, engagement in care, and viral load data for newly diagnosed youth
3. Discuss key areas of next steps for additional collaborations





Obtaining CME/CE Credit

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

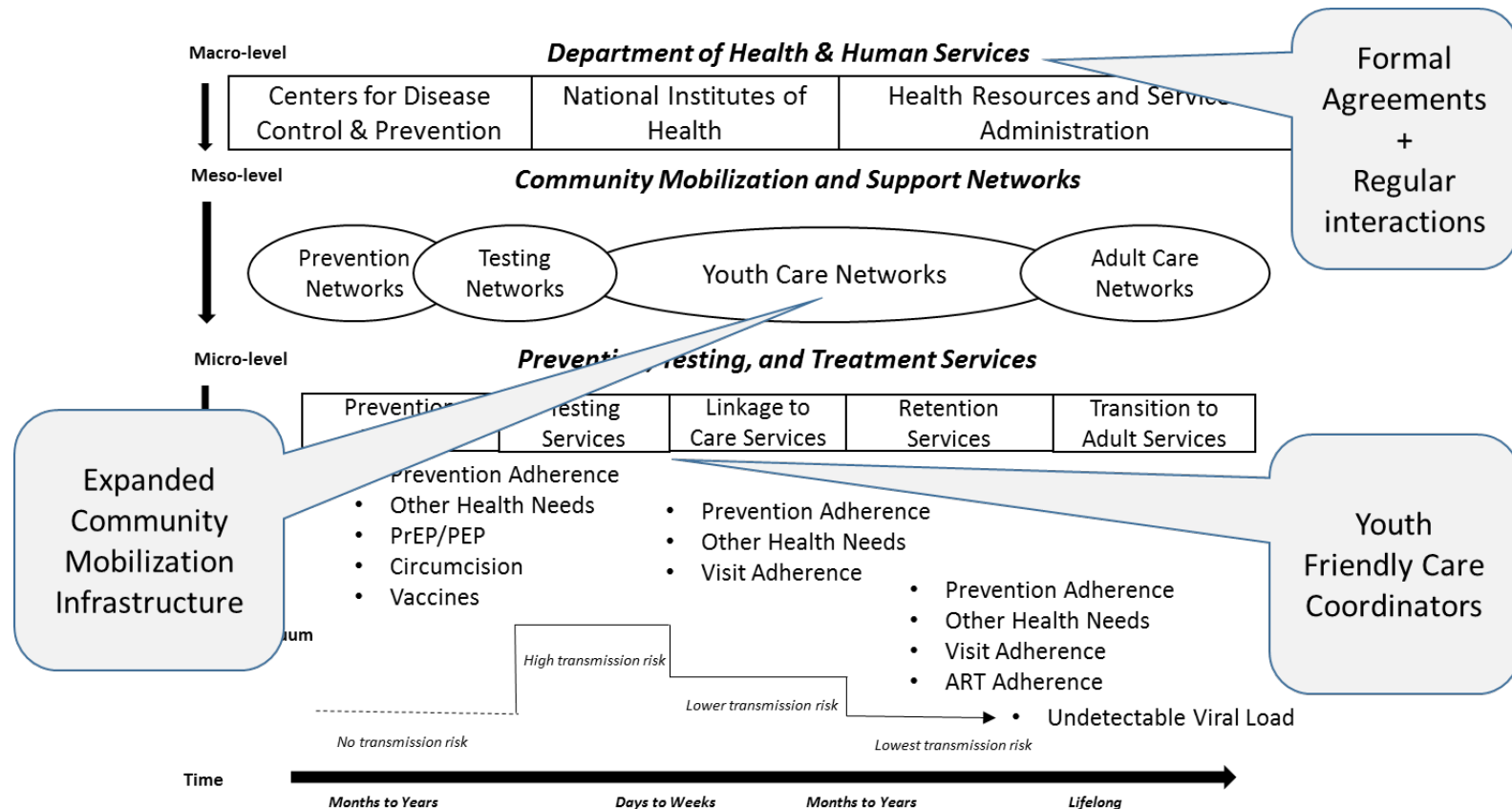
<http://ryanwhite.cds.pesgce.com>



National HIV/AIDS Strategy for Prevention and Treatment

- Reduce New HIV infections
 - Intensify HIV prevention efforts in the communities where HIV is most heavily concentrated
- Increase Access to Care and Improve Health Outcomes for People Living with HIV
 - Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV
- Reduce HIV-Related Health Disparities
 - Adopt community-level approaches to reduce HIV infection in high-risk communities

The SMILE/PEACOC Multi-Agency Collaboration was integrated with community mobilization and comprehensive continuum of care services

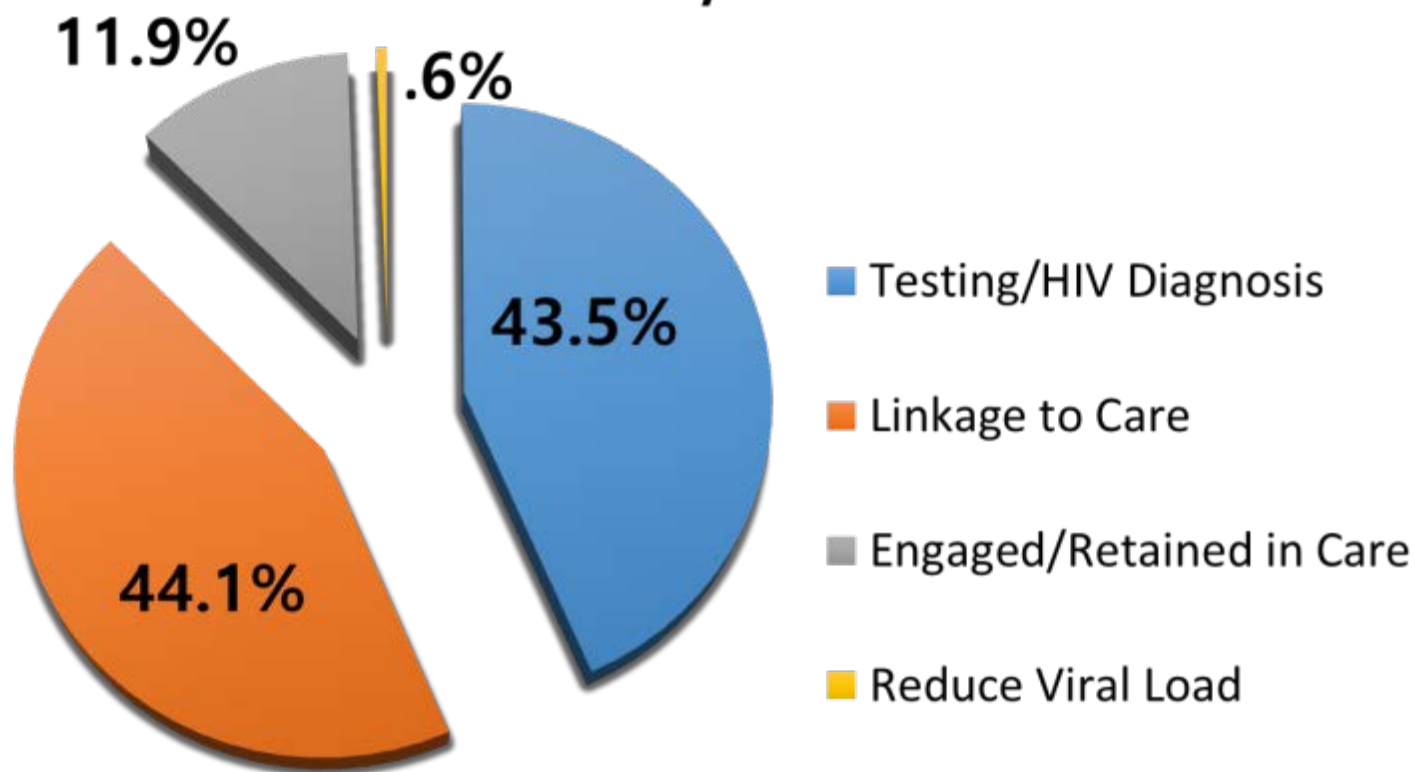


Addressing Barriers along the HIV Care Continuum through Community Mobilization


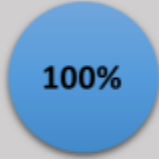


Structural Change Objectives

345 initiated

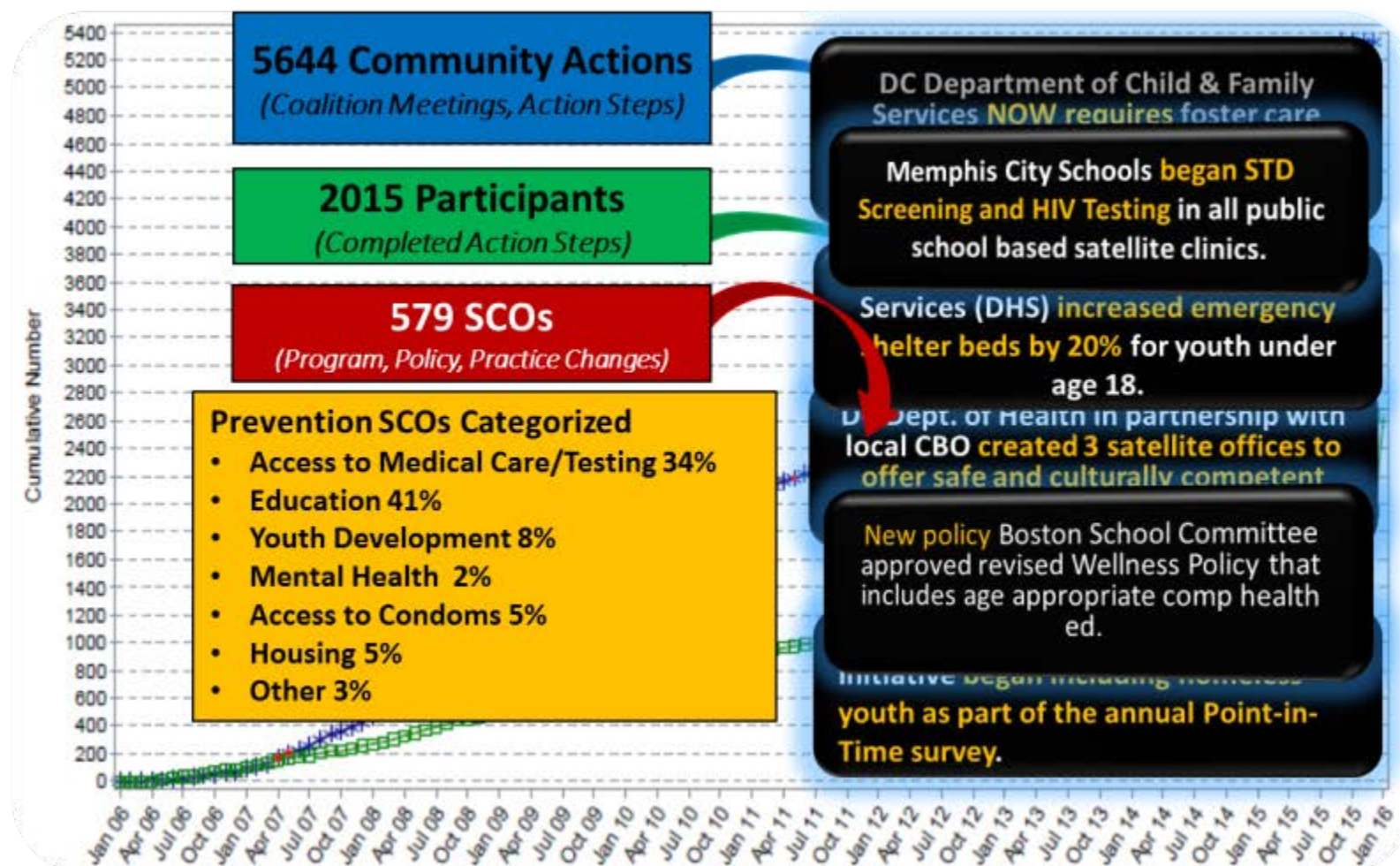
224 completed



Different system targets at key nodes of the Continuum of Care

Different Targets Along the HIV Continuum of Care		Coalitions
Testing	<ul style="list-style-type: none"> Schools Foster Care Juvenile Justice Hospitals/clinics Blood Banks Faith-based 	 <p>100%</p>
Linkage to Care	<ul style="list-style-type: none"> State/Local Health Department Foster Care Juvenile Justice Hospitals/clinics (Public & Private) Schools 	 <p>100%</p>
Engaged/ Retained in Care	<ul style="list-style-type: none"> Food Banks Department of Transportation State Government State/Local Health Department Hospitals/clinics (Public & Private) 	 <p>71%</p>
Reduce Viral Load	<ul style="list-style-type: none"> Department of Probation Hospitals/Clinics serving adolescents and young adults infected/affected by HIV 	 <p>14%</p>

Community mobilization is a process *Not an event*





Local Solutions to Common Barriers to Care: *Coalition Addresses Transportation Barriers for Youth with HIV Diagnosis*

- **Problem**: Newly diagnosed HIV infected youth report transportation as barrier to attending HIV medical appointments.
- **Barrier**: The 4-6 week application processing time for a Massachusetts Bay Transportation Access Pass was a turn-off especially for youth.
- **SCO**: In December 2012 the **Massachusetts Bay Transportation Authority** (MBTA) began a new practice of providing an MBTA Access Pass to HIV+ youth identified through the SMILE program on the same day.
- **SCO**: By September 1, 2013 **Hubway, Boston's bike sharing program** also began a new practice of providing annual passes to HIV+ youth, through the SMILE program.



"If **Connect to Protect** didn't exist, the young ladies wouldn't have a voice at all."

"I am impressed with the project because it is focusing on systemic changes which have a far greater chance"

"I think that **C2P** has really done a nice job of pulling together people from all over to be focused on the needs of adolescents."

"I am very grateful for this coalition. I think as a collective it has changed so many lives for the better"

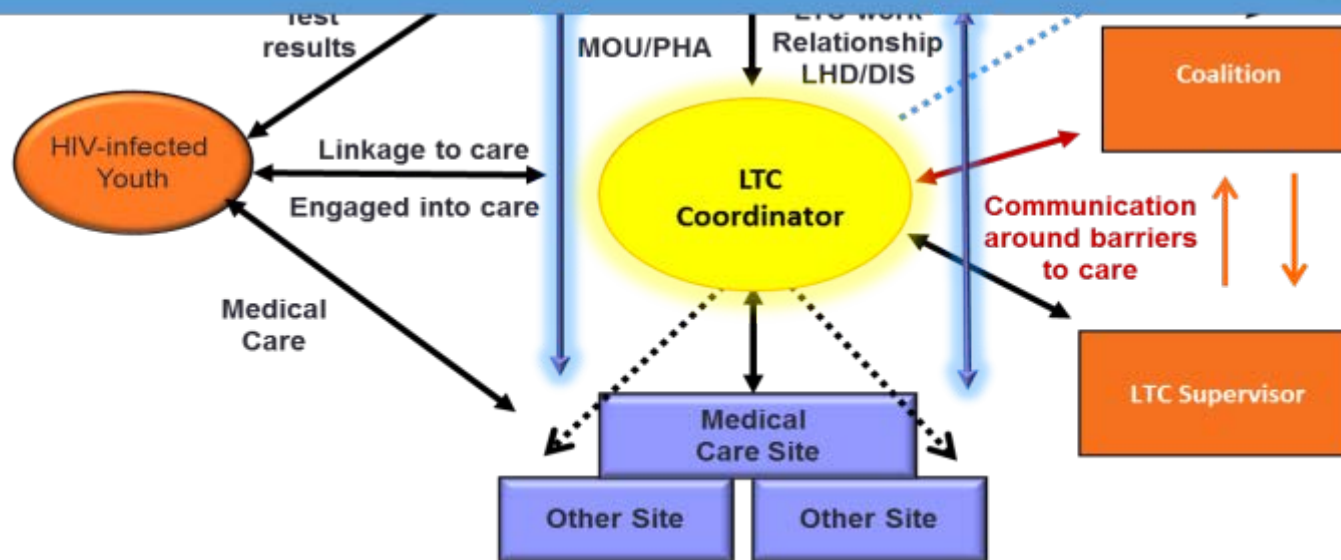
"I think it's [**C2P**] just a community that is very willing to collaborate...people are being where common issues intersect and are willing to work with other groups that are concerned with similar issues."

C2P Across the U.S. Responses from Key Informants



Linkage to Care Coordinator is key to program activities

- Promotes collaboration among providers
 - Follows youth for up to 365 days after 3rd engaged in care visit
- Case management services; acts as liaison until services established
- Chairs/co-chairs C2P LTC subcommittee bringing barriers identified in work with HIV+ youth, to coalition for SCO development



The Larger Lessons of SMILE/PEACOC

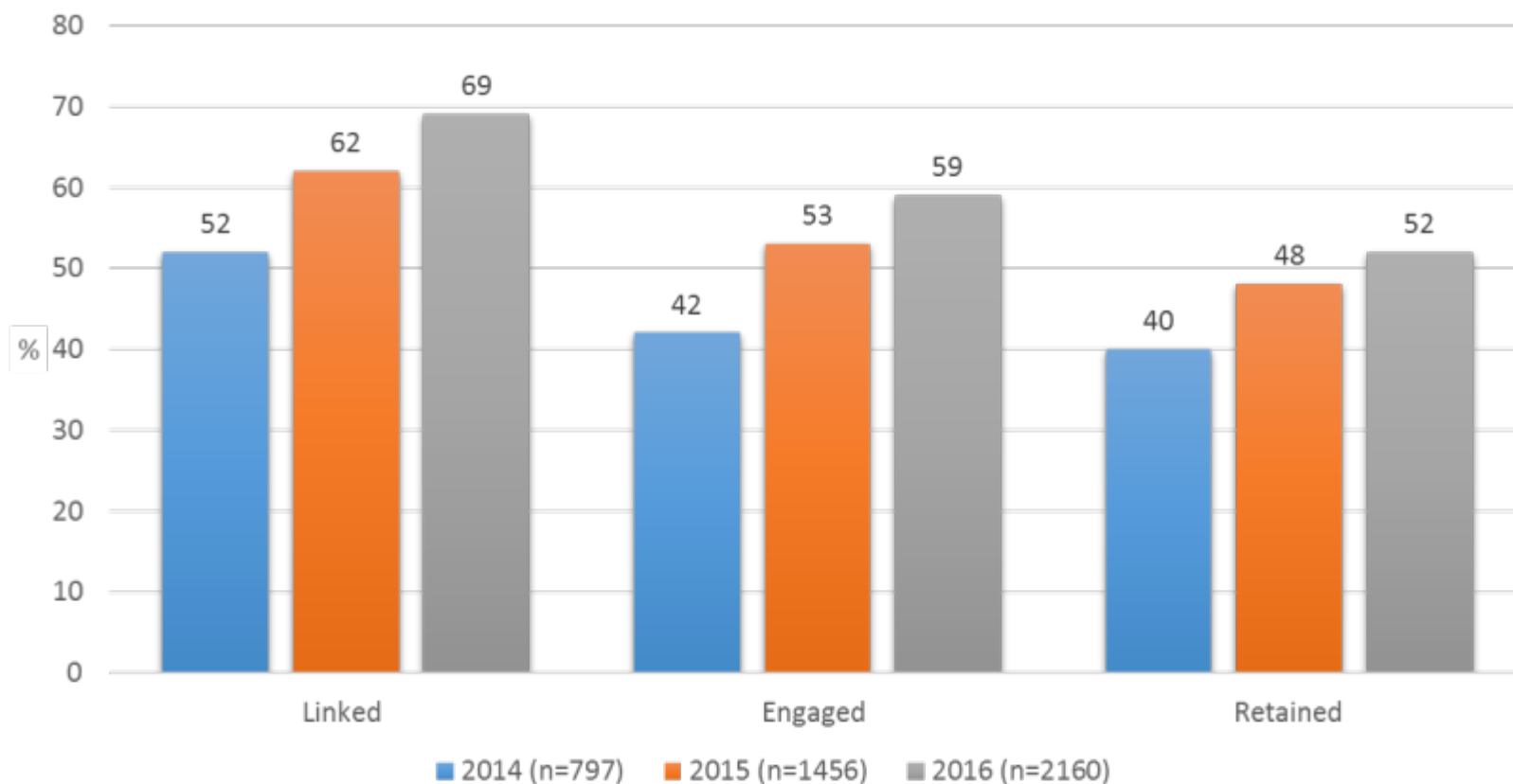
- **Unprecedented relationships formed** with health depts. that ‘forced’ communities to prioritize HIV+ youth within the systems of care
- **Experience/skill of LTC Coordinator is important for LTC and EIC**
- **Structural barriers impeded successful LTC/EIC**
 - Complex eligibility criteria
 - Local resistance to integrated LTC/EIC services
 - Limited data sharing



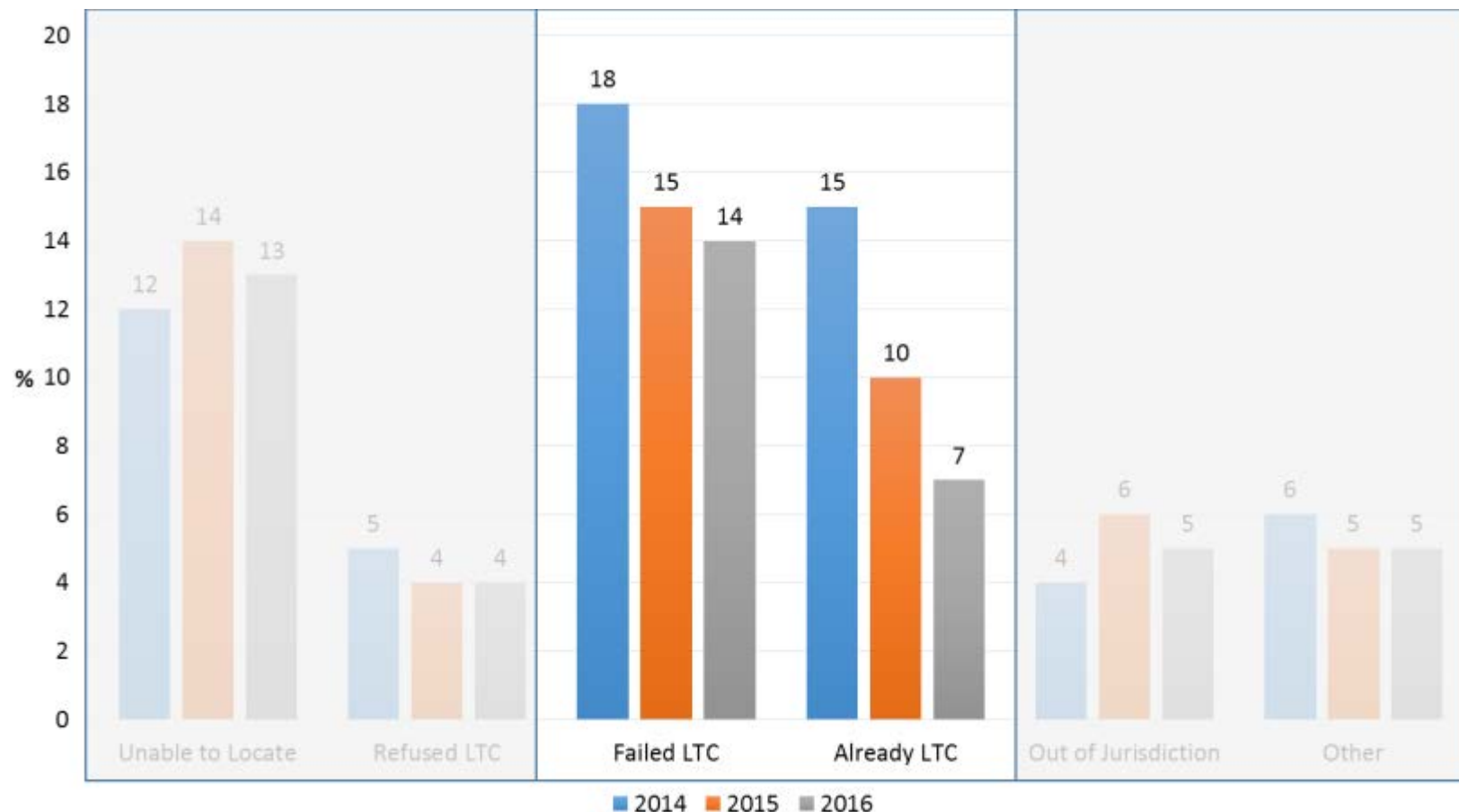
SMILE/PEACOC Program

	Program Totals	Range across 13 ATN Sites	Range across 4 RWD Sites
Number of Cases Reported	2347	106-321	10-49
Percent Eligible for Linkage to Care (LTC)	91	76-99	70-100
Percent of Cases Linked to Care	77	57-90	71-100
Of LTC, percent Engaged in Care (EIC)	87	79-96	61-96
Of EIC, percent Retained in Care	89	84-95	66-100

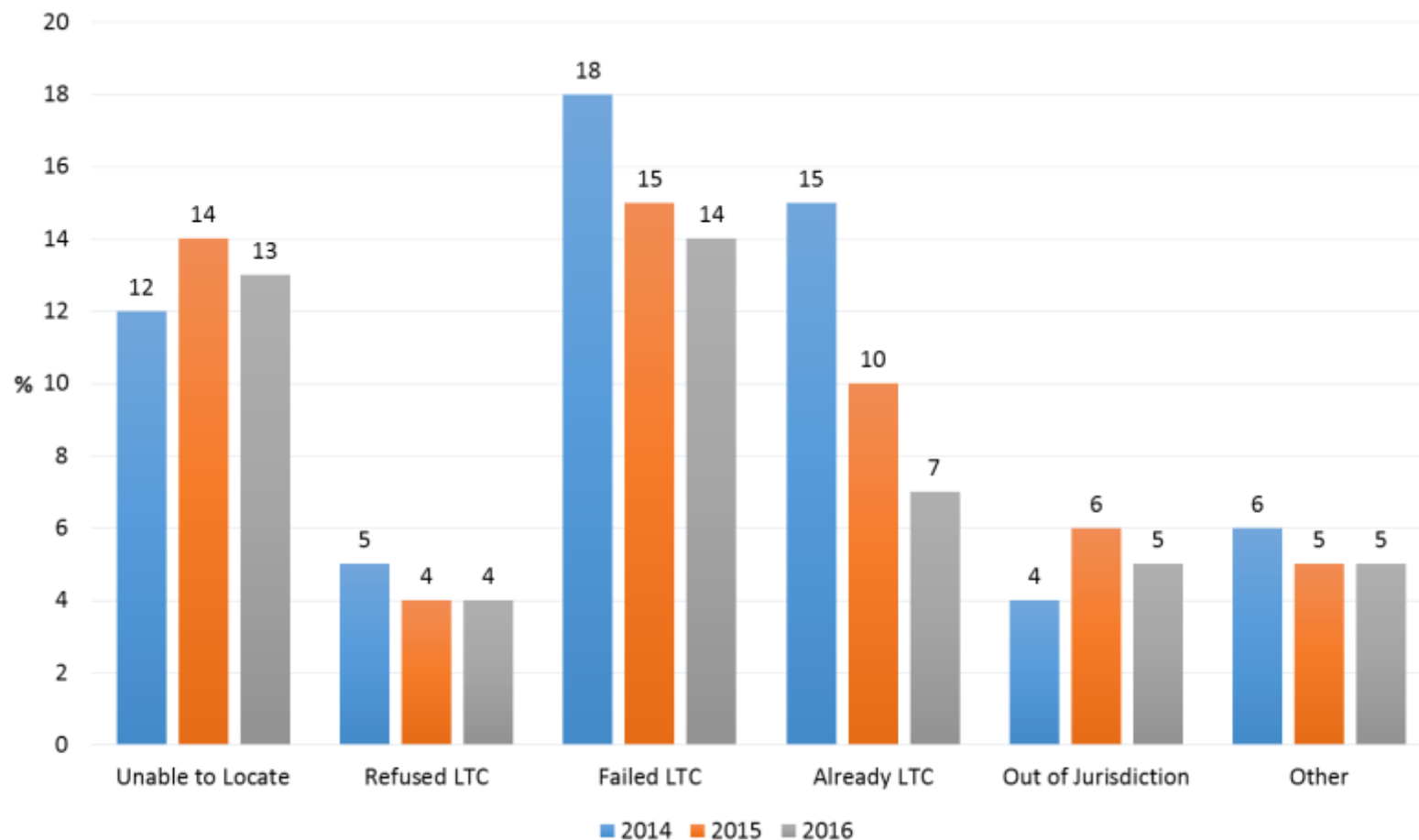
Continuum of Care: Linkage, Engagement, Retention Closed Cases Cohort, 2014 – 2016



Reasons for Failures in Linkage to Care – Closed Cases



Reasons for Failures in Linkage to Care – Closed Cases



Viral Suppression and the Continuum of Care *Linkage, Engagement, Retention*

