

Walking the Path

**Patient Navigators
Community Health Workers
Peer Educators**

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Tracey Gantt, Daniel Baker
HHS, HRSA, HIV/AIDS Bureau**

**U.S. Conference on AIDS
Friday, September 11, 2015
2:30pm-4:00pm**

HRSA Staff Introductions

- **Rupali K. Doshi, MD, MS, Medical Officer**
- **Amelia Khalil, MA, Public Health Analyst**
- **Tracey Gantt, MSN, RN, APHN-BC, Public Health Analyst**
- **Daniel Baker, RD, LCDR USPHS, Public Health Analyst**

Learning Objectives

Participants will learn:

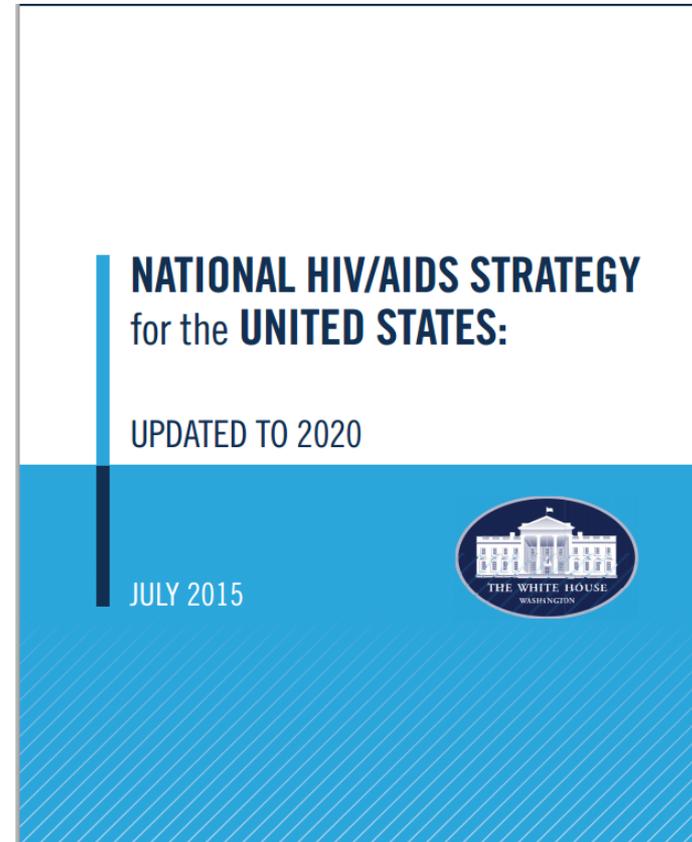
- The role of HIV peer navigation to support the outcomes of the HIV Care Continuum
- Best practices from a variety of RWHAP parts related to HIV peer navigation programs
- The challenges of implementing HIV peer navigation programs

RYAN WHITE HIV/AIDS PROGRAM MOVING FORWARD FRAMEWORK



National HIV/AIDS Strategy

- Reduce new HIV infections
- Increase access to care and improve health outcomes for people living with HIV
- Reduce HIV-related health disparities
- Coordinated national response to HIV epidemic



HIV CARE CONTINUUM:

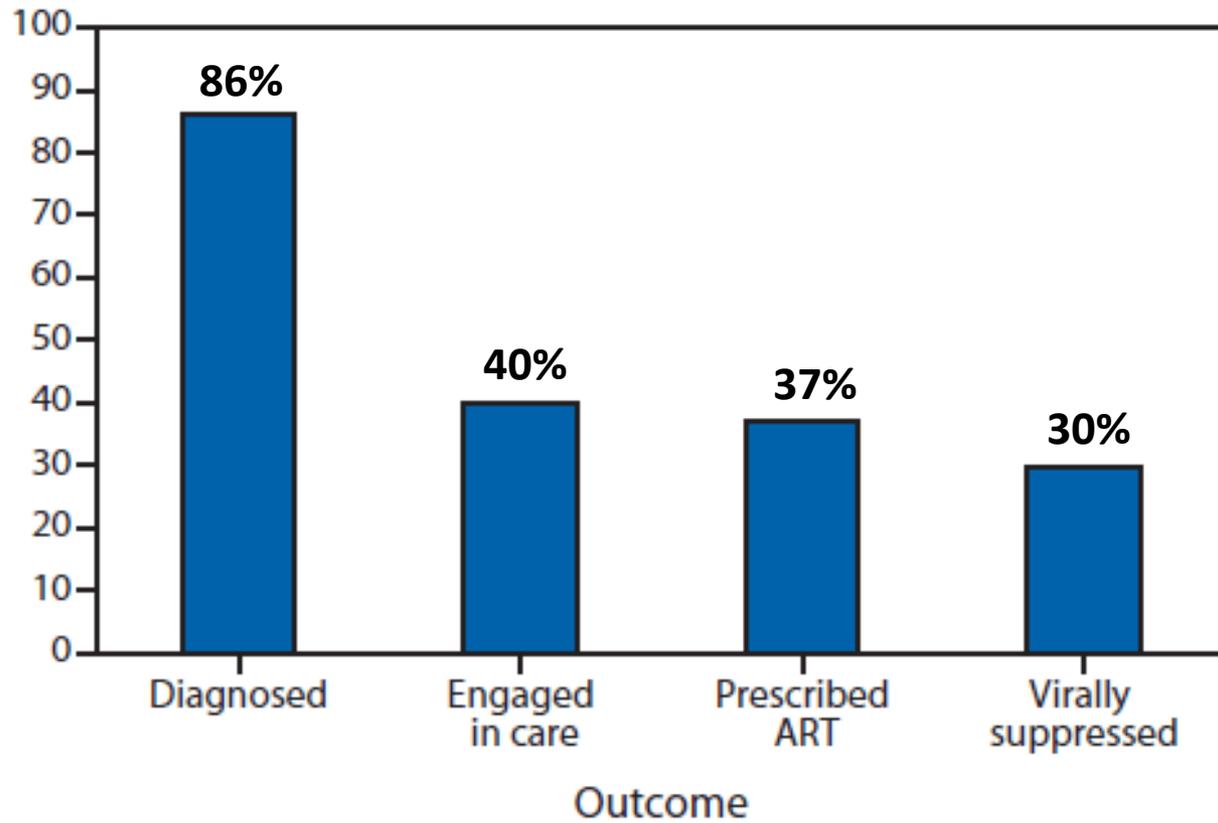
The series of steps a person with HIV takes from initial diagnosis through their successful treatment with HIV medication



Estimated percentage of persons living with HIV infection,* by outcome along the HIV care continuum — United States, 2011

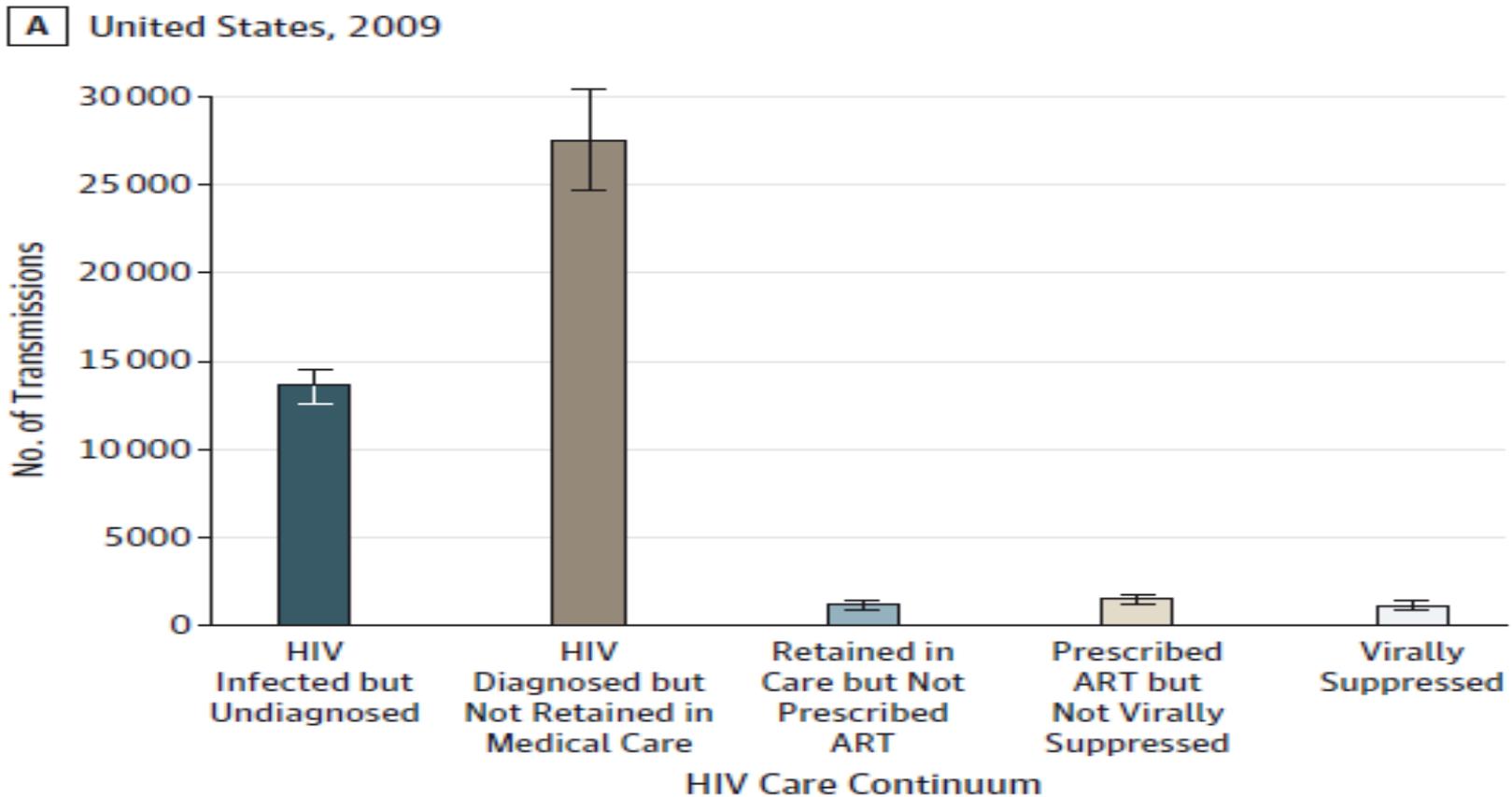
Denominator = 1.2 million persons living with HIV

80% of newly diagnosed PLWH are linked to care within 3 months



HIV Transmission at Each Step of the Care Continuum in the United States

Skarbinski et al. *JAMA Internal Medicine* 2/23/2015



Peer Navigators:

Critical links between providers and patients

- Peers tend to live a shared health experience with clients
- Facilitate access to services and minimize/ remove obstacles
- Improve the quality & cultural competence of health care service delivery
- Reduce disparities in care
- Foster trust
- Decrease stigma
- Create a sustainable forum for seeking help and sharing information about support resources and positive coping strategies
- Increase individual and community capacity in health literacy

HHS Role in Peer Navigation

- HRSA - 2009 Technical consultation and funds community health workers and peer educator / navigation services
- CDC - has compiled evidence on HIV peer navigation.

**Evidence for HIV peer navigation programs is limited.
Additional programmatic experiences are needed and will
assist with identifying opportunities for further
investigation**

HRSA. The Utilization and Role of Peers in HIV Interdisciplinary Teams:
Consultation Meeting Proceedings. Rockville, MD, 2009
CDC. Effective Interventions: HIV Prevention that Works, 2015

HRSA Survey Overview

Convenience sample of Ryan White HIV/AIDS Program parts A-F, data collected from HRSA project officers and award recipients, N=14, May 2015

Areas of Inquiry:

1. Model of HIV peer navigation program, including how they are incorporated into health care teams
2. Roles and responsibilities of HIV peer navigators
3. How HIV peer navigators are supervised
4. Mechanisms to fund HIV peer navigation programs
5. Evaluation for HIV peer navigation programs
6. Successes documented for HIV peer navigation programs
7. Challenges experienced by HIV peer navigation programs and how they were addressed

HRSA Survey: Roles & Responsibilities

- **Access Coordinator: Outreach & empowerment**
- **Find consumers lost-to-follow-up & re-engage them in HIV medical care**
- **Provide social and emotional support**
- **Facilitate referrals to medical care and support services**
- **Promote treatment adherence**
- **Promote adherence to appointments**
- **Assist with building relationship with medical provider**
- **Document consumer interactions for other providers to see (medical record or case management record)**
- **Review consumer records**

HRSA Survey: Outcomes and Methods of Evaluating Patient Navigation Programs

- Retention in care rates (before and after implementation)
- Missed appointments among consumers (before and after implementation)
- Satisfaction surveys of clients and peer navigators

HRSA Survey: Conclusions

- HIV peer navigators are effective in facilitating retention in care and appropriate disease management for PLWH, but data are anecdotal.
- RWHAP programs fund peer navigation through a variety of mechanisms.
- Fully incorporating peer navigators into multidisciplinary health care teams remains a challenge.
- Cost savings as a result of the Affordable Care Act has afforded some programs the ability to make peer navigator programs more sustainable.

Recipient Presentations

Cynthia Carey-Grant

WORLD, Oakland, CA (Part D)

Aaron O'Brien & Kimberly Butler Willis

Roper St. Francis, Charleston, SC (Part C)

Liz Johnson

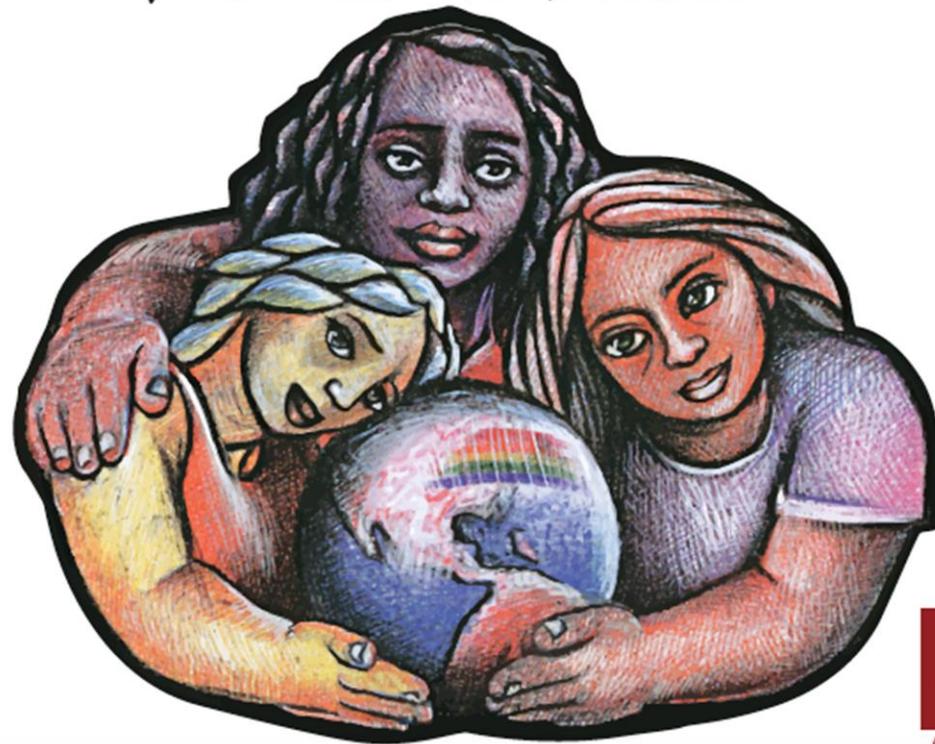
Christie's Place, San Diego, CA (Part A)

Graham Harriman

New York City (Part A) and New York State (Part B)

Women Organized to Respond to Life-threatening Diseases

WORLD



WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES

Our Legacy



WORLD is one of the oldest, largest and most respected organizations in the U.S. providing support, education and advocacy for women living with and at risk for HIV.

2016 will mark 25 Years of service!

WORLD



WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES

Our Vision

We envision a world where women, girls, and families affected by HIV and AIDS have the tools, support and knowledge to live healthy and productive lives with dignity. Our vision is rooted in a commitment to human rights and wellness with the understanding that this includes freedom from violence; access to housing; quality healthcare; food security; physical, spiritual and emotional wellbeing; education and economic justice.

Mission

WORLD improves the lives and health of women, girls, families and communities affected by HIV through peer-based education, wellness services, advocacy, and leadership development.

WORLD



WOMEN ORGANIZED TO RESISTANCE TO LIFE THREATENING DISEASES

What are WORLD's strengths in achieving our Mission

- ◆ Served as model for services and advocacy on behalf of women with HIV
- ◆ Promoted HIV+ women's leadership locally and nationally
- ◆ Developed strong track record of serving, engaging, mobilizing HIV+ women

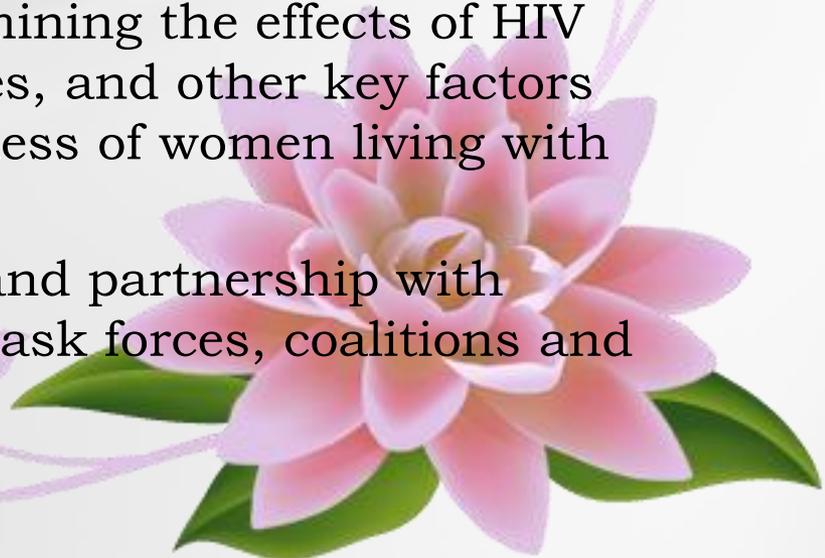
WORLD



WOMEN ORGANIZED TO RESPOND TO LIFE-THREATENING DISEASES

Our Services

- Client Outreach
- Peer advocacy / client navigation program
- Case management – connecting women to appropriate medical care and ensuring that they stay in care
- Retreats & support groups
- Speaker's Bureau
- Leadership development for staff, board and clients to become effective advocates.
- Community-based research – examining the effects of HIV stigmatization, health comorbidities, and other key factors that contribute to the overall wellness of women living with HIV
- Program and policy collaboration and partnership with various local and national ASO's, task forces, coalitions and networks.



The WORLD Linkage, and Retention Program: Successfully keeping clients retained in HIV care.

To understand the success of the linkage and retention efforts undertaken by WORLD staff, it is important to understand their clients and the context of Alameda County

The majority of WORLD clients are ages 25-64, unsurprising given the demographics of HIV in the Bay Area. However, almost 1 in 10 clients were younger than age 25 or older than 65 (see Figure 1).

Nearly 2/3 of clients in 2014 were Black, with another almost 1/4 Latina, as seen in Figure 2.

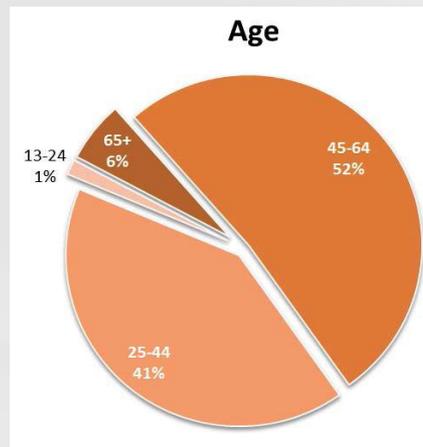


Figure 1

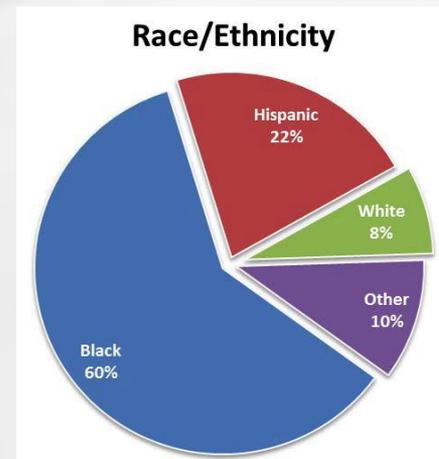


Figure 2

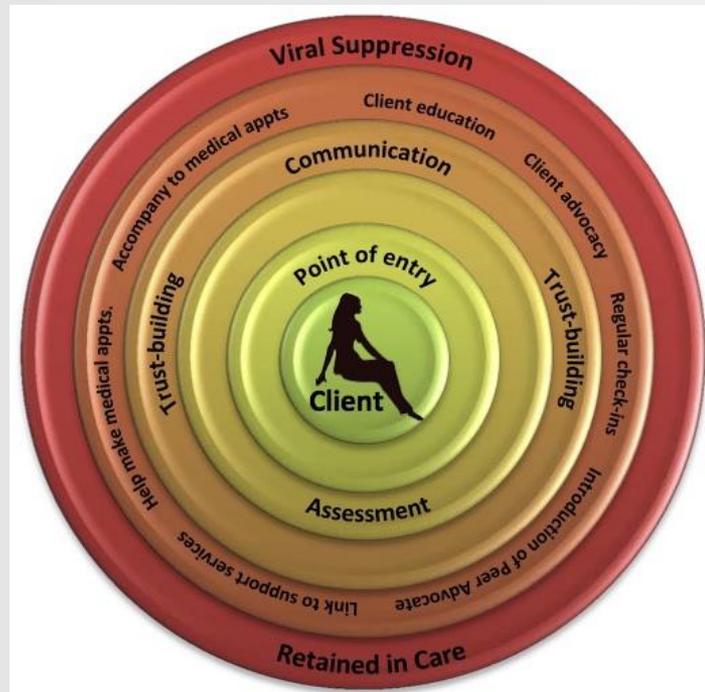
WORLD



WOMEN ORGANIZED TO RETAIN AND LIVE THEIR LIVES

The WORLD Outreach, Linkage and Retention Program Model

At WORLD, there are two types of linkage and retention support: the intensive model conducted by Outreach and Linkage Specialists (OLSs), and the client navigation model conducted by the Peer Advocates. The bottom line of both models is simple: client-focused care. Ultimately, it is a matter of creating an organizational culture that puts the needs of the client in the center and builds everything else around them.



The WORLD Outreach, Linkage, and Retention model

WORLD



WOMEN ORGANIZED TO REFORM AND EMPOWER IN SEX TRAFFICKING AND SEXUAL ASSAULT



Peer Advocate Staff (3 Peer Advocates, Peer Program Manager, Program Services Director, and Mental Health Clinician)

Office Space

Ryan White Part D funding

Partnerships with Community-Based Organizations (the Family Care Network of Alameda and Contra Costa Counties)

Clients are referred to program via FCN or other

Ongoing client intake

Bi-weekly support groups staffed by Peer Advocates

Bi-annual retreats for health and wellness education

Clients are matched with a peer advocate, with whom they develop care plans and receive ongoing follow-up

Clients attend support group as needed

Clients attend retreat as needed or desired

Practical Support:
Clients receive coordination of care, including interfacing with medical providers and referrals to food, housing, crisis support, and case management

Education and Skill Development:
Clients receive education on and strategies for medication/treatment adherence, harm reduction, and self-care strategies, as modeled by Peer Advocates

Emotional Support:
Clients are provided with a safe, regular, supportive environment to talk about their experiences

Clients remain stable in medical and auxiliary care

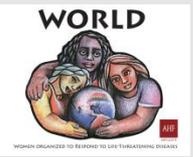
Clients learn to make safe, informed decisions about their health

Clients practice and use healthy coping skills

Clients experience an increase in social integration and decrease social isolation

Improvement in the quality of mental and physical health in client base

Promotion of empowerment and greater self-efficacy in managing health among client base



It is notable that among all people living with HIV in the United States in 2012, only about 28% were virally suppressed, compared with 51% of WORLD clients.

Viral load (n=55)

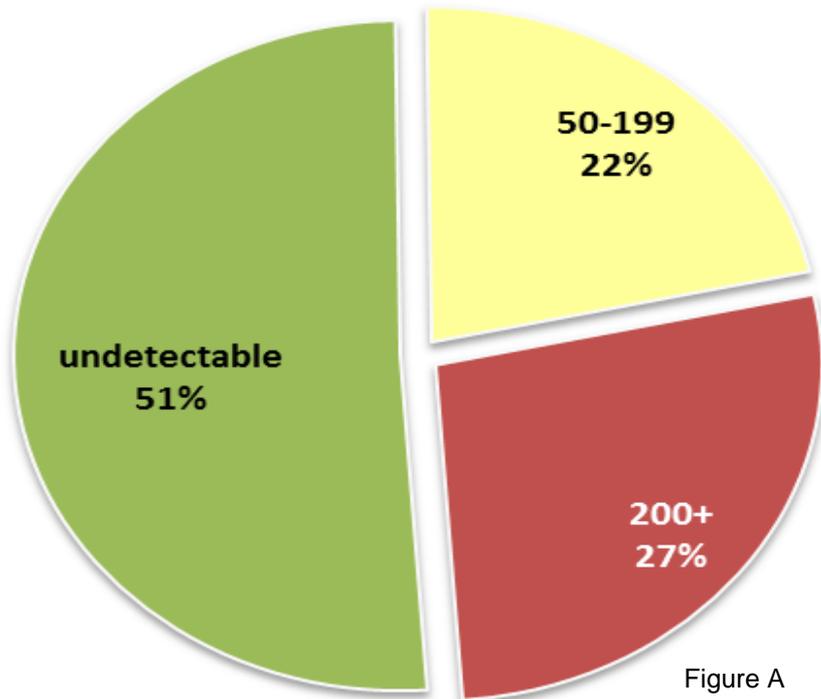


Figure A

CD4 (n=55)

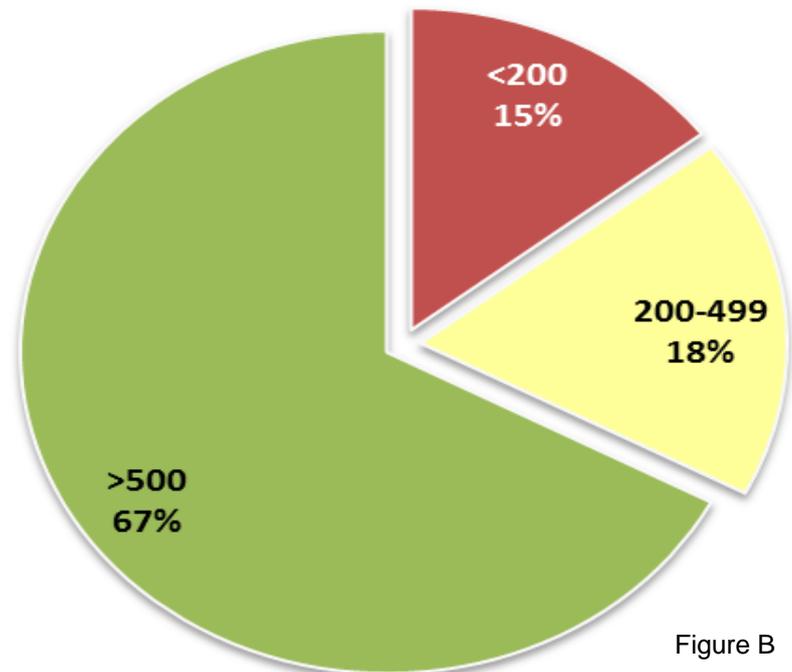


Figure B

What do clients say?

“I learned to stay in positive, not negative environments...Self-preservation...**See about yourself first before others.**”

“To me, listening to other women showed that [the workshops] were really helping them. They were making a connection with other women...I like to see women like that. **I think women are the most powerful people in the world.**”

WORLD



WOMEN ORGANIZED TO RESISTANCE TO SEX TRAFFICKING ORGANIZATION

WORLD's Impact on the Community

“WORLD’s Strength: Authenticity. It’s a positive women’s organization doing peer and education work, and now has a leadership position. The trust WORLD has garnered has translated well to the advocacy movement. All programs feed into advocacy and propel you forward in difficult policy environment, making you way stronger.”

Terry McGovern, Former Ford Grants Program Officer

WORLD



WOMEN ORGANIZED TO RESIST TO GETTING STAYING STRONG

WORLD's Impact on the Community

“Peers know the social networks, environments and barriers that out-of-care PLWHAs face. Most importantly, they may be among the few individuals who have the existing relationships, trust and confidence essential to successfully link and retain in care many out-of-care PLWHAs.”

Kabir Hypolite, former Director

**Office of AIDS Administration Alameda
County**

June 2012

WORLD



WOMEN ORGANIZED TO REDUCE HIV AND RELATED DISEASES

YOU ARE NOT ALONE!

WORLD has enhanced and continues to enhance the quality of the lives of the women we serve through the compassionate work of the Peer Advocate program. The work is hard at times and worth every bit of laughter, tears and embrace we at WORLD experience everyday with women and their families.

We continue to do the heart wrenching work in reaching women who are out of care, and doing our best to get them back into medical care by going where ever they need us.

WORLD



WOMEN ORGANIZED TO REACH OUT TO THE MOST VULNERABLE WOMEN

Ryan White Wellness Center



- 3 Counties surrounding Charleston, SC
- Rural Coastal South Carolina

- HIV Primary Care
- Medical Case Management
- Hope Housing
- Peer Navigation

- Contracted clinical & supportive services
 - Specialty Care
 - Mental Health
 - Transportation

- Served 700 clients during 2014
- 66% African American, 30% White, 3% Hispanic
- 72% Male, 28% Female
- 9% Uninsured (reduced from 35% five years ago)
- 12 Full Time Staff

Goals of Peer Navigation

- Reduce the number of clients lost to care by 50% by training program staff and peer counselors in motivational interviewing to help retain clients in care and master skills to address specific barriers to African American PLWHA in a 12-month period
- Re-engage 50% of those lost to care and reduce the number of clients lost to care by 50% by establishing a peer mentoring program to provide peer-level counseling and advocacy in a 12-month period

Part C Capacity Development Grant, March 2014

- \$69,910
- Training costs
- Equipment (laptops, phones)
- Contractual costs (peer navigators, travel etc)
- Project Period September 2014 – August 2015



Policy Development

- Policies and procedures were developed in a collaborative process including case managers, peers, and program administration.
 - Primary Functions
 - Expectations/Requirements
 - Documentation
 - Supervision
 - Termination of peer services



SUBJECT: PEER NAVIGATORS

PURPOSE:

To provide Ryan White staff, peer navigators, and enrolled clients a clear understanding of the roles and responsibilities of the peer navigators, and the purpose of the peer navigator program.

POLICY:

Peer Navigators are intended to provide a bridge between providers and clients that facilitates the medical & psychosocial care of the client.

Peer Navigators are intended to foster trust and understanding in a capacity that is distinct from the provider or case manager role.

Peer Navigators are to serve as a role model, providing reliable information and emotional and/or practical support to enrolled clients.

Peer Navigators are to encourage clients to remain in care and adhere to medications. Success of these interventions will be measured using In +Care Campaign measures.

GUIDELINES:

- **Primary Functions**

- Disseminate information on community resources, including services available via the Ryan White Wellness Center
- Empower clients to be active in their own healthcare, making use of skills such as motivational interviewing
- Provide outreach services limited to phone calls and letters
- Provide psychosocial support that is distinct from mental health counseling
- Advocate for clients' needs
- Identify and address barriers to care and supportive services

- **Other Expectations/Requirements**

- Attend ongoing training and educational opportunities provided by the Ryan White Wellness Center. Peer Navigators are encouraged to attend as many as they are able to
- Wear appropriate clothing – business casual, while on site during clinic hours
- Display professional conduct while representing the program
- Peer Navigators are to work/be available only during normal working hours. Please turn off cell phones at 5pm
- Peer Navigators must abide by all professional and ethical standards outlined in the RSFH contractor agreement and the RSFH standards of behavior

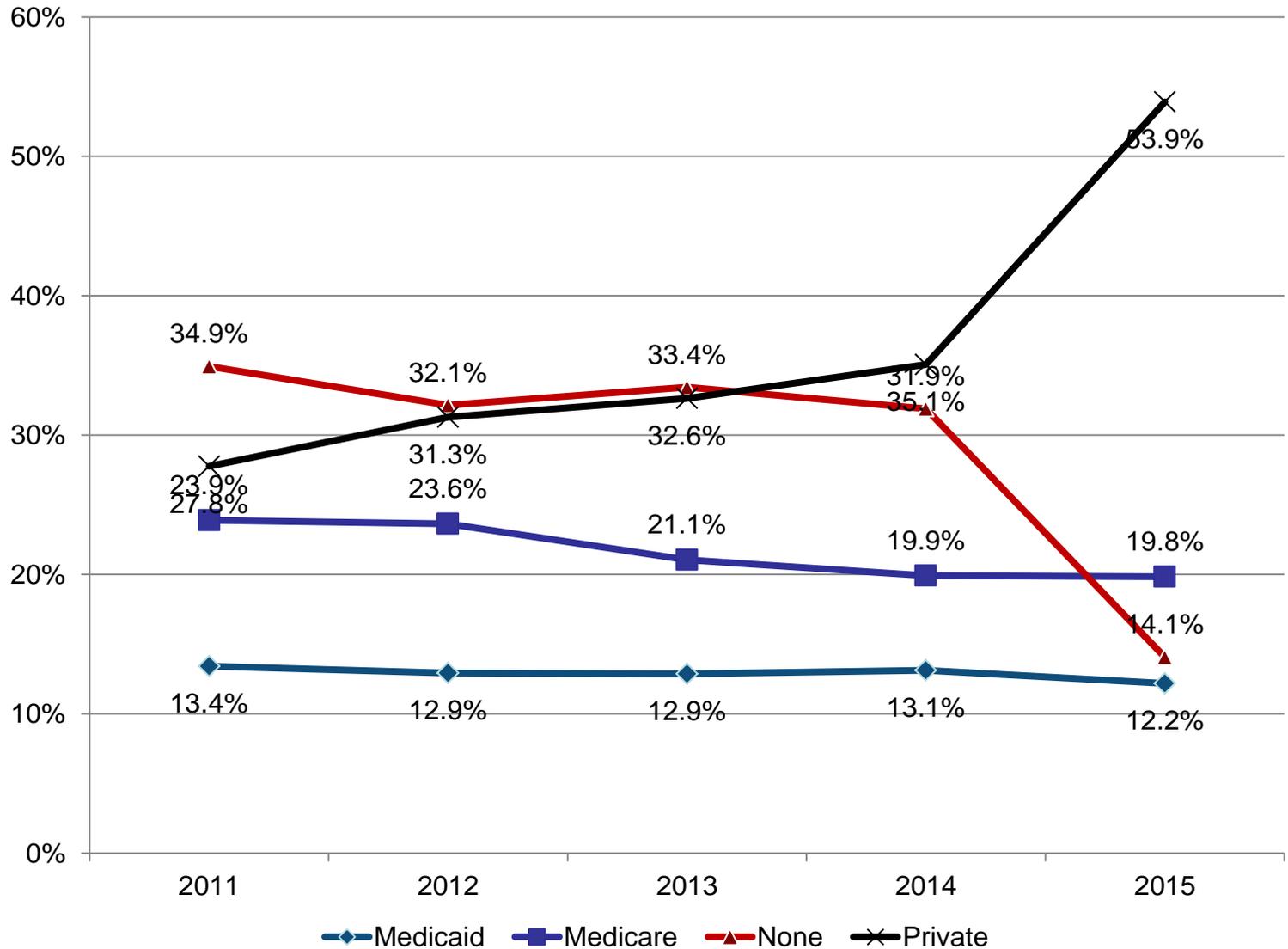
SUBJECT: PEER NAVIGATORS

- Although the majority of client contact should occur at the Ryan White Wellness Center, Peer Navigators may meet clients at mutually agreed locations such as coffee shops and libraries. Peer and client safety should remain the top priority
- Peer Navigators should not borrow, lend, or exchange money, services, or goods with clients
- Peer Navigators should not transport clients in their personal vehicles
- **Referral Process**
 - All clients must be referred to the Peer Navigation program by their case manager
 - Clients will be matched to the most appropriate Peer Navigator if available
- **Documentation**
 - Peer Navigators must document encounters in a timely manner using CAREWare (within 72 hours of the encounter)
 - Case Managers have access to Peer Navigator notes and services for continuity of care
 - Peer Navigators have 'as needed' access to medical information or service histories of their clients
- **Supervision, Complaints and Grievances**
 - The primary point of contact for Peer Navigators is the case manager of the client they are working with
 - The case manager, case management supervisor, or the program manager may escalate complaints as appropriate
 - A Peer Navigator or a client may request to be switched or discontinue peer navigation services at any time
- **Termination of Peer Navigator Services**
 - A client may 'graduate' from peer navigation services if the client no longer requires, or is no longer benefitting from peer services. A joint decision will be made by the Peer Navigator and the Case Manager, with input from the client

Primary Peer Navigator Duties



ACA Enrollment Goals



Early Successes

- Divulging information to peers
- Disclosure issues
- Isolation
- Peer Successes
 - “I’m suppressed for the first time”
 - “This job means so much to me, you have no idea”.



Just Add Water?

- Don't expect an instant peer program
- Referrals? What referrals?
- Go team!





Christie's Place

Transforming lives since 1996™

Liz Johnson

Executive Director

johnson@christiesplace.org

www.christiesplace.org



**Strengthening the health and
resilience of women, children and
families impacted by HIV/AIDS**



Peer Navigation Program Model

- Evolutionary process
- Evidence based approach
- Essential members of trauma-informed care team
- Location, location, location
- Integration and replication with clinical partner care team(s)





Peer Navigator's Scope

- Community outreach and organizing/mobilizing
- Case finding & recruitment
- Non-medical case management
 - Assess and address barriers
 - Care planning
- Home visits
- Accompany clients to their scheduled appointments (i.e. social security, legal, medical, social services)
- Transportation
- Translation
- Substance abuse counseling
- Emotional support
- Health education & coaching
- Health systems navigation
- Treatment education and adherence counseling
- Co-facilitate support groups
- Referral coordination and follow through
 - Screen for and refer to case management and mental health services





Implementing Best Practices

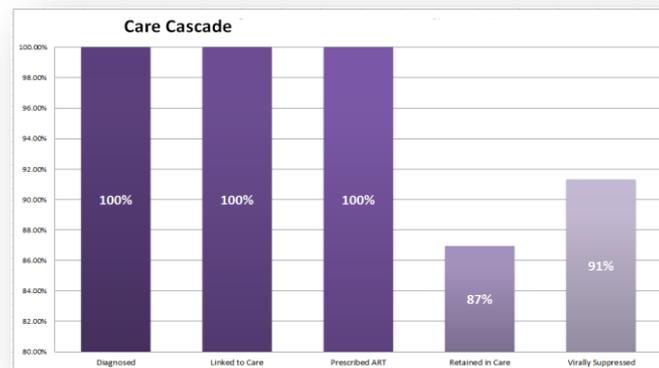
- Readiness
- Defined populations
- Recruitment
- Clear roles and expectations
(policies & procedures)
- Training and development
- Supervision and support
- Care coordination
- Evaluation
- Sustainability





Consistent Administrative and Clinical Supervision

- On-boarding
- Supervision
 - Weekly 1:1 Clinical Supervision
 - Case Consultation
 - Treatment Team Meetings
- Performance monitoring
- Continuous staff development





Unexpected Challenges

- Acceptance and validity
- Role ambiguity
- Client “ownership”
- Acuity level of clients
- Systems limitations
- Sustainability in a healthcare reform landscape





Successes

- Improved individual-level health outcomes
 - Brought 250 women back into care
 - Reduced “no show” rates
 - Reduced lost to follow-up
 - For 169 clients with full evaluation data, viral load suppression improved to 88%
- Systems-level impact
 - Local Peer Navigator model replication
 - Local unmet need decreased from 69% in 2010 to 55% in 2014
- Cost saving & cost effective
 - Only .45 HIV transmissions need to be averted to be cost saving
 - Only 1.59 QALYS need to be saved



NY EMA PEER NAVIGATION



Graham Harriman, MA
Director, Care and Treatment
Bureau HIV Prevention and Control
New York City Department of Health and
Mental Hygiene

Picture accessed at :
<http://www.catie.ca/en/positiveside/summer-2014/someone-who-sailed-same-seas>

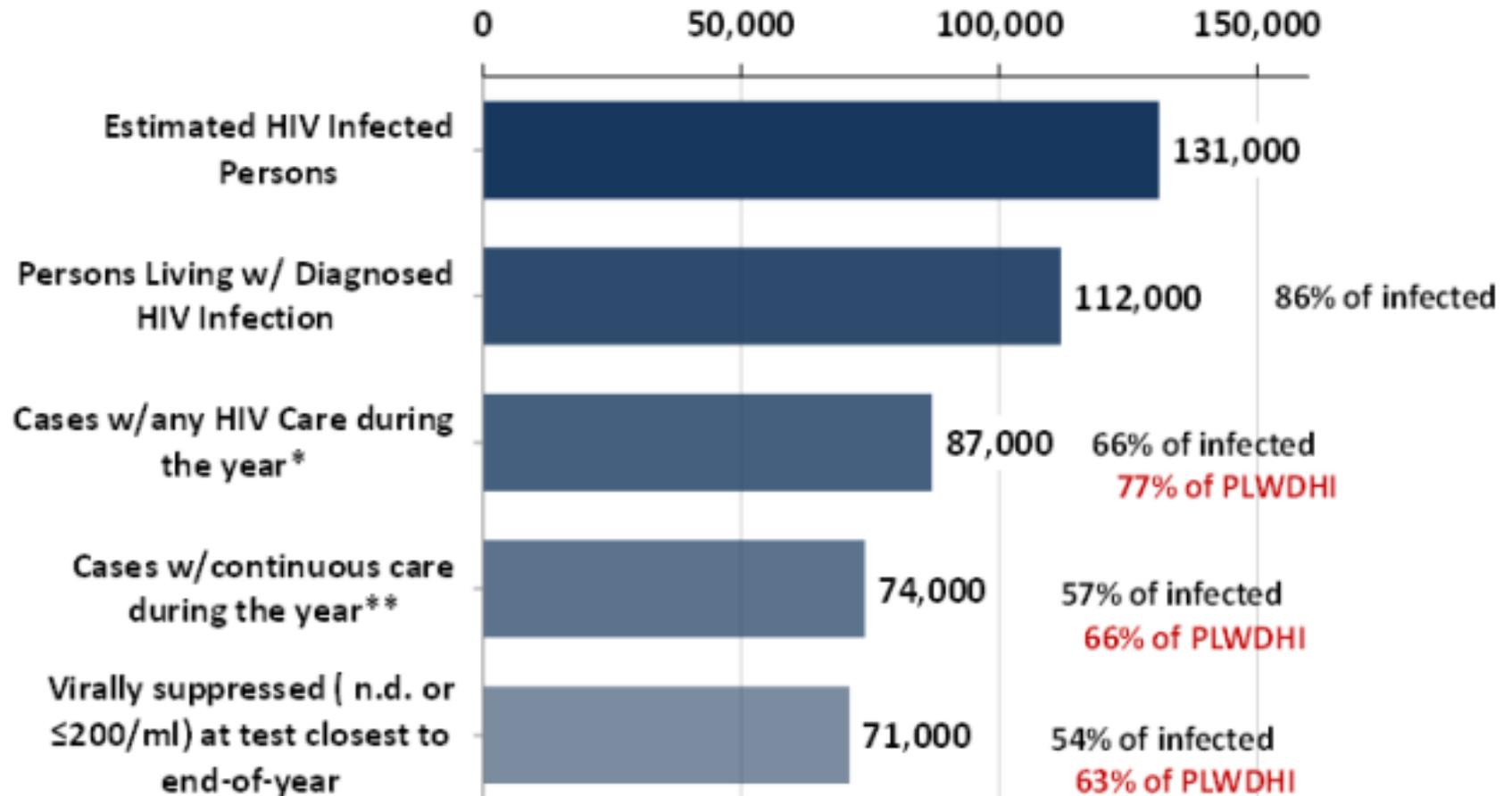
NYS and NYC Peer Navigation

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- NYS Peer Certification Efforts
- NY EMA Peer Services
 - Roles and Responsibilities
 - Training
 - Contracting and Implementation

New York State Cascade of HIV Care, 2013

Persons Residing in NYS[†] at End of 2013



* Any VL or CD4 test during the year

** At least 2 tests, at least 3 months apart

[†] Persons presumed to be residing in NYS based on most recent address, regardless of where diagnosed. Excludes persons with AIDS with no evidence of care for 5 years and persons with diagnosed HIV (non-AIDS) with no evidence of care for 8 years.

NYS AIDS Institute Peer Certification Effort

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NYS AI is leading a community effort to:

- Clarify peer scope of services
- Document evidence base for peer services
- Address compensation (staffing, workload, coordination with entitlements)
- Develop best practices for hiring, supervising and supporting peers



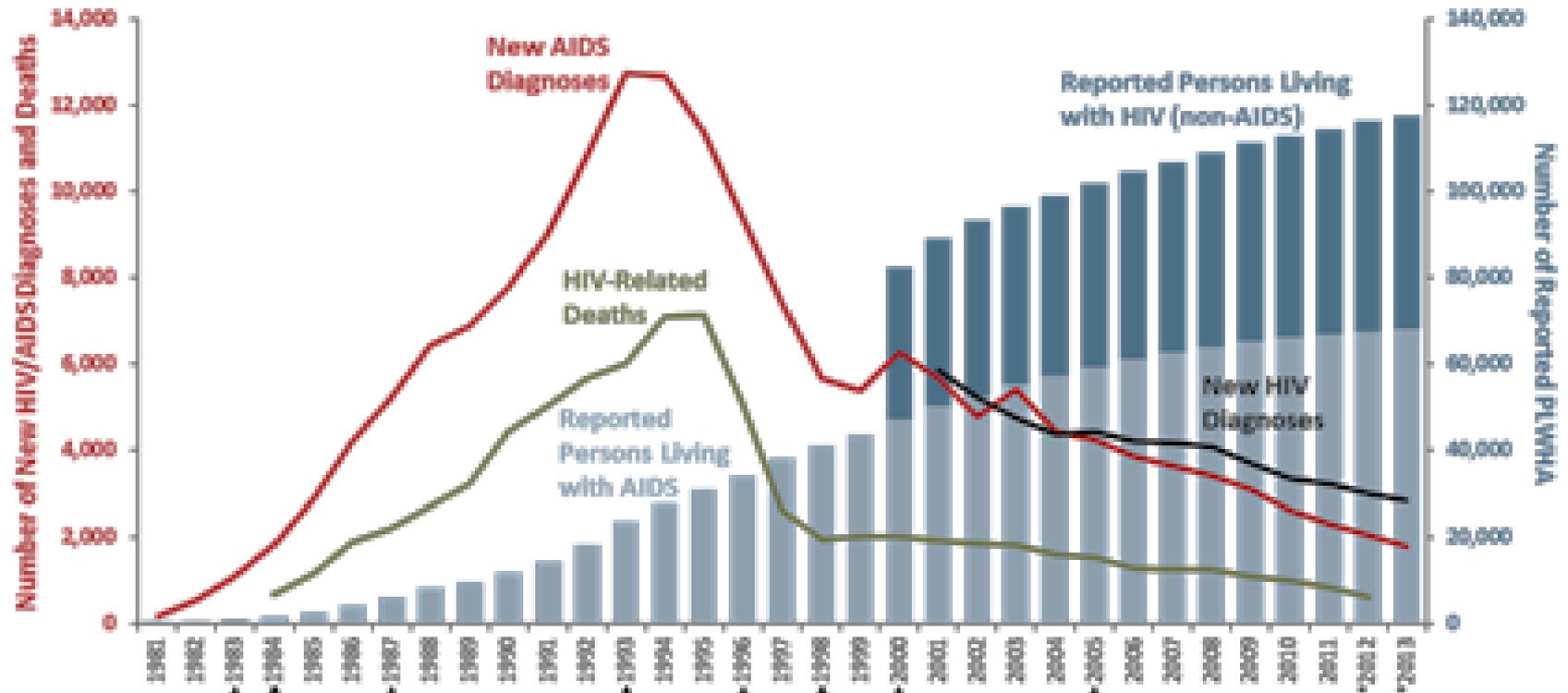
NY State AI Peer Certification Steering Committee Recommendations

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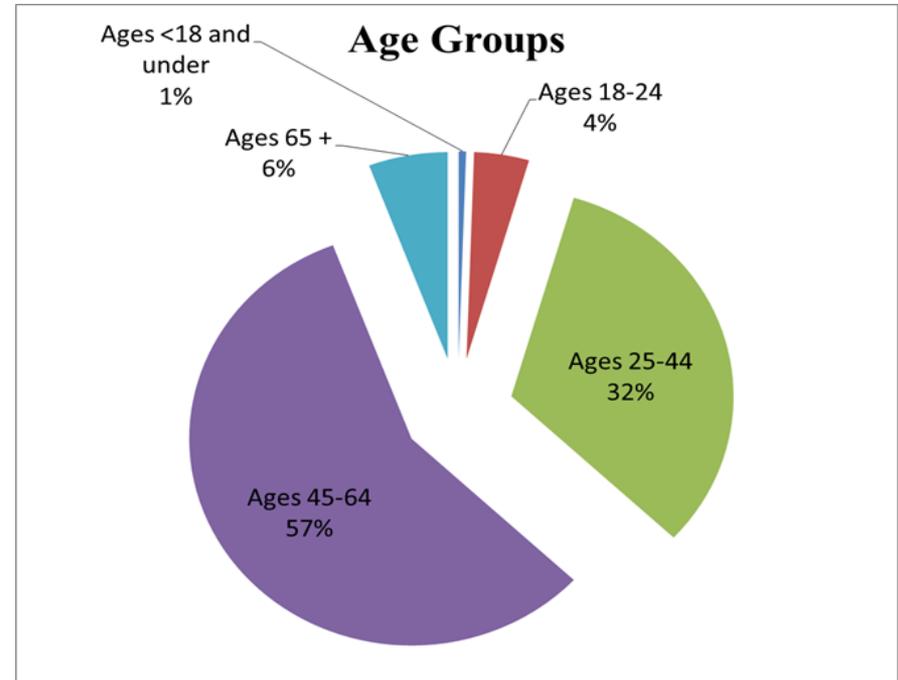
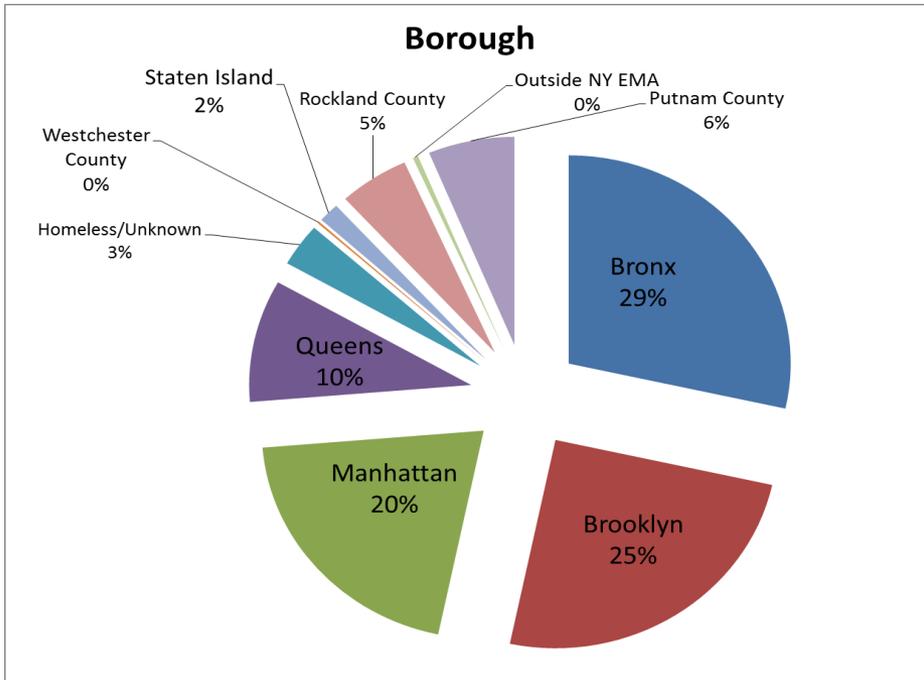
- Established a steering committee
 - Comprised of health care administrators, CBOs, peer workers, people living with HIV/AIDS

- Recommendations:
 - Will use behavioral health peer recovery and readiness training as **foundational training** for peer certification
 - Define **peer competencies**
 - Develop a **bibliography of prioritized peer delivered EBI's**
 - Health care facilities and CBOs, peers, AI program managers will develop **the content of a training** for health care facilities and CBO leadership to ensure adequate agency infrastructure, policies, procedures and planning that will incorporate peers into service delivery.

History of the HIV epidemic, NYC 1981-2013



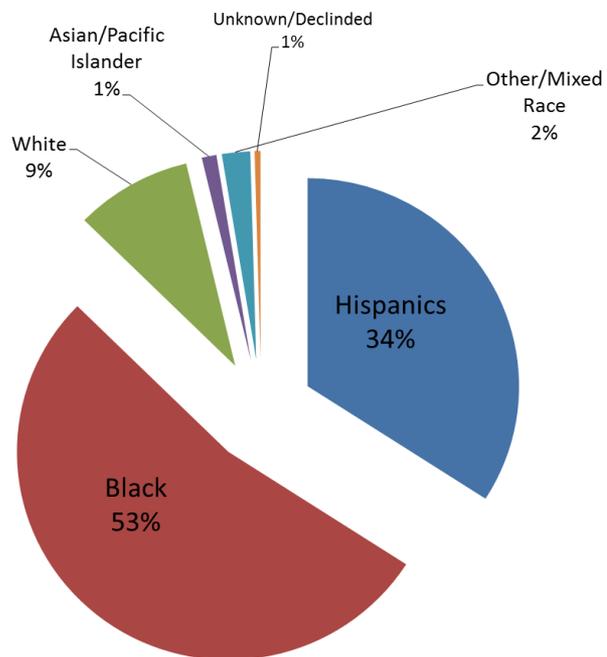
NY EMA Ryan White 16,667 HIV + Active Clients March 2014-February 2015



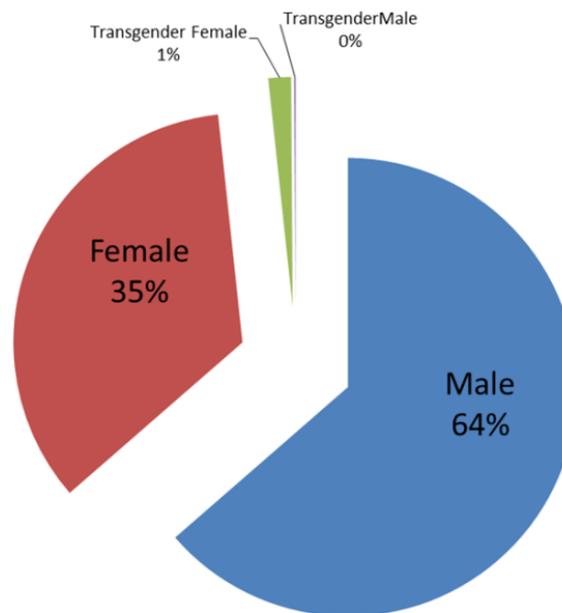
NY EMA Ryan White 16,667 HIV + Active Clients March 2014-February 2015

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Race/Ethnicity



Gender



NY EMA

187 Ryan White Part A contracts (90 agencies)

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- Home Care
- Housing
- Substance Use (Harm Reduction)
- Legal
- Medical Transportation
- Oral Health
- Early Intervention Services
- Health Education & Risk Reduction
- Medical Case Management
- Mental Health
- Non-Medical Case Management
- Psychosocial Support

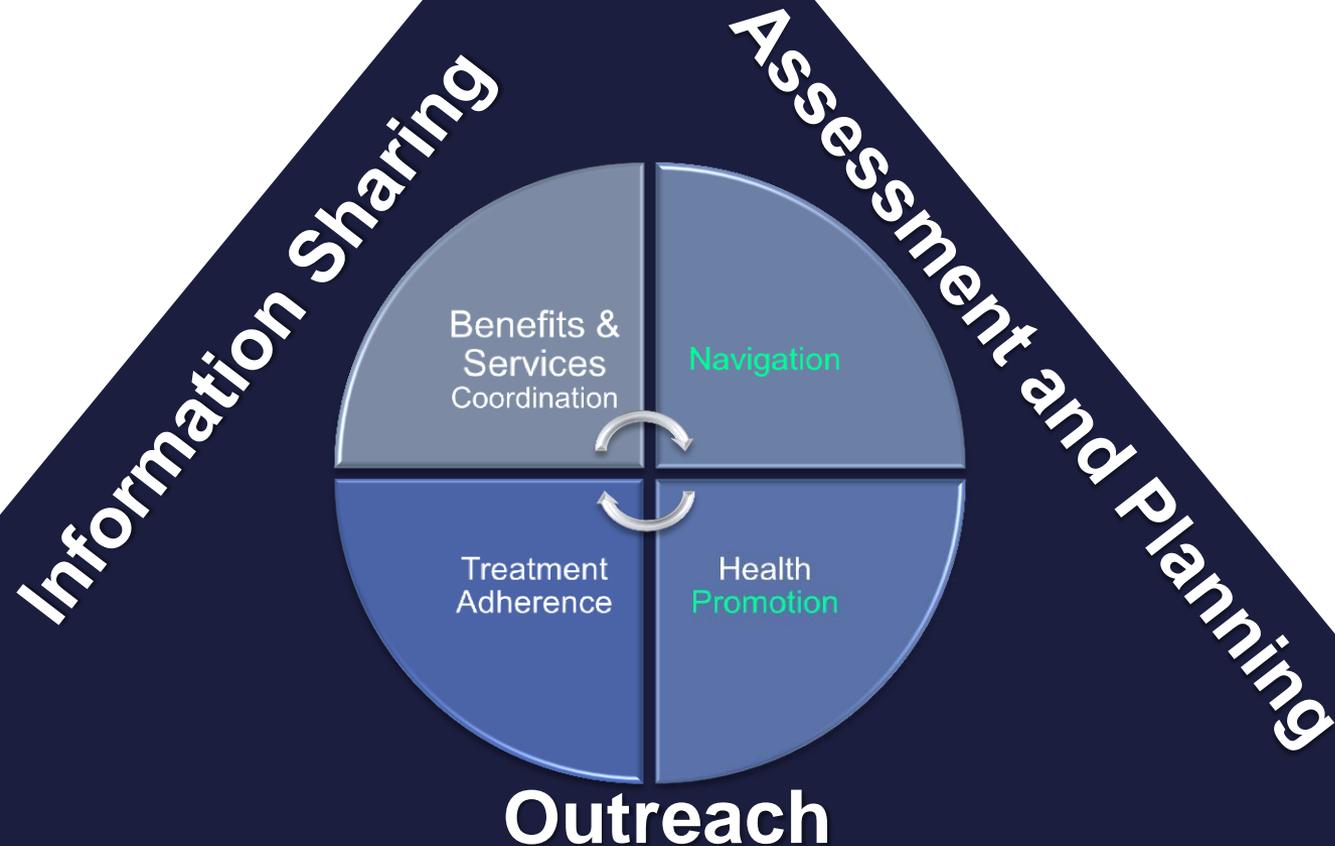
NY EMA Navigator Roles

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- Navigation and Accompaniment
- Education
- Health Promotion and Advocacy

Navigation and Accompaniment

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Navigation and Accompaniment

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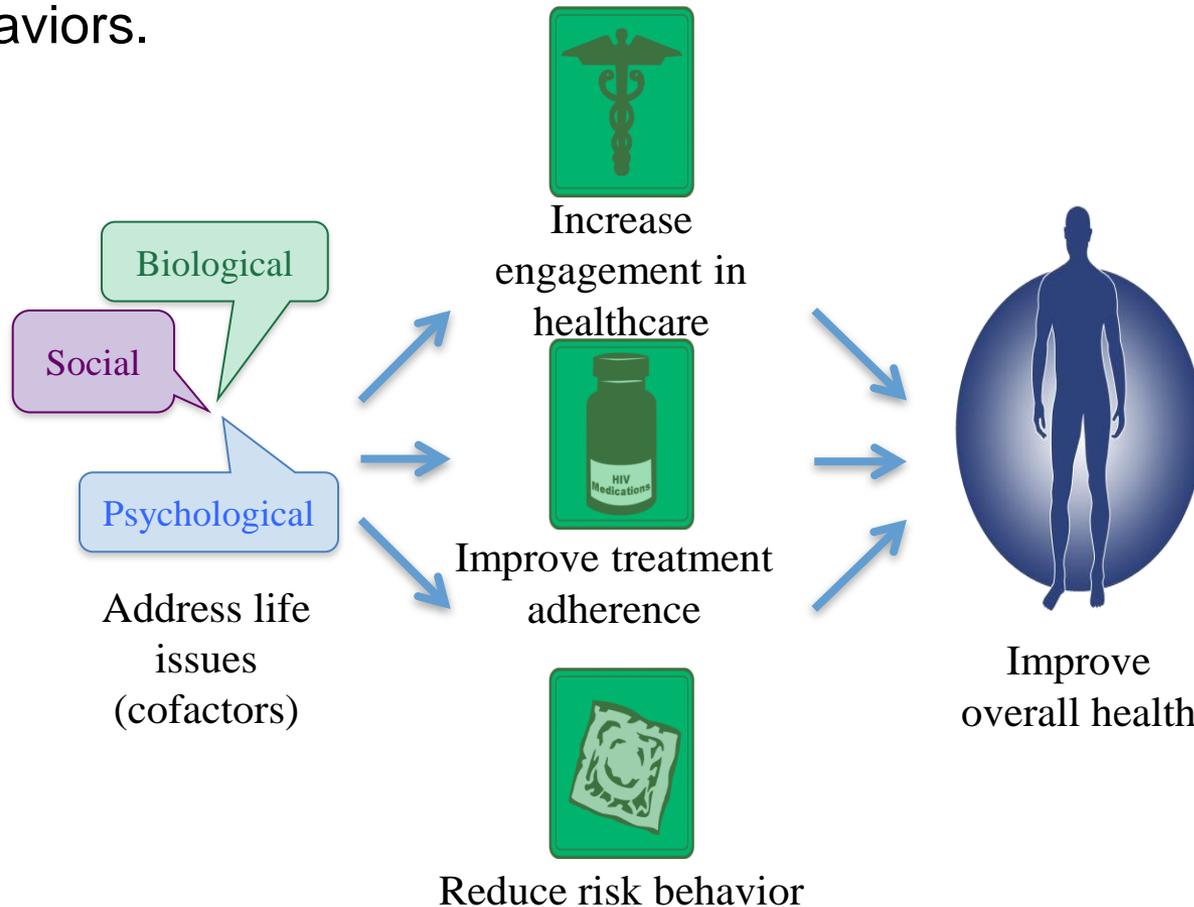
- Intakes (health education services only)

- Outreach for client re-engagement
 - Appt reminders, home visits, problem-solving

- Engagement in HIV and Mental Health care

Education through Peer led HIV Self Management

PLH improve their health outcomes by gaining knowledge, motivation, skills and support to promote three primary goal behaviors.



Health Promotion and Advocacy

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- Introduction to the Curriculum
- Me and HIV
- Using a Pillbox
- Handling your ART medications
- What is Adherence?
- Side Effects
- What is HIV and how does it affect my body?
- Identifying and Building Social support networks
- Adherence strengths and difficulties
- Medical appointments and providers
- Health maintenance
- Harm Reduction – Sexual Behavior
- Harm Reduction – Substance Use
- Harm Reduction – Safety in Relationships
- Healthy Living: Diet and Exercise
- Wrap Up
- Harm Reduction – Tobacco Use
- Me and Hepatitis C

Implementation

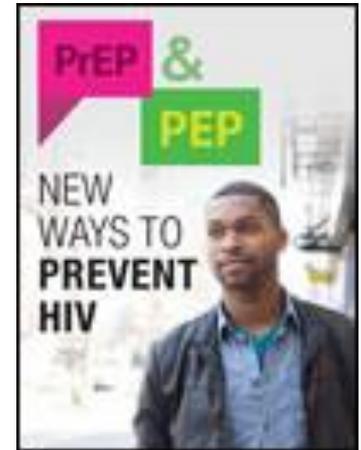
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➤ Training

- ❖ Enhanced Outreach
- ❖ Motivational Interviewing
- ❖ Ethics/Boundaries
- ❖ HIV, STD, HCV 101
- ❖ PEP, PrEP and Biomedical Interventions (201)
- ❖ Specific trainings tailored to models of care

➤ Clinical Supervision

- Focus on unique role of navigators in healthcare
- Providers ongoing support and coaching



Implementation

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- Technical Assistance
 - Conduct site visits, develop program manuals and provide as needed support, including:
 - Fidelity to models of care
 - Coaching in quality improvement
 - Assess training needs of staff (including new hires)

Contracting

- Clarify expectations and define Navigator role in procurement/contracting
 - ❖ Support hiring of those with lived experience
 - ❖ HS diploma
 - ❖ Ensure fair wage, hire as staff
 - ❖ Discourage use of stipends



Questions & Answers



Summary: Best Practices

Peer navigation programs:

- **Serve as models for service and advocacy on behalf of vulnerable HIV populations**
- **Produce health outcomes that impact retention in care and viral suppression**
- **Empower consumers to become knowledgeable of the HIV service delivery health policies, quality assessment and involved in the decision making process**

Summary: Challenges

- Some candidates have difficulty meeting pre-employment requirements (background checks, financial clearance, educational expectations)
- Limitations in computer literacy
- Limitations in establishing structured programs within allotted time periods
- Organizations and clinic staff are unfamiliar with role of peer programs and how to maximize the service
- Limited buy-in from organizations and clinical staff for the use of peer programs and the benefit of the service
- Barriers to transportation for effective navigation services
- Limitations for training and continuing education
- Discomfort with self-disclosure of HIV status due to lack of trust in confidentiality within the social community
- Limitations of incorporating peers into the clinic flow and maintaining inclusive documentation into the EMR

Next Steps

- **Standardize specific responsibilities and outcomes**
- **Federal guidance on sustainability of peer navigation programs to improve outcomes of the HIV Care Continuum.**
- **Increase awareness and access to community-based training opportunities**
- **Improve interprofessional skills of HIV care providers to accept diversity on the health care team**
- **Utilize AETCs to provide training to providers and peer navigators**
- **Facilitate peer-to-peer learning for HIV provider entities.**
- **Increase research to test the efficacy of HIV peer**

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