

“Strategies to Improve Viral Load Suppression in Hardest to Reach Patients”

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Disclosures

Presenters have no financial interest to disclose.

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Learning Objectives

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

1. Describe the H4C closed cohort viral load suppression project purpose and results
2. List three strategies for helping hardest-to-reach patients achieve viral load suppression
3. Identify two tools or resources you might use within your own programs

About Us

- The Comprehensive Care Center is an adult and pediatric HIV clinic operated by the Ursuline Sisters HIV/AIDS Ministry in Youngstown, Ohio
- Youngstown is a city located in northeastern Ohio, with a population of over 64,000 people
- At the clinic, we have a full time director, 3 nurses (1 full time and 2 part time), 2 social workers (1 full time and 1 part time), 1 LPN, and we have 10 peer navigators who do outreach, testing, and navigation work with patients
- Currently, we have 301 patients at the clinic
- Approximately 58% of our patients are living in poverty

HIV Care Continuum

- The CDC National HIV Surveillance System and Medical Monitoring Project in 2011 described the HIV Care Continuum (“the cascade”)
 - In the United States, 1.2 million people are living with HIV. Of those:
 - 86% have been diagnosed
 - 40% are engaged in care
 - 37% are prescribed ART
 - 30% are virally suppressed

Source: CDC National HIV Surveillance System and Medical Monitoring Project, 2011.

H4C

- Ohio was one of five participating states in the H4C collaborative. The H4C collaborative was an initiative by the HRSA HIV/AIDS Bureau and the National Quality Center
- Its focus was to increase access to HIV care and viral load suppression
- The objectives of the project were to increase the percentage of patients retained in care by 10% according to baseline data by July 2016, and to reduce the number of non-virally suppressed patients by 20% according to baseline data by July 2016 (Ohio AIDS Coalition)
- At our clinic, we identified patients who struggled with retention and viral load suppression

Closed Cohort Project

- Baseline was patients with one medical visit (regardless of age) between July 1, 2013-June 30, 2014
- Closed cohort were those who were not virally suppressed at that time (the last viral load during that time frame was greater than or equal to 200 copies/mL)
- First report excludes from cohort those who died, moved away, those who transferred care to another physician, or those who were incarcerated more than 6 months
- Updates exclude from the denominator those who die, move away, transfer care to another physician, or who are incarcerated
- Numerator becomes patients whose last viral load is less than 200 copies/mL

Working with Clients

- Once we had patients identified who were not virally suppression, we developed our closed cohort group
- In December 2014, 38% of our cohort patients were virally suppressed (21 out of 55)
- The clinic staff continued working with about 3 assigned people from the list to work with individually and to follow up with on the telephone, or with in person meetings
- When possible, the assignments were based on who the patients had already developed the best rapport and relationship with at the clinic
- Incentives were offered for patients participating in the project
- Clinic staff documented their intervention efforts
- We discussed the intervention efforts, and the strategies that were working with patients at monthly staff meetings

Case Study

John is a 40 year old male who was diagnosed with HIV in 2006. When he came to our clinic in 2011, he had a viral load of 46,000, and a CD4 count of 4. He had built up resistance to many HIV medications. He would go on and off various medication regimens and was in and out of the hospital. In 2015, he canceled a shipment of his medications. He typically complained that occasional side effects were causing him to be reluctant to stay adherent. In July 2015, his viral load was 133,565.

What would you do?

Case Study, Continued

Our clinic nurse selected John as one of the people she would work with to discuss medical adherence. During the course of their conversations, she recognized the reasons for John going off of his medications: the occasional side effects, and John's acknowledgement that he believed God would cure him. As the medications were reducing his viral load, he took this as a sign that God was curing him and so he stopped taking his medications.

After several conversations, our nurse realized that some of the side effects could be explained by taking the medications incorrectly or, in some cases, were not being caused by the medications themselves. John began to trust that the medications were helping him. Our nurse also realized that John had become estranged from his family, and recently lost his job and had no transportation. The clinic provided transportation to appointments and provided food vouchers for John. By July 2016, John's viral load was <20.

Results

- By June 30, 2015, our viral load suppression rate for our cohort was at 55% (28 out of 51)
- By January 2016, our viral load suppression rate for our cohort was 69% (34 out of 49)
- By June 2016, our viral load suppression rate was 73.5% (36 out of 49)
- We identified best practices and common challenges. These included:
 - Using motivational interviewing techniques and open ended questions
 - Taking the time to listen to the client and identify barriers; providing individualized support and individualized solutions
 - Recognizing common challenges like transportation issues, mental health issues in patients in the cohort group, literacy issues, and lack of knowledge about HIV and how to be healthy

QI Project

- The knowledge and experience of this closed cohort project helped us to eventually expand this knowledge into our QI Project
- The Ohio Department of Health (ODH) was offering grant money to work on retention and viral load suppression
- We became a grant recipient and used grant funding to help with expanding our viral load suppression project, and used some of our best practices to improve the infrastructure of the program
- For example, we expanded the program to include some of our peer navigators
- We kept the incentives since they were a source of motivation
- We focused extensively on training involving the stages of change and motivational interviewing
- We purchased ipads and provided a template for documentation; we also used the ipads to assist with a pre- and post-assessment, and with the creation of short, educational videos

Program Creation

- Staff and peer navigator helped create infrastructure for program
 - Worked with staff to determine and examine the common needs and problems that patients they had been working with experienced
 - Used that information to create a pre- and post-assessment that would demonstrate an increase in knowledge of HIV and HIV care for the duration of this project; this would be in addition to health outcomes (reduced/suppressed viral load, showing up for doctor appointments)
 - Wrote and recorded short, educational videos for peer navigators to use (this kept the information consistent and made it available over time); topics were chosen based on common problems seen when working with patients and as a way to disseminate information in a non-written format (concerns with patient literacy levels, patient privacy concerns and giving something tangible)

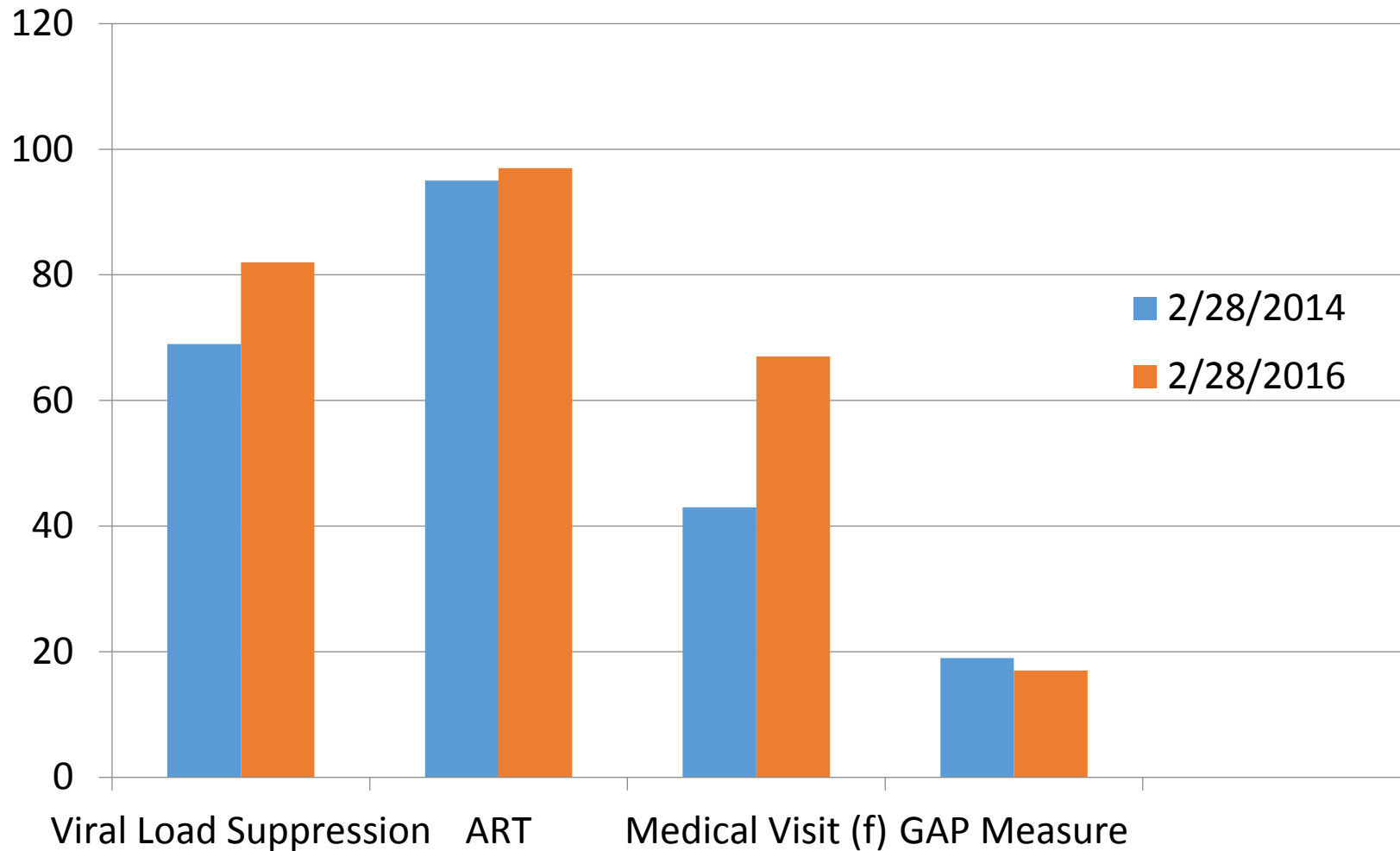
Process

- In the pre-assessment and post-assessment, we asked patients to identify (and supplied photos when needed), which HIV medications they were taking
- Staff and peers then had at least 3 face to face meetings with their clients, and made phone calls in between each meeting
- The first meeting was brief and was an introduction to gauge the client's needs
- The second meeting corresponded (when possible) to a doctor's visit, and included a discussion of barriers and possible solutions
- The third meeting was a follow up to check in about progress on barriers
- During these meetings, staff and peers could use resources provided, such as the videos, and documented progress in the ipad program

Results

- The QI Project began with a cohort of 42 people
- In February 2016, the viral load suppression rate was about 12% (5 out of 42 people)
- By June 2016, the viral load suppression rate was 39% (16 out of 41 people)
- We also had one peer who worked with someone who was going to be starting medications and who had reservations about doing so
- While working with our peer, he has remained adherent to his medication and has been undetectable

All Clinic Patients



Additional Considerations

- In between November and March 2016, our ministry also expanded to create a permanent supportive housing program.
- Three individuals who previously struggled with homelessness and housing instability had improved health outcomes.
- Let's hear from the peers!

Objectives Reviewed

As a participant, can you:

1. Describe the H4C closed cohort viral load suppression project purpose and results?
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3. Identify two tools or resources you might use within your own programs?



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