

National Ryan White Conference on HIV Care & Treatment

The PATHways Program at the Vanderbilt Comprehensive Care Clinic:

Integration and Intensification of Care to Reach People
Living with HIV Unengaged in Care

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- PATHways Team:
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Goals & Objectives

- Goals

- What have we accomplished at the Vanderbilt Comprehensive Care Clinic?
- How does the Nursing paradigm help patients?
- What Lessons have we learned from our experience?
- Secrets to Excellence in Team Performance

- Objectives

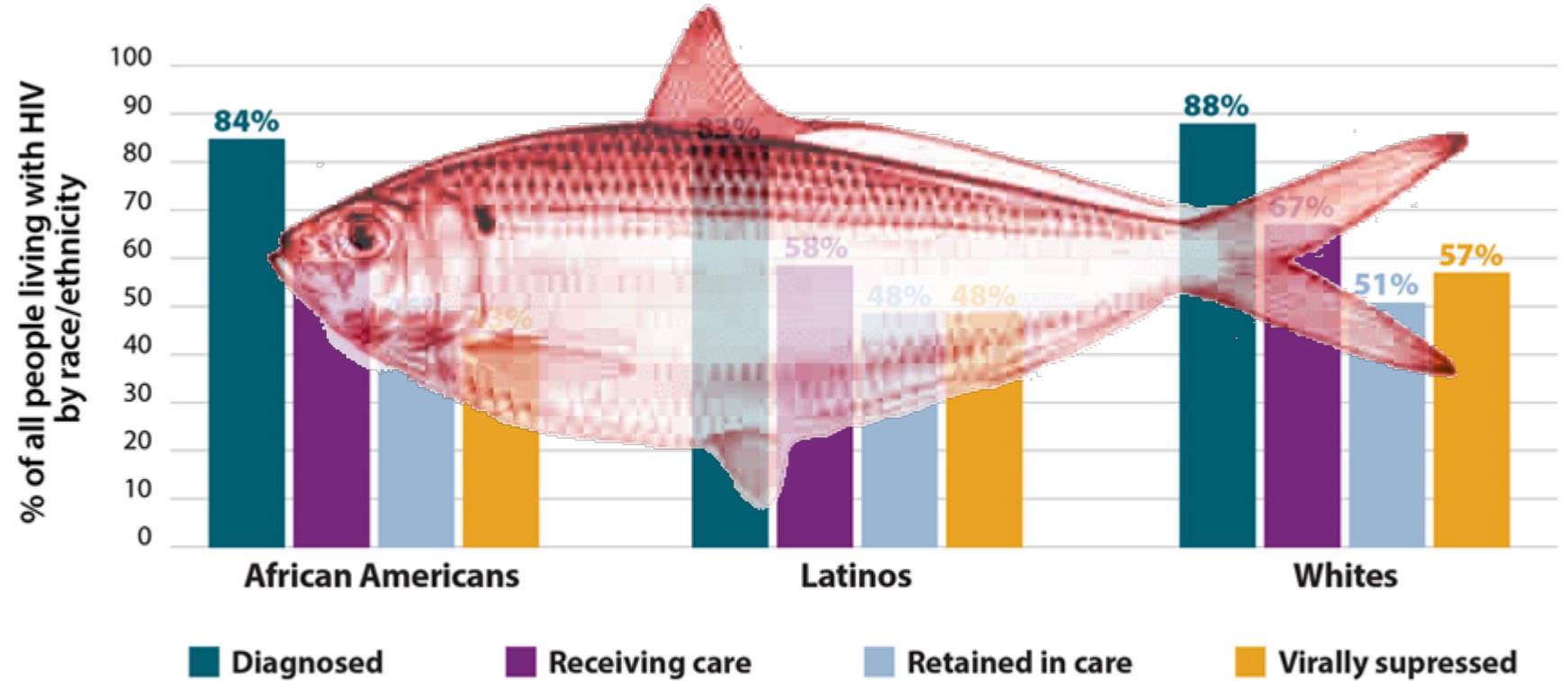
- At the end of this session, participants should be able to:
 - Compare and contrast medical and nursing models of care
 - Appreciate the unique needs of marginalized, traumatized PLWH
 - Consider new approaches to care for our marginalized, traumatized patients

What Have We Accomplished at the Vanderbilt Comprehensive Care Clinic?

- Characteristics of target population
- Novel multi-dimensional instrument to assess patient strengths across five domains of care, all related to HIV clinical outcomes
- Snapshot of our population through the lens of the Adverse Childhood Events (ACE) Instrument
- Overview of Clinical Outcomes to Date

The Usual Suspects:
The Slide Shown
at Every HIV
Talk in the
South

HIV Care Continuum, by Race/Ethnicity, U.S., 2014



Target Population

We want the patients who are failing to thrive under the “15 minute” model of care:

- Poor adherence, making virus
- Socially Marginalized
- Traumatized
- Untreated Mental Illness
- Active Addictions
- Poverty, poor education

Characteristic	% of PATHways Patients
Gender: Male	70%
Skin Color: non-white	58%
Age 25-44	66%

- HIV is often the “gateway diagnosis”
- Identified from either validated screening process or internal referral
- Screening process alone identifies ~ 90 candidates/quarter
- Novel, validated assessment tool used with all patients

Painful Truths

- By and large, we are all working within the same models of care that we have used for at least the last decade
- This model works *in many cases*, as evidenced by the rates of HIV viral suppression for those retained in Ryan White Clinics
- HOWEVER, unengaged PLWH are not holding out until we develop ART with even fewer side effects and lower pill burdens
- Nor are they resigned to living with unsuppressed HIV because they know that they can't fight a virus that is more aggressive in people of a certain skin color or income

One Key: Acknowledge the Environment



Homeostasis – How one is doing
“from the skin in”

- Original conception of health
- If vital signs are normal, then the patient is doing well

Allostatic Load – newer model measures
the impact of environment on health



Marginalizing Social Attitudes in the Southern US



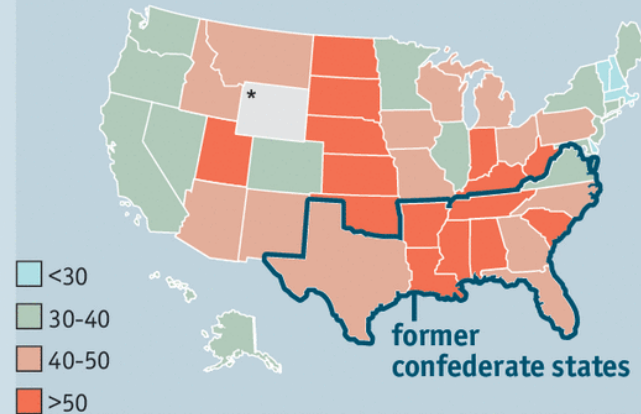
Survival is Threatened in a Toxic Environment

It's not quite over

Public opinion and public policy, the old Confederacy v the United States, 2014

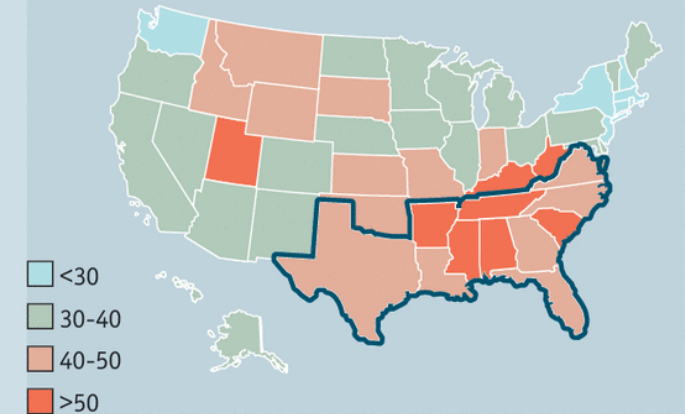
Abortion

% who believe abortion should be illegal in all or most cases



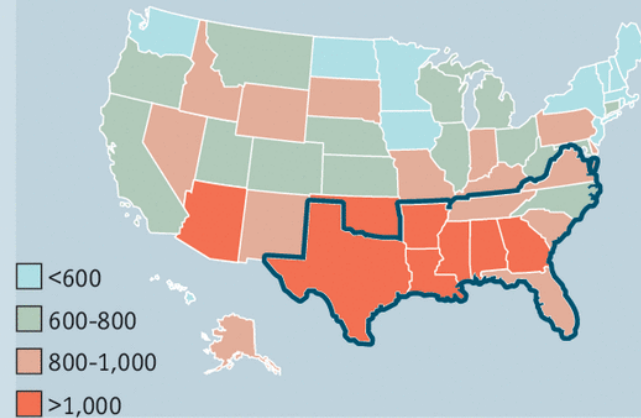
Gay marriage

% who oppose or strongly oppose



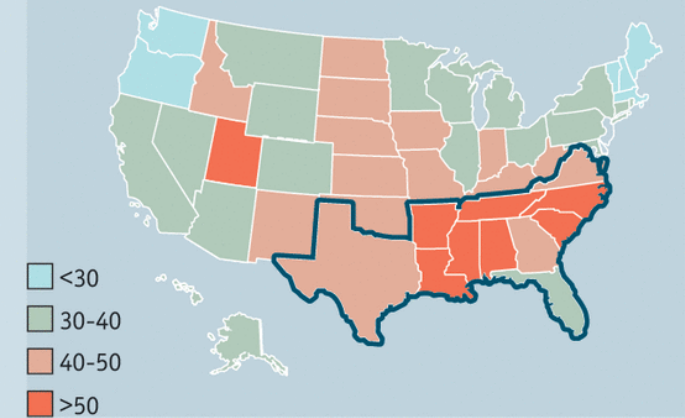
Prison

Incarceration rate per 100,000 adults, 2013



Religion

% who say they are very religious



Sources: Public Religion Research Institute, American Values Atlas; Bureau of Justice Statistics; Gallup Analytics

*No data

Economist.com

<https://www.economist.com/united-states/2015/04/04/the-present-past>

Self-Isolation as a Coping Strategy

“I was there watching a film and this other guy that I knew, just not well, but he kind of wanted to get outta there and take off, you know? So I told him, he actually got up and walked away and never came back, never said a word, just got up and walked out the front door. So that was actually my first rejection if you want to call it that” (44 year old white male).

To go out and meet people is “. . . too much effort, too much risk. Yeah, I, I don’t know so much about the younger set of people, but in my particular group you are afraid to tell anybody and so yeah you are kind of isolated, kind of set you in a little group by yourself” (46 year old white male).

“I don’t have any friends. I got a girlfriend I talk to on the phone . . . We just talk on the phone. Um, I stay in the house, I stay isolated. I’m very active in my church . . . but other than that, I don’t go anywhere, I stay isolated and it’s not good” (42 year old African-American female).

“Yeah, it’s just like, it’s like a curse. I mean because of everything I’ve been through with the way people have treated me and when people don’t treat you right or people disown your friendship and you feel like you beat yourself up over it . . . The longer you’re infected, the harder it is on a person . . . You know, you just, after a while, you start beating yourself up especially when you get sick” (34 year old African-American female).

Multi-Dimensional Patient Strengths Phenotype

Domain	Factor	Measure	Range	Pt Score and Interpretation
Mental Health	General Self-efficacy	GSE	10-40	21
	Impulsiveness	BIS-8	8-32	18
	Depression/Anxiety	PHQ-4	0-12	10
	Trauma History	ACE	0-10	7
	Alcohol Use	AUDIT-C	0-12	0
	Illicit Use	POST	9-45	14
Clinical Care	VL at last visit	EMR	09/927/2017	43,000
	CD4 # last visit	EMR	9/27/2017	342
	Tobacco Use	POST		Y
	Health Insurance	Y/N		N
Physical Environment	Housing Stability			Tenuous
	Transportation			unstable
Social Environment	Employment		FT/PT/U/D	part-time
	Poverty	% FLP (mon income)		1.5
Education	Highest Grade Completed			11
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Scoring Key:				
PURPLE	Risk: This area should be further assessed and addressed to minimize risk of patient failing HIV care.			
GREEN	Baseline: Patient has minimal level of functionality in this area; further assessment recommended.			
BLUE	Goal: Patient at goal in this area; these may represent opportunities to build on patient strengths			

Adverse Childhood Events (ACE): The Impact of Environment on Human Health

Findings from CDC-Kaiser Community Sample (N=17,337):

“Persons who had experienced four or more categories of childhood exposure, compared with those who had experienced none, had a 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, > 50 sexual intercourse partners, and sexually-transmitted disease; and a 1.4- to 1.6 fold increase in physical inactivity and severe obesity.”

Felitti, VJ, et. al. (1998) Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults, *Am J Prev Med*, (14), 4, 245-58.

Adverse Childhood Events: VCCC Results

Number of Adverse Childhood Experiences (ACE Score)	Kaiser-CDC N=17,337	VCCC Newly Engaged N=101	VCCC PATHways N=54
0	36.10%	25.7%*	9.3% #
1	26%	36.6%*	7.4% ##
2	15.90%	11.9%	7.4%
3	9.50%	9.9%	14.8%
4 or more	12.50%	15.8%	61.1% ##

Kaiser vs Newly-engaged: * p < 0.05; ** p < 0.001

Newly-engaged vs PATHways: # p < 0.05; ## p < 0.001

CDC-Kaiser Findings vs. VCCC: PATHways (48) and Newly-engaged (83) Patients

ACE Category	Kaiser-CDC N=17,337	VCCC Newly Eng N=83	VCCC PATHways N=48
ABUSE			
Emotional Abuse	10.60%	15.7%	50% ##
Physical Abuse	28.30%	10.8%**	35.4% ##
Sexual Abuse	20.70%	9.6%*	56.3% ##
HOUSEHOLD CHALLENGES			
Mother Treated Violently	12.70%	9.6%	20.5%
Household Substance Abuse	26.90%	22.9%	52.1% ##
Household Mental Illness	19.40%	19.3%	43.8% #
Parental Separation or Divorce	23.30%	59.0%**	83.3% #
Incarcerated Family Member	4.70%	10.8%*	47.9% ##
NEGLECT (subset of 8,629 only)			
Emotional Neglect	14.80%	22.9%*	56.3% ##
Physical Neglect	9.90%	3.6*%	33.3% ##

Kaiser vs Newly-engaged: * p < 0.05; ** p < 0.001

Newly-engaged vs PATHways: # p < 0.05; ## p < 0.001

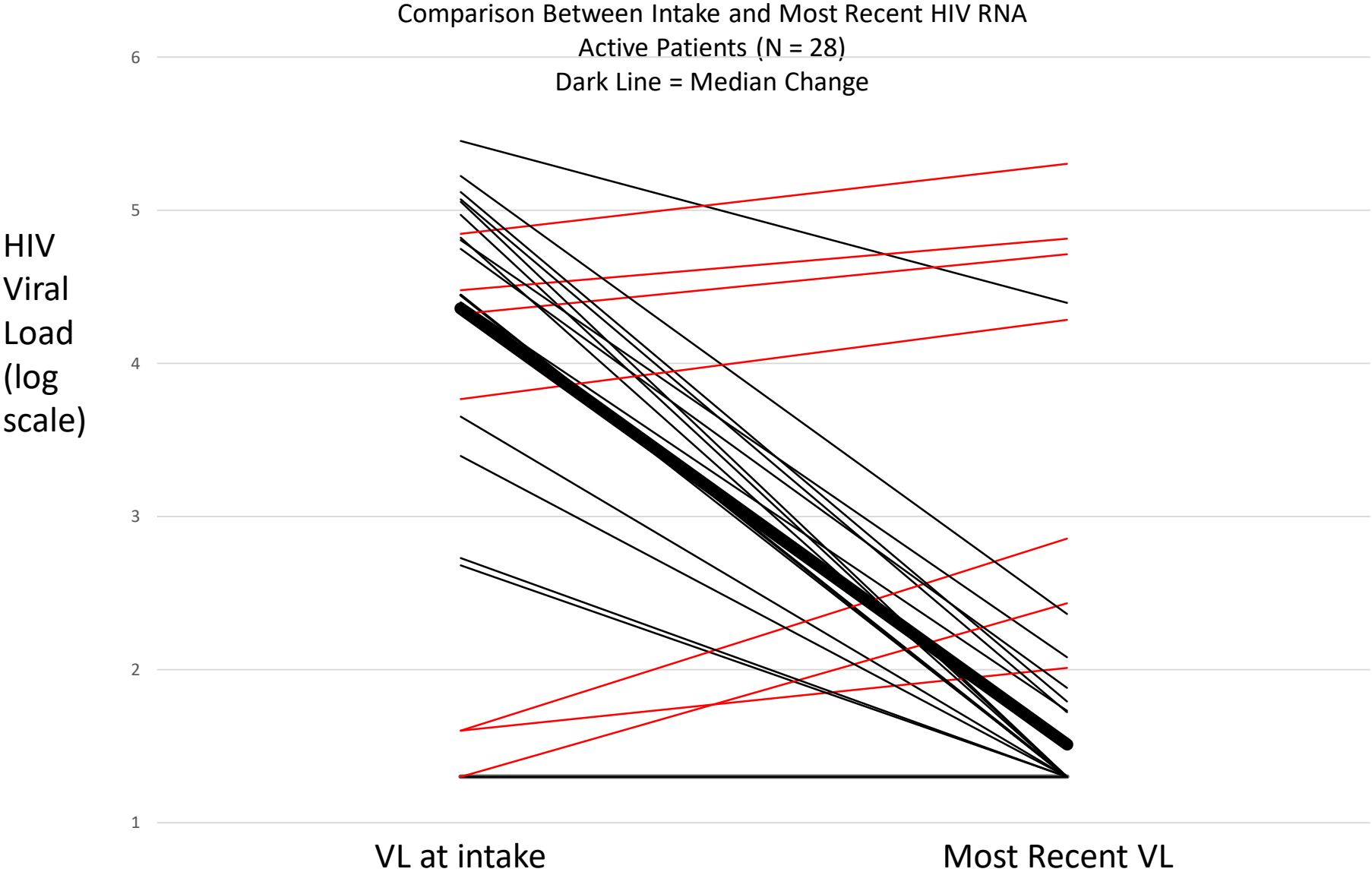
Adverse Childhood Events and HIV Care

In our clinic, individuals with an ACE score ≥ 4 were:

- **8 times more likely** to miss their next appointment compared to those with ACE scores between 0-2
- **2 times more likely** to have a viral load > 200 copies compared to those with an ACE score between 0-2

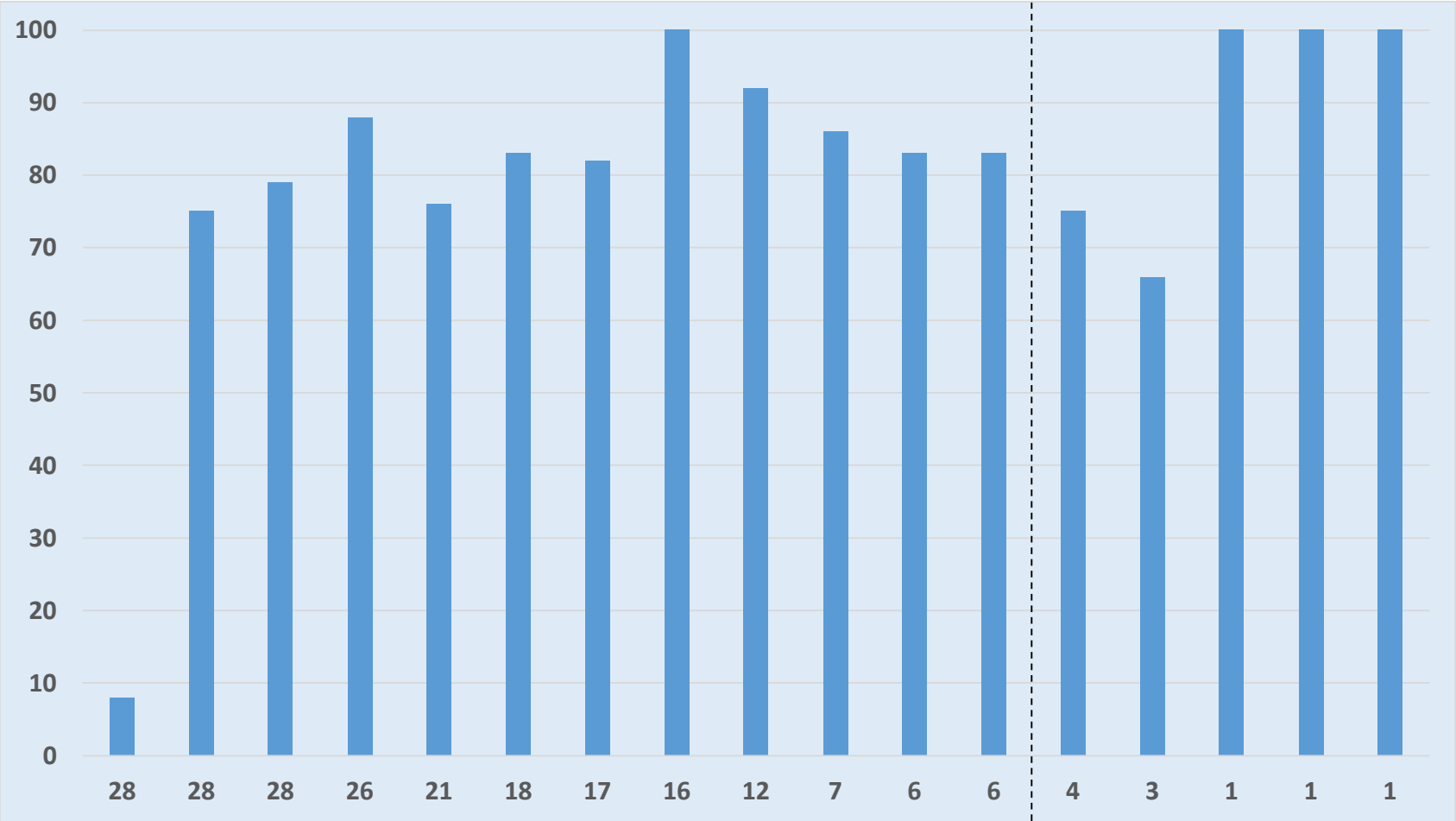
Campbell, K, Raffanti, S, Nash, R. Adverse Childhood Event (ACE) Scores Associated with Likelihood of Missing Appointments and Unsuppressed HIV in Southeastern U.S. Urban Clinic Sample, Journal of the Association of Nurses in AIDS Care. Accepted for publication, June, 2019.

Clinical Outcome 1: 86% Viral Suppression



Clinical Outcome 2: HIV Suppression Over Time

Percent of Patients With VL < 200 or down since previous labs

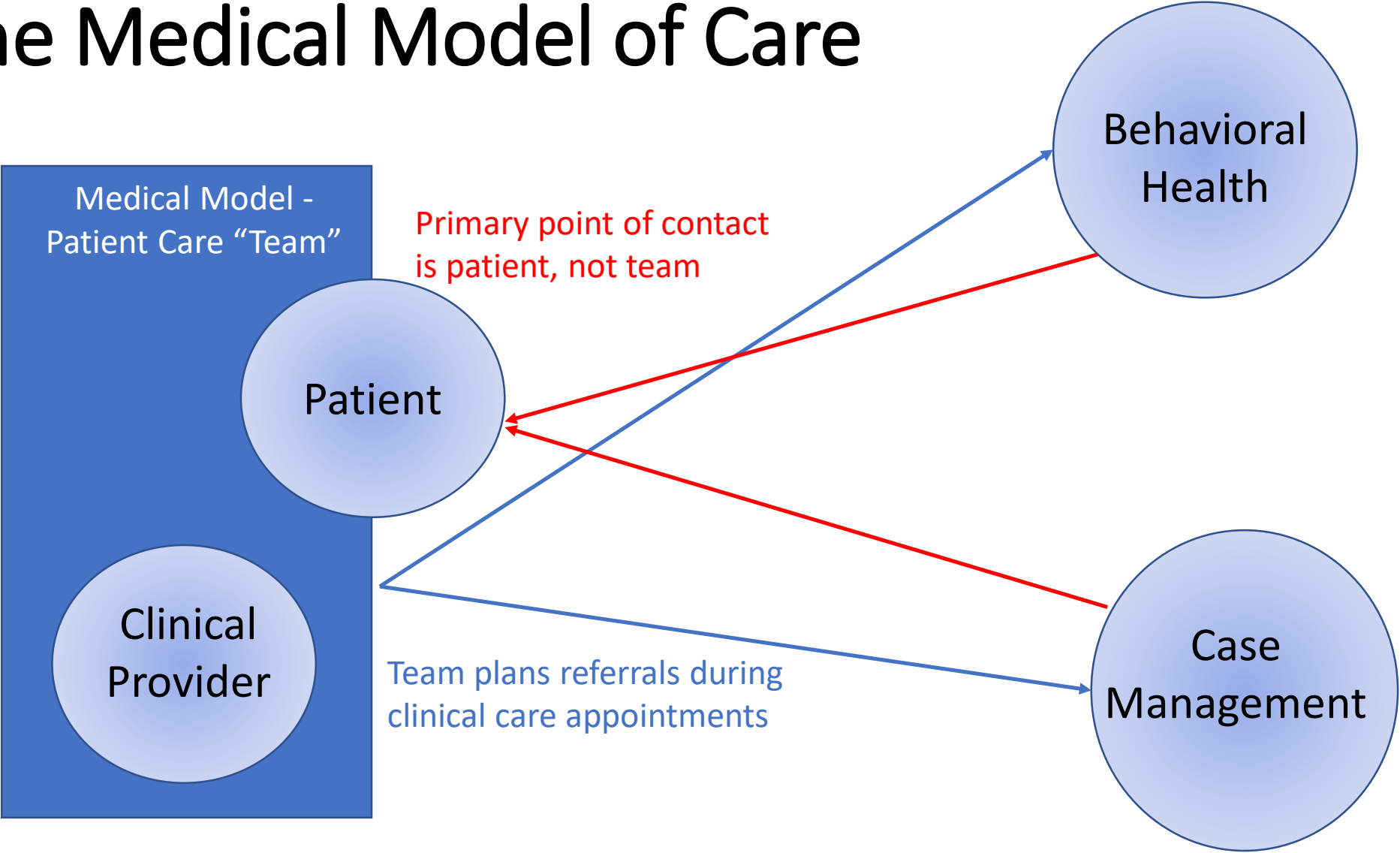


Number of Patients With Lab Draws

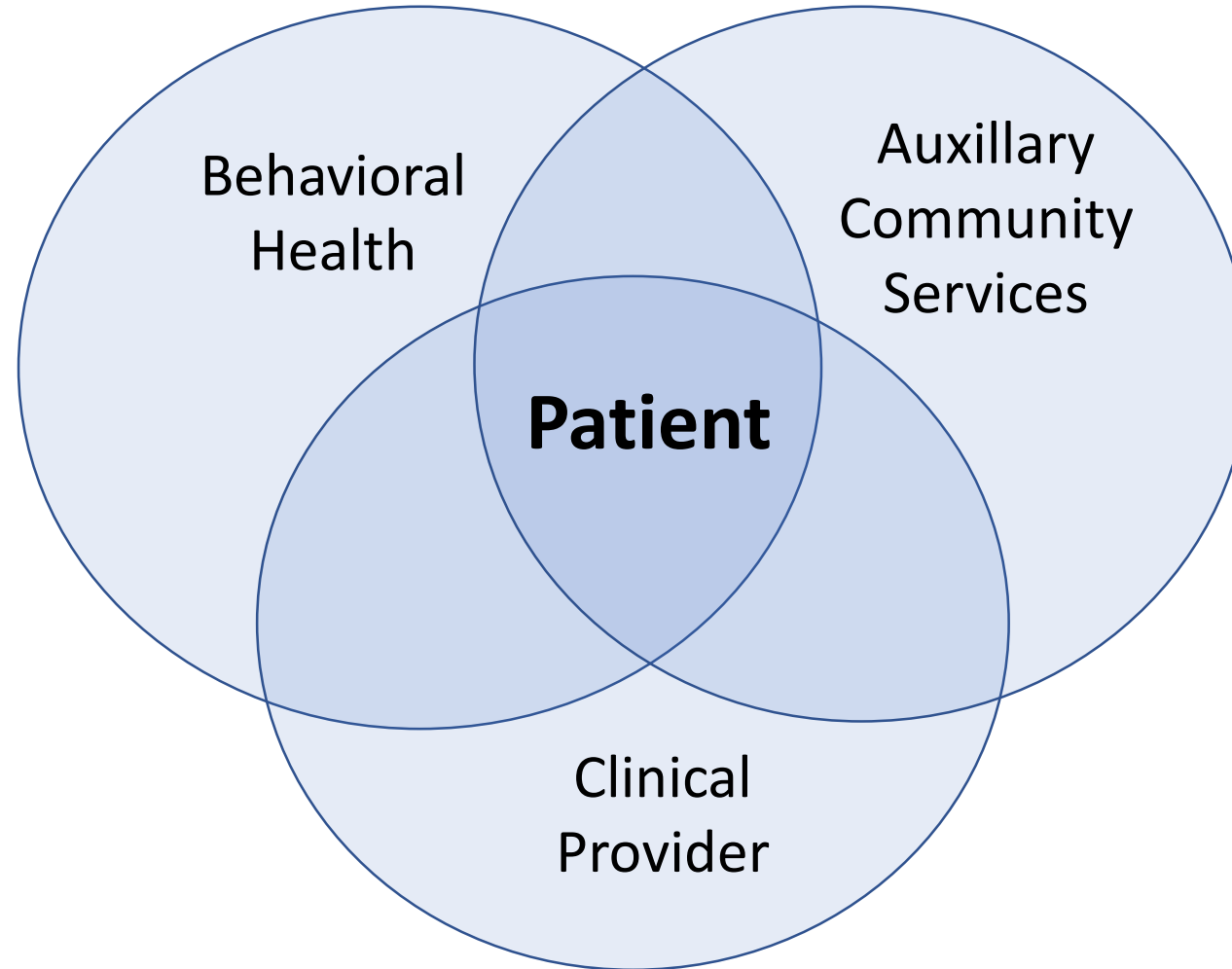
How does Nursing focus help patients?

- Nursing paradigm is not synonymous with medical model of care
 - Nursing looks at the whole patient instead of focusing on a disease
 - This allows nurses to also assess the environment within which a patient is trying to preserve/improve their health
- We are very fortunate to have federal funding that allows us to approach patients from a Nursing perspective

The Medical Model of Care



PATHways Model of Care



Key Features of Our Model of Care

- Validated screening tools are used with all patients to inform all aspects of care
- Behavioral Health
 - Key goal is to normalize patient feelings
 - Behavioral Health – guided by DBT/BA to focus on teaching concrete skills in short timeframes
 - Creation and implementation of psychoeducation modules
- Case Management
 - Case managers are tightly integrated into patient's behavioral health and clinical care – not a model where case manager has a list of clients to manage
- Clinical Care
 - Equal focus on clinical care, mental health, and social/physical environment

Patient Engagement Challenges that the PATHways Program is NOT Designed to Address

- Patients who **refuse to engage** in **HIV care**, in spite of having the support and resources to get to clinic
- Patients who **refuse to engage** in **Behavioral Health Care**
- Patients who have a history of **missing appointments and do not respond to calls** from the clinic
- Patients who are **unmotivated** to at least **contemplate freedom** from addictions
- PATHways is **not** another Retention in Care intervention

What Lessons Have We Learned from our Experience?

- We need to create patient-centric approaches for traumatized patients
 - Our patient population needs more care than existing models allow
 - Our successful approach is not bound by Standard of Care demarcations
 - What makes sense from a funding perspective may not translate to optimal patient care for all populations we are trying to reach
- We need to integrate ASO services and clinical care for traumatized patients
- We need to get out of clinics and into communities
 - We have been offering clinic-based care for decades – it doesn't work for everyone

Secrets to Excellence in Team Performance

- We hired experienced RNs, who understood they would be working with challenging situations
 - Previous experience with similar populations > HIV knowledge
- Entire team works in the same office space
 - No one is isolated; this minimizes risk of burnout
- Every role on the team is dependent on all the other roles to be fully effective



We **WANT** to **SHARE** our
approach to care.
PLEASE contact us if you
want to learn more!

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