

Improving access to HIV care for historically marginalized communities – the National Clinician Consultation Center model

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Dr. Chris Bositis

April Nakayoshi

Dr. Carolyn Chu

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RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

The challenge

- Persons with HIV who experience homelessness or incarceration often have:¹⁻³
 - Decreased access to care
 - Poorer HIV-related outcomes
 - Higher rates of missed medical visits
 - Lower rates of ART adherence, sustained viral suppression
- Structural issues may compound these problems:
 - Most HIV care delivered in direct clinic-based settings
 - Varying levels of HIV-specific experience/expertise among clinicians caring for these populations

1 Open Forum Infect Dis. 2021 Jun 22;8(7)

2 Curr Opin Infect Dis. 2013 February ; 26(1): 10–16

3 AIDS Behav. 2020 June ; 24(6): 1701–1708

The Model

The National Clinician Consultation Center (NCCC) provides prompt, expert clinical consultation and guidance to U.S.-based clinicians of all experience levels. All services are cost-free and confidential. Teleconsultation is available via:

- **HIV/AIDS Warmline**
 - HIV testing, ARV selection, drug interactions, OIs, co-morbidities
- **Perinatal HIV Hotline**
 - Pregnant women living with (or at risk for) HIV & their infants
- **Hepatitis C Warmline**
 - HCV testing, staging/monitoring, treatment selection
- **PrEPline**
 - Pre-exposure prophylaxis evaluation and management
- **Substance Use Warmline**
 - Substance use evaluation and management
- **PEPline**
 - Occupational & non-occupational exposure management

Methods and Outcomes

Methods: Consultation records stored in a secure database were reviewed retrospectively; cases were included in the analysis when the caller self-identified as working in a correctional facility, a facility exclusively serving homeless populations, or cases where notes indicated the patient was experiencing homelessness.

Consultations provided (July 1, 2016 through June 30, 2021)	406
People experiencing homelessness	203
People who were incarcerated	203
Common reasons for consultations	N (%)
Questions related to antiretroviral therapy	287 (71)
Management of co-occurring conditions including opportunistic infections	170 (42)
Management of pregnant people and/or HIV-exposed infants	44 (11)

Outcomes (2)

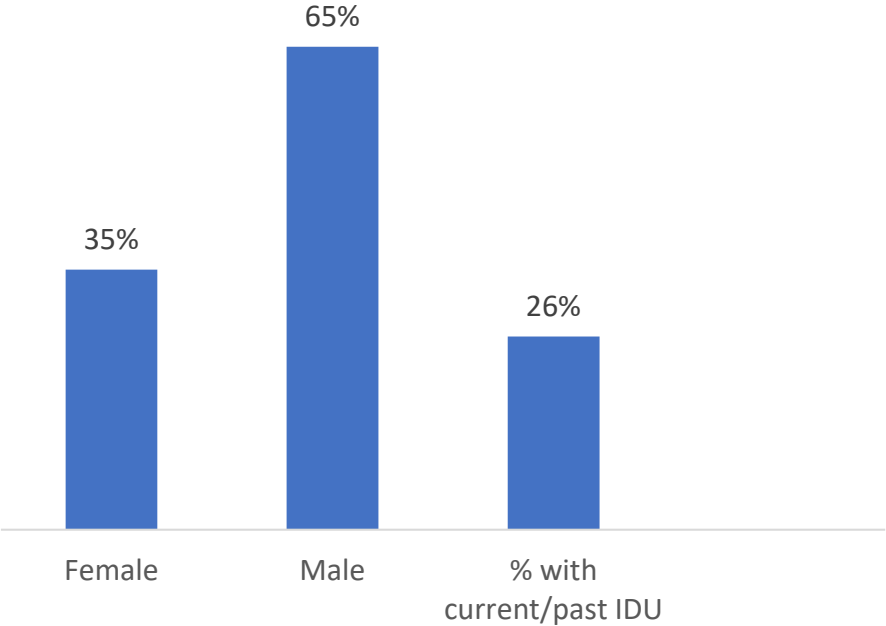
Sample Case:

Caller is a nurse practitioner in a detention center in southern US. She is calling about a patient who has recently arrived in the facility.

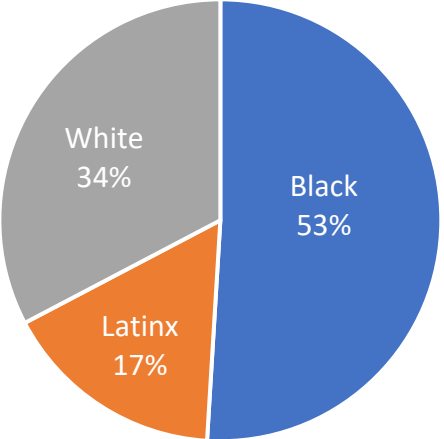
Patient is a 42 y/o male diagnosed with HIV in 2005 in Honduras. He says he was “very sick” at the time of diagnosis and recalls taking “2 pink pills and 1 white pill” daily for HIV but does not remember names of drugs. He has been without medications for a few years and says he feels fine....

Patient demographics*

(*caller-reported)



Patient race/ethnicity



Outcomes (3)

Caller satisfaction survey results (5-point Likert scale)

Aspect	Rating
Consultation quality	4.89
Usefulness of information received	4.88
Likelihood of future use	4.93

Quotes from callers:

I have been using the CCC for approximately 4 years whenever I need another set of eyes on a case, and I have never had a bad experience. (Homeless)

I am so very appreciative for your services and the humility yet clear knowledge that the information was presented. (Incarcerated)

The NCCC is a great resource. As a family nurse practitioner with only 1-2 HIV patients per month their knowledge is wonderful and they are always willing to answer my questions. (Incarcerated)

Conclusion

- The NCCC provides high quality, expert HIV clinical support for clinicians working with historically marginalized communities including those who are homeless or incarcerated
 - Questions about ART and co-occurring infections are common
 - Caller satisfaction surveys indicate high level of satisfaction with service
 - Data demonstrate that this model may be an effective tool for increasing access to high quality HIV care, and addressing existing inequities in the HIV care continuum, for people experiencing homelessness or incarceration

THANK YOU

More information about the NCCC available at: nccc.ucsf.edu

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