2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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The Internal Use of Community Health Workers to Improve Engagement and Retention in HIV Care

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Disclosure

Presenters have no financial interest to disclose.

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Learning Objectives

At the conclusion of this presentation, participants will be able to:

- Discuss the effectiveness of providing intensive patient outreach, and addressing unmet needs/barriers to achieving viral suppression.
- Identify services provided by CHWs that improves engagement and retention in HIV care.
- Realize the CHWs unique role in providing culturally appropriate health education and information to promote quality health outcomes, while providing social support and coaching for those living with HIV infection.

Obtaining CME/CE Credit

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

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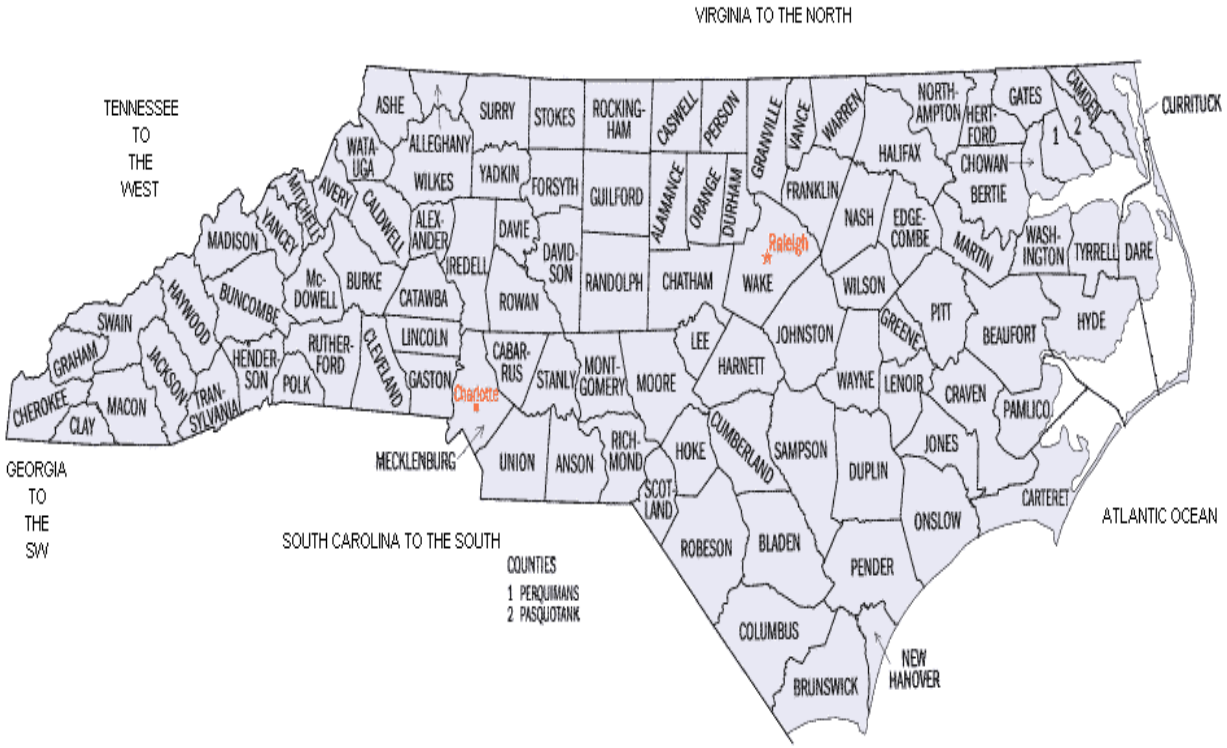
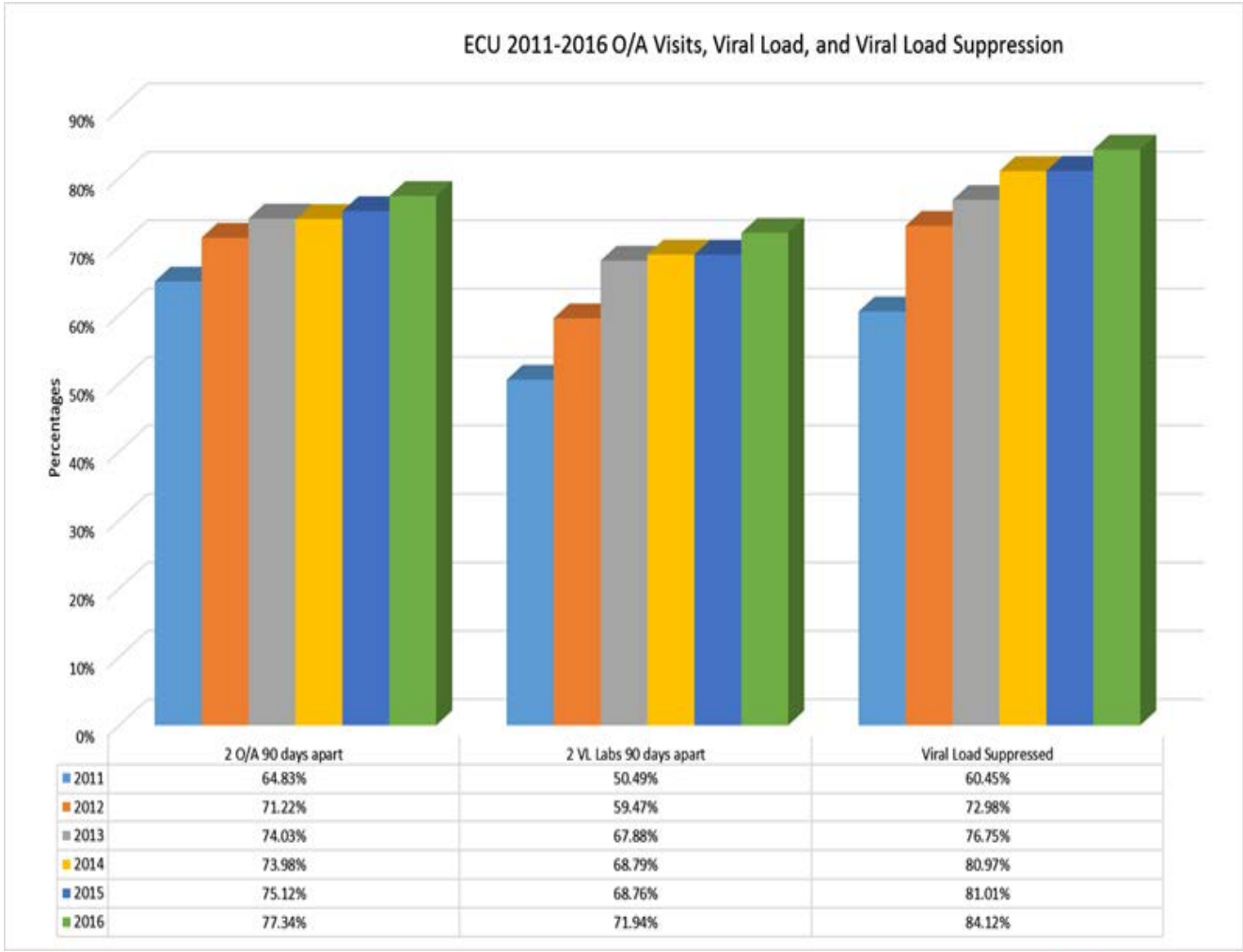
AGENCY SNAPSHOT

- ECU Adult Specialty Care is located in Greenville, NC
- Serves more than 1500 PLWH living in the 30 counties in eastern NC
- Majority African American men
- Client population is 65% men and 35% women
- RWPB, RWPC, and RWPD



AGENCY HIGHLIGHT

- Increased viral load suppression (VLS) rate from 60% to 84%
- Implemented new intake process for newly diagnosed clients; intensive medical case manager (MCM) contacts first 6-9 months
- Refocused efforts on re-engaging clients for retention in care (RIC) and VLS



	2 O/A 90 days apart	2 VL Labs 90 days apart	Viral Load Suppressed
2011	64.83%	50.49%	60.45%
2012	71.22%	59.47%	72.98%
2013	74.03%	67.88%	76.75%
2014	73.98%	68.79%	80.97%
2015	75.12%	68.76%	81.01%
2016	77.34%	71.94%	84.12%

Improving Retention in Care

CHW's provide client-centered services to support RIC and VLS for established clients with:

- Complex (Co-morbidities, Chronic no shows, recent incarcerations…etc)
- Multiple barriers (Transportation, Untreated SA/MH, unstable housing…etc)
- History of non-compliance (Failing out of care, not treatment adherent)
- Not virally suppressed after at least 12 months in care

- Help clients achieve RIC and VLS
- Help clients self-navigate their health care and understand the value of RIC and VLS
- Identify sustainable interventions that support RIC and VLS
- Increase program VLS rate to 90%

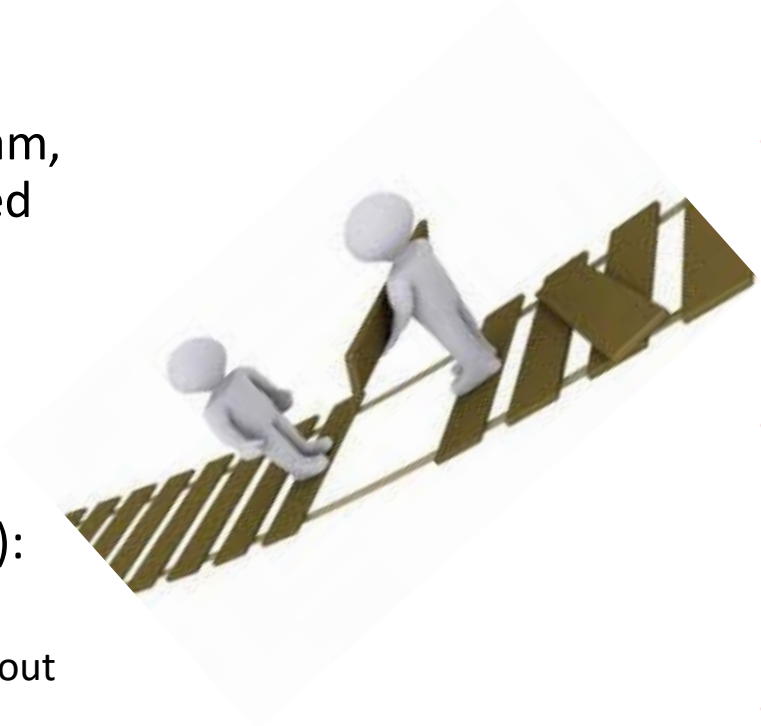
Improving Retention in Care

- CHW's received training to prepare to work with complex clients
- CHW's follow the Provider/Case Manager model
- CHW's have weekly huddles to discuss client loads

- CHW's were implemented into the Treatment Adherence Team
- CHW's are active in the community and network in the population they serve.

CHW Program Highlights

- Within 4 months of the CHW program, 7 (31%) of 22 not VLS clients enrolled into the program became VLS
- Within 11 months of the CHW program, 44 clients have been enrolled.
- Of the 42 active clients (2 relocated):
  - 15 (36%) are VLS
  - 7 (17%) maintained VLS (At risk for failing out of care)
  - 12 (28%) NVLS (Continue to have barriers to VLS)
  - 8 (19%) Updated data not available



- Frequent contacts between CHW's and clients contributed to improved RIC and VLS rates
- CHW's contacted/interacted with clients as little as 4 times to as many as 39 times
- CHW's caseloads are between 25-30 clients. MCM caseloads are between 120-200 clients

CHW Services

- Education Modules
  - HIV 101
  - Social Support & Disclosure
  - Medication Adherence
  - Communication w/ Provider
  - Understanding CD4, VL, STI & OI
  - Goal Setting

- Coaching
- Motivational Interviewing
- Home Visits
- Social and Emotional Support
- Transportation
- Appointment Reminders
- Phone calls & Text Messages
- Attend Appointments
- Pharmacy & Medication Assistance

Lessons Learned

- Every client that meets the criteria for a CHW does not make them a good candidate for the program. Careful consideration should be given to clients who are assigned to a CHW to see if they will truly benefit from the services provided

- Boundaries and self care has to be a priority. CHW's can get a "superhero" complex and want to do and fix everything for the client. CHW's can get burned out if clear boundaries and self care routines are not established and enforced

- Procedures/Policies need to be put in place to protect CHW's. Providers and staff had started making direct referrals to CHW's. Some of these referrals teetered on the "dumping ground syndrome". Referral process put in place to filter the requests placed on the CHW's

- CHW roles should be clearly defined to avoid duplication of efforts if possible. CHW's should be incorporated into the care team

Success Stories

- ✓ Consumers achieved durable VLS
- ✓ Consumers see value in treatment adherence, establishing a support system, communication with healthcare providers thru educational modules
- ✓ Consumers are learning to self-navigate, schedule appointments and transportation
- ✓ Consumers placed in assisted living facilities and/or rehabilitation
- ✓ CHW's linked consumers to affordable housing
- ✓ CHW's incorporate MI techniques to support clients with personal goals i.e. GED programs, technical training and re-entry programs
- ✓ CHW's incorporate TIC to engage clients that may experience life triggers

Questions

What questions do you have for us?

Thank You

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