Using a Peer Enhanced Intervention to Re-Engage and Link Minority PLWHA with Behavioral Health Co-Morbidities into HIV Primary Care

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Background

- Multiple studies have reported Blacks and Latinos have higher rates of HIV infection, are likely to enter care at a later disease stage, and are less likely to be retained in care.
- Blacks and Latinos also have lower knowledge about antiretroviral medications.
- Studies have documented that those who are the most vulnerable to poor outcomes are people who are triply diagnosed with HIV, mental illness and substance abuse disorders, many of whom are also homeless.
- In a study of nearly 10,000 HIV-infected patients, 25% had received a psychiatric diagnosis, 25% had been diagnosed with a substance abuse disorder, and 12% had received both diagnoses. Individuals with both diagnoses who did not receive any treatment for mental health or addiction had the highest risk of death.
- Evidence suggests people of color with mental health and/or substance abuse conditions are at very high risk of non-engagement in HIV care

Funding

- Funded in September, 2011 through the Minority AIDS Initiative (MAI) of the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS).
- Sites - Care Resource in Miami, FL; Brooklyn Hospital PATH Center in Brooklyn, New York City; and PR CoNCRA in San Juan, PR.
- The Peer Enhanced Intervention was the standardized intervention arm being tested in this study across three sites.

Intervention

- Goals:
  - To increase retention in care of out-of-care PLH
  - To link newly diagnosed PLH into HIV medical care
  - To increase the percentage of patients with viral load suppression
  - To increase patient knowledge of HIV treatment
  - To improve self-efficacy
  - To improve health-related quality of life

Intervention Model

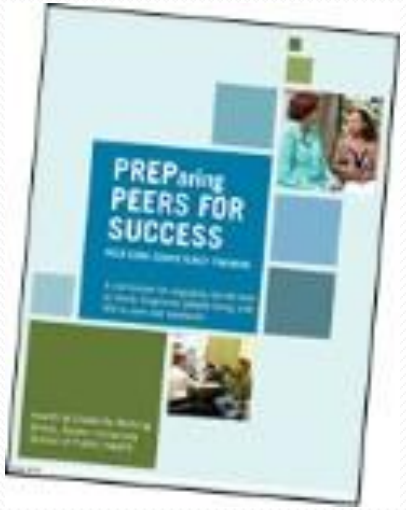
- Integrating a peer into the health care team to provide
  - Link newly diagnosed PLWHA to HIV medical care and support services
  - Outreach and re-engage PLWHA clients who have fallen out of care (not seen by MD for 4 months or longer) into HIV medical care and social support services
  - Coordinate with and support other clinical staff such as case managers in achieving client service plan
  - Assist with health systems navigation
  - Coaching and mentoring client on communicating with health care providers
  - Educate and support PLWHA in adhering to care and treatment
  - Adhere to activities as outlined in the study protocol

Intervention Model

- Eight peer-client educational sessions developed and trained on in a 10-month preparation phase prior to program implementation using a standardized curriculum.
- Peer provision of on-going emotional and practical support for clients over a 12-month period including accompaniment to client appointments if needed.

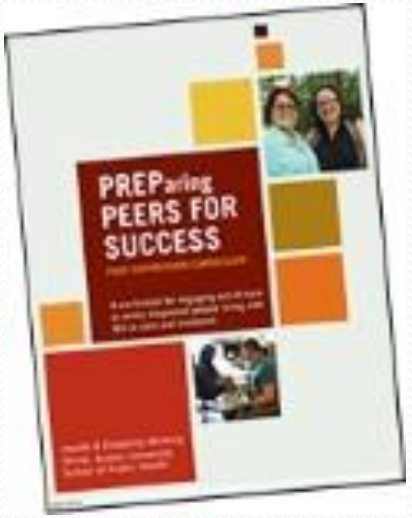
Peer Training Sessions

- 4.5 day training with consultants from KC Free Health Clinic and JRI
- Sessions/topics
  - Peer role
  - Communication skills
  - HIV Basics
    - HIV life cycle
    - HIV medications
  - Disclosure
  - Harm Reduction
- Last day including other staff – team



Supervisor Training

- One day training
- Administrative and supervision roles
  - Supervision of peers
  - Creating a supportive work environment
- Sessions/topics
  - Peer Roles
  - Incorporating peers into the clinic team
  - Supervision
  - Confidentiality and boundaries



Intervention Sessions

- Sessions
  - Every 2 weeks
  - In-person
  - 30 – 60 minutes

- Once all sessions completed
  - Weekly check-ins by phone or in-person at clinic when patient has scheduled appointment

Session Topics

- Sessions
  1. Intro and assessment
  2. HIV transmission and life cycle
  3. Effective communication and self-advocacy
  4. Understanding lab values
  5. HIV medications
  6. Drug resistance and adherence
  7. Disclosure and stigma
  8. Harm and risk reduction

EVALUATION

Methodology

- Theoretical framework: RE-AIM
  - recognizes the substantial gap between research, practice and policy, and the discrepancy between evidence-based interventions research and broad-scale implementation.
- Multi-site randomized control trial.
  - Baseline and follow-up interviews (6 and 12 months) conducted using an Audio Computer Assisted Self Interview ACASI.
  - Other data collected
    - chart abstraction of clinical visits, lab values and other HIV clinical measures at both 6 and 12 months
    - peer encounter data documenting the activities and patient interaction of the peers
- Qualitative research
  - organizational assessments and
  - in-depth interviews with clients and providers to understand the intervention impact.
- Cost analysis

Multi-Site Questions

Process Questions

- How is the target population identified and reached by the interventions and what are their characteristics? (*Reach*)
- What are the organizational and structural characteristics of the successful re-engagement and retention interventions? (*Adoption*)
- What is the level of effort required to link newly diagnosed individuals to care or re-engage those who have dropped out of care? (*Implementation*)
- What interventions will be sustained at the end of the project? (*Maintenance*)
- What interventions can be replicated in other settings? (*Maintenance*)

Multi-Site Questions

Outcome Questions

- Do the interventions lead to an increase in the number of people of color retained continuously in quality HIV care,?
- Do the interventions lead to an increase in the number of people of color living with HIV who are virally suppressed (National AIDS Strategy)?
- What client characteristics (age, race, risk behaviors, socioeconomic level, education, primary language, length of time living with HIV, etc.) are associated with re-engagement and retention?

Findings

Baseline Demographics (n=348)

	Intervention N (%) (n=174)	Control N (%) (n=174)	p-value
Mean age (sd)	39.1 (11.5)	40.5 (10.9)	0.25
Range	20-66	20-70	
Gender			
Male	127 (73)	135 (78)	0.31
Female	45 (26)	39 (22)	
Transgender	2 (1)		
Race/Ethnicity			
Black	91 (52.3%)	82 (47.1)	0.56
Hispanic	77 (44.3)	87 (50.0)	
Other	6 (3.4)	5 (2.9)	
Primary Language			
English	112 (64)	114 (66)	0.82
Spanish	60 (35)	60 (34)	
Haitian Creole	2 (1)		

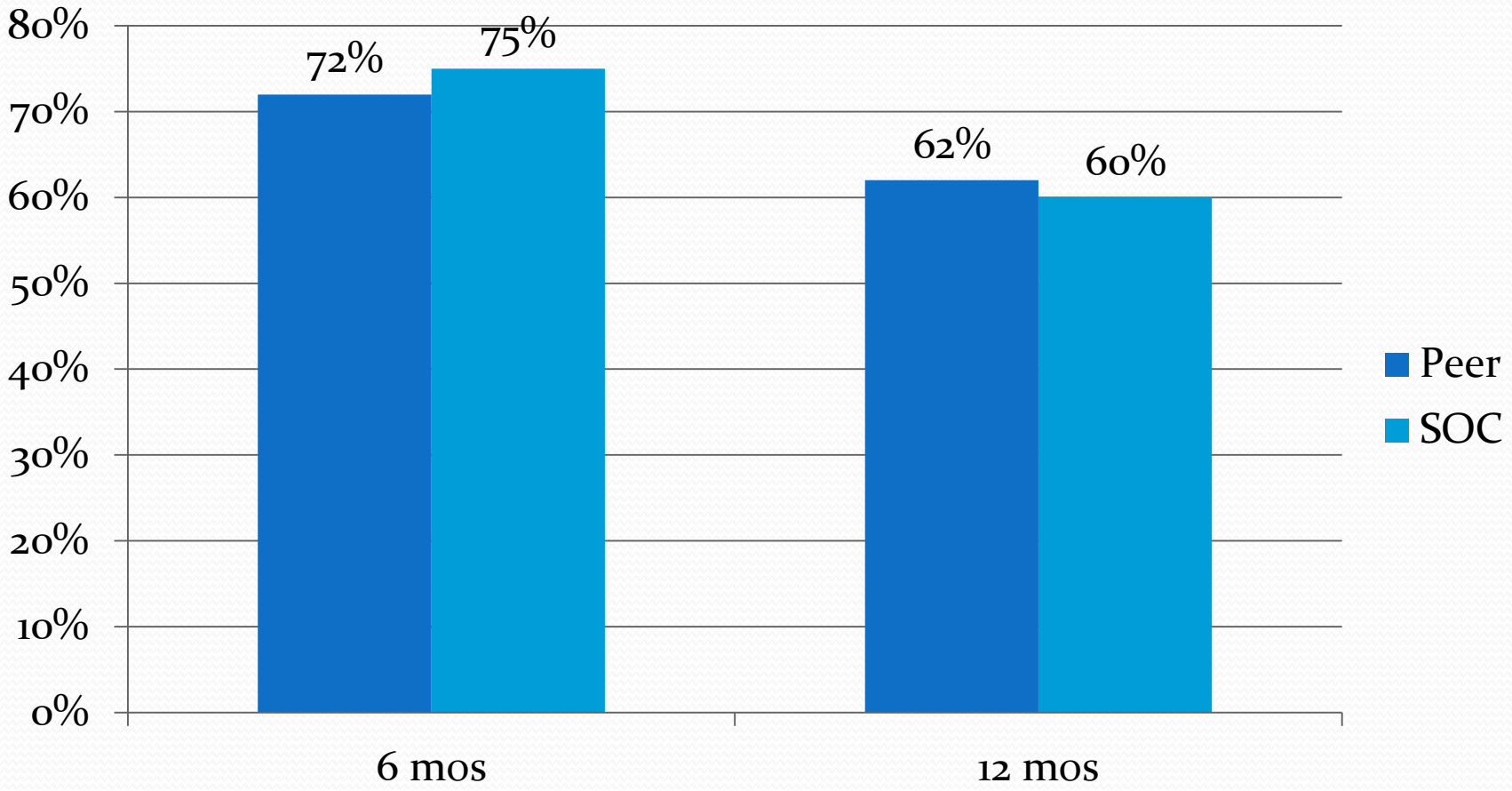
Baseline Demographics (N=348)

	Peer Group N (%)	SOC Group N (%)	p-value
Mean years of education (sd)	11.5 (3.0)	12.0 (3.0)	0.11
Mean years living with HIV	8.5 (7.2)	9.1 (8.7)	0.46
Ever incarcerated	47%	40%	0.21
Currently homeless	24%	16%	0.06
Unstably housed in past 6 months	56%	53%	0.52
Out of care	56%	58%	0.75
Newly diagnosed	21%	26%	0.25
Unemployed	82%	74%	0.06
Medicaid	57%	51%	0.24
Currently taking medication for HIV	49%	49%	0.91
Currently taking medication for depression	17%	20%	0.56
In alcohol or drug treatment in past 6 months	16%	12%	0.28
Mean HIV knowledge score (sd)	71.8 (17.8; n=163)	72.9 (19.3; n=166)	0.57
Mean SF-8 Mental Composite Score (sd)	40.7 (11.4)	41.8 (10.3)	0.33
Mean SF-8 Physical Composite Score (sd)	44.6 (8.6)	44.5 (8.6)	0.43
Mean Self-Efficacy Score (sd)	36.1 (6.0)	36.5 (5.2)	0.53

Reported Barriers (n=348)

	Intervention N (%) (n=174)	Control N (%) (n=174)	p-value
Depressed	25%	17%	0.07
No Money	22%	19%	0.51
Transportation	22%	19%	0.51
Other things to do	17%	21%	0.34
Not feeling sick	14%	21%	0.12

% of Patients with 2+ Visits



4-Month Gap in Care (Primary Care Visits or Lab Tests*

	Peer (n=174)	Standard of care (n=174)	p-value
Ever 4-month gap	44%	45%	0.83

*applying the intention-to-treat principle

There was no statistically significant or clinically relevant difference in the proportion of subjects who had at least 4-month gap in care between the study groups.

Baseline Factors as Potential Modifiers

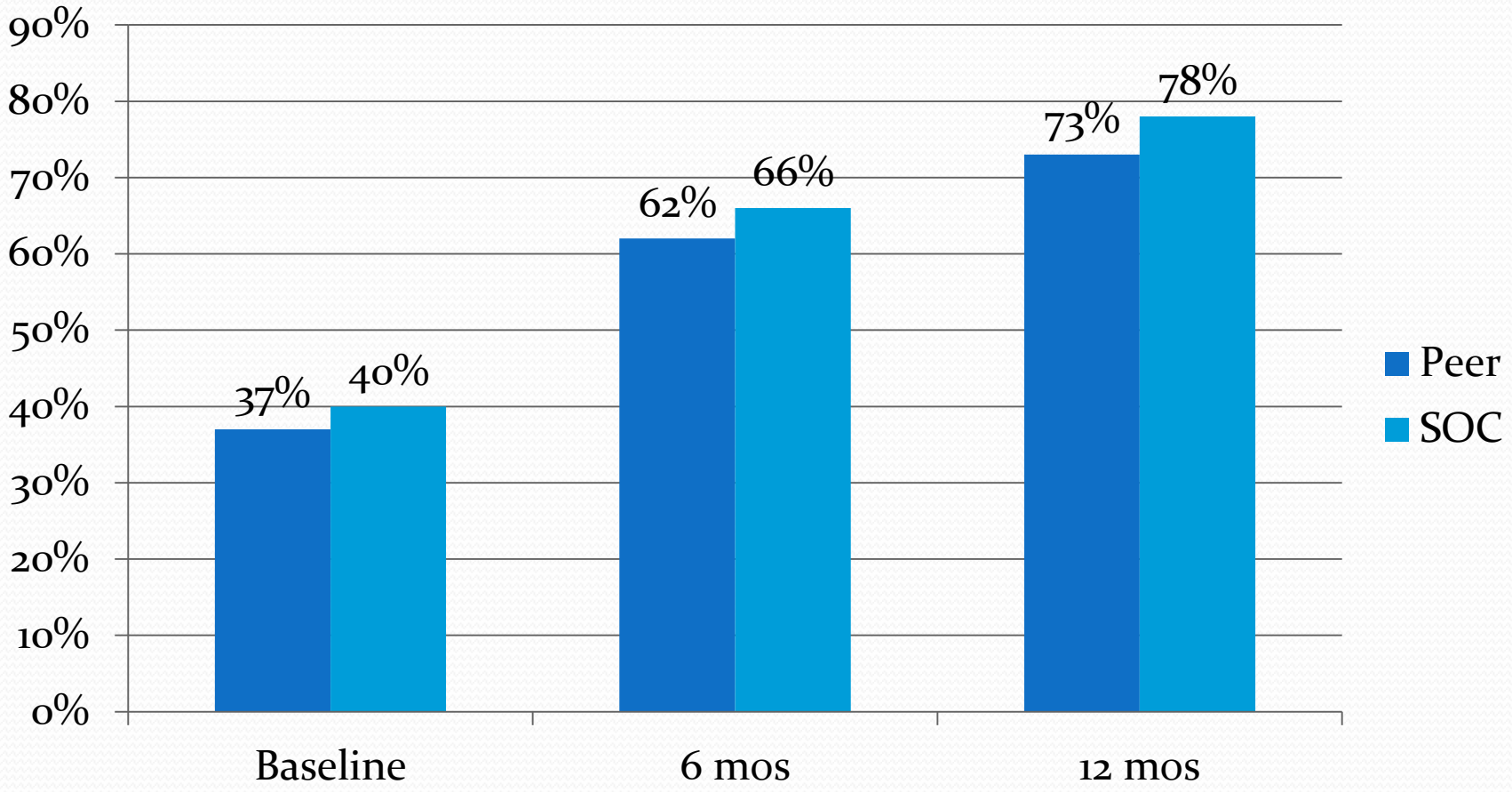
Gender
Having been out-of-care for 4 months or more
New patient to clinic
Newly diagnosed with HIV
Currently on depression medication
Received alcohol or drug treatment
Unstably housed (includes homelessness)
Ever been in jail in lifetime

We found substantial differences in the effect of the peer intervention between those who were **housed** and those were **unstably housed.**

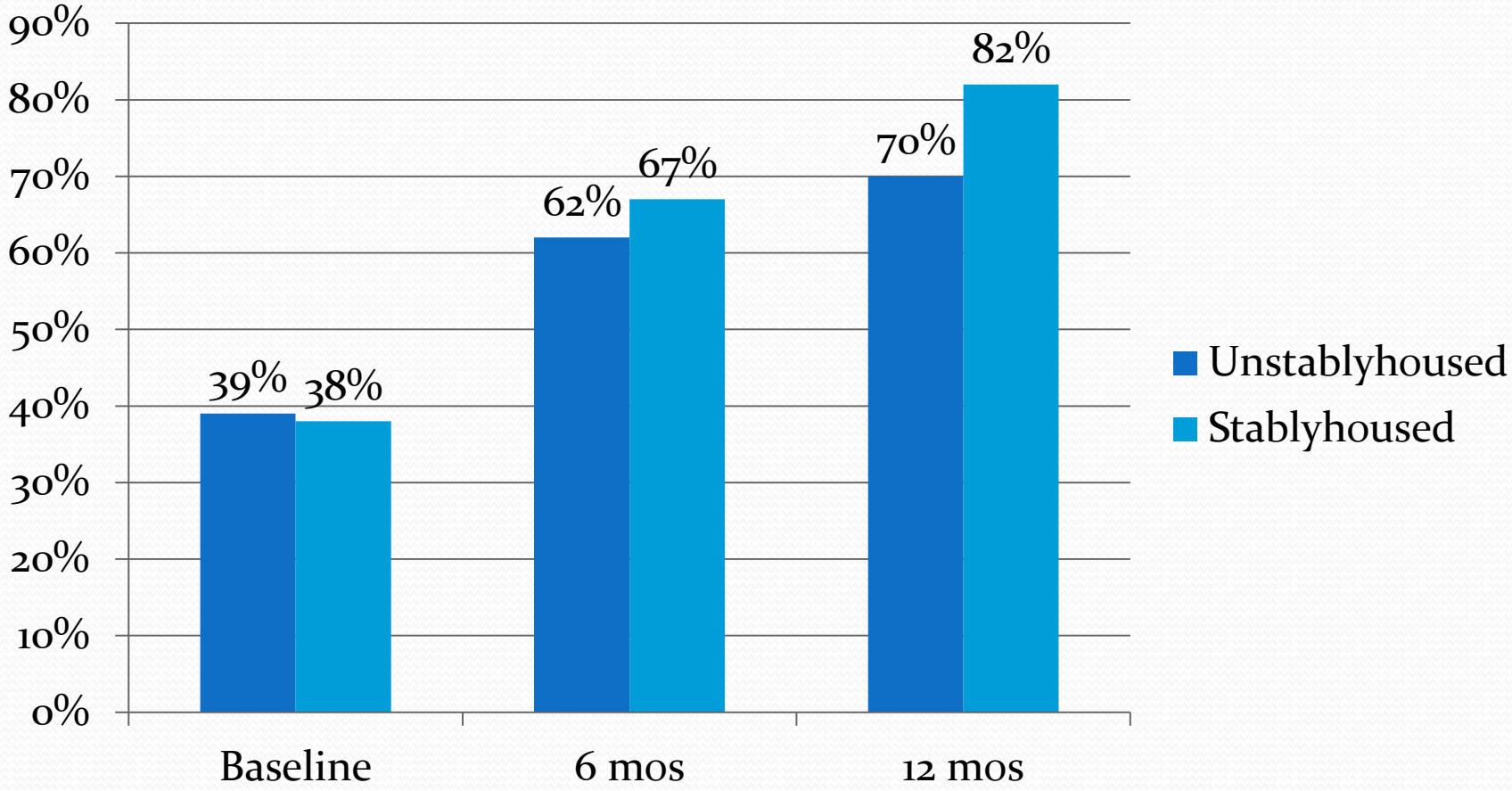
Gap in Care Analysis by Housing Status

Unstably housed (n=188)			
	Peer (n=97)	Standard of care (n=91)	p-value
Ever 4-month gap	51%	40%	0.13
Housed (n=158)			
	Peer (n=76)	Standard of care (n=82)	p-value
Ever 4-month gap	34%	51%	0.03

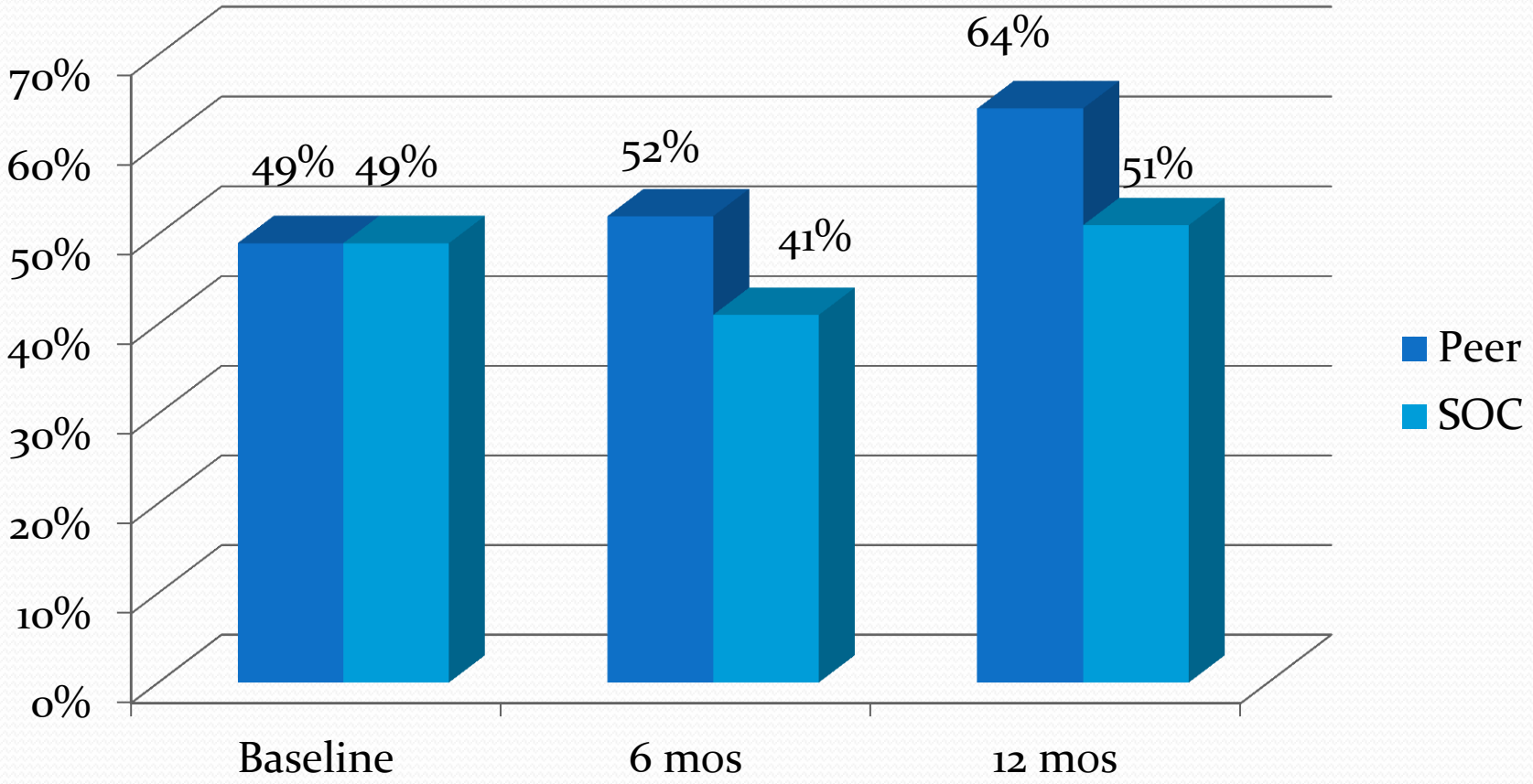
Percent of Patients Virally Suppressed



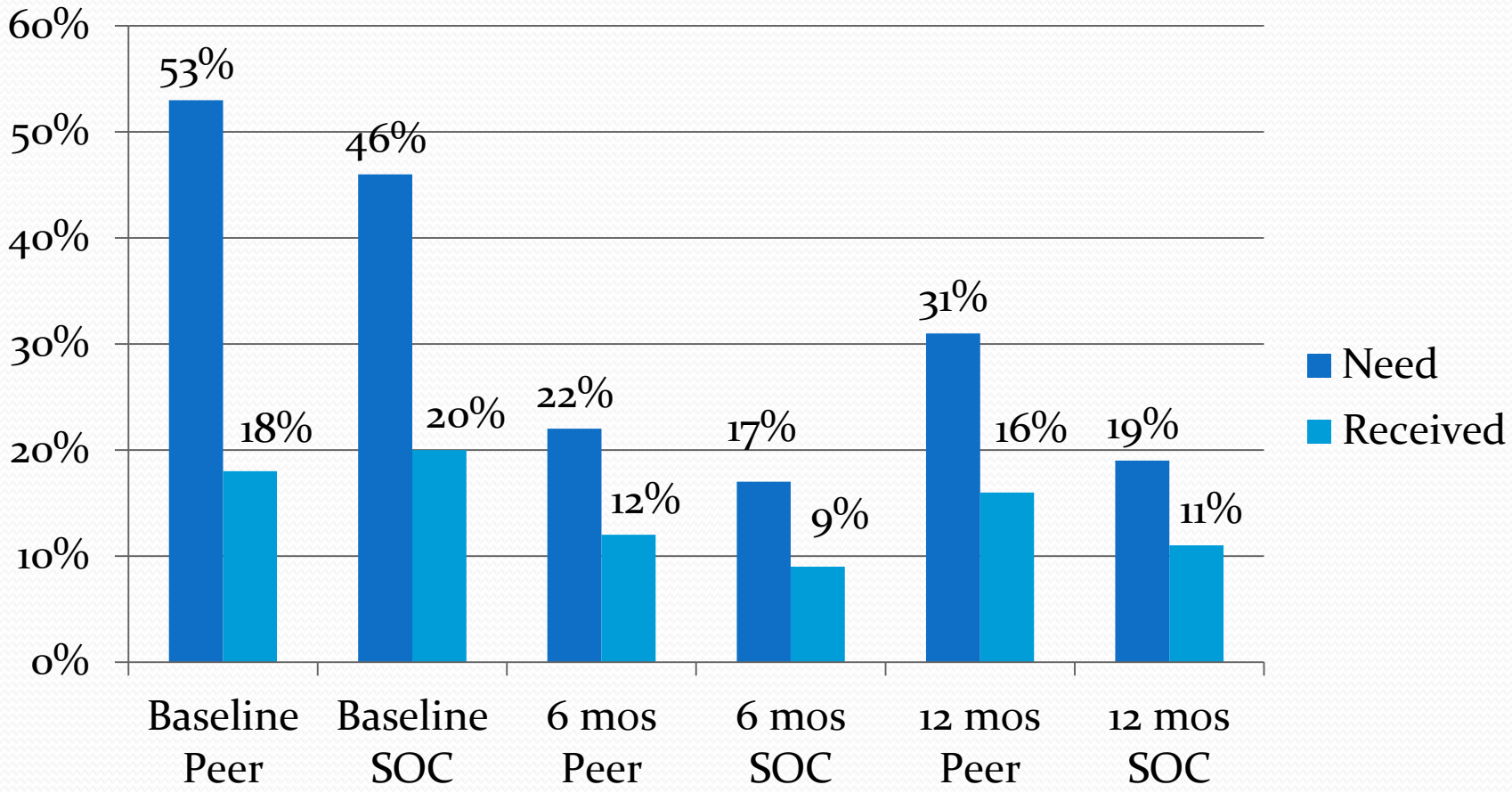
Percent of Patients Virally Suppressed



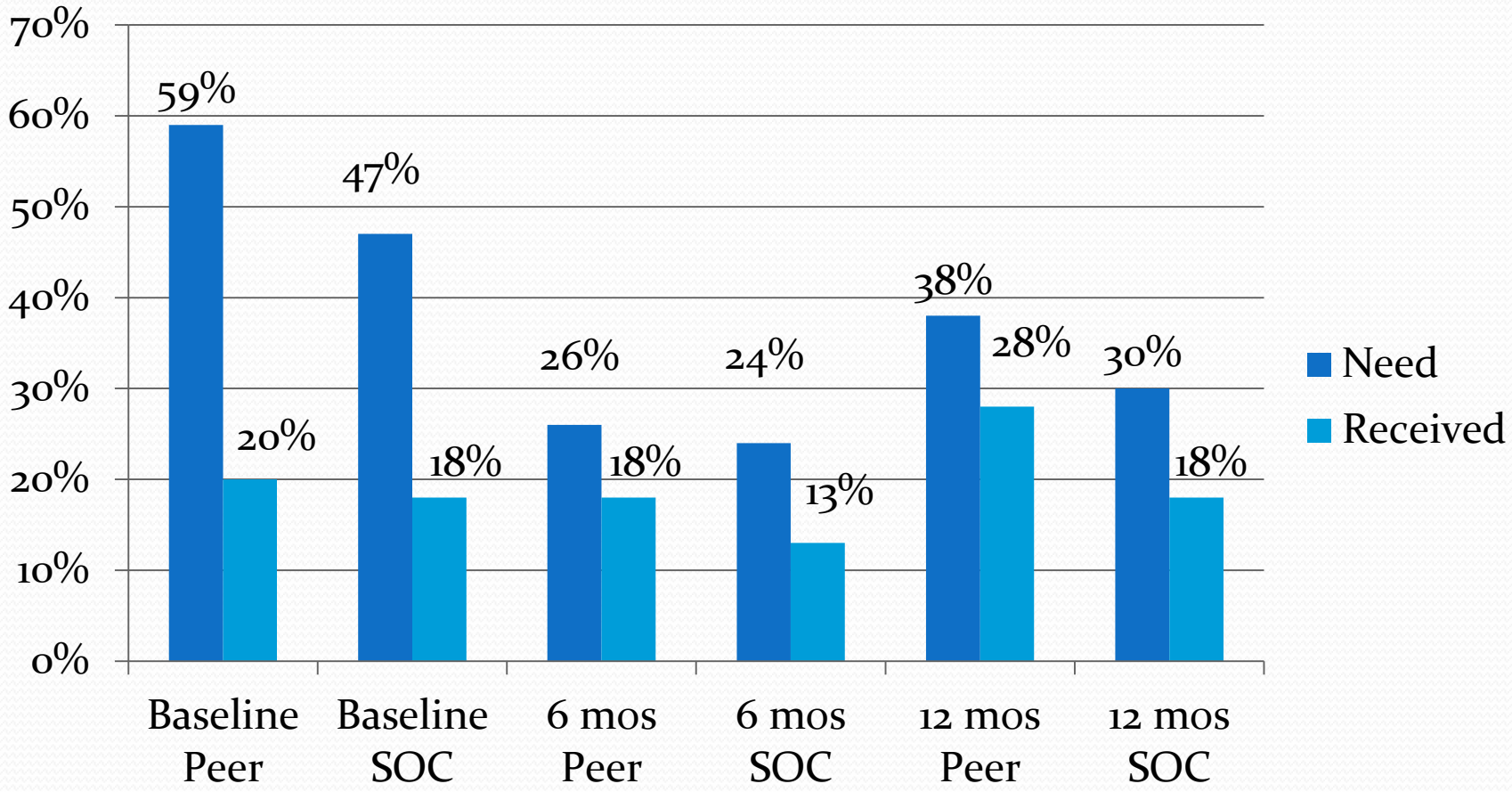
Changes in Reported ART Use



Housing Need and Received in Past 6 months



Transportation Need and Received in Past 6 months



Description of Peer Encounters by number and duration

	All Sites
Mean number of encounters per client (range, n)	19 (0-55, 174)
Mean percentage of encounters that were face-to-face per client (n)	49.7% (174)
Mean duration (minutes) of encounter (range, n)	28.9 (1-480, 3365)
Percentage of all encounters that were “unable to contact” (n)	12.4% (3365)

Percentage of clients that received the following types of peer services

	All Sites n=174
Provide emotional support/counseling	**85.1%**
Talk with client about disclosure	62.1%
Talk with client about drug resistance and adherence	65.5%
Discuss HIV medications/treatment readiness	72.4%
Discuss lab values	69.0%
Discuss safer sex or drug use/harm reduction	58.1%
Provide education on HIV viral life cycle	**80.5%**
Follow up about service or referral	42.0%
Mentoring/coaching on provider interactions	**79.3%**
Assist with making an appointment	**69.5%**
Remind client about appointment	50.0%
Take client to an appointment	21.8%
Other service (transportation, other practical support, health insurance)	42.0%

Outcomes by Session Completion

	% subjects with any 4-month gap in care n=348	% subjects with undetectable VL at 12 months n=348
SOC + Peers with 0 sessions completed	40%	75%
Peers with 1 to 6 sessions completed	45%	78%
Peers with all 7 sessions completed	18%	70%
	p=0.004	p=0.72

Nathania's Words…

"My experience as a Peer Educator has been wonderful. I have grown spiritually as well as educationally. Working in a structured agency has brought me new experience. I work with clients who have or are going through the same experiences as myself and others who just show me new perspectives in living with HIV. I never thought I would have a job since I was disabled mentally by society at age 18, because of my HIV status. Today I am grateful that PR CoNCRA has given me the opportunity to grow and get by that stigma. Now I am able to show others and myself that I can do and be more in life. Now I am able to encourage clients, so they can see that living with HIV doesn't mean we can't live a productive, healthy and meaningful life".

Discussion about outcomes

- What could contribute to the lack of statistical findings between groups?
  - Study effect?
  - Staff turnover?
  - Patients have strong relationships with existing team members- not need/want additional support from peer staff
  - Patient complex needs health care lower priority; housing is immediate need?
  - Recruitment—Did we reach the true out of care/not engaged?
  - Retention- Not clinically indicated for 4-6 months?

Conclusion and Implications

- Key findings
- Future analysis and who we are responsible to
  - HRSA
  - Sites
  - Larger RW community (replication of intervention in the stably housed and modification of the intervention to test/implement in the unstably housed population)
    - BUSPH MedHEART study – 9 HRSA SPNS sites using patient navigators in homeless populations
- Products/Dissemination
  - Curriculum
  - Intervention manual
  - Digital Story

For more information…

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http://hdwg.org/prep/

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