

The Impact of Patient Navigation Services for HIV-Positive Individuals on Retention and Viral Suppression in Virginia

Lauren Yerkes, MPH

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Conflict of Interest Disclosure

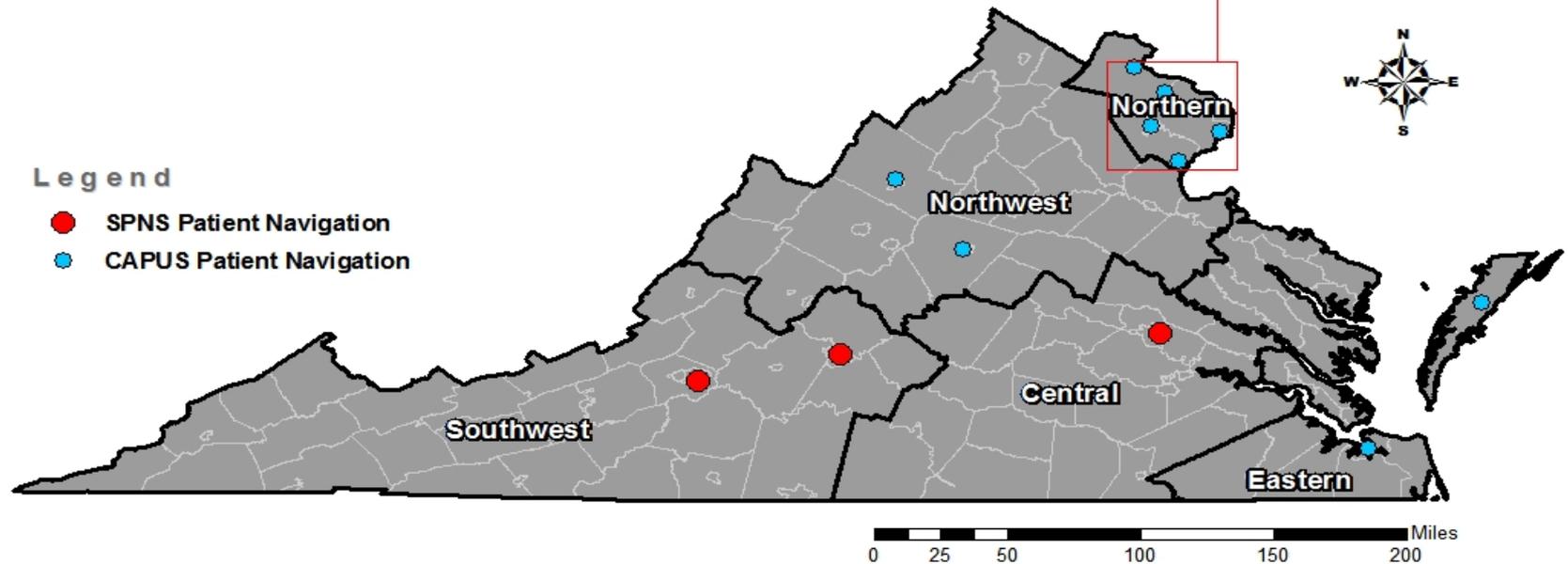
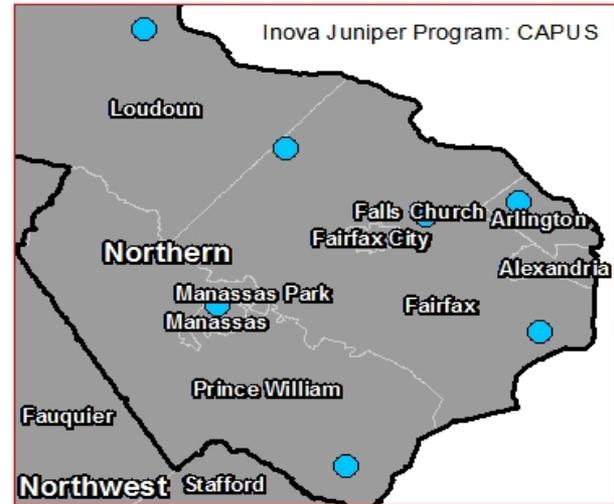
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Has no real or apparent conflicts of interest to report.

Background

- Patient Navigators (PNs) have begun to play an increasingly important role in HIV care.
- Virginia received funding through two federal grant programs to help link and retain persons living with HIV (PLWH) in HIV medical care.
 - Special Projects of National Significance (SPNS) Systems Linkages grant (2011-2015) from the Health Resources and Services Administration (HRSA)
 - Care and Prevention in the U.S. (CAPUS) grant (2012-2016) from the Centers for Disease Control and Prevention (CDC)
- Virginia coordinated a geographical approach to distributing PN and community health worker (CHW) programs across all five health regions of the state

Patient Navigation Sites in Virginia



HIV Patient Navigation in Virginia

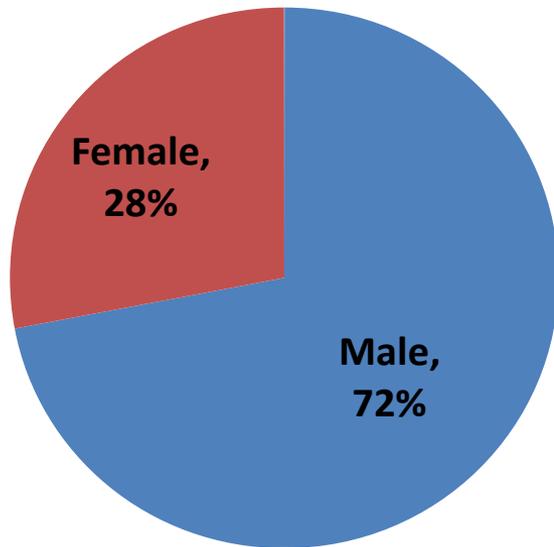
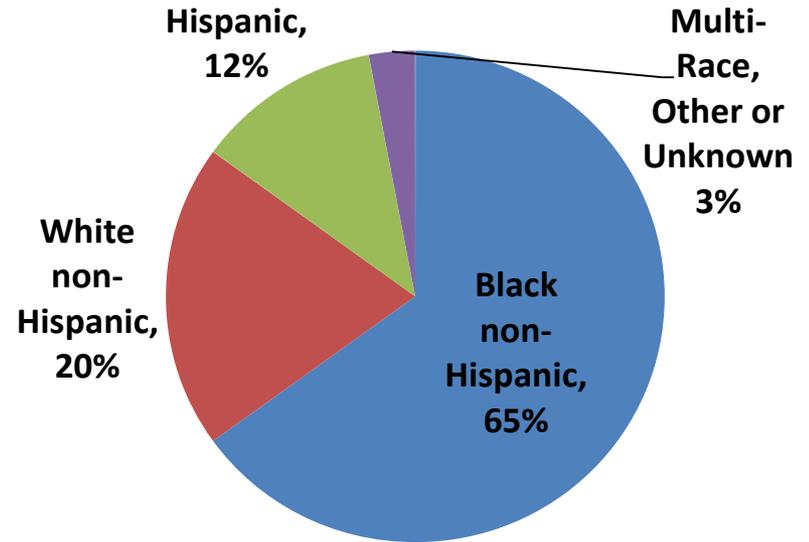
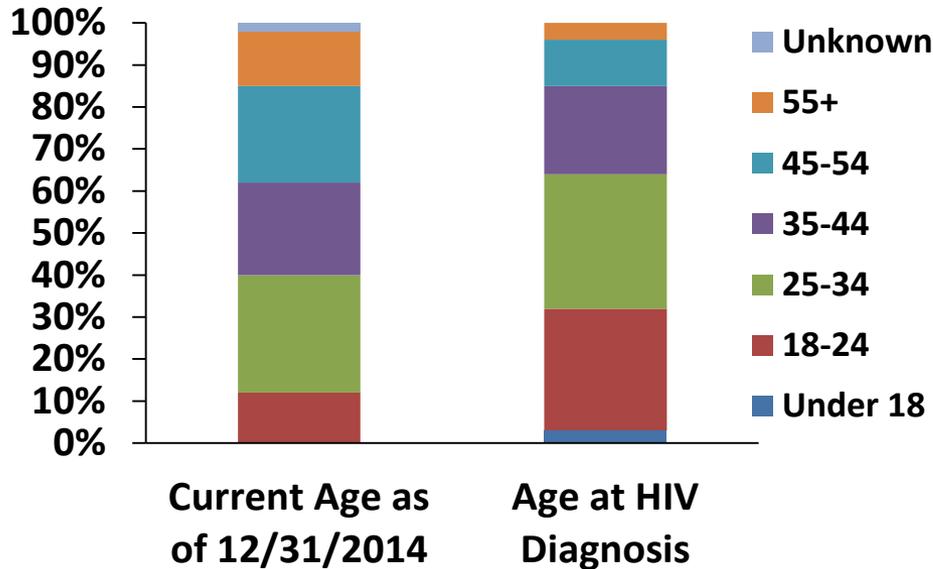
SPNS Patient Navigators

- Use of Motivational Interviewing and client centered communication, linkage, retention and transition plans
- PN programs co-located at medical sites
- Sites located in the Central and Southwest regions of the state

CAPUS CHWs

- Community Health Worker (CHW) model
- Funded both medical sites and community based organizations
- Sites located in the Northern, Northwest and Eastern regions of the state

PN Clients Served 1/1/2014-12/31/2014 (n=572)



Transmission Risk	Percent of SPNS PN Clients
Male To Male Sexual Contact (MSM)	52.0%
Injection Drug Use (IDU)	5.0%
MSM & IDU	3.0%
Heterosexual Contact	23.0%
No Risk Factor Reported or Identified	15.0%
Perinatal Exposure	2.0%

Research Question

What is the impact of Patient Navigation services for PLWH on retention in HIV care and viral suppression?

Methods

Analysis Variables

HIV Care Outcomes:

Retained in Care in 2015:

Evidence of at least two or more HIV care markers:

- Antiretroviral treatment
- HIV medical visit
- Viral Load test
- CD4 count test

in Calendar Year (CY) 2015 at least 3 months apart.

Virally Suppressed in 2015:

Last Viral Load taken in CY 2015 was <200 copies/mL.

Analysis Variables

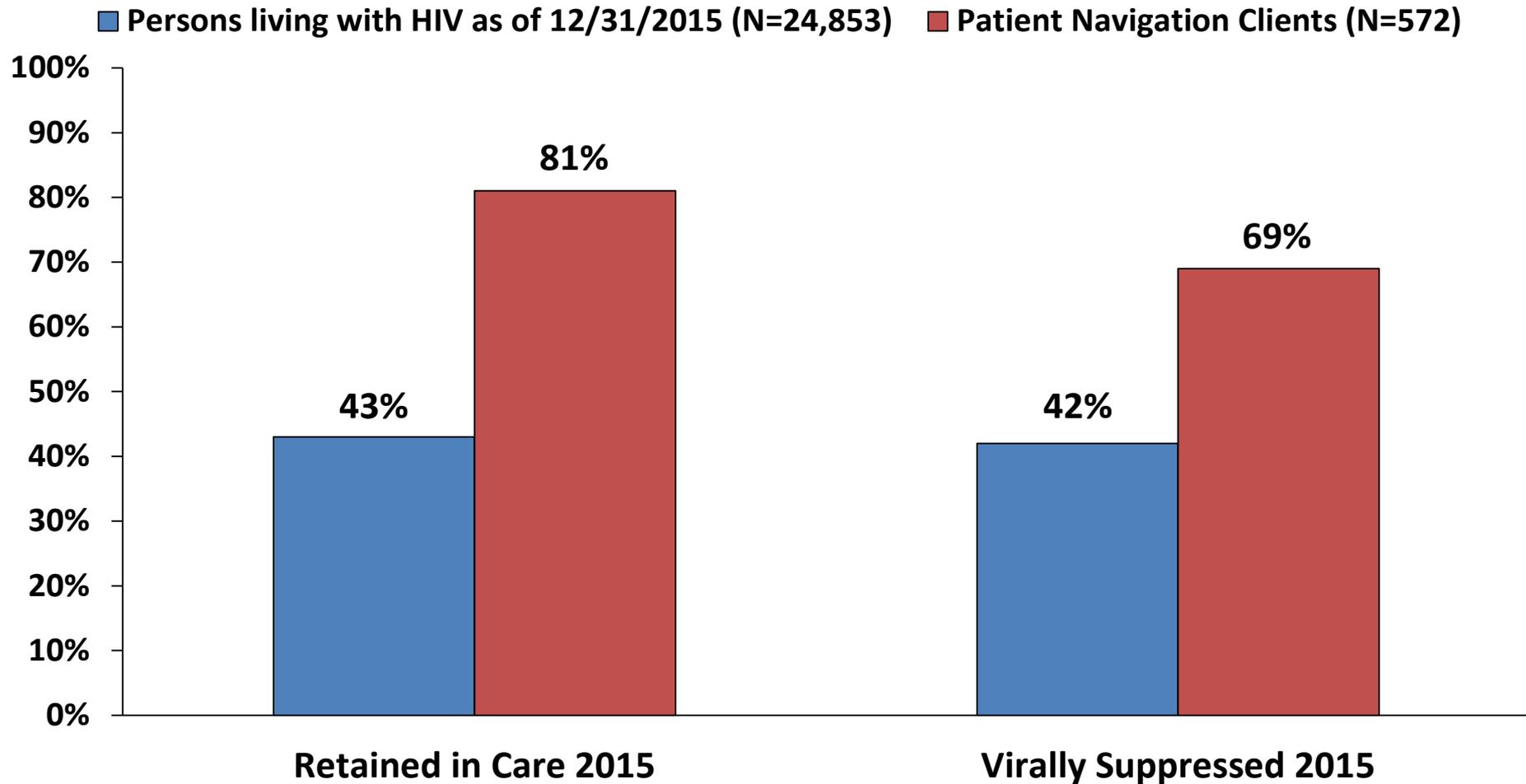
Sociodemographic Factors:

- Client Race
- Client Ethnicity
- Current age and age at HIV diagnosis
- Sex at birth
- Client Type (newly diagnosed, lost to care, at risk)
- Geographic location of PN program where client received services (urban vs. rural)

Methods

- HIV care outcomes from clients served with PN services at six sites across the state from January 1, 2014-December 31, 2014 were analyzed (n=572).
- Overall retention in care and viral suppression rates in Calendar Year (CY) 2015 were examined.
- Relationships between sociodemographic factors, client type, and geographic location of the PN program on HIV outcomes were examined.
- Backward elimination multivariate logistic regression was used to determine the relationship between these factors and outcomes in 2015.

HIV Care Outcomes Among Patient Navigation Clients vs. All PLWH in Virginia



-Retention in care for 2015 was defined as having at least two or more HIV care markers (evidence of antiretroviral treatment, HIV medical visit or a Viral Load test or CD4 count measurement) in Calendar Year (CY) 2015 at least 3 months apart.

-A client was considered virally suppressed in 2015 if the last Viral Load taken in CY 2015 was <200 copies/mL.

-2015 outcome data is preliminary.

Results- Retention in Care

Client Ethnicity

Hispanic clients were 2.6 times more likely to be retained in 2015 compared to non-Hispanic clients ([odds ratio (OR): 2.6, 95% confidence interval (CI), 1.1-6.2]).

Geographic Location of PN Program

Clients served by rural programs were 2.5 times more likely to be retained in care in 2015 compared to those served by urban programs ([odds ratio (OR): 2.5, 95% confidence interval (CI), 1.5-3.9]).

Results- Viral Suppression

Client Ethnicity

Hispanic clients were 2.1 times more likely to be virally suppressed compared to non-Hispanics ([adjusted odds ratio (OR): 2.1, 95% confidence interval (CI), 1.1-4.2].

Geographic Location of PN Program

Clients served by PN programs in rural areas were 2.0 times more likely to be virally suppressed compared to clients served by urban programs ([odds ratio (OR): 2.0, 95% confidence interval (CI), 1.3-2.8].

Conclusions and Future Work

- Compared to all PLWH in Virginia, retention and viral suppression rates are much higher among clients served by PN programs.
- Future analysis will include additional exploration of outcomes by client type (newly diagnosed patients vs. lost to care, etc.)
- Future analysis will include comparing short-term outcomes (while receiving PN services) and long-term outcomes (after receipt of PN services) to help inform transition and discharge practices to maximize long-term health outcomes among PN clients.

Questions?

Lauren Yerkes, MPH

Care Continuum Data and Project Manager

lauren.yerkes@vdh.virginia.gov

(804) 864-7988

Kate Gilmore, MPH

Data Manager

Kathryn.Gilmore@vdh.virginia.gov

(804) 864-8014

Anne Rhodes, PhD

Director, HIV Surveillance

anne.rhodes@vdh.virginia.gov

(804) 864-8013