



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

# Improving Engagement in HIV Care in a Part D Setting: Project CAATCH

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# What is Project CAATCH



Project CAATCH (Consumer Access and Adherence to Care for HIV) is an initiative of the Massachusetts Department of Public Health (MA DPH) MassCARE Ryan White Part D Funded Program.

## *Project Goal:*

Increase the HIV primary care **retention rate** and rate of **viral load suppression** among enrolled HIV+ women and transitioning youth by implementing an **educational intervention using peers and care coordinators.**

## ***The sites***

- Three community health center sites were selected to participate

## ***The staffing***

- Each site includes a Peer and a MassCARE Coordinator

## ***The training and support***

- The Coordinators and Peers attended a one day intensive training
- Attend quarterly follow-up trainings
- Participate in monthly conference calls

# Project Partners



## Community Sites:

- Brockton Neighborhood Health Center
- Lowell Community Health Center
- Family Health Center of Worcester

## Training/Evaluation:

- Abt Associates

# Focus Population



## ***Population***

*Primarily Black and Latina women of childbearing age and youth over 18 who are transitioning to adult HIV primary care*

## ***Eligibility (at least one)***

- Not retained in care
- Not virally suppressed
- Youth of transition age
- New to HIV care at the clinic (this includes newly diagnosed and new to the clinic)

## ***Identifying clients for the intervention and outreach***

- Use EMR, CareWare, or other clients data systems as well as interviews with the clinic team
- Peers/Coordinators conduct outreach by phone, email, text or in person – **including home visits**
- Work with HIV intake and clinic staff to identify new clients

# Guiding Principals

- Health Equity
- Care is client centered and non-judgmental
- Integration into clinical team
- Teaching is an iterative process



# Intervention Elements



## *Key Components*

*6 Education sessions*

*Sessions location convenient to consumers (home, clinic, community)*

*Stipends provided on a tiered approach*

*Supportive services*

- Weekly contact and check-ins
- Appointment reminders
- Coordination of transportation
- Accompaniment to appointments
- Emotional and practical support
- ***Follow up, follow up, follow up!***



# Intervention Manual

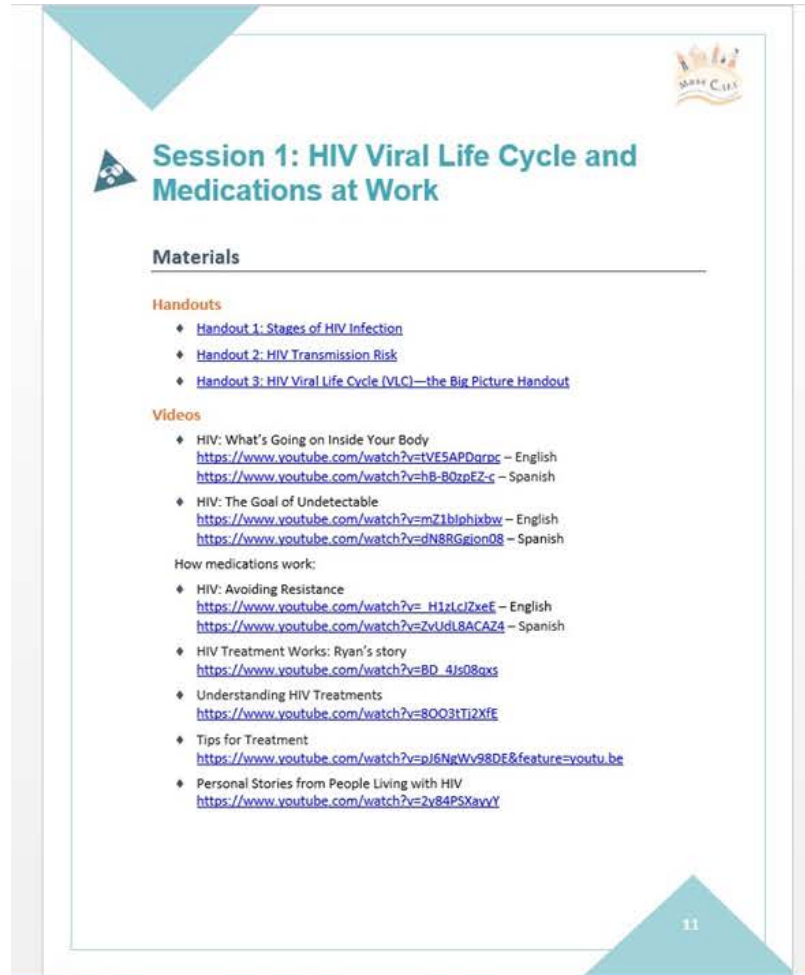



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- *Education sessions*
  - HIV Viral Life Cycle & Medications at Work
  - Treatment Adherence & Communication with Your Provider
  - Understanding Lab Values
  - Managing Stigma & Disclosure
  - Substance Use & Harm Reduction
  - HIV and Wellbeing









## Session 1: HIV Viral Life Cycle and Medications at Work

**Materials**

**Handouts**

- ♦ [Handout 1: Stages of HIV Infection](#)
- ♦ [Handout 2: HIV Transmission Risk](#)
- ♦ [Handout 3: HIV Viral Life Cycle \(VLC\)—the Big Picture Handout](#)

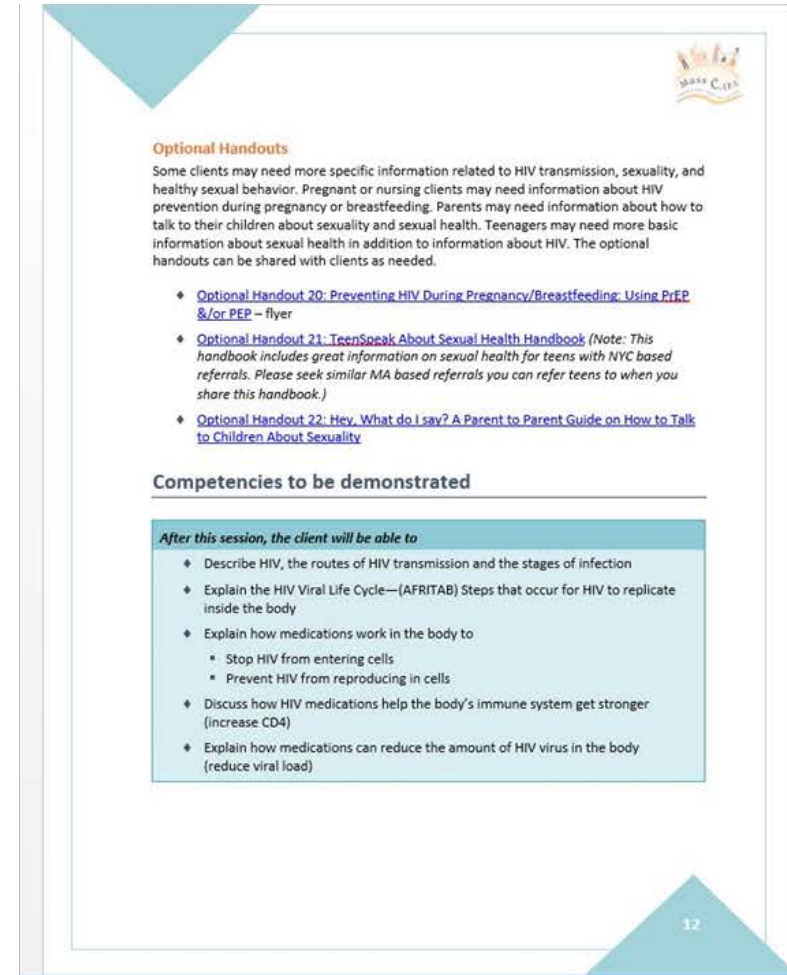
**Videos**


- ♦ HIV: What's Going on Inside Your Body  
<https://www.youtube.com/watch?v=tVESAPDdprc> – English  
<https://www.youtube.com/watch?v=hB-80zpEZ-s> – Spanish
- ♦ HIV: The Goal of Undetectable  
<https://www.youtube.com/watch?v=mZ1bJphikbw> – English  
<https://www.youtube.com/watch?v=dN8RGgion08> – Spanish

How medications work:

- ♦ HIV: Avoiding Resistance  
<https://www.youtube.com/watch?v=H1xtCjZxeE> – English  
<https://www.youtube.com/watch?v=ZvUdlBACA24> – Spanish
- ♦ HIV Treatment Works: Ryan's story  
[https://www.youtube.com/watch?v=BD\\_4Js08qxs](https://www.youtube.com/watch?v=BD_4Js08qxs)
- ♦ Understanding HIV Treatments  
<https://www.youtube.com/watch?v=80Q3tI2XfE>
- ♦ Tips for Treatment  
<https://www.youtube.com/watch?v=pJ6NgWv98DE&feature=youtu.be>
- ♦ Personal Stories from People Living with HIV  
<https://www.youtube.com/watch?v=2v84PSXavvY>

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**Optional Handouts**

Some clients may need more specific information related to HIV transmission, sexuality, and healthy sexual behavior. Pregnant or nursing clients may need information about HIV prevention during pregnancy or breastfeeding. Parents may need information about how to talk to their children about sexuality and sexual health. Teenagers may need more basic information about sexual health in addition to information about HIV. The optional handouts can be shared with clients as needed.

- ♦ [Optional Handout 20: Preventing HIV During Pregnancy/Breastfeeding: Using PrEP &/or PEP](#) – flyer
- ♦ [Optional Handout 21: TeenSpeak About Sexual Health Handbook](#) (Note: This handbook includes great information on sexual health for teens with NYC based referrals. Please seek similar MA based referrals you can refer teens to when you share this handbook.)
- ♦ [Optional Handout 22: Hey, What do I say? A Parent to Parent Guide on How to Talk to Children About Sexuality](#)

**Competencies to be demonstrated**

*After this session, the client will be able to*

- ♦ Describe HIV, the routes of HIV transmission and the stages of infection
- ♦ Explain the HIV Viral Life Cycle—(AFRITAB) Steps that occur for HIV to replicate inside the body
- ♦ Explain how medications work in the body to
  - Stop HIV from entering cells
  - Prevent HIV from reproducing in cells
- ♦ Discuss how HIV medications help the body's immune system get stronger (increase CD4)
- ♦ Explain how medications can reduce the amount of HIV virus in the body (reduce viral load)

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**Instructions**

Review the following handouts with the client:

- ✓ **Stages of Infection**—this handout outlines the stages of HIV infection. Review and discuss these stages with the client.
- ✓ **HIV Transmission Risk**—this handout is designed to support a conversation about HIV transmission risk in relation to the listed activities. Ask the client to identify which of the activities is high risk, low risk or no risk—and why. These could also be turned into flashcards. These activities can all be distilled down to blood, sexual fluids, saliva, sweat, tears (bodily fluids) and breast milk.
- ✓ **HIV Viral Life Cycle: The big picture**—walk the client through the HIV V.L.C. This will be important information to refer back to as you move into a discussion about medications in the next section of this session on HIV medications at work.

**Watch and discuss the videos:**

- ✓ HIV: What's Going on Inside Your Body  
<https://www.youtube.com/watch?v=H1GZLjVDEfw>

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### Session 1 – HIV Medications at Work

**Conversation starter:**

- HIV medications are beneficial for you; people living with HIV take medications to stay well. Because of HIV medicines, people with HIV are living longer, fuller lives. Many of us wouldn't be alive today if it weren't for them. Many people with HIV are living longer—10, 20, 30 years and beyond—because of HIV medications. You can do it too!
- Taking medications is one of the most important things you can do to take control of HIV.
- Each individual responds differently to medications: some people have side effects, while others have mild or no side effects; some people have side effects in the first 30 days and then they disappear. Because of this, once medication is prescribed it is important to stick to the schedule your doctor/clinician discussed with you and also not to judge how your body will respond to medications by other people's experiences but from your own experience. Be sure to report or write down any side effects; discuss them at your next doctor's appointment or call your doctor/clinician if the side effect is severe.
- Remember the benefits of taking medications outweigh any difficulty taking them. Remember, too, that if they don't work for you, your doctor/clinician can put you on different medications until you find the ones that are just right for you.
- We're fortunate today there are many medications to choose from, and newer medications have fewer side effects than the older ones.
- Taking medications can be complicated at first, but once you develop a daily routine, it gets easier.
- We can talk about ideas about how to remember to take medications on time and how to take them correctly. I will be here for you whenever you need support in taking your medications.
- It's a big commitment, but one that eventually becomes second nature for most, and one that could bring you good, stable health and longevity; people with HIV can be on medication for upwards of fifty years depending on their age of diagnosis.
- Together we—you, me, the doctor/clinician, care coordinator and everyone else involved in your care—can minimize any negative experiences you may (or may not) develop.
- Now, let's take a look at the goals of HIV medications and how they work to stop HIV from multiplying in order to give your immune system a fighting chance.
- Let's look at the different combination of medications that are available and where they work in the viral life cycle to reduce the virus. (Handouts)
- Thanks for taking the time to meet/talk with me today. Let's plan to talk again on \_\_\_\_\_.

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## Monthly implementation calls and quarterly CAATCH meetings

- Check-in on progress of intervention
  - How many new clients and how many existing clients
- Implementation barriers and facilitators
- Client barriers and facilitators
- Review of case studies
- Sharing of best practices
- Rapid cycle evaluation for adaptations

## **N = 73 clients (original intervention)**

- 416 Trying to locate/reach clients (when enrolled)
- 175 Appointment reminders
- 120 Assist with making appointment (housing/other services)
- 109 Mentor/coach around specific need/emotional support
- 86 Coordinate transportation
- 56 Assist with making health care appointment
- 11 Assist with making mental health/substance use health appt.
- 36 Accompany client to a medical appt.
- 5 Accompany client to MH/SU appointment

## HRSA Core Measures

- **VL Suppression**
  - numerator: VL < 200 copies/mL at last test during measurement year
  - denominator: one medical visit in the year
- **Medical Visit Frequency**
  - numerator: one visit in each 6 month period of 24 month period
  - denominator: one visit in first 6 months of 24 month period

# Outcomes



## VL Suppression

## Retained in care

**CY2013 (pre-intervention)**

78%

79%

**CY2014**

81%

87%

**CY2015**

84%

87%

**CY2016**

85%

91%

**CY2017**

84%

90%

**FY2018**

87%

93%

**CY2019**

92%

89%

As of FY19 a total of **88 clients across three currently funded sites were identified**

**99% have completed** the required sessions

- 13% were youth

Of the originally identified clients

- **89% are now engaged** in care
- **81% are now virally suppressed** with *another 5% showing improvement*



## *Bonita and Holly*

- Background
- Barriers to care
- Strategies implemented
- Lessons learned
- Beyond CAATCH



# Challenges and Opportunities



- Engagement takes A LOT of time contacting clients, again and again
  - Phone, text, home visits and/or community locations
- Continually identify new creative approaches
- Peers included in model a PLUS; access to EMR/EHR important
- Team approach to follow up within health system – all hands on deck approach
- Collaborative monthly calls with other sites facilitated by consultant to identify best practices, areas for adaptations, and technical assistance needs.
- COVID-19

# COVID-19 Adaptations

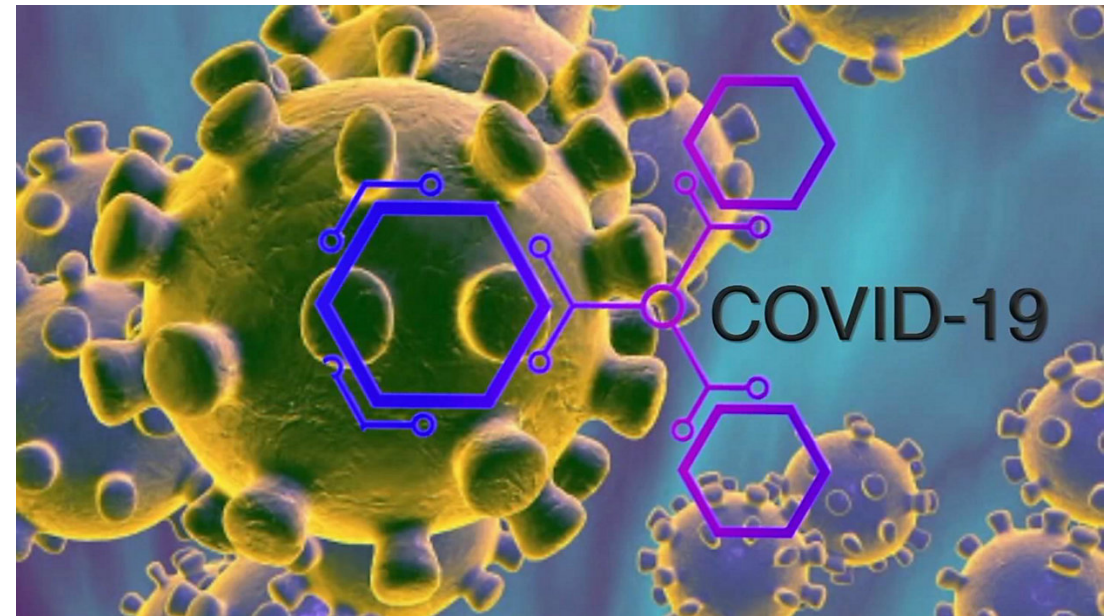
## *Guidelines for conducting CAATCH client sessions via phone*

### Preparation

- Determine client's ability to meet remotely considering home/living situation. Can they use a virtual meeting system like Webex? Or can they only meet via phone?
- Are they open to receiving materials via email prior to meeting (links to videos; handouts)?
- Do they have the capability (and privacy) to watch videos prior to your call?

### Schedule call or virtual meeting

- Send a calendar invitation if possible/useful to client
- Introduce the session – refer to script
- Review/discuss videos; handouts
- Discuss any barriers to adherence or concerns at this time
- Determine need for scheduling next session remotely to continue discussion on session or start new session



# Next Steps & Resources

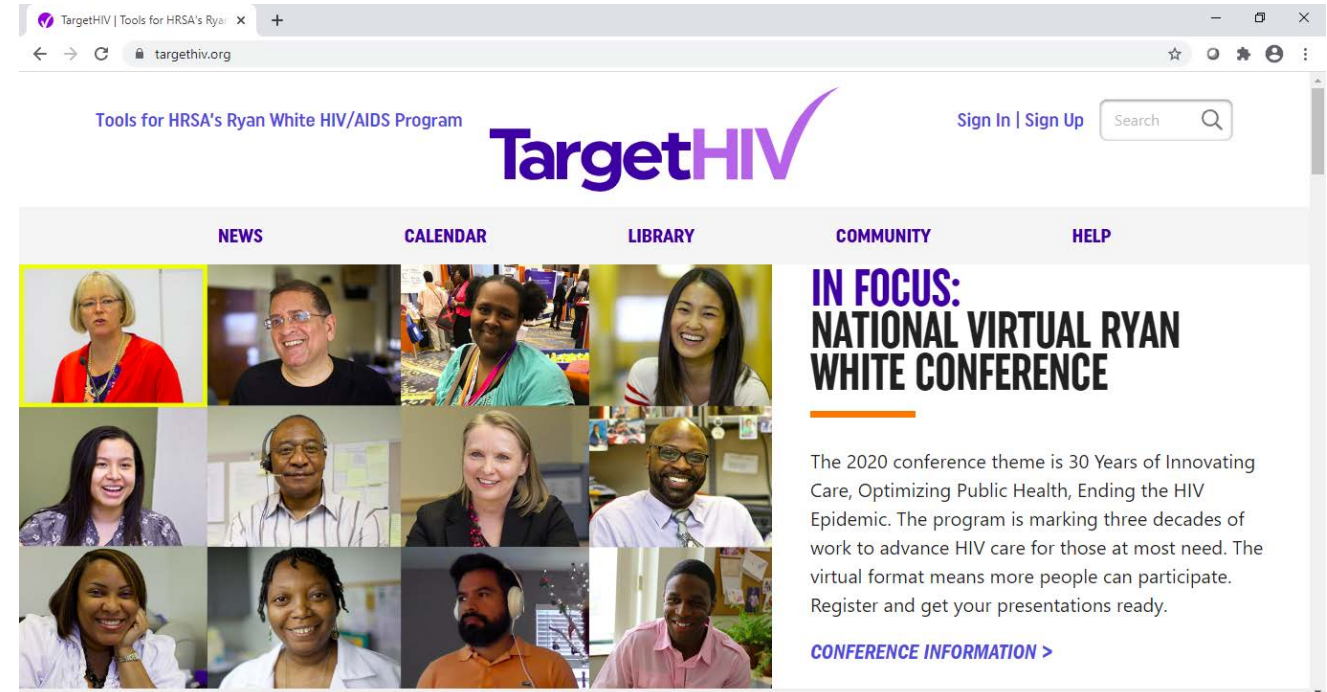


- Monitor CAATCH clients in the current COVID-19 pandemic
- Continue to identify and enroll clients who are new to the clinic or not meeting the outlined care milestones
- Interview CAATCH staff to write up additional client case studies
- Post and distribute CAATCH manual and materials to support dissemination and replication of Project CAATCH on TargetHIV and MassCare website

# Resources



- You can access the CAATCH manual in both English and Spanish on TargetHIV.



# Contact Information



## Contact us:

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