



IMPROVING HIV HEALTH OUTCOMES FROM A PERSON-CENTERED APPROACH

TRANSFORMING CARE CONFERENCE, COLUMBUS, OH – OCTOBER 19, 2017

Kelly Wesp, PhD

Bonney Harnish, PhD, RN, LISW-S



Ryan White Parts A, B and C

Serving over 5,000 HIV patients annually

Covers 76 counties in Ohio

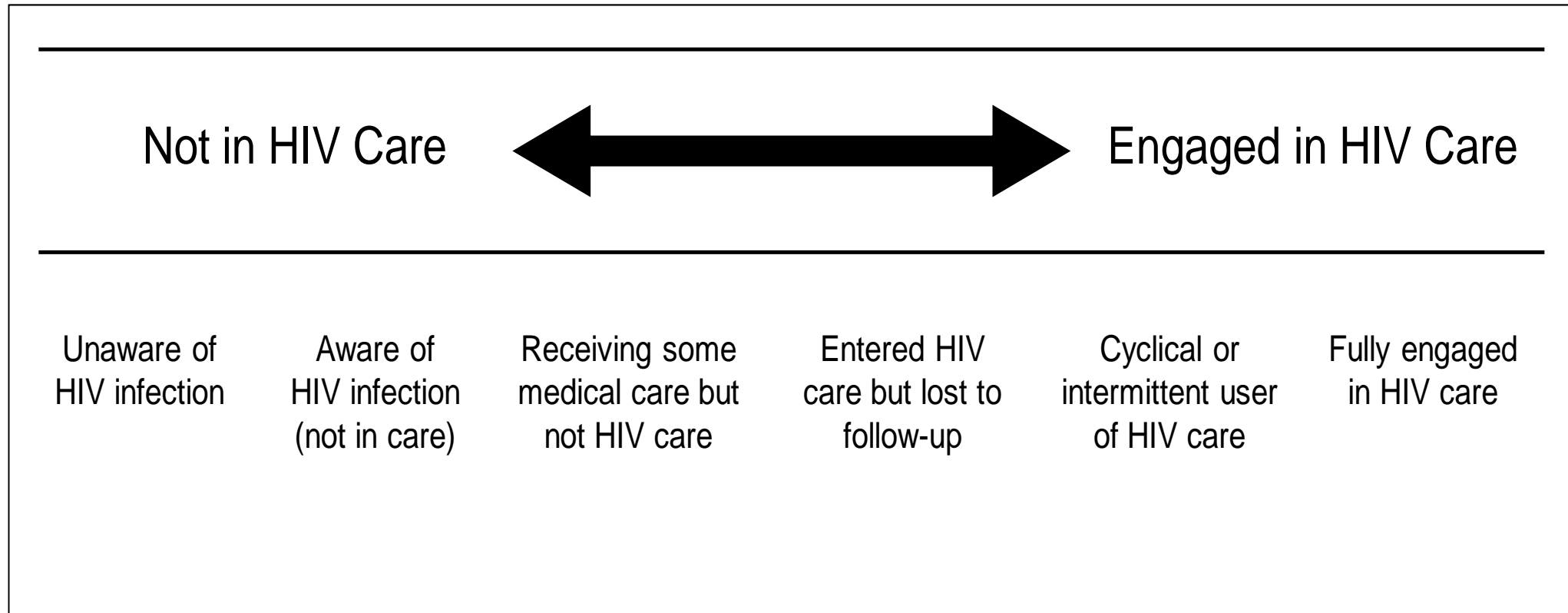
Services include: Housing, Medical Case Management, Non-Medical Case Management, Testing and Counseling, Behavioral Health Counseling, Linkage to Care, Medical (Primary Care), Pharmacy, and Dental

Quality Management Program includes: Data Management, Outcome Monitoring, Reporting, Performance Improvement Teams, Departmental QI Teams, Quality Committee, Program Evaluation

LEARNING OBJECTIVES

- Review of the HRSA HIV/AIDS Bureau Performance Measures and the HIV Cascade
- Learn about visit patterns of adults living with HIV who are served in an urban community-based health center over a number of years
- Gain an understanding of the relationship between social determinants of health, health care access and health outcomes
- Explore how the design of person-centered health outcomes can benefit people living with HIV and reduce health disparities

HIV CARE CONTINUUM



Adapted from

Eldred et al AIDS Patient Care STDs 2007;21(Suppl1):S1-S2

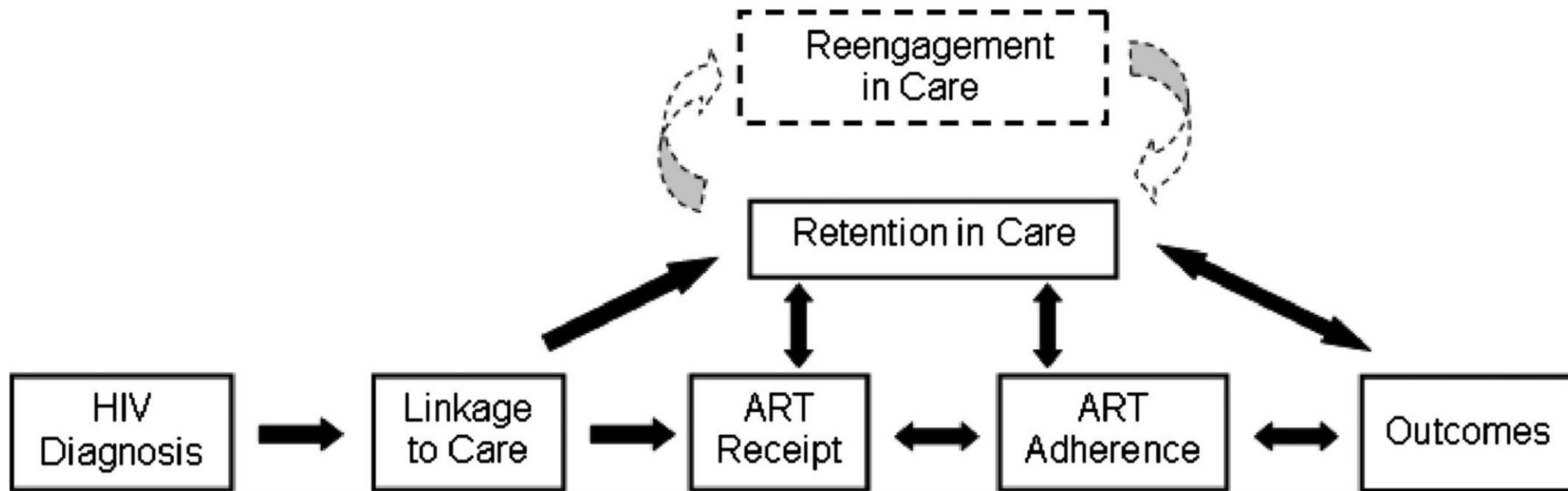
Cheever LW Clin Infect Dis 2007;44:1500-2

TREATMENT CASCADE

HIV CARE CONTINUUM:

THE SERIES OF STEPS A PERSON WITH HIV TAKES FROM INITIAL DIAGNOSIS THROUGH THEIR SUCCESSFUL TREATMENT WITH HIV MEDICATION





From: The State of Engagement in HIV Care in the United States: From Cascade to Continuum to Control

Clin Infect Dis. 2013;57(8):1164-1171. doi:10.1093/cid/cit420

Clin Infect Dis | © The Author 2013. Published by Oxford University Press on behalf of the Infectious Diseases Society of America. All rights reserved. For Permissions, please e-mail: journals.permissions@oup.com.

WHAT ARE WE MEASURING?

What does “retention in care” mean?

- Infectious disease specialty care? Primary care?

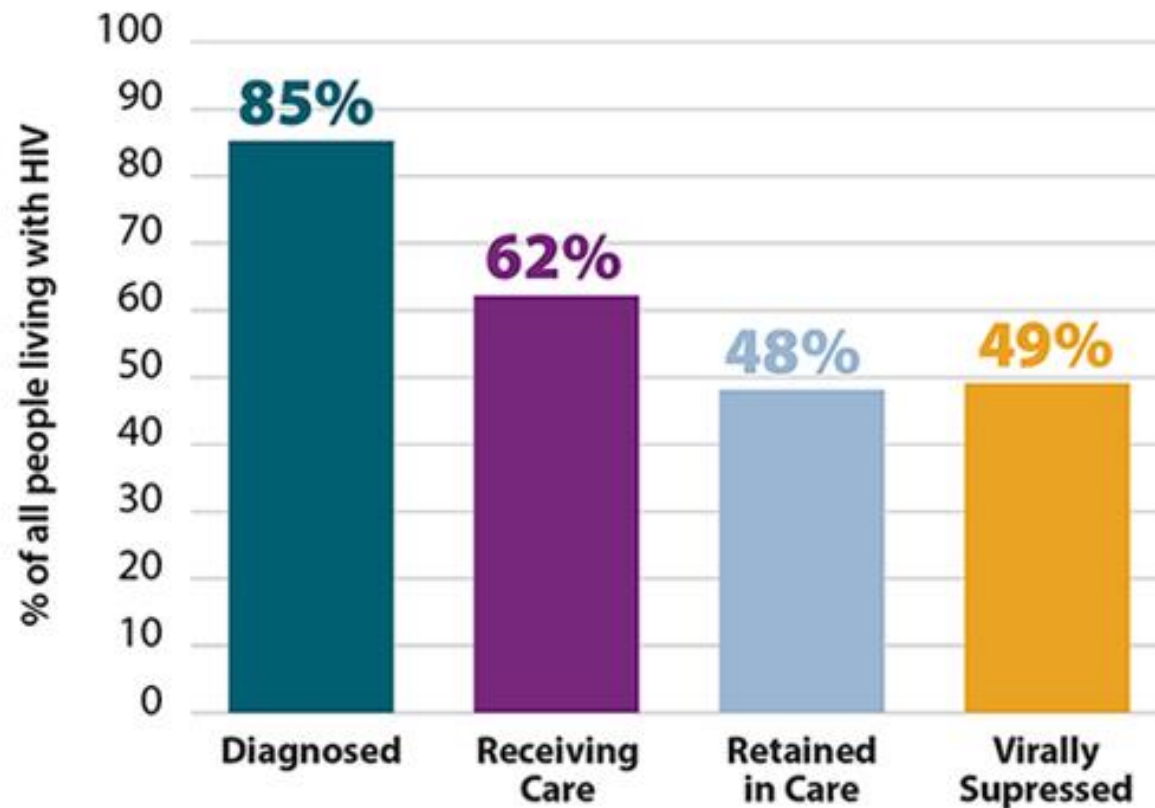
ART Prescribed \neq ADHERENCE

Does VL Suppression = Whole Health?

Outcomes – focused on condition specific-indicators

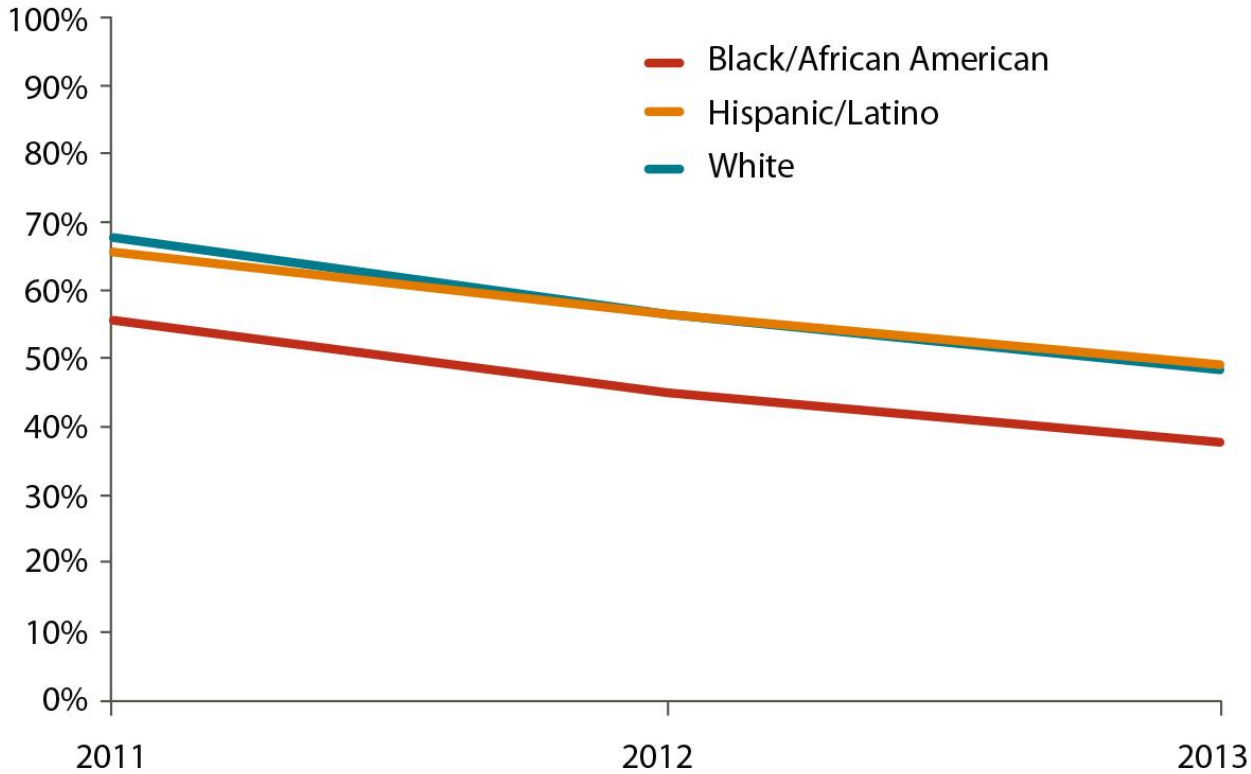
HIV Care Continuum, United States, 2014

An estimated 1.1 million people are living with HIV in the United States.



African Americans with HIV are least likely to receive consistent medical care

Retention in care declines across racial/ethnic groups within first three years



Percentage of people diagnosed with HIV in 2010 who remained in care in 2011, 2012, and 2013.

Source: U.S. Centers for Disease Control and Prevention

EQUITAS HEALTH CO-HORT DATA

Review of PLWH served at Equitas Health from 2014-2016

Identified patterns of treatment adherence for a sample of 939 patients across two urban clinics

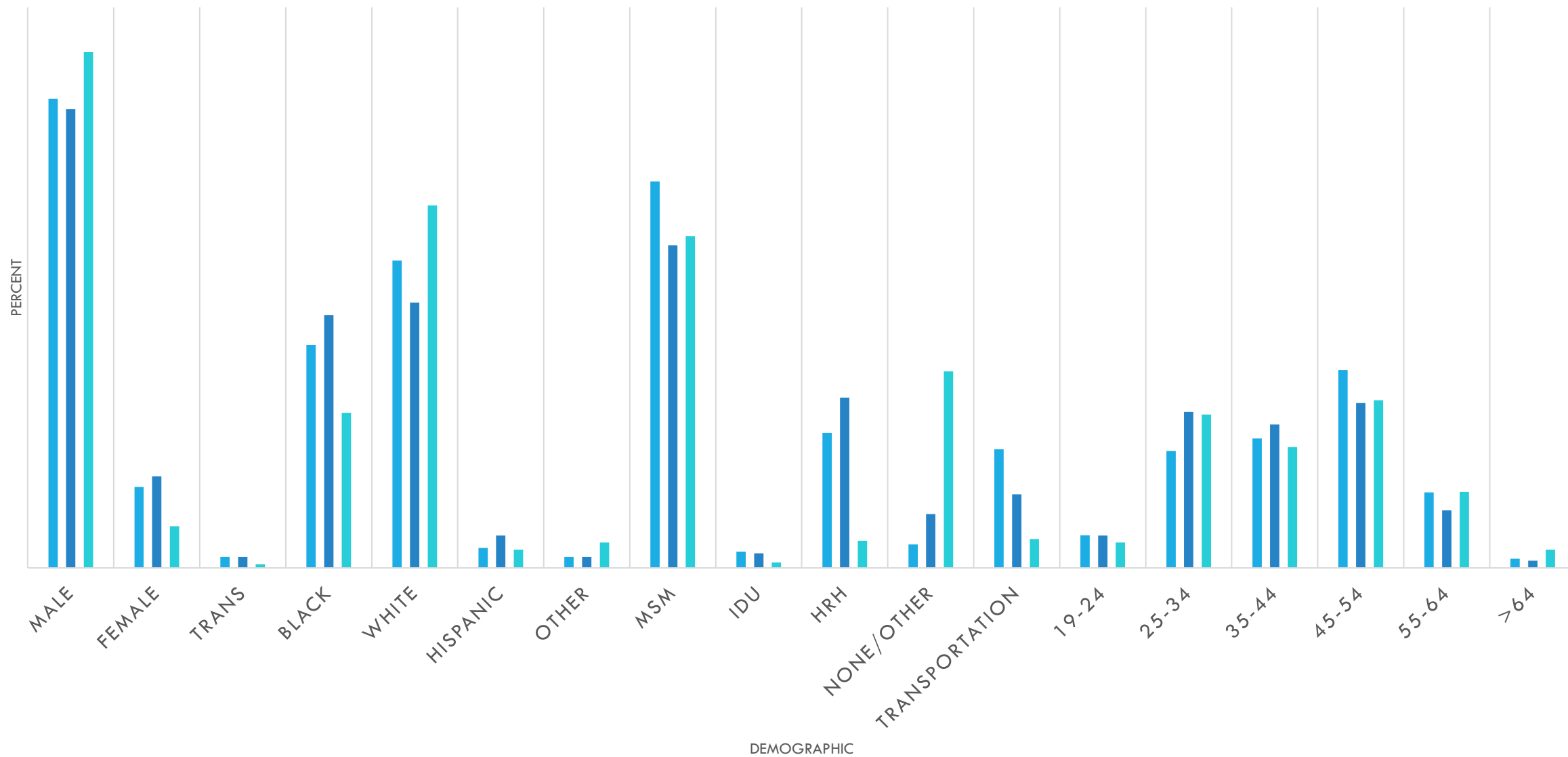
Data was grouped into 2 year time frames divided into 6 month segments

~33% maintained regular visit pattern (every 6 months)

~33% were irregular but retained (not included in retention measures)

~33% had a risky visit pattern (potentially lost to care)*

2012-2016 RETENTION RANKING BASED ON GENDER, RACE, HIV RISK & AGE RANGE

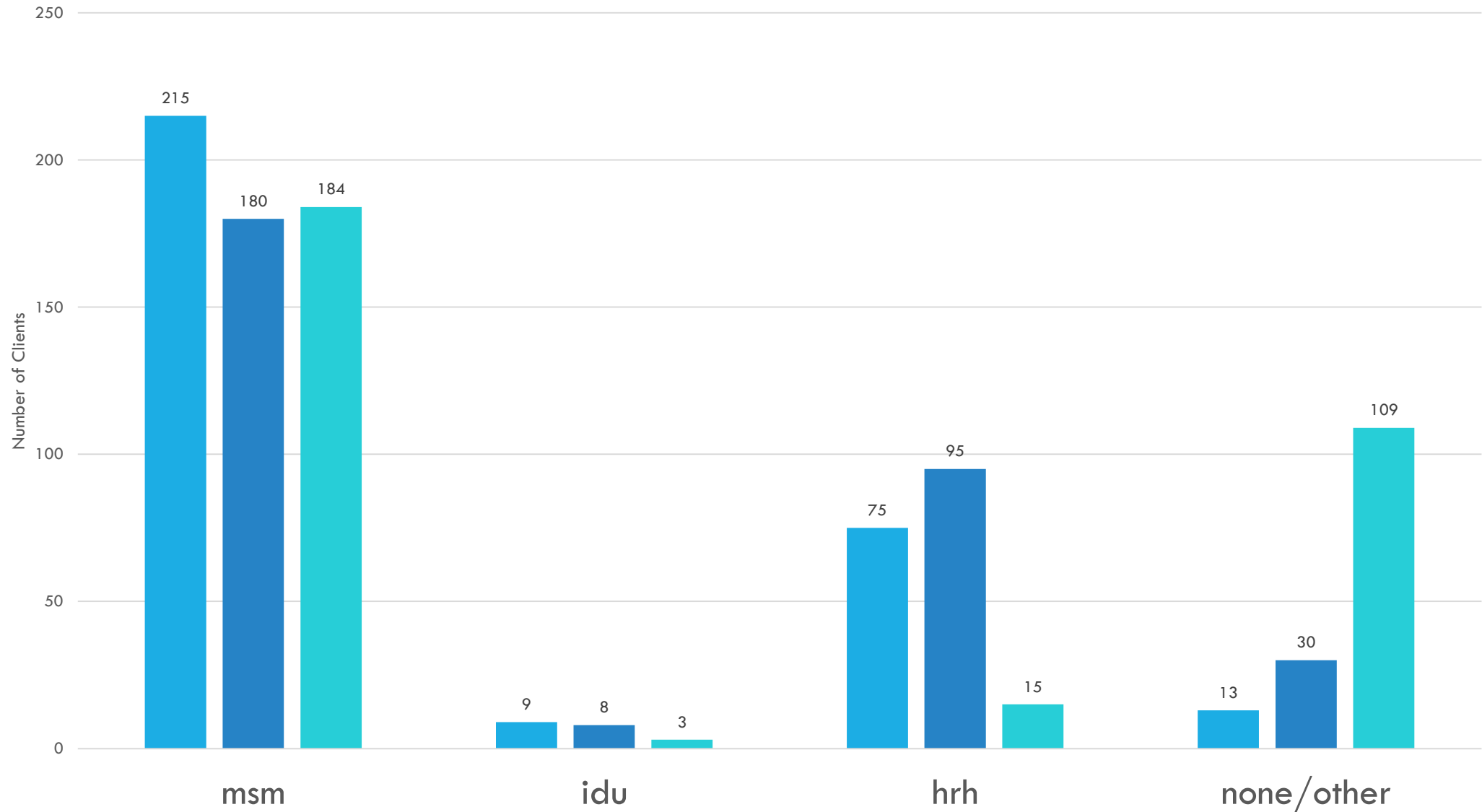


PREDICTORS OF NON-ADHERENCE

- Stress and stressful life events
 - Mugavero et al. found that 87% of patients with 6 or more stressors missed taking their medication
- Low Literacy
- Extreme Poverty
- Multiple Chronic Conditions
- Low Self-Efficacy in Younger Patients
- Neurocognitive Functioning in Older patients

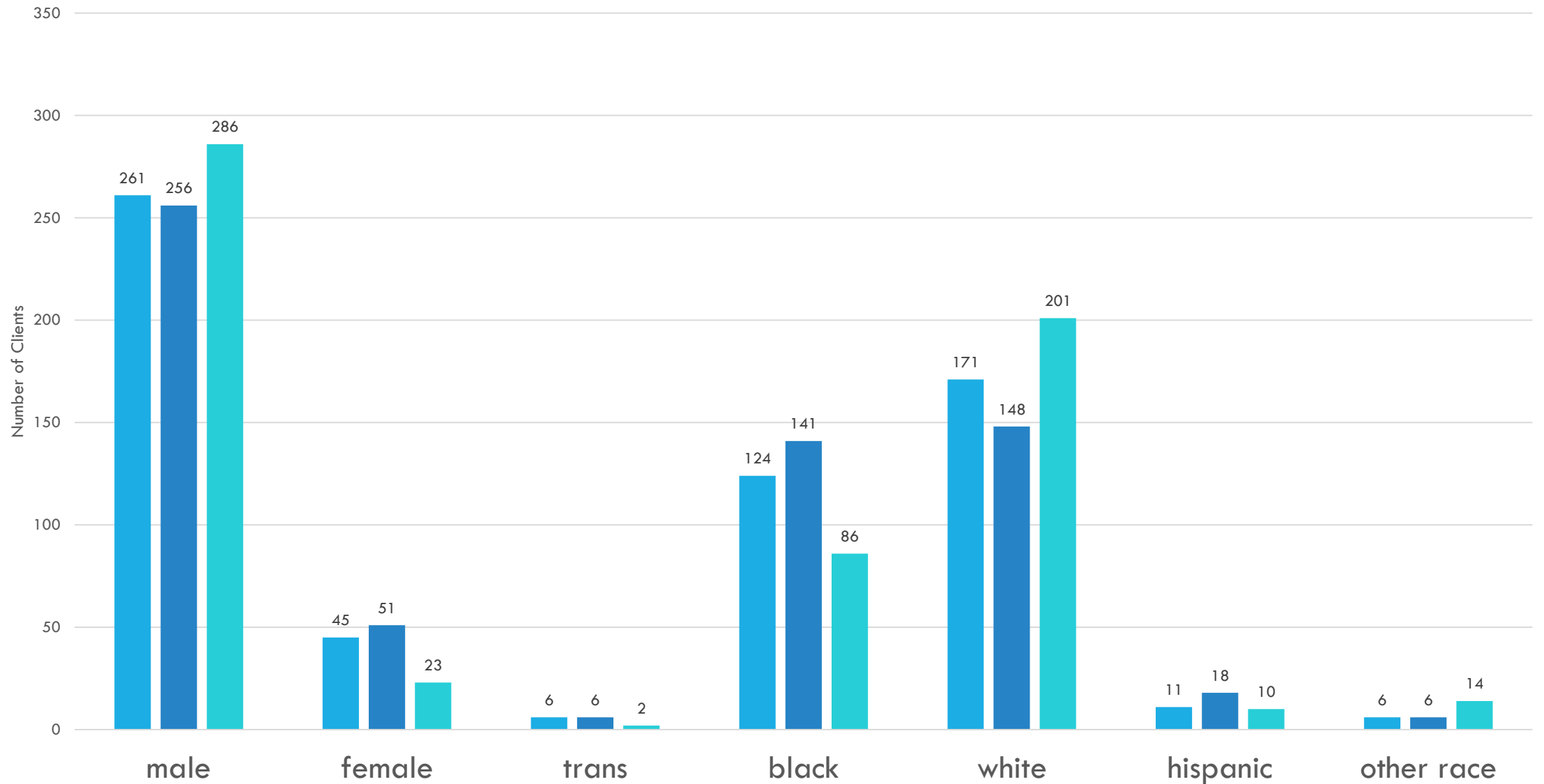
Summary of Visit Patterns 2012-2016

Risk

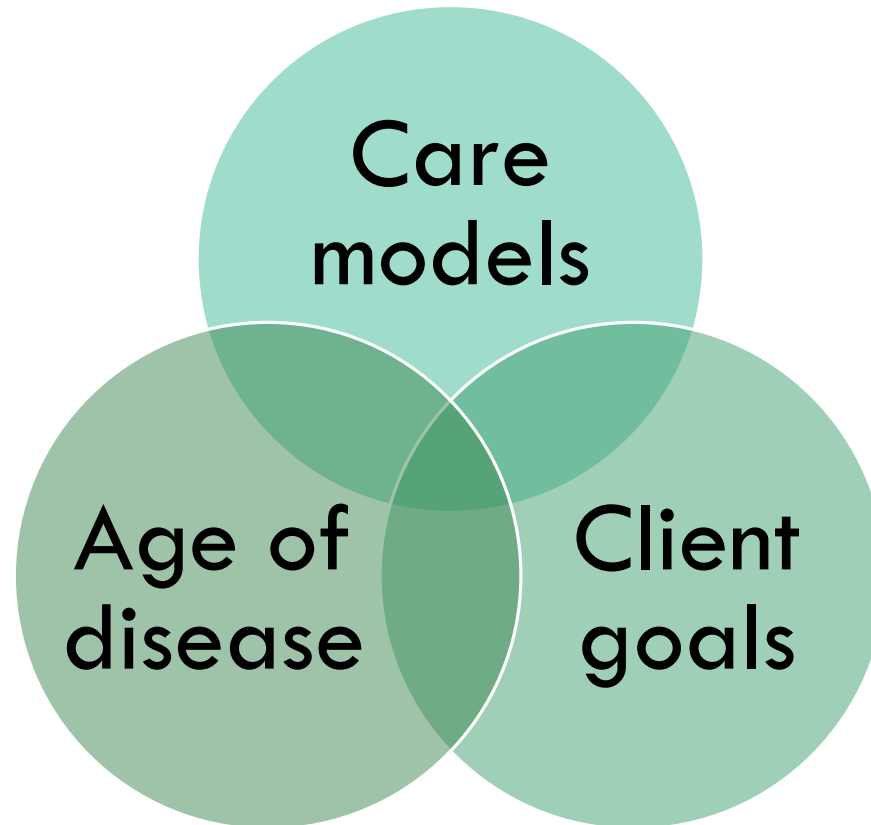


Summary of visit Patterns from 2012-2016

Race and Gender



WHAT INFLUENCES HEALTH OUTCOMES



PATIENT-CENTERED OUTCOMES

1. Outcomes that span conditions
2. Aligning treatment toward patient goals
3. Patients can identify and articulate which health states are important to them



HEALTH LITERACY AND HEALTH OUTCOMES

Limited health literacy equates to:

- Infrequent use of healthcare
- Difficulty following medical instructions
- Low rates of adherence to treatment
- Poor knowledge about disease and disease progression
- Lower life expectancy

LOW HEALTH LITERACY AND HEALTHCARE COSTS

<https://youtu.be/TecSmh3Ur7s>

BRIEF ESTIMATE OF HEALTH KNOWLEDGE AND ACTION — HIV VERSION (BEHKA-HIV)

Screening/Assessment Tool completed by patients for understanding of HIV disease

- 8 Questions
- 5th Grade Reading level or administered in an interview
- Cronbach's α : Knowledge=.73, Action=.79

Knowledge items:

- What is a CD4 Count?
- Is the goal of treatment to make the CD4 Count go up or down?
- What is a viral load?
- Is the goal of treatment to make the viral load go up or down?

BEHKA-HIV 8

Action Items:

I don't take my medications:

- when they make me feel bad
- when I am tired
- when I am feeling down or low
- because it tastes bad
- when I feel good

HEALTH LITERACY PILOT

- Sample of 68 patients living with HIV and co-occurring mental health issues
- Prescribed ART but not virally suppressed
- All patients are at 300% FPL or lower
- Peer to peer interventions to assess health literacy using BEHKA-HIV

Expected outcomes:

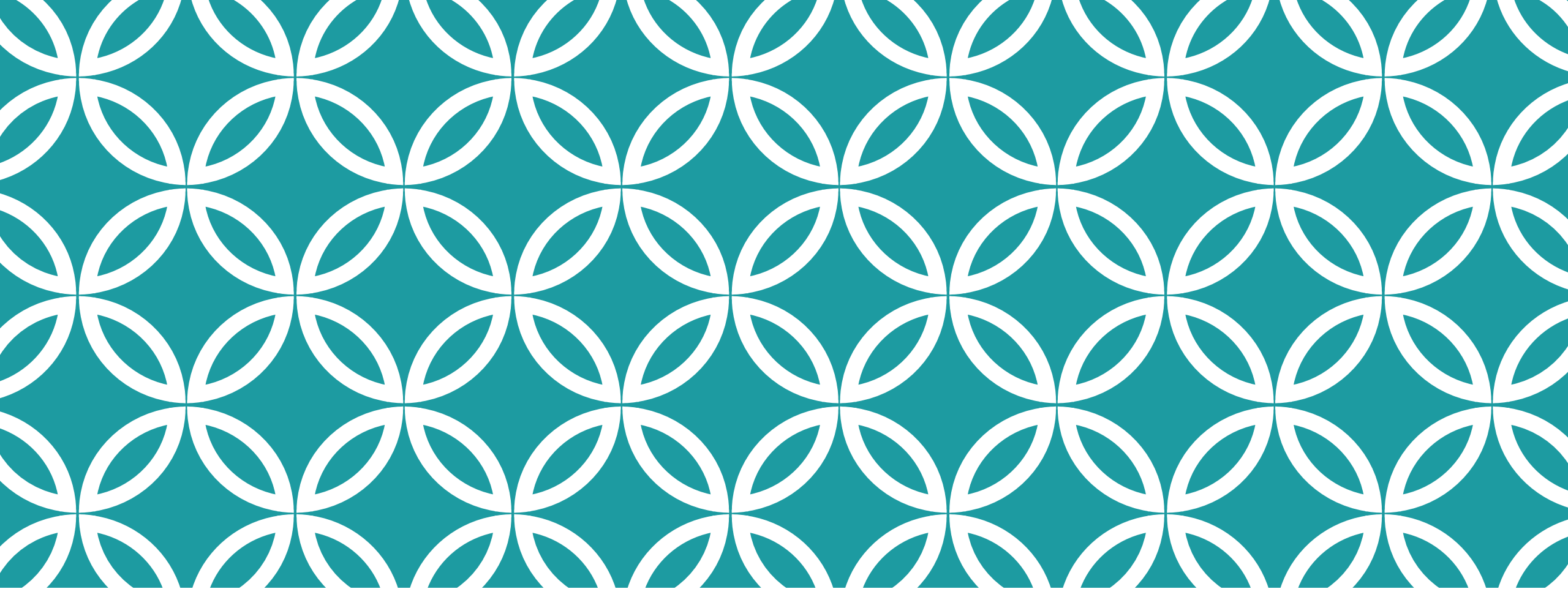
- Increased health literacy
- VL Suppression
- Reduced health disparities



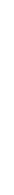
FURTHER CONSIDERATIONS & DISCUSSION

Complications from long term treatment

Co-morbidities with aging



QUESTIONS??



RESOURCES

Barclay et al. (2007). Age-associated predictors of medication adherence in HIV-positive adults: Health beliefs, self-efficacy, and neurocognitive status. *Health Psychology* 26(1): 40-49.

Miles, A., & Loughlin, M. (2011). Models in the balance: evidence-based medicine versus evidence-informed individualised care. *Journal of Evaluation in Clinical Practice* 17, 531 – 536.

Miles, A., & Mezzich, J. (2011). The care of the patient and the soul of the clinic: person-centered medicine as an emergent model of modern clinical practice. *The International Journal of Person Centered Medicine* 1.2, 207-222.

Mugavero MJ, Raper JL, Reif S, Whetten K, Leserman J, Thielman NM, Pence B. Overload: impact of incident stressful events on antiretroviral medication adherence and virologic failure in a longitudinal, multisite human immunodeficiency virus cohort study. *Psychosom Med.* 2009 Nov;71(9):920–6.

Osborn, C. Y., Davis, T. C., Baily, S. C., & Wolf, M. S. (2010). Health literacy in the context of HIV treatment: Introducing the Brief Estimate of Health Knowledge and Action (BEHKA)- HIV. *AID Behavior*, 14, 181-188.

Osborn, C. Y., Paasche-Orlow, M. K., Davis, T. C., & Wolf, M. S. (2007). Health literacy: An overlooked factor in understanding HIV health disparities. *American Journal of Preventive Medicine*, 33(5), 374–378.

Reuben, D. B., & Tinetti, M. E., (2012). Goal-Oriented Patient Care: An Alternative Health Outcomes Paradigm. *New England Journal of Medicine*, 366, 777-779.

CONTACT INFORMATION

Kelly Wesp, PhD

kellywesp@equitashealth.com

Bonney Harnish, PhD, RN, LISW-S

bonneyharnishi@equitashealth.com

