Public Health
Seattle & King County

UNIVERSITY of WASHINGTON

The MAX Clinic: A Structural Healthcare Systems Intervention Designed to Engage the Hardest-to-Reach Persons Living with HIV/AIDS

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Disclosures

I have conducted contracted STD clinical research supported by grants to the University of Washington from the following companies

-Genentech

-ELITech

-Hologic

-Melinta Therapeutics

-Curatek

-Quidel

Background

- Lack of evidence to guide HIV care re-engagement
  - counseling, navigation, referral to support services, peer support, contingency management
  - very few controlled studies
- Do not need the same intervention for everyone
  - Goal: adaptive interventions with graded intensity
- Most interventions attempt to re-engage patients into the same HIV care system from which they disengaged
- Can we change the structure of care available to patients?

Context: Public Health – Seattle & King County HIV Care Re-engagement Activities

Health Department-Based Data to Care

Surveillance-based outreach and relinkage assistance*

Clinic-Based Data to Care

HIV Clinic
Surveillance-Informed Patient Tracing*

ER & Hospital
Real-time data match + text message to relinkage team

MAX Clinic ("MAXimum assistance")
for patients who do not or can not engage in traditional HIV healthcare despite intensive outreach assistance

**Sources: Dombrowski et al, IAS 2015; Bove et al, JAIDS, 2015*

Study Objective

- To evaluate the characteristics and HIV care outcomes of patients enrolled during the first year of the MAX Clinic

Patient Recruitment for MAX Clinic

- Eligibility criteria
  - Viral load (VL) >1000 copies/mL or no VL for ≥12 months and off antiretroviral therapy, AND
  - Failure to re-engage in care with public health and clinical outreach assistance, AND
  - No history of violence toward clinical staff.
- Routes of Identification
  - Public health relinkage and partner services activities
  - Medical provider referral
  - Case managers or navigator referral (clinics, CBOs, jail)
  - Peer referral (occurred spontaneously, now incorporated into model)

MAX Clinic Components

Identification of Potential MAX Patients

Case Coordinators [Disease Intervention Specialists (DIS)] — 2.0 FTE

- Intensive support & outreach
- Single point of contact for patients & providers
- Calls, text messages
- Meet patients in hospital, clinic, home, or jail

Enrollment of Patients in MAX Clinic

- **Walk-in medical care**, 5 afternoons per week (in STD Clinic) — 0.5 FTE
- **Snacks and meal vouchers** (each visit, up to once weekly)
- **Cell phones and bus passes** (contingent renewal) — 0.1 FTE
- **Cash incentives** (q2 months)
  - $25 for visit + lab draw
  - $100 for suppressed VL & 1x bonus for 3 in a row ($100)

Descriptive Analysis

- Prospectively tracked
  - Enrolled in MAX Clinic: ≥1 visit with MD & case coordinator
  - "Engaged" in MAX Clinic: ≥2 visits
  - Started or re-started ART (prescribed, picked up, patient reported starting)
  - Ever suppressed: Achieved ≥1 VL<200 copies/mL
  - "Currently" suppressed: Most recent VL<200 copies/mL
- Retrospectively reviewed
  - patient demographics, substance use, unstable housing, HCV coinfection at time of MAX Clinic linkage

Patients Enrolled in MAX Clinic Jan-Dec 2015 (N=50)

Gender	
Male	37 (74%)
Female	11 (22%)
Transgender	2 (4%)
Race/ethnicity	
Non-Hispanic White	28 (56%)
Non-Hispanic Black	12 (24%)
Hispanic	2 (4%)
Other	8 (16%)
Age, years	
<30	10 (20%)
30-49	29 (58%)
≥50	11 (22%)

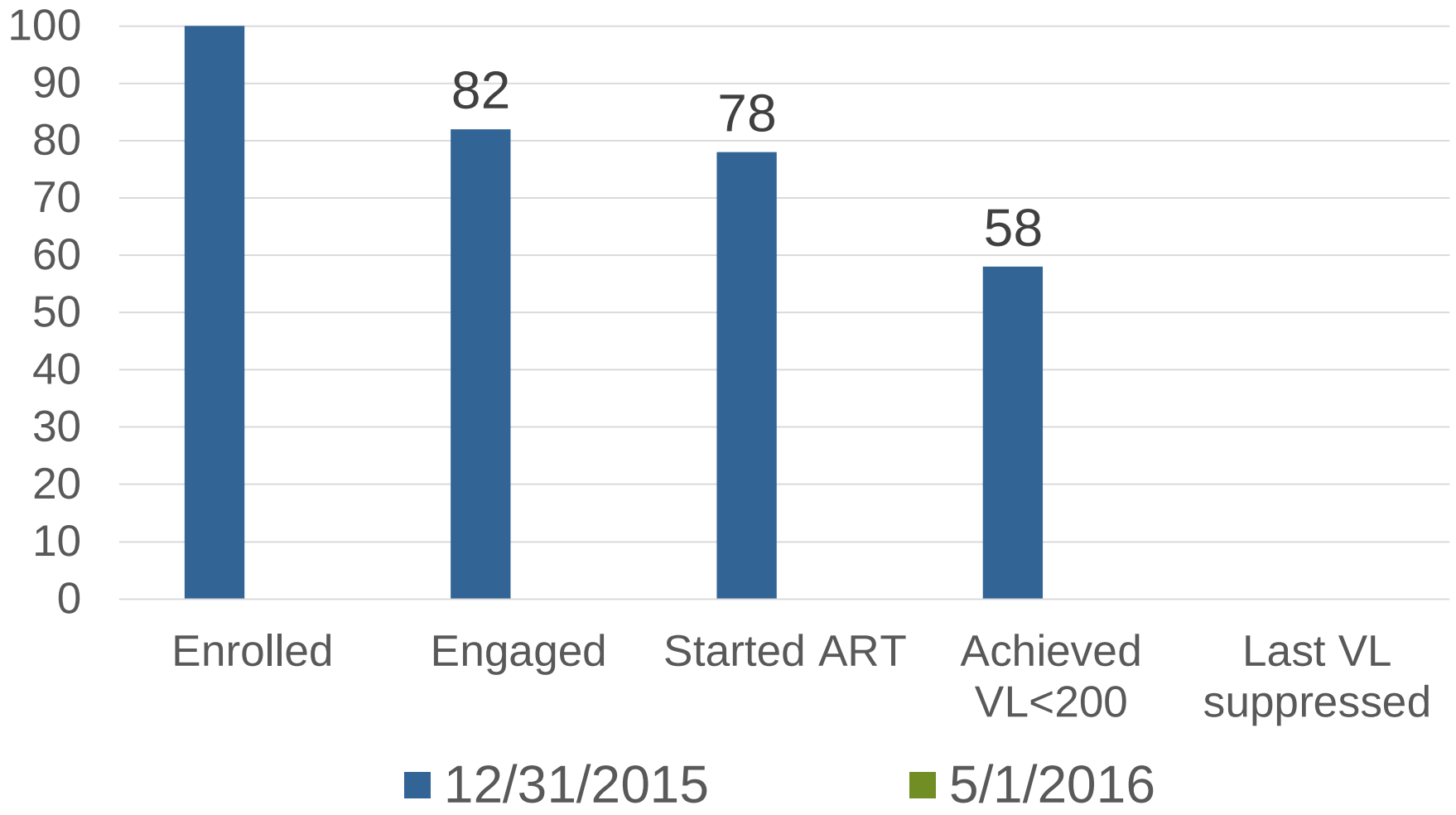
Patients Enrolled in MAX Clinic Jan-Dec 2015 (N=50)

Referral Source	
Provider/Case Manager	23 (46%)
Public Health Outreach	23 (46%)
Peer	4 (8%)
CD4 count (cells/mm^3)*	
<200	27 (54%)
200-500	15 (30%)
>500	6 (12%)
Illicit stimulant or opioid use**	44 (88%)
Unstable housing	29 (58%)
Hepatitis C co-infection	17 (34%)

*CD4 count missing for 2 patients

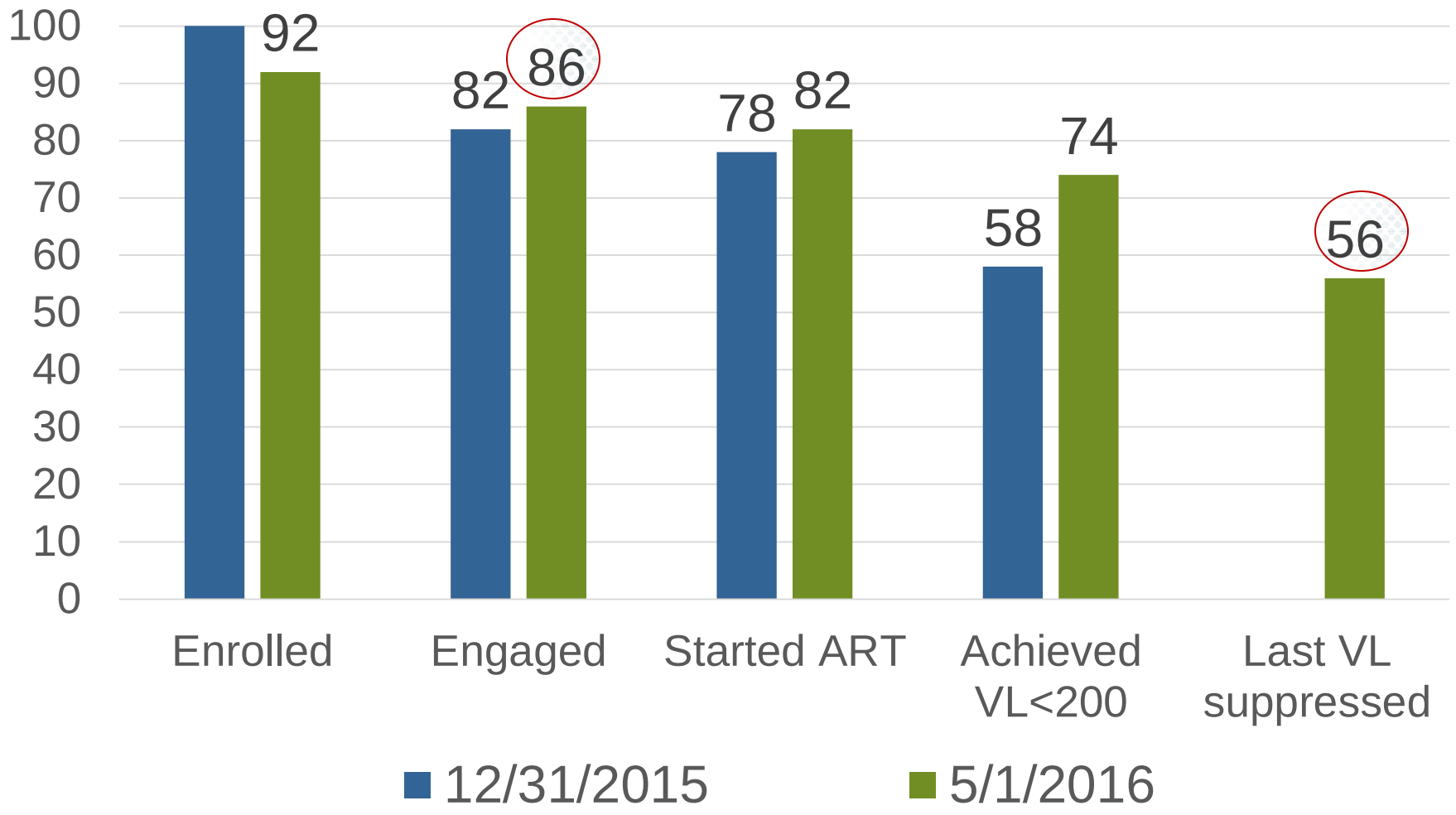
**Reported using methamphetamine, crack-cocaine, cocaine or heroin in past 12 months, at time of enrollment

HIV Care Continuum Outcomes (N=50)



Median enrollment: 5 months 9 months

HIV Care Continuum Outcomes (N=50)



Median enrollment: 5 months 9 months

Summary

- Of 50 patients enrolled in year 1 of the MAX Clinic
  - Vast majority (88%) used illicit stimulants or opioids
  - 0% viral suppression at baseline -> 58% suppression at a median of 5 months
  - Viral rebound after suppression was common
- Key limitations
  - Single site
  - No control group

Conclusions

- An alternative HIV care model that includes walk-in access, intensive outreach support, and incentives can engage patients with complex barriers to care.
- A controlled study is needed to more definitively assess the intervention’s impact.

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  - Medical providers: WA State Dept of Health (0.3 FTE) and other sources (0.2 FTE)
  - Case management: Ryan White Part C (medical) and Part A (non-medical)
  - Food vouchers: Ryan White Part A
  - Snacks, cell phones: Flexible health department funds
  - Financial incentives and unrestricted bus passes: CFAR supplement
  - Analysis: **CFAR supplement (P30 AI 027757-28S1)**