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

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Abstract 125
Disclosures

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- 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 cannot 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)]**
- 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)
- **Snacks and meal vouchers** (each visit, up to once weekly)
- **Cell phones and bus passes** (contingent renewal)
- **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: \(\geq 1\) visit with MD & case coordinator
  - “Engaged” in MAX Clinic: \(\geq 2\) visits
  - Started or re-started ART (prescribed, picked up, patient reported starting)
  - Ever suppressed: Achieved \(\geq 1\) 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)**

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
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<tbody>
<tr>
<td>Male</td>
<td>37 (74%)</td>
</tr>
<tr>
<td>Female</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>Transgender</td>
<td>2 (4%)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Race/ethnicity</th>
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<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>28 (56%)</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>2 (4%)</td>
</tr>
<tr>
<td>Other</td>
<td>8 (16%)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Age, years</th>
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<tbody>
<tr>
<td>&lt;30</td>
<td>10 (20%)</td>
</tr>
<tr>
<td>30-49</td>
<td>29 (58%)</td>
</tr>
<tr>
<td>≥50</td>
<td>11 (22%)</td>
</tr>
</tbody>
</table>
### Patients Enrolled in MAX Clinic Jan-Dec 2015 (N=50)

<table>
<thead>
<tr>
<th>Referral Source</th>
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<tbody>
<tr>
<td>Provider/Case Manager</td>
<td>23 (46%)</td>
</tr>
<tr>
<td>Public Health Outreach</td>
<td>23 (46%)</td>
</tr>
<tr>
<td>Peer</td>
<td>4 (8%)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>CD4 count (cells/mm$^3$)*</th>
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<tbody>
<tr>
<td>&lt;200</td>
<td>27 (54%)</td>
</tr>
<tr>
<td>200-500</td>
<td>15 (30%)</td>
</tr>
<tr>
<td>&gt;500</td>
<td>6 (12%)</td>
</tr>
</tbody>
</table>

| 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)

- Enrolled: 100%
- Engaged: 82%
- Started ART: 78%
- Achieved VL<200: 58%
- Last VL suppressed: Median enrollment: 5 months

- Median enrollment as of 12/31/2015: 5 months
- Median enrollment as of 5/1/2016: 9 months
HIV Care Continuum Outcomes (N=50)

- **Enrolled**: 92%
- **Engaged**: 82% to 86%
- **Started ART**: 78% to 82%
- **Achieved VL<200**: 58%
- **Last VL suppressed**: 56%

**Median enrollment**: 5 months

**12/31/2015**

**5/1/2016**
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.
Acknowledgements

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- The MAX Clinic is jointly administered by Public Health – Seattle & King County and the Madison Clinic of Harborview Medical Center (RW Part C).
- Funding
  - Clinical care: Medicaid, Ryan White Part C
  - 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)**