Linkage and Retention in Care for Vulnerable Populations

Lisa R. Metsch
Columbia University

Adherence 2018 • June 8-10 • Miami
No Financial Disclosures or Conflicts

Study data presented here are supported by National Institutes on Drug Abuse, National Institute of Mental Health, and CDC
Persons with high levels of anxiety or depression symptoms and those reporting illicit drug or heavy alcohol use had no response to the intervention.
**Effect of Patient Navigation With or Without Financial Incentives on Viral Suppression Among Hospitalized Patients With HIV Infection and Substance Use: A Randomized Clinical Trial**

Lisa R. McElhinny, PhD; David J. Sweitzer, PhD; Lauren Gooden, PhD; Tim Matheron, PhD; Marissa Miller, PhD; Monpal Das, MD; Monika A. Jain, MD; Julie E. Hall, MD; Mary S. Hall, MD; Allison C. Hall, MD; Hyun H. Hwang, MD; M. Hand, MD; Grace A. Hwang, MD; Pamela Vergara-Volpe, MD; Jeffrey M. Jacobsen, MD; Michael J. Jagodzinski, MD; Meg Sohren, MD; Eric S. Eave, MD; Deborah K. McMahon, MD; Gabrielle C. Font, MD; Paul J. Callinan, MD; Paul C. Israels, MD; Paul J. C. Israels, MD; Jennifer C. Israels, MD; Ruth A. de Souza, MD; James L. Sorensen, PhD; Isaac D. Silber, MD; Mark A. Colter, MD; Grant M. Colley, MD; Carlos del Rio, MD.

**Importance**

Substance use is a major driver of the HIV epidemic and is associated with poor HIV care outcomes. Patient navigation care coordination with case management and the use of financial incentives for achieving predetermined outcomes are interventions increasingly implemented to engage patients in substance use disorder treatment and HIV care, but there is little evidence for their efficacy in improving HIV viral suppression rates.

**Objective**

To test the effect of a structured patient navigation intervention with or without financial incentives to improve HIV viral suppression rates among patients with elevated HIV viral loads and substance use recruited as hospital inpatients.

**Design, Setting, and Participants**

From July 2012 through January 2014, 801 patients with HIV infection and substance use from 11 hospitals across the United States were randomly assigned to receive patient navigation alone (n = 265), patient navigation plus financial incentives (n = 275), or treatment as usual (n = 266). HIV plasma viral load was measured at baseline and at 6 and 12 months.

**Interventions**

Patient navigation included up to 11 sessions of care coordination with case management and motivational interviewing techniques over 6 months. Financial incentives up to $1800 were provided for achieving targeted behaviors aimed at reducing substance use, increasing engagement in HIV care, and improving HIV outcomes. Treatment as usual was the standard practice at each hospital for linking hospitalized patients to outpatient HIV care and substance use disorder treatment.

**Main Outcomes and Measures**

The primary outcome was HIV viral suppression (≤200 copies/mL), relative to viral nonsuppression or death at the 12-month follow-up.

**Results**

Of 801 patients randomized, 36.0% (293/801) were women (mean [SD] age, 44 [6.6] years [100 [20] years]). There were no differences in rates of HIV viral suppression versus non-suppression or death among the 3 groups at 12 months. Lightly to non-suppression of 240 patients (31.5%) in the usual treatment group experienced treatment success compared with 88 of 240 patients (36.5%) in the navigation-only group for a treatment difference of 1.0% (95% CI, -6.8% to 10.0%; P = .80) and compared with 98 of 264 patients (37.1%) in the navigation plus incentives group for a treatment difference of 4.6% (95% CI, 0.0% to 9.2%; P = .06). The treatment difference between the navigation-only and the navigation plus incentives group was 2.8% (95% CI, -0.3% to 5.8%; P = .88).

**Conclusions and Relevance**

Among hospitalized patients with HIV infection and a substance use, patient navigation with or without financial incentives did not have a beneficial effect on HIV viral suppression relative to non-suppression or death at 12 months vs treatment as usual. These findings do not support these interventions in this setting.

---

**NIDA CTN 0049: Project HOPE**

*n=801 HIV-positive substance users, recruited from 11 hospitals in the US, 2012 - 2014*

**Viral Suppression Rate**

6-Months: $\chi^2(2)=6.54, p=.04$

Primary Outcome: $\chi^2(2)=0.78, p=.68$

<table>
<thead>
<tr>
<th></th>
<th>TAU</th>
<th>PN</th>
<th>PN+CM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>11.0%</td>
<td>11.3%</td>
<td>10.3%</td>
</tr>
<tr>
<td>6-months</td>
<td>33.6%</td>
<td>39.1%</td>
<td>46.2%</td>
</tr>
<tr>
<td>12-months</td>
<td>35.7%</td>
<td>38.6%</td>
<td>38.6%</td>
</tr>
</tbody>
</table>
Substance Use Disorder Treatment*

6-months:
PN vs. TAU p = .02
PN+CM vs. TAU p < .001

12-Months:
PN vs. TAU p = .68
PN+CM vs. TAU p = .68

*Self-report data
Rates of Substance use Remain High after 3 Years

Proportions Urinalysis Positive for Substance Use Over Time; Among Survivors

6 MONTH CTN-0049: 66%
12 MONTH CTN-0049: 68% (Patient Navigator), 59% (Patient Navigator + Contingency Management)
40 MONTH CTN-0064: 68% (Patient Navigator), 71% (Patient Navigator + Contingency Management), 60% (Treatment-as-Usual)
Addressing Care Needs of Persons Living with HIV and Substance Use Disorders

• Integrated HIV care and Substance Use Treatment
• Addressing Provider-level barriers
• Harm reduction – “Habitus from the Margins” (Lekas et al.)

By Nora D. Volkow and Julio Montaner

ANALYSIS & COMMENTARY

The Urgency Of Providing Comprehensive And Integrated Treatment For Substance Abusers With HIV

Poor access to effective substance abuse treatment is a major factor fueling HIV transmission.
Faster entry into HIV care among HIV-infected drug users who had been in drug-use treatment programs

Lytta J. Gardner, Gary Marks, Steffanie A. Strathdee, Anita M. Loughlin, Carlos del Rio, Peter Kernoff, Pamela Mahoney, Marc A. Pitsi, Lisa R. Metch

ARTICLE INFO

Article history:
Received 10 December 2015
Revised 21 April 2016
Accepted 7 May 2016
Available online 27 May 2016

Keywords:
HIV
Substance use
Randomized trial
Linkage to HIV medical care

ABSTRACT

Objective: We evaluated whether being in drug use treatment improves linkage to HIV medical care for HIV-infected drug users. We assessed whether an evidence-based intervention for linkage to care (ARTAS) works better for HIV-infected drug users who had been in drug use treatment than those who had not.

Methods: Randomized trial.

Methods: 295 Participants in the Antiretroviral Treatment Access Study (ARTAS) trial were followed for time to first HIV medical care. Drug use (injected and non-injected drugs) in the last 30 days and being in drug treatment in the last 12 months were assessed by audio-CASI. We used a proportional hazard model of time to care in drug users with and without drug treatment, adjusting for barriers to care, AIDS symptoms, and demographic factors. We tested whether drug treatment modified the intervention effect by using a drug use x drug treatment interaction term.

Results: Ninety-nine participants (34%) reported drug use in the 30 days before enrollment. Fifty-three (18%) reported being in a drug treatment program in the last 12 months. Drug users reporting methadone maintenance were engaged in care in less than half the time of drug users without a treatment history [HR 2.97 (1.20, 6.21)]. The ARTAS intervention effect was significantly larger for drug users with a treatment history compared to drug users without a treatment history [AHR 5.40 (95% CI, 2.03–14.38)].

Conclusions: Having been in drug treatment programs facilitated earlier entry into care among drug users diagnosed with HIV infection, and improved their response to the ARTAS linkage intervention.

Published by Elsevier Ireland Ltd.

1. Introduction

Timely entry into HIV medical care after being diagnosed with HIV infection is essential in helping patients attain the full health benefits of antiretroviral therapy (ART). The 2020 National HIV/AIDS strategy (Office of National AIDS Policy, 2015) and the 2015 World Health Organization Guidelines (WHO, 2015) have a major focus on linkage to care; one of the United States (U.S.) indicators that will be used to measure success of the U.S. National HIV/AIDS strategy is linkage to HIV care within 30 days of HIV diagnosis.

One population group that has exhibited delay in linking to HIV care and difficulty being retained in care is persons who use illicit

- Methadone maintenance treatment had shortest time to care
- ARTAS care entry intervention effect larger for users with a drug treatment history
Management of HIV-infected, opioid-dependent patients with a clinic-based buprenorphine strategy facilitates access to opioid agonist therapy and improves outcomes of substance abuse treatment.
What is the effect of office-based extended-release naltrexone (XR-NTX) versus treatment as usual (TAU) on HIV viral suppression for people with HIV and untreated opioid use disorder (OUD)? (N=350)

NIDA CTN 0067
Lead Investigator: Todd Korthuis

- **Sites**: 7 HIV clinics in the U.S.
- **Study population**: HIV-infected patients with untreated OUD and HIV RNA PCR ≥200 copies/mL at baseline
- **Outcome**: Viral suppression at 24 weeks
Reluctance to Initiate ART in PWID

Cross-sectional survey of ART prescribers in North America (N = 662)

Provider barriers to prescribing HAART to medically-eligible HIV-infected drug users

A. LOUGHLIN, L. METSCH, L. GARDNER, P. ANDERSON-MAHONEY, M. BARRIGAN & S. STRATHDEE

1Boston University School of Medicine, 2University of Miami School of Medicine, 3Centers for Disease Control and Prevention, 4Health Research Association, 5Emory University & 6Johns Hopkins Bloomberg School of Public Health, USA

Abstract

We aimed to identify factors associated with the prescription of HAART to medically-eligible HIV-infected drug users. We conducted a retrospective chart review of 420 HIV-positive outpatients at the Boston University School of Medicine. We found that providers were less likely to prescribe HAART to patients with a history of injection drug use (OR = 1.82, 95% CI: 1.01-3.29) and those who had a lower viral load (OR = 1.92, 95% CI: 1.04-3.51) compared to patients with no history of injection drug use and those with a higher viral load. These findings highlight the need for interventions to improve provider knowledge and reduce bias in the treatment of drug users.
Health Habitus from the Margins

• Pierre Bourdieu’s theory of habitus, a set of deeply ingrained perceptions, beliefs, and tendencies we have as a result of our life opportunities that shape our life choices and experience.
• In other words, habitus is habits rooted in our social circumstances, social constraints, and/or opportunities
• We put forth a theory of “health habitus from the margins” (Lekas, et al.)
• 120 qualitative interviews with HIV-positive patients in New York City Hospital
A 41 year-old African American male described wanting to be treated like a “person.” He indicated that his continuation in HIV care was contingent upon his relationship with his provider because he lacked social support when growing up and this shaped his habitus.

“The nurses in there, they acted like.. You understand. I want to be treated like a person. I know what I got, you know what you got, you don’t have to let it be known, oh, you got that... You know that has actually have stopped me from going to, to any, anything like that ‘cause, I grew up with no family, stuff like that, so it’s easy to hurt my feelings, you know what I’m saying..."
Health Habitus From the Margins

In her definition of a good doctor, a 40 year-old African American woman exposed her habitus at the margins that incorporated concern about being excluded and discredited. She indicated that she was looking for a provider that made her feel “comfortable.”

“You know, somebody I could, somebody I could talk to about my problems. Nobody shovin’ me away. I could just be me.”
A 56 year-old African American man discusses why he does not disclose his drug use to his HIV provider:

"So, all these years that you’ve been with [Dr. S], he doesn’t know that you use crack?"

“Nop...I don’t know. I just feel like he would treat me differently, you know? You don’t wanna have a drug addict around you. (SNIFF) You know, they steal, and all kinds of – hmm, hmm.”

So, you think he may stigmatize you?

“Oh, no doubt.”
Going Forward…

• Increasing integrated substance use and mental health treatment with ART and PrEP

• Reducing Implicit Bias among Providers and Others

• Enhanced Awareness of “Habitus from the Margins”