



Short-term Navigation successful at re-engaging patients in care

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Background

- Retention in HIV care is a challenge nationally, and San Francisco is no exception
- Of all those living with HIV in SF, it is estimated that only 61% are virally suppressed



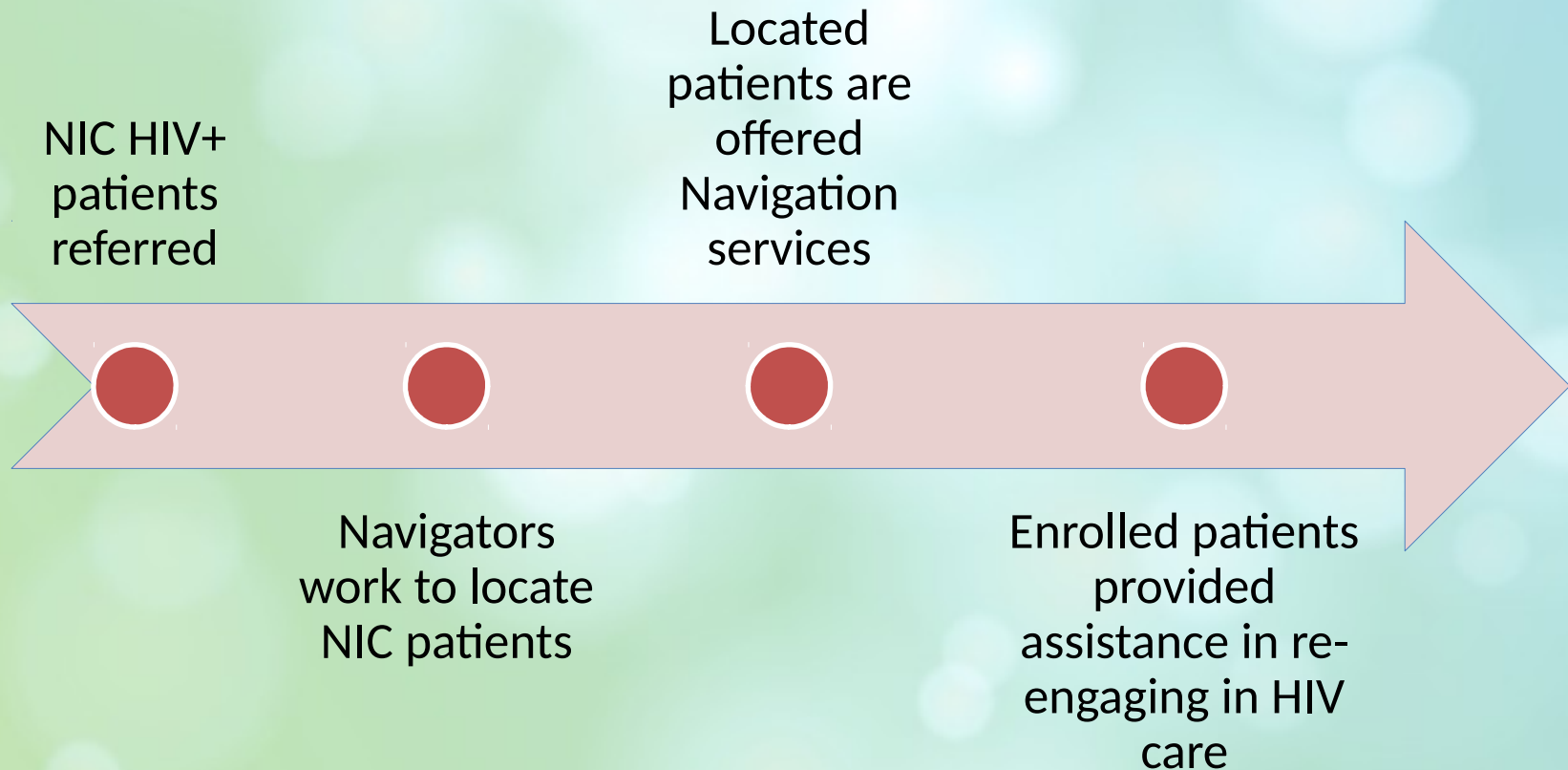
Background

LINCS Navigation

- Provides short-term navigation to re-link HIV infected patients who are not in care (NIC)
 - Staffed by 1.5 FTE Navigators
- Eligibility:
 - Patients who were not in care (NIC) (no visit in > 6 months)
 - Patients who did not link to care within 90 days of HIV diagnosis
- Design: Healthcare provider referral model
 - Surveillance data identified and provided small number of referrals



Navigation Process

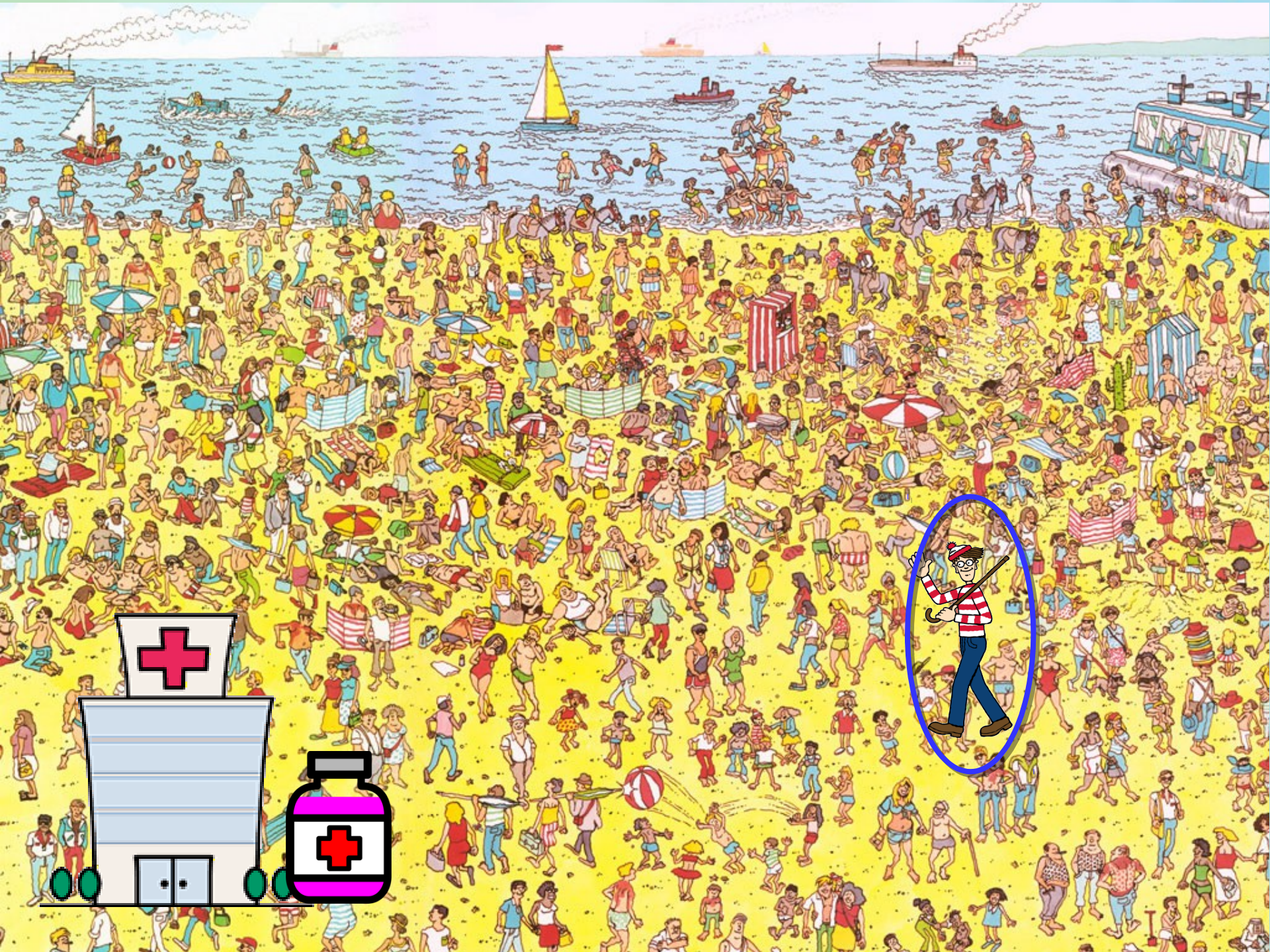




Program Description: Core Activities

- Strengths Based Case Management
- Appointment reminders and escorts
- Warm handoffs to case management and housing services







Objectives

- Does short term navigation successfully link patients to care?
- Do patients who are successfully re-linked to care via short term navigation achieve viral suppression post-navigation case closure?



Methods

- Combined 2012-2013 Navigation program data with viral load (VL) and race/ethnicity data collected through the HIV Surveillance case registry
- To evaluate re-linkage to care we calculated the percent of NIC patients who had a VL and provider visit prior to completion of navigation services
- To evaluate VL suppression post-navigation we compared HIV RNA viral suppression ($VL < 200$) at LINCOS enrollment and 3-12 months after completion of navigation services



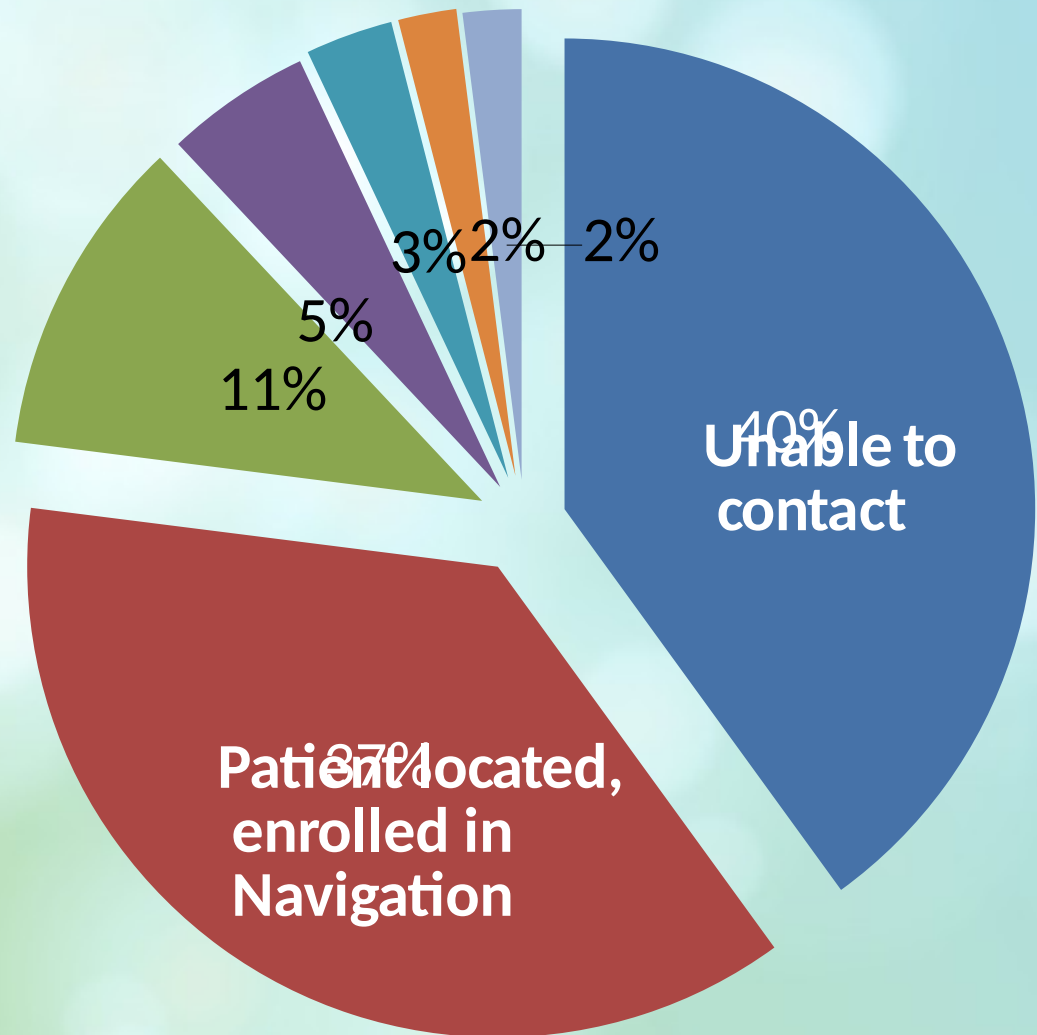
Methods

- We also analyzed VL suppression for patients who were referred for navigation but were not located or in care based on self-report
 - Compared VL at time of referral to 3-12 months later
- Patients without a viral load were considered NOT suppressed



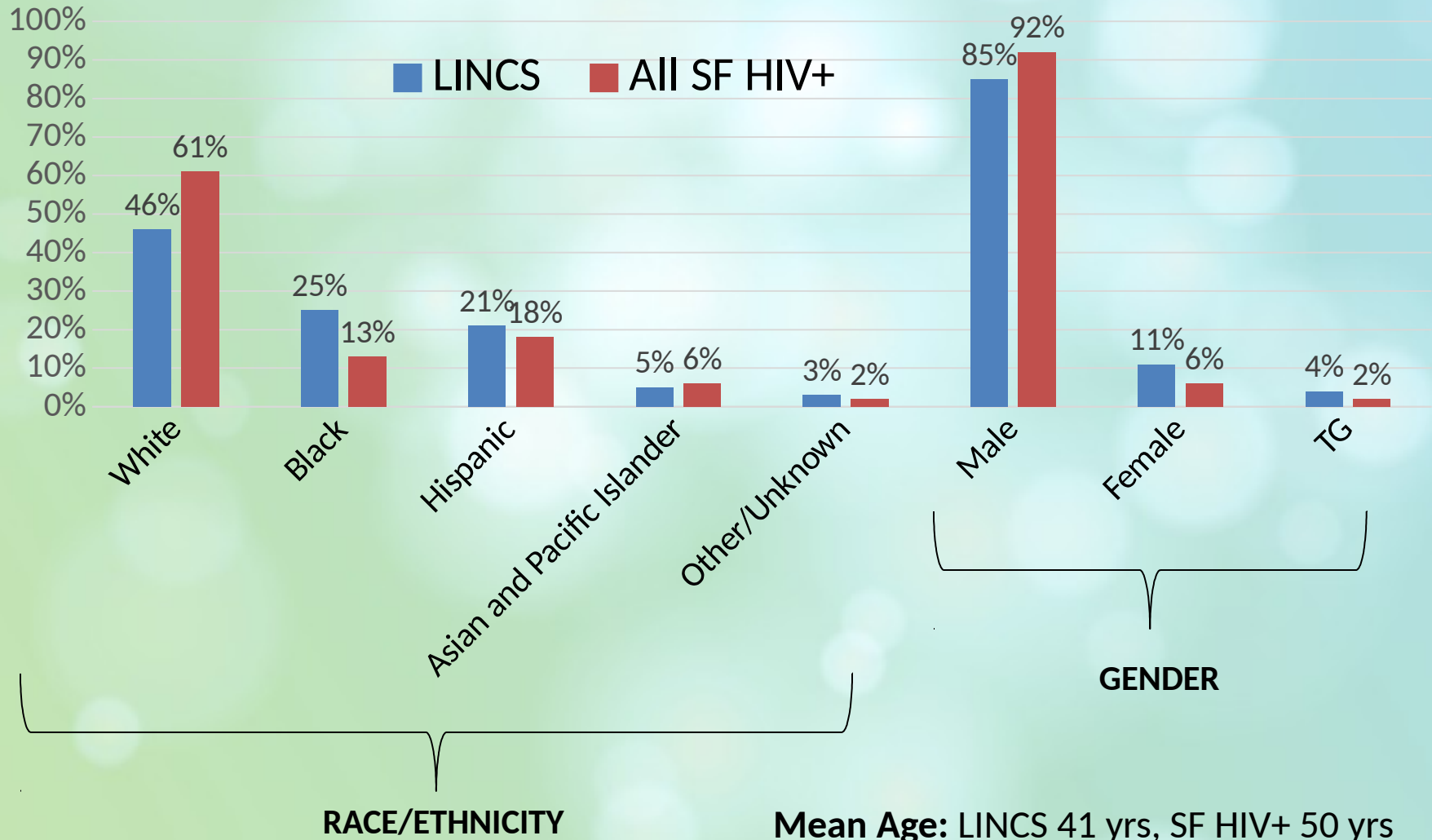
LINCS Navigation, 2012-2013 (N=315)

- Unable to Contact- 40%
- Pt Located, Enrolled in Navigation- 37%
- 11% - Self-report In Care
- 5% - OOJ
- 3% - Deceased
- 2% - Incarcerated
- 2% - Refused



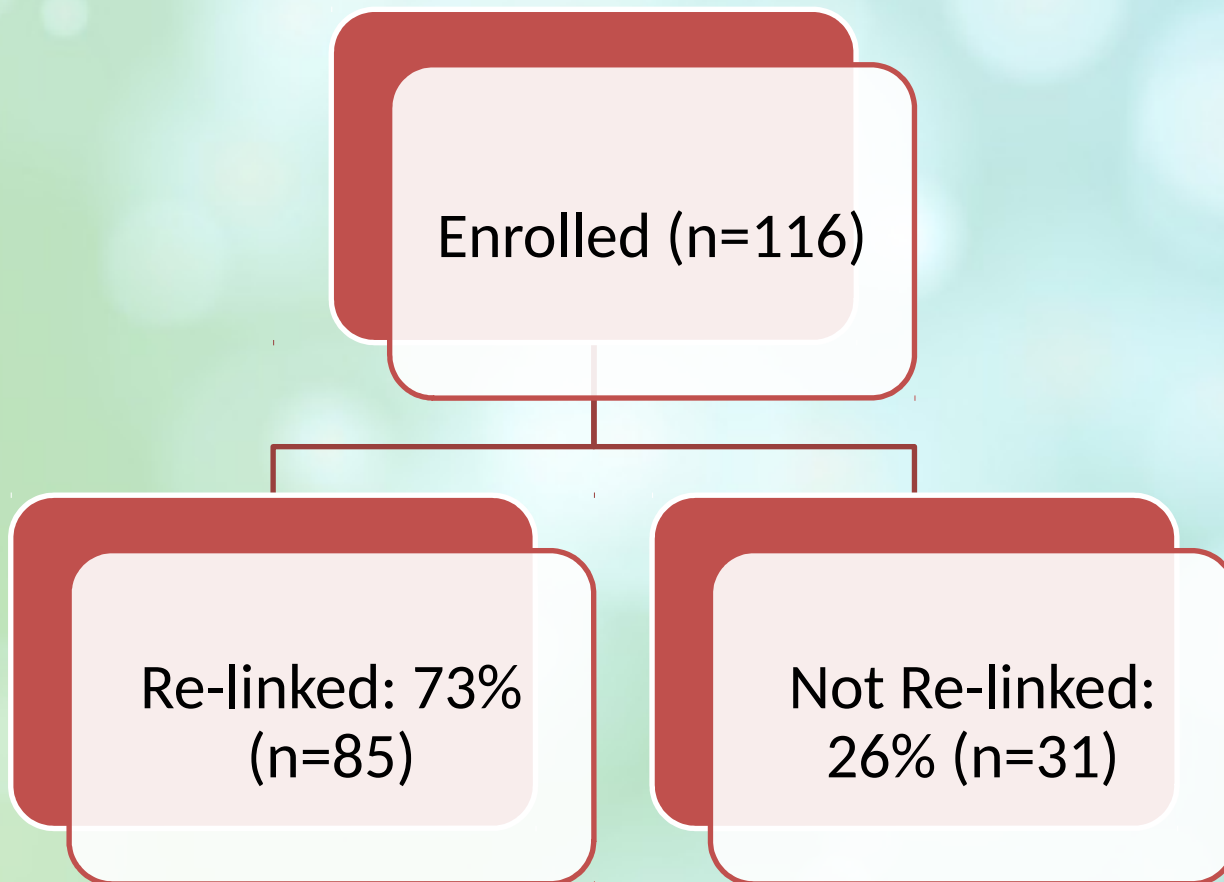


Demographics of Enrolled Patients (n=116) vs. All SF HIV+





Navigation Outcomes



Median time of navigation services: 3 months



VL outcomes for pts who received navigation services

Navigation Outcome	First VL <200 post enrollment date	VL <200 3-12 months post case closure
Re-linked to care (N=85)	18 (21%)	43 (51%)
Not re-linked to care (N=31)	2 (6%)	7 (23%)
Total	20 (17%)	50 (43%)



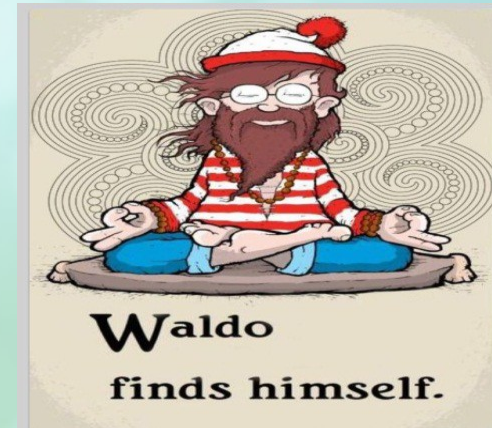
VL outcomes for pts who did not receive navigation services

Navigation Outcome	First VL <200 post referral date	VL <200 3-12 months post referral date
Self-report In care (N=34)	10 (29%)	12 (35%)
Unable to contact (N=124)	25 (20%)	26 (21%)



Discussion

- Successfully re-linked 73% of patients to care
- Doubled rate of VL suppression (17 \Rightarrow 43%) 3-12 months after completion of navigation
- Patients who were not re-linked showed improvement in viral suppression
 - Result of having received some navigation support?
 - Natural history





Limitations

- Unable to determine the specific components of navigation that led to LTC and VL suppression
- There were no VLs reported to Surveillance for some patients during the specified time intervals
 - Patients without VL were classified as not suppressed
 - Patients who were not enrolled (in care or unable to contact) may have been taking meds but not getting labs done



Conclusion

- First data analysis of Navigation program shows positive results and potential to impact retention in HIV care in San Francisco



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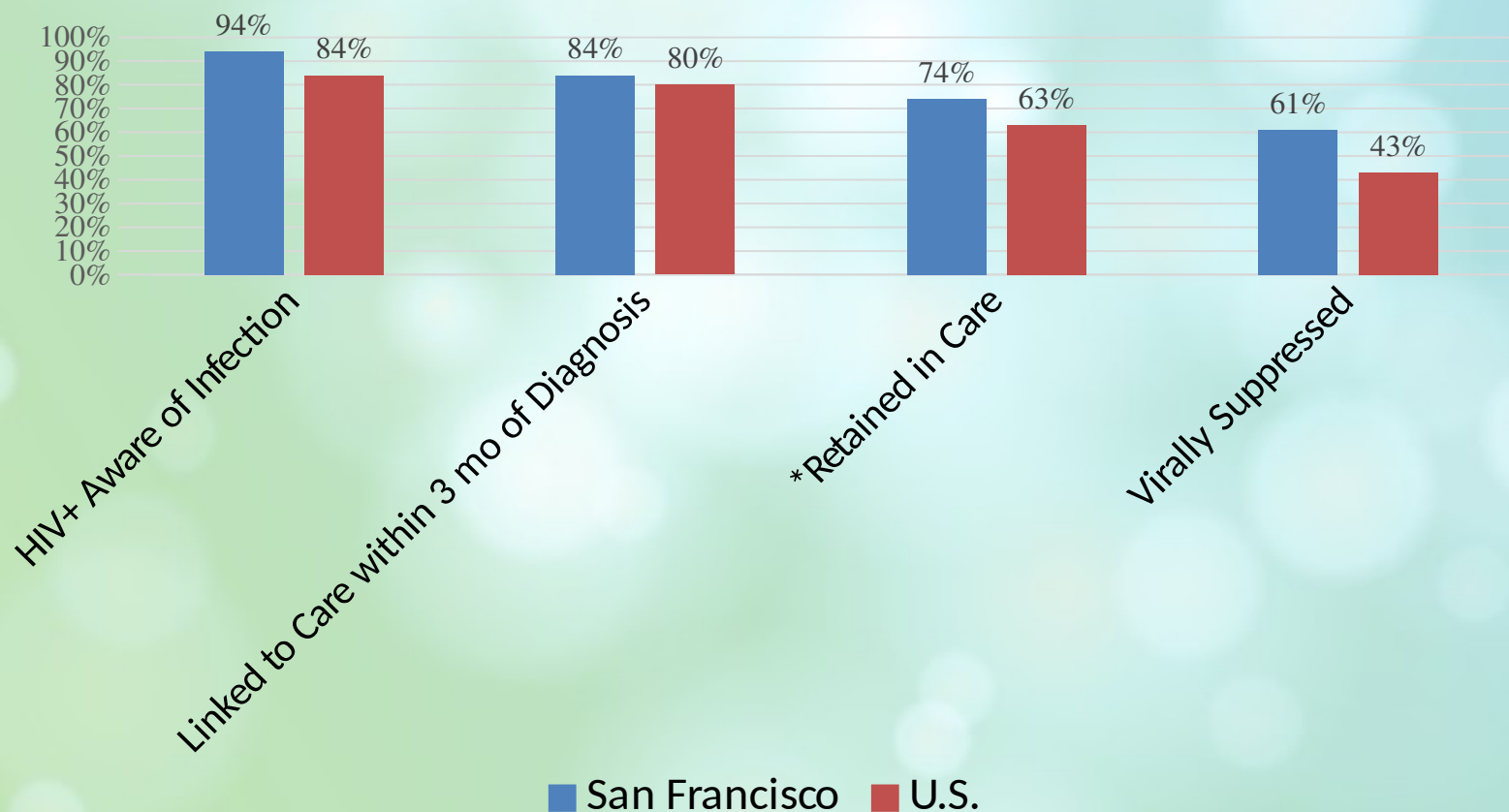


Parking Lot



HIV Care Cascade

San Francisco vs. U.S. 2010



*Retention - % living HIV cases who had ≥ 1 laboratory test

Data source: 2013 SFPD HIV Surveillance Annual Report



Care History of Enrolled Patients n=116

- 80% of patients had been virally suppressed at least once prior to LINCS enrollment
- Only 23% had been suppressed in the year prior to enrollment



Future investigation

- Who does Navigation work best for?
- What are specific activities that work?
- Further investigation of Low VL suppression rates of in care patients



VL outcomes

Programmatic Outcome	First VL <200	VL <200 3-12 months post case closure	No VL within 12 months of referral or enrollment date
Re-linked to care (N=85)	18 (21%)	43 (51%)	19 (22%)
Not re-linked to care (N=31)	2 (6%)	7 (23%)	14 (45%)
In care (N=34)	10 (29%)	12 (35%)	8 (24%)
Unable to contact (N=124)	25 (20%)	26 (21%)	56 (45%)