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

IAPAC June 29, 2015
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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

NIC HIV+ patients referred

Navigators work to locate NIC patients

Located patients are offered Navigation services

Enrolled patients provided assistance in re-engaging in HIV care
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 LINCS 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%
- Patient located, enrolled in Navigation - 37%
- Self-report In Care - 11%
- OOJ - 5%
- Deceased - 3%
- Incarcerated - 2%
- Refused - 2%
Demographics of Enrolled Patients (n=116) vs. All SF HIV+

- **Race/Ethnicity**
  - White: 46% (LINCS), 61% (All SF HIV+)
  - Black: 25% (LINCS), 13% (All SF HIV+)
  - Hispanic: 21% (LINCS), 18% (All SF HIV+)
  - Asian and Pacific Islander: 5% (LINCS), 6% (All SF HIV+)
  - Other/Unknown: 3% (LINCS), 2% (All SF HIV+)

- **Gender**
  - Male: 85% (LINCS), 92% (All SF HIV+)
  - Female: 11% (LINCS), 6% (All SF HIV+)
  - TG: 11% (LINCS), 2% (All SF HIV+)

**Mean Age**
- LINCS: 41 yrs
- SF HIV+: 50 yrs
Navigation Outcomes

Enrolled (n=116)

Re-linked: 73% (n=85)

Not Re-linked: 26% (n=31)

Median time of navigation services: 3 months
## VL outcomes for pts who received navigation services

<table>
<thead>
<tr>
<th>Navigation Outcome</th>
<th>First VL &lt;200 post enrollment date</th>
<th>VL &lt;200 3-12 months post case closure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-linked to care (N=85)</td>
<td>18 (21%)</td>
<td>43 (51%)</td>
</tr>
<tr>
<td>Not re-linked to care (N=31)</td>
<td>2 (6%)</td>
<td>7 (23%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20 (17%)</td>
<td>50 (43%)</td>
</tr>
</tbody>
</table>
 VL outcomes for pts who did not receive navigation services

<table>
<thead>
<tr>
<th>Navigation Outcome</th>
<th>First VL &lt;200 post referral date</th>
<th>VL &lt;200 3-12 months post referral date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-report In care (N=34)</td>
<td>10 (29%)</td>
<td>12 (35%)</td>
</tr>
<tr>
<td>Unable to contact (N=124)</td>
<td>25 (20%)</td>
<td>26 (21%)</td>
</tr>
</tbody>
</table>
Discussion

• Successfully re-linked 73% of patients to care

• Doubled rate of VL suppression (17 → 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
Acknowledgments

- Darpun Sachdev
- Sharon Pipkin
- Susan Scheer
- Stephanie Cohen
- Susan Philip
- Tracey Packer
- Charles Fann
- Bob Kohn
- Sally Stephens
- Jennifer Vanaman
- Hannah Brosnan
- Mark O'Neil
Parking Lot
HIV Care Cascade
San Francisco vs. U.S. 2010

*Retention - % living HIV cases who had >=1 laboratory test
Data source: 2013 SFDPH 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

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