MECHANISMS OF SUCCESSFUL IMPLEMENTATION OF TAILORED MOTIVATIONAL INTERVIEWING IN A MULTISITE STUDY OF YOUTH HIV CLINICS IN THE UNITED STATES

Sylvie Naar
Center for Translational Behavioral Science
Florida State University

Supported by the National Institutes of Health
Choosing an Evidence-Based Practice
MI and the Youth HIV Treatment Cascade

Cascade of Care in HIV-Infected Youth in the United States

<table>
<thead>
<tr>
<th>Stage</th>
<th>Number</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infected</td>
<td>78,949</td>
<td>Outlaw et al., 2010</td>
</tr>
<tr>
<td>Diagnosed</td>
<td>31,979</td>
<td>Fortenberry et al.</td>
</tr>
<tr>
<td>Linked</td>
<td>19,824</td>
<td>ATN 128</td>
</tr>
<tr>
<td>Retained</td>
<td>8,723</td>
<td>Naar-King et al., 2009</td>
</tr>
<tr>
<td>Suppressed</td>
<td>4,449</td>
<td>Naar-King et al., 2010 Under review – 20-35% increase in viral suppression</td>
</tr>
</tbody>
</table>

Zanoni (2014)
...But Fidelity to MI is Hard

<table>
<thead>
<tr>
<th></th>
<th>Beginner &lt;2.0</th>
<th>Novice 2.0-2.6</th>
<th>Intermediate 2.61-3.3</th>
<th>Advanced &gt;=3.31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall N=151</td>
<td>66% (N = 99)</td>
<td>28% (N = 42)</td>
<td>6% (N = 9)</td>
<td>.7% (N = 1)</td>
</tr>
<tr>
<td>Medical Staff N=58</td>
<td>35% (N = 35)</td>
<td>48% (N = 20)</td>
<td>33% (N = 3)</td>
<td>0% (N = 0)</td>
</tr>
<tr>
<td>Psych/Social Work*</td>
<td>12% (N = 12)</td>
<td>24% (N = 10)</td>
<td>44% (N = 4)</td>
<td>0% (N = 0)</td>
</tr>
<tr>
<td>Other N=67</td>
<td>53% (N = 52)</td>
<td>29% (N = 12)</td>
<td>22% (N = 2)</td>
<td>100% (N = 1)</td>
</tr>
</tbody>
</table>
Evidence Informed Logic Model Tailored for Each Site

Determinants
Barriers and facilitators based on EPIS Framework

Mechanisms
Improved provider knowledge and skill
Reduce stigmatizing communication
Improve youth-centered communication
Improved behavior change communication

Implementation Strategies
Skills training, data driven quality assurance and feedback
Improve organizational culture through Team meetings
Community practice and internal facilitation

Outcomes
Fidelity to TMI using Motivational Interviewing Coach Rating Scale (MI-CRS)
Clinic-level retention in care
Viral suppression from EHR (Type 3 Hybrid)
Stepped Wedge Design
Change Over Time - MI Competence by Phase

*No differences between Communities of Practice with or without Internal Facilitator – Journal of AIDS 2022
Implementation Package

• Initial workshop 10-12 hours by MINT trainer versed in TMI (tailored for youth and HIV)
• Quarterly fidelity assessments with feedback over 12 months (Beginner, Novice, Intermediate, Advanced)
• Individual coaching – two post workshop and then quarterly
  • MI strategies to boost importance and confidence of learning MI
  • Review of fidelity assessment findings and skills practice
  • Goal setting
  • Optional for those with Intermediate or Advanced Competency
• Implementation Team meetings (monthly then quarterly with external facilitator)
Mechanisms of Implementation – Post-Implementation Qualitative Interviews

- Based on trajectory analysis, grouped clinics by high, medium and low competence (average of MI-CRS scores across staff)
- Utilized reflexive thematic analysis with deductive (EPIS) and inductive coding to compare the highest and lowest competence clinics (6 clinics, 43 interviews)
- Under review, Journal of AIDS
Summary of Findings
Conclusions and Future Directions

• TMI improved competency to promote behavior change along the youth HIV prevention and treatment continua in only 12-15 hours over 12 months
• Next step to analyze secondary outcomes – retention in care, viral suppression, based on electronic health records
• Piloting components in community based settings
• New grant for stepped wedge study of TMI plus technical assistance to improve HIV testing for young sexual minority men in community sites across Florida with Mystery Shopper assessments
• Technical assistance will be based on mechanism findings
Thank You

siufl.fsu.edu