Behavioral Health : An Integral Part of Viral Load Suppression

Institute for Family Health
Adele Panico, LMSW
Caitlin Murphy, LMSW
Rebecca Green, LMSW

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Faculty Disclosure

- There is no potential conflict of interest as staff members at the Institute for Family Health as there is no relevant financial/commercial interests.
- The content of my material/presentation in this CME activity will not include discussion of unapproved or investigational uses of products or devices.

Setting: Institute for Family Health (IFH) clinics in NYC

- The mission of the Institute for Family Health is to improve access to high quality, patient-centered primary health care targeted to the needs of medically underserved communities.

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Institute for Family Health (IFH)

- Federally Qualified Healthcare Center with 27 full and part-time centers throughout Manhattan, the Bronx and the mid-Hudson Valley.
- Medical, dental and behavioral health services
- HIV services at 3 clinics: 16th St, Urban Horizons and Harlem

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HIV Primary Care and Behavioral Health at IFH: An integrated team

- Nearly 900 HIV positive patients were seen for primary care at IFH in 2013
- 3 HIV programs
- 8 Primary Care Provider HIV Specialists
- 20 behavioral health staff (Nurses, Case Managers, Patient Navigators, Care Coordinators, Behaviorists and Social Workers)

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What is Viral Load Suppression?

- Viral suppression is when the HIV virus is <200 copies per milliliter of blood (hivguidelines.org)

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Why and **How** do we want patients to have suppressed viral loads?

- Viral Load suppression can help Persons Living with HIV/AIDS to live longer, healthier lives and reduce the risk of transmission to others
- Adherence to HIV medication will lead to viral load suppression

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National HIV/AIDS Strategy (2010)

- Prevent New Infections
- Increase Access to Care and Optimize Health Outcomes
- Reduce HIV-related Health Disparities

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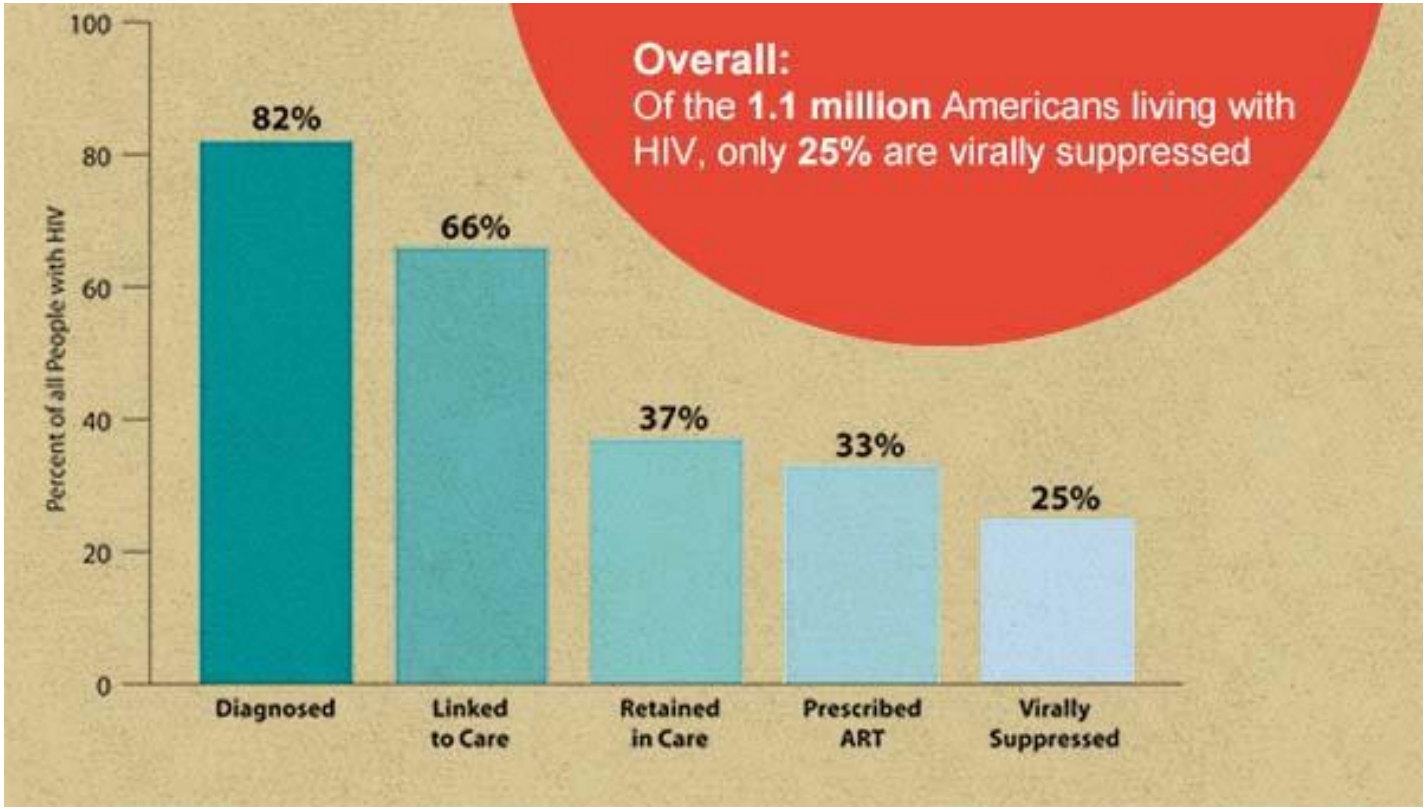
Treatment Cascade - National



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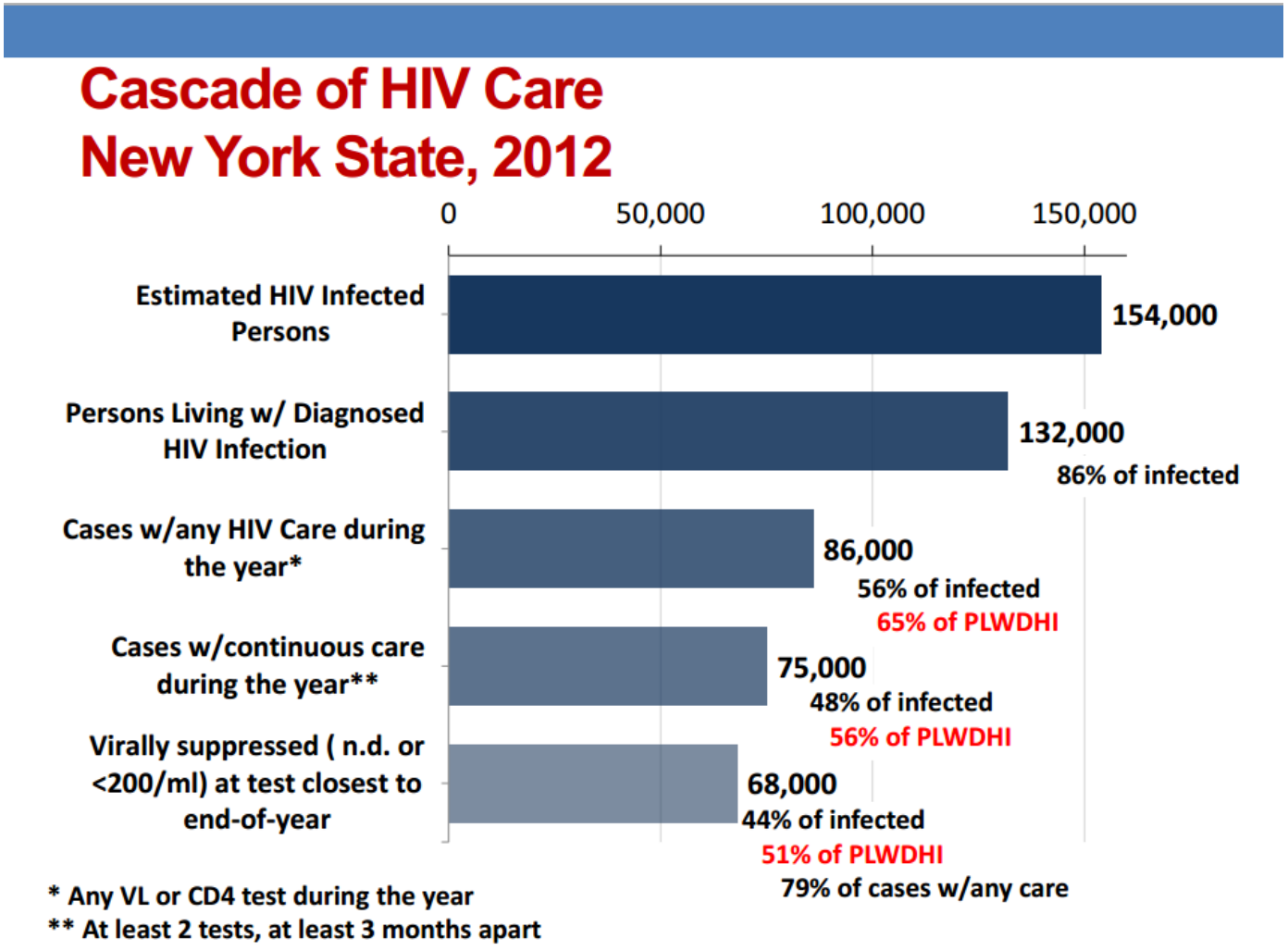
Treatment Cascade - NYS



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New York State's Plan to End AIDS (2014)

- **"Bending the Curve"**
  - Identifying persons with HIV who remain undiagnosed and linking them to health care
  - Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission
  - Providing access to Pre-Exposure Prophylaxis for high risk persons to keep them HIV negative

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New York State AIDS Institute Priorities (2014-2015)

- Increase viral load suppression among People Living with HIV/AIDS (PLWHA)
- Maximize participation in health insurance programs
- Launch a coordinated effort to reduce new HIV and STD infections among gay men and men who have sex with men (MSM)
- Enhance statewide public health efforts addressing Hepatitis C Virus (HCV)
- Promote interagency collaboration to address sexual health awareness, education, and treatment and care options for sexually transmitted infections

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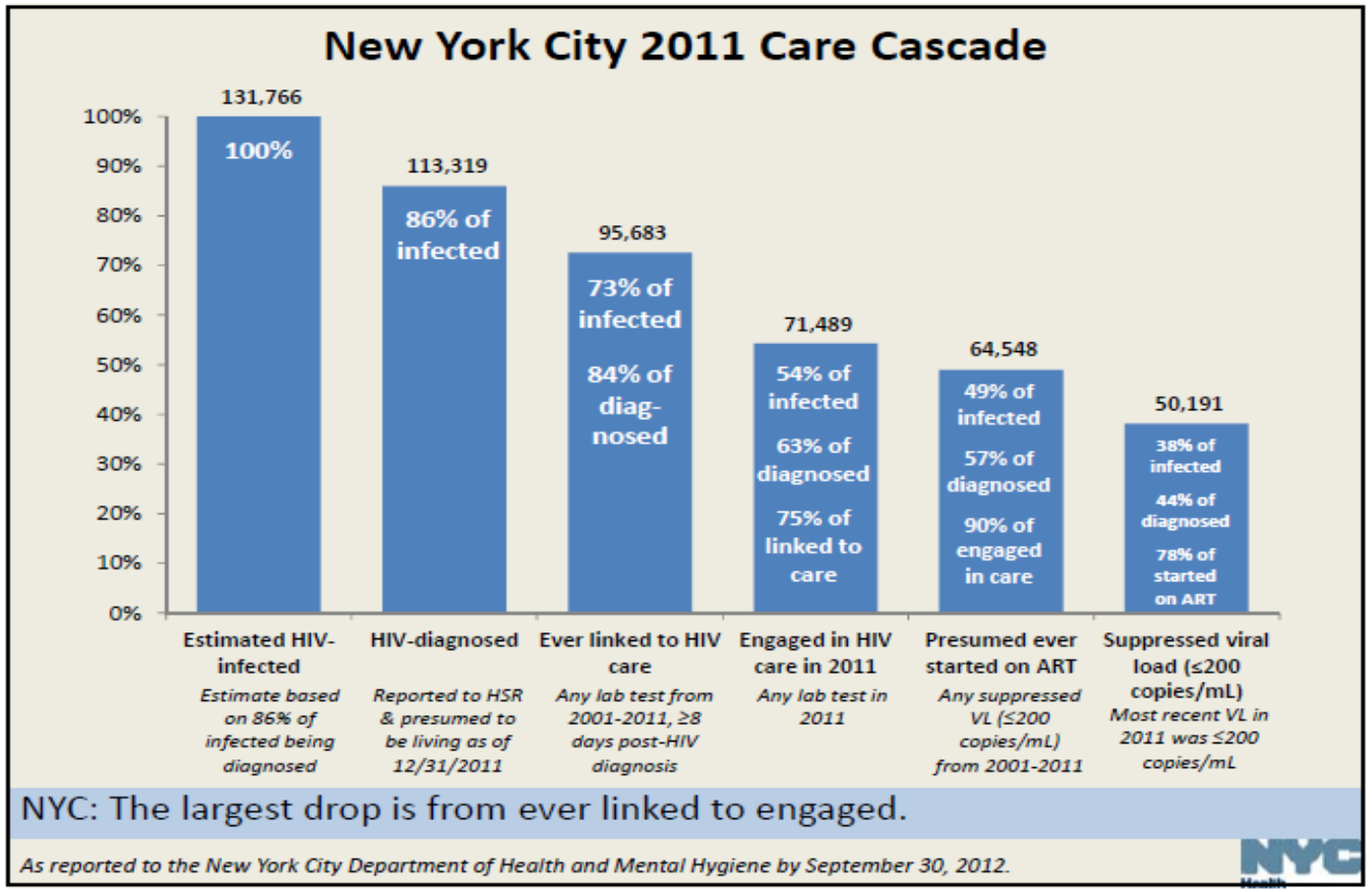
Treatment Cascade – New York City



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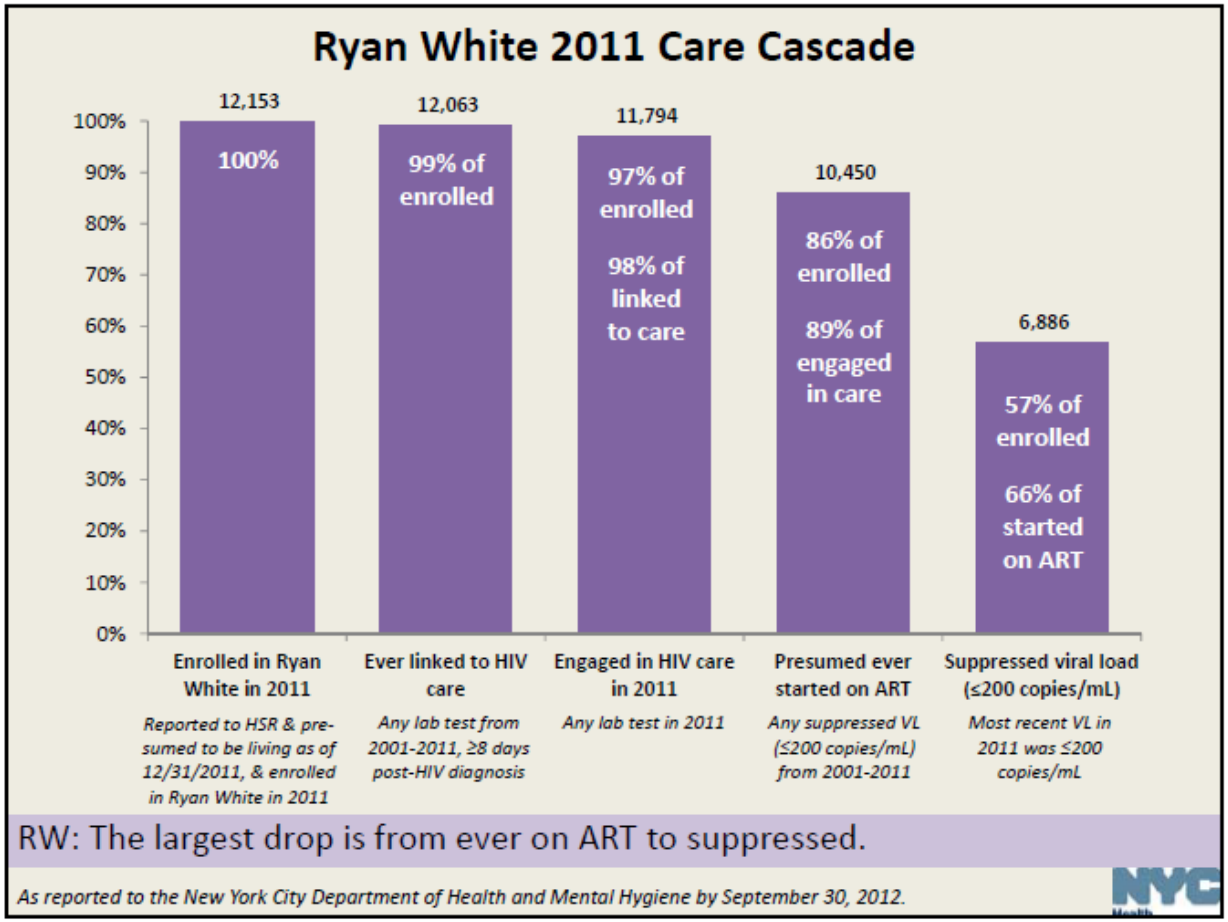
Treatment Cascade – NYC RW



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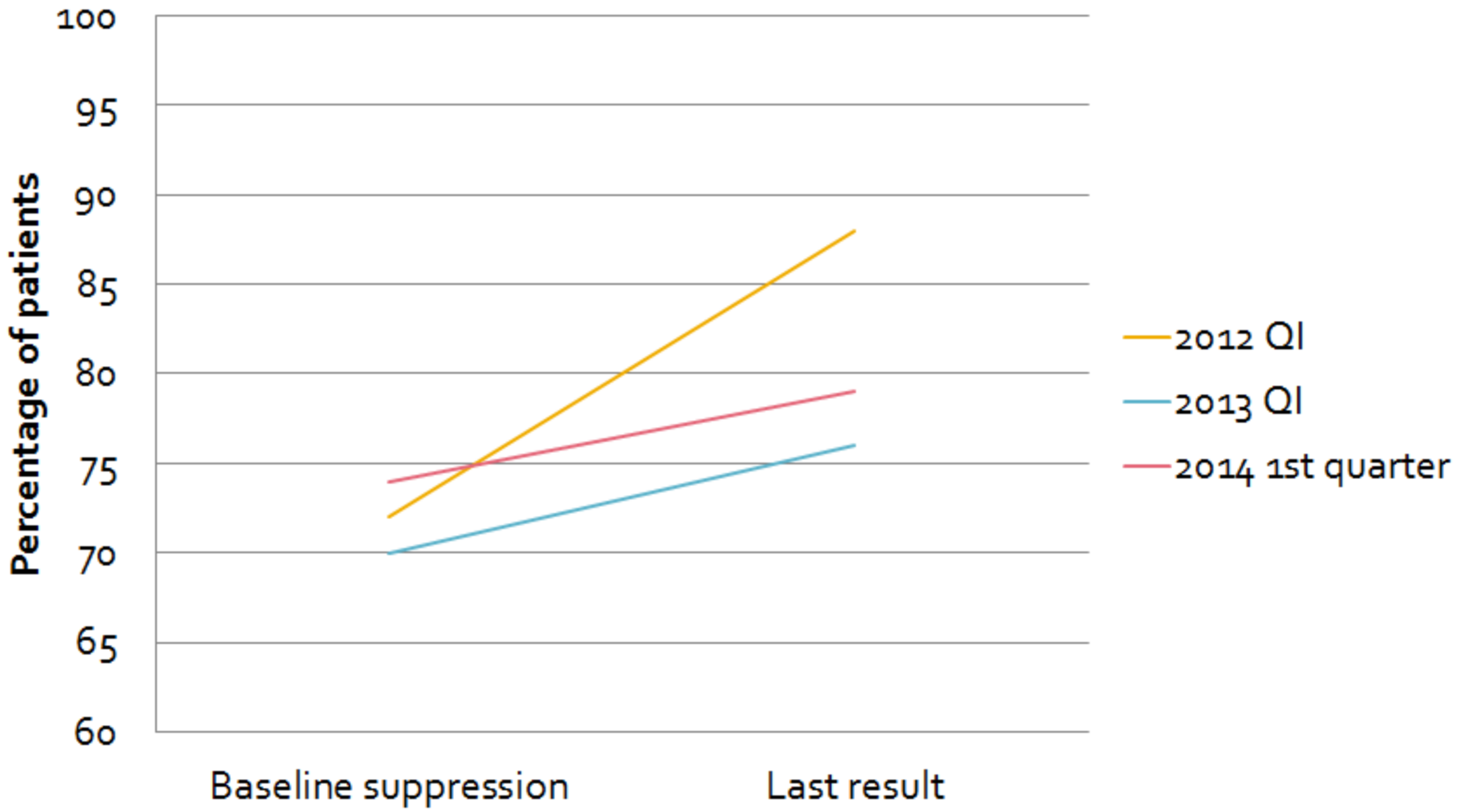
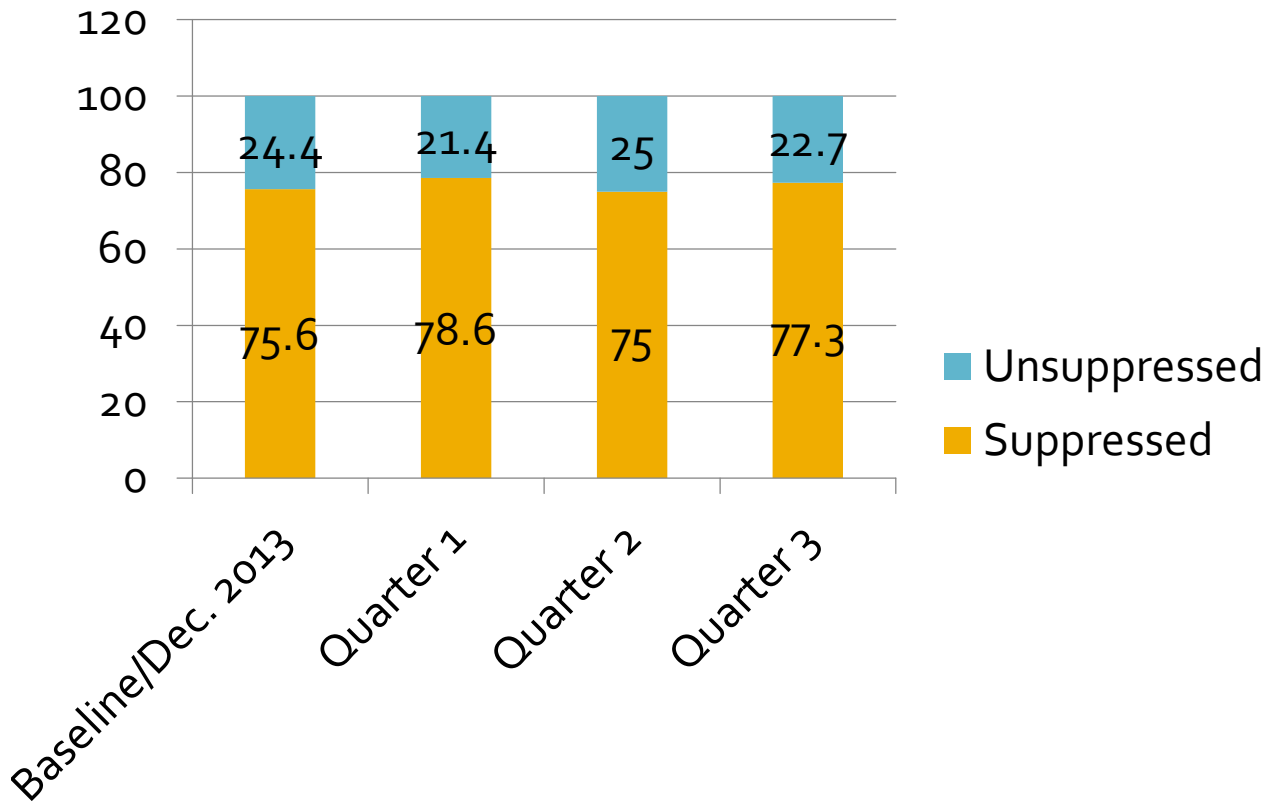
Viral load suppression improvement after CQIs in 2012, 2013 and quarter 1, 2014



IFH Viral Load Suppression Rate



The importance of HIV medications

- Antiretroviral medications are key to the treatment of HIV
- Since the approval of the anti-retroviral treatments (ART) in 1995, the AIDS death rate has dropped by 83%.
- If diagnosed today, a range of medication regimens, often keep patients symptom-free for years.

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Factors Associated with Adherence Failure (Patient Level)

- Depression and other mental illnesses
- Neurocognitive impairment
- Low health literacy
- Low levels of social support
- Stressful life events
- Substance use
- Homelessness
- Poverty
- Nondisclosure of HIV serostatus, denial, stigma
- Inconsistent access to medications
- Age
- Failure to link medication taking to daily activities or using a medication reminder system or a pill organizer

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents ,2014

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Factors Associated with Adherence Failure (Regimen Selection)

- Simple, once-daily regimens, including those with low pill burden, without a food requirement, and few side effects or toxicities, are associated with higher levels of adherence.

- Patients taking once-daily regimens have higher rates of adherence than those taking twice-daily dosing regimens

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents , 2014

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Factors Associated with Adherence Failure (Clinical Setting)

- Settings that provide comprehensive multidisciplinary care (e.g., with case managers, pharmacists, social workers, psychiatric care providers) are often more successful in supporting patients' complex needs, including their medication adherence-related needs

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents , 2014

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Barriers to medication adherence

Video

http://www.thebody.com/content/63311/video-first-person-stories-starting-hiv-treatment.html#top

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Barriers to medication adherence at IFH

- Housing instability
- Insurance issues
- Mental health disorders
- Substance use disorders
- Confidentiality concerns
- Forgetfulness

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Normalizing Adherence Assessments

- Medication adherence counseling is a primary task of all HIV program staff at IFH
  - Adherence assessment occurs at every visit
  - Health Education is provided each visit
  - Adherence support tools are provided (pillbox, blister packs/pharmacy support, key chains)
  - Staff are trained in Motivational Interviewing & Harm Reduction

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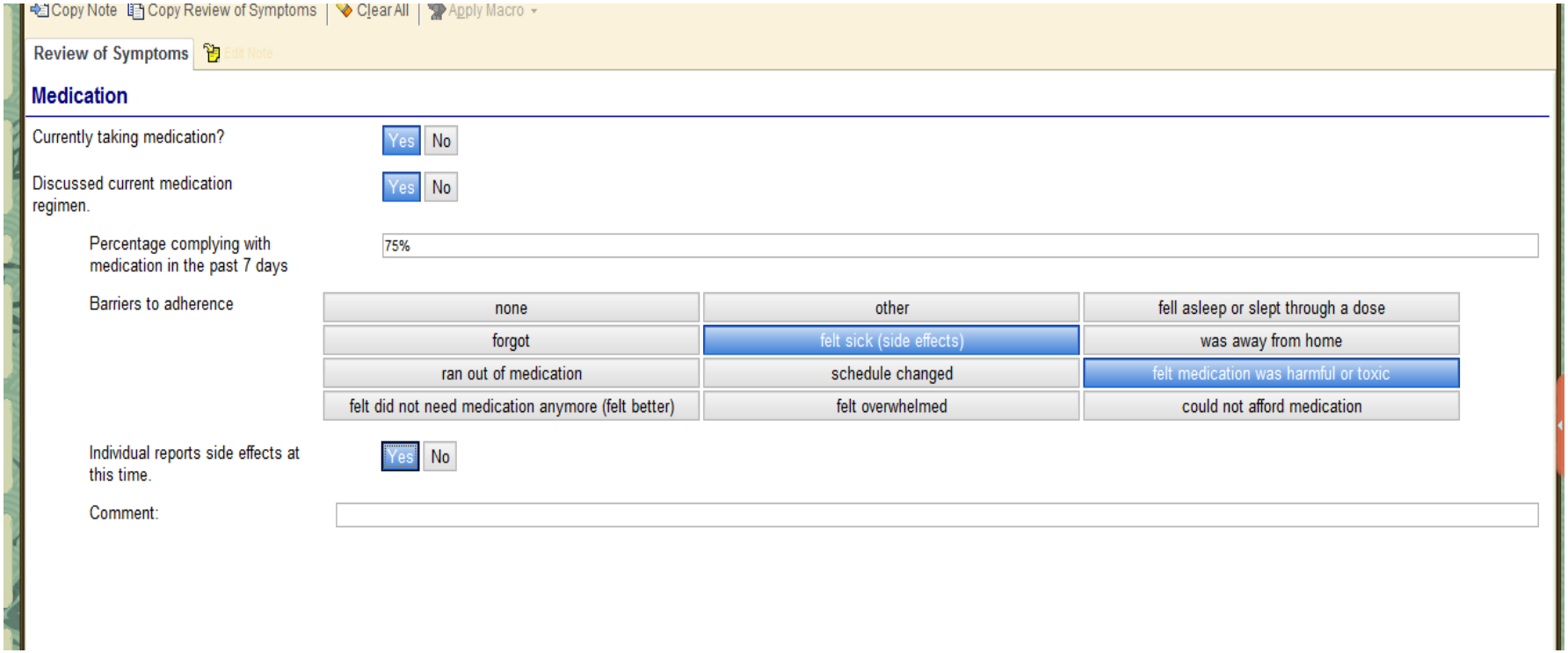
Behavioral Health Approach to Adherence Counseling

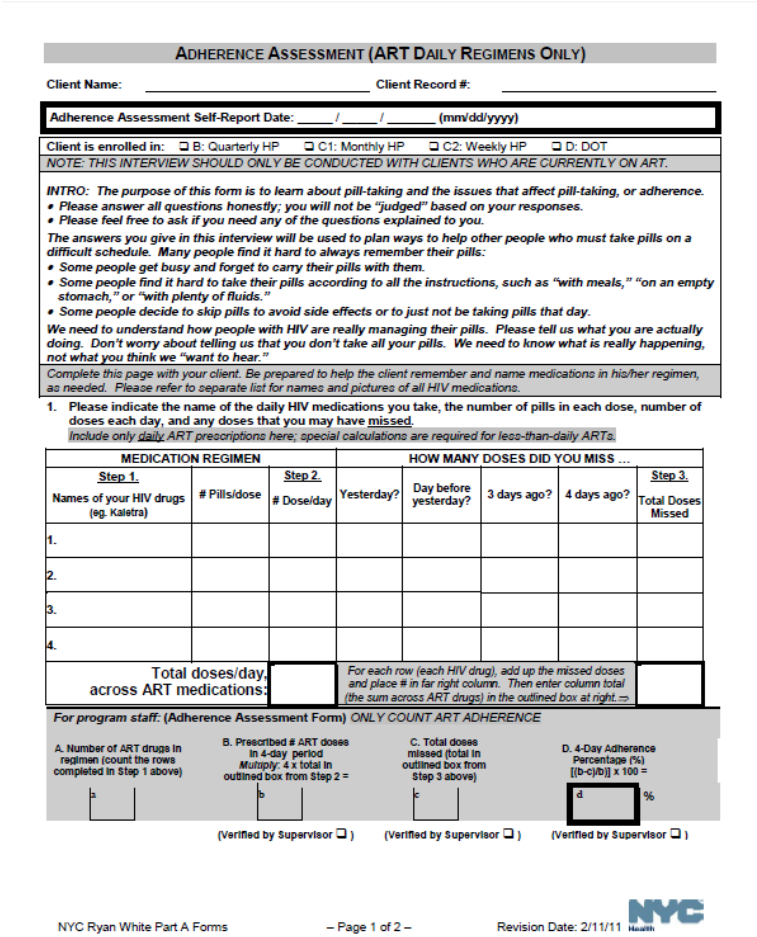
Behavioral Health Approach	Less Effective
When was the last time you missed a dose of medication?	Are you taking your medication?
How many doses have you missed in the past week?	Did you miss any doses?
Ok, it's understandable to miss doses. What gets in the way?	Ok, you missed some doses. It's important to take medication every day.

Adherence Discussion Tools

Electronic Medical Record is customized to prompt an adherence screening at each visit



Adherence Discussion Tools (cont.)



ADHERENCE ASSESSMENT (ART DAILY REGIMENS ONLY)

Client Name: _____ Client Record #: _____

Adherence Assessment Self-Report Date: _____ / _____ / _____ (mm/dd/yyyy)

Client is enrolled in: ❑ B: Quarterly HP ❑ C1: Monthly HP ❑ C2: Weekly HP ❑ D: DOT

NOTE: THIS INTERVIEW SHOULD ONLY BE CONDUCTED WITH CLIENTS WHO ARE CURRENTLY ON ART.

INTRO: The purpose of this form is to learn about pill-taking and the issues that affect pill-taking, or adherence.
- ***Please answer all questions honestly; you will not be "judged" based on your responses.***
- ***Please feel free to ask if you need any of the questions explained to you.***

The answers you give in this interview will be used to plan ways to help other people who must take pills on a difficult schedule. Many people find it hard to always remember their pills:
- ***Some people get busy and forget to carry their pills with them.***
- ***Some people find it hard to take their pills according to all the instructions, such as "with meals," "on an empty stomach," or "with plenty of fluids."***
- ***Some people decide to skip pills to avoid side effects or to just not be taking pills that day.***

We need to understand how people with HIV are really managing their pills. Please tell us what you are actually doing. Don't worry about telling us that you don't take all your pills. We need to know what is really happening, not what you think we "want to hear."

Complete this page with your client. Be prepared to help the client remember and name medications in his/her regimen, as needed. Please refer to separate list for names and pictures of all HIV medications.

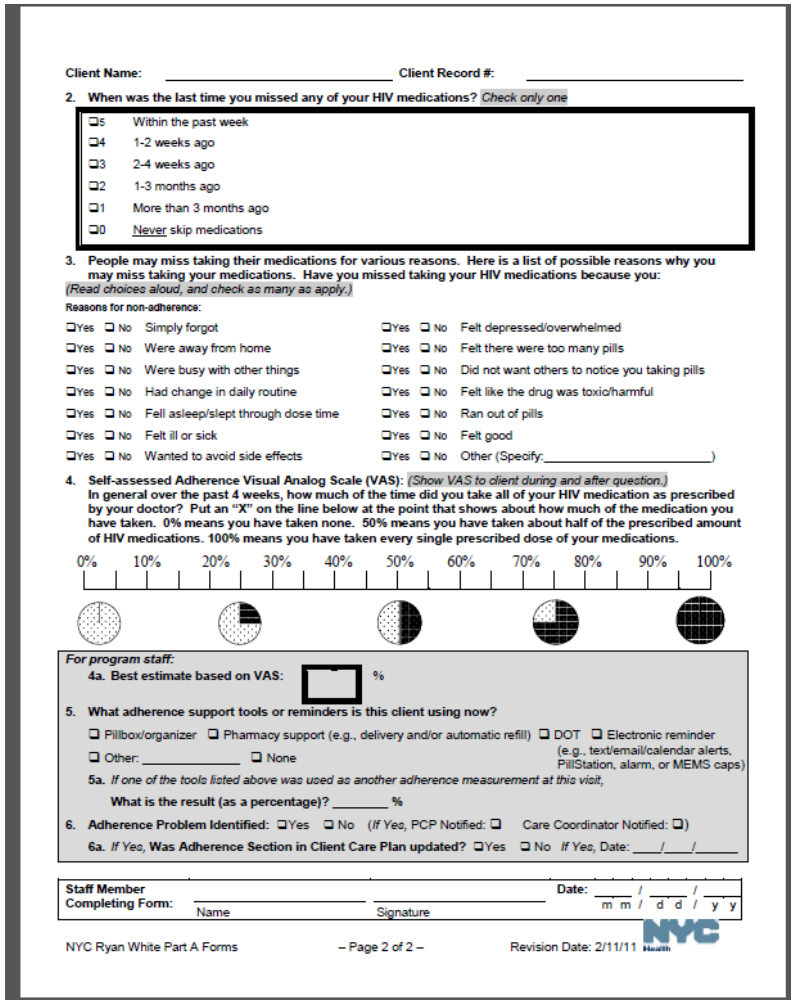
1. **Please indicate the name of the daily HIV medications you take, the number of pills in each dose, number of doses each day, and any doses that you may have missed.**
Include only daily ART prescriptions here; special calculations are required for less-than-daily ARTs.

MEDICATION REGIMEN			HOW MANY DOSES DID YOU MISS …				
Step 1. Names of your HIV drugs (eg. Kaletra)	# Pills/dose	Step 2. # Dose/day	Yesterday?	Day before yesterday?	3 days ago?	4 days ago?	Step 3. Total Doses Missed
1.							
2.							
3.							
4.							
Total doses/day, across ART medications:			*For each row (each HIV drug), add up the missed doses and place # in far right column. Then enter column total (the sum across ART drugs) in the outlined box at right.* ⇒				

***For program staff:* (Adherence Assessment Form)** *ONLY COUNT ART ADHERENCE*

A. Number of ART drugs in regimen (count the rows completed in Step 1 above)	B. Prescribed # ART doses in 4-day period *Multiply:* 4 x total in outlined box from Step 2 =	C. Total doses missed (total in outlined box from Step 3 above)	D. 4-Day Adherence Percentage (%) [(b-c)/b)] x 100 =
a	b	c	d %
	(Verified by Supervisor ❑)	(Verified by Supervisor ❑)	(Verified by Supervisor ❑)

NYC Ryan White Part A Forms – Page 1 of 2 – Revision Date: 2/11/11



Client Name: _____ Client Record #: _____

2. **When was the last time you missed any of your HIV medications?** *Check only one*

❑5	Within the past week
❑4	1-2 weeks ago
❑3	2-4 weeks ago
❑2	1-3 months ago
❑1	More than 3 months ago
❑0	Never skip medications

3. **People may miss taking their medications for various reasons. Here is a list of possible reasons why you may miss taking your medications. Have you missed taking your HIV medications because you:**
(Read choices aloud, and check as many as apply.)

Reasons for non-adherence:

❑Yes	❑ No	Simply forgot	❑Yes	❑ No	Felt depressed/overwhelmed
❑Yes	❑ No	Were away from home	❑Yes	❑ No	Felt there were too many pills
❑Yes	❑ No	Were busy with other things	❑Yes	❑ No	Did not want others to notice you taking pills
❑Yes	❑ No	Had change in daily routine	❑Yes	❑ No	Felt like the drug was toxic/harmful
❑Yes	❑ No	Fell asleep/slept through dose time	❑Yes	❑ No	Ran out of pills
❑Yes	❑ No	Felt ill or sick	❑Yes	❑ No	Felt good
❑Yes	❑ No	Wanted to avoid side effects	❑Yes	❑ No	Other (Specify:_____)

4. **Self-assessed Adherence Visual Analog Scale (VAS):** *(Show VAS to client during and after question.)*
In general over the past 4 weeks, how much of the time did you take all of your HIV medication as prescribed by your doctor? Put an "X" on the line below at the point that shows about how much of the medication you have taken. 0% means you have taken none. 50% means you have taken about half of the prescribed amount of HIV medications. 100% means you have taken every single prescribed dose of your medications.

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

For program staff:
4a. Best estimate based on VAS: ____ %

5. **What adherence support tools or reminders is this client using now?**
❑ Pillbox/organizer ❑ Pharmacy support (e.g., delivery and/or automatic refill) ❑ DOT ❑ Electronic reminder (e.g., text/email/calendar alerts, PillStation, alarm, or MEMS caps)
❑ Other: _____ ❑ None

5a. *If one of the tools listed above was used as another adherence measurement at this visit,*
What is the result (as a percentage)? _____ %

6. **Adherence Problem Identified:** ❑Yes ❑ No *(If Yes,* PCP Notified: ❑ Care Coordinator Notified: ❑)
6a. *If Yes,* **Was Adherence Section in Client Care Plan updated?** ❑Yes ❑ No *If Yes,* Date: ____/____/____

Staff Member Completing Form: _____ (Name) _____ (Signature) **Date:** ____ / ____ / ____ (m m / d d / y y)

NYC Ryan White Part A Forms – Page 2 of 2 – Revision Date: 2/11/11

Form from a grant based program through NYC DOH

Interdisciplinary Case Conference

- Various disciplines
  - Social workers
  - Case managers
  - Patient Navigators (Field based staff)
  - Medical Providers
  - Nurses
- Sharing of expertise
- Shared focus/goal
- Collaborative approach

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Interdisciplinary Case Conferences

- Formal, planned structured event
- Provide holistic case conceptualizations, coordinated care and avoid duplication of services
- Some evidence that interdisciplinary meetings improve patient outcomes
- Staff report high levels of satisfaction

What is needed to get started?

- Identified health outcome to be addressed and supporting documentation
- Ongoing monthly meeting time/location
- Dedicated participants
- Identified case conference facilitator/leader
- Standardized way to track, document and distribute follow up responsibilities

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Nuts and Bolts of VL Suppression Case Conferences at IFH

- Run custom monthly report from EMR to obtain list of patients who had an unsuppressed viral load lab in the previous month
- Report is then divided by site, and emailed out to all staff in advance of the case conference
- Ongoing monthly meeting time is reserved
- Intervention list is provided to each staff
- Each case is reviewed and a specific intervention from menu is assigned, care is given to which staff member is assigned to follow-up

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Nuts and Bolts of VL Suppression Case Conferences at IFH

- Case Conference facilitator documents in patients chart & on tracking sheet who is responsible for what intervention
- Staff members are given two weeks to attempt intervention
- Chart reviews are conducted at end of month by case conference facilitator to ensure follow up occurred and results are tracked in a spreadsheet

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Intervention List

1. Provide health education to patient regarding treatment adherence, resistance and/or how HIV affects the body.

2. Outreach to patient to help patient remain engaged in care and explore barriers that keep patient maintained in care and/or interfere with patient taking medications daily. Create plan to decrease/eliminate barriers

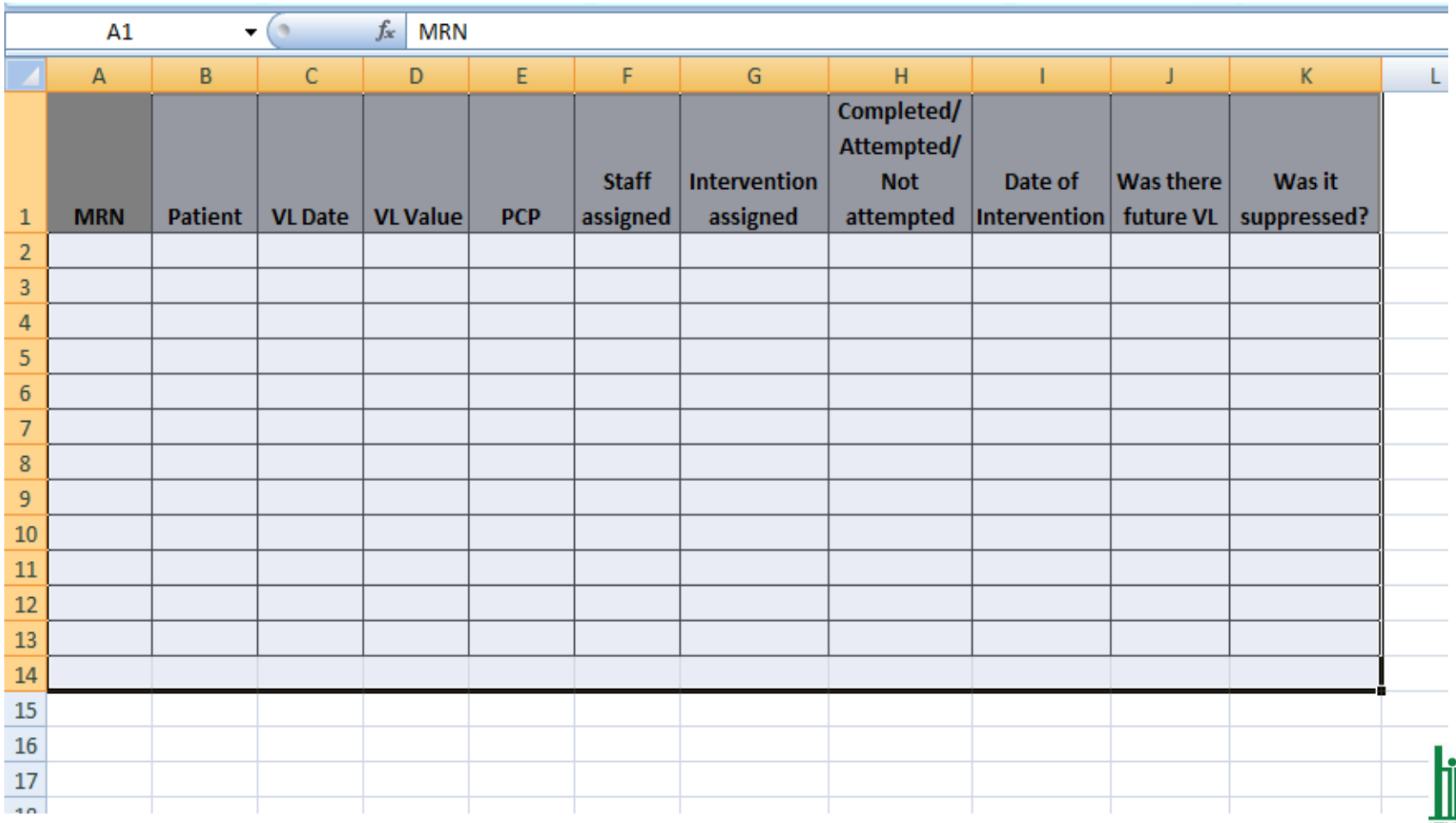
3. Discuss various adherence support tools (pill box, key chain, DOT, blister packs, electronic reminders, specialty pharmacies) with patient and assist patient in using tool.

4. Discuss psychosocial stressors in patient's life and refer patient to mental health and/or community resource.

5. Refer to CCP for weekly health promotion, adherence support including DOT and assistance with remaining engaged in care

6. Engage patient not on ARVs in motivational interviewing to assess readiness to begin ARV treatment

Tracking system



A1 | MRN

	A	B	C	D	E	F	G	H	I	J	K	L
1	MRN	Patient	VL Date	VL Value	PCP	Staff assigned	Intervention assigned	Completed/ Attempted/ Not attempted	Date of Intervention	Was there future VL	Was it suppressed?	
2												
3												
4												
5												
6												
7												
8												
9												
10												
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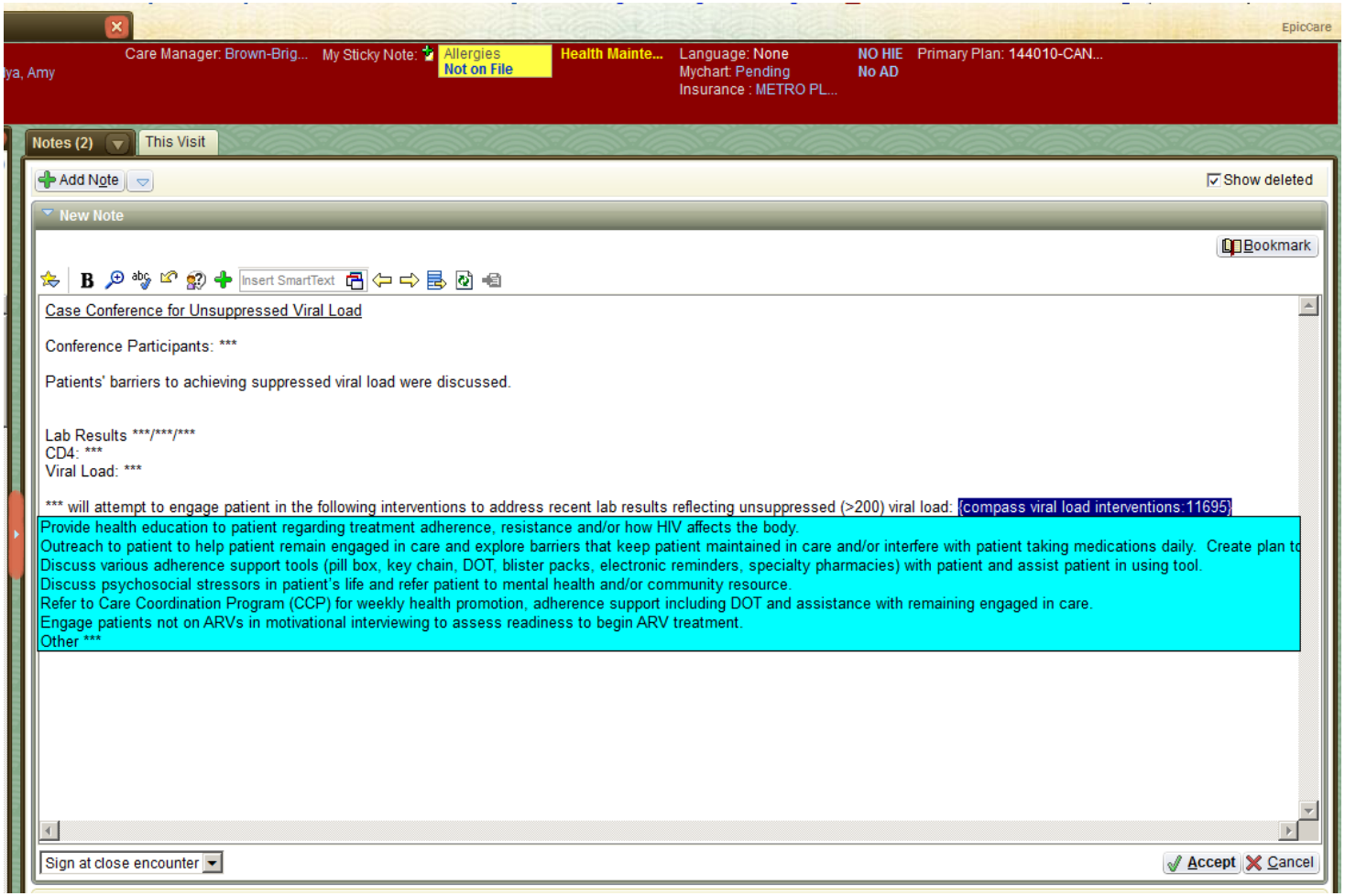
Documentation in patients chart



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Case Examples of IFH CQI Intervention Success

- In January 2014, Martha had VL over 5,000, CD4 <200
- During case conference alcohol use was identified as a barrier to adherence
- Intervention #3 selected, along with Motivational Interviewing around alcohol reduction and harm reduction, to be delivered by Behaviorist
- In April 2014, Patient had VL of 60 and CD4 >300

Examples of CQI Intervention success

- Joe is a 70 year old male who is in the Care Coordination Program. He first showed up on the unsuppressed VL list for case conference in January 2014 and this time resistance was also detected.
- Intervention #2 selected, to be delivered by Patient Navigator
- Care Coordination staff were able to continuously follow up with patient and support patient's adherence and regimen change. Patient was open to using pillbox as an adherence support .
- Patient's last viral load in May 2014 was 36.

COBAS TAGMAN HIV-1 <20 copies/mL	13851 (H)	32982 (H)	1518 (H)	36 (H)

Brainstorm: benefits and challenges to integrated case conferences

BENEFITS?

CHALLENGES?