Care Resource MAI: Minority AIDS Initiative Program

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Addressing Health Disparity and Viral Load Suppression

Addressing Health Disparity and Viral Load Suppression

Care Resource researched HIV infection and co-morbidities and found the following:

- A study in the Clinical Infectious Diseases (CID) Journal of August 2020 reported that there is a higher prevalence of chronic health conditions, including high blood pressure, diabetes, lung disease and cardiovascular disease for women living with HIV.
- HIV-positive women had a higher prevalence of various chronic health conditions compared with HIV-negative women:
  - Hypertension-blood pressure (49% vs 31%)
  - Diabetes (22% vs 12%)
  - Cardiovascular Disease (13% vs 7%)
- After adjusting the data to account for age and race, the investigators found that having HIV was associated with a greater likelihood of having high blood pressure, diabetes, cardiovascular disease and lung disease. The study also found that women with HIV are developing these chronic diseases at younger ages than women who don't have the virus.

Target Population

Hispanic MSMs	Black/AA/Hatian Females	Hispanic Females

Baseline Measure as of January 2023

	Priority Population	Number of Clients	W/Diabetes	W/ hypertension	W/ Heart Disease
Females	Hatian Females	13	4	11	11
	BA/AA Females	17	7	14	14
	Hispanic Females	13	6	10	10
Males	Hispanic Males	159	26	125	125
	Total	**202**	**43**	**160**	**160**

Unique Barriers in the Target Population

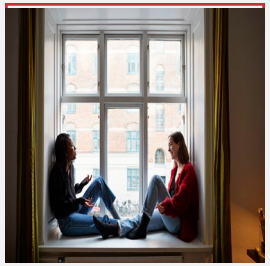
Homelessness

Income

Transportation

Immigration Status

Incarceration



Language Barriers

Innovative Approaches

Interventions that Differ from Usual Service

Care Resource's MAI program is different than Ryan White Part A program by implementing the following two interventions:

- 1. PRAPARE Social Determinants of Health Assessment: Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences.

- 2. I-ENGAGE intervention model: Evidenced based four-session strategy focusing on access, retention and medication adherence.

Innovative Approaches

Interventions that Differ from Usual Service

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

- Is a national effort to help health centers and other providers collect the data needed to better understand and act on their patients' social determinants of health. As providers are increasingly held accountable for reaching population health goals while reducing costs, it is important that they have tools and strategies to identify the upstream socioeconomic drivers of poor outcomes and higher costs. With data on the social determinants of health, health centers and other providers can define and document the increased complexity of their patients, transform care with integrated services and community partnerships to meet the needs of their patients, advocate for change in their communities, and demonstrate the value they bring to patients, communities, and payers.

Innovative Approaches

Interventions that Differ from Usual Service

PRAPARE CORE MEASURES

PRAPARE Core Measures	
Race	Education
Ethnicity	Employment
Migrant and/or Seasonal Farm Work	Insurance
Veteran Status	Income
Language	Material Security
Housing Status	Transportation
Housing Stability	Social Integration and Support
Address/Neighborhood	Stress

Innovative Approaches

Interventions that Differ from Usual Service

Ryan White MAI Medical Case Managers are trained on the I-ENGAGE Intervention.

- The I-ENGAGE is a CDC evidence-based intervention focusing on individuals' retention in care or newly enrolled in HIV care to help support their efforts in achieving and maintaining viral suppression by a series of meetings with the RW MAI MCMs,
- Using client-centered and motivational interviewing strategies. Clients in the intervention are engaged in exploring and building strengths needed to attend HIV care visits and to adhere to medication once they start ART. The primary outcome is viral suppression.
- I-ENGAGE Implementation:
- 1) Retention in HIV care
- 2) Adherence to prescribed antiretroviral therapy
- These are two key interventions that lead to viral suppression.

Innovative Approaches

Interventions that Differ from Usual Service

I-ENGAGE Four Section Protocols

Session Steps:

- Welcome—Exchange Information –Adjustment Process—Strengths and Challenges—Implement Action Plan and Goals —Review goals and Document
- Patients enrolled will have 4 planned face-to-face or Telehealth, in-clinic sessions (after primary care visit.) Clients have intervention sessions with MAI MCMs, and will also have a series of reminder calls from their MCMs before each primary medical care visit, and as needed.
- Sessions can be extended or repeated based on a client's needs.

Session 1: 0-6 weeks

- Objectives: Develop rapport. What is HIV and how is it different than AIDS? What are Viral Load and CD4? Goal of HIV treatment and what to expect. Doctor appointment reminder calls. Structural Problem Solving and Referrals process. (Reassess clients' needs).

Session 2: 6-12 weeks

- Identify: Strengths and Challenges to effectively communicate a common process of adjustment to medical crisis (including being diagnosed with HIV or another co-morbidity) and reassure patient that a process of adjustment can generally be expected.

Innovative Approaches

Interventions that Differ from Usual Service

I-Engage Four Section Protocols

Session 3: 12-18 weeks:

1. Monitor CD4
2. Monitor VL
3. Monitor for resistance
4. Monitor action plan and goals based on the clients' necessities.

- **Session 4:** 18-24 weeks: (Reassess clients' needs)

SMART Plan Of Care: For each goal, the goal activities culminate in agreeing upon a related goal that could help the client address issues discussed or maintain progress in each area. All goals should meet the SMART criteria. The goal should be:

1. Specific (formulate the plan in terms of actions)
2. Measurable (something you could assess at the next session)
3. Attainable (realistic to achieve before the next session)
4. Relevant (the goal relevant to the client's situation)
5. Time Bound (Set date for specific actions)

I-ENGAGE & PRAPARE INTERVENTION SUMMARY

I-Engage: 4 Sessions

Four sessions that help in developing rapport with the client and identifying strengths and challenges.

PRAPARE

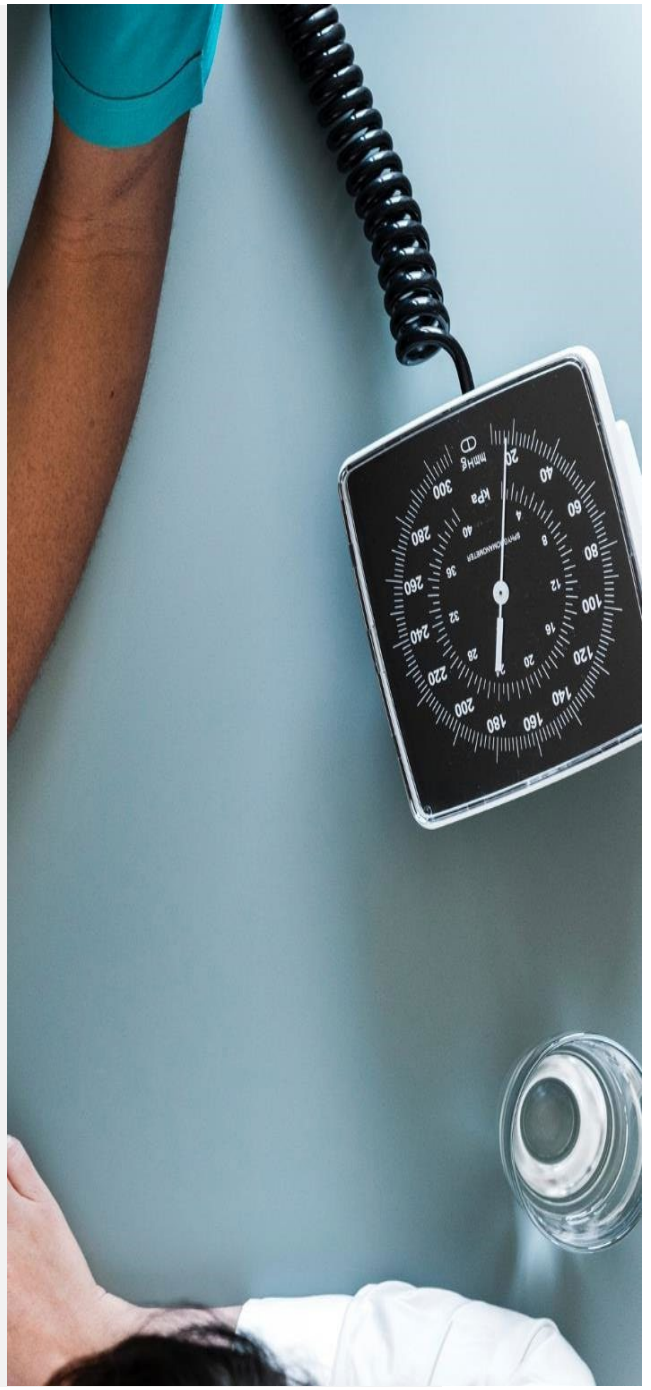
Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences. A national effort used to assist health centers and other providers collection of data needed to better understand and act on their patients' Social Determinants of Health (SDOH).

Follow Ups

Appointment reminder calls. Following up on missed visits. ADAP or specialist follow ups. Assisting in problem solving and the referrals process.

Monitoring

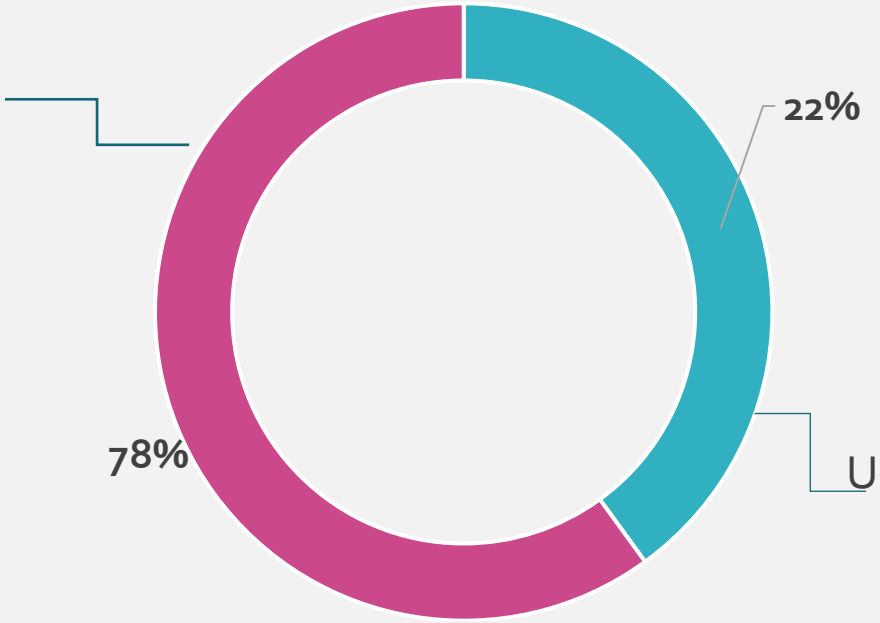
Tracking CD4/VL. Monitoring resistance and monitoring POC with goals based on the client's needs in order to increase adherence to medical treatment and ART regime.



Population Baseline: Viral Suppression

Suppressed Viral Load

78% of MAI participants had a suppressed viral load before PRAPARE assessment and I-engage sessions.



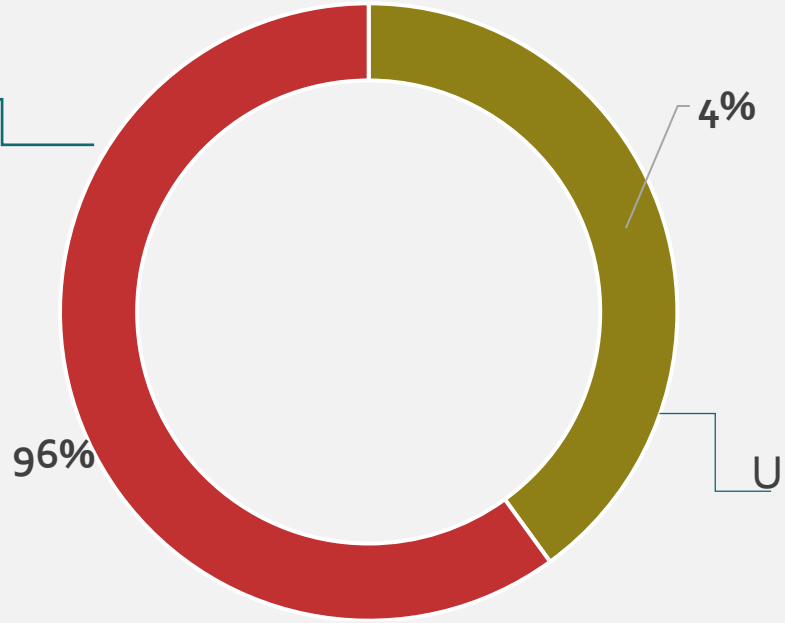
Unsuppressed Viral Load

22% of participants had a unsuppressed viral load before the PRAPARE assessment and I-Engage sessions.

Current Population : Viral Suppression

Suppressed Viral Load

96% of MAI participants have a suppressed viral load after PRAPARE assessment and I-engage sessions.



Unsuppressed Viral Load

4% of participants have an unsuppressed viral load after the PRAPARE assessment and I-Engage sessions.

- NACHC: PRAPARE

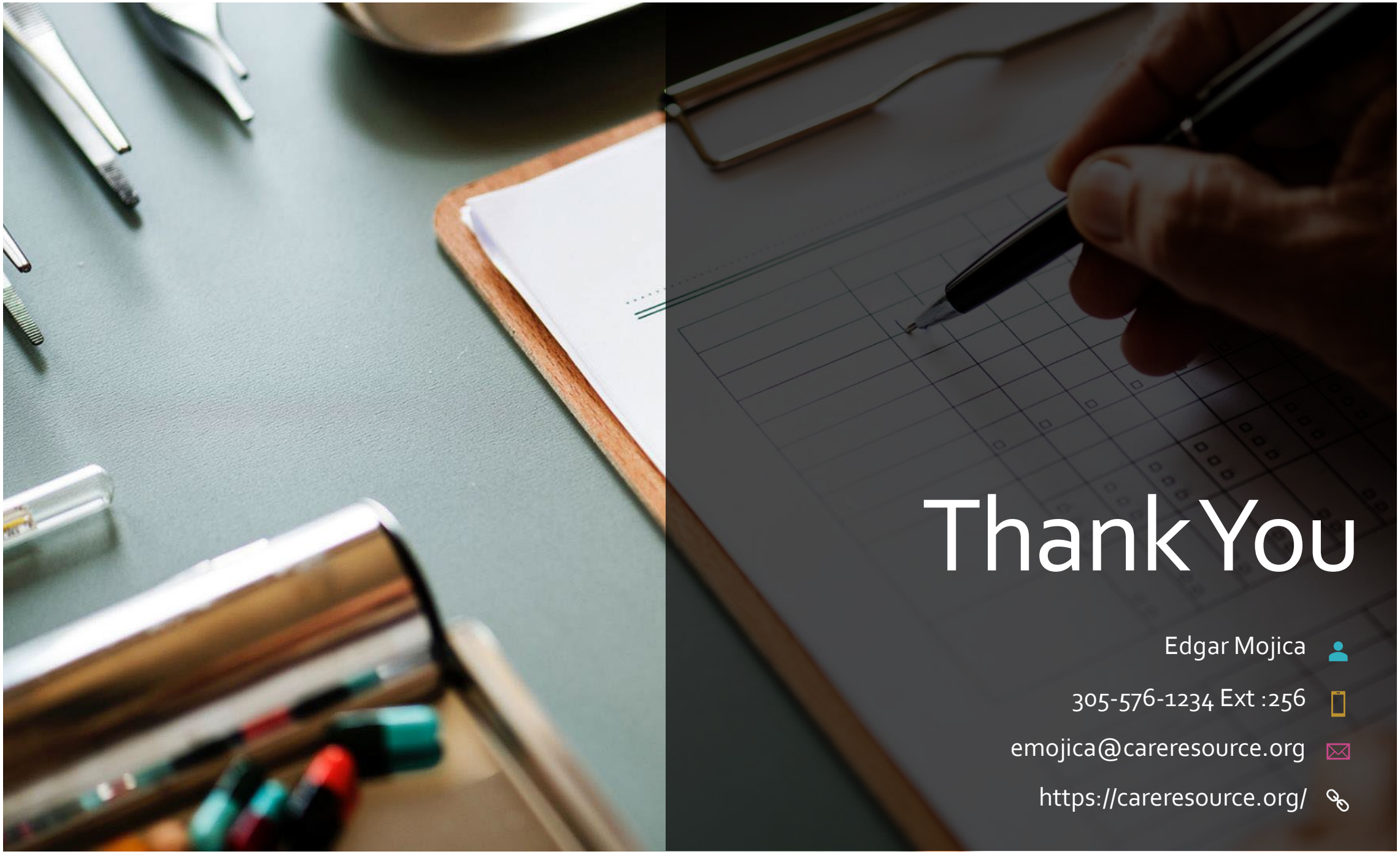
https://www.nachc.org/research-and-data/prapare/#:~:text=The%20PRAPARE%20Team%20at%20NACHC%20will%20be%20hosting,started%20and%20workflow%20considerations%20for%20various%20staffing%20models

- Clinical Infectious Diseases Journal

Burden of Hypertension, Diabetes, Cardiovascular Disease, and Lung Disease Among Women Living with Human Immunodeficiency Virus (HIV) in the United States

https://academic.oup.com/cid/advance-article-abstract/doi/10.1093/cid/ciaa1240/5895966?redirectedFrom=fulltext

Links



Thank You

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