CDC/HRSA Advisory Committee on HIV, Viral Hepatitis and STD Prevention and Treatment

The PATHways Program at the Vanderbilt Comprehensive Care Clinic:

An Innovative Approach to Reach Traumatized, Marginalized People with HIV Otherwise Not Engaged in Care

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Goals & Objectives

- Goals
  - What have we accomplished at the Vanderbilt Comprehensive Care Clinic?
  - How does the Nursing paradigm help patients?
  - What Lessons have we learned from our experience?
  - Secrets to Excellence in Team Performance

- Objectives
  - At the end of this session, participants should be able to:
    - Compare and contrast medical and nursing models of care
    - Appreciate the unique needs of marginalized, traumatized PLWH
    - Consider new approaches to care for our marginalized, traumatized patients

What Have We Accomplished at the Vanderbilt Comprehensive Care Clinic (VCCC)?

- Characteristics of target population
- Novel multi-dimensional instrument to assess patient strengths across five domains of care, all related to HIV clinical outcomes
- Snapshot of our population through the lens of the Adverse Childhood Events (ACE) Instrument
- Overview of Clinical Outcomes to Date

Target Population

We want the patients who are failing to thrive under the “15 minute” model of care:

- Poor Adherence, Making Virus
- Socially Marginalized
- Traumatized
- Untreated Mental Illness
- Active Addictions
- Poverty, poor education

Characteristic	% of PATHways Patients
Gender: Male	70%
Skin Color: non-white	58%
Age 25-44	66%

- HIV is often the “gateway diagnosis”
- Identified from either validated screening process or internal referral
- Screening process alone identifies ~ 90 candidates/quarter
- Novel, validated assessment tool used with all patients

Multi-Dimensional Patient Strengths Phenotype

Domain	Factor	Measure	Range	Pt Score and Interpretation
Mental Health	General Self-efficacy	GSE	10-40	**21**
	Impulsiveness	BIS-8	8-32	**18**
	Depression/Anxiety	PHQ-4	0-12	**10**
	Trauma History	ACE	0-10	**7**
	Alcohol Use	AUDIT-C	0-12	**0**
	Illicit Use	POST	9-45	**14**
Clincial Care	VL at last visit	EMR	09/927/2017	**43,000**
	CD4 # last visit	EMR	9/27/2017	**342**
	Tobacco Use	POST		**Y**
	Health Insurance	Y/N		**N**
Physical Environment	Housing Stability			**Tenuous**
	Transportation			**unstable**
Social Environment	Employment		FT/PT/U/D	**part-time**
	Poverty	% FLP (mon income)		**1.5**
Education	Highest Grade Completed			**11**

Scoring Key:	
PURPLE	Risk: This area should be further assessed and addressed to minimize risk of patient failing HIV care.
GREEN	Baseline: Patient has minimal level of functionality in this area; further assessment recommended.
BLUE	Goal: Patient at goal in this area; these may represent opportunities to build on patient strengths

Adverse Childhood Events: VCCC Results

Number of Adverse Childhood Experiences (ACE Score)	Kaiser-CDC N=17,337	VCCC Newly Engaged N=101	VCCC PATHways N=54
0	36.10%	25.7%*	9.3% #
1	26%	36.6%*	7.4% ##
2	15.90%	11.9%	7.4%
3	9.50%	9.9%	14.8%
4 or more	12.50%	15.8%	61.1% ##

Kaiser vs Newly-engaged: * $p < 0.05$; ** $p < 0.001$

Newly-engaged vs PATHways: # $p < 0.05$; ## $p < 0.001$

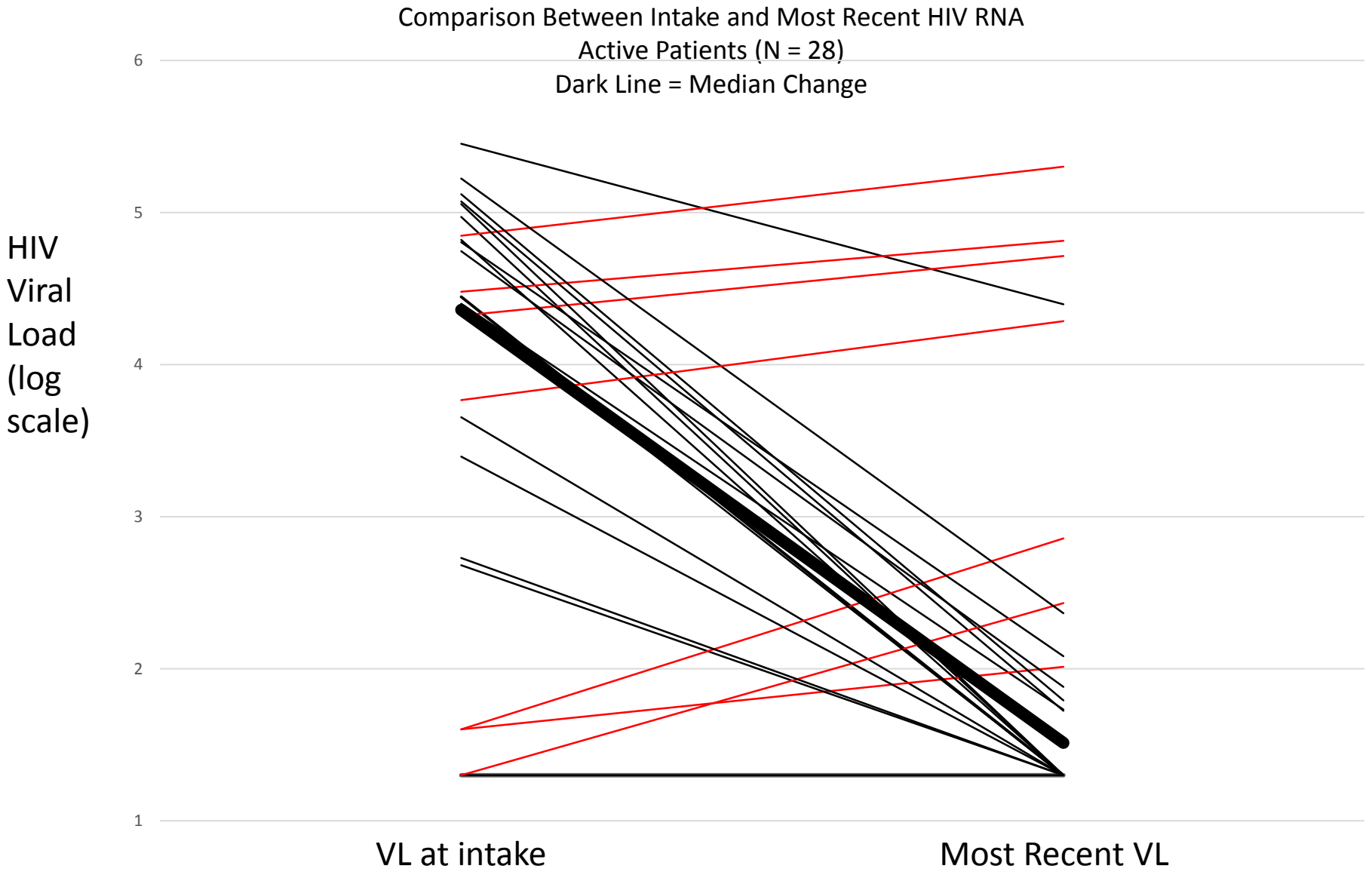
Adverse Childhood Events and HIV Care

In our clinic, individuals with an ACE score ≥ 4 were:

- **8 times more likely** to miss their next appointment compared to those with ACE scores between 0-2
- **2 times more likely** to have a viral load > 200 copies compared to those with an ACE score between 0-2

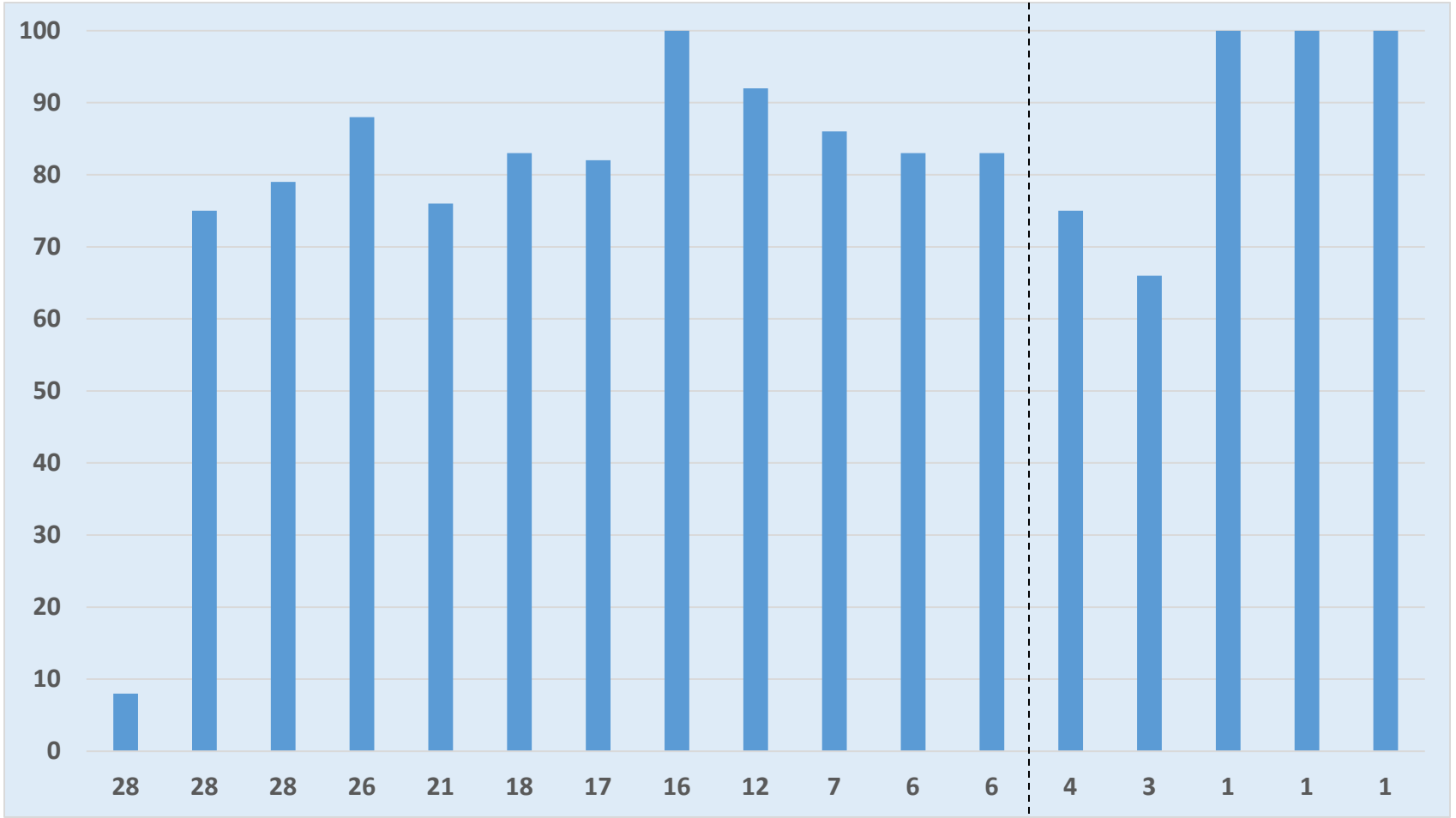
Campbell, K, Raffanti, S, Nash, R. Adverse Childhood Event (ACE) Scores Associated with Likelihood of Missing Appointments and Unsuppressed HIV in Southeastern U.S. Urban Clinic Sample, Journal of the Association of Nurses in AIDS Care. Accepted for publication, June, 2019.

Clinical Outcome 1: 86% Viral Suppression



Clinical Outcome 2: HIV Suppression Over Time

Percent of Patients With VL < 200 or down since previous labs



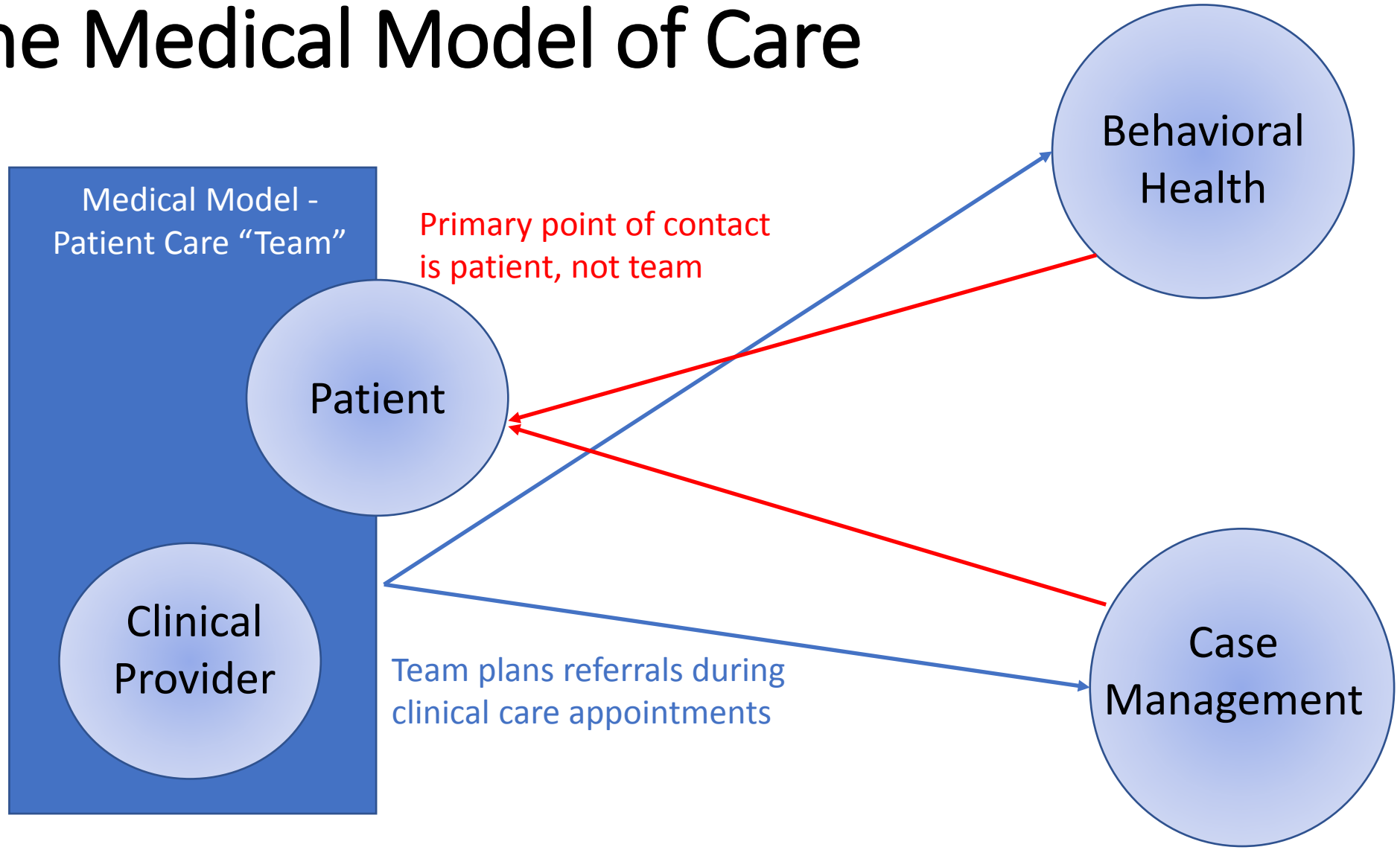
Number of Patients With Lab Draws

How does Nursing focus help patients?

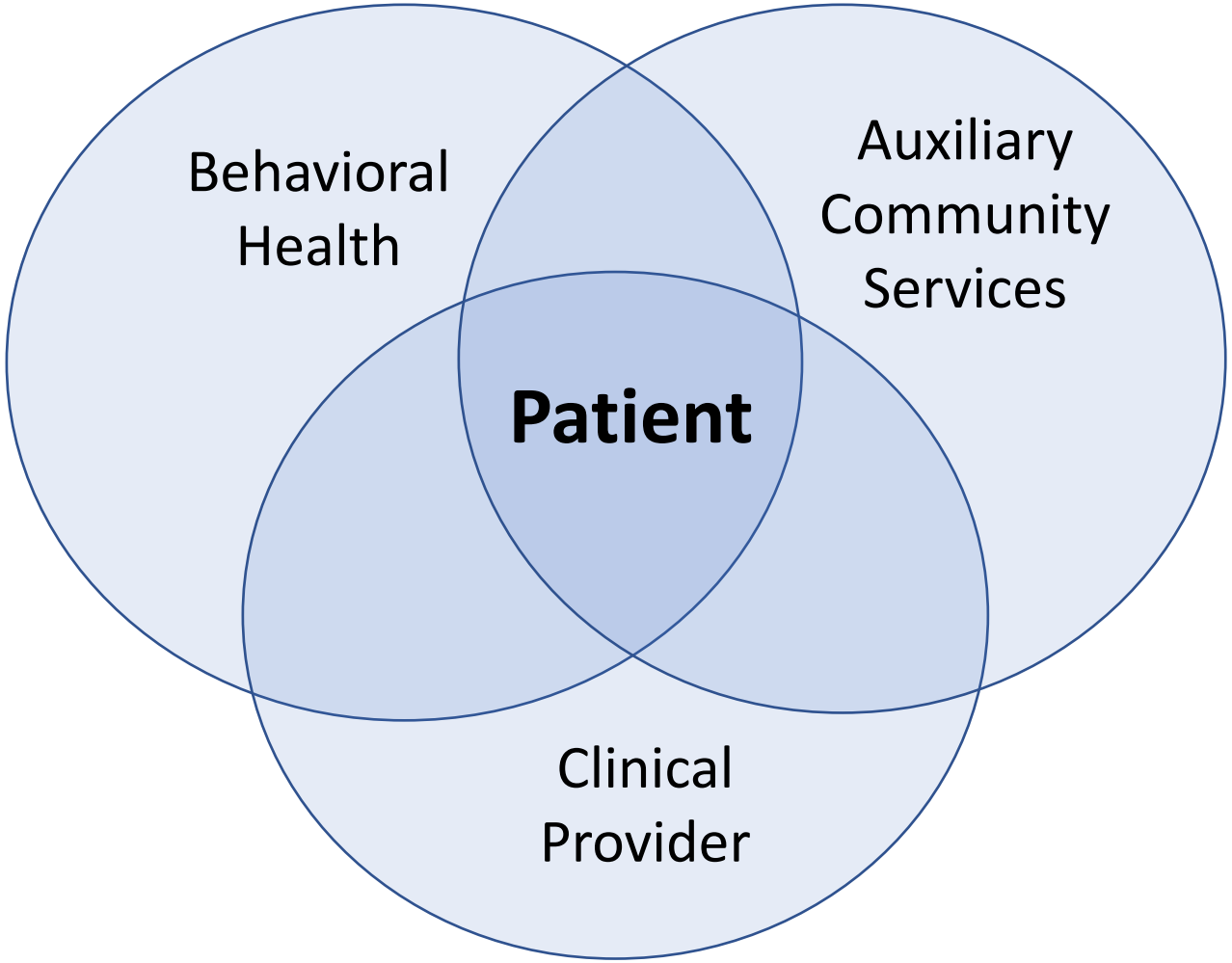
- Nursing paradigm is not synonymous with medical model of care
  - Nursing looks at the whole patient instead of focusing on a disease
  - This allows nurses to also assess the environment within which a patient is trying to preserve/improve their health

- We are very fortunate to have federal funding that allows us to approach patients from a Nursing perspective

The Medical Model of Care



PATHways Model of Care



Key Features of Our Model of Care

- Validated screening tools are used with all patients to inform all aspects of care
- Behavioral Health
  - Key goal is to normalize patient feelings
  - Behavioral Health – guided by DBT/BA to focus on teaching concrete skills in short timeframes
    - Creation and implementation of psychoeducation modules
- Case Management
  - Case managers are tightly integrated into patient's behavioral health and clinical care – not a model where case manager has a list of clients to manage
- Clinical Care
  - Equal focus on clinical care, mental health, and social/physical environment

Patient Engagement Challenges that the PATHways Program is NOT Designed to Address

- Patients who **refuse to engage** in **HIV care**, in spite of having the support and resources to get to clinic
- Patients who **refuse to engage** in **Behavioral Health Care**
- Patients who have a history of **missing appointments and do not respond to calls** from the clinic
- Patients who are **unmotivated** to at least **contemplate freedom** from addictions
- PATHways is **not** another Retention in Care intervention

What Lessons Have We Learned from our Experience?

- We need to create patient-centric approaches for traumatized patients
  - Our patient population needs more care than existing models allow
    - Our successful approach is not bound by Standard of Care demarcations
    - What makes sense from a funding perspective may not translate to optimal patient care for all populations we are trying to reach
- We need to integrate ASO services and clinical care for traumatized patients
- We need to get out of clinics and into communities
  - We have been offering clinic-based care for decades – it doesn't work for everyone

Secrets to Excellence in Team Performance

- We hired experienced RNs, who understood they would be working with challenging situations
  - Previous experience with similar populations > HIV knowledge
- Entire team works in the same office space
  - No one is isolated; this minimizes risk of burnout
- Every role on the team is dependent on all the other roles to be fully effective

We WANT to SHARE our approach to care.
PLEASE contact us if you want to learn more!

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