

# The Impact of Patient Navigation Services for HIV-Positive Individuals on Retention and Viral Suppression in Virginia

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# Conflict of Interest Disclosure

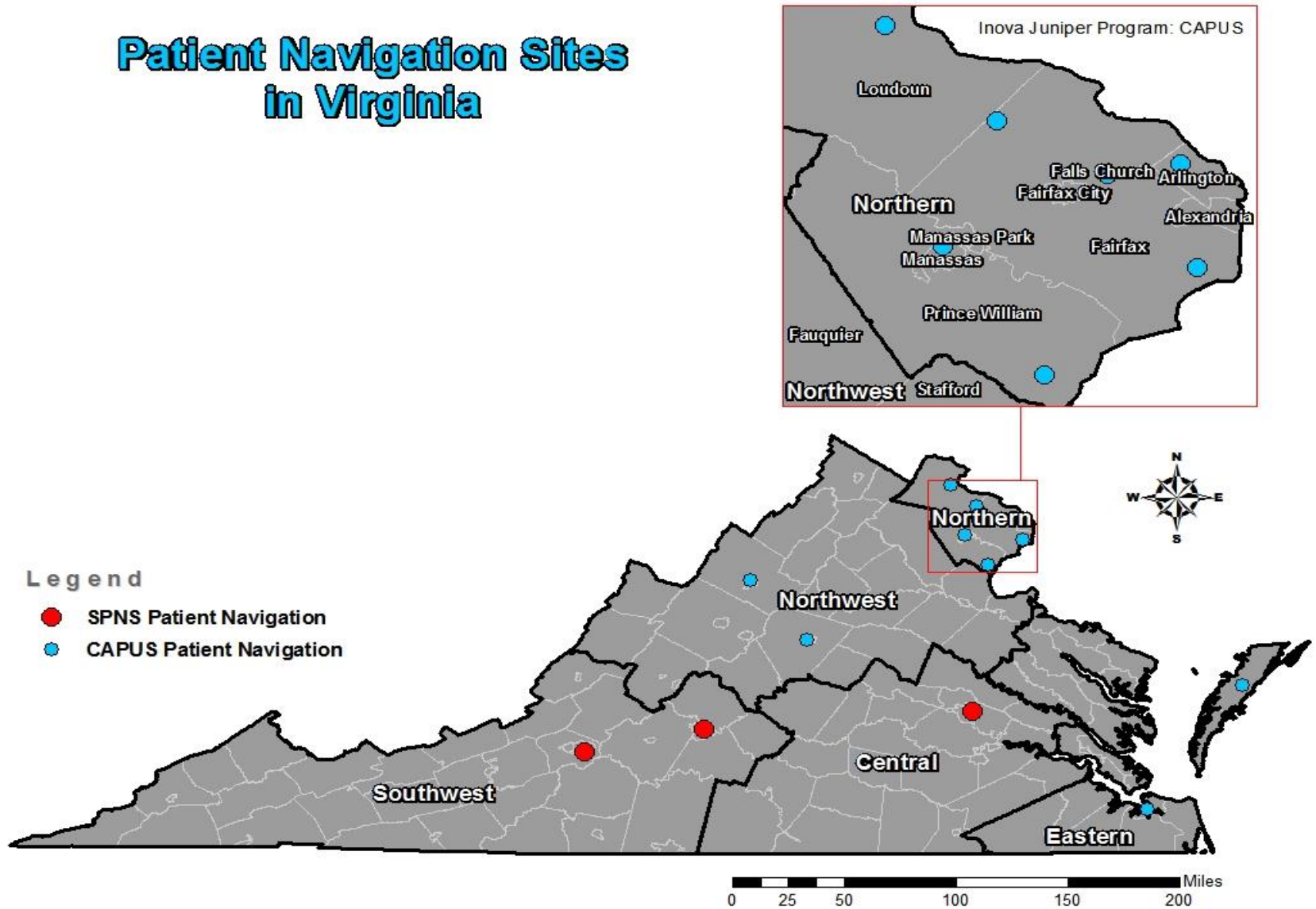
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Has no real or apparent conflicts of interest to report.

# Background

- Patient Navigators (PNs) have begun to play an increasingly important role in HIV care.
- Virginia received funding through two federal grant programs to help link and retain persons living with HIV (PLWH) in HIV medical care.
  - Special Projects of National Significance (SPNS) Systems Linkages grant (2011-2015) from the Health Resources and Services Administration (HRSA)
  - Care and Prevention in the U.S. (CAPUS) grant (2012-2016) from the Centers for Disease Control and Prevention (CDC)
- Virginia coordinated a geographical approach to distributing PN and community health worker (CHW) programs across all five health regions of the state

# Patient Navigation Sites in Virginia



# HIV Patient Navigation in Virginia

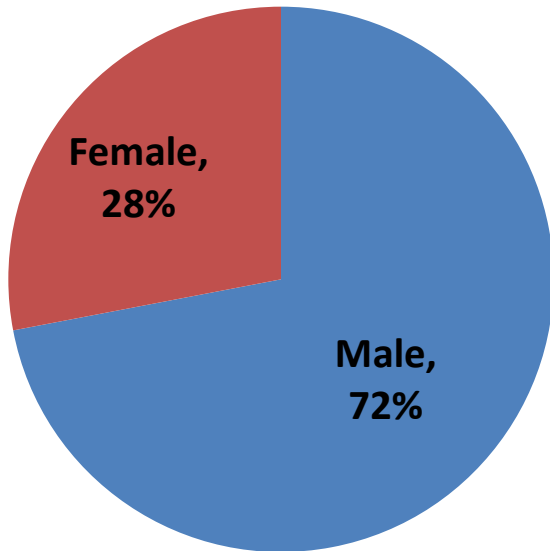
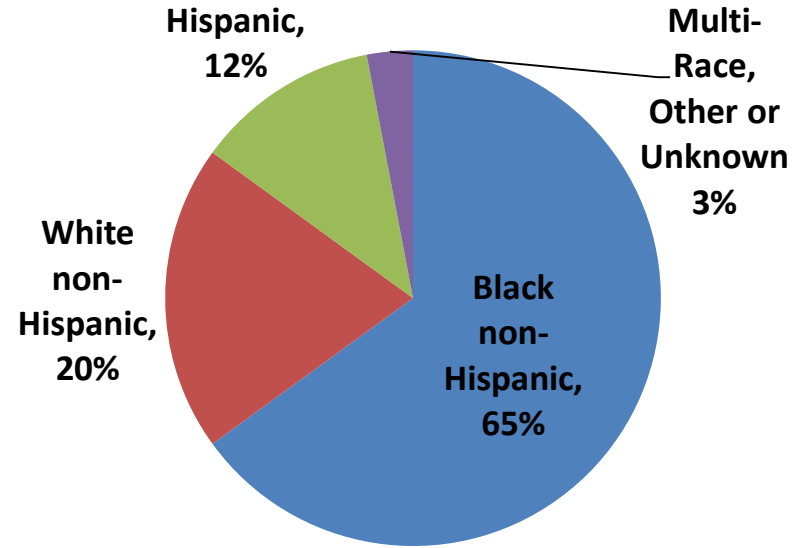
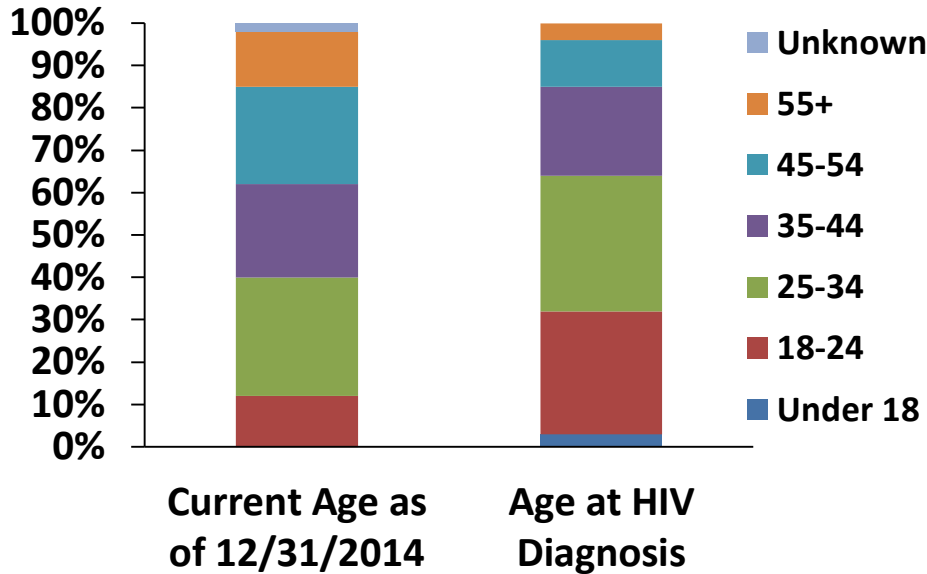
## SPNS Patient Navigators

- Use of Motivational Interviewing and client centered communication, linkage, retention and transition plans
- PN programs co-located at medical sites
- Sites located in the Central and Southwest regions of the state

## CAPUS CHWs

- Community Health Worker (CHW) model
- Funded both medical sites and community based organizations
- Sites located in the Northern, Northwest and Eastern regions of the state

# PN Clients Served 1/1/2014-12/31/2014 (n=572)



Transmission Risk	Percent of SPNS PN Clients
Male To Male Sexual Contact (MSM)	52.0%
Injection Drug Use (IDU)	5.0%
MSM & IDU	3.0%
Heterosexual Contact	23.0%
No Risk Factor Reported or Identified	15.0%
Perinatal Exposure	2.0%

# Research Question

***What is the impact of Patient Navigation services for PLWH on retention in HIV care and viral suppression?***

# Methods

## Analysis Variables

### HIV Care Outcomes:

#### Retained in Care in 2015:

Evidence of at least two or more HIV care markers:

- Antiretroviral treatment
- HIV medical visit
- Viral Load test
- CD4 count test

in Calendar Year (CY) 2015 at least 3 months apart.

#### Virally Suppressed in 2015:

Last Viral Load taken in CY 2015 was <200 copies/mL.

## Analysis Variables

### Sociodemographic Factors:

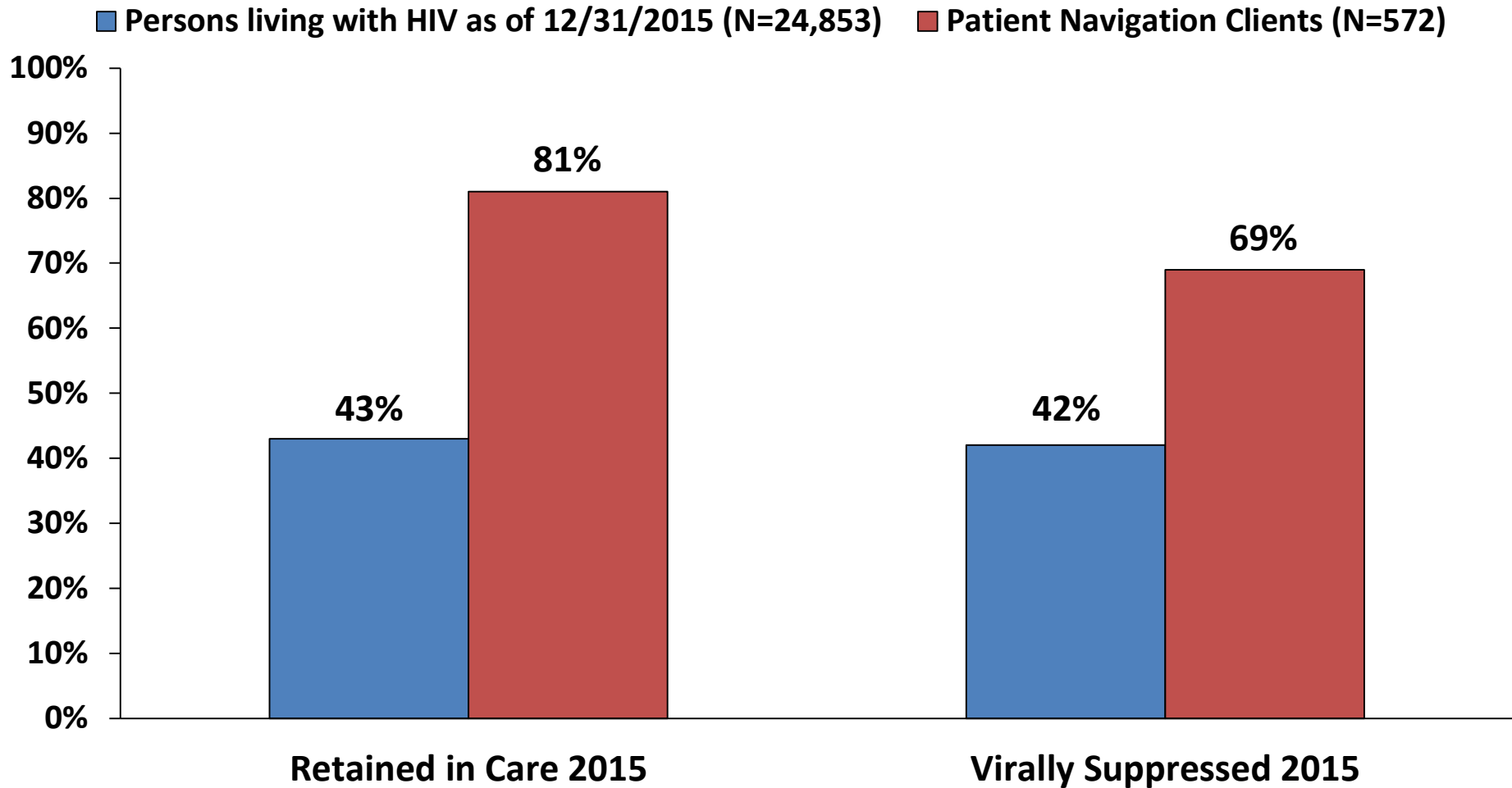
- Client Race
- Client Ethnicity
- Current age and age at HIV diagnosis
- Sex at birth
- Client Type (newly diagnosed, lost to care, at risk)
- Geographic location of PN program where client received services (urban vs. rural)



# Methods

- HIV care outcomes from clients served with PN services at six sites across the state from January 1, 2014-December 31, 2014 were analyzed (n=572).
- Overall retention in care and viral suppression rates in Calendar Year (CY) 2015 were examined.
- Relationships between sociodemographic factors, client type, and geographic location of the PN program on HIV outcomes were examined.
- Backward elimination multivariate logistic regression was used to determine the relationship between these factors and outcomes in 2015.

# HIV Care Outcomes Among Patient Navigation Clients vs. All PLWH in Virginia



-Retention in care for 2015 was defined as having at least two or more HIV care markers (evidence of antiretroviral treatment, HIV medical visit or a Viral Load test or CD4 count measurement) in Calendar Year (CY) 2015 at least 3 months apart.

-A client was considered virally suppressed in 2015 if the last Viral Load taken in CY 2015 was <200 copies/mL.

-2015 outcome data is preliminary.

# Results- Retention in Care

## Client Ethnicity

Hispanic clients were 2.6 times more likely to be retained in 2015 compared to non-Hispanic clients ([odds ratio (OR): 2.6, 95% confidence interval (CI), 1.1-6.2]).

## Geographic Location of PN Program

Clients served by rural programs were 2.5 times more likely to be retained in care in 2015 compared to those served by urban programs ([odds ratio (OR): 2.5, 95% confidence interval (CI), 1.5-3.9]).

# Results- Viral Suppression

## Client Ethnicity

Hispanic clients were 2.1 times more likely to be virally suppressed compared to non-Hispanics ([adjusted odds ratio (OR): 2.1, 95% confidence interval (CI), 1.1-4.2].

## Geographic Location of PN Program

Clients served by PN programs in rural areas were 2.0 times more likely to be virally suppressed compared to clients served by urban programs ([odds ratio (OR): 2.0, 95% confidence interval (CI), 1.3-2.8].

# Conclusions and Future Work

- Compared to all PLWH in Virginia, retention and viral suppression rates are much higher among clients served by PN programs.
- Future analysis will include additional exploration of outcomes by client type (newly diagnosed patients vs. lost to care, etc.)
- Future analysis will include comparing short-term outcomes (while receiving PN services) and long-term outcomes (after receipt of PN services) to help inform transition and discharge practices to maximize long-term health outcomes among PN clients.

# Questions?

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