



Using Practice Transformation in Clinic and Outreach Settings to Respond to an HIV Outbreak

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Disclaimer

- Speakers do not have financial conflicts to disclose

Disclosure

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Learning Objectives

- Share information about the AETCs, Practice Transformation, and epidemiology data for two HIV Outbreaks
- Understand how to utilize both clinical and outreach models for successful HIV outbreak interventions
- Discuss best practices for providing HIV prevention and treatment to disproportionately affected populations including those who are experiencing unsheltered homelessness, those who inject drugs, and Native American/American Indian populations
- Describe replicable practices and interventions to improve capacity to provide patient-centered and adaptable HIV care

Background: The AETCs and Practice Transformation

AETCs- AIDS Education and Training Centers

- Ryan White Part F
- Federally funded through HRSA HAB for over 30 years
 - Bipartisan support
- Traditionally provide education and technical assistance to healthcare professionals
- Part of a national network of AETCs, serving all states and territories and including four supporting national centers
- Aim is to develop and transform the health care system and its workforce to advance equitable and patient-centered care
 - Through skills building, workforce capacity, practice transformation, quality improvement

AETCs- AIDS Education and Training Centers [2]

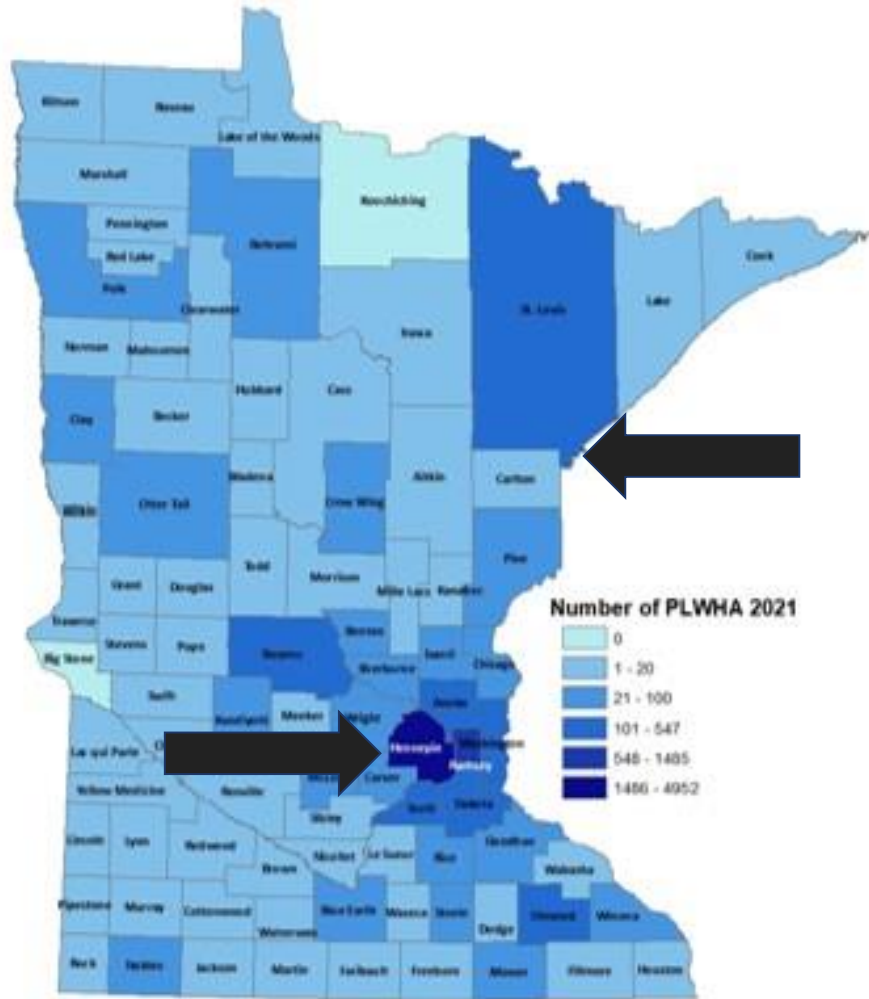
- We cover Minnesota and Iowa, but other states have their own AETCs
- We can be flexible and nimble, covering gaps and addressing needs quickly
 - Great for HIV Outbreak response work
- Our programming is tailored to our state/local audience
- Support to clinics/hospitals/community based settings
 - Includes both short and long term quality improvement- like Practice Transformation
- Support to individuals
- All of our programs are no cost and easy to access

Practice Transformation

- Practice Transformation is defined by the Centers for Medicare & Medicaid (CMS) as “a process that results in observable and measurable changes to practice behavior.”
- Such changes improve health outcomes, create a closer patient-provider relationship, and help replace costly acute care episodes with preventive care management.
- Through coaching and practice facilitation, the goal is for the AETC’s to assist partner community health centers in enhancing outcomes along the HIV care continuum.
- Change activities are derived from the principles of the Patient Centered Medical Home (PCMH) model: Accountable, Accessible, Comprehensive, Continuous, Coordinated, and Patient/Family Centered

Background: Epidemiology of Minnesota HIV Outbreaks

Minnesota Outbreaks



City of Minneapolis
 City of St. Paul
 Suburban*
 Greater Minnesota
 Total

3,243 (847.7 per 100,000)
 1,188 (416.7 per 100,000)
 3,476 (159.3 per 100,000)
 1,772 (72.2 per 100,000)
 9,679 (182.5 per 100,000)

#HIV or AIDS at last medical appointment

*7-county metro area, excluding the cities of Minneapolis and St. Paul

HIV Outbreak in the Twin Cities

- An outbreak was declared in Hennepin and Ramsey counties in February 2020
- Typically, we see 0-3 cases of HIV in people who inject drugs per year in Hennepin and Ramsey County
- As of June 21, 2022, there are 102 cases included in the outbreak
- Disproportionate impact on American Indian population

Health Alert:

<https://www.health.state.mn.us/communities/ep/han/2020/feb3hiv.pdf>

HIV Outbreak in Duluth Area

- An outbreak was declared in the Duluth area in March 2021
- Typically we see 1-5 cases of HIV in St. Louis County per year (any mode of transmission)
- As of June 21, 2022, there are 24 cases included in outbreak
- Similar demographic to the Twin Cities outbreak

Health Alert:

<https://www.health.state.mn.us/communities/ep/han/2021/mar4hiv.pdf>

HIV Practice Transformation at Native American Community Clinic (NACC)

Native American Community Clinic



- Federally Qualified Health Center (FQHC) located in Minneapolis, Minnesota
- Provide care to 4,500 patients annually; ~85 % Native American/American Indian
- Comprehensive primary care medical clinic, behavioral health services, dental care, and chemical health programming
- Spiritual care and cultural teachings, mind-body medicine
- Services provided are culturally-tailored and rooted in principles of harm reduction

Native American Community Clinic [2]

- **Medical Clinic Staffing Model**

- 2 Family Practice Physicians, 1 Pediatrician, 3 Family Nurse Practitioners
- RN Care Coordinators, Patient Advocates, Integrated Behavioral Health Provider, Registered Dietitians, SBIRT Chemical Health Coordinators, Medical Assistants, Phlebotomists, Medical Scribes

- **Acknowledging Patient Risk**

- Houselessness, food insecurity, lack of transportation, uninsured/underinsured
- Substance misuse, increased overdose risk due to fentanyl
- Increased infectious disease burden (ex. HIV, HCV, syphilis, gonorrhea, chlamydia)
- Increased complications of chronic disease (ex. DM II, HTN, ASCVD)
- Increased risk of experiencing violence and sexual exploitation

Harm Reduction Services at NACC

- Safer Use Services (clean supplies, naloxone distribution/education)
- Medication Assisted Treatment (Suboxone, Vivitrol)
- Outpatient treatment programming, groups
- Safer use education
- Outreach services
- Staff competency in sex work, trafficking, & trading



Contextualizing Our Work

- South Minneapolis is the most densely populated area of the metro of American Indians/Alaska Natives
- NACC sits on Franklin Ave. which is also known as the American Indian Cultural Corridor, established with the help of the American Indian Movement
- NACC is surrounded by a large network of families from MN tribal nations who have a long history along this corridor and surrounding neighborhoods
- Due to the legacy of colonization, many social factors impact our community and inform how we build our programs
- Some of the most notable include the following...

Wall of Forgotten Natives: 2018-19

Native Americans/Alaska Natives represent 1% of Minnesota's total population, but 13% of Minnesota's population experiencing homelessness*

- Encampments develop (many within short walking distance to NACC)
- NACC responded by bringing new syringes and naloxone, and by collecting used ones for safe disposal
- Outreach and building relationships through harm reduction and meeting people where they are at began here



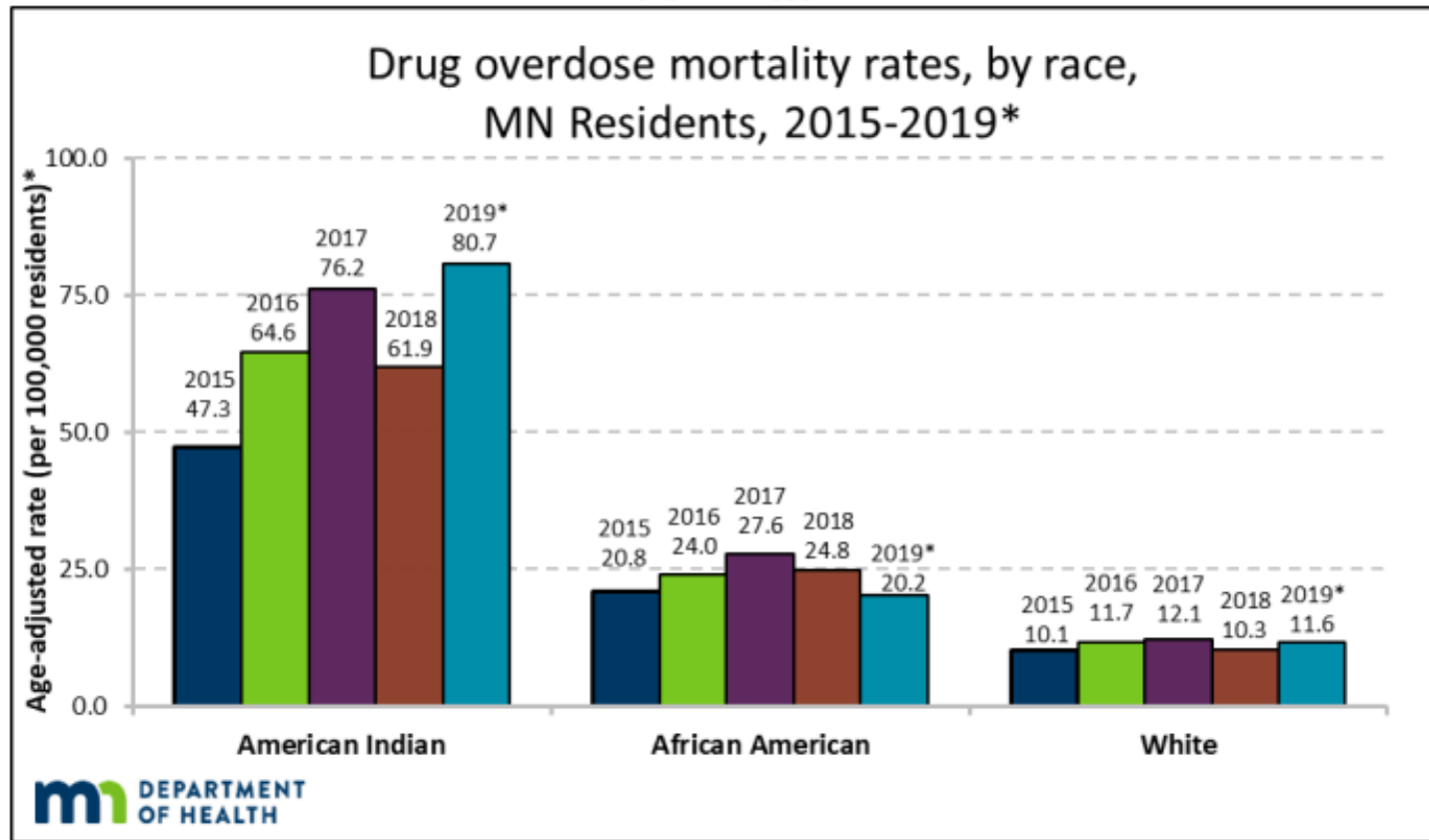
Image courtesy of Tina Monje

COVID-19: 2020-present

- NACC did not anticipate some of the impacts this would have on our target population, including:
 - Staffing
 - Onsite visits – barriers around phones and technology, or having a safe private space
 - Access to public spaces and public bathrooms for basic cleanliness and to access clean water
 - Continuity of benefits while facilities shut down
 - Availability to offer testing and smooth care referrals
- NACC offered some COVID testing events at housing facilities of area housing organizations
- NACC's first attempts at Telehealth with unsheltered people

Opioid Overdose Crisis

CHART 2. In 2019, African Americans were almost two times more likely to die of a drug overdose than whites. American Indians were seven times more likely to die of drug overdose than whites.



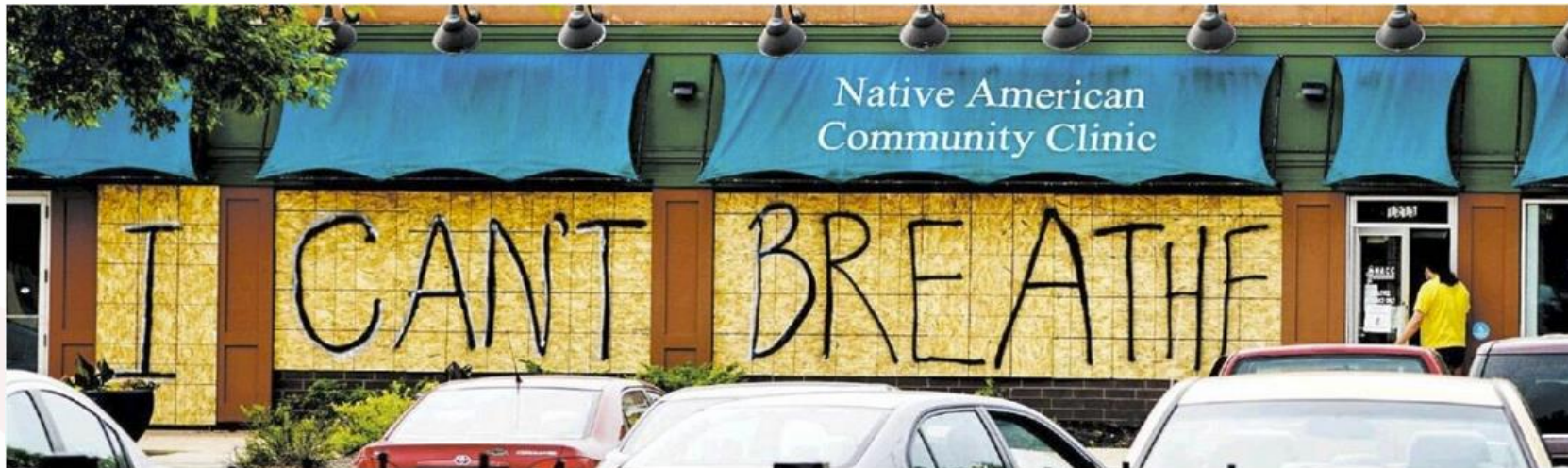
- Nationwide spike in deaths in 2020
- We don't know yet how this impacted the already growing disparity in MN
- AI/AN were 7x more likely to die than white people as of 2019

SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2015-2019*

NOTE: 2019 data are preliminary and are likely to change when finalized.

George Floyd & Uprising: 2020

- By May of 2020, many of our unhoused neighbors had settled a camp 1.5 miles away from the clinic, less than a mile from the Wall, and 2.5 miles from what is now called George Floyd Square.
- Inspired widespread response from the city at the site of his murder and especially at the 3rd precinct headquarters, which sits in the hub of some key Minneapolis commerce
- Disruption and destruction of businesses and buildings spread throughout the TC, especially South Minneapolis
- Power loss was widespread (including NACC)
- Pharmacies and grocery stores were closed during the first several days after the events
- Business such as NACC boarded their building in anticipation of continued unrest
- Many outreach workers and clinics had to respond to the needs of unhoused people (tons of volunteers re: pandemic unemployment)
- NACC: Continued to provide suboxone even though we had no power or light, became a hub for orgs and neighbors to drop donations for us to distribute, worked to make sure people could still access medications through pharmacy closures



Today

- After the suburban hotels systems shut down and the Powderhorn and IPTF camps were evicted, the Wall was reclaimed - formal support of area organizations
- Camp lasted only a few months, people continue to face evictions and are pushed around while the city barricades unused land



Image courtesy of David Glanzer

Today [2]

- Evictions continue to disrupt the stability and communities formed by unsheltered residents of the city
 - Connections with loved ones and care organizations are broken
 - People lose medications or other important items when officials forcibly evict
 - Officials and care providers often fail to acknowledge and learn from the ways people in the community are already caring for each other, and are each others primary caregivers (ie people living outside and using drugs reverse overdose far more than medical staff or EMS)
- All of these continued social factors continue to inform how we develop our programming
- To the best of our ability, NACC wants to be as flexible as our population's needs, especially those who use drugs and those who live outside

Where we started...

- Acknowledged risk was there long before outbreak was announced
 - Increasing incidence of new HIV diagnoses given at NACC
 - Individuals engaged in MAT & Safer Use programming
- Difficulty linking to traditional HIV care
 - Patients were not going! **0% linkage to care** when attempting to complete referrals to local infectious disease clinics
 - The traditional infectious disease model was not meeting the needs of our patients
 - Ex. rapid referrals, appointment navigation, and intensive care coordination
- Colocation of services is an effective model of care delivery at NACC
 - HIV is easier to add on to the rest of the services that already cater to our community (i.e., medical + behavioral health + chemical dependency)

Practice Transformation Project with Minnesota AETC (MATEC)

- Began in late 2019, right before 1st outbreak was announced
- Primary Goal:
 - Be HIV culturally responsive center for excellence
- Weekly meetings, all project goals relate to HIV outbreak response
- Initial HIV Team:
 - MD, RN care coordinator, outreach worker
- Current HIV Team:
 - MD, FNP, RN care coordinator, case manager, outreach workers

Practice Transformation Project with Minnesota AETC (MATEC) [2]

- Interventions and initiatives aimed to improve measures along the HIV care continuum
 - Increasing HIV testing, increasing linkage and engagement in HIV care, etc.
- Interprofessional Teams
 - Creating HIV team, task shifting to work at top of credential, team huddles
- Workforce Development
 - Skills building, education, technical assistance, & professional development
- Quality Improvement
 - Policies and Procedures, performance measures and data tracking
- Resource Mapping
 - Partnership building, best practices

NACC's Model of HIV Care

- Interdisciplinary team. Collaboration of Clinical AND Outreach Services. Co-location is key.
- Focused on providing care to:
 - American Indian/Native community
 - People experiencing homelessness (particularly unsheltered homelessness)
 - People who inject drugs
- Addressing Barriers to HIV Care
 - Fear of community stigma & provider judgment
 - Treatment myths
 - Difficulty attending scheduled appointments
 - Substance use
- Respond to HIV outbreak through low-barrier, harm-reduction based HIV services

Covers all stages of HIV Care Continuum

HIV CARE CONTINUUM:

The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.



NACC's Model of HIV Care [2]

- **Prevention**
 - Safer Use Supplies & Education, PrEP, Wound Care
- **Diagnosis**
 - Outreach & clinic-based testing, in-clinic rapid HIV testing
- **Linkage to Care**
 - Incentives, collaboration with outreach organizations, provider appointment flexibility
- **HIV Medical Care**
 - Same-day ART, specialty pharmacy coordination, harm reduction philosophy
- **Retention**
 - Incentives, colocated services, follow up flexibility
- **Viral Suppression**
 - Adherence support & education

Replicable Practices through our Practice Transformation work- Clinical and Outreach

HIV Testing - Clinical

- Creating and implementing Policies and Procedures
 - Examples: HIV Testing Procedure, Delivery of Positive Confirmatory HIV Test Results and Initial Linkage to HIV Care, In-Clinic Rapid HIV Testing Protocol
- Rapid testing in clinic for those appropriate
 - Pilot for MAT program
- Risk assessments/screening
- Staff education
- Monthly data tracking of HIV testing rate

HIV Testing - Outreach

- Rapid testing in outreach settings
 - Pop-up events
 - In encampments
 - HIV testing day once/week at adjacent clinic space
 - At various local organizations



Image courtesy of David Glanzer

- Paired with other services
 - syringe & safer use supplies, vaccines, wound care kits, hygiene kits, food, clothing
- Incentives for tests and referral appointment follow-through

Image courtesy of David Glanzer



HIV Testing - Outcomes

- HIV testing rate has increased by 10% in 2 years
 - 14% to 24%
 - Staff education, specifically providers
- Will continue to provide HIV testing in both clinic and outreach settings
- Become trusted source of HIV testing in the community, as well as part of a strong inter-org team of testers
- Strong system of linking new positives to care

Linkage to Care - Clinical

- Creating and implementing Policies and Procedures
 - Examples: ART Initiation Protocol, ART education and initial adherence counseling protocol
- Staff education: HIV patients are a priority
- Rapid Start ART/PrEP (for partners) with samples
- Walk in hours
- Creating relationships with other organizations that test for HIV- create warm referral/linkage process
- Incentives for HIV appointments
 - Gift card for initial HIV appointment, and every subsequent visit/labs
- Harm reduction education and supplies

Linkage to Care - Outreach

- Patients can receive incentive for in clinic care
 - Voucher given in outreach, incentive given when pt shows up to clinic for any appointment
- Telehealth
 - In the encampments and shelters/tiny homes
- Transportation is available at clinic (NACC van)
- Relationship building with potential patients by:
 - Non-judgementally meeting other needs such as food, safer use supplies, phones, etc.
 - Showing up for them consistently (many are accustomed to our outreach schedule)
- Creating relationships with other organizations:
 - Area syringe exchanges, HIV testing orgs, Outreach orgs, Mobile Medicine orgs, Housing orgs

Linkage to Care - Outreach (continued)

- Strong inter-organizational relationships (comes from doing outreach together)
- Planning ahead of time for possibility of new linkages:
 - Schedules
 - Point people
 - Capacity
 - Plan for non-business hours (a hope and a dream)
- Planning → Positive result → Org-to-org contact → Pt-to-org contact → Rapid referral
 - Continuum of care avoids retraumatization of pt repeating story over and over

Linkage to Care - Outcomes

- Have successfully linked 14 patients to HIV care at NACC
- Walk in hours established and communicated
- Referral/Linkage to care plan with several different local HIV testing agencies
- Working on tracking linkage to any type of care through engagement with outreach

Engagement in Care - Clinical

- Creating draft Policies and Procedures: Engagement, Retention, and Re-Engagement in HIV care protocol
- Non-medical case management coordinates meeting other needs:
 - cell phones, housing, insurance, services specific to HIV, transportation
- Work with specialty pharmacy (delivery, education, financial troubleshooting)
- Will see HIV patients for other healthcare/services, and offer primary care/MAT
- Financial incentives
- Supplies (harm reduction, homelessness-related)

Engagement in Care - Outreach

- Building relationship with patient
 - Continuing to provide other services
- Potential to bring meds to patient as needed
- Transportation available through NACC van, insurance, and financial assistance
- Creation and dist. of brochures/resources on
 - how to use wound care
 - safer use kits
 - how to access NACC

Engagement in Care - Outcomes

- Currently 10 patients engaged in HIV care (first patient enrolled in 2019)
- Started receiving Ryan White funding for case management in 2021
- Enrolled seven HIV patients in Ryan White Program HH
- Just received additional funding for a DIS worker at NACC
 - Position will provide support for linkage and engagement in care

Ryan White Engagement

- In early 2021, NACC received sole-source funding to hire a Ryan White NMCM
- NMCM hired in June and enrolled our first patient
- Services specific to HIV and general
 - Health insurance (certified to help with medicaid apps)
 - Phones provided by clinic or Obama phones
 - Transportation: medicaid cab rides, NACC van rides, bus tokens, reduced fee bus cards
 - Every Penny Counts through Rainbow Health
 - Clare Housing
 - Care coordination with partner organizations and housing sites
- In the first year, at least 10 people have been offered NMCM services, seven were enrolled, and six are currently Ryan White eligible for NMCM services (ie retained in NMCM)

HIV Care/Treatment

- Creating and Implementing Standardized Clinical Policies and Procedures
 - Same-Day Rapid Start Antiretroviral Therapy
 - Planning for Special Circumstances:
 - Co-infections, Opportunistic Infections, Perinatal HIV Care
- Incorporation of Preventive & Primary Care
- HIV Team Huddles
- HIV Expert Support for Clinical Consultations
- Online Curriculum
- AETC Technical Assistance

Practice Transformation Project's Role

- Weekly team meetings with care team and coaches/consultants, with as-needed communication between meetings
- Variety of experts join meetings
 - Some become ongoing consult sources
- Sharing of policy examples
- Troubleshooting program barriers/problems as they arise
- Real-time assistance re: clinical questions
- Collaborative assessment of data
- Care team receives benefits of this project without needing to manage the grant—can focus on clinical practice and outcomes

HIV Care: Utilizing non-traditional models

- Awareness of issues impacting PWUD, those who are unsheltered, and those with histories of trauma
- Prioritizing/minimizing labs if difficult to draw blood
- Medication breaks if adherence difficulties (ex. periods of increase substance use)
- Awareness of appointment length and triaging of care
- Education on continued ART during periods of substance use
- Emphasis on harm reduction—keep contact even during periods of use
 - Supplies, education
- Outreach to housing facilities/encampments
- Trauma informed care

NACC MAT as a replicable model

- MAT program evolving since 2016
- Lessons learned in MAT are applicable to evolving HIV program
 - Clinic flow challenges
 - Low barrier strategies implemented
 - Educating and involving clinic-wide staff
 - Partnering with experts
 - Setting aside time for admin/program development (providers too!)

Prevention and Partner Services

- PrEP
 - Same-day PrEP Start Clinical Protocol
 - Staff & patient education on utility
 - Limited uptake to date
- Partner Services
 - Education: preventing transmission, U=U
 - PrEP
- Safer Use Services
 - Clean syringes, rigs, other use supplies
 - Wound care kits
 - Safer use education

Other Replicable Practices

- Resource Mapping
- 340B Drug Pricing Program
- Specialty Pharmacy Partnership
- Advocating for and receiving Ryan White Funding for case management
 - Also Disease Investigation Specialist (DIS) housed in clinic
- Creating interventions/initiatives that align with your community's needs
 - We created for people who identify as American Indian, who are living unsheltered, and who inject drugs

Successes

- Population-specific clinical knowledge
- Trusting relationships
- Creatively addressing barriers
- Networking and collaboration with local experts
- PTP:
 - Continuing education
 - Interdisciplinary team
 - Infrastructure building
- Expanding care team

Areas to Grow

- PrEP adherence
- Telehealth uptake
- Physical infrastructure (space)
- Formal patient feedback (projects to come)
- Linkages for those with the greatest barriers to care

Questions and Discussion

Thank you!!

- Contact info:
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 - Nikki Giardina: ngiardina@nacc-healthcare.org
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Resources

- Clinical Consultation Center
<http://nccc.ucsf.edu/>
 - HIV Management
 - Perinatal HIV
 - HIV PrEP
 - HIV PEP line
 - HCV Management
 - Substance Use Management
- Present case on ECHO
<http://echo.unm.edu>
hivecho@salud.unm.edu
- Additional trainings
scaetcecho@salud.unm.edu
- AETC National HIV Curriculum
<https://aidsetc.org/nhc>
- AETC National HIV-HCV Curriculum
<https://aidsetc.org/hivhcv>
- Hepatitis C Online
<https://www.hepatitisc.uw.edu/>
- AETC National Coordinating Resource Center
<https://targethiv.org/library/aetc-national-coordinating-resource-center-0>