

Improving Viral Load Suppression through Active Linkage & Referral to Tele-adherence Counseling (PL Cares®)

Ryan White Part A/MAI & Ending the HIV Epidemic
Joint Quality Improvement Project (QIP)

April 1, 2022 - June 7, 2023

Background

- Ryan White HIV/AIDS Programs in Palm Beach County (RWHAP PBC) Provide Enterprise database
 - 210 persons with HIV who were not virally suppressed as evidenced by elevated lab results (>200 copies/mL) from June 1, 2021 to March 10, 2022
- Ending the HIV Epidemic program in Palm Beach County designed for improving viral load suppression among clients through a smartphone app called PL Cares®
 - Has relied on passive referrals from agencies for clients who are not virally suppressed

Project Description

- The Team Coordinator pulled clients who are not virally suppressed in RWHAP PBC from the Provide Enterprise Database
- Program contacts and supervisors at each agency were sent the list of clients respective to their agencies to review and delegate active referral and linkage
- Active referral and linkage included case managers discussing PL Cares® including its benefits with their clients, encouraging clients to accept a referral, sending a referral in Provide Enterprise to the Tele-adherence Counselor (TAC) and letting them know to expect a contact from the TAC
- If the TAC encountered any issues with reaching the client, then the TAC communicated with the case manager
- The Team Coordinator reviewed viral load lab results at 3-month intervals among clients successfully enrolled into the program and share results at the QI workgroup

Rationale

- Pulling clients who are not virally suppressed from the Provide Enterprise database will focus efforts on a client-level rather than relying on passive messages to refer any non-virally suppressed clients to the PL Cares® Program
- The formation of a Quality Improvement Project will lead to better communication and cooperation on actively referring clients to the program

Aim Statement

- Seventy percent of individuals in the non-virally suppressed lists will be referred to PL Cares®
- Of those referred, seventy percent will be successfully enrolled into the program within 3 months
- Of those enrolled, seventy percent will become virally suppressed within 6 months of being in the program

Barriers & Boundaries

- Barriers to Project
 - Case manager competing priorities have posed a barrier in speaking with their clients about the program
 - In addition, clients competing priorities have also posed a barrier in being referred and enrolled into the program
 - Some clients become overwhelmed with the process of enrollment and changed their minds
- Boundaries of Project
 - The scope of this project is to refer and enroll non-virally suppressed clients into PL Cares®; however, this program is not meant to supplant case management or existing efforts and interventions

Baseline with Phase I & Phase II

- Baseline
 - Pulled data for non-virally suppressed clients in Provide Enterprise with elevated lab results (>200 copies/mL) from June 1, 2021 - March 10, 2022; worked April – October 2022
- Phase I
 - March 11, 2022 to May 31, 2022 viral load data added; worked June - October 2022
- Phase II
 - March 1, 2022 to October 31, 2022 viral load data; worked November 2022 - March 2023

Baseline Results

- 56 of 210 clients (27%) were referred to TAC in Provide
- Of those, 25 enrolled (45%), 17 are in the process of enrolling (30%), and 14 declined (25%)

Phase I Results

- 209 clients not virally suppressed in the initial list
 - 37 clients were no longer eligible (became virally suppressed) (18%)
- 36 of 172 of still eligible clients (21%) were referred to TAC
 - Of those, 22 enrolled (61%). Of those enrolled, 13 have reached viral load suppression by 4 months (end of Feb '22) (59%)
 - 43 (21%) of clients agencies lost contact/client was closed (n=129 still had contact with), 29 clients had an unknown status (14%), 29 clients were offered PL Cares and declined (14%), 14 clients were referred to TAC but not successfully enrolled (8%), 11 clients were not offered yet (4%), 10 clients were assigned the wrong agency or were in historic view (4%).
- Need to improve the referral rate: share more recent results with agencies on a more frequent basis to minimize lost to follow-up (refer to CORE when LTFU), improve messaging about PL Cares, and conduct three-way meetings/calls and warm hand-offs with all-in-one enrollment visits

Phase II Results

- 227 persons with HIV who were not virally suppressed
- Of those, 22 were referred from sub-recipients to PL Cares (9.7% referral rate)
 - Notably, 3 subrecipients did not provide updates to their Phase II Lists that were sent out
 - In addition, there were many clients who were not reached or have a status update on the lists sent back.
- Of the 22 clients, only 4 were successfully enrolled into the platform (18.2%)

Lessons Learned & Next Steps

- The use of a static list with viral load information that can be outdated shortly is not optimal and also is a time-intensive way to review clients for potential referral and linkage to PL Cares
- Furthermore, more work needs to be done to understand and mitigate the gap between referral and successful enrollment.
- Recipient to work with GTI to add automated prompt when someone is newly diagnosed, out of care coming into care or in care not virally suppressed in Provide to discuss PL Cares and referral if client agrees (i.e. EIS Episode of Care and CM Assessment for Action Plan Prompt)

Questions?

