

Implementing and Evaluating a Peer Enhanced Intervention:

Results from a randomized control trial

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Learning Objectives

At the end of this session, participants will be able to:

- Describe the peer intervention designed to re-engage and retain people of color living with HIV/AIDS.
- Identify potential facilitators and barriers to implementing a peer enhanced navigation model.
- Describe the impact and patient outcomes resulting from the implementation of the peer enhanced navigation model at the 3 clinic sites.

Funding

- Funded in September, 2011 through the Minority AIDS Initiative (MAI) of the Health Resources and Services Administration (HRSA) Special Projects of National Significance (SPNS).
- Sites - Care Resource in Miami, FL; Brooklyn Hospital PATH Center in Brooklyn, New York City; and PR CoNCRA in San Juan, PR.
- The Peer Enhanced Intervention was the standardized intervention arm being tested in this study across three sites.
- More about the project here:
<http://cahpp.org/project/minority-aids-initiative-retention-and-re-engagement-in-hiv-care-project/>

Intervention

- Goals:
 - To increase retention in care of out-of-care PLWHA
 - To link newly diagnosed PLWHA into HIV medical care
 - To increase the percentage of patients with viral load suppression
 - To increase patient knowledge about HIV treatment
 - To improve self-efficacy
 - To improve health-related quality of life

Intervention Model

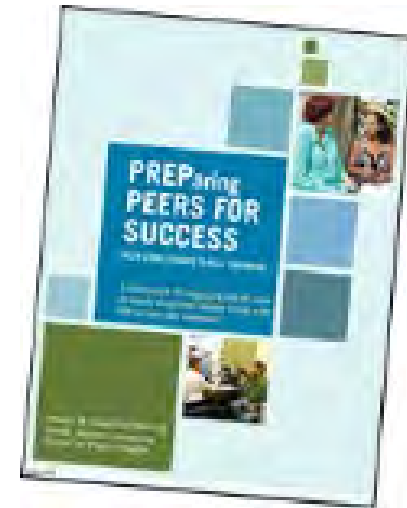
- Integrating a peer into the health care team to:
 - Link newly diagnosed PLWHA to HIV medical care and support services
 - Outreach and re-engage PLWHA clients who have fallen out of care back into HIV medical care and social support services.
 - Fallen out of care is defined as not seen by provider (MD, NP, PA) for 4 months or longer.
 - Coordinate with and support other clinical staff such as case managers in achieving client service plan
 - Assist with health systems navigation
 - Coaching and mentoring client on communicating with health care providers
 - Educate and support PLWHA in adhering to care and treatment
 - Adhere to activities as outlined in the study protocol

Intervention Model

- Eight peer-client educational sessions developed and trained on in a 10-month preparation phase prior to program implementation using a standardized curriculum.
- Peer provision of ongoing emotional and practical support for clients over a 12-month period including accompaniment to client appointments if needed.
- Intervention manual - English:
<http://cahpp.org/resources/MAI-SPNS-intervention-manual>
- Intervention manual - Spanish:
<http://cahpp.org/resources/MAI-SPNS-manuel-de-intervencion>

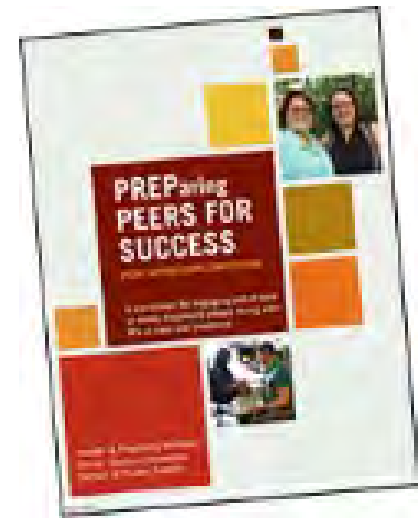
Peer Training Sessions

- 4.5 day training with consultants from KC Free Health Clinic and JRI
- Sessions/topics
 - Peer role
 - Communication skills
 - HIV Basics
 - HIV life cycle
 - HIV medications
 - Disclosure
 - Harm Reduction
- Last day including other staff – team
- Peer training curriculum - English:
<http://cahpp.org/resources/MAI-SPNS-HIV-peer-training>
- Peer training curriculum – Spanish:
<http://cahpp.org/resources/MAI-SPNS-capacitacion-pares>



Supervisor Training

- One day training
- Administrative and supervision roles
 - Supervision of peers
 - Creating a supportive work environment
- Sessions/topics
 - Peer Roles
 - Incorporating peers into the clinic team
 - Supervision
 - Confidentiality and boundaries
- Peer supervision curriculum - English:
<http://cahpp.org/resources/MAI-SPNS-HIV-peer-supervision-training>
- Peer supervision curriculum – Spanish:
<http://cahpp.org/resources/MAI-SPNS-capacitacion-supervision-de-pares>



Intervention Sessions

- Sessions
 - Every 2 weeks
 - In-person
 - 30 – 60 minutes
- Once all sessions completed
 - Weekly check-ins by phone or in-person at clinic when patient has scheduled appointment

Session Topics

- Sessions

1. Introduction and assessment
2. HIV transmission and life cycle
3. Effective communication and self-advocacy
4. Understanding lab values
5. HIV medications
6. Drug resistance and adherence
7. Disclosure and stigma
8. Harm and risk reduction

Implementation PATH Center

- Identify potential peers from our site and partner sites
- Provide space and logistics for training
- Interview and choose peers from training, working with trainers
- Send PATH Coordinator for intervention and peer supervision training
- Develop guidelines for patient identification and recruitment
- PATH staff buy-in!

Implementation PATH Center

- Patients respond well to incentives
 - \$25 Target Gift Cards
 - MetroCards
- Do not underestimate need for data and ability to locate, scan, etc.
- Staff turnover
- Difficult to sustain intervention after SPNS ended
- Would incorporate housing/homeless training and resources into future programs

EVALUATION

Methodology

- Theoretical framework: RE-AIM
- Multi-site randomized control trial
 - Baseline and follow-up interviews (6 and 12 months) conducted using an Audio Computer Assisted Self Interview (ACASI)
 - Other data collected
 - chart abstraction of clinical visits, lab values and other HIV clinical measures at both 6 and 12 months
 - peer encounter data documenting the activities and patient interaction of the peers
- Qualitative research
 - Organizational assessments and
 - In-depth interviews with clients and providers to understand the intervention impact
- Cost analysis

Multi-Site Questions

Process Questions

- How is the target population identified and reached by the interventions and what are their characteristics? (*Reach*)
- What are the organizational and structural characteristics of the successful re-engagement and retention interventions? (*Adoption*)
- What is the level of effort required to link newly diagnosed individuals to care or re-engage those who have dropped out of care? (*Implementation*)
- What interventions will be sustained at the end of the project? (*Maintenance*)
- What interventions can be replicated in other settings? (*Maintenance*)

Multi-Site Questions

Outcome Questions

- Do the interventions lead to an increase in the number of HIV+ people of color retained continuously in quality HIV care?
- Do the interventions lead to an increase in the number of people of color living with HIV who are virally suppressed (National AIDS Strategy)?
- What client characteristics (age, race, risk behaviors, socioeconomic level, education, primary language, length of time living with HIV, etc.) are associated with re-engagement and retention?

Findings

Demographics (n=348)

	Intervention N (%) (n=174)	Control N (%) (n=174)	p-value
Mean age (sd)	39.1 (11.5)	40.5 (10.9)	0.25
Range	20-66	20-70	
Gender			
Male	127 (73)	135 (78)	0.31
Female	45 (26)	39 (22)	
Transgender	2 (1)		
Race/Ethnicity			
Black	91 (52.3%)	82 (47.1)	0.56
Hispanic	77 (44.3)	87 (50.0)	
Other	6 (3.4)	5 (2.9)	
Primary Language			
English	112 (64)	114 (66)	0.82
Spanish	60 (35)	60 (34)	
Haitian Creole	2 (1)		

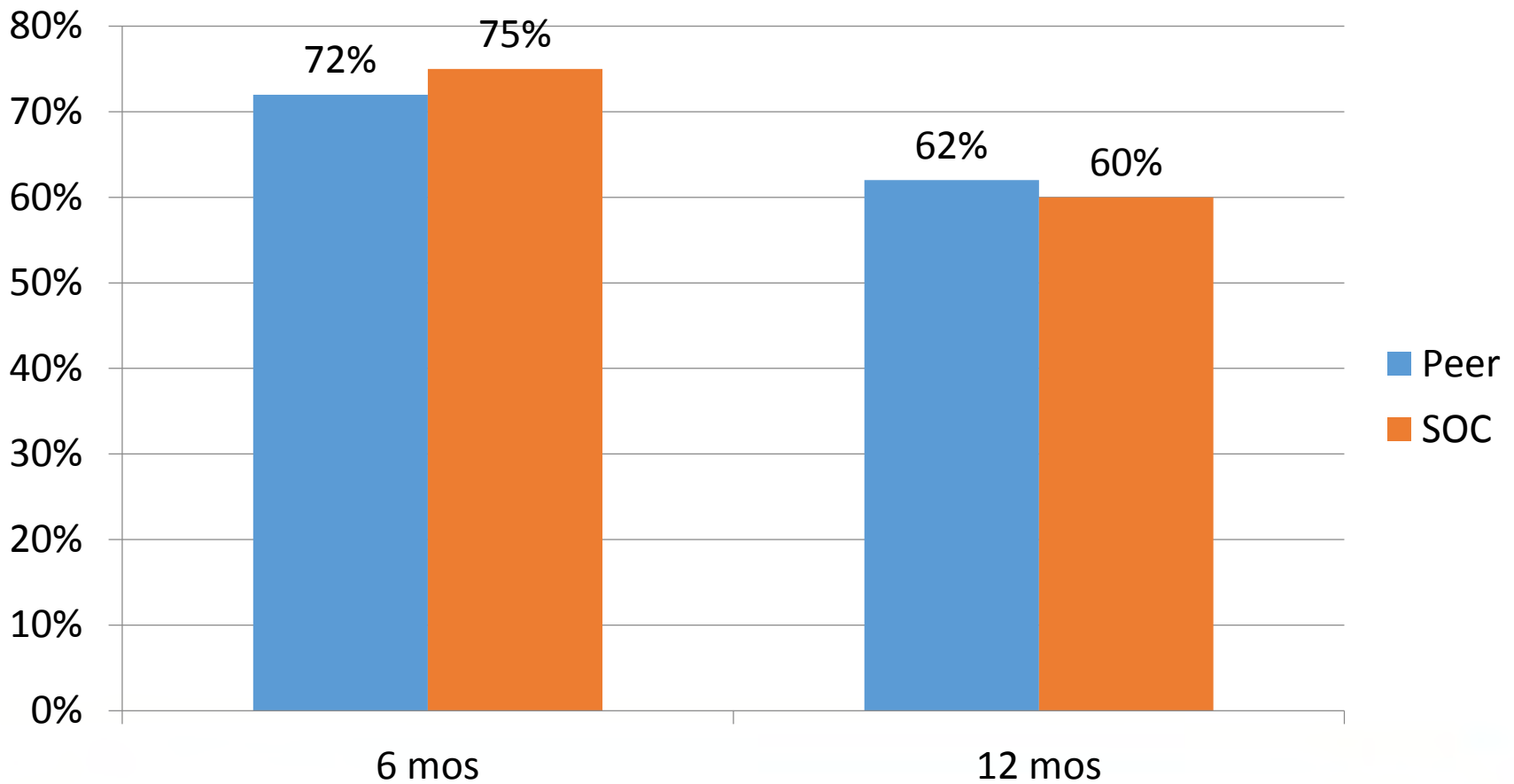
Demographics (N=348)

	Peer Group N (%)	SOC Group N (%)	p-value
Mean years of education (sd)	11.5 (3.0)	12.0 (3.0)	0.11
Mean years living with HIV	8.5 (7.2)	9.1 (8.7)	0.46
Ever incarcerated	47%	40%	0.21
Currently homeless	24%	16%	0.06
Unstably housed in past 6 months	56%	53%	0.52
Out of care	56%	58%	0.75
Newly diagnosed	21%	26%	0.25
Unemployed	82%	74%	0.06
Medicaid	57%	51%	0.24
Currently taking medication for HIV	49%	49%	0.91
Currently taking medication for depression	17%	20%	0.56
In alcohol or drug treatment in past 6 months	16%	12%	0.28
Mean HIV knowledge score (sd)	71.8 (17.8; n=163)	72.9 (19.3; n=166)	0.57
Mean SF-8 Mental Composite Score (sd)	40.7 (11.4)	41.8 (10.3)	0.33
Mean SF-8 Physical Composite Score (sd)	44.6 (8.6)	44.5 (8.6)	0.43
Mean Self-Efficacy Score (sd)	36.1 (6.0)	36.5 (5.2)	0.53

Reported Barriers (n=348)

	Intervention N (%) (n=174)	Control N (%) (n=174)	p-value
Depressed	25%	17%	0.07
No Money	22%	19%	0.51
Transportation	22%	19%	0.51
Other things to do	17%	21%	0.34
Not feeling sick	14%	21%	0.12

% of Patients with 2+ Visits



4-Month Gap in Care (PC Visits or Lab Tests*)

	Peer (n=174)	Standard of care (n=174)	p-value
Ever 4-month gap	44%	45%	0.83

*applying the intention-to-treat principle

There was no statistically significant or clinically relevant difference in the proportion of subjects who had at least 4-month gap in care between the study groups.

Baseline Factors as Potential Modifiers

Gender

Having been out-of-care for 4 months or more

New patient to clinic

Newly diagnosed with HIV

Currently on depression medication

Received alcohol or drug treatment

Unstably housed (includes homelessness)

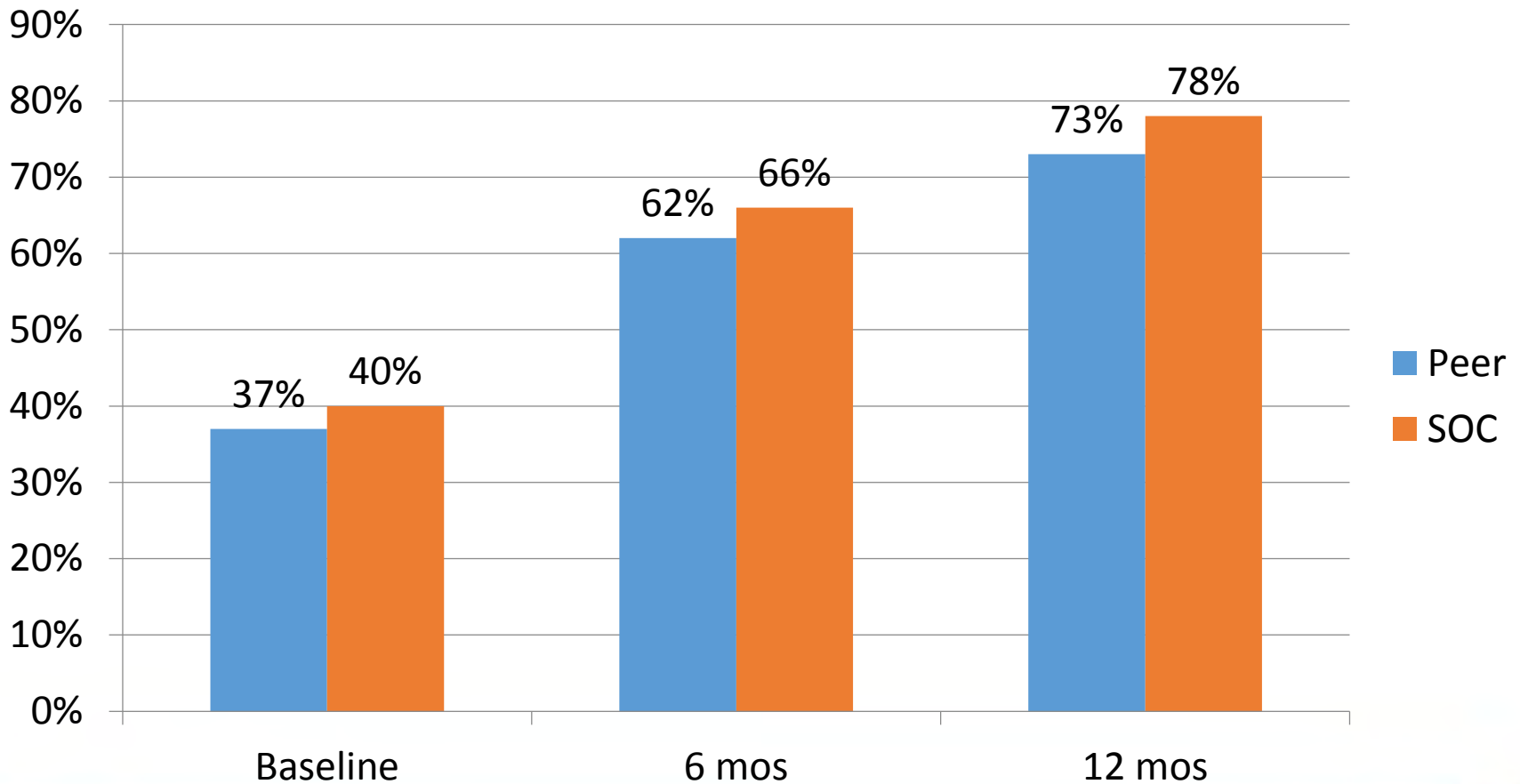
Ever been in jail in lifetime

We found substantial differences in the effect of the peer intervention between those who were housed and those who were unstably housed.

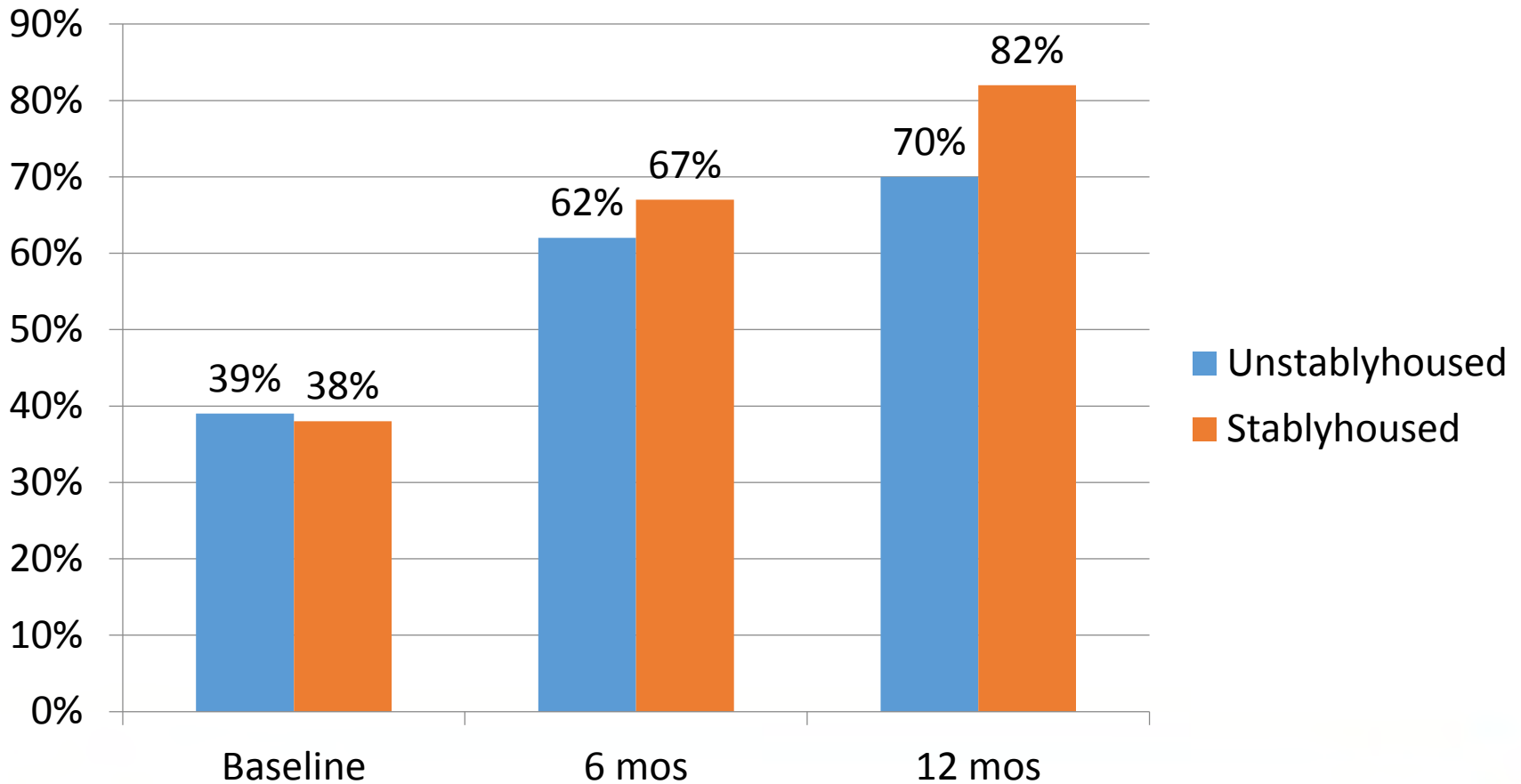
Gap in Care Analysis by Housing Status

Unstably housed (n=188)			
	Peer (n=97)	Standard of care (n=91)	p-value
Ever 4-month gap	51%	40%	0.13
Housed (n=158)			
	Peer (n=76)	Standard of care (n=82)	p-value
Ever 4-month gap	34%	51%	0.03

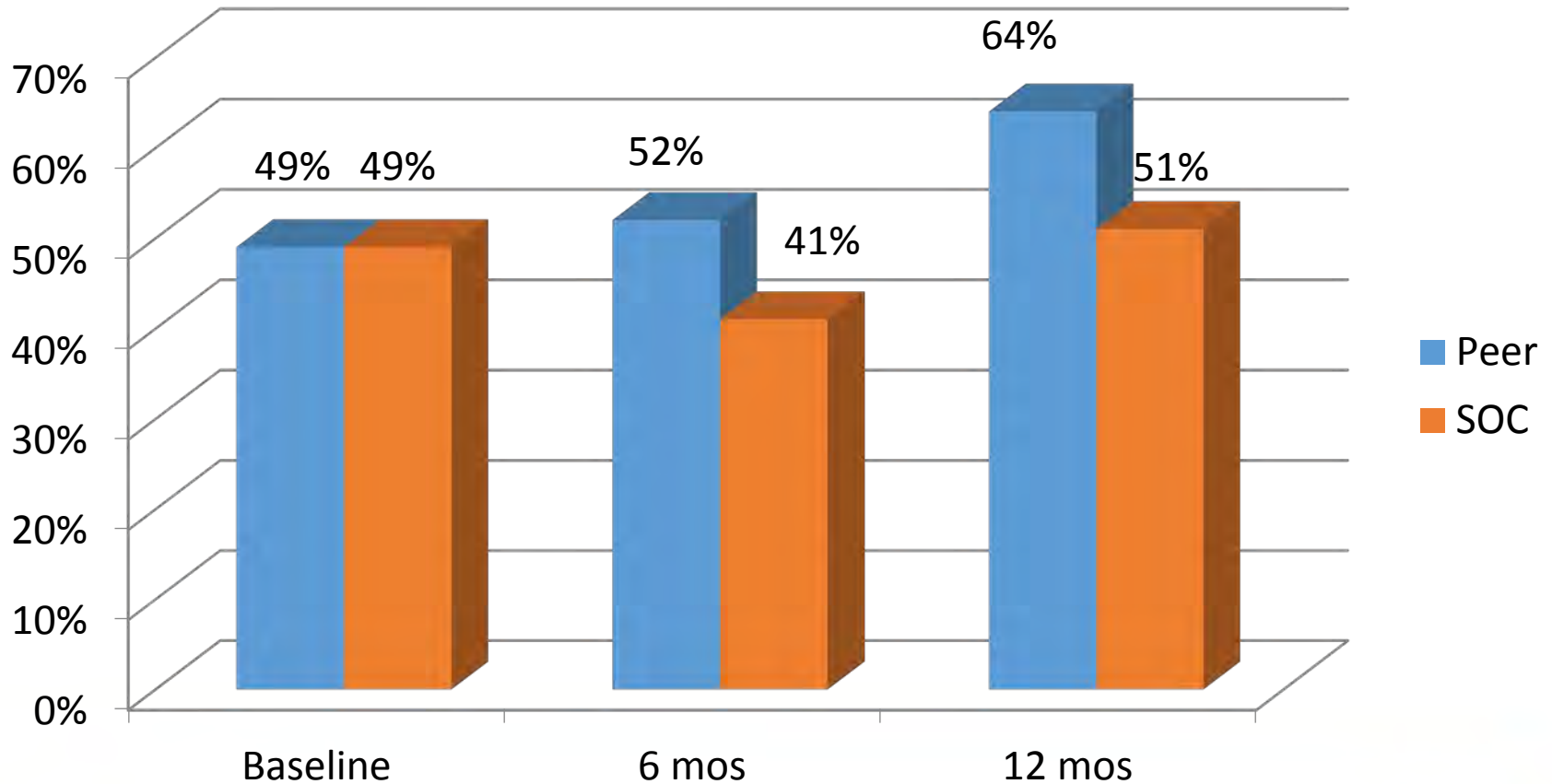
Percent of Patients Virally Suppressed



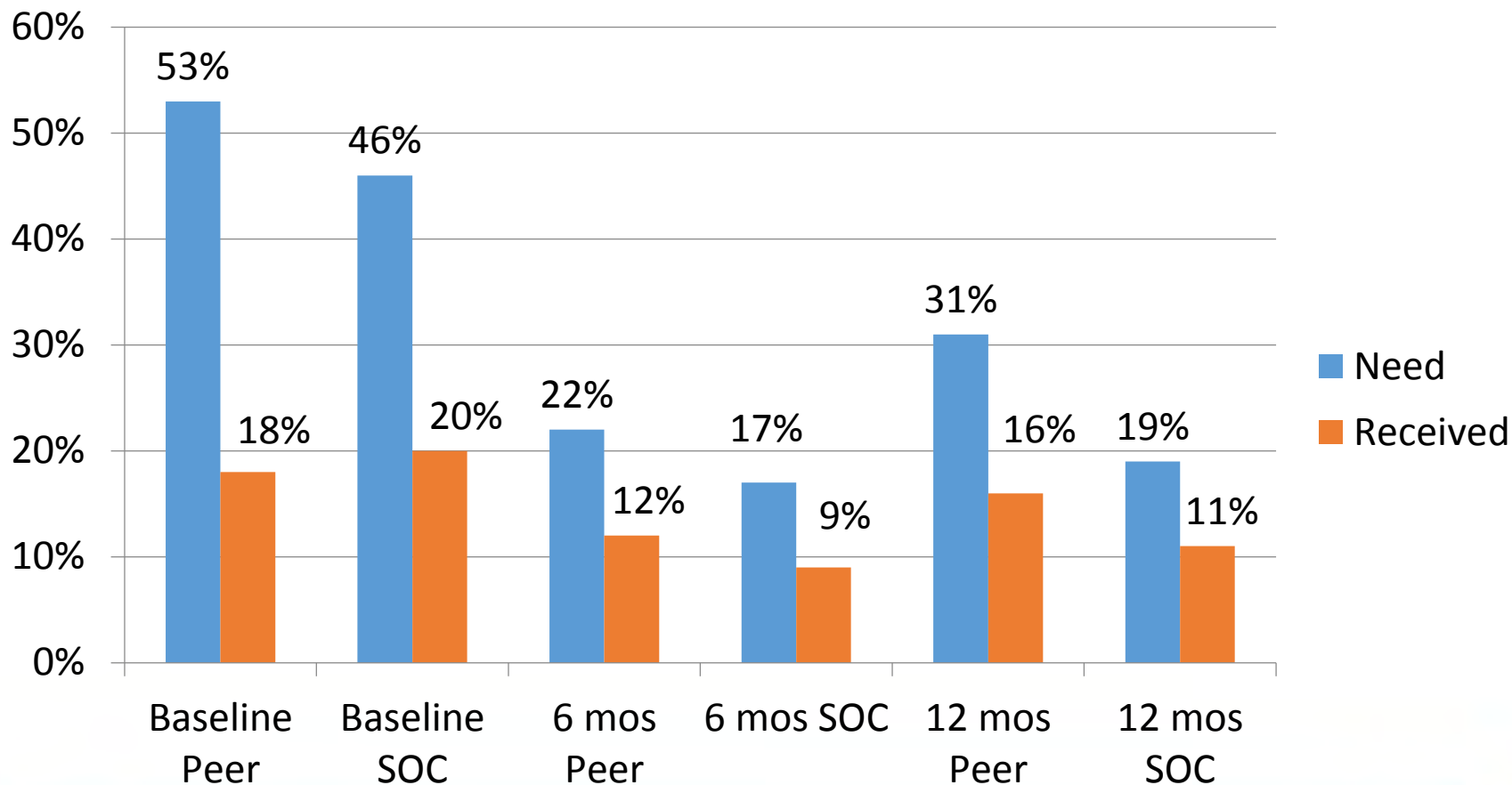
Percent of Patients Virally Suppressed



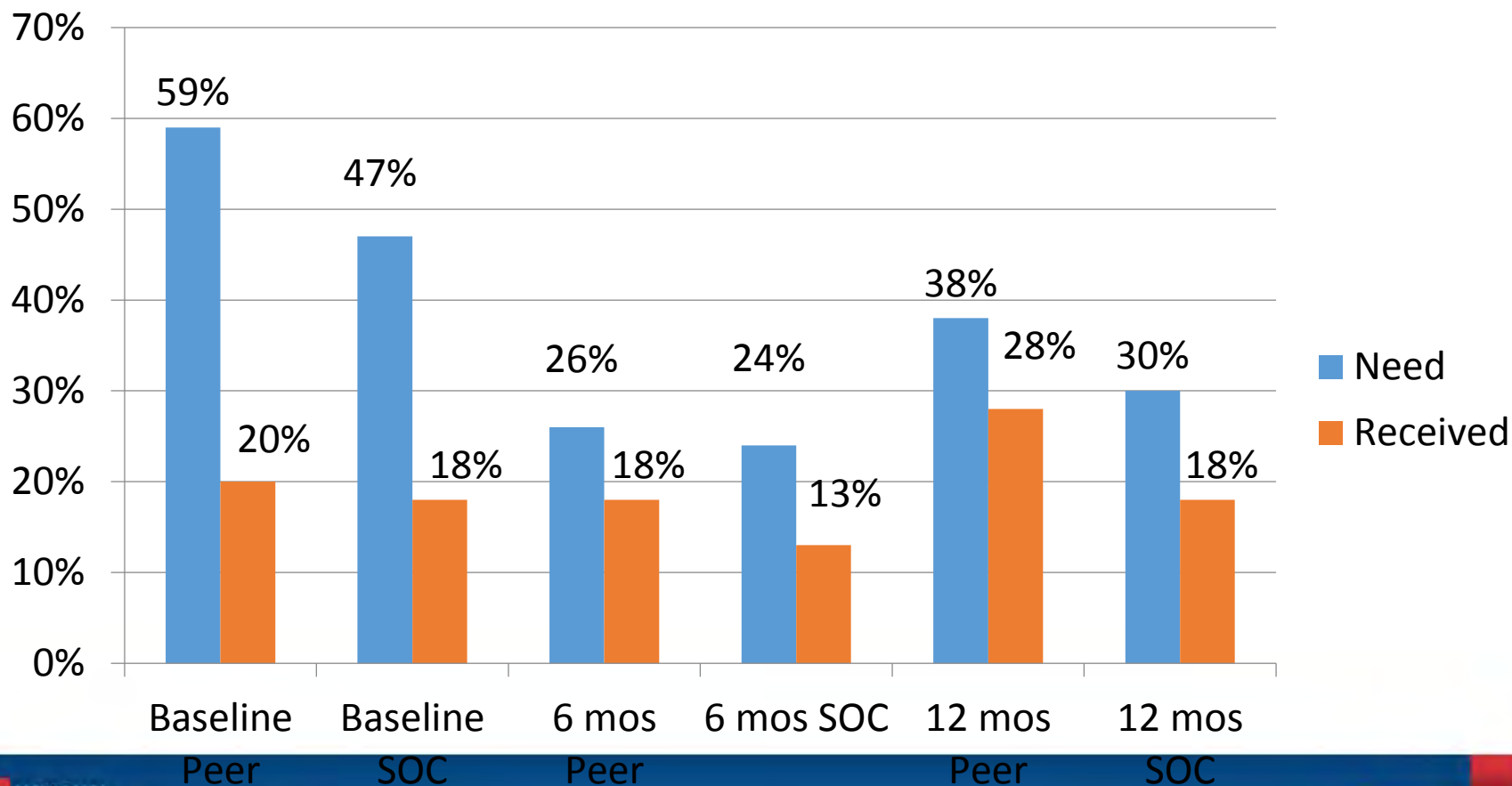
Changes in Reported ART Use



Housing Need and Received in Past 6 months



Transportation Need and Received in Past 6 months



Description of Peer Encounters

	All Sites
Mean number of encounters per client (range, n)	19 (0-55, 174)
Mean percentage of encounters that were face-to-face per client (n)	49.7% (174)
Mean duration (minutes) of encounter (range, n)	28.9 (1-480, 3365)
Percentage of all encounters that were “unable to contact” (n)	12.4% (3365)

% of Clients Receiving Types of Peer Services

	All Sites n=174
Provide emotional support/counseling	85.1%
<i>Talk with client about disclosure</i>	62.1%
<i>Talk with client about drug resistance and adherence</i>	65.5%
<i>Discuss HIV medications/treatment readiness</i>	72.4%
<i>Discuss lab values</i>	69.0%
<i>Discuss safer sex or drug use/harm reduction</i>	58.1%
Provide education on HIV viral life cycle	80.5%
Follow up about service or referral	42.0%
Mentoring/coaching on provider interactions	79.3%
Assist with making an appointment	69.5%
Remind client about appointment	50.0%
Take client to an appointment	21.8%
Other service (transportation, other practical support, health insurance)	42.0%

Outcomes by Session Completion

	% subjects with any 4-month gap in care n=348	% subjects with undetectable VL at 12 months n=348
SOC + Peers with 0 sessions completed	40%	75%
Peers with 1 to 6 sessions completed	45%	78%
Peers with all 7 sessions completed	18%	70%
	p=0.004	p=0.72

Nathania's Words...

“My experience as a Peer Educator has been wonderful. I have grown spiritually as well as educationally. Working in a structured agency has brought me new experience. I work with clients who have or are going through the same experiences as myself and others who just show me new perspectives in living with HIV. I never thought I would have a job since I was disabled mentally by society at age 18, because of my HIV status. Today I am grateful that PR CoNCRA has given me the opportunity to grow and get by that stigma. Now I am able to show others and myself that I can do and be more in life. Now I am able to encourage clients, so they can see that living with HIV doesn't mean we can't live a productive, healthy and meaningful life”.



Discussion about outcomes

- What could contribute to the lack of statistical findings between groups?
 - Study effect?
 - Staff turnover?
 - Patients have strong relationships with existing team members- not need/want additional support from peer staff
 - Patient complex needs health care lower priority; housing is immediate need?
 - Recruitment—Did we reach the true out of care/not engaged?
 - Retention- Not clinically indicated for 4-6 months?

Ryan White Replication

- Develop method to identify patients in need of more intensive intervention (out of care 6+ months)
- Recruit peers and train peers for program
- Integrate team into clinic – have peers be “welcome team” for new patients; and intervention for those lost to care

Ryan White Replication

- Identify data needed to measure success and areas in need of improvement – Do this prior to program start
- Strong manager/team leader – attend training, provider support and resources
- Staff buy in!

Conclusion and Implications

- Key findings
- Future analysis and who we are responsible to
 - HRSA
 - Sites
 - Larger RW community (replication of intervention in the stably housed and modification of the intervention to test/implement in the unstably housed population)
 - BUSPH MedHEART study – 9 HRSA SPNS sites using patient navigators in homeless populations
 - Dissemination of Evidence Informed Interventions

Conclusion and Implications

- Products/Dissemination

- Curricula

- Peer training – English: <http://cahpp.org/resources/MAI-SPNS-HIV-peer-training>

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- Supervision training – English: <http://cahpp.org/resources/MAI-SPNS-HIV-peer-supervision-training>

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- Intervention manual

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- Spanish: <http://cahpp.org/resources/MAI-SPNS-manuel-de-intervencion>

- Digital Story: <http://cahpp.org/pares-cambian-vidas>

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