DISSEMINATION OF EVIDENCE-INFORMED INTERVENTIONS

Peer Linkage and Re-Engagement
November 7, 2017

Jane Fox, MPH, Boston University
Presenter Disclosures

Jane Fox, MPH

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
DEII
CO-AUTHORS

- Ann Ferguson, RN – AIDS Care Group
- Liz Weck, MSW – Howard Brown Health Center
- Vladimir Berthaud, MD, MPH – Meharry Medical Center
- Alexis Marbach, MPH – Boston University
DEII Overview

- Two HRSA cooperative agreements – AIDS United and Boston University
- Replicates four previously-implemented SPNS initiatives
- Focus on Implementation Science
- Three years of funding for performance sites
- Additional year of funding for evaluation and dissemination
- Development of four Care and Treatment Interventions (CATIs)
DEII
Unique SPNS Initiative

- Focused on replication and Implementation Science
- Performance sites are required to follow established program models
- Intention to fund sites not previously funded by SPNS
- Sites funded by AU not directly by HRSA
PEER LINKAGE AND RE-ENGAGEMENT
For Women of Color

• Intended for organizations, agencies, and clinics considering a short-term intensive peer-focused model to increase linkage of newly diagnosed and re-engagement of known HIV-positive women of color.

• Peers will work to achieve the following milestones over 4 months: attendance to two medical care visits with a prescribing provider, completion of one lab visit, and completion of one visit with a case manager.
TARGET Center

• Implementation summary
• Implementation plan
  ▪ Logic model
  ▪ 3 year work plan
  ▪ Budget
  ▪ Staffing plan and position descriptions
• Implementation manual
• TA Agendas
CROSS-INTERVENTION TRAINING AND TA

Formative Phase Convening
- DEII Initiative Overview
- Trauma-Informed Care training
- Training on Data Collection processes
- Formative Phase & Year 1 Site Visits
- Monthly Monitoring Calls
- Virtual Trainings
  - Harm Reduction Basics
  - De-Escalation Techniques
  - Motivational Interviewing
INTERVENTION-SPECIFIC TRAINING AND TA

Formative Phase Convening
  – 1 ½ - 2 day intensive training on each intervention

• Additional Intervention Training
  – 2 ½ day training for Peer intervention staff

• Year 1 Site Visits
  – Training and guidance from training teams
INTERVENTION-SPECIFIC TRAINING AND TA

• Monthly Cohort Calls
  – “Mini-trainings”
• Community of Practice Calls
  – Monthly Peer calls
  – Monthly Supervisor calls
PEER SITES

Meharry Medical College (Nashville, TN)
• One of the nation's oldest and largest historically black academic health science centers
• Peer services delivered from the Meharry Community Wellness Center & services are provided to women through Meharry’s Hospital System

AIDS Care Group (Chester, PA)
• Largest FQHC in South Eastern PA with the majority of HIV cases in the third poorest city of its size in the nation
• By providing Saturday clinic peers and staff are able to re-engage WOC and provide meals

Howard Brown Health (Chicago, IL)
• Implementation of the peer program is occurring at a newly opened clinic in the Englewood Community
• Intentionally enrolling both cis and transgender women
MULTI-SITE EVALUATION

Using an implementation science approach, the DEC is conducting the following data collection on each of the adapted intervention cohorts:

- Barriers and facilitators to implementation
- Fidelity to the intervention
- Interventionist activities
- Patient outcomes
  - Clinical (visit dates, HIV lab values, ART)
  - Patient level (quality of life, satisfaction, self-efficacy)
- Cost analysis
IMPLEMENTATION DATA

Implementation data:
• Monthly monitoring calls
• Cohort calls
• Site visit reports
PRE-IMPLEMENTATION LESSONS

• Staff turnover is challenging for the sites and for the individual interventionists. Once the in-person training opportunity has passed (convening), onboarding new staff is labor and resource intensive.

• In future iterations of the manuals, include more customizable tools such as clinic assessments, workflow diagrams.

• Training topics that should be addressed in future iterations of the interventions: boundary setting, confidentiality, trauma informed care, vicarious trauma, harm reduction, motivational interviewing
PRE-IMPLEMENTATION LESSONS

Facilitators:
• Clinical supervisor role/ provision of clinical supervision
• Community collaborations for referrals

Barriers:
• Administrative-
  – HR policies related to job description;
  – Peer readiness
  – Compensation and balancing issues around disability benefits and disclosure
  – Difficult to fill the peer positions
• Dedicated space
• Variation among the experiences/professional backgrounds of the peers
• Comfort with documentation
• Challenges with patient recruitment – out of care list
Facilitators of successful implementation:
• Clinical supervisor role/ provision of clinical supervision
• Peers integrated into the clinical setting
• Peers working outside of the office setting and in concert with key partners
• Team communication and client-centered collaboration
• Strong engaged participatory leaders

Barriers to implementation:
• Staff Turnover
  – Peer readiness
  – Compensation and balancing issues around disability benefits
• Dedicated space
• Inability to access eligible population – expansion into a new neighborhood
• Challenges with patient retention – changing contact information of clients
• Challenges moving patients to SOC
LOOKING AHEAD: CARE & TREATMENT INTERVENTIONS

- Continue monitoring implementation and multi-site outcomes evaluation.
- Analyze and summarize interim findings
- Update adapted interventions
- Training manuals will be available to complement the implementation manuals
- Release final interventions toolkits as CATIs
QUESTIONS?

Jane Fox, MPH
Boston University
617-638-1932
janefox@bu.edu