Houston Area HIV Services Ryan White Planning Council

Positive Connections Ad Hoc Committee Meeting

9:30 am, Wednesday, October 18, 2017
Meeting Location: 2223 West Loop South, Room 416, Houston, TX 77027

AGENDA

I.   Call to Order   David Benson and
     A.   Welcome and Moment of Reflection   Steven Vargas, Co-Chairs
     B.   Announce who will be Chairing the Meeting
     C.   Introductions
     D.   Adoption of the Agenda
     E.   Adoption of the Minutes
     F.   Message from HRSA*   Frances Hodge, Project Officer

II.   Public Comment
(NOTE: If you wish to speak during the Public Comment portion of the meeting, please sign up on the clipboard at the front of the room. No one is required to give his or her name or HIV status. All meetings are audio taped by the Office of Support for use in creating the meeting minutes. The audiotape and the minutes are public record. If you state your name or HIV status it will be on public record. If you would like your health status known, but do not wish to state your name, you can simply say: "I am a person living with HIV", before stating your opinion. If you represent an organization, please state that you are representing an agency and give the name of the organization. If you work for an organization, but are representing yourself, please state that you are attending as an individual and not as an agency representative. Individuals can also submit written comments to a member of the staff who would be happy to read the comments on behalf of the individual at this point in the meeting.)

III.   Project Overview   Representatives, Positive Links Program
     A.   Positive Links Program
     B.   Implementation of the Program in the Houston EMA
     C.   The Consumers Point of View

LUNCH BREAK

IV.   Ad Hoc Committee Tasks   Chair, Ad Hoc Committee
     A.   Determine Composition of the Study Group
     B.   Establish Criteria for Determining Phone Distribution
     C.   Design the Evaluation Measures
     D.   Establish Project Timeline

V.   Next Meeting (Goals, Date and Time)

VI.   Announcements

VII.   Adjourn

* *HRSA = Health Resources and Services Administration, the federal agency that administers the Ryan White Program*

Houston Area HIV Services Ryan White Planning Council

Ryan White Positive Connections Ad Hoc Committee Meeting
12:00 p.m., Thursday, September 14, 2017
2223 W. Loop South, Room 240; Houston, TX 77027

Minutes

MEMBERS PRESENT	MEMBERS ABSENT	OTHERS PRESENT
David Benson, Co-Chair	Tracy Gorden	Cecilia Ross, RWPC Chair
Steven Vargas, Co-Chair		Shelley Lucas, DSHS
Ted Artiaga		Ann Dills, DSHS (via phone)
Evelio Salinas Escamilla		Nancy Miertschin, Harris Health
Rodney Mills		Carin Martin, RWGA
John Poole		Heather Keizman, RWGA
Crystal Starr		Tori Williams, Office of Support
		Amber Harbolt, Office of Support
		Diane Beck, Office of Support

Call to Order: David Benson, Co-Chair, called the meeting to order at 12:06 p.m. and asked for a moment of reflection. He then asked everyone to introduce themselves.

Adoption of the Agenda: *Motion #1: it was moved and seconded (Vargas, Mills) to adopt the agenda.* **Motion carried.**

Public Comment: None.

Message from HRSA: Martin stated that Frances Hodge, the HRSA Project Officer for the Houston EMA, is no longer available to call in to today's meeting, but she is supportive of the project. She thinks it is a good idea to use MAI funds to support this innovate idea and will be interested in the evaluation. She will try to call in for the next meeting.

Purpose of the Ad Hoc Committee: Ross stated that the Council asked that the Ad Hoc Committee be formed to provide support and expertise that will contribute to making the project a success. She wants the Council to feel that the project was a responsible investment of funds because we learned something. The Council does many things well but, we must strengthen our efforts to retain people in care. She looks forward to working as a team, learning more about technology and learning what it can and can't do for the Houston community.

Project Overview: See attached information sheet and Q&A for the University of Virginia's Positive Links program (UV). Martin said that as a retention in care intervention, the program speaks to the continuum of care and supports viral suppression. While the UV program was for rural residents, the Houston EMA covers a large geographic area so transportation to Ryan White clinics can be a barrier to care, as well as stigma and mental health issues. The key features of the app speak to what we hope to gain from it - there is a virtual message board that is available 24/7, the app asks daily questions on medication, mental health, and stress and it includes a calendar for

tracking medical appointments - all of which encourage self-monitoring of adherence and wellness behaviors.

Vargas said that the UV program targeted rural clients but asked if the Planning Council can pick the population(s) we want targeted in our area. Martin said that UV recruited participants through referrals from providers. In that way, they enrolled consumers with the highest needs. This might be the best approach instead of limiting it to one population, such as young men of color. Ross asked if we can see missed appointments in the data collected from the app. Martin said they monitor a lot of information, like how often the app is used, which features are used and if a participant is going to the doctor or not. Ross asked if the provider will be notified if a participant misses multiple appointments. Martin said we can look at that for the pilot project, but not sure how it would work afterwards. Martin said that clients have to participate in the study in order to have the data plan continued. She will put together a list of questions for UV representatives to answer when they come to Houston. They will also demonstrate the app.

Escamilla asked if there would be staff to instruct participants on how to use smartphones and the app. Martin said that training will be required but she is not sure right now what that will look like. Ross asked when we will wean clients off of the app. Martin said that currently we are going to fund the pilot project for 18 weeks. Lucas said that she thinks the state can provide funding to extend the project. They are very interested to see how it goes in Houston and if it looks promising they might roll it out to other areas of the state. Vargas said he was hoping the pilot would last for at least 6 months. Martin said that the funds end on February 28, 2018. The vendor has started working on it already even though HRSA hasn't yet approved the funds. UV recently finished a Spanish version that we definitely will want to use.

The University of Virginia is the lead agency for the project and, as such, are responsible for all aspects of the pilot. The Houston EMA must use the app right off the shelf, meaning UV will be unable to create a new app or make significant changes to the current app. The implementation partner, Harris Health System's Thomas Street Health Center (TSHC), was chosen as the local test site in part because they use the same electronic medical records used in the Virginia program.

Miertschin stated that this is an exciting project and they are committed to making it a success. Electronic medical records are not "one size fits all" - TSHC may not have some things configured the way UV does but the IT people at TSHC think it will work. Contracting with Harris Health System takes time and may require an IRB. As far as participant selection, there may need to be a control group of people retained in care to compare against the study participants. TSHC will also need to transfer or hire new staff for the project. Phase 1 of the project may be more process evaluation than app evaluation. Starr asked if case managers could train clients. Miertschin said that UV says it takes a couple of people to do the training, manage phones, distribute data plans, manage the app, etc. Case managers already have a job to do, and gathering data from multiple case managers is difficult and problematic. Miertschin said that they hope to meet with UV prior to the next committee meeting.

Lucas said if we want to extend the contract past February we need to decide ASAP so that she can get state approval. The committee agreed that the project needs to be extended beyond what the Council can pay for. Lucas will work on the logistics of using state resources to extend the project for Phase 2.

Retention in Care Data for the Houston EMA: See attached. Ann Dills, Texas Department of State Health Services, presented the attached data for the Houston EMA.

Next Meeting: Wednesday, October 18, 2017 from 9:30 a.m. until 1:30 p.m. Representatives from the University of Virginia, including a consumer who participated in the program, will be at the meeting to answer questions and demonstrate the app. The goals of the meeting will be to work with Carin and the vendors to 1 - determine the composition of the study group (in other words, who the project should target and how many people we want enrolled in the project); 2 - establish the criteria used to determine who does and does not get a cell phone; and 3 - design the evaluation. It is important that this be done as soon as possible. Although the University of Virginia has already established evaluation measures, staff recommends looking at the UV data elements and evaluation measures to see if there is anything we can and want to add that will be meaningful to the Houston planning process.

Announcements: None.

Adjournment: The meeting adjourned at 2:04 p.m.

Submitted by: Approved by:

_____   _____
Tori Williams, Director   Date   Committee Chair   Date

Positive Links
Warm Technology Activates HIV Care Linkage and Engagement

A TAILORED MOBILE APP TO SUPPORT ENGAGEMENT IN HIV CARE SHOWS GREAT PROMISE FOR SCALABILITY AND REPLICATION IN MANY COMMUNITIES

Background

The stages of HIV care, also known as the HIV care continuum, demonstrate significant gaps in HIV services, and efforts are underway at the federal, state, and local levels to develop and implement strategies to improve health outcomes for people living with HIV (PLWH). The HIV care continuum can be described by the following sequential steps: (1) diagnosis of HIV infection, (2) linkage to care, (3) retention in care, (4) receipt of antiretroviral therapy (ART), and (5) achievement of viral suppression (a very low level of HIV in the body). In the United States, there are 1.2 million people living with HIV, and according to the Centers for Disease Control and Prevention (CDC), 30% had achieved viral suppression, which means that only 3 out of 10 people living with HIV had the virus under control. Viral suppression results in significantly improved health outcomes as well as dramatically decreased likelihood of HIV transmission (96% reduced risk of sexual transmission). The challenge of linking and retaining people living with HIV in care and treatment can be demonstrated by CDC data, which reveals that 14% of PLWH remain undiagnosed, and of those diagnosed, only 40% receive and stay in regular HIV medical care.[1] Successful retention in medical care is defined as one medical visit during each six month period of a 24-month interval, spaced more than 60 days apart, and this medical visit frequency improves survival, and allows people to be as healthy as possible.[2] Thus, the need to improve along the HIV care continuum plays a critical role in both care and prevention.

What Are We Doing?

Most people living with HIV/AIDS served by the University of Virginia Ryan White Clinic live in rural communities a significant distance from the clinic. Almost all face stigma. Substantial numbers struggle with depression, post-traumatic stress disorder, substance use, intimate partner violence, and poverty. Unsurprisingly, clients report high levels of perceived stress. To address clients' multiple adherence-to-care challenges, The University of Virginia created **Positive Links (PL)**, a smartphone app that supports people living with HIV with HIV education and management tools, wellness promotion strategies, and support through:

- ▶ **Social Support** via a positive virtual community
- ▶ **Self-Monitoring** of adherence and wellness behaviors
- ▶ **Warm Technology** that extends care beyond clinic visits

[1] "HIV/AIDS Care Continuum." AIDS.gov. U.S. Department of Health & Human Services, 6 Mar. 2015. Web. 11 May 2015.
[2] "HAB HIV Performance Measures." Health Resources and Services Administration. U.S. Department of Health & Human Services, Nov. 2013. Web. 11 May 2015.

Social Support via a positive virtual community

Key Features

▶ 24/7 availability of support through a specific request to the virtual community message board (VCMB) or by observing and relating to what is shared on the VCMB by others

▶ Leadership skills development within a virtual peer group

▶ A sense of belonging to a unique community — the "Positive Links Family"

▶ The app design allows for ownership of the development/management of parameters of interactions and social norms within the group

Self-Monitoring of adherence and wellness behaviors — a key aspect of living well with a chronic disease

Key Features

▶ Calendar for tracking medical appointments

▶ Daily medication, mood, and stress queries

▶ Dashboard feature to assess adherence and wellness

Warm Technology that extends care beyond clinic visits

Key Features

▶ Cost-effective service delivery mechanism with over 100 potential contact points per patient per month

▶ Strengths-based counseling: delivered over the phone and via text to reach participants who cannot not come into the clinic or make an appointment

▶ Real time feedback improves linkage between patient and appropriate clinical services

Added Value of Positive Links

▶ Participants see Positive Links not only as a project that they participate in, but also a community that they have helped to develop.

▶ The app design anticipated low literacy, which enables more users to benefit from the app.

▶ Privacy features, including secure data entry, are a unique feature differentiating it from other apps.

▶ Phone and data access have proven essential in participants accessing critical services and information.

Intervention Costs

Based on cost-analysis of the PL intervention, The University of Virginia has been able to determine that the PL intervention costs $3,112.20 to enroll a new participant for a year, and the same cost ($3,112.20) to continue the intervention for an existing participant for another year. Given that the cost per Positive Links participant is lower than recent modeling analyses, and our preliminary data analyses suggest greater than 40% improvement in retention by app users, we believe that Positive Links is cost-savings.

Clinic Overview

The University of Virginia Ryan White Clinic is the largest provider of HIV care in western Virginia, offering integrated HIV, gynecologic, mental health, substance abuse and specialty referral services to more than 700 people living with HIV/AIDS. The clinic benefits from strong links with the local AIDS service organization and the Virginia Department of Health.
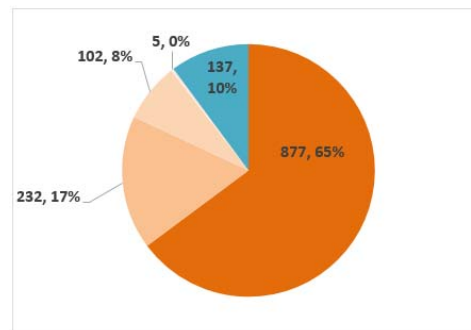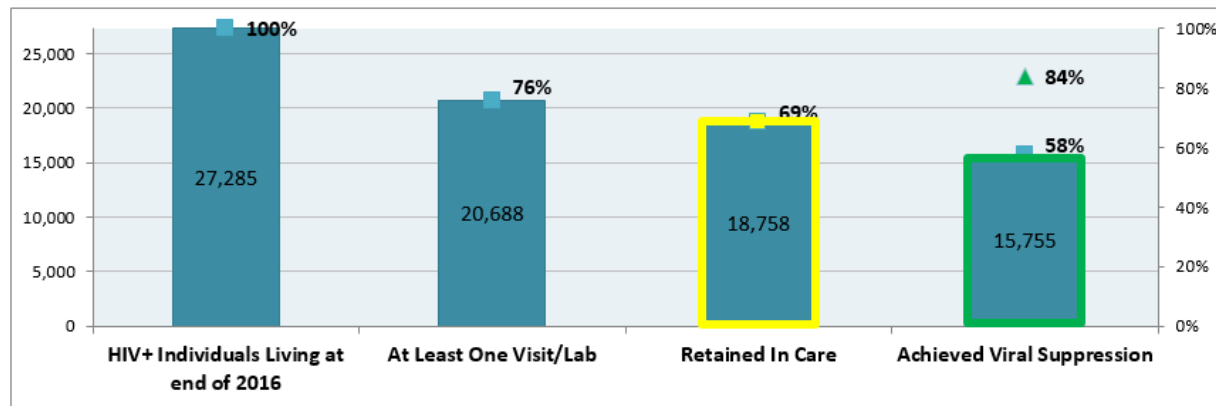
UNIVERSITY of VIRGINIA
HEALTH SYSTEM

PROGRAM CONTACT
University of Virginia Ryan White Clinic, 1300 Jefferson Park Ave., Charlottesville, VA 22908 – healthsystem.virginia.edu
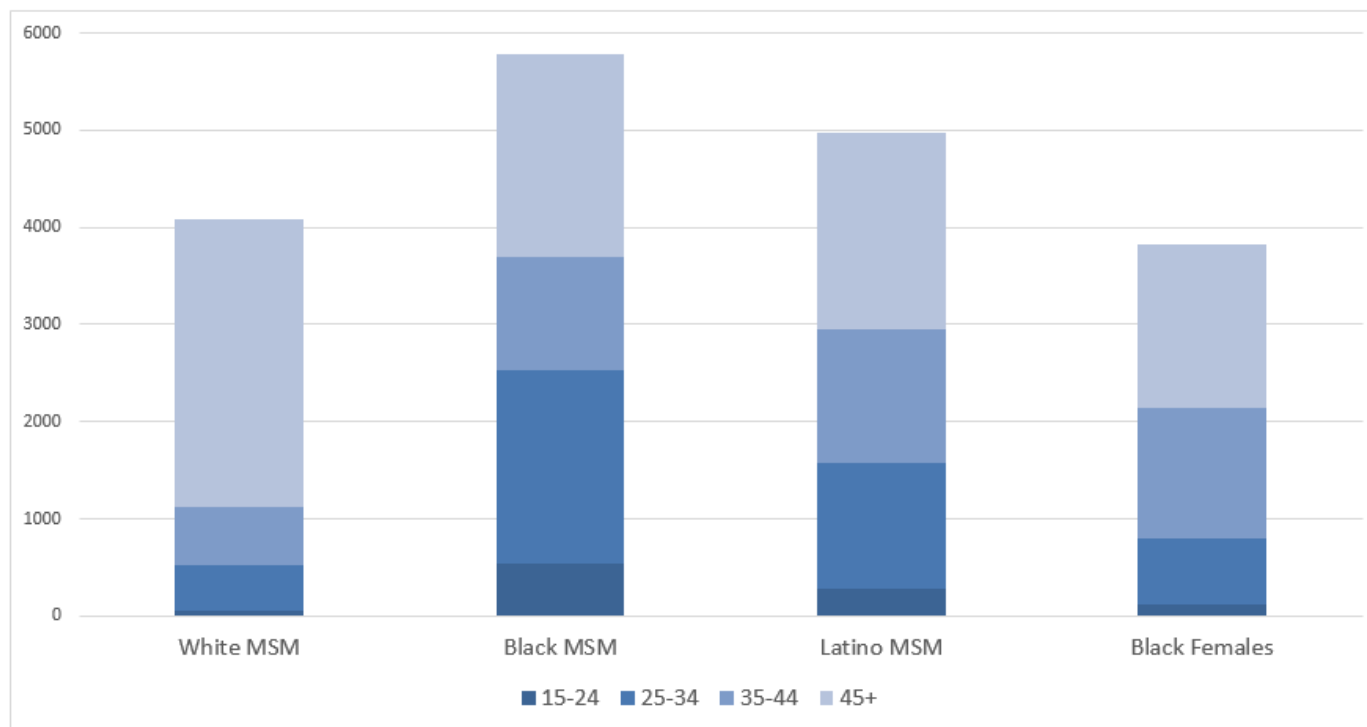
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Houston HSDA, Epi Profile
2016

Houston HSDA HIV Population Treatment Cascade, 2016

	Linked in 1 month	877	65%
	Linked in 2-3 months	232	17%
	Linked in 4-12 months	102	8%
	Linked in 12+ months	5	0%
	Not Linked	137	10%
	Total new dx	1353	

Houston HSDA, Priority Populations by Age.
2016

Retention, Houston HSDA 2016
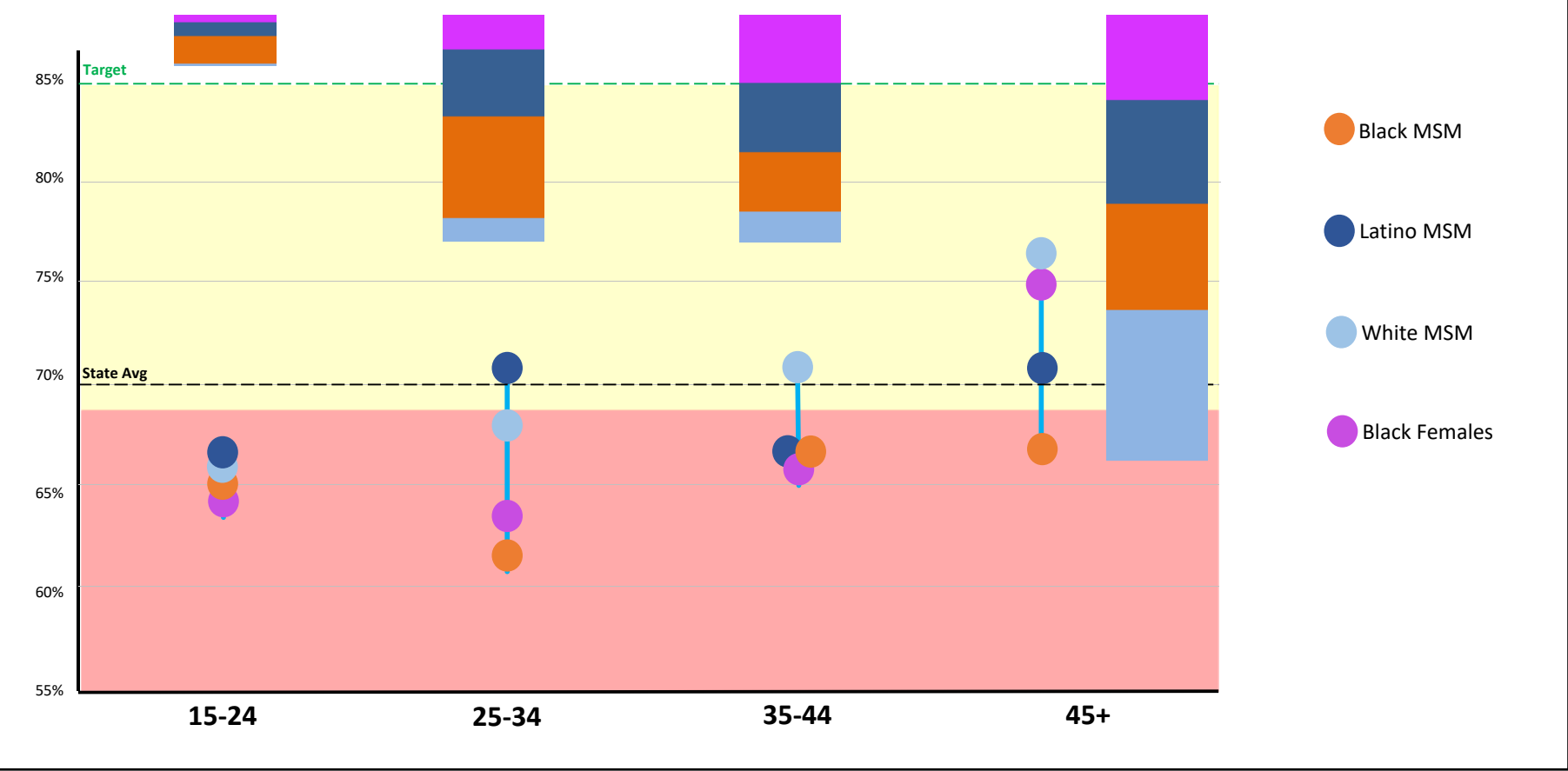
Suppressed out of retained, Houston HSDA
2016