ACTHIV 2017: A State-of-the-Science Conference for Frontline Health Professionals
“X-Treme HIV”
Reaching patients who face multiple challenges to engagement in HIV care

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Objectives

- Identify two barriers to persistence in care
- Discuss one intervention that improves engagement and adherence in patients lost to care
Our Goal: Reaching 100% adherence to HIV treatment

- Our study team has conducted 3 studies that target individuals who:
  - have repeatedly struggled with engagement in HIV care
  - have “failed” at least one previous HIV medication regimen \( (x = 3) \), and
  - are living with multiple barriers/challenges to engagement in care/adherence to treatment
Initial Study

• Originally developed by our team as a nurse-delivered intervention\(^1\).
• Tailored in partnership with 5 adults living with HIV to enhance cultural relevance of the intervention under Social Cognitive Theory.
• Resource nurse available to peers throughout the intervention and referrals made as needed.

(Enriquez, Cheng, McKinsey & Stanford, AIDS Patients Care and STDs 2009)
2nd study: peer delivered intervention

• Controlled, pilot feasibility study
• Adults linked to medical care
  - non-suppressed HIV viral load
  - documented non-adherence
• Randomized to:
  - peer-facilitated intervention or
  - time/contact matched heart healthy eating program facilitated by health psychologist,
    
    (comparison intervention selected by patient advisory group).
Results 2\textsuperscript{nd} Study:

Attendance at intervention sessions

- Ready peer-facilitated medication adherence intervention/treatment group: \textbf{100\%} attendance rate overall

- Control group: 60\% attendance rate overall (\textit{two control participants attended zero healthy eating intervention sessions})

- \textit{Note: both groups received identical incentives}
2nd Study Results: Adherence

- Baseline to 24 weeks VL log drop (m/sd) statistically significant, \( p=0.0009 \)
- **Treatment group:** VL log drop 3.3439 (1.1101)
- **Control group:** VL log drop 0.6142 (1.8760)

- **Suppression of viral load was correlated with higher MEMS events and higher numbers of on-time pharmacy refills (Pearson correlation coefficient 0.446)**

(Enriquez, et.al; JIAPAC, 2016)
Study Limitations

• all participants recruited from one type of care setting
• 2 peers
• small n
• short follow-up (6 months)

Despite these limitations, the results were encouraging.
Current Study

Peers Keep it Real

4 settings
8 peers
“meet patients where they are”
Current Study: Peers Keep it Real

- CBPR (community-based participatory research) methodology

- Study developed, implemented and evaluated in partnership: peers (patients), academic researchers, stakeholders from 4 HIV medical care settings, community advisory board
Selection Criteria
Peer Interventionists

• Living with HIV,
• adherent to HIV medications,
• sustained suppressed HIV viral load,
• successful completion of People to People training,
• minimum 6 months recent experience working as an educator in an HIV medical care setting or an AIDS Service Organization, or as a volunteer
Peer training curriculum

• Intensive training, 9 modules
• “class” held weekly over 1 semester
• Readings, lectures, discussions
• Topics included: HIV pathophysiology, barriers to adherence, effective communication
• Training on study protocol, data collection, privacy (CITI training)
• Role-playing intervention sessions
“Peers Keep it Real” Design

- Inclusion criteria:
  - Adults (age 18 or older)
  - non-suppressed HIV viral load with multiple challenges to adherence
  - documented failure of at least one prior HIV medication regimen
- Randomized to:
  - peer-facilitated intervention or
  - wait listed control group
Participants N=30 Health & Demographic Characteristics

• Many participants were recruited while inpatient, others referred by case managers, some referred by other participants
• Age range: 25-64 (50% were 45-54)
• Black = 21, White = 7, Hispanic = 2
• Trans = 2, Male = 17, Female = 11
• Baseline HIV PCR range: 1,032 to 376,210
• Baseline Cd4 range: 1 (one) to 627 (x=238)
• Years living with HIV range: 2 to 20+ years
Intervention Components

- Exploration of current and past barriers to engagement in care/adherence to HIV medications
- Make list of barriers, rank list
- Set goals
- Create strategies to overcome barriers (starting with barrier ranked easiest to overcome)
Results To Date

- **High** attrition in wait-listed control group
  (*9 lost to follow-up*)
- **21** participants received the intervention
- Significant intervention effect found at 6 months post-intervention
- **16/21** with viral load <100 copies
  
  [14/21 <20 copies]

  *Following for 1 year post-intervention*
- **11** have now reached 1 year (*still suppressed*)
Compounded Stigma n=15

- Gay, Black, history of incarceration & HIV+
- Living with multiple stigmas was a major barrier to engagement in medical care and adherence to HIV medications
- Linking with a peer appeared to enhance transcendence of stigma and engagement in HIV treatment for this group of men [results:
  - 4 lost, 11 received intervention, 9/11 had suppressed VL at 6 mos.]
The Real Heroes

Peers Keep it Real!

https://news.missouri.edu/2015/eureka-podcast-hivaids/
Questions?

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