

Mixed Methods Process Evaluation of SPNS Interventions Implemented by HIV Agencies Participating in NYLinks

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NYLinks

INTRODUCTION

Interventions targeting the steps along the HIV care Continuum are necessary to improving health outcomes of persons living with HIV, particularly those who are hard to reach¹.

Implementation of interventions can however be challenging due to various factors specific to the intervention².

As part of the SPNS System Linkages and Access to Care Initiative, 11 New York (NY) HIV care agencies participating in NYLinks (NY State's funded SPNS project) chose to implement one of the following three evidence-based interventions to improve linkage to and retention in HIV care at their site: Peer Support, Appointment Procedures, and Anti-Retroviral Treatment and Access to Services (ARTAS). Understanding the factors that inhibit successful implementation of these interventions will help inform intervention manuals and implementation of other similar interventions.

Objective: To describe challenges and enabling factors influencing implementation processes for NYLinks sites using quantitative and qualitative methods.

METHODS

Using a convergent mixed methods design, we describe the barriers to implementing the three NYLinks interventions by using qualitative data from semi-structured interviews conducted with implementation staff to inform findings from quantitative intervention process measure data collected over the course of a year (09/2014-09/2015).

De-identified aggregate-level process measure data (i.e number of patients eligible, number who received the intervention) was reported by implementation sites on a monthly basis.

RESULTS

Peer Support

Peer Support intervention sites (n=4) had 396 patients eligible for the intervention between November 2014 and September 2015 (Figure 1). Of those eligible, only 255 (69%) were enrolled in the program and of those enrolled, 91% (n=233) met with a peer either prior to, on the same day of, or within 3 days after his/her first medical visit as specified by the intervention.

Gaps in enrollment: Peers had challenges in linking to eligible patients who either were scheduled to come into the health center when they weren't available, or patients had to meet with various staff including their doctor, case managers and administration during their visit thus reducing the ability to connect. Staff at sites discussed ways to improve processes. (Table 1).

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RESULTS CONT'D

Figure 1

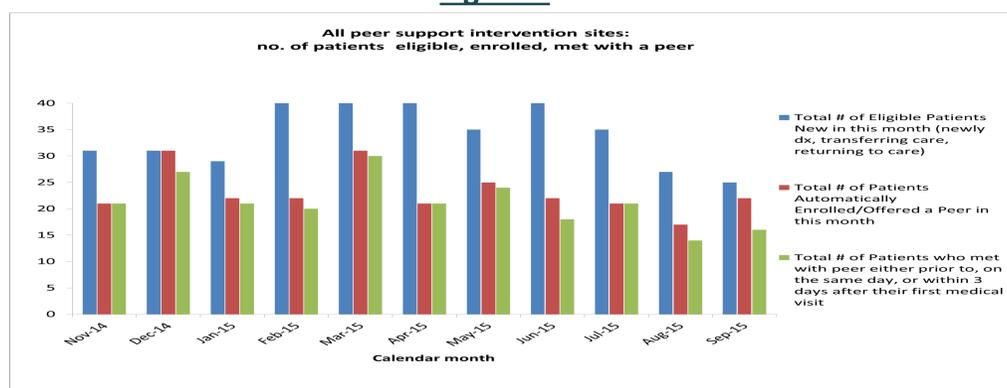


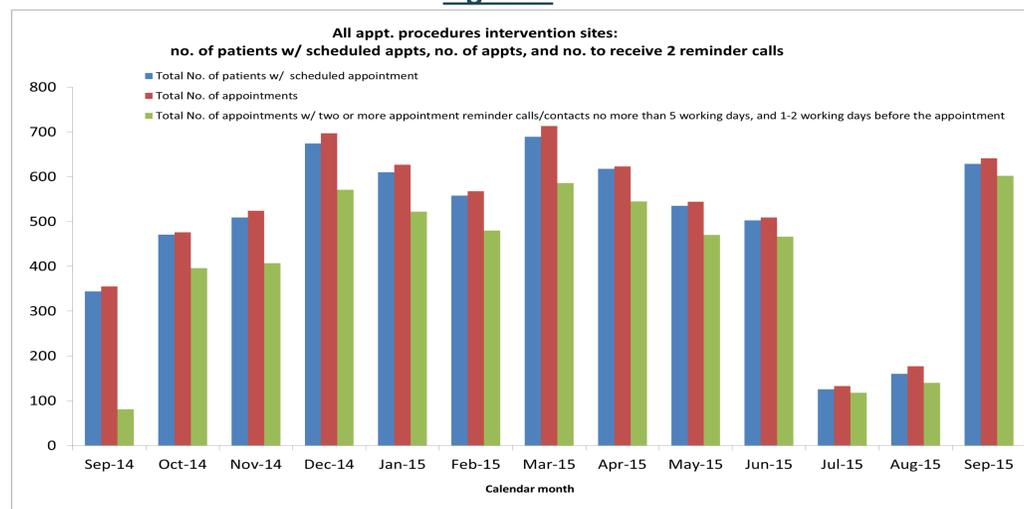
Table 1. Peer Support Qualitative Findings

Emerging Themes	<ul style="list-style-type: none"> Need to incorporate peers in schedule and meeting flow of patients during visit Timing of contact with patient is critical
Quotes	<ul style="list-style-type: none"> "We talked about how this would blend in to our team process, and just all agreed that when a new referral to our program happened that the case managers, or whoever got that call, would schedule it on a day that the [peer] was working and if the [peer] was there, that they could take the call for that initial contact."--Front desk clerk "Once the patient comes in, registered, triaged, I try and grab him before anyone else grabs him. Give him a tour, making him feel comfortable with the facility and with myself. I'm especially trying to develop a relationship with me as the outreach specialist. That way if there is any problem, he can always come to one of us. And a lot of people who come into the clinic are, more apt to talk to one of us than someone in higher authority—a doctor, or someone else."--Peer

Appointment Procedures

For Appointment Procedures intervention sites (n=5), approximately 1,300 patients were enrolled in the intervention. Patients received two reminder calls for 81% of scheduled appointments (figure 2). Barrier: With one reminder call often being the standard procedure prior to intervention implementation, staff at sites without automated systems struggled with the additional workload of making the second reminder call as specified by the intervention (Table 2).

Figure 2



This process was made possible through support from the Health Resources and Services Administration CFDA:93.928. Acknowledgements to the NYLinks Team for all efforts on this initiative and our implementation sites across New York.

RESULTS CONT'D

Table 2. Appt. Procedures Qualitative Findings

Emerging Theme	<ul style="list-style-type: none"> Intervention is time consuming
Quote	<ul style="list-style-type: none"> "A big chunk of it [the day] is taken up by it, because you know with our system well we had to schedule, you don't have their contact information on the schedule so you have to pick up the times and look at the numbers, gather it, call them, maybe call the second number that's on there--It's takes up some time to do it. It's not like a one, two, three thing."--Case manager

ARTAS

ARTAS intervention sites (n=2) recorded 20 clients eligible for the intervention of which 19 were enrolled. Of those enrolled, 16 (84%) were linked to care within 90 days of enrollment (Figure 3). Challenges: Although successful in recruiting clients for the intervention, ARTAS sites found the focus on hard-to-reach clients to be labor intensive. Flexibility in staff schedules and ability for staff to travel off-site to meet with clients were noted as key to successfully conducting the intervention. Additionally, implementation staff noted challenges in on-going intensive case management work with patients (Table 3).

Figure 3

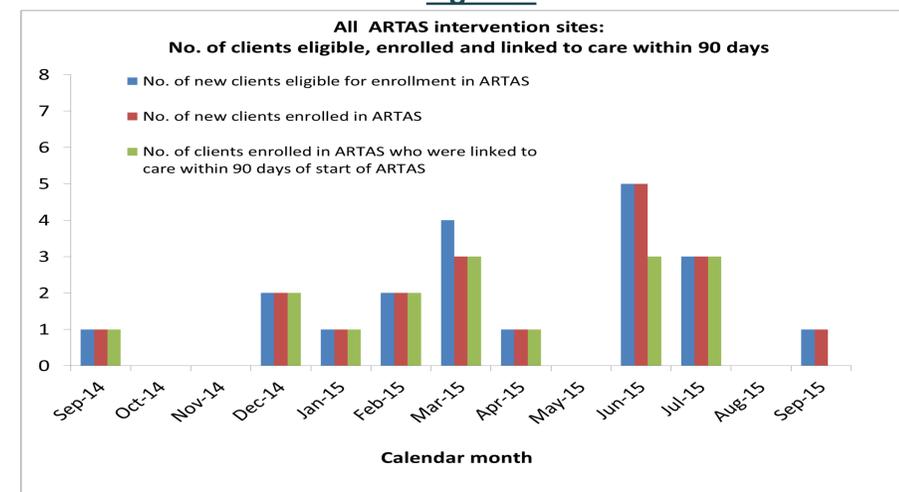


Table 3. ARTAS Qualitative Findings

Emerging Theme	<ul style="list-style-type: none"> Tracking hard to reach patients is labor-intensive On-going intensive work with patients is challenging
Quote	<ul style="list-style-type: none"> "It's case management. It's very tedious."--Implementation Staff

LESSONS LEARNED

Using a quantitative and qualitative approach to examine intervention implementation helped describe process outcomes in order to understand potential bottlenecks and other implementation barriers.

REFERENCES

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