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

Diane Addison1, Abigail Baim-Lance2, Lauren Suchman3, Benjamin Katz3, Kelly Piersanti1, Carol-Ann Swain3, Clemens Steinbock2, Steven Sawicki2, Bruce Agins2, Denis Nash1; on behalf of the NYLinks implementation Team

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

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).

Appointment Procedures

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).

RESULTS CONT’D

ARTAS

ARTA 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).

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

1. International Advisory Panel on HIV Care Continuum Optimization. IAPRC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents. J Int Assoc Provid AIDS Care, 2015 Nov-Dec;14(suppl 1):S33-S44.