

Improving ARV Adherence in Ryan White Adolescent Programs in New York State



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Background

HIV care providers submit quality of care data as part of an annual statewide quality review. These annual data suggest a significant increase in antiretroviral (ARV) prescription between 2014 and 2018, during which timeframe a modest increase in viral load suppression also occurred.

During this same timeframe, providers of adolescent-specific care participated in a peer collaborative learning group, the Adolescent Quality Learning Network (AQLN) sponsored by the AIDS Institute. The AQLN used quality of care data as well as quality improvement (QI) process investigation tools to identify drivers for improving viral suppression rate as well as barriers to ARV adherence. The adolescent programs identified challenges to ARV adherence related to experiences particular to perinatally infected patients, and challenges that patients face as they transition to adulthood.

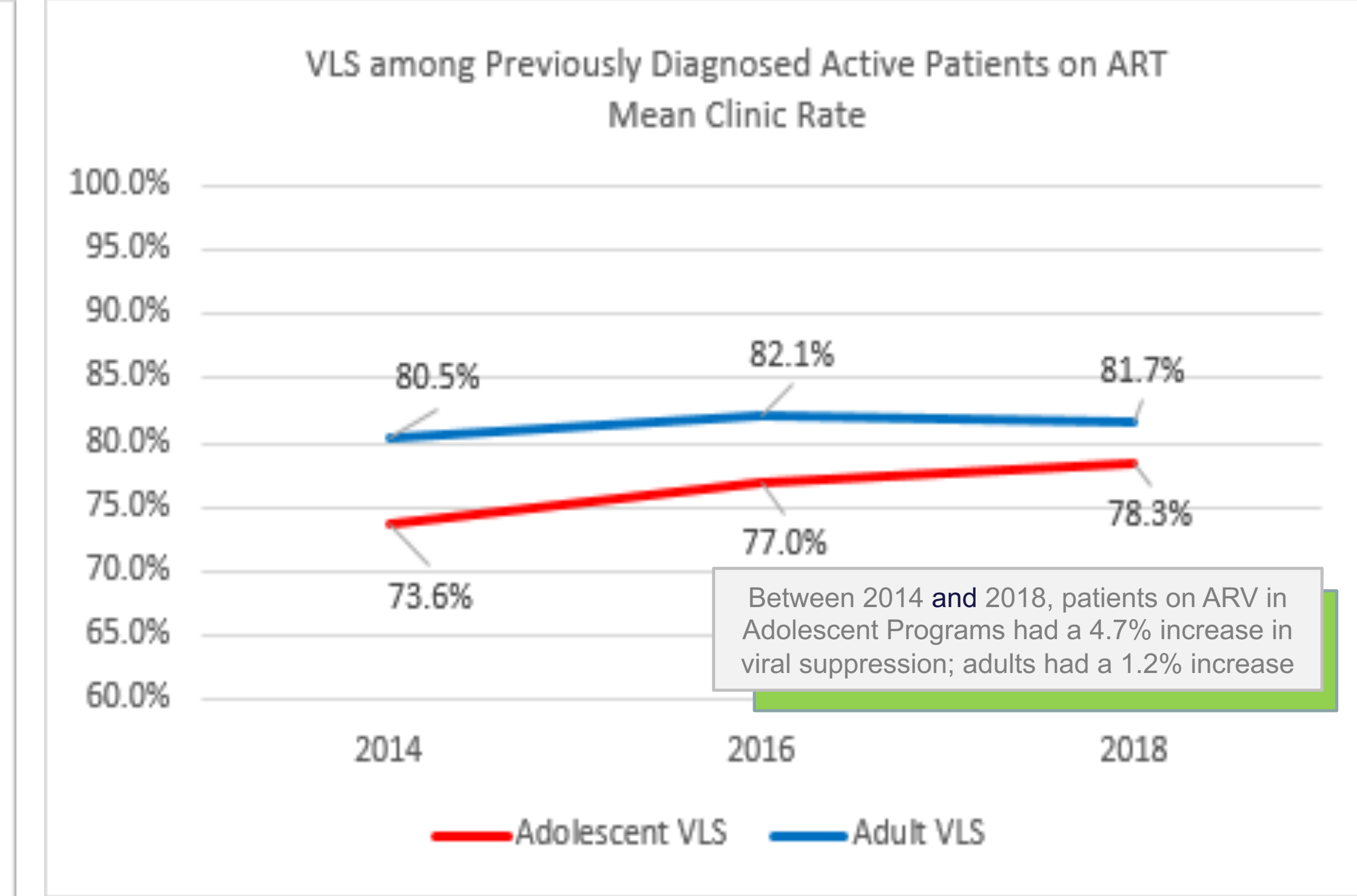
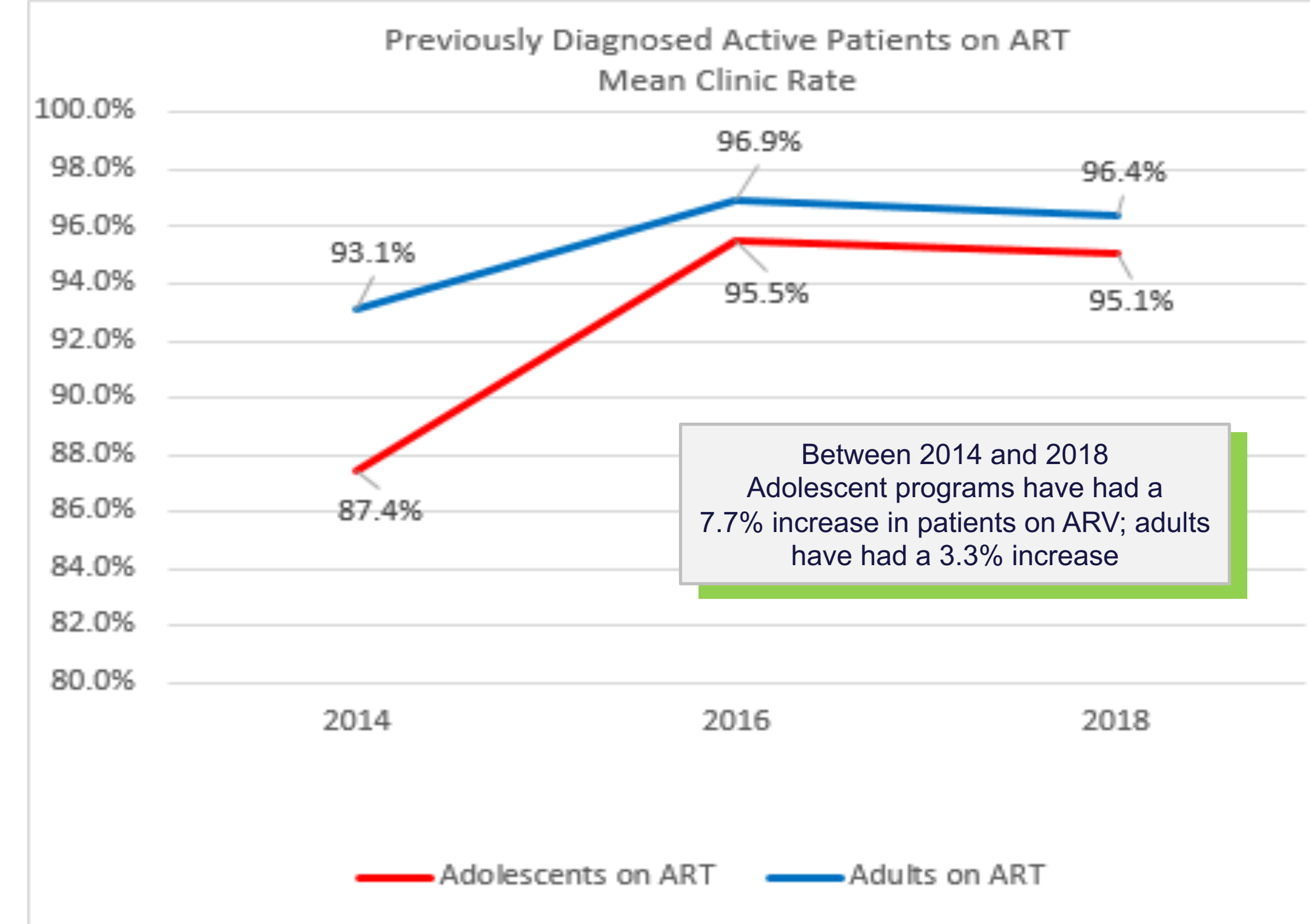
Participants in the learning network took part in a viral load suppression (VLS) quality improvement project focusing on improving mental health among AQLN patients. QI initiatives included strategies aimed at strengthening support networks and increasing supportive services focused on self-management, mental health and resiliency. Initial data results included in the table suggest that submission of adolescent-specific quality plans along with cascade data can spur thoughtful improvement activities that improve ARV adherence and viral suppression amongst adolescents living with HIV.

Indicators

1. Prescription of ARV during the review period
2. Viral Suppression (<200 copies/mL) on final viral load during the review period

Age
Gender
Race/Ethnicity
Risk Category
Housing Status

Performance Measurement



Patient Characteristics – Adolescents and Adults

Sex	Insurance												
	Male	Transgender Woman	Transgender Man	Other	Unknown	Dual Eligibility	Unknown	Other*					
Adolescents (n=1683)	52.3%	4.2%	0.2%	0.2%	22.1%	9.6%	47.2%	1.4%	14.4%	2.9%	1.5%	21.4%	1.5%
Adults (n = 67132)	55.4%	1.7%	0.1%	0.3%	18.9%	9.3%	38.6%	11.3%	15.0%	1.1%	4.9%	18.1%	1.6%

Race	Risk									
	Asian	Black	White	American Indian/ Alaska Native	Native Hawaiian/ Pacific Islander	MSM	Heterosexual	Blood Risk	Perinatal Transmission	Hemophilia
Adolescents (n=1683)	0.1%	9.9%	8.9%	0.4%	0.2%	33.9%	12.7%	0.5%	18.5%	0.0%
Adults (n = 67132)	0.1%	4.3%	9.8%	0.4%	0.2%	30.9%	31.0%	0.6%	0.8%	0.1%

Race	Housing Status			
	Hispanic	Non-Hispanic	Unknown	Other
Adolescents (n=1683)	0.1%	1.3%	32.9%	0.1%
Adults (n = 67132)	0.1%	1.3%	32.9%	0.1%

Race	Housing Status			
	Stable	Temporary	Unstable	Unknown
Adolescents (n=1683)	56.3%	4.8%	7.8%	31.1%
Adults (n=67132)	65.5%	3.3%	3.7%	27.6%

Data Source: NYSDOH AIDS Institute Annual Statewide HIV Quality of Care Review

Conclusion and Next Steps

Adolescents and young adults with HIV have unique challenges. These challenges have resulted in lower viral suppression rates in adolescent programs than adult programs. Although adolescent programs have had a lower ARV and viral suppression rate they have had a larger increase in ARV adherence and viral suppression rates between 2014 and 2018. Quality learning networks like the AQLN provide a forum to identify challenges unique to adolescents, test improvement strategies and spread effective practices that results in improvements in health outcomes.

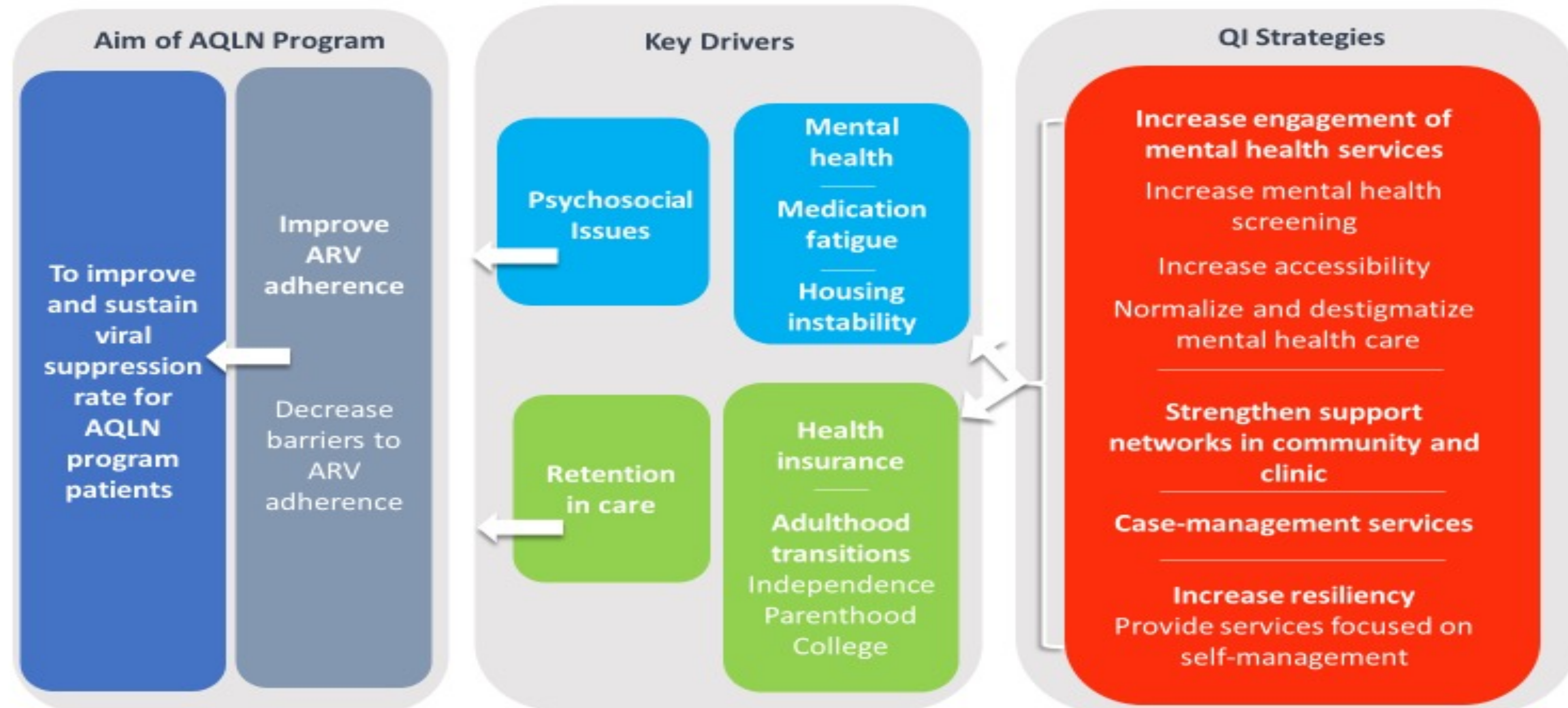
The AQLN used a collaborative process to select mental health themes for their QI projects. The programs experienced varied success with their mental health QI processes. The AQLN performed force field analysis on their QI projects to learn the driving and restraining forces related to the effectiveness of their QI projects. The network found that the strategies that employed destigmatizing practices in providing MH support were the most effective at addressing barriers to care.

Next Steps:

Programs are encouraged to abandon, adapt or adopt their QI strategies. The programs that had effective strategies will develop plans to sustain and systemize their strategies. Programs with less effective mental health strategies were recommended to adapt destigmatizing mental health (MH) strategies.

Recommended strategies -

1. **Streamlining MH care**
Integrating a MH professional as part of the care team; patients opt out rather than opt in
2. **Normalize MH care**
Remove/soften labels. Formally/informally change how they title their mental health programs/services; use names versus titles for their mental health professionals.



QI Strategies: Some projects were related to increased engagement in formal MH professional services, while other projects supported improving client's MH issues through building support networks and self management. The success in QI projects was varied. A force field analysis was performed by the AQLN and programs found that MH strategies that were most effective, were the ones that were integrated and incorporated de-stigmatizing practices.

AQLN Select Program	QI Projects/Tests of Change	VLS 2017	VLS 2018
Albany Medical Center	Engage patients that have detectable viral loads -Offer peer support via group for perinatally infected -Call/text detectable* patients to schedule appointment in 2 weeks	86%	88%
Northwell CYPAAH	Case management and include patients' support team, evidence based behavioral interventions by psychologist	74%	83%
Stony Brook Medicine	Patients were referred to supportive services: self-management classes, nutrition therapy, transportation and case management Screen patients for depression by mental health staff or through IMPAACT 2002 Study	74%	83%