


FIGHTING OPPRESSION TO ACHIEVE SUPPRESSION: ATTACKING VIRAL LOADS HEAD ON

Mission Neighborhood Health Center San Francisco, CA

ABOUT MNHC

History

- Mission Neighborhood Health Center (MNHC) was founded in 1967 to respond to the healthcare needs of low income families in the Mission district of San Francisco
- MNHC serves nearly 13,000 patients across the life-cycle including prenatal care, pediatrics, teen services, family planning, women's health services and adult and senior medicine
- MNHC provides support and health services to the homeless community through Mission Neighborhood Resource Center
- **Clínica Esperanza** (Clinic of Hope), MNHC's HIV clinic, offers a continuum of HIV treatment services with an interdisciplinary model

 In 2012, **Clínica Esperanza** began targeting patients with poorly controlled HIV and/or poor retention in care as part of a Prevention with Positives (PWP) initiative

Clínica Esperanza HIV Patient Demographics

- 88% Male
- 81% Below 138% of the Federal Poverty Level
- 75% Latino
- 73% Gay
- 54% AIDS diagnosis
- 36% Mental illness diagnosis
- 33% Substance abuse disorder
- 15% Homeless
- 6% Transgender



Artwork by MNHC patients

METHODS

The objective of the PWP program was to increase retention in care and viral load suppression for patients enrolled in care at Clínica Esperanza

Sample Patient Intervention Model



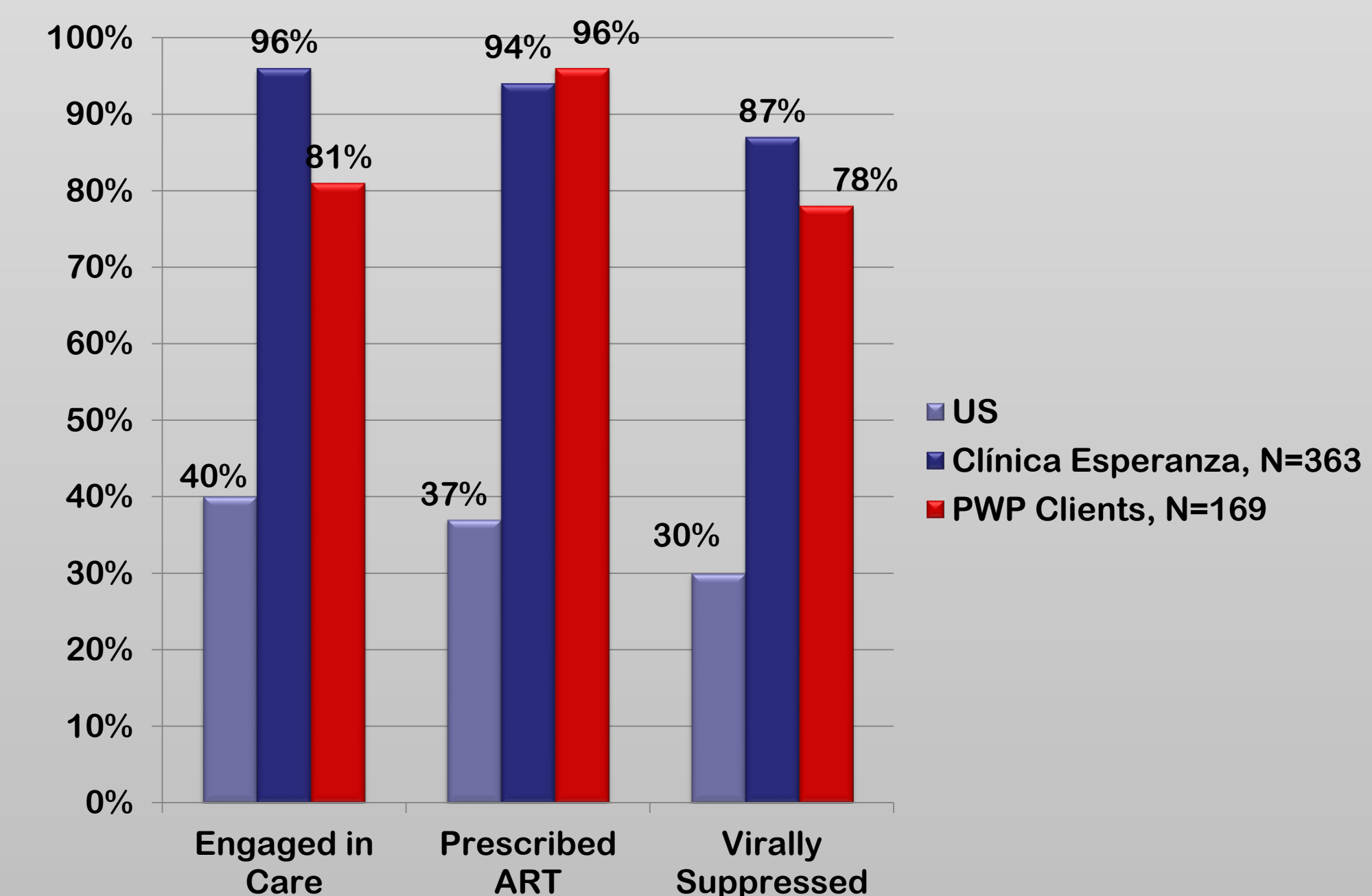
The PWP program launched in 2012 to identify and address the needs of clients who had fallen out of care or were at risk for falling out of care

- Participant qualifiers: recent viral load above 200, recent CD4 count below 200, or no medical visit within the last 6 months
- Provides additional support via case management, treatment adherence counseling and mental health services
- PWP participants are followed by the PWP Case Manager/Coordinator who tracks participants using population management software
- Financed by the San Francisco Department of Public Health

RESULTS

Proposed Yearly Objectives	2014 Objectives Met
90% of PWP participants will receive at least one session focused on addressing barriers to adherence	100% of PWP Participants in 2014 had received at least one session focused on addressing barriers to adherence
At least 50% of clients identified as out-of-care or tenuously in-care enrolled in the PWP program will be engaged in medical care	81% of clients identified as out-of-care or tenuously in-care enrolled in the PWP program had engaged in medical care
Within one year of enrollment in PWP, 35% of clients will have undetectable viral	Within one year of enrollment in PWP, 78% of clients had an undetectable viral load

The HIV Continuum of Care



CONCLUSIONS

- The PWP Program model has proven to be an effective and efficient means of re-engaging clients in care and improving viral load suppression rates
- Utilizing population management software to identify this population allows for more rapid interventions
- Using a team approach to re-engage clients allows the clinic to utilize all resources available to assist clients in re-engagement
- More intensive care with clients can be initially time intensive, but over time demonstrates efficiency

HIV STATUS?
UNDETECTABLE

Challenges

- Upon initiation of the PWP Program, initial administrative burdens arose around tracking clients and using new software, but over time lessened
- Additional medical record documentation was required, as the PWP coordinating case manager participated in the patient's intervention process, in addition to the patient's assigned case manager
- Public Health Department financial support requires annual audits which can be time intensive