

**Texas Department of State Health Services** 

# Role of Care Coordination of Post Partum Women in HIV Care

Brian Rosemond, BSN, RN - Clinical Nurse Consultant



### **Topics**

- Why do post partum women need help in staying in care
- Theoretical models
- Discuss ideas from attendees
- Effective strategies for retention
- Discuss ideas from attendees
- What the research says
- Tools and resources to help
- Wrap-up

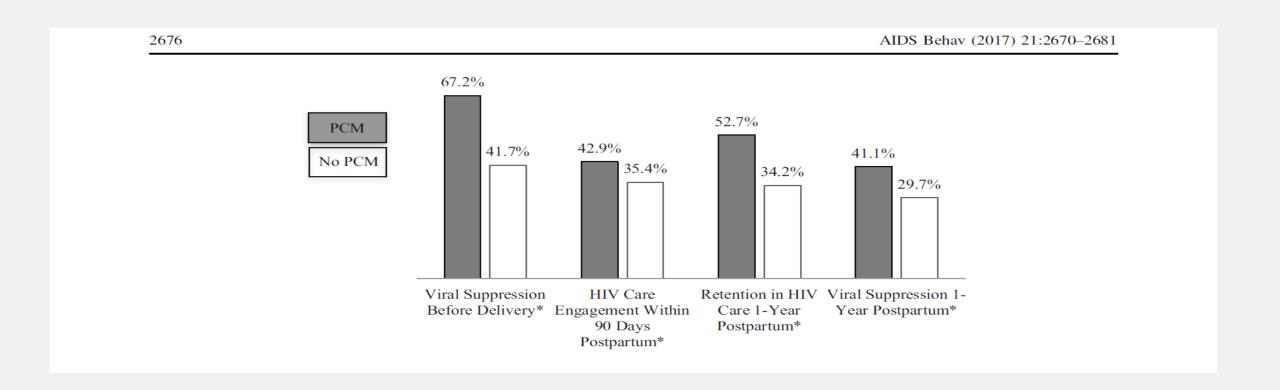


#### I Think We Have a Problem

- Approximately 8500 Women Living with HIV (WLWH) give birth
- 47% of WLWH in the Southern US are retained in care 1 year after delivery
- 34% of WLWH after 2 years
- The consequences can be costly to the health of mother and the Baby



#### A Different But The Same Continuum



#### Challenges

Improving postpartum retention in care Momplaisir et al.

**Integrated Behavioral Health Model** Age Education Poverty Stigma-HIV Attitude/beliefs Stigma-Gender Behavioral Mental health Social norms Intention Substance use Intimate partner violence Self-efficacy Pregnancy intention **POSTPARTUM RETENTION IN HIV CARE** Patient-doctor relationship Social networks Interpersonal, Community and Health System Factors Neighborhood level poverty, race, crime, housing instability Co-location of Obstetric-HIV; Pediatric-HIV care **Ecological Model of Health Behavior** 

Fig. 1. Theoretical models of retention in HIV care postpartum.

AIDS 2018, 32:133-142

135

# What Works To Close This Gap in the Continuum?

- Evidence base to close the gaps are limited
- Most studies were done in low resource countries and cannot be adapted to the US
- Experts agree that the a multidisciplinary (care coordinator, peer, clinician) & multi-level approach (see ecological model) has the best chance





Texas Department of State Health Services

*AIDS* (2018)



#### What the Research Says......

- Prompt transition to HIV care after delivery
- Care coordination & follow-up to support women transition from OB to HIV Care (MCM/Peer)
- Integration of HIV/OB care
- Address the common disengagement factors for all PLWHA

- Ensure co-morbid conditions are part of treatment plan
- Consistent relationship with peer/navigator with communication
- Peer or care coordinator attend HIV visit 90 days after delivery
- Strategize with client on how to deal with challenges/role play

### What Else?-Suggested Steps To Improve Retention of Postpartum Women

| AREAS OF NEED   | SUGGESTED ACTION STEPS PROVIDER/CARE AGENCY  | SUGGESTED ACTION STEPS CARE COORDINATION STAFF  |
|---|--|---|
| 1. PROVIDER & CLIENT AWARENESS - EARLY INTERVENTION   | <ul> <li>NON-JUDGEMENTAL COMMUNICATION</li> <li>TRAUMA INFORMED CARE/EDUCATION</li> <li>COORDINATED TRANSITION FROM OB TO HIV CARE</li> </ul>                                      | <ul> <li>REDUCE STIGMA</li> <li>ASSESS &amp; IDENTIFY BARRIERS</li> <li>ANTICIPATORY GUIDANCE AND PROBLEM SOLVING</li> <li>LINK TO COMMUNITY-BASED ORGANIZATIONS &amp;<br/>RESOURCES BASED ON CLIENT NEED</li> </ul>                                |
| 2. IMPROVE CARE COORDINATION AMONG EXISTING RESOURCES | <ul> <li>PROCEDURES FOR COMMUNICATION ACROSS CARE SETTINGS*</li> <li>QUALITY IMPROVEMENT ACTIVITIES - MOM &amp; BABY IN PAIRS</li> <li>INVEST IN TELEMEDICINE RESOURCES</li> </ul> | <ul> <li>REFINE EXISTING RESOURCES TO ADDRESS UNIQUE<br/>NEEDS OF PREGANANT/POSTPARTUM WLWH</li> <li>ORGANIZE PLANS &amp; PROCEDURES FOR<br/>COMMUNICATION *</li> <li>REINFORCE CARE COORDINATION</li> <li>PROMOTE ADOPTION OF HEALTH IT</li> </ul> |
| 3. EMPHASIZE CARE COORDINATOR WITH PREGNANT WLWH      | DEVELOP STANDARDS OF CARE (SOC)  | COLLABORATE IN SOC  |
| 4. PEER SUPPORT INTERVENTIONS                         | APPLY CARE COORDINATOR STANDARDS IN COMMUNITY & CLINIC CARE MANAGEMENT PROGRAMS  | IDENTIFY & ADAPT EXISTING PEER SUPPORT INTERVENTIOSN FOR PREGNANT/PP WLWH   |
| 5. USE TECHNOLOGY TO ENGAGE WLWH                      | ADAPT EVIDENCE-BASED TECHNOLOGY (PROVEN FOR OTHER POPULATIONS) FOR PREGNANT/PP WLWH  | PROMOTE & USE TECHNOLOGY TO LINK WLWH TO CBO'S FOR RESOURCES TO MEET IDENTIFIED NEEDS FOR: PARENTING, NUTRITION, HOUSING, FAMILY PLANNING &   |
| AIDS 2018, TABLE 1                                    |  | OTHER NEEDS   |

# **Care Coordination Resources for Women**



| ТОРІС   | WEBLINK   | COMMENTS   |
|---|---|--|
| TOOL KIT FOR CONSUMER ACCESS & ADHERENCE TO HIV CARE-PROJECT CATCH-2020             | <ul> <li>https://ciswh.org/project/minority-aids-initiative-retention-and-re-engagement-in-hiv-care-project/https://targethiv.org/library/project-caatch-intervention-manual</li> </ul> | <ul> <li>USE OF PEERS LIVING WITH HIV TO EDUCATE AND PROVIDE<br/>EMOTIONAL SUPPORT</li> <li>FOCUS ON WOMEN AT RISK OF DISENGAGING IN CARE</li> <li>STATEGIZE ENGAGEMENT AND RETENTION OF TRANSGENER<br/>WOMEN</li> </ul> |
| PEER LINKAGE AND RE-ENGAGEMENT FO WOMEN OF COLOR WITH HIV-2020                      | https://www.targethiv.org/deii/deii-peer-linkage  | <ul> <li>STEP-BY-STEP GUIDE TO IMPLEMENT PEER LINKAGE<br/>PROGRAM</li> <li>GREAT CHECKLISTS</li> <li>HOW TO RECRUIT/HIRE THE BEST PEERS</li> </ul>   |
| HRSA'S IMPLEMENTATION GUIDE TO ENHANCING ACCESS TO HIV CARE FOR WOMEN ON COLOR-2014 | https://www.hiv.gov/blog/hrsas-ryan-white-hivaids-program-and-women-and-girls-hivaids-awareness-day   | USE OF PEERS, CARE COORDINATORS TO OVERCOME BARRIERS AND DEVELOP EFFECTIVE OUTREACH  • Linkage into quality HIV care • Retention in quality HIV care • Re-linkage to quality HIV care after falling out • of care        |

### Thank you!

DSHS HIV Care Services
Brian Rosemond, RN
Brian.rosemond@dshs.Texas.gov