

Implementing the Science-Based Translation of Effective Program Strategies (STEPS) to Care model of Patient Navigation

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Disclosures

Presenters have no relevant financial or nonfinancial interest to disclose.

Presentation Outline

- **Background on the STEPS to Care Project**
- **Patient Navigation by Implementation Step**
- **Where to find STEPS to Care**



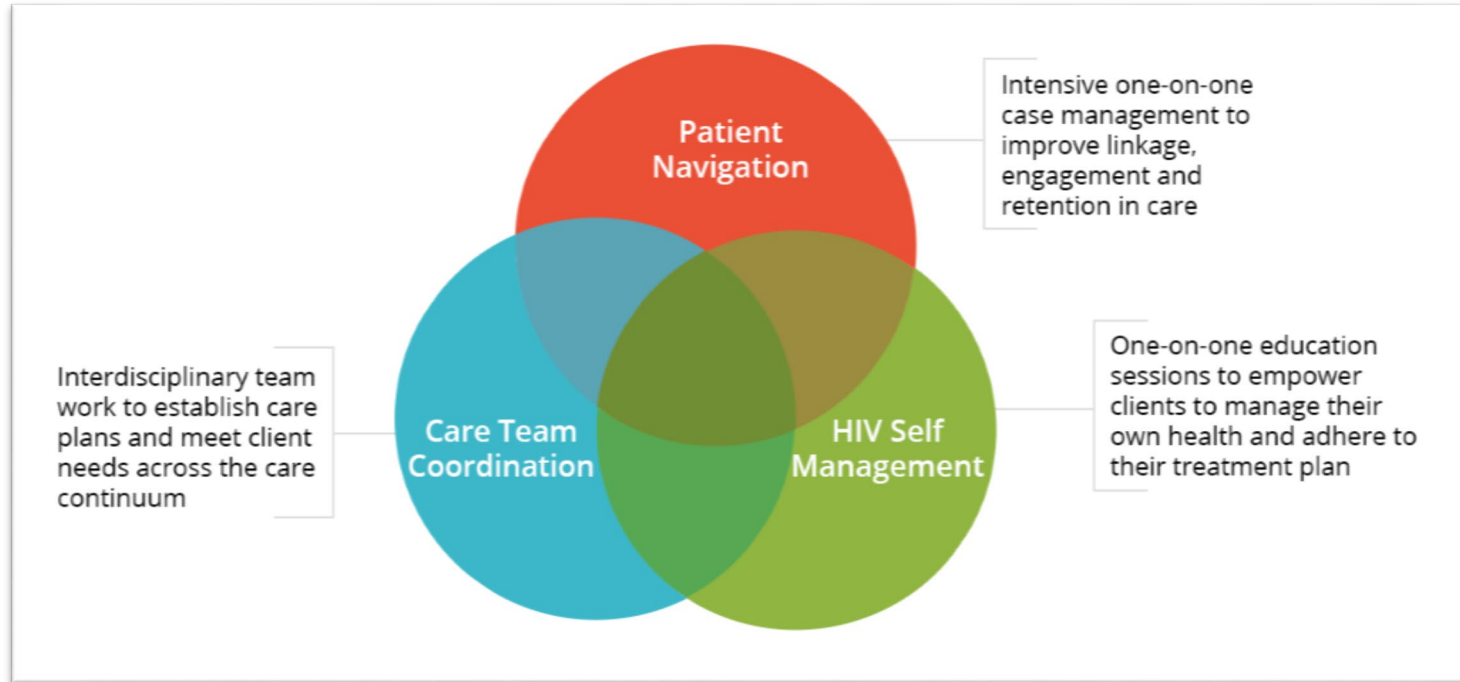
Background on STEPS to Care

What is STEPS to Care?



- Funder: CDC, under a 3-year Cooperative Agreement; Aisha L. Wilkes, MPH, PO
- Grantee: Education Development Center, Inc. (EDC); Lydia O'Donnell, EdD, PI
- Partner: NYC Dept. of Health & Mental Hygiene (DOHMH); Mary Irvine, DrPH, PI
- Purpose: Translation of evidence-informed CCP strategies into web-based tools and training to improve linkage, retention, and reengagement of PLWH in care
- Final Product: Provider- and Client-directed Web-based tools

STEPS to Care Strategies



Project Steps

- Step 1: Program review including literature summary and engagement of 4 “model program” agencies as key informants
- Step 2: Translation and development of strategies into web-based tools and trainings
- Step 3: Piloting these web-based tools and trainings with HIV service provider agencies
- Step 4: Refine web-based tools and trainings using agency feedback



Patient Navigation by Implementation Step

Step 1: Program Review

■ METHODS

- Literature review and summary on the 3 strategies, to confirm evidence (beyond NYC) for their promotion of HIV care continuum outcomes
- Site visits and consultation with 4 model CCP-implementing agencies

■ FINDINGS RELEVANT TO PATIENT NAVIGATION

- Importance of appropriate identification and hiring of staff
- Frustration with “dead” time
- Difficulty with scheduling
- Need for more training on soft skills
- Desire for more formal procedural documents



Photo of an agency's CCP staff who participated in a site visit

Step 2: Translation into Web-based Tools

■ METHODS

- Conducted Journey Mapping exercise
- Further defined Patient Navigation and developed set of supporting tools

■ FINDINGS RELEVANT TO PATIENT NAVIGATION

- Services include
 - case finding
 - logistics planning
 - accompaniment to medical appointments
 - assistance with entitlements/benefits, health care, housing, and social services
 - health education/promotion
 - assessment/reassessment
 - outreach for patient re-engagement
- 11 online tools developed specifically for Patient Navigation

Patient Navigation Topic Page

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Patient Navigation

1. Patient Navigation Introduction

2. Patient Navigation Meetings

3. Service Coordination and Tracking

4. Medical Appointment and Care Support

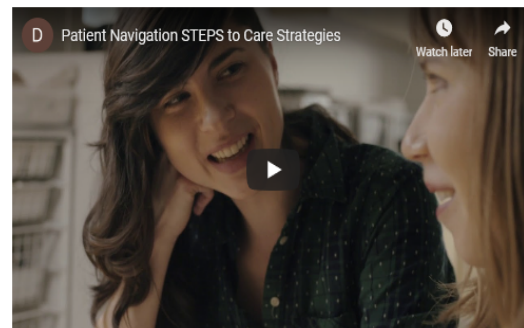
5. Downloads

Patient Navigation Introduction

Patient navigation is a STEPS strategy that provides whole-patient care through intensive case management. Patient Navigators work one-on-one with clients to encourage continued commitment and adherence to medical treatment, access to social services, improved communication, and prompt re-engagement in care.

After reviewing the information and resources below, you will know:

- The purpose and elements of patient navigation meetings
- How Patient Navigators can help clients access necessary services
- Which forms are needed to track patient navigation activities and how to complete them



View: [Audio Description for - Patient Navigation](#)

Patient Navigation Training Examples



FIELD SAFETY TRAINING

The **Field Safety training** below provides an overview of some key points for safety in the field. By the end of this training, you will be able to:

- Identify appropriate precautions for meeting clients offsite
- Make good choices regarding personal safety in the field



[Jump to the Trainings section below to launch the training.](#)

Estimated time to completion: 20 minutes



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Establishing Relationship Boundaries with Clients

Section 1:
Introduction

Section 2:
Case Studies

Section 3:
Knowledge Checks

Section 4:
Summary

Establishing Availability

A few days later, another one of Elisha's client leaves a message asking for a ride to her medical appointment. Elisha is not currently on the clock, but she is free at that time and knows her client has trouble getting to appointments on her own.



Elisha

What should Elisha do?

- ☐ Call her back immediately to find out where and when she should pick her up
- ☐ Call her back to discuss other options to get to her medical appointment
- ☐ Wait until the next day to call the client back

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[← Back to Working with Clients in the Field topic page](#)

Example Patient Navigation Forms

The Intake Forms

Intake is conducted by completing the two forms below.



LOGISTICS FOR PATIENT NAVIGATION AND CONTACT INFORMATION FORM

This form should be completed during the first client intake session. Staff should use this form to collect basic contact information and scheduling preferences and to set communication norms for Patient Navigation sessions.

This form should be updated regularly, particularly when there is a major change for the client that could affect service delivery. While the Care Coordinator is likely to be responsible for initially completing the form during intake, the Patient Navigator should update this document whenever he or she becomes aware of a change.

- These change events could include:
- New housing arrangements
 - New daily/weekly schedule (that could be the result of finding employment or child care)
 - New cell phone number
 - Change in alternative contacts

[Download the Logistics for Patient Navigation and Contact Information Form](#)

Part 1: Logistics for Patient Navigation and Contact Information Form

Client Name: _____ Client Record #: _____

Complete this form as part of the intake process along with the Intake Assessment Form. Update both Parts 1 and 2 of this form as needed.

Before you begin your work with the staff for this home-based support program, we have a few questions that will help us meet your needs for privacy and comfort as a client.

1. Client will be enrolled in:

☐ Quarterly Patient Navigation/HIV Self-Management (no ART) ☐ Quarterly Patient Navigation/HIV Self-Management

☐ Monthly Patient Navigation/HIV Self-Management ☐ Weekly Patient Navigation/HIV Self-Management

2. What days and times are best for you to meet with someone from this program?

Check as many days as the client says he or she can meet, and fill in available times for each checked day.

Day(s) of Week:	Time(s) of Day:
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	
<input type="checkbox"/> Other answer (Specify: _____)	

If the patient is not enrolled in Weekly:

2a. Which week of the month is best for your Patient Navigator visit?

☐ Any ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Last

3. Are there any days or times when you will not be available for a meeting with someone from this program? _____

4. Where would you most like to meet for adherence support? *Read choices:*

☐ At home

☐ At another person's home (Specify the home and relationship: _____)

☐ Client's PCP clinic within the Care Coordination Program

☐ Other location (Specify: _____)

**Please specify location in Part 2: Contact Information*

5. Where do you store your medications? _____

STEPS to Care Logistics for Patient Navigation and Contact Information Form

Page 1 of 6

Daily Routine Chart

Questions To Ask

- Sleeping**
 - What time do you usually wake up each day?
 - What time do you go to sleep?
 - Do you ever eat close to bedtime?
 - Do you have a routine that you do when you wake up?
 - Do you have a routine that you do before going to sleep?
- Eating**
 - What time do you usually eat?
 - Who do you eat with? Would you feel comfortable taking pills in front of them?
 - Where do you eat? Could you bring your pills with you?
 - How do you feel about meal times?
 - Are there ways to take your pills on a full stomach without interfering with the social and other pleasures of eating?
- Comings and Goings**
 - What times do you usually leave the house?
 - What times do you usually come back home?
 - What other things do you do at about the same time every day such as watching TV programs, the kids leaving for school, etc.)
- Weekends**
 - Repeat the above questions for the weekend or other irregular days.
- Things to make it work**
 - If you need a full stomach at a time other than a normal meal time, try a fatty snack like crackers with peanut butter.
- Reminders**
 - What can you do to remind yourself when its time to take your pills?
 - What changes your schedule?

Medication name/ # of pills

Weekday	AM	Weekend
	6:00	
	7:00	
	8:00	
	9:00	
	10:00	
	11:00	

Medication name/ # of pills

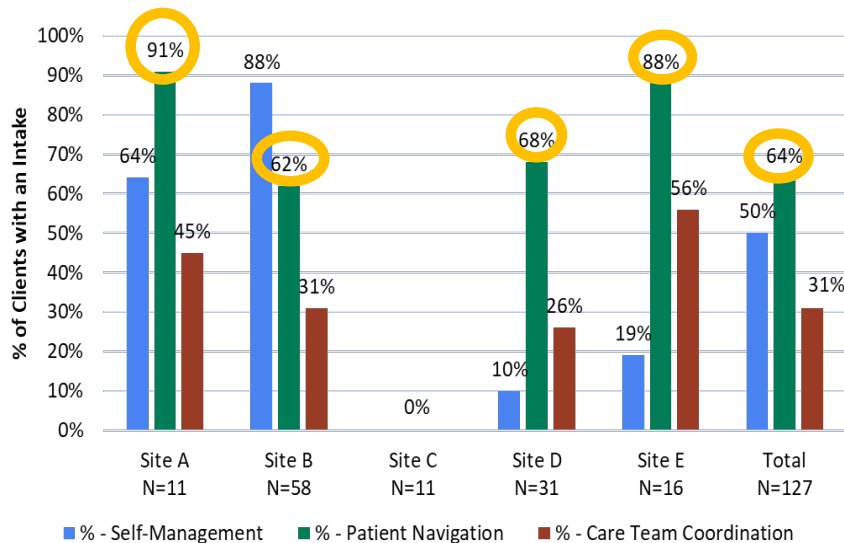
Weekday	PM	Weekend
	12:00	
	1:00	
	2:00	
	3:00	
	4:00	
	5:00	
	6:00	
	7:00	
	8:00	
	9:00	
	10:00	
	11:00	

What is Adherence?

Step 3: Pilot of STEPS to Care Tools

- **Pilot conducted in 5 NYC agencies — July 2015-February 2016**
 - 3 community health centers and 2 hospitals
 - 2 Bronx-based, 2 Manhattan-based, and 1 Brooklyn-based agency
 - All annually served >300 HIV patients, >75% of whom were Black or Latinx
- **Pilot conducted in three additional agencies — July 2016-February 2017**
 - Federally qualified health center (FQHC) in Atlanta, GA, Hospital in Charleston, SC, & Community Health Center, Boston, MA
 - STEPS to Care clients at these agencies were primarily Black and male
 - Process data collected via Key Informant Interviews and monthly reporting grids

Pilot Findings Related to Patient Navigation



“STEPS gives us an opportunity to provide intensive case management services in a structured way. It expands the reach of our Patient Navigators and potential of our case management team.”
- Program Director

- **Patient Navigation was most used service**
- **64% of clients with an intake received Patient Navigation**

- **One of the pilot sites reported how STEPS to Care has expanded the role of their Patient Navigators**

Step 4: Refinement & Dissemination

- **We used the following to refine tools for each strategy:**
 - Local and national pilot feedback
 - Community Advisory Board input
 - CDC clearance process
- **Disseminated the refined web-based tools on a dedicated CDC website as of August 1, 2018**



Ready for STEPS to Care?

- **Tools on STEPS to Care website**
 - <https://effectiveinterventions.cdc.gov/en/2018-design/care-medication-adherence/group-4/steps-to-care>
 - Agency Readiness Assessment
 - Preview Guide and FAQ
- **CDC Capacity Building Assistance**
 - For individualized TA and training on STEPS to Care implementation, visit:
 - <https://wwwn.cdc.gov/Cris2009/pages/main/e1.aspx> or: www.getcbanow.org

EffectiveInterventions
HIV PREVENTION THAT WORKS

TRAINING CALENDAR | E-LEARNING CENTER | CAPACITY BUILDING ASSISTANCE | WHAT'S NEW | CONTACT US

HIV Testing	Care & Medication Adherence	Persons Living with HIV	HIV-Negative Persons	Community and Structural-Level	Data to Care	A to Z Resources
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Resources & Tools

STEPS to Care

The STEPS to Care tool kit offers an accessible package of multimedia e-tools that support the implementation of STEPS to Care. STEPS to Care supports three strategies of HIV care coordination: Patient Navigation, Care Team Coordination, and HIV Self-Management.

My STEPS to Care supports clients newly diagnosed and living with HIV with the HIV Self-Management strategy by encouraging persons living with HIV to manage their own HIV care and treatment. Providers are to use My STEPS to Care directly with their clients.

STEPS to Care provides tools supporting providers with the Patient Navigation and Care Team Coordination strategies.

Other STEPS to Care Presentations at NHPC

- **Digital Showcase: Walkthrough of an Online Toolkit to Support Engagement in HIV care: STEPS to Care**
 - Session Date: Today, March 19, 2019
 - Session Time: 1:00 – 1:20 PM
 - Hotel: Hyatt Regency
 - Room Location: Social Media Lab
- **Lessons from the New York City Translation of a Care Coordination Program: Science-Based Translation of Effective Program Strategies (STEPS) to Care**
 - Session Date: Wednesday, March 20, 2019
 - Session Time: 4:00 - 5:30 PM
 - Hotel: Atlanta Marriott Marquis
 - Room Location: A703-A704

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Disclaimer

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.