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# The Emerging Role of HIV Peer Navigators as Associate Medical Case Managers in Northeast Florida

Graham F. Watts, Sr., PhD

## ABSTRACT

*What is the role of policy in improving the system of care for people living with HIV/AIDS, (PLWHAs)? This policy brief describes an innovation in medical case management within the Jacksonville Transitional Grant Area. Emphases center on how the innovation originated, why the innovation matters, the participants' involved, outcomes, and the potential impact of the innovation on jurisdictional HIV health services.*

*Florida Public Health Review, 2017; 14, 96-98.*

## BACKGROUND

One early gap in HIV health services policies and a revised recommendation to address that gap appears in Mugavero, Norton, and Saag. (2011):

*...HIV treatment guidelines have focused on recommendations regarding the use of ART and the management of opportunistic infections, with limited attention to the importance of engagement in care. In contrast, ...the guidelines for primary care of HIV infection issued by the HIV Medicine Association... included a new recommendation... on the importance of adherence to care rather than focusing solely on adherence to medications. (pp. S240-S241).*

Fidelity of adherence to care provided the impetus for HIV health services practitioners in Northeast Florida to pilot peer navigators in a support role for medical case managers (MCMs). Lessons learned from the pilot program may continue to guide HIV health services.

## Medical Case Management

As of December 31, 2015, the Jacksonville Transitional Grant Area (JTGA) had 6,910 diagnosed people living with HIV/AIDS, (PLWHAs). Of this group, 4,007 had at least one Ryan White Part A primary medical care service, and of these, 2,729 (68.1%), had at least one MCM service. During the same period, Part A funded 34 full-time case managers for an average caseload of 80.

Ryan White MCM is a labor-intensive endeavor. By definition, "Medical case management is a range of client-centered services that link clients with health care, psychosocial, and other services. The processes

of [MCM] are intake and engagement, assessment and initial service plan, service plan [revision], care coordination and case conferencing, reassessment/service plan update, crisis intervention, re-engagement, and case closure" (New York State Department of Health, 2010). "Limiting caseloads below 75 is encouraged, but caseloads are... 75 or above, [and] interactions with clients can become increasingly reactive rather than proactive..." Reactivity increases as caseloads include clients with multiple chronic diseases or psychiatric states. Additionally, documentation requirements have expanded to aid in the demonstration of outcomes, and the clients' involvement in healthcare decisions are now a cornerstone of person-centered care. Thus, these factors warrant assistance to support the MCM goal of seamless, tailored care to PLWHAs for maintaining engagement in HIV care, satisfaction with services, and viral suppression. Actively engaged and care-compliant PLWHAs constitute important intermediate outcomes in today's Ryan White environment.

## Where and How the Innovation Originated

PLWHAs newly linked to care and PLWHAs with multiple comorbidities are at highest risk for care attrition than other PLWHAs. Challenges for the former group includes discomfort with disclosure to clinical staff, perceived stigma, fear of the unknown, rejection by family and friends, among others. In contrast, challenges for the latter group include feeling overwhelmed, fatigue, medication side effects, suboptimal medication adherence, desire for care holidays, and difficulty remaining committed to long-term care engagement. These challenges may

not burden an MCM if caseloads are both simple and below 75 clients. However, that is rarely the case. Some groups that test HIV positive have an additional morbidity added to their disease portfolio. When these cases voluntarily enroll in MCM, they comprise a caseload with a few clients with enormous healthcare needs. Of 1,323 clients with documented acuity, (level of Case Management need), scores in the JTGA's CAREWare system, 8.4%, (n = 111), had a score of three or higher. However, the small percentage of clients with complex needs mask the extent of MCM care responsibilities. However, if one looks at the Agency for Healthcare Research and Quality statement about the enormity of small numbers, one discovers that "Five percent of the population accounts for almost half, (49%), of total healthcare expenses," (Stanton, 2006, p. 1). The average caseload in the jurisdiction is 80 clients, and occasionally, some MCMs caseloads approach the mid-to upper eighties, (84 and 89). For optimal management of such heavy caseloads, peer navigators comprise a necessary complement to the MCM. As of this writing, the jurisdiction had seven peer navigators – three funded and four volunteers. In what ways does peer navigation serve as a critical MCM sub-service?

### **The Significance of the Innovation**

HIV health services peer navigators function as MCM Associates. The duties of the peer navigators include:

- Meeting and greeting clients at initial and subsequent appointments, including medical appointments;
- Sharing personal success stories of life after HIV infection;
- Developing rapport with hard-to-engage and hard-to-reach clients;
- Completing the screenings for diverse data collection requirements;
- Delivering medications at client's home, as needed;
- Making home visits with inbound clients and clients at-risk of attrition;
- Tracking clients lost-to-care to facilitate care re-entry or clients with gaps in care to prevent attrition;
- Checking CAREWare for completeness of documentation; and
- Reporting to and supporting the work of the MCM.

These and other assigned tasks are time intensive; therefore, the support services rendered by the MCM sub-service category – peer navigation – create a context for addressing the comprehensive needs of clients in an unhurried manner. This model of service

delivery sequesters the time of the MCM for analytic and interpretive functions, which include assessment of objective data, development of a collaborative plan of care, timely CAREWare documentation, case conferencing, and monitoring clients' performance on key HIV continuum of care metrics. This bifurcation of shared responsibilities is at the heart of improving ongoing engagement in HIV care, promoting satisfaction with services, and ensuring viral suppression among PLWHAs, who want both excellent clinical care and personal time with their caregivers. What are the selection criteria for peer navigators, who assume such a vital role as associate medical case managers?

### **The Participants Involved**

A multifactorial selection process, led by MCM supervisors, gleans the best peer navigators from among in-care PLWHAs. The 12 steps include:

- At least six months of unpaid, but supervised volunteer activities with an HIV/AIDS service organization;
- Observed professionalism of PLWHAs during the volunteer experience;
- No evidence of histrionic personality disorder – unstable emotions leading to attention-getting activities of an inappropriate nature;
- No evidence of dependent personality disorder – acting passive and helpless as reflected in not taking the initiative or not putting forth effort to accomplish assigned tasks;
- Entry level of education between high school completion and some college;
- Entry level experience between technical or specialized services up to professional services before HIV diagnosis;
- Willingness to engage in continuing education – both formal and informal;
- Willingness to accept challenging assignments;
- Ability to work collaboratively in a healthcare team;
- Ability to use constructive feedback in the workplace;
- Demonstrated capacity for empathetic listening – hears and responds to clients in ways that improve mutual understanding and trust;
- Comfort with HIV self-disclosure, if indicated, during client encounters; and
- Role modeling appropriate health services utilization behavior demonstrated by consistent appointment keeping and medication adherence.

### **Outcomes Anticipated and Unanticipated**

A document entitled, "*Best Practices for Integrating Peer Navigators into HIV Models of Care*," summarizes the role of peer navigators this way – "...peer navigators play an important role in

the multidisciplinary care team. Why is this the case? Peer navigators can motivate attitudinal and behavioral change in people living with HIV/AIDS and tap into existing social networks to connect with even the hardest-to-reach populations.” Thus, “...research has found that patient navigation within HIV care settings... [correlates] with improved access to care, health care utilization, knowledge, and skills, and health outcomes—particularly among disengaged PLWH” (Sarango, de Groot, Hirschi, Umeh, & Rajabiun, 2017, p.277). Notwithstanding these benefits, peer navigation has risks. Peers can overstep boundaries by over-promising on what they are not authorized to communicate or deliver to clients. Peers can fail to document and share discoveries with the MCMs promptly. Some peers may even cross the empathy boundary and become unprofessional in their interactions with vulnerable clients. Behaviors of this subset require prompt and professional responses by the MCM supervisor.

### Potential Impact of the Innovation on Jurisdictional HIV Health Services

Burnout among caregivers, including HIV/AIDS related services, is well documented (National Institute on Drug Abuse [NIDA], 1992) and the effects are profound. It takes much effort to develop proficiency at helping clients professionally, and it costs a lot to recruit and to train competent MCMs; therefore, preservation of a cadre of talented MCMs is necessary for offering clients the most consistent care over multiple encounters. When the health services delivery system fails in this regard, clients complain about the lack of consistency and continuity with a trusted helper with whom they have developed rapport. Taking steps to avoid this service interruption is key to long-term care adherence by individuals, some of whom are new to care involvement and who may have little experience in long-term, stable, trusting relationships.

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