HIV Nurse Navigation: Charting the course to improve retention in care

and HIV virologic suppression



Octaviana Hemmy Asamsama, PsyD, DrPH¹; Alpha Tessema, RN¹; Leah E. Squires, PhD¹; Karen Hall, NP¹; Debra Benator, MD^{1,2}

¹Washington, DC Veterans Affairs Medical Center, ²The George Washington University

Background

- Retention in care, medication adherence, and virologic suppression can reduce health complications, hospitalization, and mortality for patients with HIV.
- In 2013, approximately 21.4% of the 960 Washington DC VAMC ID Clinic patients had a detectable HIV viral load, indicating possible barriers to engagement in care.
- In response to this need, the ID Clinic hired a dedicated HIV/HCV Nurse Navigator in March 2014.

Purpose

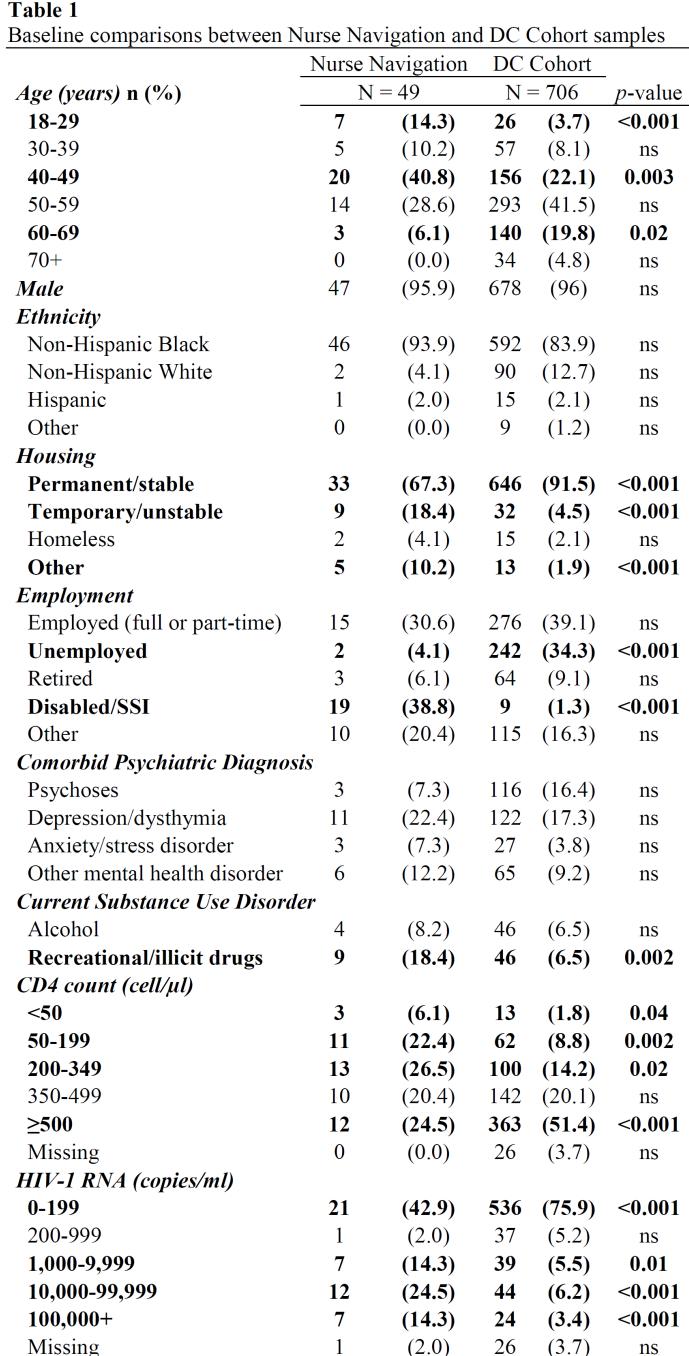
- To describe patients referred for Navigation relative to the general population of HIV+ veterans.
- To assess the impact of Navigation on clinic attendance, medication adherence, and viral load.

Methods

- Patients referred (03/01/14 to 09/01/14) were identified retrospectively.
- HIV clinic data from the DC Cohort was used for comparison (n = 706).
- DC Cohort is a longitudinal study of HIV+ DC residents.
- Analyses included test of proportions and paired samples t-tests.

Results

- 47 males (95.9%) and 2 females (4.1%), mean age was 54.8 years (*SD* =12.5).
- Most were Black (n = 46; 93.9%) and single (n = 24; 49.0%) with their first contact with Nurse Navigator during their primary care visit (n = 23; 46.9%).
- Average duration of 110 days (SD = 12.5).



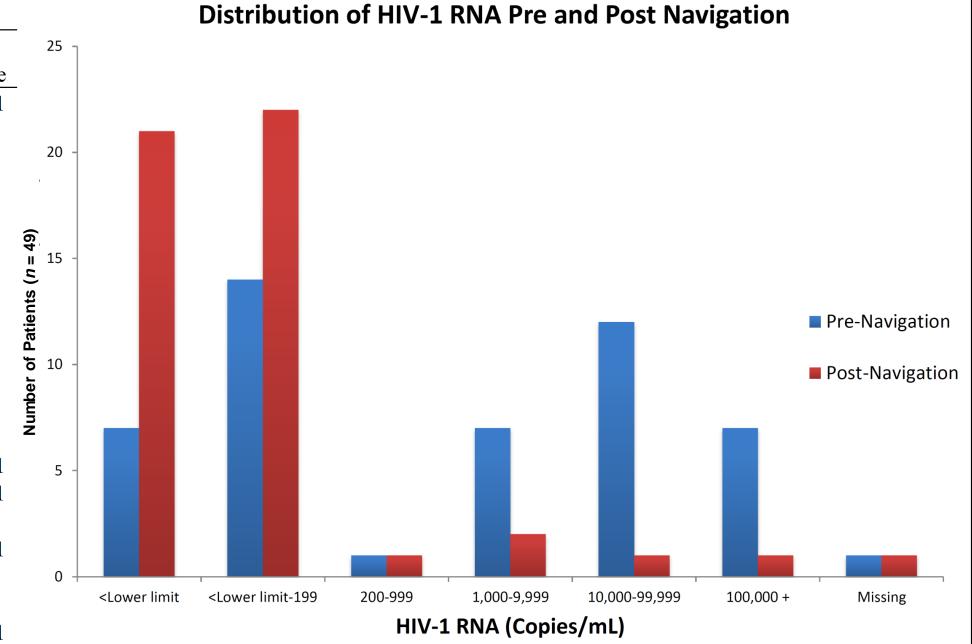


Table 2Pre and Post-Navigation comparisons

	Pre-Navigation		Post-Navigation		
	\overline{n}	(%)	n	(%)	<i>p</i> -value
HIV-1 RNA (copies/ml)					0.03
<lower limit<="" td=""><td>7</td><td>(14.3)</td><td>21</td><td>(42.9)</td><td></td></lower>	7	(14.3)	21	(42.9)	
Lower limit-199	14	(28.6)	22	(44.9)	
200-999	1	(2.0)	1	(2.0)	
1,000-9,999	7	(14.3)	2	(4.1)	
10,000-99,999	12	(24.5)	1	(2.0)	
100,000+	7	(14.3)	1	(2.0)	
Missing	1	(2.0)	1	(2.0)	
CD4 count (cell/µl)					ns
< 50	2	(4.1)	2	(4.1)	
50-199	12	(24.5)	12	(24.5)	
200-349	8	(16.3)	8	(16.3)	
350-499	14	(28.6)	14	(28.6)	
≥500	11	(22.4)	11	(22.4)	
Missing	2	(4.1)	2	(4.1)	

Note. Data reflect one year of follow-up (03/01/2014 to 02/01/2015)

Results

- Navigation patients (n = 49) were younger than the general HIV population.
- They were more likely to be disabled or receiving disability, have detectable viral load, and use illicit drugs.
- Following navigation, the number of clinic visits doubled and the mean medication adherence increased from

$$48.6\% (SD = 38.5)$$
to $92.3\% (SD = 17.5).$

 Viral suppression (<200 copies/ml) was achieved in 42.9% of patients prenavigation, compared to 87.8% following navigation.

Conclusions

- Integrating Nurse Navigation has a significant effect on virologic suppression, retention to care, & medication adherence.
- Navigation enrollment reduced barriers to care and improved health outcomes.
- Future studies will investigate the longterm effects and durability of Nurse Navigation.

Acknowledgements

- The authors would like to thank the staff of the DCVAMC ID Clinic for contributing to the development of this project.
- The work of the DC Cohort is supported by National Institute of Allergy and Infectious Diseases at the National Institutes of Health [UO1 Al69503-03S2]. Local DC Cohort activities supported by Mary Jane Nettles, Shirley Cummins, and Doug Thomas.
- The VA had no other role in study design; in the collection analysis and interpretation of data; in the writing of the report; nor does the views expressed in this poster necessarily reflect those of the US government or the VA.