COMMUNITY HEALTH CARE ASSOCIATION of New York State

Reimagining Team-Based Care with CHCANYS and The Fenway Institute:

Beyond the Basics: Team-Based Innovations that Incorporate Health Equity-focused Interventions for HIV Prevention and Management

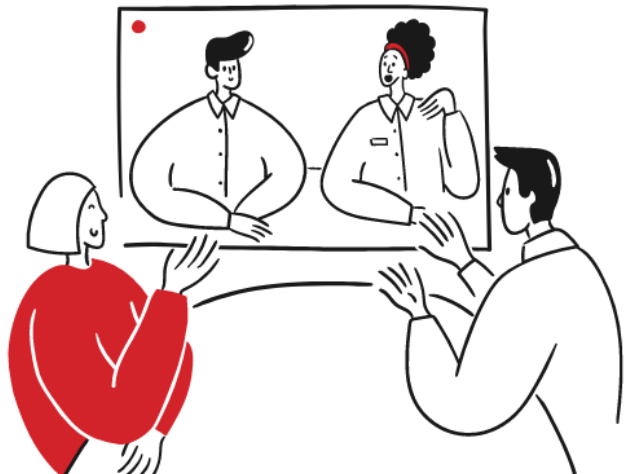
June 16th 2022

NATIONAL LGBTQIA+ HEALTH EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE

Housekeeping

- Phones have been muted to prevent background noise
- Use the chat box to type questions during the webinar
- This webinar is being recorded and will soon be available to all participants
- A webinar evaluation will be shared with participants



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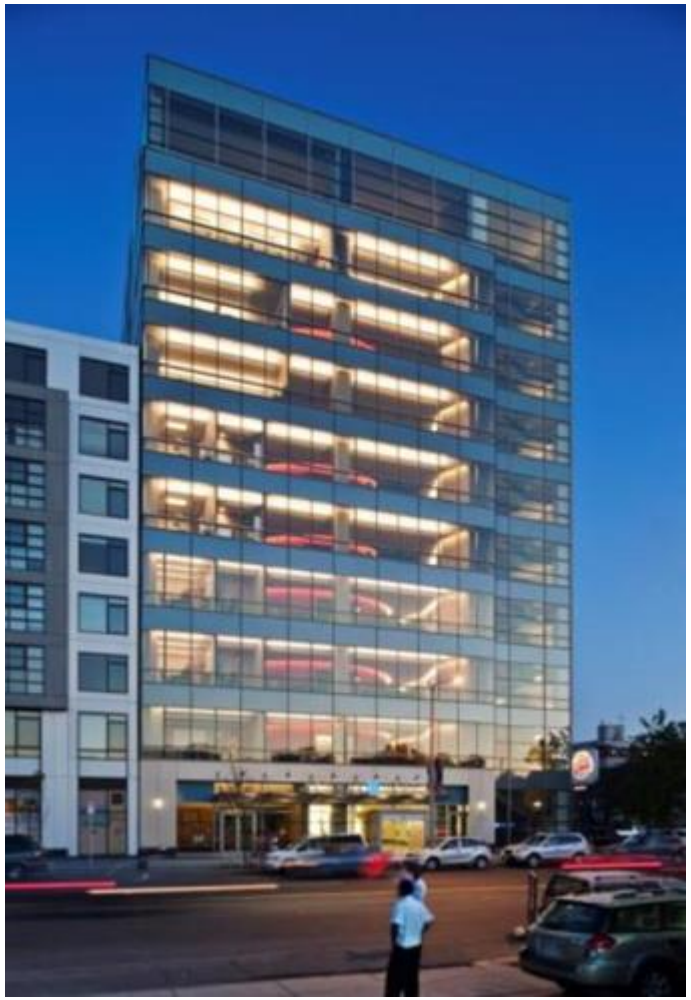
Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org

education@fenwayhealth.org

Objectives

- Describe how health centers can provide patient-centered HIV care and prevention while also addressing other chronic medical conditions, such as diabetes, and social factors such as housing instability, and food insecurity

- Summarize how clinical teams can interweave health equity into their work with HIV care and prevention

- Identify at least one innovation to incorporate into your own work with HIV care and prevention

Case 1

- A 32-year-old cisgender man presents to establish care.
- His goals: Restart antiretrovirals (ART) for HIV, STI testing
- Diagnosed with HIV 5 years ago; CD4 count was 76 and HIV RNA 1.8 million at the time
- Started ABC/3TC/DTG; stopped after ~1 month
- Recently in jail; while there, took TAF/FTC/BIC regularly
- After release 3 months ago, had difficulty finding a primary care clinician and did not continue ART
- Has been staying in a motel but is not able to afford staying there much longer

Case 1, continued

- Uses methamphetamine by injection on most days
- Has sex with cisgender men in exchange for money and drugs; does not use condoms
- Laboratory studies from this visit: CD4 425, HIV RNA 1,900, treponemal antibody positive, RPR 1:64

Questions:

Beyond restarting ART and treating for syphilis, how would your team provide care for this patient?

Case 2

- A 24-year-old transgender man who identifies as bisexual presents for an urgent care visit for STI screening. He has no symptoms.
- He has no chronic medical problems and takes no medications.
- He does not have a primary care clinician.
- In the past 3 months, he has had oral and anal sex with 2 cisgender men, and oral sex with 1 cisgender woman, without use of condoms.
- Testing is positive for rectal gonorrhea and chlamydia, but negative for syphilis and HIV. He receives ceftriaxone and doxycycline.
- He is interested in starting PrEP.
- He is on his parents' health insurance and does not want them to be aware of PrEP use.

Case 2, continued

Questions:

- What would your team do to provide PrEP for this patient while protecting his confidentiality as much as possible?
- What would happen if he does not show up for his first PrEP follow-up visit?
- How would your approach change if he were ambivalent about starting PrEP?

Case 3

- A 54-year-old cisgender woman with AIDS, diabetes mellitus, stroke, chronic kidney disease, and hypertension presents for a follow-up visit.
- Recently missed several scheduled appointments and did not return phone calls
- At the last visit, had been referred to a kidney specialist but did not keep that appointment
- Reports feeling fine with no concerns today
- Speaks Spanish primarily; difficulty communicating through phone interpreters because of slurred speech from a prior stroke
- Blood pressure today is 197/105. Laboratory studies from a prior visit showed creatinine 1.9, hemoglobin A1C 14, CD4 353, HIV RNA undetected

Case 3, continued

Question:

What more would you want to know to best care for this patient?

Additional history:

- Reports taking all medications, but she does not know their names and does not recognize photos of some
- Missed recent visits because of a lack of transportation; often transportation plans fell through at the last minute
- Does not want to see a kidney specialist because she would rather seek care from a traditional healer

Case 3, continued

Questions:

How would your team tailor care for this patient? What innovations are available at your site that might improve this patient’s care?

Questions?

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