THE MAX CLINIC: A WALK-IN, INCENTIVIZED HIV CARE MODEL

Evidence-Based Structural Intervention
Evidence-Based for Viral Suppression

INTERVENTION DESCRIPTION

Goals of Intervention
- Improve viral suppression
- Increase retention in HIV care

Intended Population
- People with HIV (PWH) who are poorly engaged in HIV care and not virally suppressed

Brief Description

The MAX Clinic aims to improve HIV care engagement and viral suppression among PWH who are poorly engaged in standard HIV care and not virally suppressed, despite having access to case management and outreach support services. The clinic is situated within an existing public health STD clinic, and offers walk-in visits for HIV primary care, high-intensity support through case management, and incentives (e.g., food vouchers, snacks, bus passes, cell phones, cash) to address barriers to care. The clinic provides intensified care coordination in which case managers coordinate care between the Max Clinic, service agencies (e.g., housing, mental health, medication adherence support, opioid treatment nurse managers and methadone providers), and jail release planning teams. Transitional care coordination is offered when Max Clinic patients are seen in the emergency room or admitted to the hospital. The clinic also assists patients with hospital discharge to outpatient care.

Theoretical Basis
- Behavioral Model for Vulnerable Populations

Intervention Duration
- Ongoing

Intervention Setting
- Public health STD clinic

Deliverers
- Medical case managers (i.e., master's-level social workers with HIV-specific training)
- Nonmedical case managers (i.e., health department disease intervention specialists, front-line public health staff skilled in counseling and care coordination for persons who may be at high risk for HIV and other sexually transmitted infections)
- Medical providers

Delivery Methods
- Care coordination
- Intensive case management
- Incentives (e.g., food vouchers, snacks, bus passes, cell phones, cash)
- Patient navigation

Structural Components
- Access
  - Increased access to HIV medical care:
    - Provided walk-in access to HIV primary care and to case management five days per week, and
    - Provided text message and direct phone access to case managers
- Physical Structure – New physical structure
  - Developed HIV clinic within a public health STD clinic that included a walk-in, incentivized care model for PWH who are poorly engaged in standard HIV care
- Physical Structure – Integration of services
  - Integrated HIV primary care visits within a public health STD clinic
- Social Determinants of Health – Survival
  - Provided incentives, which included:
    - Cash for visits with blood draws, and for viral suppression
    - Food vouchers worth $10 once a week
    - Snacks
    - No-cost bus passes for unrestricted transportation support
    - Cell phones

INTERVENTION PACKAGE INFORMATION

The intervention package is not available at this time. Please contact **Julia Dombrowski**, 325 Ninth Ave., Box 359777, Seattle, WA 98104.

Email: jdombrow@uw.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information
The original evaluation study was conducted in Seattle, Washington between December 2014 and November 2015.

Key Intervention Effects
- Improved viral suppression

Recruitment Settings
- Public health outreach programs or referrals by case managers, medical providers, jail release planners, or peers

Eligibility Criteria

PWH were eligible to enroll in the Max Clinic if they were not taking antiretroviral therapy or were virally unsuppressed at the time of last viral load measurement (≥200 cells/mL), were poorly engaged in HIV care (i.e., multiple no-shows or no visits in the past year) and failed to re-engage in care after outreach attempts from the clinic and/or the health department.

Study Sample

The baseline study sample of 50 patients enrolled in the MAX Clinic is characterized by the following:

- *54% White, non-Hispanic; 24% Black, non-Hispanic; 12% multiple races/ethnicities; 8% Asian or Pacific Islander; 6% Hispanic; 2% American Indian or Alaska Native, 0% missing**
- *72% male, 22% female, 6% transgender, genderqueer, or nonbinary*
- *HIV risk factor at time of HIV diagnosis: 44% MSM/PWID, 24% PWID (non-MSM), 16% heterosexual/presumed heterosexual, 12% MSM (non-PWID), 4% unknown*
- *Mean age of 41 years*
- *Median baseline viral load: 22,695 copies/mL*
- *Baseline CD4 count: 56% <200 cells/mm, 24% 200-500 cells/mm, 14% >500 cells/mm*
- *46% depression or anxiety disorder; 32% psychotic, bipolar, or personality disorder*
- *68% history of incarceration*
- *38% homeless-sleeping outside, 14% homeless-sleeping in a shelter, 12% transient or unstable housing*
- *58% methamphetamine use, 12% opioid use, 10% cocaine/crack cocaine use, 10% unhealthy alcohol use, 4% marijuana use*

The baseline study sample of 100 patients enrolled in the Madison Clinic Standard of Care (SOC) Control is characterized by the following:

- *44% White, non-Hispanic; 36% Black, non-Hispanic; 17% Hispanic; 8% multiple races/ethnicities; 7% missing race/ethnicity; 4% American Indian or Alaska Native; 1% Asian or Pacific Islander**
- *71% male, 28% female, 1% unknown, 0% transgender, genderqueer, or nonbinary*
- *HIV risk factor at time of HIV diagnosis: 30% MSM (non-PWID), 28% heterosexual/presumed heterosexual, 19% MSM/PWID, 13% PWID (non-MSM), 10% unknown*
- *Mean age of 44 years*
- *Median baseline viral load: 1,649 copies/mL*
- *Baseline CD4 count: 43% 200-500 cells/mm, 40% <200 cells/mm, 17% >500 cells/mm*
- *47% depression or anxiety disorder; 26% psychotic, bipolar, or personality disorder*
- *31% history of incarceration*
- *22% transient or unstable housing, 8% homeless-sleeping in a shelter, 6% homeless-sleeping outside*
- *40% methamphetamine use, 12% unhealthy alcohol use, 10% cocaine/crack cocaine use, 8% opioid use*

* Percentages may not add up to 100% due to rounding and/or race/ethnicity are not mutually exclusive.

Assignment Method

Max Clinic patients (n = 50) were randomly matched to Madison Clinic SOC control patients (n = 100) in a 2:1 ratio, based on the Max Clinic patient enrollment date (also known as the baseline date), defined as the date of the patient's first completed visit with a medical provider. Patients were not matched on additional characteristics such as race and gender due to the limited number of virally unsuppressed patients in the Madison Clinic.

Comparison

The SOC control group consists of patients identified retrospectively from the Madison Clinic, a comprehensive HIV primary care clinic with on-site medical case management and a pharmacy located in a separate building on the same medical center campus as the Max Clinic. Patients from the Madison Clinic met eligibility for Max Clinic enrollment but did not enroll.

Relevant Outcomes Measured

- Viral suppression was defined as having ≥1 viral load result <200 copies/mL within 12 months.
    - Viral suppression was also measured as continuous viral suppression, defined as ≥2 consecutive suppressed viral load results at least 60 days apart.
    - Viral suppression at 12 months post-baseline was compared to 12 months pre-baseline.
- Retention in HIV care was measured as engagement in care and defined as completing ≥2 visits with a medical provider at least 60 days apart.
    - Retention in HIV care at 12 months post-baseline was compared to 12 months pre-baseline.

Participant Retention

Participant retention was not reported. Because participant retention is not a criterion for the Structural Interventions chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- Max Clinic intervention participants had significantly greater improvement in viral suppression than Madison Clinic SOC control participants at 12 months post-baseline compared to 12 months pre-baseline (adjusted relative risk ratio [aRRR] = 3.2; 95% confidence interval [CI]= 1.8, 5.9)[±].

[±]Analyses were adjusted for housing, substance use, and psychotic diagnoses

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- There were no significant intervention effects on retention in HIV care or continuous viral suppression.

Negative findings

- None reported

Other related findings

- This intervention is also determined to be evidence-based for the Linkage to, Retention in, and Re-engagement in HIV Care chapter.

Implementation research-related findings

- None reported

Process/study execution findings

- None reported

Adverse events
- None reported

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REFERENCES AND CONTACT INFORMATION

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