

# Tacoma MAX Clinic: Low Barrier Approach Through Community Partnerships

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# Data Considerations

*Data in this presentation offer a limited perspective of how systemic, social, and economic factors impact health. We recognize that racism, not race, creates and perpetuates health disparities.*



To Learn More:

<https://www.cdc.gov/minorityhealth/racism-disparities>

# Disclosures

Shauna Applin Disclosures:

Gilead:

Speakers bureau

Clinical trial primary investigator (PI)

# Objectives

- **Provide an overview of the Tacoma Max Clinic low barrier structure**
  - Eligibility criteria and referral process
  - Walk-in model
  - Incentivized care
- **Review staffing and roles**
- **Project management tools**
- **Share preliminary data/clinical outcomes**
- **Discuss lessons learned**

# Background

- Multi-agency partnership between Community Health Care (CHC), Pierce County AIDS Foundation (PCAF), Tacoma Pierce County Health Department (TPCHD)
- Each agency is funded separately and provides unique services to MAX Clinic patients
  - CHC is a FQHC and provides primary medical and HIV specialty care services
  - PCAF is an AIDS service organization and provides medical case management and support services
  - TPCHD is a local public health agency and provides disease investigation services
- Exists to address the complex medical and social needs of people with HIV who are not currently engaged in HIV care in a traditional clinic setting

# Eligibility Criteria and Referral Process

- General eligibility criteria used for entry into the MAX Clinic includes:
  - No medical care in the last 12 months
  - No viral load (or unsuppressed VL) in the last 12 months
  - Other barriers to care such as: mental health, substance use, homelessness, lacking transportation
- Utilize a standardized referral form that is approved by a clinician and reviewed by the team
- If the patient is out of care:
  - TPCHD conducts an initial investigation
  - PCAF re-engages them into services and provides support
  - CHC assesses clinical needs and provides comprehensive clinical care
- If the patient is in care yet experiencing barriers, clinical and case management teams work in tandem to keep them engaged in care

# Structure: Walk-In Services

- Patients can walk in Monday through Friday, 8am-5pm
- Services are offered at one location and patient needs are assessed in two ways:
  - **Clinical**
    - Consistent with HIV clinical practice standards and U.S. Department of Health and Human Services' clinical guidelines
    - Administered by licensed providers, nurse, or other clinical staff
  - **Support Services**
    - Client-centered activities focused on improving health outcomes and retention in care
    - Administered by case manager or peer navigator

# Structure: Clinical

## **Comprehensive clinical care is provided by CHC**

- Clinical services include:
  - Primary care
  - HIV specialty care
  - Gender-affirming care
  - Medications for opioid use disorder (MOUD)
  - Behavioral Health (counseling and prescribing)



# Structure: Support Services

## Case Management and Peer Navigation is provided by PCAF

- Case management services include:
  - Eligibility assessments
  - Individualized Service Plans (ISP)
  - Transportation, housing, food insecurity assessments
- Peer navigation services include:
  - Relationship building
  - Barrier reduction methods collaborating with the client on joint decision making
  - Transportation of the client to needed appointments such as Medicaid/disability locations, department of licensing, court appointments, medical appointments

# Structure: Incentives

- Incentives include:
  - Incentive voucher for lab draws
  - Incentive voucher for reaching undetectable viral load (<200)
  - Incentive voucher for maintaining a suppressed viral load x3 (per calendar year)
- Non-incentives include:
  - Food vouchers when food insecurity is assessed
  - Gas vouchers or bus passes when transportation need is assessed
- Other
  - Medical transportation services via Uber Health
  - Emergency financial assistance: phones and hotel vouchers
  - Essential needs items
  - In-clinic snacks

# Staffing and Roles

## CHC Clinical

- HIV Provider (1.0 FTE)
  - Detailed clinical assessment, prescribes medication, patient oversight
- RN/RN CM (2.0 FTE)
  - Triage, nurse-based assessments, rooming, labs
- Psych NP (0.2 FTE)
  - Psychiatric assessment, prescribes medication
- Behavioral Health Counselor (0.4 FTE)
  - Counseling, coping skills, safety planning

## CHC Programmatic

- Program Manager (0.2 FTE)
  - Oversight and management of programmatic/ admin activities
- Program Coordinator (0.8 FTE)
  - Facilitation of partnership, coordination of daily tasks, distribution of incentives
- QI Specialist (0.2 FTE)
  - Data entry and analysis, report generation

# Staffing and Roles

## PCAF

- Max Clinic Supervisor (1.0 FTE)
  - Supervises PCAF staff, case management support
- Medical Case Manager (1.0 FTE)
  - Conducts assessments, facilitates and coordinates support services
- Peer Navigator (1.0 FTE)
  - Relationship building, client support

## TPCHD

- Disease Investigator Supervisor (0.2 FTE)
  - Supervises TPCHD staff
- Disease Investigator (1.0 FTE)
  - Investigates patients out of care, coordinates testing and/or treatment of patients and partners

\*FTEs for partner  
Agencies estimated

# CHC Staffing Model Comparison

Ryan White Staffing (700 patients)	MAX Staffing (50 patients)
3 HIV Specialists (2 FTE)	3 HIV Specialists (1 FTE)
2 HIV RN (2 FTE)	1 HIV RN (1 FTE), 1 RN Case Manager (1 FTE)
1 Medical Case Manager (MCM) (1 FTE)	1 Medical Case Manager (1 FTE) *
1 Mental Health Counselor (1 FTE)	1 Mental Health Counselor (0.4 FTE)
1 Psych Nurse Practitioner (0.4 FTE)	1 Psych Nurse Practitioner (0.2 FTE)
1 Program Manager (0.8 FTE)	1 Program Manager (0.2 FTE)
1 Eligibility Specialist (1 FTE)	1 Program Coordinator (0.8 FTE)
1 Quality Improvement Specialist (0.8 FTE)	1 Quality Improvement Specialist (0.2 FTE)
3 Medical Assistants (MA) (3 FTE)	1 Peer Navigator (1 FTE) *
1 Fiscal Specialist (1 FTE)	1 CM supervisor/back up CM (1 FTE) *
1 Program Coordinator (0.2 FTE)	**Overhead accounted for in MAX grant budget (space, technology, supplies)
*Other clinical staff absorbed into FQHC budget: clinic manager, med records, front desk, interpretation services	

\*FTEs for partner Agencies estimated

# Project Management Tools

- Shared organizational chart
- Roles and responsibilities document
- Policies and procedures
- Meeting structure and meeting templates
- Forms

# Project Management Tools

## • Roles and Responsibilities Document

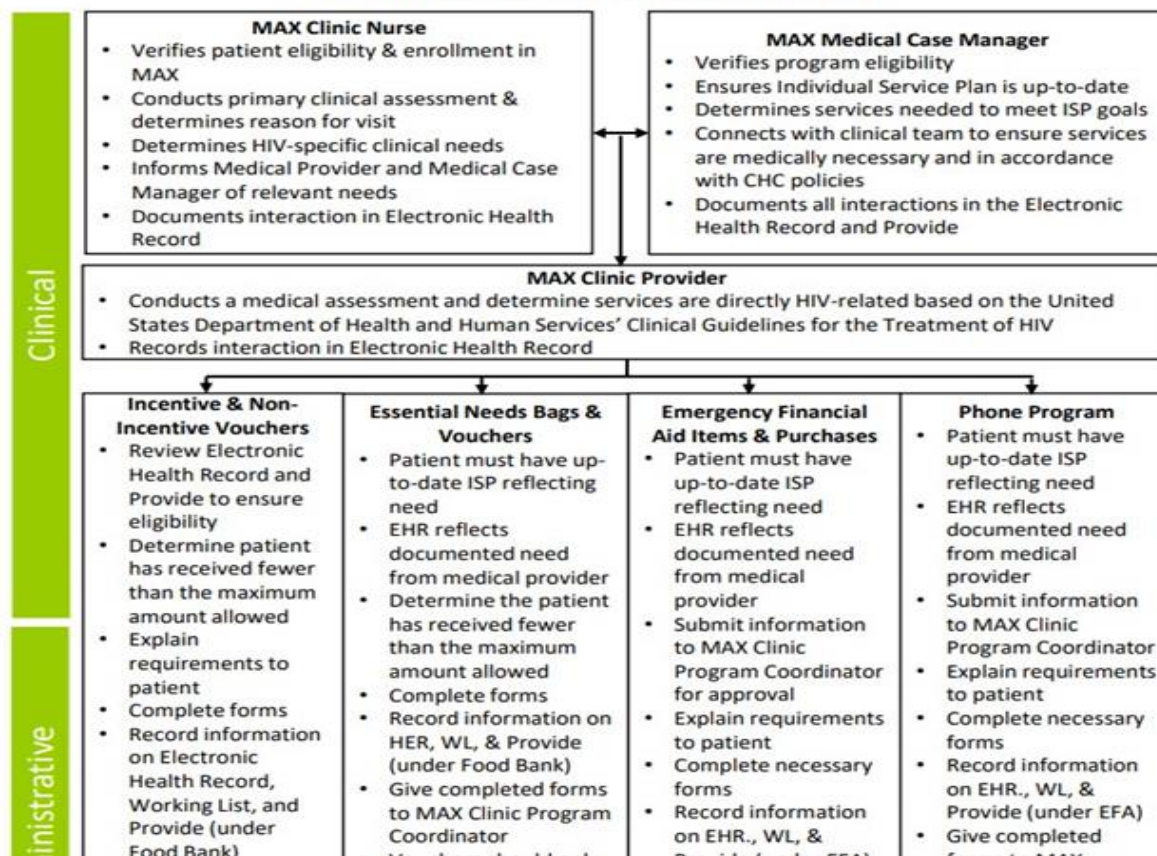
Tacoma – Pierce County Health Department (TPCHD) Roles and Responsibilities

TPCHD MAX Leadership	
STD/HIV Program Manager	STD/HIV Team Supervisor
<ul style="list-style-type: none"> <li>Strategic planning, development, and direction for the program.</li> <li>Budget, funding, and contracts.</li> <li>Manage data and develop metrics.</li> <li>Ensure DIS adherence to federal guidelines and Washington State laws (RCWs), administrative codes (WACs), and guidelines.</li> <li>Educate providers on federal guidelines and Washington State laws (RCWs), administrative codes (WACs), and guidelines.</li> <li>Address personnel concerns.</li> <li>Liaison between CHC, PCAF, and TPCHD</li> <li>Contract deliverables.</li> <li>Develop, review, and update STI/HIV policies/practices</li> <li>Responsible for state/local audits</li> <li>Coordinate and collaborate with DOH, other Local Health Jurisdictions, and community partners.</li> </ul>	<ul style="list-style-type: none"> <li>Supervises, trains, coaches, and mentors STD/HIV staff, which includes MAX DIS:</li> <li>Schedule changes for DIS staff</li> <li>Conduct case review for each MAX case completed</li> <li>Assist with MAX program planning and development</li> <li>Ensure DIS adherence to federal guidelines and Washington state laws (RCWs), administrative codes (WACs), and guidelines</li> <li>Educate providers on federal guidelines and Washington State Laws (RCWs), administrative codes (WACs), and guidelines</li> <li>Address personnel concerns</li> <li>Liaison between CHC, PCAF, and TPCHD</li> <li>Address personnel concerns</li> <li>Assist with program planning and development</li> </ul>

MAX Clinic Staff
MAX Clinic DIS
<ul style="list-style-type: none"> <li>Communicable disease investigator responsible for reaching out to people with laboratory-confirmed, probable, and suspected diagnoses of chlamydia, gonorrhea, syphilis, and HIV/AIDS in order to interrupt ongoing disease transmission</li> <li>Coordinate testing and/or treatment of sexual partners of MAX patients with gonorrhea, chlamydia, syphilis, or HIV</li> <li>Attempt to locate MAX clients who have been out-of-care for over 30 days through field visits or access to informational resources</li> </ul>

## • Policies and Procedures

Use of MAX Clinic Funds Flow Chart





# Project Management Tools

## • Meeting Template

## • Forms

Weekly Assignments Tracking Tool

Date:  
Organization:  
Role:

Priority		
Patient (MRN/PCAF I.D.)	Assignment Resources and interventions needed	Progress Resources and interventions delivered

General		
Patient (MRN/PCAF I.D.)	Assignment Resources and interventions needed	Progress Resources and interventions delivered



### Acknowledgement of Voucher Receipt

By signing below, I acknowledge that I have received a transportation voucher. Transportation vouchers may be used for the purchase of essential items associated with transportation needs. This card may not be used for the purchase of the following:

- Alcohol
- Tobacco
- Illegal Drugs
- Firearms/Weapons
- Clothing
- Pet food or products
- Vehicle Maintenance: Direct maintenance expense (tires, repairs, etc.) of a privately-owned vehicle or any additional costs associated with a privately-owned vehicle

### Voucher Type

Restaurant: Pre-loaded   ☐ \$10 or ☐ \$15   ☐ Taco Bell   ☐ Subway   ☐ Memos   ☐ Wendy's

Store: Pre-loaded   ☐ \$25 or ☐ \$50   ☐ Incentive or ☐ Non-Incentive   ☐ Fred Meyer   ☐ Safeway

All Day Bus Passes Adult all day passes   # of tickets provided \_\_\_\_\_ (limit 7 per week)

Gas Card: Preloaded   ☐ Fred Meyer \$20   ☐ Safeway \$20

ENB cards: \$20   ☐ Jan   ☐ Feb   ☐ Mar   ☐ Apr   ☐ May   ☐ June   ☐ July   ☐ Aug   ☐ Sep   ☐ Oct   ☐ Nov   ☐ Dec

EFA items:   ☐ Tent   ☐ Sleeping Bag   ☐ Rain Ponchos

ENB Bags:   ☐ Stable   ☐ Houseless

I certify that I've received the food voucher and that I will not use this food voucher on the excluded items listed above.

Client Name (Printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reason: \_\_\_\_\_

Voucher # \_\_\_\_\_



# Data

Patients Enrolled in Tacoma MAX Clinic 2023 (N: 44)	# (%)
<b>GENDER</b>	
Male	26 (59)
Female	15 (34)
Transgender	3 (0.7)
<b>RACE/ETHNICITY</b>	
Non-Hispanic White	26 (59)
Non-Hispanic Black	15 (34)
Hispanic	1 (.02)
Other	2 (.05)
<b>AGE, YEARS</b>	
<30	5 (11)
30-49	22 (5)
>49	17 (38)

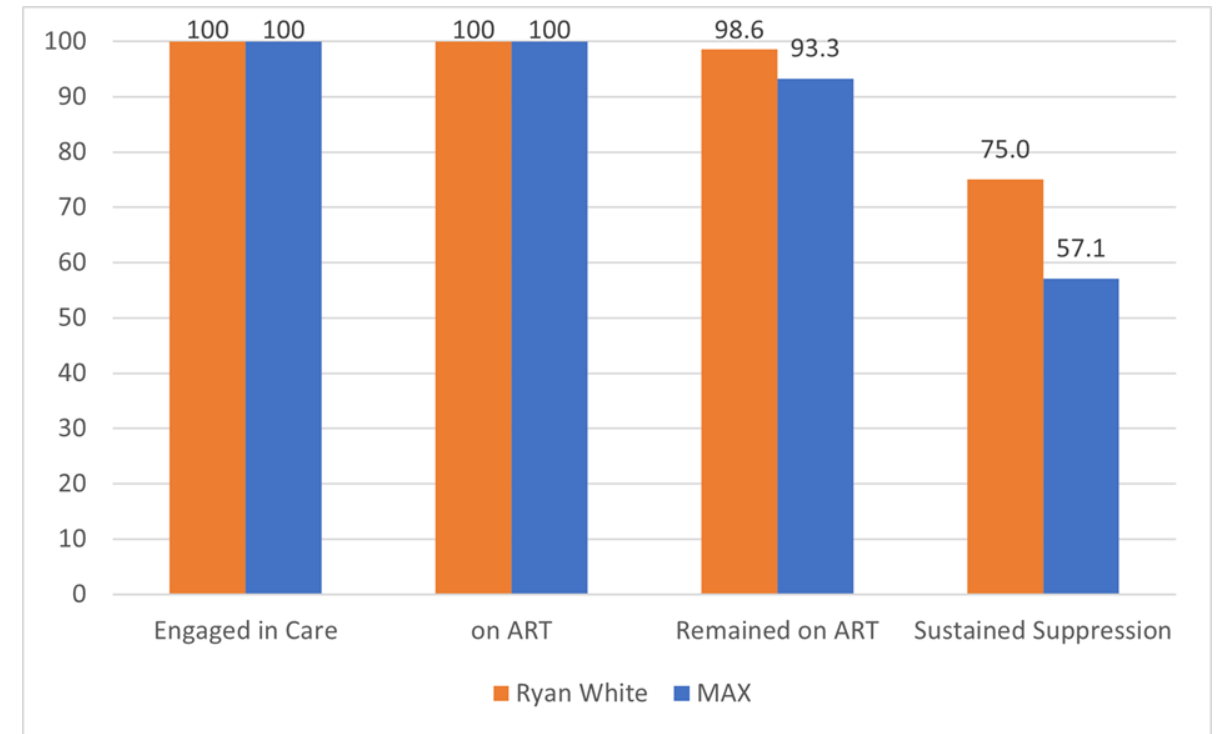
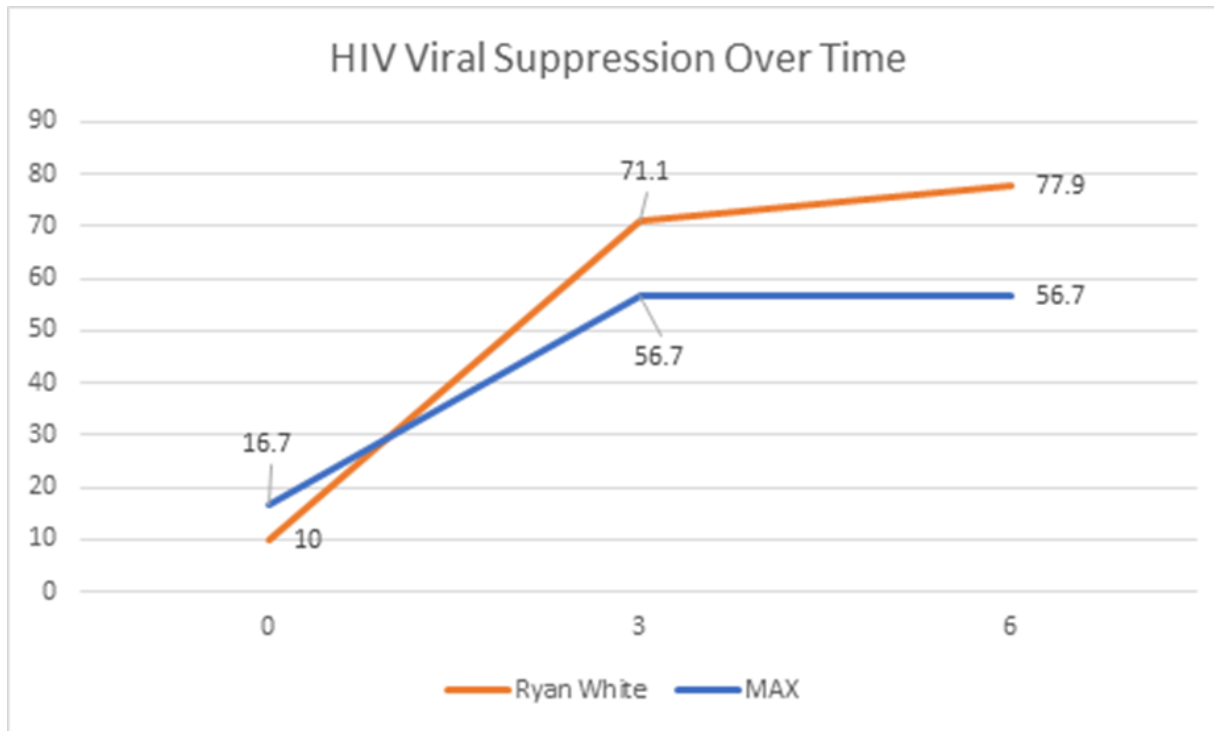
# Data

Initial Lab Values (N: 44)	Most Recent Lab Values (N: 44)
<b>HIV RNA PCR</b>	<b>HIV RNA PCR</b>
>200: 35	>200: 20
<200: 9	<200: 24
% Undetectable: <b>20%</b>	% Undetectable: <b>54%</b>
<b>CD4 count (cells/mm3) #, (%)</b>	<b>CD4 count (cells/mm3) #, (%)</b>
<200: 14 (32)	<200: 12 (27)
200-500: 17 (38)	200-500: 13 (30)
>500: 13 (30)	>500: 19 (43)

# Data

Other Characteristics (N:44)	Value
Substance Use: <ul style="list-style-type: none"><li>• Opiate using receiving MOD</li><li>• Opiate using not receiving MOD</li><li>• Other substance using (meth, alcohol)</li></ul>	27/44 (61%) <ul style="list-style-type: none"><li>• 7/27 (26%)</li><li>• 4/27 (15%)</li><li>• 16/27 (59%)</li></ul>
Mental Health Diagnosis <ul style="list-style-type: none"><li>• Prescribed MH medications</li></ul>	34/44 (77%) <ul style="list-style-type: none"><li>• 23/34 (68%)</li></ul>
Unstable Housing	14/44 (32%)

# Clinical outcomes: Baseline, 3 mos, 6 mos



Remained on ART: at 6-month timepoint

Sustained suppression: at least 2 values <200 copies/ml within the study time period

# Consumer Engagement

- We have an ongoing qualitative study looking at Patient Reported Outcomes (PRO) comparing RW and MAX patients.
- The aim is to see what barriers they've faced, how those are addressed within the healthcare system and the patient experience in both programs.
- Final data available in Sept of 2023 but this is a brief overview.

Table 4: Qualitative Sample Questions and Answers

Sample Interview/Survey Questions	RW Patient Survey/Interview Themes	MAX Patient Survey/Interview Themes
1. What prevented you from getting into medical care?	1. Positive experience with receiving health care	1. Positive experience with receiving health care
2. What things about the medical system make it difficult for you to come in?	2. Logistics could improve like customer service at front desk and wait times	2. Better access to mental health care
3. Can you think of a time you experienced discrimination/difficulty in the medical system?	3. No major theme impeding access to medical care	3. Transportation and "myself" as the biggest barrier to accessing care
4. How does the medical care you receive affect your health?	4. Improved wellbeing and able to meet health goals in care	4. Helped me stay sober and has kept me alive
5. What does being health look like to you?	5. Able to name three services available to them	5. Feel cared about
		6. Able to name three services available to them

# Lessons Learned

- Ensure mission and vision is co-created and established at project initiation
  - Set well-defined expectations for each partner agency
- Understand the funding priorities of each agency in the partnership
  - Consider one main contract with sub-contractors rather than each agency funded separately
- Create space for multidisciplinary approaches and innovative collaboration
  - Highly specialized services maximize efforts and access
- Partnership management and a coordinated network of support is key
  - Offer trainings such as diversity/equity, professional boundaries, trauma informed care, secondary trauma and self-care

# Questions?

## Contact Information

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