UNMC HIV ECHO Session 8

Welcome!

The University of Nebraska Medical Center's Specialty Care Center welcomes you to our 8th HIV ECHO session – **HIV in Rural Populations**

Today's didactic presenter is Dr. Afua Ntem-Mensah, MD from Faith Regional Health Services

Today's case review will be presented by Christin Woockman - Nebraska AIDS Project's Support Services Lead in Norfolk

HIV ECHO Facilitator: Heather Saarela, BSPH

Sessions are held the first Thursday of every month

Disclosures

- Our HIV ECHO Project is made possible through our grant funding from ViiV Healthcare and is a sub-project of our IM-CAPABLE project.

UNMC HIV ECHO Session 8 Agenda

- Dr. Afua Ntem-Mensah will be kicking us off with a didactic presentation over HIV in rural populations.
  - Highlighting social determinants of health, clinic challenges, unique presentations, etc!
- Christin Woockman from the Nebraska AIDS Project will be presenting after Afua to speak on the work she has done in Norfolk with patients, and in collaboration with Dr. Mensah.
- Announcements to be shared at the end.

ECHO After Hours!

As scheduling and time allows for our experts, we will offer ECHO After Hours after our sessions for any extra questions!

Dr. Mensah and Christin

Housekeeping Reminders:

We love discussion!

Please stay muted unless you are speaking.

We love to see your face!

Sessions will be recorded with links available later.

End of session surveys will be available.

HIV in Rural Populations

By

Afua Ntem-Mensah, MBChB, MSc, FACP and Christin Woockman, Case Manager , Nebraska AIDS Project

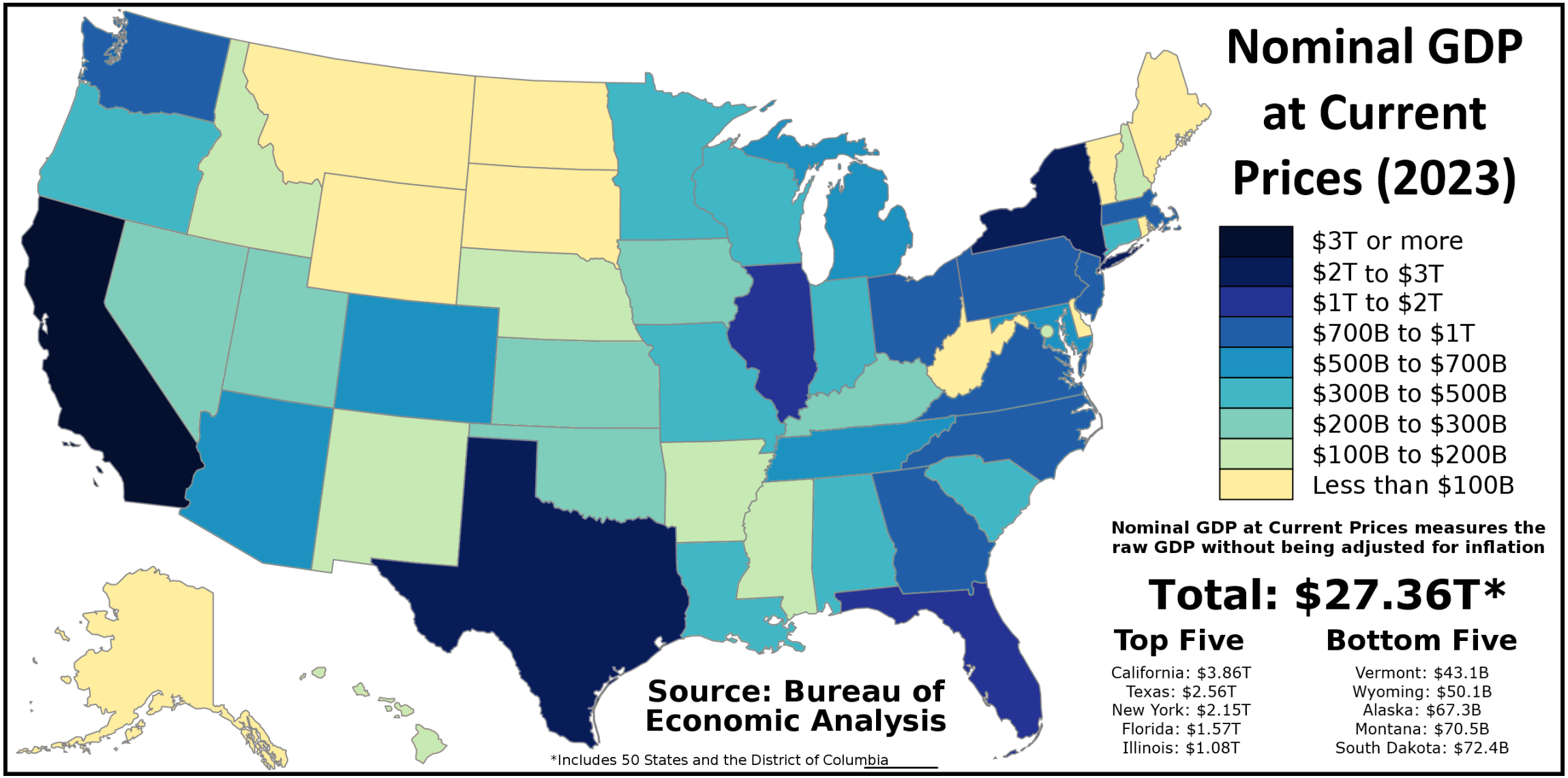
Outline

- Introduction to Rural Health
- History of our HIV Clinic
- Unique presentations
- Problems encountered in rural health
- Case studies
- Questions

Background

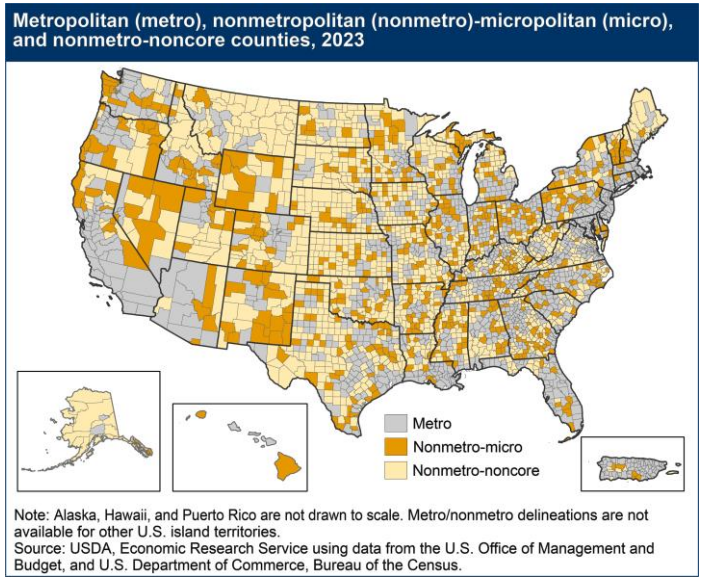
- In 2024, the total US population – 340.1 million people
- Nebraska currently has a population of 2.005 million .
- Largest City, Omaha, 483,335 (2023)
- Norfolk -26,147 (2023)

Source: Wikipedia



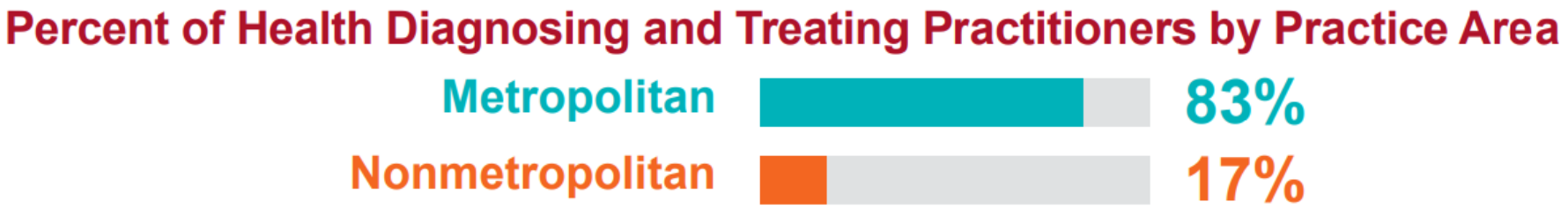
Source: Wikipedia

Rural America



- Approximately 20% of the US population lives in rural areas.
- Classification by the US Department of Agriculture estimates that urban counties(classified as metro) have 50,000 or more people.
- Nonmetro-micro counties are outlying counties where at least 25% travel to the metropolitan areas for work

SOUTH DAKOTA
IOWA
COLORADO
KANSAS
MO
NEBRASKA
Lewis and Clark Lake
Missouri R.
Missouri R.
Harrison
SIOUX
Chadron
DAWES
Rushville
SHERIDAN
BOX BUTTE
Alliance
Valentine
CHERRY
KEYA PAHA
Springview
Butte
BOYD
Ainsworth
BROWN
Bassett
ROCK
HOLT
O'Neill
KNOX
Center
Hartington
CEDAR
Ponca
DIXON
Sioux City
DAKOTA
SCOTTS BLUFF
Gering
MORRILL
Bridgeport
Harrisburg
BANNER
Kimball
KIMBALL
CHEYENNE
Sidney
GARDEN
Oshkosh
DEUEL
Chappell
Hyannis
GRANT
Mullen
HOOKER
Thedford
THOMAS
BLAINE
Brewster
LOUP
Taylor
GARFIELD
Burwell
WHEELER
Bartlett
ANTELOPE
Neligh
PIERCE
Pierce
WAYNE
Wayne
THURSTON
Pender
MADISON
Madison
Stanton
STANTON
CUMING
West Point
BURT
Tekamah
BOONE
Albion
ARTHUR
Arthur
Tryon
MCPHERSON
LOGAN
Stapleton
CUSTER
Broken Bow
Ord
VALLEY
GREELEY
Greeley
PLATTE
Columbus
COLFAX
Schuyler
DODGE
Fremont
Blair
WASHING-TON
NANCE
Fullerton
KEITH
Ogallala
North Platte
LINCOLN
Loup City
SHERMAN
HOWARD
St Paul
MERRICK
Central City
Osceola
POLK
David City
BUTLER
SAUNDERS
Wahoo
DOUGLAS
Omaha
SARPY
Papillion
PERKINS
Grant
DAWSON
Lexington
BUFFALO
Kearney
Grand Island
HALL
Aurora
HAMILTON
YORK
York
Seward
SEWARD
LINCOLN
LAN-CASTER
Plattsmouth
CASS
Nebraska City
OTOE
CHASE
Imperial
HAYES
Hayes Center
FRONTIER
Stockville
Elwood
GOSPER
PHELPS
Holdrege
KEARNEY
Minden
Hastings
ADAMS
CLAY
Clay Center
Geneva
FILLMORE
SALINE
Wilber
GAGE
Beatrice
JOHNSON
Tecumseh
Auburn
NEMAHA
DUNDY
Benkelman
HITCHCOCK
Trenton
McCook
RED WILLOW
FURNAS
Beaver City
HARLAN
Alma
FRANKLIN
Franklin
WEBSTER
Red Cloud
Nelson
NUCKOLLS
THAYER
Hebron
JEFFER-SON
Fairbury
PAWNEE
Pawnee City
RICHARDSON
Falls City

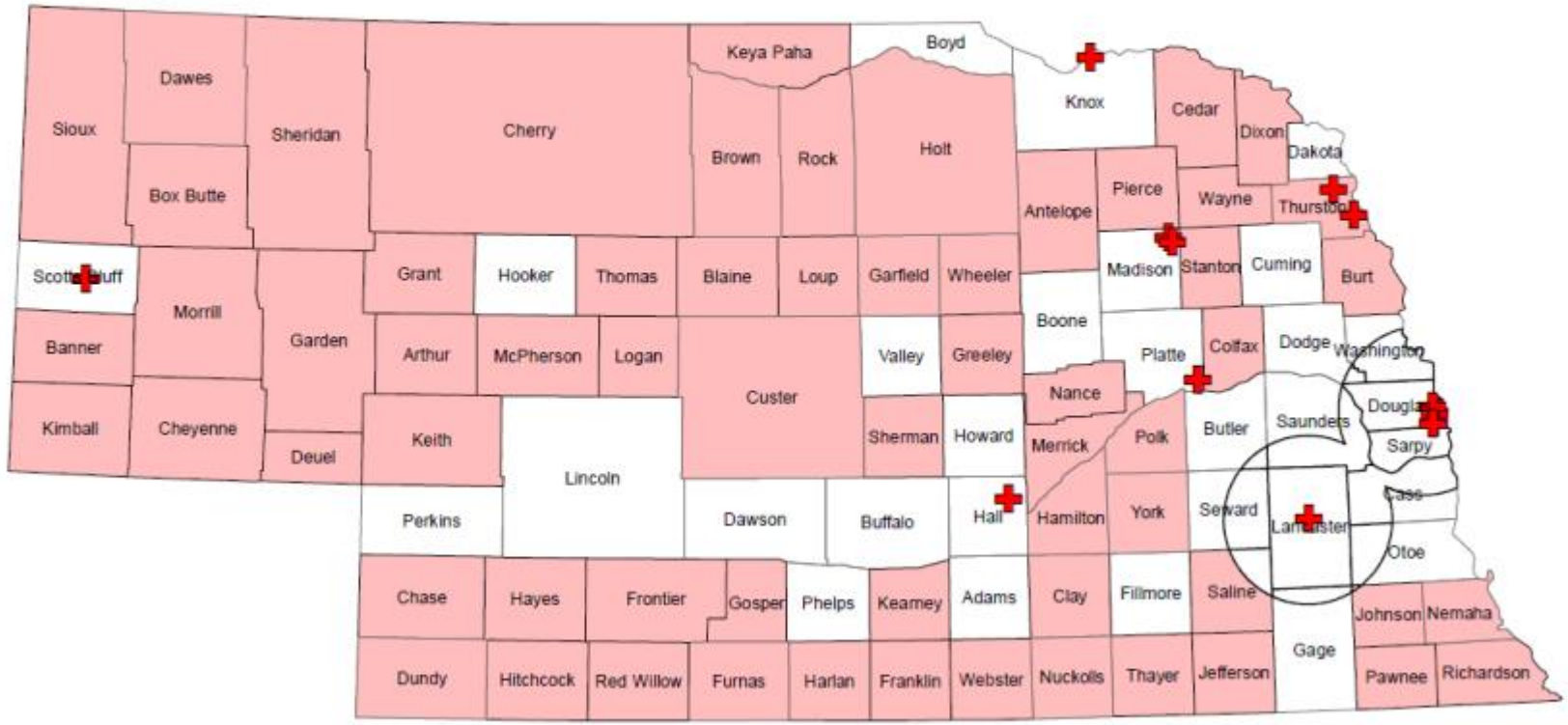


Total healthcare workforce in Nebraska

Source: *2023 Status of the Nebraska Healthcare Workforce by University of Nebraska Medical Center*

State-Designated Shortage Areas Family Practice[6]

State Shortage Area Not State Shortage Area Community Health Center and Indian Health Services Sites



Source: Rural Health Advisory Commission, DHHS - Nebraska Office of Rural Health

Source: *2023 Status of the Nebraska Healthcare Workforce by University of Nebraska Medical Center*

Hospital Setting

- 126-bed hospital
- Regional hospital serving North-East Nebraska
- Radius of care is over 200 miles

Clinic Setting

- Our clinic is housed in the North Building on the Faith Regional Hospital Campus
- We have a clinic director, a fulltime nurse, a part time nurse and a clinic receptionist, and a clinic pharmacist, 1-2 days a week mainly for OPAT and LA ART.
- We run a clinic once a week out of visiting Physicians clinic in Columbus, Ne

My HIV background

- Trained in Baltimore, Maryland at the University of Maryland which housed the Institute of Human Virology
- At one time , our infectious disease fellowship had 3 Ryan White clinics in Baltimore City which later consolidated to one.
- We had a VA HIV clinic where I had my own clinic set of people whom I took care of for 2 years during my fellowship.
- Completed a one-year leadership course through UIC/MATEC with my thesis on HIV and Mental Health.
- Completed a thesis in December of 2024 as part of my Masters in Global Health Policy through London School of Hygiene and Tropical Medicine (UofL) with my focus on PMTC of HIV in Western Africa with Ghana as my case study.
- Also wrote a paper on Thailand on at -risk populations during my HIV course module.

History of our HIV Clinic

- In October of 2019 , during the IDSA conference in DC, I got the opportunity to meet Josh Havens , RPH and Dr. Fadul.
- Josh gave me the contact information for Christin Woockman , with NAP in Norfolk
- After I got back from the conference , I met with Christin in her office, and I expressed the desire for my clinic to provide care for people living with HIV through the Ryan White Program
- Christin followed up and got all the necessary documents required which were processed by my clinic manager at that time, Laurie Jackson and COO, Brian Blecher and within 6 weeks, my clinic was affiliated with the Ryan White Program

Unique Presentations

- Kaposi Sarcoma in people with HIV
- CMV Retinitis
- Disseminated MAC infection
- Metabolic complications of HIV
- HIV in Pregnancy
- HIV and liver disease
- HIV and Mental Health disorders
- HIV and Anal Warts
- New Diagnosis
- Acute Diagnosis of HIV
- PJP in people living with HIV
- Disseminated Histoplasmosis
- Congenital HIV infection in an adult
- HIV and Substance Abuse
- HIV infection in non-progressors
- HIV and Transgender Care
- HIV and eczema
- Clients on long-acting CAB/LA through partnership with Option Care
- HIV/HBV co-infection
- HIV/HCV co-infection

Problems faced in Rural Practice

- Some of our clients require more explanations of their illness in basic language and also reassurance that HIV is no longer a death sentence
- Language barrier

- Some of our clients do not have stable jobs
- Due to current immigration crack down some have been let go while their legal status is in process

- Stigma affects their access to care closer to home
- Stigma affects accessing care for certain conditions including Mental health

- Our clients have to travel long distances to seek specialist care
- Sometimes services such as dental care are not accepted widely under Medicaid and government insurance

- **Housing** is usually a big challenge , however NAP provides support
- **Transportation** is a big problem- some **use** Medicaid transport, NAP provides transport cards, Norfolk has public transport , sometimes missed appts due to lack of transportation

Incorporation of Routine Mental Healthcare into an HIV Clinic

Afua Ntem-Mensah, MbChB

Faith Regional Physician Services, Norfolk, Ne

Email: anmensah@frhs.org

Project Background and/or Context

- About 43-50% of people with HIV (PWH) have high rates of mental health disorders which may affect their quality of life and adherence to medication(Kagee, et al., 2017).
- The 2022-2025 National HIV/AIDS Strategy seeks to strengthen the emphasis on the intersectionality of HIV, viral hepatitis, sexually transmitted infections, substance abuse, and mental health disorders(Jensen, 2011).
- Mental health care is offered at Faith Regional Physician Services; however, this is not incorporated into our HIV clinic.

Project Objectives

1) Screen all persons with HIV for mental health problems at Faith Regional Physician Services Infectious Disease Clinic from January 17th, 2023- through May 31st, 2023.
2) Link all people with HIV who screen positive for mental health disorders to mental health providers.

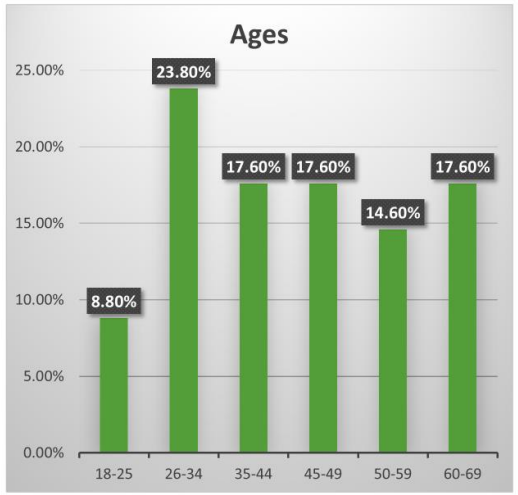
Design/Methods

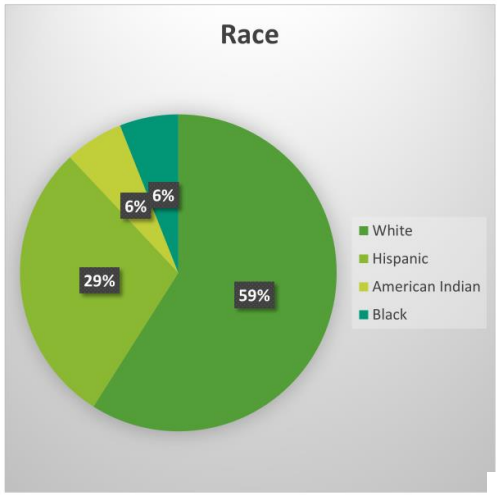
The study design was undertaken in two phases:

- Phase 1: Baseline Data Collection of the following measures of PWH
  1. Demographic data (eg, age, gender identification, and sexual orientation)
  2. HIV treatment and viral load suppression
  3. Prevalence of mental health disorders using Patient Health Questionnaire (PHQ9)

- Phase 2: Linkage to mental health care professionals within one month of PWH screening positive for mental health disorders

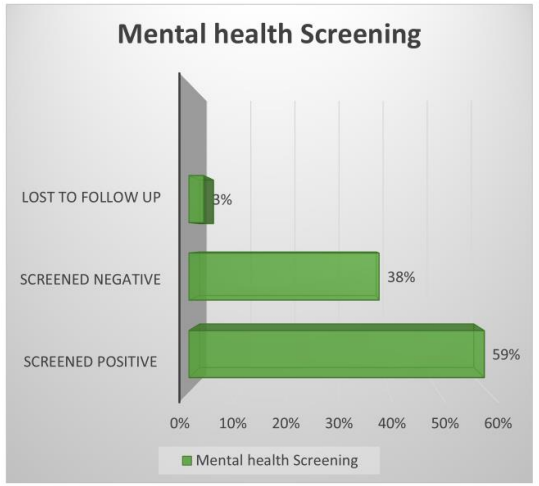
Results

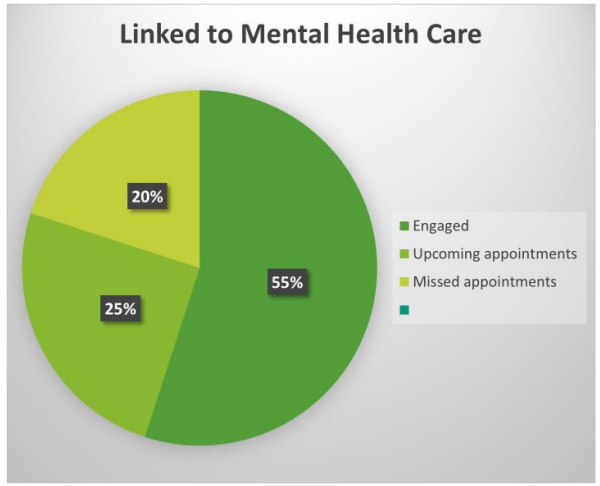




Results

- Out of this project , we have two mental health providers who work closely with our clients
- Some of our clients also refuse to take the mental health medication





Cases

Case Study 1

Our clinic receptionist receives a phone call from Good Neighbors Health Clinic about a client who presented for prenatal initial visit and was found to have tested positive for HIV.

GN arranges a meeting with the client to share diagnosis and the need for referral.

Good Neighbors, a FQHC also proceeds to alert Christin our NAP representative about the client.

They also mention that the client is Hispanic to our front desk person.

Our front desk person , reaches out to the patient advocate team, who are interpreters to arrange a phone call with the client and schedule the person to be seen as soon as possible.

She also ensures that the client has mode of transportation (traveling from Columbus to Norfolk)

Case 1 continued

- Our front desk person also communicates with Christin and ensures that she is aware of the clinic visit , date and time so that she will be present for the initial visit.
- Our front desk person, then also reaches out to Good neighbors for records and initial test result.

Case 1 - visit in clinic

- Client presents with her dad who is her support person and Christin is present to welcome them.
- They are seated in a large, sunny room in the clinic for good ambience.
- Patient advocate present prior to client arrival and introduces herself to the client and her dad in the room.
- Nurse enters for initial intake and rooming with patient advocate providing interpretation.
- Provider enters the room after nursing initial intake is performed for history and physical.

Case 1 ctd

Provider discusses with client about confirming positive Ag/Ab test at outside clinic in our facility and encourages client to present in the afternoon for discussion of the test result and plan forward (confirmation due to risk of false positives)

Client presents with dad in the afternoon and positive confirmatory diagnosis is shared with her.

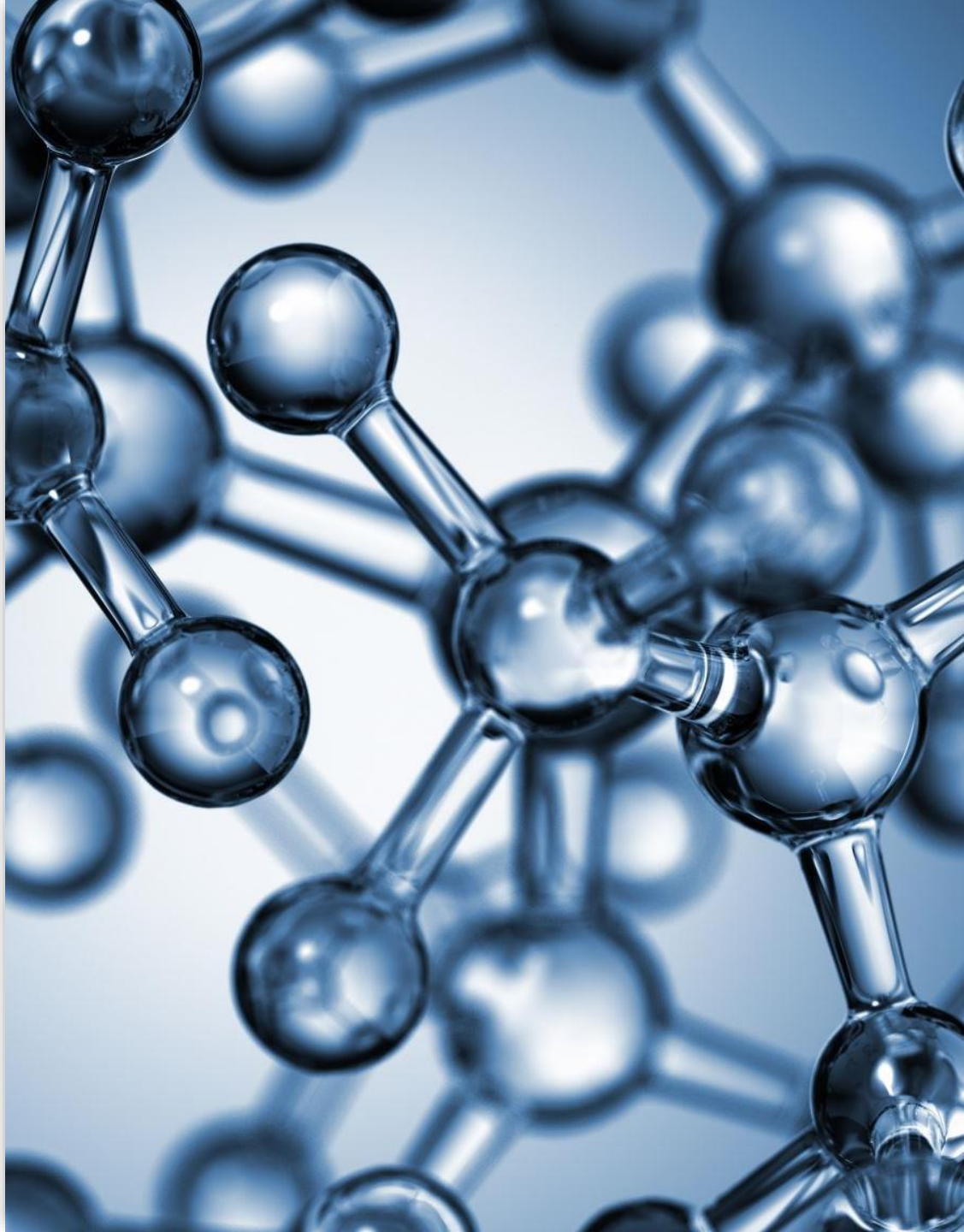
Christin, NAP is ready with paperwork to sign to engage with Ryan White as she currently does not have a job but is on Medicaid.

Appt made with OB whom we had previously worked with for HIV in pregnancy within 2 days during this visit with patient advocate electing to be present for the client during her visit with OB.

Other HIV labs ordered in the afternoon of the same day.

ART medication prescribed and sent to pharmacy that works with other clients in Columbus.

Client started on ART within 2 days of being seen.



Case 1 ctd

- Initial HIV viral load – 45,700
- Viral load a month of being on treatment 29
- Viral load 2 months of being on treatment –

- CD4 count nadir 112
- Current--

Case 2

- Client who reaches out to Christin , NAP about concern of having HIV
- He had traveled to the Philippines two weeks prior and had anal sex without protection and reported having fever, chills and malaise.
- Seen at Midtown clinic in a week before and HIV Ag/Ab was negative.

Case 2 ctd

- Christin reached out to my front desk person who made an appt for our client to be seen immediately.
- He was ushered into the big beautiful room with windows.
- He was roomed by clinic nurse and then provider went in to see him.
- Our client was visibly shaken and anxious about the possibility of a positive diagnosis.
- He was counseled that he could have a positive or negative response.
- A positive result was not a death sentence, and a medication chart was reviewed with him. A negative response meant he could be started on Pre-exposure prophylaxis immediately.

Case 2 ctd

- Testing this time was HIV RNA which resulted at >10,000,000
- The same day the test resulted, he saw it and called the clinic crying prior to provider reviewing the results.
- We told him to come to the clinic and also called Christin, NAP for added support.
- Our client elected for Christin to be present during the visit and he was started on ART the same day. He also was signed up to NAP.
- A need to connect with a mental health provider was recognized and an appt was made for him as soon as possible.

Case 2 ctd

- He was followed closely at 2 weeks , then 1 month, then currently at 3 months.
- Seen recently, he was lost to follow up with mental health and still struggling with diagnosis of HIV .
- Offered to switch to injectable to relieve the stress of being reminded about HIV daily with oral meds, risk of stigma at work (health care worker) and visitors to his home finding out about HIV .
- Encouraged to reconnect with mental health provider.
- Viral load is undetectable.

Any questions?

Thank you

Nebraska AIDS Project

Christin Woockman

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Norfolk, NE 68701

(Located within Midtown Health Center)

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christinw@nap.org

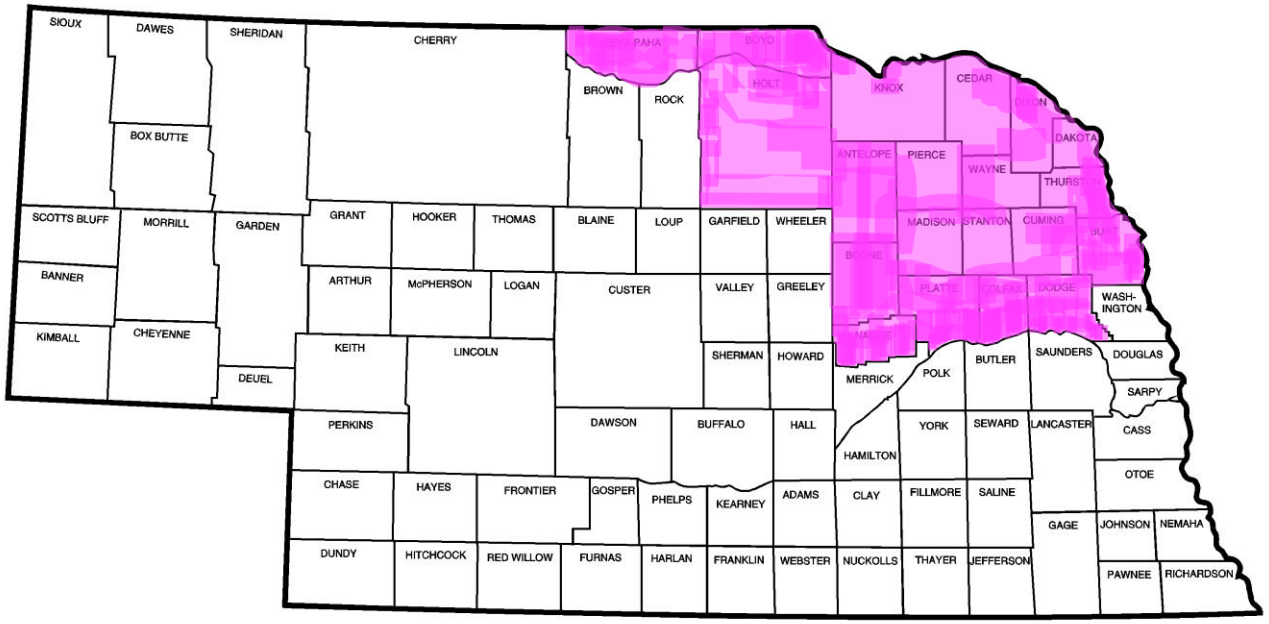
Norfolk NAP – At a glance

Currently serve 114 individuals

Over one-third (50) are born outside of the U.S.

Serve 20 counties in Northeast Nebraska, all rural

Largely serving the communities of Fremont, Columbus, and Norfolk



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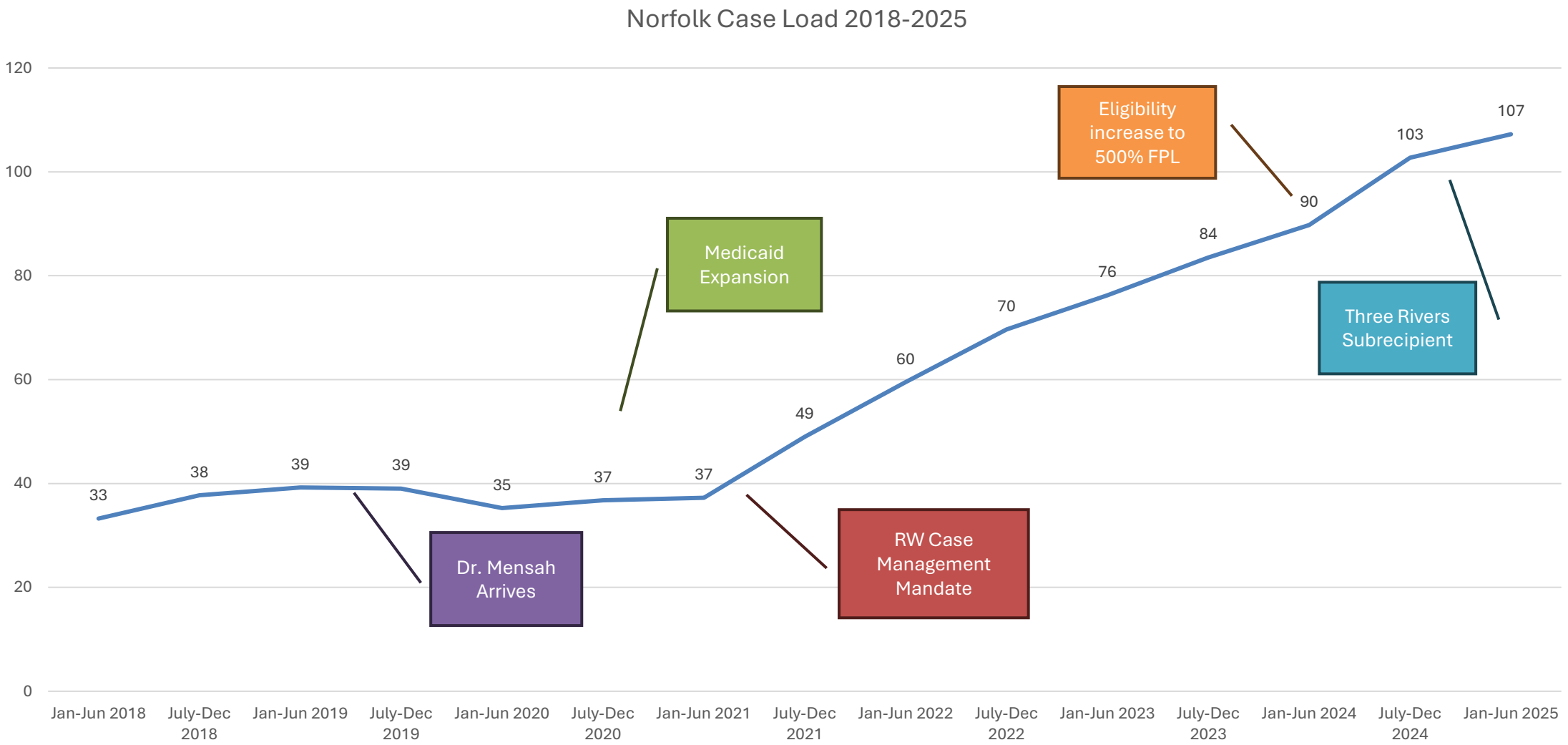

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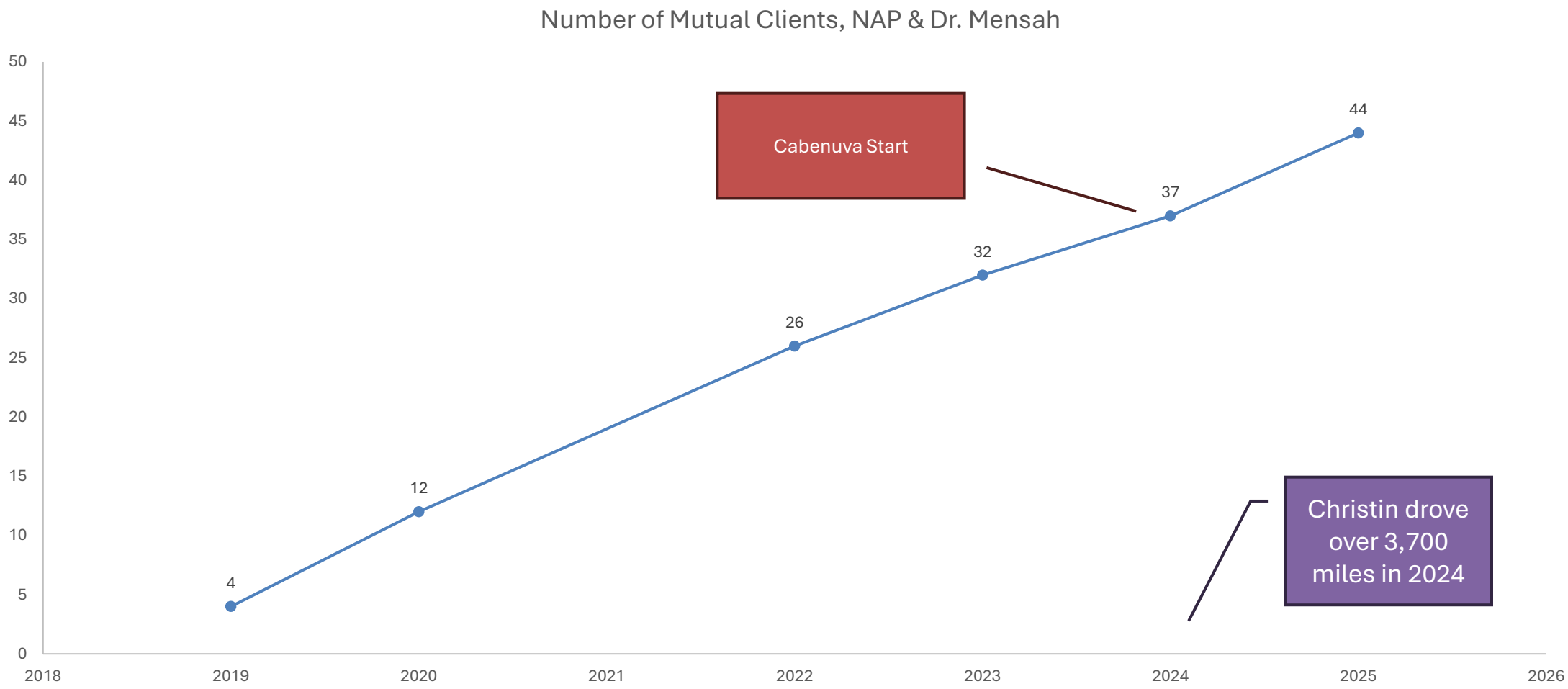

Nebraska AIDS Project

Thank you for joining our 8th HIV ECHO session!

- Our next session will be on 9/4 @ 12PM and will focus on HIV Peer Education.
- Want to join us as a presenter? Email us at UNMCHIVECHO@unmc.edu and we would love to have you!