Patient Navigation Demonstration Project: Orientation Meeting

February 27th & 28th, 2020

Washington, DC

NASTAD

Orientation Aims

- Present structure and expectations of the Patient Navigation Demonstration Project for participating project sites;
- Identify TA leads and establish communications and TA delivery strategies for project sites; and
- Participate in preliminary project planning to identify critical early steps for establishing Patient Navigation programs.

Day One Agenda

9:30 – 10	Welcome and Overview
10 – 10:45	Staff and Partner Introductions
11 – 11:45	Program Introductions
	Break
12 – 12:30	Overview of Component 1A
	Lunch
1:30 – 2:45	Patient Navigation Overview and Discussion
	Break
3 – 4:30	Journey Mapping Activity: Accessing Care for PWUD
4:30 – 5	Closing

Introductions: Who's in the Room?

About NASTAD

WHO: A non-profit, non-partisan national association founded in 1992 that represents public health officials who administer HIV and hepatitis programs funded by state and federal governments.

WHERE: All 50 U.S. states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, seven local jurisdictions receiving direct funding from the Centers for Disease Control and Prevention (CDC), and the U.S. Pacific Island jurisdictions.

MISSION: NASTAD's mission is to end the intersecting epidemics of HIV, viral hepatitis, and related conditions by strengthening domestic and global governmental public health through advocacy, capacity building, and social justice.

VISION: NASTAD's vision is a world free of HIV and viral hepatitis.

AIDS UNITED

Community LEADERSHIP
BUILDING
Policy & Advocacy
Strategy
Formative Research
Grantmaking
CAPACITY BUILDING
Technical Assistance

NASTAD & AIDS United Project Team

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CDC Partners

Program Introductions

wncap

HIV Prevention & Care in 18 counties of Western North Carolina

Indigenous Peoples Task Force

IHRC

INTERCAMBIOS PUERTO RICO


BREAK TIME

Overview of CDC's Harm Reduction program: Addressing gaps in barriers to care for PWID

NASTAD Patient Navigation training

February 27-28, 2020

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Office of Policy, Planning, and Partnerships
National Center for HIV/AIDS, Viral Hepatitis, STD,
and TB Prevention
Centers for Disease Control and Prevention

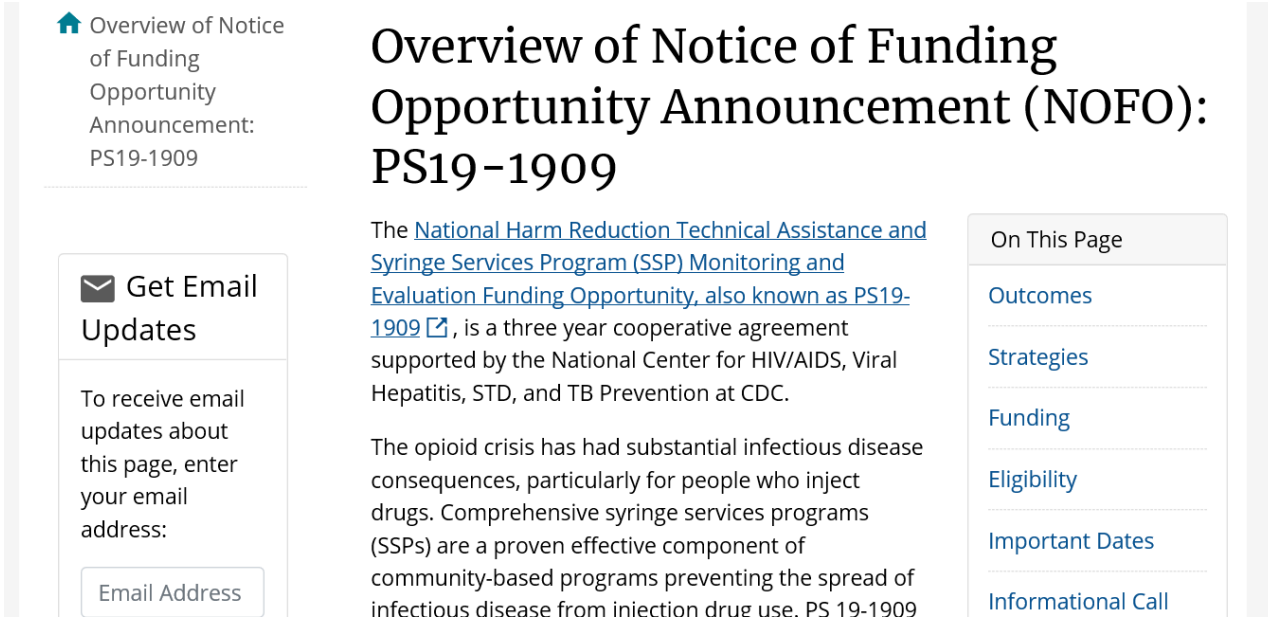
Roadmap for today's discussion

Brief overview of CDC Harm Reduction Program

- Harm reduction cooperative agreement (19-1909)
- Harm reductions communications
- Addressing gaps in knowledge through guidance development

Strengthening harm reduction nationally

- In 2019, CDC launched its first national harm reduction cooperative agreement
- Demonstration of support across the agency: funds provided by NCHHSTP and NCIPC
- Three year program
- Year 1: $4,925,000



Program Summary

- This three year program will:
  1. Strengthen the capacity and improve the performance of harm reduction programs throughout the United States
  2. Implement a monitoring and evaluation of syringe services programs.
  3. Help prevent infectious disease resulting from injection drug use; and
  4. Improve health outcomes for people who inject drugs

Long Term Outcomes

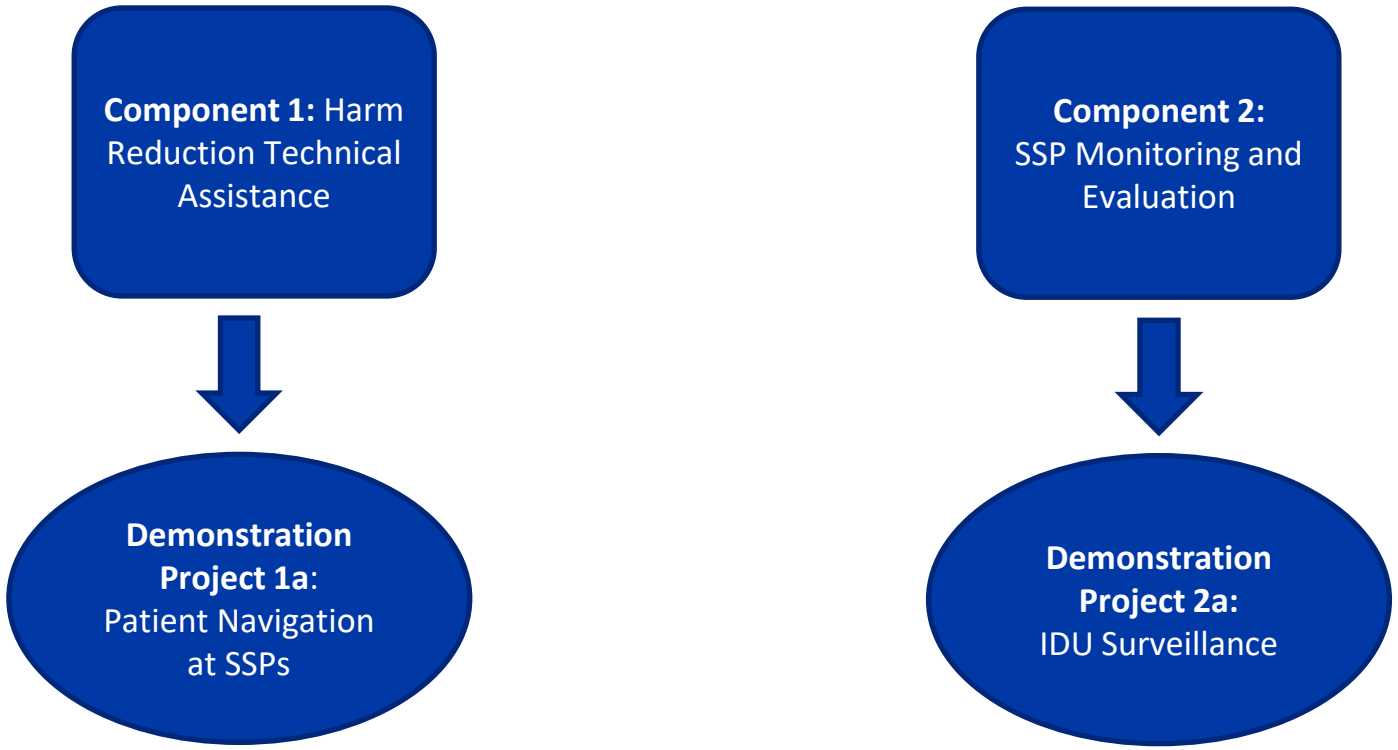
- Improved health outcomes of persons who inject drugs
- Reduced incidence of infectious disease resulting from injection drug use
- Reduced injection drug use and other high risk substance use

Primary activities

- This three-year NOFO is composed of two demonstration projects, and two components:
  - technical assistance (+ patient navigation)
  - monitoring and evaluation (+ IDU surveillance)
- Activities will include:
  - Providing technical assistance to SSPs,
  - Developing a national training network; and
  - Implementing a SSP monitoring and evaluation program.

Harm reduction cooperative agreement

Two components, 2 demonstration projects:



Component 1: Harm reduction technical assistance

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop a national network that provides harm reduction technical assistance responsive to the needs of states and local jurisdictions	❖ Strengthened capacity of jurisdictions to implement comprehensive SSPs to prevent the infectious disease consequences of injection drug use (IDU) ❖ Improved sustainability of SSPs ❖ Improved linkage to medication-assisted treatment from SSPs ❖ Improved screening and linkage to care for infectious disease at SSPs
Activity 2: Create toolkit to support the implementation of SSPs in urban, suburban and rural areas	

Demonstration project 1a: Patient navigation

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop patient navigation program at 8 SSPs to link clients to medication-assisted treatment (MAT) and to care and treatment for infectious disease	❖ Strengthened connections from SSP to other community programs ❖ Strengthened capacity of SSPs to support PWID seeking access to MAT and other infectious disease care ❖ Increased use of MAT by PWID ❖ Increased access to care and treatment for infectious disease resulting from IDU for PWID
Activity 2: Develop guidance on best practices for patient navigation	

Component 2: Monitoring and Evaluation of SSPs

Activities	Short and Intermediate Term Outcomes
Activity 1: Work with SSPs to improve program data collection and reporting for local monitoring and evaluation	❖ Improved implementation of SSPs ❖ Improved capacity of CDC and partners to monitor SSP services and program needs in the US ❖ Improved capacity of CDC to support and sustain SSPs ❖ Improved capacity of SSPs to measure their local impact
Activity 2: Develop and implement a national monitoring and evaluation program for SSPs	
Activity 3: Develop national standardized metrics for monitoring SSPs	

Demonstration Project 2a: Injection drug use surveillance

Activities	Short and Intermediate Term Outcomes
Activity 1: Develop a survey instrument to collect individual-level data from SSP clients and their peers	❖ Strengthened capacity of SSPs to describe and meet the needs of their client population ❖ Strengthened capacity of SSPs to understand local drug use trends ❖ Establishment of a national surveillance system to identify new and emerging issues impacting PWID and other persons who use drugs
Activity 2: Work with SSPs nationwide to use a data collection platform to capture client-level program data	
Activity 3: Develop and implement a survey of SSP clients and their drug-using peers in a select sub-sample of SSPs	

Patient navigation

- Primary focus of the SSP patient navigation program:
  - Successfully link clients of SSPs to community-based programs that address the medical and psychosocial needs of PWID
  - Effectively track navigation work and outcomes
  - Develop guidance on replicating successes that can be used in the Harm Reduction TA toolkit that will result from this funding opportunity.

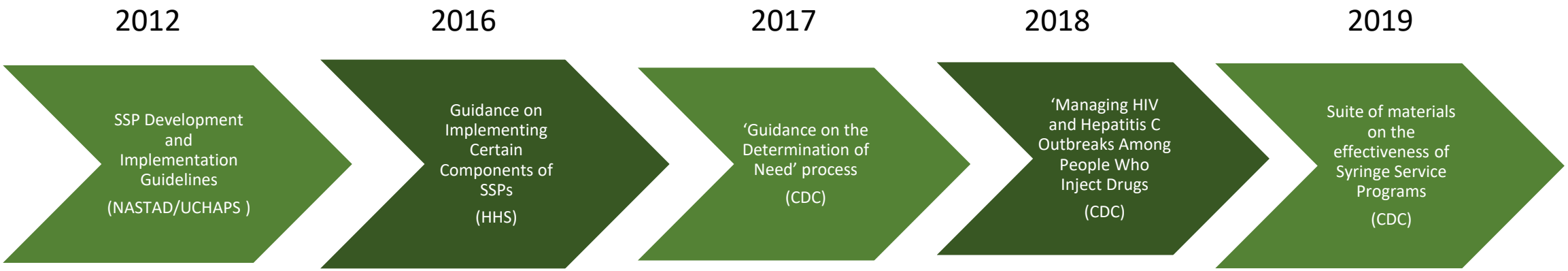
Harm reduction communications contract

- A communication toolkit to help increase and strengthen knowledge, education, awareness and positive and supportive attitudes of SSPs
- End goal: Improve our national understanding of SSPs
  - The essential role SSPs play in drug use prevention
  - Services to prevent the infectious disease consequences of injection drug use
  - Improved understanding of the services SSP provide

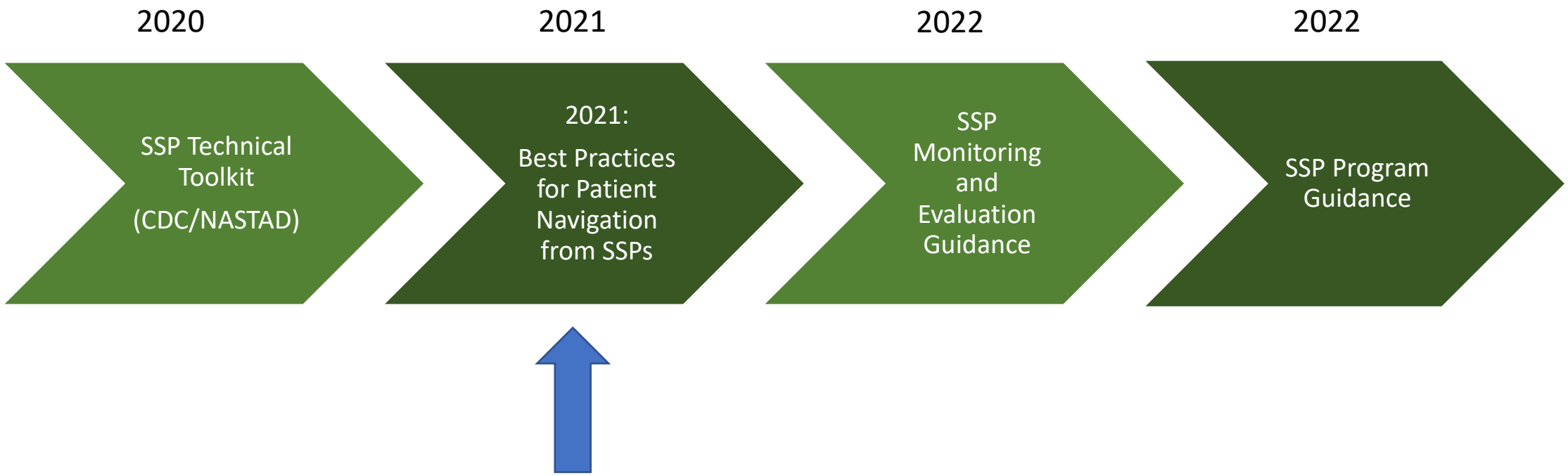
Collaboration Expectations

- Data collection
- Participant tracking
- Information exchange:
  - NASTAD
  - Other programs
  - CDC
  - Other groups funded by CDC

Timeline of CDC support for SSP-related products



Timeline of CDC support for SSP-related products

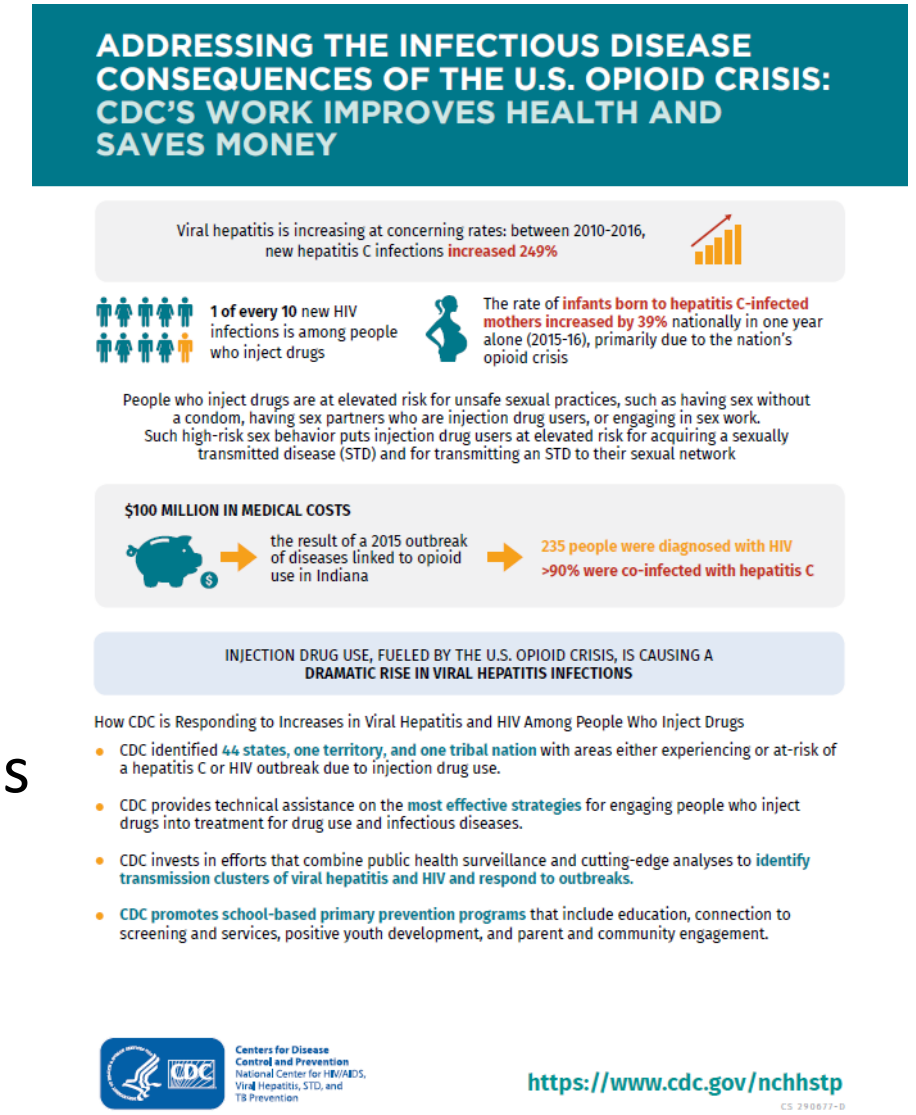


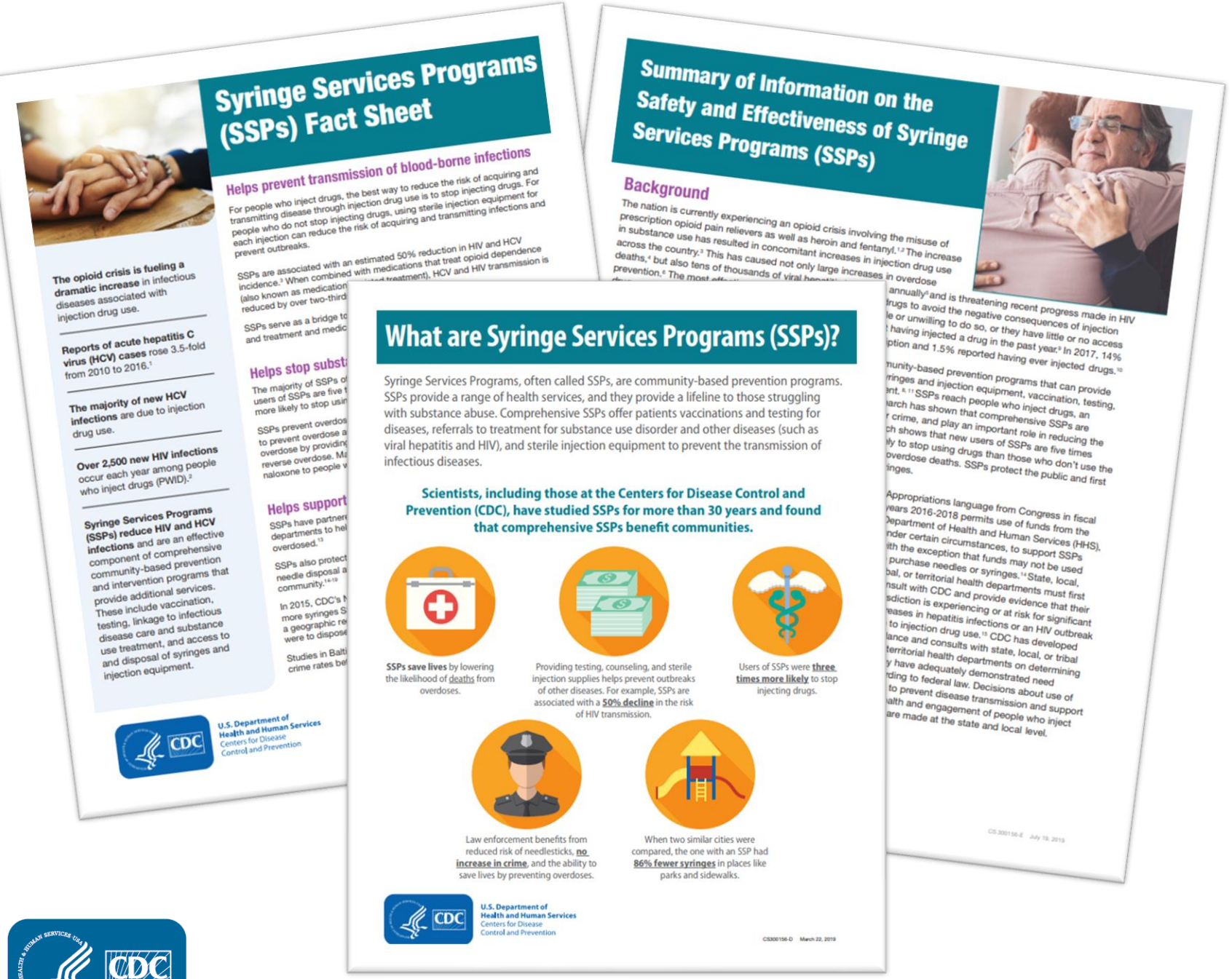
CDC support

- Work with Recipient Programs
- Support Activities
- Support Staff & Programmatic Trainings
- Provide Technical Assistance & Guidance
- Assist in Conducting Monitoring & Evaluation Activities
- Provide Current Information, Surveillance Data & Recommendations
- Provide Standardized Data Collection Forms & Templates
- Perform Quarterly Evaluations & Provide Feedback to Grantees

NCHHSTP activities related to infectious disease and opioids

- Cluster identification and investigation
- Technical Assistance
- Linkage to care
- SSP Monitoring and evaluation
- Harm reduction communications
- Injection Drug Use (IDU) Surveillance Pilot
- Primary prevention in school-based programs





Materials available

- **Suite of materials available now at www.cdc.gov/ssp**
- **Technical package of SSP implementation *coming 2020***

Thank you!

Questions?

Alice Asher: LUQ1@cdc.gov or

HarmReduction@cdc.gov

PS19-1909 Component 1a: Patient Navigation Demonstration Project Overview

Component 1A: Patient Navigation Demonstration Project

Funding

- Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Hepatitis, STD and TB Prevention and
- Centers for Disease Control and Prevention (CDC) Opioid Response Coordinating Unit (ORCU)

Rationale

- SSPs vary in size, reach, and capacity and offer consistent referrals to other supportive services for medical and behavioral health issues
- Create a patient navigation project within current SSPs to provide more in-depth case management and navigation for SSP participants and
- Document successful participant navigation, characteristics of effective programs, challenges and barriers to program implementation and participant successes

Eligibility

- Current SSP in the US that does NOT have a pre-existing Navigation Program
- Must be located in a state/jurisdiction with a Determination of Need
- Must be able to access MAT in the area and demonstrate support from MAT provider

Program Expectations

TA Checklist

NASTAD

Use this guide to identify and receive Technical Assistance opportunities available during the Patient Navigation project.

Monthly Calls	**Ongoing; beginning March 2020** ❑ *Call 1:* Debrief kick-off orientation, expectations and activities, project monitoring, and potential TA needs ❑ *Call 2:* Discuss first steps, early TA needs, and plans for TA site visit ❑ *Ongoing:* Review progress, TA needs, and feedback
TA Site Visits	**To be scheduled in collaboration with project sites** ❑ TA leads may make 1-2 site visits over the course of the project (midpoint, endpoint) ❑ Two-day site visits are intended to observe program operations and facilitate discussion of program progress and TA needs ❑ May involve convening key partners and TA delivery as needed
Cross-Program Learning	**To be scheduled in collaboration with project sites** ❑ May involve groups calls or webinars; content will reflect project stages and common efforts, structured around program report-outs, peer-to-peer TA, and skill- and capacity-building ❑ Learning topics include financing and sustainability, stakeholder engagement, data and reporting systems, coordinating community response, and partnering with related health systems
Quarterly Data Reporting	**Ongoing; first quarterly report due June 2020** ❑ Programs will be responsible for preparing and submitting quarterly summary reports to NASTAD, which will be shared with CDC ❑ NASTAD will provide template forms and work with states to adapt existing SSP data collection systems to track and prepare project evaluation measures ❑ Reports will be due quarterly (June, September, and December 2020 and March 2021), deadlines to be determined and communicated
TA Provision	**Ongoing** ❑ Project sites have access to all NASTAD Drug User Health TA services and related subject matter expertise and may make requests via their designated TA lead ❑ TA activities include development of short- and medium-term action plans, organizational structure and sustainability planning, including financing, data analysis for quality improvement, and stakeholder engagement strategies ❑ TA providers will identify and leverage existing and relevant meetings/conferences as possible to support project activities ❑ Project sites and TA leads will discuss how to organize and prioritize TA activities (e.g. in-person activities for site visits)
TA Resource Development	**Ongoing** ❑ TA leads and subject matter experts will develop webinars, summaries of best practices/promising strategies, and other relevant resources to aid in project activities and dissemination ❑ Identify and promote existing resources related to patient navigation and healthcare for PWUD to support TA delivery ❑ Develop case studies, success stories, and issue briefs to support dissemination of project impact and recommendations ❑ Project sites may request specific materials; TA leads will also identify common needs across sites and develop priority materials accordingly
Project Close-Out Meeting	**End of Year 1 (March 2021)** ❑ Sites and partners will convene in-person to share lessons and recommendations and discuss sustainability plans ❑ Each project site will be asked to send one-to-two representatives to participate ❑ Meeting location and logistics to be determined and communicated

Technical Assistance Structure

	Indigenous Peoples Task Force	INTERCAMBIOS PUERTO RICO	IHRC	UTAH NALOXONE	wncap HIV Prevention & Care in 18 counties of Western North Carolina
TA Leads ➔	Lillie	Kirsten	Virgil	Laura	Virgil
TA Seconds ➔	Jasmine	Isabel	Lillie	Kelly	Zach

LUNCH

Patient Navigation Overview

Patient Navigation Overview

Brainstorm:

What does Patient Navigation mean to you?

What does it look like?

What makes it successful?

Why Patient Navigation?

Low barrier case management and care provision
helps people make meaningful changes that reduce the inherent harms of their marginalization and works to magnify their health needs + build self-efficacy

Credit: Hepatitis Education Project

Spectrum of Services

Referrals and Linkage to Care

- Low threshold, low intensity suggestions for service access
- Can be improved with provider vetting service providers to assure quality, appropriateness, and absence of stigma around drug use and other factors

Patient Navigation or Comprehensive Case Management

- Low Barrier, high intensity, active linkage to comprehensive care and services, no direct clinical care
- Client/Participant driven and strengths-based
- Connects individuals with healthcare services in a timely manner; improves access to medications, education, transportation, and counseling; and provide other case management support that can reduce barriers to care

Medical Case Management/Care Coordination

- Higher barrier, higher threshold services that often offers direct clinical care
- Often utilizes a team or panel of service providers/case managers to assess client health and service plan/course of action

Strengths-Based Approach

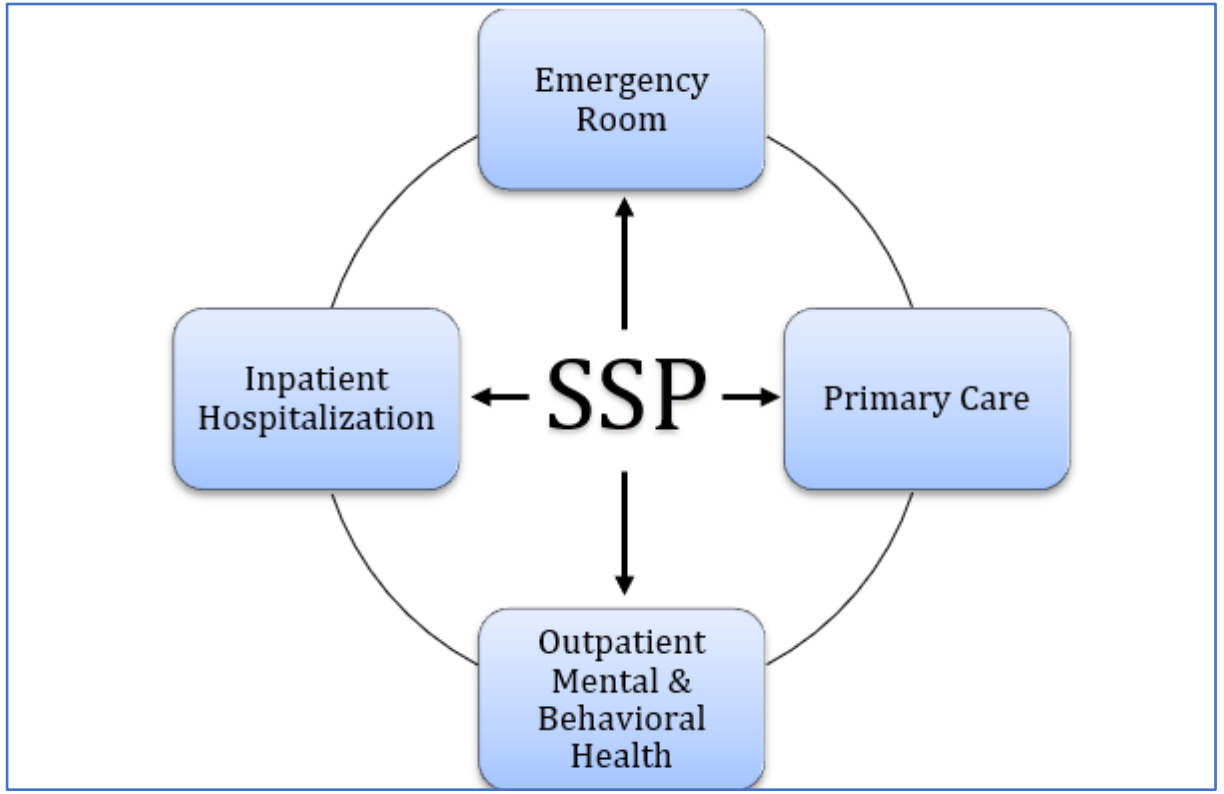
- Central principles
  - Emphasis on providing client support to assert direct control over their search for resources, such as housing and employment
  - Encourages examination of clients' own strengths and assets as the vehicle for resource acquisition
  - Based on individual and systemic advocacy (SAMHSA, 2013)

- Client-Driven
  - Relies on identifying the strengths, personal resources, and ingenuity of each individual client to gain increased control within their relationship with their health
  - Focus on individual's priorities and respect for personal autonomy to increase client agency and investment in care

Why Patient Navigation in Syringe Services Programs?

Drug User Health and Syringe Services Programs are uniquely positioned to engage people who use drugs in care and services due to their foundation in principles of harm reduction.

- Respect for participant autonomy
- Participant-centered services
- Inclusion of people who use drugs in service delivery, design, and implementation
- Pragmatic approaches
- Understanding of socio-cultural complexity of drug use, and
- Belief in the health and dignity of people who use drugs.



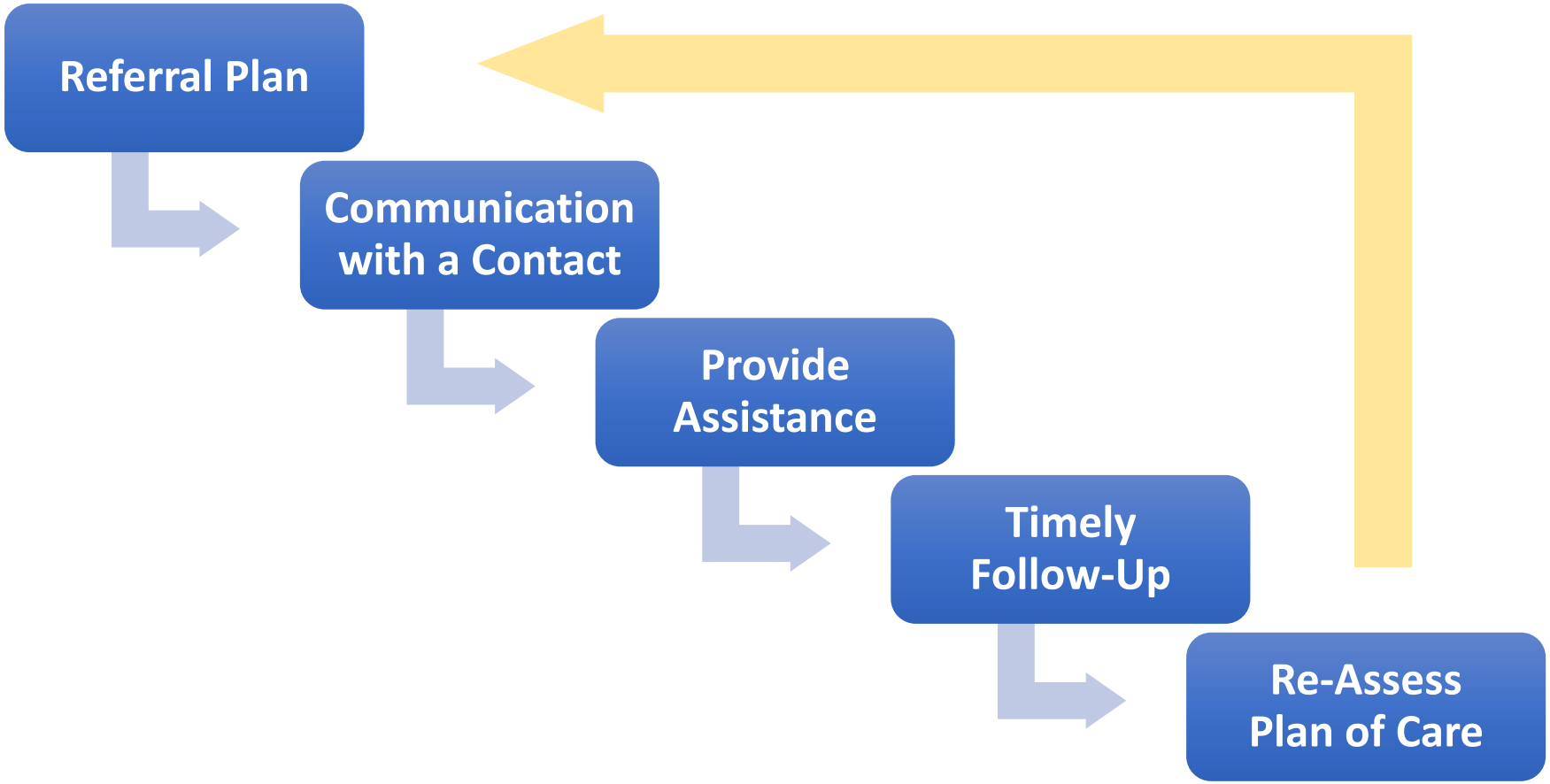
Case Management Models

Minimal Model
Outreach
Client assessment
Case planning
Referral to service providers

Coordination Model
Outreach
Client assessment
Case planning
Referral to service providers
Advocacy for Client
Direct Casework
Developing Natural Support Systems
Reassessment

Comprehensive Model
Outreach
Client assessment
Case planning
Referral to service providers
Advocacy for Client
Direct Casework
Developing Natural Support Systems
Reassessment
Advocacy for Resource Development
Monitor Quality
Public Education
Crisis Intervention

Supportive Referrals



Qualities of an effective Patient Navigator

- Flexibility
- Collaborative
- Non-judgmental
- Authenticity
- Honesty
- Clear communication
- Listening skills
- Patience
- Empathy
- Others?

Providing Harm Reduction services requires a willingness to:

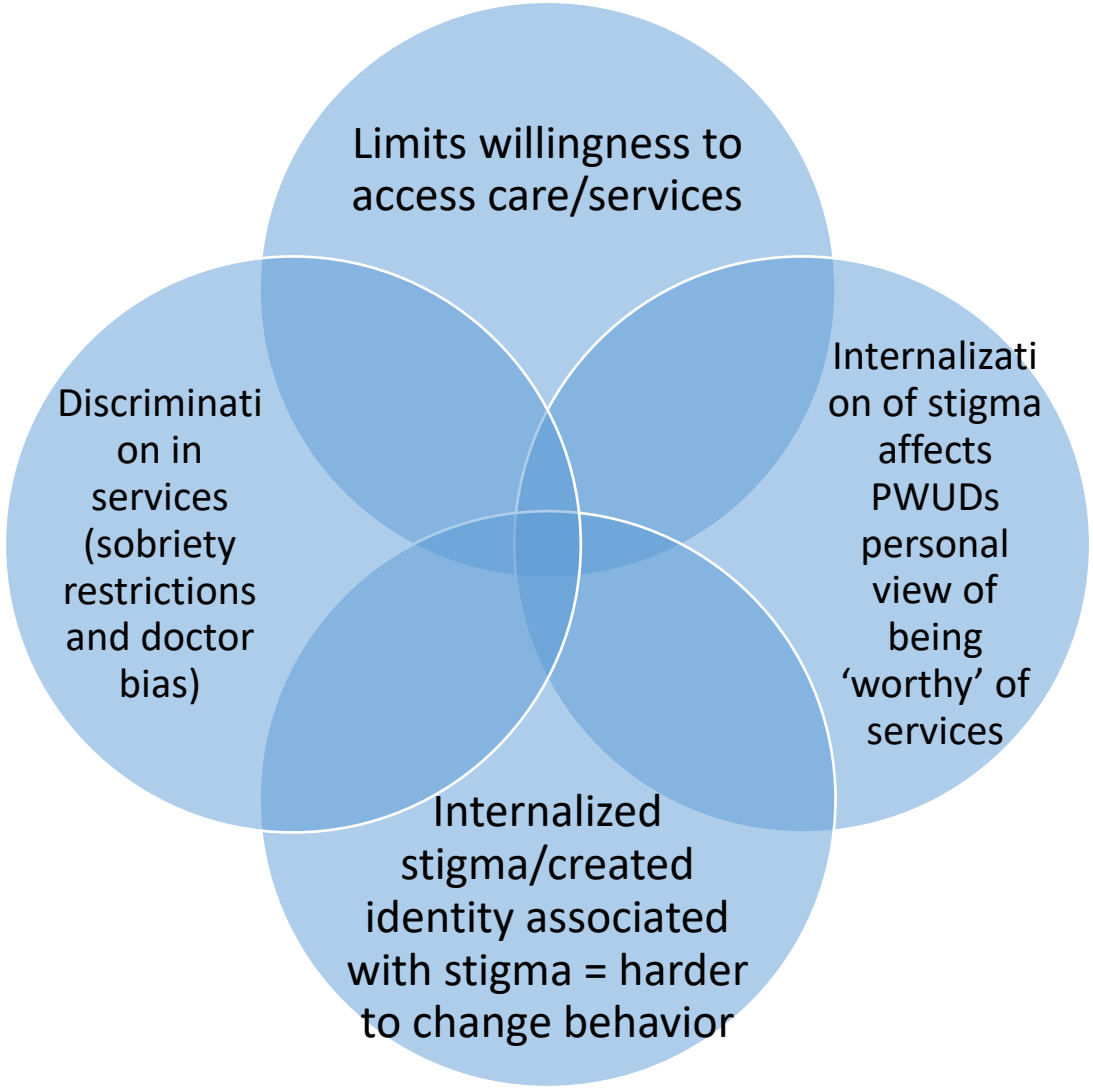
"practice radical neutrality; grapple with ethical gray areas; tolerate, accept, and understand difficult behaviors; be taught by our clients; relinquish the role of authority, judge, or expert; [and] partner with clients".

-Pat Denning and Jeannie Little
Co-Founders of the Center for Harm Reduction Therapy

Potential Barriers to Care

- Stigma
  - Takes several forms – individual, institutional, internalized, by association
  - Stigma surrounding drug use has unique and devastating impacts on health
- Lack of treatment availability
  - HCV Treatment is curative and there is evidence that PWUDs are just as likely to adhere to treatment as those who do not yet service provider stigma, unethical sobriety and fibrosis score restrictions impede treatment access
  - MAT availability is scarce in many areas, particularly rural areas and access to all three FDA-approved MAT options in a community or care setting is rare
- Health insurance availability and coverage
  - Many clinics and care settings require insurance or alternate payment making treatment options untenable
- Transportation and access to care
  - In rural areas, people may have to travel great distances to access care. Geographic distance is particularly challenging in areas without public transportation.
- Competing priorities
  - People who use drugs may have competing priorities including homelessness and multiple co-morbidities which can make engaging in care, even care that is wanted, difficult.

Stigma – Impacts on Health



Key Ingredients

- Staff
  - Hiring and supporting staff
  - Skills/qualities for effective patient navigators
- Relationships
  - Understanding service landscape
  - Existing connections with other agencies
  - Establishing relationships with new partners
- Understanding Participant Needs
  - Navigation to which service(s)?
  - Ways of eliciting and responding to participant needs

Self-Assessment

Let's take a moment to reflect on where we are as this project kicks off…

- Thinking about your own program, take 10-15 mins to reflect on the following and record responses in each of the four boxes

Strengths	**Challenges**
What is working well right now in navigating participants to care? **What existing assets, tools, resources can be drawn upon for this project?**	**What are the actual or potential barriers that could get in the way of success?**
Gaps	**Opportunities**
What is missing in current systems of care in your local area for people who use drugs? What are the gaps in your programs' ability to support people in accessing care?	What opportunities are there for patient navigation in your local area? What are the current or emerging priorities for your participants and people who use drugs locally?


BREAK TIME

Journey Mapping

How do SSP participants and other people who use drugs in your area currently access services?

Session objectives:

- Illustrate how people come in contact with services;
- Understand individual experiences with accessing and receiving care;
- Identify barriers and opportunities to improve experiences.

Part 1: Journey Mapping

Take one of the three scenarios and continue the story to map out:

- What need is the person aware of? What else do you see?
- What options does the person have?
  - What “door” will the person enter in the system?
- What does that system provide?
  - What other systems does the person come in contact with? What do they provide?
  - What services does the person receive?
- And finally....what are the typical outcomes? How might you as a Navigator help impact those outcomes?

Part 2: Identifying Pain Points and Opportunities

Where are the “pain points” (points at which the experience was problematic for this person) and opportunities (specific ideas for how to improve or optimize the experience) in each care-seeking journey?

- Write a statement describing the “pain point” on the PINK sticky note and place it on the map.
- Write a statement describing the opportunity on the GREEN sticky note and place it on the map.

Day One Wrap Up

- Reflections on what worked or didn’t work for you today?
- Hopes for tomorrow?
- Tell us one thing you are excited about with this project?
- What was missing today that we absolutely need to cover?

Day Two

Reflections from content yesterday?

How you feeling about today?

Icebreaker (it won't be bad, I promise, you'll love/hate it.)

Day Two Agenda

9:30 – 10	Welcome and Overview of Day 2
10 – 11	Project Evaluation
	Break
11:15 – 12:30	Walk-through of Project Tools and Resources
	Lunch
1:30 – 2:30	Working Session: Preliminary Project Planning
	Break
2:45 – 3:45	What's Missing? Gallery Walk Activity
3:45 – 4	Orientation Closing

What are your concerns about evaluation?

Project Evaluation

- Partnering with Amaka Consulting and Evaluation Services
  - Minority and women-owned and operated consulting firm
  - Specializes in using mixed methodological approaches to project evaluation (quantitative and qualitative)

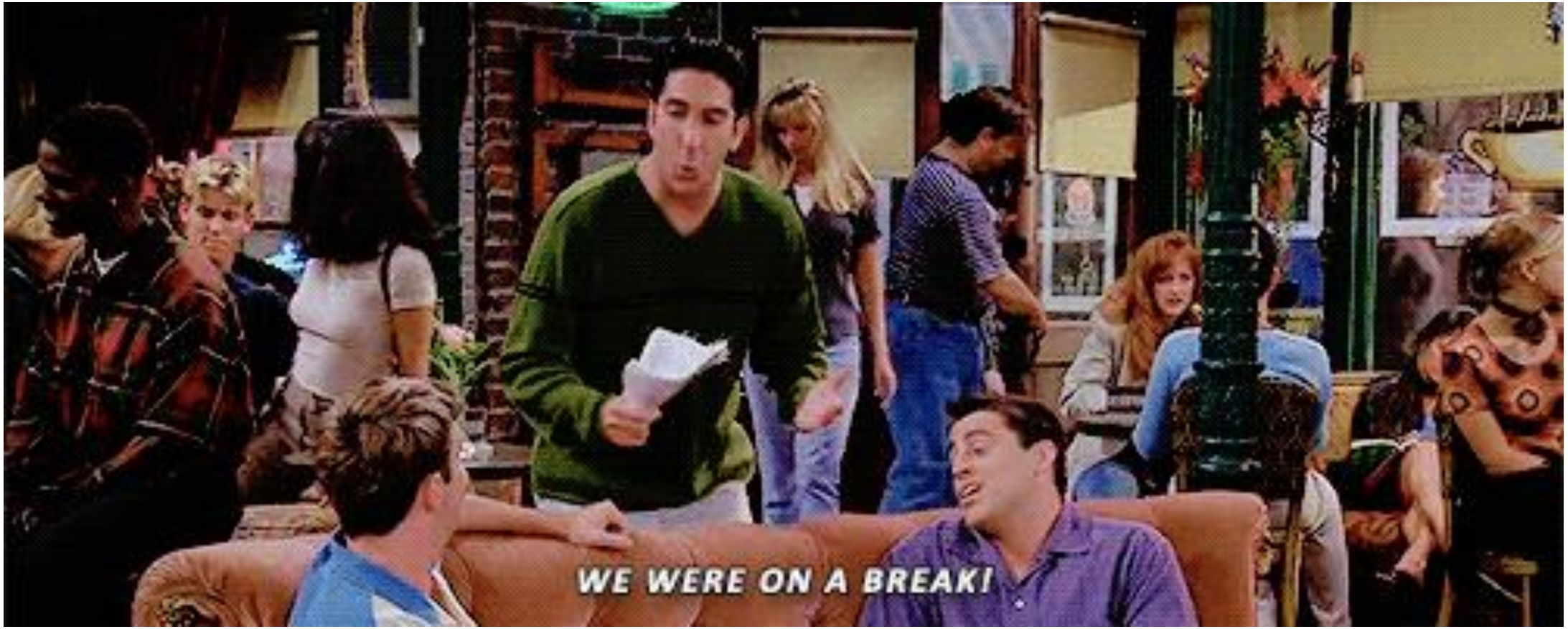
- Evaluation plan currently includes several ways of gathering data on the patient navigation project and from your experiences with creating/implementing PN programs
  - Plans to schedule interviews with Patient Navigators at select intervals to gather process-oriented data
  - Will create survey/assessment to gauge impact of services offered
  - Will assist in examining reporting data you submit and assembling final project reports

Project Evaluation

What does success look like for you? (both in terms of client outcomes/program outcomes/process measures)

How do you measure that?

TA Checklist and Program Evaluation Expectations


WE WERE ON A BREAK!

Walk-through of Project Tools and Resources

Project Resources and Data Collection Templates

Template Forms to assist in client-level navigation/documentation

- Patient Navigation Assessment
- Patient Navigation Action Planning Tool
- Patient Navigation – Client Interaction Log

Forms/Information to be provided back to NASTAD quarterly

- Patient Navigation Program Progress Tracking Form
- Client-Level Longitudinal Data (de-identified)
- Patient Navigator Process Reporting Form

LUNCH

Working Session: Preliminary Project Planning

Program Evaluation and Project Mapping

- **Project Planning Timeline Worksheet**
  - Based off your proposed workplan, use the timeline worksheet to map out/brainstorm potential activities and action steps to meet your project goals
  - Take note of how your activities fit into the pre-marked evaluation and reporting requirements

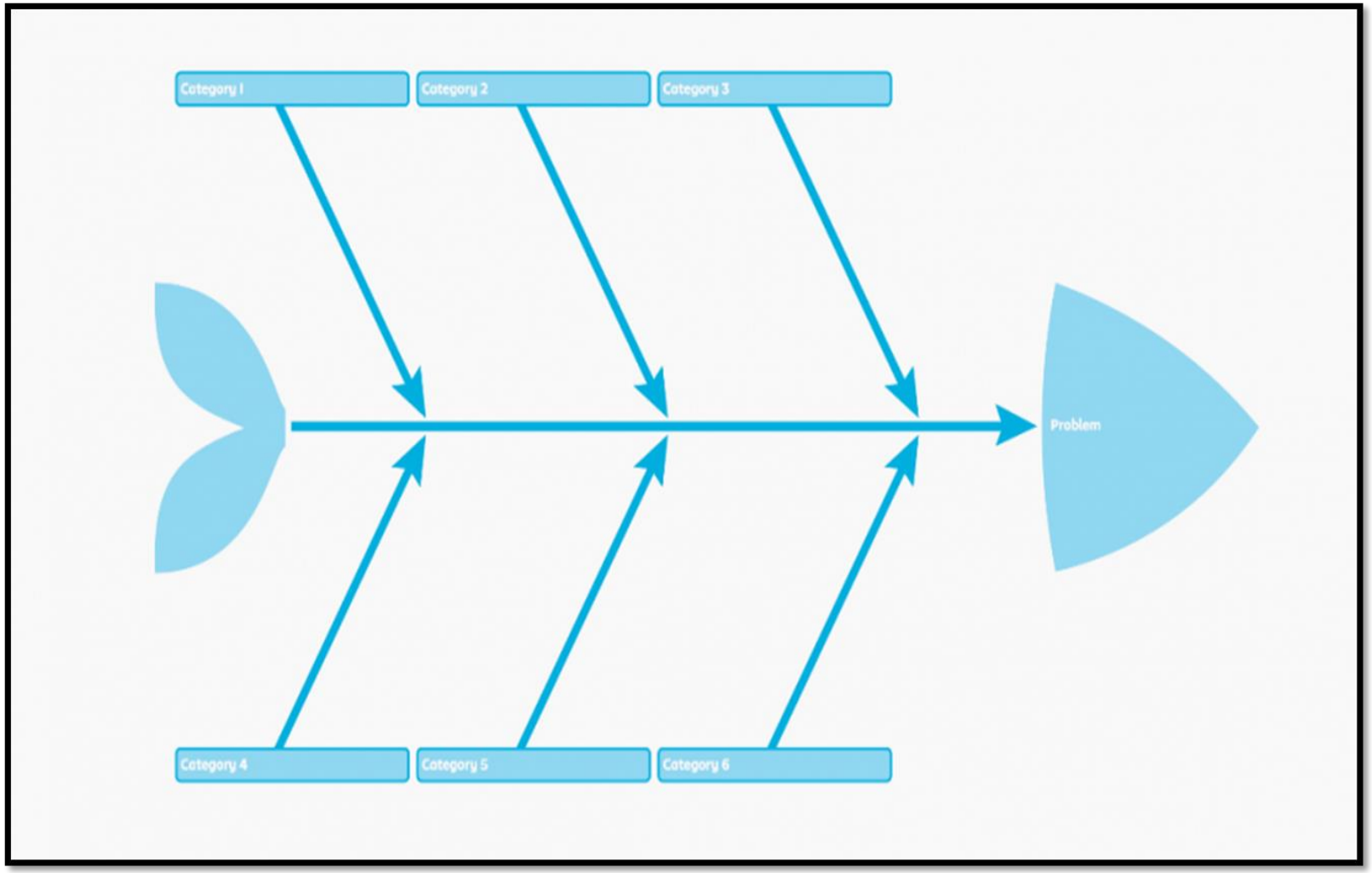
- **Project Planning and Activities Worksheet (GANTT Chart)**
  - Project Teams can use this longitudinal chart to map out specific activities that are related to the workplan and plan for when they need to occur
    - These can be ongoing or one time only activities
    - Can help delineate expectations and roles/responsibilities

Workplan Outline

SHORT TERM	MEDIUM TERM	LONG TERM
Priority Goal 1: **Steps (How do we get there, what needs to happen first):** • • **Resources Needed/Program actions:** • **Proposed Timeline:** • **Who's Responsible:** • ?	Priority Goal 1: Steps (How do we get there, what needs to happen first): • • Resources Needed/Program actions: • Proposed Timeline: • Who's Responsible: • ?	Priority Goal 1: Steps (How do we get there, what needs to happen first): • • Resources Needed/Program actions: • Proposed Timeline: • Who's Responsible: • ?
Priority Goal 2: **Steps (How do we get there, what needs to happen first):** • • **Resources Needed/Program actions:** • **Proposed Timeline:** • **Who's Responsible:** • ?	Priority Goal 2: Steps (How do we get there, what needs to happen first): • • Resources Needed/Program actions: • Proposed Timeline: • Who's Responsible: • ?	Priority Goal 2: Steps (How do we get there, what needs to happen first): • • Resources Needed/Program actions: • Proposed Timeline: • Who's Responsible: • ?

Take the initial steps/action items identified above and map out:
-Goals,
-Specific Actions,
-Resources Needed, and
-Who is responsible

Fishbone Mapping



Head: Where you want to get, What we want to see (objective/desired outcome)

Bones: Resources and Gaps based on current community or situation

BREAK

Identifying Technical Assistance Needs: Gallery Walk

TA Topic Areas

Financing	Stakeholder Engagement	Policy	Data	Workforce Development
Project sustainability	Establishing informal and formal partnerships	Organizational policies and procedures	Data collection, management, analysis	Hiring and supporting staff
Funding mechanisms	Reducing drug-related stigma	Local and state level policy/advocacy	Project evaluation and quality improvement	Training
Support around writing grants and budgets	Influencing broader systems of care		Communicating project impact	

Technical Assistance Overview

Delivery Modalities:

- Monthly calls
- Cross-program webinars/calls
- Resources and materials
- Training (in-person and virtual)
- Facilitation of stakeholders (in-person and virtual)
- Coordination and connection to other TA providers (e.g., AETCs, ATTCs) and resources

Technical Assistance Needs

Reflecting on:

- Your Strengths, Challenges, Gaps, and Opportunities
- Current participant needs and journeys to accessing care…

What technical assistance needs do you anticipate as you implement Patient Navigation in your setting?

Closing Reflections:
Wrap up, Debrief, and Next Steps