Linkage, Retention and Adherence

How can the oral and Medical healthcare teams collaborate to ensure that patients are linked and retained to medical and dental care and adhere to their prescribed treatment regimens?
Oral Systemic Connection and Why Linkages are Important
Evidence has shown that:

- For those with unknown HIV status, oral manifestations may suggest HIV infection, although they are not diagnostic.
- For persons living with HIV disease not yet on therapy, the presence of certain oral manifestations may signal progression of disease.
- For persons living with HIV disease on antiretroviral therapy the presence of certain oral manifestations may signal a failure in therapy.

What is the Care Continuum?

- This tool tracks the proportion of people:
  - Diagnosed with HIV infection
  - Linked to care – having seen a healthcare provider within 3 months of diagnosis
  - Engaged or retained in care, meaning they are being treated for HIV/AIDS
  - Prescribed ARV to control infection
  - Virally suppressed, meaning their VL is at a very low level
The HIV Care Continuum

- Is an important tool to measure how effective our efforts are to combat HIV infection.
- Timely linkage to care and retention in care have significant health outcomes and are linked with high rates of viral suppression.
- The first stage is being able to test and 14-18% are unaware of their infection.
- Knowing one’s status is the path to linkage and retention in care.
- As we will discuss, the oral healthcare team has an important role.
Stages of HIV Care Among PLWHAs in the United States

- **100%** of PLWHAs (diagnosed) N=874,056
- **75%** Linked to HIV Care N=655,542
- **50%** Retained in HIV Care N=437,028
- **24%** Undetectable VL N=209,773

Stages of HIV Care Among People Living with HIV/AIDS in Massachusetts

- Among engaged in care, 84% are virally suppressed
- Among those retained in care, 87% are virally suppressed

<table>
<thead>
<tr>
<th>Stage</th>
<th>Percent of Individuals</th>
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<tbody>
<tr>
<td>PLWHA N=18,570</td>
<td>100%</td>
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<tr>
<td>Engaged in Care* N=14,021</td>
<td>76%</td>
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<tr>
<td>Retained in Care* N=11,264</td>
<td>61%</td>
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<td>Virally Suppressed in 2013* N=11,799</td>
<td>64%</td>
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* Lab received by MDPH

1 Includes individuals diagnosed through 2012 and living in MA as of 12/31/13, based on last known address, regardless of state of diagnosis
2 Data Source: MDPH HIV/AIDS Surveillance Program, cases reported through 1/1/14, lab data as of 8/27/14
Stages of HIV Care Among Individuals Newly Diagnosed in 2012

- Newly Diagnosed: 100% (N=673)
- Linked to Care*: 72% (N=484)
- Retained in Care*: 73% (N=494)
- Virally Suppressed w/in 1 yr of dx*: 65% (N=438)

*Excludes labs done on date of diagnosis

Data Source: MDPH HIV/AIDS Surveillance Program, cases reported through 1/1/14, lab data as of 10/3/14
Only 28 percent of the more than 1 million individuals in the U.S. who are living with HIV/AIDS are getting the full benefits of the treatment they need to manage their disease and keep the virus under control.

(Nearly 3 out of 4 people living with HIV in the U.S. have failed to successfully navigate the treatment cascade.)

For every 100 individuals living with HIV in the United States, it is estimated that:

- 80 are aware of their HIV status.
- 62 have been linked to HIV care.
- 41 stay in HIV care.
- 36 get antiretroviral therapy (ART).
- 28 are able to adhere to their treatment and sustain undetectable viral loads.

Out of the more than one million Americans with HIV:

- 942,000 know they are infected
- 726,000 were linked to HIV care
- 480,000 have stayed in HIV care
- 437,000 are receiving treatment
- 328,000 have a very low amount of virus in their bodies
Linkages

- Ascertain that patients have medical and oral healthcare providers
- Refer to each other in the absence of an identified provider
- Advise patients to consent to communications across their healthcare teams
Retention

• Each member of the healthcare team has the opportunity to advise patients of the importance of retention in healthcare
Adherence – The role of the Oral Healthcare Team

• The oral healthcare team has a unique opportunity during a health history intake or update to discuss a patient’s HIV care, including medications.

• The oral healthcare provider can encourage patients to adhere to treatment regimens and discuss how these promote sound oral health.

• With consent to contact the medical and support teams, we can alert them to oral issues and concerns.
Adherence – The role of the Medical Team

- It is important to emphasize the need to be retained in oral healthcare and adhere to treatment
- Asking about having an oral healthcare provider is a first step in linkage to care and an opportunity to refer someone not connected to oral healthcare
- Having a consent to communicate with the oral healthcare provider allows for them to be advised of any special considerations and create a dialogue between providers
- Working as a health team we enhance our patients health
Role(s) of the Non-Dental Health Care Provider

- Integrating oral health with systemic health
  - Screening the oral cavity as part of the head and neck examination
  - Promoting basic oral health and referring for clinical care
  - Providing preventive and palliative oral health care when indicated
  - Facilitating referrals for emergent disease of the hard and soft tissues of the oral cavity
- Ensuring medically complex patients who may be scheduled for chemo, radiation, infusion, transplants, etc have an infection free oral cavity prior to treatment.
Oral Health Trainings for Medical and Support Staff

- Include training on oral health and the importance of routine evaluations and care for PLWHA.
- Provide training on oral manifestations and importance of early recognition and referral to an oral healthcare provider.
- Include methods to approach patients as to whether or not patients are connected to oral healthcare.
- Include importance of having linkages and care coordination with dental providers.
- Include the need to understand when referrals to oral healthcare are a medical necessity.
- Put oral healthcare linkage on your radar screen and make sure it is part of the intake process.
Best Practices
For Medical/Case Manager Model

- Goal is to influence those who assist PLWHA’s entry into oral health care
- Include recognition of importance of oral health care as part of primary care and basics of oral assessment
- Include information for referral to oral healthcare
- Provide instruction and/or assistance in accessing dental Medicaid or other benefit programs
- Include patient and practitioner educational materials
2011 – Expert Panel of Physician and Dental Educators

- This panel released a report relative to what education, skills and attitudes were necessary and appropriate for medical and dental students to facilitate oral health care.
- The panel’s recommendations “reflected the belief that dental and medical professions have a shared responsibility for the oral health of the public.”
Medical Homes, Dental Homes or a Health Home?

- The health home incorporates the medical and dental homes to foster collaboration and create a patient centered approach to health.
The Health Home... Michael Glick, DMD

The following slides are courtesy of Dr. Glick who has championed the concept of a health home
Collaboration is Key!

- There are many opportunities for dental and medical teams to collaborate to ensure patients with HIV are linked to medical and dental care, retained in care and adhere to care. All of these actions promote better health outcomes and demonstrate the importance of oral systemic associations.
- As primary oral healthcare providers please consider the major role you can play in your patient’s health.
Thank you..................