

Transforming HIV Treatment *in* St. Louis



Missouri Foundation for Health

This case study is part of a larger evaluation of the Missouri Foundation for Health's (MFH) Opportunity Fund to better understand the effect of funding in communities where investments have been made. ORS Impact and staff at MFH identified eleven projects that represented the types of approaches, partnerships, and topics that MFH hopes to support through the Opportunity Fund. Of those eleven projects, four that showed sufficient progress in implementation were selected to participate in case studies.

This case study examines an initiative by the St. Louis Effort for AIDS (EFA) and the AIDS Resource Center of Wisconsin (ARCW) to open an HIV medical home in St. Louis. To learn about the genesis, implementation, and influence of this work, we conducted interviews with one MFH staff member, two ARCW staff members, two EFA staff members, and one EFA board member. EFA and ARCW have since merged into a single entity, Vivent Health.



Fit with Opportunity Fund

The number of people in the St. Louis region living with HIV has grown steadily in recent years. In 2018, the Missouri Department of Health and Senior Services reported that there were 6,145 people living with HIV in St. Louis, and of those, only 50% were receiving regular medical care. To confront the deepening epidemic, Saint Louis Effort for AIDS (EFA), a longstanding HIV prevention and treatment service provider, decided to merge with the AIDS Resource Center of Wisconsin (ARCW) in late 2018 to form a new entity, Vivent Health, and bring a new model of care to the region by opening an HIV medical home. MFH provided a \$1.7 million grant through the Opportunity Fund (OF) to support upfront capital and startup costs, as well as program costs related to clinical expansion, for the new HIV medical home in St. Louis.

The HIV medical home model has been independently researched and shown promise for increasing access to care, improving clinical outcomes and reducing health care costs. The model is based on the premise that non-health related factors—including poverty, unstable housing, and social stigma—affect whether individuals living with HIV can receive care to manage the disease. Pioneered by ARCW over the last decade, the HIV medical home model seeks to mitigate barriers to care by offering integrated health and social services, including medical, dental, mental health, and pharmaceutical services, along with case management and social support. Concentrating services in a single location allows those living with HIV to access care for HIV as well as other services at the same time. Beyond co-location of services, the medical home allows for teams of professionals from many health and social service disciplines to work closely together in providing integrated care to meet the needs of patients. By adopting the model, EFA and ARCW hoped to transform care for HIV in the St. Louis region, increasing both the scale and the efficacy of treatment.

“*What we’ve seen with HIV is that care is complicated by the multiple issues people are facing. And so, it isn’t just that someone’s been diagnosed with HIV, but that the HIV diagnosis is in the context of them living in poverty, having unstable housing and income, or living with stigma related to the disease. Even if we can’t make health their main priority, we can provide them an opportunity to address their health while also working on other issues they are dealing with.*

– Vivent Health staff

From the MFH program officer's perspective, the grant to support the merger of EFA and ARCW into Vivent Health to develop a medical home in St. Louis was a good fit for the OF because it focused on supporting "an innovative partnership" with a chance at achieving impact at scale. There was also recognition that EFA played an important role in the St. Louis HIV treatment space and there was value in helping them to explore a new way of working that might enhance their efforts.

From the Vivent Health perspective, they saw the OF as one of the few sources of philanthropic funding that was structured to provide the kind of support that was needed during their merger.

Idea Development

There were multiple motivations for the EFA/ARCW merger to become Vivent Health. During the two to three prior years, EFA staff and leadership had engaged in ongoing discussions on how best to meet the needs of those living with HIV in St. Louis. Based on feedback from clients, as well as the experience of other similar organizations, there was a growing acknowledgment that there was demand for more comprehensive health care services among those living with HIV. In the past, EFA service offerings focused primarily on prevention, education, and case management. Being in a position to provide a larger array of services would necessitate a substantial shift in how EFA did its work. At the same time, there was concern that the sources of funding that EFA relied on to support its work might not be sustainable in the long term as changes in federal policy related to HIV prevention and care funding were likely to decrease the resources available for organizations like EFA to carry out their work.

“ *This is a transformational initiative. It's for EFA and ARCW to come together as one organization and then allow for furnishing of a medical home. ... I've done a lot of fundraising in my role and in my experience there's very few transformational funding sources. And I think that is what the Opportunity Fund has positioned itself as.*

– EFA staff

Given these factors, EFA began to investigate how other similar organizations nationally were working. When they learned about ARCW's HIV medical home model, they recognized that it held the potential to address multiple needs: it would allow EFA to offer more comprehensive services to their clients living with HIV in the St. Louis region, and it also allowed for increased revenue generation (via a 340B pharmacy program and billing for health services delivered to patients with insurance). Initial conversations between EFA and

ARCW centered around technical assistance, however as the relationship between the two organizations deepened, both parties recognized that a merger would speed EFA's transformation process by allowing them to leverage ARCW's expertise and resources. From the ARCW perspective, the merger offered the opportunity to expand their tested model to reach more patients in a new region. Once the decision was made to go through with the merger, the conversation shifted to how to best get the new program off the ground in St. Louis.

Prior to the EFA/ARCW merger to become Vivent Health, staff at MFH had also been grappling with the implications of the changes to federal policy around support for organizations working on HIV prevention. They worried that without fundamental changes to their structure, organizations working in the HIV prevention space would not be able to survive, potentially exacerbating the HIV crisis in the region. As a long-time grantee, EFA had been in ongoing contact with MFH about the state of the HIV prevention field. MFH learned that EFA was pursuing a merger with ARCW and saw an opportunity to promote a new and more sustainable model for HIV care in the St. Louis region.

As EFA and ARCW worked on how to complete their merger and get an HIV medical home in St. Louis off the ground, they knew that they would face substantial upfront costs. There were the costs of legally finalizing the merger, including conducting legal and financial due diligence, and costs associated with finding and renovating a new facility in St. Louis to house the HIV medical home. Another issue was that the previous EFA facility was better suited for case management than the more comprehensive services that would be offered as part of the HIV medical home. As a result, there were also costs to staff the new facility, because offering new services would require additional hires.

Through the OF, MFH provided a \$1.7 million grant to get the project off the ground, allowing for construction and furnishing of the new HIV medical home in St. Louis. Staff at EFA and ARCW noted that the funds to cover the upfront capital costs were critical to the process, greatly accelerating the timeline for getting the HIV medical home into operation.

“ Over the course of discussions on the EFA board, we recognized that we didn't have the resources and talent to actually implement the program ourselves. So, we started having more discussions with ARCW thinking about a potential partnership, but over time, we realized that a merger would really accelerate the transformation of EFA.

– EFA board

The relationship between EFA, ARCW, and MFH during the grantmaking process was productive and collegial. EFA and ARCW appreciated the responsiveness of MFH, and the collaborative spirit that was evident in their interactions with MFH staff. From the MFH perspective, the program officers appreciated that EFA and ARCW “*had really done their homework*” and were prepared to confront the different issues that emerged during the process of completing the grant proposal, and the work that would follow.

Implementation

The merger between EFA and ARCW—now Vivent Health—became official in September 2018 and plans were in place to open the HIV medical home in January 2019. In preparation, Vivent Health completed the renovation of a 22,000 square foot facility to house the new suite of services that would be offered. The new Vivent Health HIV medical home opened on January 1, 2019.

The Vivent Health HIV medical home continues to offer expert case management and education services that EFA provided prior to the merger. In addition, the HIV medical home also offers expanded service offerings, including a medical clinic where patients can get HIV testing and treatment and receive treatment for other medical needs, and a pharmacy where patients can obtain HIV medication as well as medication for other conditions they are dealing with. EFA/ARCW has also opened a food pantry onsite by partnering with another local organization to offer food to clients who are in need. They have also offered transportation access to some clients so they can access the services they need in a timely manner.

Currently, the medical clinic is serving around 2,000 patients. The clinic’s medical director is a physician with a long track record of working with HIV patients as part of their private practice. When accepting the medical director position, they brought their existing HIV patients with them, allowing the clinic to more quickly ramp up its medical practice. In addition to this existing patient pool, Vivent Health have also been able to enroll new patients, primarily individuals with new HIV diagnoses.

Vivent Health are expecting to add additional service offerings to the HIV medical home in the coming months. In early 2020, they expect to have behavioral health services in place so that clients can access care from mental health professionals. They also plan to open on onsite dental clinic around the same time. Eventually, they also hope to add legal services and services to connect clients to housing.

EFA, ARCW, and MFH staff feel positive about how the project has proceeded so far and are optimistic for prospects of this work in the future. Vivent Health credited the high quality of

staff they were able to hire to provide their expanded service offerings as contributing to the smooth implementation of the work to date.



Progress & Impact

While the HIV medical home has been open less than a year, there are a number of early signals that the medical home model is translating to better results in patient experience and clinical outcomes. One of the key indicators of HIV medical treatment success is the viral load. The goal in HIV treatment is for patients to reach a point where the viral load is essentially undetectable, which can be achieved if patients strictly adhere to their medication regime. When the viral load is undetectable, patients are not able to transmit the disease and they have a life expectancy that is comparable to someone who is not infected with HIV. ARCW's previous experience indicates that by employing their model, medical clinics can hope to achieve 90% of patients with an undetectable viral load.

Currently, 92% of the patients at the St. Louis Vivent Health medical clinic have an undetectable viral load. While the percentage was already in the high 70% range when the clinic opened, it is notable that this percentage has increased during the first months of the clinic's operation as the patient population has continued to grow.

Another area of progress is the time period between HIV diagnoses and first medical appointment. The integration of services at the HIV medical home has allowed for Vivent Health to greatly decrease the wait time their clients experience between diagnosis and the first medical appointment. While there may also be other contributing factors, the operation of the Vivent Health clinic coincides with a decrease in the average time between diagnosis and first medical appointment at the St. Louis regional level.



Influencing Thinking and Practice

From an organizational perspective, Vivent Health staff report that the merger has facilitated a fundamental shift in how the organization does its work. The organization has greatly expanded its array of services. Prior to the merger, staff at EFA worked primarily in a case

management and education role. Adopting the medical home model has required new hires and has required staff to work in ways that they had not been asked to previously. For example, to allow for better integration of services, Vivent Health created care teams that specialize in working with different types of clients to facilitate better coordination across the different services offered within the HIV medical home. The change in structure has led to improved integration and increased engagement among staff.

“ *It's a bit of an understatement to say there were challenges. I would say it was a rocky start to say the least. A lot of these services were separate so putting them together made good sense. Having said that, the workflow was challenging.*

– Vivent Health staff

While it has yielded positive results, implementing the new model has not been without challenges. Initially, operations were less smooth as staff adapted to a new way of working.

“ *We have seen a 2000% increase in the number of times case managers have reported conferencing with a medical provider on behalf of their clients....and that's the kind of thing that makes a difference for hard to reach clients.*

– Vivent Health staff

To manage this transition, MFH's funding made it possible for Vivent Health to work with change management consultants on culture change within the new organization and in the new service delivery mode. The effort involved multiple meetings with staff to help them understand what it means to work for the new organization. The goal of the meetings was to help staff understand the new cultural

norms of the organization and to create a sense of shared values. Vivent Health has made progress toward instilling a new culture and this will be a continued focus as the organization moves forward.



Long-Term Sustainability

After nearly one year of operation, Vivent Health has succeeded in getting the HIV medical home off the ground in St. Louis. Core services are in place and there are plans to add additional services in the future. Vivent Health staff see the HIV medical home as a gamechanger for HIV care in the region. They also see that the medical home model holds potential for other cities working with people living with HIV, and for dealing with other chronic conditions like opioid dependence. Transitioning to the medical home model has

allowed Vivent Health to generate revenue to support its ongoing operations. A question moving forward is the extent to which the model will be able to rely on revenue generated to fund its operations. Balancing financial sustainability with the need to expand services and serve more patients will likely be a tension that the Vivent Health medical home will need to continually balance as it continues its work to transform HIV care in the St. Louis region.