



Queensland Positive People

INCLUSIVE, INNOVATIVE HIV SERVICES

Peer Navigation  
Satrio (Tiko) Nindyo Istiko  
Peer Navigation Team Leader



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## Acknowledgments

- ☐ People Living with HIV who have been involved with this work
- ☐ Peer Navigators and clients of the Peer Navigation program
- ☐ Executive Programs Manager – Chris Howard
- ☐ Peer Navigation Team Leader – Satrio Nindyo Istiko (Tiko)
- ☐ Positive Living British Columbia – Glen Bradford
- ☐ University of Queensland – Dr Allyson Mutch
- ☐ Queensland Health – Core Funding
- ☐ ViiV Healthcare – Seeding Grant
- ☐ HIVFQ – Research Grant



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## Peer Navigation & MIPA

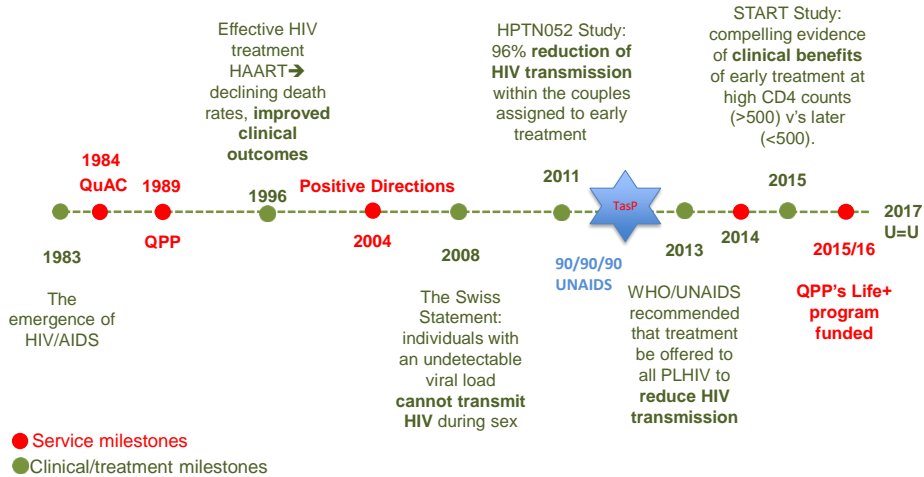
- Peer Navigation is underpinned by the MIPA Principle (1994)
- Embedded is the idea that personal experiences should shape the larger HIV response.
- Key principles:
  - Better local responses to HIV
  - Programs are tailored and responsive
  - Increased self determination and personal development for PLHIV
- Recognises the important **contribution** PLHIV and peer based organisations make in the response to the HIV epidemic.



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## QPP'S SERVICE MILESTONES



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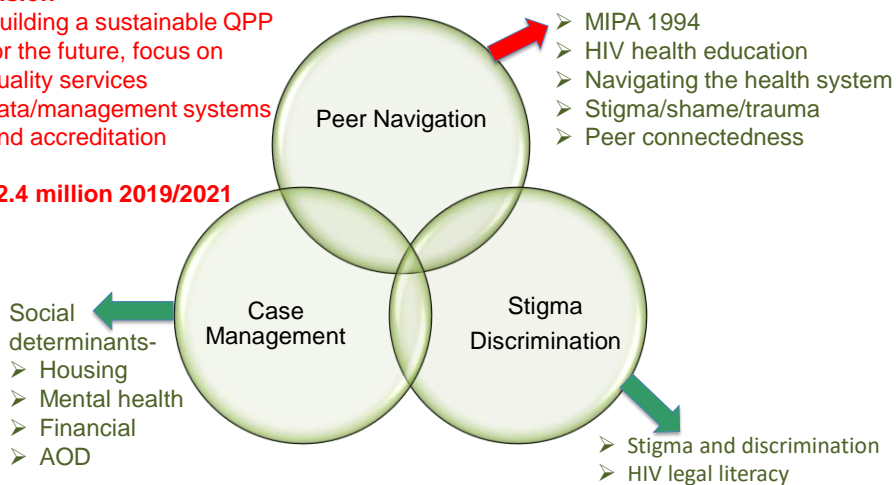


## Life+ An integrated model of care

### Vision

Building a sustainable QPP for the future, focus on quality services data/management systems and accreditation

**\*2.4 million 2019/2021**



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## Peer Navigation



Professionalising and formalising the role of Peers in the HIV response

Integrating the role of Peer Navigators as part of the health care team

Remunerating and acknowledging peers for the work they already do

Creating opportunities for Peers to work with and for community

**Part of a broader emergence of peer workforce in health sector**



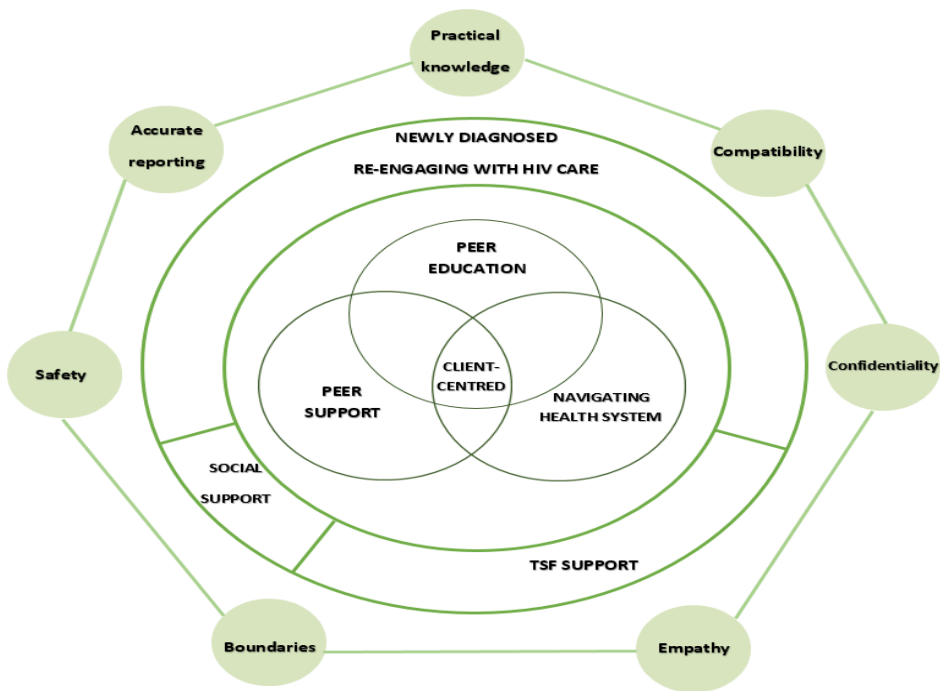
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## Peer Navigation- Aims

- ✓ Reduce the time between diagnosis and uptake of treatment
- ✓ Prevent HIV disease progression in PLHIV
- ✓ Reduce the possibility of onward transmission
- ✓ Address barriers to treatment initiation/adherence and retention in care
- ✓ Improve HIV health literacy
- ✓ Support PLHIV to effectively self manage HIV
- ✓ Provide quality health information in an easy to understand format
- ✓ Peer social connectedness to other programs



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## Peer Navigation- the Team

- Geographically distributed team of Peer Navigators (originally 17, currently 9 with 3 'Peer Case Managers')
  - 2 heterosexual males (1 African and 1 Caucasian)
  - 3 heterosexual women (2 African and 1 Caucasian)
  - 7 gay males (2 Asian, 5 Caucasian)
- Located in Cairns, Townsville, Rockhampton, Gold Coast and Brisbane and outreach to all other areas as required
- Full time, part time and casual
- Office, clinic (TSV) and/or community based
- All have laptops, tablets, phones and WorkSafe Guardian
- KM reimbursements if work cars (6) are unavailable

## Peer Navigation- in practice

Referrals to Life+ program- assessed by Team Leader and person matched to a Peer Navigator

Peer Navigator engages with person in a setting of their choice

Prioritises with the person what they would like assistance with

- Practical assistance to navigate the health care system, attend doctors appointments, blood work, pharmacy community or hospital, order online medications
- Education – modules delivered in a fluid, conversational or structured way
- Linkage to social support networks/programs



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## Peer Navigation- modules

**THE VIRUS – WHAT YOU NEED TO KNOW**

**TREATMENT – IT'S YOUR CHOICE**

**NAVIGATING THE HEALTH SYSTEM – YOU'RE IN CONTROL!**

**DISCLOSURE – TALKING ABOUT YOUR STATUS**

**LEGAL RIGHTS & RESPONSIBILITIES – LEGAL PROTECTIONS & OTHER MATTERS**

**MENTAL HEALTH – MAINTAINING CONTROL & RESILIENCE**

**STIS & HIV – THE DOUBLE WHAMMY**

**MEDICARE INELIGIBILITY – NAVIGATING ACCESS WHEN YOU DON'T HAVE MEDICARE**

**ALCOHOL, DRUGS & THE VIRUS – FINDING THE RIGHT BALANCE**

**HEALTHY LIFESTYLE – TAKING CONTROL OF YOUR HEALTH & WELL-BEING**

Peer and clinically  
reviewed annually-  
trusted information



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## A quality system

Extensive induction, orientation and training for all Peer Navigators

Human Services Quality Framework

- Policy/procedures
- Group Supervision
- Individual Supervision/Professional Development
- Professional bi-annual state-wide team training
- Suicide ASIST

Customised CRM – CHilliDB

Service Delivery Model

External Research Evaluation (UQ)

Internal Quality Improvement Evaluation

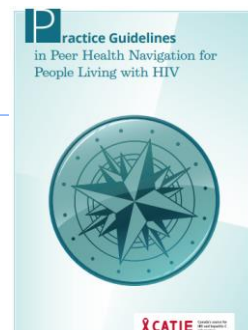


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## A quality system

Initial engagement	In Progress	21 Nov 2018 14:25 to 26 Nov 2018 14:25
Create note on client engagement and intake survey (1 Note)	In Progress	21 Nov 2018 14:25 to 26 Nov 2018 14:25
First Meeting	Open	26 Nov 2018 14:25 to 05 Dec 2018 14:25
Create note on client engagement; attach consent	Open	26 Nov 2018 14:25 to 05 Dec 2018 14:25
Navigation Meetings	Open	05 Dec 2018 14:25 to 23 Jan 2019 14:25
Create multiple notes on each meeting and modules reviewed	Open	05 Dec 2018 14:25 to 25 Dec 2018 14:25
Update client demographic data where required	Open	25 Dec 2018 14:25 to 23 Jan 2019 14:25
Engagement close	Open	23 Jan 2019 14:25 to 19 Jun 2019 14:25
Create notes re: exit survey, referral to other services, peer linkages etc	Open	23 Jan 2019 14:25 to 02 Apr 2019 14:25
Create a note with reason for engagement close - use 'file close'	Open	02 Apr 2019 14:25 to 19 Jun 2019 14:25

- ✓ Current NAPWHA work on the Australian National Standards
- ✓ University of Queensland -Peer Navigation Evaluation
- ✓ Outputs, Quality and Outcomes measures contractual



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## A quality system

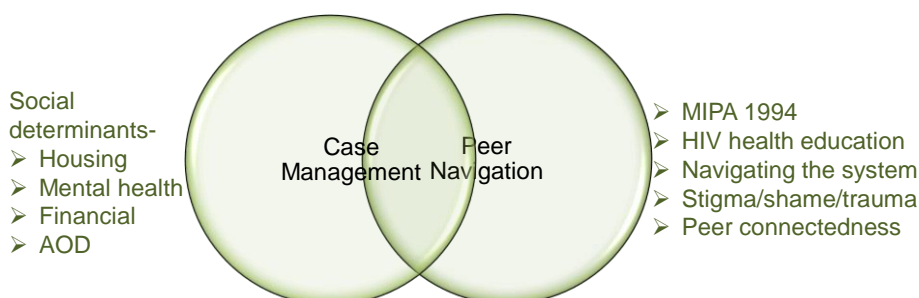
23 out of 89 clients (25,84 %) responded to our internal evaluation in 2018

Question/Statement	Average Score
How would you rate your current knowledge of HIV and AIDS?	8.1 out of 10
How would you rate your knowledge of how HIV is transmitted?	8.3 out of 10
How would you rate your understanding of CD4 count?	7.4 out of 10
How would you rate your understanding of viral load?	8.0 out of 10
How would you rate your current knowledge of HIV and STIs?	8.1 out of 10-
Please rate your understanding of HIV transmission and the law in Queensland	7.8 out of 10
How would you rate your understanding on when you need to disclose your HIV status?	7.7 out of 10
How important do you think antiretroviral treatment is to manage HIV?	9 out of 10



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## Evolution of the model- PTF



### **Peer Treatment Facilitator (PTF).**

Integrating the beneficial element of a Peer sharing their experience and understanding of living with HIV with a case management approach to assist people resolve issues that may be negatively affecting engagement with HIV care.



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## Evolution of the model

Peer Navigation Animation Video (Release in June/ASHM)

- Quality improvement evaluation revealed clinicians didn't know much about Peer Navigation and how it could assist clients
- Improving the relationship and connection between Peer Navigators and clinicians - importance of building trust and confidence

Developing a Community of Practice (CoP)

- A CoP for Peer Workers across mental health and other peer work sectors – this work has already begun in Queensland



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## Evolution of the model

Sharing the model knowledge and experiences with other PLHIV organisations in other jurisdictions:

- ✓ Living Positive Victoria
- ✓ Positive Life NSW
- ✓ POWA

Develop a national community of practice **Peer Navigators Network** – a network for Peer Navigators to discuss how they achieve and maintain best practice of Peer Navigation, exploring different models and approaches to Peer Navigation.

Peer Navigation whilst effective has moved care and support to an individualised community and weakened community connection. Looking to create opportunities for people who have been Peer Navigated to engage in quarterly facilitated group meetings

Moving the workforce to Permanent Part time/Full time rather than casual



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## UQ Evaluation- Navigating the health system

**Following a poorly managed diagnosis, the participant was not going to return to the doctor or begin medication, but the PN convinced them to visit another doctor:**

*I don't think I would have gone back for the second doctor's visit ... No. I don't go back. There's no three strikes with me. I'm not a victim. There's no three strikes. So that guy [s100 GP], when he stuffed that up, that was the end of it for me and I wouldn't have seen [second s100 GP] – I'm getting emotional – if [PN] hadn't pushed the idea. So I wouldn't be here now. I won't forget that (Client 21).*

*It restored a little bit of my confidence that I had completely and utterly lost. By not having the family at the time up in Brisbane, not knowing about the virus itself, thoughts about my career ending and things like that. It was one of the things that saved me. So, I mean, I can't speak highly enough of that support because what people probably don't realise is that not every gay person is in the scene and isn't in touch with things like they had all support services and things like that so, when something does go wrong it can be incredibly isolating so, it was yeah, for me a God send like it was incredibly valuable and yeah (client 11)*



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## UQ Evaluation- Impact of Peer Navigation

**Describing the experience of talking with a Peer Navigator:**

*Absolutely amazing. That was the first time you could sit down and have a cup of tea and a coffee apart from going to QPP where you know you're walking into an establishment where they are organised for HIV people. ... He was awesome, because you can sit there and relate to what you've got. (client 19)*

**Person living long term, linked with PN by doctor following suicide attempt:**

*It was a support person that came to the house, that I didn't have to go to them, like to QPP and go and talk to somebody, they actually came to the house, and sat down, had a cup of tea... and sat and talk to me, and I could let my emotions out without any prejudice. There was never, ever, ever, I've never had prejudice. (client 1)*



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## UQ Evaluation Impact of Peer Navigation

### The importance of PNs in rural locations- personalised information & Support :

*The reason why I think this peer navigator program is so important, is because in the social milieu in [rural town] there is a great fear of anything that smacks of book learning, and it puts people defensive barriers up, and that's the last thing you need to happen when you're trying to get through to somebody, and that's where the value of your peers is, because you don't put barriers up straight away. (Client)*

### The importance of information being delivered by a Peer:

*'I guess talking to him about the disease like how the disease worked as well as some specifics about transmission and stuff like that. That for me was really good just to clarify everything, particularly what undetectable meant. I think it was really big to hear from someone who was also HIV positive and from an actual organisation and their information has been approved by medical bodies' (Client - 8)*



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## Peer Navigation- Client Feedback- The Ideal Scenario

**Diagnosed Monday**



**Confirmatory Test**

**– Easter Thursday**

*I just sat on the floor and cried, and I thought, "I'm going to die, what are you doing?" And it's the most horrific feeling*



**Sexual Health Nurse refers to QPP**



**QPP follows up Tuesday after Easter**



**PN contacts and makes a time to visit that week**

*I think it's just having someone there. Someone else that's gone through it, someone that's dealing with it.*



**Regular visits over a few weeks and check in texts, client signed off within 8 weeks.**

*I do think having someone reaching out early was great. As I said, it would have only been within a week, and I got that initial call, and that was just fantastic, because I just needed someone to talk to and blurt out questions and things.*



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## Peer Navigation- Client Feedback- What's missing?

### Ongoing support needs

*it would be good to have some catch-up, or to have some ongoing support, say, with the same person, to say, "This is what's happening." Because at that time, I have no idea what else I need to know, and I have no idea what could happen, or what kind of thing I might go through later.*

*I don't know. I really... Because I have some mental health issues, and some other... You know, I've got quite a few cancer things going on at the moment and whatever, it's hard, because some doctors tell you, "That all stems from your HIV", kind of stuff, and then you kind of go and see HIV doctors and talk about it, and they say no, you deal with that with them, and it's a bit... You kind of get thrown around a bit. ... As much as I know that I can contact QPP, I don't know what kind of support or anything that they can offer to me.*

### Complex support needs

*For me I needed more of a social worker kind of thing (client-7)*

*It wasn't just HIV... So it was like a lot of things felt like they were falling apart, and I really needed that emotional thing" (client 2)*



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## Peer Navigation- Client Feedback- What's missing?

### Emotional support

*I think it's just that emotional side of things [wasn't addressed], but I think the rest is - it's - it was done well I think. Like I got what I needed out of it and yeah. I mean, I guess in a sense I was also getting a lot of information, so yeah*

### National networks to support clients who move between states.

*I'm sure the same applies to people down in Victoria or New South Wales who have been diagnosed who may end up in Queensland. It's just where ... so to have those connections more nationally would be really cool. (Client 11)*



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## UQ Evaluation Clinician Feedback

### Semi structured interviews with 6 GP's

Frequently, participants stressed the analogy of PNs acting as a ***“bridge between the clinic and the patient”*** this notion was exemplified in the following excerpt:

*‘It’s been really essential to have a PN to support that person, both in terms of trying to deliver that treatment to them, because they’ll go months without visiting the clinic, but through the PN we can often get treatment to the person and find out where they are and how they’re doing (5)*

For one s100 GP the support and resources identified and provided by PNs was essential to the HIV care team in maintaining patient engagement in care, reflective of the strong, patient-centred approach to overcoming barriers to care:

*It certainly gave much of my clinic team a much greater sense of; yes there’s a whole world out there that we haven’t encountered (4)*



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## UQ Evaluation Clinician Feedback

Another participant described the persistence of PNs in their attempts to re-engage and or provide resources to enhance retention in care was highly appreciated, especially in engaging difficult to reach individuals:

*[There wasn’t anything the] peer navigator's support system wasn’t prepared to do to solve the problems for this fellow and that was nice, because we’re not used to that level of support*

*Or that repeated level of patients not getting anywhere particularly we’re much more used to tertiary services from different spaces being – you know, we tried it once and we’re not going to do it again, because it didn’t work sort of stuff. (4)*



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## QUESTIONS FOR BOTH CLINICAL AND PEER WORKFORCE

1. How can we do better in integrating clinical and peer workforce to support key populations that are left behind in current 90-90-90 era, such as heterosexual people, Aboriginal and Torres Strait Islander, and Asian-born gay men?
2. Are we ready for a co-design approach to clinical and peer interventions to achieve the fourth 90 – 90% PLHIV with viral suppression achieve good quality of life?



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