ENGAGEMENT IN CARE BEST PRACTICES

When patients are actively engaged in care, they are more likely to attend appointments, adhere to prescribed treatments, and participate in health monitoring activities. Once patients are identified as eligible for MCC services, the MCC team will contact the patient and conduct engagement in care activities to encourage patients to attend the clinic for medical and MCC services. Consistent engagement allows the MCC team to address any barriers to care, provide support to overcome challenges, and ensure patients receive ongoing care. *Engagement in care activities is especially critical for vulnerable populations including individuals experiencing homelessness, substance use disorders, or severe, untreated mental illness.*

Maslow's Hierarchy of Needs and Assessing Barriers to Care

Understanding Maslow's Hierarchy of Needs can offer a valuable lens for the MCC team to support patients in addressing complex challenges when engaging in care. This psychological framework categorizes human needs into five hierarchical levels depicted in the shape of a pyramid, as shown in Figure E1. The categories range from the most basic survival needs to the pursuit of self-fulfillment: physiological (food, shelter), safety (personal security, health), love (sense of belonging, relationships), esteem, and self-actualization. According to the theory, higher-level needs (top of the pyramid) become relevant only when foundational needs (bottom of the pyramid) are met (Kenrick, Griskevicius, Neuberg, & Schaller, 2010). Determining a patient's unmet needs within this hierarchy can help the MCC team prioritize interventions, offer necessary support, and develop tailored care to reduce barriers to HIV care.

Figure E1. Maslow's Hierarchy of Needs (Kenrick, Griskevicius, Neuberg, & Schaller, 2010)

Maslow's Hierarchy of Needs can help guide providers and care teams in delivering patient-centered, needs-based care. It reinforces that adherence and engagement in HIV treatment cannot be fully addressed through medical interventions alone. In HIV care, Bracken et al. further adapted Springers et al. Maslow's Hierarchy of Needs to focus on people with HIV who are also incarcerated to highlight that HIV care cannot be adequately addressed until other key

needs are met first (Bracken, Hilliard, McCuller, & Harawa, 2015). Figure B2 shows the updated hierarchy of needs by Bracken et al.

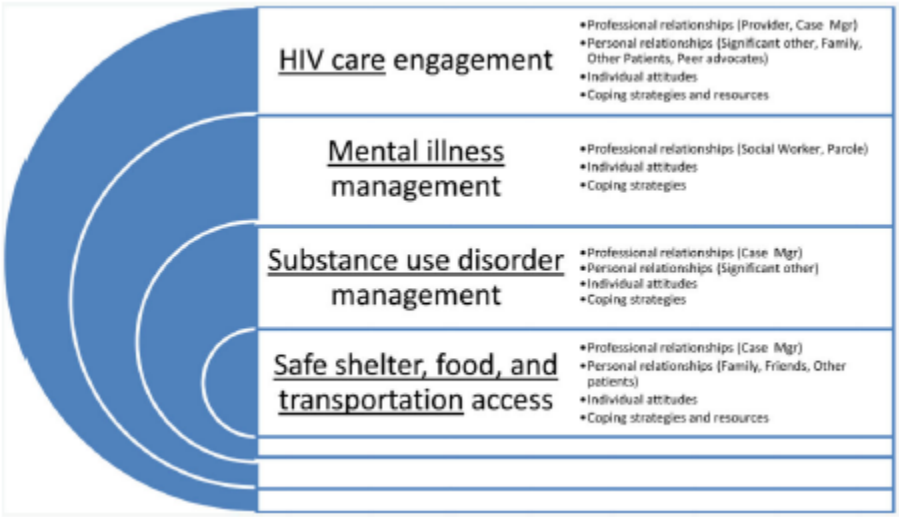

Figure E2. Bracken et al updated Springer et al 2011 representation of Maslow's hierarchy of needs (Bracken, Hilliard, McCuller, & Harawa, 2015)

To facilitate patient access to care, the MCC team can use Maslow's Hierarchy of Needs model to understand the obstacles a patient has experienced or is currently experiencing that may hinder their engagement in services. Table E1 provides some examples of common barriers to care.

Table E1. Examples of potential barriers to care

Unmet Needs	Examples of Barriers to Care
Psychological	Untreated mental illness and substance use disorders can impact decision-making, adherence, and motivation.
Safety	Lack of housing or exposure to intimate partner violence force individuals to prioritize immediate safety over long-term health.
Affection and Belonging	Social isolation, stigma, and lack of supportive relationships can reduce motivation.
Socioeconomic	Lack of transportation, insecure food availability, or financial hardships curb the ability to consistently access care.
HIV Care-Specific	Limited access to ART, long wait times, distrust of the healthcare system, or lack of culturally competent care may lead to disengagement.
Competing Priorities	Daily responsibilities such as caregiving or work, may conflict with appointment schedules or care routines, impacting ongoing engagement.

Tailoring Strategies to Support Engagement in Care

While not all strategies will be effective for every patient, familiarity with evidence-based strategies and/or expert recommendations for how to meet the individual needs and circumstances of each patient can help the MCC team develop a toolbox of potential interventions. The MCC team may consider implementation of any of the following:

1. **Conduct regular screening and provide referrals** for mental health support and substance use treatment (Bouabida, Chaves, & Anane, 2023).

2. **Ensure a safe and confidential space** for care delivery (Yehia, Stewart, Momplaisir, & Mody, 2015).

3. **Foster peer support networks** such as support groups or community engagement activities (Yehia, Stewart, Momplaisir, & Mody, 2015).

4. **Train staff on cultural humility and competency** to build the MCC team's knowledge and practice in understanding the importance of cultural identity, using inclusive language, adapting care approaches, and promoting patient empowerment. This supports a patient's full engagement in treatment and long-term health outcomes (Hussen, Kuppalli, Castillo-Mancilla, & Bedimo, 2020).

5. **Use non-stigmatizing and patient-centered communication** to encourage open communication, active listening, and shared decision making between MCC staff and patients (Yehia, Stewart, Momplaisir, & Mody, 2015).

6. **Use a strengths-based approach** in case management and treatment adherence support (Craw, Gardner, & Marks, 2008).

7. **Monitor the appointment schedule and contact patients** with missed appointments (Macharia, Leon, & Rowe, 1992).

8. **Seek out and engage patients who have fallen out of care.** If phone calls or texts are unsuccessful, move to field outreach by leaving the clinic to locate and engage the patient in the community (Centers for Disease Control and Prevention, 2021).

9. **Offer walk-in appointments or extended clinic hours** for patients with the greatest barriers to care (Office of AIDS Research, US Department of Health and Human Services, 2024).

10. **Utilize incentives** to support patients with limited resources, helping them prioritize and stay focused on their medical care (El-Sadr, Donnell, & Beauchamp, 2017).

11. **Explain what a patient can expect from their HIV care**. Inform patients of the expectations of their active engagement when starting care or returning to care, such as attendance to more frequent appointments at the beginning of their care to establish a comprehensive treatment plan, monitor initial health status, and address any immediate medical needs. As a patient progresses in their care, the frequency of appointments will likely decrease once their HIV is under control. However, the exact schedule will vary depending on the patient's health needs and treatment goals (Centers for Disease Control and Prevention, 2021).

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