

L2C IN NYC

**RYAN WHITE PART A PLANNING COUNCIL
INTEGRATION OF CARE COMMITTEE
DECEMBER 3RD, DECEMBER 17TH 2014**

LINKAGE TO CARE (L2C)

1. What is it?

- Why is it important?
- Definitions
- Engagement in Care Continuum

2. Where are we now?

- 2012 Care Continuum
- Currently funded Ryan White Part A Early Intervention Services (EIS) models in NYC
- L2C data

3. What are L2C best practices?

- Antiretroviral Treatment and Access to Services (ARTAS)
- L2C article

4. How are we going to get there?

- Group activity

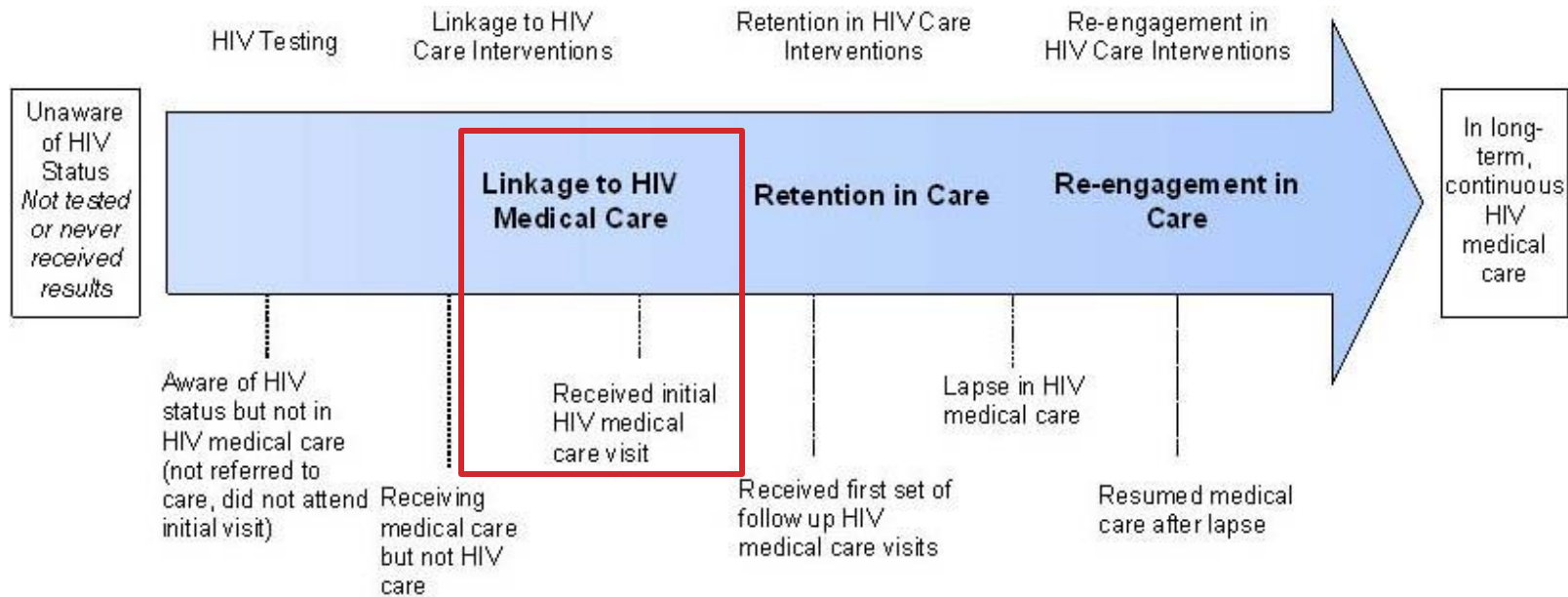
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WHY IS IT IMPORTANT?

- Early initiation of HIV treatment and long-term adherence leads to better health outcomes and reduces transmission of infection.
- Linkage to care shortly after HIV diagnosis provides opportunities for intervention to prevent transmission.
- Many persons living with HIV are not linked to care shortly after HIV diagnosis or do not stay in care.

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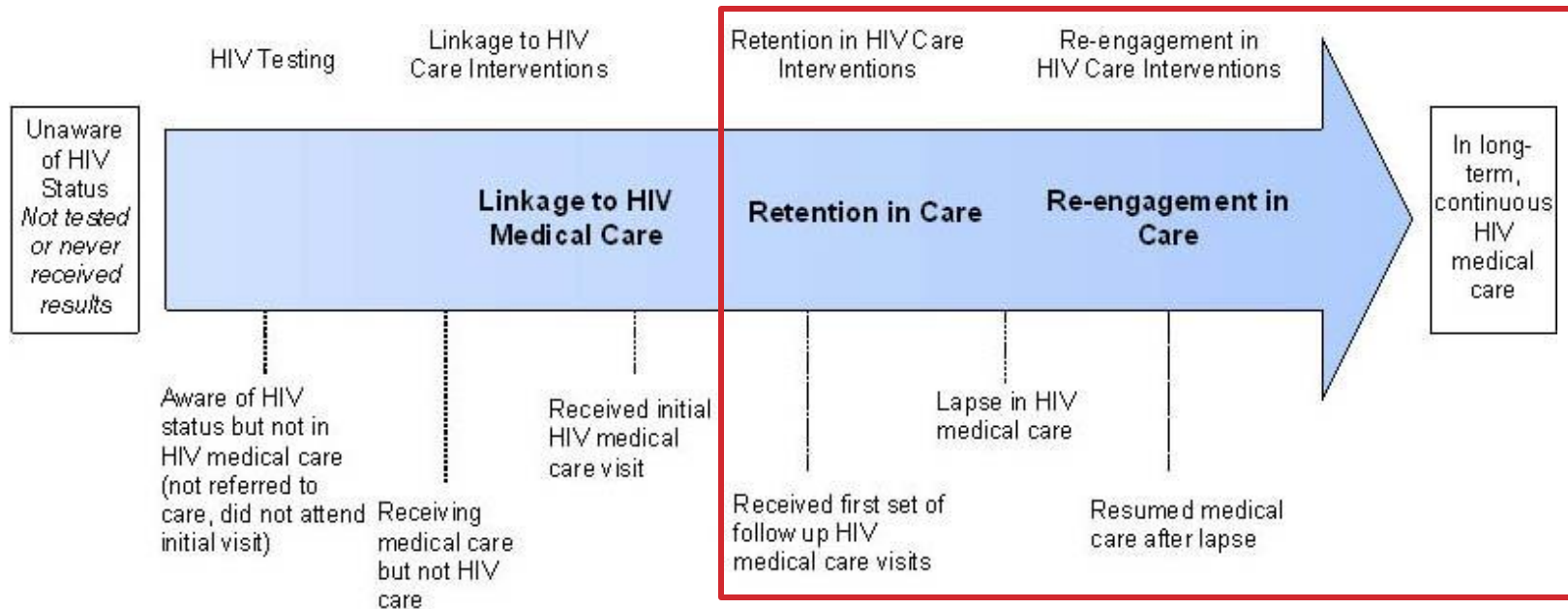
WHAT IS IT? DEFINITIONS



Successful **Linkage to care** is the process of assisting HIV-diagnosed persons attend at least 1 medical care visit within 90 days. “Care” is defined by a patient attending an initial HIV medical care visit with an HIV primary care provider (authorized to prescribe medication) following receipt of HIV diagnosis or receiving a CD4 or HIV viral load test(s).

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ENGAGEMENT IN CARE CONTINUUM

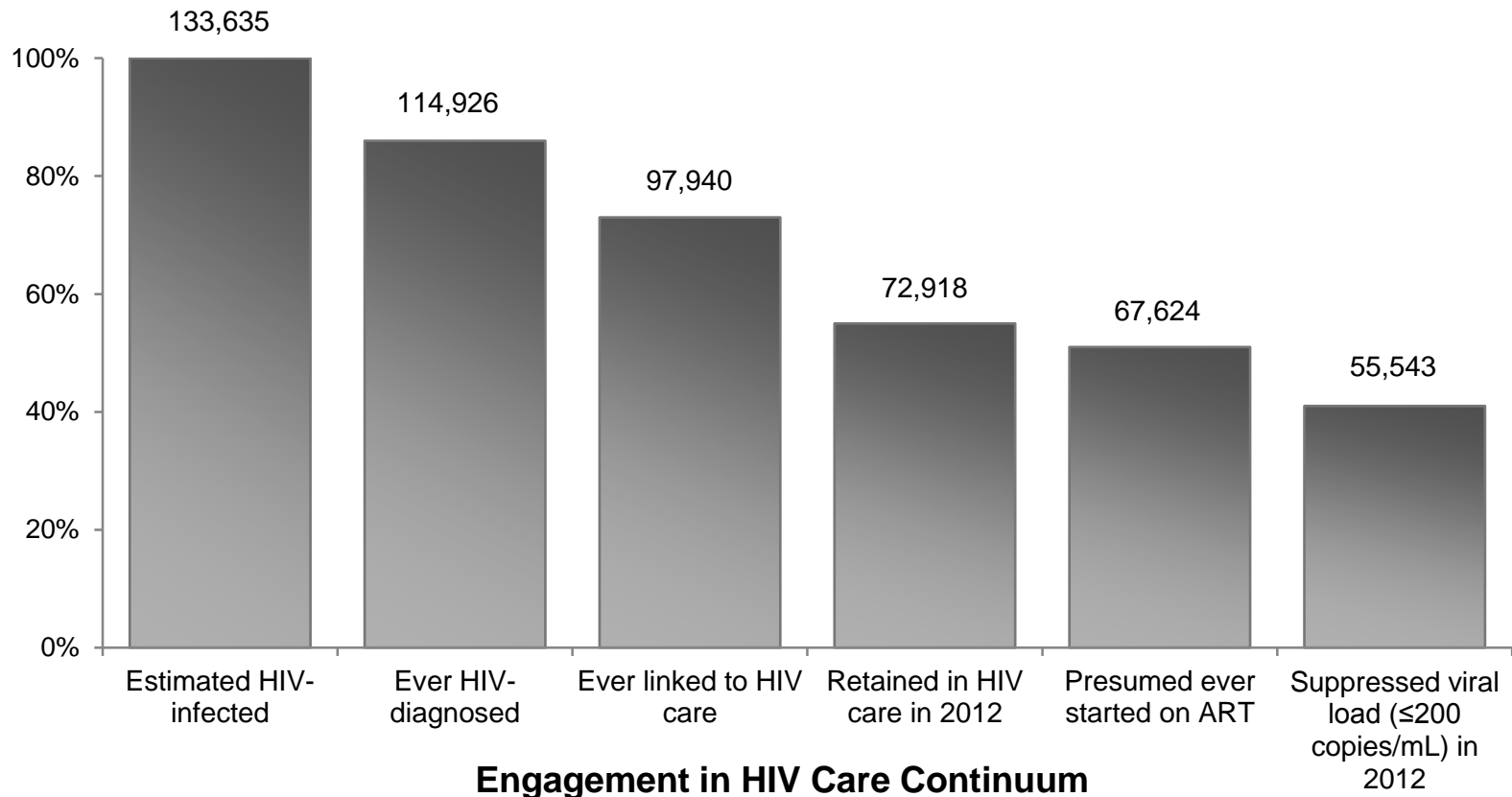


Retention in care - the process of helping HIV patients keep their scheduled clinic appointments. Retention is operationalized as having at least 2 visits for routine HIV medical care in 12 months, and at least 3 months apart.

Re-engagement - the process of re-connecting HIV patients to primary care after they have dropped out of care. Dropped out of care is operationalized as being out of care for 9 months or never in New York City.

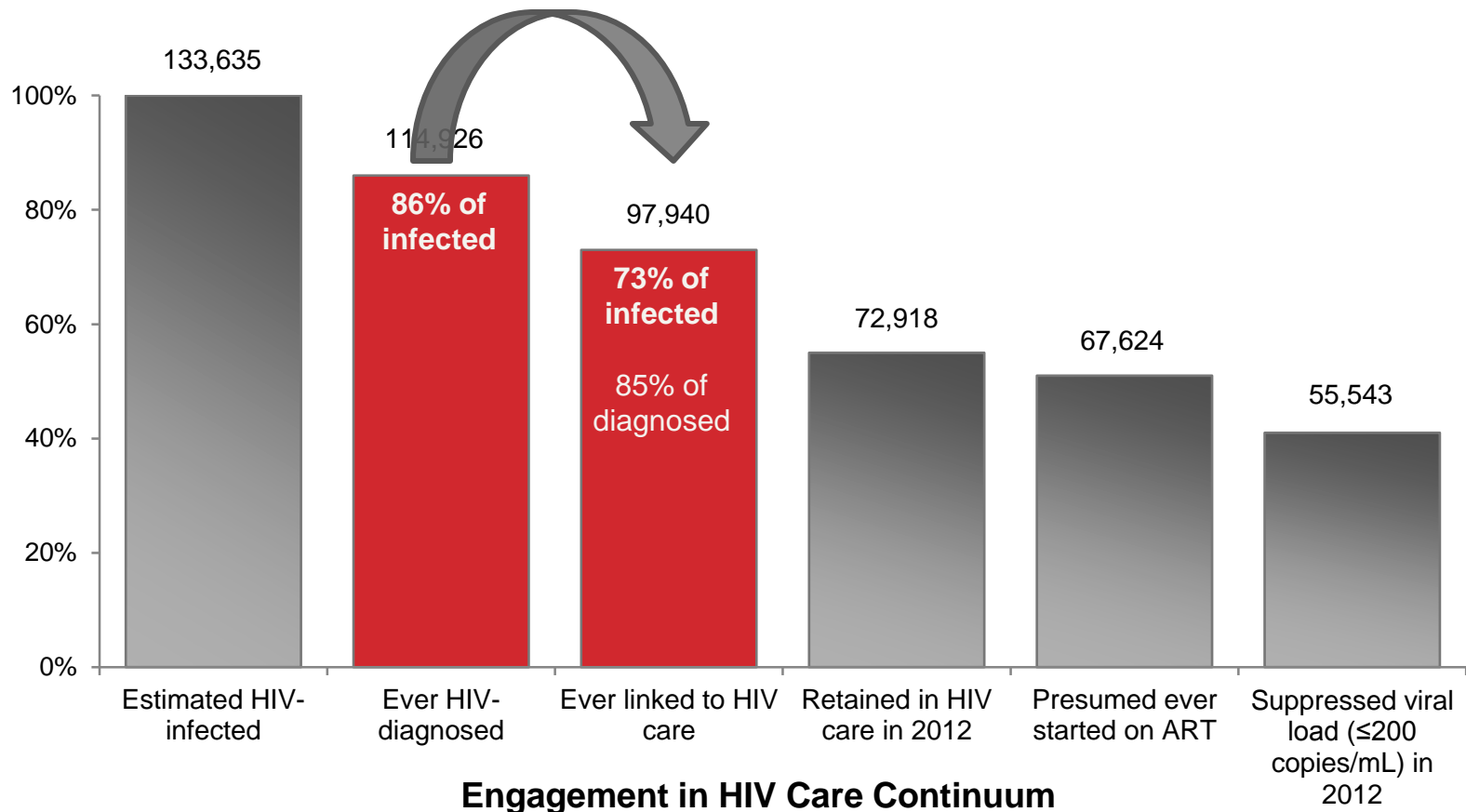
WHERE ARE WE NOW?

2012 CARE CONTINUUM



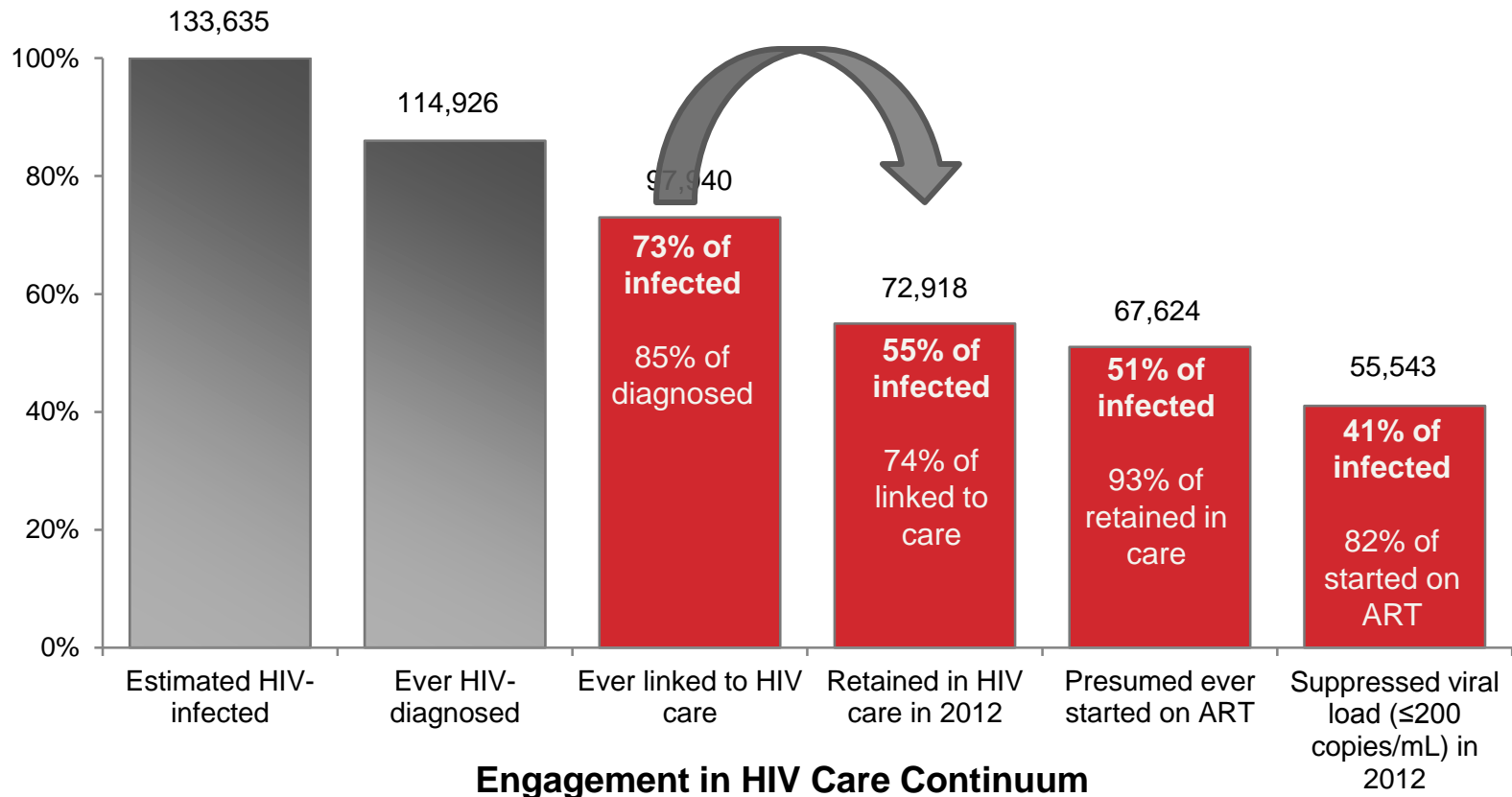
WHERE ARE WE NOW?

2012 CARE CONTINUUM



WHERE ARE WE NOW?

2012 CARE CONTINUUM



RYAN WHITE PART A EARLY INTERVENTION SERVICES

HRSA Definition:

Support of **Early Intervention Services** (EIS) that include identification of individuals at points of entry and access to services and provision of:

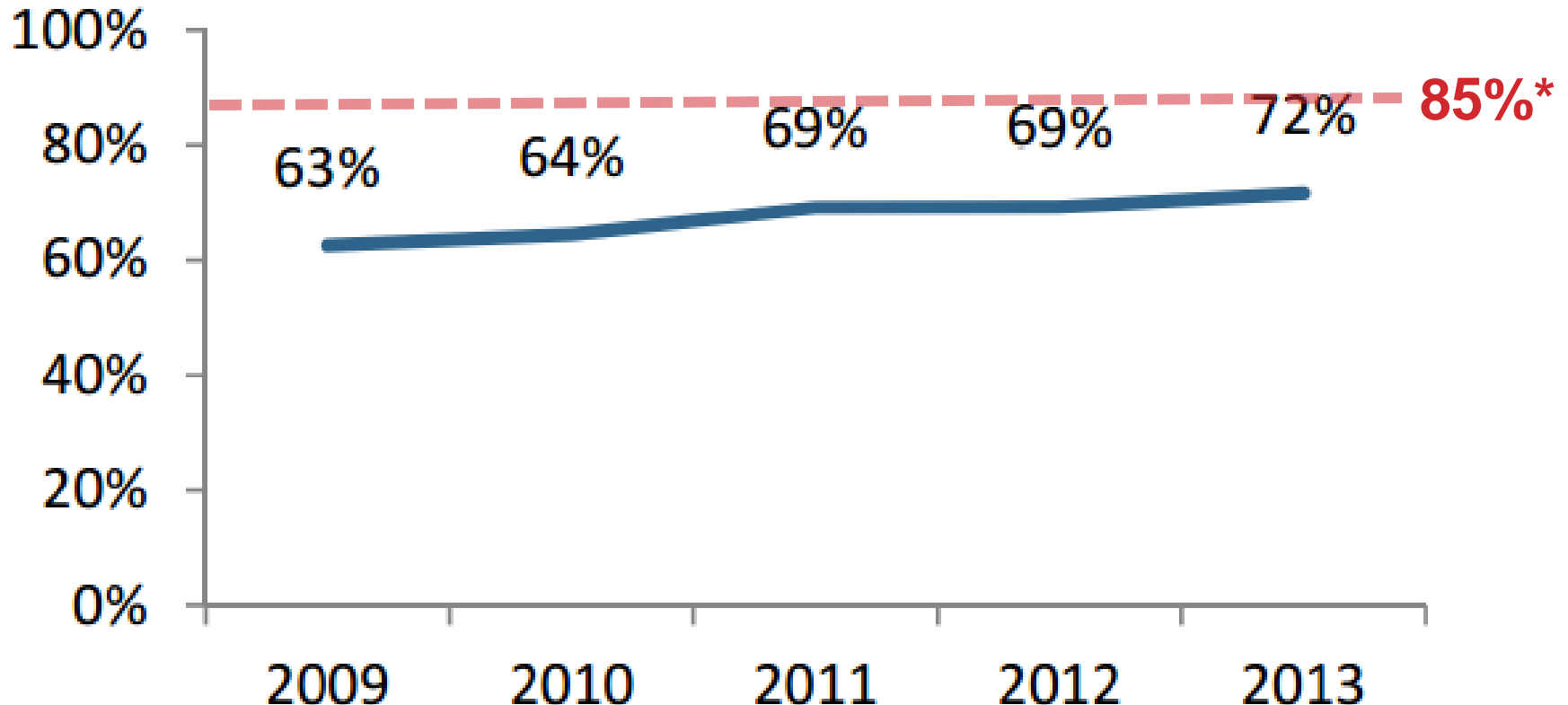
- HIV Testing and Targeted counseling
- Referral services
- Linkage to care
- Health education and literacy training that enable clients to navigate the HIV system of care

All four components to be present, but Part A funds to be used for HIV testing only as necessary to supplement, not supplant, existing funding

EIS SERVICE MODELS IN NYC

Service Category	# of Awards	Service Category Summary
Social Network Strategies	6	HIV testing using a social network recruitment strategy to penetrate dense risk networks and test high-risk individuals.
Priority Population Testing	7	HIV testing in a non-traditional setting with a sub-population of high-risk individuals where social networking recruitment strategies may not be successful.
Routine Testing	7	Provides routine HIV testing in clinical settings in accordance with the 2006 CDC recommendations and NYS law that requires screening for HIV as part of standard of care.
Outreach for Homeless Youth	4	Provides targeted outreach and testing to homeless youth.
Testing in Harm Reduction Programs	3	Provides rapid HIV testing Harm Reduction programs.

TIMELY L2C AMONG NEWLY DIAGNOSED PERSONS NYC 2009 - 2013

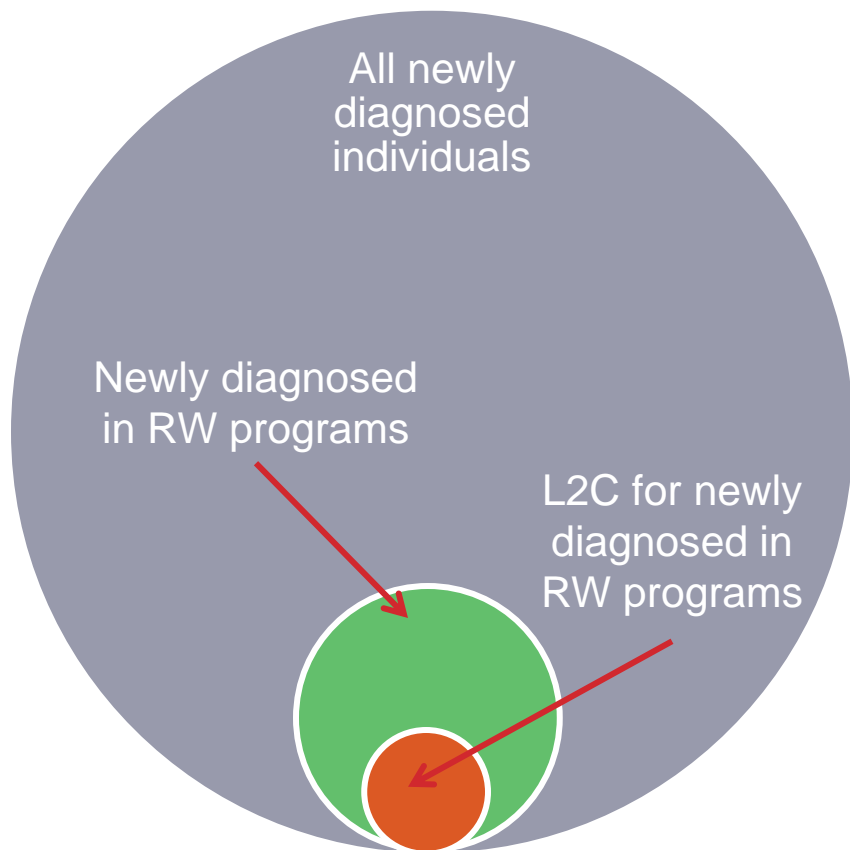


*DHAP Strategic Plan for 2011-2015

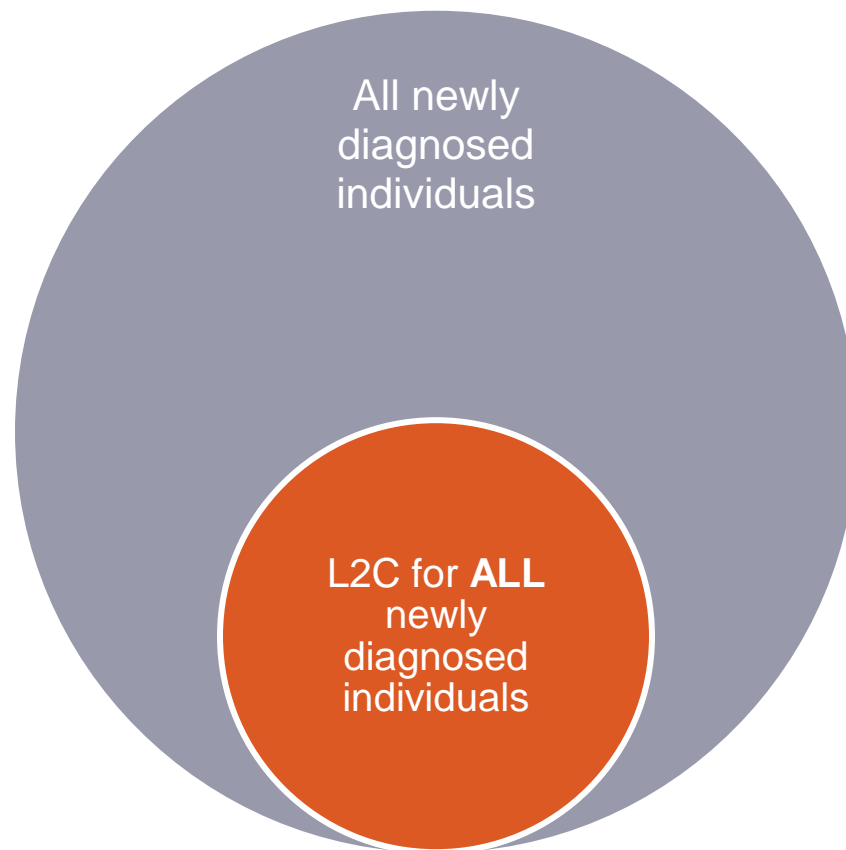
- Increase the percentage of persons diagnosed with HIV who are linked to HIV medical care within 3 months after diagnosis to 85%

L2C SERVICES

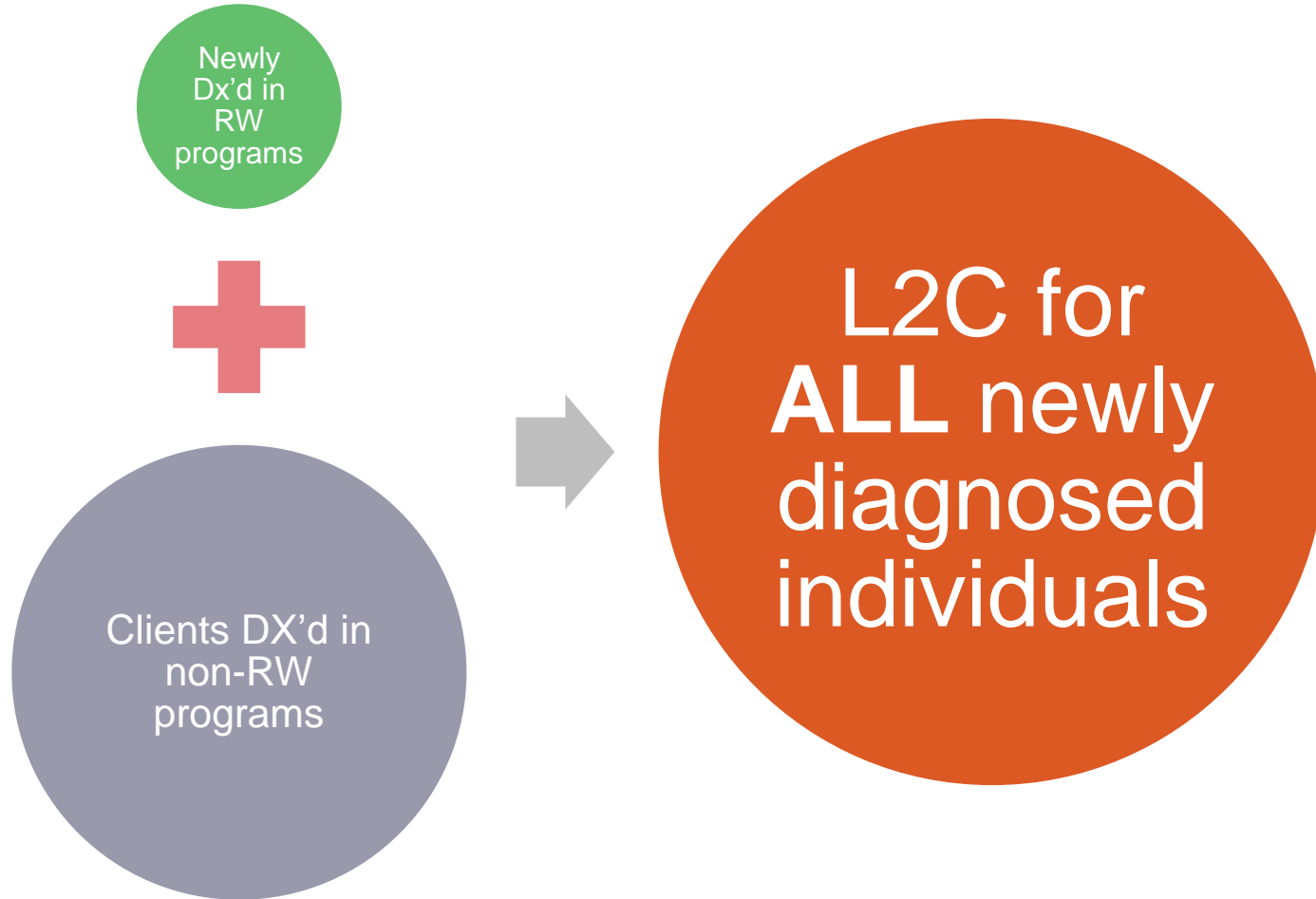
CURRENT L2C SERVICES



POTENTIAL L2C EXPANSION



L2C SERVICES



L2C BEST PRACTICES

1. **Antiretroviral Treatment and Access to Services (ARTAS)**
 - <https://www.effectiveinterventions.org/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx>
2. Gilman B, Hidalgo J, Thomas C, Au M, Hargreaves M. **Linkages to care for newly diagnosed individuals who test HIV positive in nonprimary care settings.** AIDS patient care and STDs. 2012;26(3):132-40. Epub 2012/01/18.

ARTAS TRIAL



- **Recently HIV-Diagnosed Individuals**
- **Randomized to:**
 - Standard of Care = passive referral to HIV Care
 - Received information about HIV and local resources
 - Strengths Based (SB) Case Management
 - Up to five case manager contacts over 90 days
 - Help clients identify their strengths and assets and facilitate individual goal setting
 - Motivate person to enter to care (motivational interviewing)
 - Assess client resources, needs and barriers to care
 - Foster empowerment and self-efficacy to overcome barriers
 - If needed, accompany the client to their first appointment

ARTAS TRIAL RESULTS (N=273)

	Primary care visit within 6 months of enrollment	Primary care visit in 2 consecutive 6-month periods (6+12)	Med record confirmed 6+12 months (N=224)
SB* Intervention (n=137)	78%	64%	63%
Passive referral (n=136)	60%	49%	48%
P-value	0.0006	0.007	0.03

*SB = Strengths Based

SELF-REPORTED BARRIERS TO ENTERING CARE (ARTAS TRIAL 2)

Frequently reported barriers*	Not entered HIV care (n=60)	Entered care, missed ≥ 1 appt (n=117)
Felt well or had no symptoms	70%	58%
Lacked transportation to the clinic	37%	39%
Not ready to start taking HIV meds	37%	33%
Takes too long to get appointment	20%	38%
No insurance/could not afford cost	33%	31%
Could not take time off of work	25%	33%

*Respondents could choose more than 1 barrier

GILMAN B, ET. AL

SUCCESSFUL L2C PROGRAMS

- **KEY CHARACTERISTICS**
- **CORE COMPONENTS**
- **OPERATIONAL FACTORS**

SUMMARY

Domain	Feature	Description
Key characteristics	Low Cost	Linkage programs can be implemented with a relatively minimal investment of resources.
	Intensive	Linkage programs require a significant investment of time helping clients engage with care.
	Time limited	Linkage services are provided for only a short time.
	Flexible	Linkage programs have to be adapted to fit the needs and resources of the community they are intended to serve.
Core Components	Dedicated linkage staff	Linkage protocols rely on the use of dedicated staff to provide linkage services to newly diagnosed clients.
	Active referral	Linkage protocols require active handoff of newly diagnosed clients to medical case managers.
	Person-centered	Linkage protocols provide single point of contact to help newly diagnosed clients identify needs and access services.
	Cultural concordance	Linkage workers must be culturally and linguistically representative of the populations they serve.
Operational factors	Adherence to protocol	Success depends on developing and adhering to specific set of procedures and responsibilities for linking clients to care.
	Selection of linkage staff	Success depends on personality, cultural background, experience, and interpersonal skills of linkage workers.
	Execution of program	Success depends on coordination and integration of services across and within multiple organizations at different levels.
	Sustainability of program	Success depends on coordination of federal, state, and local resources from multiple funding sources.

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KEY CHARACTERISTICS

1. Low Cost
2. Intensive
3. Time-limited
4. Flexible

Gilman B, Hidalgo J, Thomas C, Au M, Hargreaves M. Linkages to care for newly diagnosed individuals who test HIV positive in nonprimary care settings. *AIDS patient care and STDs*. 2012;26(3):132-40. Epub 2012/01/18.

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CORE COMPONENTS

1. Directly employed linkage workers
2. Active referral to medical care
3. Client-centered linkage case management, and
4. Cultural and linguistic concordance between linkage staff and their clients.

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OPERATIONAL FACTORS

1. Adherence to linkage protocols
2. Selection of linkage coordinators
3. Execution of linkage programs
4. Sustainability of linkage programs

WHERE DO WE WANT TO GO?

Brainstorm in groups for 15-20 minutes:

1. What are we doing well?
2. What are some perceived barriers to Linkage to Care, and what aspects of Linkage to Care could we improve?
3. What are some additional strategies we can employ to reach our L2C goals?

THANK YOU

WILBUR YEN, LMSW/MPH

PROGRAM PLANNER

NYC DOHMH, BHIV, CARE AND TREATMENT UNIT

WYEN@HEALTH.NYC.GOV