

Health Department-assisted HIV Partner and Linkage Care Services

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Acknowledgement

- **Clients**
 - HIV-diagnosed patients
 - HIV-exposed partners
- **Providers**
- **Field Services Unit Staff**
- **BHIV and DOHMH staff**

Outline of presentation

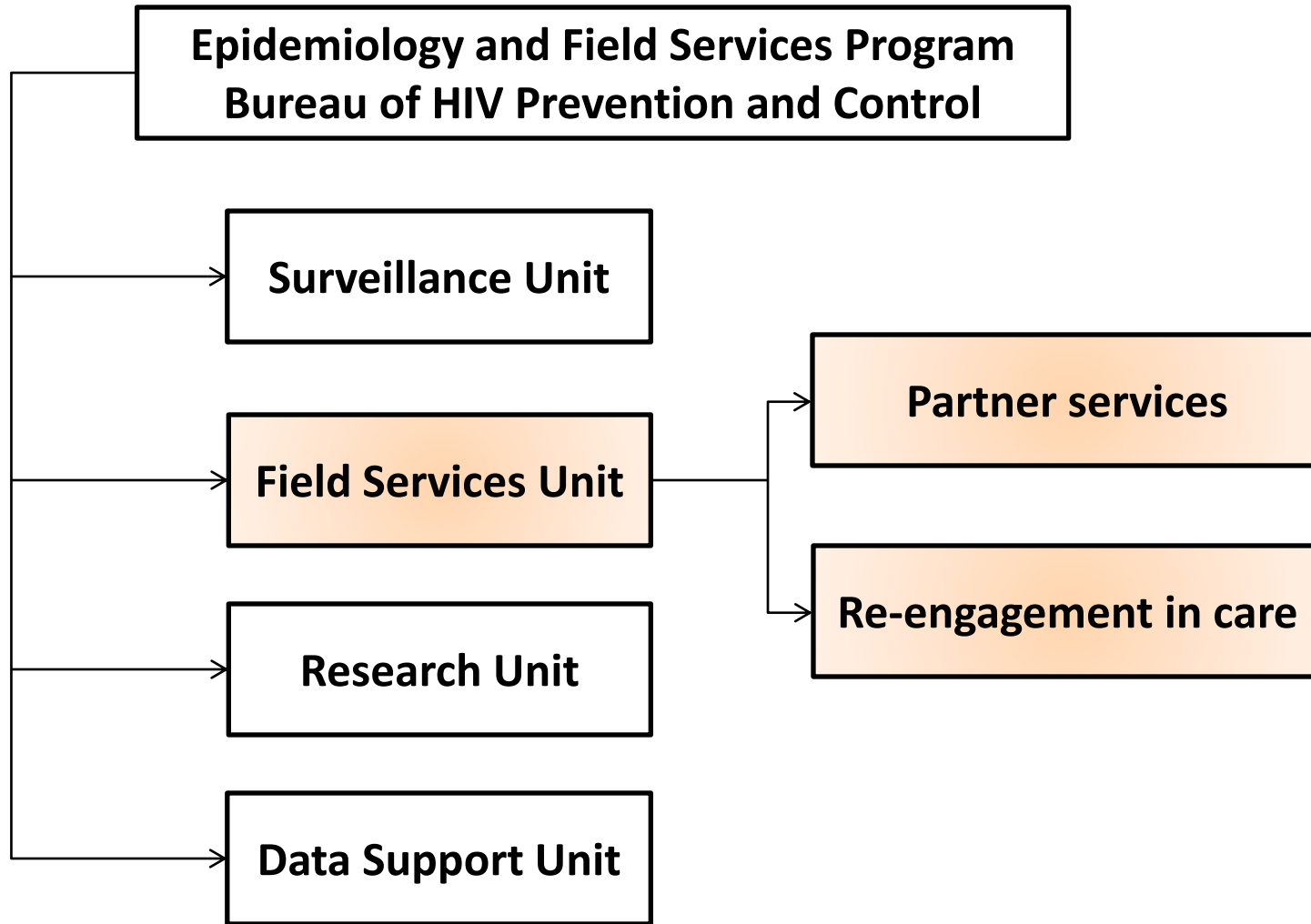
- **Background**
- **Methods**
- **Partner services**
- **Re-engaging out-of-care persons in care**

Organizational structure

The Field Services Unit

BACKGROUND

Organizational structure



2004 NYC partner elicitation outcomes by provider type

	Index cases diagnosed n	Cases with any partner info n (%)	Partners elicited n	Partner index (partners/cases)
STD clinics	206	105 (49.5%)	179	0.9
Other Providers*	3460	614 (17.7%)	746	0.2

*Excludes other DOHMH providers (TB clinics and NYC Jails)

Other public health issues

- **Persistent problem of late HIV diagnosis**
 - NYC partner services (PS) outcomes lagged behind rest of NYS and national benchmarks
- **Missing surveillance information**
 - 30% of cases with no transmission risk identified
- **Delayed linkage to care**
 - ~25% with no VL/CD4 1 year after initial diagnosis
 - Untreated patients have poorer health outcomes and higher viral loads increasing transmission risk

Taking HIV Partner Services Citywide

- **July 2006: Partnered with 8 facilities in the Bronx, Brooklyn, and Manhattan**
- **Borough-wide expansions**
 - **July 2012: Bronx**
 - **November 2012: Brooklyn and Manhattan**
 - **February 2013: Staten Island**

Applying Partner Services Framework to HIV care engagement, 2007

- **HIV-diagnosed persons not linked or retained in care may have high viral load**
- **Persons with high HIV viral load can transmit HIV to HIV-negative sex or needle-sharing partners**
- **Health department can play an important role:**
 - **Engage or re-engage patients in care**
 - **Identify exposed partners for notification and HIV testing**

New law supports HIV care engagement

- **Prior to April 2014:**
 - Law prohibited sharing patient-specific registry information to providers and outside jurisdictions, except for case counting.
- **Since April 2014:**
 - Law will permit sharing of patient-specific registry information between the health department and providers for patient linkage or re-engagement in care
 - Regulations not yet released

Health department accountability

Client privacy

Operations

METHODS

Accountability

- **Establish protocols and procedures**
 - Align to local laws and regulations
 - Measurable objectives and time frames
 - Short and long-term evaluation plans
- **Forms and databases**
 - Align to protocols and procedures
- **Staff preparation**
 - New staff orientation
 - Compulsory skills training
 - Supervision and continuous quality improvements

Confidentiality

- **Use officially-issued computers and smart phones only**
- **No exchange of person identifiers (first name, last name, date of birth) on the Internet or text message**
- **Attend annual confidentiality training and sign pledge to protect data and client information**

Safeguarding client privacy

- **HIV diagnosed patient**
 - HIV diagnosed patient identity or serostatus is never revealed
 - Domestic violence screening for each partner named. If domestic violence is identified, notification is deferred
- **Notification of partner**
 - Person other than the staff who interviewed the index patient is assigned to conduct partner notification
 - The outcome of a partner investigation is never shared with the index patient

Preparation

- **Verify OOC-PLWH is in the community**
 - Registry look-up (NY state and NY city)
 - Death registries (NYC vital records & national death index)
 - Correctional facility databases (New York City and State, and Federal)
- **Obtain latest contact information and living conditions**
 - Social services databases
 - Internet search engines
 - Medical record review
- **Initiate contact**
 - Text message and/or letter
 - Phone call

Flexibility

Field services unit staff may meet clients in the following field locations:

- Provider facility**
- Health department clinics**
- Health department official vehicle (mobile office)**
- Public spaces (parks, coffee shops, street locations)**
- Client's residence**

Introduction

- **Show health department identification and introduce oneself**
- **Verify patient's identity by checking his/her identification, or by confirming the patient's name, date of birth, address, etc., verbally**
- **Explain health department privacy policies**
- **Explain purpose of call or visit**

Patient assessment

- **Observe patient's physical and mental state**
 - If the patient states that he/she is suicidal, work with him/her to call LifeNet (1-800-LIFENET [543-3638]) immediately and inform supervisor or if in the facility, notify appropriate facility staff
 - If patient needs emergency medical care, work with him/her to call “911”
- **Assess comprehension of HIV diagnosis**
 - Review test results and purpose of visit to make sure that they understand their diagnosis.
 - If patient does not understand, even after explanation, refer him/her back to the last HIV medical provider

Referrals

- **Based on provider and/or patient's preferences:**
 - **HIV medical care facility**
 - **Last facility attended by patient**
 - **Facility preferred by patient due to location, place of residence, language, medical providers**
 - **Obtaining appointment**
 - **Health department staff obtains appointment**
 - **Patient obtains appointment**

Keeping appointments

- **Facilitators and enablers**
 - **Reminder calls, letters, text message, email**
 - **Transport in a health department official car**
 - **Reimbursement of roundtrip public transport fare**

Follow-up

- **Verifying if appointment was kept**
 - Follow-up contact with patient and/or provider
 - Medical record review
- **If appointment not kept**
 - Repeat referral/keeping appointment steps once or twice
- **Failed attempts to keep appointments**
 - Contact health department for assistance when ready to return to care
 - Contact health department staff
 - Call Field Services Unit call line

Patient selection

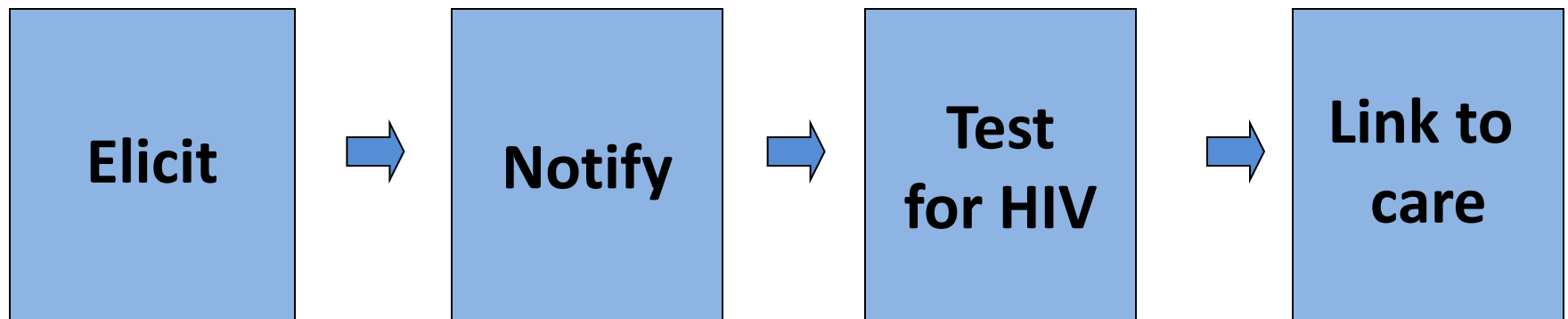
Citywide expansion

Outcomes

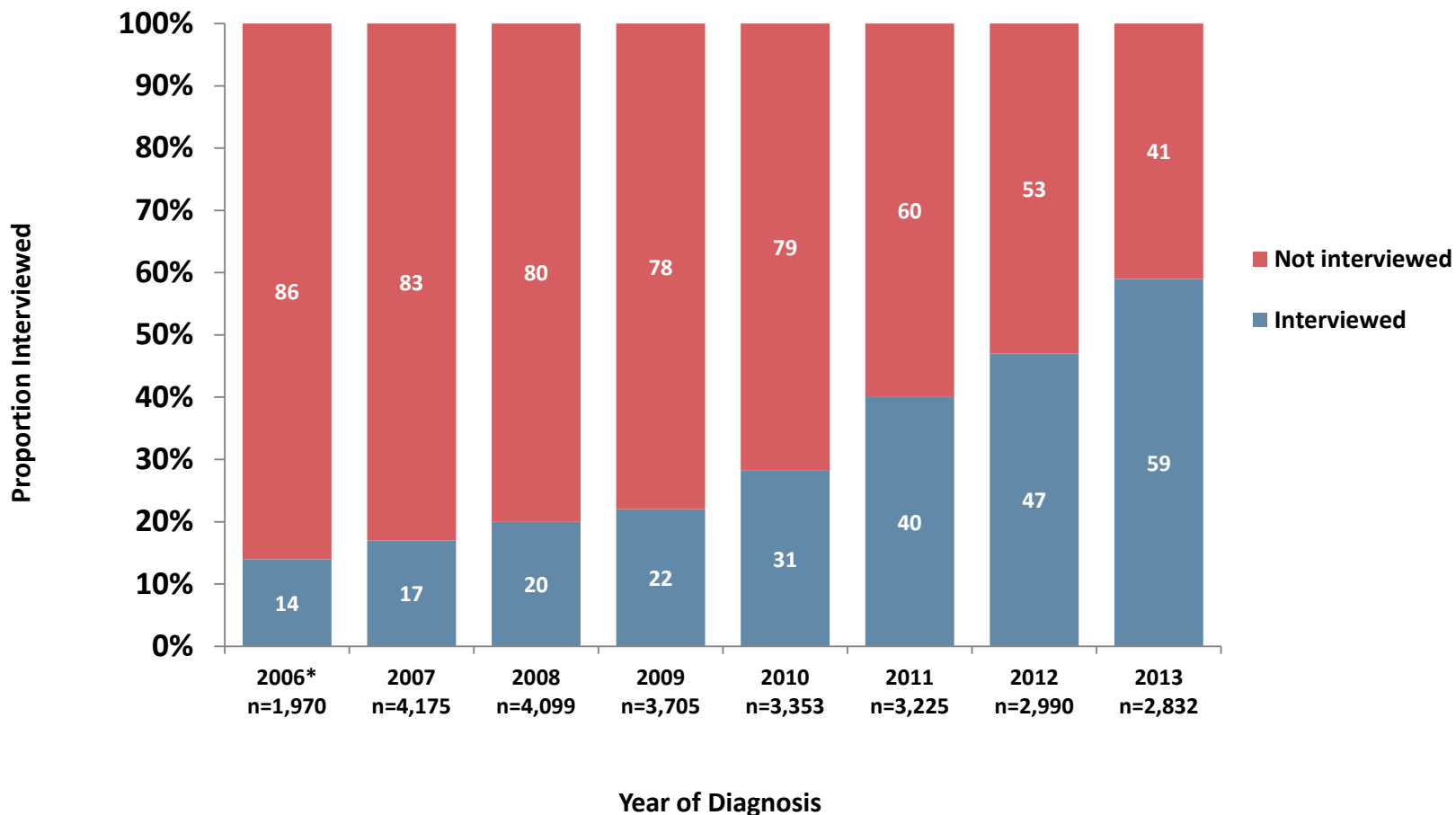
PARTNER SERVICES

Patient selection: Partner services

- Identify persons needing PS from participating provider reports or HIV registry
- Index patients and named partners are assisted at clinical sites and in the community (home, shelter, official car, coffee shop, park)
- HIV field test is offered following partner notification



Proportion of New HIV Diagnoses in New York City Interviewed by NYCDOHMH FSU (2006-2013)



*FSU created in June 2006, so data for 2006 are for 6 months only

Partner services outcomes: 2013

Indicator	Newly diagnosed (= \leq 6 months)	Previously diagnosed (= $>$ 6 months)
Cases reported	2093	460
Cases interviewed	81%	84%
Cases with partners identified	47%	54%
Cases with >1 partner identified	25%	16%
Partners elicited	1351	270
sex or needle-sharing partners	98%	96%
social network partners	2%	4%
Partners with negative/unknown serostatus	960	70
Partners notified	74%	79%
Partners tested	54%	57%
Partners newly diagnosed with HIV	19% (n=71)	9% (n=8)

**NEED HELP NOTIFYING
THE PARTNERS OF YOUR
HIV POSITIVE PATIENTS?**

**CALL
C/NAP**

CONTACT NOTIFICATION ASSISTANCE PROGRAM

212.693.1419



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SEE BACK FOR HOW IT WORKS

HOW PARTNER NOTIFICATION WORKS:

CNAP contacts partners to notify them of their possible exposure to HIV and to offer them an HIV test.

- ▶ What information must you provide on each partner?
 - First name, last name, date of birth or age, locating information such as: telephone number, address or email address, and their physical description.
 - Whether your patient was screened for domestic violence. If so, is there a risk of any partner reacting violently towards the patient?

- ▶ Who can provide CNAP with the partner information?
 - The provider (nurse, nurse practitioner, PA, MD or social worker).
 - The patient can call from the medical office.
 - The patient can also make an anonymous report. The patient's name is not required, but we will need to confirm that he or she is infected with HIV.

PROVIDER RESPONSIBILITIES PRIOR TO CONTACTING CNAP:

- ▶ Inform your patient that you are providing their partner(s) information to the health department for notification.
- ▶ Inform your patient that the health department **WILL NOT** reveal any of the patient's information to the partner(s).

WHAT THE NEW YORK STATE LAW SAYS:

The 2000 New York State Public Health Law (63.8) requires providers to talk to HIV-infected patients about partner notification and report such patient's sex or needle sharing partners to the health department.

FOR PARTNER NOTIFICATION:

Call us at **212.693.1419** or call **311** and ask for **CNAP**.



NEED HELP TELLING YOUR PARTNERS THEY SHOULD GET TESTED FOR HIV?

Call **CNAP** [Contact Notification Assistance Program]

at 212.693.1419 or call 311 and ask for CNAP

We can help tell your partner(s) that they may
have been exposed and should get tested.

**THE HEALTH DEPARTMENT WILL NOT TELL
YOUR PARTNER(S) ANYTHING ABOUT YOU.**

Not your name, not your gender, not your age, nothing.
We'll even help you if you don't want to give us
your name.

CALL CNAP

at 212.693.1419 or call 311 and ask for CNAP

NYC
Health

Patient selection

Outcomes

Expansion

RE-ENGAGEMENT IN CARE

Patient selection

Re-engagement in care

- **Confirmed HIV-positive in NYC HIV surveillance registry**
- **Received last HIV medical care in ≥ 9 months at a NYC facility**
- **Last known residential address in NYC**
- **Matched to a NYC social services database**

**Outcomes of outreach to persons living with HIV (PLWH), presumed out-of-care (OOC),
7/2008-12/2010**

**PLWH presumed to be OOC \geq 9 months
797**

**Not found
113 (14%)**

**Found
684 (86%)**

**Current
to care
229 (33%)**

**Incarcerated
2 (<1%)**

**Moved
28 (4%)**

**Confirmed OOC
409 (60%)**

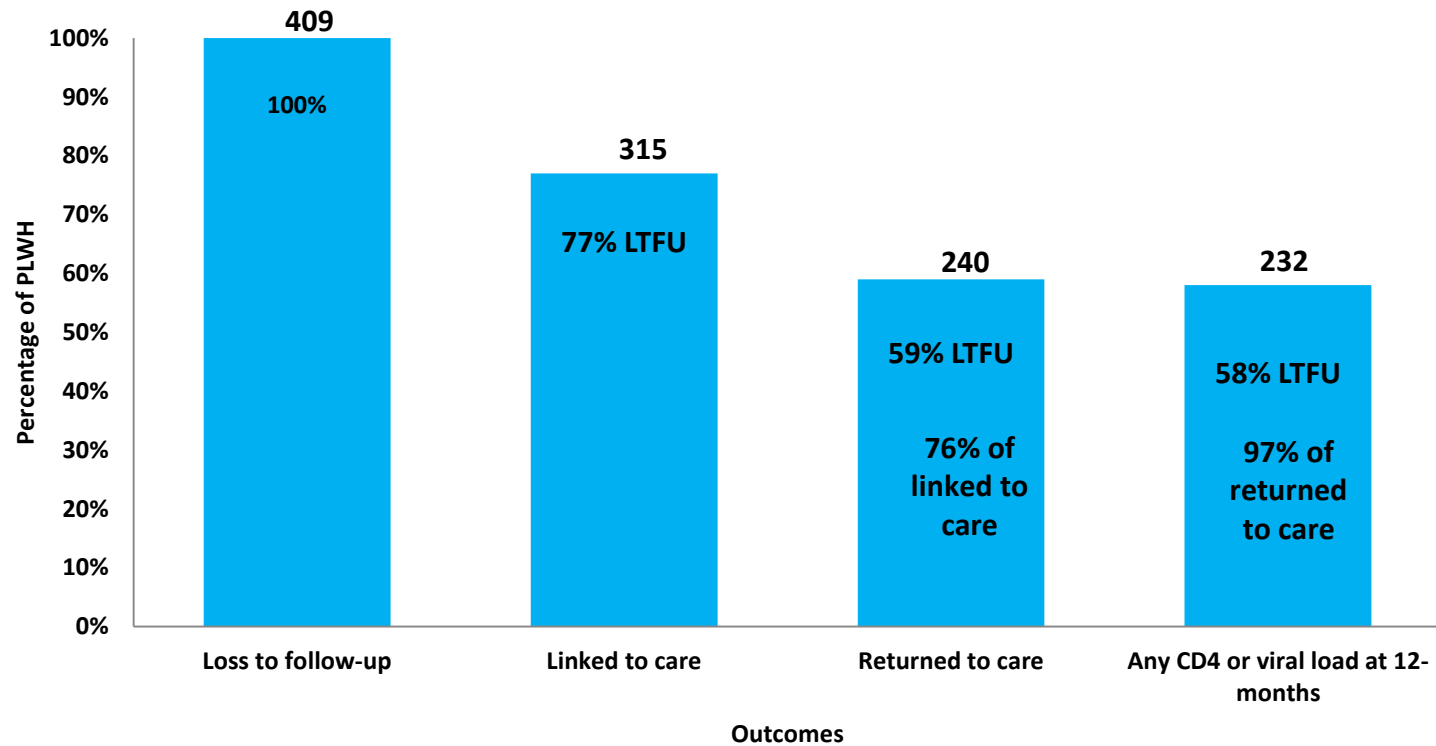
**Died
16 (2%)**

**Refused
appointments
94 (23%)**

**Accepted
appointments
315 (77%)**

**Kept
appointment
240 (76%)**

Outcomes of PLWH, confirmed lost to follow-up July 2008 - December 2010



Key Findings of outreach to PLWH, confirmed OOC 7/2008-12/2010

	N	%
Clinical status while OOC (measured at entry into care)		
CD4 count <200 (N=117)	56	48
Viral load >10,000 copies/mL (N=227)	132	58
Time between initial outreach and first appointment	240	
<1 month	93	39
≤1-3 months	112	47
>3 months	35	15
Partner services outcomes	409	
PLWH's who named partners	52	13
Number of Partners named	65	
Partners with HIV negative or unknown status	22	
Partners newly diagnosed with HIV	3	13
Most common reason for being OOC (N=161): "felt well"	66	41

Conclusions

- **Patients who have fallen out of care are receptive to public health efforts to re-engage them in HIV-related care**
- **The majority of OOC patients have high VLs and therefore, could benefit from routine care and partner services**
- **Medical providers and public health officials can and should collaborate to link, retain and return HIV infected patients to medical care**

Significant expansion of OOC in 2013

	1/13-1/14	7/08-12/10
Assigned for investigation	703	797
HIV/HCV co-infection	224 (32%)	NA
Traced	592 (75%)	684 (86%)
Current to care	95 (16%)	229 (33%)
Other outcomes (died, moved, incarcerated)	25 (4%)	46 (7%)
Confirmed OOC	409 (69%)	409 (60%)
Returned to care	255 (62%)	240 (59%)
Refused linkage to care	147 (36%)	94 (23%)
Partners elicited and tested for HIV	54	65

Press release

New York City Successfully Locates HIV-Positive Patients 'Lost to Follow-Up'

Intensive Effort Leads Most Patients to Restart Treatment, Reports Study in AIDS Journal

Philadelphia, PA (May 30, 2013) — Page Content

Public health officials in New York City have launched a successful program to locate HIV-positive patients who have been "lost to follow-up" and reconnect them with treatment services, reports a study published in [AIDS](#), official journal of the [International AIDS Society](#). AIDS is published by [Lippincott Williams & Wilkins](#), a part of [Wolters Kluwer Health](#).

NYC Partner/OOC Services-Related Publications

IMPACT OF A NEW YORK CITY HEALTH DEPARTMENT INITIATIVE TO EXPAND HIV PARTNER SERVICES OUTSIDE STD CLINICS

CHI-CHI N. UDEAGU, MPH
DIPAL SHAH, MPH
COLIN W. SHEPARD, MD
ANGELICA BOCOUR, MPH
RODOLFO GUITERREZ, BA
ELIZABETH M. BEGIER, MD, MPH

A Comparison of Partner Notification Effectiveness in African-, Caribbean-, and United States-Born HIV-Infected Blacks in New York City

Adey Tsega, M.P.H., Chi-Chi Udeagu, M.P.H., and Elizabeth M. Begier, M.D., M.P.H.

Lost or just not following up: public health effort to re-engage HIV-infected persons lost to follow-up into HIV medical care

Chi-Chi N. Udeagu, Tashonna R. Webster, Angelica Bocour, Pierre Michel and Colin W. Shepard

PARTNER SERVICES COMPLEMENT ROUTINE TESTING FOR EARLY HIV DIAGNOSIS AMONG OLDER ADULTS

Lindley et al.¹ report that late diagnoses are more common among older persons newly diagnosed with HIV than among younger

HIV partner services are associated with timely linkage to HIV medical care

Angelica Bocour, Tamar C. Renaud, Chi-Chi N. Udeagu and Colin W. Shepard

Accurate Comparison of HIV Testing Strategies Requires Verification of Clients' HIV Status Using HIV Surveillance Registry. A Commentary on Halkitis et al.

Tamar C. Renaud, M.P.H. • Angelica Bocour, M.P.H. • Chi-Chi Udeagu, M.P.H. • Colin W. Shepard, M.D.

Identifying the Correlates of Membership in HIV-Serodiscordant Partnerships in New York City

Sarah L. Braunstein, PhD, MPH, Chi-Chi Udeagu, MPH, Angelica Bocour, MPH, Tamar Renaud, MPH, and Colin W. Shepard, MD

The Effect of HIV Field-Based Testing on the Proportion of Notified Partners Who Test for HIV in New York City

Tamar C. Renaud, MPH, Melissa R. Wong, MPH, Angelica Bocour, MPH, Chi-Chi N. Udeagu, MPH, Leonard Pickett, BA, Elizabeth N. Alt, MD, MPH, Kent A. Sepkowitz, MD, and Elizabeth M. Begier, MD, MPH

Differences in Risk Behaviors and Partnership Patterns Between Younger and Older Men Who Have Sex With Men in New York City

Angelica Bocour, MPH, Tamar C. Renaud, MPH, Melissa R. Wong, MPH, Chi-Chi N. Udeagu, MPH, and Colin W. Shepard, MD

Outcomes of HIV Partner Services for People With HIV and STD Coinfection Versus New HIV Diagnosis: Implications for HIV Prevention Strategies

To the Editor:

In the April issue of STD, Hague et al.¹ reported a disturbingly high incidence of STDs in the 5 years following HIV diagnosis

Thank you!