

Public Health Systems Approaches for Linkage and Retention in HIV Care

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Outline

- Rationale for a population-based approach to linkage and retention
- HIV surveillance basics
- Health department intervention examples

Clinic-Based Retention Programs

- Crucial, but invariably neglect many PLWHA
 - Patients spread across array of providers
 - Many providers lack means to systematically identify patients who have fallen out of care & resources to re-engage them
 - Not all HIV+ persons are eligible for case management
 - Ryan White Clinics – 1/3 of PLWHA in Seattle
- Coordination across clinics is necessary for a population-based approach

Population-Based Retention Interventions

- Goal is to address needs of entire population
- Surveillance data allow monitoring of retention in care across clinical sites
- Increasing support for using surveillance data to direct interventions
 - Evolution in the role of surveillance
 - CDC focus: “High impact prevention”
 - HIV advocates and community representatives

**HIV Surveillance, Public Health, and Clinical Medicine —
Will the Walls Come Tumbling Down?**

Amy L. Fairchild, Ph.D., M.P.H., and Ronald Bayer, Ph.D.

NEJM 2011



Ryan, POZ 2013

Project Inform Think Tank

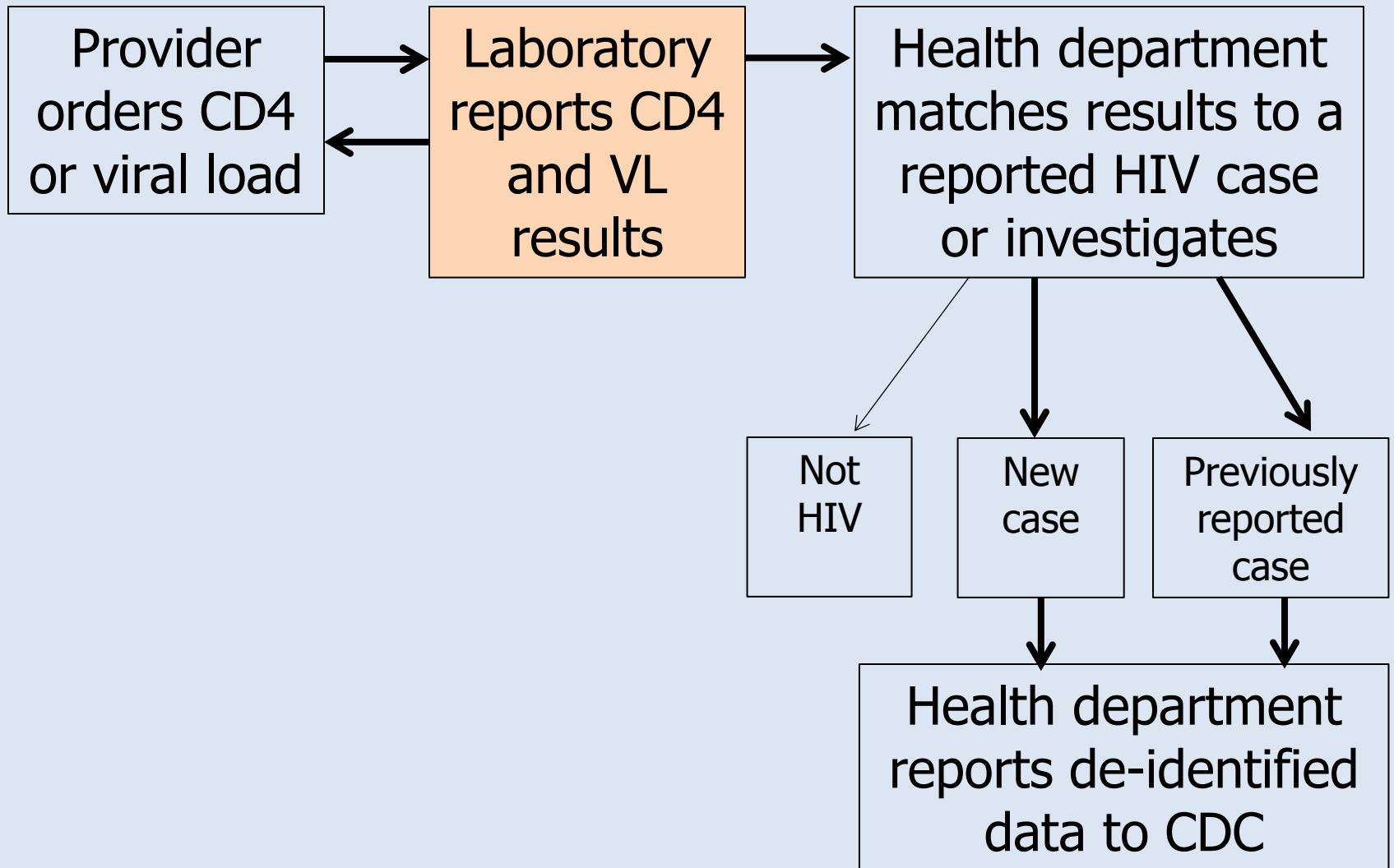
- HIV advocates & community representatives from >10 organizations
- Local & federal health officials
- Academic researchers
- Guidance for health departments
- Consensus statement

**Using Surveillance
and Other Data
to Improve HIV Care
Linkage and Retention**

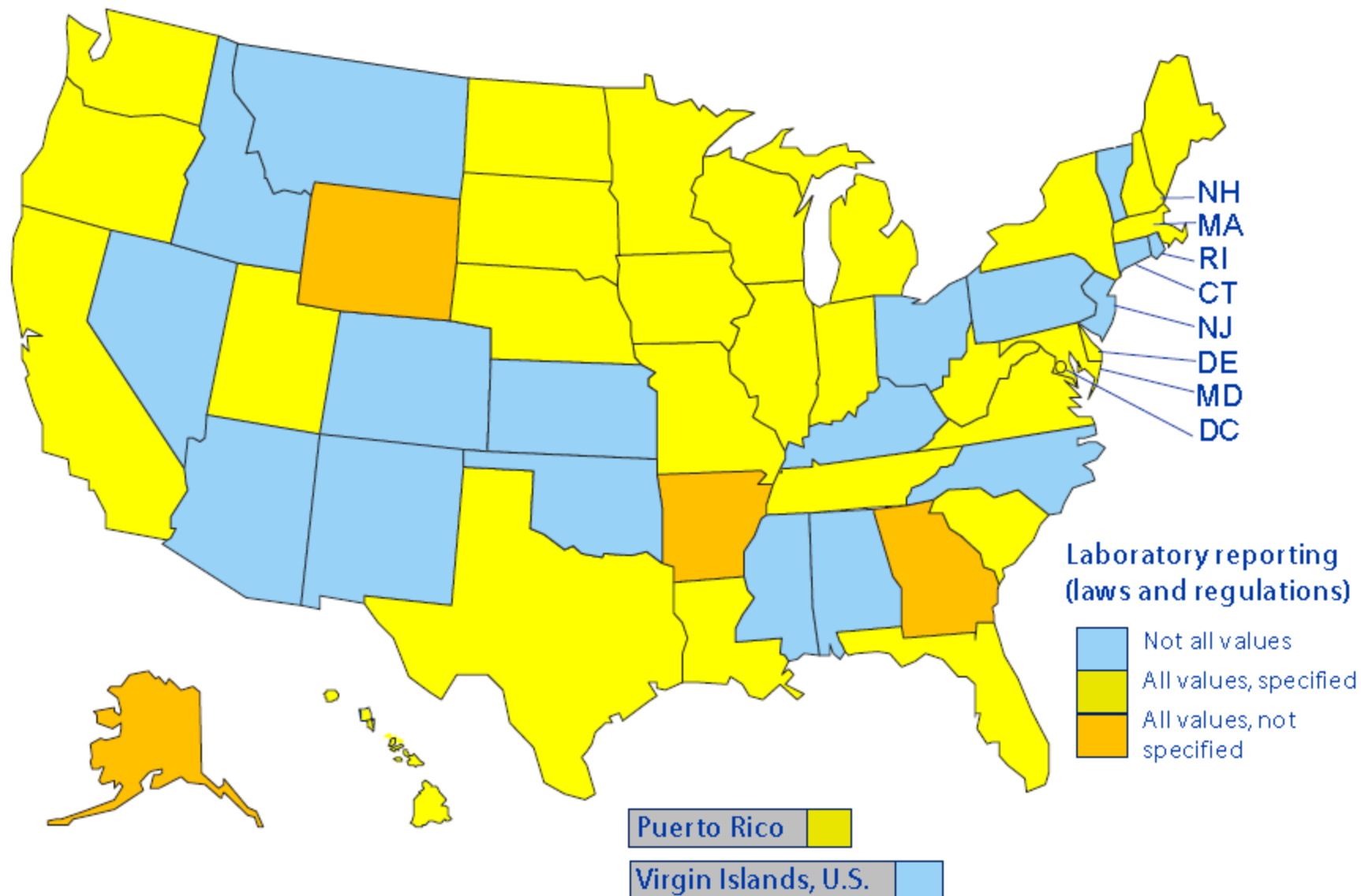


“the benefits [to more active use of collected data] potentially outweigh the risks so that we encourage local jurisdictions to actively engage stakeholders in considering the use of surveillance data along with other tools to systematically increase access to care, ensure better linkages to services, and improve retention in care.”

HIV Laboratory Surveillance Basics



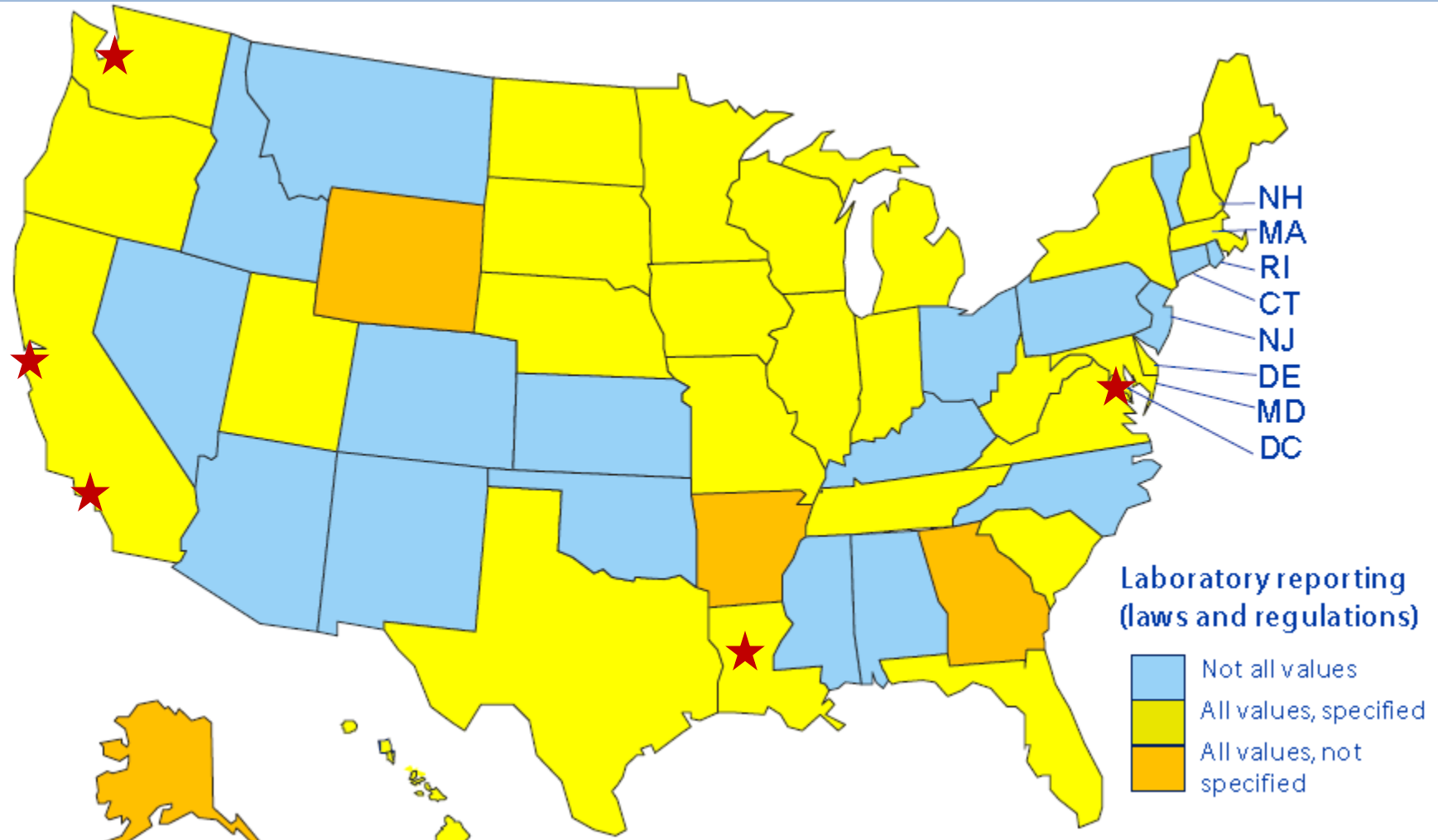
Areas with Laws and Regulations for Reporting all CD4 and Viral Load Values, March 2012



Key Limitations of Surveillance Data

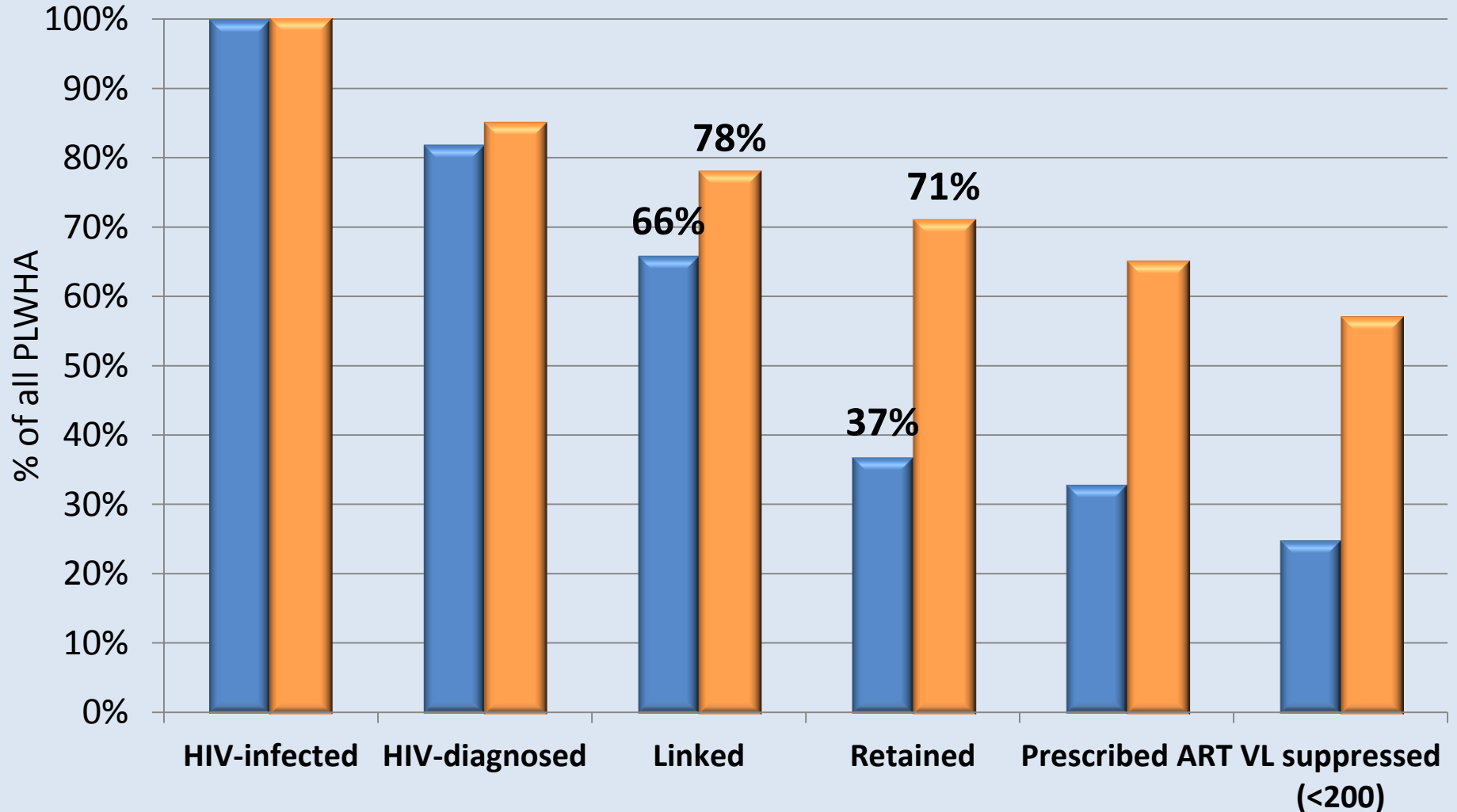
- Assumption that missing data indicates out-of-care
 - Incomplete laboratory reporting
 - Visits without lab testing
 - Out-migration
 - Out-of-care estimate in King County decreased from **31% to 16%** when adjusted for out-migration
 - Denver data corroborate this
- Feasible with resource constraints?
 - Large cities: thousands of cases appear to be out of care
 - Huge “backlog” of cases – likely no longer residing in area

Examples of Health Department Interventions



HIV Care Cascade in King County (2011) and the U.S. (2009)

■ U.S., 2009 (N=1,148,200)* ■ King County (KC) Laboratory Surveillance and Case Investigation, 2011 (N=7,169)



*Hall et al, XIX International AIDS Conference

Linkage in King County

- Linkage assistance for all newly diagnosed persons through HIV partner services (PS)
- Persons diagnosed through public health-funded programs referred to One-on-One program
 - Meet with disease intervention specialist & HIV physician
 - Assisted with first HIV care appointment
- Cases not closed until linkage confirmed
 - All new cases reviewed monthly
- **93% linkage to care within 3 months in 2011**

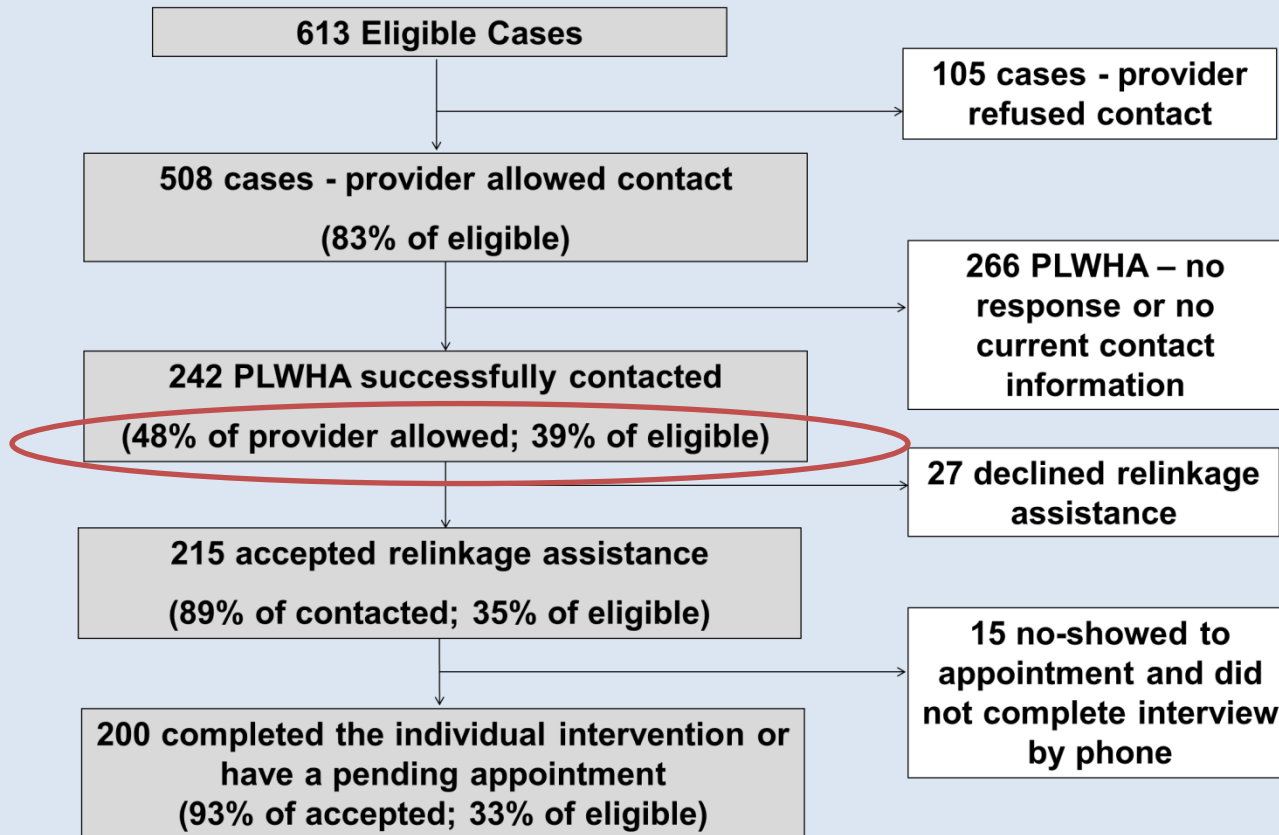
Retention in King County

1. Surveillance-based identification of PLWHA with
 - No labs in past 12 months OR
 - CD4 <500, VL >500 at last report in past year
2. Lists sent to most recent providers for review
3. HD calls eligible PLWHA to offer program
4. Structured one-on-one interview
 - Identify barriers to care and ART use & develop plan
 - 45 minutes, \$50 compensation
 - Referral to/ coordination of services
5. Summary to medical provider & case manager
6. F/u call in 1 month (and prn), additional referrals

High Needs Outreach Workers

- Clinic and CBO-based
 - “case manager extenders”
- Interface with public health when out-of-care persons need additional assistance relinking
- Assessment of care engagement among HIV+ persons admitted to Harborview Medical Center (county hospital)
- Lead clinic-based patient tracing activities

CAPP Uptake to Date



Ongoing cluster randomized evaluation

Primary outcome: time to viral suppression

STDs: A Window of Opportunity?

- King County STD Clinic, 2004-2008
 - 501 MSM with previously diagnosed HIV
 - 86% in care
 - 58% on ART
- WA State, 2007-2010
 - Random sample of 1103 MSM GC and CT cases
 - 25% previously diagnosed with HIV
 - 87% in care
 - 63% on ART

Washington, D.C.

- “Recapture Blitzes”
 - Clinics generate lists of patients with no visits in 6 months
 - Match clinic lists with surveillance registry
 - If no visit with another provider (i.e. no labs in past 6 months) or death, then
 - Clinic staff perform re-linkage outreach
 - 15-20 calls per re-link

Louisiana

Louisiana Public Health Information Exchange (LaPHIE)

Automated Interface of public health records and LSU electronic medical records at the point of care to identify and flag

- Tested HIV+ but may be unaware of results
- Out of HIV care (no CD4 or VL on file)

LaPHIE

CLIQ v1.0.22 - 3.14


CLIQ Clinical Inquiry

Welcome,
Jane Herwehe
Physician

Wed, October 29, 2008

◀ Back Forward ▶

- Search
- Patient Summary
- Problem List
- Demographics
- Visit History
- Immunizations
- Laboratory ▶
- Microbiology ▶
- Blood Bank ▶
- Pathology ▶
- Radiology ▶
- Cardiology ▶
- Clinical Reports ▶
- Print



Patient Name: Ted ZzzTest **MRN:** HIV8001 (MCLNO)
Age: 39 Years **Gender:** Male

Patient may require follow up [X]



Details: Intervention Needs for HIV


The Louisiana Office of Public Health has received and confirmed test results that indicate that the patient has HIV infection and possibly has not been informed of the results.

Please proceed with the Recommended Actions for intervention.

Recommended Actions	Actions Taken
Assess need for intervention	Please check the actions that you are completing with the patient. Some actions may already contain a check indicating completion by another provider. Other actions may not apply and can be left blank. Please hit SAVE once you have completed your actions.
Offer education	
Assess patient and need for treatment	
Initiate treatment and monitoring plan	<input type="checkbox"/> Discussed OPH message and need for treatment with the patient
	<input type="checkbox"/> Re-ordered confirmatory Western Blot
	<input type="checkbox"/> Assessed stage of illness
	<input type="checkbox"/> Scheduled follow up appointment
	<input type="checkbox"/> Documented patient report of receiving treatment at another site
	<input type="checkbox"/> Confirmed patient is not interested in treatment at this time

Comments:

 The Delta AIDS Education & Training Center is available for training regarding HIV/AIDS at 504-903-0788; any questions about HIV/AIDS can also be addressed by calling 504-903-0623

Message from health department

Suggested actions for clinicians

Los Angeles County

- Navigator Program
 - Work with Ryan White funded clinics (N=30) to identify persons out of care
 - Outreach to conduct modified ARTAS intervention
- Project Engage
 - In-care patients bring in out-of-care peers from their social network (incentives for both)
 - Cross-matched with surveillance data

San Francisco

- Linkage and Retention Program
 - Referrals from Ryan White clinics, jails, community sites
 - Out-of-care persons who re-test HIV+
 - Persons covered under MediCal expansion who require clinic switch
 - Health department assists with “patient navigation”
- RSVP pilot project (Re-engaging Surveillance-identified Viremic Patients)

Conclusions

- Surveillance-based re-linkage to HIV care is a promising approach
 - Remains hampered by data quality issues
 - Needs rigorous research
- Multiple models of health department interventions
 - Clinic interface, direct contact, electronic data transfer
- Coordination of activities across systems is key

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