



Center for
Innovation and
Engagement

TIPS FOR IMPLEMENTING THE POSITIVELINKS INTERVENTION

PositiveLinks is a clinic-centered engagement in care program that employs a tailored smartphone app with a private digital social support community to help people with HIV reach their care goals. The PositiveLinks platform is a complete integrated solution comprising the smartphone app (for iOS and Android), HIPAA-compliant secure messaging, patient dashboards, and administrative portals that can link to patient lab records.

Relevant Statistics

Implementation of PositiveLinks was evaluated in a pilot study that utilized a single-arm prospective design with 6-month and 12-month assessment. Study results showed an increase in retention in care, visit consistency, CD4 counts, and viral suppression amongst clients with HIV.

Recruiting and Training Staff

The PositiveLinks implementation team is essential to the success of the intervention. When hiring staff, consider identifying people with lived experiences similar to those of clients. Prospective staff members should also have an understanding of the barriers to healthcare for the client population and working knowledge of the impact of social determinants of health. Once hired, assess the capacity of staff to implement the intervention. For some staff, this may be their first time utilizing mHealth solutions. Provide ample training, accessible staff resources, and encourage peer-to-peer training to build capacity.



A Summary of Implementation Phases

This section describes the general process for implementing PositiveLinks at your site. This mHealth platform was developed and tested at the University of Virginia (UVA) Ryan White HIV Clinic, a Ryan White HIV/AIDS Program (RWHAP)-funded clinic in Charlottesville, Virginia, and has been implemented as a standard care service at the UVA Ryan White Clinic and partner sites since 2017. The steps below will help you understand the steps required to implement the PositiveLinks platform and tailor it to fit your program's needs.

PHASE I: Assess Readiness and Capacity

- Identify priority populations.
- Determine care site staffing roles and hiring needs.
- Secure a funding source for the intervention.
- Engage stakeholders.

PHASE II: Explore Information Technology Infrastructure

- Determine hardware and computer system needs.
- Ensure app accessibility for priority populations.
- Establish smartphone and phone credit issuance policies.
- Research IT security protocols and address security questions.
- Create a workflow.

PHASE III: Develop a Plan and Protocols for Sites and Partners

- Create a monitoring and evaluation plan.
- Produce an outreach and recruitment strategy.
- Finalize an implementation plan.

PHASE IV: Recruit and Train Staff

- Recruit and hire PositiveLinks Coordinator.
- Train PositiveLinks Coordinator and providers.

PHASE V: Implement the Intervention

- In advance, identify an initial cohort of patients to enroll at launch.
- Enroll and train clients on PositiveLinks.
- Use PositiveLinks to engage and retain clients in care.

PositiveLinks Results

	Baseline	6 Months Post-Implementation	12 Months Post-Implementation
Retention in care	51%	88% (P < 0.0001)	81% (P = 0.0003)
Visit constancy	22%	36% (P = 0.016)	51% (P = 0.0004)
Viral suppression	47%	87% (P < 0.0001)	79% (P = 0.0007)

Getting Started

Prior to implementing the intervention, schedule pre-implementation meetings with the PositiveLinks intervention team to receive technical assistance and training associated with implementation. After receiving training from the intervention team, define the client eligibility criteria and enrollment target. During this phase, budgets should be finalized (including costs associated with personnel, phones, cases, screen protectors, pop sockets, and phone credits). This stage of the process should also be used to determine the mechanism for obtaining CD4 and HIV viral load results and upcoming HIV care appointments. Consider if you have access to this data via electronic medical records (EMR), city or state disease surveillance systems, or through another mechanism. Being able to access this data quickly and easily will ensure clients are enrolled in the intervention in a timely manner. When considering the client data needing to be obtained, determine any required information, security and privacy, and compliance reviews and approvals by internal or external entities.

Sustaining Efforts

Once the first cohort of PositiveLinks members has been enrolled and the intervention has been launched at the partner site, take additional steps to ensure the intervention remains sustainable. A key element of the success of PositiveLinks is that it requires an organization to conduct ongoing recruitment, engagement, and monitoring of members. These activities ensure that clients needing services are continuously being identified and their needs are being re-assessed on an ongoing basis. Additionally, creating space for PositiveLinks implementation team members to provide updates on the successes and challenges of implementation are critical to the success of the intervention as well as promoting positive morale amongst team members. Organizations should schedule ongoing weekly check-ins with their intervention team.



Assessing and Procuring Resources

PositiveLinks is a multi-faceted intervention which requires coordination amongst multiple entities for successful implementation. Consider the following before implementation:

- Establish referral protocols, memoranda of understanding (MOU), or memoranda of agreement (MOA) with existing community partners.
- Develop a workflow for integrating PositiveLinks at the site.
- Develop enrollment and technical support workflow.
- Develop a data entry workflow for labs and appointments.
- Finalize recruitment plan and identify materials needed.
- Complete in-person or remote training for the PositiveLinks Coordinator and providers conducted by the PositiveLinks implementation team on portal and apps.
- Identify physical space for enrollments.
- Ongoing weekly check-in calls with the PositiveLinks implementation team.



Preparing for Implementation

Effective implementation of the intervention can be achieved by assessing the following:

- Is there a 100 percent certification rate for partner site administrators and providers?
- Have provider accounts and contacts listing been created?
- Have phones, supplies, and credits been procured?
- Has content for cohort-specific resources, questions, quizzes, and contacts been curated?
- Have recruitment materials been finalized?
- How will the upcoming launch of PositiveLinks be announced to providers, clients, and community partners?
- Has a minimum of 10 clients been identified to enroll within the first two weeks of launch (pre-launch recruitment)?
- Has an ongoing weekly check-in call schedule been established with the PositiveLinks implementation team?



Adaption of the Original Intervention

While PositiveLinks includes core components of the original intervention, UVA Health has added features based on clients' and providers' feedback. It also adapted the app for Spanish-speaking clients. Organizations that work in different environments or with larger populations or have varying needs may choose to offer one message board or multiple tailored message boards (e.g., a dedicated message board for youth). The Spanish-language app, called ConexionesPositivas, also allows NovaSalud, a local community-based organization (CBO) that serves predominantly Latinx populations in Northern Virginia, to provide clients with an additional resource to improve retention.

The Virginia Department of Health supports organizations that receive RWHAP Part B funding to implement PositiveLinks. The PositiveLinks team at UVA Health has collaborated with CBOs in Virginia to adapt PositiveLinks to fit the context of other care sites and has continued to follow them. This collaboration allows the UVA Health PositiveLinks Team to update processes and the app as needed, stay relevant and responsive to client needs, and serve as a model for future organizations.

Conclusion

The PositiveLinks intervention involves using innovative, accessible health technology to improve retention in care for people with HIV. PositiveLinks provides clients with the ability to manage their HIV diagnosis in tandem with providers by having continuous access to case managers, viral load and CD4 count status, and other supportive resources (e.g., online support communities, mental health self-assessments, etc.). The intervention model is adaptable and can be easily integrated into other settings. Individuals wishing to replicate this intervention can request technical assistance to aid with replication.



About CIE

NASTAD's Center for Innovation and Engagement (CIE) is funded by HRSA's HIV/AIDS Bureau (HAB), RWHAP Part F, Special Projects of National Significance (SPNS), under a three-year initiative entitled Evidence-Informed Approaches to Improving Health Outcomes for People with HIV. The purpose of this initiative is to identify, catalog, disseminate, and support the replication of evidence-informed approaches and interventions to engage people with HIV who are not receiving HIV health care or who are at risk of not continuing to receive HIV health care. Learn more at www.CIEhealth.org and www.TargetHIV.org/CIE.

Additional Resources

PositiveLinks Homepage

www.plvirginia.org

Warm Health Technology Homepage

www.wht.care

Center for Innovation and Engagement. PositiveLinks Intervention

<https://ciehealth.org/intervention/positive-links/>

Center for Innovation and Engagement. PositiveLinks Technical Assistance

<https://ciehealth.org/contact/>