Improving Health Outcomes

Moving Patients Along the HIV Care Continuum and Beyond

JUNE 2017

INTERVENTION OVERVIEW & REPLICATION TIPS

Video Conferencing Intervention

Louisiana Department of Health and Hospitals

This intervention document is part of a training manual, **"Improving Health Outcomes: Moving Patients Along the HIV Care Continuum and Beyond"** and is published by the Special Projects of National Significance (SPNS), under the HIV/AIDS Bureau (HAB) of the Health and Human Service's (HHS), Health Resources and Services Administration (HRSA).

The full manual highlights 10 interventions along the HIV Care Continuum. Individual intervention chapters as well as the full manual are available.

- Diagnosing HIV
- ▶ Linkage to Care
- Retention in Care
- Prescription of ART & Medication Access
- Beyond the Care Continuum: Addressing HCV Comorbidity and Coinfection

U.S. Department of Health and Human Services
Health Resources and Services Administration
HIV/AIDS Bureau

Linkage to Care

Linkage to care, as it relates to the Care Continuum, refers to linking individuals who are HIV-positive to HIV primary care. This may include newly diagnosed individuals, persons previously diagnosed who have never been linked to care, or persons who have fallen out of care and are being re-linked. The standard of care for linkage is that persons who are diagnosed with HIV be linked to HIV medical care as soon as possible and no later than 30 days following diagnosis.[34]

Underserved populations, including many racial, ethnic, and sexual minorities, face numerous structural, financial, and cultural barriers that impede their linkage to and engagement in care.[35] Of those newly diagnosed, 74.5% of persons age 13 and older are linked to care within one month of diagnosis though just 56.5% are retained in HIV care.[36] Delaying HIV care and treatment can lead to poorer health outcomes and earlier death, instead of better health.[37] Delaying initiation of HIV care and treatment also creates the opportunity for HIV transmission to occur.[38]

Addressing several key areas has been found to improve linkage and re-engagement in care, including

- removal of structural barriers;
- increased social support services;
- use of peers, client navigation, and care coordination;
- a culturally responsive approach;
- appointment scheduling and follow up;
- timely and active referrals post-diagnosis;
- integrated one-stop-shop care delivery (e.g., co-located substance use, mental health, and other service offerings);

[34] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2014. *HIV Surveillance Supplemental Report* 2016;21(No.4). **www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-21-4.pdf** Accessed September 16, 2016.

[35] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2014. *HIV Surveillance Supplemental Report* 2016;21(No.4), Table 5a. **www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-21-4.pdf** Accessed September 16, 2016.

[36] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2014. *HIV Surveillance Supplemental Report* 2016;21(No.4). **www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-21-4.pdf** Accessed September 16, 2016.

[37] Horstmann E, Brown J, Islam F, et al. Retaining HIV-infected Clients in Care: Where are We? Where Do We Go From Here? *Clin Infect Dis.* 2010;50:752–61.

[38] AIDSInfo. *Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents.* Clinical Guidelines Portal. Available at: **https://aidsinfo.nih.gov/guidelines**

- active approaches to reach and re-engage individuals who are out of care—for instance, using the Internet and mobile devices (e.g., for social networking, texting); and
- assistance with entitlements/benefits paperwork to secure additional financial, insurance, identification, and social support services.

A warm transition is also critical. This is the act of "applying social work tenets to public health activities for those with chronic health conditions, including HIV-infection."[39] Often the HIV tester is linking a client to another provider and possibly even to another facility. What this linkage looks like, how active it is, how comfortable the client is made to feel in establishing yet another new relationship shortly after receipt of their diagnosis can either help increase the likelihood of linkage to care or add to challenges that complicate it. Without a caring, supportive, and warm transition approach, pre-existing barriers to care and other stressors will continue to take priority.[40]

SPNS has tested and identified interventions that have proven effective in linking, re-engaging, and retaining clients in care, even for some of the hardest-to-reach and most vulnerable populations.

[39] Jordan AO, Cohen LR, Harriman G, et al. Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island. JAIDS (Suppl). 2013;(2); S212–219.

[40] Jordan AO, Cohen LR, Harriman G, et al. Transitional Care Coordination in New York City Jails: Facilitating Linkages to Care for People with HIV Returning Home from Rikers Island. JAIDS (Suppl). 2013;(2); S212–219.

Improving Health Outcomes

Moving Patients Along the HIV Care Continuum and Beyond

Diagnosing HIV

INTERVENTION OVERVIEW & REPLICATION TIPS

Social Networks Testing
Wisconsin Department of Health Services

Linkage to Care

INTERVENTION OVERVIEW & REPLICATION TIPS

Assess, Test, Link: Achieve Success (ATLAS) Program
Care Alliance Health Center (OH)

Enhancing Linkages to Care for Women Leaving Jail
University of Illinois at Chicago

▶ Video Conferencing Intervention
Louisiana Department of Health and Hospitals

Active Referral Intervention
Virginia Department of Health

Louisiana Public Health Information Exchange (LaPHIE)
Louisiana State University, Health Science Center and Louisiana Department of Health Hospitals, Office of Public Health

Retention in Care

INTERVENTION OVERVIEW & REPLICATION TIPS

My Health Profile
New York-Presbyterian Hospital

Prescription of ART & Medication Access

INTERVENTION OVERVIEW & REPLICATION TIPS

Care Coordination Intervention
Virginia Department of Health

Beyond the Care Continuum: Addressing HCV Comorbidity and Coinfection

INTERVENTION OVERVIEW & REPLICATION TIPS

Hepatitis Treatment Expansion Initiative
University of California, San Francisco, San Francisco General Hospital HIV Clinic

Hepatitis Treatment Expansion Initiative
Washington University School of Medicine (MO)

Video Conferencing Intervention

Louisiana Department of Health and Hospitals

The table below provides a general overview of the Video Conference intervention so readers can assess the necessary steps required for replication. This intervention allows community-based case managers to connect via video chat with incarcerated clients prior to release.

Intervention at-a-Glance	
Step 1	**Secure List from the Louisiana Department of Public Safety and Corrections (DOC)** Secure list from DOC of all HIV-positive clients and identify who is 180 days from release and create discharge plan. Review list and offer clients pre-release services and prepare referrals.
Step 2	**Schedule Video Conference** Approximately 4–6 weeks before a client is released, a video conference is scheduled between the client and the community-based Ryan White case manager. The prison's telemedicine coordinator (or master scheduler) and the Louisiana Department of Health and Hospitals' Office of Public Health (OPH), STD/HIV Program corrections specialist collaborate and are responsible for scheduling.
Step 3	**Day of Video Conference: Corrections Specialist Checks on Client Status** The corrections specialist checks with a DOC corrections officer to confirm a client is present and in the infirmary or is in transport to the infirmary.
Step 4	**Retrieve Medical Chart** The corrections specialist retrieves the client's medical chart from the DOC medical staff.
Step 5	**Prepare Checklist in Client's File** The corrections specialist secures a client checklist to be filled out during the video conference. The checklist includes the name of the community-based Ryan White agency where the client is being referred, the date and time of the video conference, the corrections specialist's name, the name of the client, correctional facility where the client is incarcerated, the client's release date, whether they are currently being detained or released on parole, and any additional notes.
Step 6	**Begin Video Conference** The corrections specialist and the Ryan White case manager dial into the encrypted online video conference. When the Ryan White case manager appears onscreen, the corrections specialist addresses any last-minute questions that may need to be covered. If no questions exist, the corrections specialist cues the DOC corrections officer to bring the client into the exam room where the telemedicine equipment is located.

Step 7	**Provide Introductions** Remind the client about the video conference, as previously discussed, and introduce them to the case manager. Note that if a guard is in the room, the corrections specialist has the right to ask the guard to leave the room.
Step 8	**Complete Forms During Video Conference** The Ryan White case manager follows intervention instructions and completes forms with the client. These include a case manger checklist, client assessment form, and a personal needs and care planning tool. The corrections specialist makes notes on their own checklist regarding any scheduled appointments between the client and the case manager as well as any key points made during the video conference.
Step 9	**Recap and Review** At the end of the video conference, the corrections specialist provides a brief summary of the discussion, outlines next steps, and concludes the video conference. The corrections specialist recaps the session with the client and provides any written details on a client letter as well as detailed notes in the client's DOC medical chart about the encounter and video conference session.
Step 10	**Conduct Monitoring** The corrections specialist conducts weekly monitoring to track any video conference clients who may be released early. Two weeks before release, all referral applications are faxed to community agencies. The client's AIDS Drug Assistance Program (ADAP) application and medical appointment date are faxed to the community-based organization where the client is being referred.
Step 11	**Client Discharge** The client receives a copy of their discharge plan, including appointments and contact information. Louisiana Department of Health and Hospitals staff follows up on referrals for up to 90 days post-release or less time if the client is linked to both case management and medical care.

Sources: Louisiana Office of Health and Hospitals, Office of Public Health, STD/HIV Program. *Video Conference Manual: Louisiana's Special Projects of National Significance Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative*. Final Report. August 31, 2015.

O'Brien K. Louisiana Office of Health and Hospitals, Office of Public Health, STD/HIV Program. *Video Conference Service: Protocols for the Louisiana Office of Public Health – STD/HIV Program & Ryan White Part A and B Case Management Agencies.* September 30, 2013.

Resource Assessment Checklist

Organizations should walk through a Resource Assessment (or Readiness) Checklist to assess their ability to conduct this work. This intervention may be of particular interest to state or local health departments, medical directors/providers at correctional facilities, Ryan White grantees, and rural community providers. If organizations do not have these Checklist components in place, they are encouraged to develop their capacity so that they can successfully conduct the Video Conference intervention. Questions to consider include:

- ☐ Does your organization have access to video-conferencing/telehealth equipment and, if not, are you able to procure it?
- ☐ Does your organization have an existing relationship with its local or state correctional facility or are you able to foster one?
- ☐ Does your organization currently offer case management services or have a community partner in place that does? If not, are you able to identify such agencies and establish a relationship?
- ☐ Has your organization assessed how many HIV-positive clients are within the DOC partner site and does it have the capacity to work with and provide referrals to this caseload? If not, does your organization have the ability to bring on additional personnel support?
- ☐ Is your organization filling a need for DOC or is another agency offering similar services?
- ☐ Does your organization have a referral tracking system in place and, if not, does it have the capacity to develop one or otherwise follow up on referrals?

Source: Louisiana Department of Health and Hospitals, Office of Public Health, STD/HIV Program. *Video Conference Manual: Louisiana's Special Projects of National Significance Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative*. Final Report. August 31, 2015.

Setting the Stage: Grantee Intervention Background

Prior to the video-conferencing intervention, a previous intervention model existed and offered:

- Pre-release services starting 180 days before a client's release date.
- Client meetings with the Louisiana Department of Health and Hospitals' Office of Public Health (OPH), STD/HIV Program corrections specialist every 4-6 weeks to complete paperwork and applications for post-release HIV medical care, case management, and ADAP.

Across the nine DOC-managed state prison facilities that participated in the SPNS intervention, the average HIV positivity rate is 2.33% (ranging from 1.46% to 3.63%, based on the facility's capacity to handle HIV care needs).[76]

However, this model did not offer much opportunity for dialogue with clients, and while referrals to outside agencies were made, many clients were only familiar with the Louisiana Department of Public Safety and Corrections (DOC) system of HIV care delivery. Thus, navigating to an unknown system for care and medication seemed overwhelming and was a contributing factor to clients' significantly 10 percentage points lower linkage-to-care rates than the general HIV-positive population.[76]

Video conferencing has the potential to positively impact the continuum of care.

Meanwhile, DOC invested in telemedicine technology to reduce transports to outside medical care facilities. DOC medical staff use the telemedicine equipment to facilitate medical consults with outside specialists. Based on the availability of this existing telemedicine technology, OPH proposed that it be used at each DOC site to facilitate video conferencing between HIV-positive clients and a community-based case manager at the site where the client is being referred.

The vision was to "help eliminate some of the unknowns faced by HIV-positive clients upon release (e.g., how to secure clothing, food, housing, employment, transportation, and health care coverage)." In fact,

> *"empirical evidence, and logic, suggests that video conferencing has the potential to positively impact the continuum of care. By establishing relationships to care providers that foster sustainability and continuity of care, the propensity to link to care sooner is established."*[77]

To lay the groundwork for the intervention and test its theory, OPH received a SPNS grant as part of the **Systems Linkages and Access to Care for Populations at High Risk of HIV Infection (System Linkages) Initiative**. It partnered with nine state prisons and 11 case management agencies (four Part A-funded and seven Part B-funded agencies) across the state to facilitate this work.

[76] Louisiana's Department of Health and Hospitals, Office of Public Health, STD/HIV Program. Louisiana's Special Projects of National Significance Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative. Final Report. August 31, 2015.
[77] Louisiana's Department of Health and Hospitals, Office of Public Health, STD/HIV Program. Louisiana's Special Projects of National Significance Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative. Final Report, p.4. August 31, 2015.

Description of Intervention Model

CHALLENGE ACCEPTED

THE CHALLENGE: addressing low linkage-to-care rates among people who are returning to the community from prison.

Intervention Model: Video Conferencing with Strengths-based Case Management

In the new Video Conference intervention, incarcerated clients can video chat with the same case manager that they will be connected to on the "outside." Video conferencing offers clients the opportunity to discuss their release plans and any concerns they may have about HIV treatment or care. It also provides the community-based Ryan White case manager an opportunity to learn about the client's anticipated needs upon release, and better prepare to address those needs in advance.

The Video Conference intervention applies strengths-based case management. This includes a focus on client goals, general life plans, and identifying personal and environmental resources that meet client preferences—specifically their medical and social support goals. It is a client-driven approach that helps encourage HIV-positive individuals to work with their case manager to develop a step-by-step plan for meeting their needs and identifying the strengths and skills they have that will promote and further support their plan. For incarcerated individuals who may have limited support in the community, it can be an encouraging and emboldening experience.

The intervention leverages the following key partnerships:

- **Louisiana Department of Health and Hospitals, Office of Public Health, STD/HIV Program:** Responsible for procuring video equipment, installation of equipment at case management partner sites, client pre-release services, scheduling video conferences, conducting trainings, quality assurance, fidelity monitoring, CAREWare[78] documentation, and tracking of client linkage for 90 days post-release.
- **Louisiana Department of Corrections:** Responsible for providing current list of HIV-positive clients at each prison, providing client medical records, permission to schedule video-conference sessions among other telemedicine appointments, providing access to telemedicine equipment, escorting clients to and from pre-release services meetings and video case conferencing. Additionally, granting security clearance to the OPH corrections specialist.
- **Ryan White Part A and B Agencies:** Responsible for appointing case managers to participate in the video-conference intervention, participating in video-conference and corrections-specific trainings, entering data into CAREWare, following up on referrals, and linking clients to additional needed resources in the community.

[78] CAREWare is the Ryan White Program's free, scalable software system for managing and monitoring HIV clinical and supportive care. To learn more, visit: **http://hab.hrsa.gov/manageyourgrant/careware.html.**

- **Ryan White Part A Administration:** Helps provide reimbursement payment to Part A agencies participating in the intervention.
- **Louisiana State University Health Care Services Division Medical Informatics and Telemedicine:** These IT specialists help ensure video-conference equipment for the intervention are secure, assist with equipment setup at community partner agencies, and provide IT support as necessary.

Staffing Requirements & Considerations for Replication

Staffing Capacity

Based on the OPH work, here are the types of staff necessary to replicate this intervention.

Corrections specialist: The Corrections specialist's primary activities include

- obtaining the list of HIV-positive clients from the DOC and identifying those who are within 180 days of release (and thus eligible for pre-release planning);
- tracking client release dates;
- coordinating and communicating with the community-based case manager where client is being referred upon release;
- collaborating with the telemedicine/IT support coordinator to ensure video-conferencing equipment is encrypted and secure;
- overseeing the entire video-conference process, including coordination, scheduling, implementation, and documentation; and
- tracking client linkage to referrals.

DOC telemedicine coordinator (or master scheduler): Responsible for coordination, scheduling, and facilitation of telemedicine equipment. This individual works with the corrections specialist to respond to video-conferencing requests.

Community-based case manager: This individual is housed at a Ryan White Part A or B partner agency where clients are linked. Their primary responsibilities include

- completing all video-conferencing forms and documents;
- ensuring conferencing data is entered into the CAREWare database;
- communicating and coordinating with the corrections specialist;
- providing linkage to referrals for clients post release; and
- following up with clients post release.

Note: Since the Video Conference intervention is considered transitional case management by the Health Resources and Services Administration (HRSA), it is possible for more than one Ryan White-funded source to bill for services provided to the client. As such, it should be determined at what point the responsibility for the client's linkage completely falls onto the community case manager.

	Telemedicine/IT support coordinator: This individual helps set up the video-conferencing technology at community partner agencies and assists in technological troubleshooting. In particular, their responsibilities include • determining bandwidth and video-conferencing operating capacities at participating community agencies; • recommending video-conferencing equipment to be purchased and installed at community agencies; • making any necessary changes to network and firewalls to ensure an encrypted and secure video-conferencing connection; and • providing TA as needed.
Staff Characteristics 	Corrections specialists should be • flexible to the unique challenge of working with clients in custody and those soon-to-be released; • able to meet corrections security clearance criteria; • genuinely interested in working with incarcerated individuals; and • willing and able to follow prison policies and guidelines while in the prison facilities. All staff should • have extensive awareness of and familiarity with community resources; • have the ability to foster cooperation and communication with corrections staff and community-based case managers; • have the ability to deliver culturally appropriate services; • offer non-judgmental services; and • ideally be reflective of racial and ethnic backgrounds of the client population.

Sources: Louisiana Department of Health and Hospitals, Office of Public Health, STD/HIV Program. Louisiana's Special Projects of National Significance Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative. Final Report. August 31, 2015.

Louisiana Department of Health and Hospitals, Office of Public Health, STD/HIV Program. Video Conference Service: Protocols for Louisiana Office of Public Health—STD/HIV & Ryan White Part A and B Case Management Agencies.

Replication Tips for Intervention Procedures and Client Engagement

This section provides tips for readers interested in replicating the intervention and, where applicable, includes grantee examples for further context.

Steps for getting started include the following:

- **Select case management agencies** to work with (if separate from your own).
- **Survey IT capacity of case management agencies,** namely Internet broadband (i.e., do they have the bandwidth to facilitate video conferencing and, if not, can they upgrade).
- **Assess space to conduct private video conferencing** (i.e., do case management agencies have a space where video conferencing can be held confidentially).
- **Develop training materials** and protocols.
- **Conduct mock sessions** with each case manager so they become accustomed to the video-conferencing technology and seeing themselves on screen.
- **Train case managers in interviewing skills** and assess during mock sessions.
- Offer all case managers a **"corrections 101" training** to become better informed about the corrections system.
- **Purchase video-conference equipment** for community case-management agencies, if existing equipment is not available.
    - Equipment should facilitate a secure line. For example, Skype, Google Hangout, FaceTime etc. are not recommended; instead, equipment that maintains encryption and ensures confidentiality to adhere to Health Insurance Portability and Accountability Act (HIPAA) compliance is recommended. If purchasing equipment, be certain of what authorization is required to complete the purchase and which entity is purchasing the equipment (e.g., if state dollars are used to purchase the equipment then the equipment may ultimately be owned by the state and require annual inventory and tagging). OPH purchased PolyCom equipment because it met data security and confidentiality needs, though there are other equipment suppliers.
- **Determine how to document the video-conference session;** at minimum a client consent form should be developed, signed, and obtained.
- **Determine the best method for scheduling** video-conference sessions, based on existing schedules. Also, develop a protocol for clients who need to reschedule their session (e.g., they're in lockdown and can't get to the medical office that houses the telemedicine equipment at the DOC).
- Discuss **how information will be entered into a client-level database such as CAREWare** in order to log video conferencing-specific data for reporting and evaluation purposes.
- **Identify which clients are eligible** for video conferencing.

Getting Started Checklist: Considerations for Intervention Partners

Health Department	Case Management Agencies	Department of Corrections	Telemedicine/IT Partner Service Provider
☐ Select Case Management Agencies	☐ Locate Private Space to Conduct Video Conferencing	☐ Acquire/ Confirm Access to Telemedicine Equipment	☐ Recommend Appropriate Video-conferencing Equipment for Case Management Agencies
☐ Survey IT Capacity of Case Management Agencies	☐ Identify Case Managers	☐ Identify HIV-positive Clients	☐ Configure and Assign Secure Conference Lines or "Meeting Rooms" at Case Management Agencies
☐ Develop Training Materials and Training Plan	☐ Participate in Pre-implementation Training	☐ Provide Clearance for Health Department to Enter DOC Facility	☐ Determine Capability to Provide On-demand Technical Support
☐ Develop Documentation	☐ Determine the Point of Client Transfer	☐ Determine Impact (if any) on DOC Staff	
☐ Determine Methodology for Scheduling Video-conferencing Sessions			
☐ Program Additional Sub-forms in CAREWare			
☐ Purchase Video-conference Equipment			
☐ Clarify/Confirm Ownership of Video-conference Equipment			
☐ Determine Which Clients are Eligible for Video Conferencing			
☐ Determine Whether to Provide Client Incentives			

Source: Louisiana Department of Health and Hospitals, Office of Public Health, STD/HIV Program. Video Conference Manual: Louisiana's Special Projects of National Significance Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative. Final Report. August 31, 2105.

INTERVENTION SCHEDULING 101

Each DOC maintains a list of known HIV-positive individuals in their custody. This list is populated from pharmacy and laboratory records. A crucial component for success is ensuring that corrections specialists have access to a database or are given regularly updated lists so that they have reliable information about release dates, the possibility of early release due to good behavior, or transferring of client to different facilities.

The Video Conference

The Video Conference intervention ideally happens as close as possible to the client's release date. This makes it easier for the client to remember both the case manager and the plans outlined during the meeting. That said, telemedicine equipment must accommodate the DOC's other clients, so case conference scheduling has to be built around the existing telemedicine schedule. Most clients receive their video conference 4–6 weeks before release, although it is certainly possible for the meeting to take place at a later date.

Just before the video conference (typically 48–72 hours in advance), the corrections specialist faxes a "video-conference referral package" to the community-based case manager. This package includes the following client information:[79]

- Consent for video-conference form
- Referral to case management form
- Most recent lab work
- Scheduling letter with brief client summary.

The case manager reviews this information before the video conference.

On the day of the video conference, the corrections specialist confirms that the client is in the infirmary or is being transported there. The corrections specialist retrieves the client's medical chart to have on hand and dials in to the secure video conference generally 15 minutes early. Meanwhile, the case manager dials in 10 minutes early. This enables both the corrections specialist and case manager to confirm there are no technological issues in advance so that they are ready to go and able to maximize time with the client.

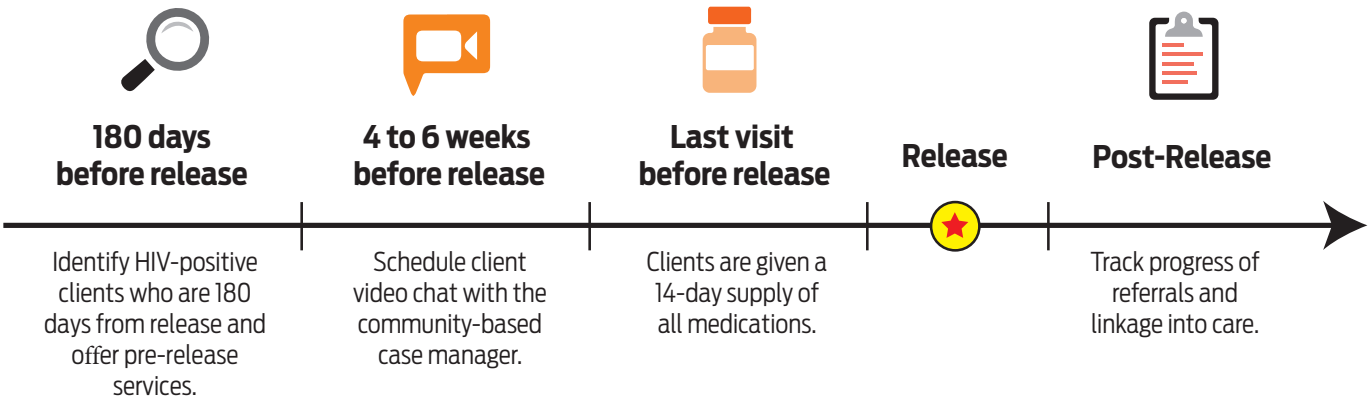
The corrections specialist introduces the client to the case manager. During the video conference, the client learns more about the agency where they are being referred. Clients are encouraged to discuss their needs and wishes for their lives post-release. During the intervention, clients are generally very willing to open up and share with case managers. It is a time where the focus is expressly on them, and they see the value of the services being offered, find comfort in putting a face to a name, and meet the person they will then see in the community.

As one client explains,

> *"Well, to be perfectly honest, just seeing a person that I haven't met over the camera and saying that she would be the same person that I can come speak to when I'm released, just basically saying now you see me over this camera. We're building a relationship, but when you come in, I'll be that same person. So, I felt comfortable knowing that I already had an opportunity to meet the person who I would be speaking to rather than being kind of nervous going and meeting a new person."*

[79] Louisiana Department of Health and Hospitals, Office of Public Health, STD/HIV Program. Video Conference Service: Protocols for Louisiana Office of Public Health—STD/HIV & Ryan White Part A and B Case Management Agencies.

Intervention Timeline



The case manager completes an assessment form, a personal needs and care planning tool, and updates any information from the pre-release services meeting. During this process, the case manager is tailoring the client's discharge plan to the client's needs, while simultaneously building rapport that will facilitate post-release linkage and engagement.

The case manager documents all referrals and, after the video conference, completes a referral follow-up form. This form will be used to track the progress and completion of referrals by the agency.

At the end of the conference, the meeting is summarized, as are next steps for all parties.

Fidelity monitoring is completed to ensure each step of the process is being followed. This is done by

- ensuring documentation collected and reported from the video-conference session is in alignment with protocols;
- checking client charts for completeness and accuracy by OPH; and
- cross-checking the client's paper file against their electronic file in CAREWare (or other database if not using CAREWare).[80]

Securing Buy-in

OPH has a strong, existing relationship with the DOC medical director, who has been very welcoming of the Video Conference intervention work and helped to approve access for it to be done. The involvement and backing of the correctional medical director underscores the importance of securing champions early on.

Communication and coordination across participating partners during planning stages is important to secure feedback on protocols and proposed roles and responsibilities and ensure buy-in. It is similarly important that organizations doing this work provide education to correctional staff about the project and underscore the need for—and subsequent access to—discharge lists as well as the importance of HIPAA and confidentiality requirements.

[80] CAREWare is the free, scalable software for managing and monitoring HIV clinical and supportive care and that facilitates Ryan White HIV/AIDS Program Services Report (RSR).

Fidelity monitoring should be completed to confirm each step of the Video Conference intervention is being followed. This also helps promote transparency, and secure and maintain buy-in.

Overcoming Implementation Challenges

Engage an IT department or other specialist to advise on and support (and subsequently test) equipment and provide TA, as needed. This will help overcome challenges related to equipment security and video-conference logistics.

Additional intervention challenges are typical to corrections-related work, such as clients being released earlier than expected and ensuring the intervention aligns with DOC requirements. If partners can share database systems and files, participate in regular check-ins, and work with the same protocols, some of these headaches can be averted.

Promoting Sustainability

OPH continues to sustain and support this intervention through Ryan White Part A and B funds, thanks to its alignment with transitional care coordination requirements.

Given the costs of recidivism and HIV transmissions at the individual, societal, and community levels, a proven intervention that facilitates increased access to critical care and services, timely linkage and engagement in care, and ultimately, improved health outcomes makes for a compelling case for investment.

Conclusion

Incarcerated individuals are disproportionately affected by a host of health disparities and structural inequalities. Upon release, many individuals are unfamiliar with the healthcare system and are, understandably, more concerned with meeting basic survival needs, which places HIV medical care as a lesser priority. Without assistance in removing these barriers and actively linking them to care, clients remain at risk for returning to and engaging in the same behaviors that led to HIV infection and incarceration.

Linking incarcerated, HIV-positive clients to care through a Video Conference intervention addresses national goals to increase access to care and improve health outcomes for people living with HIV.[81] In addition, clients show increased interest and engagement in their care plan when video conferencing is integrated into their discharge planning.

The Video Conference intervention improves and streamlines pre-release services documentation and cross-institutional communication between OPH, DOC, and case management agencies. Moreover, client linkage-to-care in the first 90 days post-release has increased because of the intervention, with more clients linking to critical HIV services and moving along the Care Continuum.

Other Available Resources

- **Systems Linkages and Access to Care Initiative**

[81] Louisiana's Department of Health and Hospitals, Office of Public Health, STD/HIV Program. Louisiana's Special Projects of National Significance Systems Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative. Final Report. August 31, 2015.