

THE LINKAGE TO CARE SPECIALIST PROJECT



Intervention Fact Sheet*



Priority Population:

Sexual and Gender Minorities



Intervention Type:

Service Delivery



Setting:

**CBO
ASO**



Results:

**94%
Linkage to Care**

**94%
Viral Suppression**

INTERVENTION DESCRIPTION

Manuscript Title: Evaluation of a Client-Centered Linkage Intervention for Patients Newly Diagnosed with HIV at an Urban United States LGBT Center: The Linkage to Care Specialist Project

Focus: Linkage and Retention

Category: Behavioral health, counseling, case management, outreach

Location(s): Los Angeles, CA

Population(s) Focus: General population

Intervention Setting: Community-based organization/ AIDS service organization

Intervention Site(s): Los Angeles LGBT Center

Staff Delivering the Intervention: Linkage specialist

Intervention Duration: Mean of 2.1 hours dedicated to linkage activities by linkage to care specialist

Study Time Period: March 2014 – September 2015

Brief Description of Intervention: The Linkage to Care Specialist (LTC-S) Project aims to improve timely linkage for patients newly diagnosed with HIV through three phases:

Phase (1) consists of client-centered, resiliency-based counseling, and support beginning immediately after a positive HIV test result. The main objective of this phase is to have the linkage specialist create an individualized support and linkage plan for each client at a pace that reflects their personal resources and readiness to engage in care. The support plan encompasses assessing each client's existing support resources and providing referrals to counseling or group therapy where appropriate. The linkage plan encompasses describing the process of engagement into care, normalizing negative emotions, and assessing the client's readiness for engagement while providing them with their first appointment at the end of the first encounter.

Phase (2) promotes a sense of responsibility for the linkage specialist to create a flexible communication

*The manuscript for this intervention can be accessed at <https://pubmed.ncbi.nlm.nih.gov/28628349/>

plan suited for individual client needs. This is meant to reinforce the client's sense of support from the linkage specialist and provide opportunities to better understand and cope with their new diagnosis. The linkage specialist also focuses on helping clients develop skills required for successful engagement in care (e.g., making appointments, planning ahead, etc.).

Phase (3) shapes the client's readiness to engage in care. This is done by effectively leveraging clinical resources to assist the linkage specialist in fostering relationships between clients and clinic staff, strategizing with clients to provide referrals to supportive services, implementing targeted outreach for those with missed appointments, and eventually connecting clients with the linkage referral process. The linkage specialist continues regular contact with patients who are experiencing challenges with engaging in care until they are either linked or asked to stop being contacted.

The linkage specialist hired as a part of this study was a full-time clinical social worker with experience in crisis counseling. Motivational interviewing and strength-based case management techniques were emphasized to promote intrinsic motivation while supporting client strengths and resiliency. The specialist works to address negative emotions (e.g., stigma) after a positive HIV diagnosis and redirect that reaction into positive health-seeking behaviors.

EVALUATION STUDY AND RESULTS

Research Design: Cross-sectional

Eligibility Criteria: Eligible participants were 18 years of age or older, HIV-positive by rapid testing algorithm or nucleic acid amplification test, newly diagnosed within 3 weeks prior to enrollment, and able to complete an administered verbal survey/interview in English or Spanish.

Relevant Outcomes:

- Linkage to care was defined as attending a medical visit with any HIV primary care provider within 3 months of diagnosis.
- Retention in care was defined as two medical visits at least 3 months apart within a 12-month period.

Significant Positive Findings on Relevant Outcomes:

- Of the 118 enrolled participants, 111 (94%) attended their first HIV medical visit within 3 months of diagnosis. Participants who were linked to care took an average of 25.5 days to linkage.
- Among those linked to care, 102 (92%) were successfully retained for a year following linkage to care.

Strengths and Other Significant Clinical Outcomes:

- Among individuals retained in care, 94% achieved viral suppression.

Other Considerations:

- The linkage specialist spent an average of 2.1 hours working with each participant (range: 0.5–5.2 h) and interacted with patients an average of 4.9 times each (range: 1–15). The majority of these interactions were through in-person meetings (mean: 1.8 per person) and phone conversations (mean: 2.7 per person).

Limitations:

- A lack of a control group makes it difficult to separate the LTC-S intervention from the cohort's predisposition to engage in care.
- A lack of generalizability due to the cohort predominantly consisting of urban Gay, Bisexual, and Other Men who have sex with Men (GBM) seeking care at a well-established LGBT clinic.
- Ten percent of enrolled clients had difficulty accepting their HIV diagnosis and were not enrolled in the research study, highlighting intrinsic differences in this subpopulation that may have impacted study results.
- Incentives offered to research participants may have created a bias in participants' motivation to be retained in care.

REFERENCE:

Bendetson J, Dierst-Davies R, Flynn R, et al. Evaluation of a Client-Centered Linkage Intervention for Patients Newly Diagnosed with HIV at an Urban United States LGBT Center: The Linkage to Care Specialist Project. *AIDS Patient Care and STDs*. 2017;31(7):283–289. doi:10.1089/apc.2017.0057.