



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

# Linkage Navigation Services Increasing Linkage to Care

Metro Inclusive Health  
Tampa Bay, Florida

Rebecca Nessen, MPH  
Vice President of Strategic Initiatives



# Metro Inclusive Health

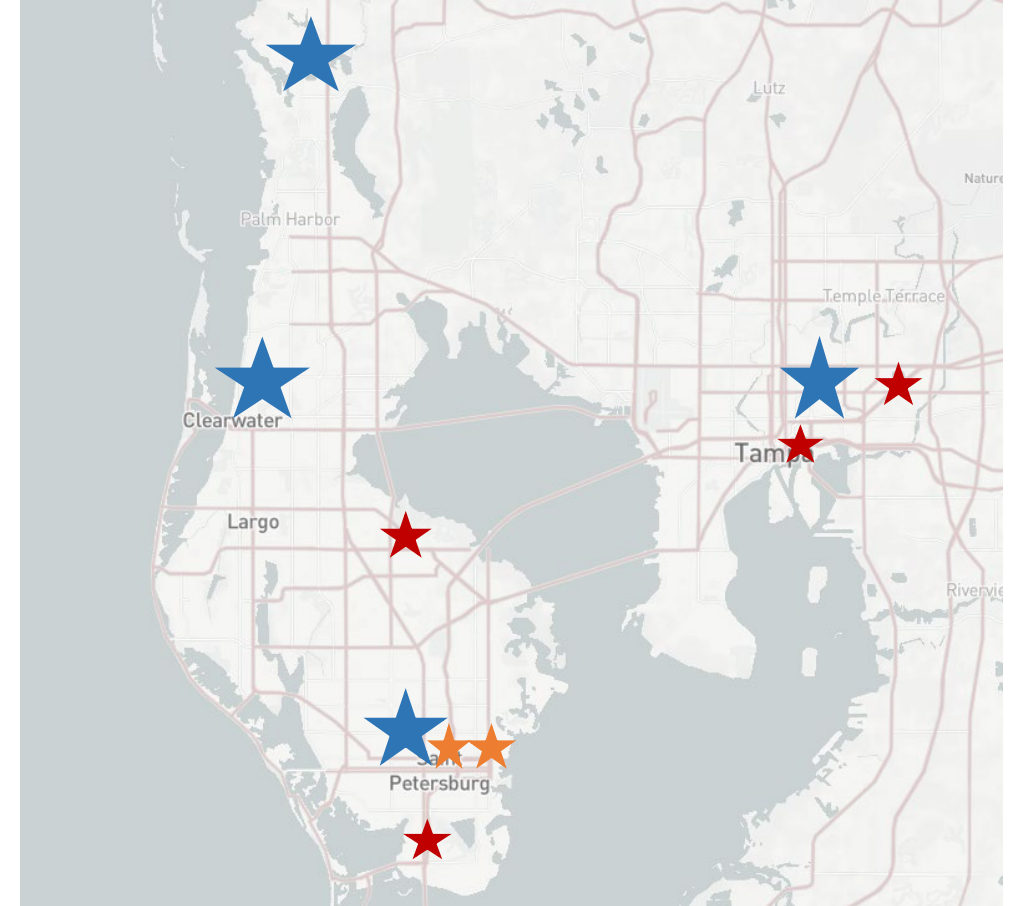


- Committed to providing quality health and wellness services that are inclusive, relevant, supportive, and represent the lifetime continuum of the people in our Tampa Bay community
- 1992 Metropolitan Charities Incorporated as 501(c)(3)
  - Medical Case Management
  - Prevention & Sexual Health Programs
  - Outreach & Engagement Services
- 2014 Behavioral Health Services
- 2015 Primary Care Services
- 2019 COA Accredited (Council on Accreditation)
- 2020 Federally Qualified Health Center Look Alike



# Metro Inclusive Health

- Providing Care throughout Tampa Bay
- METRO Health Centers: ★
  - St Petersburg
  - Tampa
  - New Port Richey
  - Clearwater
- Satellite locations ★
- LGBTQ+ Welcome Center ★





**In 2019, we served:**

<b>6,689</b>	High Risk Populations · Same Gender Loving · Heterosexual Adults
<b>4,626</b>	Persons Living with HIV
<b>2,741</b>	Youth & Young Adults, ages 13-24
<b>2,851</b>	HIV+ Women & Families & High Risk Pregnant Women
<b>2,674</b>	LGBTQ+ & Community Center Program Participants
<b>1,739</b>	Behavioral Health Clients
<b>4,708</b>	Medical Care Patients

# HIV Medical Home Model of Care



- Delivering trauma-informed comprehensive and fully integrated medical services with 100 wraparound culturally competent supportive services
  - HIV Care Coordination Services
  - Primary and HIV Medical Care
  - Behavioral Health
  - HIV and Substance Abuse Prevention and Treatment Services
  - LGBTQ+ Community Programs



# Linkage Navigation Services

- Gateway & key connection point into integrated, coordinated, holistic, culturally competent, client-centered services
- Providing tailored and individualized service to connect people to care immediately
  - Immediate assessment of needs
  - Same day connection to medical care
  - Schedule appointments
  - Assess for program eligibility criteria
  - Gather documentation, complete required paperwork, etc.
  - Coordination of care
  - Facilitate Evidenced Based Interventions including ARTAS and HEART

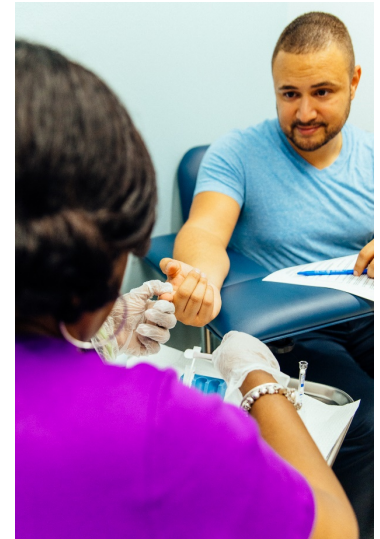


# Linkage Navigation Services



VIRTUAL  
2020 NATIONAL  
RYAN WHITE  
CONFERENCE ON  
HIV CARE & TREATMENT

- Increases access to services
  - Conducts immediate one on one consultation (no appointment needed)
  - Schedules medical, BH and MCM appointments among others
  - Provides educational materials and resources
  - Promotes all available resources
- Addresses barriers to care
  - Connects to resources to address barriers such as transportation
  - Assists with required paperwork or documentation for services
  - Prioritizes needs collaboratively with client
- Facilitates quality of care
  - Coordinates multiple appointments to take place same day
  - Provides communication, education & sets expectations
  - Promotes seamless and integrated service delivery



# Linkage Navigators



- Onsite full-time staff at all METRO locations
- Supports Patients & Clients
  - Meet with all clients who call-in or walk-in who are not already connected to care (HIV+ and HIV-)
  - Enhances quality of care and seamless integration of service delivery
  - Provides both internal and external resources (according to patient choice)
- Supports METRO Staff & Programs
  - Referral source for all METRO providers to follow up on additional needs of clients or patients
  - Supports testing services by meeting with all newly reactive or those identified as living with HIV who are out of care
- Supports Community & Local Collaborations
  - Collaborate closely with other agencies for linkage to care needs
  - Provides referrals and linkage to care to other community resources





# Collaborating for Linkage to Care



- METRO is a key point of entry to care and services
- Closely collaborate with other agencies and entities to meet their linkage to care needs for clients and patients:
  - Local Health Departments
  - Local Hospitals (including Emergency Departments)
  - Local jails
  - Other local behavioral health providers
  - Other local medical providers & FQHCs



# Linkage Navigation Program Structure



- Gateway & Entry Point for all clients and patients into services
- Two paths for Linkage Encounters:
  1. Quick Resource/Connection/Guidance
  2. Linkage Consultation & Assessment
- Allows for time efficient service delivery without burdening clients and patients who just need a brief touchpoint or guidance
- Documentation requirements differ



# Data Capture & Metrics

- Utilization of Electronic Medical Records System
  - eClinicalWorks
  - Integrated assessment tool
  - Data capture & Live charting
  - Monthly reporting
- Database to facilitate referral follow-up from outreach & testing encounters
  - Follow-up documentation
  - Monthly reporting
- Quality Assurance Mechanisms



# Increasing Linkage to Care



- Provides high quality customer service to meet the ever evolving needs of the community
- Builds rapport
- Establishes trust
- Reduces duplication of intake services, paperwork, etc.
- Reduces efforts of patients and clients to attending necessary appointments for vital care and treatment
- Promotes engagement and retention



# Increasing Linkage to Care



## Definitions

- Successful Linkage = Attended initial appointment
- Referral = Recommended and referred for care (appointment created, notice submitted to appropriate staff, etc.)
- Assessment = Linkage Navigation Consultation and Assessment (documentation of program eligibility criteria, etc)

## Previous 12 Months Data

- 8406 Linkage Encounters
- 1474 Linkage Assessments completed
- 3243 Referrals completed
- 92% successful linkage rate for HIV+ clients
- 90% successful linkage to MCM
- 83% successful linkage to Primary Care
- 78% successful linkage to Trans Services
- 70% successful linkage to BH Services

# Linkage Navigation Program



- Program History & Growth
  - Expanding to meet the needs of the community
  - Expanding to incorporate agency growth of programs and services
  - Linkage to Care Collaborations
  - Community Health Navigation
- Challenges
  - Outcome data for every referral
  - Time consuming, effortful, on-demand care
  - Data capture and documentation requirements for each situation





# Thank you

Rebecca Nessen, MPH

Vice President of Strategic Initiatives

Metro Inclusive Health

[rebeccan@metrotampabay.org](mailto:rebeccan@metrotampabay.org)

727.321.3854 EXT 1234

