North Carolina (NC) Department of Health and Human Services

Division of Public Health/Epidemiology Section/Communicable Disease Branch/ HIV/STI/Viral Hepatitis Unit and Surveillance Unit

NC State Bridge Counseling Program

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HRSA NRWC DSHAP Business Day Meeting August 20, 2024

Learning Objectives/ Takeaways

Understand how state HIV Prevention and Care Programs can be structured in a way that promotes collaboration within health department units and how HIV care is provided in North Carolina.

Learn how NC's State Bridge Counseling (SBC) structure aims to increase the proportion of people with HIV (PWH) engaged in continuous HIV care by addressing the social determinants of health that serve as barriers to linkage and retention.

Attain insight about a regional quality improvement project to improve bi-directional communication when sending referrals for SBC through CAREWare so the referrals and outcomes can be tracked.

Regional Networks of Care and Prevention

- In 2012, after a series of community town hall meetings, North Carolina (NC) eliminated Consortia and created Networks of Care (10 regions and 1 Transitional Grant Area [TGA])
- The first Request For Applications (RFA) was issued that included Ryan White Part B (with Minority AIDS Initiative [MAI] and Emerging Communities [EC]) and Housing Opportunities for Persons With AIDS (HOPWA) funding
- In 2016, our HIV Prevention and Care Programs became fully integrated
- We issued a new RFA that included HIV Prevention (Centers for Disease Control [CDC]), Part B - with MAI and EC (Health Resources and Services Administration [HRSA] HIV/AIDS Bureau [HAB] Division of State HIV/AIDS Programs [DSHAP]), and HOPWA (Housing and Urban Development [HUD])
- Our next Joint RFA will be issued in 2025 and will include CDC, Part B, MAI, EC, and HOPWA funding that will begin in 2026

What Does It Mean To Be In a Network?

- Multiple agencies working together for a common cause to combat HIV Care, Prevention, and Housing under multiple funding streams (Part B, CDC Prevention, HOPWA State and Metropolitan Statistical Areas (MSAs), Part C, Part D, state funding, etc.)

- In most Network Regions agencies receive votes on how the funding is utilized within the Network

- Mandatory Network Meetings at least on a quarterly basis where funding partners and state staff are kept abreast of Network Operations

- Network Meeting Minutes are submitted to the HIV Prevention and Care Programs within 2 weeks of each meeting

- Networks create joint administrative policies that include client grievance policies, evaluation plans, quality improvement plans, etc.

- At least one agency in each Network is funded to be the Network Administrative agency

What Else Are Networks Involved In?

- HIV Prevention and Care Advisory Committee (HPCAC): Created in 2012 for integration of statewide HIV Prevention Community Planning and HIV Care Advice
- Regional Quality Council (RQC)

NC State Bridge Counseling Program (SBC)

SBC is: Assisting PWH in obtaining or re-establishing primary care. An SBC collaborates with Regional HIV Care Network partners to re-engage PWH into care, prioritizing those who were once linked to care but have fallen out-of-care, and linking and retaining new patients in care.

NC Regional Networks of Care and Prevention

**State Disease Intervention Specialist (27)**

Perform outreach to all individuals newly diagnosed with HIV

- Provide disease-specific education
- Elicit contact info for sex/Injection Drug User (IDU) partners for exposure notification and linkage to testing/treatment
- Identify social/sexual network
- Schedule HIV care appointment
- Link to needed resources

State Bridge Counselors (10)

Referred out-of-care PWH for re-engagement by addressing Social Determinants of Health (SDHs)

- HIV genotype clusters
- NC Engagement in Care Database for HIV Outreach (ECHO) out of care list
- CAREWare referrals
- North Carolina Electronic Diseases Surveillance System (NCEDSS) workflow of PWH not in care/not virally suppressed with new STI diagnosis
- Disease Intervention Specialist (DIS) referrals
- Prison Releasees
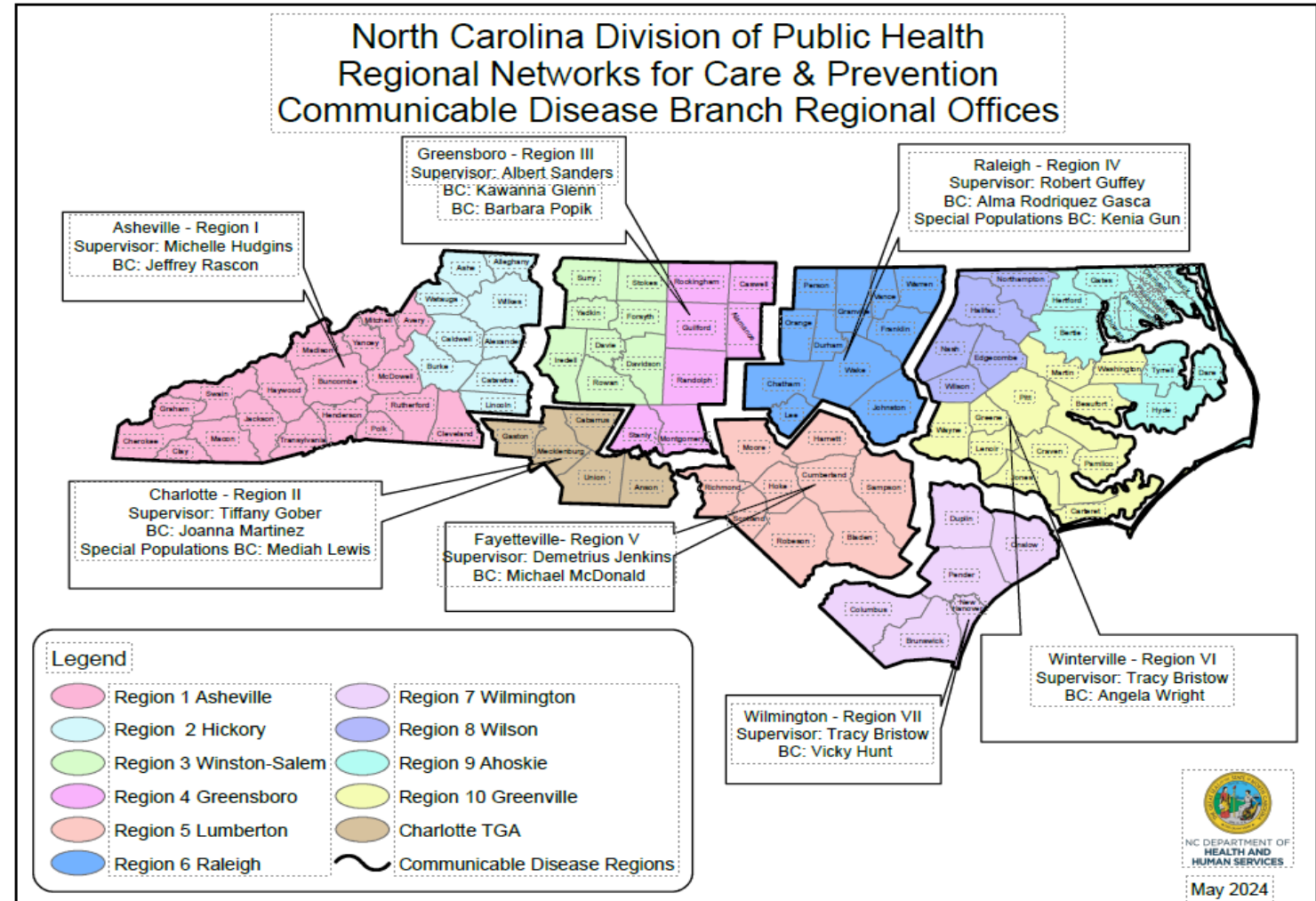
Established Procedures for HIV Testing Agencies
{To include Field Services (DIS) & State Bridge Counselors}

Agency refers New or Previous HIV case to Regional DIS office. (North Carolina Electronic Diseases Surveillance System [NCDESS], CAREWare)

Prevention Agency Actions

Field Services/State Bridge Counselor Actions

Previous HIV +

New HIV+

Client is **Out of Care**

Client is **in Care**

Agency notifies client & does initial linkage to care. Agency reports all new HIV+ clients to Regional DIS/Local Health Department (LHD) including scheduled medical appointment.

Agency schedules a re-engagement & follows up to determine if kept.

No further action is required by the agency

If the client keeps the appointment, no further action is required by the agency.

DIS interviews client (Contact Tracing) and links to care if not already done.

If client does not keep appointment, refer to SBC for re-engagement

If client keeps appointment, no additional action needed.

If client refuses linkage to medical care, refer to SBC for re-engagement.

SBC Intervention Activities

- Locating individuals out of care
  - Phone calls
  - Field Visits
  - Record Searches (i.e., internet, voter registration, Department of Corrections (DOC), EHR [Electronic Health Record] systems)
  - Accurint
  - Internet Partner Notification (IPN)
- Re-engagement
  - Link/Coordinate Medical Appointments with Provider
  - Assist with RW/HIV Medication Assistance Program (HMAP)
  - Partner Elicitation*
  - Make appropriate referrals
 - Identify/Address Barriers

How We Address Barriers to Care

- Conflicting Urgencies
- Denial/Depression
- Fear
- Inconveniently located Medical Services
- Job Conflict
- Lack of Support/Family Care
- Medication Side Effects
- Mental Health
- No insurance/Under-insured
- Poverty
- Stigma
- Substance Abuse
- Transportation
- Unstable Housing

NCCARE360 is a statewide coordinated care network that better connects individuals to local services and resources. In the NCCARE360 network, providers can electronically connect individuals and families who have unmet social needs to community resources. NCCARE360 also allows for easy feedback and follow-up to help close the care loop for individuals and families seeking help.

CAREWare 2023 SBC Outcomes
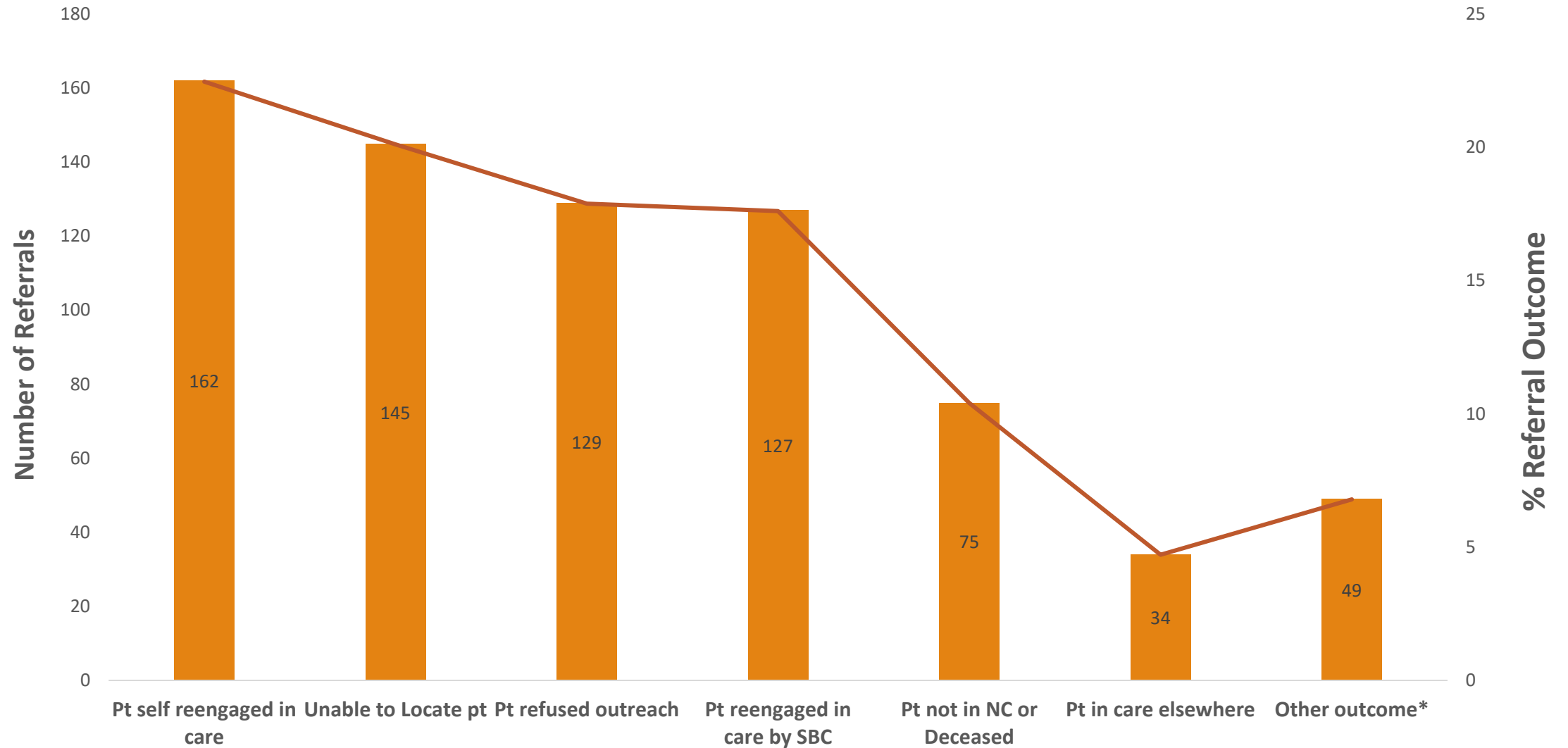
*No-show appointments, Biological False Positive (BFP), Client stop responding to SBC, Incarceration

Regional Quality Council (RQC)

RQC provides a statewide forum for Ryan White (RW) and Prevention service providers (within all 10 regions of NC and the transitional grant area) to work together on mutually agreed-upon goals and objectives to improve the quality of care and prevention services for patients living throughout NC.

SBC Referrals RQI Project

For this project, participating agencies send referrals for state bridge counseling (SBC) through CAREWare so the referrals and outcomes can be tracked.

CAREWare Performance Measure
- **Name**: NC - Gap in HIV medical visits flipped SBC
- **Code**: SBC-C04
- **Denominator**: HIV clients with at least one SBC referral in the first six months of the measurement year
- **Numerator**: Clients in the denominator who had at least one OAHS (Outpatient/Ambulatory Health Services) visit (cross provider) or was virally suppressed (cross provider) in the last six months of the measurement year
- **Goal**: 50%

To view your referrals and outcomes, run this CAREWare custom report:
- DHHS: SBC Referral Outcomes

(must run as csv file)

SBC Referral Fields in CAREWare

New text box field when sending referrals:
- Name of Person Sending Referral to SBC

Fields completed by SBCs:
- Referral Status
- SBC Provided By
- Outcome of Bridge Counseling
- Other Outcome, Please specify

Find Client > Search Results > Demographics > Referrals > Add > Next

Save   Back

Next

Direction:	Outgoing
Category Label:	State Bridge Counseling
Status:	Pending
Complete Date:	
Class:	
Silent:	☐
Comments:	
Name of Person Sending Referral to SBC:	
BC Provided by:	
Outcome of Bridge Counseling:	
Other Outcome, please specify:	

Reminder: Run the custom report 'DHHS: SBC Referral Outcomes' <u>as a CSV file</u> to see outcomes entered by SBCs

Regions that selected the SBC QI Project
SBC-C04
01/01/2023 - 12/31/2023

- **Denominator**: HIV clients with at least one SBC referral in the first six months of the measurement year
- **Numerator:** Clients in the denominator who had at least one OAHS visit (cross provider) or was virally suppressed (cross provider) in the last six months of the measurement year

Sent between 01/01/23 and 06/30/23

OAHS or Viral Load test between 07/01/23 and 12/31/23

Region	Value	Percent
R01	13	23%
R03	131	56%
R04	80	29%
R06	195	59%
R07		
R09	5	60%
R10	43	28%
DHHS Server	508	48%

Goal 50%
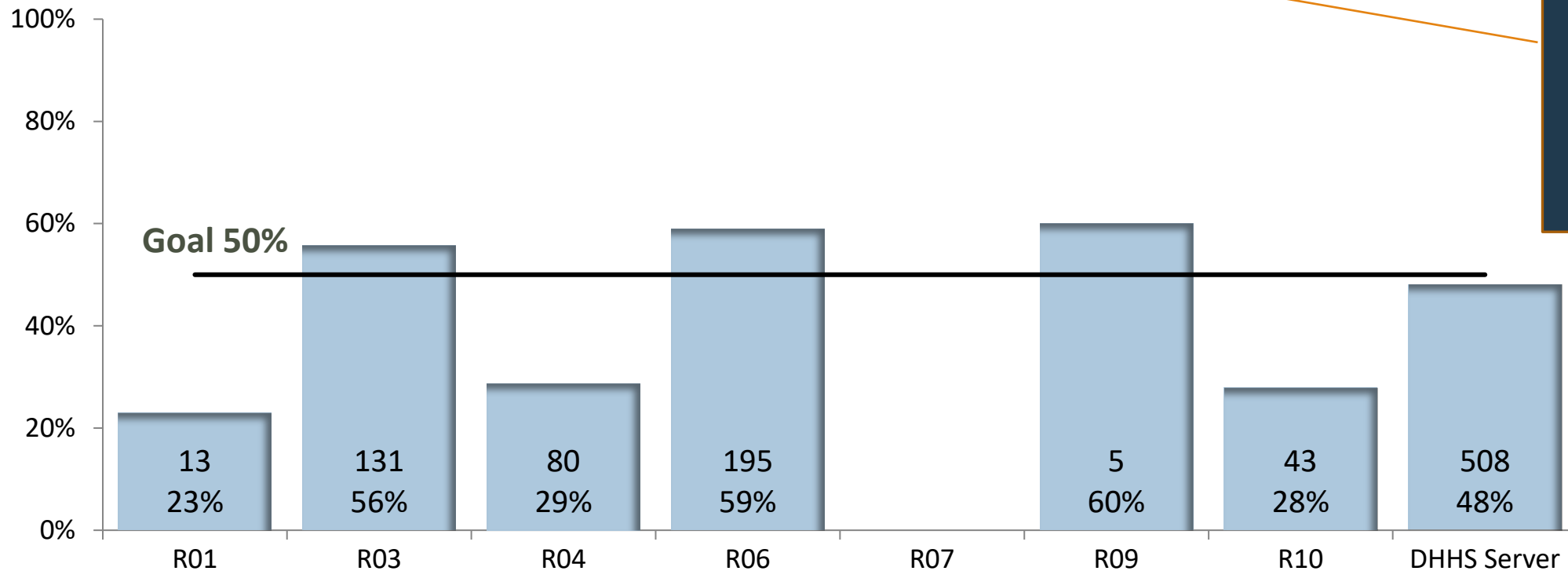
Steps to Conduct a Root Cause Analysis (5 Whys)

Define the problem
- Assess the process, not people

Collect and analyze data

Identify possible root causes

Determine the root cause(s)
- Iterative method to examine cause-and-effect relationships to determine root causes
- Why did this problem happen?

Implement any necessary and reasonable changes/solution

WHY Do We Use PDSA Methodology? (Plan, Do, Study, Act)

To increase your belief that a change will result in an improvement

To evaluate how much improvement can be expected from the change

To decide if the change will work in your environment

To evaluate cost, benefits, impact, and unintended consequences

Lessen stakeholder/staff/management resistance, by starting small and proving the concept

NC RQC QI Project

The Model for Improvement

READY! SET! GO!
QI Project:
Agency Name:
Population of Focus:

PDSA Cycle

Plan	Plan a change
Do	Try it out on a small-scale
Study	Observe the results
Act	Refine the change as necessary

RQC QI Project Organizational Table

Role	Team Responsibility	Agency	Person

RQC QI Project Work Plan

Who	What	When

RQC QI Project Data Plan

Task	Expectation
Performance Measures in CAREWare/Eval Web • Process Measure- • Outcome Measure-	
Data Collection	
Data Storage	
Data Abstraction	
Data Visualization and Sharing	

SBC Performance Measure Tracker

Agency:	24-Mar	24-Apr	24-May	24-Jun	24-Jul	24-Aug	24-Sep	Total
Number of BC referrals made								0
Number of linkages to care								0
Number of pending cases								
Number not linked to care								0
Unable to Locate/Lost to Follow Up								0
Refused								0
Relocated out of state								0
Deceased								0
Incarcerated								0
Other								0

All numbers can be pulled from CAREWare if referrals were made in CAREWare. Contact your assigned CAREWare Program Coordinator for assistance

To see SBC CAREWare referrals, run the 'DHHS: SBC Referral Outcomes' custom report below as a CSV file (you can then save it as an Excel file). The report will include all SBC referrals that were active during the date range you select when you run it. Look at the 'Date Referred to BC' column on the report to see which referals were SENT during the date span you need.

The 'DHHS: SBC Referral Outcomes' report will indicate the referral outcomes entered in CAREWare by the State Bridge Counselors as well as any OAHS visits and viral

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