

EARLY INTERVENTION SERVICES: **A Method of Addressing Unmet Need and the Unaware Out of Care Populations**

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Learning Objectives:

- Participants will gain an understanding of HRSA's definitions of EIS and early identification of individuals with HIV/AIDS.
- Participants will learn how early intervention services may assist in their efforts to identify individuals unaware of their HIV status and bring them into the care system
- Models of early intervention services (including those that utilize peers) that meet HRSA's expectations will be presented and discussed

Topics Covered Include:

- What the Ryan White Legislation allows and defines as EIS
- HRSA and its program guidance and policies on EIS
- The components of EIS
- Working with Key Points of Entry
- Linkage Agreements/Referrals
- Health Literacy/Health Education
- EIS as a means of addressing unmet need
- EIS as part of a strategy to reach the unaware
- The use of Peers in EIS
- Models and discussions of EIS by Part A Grantees

Early Intervention Services: The Most Confusing Service Category

- In the Ryan White HIV/AIDS Program legislation, Parts A and B have the same definition as Early Intervention Services under Part C
- Under Part C, it is implemented as primary medical care
- For Parts A and B, it is a core service but is often difficult to distinguish between outreach which is a support service

EIS is a Combination of Four Services / Allowable Activities

The allowable activities are conducted to increase an individual's awareness of their HIV status and, if needed, facilitate access to the HIV care system using HIV testing, referral services, health literacy/education and linkage to care as a bridge to medical care, medication access and treatment adherence.

Components of Early Intervention Services

- Testing
- Referral Services
 - Linkage agreements to work with key points of entry
 - Relationship/Trust Building
 - Assessment of immediate need/attitude/knowledge/behaviors/beliefs regarding care
 - Information dissemination
- Health Literacy/Health Education (Counseling)
- Access and Linkage to Care

Components of Early Intervention Services - Testing

HIV Testing:

- Used to help the unaware learn their status and receive either referral to prevention services or referral and linkage to HIV care services
- Cannot duplicate or supplant testing efforts paid for by other sources.
- Must be coordinated with other testing programs especially HIV prevention programs

Components of Early Intervention Services – Referral Services

Referral Services:

Linkage Agreements (MOU/MOA) and referrals, working with key points of entry to create connections between services and funding streams, Routine X-Provider meetings, face to face contact, providing referral to additional services to meet immediate needs

Components of Early Intervention Services – Referral Services

Assessment of immediate needs/attitude/knowledge/behaviors/beliefs regarding care/care system

- Assessment differs from case management and focuses on changing view and knowledge of HIV and care leading to care seeking behaviors

Components of Early Intervention Services – Health Literacy/Education

Health Literacy/Health Education (counseling)

- Education on the HIV service delivery system
- How to work with your clinicians
- How to handle problems and issues
- Disease progression and managing life with HIV disease

Components of Early Intervention Services: Access and Linkage

Access and Linkage to Care:

- Primary Medical Care (3-4 visits)
- Medical Case Management
- Entry into Substance Abuse Treatment
- Treatment Adherence
- Bringing others into care

System for monitoring and tracking referrals (successful and unsuccessful)

The Four Program Components of Early Intervention Services

1. Testing
2. Referral Services
3. Health Literacy/Health Education
4. Access and Linkage to Care

The Four Service Elements Must be Present

- Early Intervention Services is a combination of all these service elements.
- They must all be present and available to clients as an integral part of the program design.
- They do not all have to be Ryan White Part A or B funded

Early Intervention Services v. Outreach

EARLY INTERVENTION SERVICES

Core Service

Can include HIV Testing

Works with key points of entry

Combination of services

Can assist in addressing unmet need and the unaware

Can use peers in paid staff positions

Length of Service intervention averages 3-6 months

Early Intervention Services v. **Outreach**

OUTREACH

Support Service

Does not include testing

Targets activities in areas with a high probability of finding individuals who are positive

Only one service

Can assist in addressing unmet need and bring unaware to testing

Can use peers in paid staff positions

Length of Service interventions are short term and often sporadic

(1-3 months)

Early Intervention Services & Unmet Need

- EIS can be part of a strategy to address unmet need
- EIS can focus on getting individuals in care who know their status
- Emphasis on working with points of entry
- Can resemble a model of case finding or patient navigation

Need to Look at “Categories” of PLWH/A who are not in Care

- Targeting by category helps in finding people not in care
- Categories:
 - Newly Diagnosed
 - Receiving other HIV/AIDS services (*often in the Ryan White system*) but not in primary care
 - Formerly in Care – Dropped Out (*and known to primary care providers*)
 - Never in Care

To Successfully Implement EIS Programs:

- Involve Ryan White providers – some of their current or recent clients may be out of care
- Involve non-Ryan White providers – including homeless shelters, drug treatment centers, food banks – they often have clients who are not in primary care
- Go to “points of entry” – places where people get tested or referred into care
- Do interviews – PLWH/A out of care rarely complete self-administered surveys or attend focus groups
- Target populations with high rates of HIV/AIDS – based on your epi data
- Involve PLWH/A who sit on planning bodies – they can help find people not in care and design tools to assess their needs

Must “Assess” Unmet Need to Determine:

- Characteristics of PLWH/A not in care – e.g., race/ethnicity, gender, age, risk behaviors, co-morbidities – with focus on special needs populations
- Where they live within the State
- Their barriers to care
- Their other service gaps – what services are needed and for whom
- What subpopulations/groups are most likely to be out of care

Early Intervention Services & the Unaware Out of Care

EIS can be part of a strategy to address unaware populations using the testing component

Must be coordinated with HIV prevention and testing activities in the local area to avoid duplication

Provides a logical series of events allowing Part B programs to track their success in reaching the unaware

Generally resembles patient navigation models, but can include case finding when working in collaboration with Partner Notification Programs and programs designed to find those who have not returned for test results

Assessment of the Unaware

Jurisdictions are working to develop methods that include, surveying the late to care and the new to care

Using consumers and other community members to determine the characteristics of the unaware

Addressing Unmet Need and HIV+/Unaware

- Key roles for planning bodies and grantees in strategy development, decision making, implementation
- Active involvement of consumers
- Systematic planning and decision making
- Action to remove barriers in system of prevention, testing, and care
- Categorization of out of care to help in finding them – e.g., newly diagnosed, in system, dropped out of care, never in care
- Categorization of HIV+/unaware by risk factor, awareness of risk, location, co-occurring condition, or points of contact




Models May Involve Peers as Community Health Workers

- Limited but positive evaluation of peers in HIV/AIDS programs
- Extensive evaluation of peers in other healthcare areas – prevention, diabetes, cancer, maternal and child health

Areas of Documented Impact



- Earlier/increased entry into care
 - More preventive/early care
 - Closer connection to care – make and keep appointments
 - Improved client self-management of disease
 - Improved health outcomes
 - Reduced healthcare costs
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Typical Roles for Peer Community Health Workers

- Outreach – acquaintances, street, points of entry into care
- Education about HIV and living with HIV
- Education about system of care
- Intake support
- System navigation
- Provider/points of entry relationship building
- Coaching/mentoring
- Adherence counseling
- Follow up/bringing people back to care
- Note: Charlotte TGA has trained peers to conduct HIV testing/EIS

Detroit

- Currently using data, and data collection that involves peer led focus groups to help redesign services including new standards of care for EIS.
- Also will look to fund EIS models using peers

Nashville

- Recognized the importance of EIS as part of the service continuum early on
- Uses EIS models by service location includes urban versus rural coverage
- Coordination between EIS Providers and has increased linkages between EIS and Medical and Support Providers

EIS is ultimately about the Connection to Care

However you define the connection to care, it should be reflected in contract language and scopes of work.

EIS Contracts

- Should allow providers to educate and build working relationships with key points of entry and non-Ryan White service providers
- Successful and unsuccessful referrals should be monitored, tracked and reported. Include numbers of those who were unaware
- Connection to care takes more than one visit
- EIS requires an enhanced relationship with primary medical care and case management

Summary

- EIS is a combination of four services that work together to create linkages to HIV Care and treatment
- Testing, referral services, health literacy and linkage to care must all be present and active parts of the program design to be considered an EIS program
- Ryan White does not have to fund all four activities for programs to qualify as an EIS program

Summary

- EIS can be designed as part of an overall strategy to address both unmet need and the unaware
- Active meaningful linkage agreements are critical to beginning the relationships, but dialogue, face to face meetings continue the process

Summary

- EIS models using peers as community health workers serving as patient navigators may enable deeper reach into some communities
- Defining the connection to care is important as well as the relationship between EIS, primary medical care and medical case management

Resources for EIS

- Ryan White HIV/AIDS Treatment Modernization Act
- Ryan White Service Definitions
- HRSA Technical Assistance

Questions



Contact Information

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