LINK-UP RX INTERVENTION

CIE Center for Innovation and Engagement

Funding Background

The Health Resources and Services Administration's (HRSA's) Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people with HIV. RWHAP funds states, cities, counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission.

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Acknowledgments

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CIE Equity in Evaluation Project Background

The Center for Innovation and Engagement (CIE) identifies, catalogs, and disseminates evidence-informed interventions. Interventions within the CIE compendium were identified through literature reviews of academic journals, key informant interviews, conference abstract reviews, and requests for information (RFI) surveys. In collaboration with Northwestern University, an evidence rubric based on the CDC's Prevention Research Synthesis (PRS) criteria was developed to gauge the effectiveness of interventions in improving patient outcomes. Interventions that met the inclusion criteria were reviewed by an Evidence and Dissemination Expert Panel (EDEP), which consisted of experts working across various HIV services and specialties. Each intervention received an "impact score," measuring its relevance, acceptability, appropriateness, feasibility, transferability, and sustainability. The EDEP selected 16 interventions for the CIE team to include in the compendium. Most of the interventions chosen were published in academic journals.

Following the intervention identification process, the CIE team recognized that a number of innovative intervention models were excluded from the compendium because they lacked the necessary evaluation resources to meet evidence criteria. Using a research equity approach, the CIE team identified three additional promising interventions from the RFI list that did not meet the established evidence threshold and were not identified in the academic literature review process. These interventions were selected to be a part of the CIE Equity in Evaluation Project. This project aims to provide organizations that developed innovative service delivery models with evaluation support. Interventions chosen for the project include the Detroit Health Department's Link-Up Rx program, Whitman Walker Health's Mobile Outreach Retention and Engagement (MORE) program, and the Rhode Island Executive Office of Health and Human Services (RI EOHHS) TAVIE Red program.

Intervention teams were paired with consultants who have experience conducting a rigorous evaluation of programs serving people with HIV. Consultants prepared evaluation reports for the three interventions outlining key evaluation findings (e.g., program effectiveness, specific sub-population data) and strategies to sustain or expand future evaluation efforts. The intent was for organizations to use the findings from the analysis to enhance their programs, disseminate their innovative service delivery models, and add to the field of evidence-informed approaches that link, retain, and re-engage people with HIV in care. The inclusion of these three interventions in the Equity in Evaluation Project aims to highlight the need to (1) Increase capacity for health departments and community-based organizations to evaluate and demonstrate the impact of their programs in improving health outcomes for people with HIV, (2) Integrate equity frameworks to improve research and evaluation efforts, (3) Prioritize the work of agencies who may not have the capacity for high-level data management and analysis or who have limited funding to conduct rigorous analysis and disseminate findings, (4) Highlight and disseminate the work of agencies providing services to priority populations experiencing inequitable outcomes in HIV care and retention (e.g., transgender and non-binary people, people who use drugs, Black gay, bisexual, and other men who have sex with men).

This intervention guide outlines key findings from implementing the Detroit Health Department's Link-Up Rx intervention.

Considerations for the Ryan White HIV/ AIDS Provider (RWHAP) Community

The dissemination of evidence-informed interventions and best practices is essential to the Ending the HIV Epidemic in the U.S (EHE) initiative. It is imperative for these interventions to depict the work of diverse HIV providers presenting strategies to effectively link, engage, and retain people with HIV in care. Ryan White HIV/AIDS Program (RWHAP)-funded agencies and other HIV organizations can utilize this guide to inform their evaluation processes, garner resources to enhance program implementation (e.g., hiring additional staff, evaluation support, additional program resources), and add to critical strategies needed to end the epidemic. EHE is a collaborative effort and can be achieved when all agencies, regardless of organizational capacity, are provided with the additional resources and guidance needed to evaluate their programs.

Description of the Intervention Model

Link-Up Rx is a data to care (D2C) program that aims to increase retention in care and viral suppression among people with HIV by using prescription refill information to decrease the length of time between refills and reduce antiretroviral therapy (ART) interruption. The Detroit Health Department (DHD) implemented Link-Up Rx in partnership with the Michigan Department of Health and Human Services (MDHHS) and MedCart Specialty Pharmacy in July 2018. Link-Up Rx is the successor of DHD and MDHHS's D2C program. Link-Up Rx applies many of the same principles and strategies of traditional D2C while significantly reducing the time before the health department intervenes to reconnect a client to ART. Before implementing Link-Up Rx, it would take months before a client appeared on the 'not in care' list for D2C. Link-Up Rx's model ensures that the intervention team receives a notification two weeks after a client has not picked up their ART. Rebate funding from MDHHS's RWHAP Part B supports the implementation of Link-Up Rx. This funding provides DHD with roughly $350,000 per year to support implementation efforts and staffing costs for the D2C and Link-Up Rx programs (see Cost Analysis section for details).

Evaluation Design and Significant Findings

Link-Up Rx was evaluated to assess the intervention's ability to retain people with HIV in care. The evaluation consultant utilized a mixed methodology of quantitative and qualitative analytical approaches to understand the program results and more nuanced client-informed findings. The evaluation included 393 Link-Up Rx clients referred to the intervention between January 2019 and June 2020. The majority of clients identified as Black or African American (94 percent), gay, bisexual, and other men who have sex with men (GBM) (58 percent) and were living under the federal poverty line (71percent). At baseline, roughly 72 percent of clients were virally suppressed (viral load 0-200 copies), which increased to 76 percent at the most recent post-intervention viral load check, though this finding was not statistically significant ($p=0.26$). Younger clients (18-29 years old) were found to have lower viral suppression rates at baseline and the most recent post-intervention viral load check (66 percent, 65 percent) in comparison to clients aged 30-49 (75 percent, 79 percent) and 50 or older (83 percent, 92 percent).

Evaluation data illustrate the effectiveness of retention strategies employed by the intervention team. Roughly, two-thirds of clients appeared on the Link-Up Rx list only once during the intervention period, and less than 10 percent appeared more than twice. Clients that appeared on the Link-Up Rx list three or more times were more likely to be experiencing unstable housing (27 percent) than those who appeared on the list once or twice (7.6 percent; $p<0.01$). The intervention team relinked about one-third of clients back to the pharmacy (n=111). Additionally, 20 percent were relinked to either their medical provider (n=24), RWHAP services (n=29), or received their medications (n=28). Roughly one-third (n=120) of clients were unable to be located since their last appearance on the Link-Up Rx list. (See Additional Resources Box)

Qualitative data from case notes also illustrate that the ability of clients to remain in care is heavily impacted by social determinants of health (e.g., housing, socioeconomic status). The intervention team utilizes these data to better tailor client engagement strategies and develop community partnerships to provide referrals to supportive services (e.g., employment, housing, transportation). (See Additional Resources Box).

DHD created Link-Up Rx to assist clients with addressing barriers to HIV medication access. The intervention successfully engaged most clients reached, and the majority remained virally suppressed. While program data did not indicate a statistically significant higher rate of viral suppression than clients who were not located, the Link-Up Rx model affirms the importance of engaging people with HIV and non-traditional partners in developing comprehensive programs that support clients' holistic needs. As a result of the CIE Equity in Evaluation project, DHD can better disseminate findings about the Link-Up Rx intervention and its impact on the health outcomes for people with HIV.

Intervention at a Glance

This section provides an overview of DHD's steps to implement Link-Up Rx.

STEP 1 	**Identify Pharmacies/Pharmacists** Willing pharmacies and pharmacists are critical stakeholders who guide the implementation of this intervention. DHD held multiple meetings with pharmacists to understand their role in engaging people with HIV and the limitations for pharmacists to access client-level HIV data (CD4 and viral load data). These meetings directly informed the Link-Up Rx logic model and program design.
STEP 2 	**Develop Protocol for Link-Up Rx** During traditional D2C, DHD found that a robust and exhaustive protocol that described each step of the program was paramount to the intervention's success. Before Link-Up Rx began, DHD spent several months engaging stakeholders to develop a thorough protocol to guide the program's implementation. This protocol outlines the three-week client outreach process Link-Up Rx utilizes for engagement. An integral piece of the protocol is determining the target population and a step-by-step explanation of the intervention process. Link-Up Rx is available for clients living in Detroit who are enrolled to receive services from MedCart pharmacy and have had a two-week lapse in picking up ART.
STEP 3 	**Engage Community** Community engagement was paramount to the program's success. Identify community members who are willing to provide input on the intervention design. Integrate their feedback to ensure linkage and outreach strategies and processes are responsive to their needs. DHD hosted or participated in 16 events to share the Link-Up Rx concept and plan with members of the Detroit HIV community, such as people living with HIV, RWHAP service providers, and the local HIV Planning Council. Feedback collected in these meetings informed the outreach mechanism for Link-Up Rx and built trust between the health department and community stakeholders (see Client Engagement and Buy-In section for additional information).

STEP 4

Implement a Three-Tier Re-Engagement Process

The Link-Up Rx model consists of three weeks of client outreach conducted by various providers. During the first week, pharmacists try to contact the client who has not picked up their ART. At week two, the pharmacist engages with the prescribing physician to gather additional information (e.g., if the client is out of town or has filled their prescription at another pharmacy) and attempts to contact the client again. At week three, the pharmacist contacts DHD. Then, DHD has a Linkage Specialist attempt to reach the client. DHD conducts outreach to the client by using LexisNexis or Trans Union TLOxp to find phone numbers to call or text. The program also uses CAREWare to determine if the client has been accessing services at another agency that may assist with outreach (See Additional Resources Box). Located clients are then relinked to the pharmacy or prescribing provider (if out of refills) and provided with referrals to non-medical services if needed. One week after sending a referral back to the pharmacy or to a medical provider, DHD follows up with the pharmacy or provider to determine if the referral was successful (e.g., the client received HIV medication, attended a medical visit, or met with a case manager). If the referral was unsuccessful, DHD conducts weekly follow-up with the client until they are relinked to care.

TIME LAPSED AFTER FAILED ART PICK UP

WEEK 1	WEEK 2	WEEK 3
• Pharmacist reaches out to client	• Pharmacist contacts prescriber • Prescriber attempts client outreach	• Pharmacist shares information with DHD • DHD attempts client outreach

STEP 5

Evaluate the Intervention

DHD uses short-term and long-term metrics to evaluate the effectiveness of Link-Up Rx. The metrics are calculated at three-month intervals, with a 30-day delay to account for delayed lab reporting. Short-term metrics include: (1) The number of individuals the pharmacy shares with DHD, (2) The number of individuals successfully contacted by DHD, (3) The number of individuals contacted by DHD that receive ART from the referring pharmacy within 30 days of original fill date, (4) The number of individuals referred to other RWHAP funded programs (e.g., medical case management, mental health services, outpatient healthcare) or support services (e.g., housing services, legal services, child care). Long-term metrics include the percent of successfully contacted individuals virally suppressed at six months and the percent of successfully contacted individuals virally suppressed at one year.

Securing Buy-In

Client Engagement and Buy-In

DHD's traditional D2C program started in early 2017. Before D2C began, DHD and MDHHS's Surveillance and Care Program staff conducted numerous community events with people with HIV and HIV service providers. The D2C team met with psychosocial support groups, Southeastern Michigan HIV/AIDS Council for RWHAP Part A (SEMHAC) members, RWHAP Parts A and B quality committees, case management staff, planning bodies, and statewide integrated planning consumer groups. The purpose of these meetings was to:

1. Bring awareness to the community of the role of the health department as it relates to HIV surveillance (e.g., initiating partner services, monitoring care status, and viral suppression);
2. Determine acceptability among the community for the D2C team to use surveillance data to link and retain people with HIV in care; and
3. Provide information about D2C to increase transparency. The D2C team found overwhelming community support for the intervention team to assist with linkage and adherence in care and provide resources to raise awareness of the program.

DHD and MDHHS used a similar engagement strategy to plan and design Link-Up Rx. The Link-Up Rx team hosted 16 community events with diverse stakeholders, including consumers, RWHAP community-based organizations, pharmacists, and HIV medical providers. From these events, the Link-Up Rx team used feedback to inform outreach processes and develop a community-facing website and Facebook and Instagram profiles to provide easier access to information on the intervention. These meetings also served as a space to provide ongoing updates on the intervention design. (See Additional Resources Box)

External Stakeholder Buy-In

The DHD team leveraged their experience implementing D2C to illustrate to MDHHS that their investment in Link-Up Rx would address the gaps of their original D2C model. DHD held regular meetings with MDHHS, where they worked collaboratively to design the program. MDHHS funded D2C at DHD since 2016 and added additional funding for Link-Up Rx in late 2017.

Pharmacists are also central Link-Up Rx stakeholders. In August 2017, DHD held a pre-implementation meeting with 25 pharmacists to provide information on the intervention and learn more about pharmacists' role in HIV care. From this meeting, the intervention team ascertained pharmacists:

a. Provide numerous services that result in trusting, supportive relationships with clients (e.g., case management, mental health adherence counseling, health insurance navigation, and coordination of referrals to other supportive services);

b. Often lack access to CD4 and viral load data if they are unaffiliated with a hospital or clinical system;

c. Have procedures for following up with clients who do not pick up ART (e.g., phone calls, text messages, home visits, ART automated reminder systems, contacting emergency contacts);

d. Form relationships with prescribing physicians in attempts to enhance ART pick-up and management; and

e. Were open to providing DHD access to client information to enhance follow-up. Pharmacists also provided essential information on ART reimbursement, which assisted the intervention team with deciding on the three-week follow-up period.

Internal Stakeholder Buy-In

The intervention team leveraged the success and experiences of implementing D2C to get DHD leadership and staff buy-in. The intervention team illustrated how Link-Up Rx would provide a shorter follow-up period and address the gaps of the D2C intervention by leveraging relationships with pharmacists. Additionally, having financial support from MDHHS allowed staff to dedicate more time to intervention implementation, as the team did not need to identify additional funding sources.

Required Staff Resources & Cost Considerations

MDHHS initially provided DHD with $250,000 annually to implement their original D2C program. The funding allowed DHD to hire dedicated D2C staff and cover partial Full-Time Equivalent (FTE) to support administrative and executive staff. MDHHS later increased funding to $350,000 annually, making it possible to hire an additional full-time Linkage Specialist to solely focus on Link-Up Rx clients (see Cost Analysis section for additional details on implementation costs). In total, the following core staff implemented Link-Up Rx:

Linkage Specialist (1.0 FTE): The Linkage Specialist is the primary staff person who implements the intervention and ensures clients are quickly located and re-engaged in care. The intervention team recruited the Linkage Specialist by sharing the job posting with RWHAP agencies, the Southern Michigan HIV/AIDS Council (SEMHAC), and community-based organizations [particularly Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA+) advocacy groups]. In addition, the intervention team attended community events to engage with interested candidates. The Link-Up Rx Linkage Specialist:

- Initiates immediate efforts to connect with clients (e.g., phone calls, text messages);
- Utilizes online search databases, the state communicable disease registry, and statewide CAREWare system to obtain client contact information; and
- Assists people with HIV become more familiar with the HIV care system, including increasing their proficiency in navigating complex assistance programs, medical insurance, and other supportive services.

Link-Up Rx Program Coordinator (1.0 FTE): The Link-Up Rx Program Coordinator collaborates with the Linkage Specialist to:

- Oversee day-to-day activities of the program, including supervising staff, program and funder reporting, and budget development;
- Coordinate re-engagement strategies with pharmacists and medical providers;
- Improve insurance referrals and improve insurance navigation with insurance agencies and programs like Medicaid, the RWHAP Part B AIDS Drug Assistance Program (ADAP), and Pharmacy Benefits Managers;
- Improve referral mechanisms for clients with other partners, such as RWHAP support programs and housing service providers; and
- Provide back-up as needed, including staff training coordination and outreach to clients when the Linkage Specialist is out of office.

HIV Care Program Coordinator (Partial FTE): This position is primarily responsible for overseeing the Link-Up Rx Program Coordinator and Linkage Specialists. Additional responsibilities include managing DHD's RWHAP Part A and EHE programs.

Pharmacist/Pharmacy Technician (In-Kind Support): Pharmacists and pharmacy technicians are essential to Link-Up Rx. They lead client follow-up activities and help connect clients to support services. Pharmacist and pharmacy technician responsibilities include:

- Fill ART prescriptions;

- Assist clients with medical and non-medical needs (e.g., scheduling appointments, insurance navigation);
- Conduct follow-up with clients;
- Contact prescribing physicians to gather additional information (e.g., updated contact information);
- Provide clients with ART adherence counseling; and
- Create and maintain strong and trusting relationships with clients.

Insurance Navigators (In-Kind Support): LinkUp Rx Insurance Navigators are located at RWHAP partner agencies and are funded through the RWHAP Part B program. Their responsibilities include assisting eligible clients with navigating RWHAP Part B benefits and applying for Medicaid and other insurance programs.

RWHAP Part A Service Providers (In-Kind Support): These individuals are located at RWHAP agencies and are funded through the RWHAP Part A. Their responsibilities include providing medical case management, medical care, and navigation of emergency financial assistance (EFA) to qualifying RWHAP Part A clients.

Staff Characteristics and Training

The Link-Up Rx intervention team relied on prior knowledge from the D2C program to inform training for staff. The team recognized the value of staff having experience navigating the HIV care system and client outreach (e.g., previous experience working as a Disease Intervention Specialist or Case Manager).

Linkage Specialists and Link-Up Rx Program Coordinator(s) utilized the following strategies to enhance their capacity to implement the intervention successfully:

- Observed RWHAP Early Intervention Services Specialists (EIS) and Case Managers to learn skills needed to build relationships with clients and help them navigate HIV care;
- Completed a 126-hour Community Health Work (CHW) certification course;
- Completed various NASTAD and CDC trainings for improved HIV engagement and retention, including Antiretroviral Treatment and Access Services (ARTAS) (See Additional Resources Box); and
- Observed Disease Intervention Specialists (DIS) during interviews to learn engagement strategies and form relationships with DIS teams.

All staff participated in the following activities to enhance their understanding of the HIV care system and client engagement:

- Partnered with the RWHAP Part A Quality Team to understand how root cause analysis and prioritization can improve decision making;
- Attended RWHAP Part A Quality Team consumer training that focused on quality improvement [e.g., performance measures, Undetectable=Untransmittable (U=U), the Plan-Do-Study-Act cycles (PDSA), etc.] (See Additional Resources Box); and

- Participated in training that addresses barriers to linkage and retention in HIV care (e.g., housing solutions, Medicaid insurance navigation, financial literacy training, etc.).

Core competencies of all staff included:

- Lived experience with HIV and/or professional experience that led to a greater understanding of the experiences of people with HIV;
- Demonstrated ability to work with diverse clients affected by HIV, including persons with mental and behavioral health conditions;
- Familiarity with program monitoring and evaluation (e.g., developing performance measures, using the PDSA cycles to implement change, and utilizing outcomes along the care continuum);
- Positive attitude, good communication, flexibility, and good organizational skills; and
- Working knowledge of structural determinants of health and health equity.

Cost Analysis

The Michigan Department of Health and Human Services (MDHHS) funds the Link-Up Rx intervention. Funding supports D2C and Link-Up Rx outreach, personnel costs, and costs associated with community engagement (e.g., hosting meetings, transportation for consumers, etc.).

Intervention developers estimated they could enroll up to 285 clients at maximum capacity a year. The total cost for implementing Link-Up Rx was estimated using two program options. The first option excludes Emergency Financial Assistance (EFA, e.g., rent, utilities, beds, stoves) and cell phone costs and totals $150,369 (excluding the indirect rate) and $165,396 (including the indirect rate). The second option covers EFA and cellphones, though some funders may not consider these allowable costs. The second option totaled $190,460 (excluding the indirect rate) and $209,506 (including the indirect rate). (See Additional Resources Box)

This high-level overview provides a snapshot of general costs based on available data. Organizations interested in estimating the cost of implementing this intervention in their jurisdictions are encouraged to utilize the CIE Cost Calculator Tool. (See Additional Resources Box)

Best Practices

The Link-Up Rx team worked closely with stakeholders to make significant design and implementation decisions. This section highlights best practices they recommend using to implement the intervention:

Meet with local pharmacists to discuss client outreach*:* After identifying pharmacists for the intervention, the intervention team assessed outreach capacity by asking the following questions:

1. What steps do pharmacists take to connect with people who do not pick up their medication?
2. How long do pharmacists hold medications?
3. What is the ideal timeframe for pharmacists to conduct outreach with clients?
4. How can the role of Linkage Specialists enhance outreach efforts?
5. How do you think your clients would feel about receiving outreach from health department staff on your behalf?

Engage experts (e.g., surveillance staff at health departments, legal counsel): These individuals provide invaluable information about public health codes and laws around data sharing and use. The intervention team worked with their legal team to understand how the Michigan Public Health code applies to pharmacists and their ability to "act" as providers. The intervention team leveraged their relationship with the MDHHS Surveillance Unit to establish that pharmacists are providers, allowing bidirectional data sharing.[1] (See Additional Resources Box)

Adopt inclusive hiring practices: The intervention team prioritizes hiring people from the community by creating job descriptions that emphasize lived or work experience over higher education requirements. Additionally, DHD evaluated hiring policies that required drug testing, criminal background checks, and possessing a driver's license, as these requirements can be barriers to employment for many applicants who are trusted peers and community members.

Create an inclusive onboarding process: Some individuals hired to implement the program may have diverse work or lived experiences. The intervention team works with staff to agree on expectations around communication, dress code, and work schedule (e.g., traditional work schedule, flexing time, etc.).

Build staff capacity around insurance navigation: Insurance can often be challenging for clients to navigate independently. Staff with a thorough understanding of insurance navigation can significantly enhance a client's ability to remain in care. Staff who have lived experience applying for social-support programs like Medicaid or supplemental food assistance programs are often better at assisting clients navigating these complex programs than individuals who do not have lived experience.

Overcoming Barriers

This section provides an overview of the barriers to implementation, as well as solutions identified by the Link-Up Rx team:

Social determinants of health: The experiences of Link-Up Rx clients are well documented in the case notes, making it clear that Link-Up Rx strategies are built and function around the realities of poverty and other social factors that impact retention in care. Therefore, a large part of the continued success of the intervention is predicated upon the ability to implement practical strategies, programming, and community partnerships. Many clients deal with an ever-changing healthcare landscape and health insurance eligibility and coverage changes. A solid understanding of insurance and insurance navigation is also key to programmatic success. Additionally, robust referral mechanisms are necessary to support cellphones, utilities, rent, or other needs.

Insurance gaps: The Link-Up Rx team worked with MDHHS's RWHAP Part B staff to identify an insurance navigator to support clients with insurance issues. This individual received training on RWHAP supplemental insurance options, ADAP, Medicaid, private insurance, and Medicare. The intervention team and MDHHS also partnered to form a statewide insurance task force that strategized and implemented solutions to insurance barriers.

Adherence counseling: The intervention team worked closely with clients who told the Link-Up Rx team that they had medication remaining at the end of each month. The intervention team worked with the pharmacy to offer clients different types of packaging to help them remember to take their medication more consistently and offered to enroll clients in text message reminder programs and smartphone apps that assist with taking daily medications.

The Impact of COVID-19

COVID-19 forced the United States health care system to change and adapt in many ways. One change that the health care system was forced to do early on was to minimize in-person healthcare visits to reduce the risk of exposure to healthcare providers and clients. Reduced in-person visits resulted in healthcare providers discontinuing or transitioning non-COVID-19 related services to telehealth. Reducing access to in-person HIV services has significantly reduced access to ART services and routine viral load testing.[2] The DHD HIV/STI Program received nearly $1,000,000 in Fiscal Year 2020 Coronavirus AID, Relief, and Economic Security (CARES) Act funds (both RWHAP and The Housing Opportunities for Persons With AIDS (HOPWA)program) from MDHHS. These funds were used to assist eligible Link-Up Rx clients with purchasing food, personal protective equipment (PPE), sanitization supplies, and cover basic living expenses through Emergency Financial Assistance (EFA).

Additionally, MDHHS allowed more flexible spending for EFA funds to cover rent, gas, and electric bills. The intervention team also used newly reallocated transportation funds to provide taxis and rideshares for clients needing transportation to medical visits and other RWHAP services. Before COVID-19, most clients could not receive medications for more than one month at a time. MDHHS expanded the Michigan Drug Assistance Program to include three months of prescriptions to limit client exposure to COVID-19 and ensure ongoing medication access.

Link-Up Rx clients reported increased social isolation and food insecurity because of the pandemic. Although many support groups moved to a virtual format early on, clients shared that the absence of being physically present with others increased feelings of loneliness. The pandemic also exasperated food insecurity. To address these needs, the team reallocated staff time and resources to ensure that non-medical needs were met and partnered with a local food bank to provide food, hygiene, and cleaning supplies (e.g., hand sanitizer

and soap). However, food donations often contained canned goods, and clients reported wanting access to fresh produce, meat, and other groceries.

Sustainability

The Link-Up Rx team utilizes a range of resources to ensure sustainability, including investing in building staff capacity to reduce turnover, developing succession planning strategies, and identifying additional funding mechanisms to provide non-medical services. As a result, staff have diverse skills, including client outreach strategies, insurance navigation, HIV care, and making referrals. Additionally, the team used data sharing protocols and a data dictionary to assist new staff members with implementation.

The Link-Up Rx team also intentionally rebuilt trusting relationships with clients who may have had negative experiences when seeking care because of racism, stigma, or discrimination. Staff took steps to create a robust referral network that includes community-based organizations and supportive service programs that provide equitable, anti-racist, and culturally appropriate services. Staff also recognized that ART adherence is difficult for many clients with non-medical needs (e.g., transportation, employment assistance, food vouchers, etc.). The team is investigating the availability of other unrestricted funding to cover these expenses and continues to work with MDHHS to advocate for additional support to address clients' non-medical needs.

Conclusion

The dissemination of evidence-based (EBI) and evidence-informed (EII) interventions plays an essential role in Ending the HIV Epidemic in the U.S (EHE) initiative. Organizations often seek out these interventions during EHE planning and influence funding decisions and program implementation. However, the evaluation and research processes needed to be considered an EBI or EIII often exclude underfunded organizations with limited evaluation and research capacity. EBI and EII interventions are overwhelmingly produced by academic institutions or other well-resourced entities which have the capacity to evaluate data or conduct academic research effectively. Consequently, the innovative models of underfunded entities such as community-based organizations, AIDS service organizations, grassroots initiatives, and organizations led by Black, Indigenous, and Other People of Color (BIPOC) may not be as widely distributed.

Addressing the inequities within evaluation and research requires increased investment in resources to build capacity among organizations to evaluate and disseminate innovative service delivery models. HRSA is committed to this effort by funding the Center for Innovation and Engagement (Evidence-Informed Approaches to Improving Health Outcomes for People with HIV project) as well as the RWHAP Recipient Compilation of Best Practice Intervention Strategies (Best Practices Compilation), led by John Snow Inc. (JSI). (See Additional Resources Box). The Best Practices Compilation identifies and catalogues novel, emerging RWHAP interventions that have a real-world impact on improving health outcomes along the HIV care continuum and whose research is not published in peer-reviewed journals. Over time, the Best Practices Compilation will include EIIs and EBIs in addition to the emerging interventions, and tools for replication of all interventions are accessible through the site.

Additional Resources

Link-Up Rx Website: www.linkupdetroit.com

Link-Up Detroit Facebook Page: https://www.facebook.com/people/Link-Up-Detroit/100014397854841/?fref=nf

D2C Program (also called Link-Up Detroit) Instagram: https://www.instagram.com/linkupdetroit/?hl=en

Link-Up Rx, A look at the first six months of outcomes from the Data to Care Rx pilot in Detroit, Michigan, August 2019 https://static1.squarespace.com/static/587fb53ebebafb27b6ed337d/t/5dd705fb84879234de840d40/1574372861338/Data+to+Care+Rx+Eval+8.28.2019.pdf

Anti-Retroviral Treatment and Access to Services (ARTAS): https://www.cdc.gov/hiv/effective-interventions/treat/artas?Sort=Title%3A%3Aasc&Intervention%20Name=ARTAS

CIE Cost Analysis Calculator: http://ciehealth.org/innovations

JSI Best Practices Compilation: https://targethiv.org/bestpractices

TargetHIV CAREWare Webpage: https://targethiv.org/library/topics/careware

Institute for Health Care Improvement (IHI) Plan-Do-Study-Act (PDSA) Cycles: https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

References

1 Michigan Department of Community Health, Division of Health, Wellness, and Disease Control. Michigan HIV Laws: How They Affect Physicians and Other Health Care Providers. (2006, January) Retrieved on October 14, 2021, from https://www.michigan.gov/documents/mdch/Michigan_HIV_Laws_292775_7.pdf

2 Centers for Disease Control and Prevention (May 28, 2021). Notes from the Field: Impact of COVID-19 Response on Scale-Up of HIV Viral Load Testing-PEPFAR Supported Countries, January-June 2020. MMWR Weekly. 70(21); 794-795. Retrieved on August 11, 2021, from https://www.cdc.gov/mmwr/volumes/70/wr/mm7021a3.htm