

LA Links: Lessons Learned During Five Years of Implementing Data to Care in Louisiana

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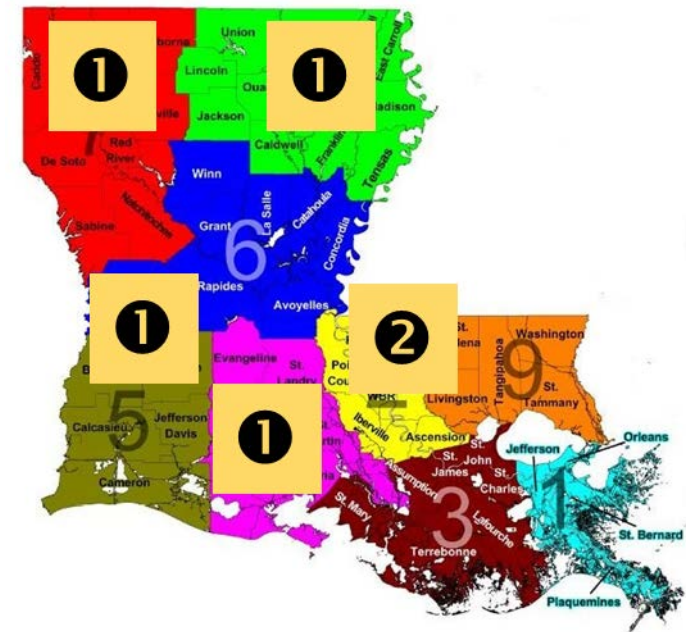
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Louisiana Links (LA Links)

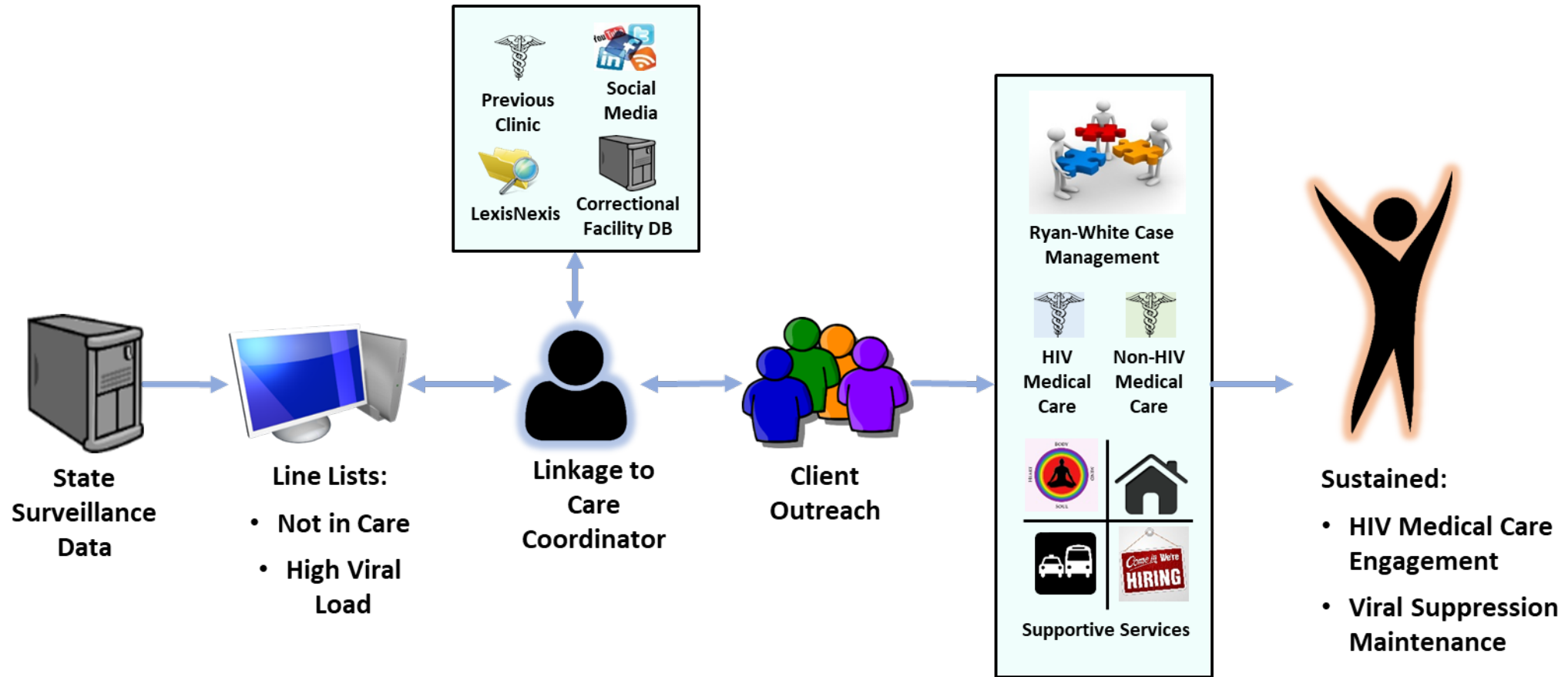
- Data-to-care strategy implemented across Louisiana since Oct 2013
- Utilizes HIV surveillance data to identify people living with HIV (PLWH) who are:
 - Newly diagnosed and not linked to care
 - Previously diagnosed who need reengagement
 - In care, but experiencing high viral loads
- Persons added to line lists based on time since last lab and/or viral suppression history
- Linkage to care coordinators (LCCs) provide extensive services to address social barriers to care engagement and viral suppression maintenance

LA Links

- Originally funded by CDC as part of the CAPUS (Care and Prevention in the US) Demonstration Project at 3 sites: New Orleans, Baton Rouge and Shreveport
- Expanded statewide in 2016 using Ryan White Part B and Minority AIDS Initiative (MAI) funds
- Ryan White funds 6 Linkage to Care Coordinators (LCCs) in the regions outside of New Orleans
- CDC funds 4 LCCs in New Orleans



Overview of LA Links D2C Process



Why do D2C at the Health Department?

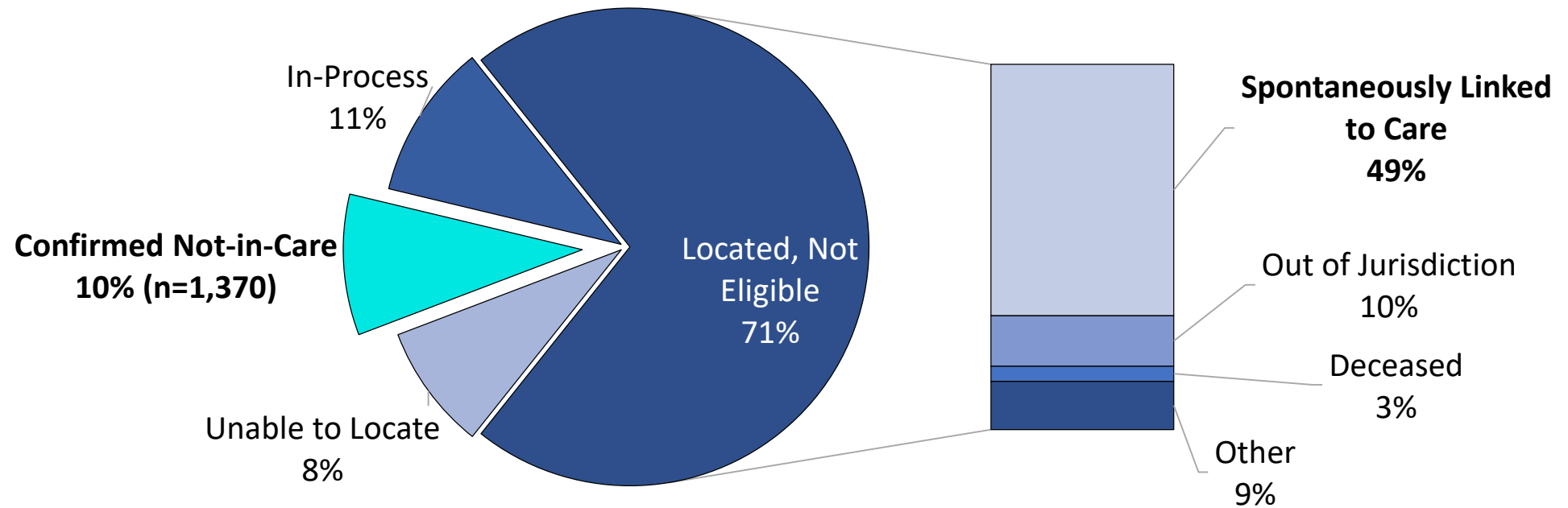
- Use surveillance data to find persons that slip through cracks of the health care system
- Utilize data from multiple surveillance registries to confirm eligibility and locate clients
- View HIV medical history in real time
- Data management staff and data system capacity
- Smaller caseload than RW case managers
- Ability to work out of the office, go to appointments with clients, and work outside of traditional work hours
- Array of clinics to choose from in order to find most appropriate clinic for linkage

LA Links Data Management

- Services, outcomes and contact attempts for LA Links are tracked in a custom MS-ACCESS database
 - Key data elements are entered into CAREWare so they can be included in the RSR (Ryan White Program Services Report)
- In development: enter units of service in CAREWare for all types of contacts (not just for enrolled clients)

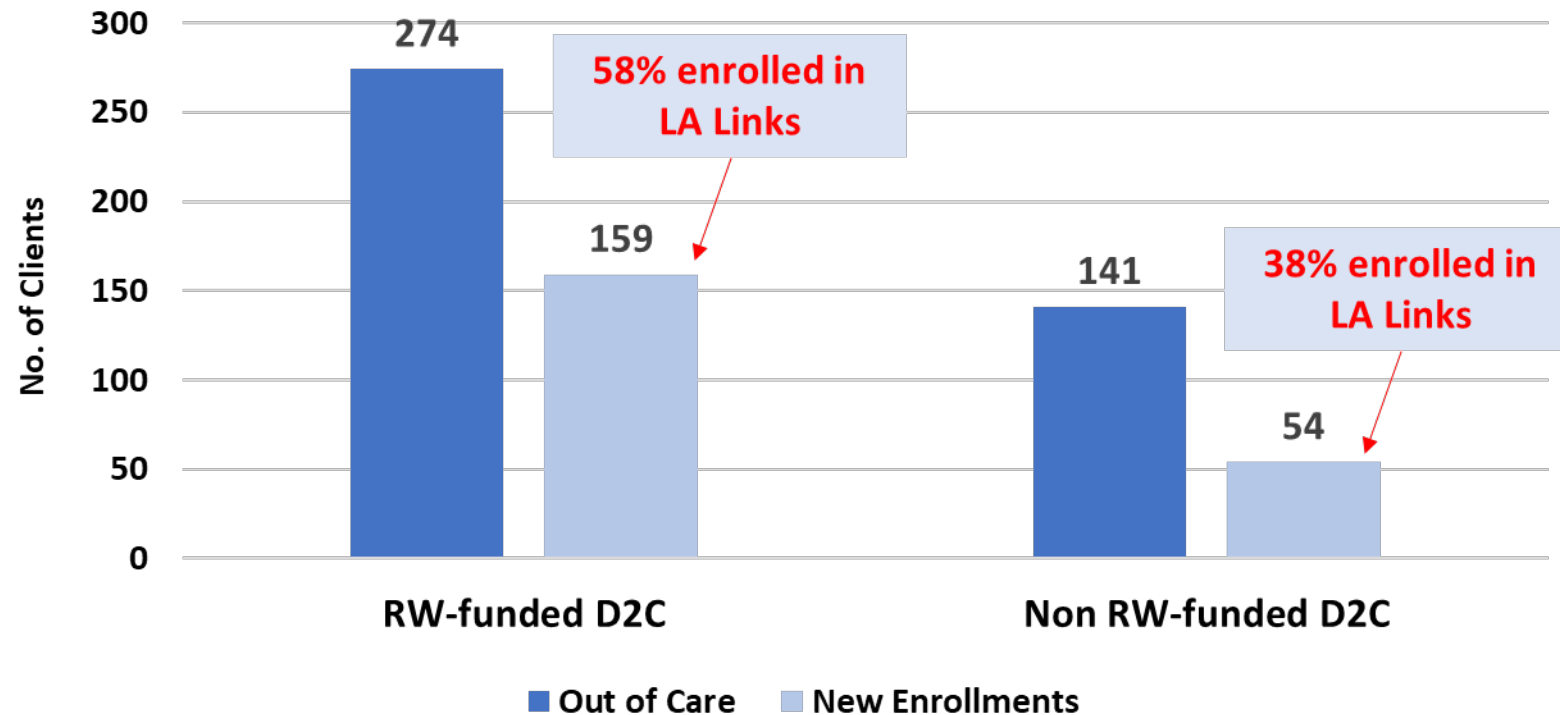
Results

**Investigation Outcomes for Persons added to Louisiana Out of Care List
Sep 2013 - Sep 2018 (N=14,142)**



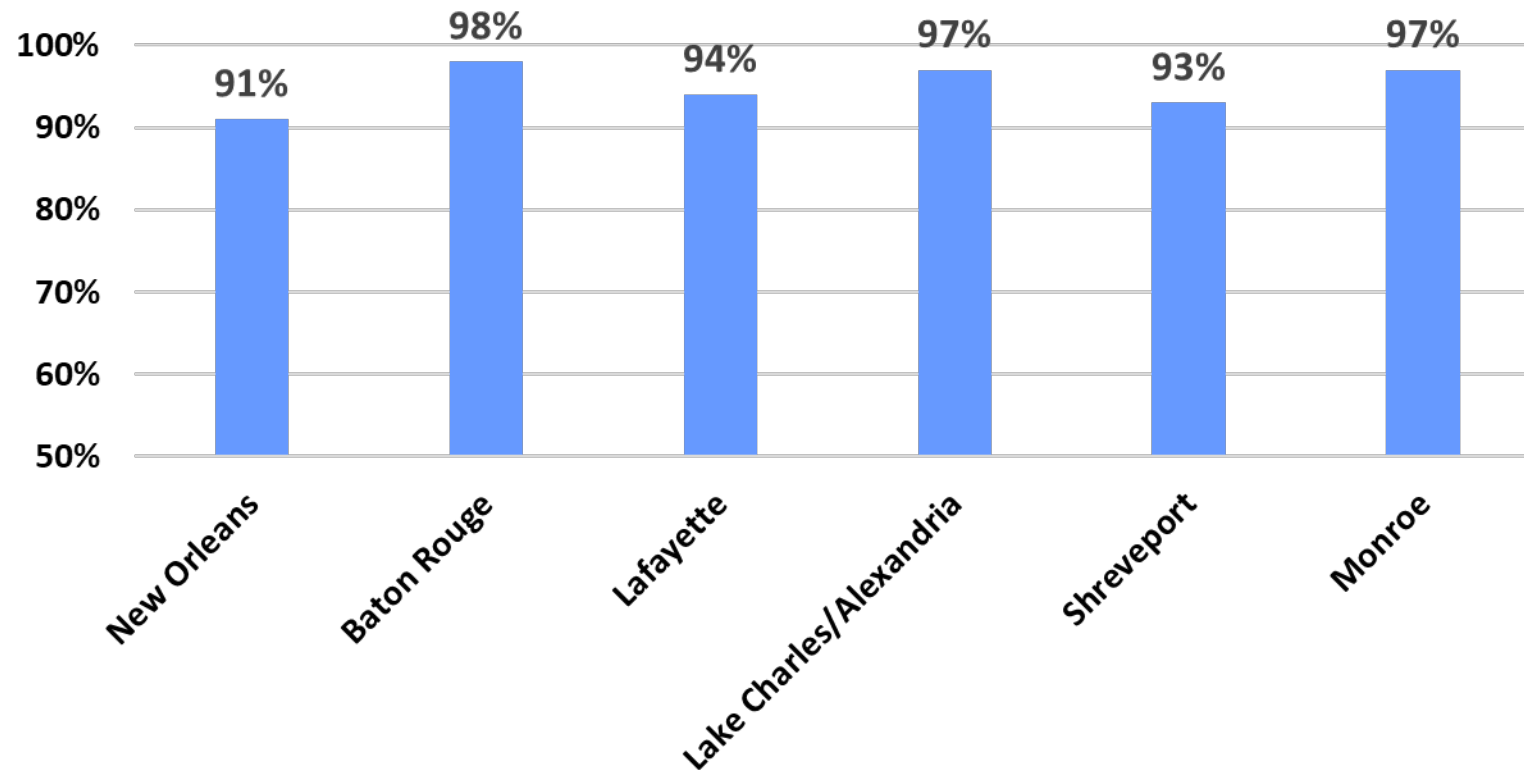
Results

LA Links Enrollment in Ryan White-funded vs. Non-Ryan White-funded Regions, Sept 2016 – Sept 2018



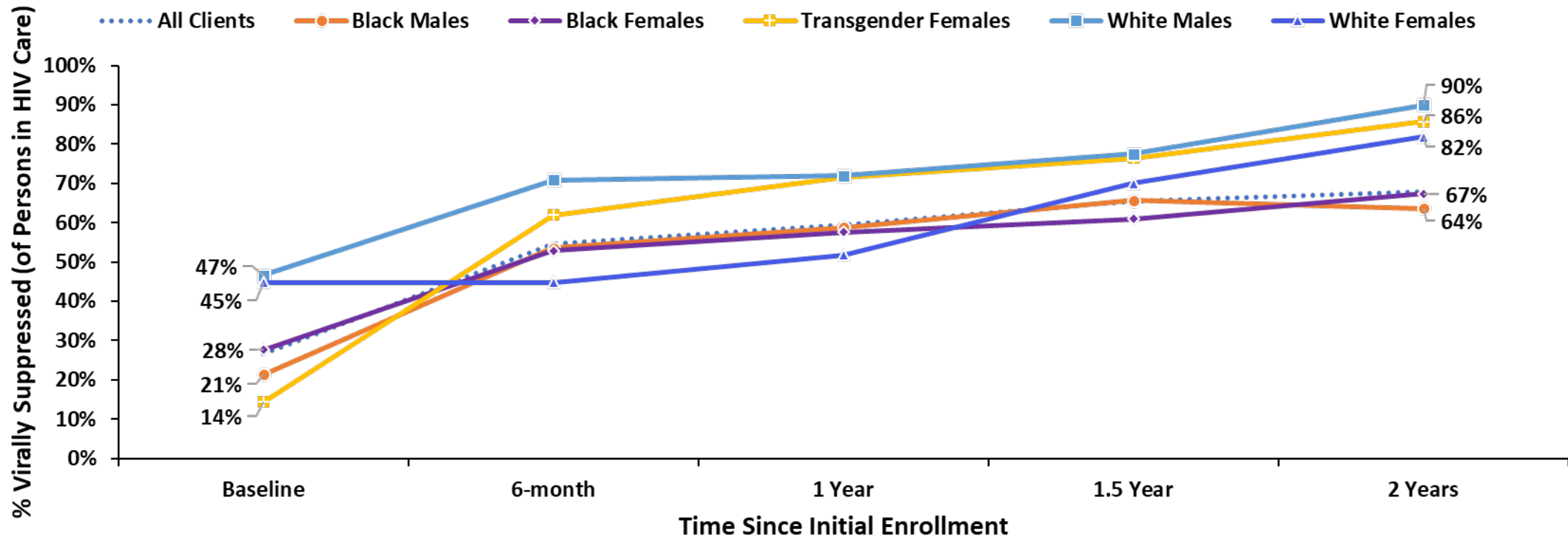
Results

Linkage to Care (of Enrolled Clients)
by Region, Sept 2016 – Sept 2018



Results

Percent Virally Suppressed by Time Since Initial Enrollment Sep 2013 - Sep 2017



Lessons Learned - Outcomes

- Surveillance initiated D2C programs help to find persons that the health care system has failed and links them to much needed, more appropriate medical care, services, and support
 - Much smaller population of persons in need of these services than expected
 - Has led to improvement in viral suppression and continual care engagement
 - Continued disparities in viral suppression outcomes, especially among black men and women

Lessons Learned – Linkage Coordination

- Importance of choosing the right care provider based on client's needs
- Some clients need more active referral for first appointment
 - Pre-planning and reminders
 - Attend first few appointments with client
- Create buy-in from Ryan White partners
 - Differentiate LA Links and traditional RW case management
- Partner with referral agencies and local Disease Intervention Specialists (DIS)
- LCCs can help facilitate interactions between provider and patient

Lessons Learned - Surveillance

- Updating the D2C lists frequently (daily/weekly) is essential for limiting amount of clients misclassified as out of care
- Number of persons on D2C lists that are confirmed out of care or with high VL decreases over time
- Client investigations can significantly increase quality of surveillance data
 - New addresses (e.g., moved out of state)
 - Identify missing lab data
 - Update names

Lessons Learned – Barriers to Care

- Need to make use of data collected on barriers to care
 - Clients still interacting with systems that may have previously failed them
- Work with and help to change systems with policies rooted in:
 - Racism, Homophobia, Transphobia
- How do social determinants affect linkage and maintenance in care and what can we do as Linkage to Care Coordinators and as an agency to address these issues?
 - Poverty
 - Stigma
 - Mental health issues
 - Substance abuse
 - Homelessness
 - Healthcare system policies
 - Insurance status – Medicaid expansion
 - Domestic abuse
 - Language access
 - Immigration status
 - Community violence

Questions?

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