Building a linkage and retention collaborative learning network to impact patient outcomes

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Disclosures

Sophy S. Wong, MD has no financial interest to disclose.

Megan Crowley, MPH has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Review the background data and impact of linkage and retention in care on the HIV/AIDS care continuum and client outcomes.
2. Analyze the process of building a linkage and retention collaborative learning network, tools developed, and its impact on linkage rates.
3. Generate a plan on how you would like to develop a linkage and retention learning collaborative and/or apply the strategies shared.

Obtaining CME/CE Credit

If you would like to receive continuing education credit for this activity, please visit:

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“It’s the personal touch…”

Linkage and Retention Objectives

What is…
Who is…
Getting to Zero?

UNAIDS | 2011–2015 STRATEGY

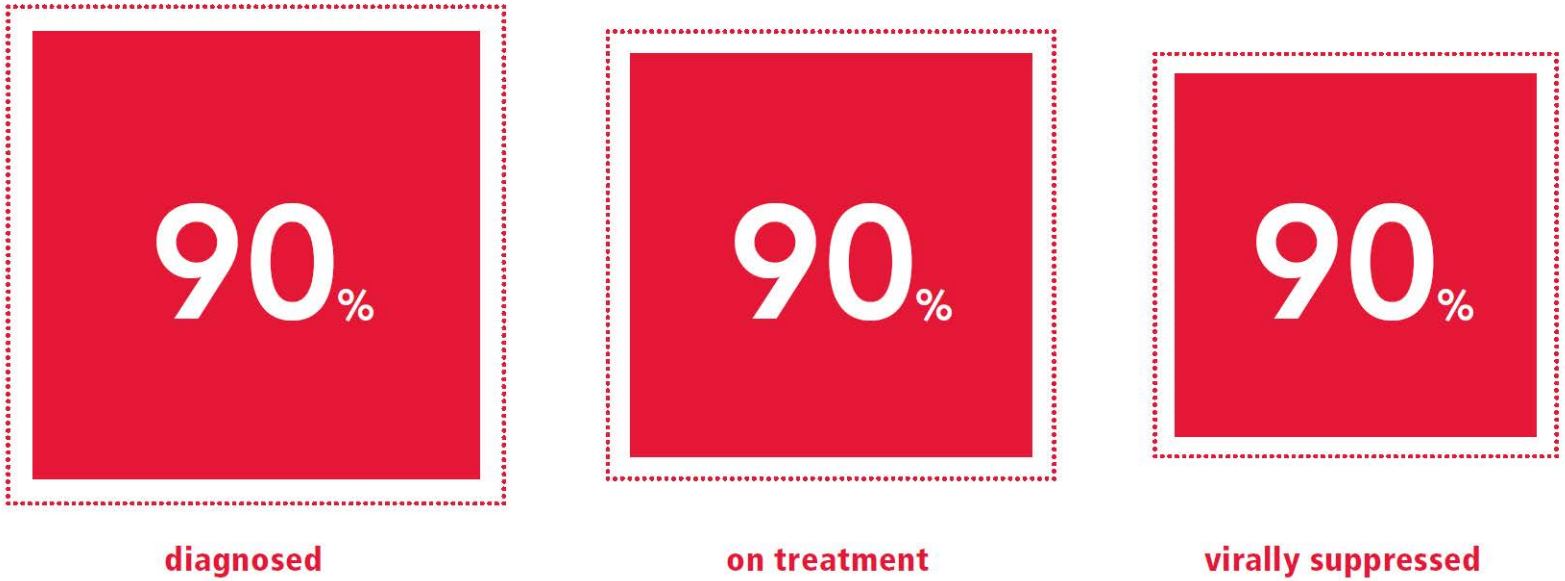
GETTING TO ZERO

On the Fast-Track to end AIDS

UNAIDS | 2016–2021 Strategy

UNAIDS | 2016–2021 Strategy

THE TREATMENT TARGET



ZERO new infections
ZERO AIDS-related deaths
ZERO discrimination

Participating with Poll Everywhere
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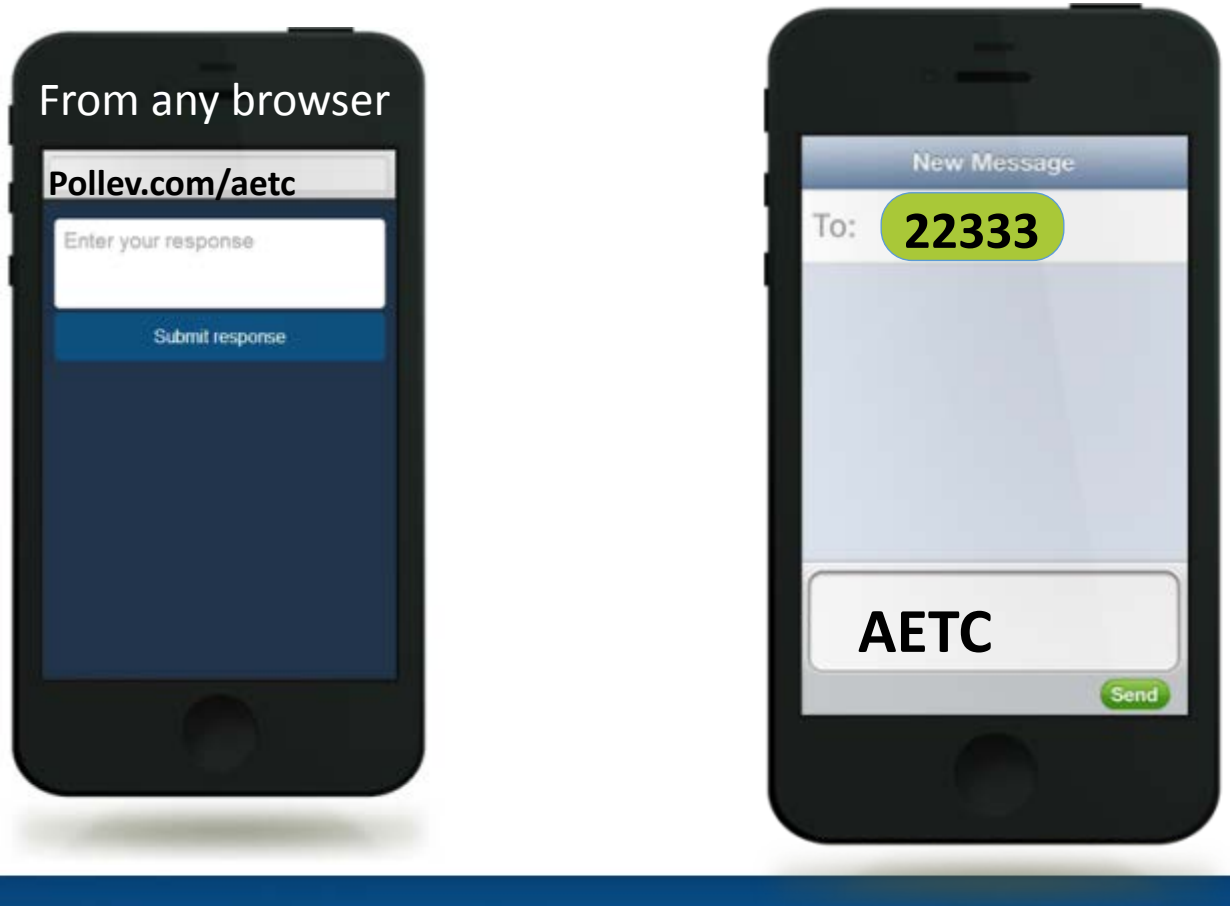

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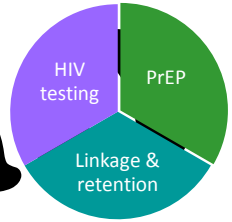
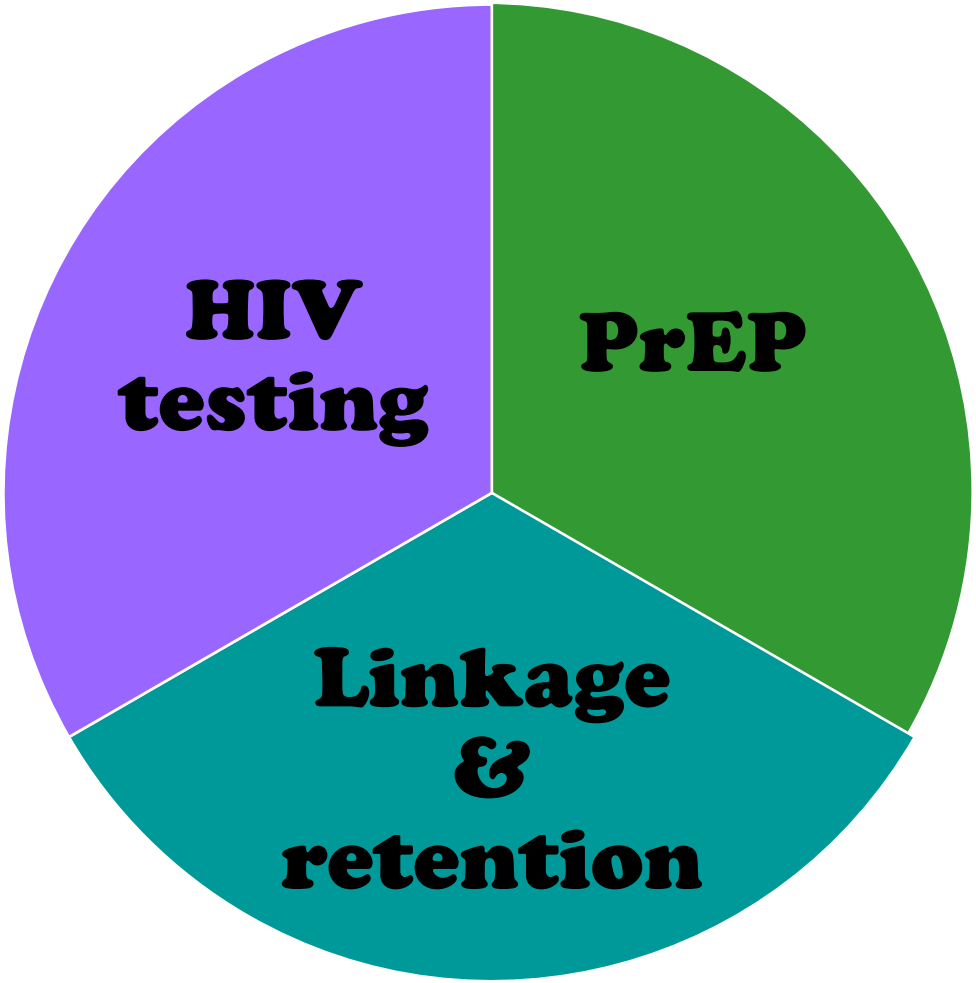
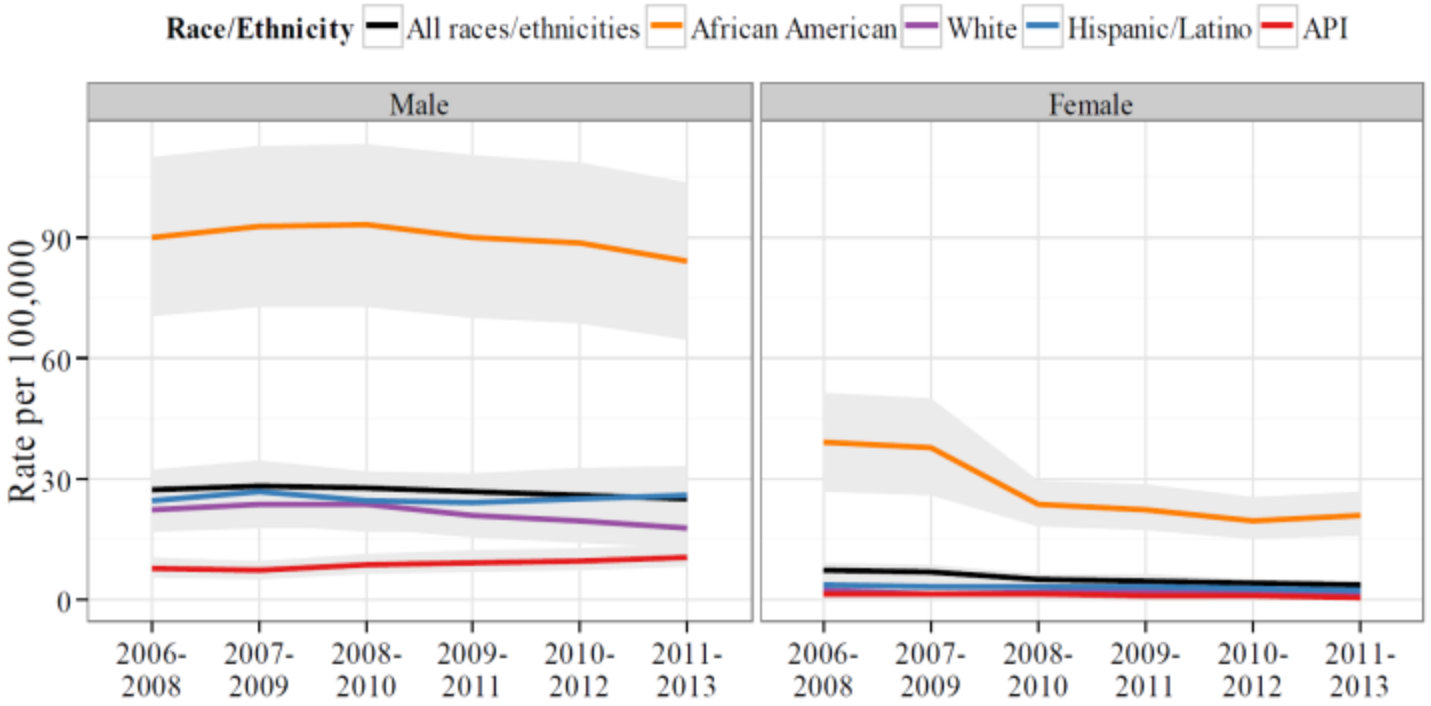
East Bay Getting to ZERO ???



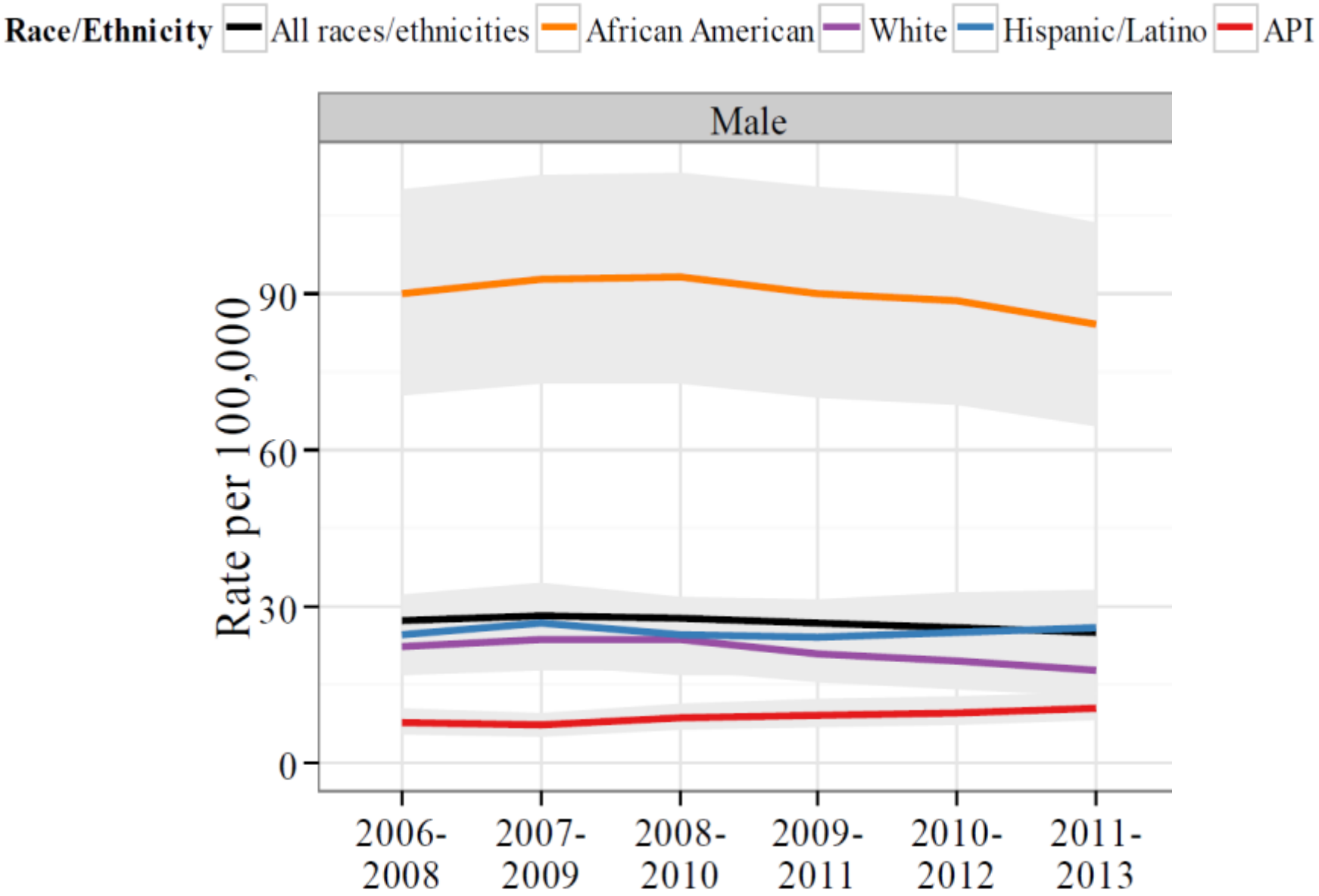
East Bay has:

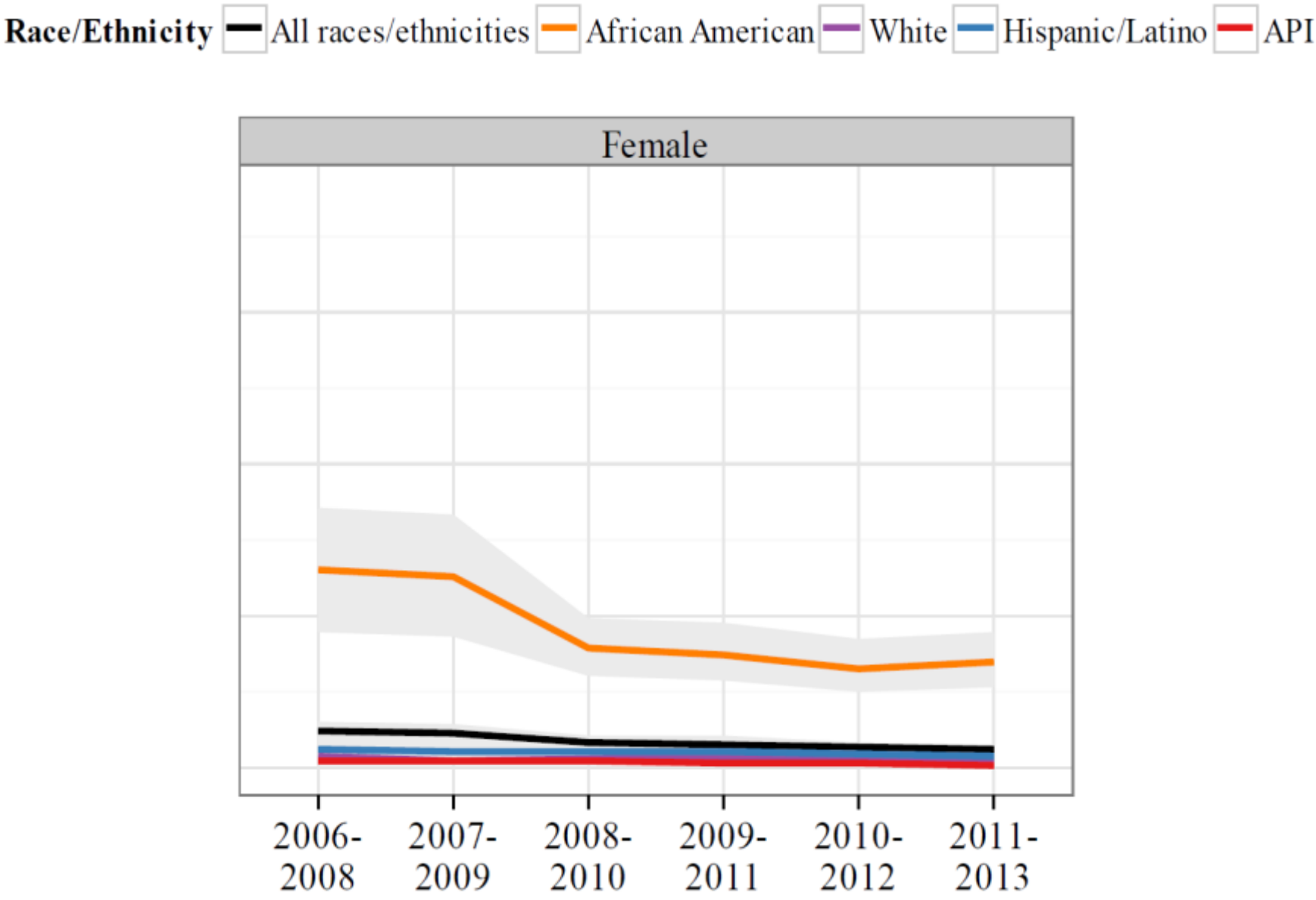


Trends in New HIV Diagnosis Rates by Sex & Race/Ethnicity, Alameda County, 2006-2013

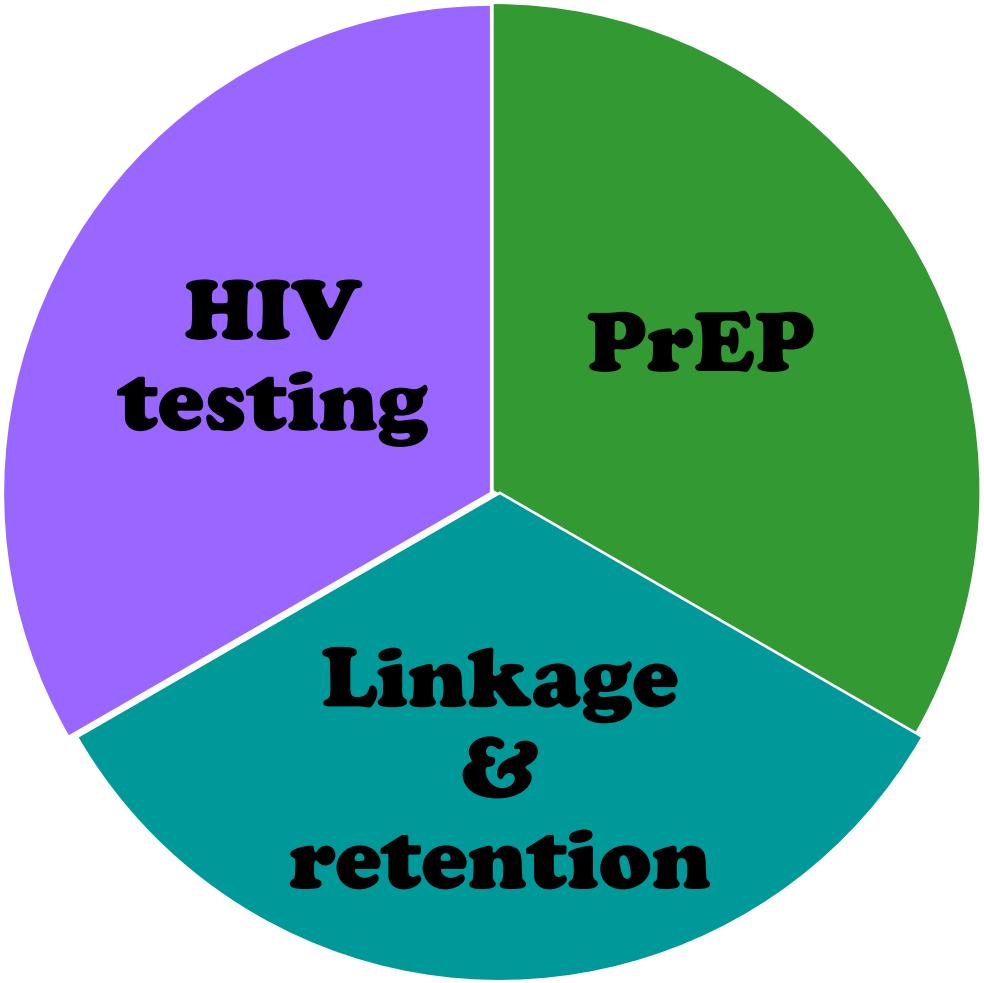


NOTES: Grey areas are 95% confidence bands
NOT SHOWN: Other/unknown race (rates not calculable)
DATA SOURCE: Alameda County eHARS, 2014 Q2


Race/Ethnicity
All races/ethnicities
African American
White
Hispanic/Latino
API
Male
Rate per 100,000
90
60
30
0
2006-2008
2007-2009
2008-2010
2009-2011
2010-2012
2011-2013

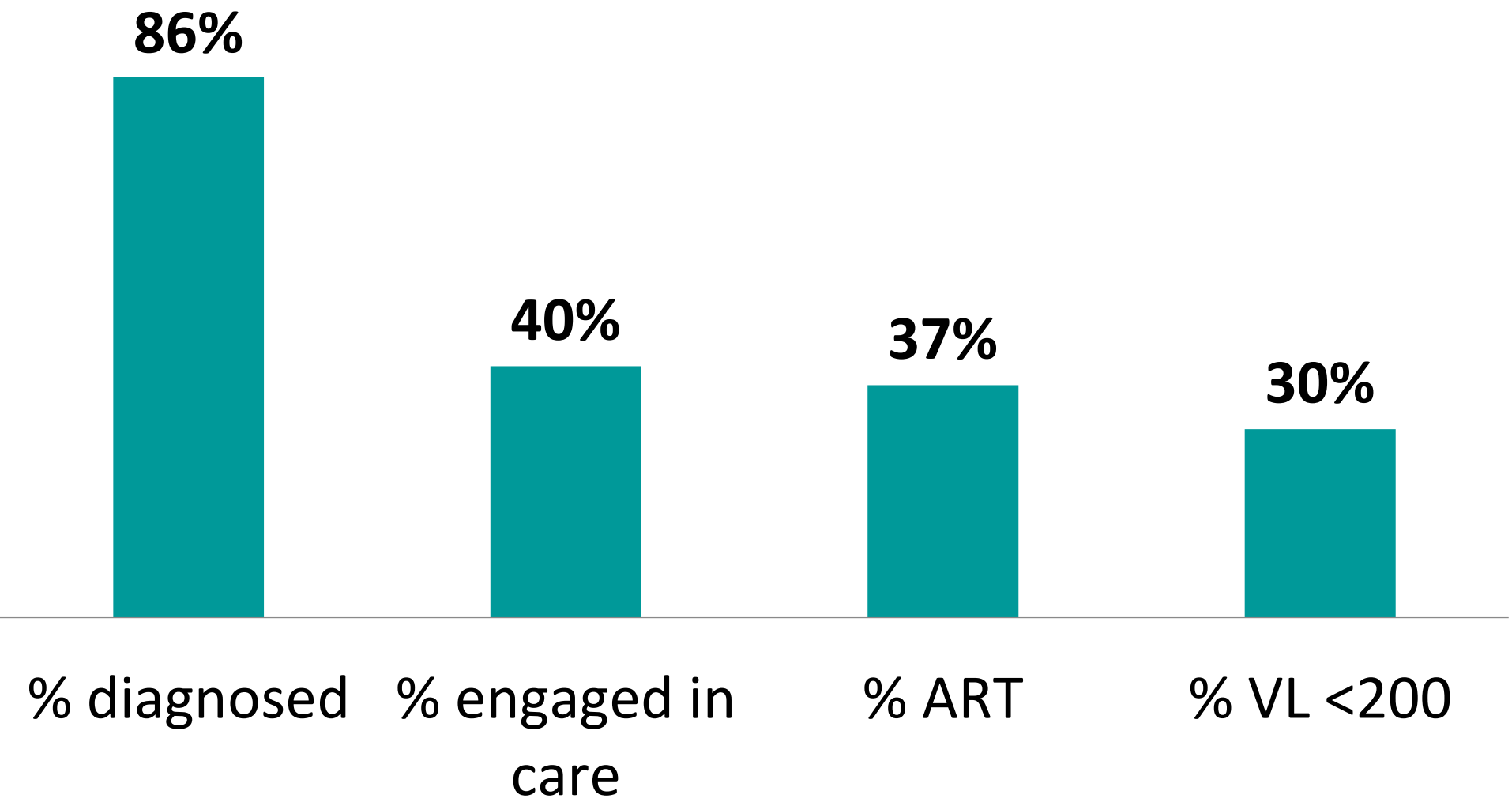

Race/Ethnicity
All races/ethnicities
African American
White
Hispanic/Latino
API
Female
2006-2008
2007-2009
2008-2010
2009-2011
2010-2012
2011-2013

East Bay has:

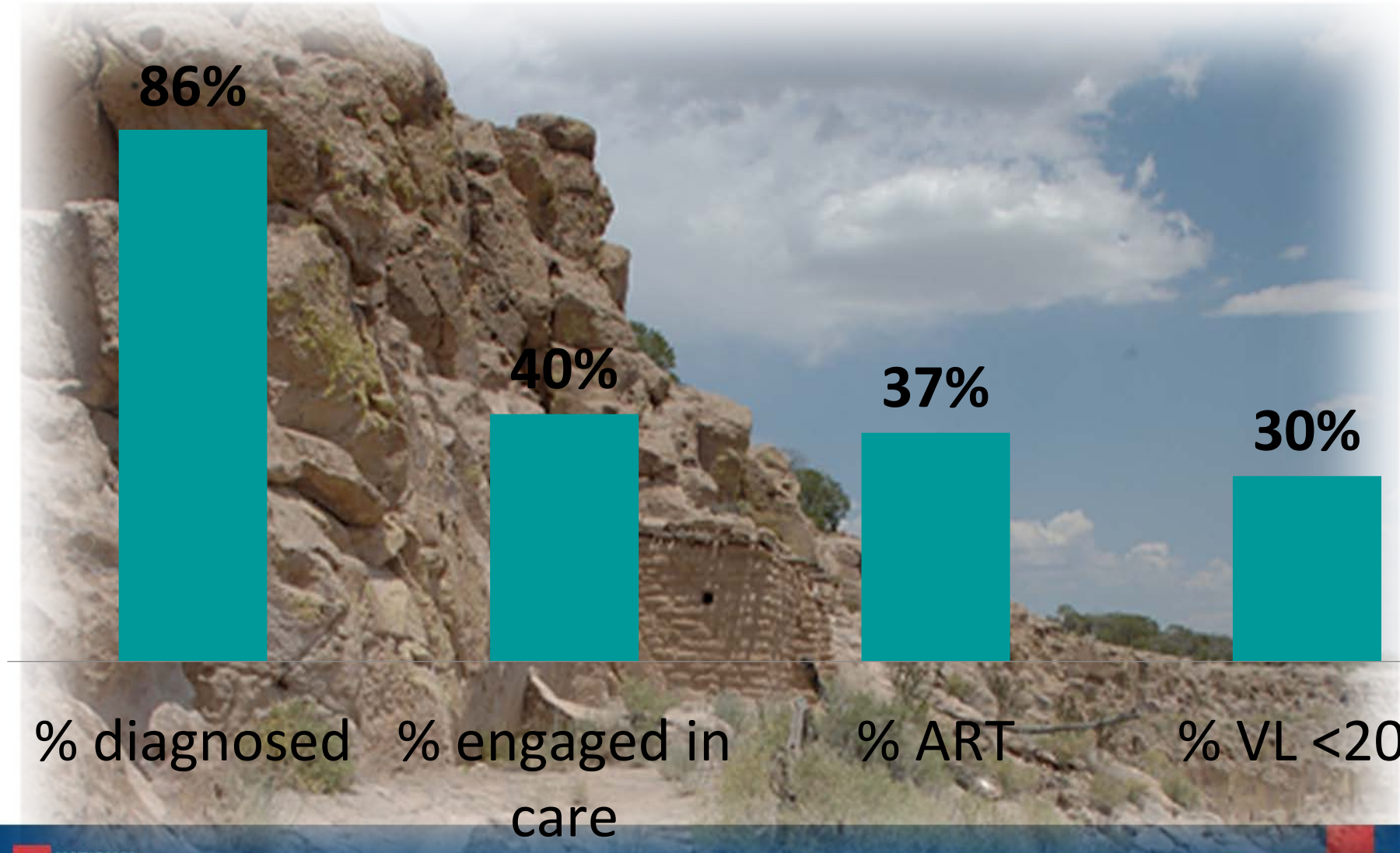


Why does linkage & retention matter?

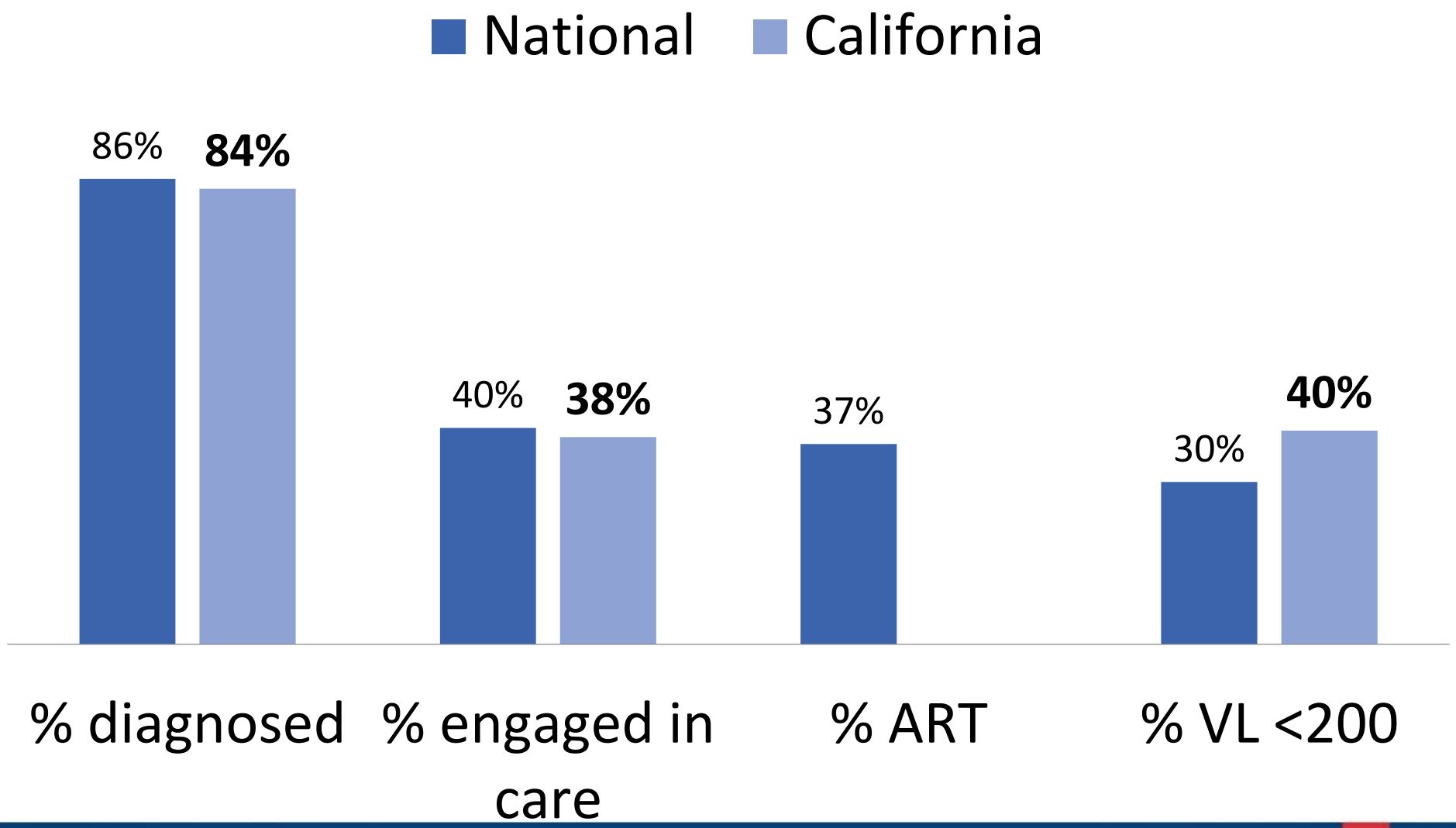
US HIV care continuum



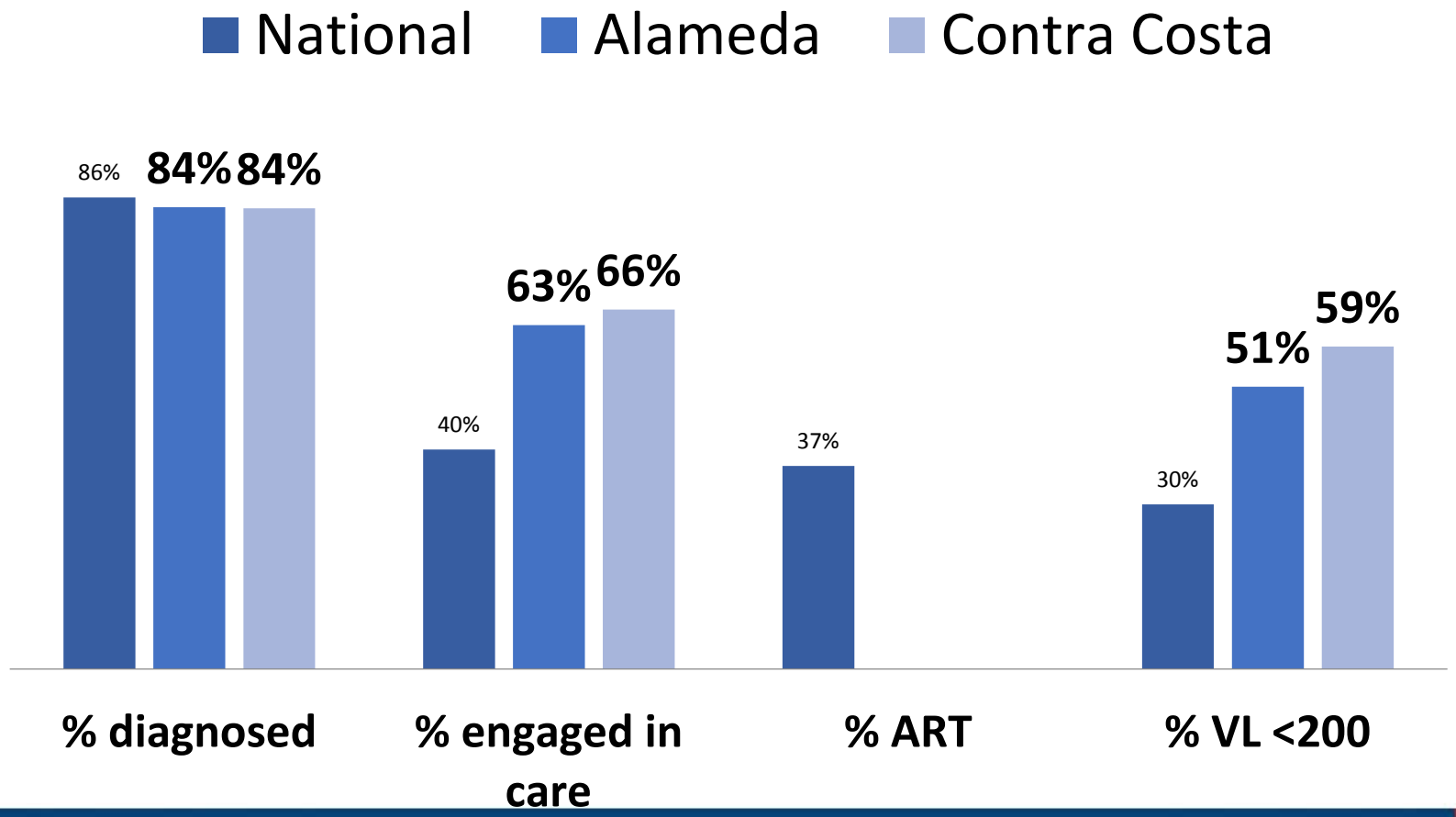
US HIV care cliff



California HIV care continuum



US, Alameda & Contra Costa Counties HIV care continuum



How much is baseline CD4<50 associated with dying?

2.4x

2014 CID, Mugavero et. al.

Is lack of retention associated with dying?

2.4x

2014 CID, Mugavero et. al.

Are >2 missed visits associated with dying?

3.2*x*

2014 CID, Mugavero et. al.

Among people retained in care, are >2 missed visits associated with dying?

3.6x

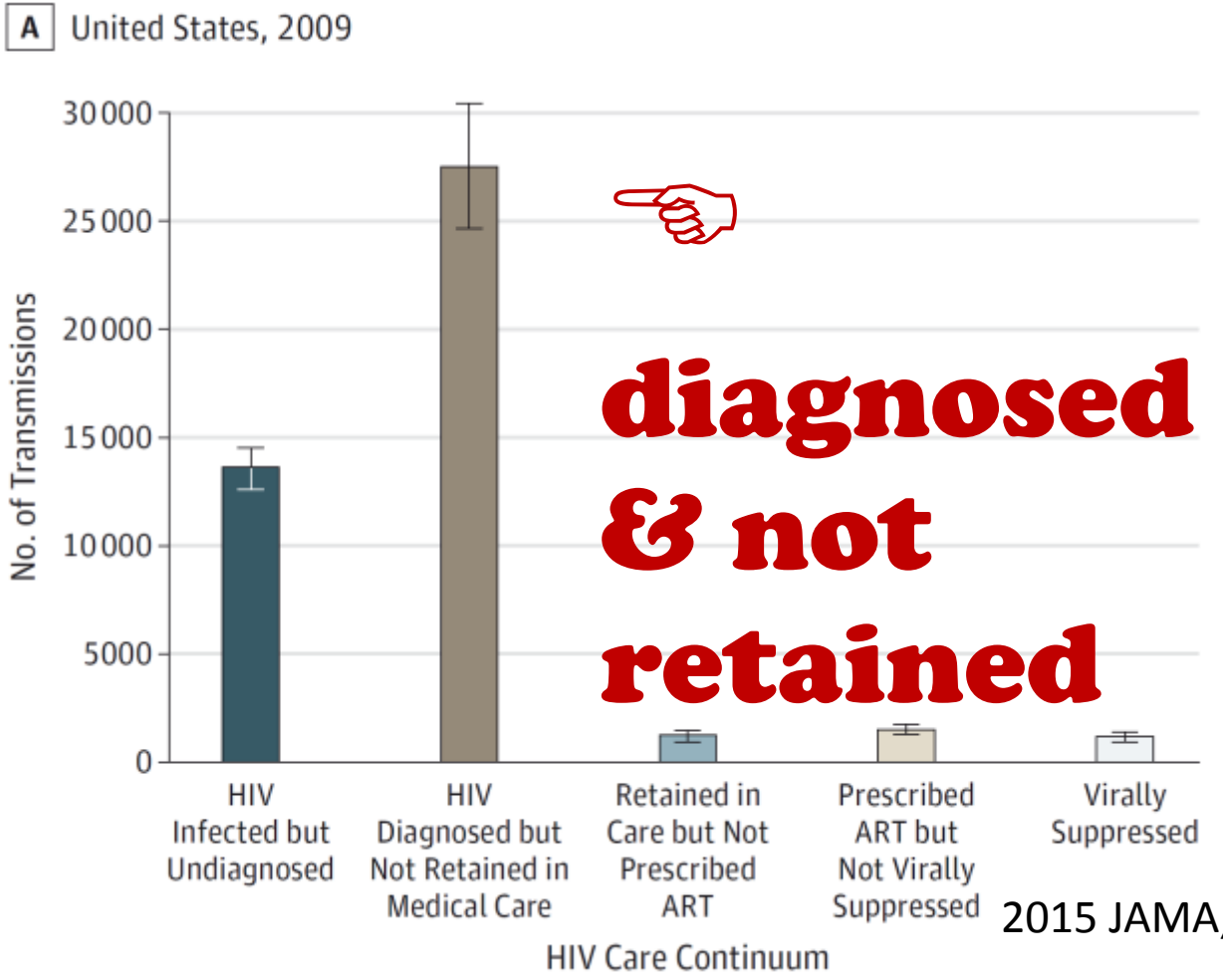
2014 CID, Mugavero et. al.

PLWHA not in care are responsible for what % of HIV transmissions?

92%

2015 JAMA, Skarbinski et. al.

Where are new infections coming from?



2015 JAMA, Skarbinski et. al.

Treatment reduces transmission by

93-96%

HPTN 052 study: Cohen MS et al, NEJM 2011: 365 and CROI 2015

What is a collaborative learning network?
How does it help improve linkage and retention?

What is a collaborative learning network?

A group of key stakeholders working together to generate ideas and take actions to address a shared problem.

What is a collaborative learning network?

Leverages collective experience and skills of the group to generate better solutions to shared challenges.

What is a collaborative learning network?

- Can meet in person or virtually
- Can be short-term or ongoing
- Can be broad or focused

How do we improve linkage & retention?

East Bay linkage & retention network

How do we improve linkage & retention with a collaborative learning network?

1. Identify common challenges:
   - Inconsistent processes
   - Poor communication
   - Lack of follow-up

2. Identify solutions at the group- and individual agency-level
   - Group agreements
   - Develop shared systems
   - Develop and disseminate resources for staff and agencies

3. Continue meeting to conduct CQI and address new or ongoing issues

Collaborative learning in action!

3 steps to improving retention:

① Track patients

② Follow-up

③ Connect

3 steps & 3 levels:

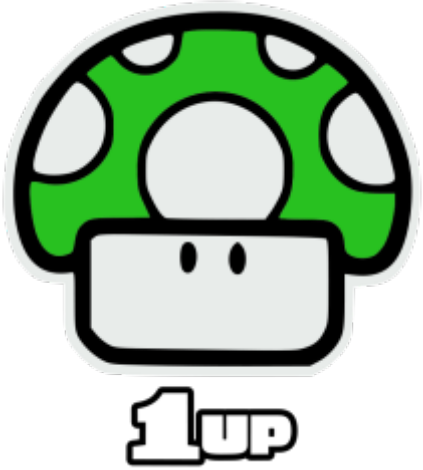
	Pick low-hanging fruit.	Level-up!	Master it.
			
① **Track**	★ act on missed visits ★ track gaps in care >6 months ★ ask about adherence	★ track those not retained in care ★track missed refills	★ track >2 missed visits ● use public health surveillance data to monitor new diagnoses and those lost to care
② **Follow-up**	★do personal reminder calls immediately after a missed visit ● implement follow-up protocols for missed visits and gaps in care	★ implement multi-disciplinary team follow-up protocols including how the team reviews tracking data & delegates follow-up	● use data systematically to allocate resources ★ multi-disciplinary team meets regularly to analyze data and develop personalized action plans
③ **Connect**	● provide a reliable way to reach your team directly and quickly ★one-on-one adherence counseling ★ ask about health beliefs ★ provide once daily regimens, pill boxes, adherence reminders	★provide strengths-based intensive case management (ARTAS) ● build a coalition with testing and care sites ● involve patient input on programs and services	★train peers to provide strengths-based case management ● develop coordinated warm hand-off and retention protocols with the coalition with testing and care sites

Start with low-hanging fruit

1. Track
2. Follow-up
3. Connect

Level-up!

1. Track: missed refills
2. Follow-up: team protocols
3. Connect: strengths-based counseling

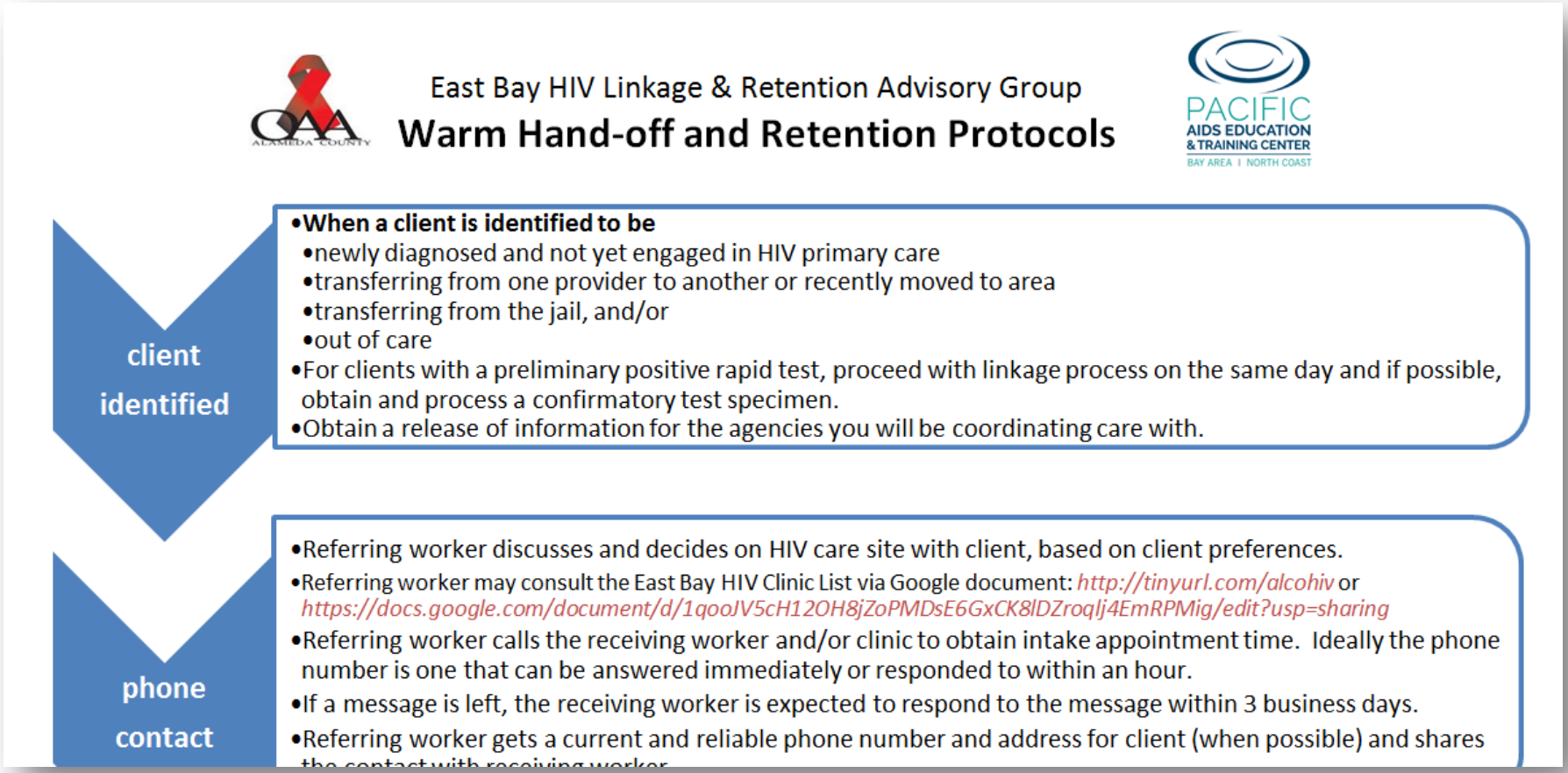


Master it.

1. Track: surveillance data
2. Follow-up: targeted interventions
3. Connect: coordinated coalition teamwork

East Bay linkage & retention network

Linkage & retention protocol



Alameda County Linkage-to-care 2012

70%

before warm hand-off protocol

Alameda County Linkage-to-care 2012

70%

before warm hand-off

Alameda County Linkage-to-care 2013

73%

mid-2013: launched warm hand-off protocol

Alameda County HIV ACCESS 2014

83%

after warm hand-off and & QI project launch

Alameda County HIV ACCESS 2015

94%

after linkage system strengthening

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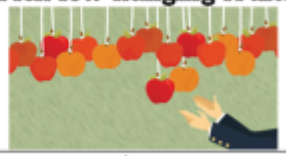
What linkage & retention projects is your region working on?

	Pick low-hanging fruit. 	Level-up! 	Master it. 
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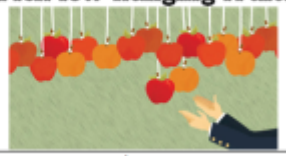
What will you do when you get home?

	Pick low-hanging fruit. 	Level-up! 	Master it. 
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Bring these strategies home!

Thank you!
Questions?

HIV Primary Care ACCESS
Alameda County Coordinated Early Services System

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Contact us:

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