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.

Objective

Connect with folks and leave this session with a new idea or contact person to help implement a collaborative linkage and retention strategy at your workplace.

Objective

Agenda

Why linkage & retention matters

How collaboration can help

Connect with folks:

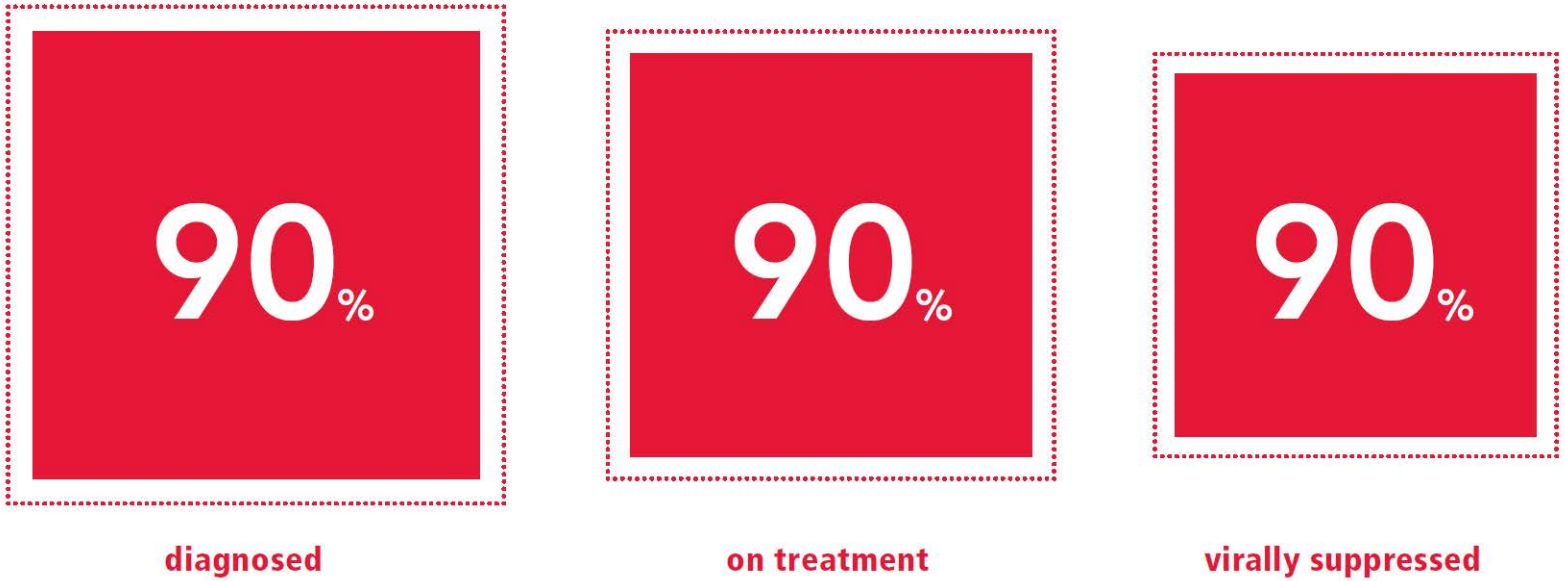
share ideas & experiences

“It’s the personal touch…”

Why does linkage & retention matter?

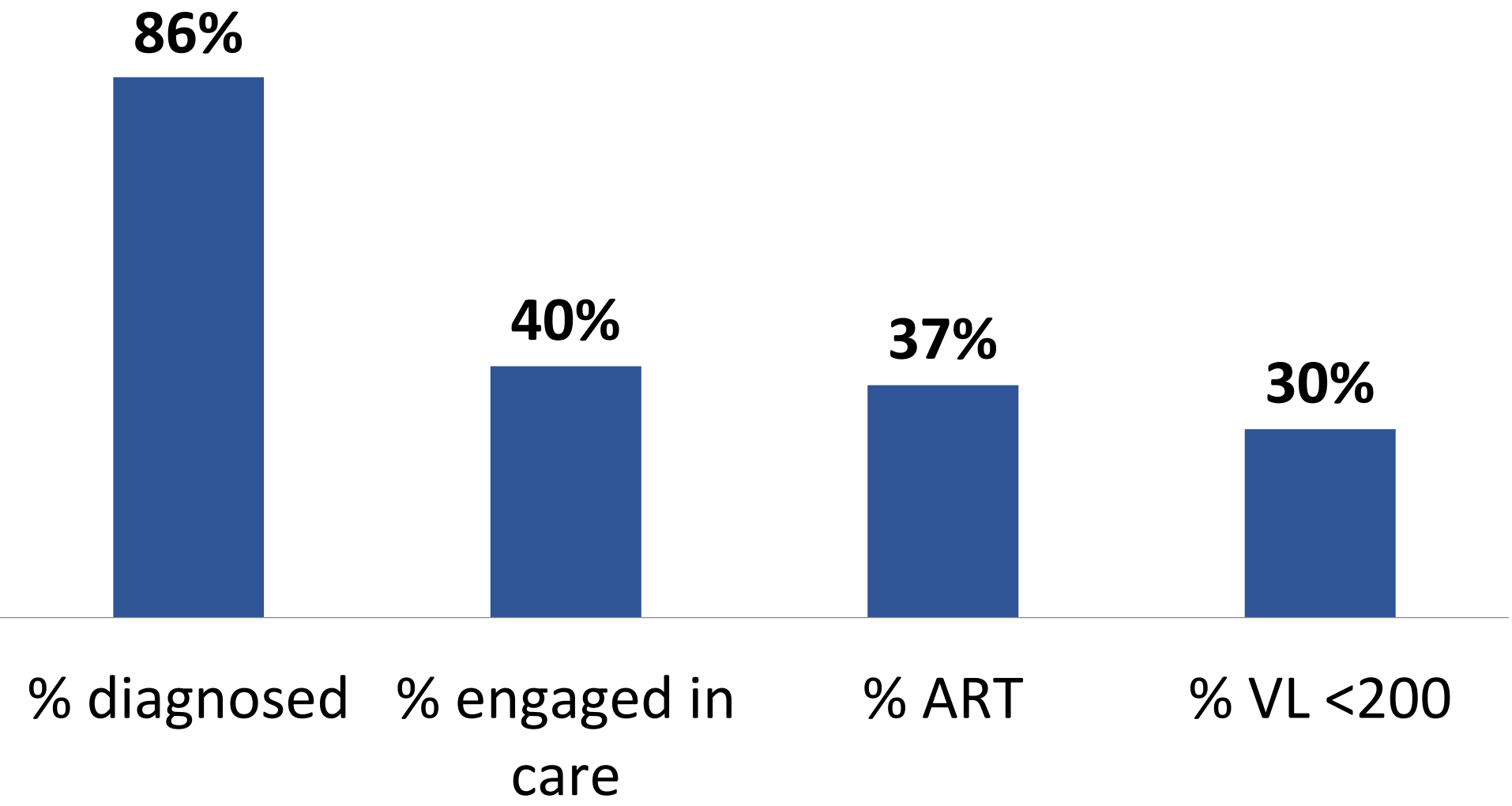
UNAIDS | 2016–2021 Strategy

THE TREATMENT TARGET

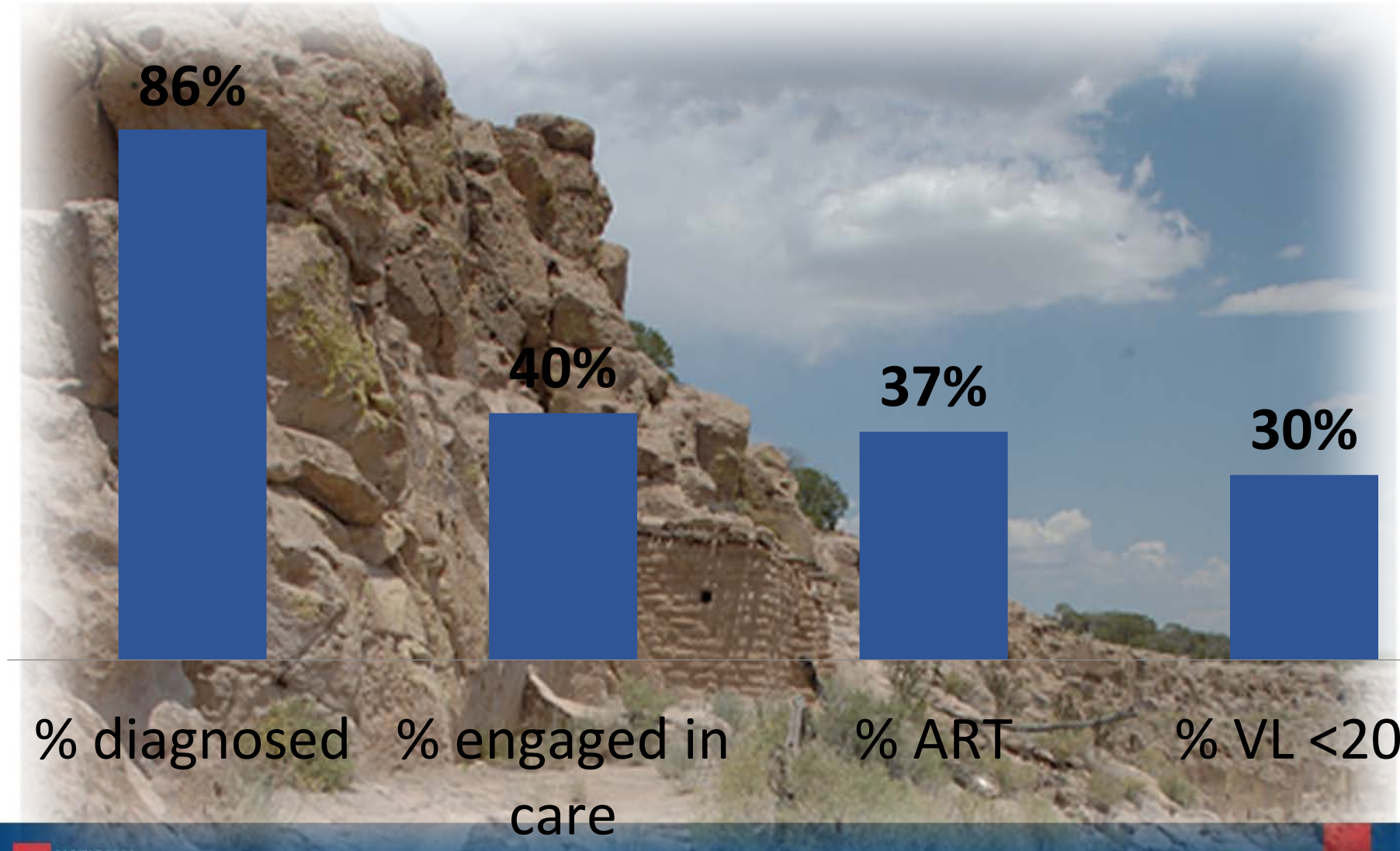


ZERO new infections
ZERO AIDS-related deaths
ZERO discrimination

US HIV care continuum



US HIV care cliff



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?

3.2x

2014 CID, Mugavero et. al.

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

3.6x

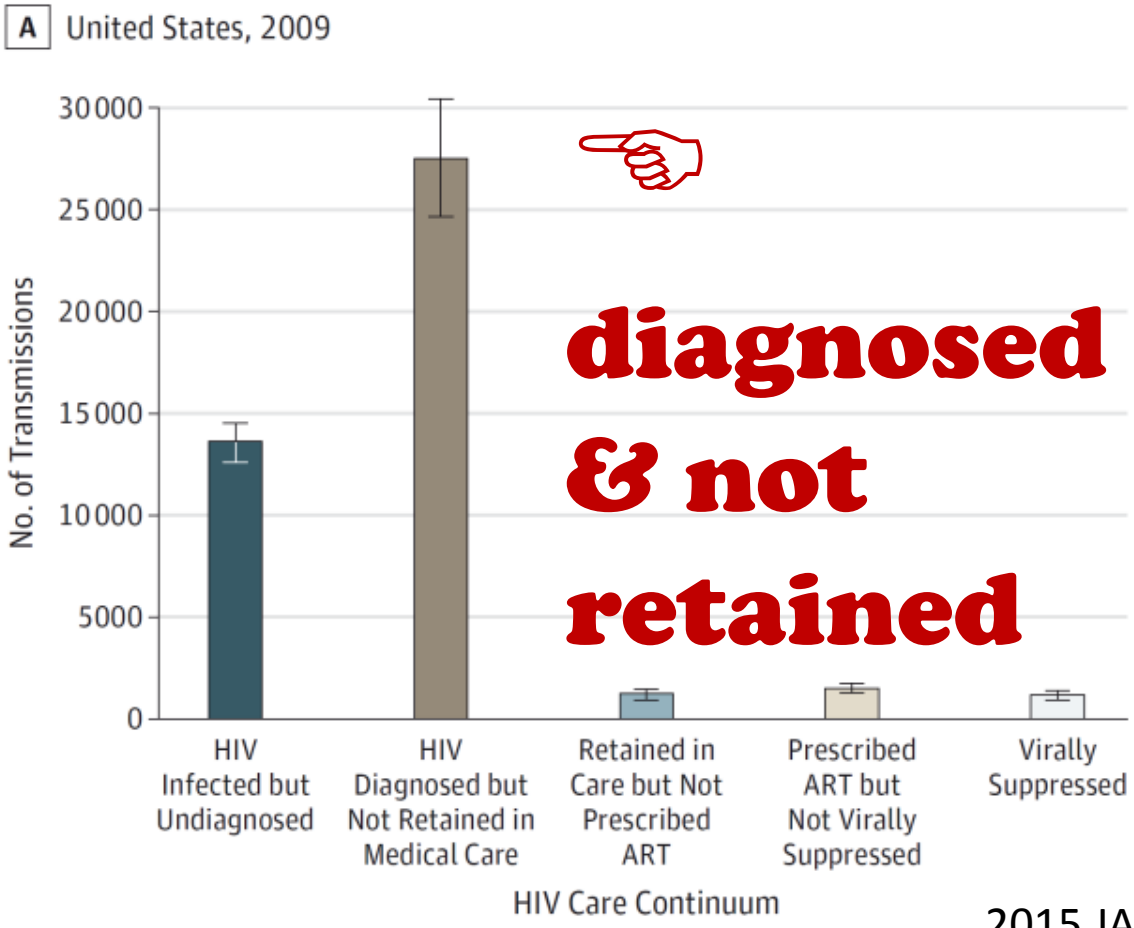
2014 CID, Mugavero et. al.

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

Hot off the press: Rapid ART!

- reduce mortality at 12 months in Haiti
- increase uptake of ART by 36% in South Africa and from 85% to 100% in SF
- increase viral load suppression rates in South Africa by 26%
- increase retention in care at 6 months from 85% to 90% in SF

Koenig, AIDS 2016; Rosen 2016, CROI abstract 28; Pilcher, JAIDS 2016

How do we improve linkage & retention?

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

3 steps :

① Track patients

② Follow-up

③ Connect

HIV Primary Care ACCESS

Alameda County Coordinated Early Services System

Alameda Health Consortium

ALAMEDA HEALTH SYSTEM

ASIAN HEALTH SERVICES

La Clínica

LifeLong Medical Care

TRI-CITY HealthCenter

HIV Primary Care ACCESS
Alameda County Coordinated Early Services System

Who we serve:

Over 200,000 collective patients

51% Latino/Hispanic
22% Asian
18% Black
12% Non-Hispanic white

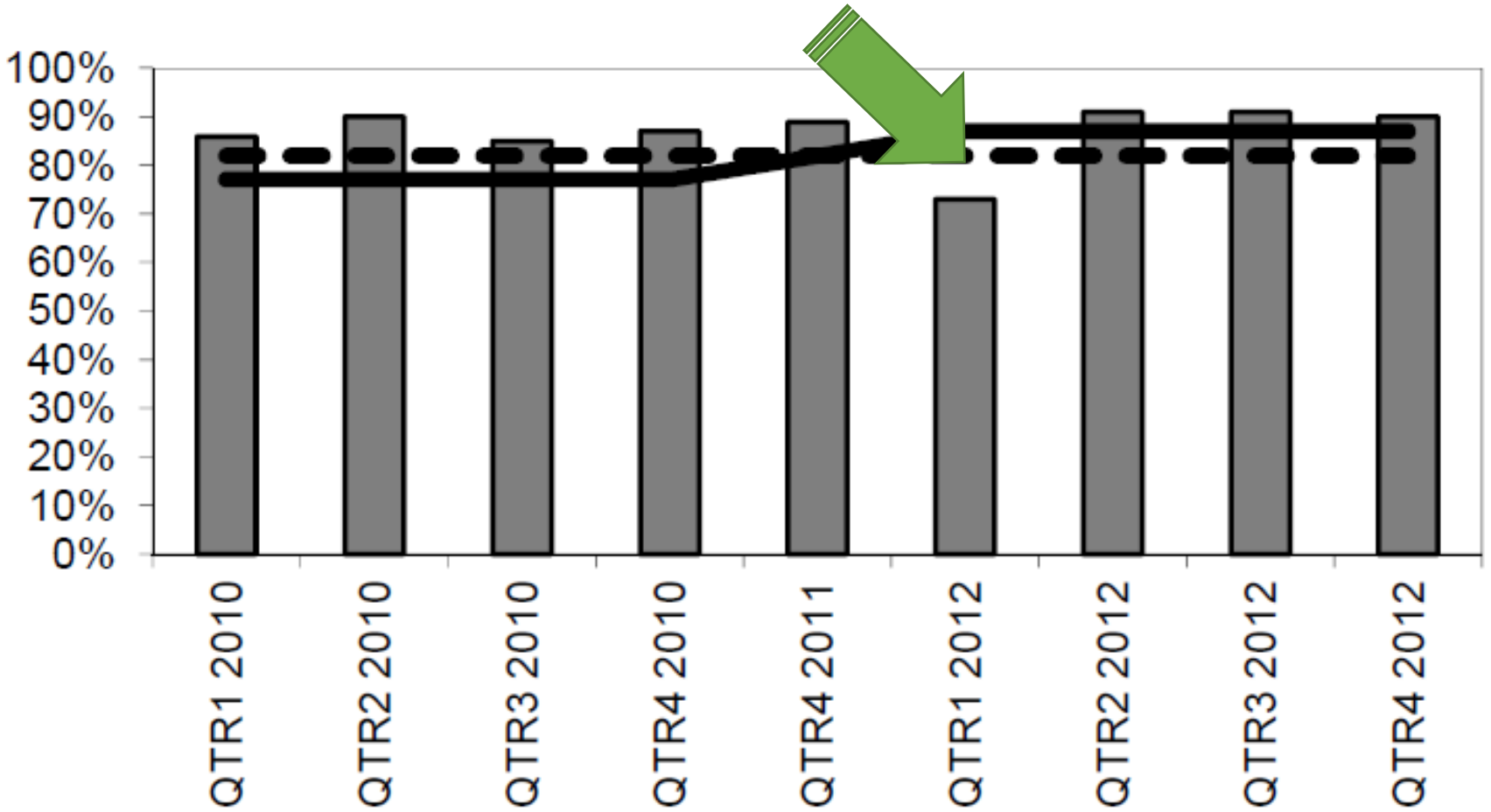
56% ages 18-64

95% at or below 200% FPL

45% best served in a language other than English

Source: 2014 UDS data

HIV ACCESS retention trends: 2010-2012



Who in the US is least likely to be retained or VL suppressed?

Young people

- Ages 19-24
- 76% vs. 83% retention
- 52% vs. 75% suppression

2012 RSR data

Who in the US is less likely to be virally suppressed?

African Americans: 70%

Transgender people: 69%

(vs. 75% for all)

2012 RSR data

East Bay linkage & retention network

Updated Google doc contact list

East Bay HIV Care Clinics (Updated March 2016)

CARDEA
Training, Organizational Development and Research

PACIFIC AIDS EDUCATION & TRAINING CENTER

Clinic contacts listed and confirmed, in alphabetical order:

1. Alameda County Office of AIDS (Funder & Linkage and Partner Services)
2. Alameda Health Systems (Highland Hospital, Oakland and Fairmont HIV Clinics, San Leandro)
3. AIDS Healthcare Foundation, Oakland
4. AIDS Project of the East Bay (APEB), Oakland
5. Asian Health Services, Oakland
6. CAL-PEP
7. Contra Costa County Health Services
8. Corizon Health (Santa Rita Jail & Glenn Dyer Detention Center), Dublin
9. East Bay AIDS Center (EBAC), Oakland
10. EBAC's Downtown Youth Clinic (DYC), Oakland
11. Kaiser (Oakland & San Leandro/Hayward/Fremont & Martinez)
    a. La Clínica de la Raza, Oakland
12. Lifelong Medical Care
    a. Ashby Health Center (formerly BERKELEY PRIMARY CARE)
    b. East Oakland
13. Tri-City Health Center, Fremont
14. Women Organized to Respond to Life-threatening Diseases (WORLD)
15. Solano County HIV Services

Updated Google doc contact list

ASIAN HEALTH SERVICES

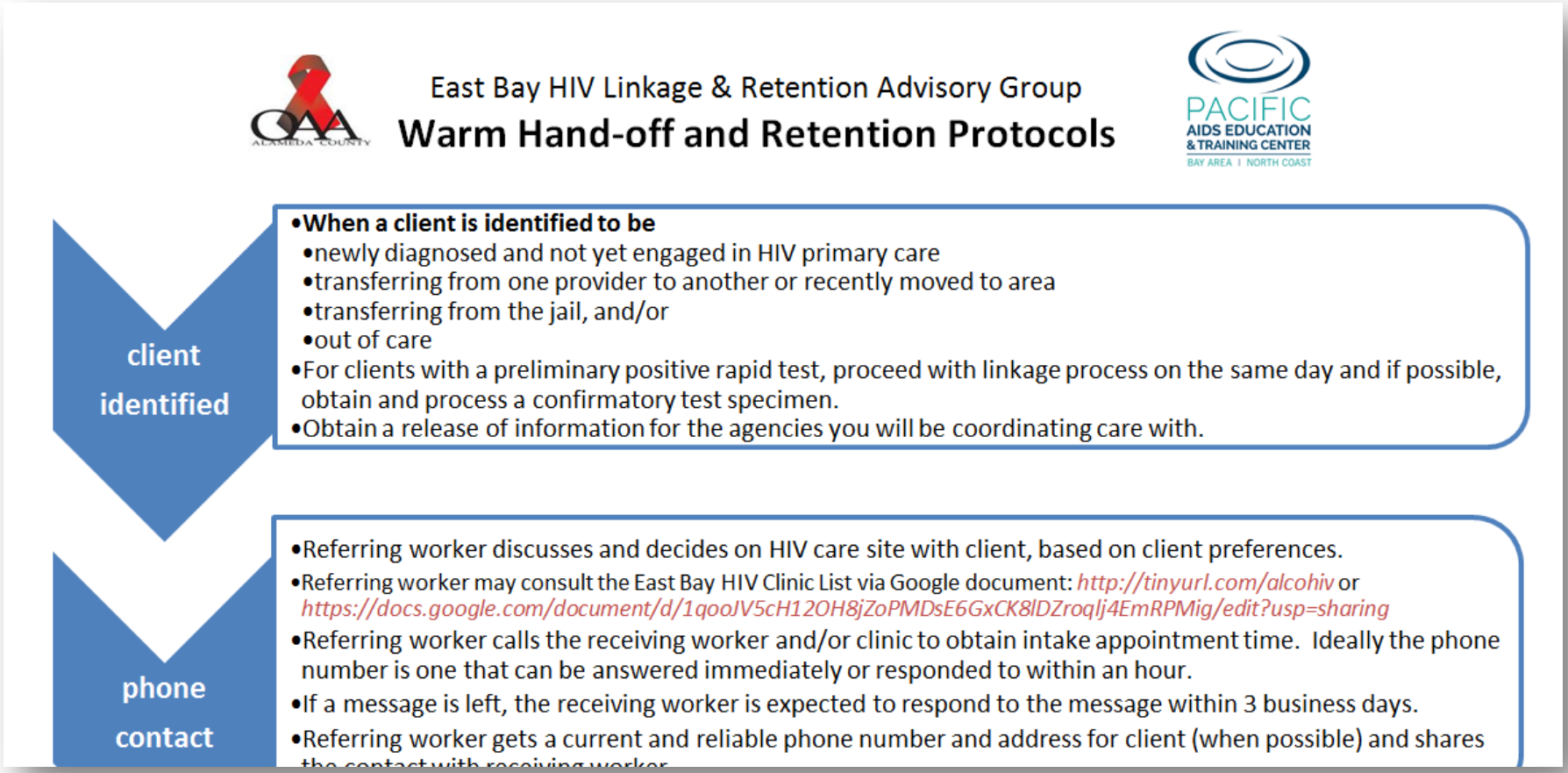
Asian Medical Center
818 Webster St. Oakland, CA 94607
HIV Clinic Days & Hours - Tuesday 9-4:30pm

Frank Kiang Medical Center
250 East 18th Street Oakland, CA 94606
HIV Clinic Days & Hours - Wednesday to Friday 9-4:30pm

Asian Resource Center
817 Harrison Street Oakland, CA 94607
HIV Clinic Days & Hours - Tuesday 9-4:30pm

Information about services	**Contact information**
Services prioritized for Asian and Pacific Islanders, especially with limited English proficiency • Accepting: uninsured; undocumented; Medi-Cal: plain, Alameda Alliance, Blue Cross; MediCare; limited HMO and PPO plans • New patient intake appointments within 2 weeks • New patient provider appointments within 4 weeks • Additional services: API language on-site interpretation, dental clinic and limited API-language behavioral health counseling, ADAP enrollment and OAHIPP, HIV rapid testing and counseling • Case management.	between 8th and 9th St. in Oakland Chinatown http://www.asianhealthservices.org/handler.php?p=services-HIVAIDS **Main contact for linkage and access:** *Koji Sakakibara,* HIV Program Manager Phone (direct work cell): 510-984-

Warm hand-off protocol



Pay-for-Performance (P4P) project

Detailed Guidance for Process Deliverables				
Category		**Required Elements**		**Value**
Quality Plan **Review and update written quality plan and all processes (from existing documents)**	Does the quality plan contain:	☐ A quality statement?		2
		☐ A description of the quality infrastructure? (Include team members, roles and responsibilities, communication structure, meetings, and timelines)		5
		☐ Quality Measures and goals (HIV ACCESS and site-specific)?		1
		☐ A process for involving consumers in the quality management program?		2
	Do processes include:	Retention	☐ Step-by-step guidelines?	1 point each (20 total)
			☐ Person(s) responsible for each step?	
			☐ Schedule and/or timeline for completing the process?	
			☐ Screenshots showing documentation process?	
		Linkage	☐ Step-by-step guidelines?	
			☐ Person(s) responsible for each step?	
			☐ Schedule and/or timeline for completing the process?	
			☐ Screenshots showing documentation process?	
		Adherence counseling	☐ Step-by-step guidelines?	
			☐ Person(s) responsible for each step?	
			☐ Schedule and/or timeline for completing the process?	
			☐ Screenshots showing documentation process?	

Pay-for-Performance (P4P) project

2014: Protocols

2015: Team involvement

2016: Client involvement

& Retention projects

?2017: rapid ART, pharmacy

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 & P4P launch

Alameda County HIV ACCESS 2015

94%

after P4P & linkage system strengthening

“It’s the personal touch…”

Thank you!
Questions?

HIV Primary Care ACCESS
Alameda County Coordinated Early Services System

PACIFIC AIDS EDUCATION & TRAINING CENTER

sophy.wong@ucsf.edu
mcrowley@alamedahealthconsortium.org

Objective

Now let's share…

	Pick low-hanging fruit.	Level-up!	Master it.
			
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What level are you at?

Pick low-hanging fruit.	Level-up!	Master it.
		

In small groups:

Each person ~2 minutes:

1. name, agency, role
2. Are you part of a linkage & retention collaborative?
3. A linkage & retention strategy you have used that works or a strategy you want to try

Discussion questions (~15 mins total):

1. How can collaborations across cadres, teams, agencies, regions help you implement your linkage & retention strategies?
2. What challenges do you face with these collaborations?
3. In what ways can you tackle these challenges?
4. What is the one key thing your group got out of your discussion you want to share with the larger group?