

Systems Linkages and Access to Care: A Special Projects of National Significance Initiative – Video Conferencing in Louisiana

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SPNS in Louisiana

Intervention 1: HIV Testing in a Jail Setting

- HIV and syphilis screening is offered to incarcerated individuals at intake or shortly thereafter.

Intervention 2: Louisiana Public Health Information Exchange

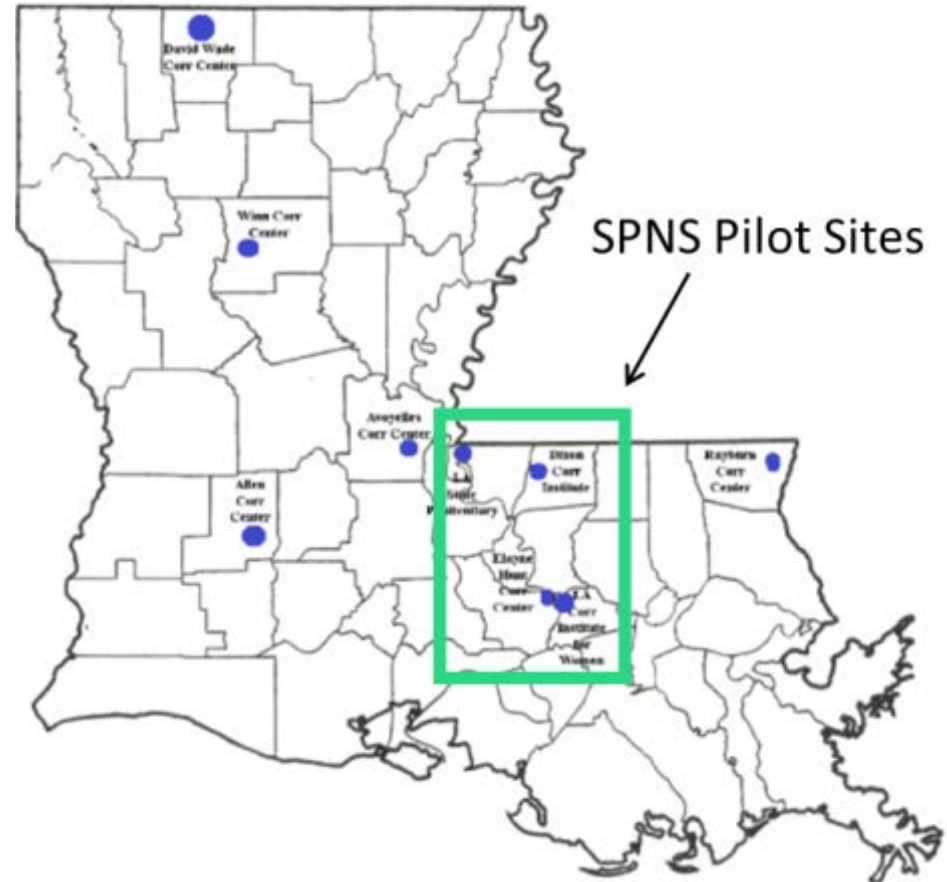
- LaPHIE is a secure electronic information exchange between the LSU hospital system and the LA Office of Public Health.

Intervention 3: Video Conferencing

- Incarcerated individuals who are soon to be released are offered a video conference meeting and assessment with a Ryan White case manager.

Video Conferencing Intervention

- Goal: To improve linkage to and retention in HIV care for incarcerated individuals after release.
- Corrections Specialists work with individual and CBO to schedule VC session prior to release.
- Case manager meets with individual via VC to discuss services available, set up appointments, and establish relationship.
- 9 DOC facilities and 12 Ryan White CBOs.



Local Qualitative Evaluation

- OPH SHP contracted with PRG to conduct a qualitative analysis of interviews with VC clients.
- Interviews were conducted by research analysts from PRG and UCSF's Evaluation and Technical Assistance Center (ETAC).
- Goal: to identify the role that the video conferencing session had on clients' experience with linking to or reengaging in medical care and case management after release from prison.

Research Questions

1. Was video conferencing instrumental in connecting the client to case management?
2. Was the client going to connect with HIV medical care anyway or was the video conference with the case manager instrumental in this connection – and why?
3. What did clients believe was the most useful or meaningful aspect of the video conference session in which they participated as they transitioned from being in prison to linking to medical care?
4. What was the quality of the interaction between the client and the case manager during the video conference session?
5. What did clients believe was the least useful or meaningful aspect of the video conference session?

Data Collection

- Interviews were conducted at three Ryan White CBOs (1 in New Orleans, 2 in Baton Rouge) in April 2015.
- Clients were invited if they had received the video conference intervention at one of the 4 pilot sites.
- 14 clients were interviewed, most of whom were male and African-American.
- Average age was 45.8 years, half had graduated from high school or had a GED, and about half were living with family at the time of their interview.
- Interviews were transcribed and analysts read transcripts to identify emergent themes within the data related to the five research questions.

Findings: VC as a Facilitator

Most clients interviewed stated that VC provided valuable & practical information connecting them to care after leaving DOC.

“But after having the videoconference, they set up everything for me. A healthcare provider, a way of getting my medicine. You know, they did everything before I even got out of prison...They informed me of it that when I get out you’re going – you’ve got to go here, you’ve got to go there, and what have you. So, they did it all.”

When asked about concerns related to accessing medications:

“Yeah. I worried...And I’m like, “Do I have to come back to prison to get medical care?”. Because if it came down to that, that’s what I would’ve did.”

Connections to Wraparound Resources

For some clients who had been incarcerated for longer periods of time, VC provided information about needed resources:

“You know, being locked up as long as I have, your family die off. You know, like my mother and my brother...And, you know, my house was no longer there. So, I mean, I’d probably have been sleeping on the street if I didn’t know nothing about these things. So, yeah, it was good.”

“All this is new to me. These things I didn't even know exist before I went to prison.”

Improved Self-Efficacy

Many clients reported that VC improved their self-efficacy to seek care by reducing the fear of uncertain circumstances after their release from prison:

“But, no, I thought it was a great experience. And that was perfect because that set up something for me for when I got out. And after five years of being in there with coming out to nothing, it gave you a little bit of at least there’s going to be some help there waiting for me when I get out as opposed to just get out and figure it out on your own.”

“I couldn't say. But I really would have been a whole lot of different. Me trying to struggle on my own. Me don't knowing nothing about this sickness. I'd have just been on my own, right, like, you know. And I just - I think I'd have fell more apart, you know.”

Personal Connection

Several clients described developing the relationship with the case manager via video conference as instrumental to their accessing services:

“Well, to be perfectly honest, just seeing a person that I haven’t met over the camera and saying that she would be the same person that I can come speak to when I am released...I felt comfortable knowing that I already had an opportunity to meet the person who I would be speaking to rather than being kind of nervous going and meeting a new person.”

Personal Connection (cont'd)

For some clients who were already motivated and had plans to seek care, videoconferencing served as a personal connection to their case manager or doctor:

“So once I came home, whether the video conference or not, I’m still going to get into care. But it just showed me that my doctor cared enough to take the time to get on the screen and talk to me, listen to what I had to say and formulate a plan with my nurse practitioner at that time.”

Client Suggestions

Most clients reported being highly satisfied with the video conference experience. Some clients, however, shared concerns about confidentiality:

“The door is closed, but they can still hear you talking because you’ve got to talk loud so the people on the TV can hear you. And you can only say so much.”

“I was like, scared because, you know, I was thinking like, hey, this might be like around the world, you know what I’m saying, I don’t want nobody, I mean, I’m not trying to hide, but on the same token, you know, man, I don’t want to be around the world.”

Final Thoughts

One client summed up his final thoughts on the intervention:

“Just in a nutshell I think the partnership with the video conferencing and the [CBO] is just a wonderful installment in helping people transition straight into care and to be able to give an overview of what you’re coming into. So, I mean, that in itself is just an amazing thing. So, my thoughts would be just try to get them in prisons all over because that’s important. A lot of people who are diagnosed in prison and may have apprehension on getting out and going to medical care just because, they don’t want to be ousted like that. But if they have already spoken with someone and feel assured that, OK, well, I do have some support system out there that’s willing to help me, so with that in place it’s an invaluable thing. I like it.”

Questions?

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