| **#** | **Questions** | **Answers** |
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|  | *How did you prioritize the list after you had cleaned up the data?* | With no basis to prioritize patients, what we did was group people by provider and then we randomized the provider order. We did contact everybody but not all at once. |
|  | *Are re-linkage outreach staff trained in Motivational Interviewing or similar intervention techniques to improve their ability to connect with people out of care?* | Yes, there is some motivational interviewing; our methods are informed by that model. There is also some training on investigating, although, in some places CBOs get their cases from the Department of Health, so their Disease Investigators have already done the investigation portion. We also do training on what it means to have HIV in the present day and a little about insurance and drug regimens. |
|  | *What were some of the challenges different organizations or providers faced in terms of confidentiality when sharing patient information with DPHs?* | From our experience as providers, if the primary goal is ensuring continuity of care, then sharing of patient information is permissible. We clearly outlined with patients who would be involved in that sharing and what kind of information could be shared. How ASOs and CBOs can do this will vary geographically. From the health department perspective, we are prohibited from releasing identifying data from surveillance. However, if there is an ASO who can securely provide information on patients who look like they are out of care, and we have information that a client is HIV positive, we can share in a secure way information about that client’s engagement in care and location. |