Protocol for Making an Active Referral to HIV Care for Newly Identified Individuals

Purpose:

The overarching purpose of the Active Referral (AR) process is to increase the percentage of newly identified HIV-positive persons who are linked to care within 90 days of diagnosis. The Division of Disease Prevention (DDP) aims to accomplish this objective through:

- Implementation of a standardized active referral protocol to allow Disease Intervention Specialists (DIS) to ensure patients are rapidly linked to HIV medical care upon a positive HIV diagnosis; and
- Implementation of a process that allows DIS to more efficiently and consistently receive confirmation of patient linkage to HIV medical care.
- In the near future the AR process will also be used to link Hepatitis C (HCV) patients to care, based on testing conducted in participating opioid treatment centers. Existing data collection tools have already been modified to include HCV.

Scope:

At present, this protocol is limited to patients known to be newly identified with HIV. It does not include AR activities for HCV or other sexually transmitted diseases. The DDP will also routinely assess previously known HIV-positive patients for care-related data to determine if additional follow up with such patients is needed to initially engage or reengage them in HIV care via the Active Referral process. In Virginia, medical facilities and laboratories are required to report HIV-positive results. However, electronic laboratory reporting (ELR) currently accounts for approximately 56% of Virginia's incoming laboratory reports.

Responsibility:

Implementation of the AR project involved a high level of collaboration at the state, regional, and local levels. Collaboration at the state level involved all units within the Division of Disease Prevention at VDH including HIV Care Services, HIV Prevention Services, HIV Surveillance, and STD Surveillance, Operations and Data Administration (SODA). VDH has found that increased collaboration across units within the agency has positively impacted communication on other projects within the Division of Disease Prevention. Additionally, partnerships with Local Health Departments, HIV medical providers, testing agencies and persons living with HIV/AIDS (PLWHA) were an integral part of the SPNS project design. Throughout the project, VDH convened statewide meetings among all stakeholders, monthly conference calls among a core group of planning representatives, and technical working sessions across the four project strategy areas during the development phase of the initiative.

The AR process is primarily carried out by DIS and patient navigators, who collectively work with medical providers to link newly identified patients to HIV care. One or more DIS are assigned to cover every district in the state. DIS receive morbidity reports from physicians, hospitals, and laboratories for patients in their district who have been diagnosed with HIV or other reportable sexually transmitted diseases (STDs) according to Section 32.1-35 of the *Code of Virginia*. DIS are then responsible for ensuring that patients receive adequate treatment for their infection, and based on priority, will contact infected patients to be interviewed. All newly identified HIV patients and their sexual partners are considered priorities and will be contacted by DIS. During a DIS interview, patients/partners are provided with education about their infection, risk reduction counseling, partner notification services, and referrals to additional resources as needed. The DIS play a critical role in reducing disease transmission through the provision of these services.

The newly established AR process formalizes an active role for the DIS by offering newly identified HIV patients a direct referral to a medical provider or patient navigator. This type of referral involves direct DIS contact via phone or fax with the provider or navigator to make and/or confirm an HIV medical care appointment on behalf of or with the patient. Because of their role in interviewing, counseling, and referring patients to care for HIV and other diseases of public health concern, DIS are uniquely positioned to expeditiously link patients to HIV care. Timely linkage to HIV medical care after diagnosis can help patients live longer, healthier lives and reduce disease transmission.

Procedure:

A. Overview:

Participation in the AR process is voluntary for patients, but DIS encourage patients to connect to a health care provider quickly, and explain how a patient navigator can be of assistance. Patient navigators (also known as linkage personnel, peer educators, or community health workers) facilitate timely entrance into the HIV care system and work to retain patients in care over time. Patient navigators will follow a patient for up to 12 months, addressing any barriers to care and ensuring their various medical and support needs are met. Common concerns such as appointment scheduling, transportation, housing, mental health, and substance abuse are among issues for which patient navigators provide assistance. If a patient is interested in participating, he/she will sign the Coordination of Care and Services Agreement (CCSA) form (Attachment 1) which is valid for a 24 month period. The form is valid for a period of 24 months to allow DIS and patient navigators the authorization to contact and reengage patients who may become lost to care during this timeframe. The CCSA form gives permission for the DIS to connect the patient with a local patient navigator. If patient navigation services are not available in the area, or the patient prefers to be connected directly to the medical provider of their choice, the DIS can use the CCSA form to contact a provider on the patient's behalf. This form also provides an important feedback loop, enabling DIS to easily get confirmation when a patient has been linked to care.

B. Procedure for Making an Active Referral to HIV Care

1. The DIS will follow existing interview procedures for the provision of counseling and partner services to newly identified HIV-positive patients.

2. The DIS will discuss linkage to HIV medical care and referral to support services with the patient.

3. The DIS will use the CCSA form to discuss linkage to medical care. The purpose of this form is to gain informed consent from the patient in order to coordinate their medical care and provide needed support services. The form can be used to refer a patient directly to a medical provider or to other linkage to care personnel, such as a patient navigator if those resources are available in the patient's service area. Some patients may already be in care when the DIS interviews them, but they can still benefit from patient navigation or other support services. All HIV-positive patients should be offered coordination of services.

   NOTE: Even in situations where the patient declines referral services/linkage to care assistance, page 2 of the CCSA form must be completed to document refusal in the notes/comments section. *The CCSA form will be updated in the near future to ensure documentation of patient refusal.*

   If the patient declines to sign the CCSA form, the DIS will provide resources to the patient on accessing a medical provider or patient navigator program. The DIS will ask for the name of the provider the patient plans to seek care with (or that patient is already enrolled in care with). The DIS cannot share any patient information with the provider without a signed CCSA form.

4. If the patient chooses to sign the CCSA form, the DIS will assist the patient with filling out this form and indicating the type of health information that will be shared with the referral party (medical provider or patient navigator), types of services they would like coordinated and approved methods of contacting the patient.

5. If a patient navigation program exists in the patient's service area, the DIS will provide information on these services. Patient navigation services will:

   i. Provide assistance with linking and retaining the patient in care
   ii. Help the patient develop and carry out an individualized care plan to manage their HIV medical care
   iii. Assist the patient with additional referrals to support services and necessary resources

6. The DIS will explain to the patient that the agreement is valid for 24 months from the signature date and that a patient navigator or other linkage personnel may follow up directly with the patient through the approved methods of contact to coordinate their care during this agreement period. DIS will also advise the patient that patient navigation services are generally available for just 12 months.

7. Once page 1 of the CCSA form is completed, the DIS will do the following:

    - In areas where there are patient navigator services and the patient chooses to accept, both pages of the CCSA will be faxed to the patient navigator. A phone call should be placed to the navigator to inform them when sending the fax. The DIS may also call the patient navigator to discuss the information verbally.

    - In areas where patient navigator services are not available or if the patient prefers a direct provider referral, both pages of the form may be faxed to the provider. In some instances, information may be conveyed to the provider verbally versus faxing the form; in this case, the notes section of the form will be used to document the verbal referral. DIS should discuss this with providers to agree upon the appropriate process.

8. The DIS will follow up with the patient navigator, linkage personnel, or medical provider within 3 business days to confirm that the patient referral was received.

9. For patients being referred into patient navigation services, the patient navigator will make contact with the patient within 72 hours of the referral to schedule an intake visit and will attempt to confirm or make a medical appointment for the patient.

10. When a patient attends an appointment for their medical visit, the patient navigator, other linkage personnel, or medical provider will use Page 2 of the CCSA form to confirm patient linkage to care and communicate this confirmation back to the DIS at the local health department. This can be done via secure fax or phone. If done via phone, the DIS should document this confirmation by initialing and dating confirmation of linkage to medical care on the hard copy original form.

11. For patients who are referred either directly to a medical provider or in instances where a patient navigator does not confirm that the medical appointment has been attended, the DIS should make contact with the referral agency within 30 days of the date the patient was referred to follow up.

12. If the patient navigator, medical provider, or other linkage personnel are unable to confirm that the patient linked to medical care within 30 days of the referral date, the DIS/local health department should attempt to contact the patient directly to

determine if the patient has attended a medical care visit or if there are barriers to medical care. If found, the DIS will attempt to reconnect the patient to care and will document accordingly on the CCSA form.

13. If the DIS is unable to contact the patient by standard procedures and all means have been exhausted, they will document this accordingly on page 2 of the CCSA form in the notes/comments section. If the DIS is able to contact the patient but they indicate they no longer want to be contacted by a DIS, patient navigator or other linkage personnel, the DIS will cease contact efforts and indicate on the CCSA form if the patient requests to revoke the agreement. The updated CCSA form is then faxed to the Central Registry Unit (CRU).

14. If the DIS is unable to confirm attendance at an appointment, as a last effort they can contact the central office for a record search, employing the same mechanisms as used for other DIS-related record search requests. If the patient has had CD4 or viral load labs drawn at a provider, the results would be reported to VDH and would indicate where the patient is receiving care.

15. The Central VDH office plans to verify patient linkage to care on a quarterly basis. Patients who are found to not be linked to care through this verification process will be provided to DIS for additional follow up by the SODA Field Operations staff. The data for use in these reports will be provided by the STD/Maven Data Manager within 2 weeks of matching the patient against care markers data.

C. Procedures for Documenting Linkage to Care and Management of Records
    1. Confirmation of attendance at patient medical appointment should be recorded on the following:
        a. Patient's CCSA form (page 2).
        b. Interview Record on page 3.
        c. Part 2 of the 900 test form (if patient was tested at the health department) and sent to the DDP CRU per standard procedures.

    NOTE: When attendance at an appointment cannot be confirmed, this must be documented on all of the above. The notes section of the CCSA form (page 2) should be used to document the circumstances that led to this outcome (patient did not attend a medical appointment, patient refused to give DIS the name of their provider, unable to contact patient, etc).

    1. DIS should retain the original copy of the CCSA form with the patient's interview record. DIS should maintain the form securely per DDP Security and Confidentiality Policies and Procedures, as well as retain and subsequently destroy the form according to DDP Records Retention Guidelines and

Procedures. Questions regarding either of the above policies, procedures or guidelines may be directed to the SODA Director.

2. An optional Active Referral tracking log has been developed to track activity with patients receiving linkage to care (Attachment 2). Any staff using this log to assist with tracking must do so with caution, as the log may have names of HIV-positive patients. Efforts should be employed to avoid use of easily identifiable information on such logs. For example, names could be replaced with IDs, etc. Tickler systems that eliminate necessity for such logs would be advantageous. If logs are used, staff should ensure that physical security is adequately maintained (see References section).

3. The CCSA form should be mailed to VDH in accordance with procedures outlined in the security and confidentiality guidelines.

The above processes are also provided via a visual format via the Active Referral Process Map (Attachment 3). This process map provides a step-by-step guide of DIS workflow from the initial patient contact to final submission of paperwork.

D. Coordination of Care and Services Agreement (CCSA)

1. Purpose:

The purpose of the CCSA is to allow the patient and the agency that provides services to identify and select available community resources. The goals are to help coordinate services, assist with closing the referral loop, and allow easier linkages to care. The CCSA form will be used by disease intervention specialists (DIS) in local health departments, as well as by community based organizations that provide HIV testing.

Each agency that initiates this form becomes the owner of this form and their agency name should be placed at the top of the page. Each agency needs to decide if this form will replace or supplement their current consent for services and or release of information form(s). DIS will store and maintain this form according to DDP specific security and confidentiality policies. Other agencies will need to decide how and where they want to store and maintain this form.

The patient will then have the opportunity to agree to services in a program(s), that may provide a continuum and continuity of care and services with distinctive agency responsibilities and to ensure seamless service delivery. It is presumed that when an agency is checked by a patient on this form to request services, the agency will initiate the first contact with the patient unless specified in writing that the patient will make first contact.

2. CCSA Form Instructions:

Page 1

1. The agency representative will print the patient's full name, address, and date of birth on the top portion of the form.

2a. Check the appropriate box to indicate the patient's medical diagnosis (HIV/AIDS and/or Hepatitis C) and write in the corresponding diagnosis date for each diagnosis.
2b. Check the appropriate box for current gender of the patient.
2c. Check the appropriate box indicating the patient's race.
2d. Check the appropriate box indicating the patient's ethnicity.

3a. Check the appropriate confidential information that the patient wishes to exchange, writing in any additional information not listed.
3b. Check the appropriate box indicating that the information listed in 3a can be released to help assist with the listed care arrangements and/or providers as specified on page 2 of the this form. This form is not intended to be a blanket consent form and information should only be exchanged with the agencies listed on page 2 of this form.

4. The patient will need to advise agency representative the best contact method(s) and if it is appropriate to leave a message on the phone or at work.

5. The agency representative will write in the authorization effective date and advise the patient that the authorization date is valid for 24 months from the signature date. If revoked, the patient must sign and date. The patient is responsible for contacting the agencies to withdraw from their services. The patient may contact the agency representative and make a verbal request to revoke the agreement. The request will be honored immediately, and the agency representative will initial, date, and comment on "5b" to document the request. The agency representative will also make arrangements to meet the patient in person so that patient can sign for revocation.

6. The patient will sign and date the form acknowledging the purpose of the form.

7. The agency representative will complete their name, address, and phone number.

Page 2

Section A: The section should be filled out by the agency representative who originated the form.

1a. The agency representative who originated the form should print their own name, secure fax line, and phone number.
1b. Print the patient's full name.
1c. Print the patient's date of birth.
1d. List the name of the organization(s) that the patient is being referred to for medical care or other services.

Section B: This section should be filled out by the agency representative who received this form and who will be coordinating care for the patient. This section may alternately be filled out by the agency representative who initiated the form, if communication and confirmation of appointment attendance occurs by telephone.

2. The patient navigator or other linkage personnel will write in their name, agency, phone number, and secure fax line.
3. The patient navigator or other linkage personnel using this form will complete information related to the referral for medical care including the name of the agency or provider that the patient is being linked to, the date of the referral, and the date of the medical appointment.
4. Once attendance to the medical appointment is confirmed, the patient navigator or linkage personnel at the provider site will confirm the date of attendance and circle how the original agency was notified of attended appointment. If sending confirmation by fax, please be sure to use a fax cover sheet.
5. Referrals to other services can be recorded in the subsequent lines provided on page 2 of the form.

Review and Revision:

This protocol involves a new process which will be reviewed at the end of calendar year 2014. Issues related to the active referral procedures will be assessed and changes will be implemented to ensure the most efficient and effective mechanisms for patient linkage and referral to health care services. Subsequent review and revisions to the protocol will occur annually by the Capacity Building Coordinator with the SODA Field Operations unit. Draft

versions of all new revisions will be discussed within meetings of relevant staff from SODA, HIV Prevention, HIV Surveillance and HIV Care Services. SODA will also employ review from specific DIS located in local health departments.

Contingencies:

In the event a flaw in the AR protocol is identified, or if an unforeseen scenario occurs, the patient navigator or DIS should contact the Capacity Building Coordinator (CBC) in the SODA Field Operations unit. The CBC will assess the unique situation and provide guidance back to the PN and/or DIS. The CBC will consult with relevant DDP staff, as necessary, and will document the activity to ensure it is considered as a modification for the next revision of the AR protocol.

References:

The following policies, procedures and data systems are necessary to correctly understand and follow the AR protocol, and to ensure effective stewardship of patient information:

- DIS Operations Manual (under development)
- HIV Patient Navigation Protocols
- DDP HIV Testing Procedures
- DDP Security and Confidentiality Policies and Procedures
- Coordination of Care Services Agreement (CCSA) Form

Definitions:

Active Referral (AR): The process of actively linking an HIV-positive patient to an HIV care provider or a patient navigator and confirming that that at least one medical appointment has been attended by the patient within 90 days of being identified.

Division of Disease Prevention (DDP): A division of the Virginia Department of Health - Office of Epidemiology that focuses on HIV/STD/TB prevention and surveillance, as well as HIV care and Newcomer Health (refugee) services.

STD Surveillance, Operations and Data Administration (SODA): This is one of five programs that constitutes the DDP. Broad oversight and procedural direction for Disease Intervention Specialists is conducted through SODAs Field Operations unit.

Electronic Laboratory Reporting (ELR): The process of receiving incoming laboratory reports in an electronic format, as opposed to traditional paper copies and/or facsimiles

Disease Intervention Specialists (DIS): Health department staff trained to conduct disease intervention activities with persons diagnosed with STDs and/or HIV, as well as identified sexual partners and acquaintances, in order to decrease transmission of disease.

Coordination of Care and Services Agreement (CCSA): A form developed by DDP for use to document active referral patient consent and data collection (Attachment 1).

Central Registry Unit (CRU): This is the program within DDP that serves as the primary repository for incoming morbidity and disease investigation reports from local health departments, as well as those required to report HIV/STD cases, per the Code of Virginia.

DDP Security and Confidentiality Policies and Procedures: This document includes all policies and procedures related to DDP security and confidentiality. It is based on the Centers for Disease Control and Prevention – National Center for HIV, Hepatitis, STD and TB Prevention Data Security and Confidentiality guidance and recommendations.

Capacity Building Coordinator: This is a full-time position with the SODA Field Operations unit which serves as a conduit for DIS activities within LHDs, including AR activities.

Attachment 1. Coordination of Care and Services Agreement (CCSA) Form

Place Agency Name Here:_____

COORDINATION OF CARE AND SERVICES AGREEMENT
PAGE 1 OF 2

I understand that different agencies provide different services and benefits, and that each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

1) I, _____ am signing this form for the opportunity to receive coordination of services.
(Print Client's Full Name)

_____ _____
Client's address **Client's Date of Birth**

2a) Client Diagnosis:
- ☐ HIV/AIDS — HIV/AIDS Diagnosis Date:_____
- ☐ Hepatitis C (HCV) — Hepatitis C (HCV) Diagnosis Date:_____

2b) Current Gender of Client
- ☐ Male
- ☐ Female
- ☐ Transgender – M2F
- ☐ Transgender – F2M
- ☐ Transgender – Unspecified
- ☐ Declined
- ☐ Other, Specify:_____

2c) Client Race:
- ☐ American Ind./AK Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native HI/Pac. Islander
- ☐ White
- ☐ Don't Know
- ☐ Declined

2d) Client Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Don't Know
- ☐ Declined

3a) I allow the following confidential information about me to be shared (check all that apply):
- ☐ Contact information
- ☐ Medical Diagnoses
- ☐ Mental Health Diagnosis/Treatment
- ☐ Demographic Information
- ☐ Medical Appointments
- ☐ Substance Use Diagnosis/Treatment
- ☐ Financial Information
- ☐ Individual Services Plan
- ☐ Client's testing information
- ☐ Other:_____

Information in the boxes indicated above may be updated and shared with the providers indicated in **3b.** ☐ **Yes** ☐ **No**

3b) I consent that the information indicated in item 3a can be released for the following care arrangements (check all that apply) as specified on page 2 of this form:
- ☐ Medical Care Providers
- ☐ Other Core Medical Services
- ☐ Mental Health/Substance Use Services
- ☐ Medication Access
- ☐ Other Support Services

4) I may be contacted by the following methods (check all that apply):
- ☐ In person only, at this location: _____
- ☐ Postal Mail/Letter. Address, if different from above: _____
- ☐ Home Phone: _____ May we leave a message? (circle) YES NO
- ☐ Cell Phone: _____ May we leave a message/text message? (circle) YES NO
- ☐ Work Phone: _____ May we leave a message? (circle) YES NO
- ☐ Email: _____

5a) This agreement is effective: _____ **5b)** If revoked, check box, sign and date ☐ _____
(Date of Agreement) **(Sign and Date if revoking agreement)**

It is understood that this agreement for the **coordination of my care services** is valid for **24 months** from the agreement date.

In addition, it is understood that in order to assist in the coordination of my care, a health system navigator (HSN), or patient navigator (PN), or other type of linkage to care staff or personnel can attempt to contact me by the above-approved methods, in the event that I miss a scheduled medical or other type of appointment related to my HIV care.

I can withdraw this agreement at any time by informing all referred agencies. The listed agencies must stop sharing information after I inform them that my authorization has been withdrawn. I have the right to know what information about me has been shared, why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies specified to accept a copy of this form as valid consent to share information. If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed. However, I understand that treatment and services cannot be conditioned upon whether I sign this agreement.

6) Signature(s) of Client or Authorized Person(s)_____ **Date:** _____

7) Person Explaining Form: _____
(Name) **(Agency)** **(Phone Number)**

Version Date: April 2014

Place Agency Name Here:_____

COORDINATION OF CARE AND SERVICES AGREEMENT
PAGE 2 of 2

SECTION A: To be filled out by agency who originated the form.

1a) Originating Agency Representative's Name:_____ Secure Fax:_____ Phone:_____

1b) Client:_____ 1c) Client Date of Birth: _____
(Print Client's Full Name)

1d): Name of Organization(s) Client Being Referred to:_____

_____

_____

SECTION B: To be filled out by medical provider or linkage personnel who will be linking the client to care after receiving referral from the original agency. Please complete Section B and fax this information back to the agency who originated this form. Please be sure to use a fax cover sheet and ensure that all fax lines are secure.

2b) Name of Person Linking Client to Care:_____ 2c) Agency Name:_____

2d)Telephone and Secure Fax Number of Person Linking Client to Care: _____ _____
Phone Secure Fax

3) Client was referred to:

Medical Provider/Agency Referred to: _____

Date of referral: _____ Date of appointment: _____

Confirmed attendance of appointment (Date verified): _____ Confirmation method (circle one): Phone or Fax

Other type of Service Referral: _____

Agency: _____ Date of referral: _____ Date of appointment: _____

Other type of Service Referral: _____

Agency: _____ Date of referral: _____ Date of appointment: _____

Other type of Service Referral: _____

Agency: _____ Date of referral: _____ Date of appointment: _____

Notes/Comments:

Version Date: April 2014

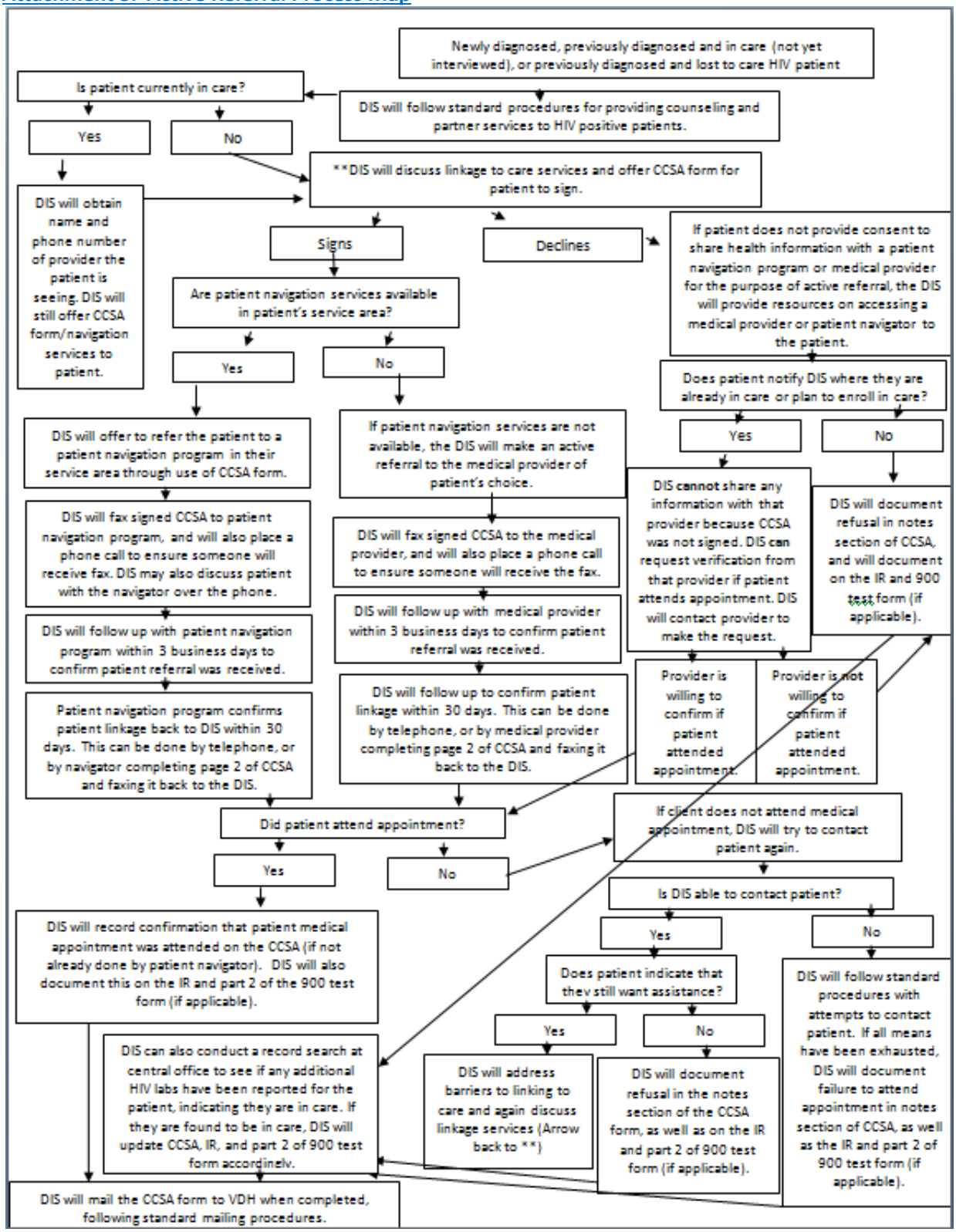
Attachment 2. Active Referral Log

Referral Log

Name/UID: Location: DIS #:

Client Name	DOB	Test Date	Linkage Provided by (i.e. DIS/PN)	Date CCSA Signed	Medical Provider Name	Appt. Date	Appt Attended (Y/N)	Date CCSA Faxed to Navigator or Provider	Date CCSA Mailed to Central Office	Comments

Attachment 3. Active Referral Process Map



History of Change:

The Active Referral Protocol will be added to the DIS Operations Manual, scheduled for completion in February 2015. This manual will include a Revision History section that will document sections updated/edited and when the respective updates occurred. The Capacity Building Coordinator position will be responsible for all such updates. An archive of previous versions of the manual will be maintained as is currently done for the DDP Security and Confidentiality Policies and Procedures.

Document Revision History

Section	Title	Revision Date
ALL	Initial version of Active Referral Manual for grant purposes	7/30/2014
ALL	Revised version of Active Referral Protocol for grant purposes	8/20/2014
ALL	Revised version of Active Referral Protocol, based on feedback from ETAC.	9/30/2014

Content Development and Attributions:

The content of this protocol was developed as a part of a Special Projects of National Significance (SPNS), grant # H97HA22697, from the United States (U.S.) Health Resources and Services Administration (HRSA). The initiative is designed to demonstrate improvements in access to and retention in high quality, competent HIV care and services for hard-to-reach populations of HIV-infected persons who are unaware of their status, have never been in care, or who have dropped out of care. Implementation of the project involved a high level of collaboration at the state, regional, and local levels. Collaboration at the state level involved four units within the Division of Disease Prevention at VDH including HIV Care Services, HIV Prevention Services, HIV Surveillance, and SODA. VDH has found that increased collaboration across units within the agency has positively impacted communication on other projects within DDP. Additionally, partnerships with Local Health Departments, HIV medical providers, testing agencies and persons living with HIV/AIDS (PLWHA) were an integral part of the SPNS project design.

The specific content for the AR protocol was determined based on collective input from multiple DDP work units, as well as local health departments. Five DIS were identified from across the Commonwealth of Virginia that served as AR champions. STD nursing staff from one local health department conducted AR training for all DIS. Additionally, the DIS AR champion from the Northern Virginia geographic area has provided extensive assistance with AR protocol and manual development, in collaboration with SODA.