

Care and Access Network

Local Adaptation of a Strengths-Based Case Management Framework to Improve Linkage and Retention in Care

99% OF CLIENTS ARE LINKED TO MEDICAL CARE WITHIN 30 DAYS OF ENROLLMENT INTO THE CARE AND ACCESS NETWORK



Background

The stages of HIV care, also known as the HIV care continuum, demonstrate significant gaps in HIV services, and efforts are underway at the federal, state, and local levels to develop and implement strategies to improve health outcomes for people living with HIV (PLWH). The HIV care continuum can be described by the following sequential steps: (1) diagnosis of HIV infection, (2) linkage to care, (3) retention in care, (4) receipt of antiretroviral therapy (ART), and (5) achievement of viral suppression (a very low level of HIV in the body). In the United States, there are 1.2 million people living with HIV, and according to the Centers for Disease Control and Prevention (CDC), 66% have been linked to HIV-specific medical care.¹ Engagement in care is a critical step in ensuring access to highly effective HIV treatment, which can ultimately lead to viral suppression. Viral suppression results in significantly improved health outcomes as well as dramatically decreased likelihood of HIV transmission (96% reduced risk of transmission).² According to the CDC, 30% of people living with HIV had achieved viral suppression, which means that only 3 out of 10 people living with HIV had the virus under control. Barriers to engagement in care include lack of stable housing, poverty, mental health and substance use issues, lack of access to culturally competent care, transportation, and other competing needs; interventions to engage people in HIV care must address these needs at the point of engagement in care as well as in subsequent support for retention in care. Improvements along the HIV continuum of care hold great promise for both treatment as well as prevention.



What Are We Doing?

Los Angeles County (LAC) is home to an estimated 60,500 people living with HIV/AIDS. Among those, approximately 15% are unaware of their HIV status and another 20% are not consistently engaged in HIV care. To address the needs of individuals unaware of their HIV status and not engaged in HIV primary care, APLA developed an evidenced-based linkage to care program designed to increase access to and maintenance of HIV medical care and treatment; thereby, decreasing the disproportionate magnitude (i.e., morbidity and mortality) of HIV/AIDS among low-income PLWH in Los Angeles County.

UNIQUE FEATURES OF CARE AND ACCESS NETWORK

- ▶ *Recruitment and Identification:* APLA employs both outreach and in-reach strategies to recruit clients. Each year APLA provides services to **over 7,000** unduplicated clients. The programs and services provided offer an opportunity to speak to clients who access these programs to assess their engagement in care and **success with achieving virologic suppression**. In-reach activities additionally diffuse linkage to care strategies across all programs at APLA.
- ▶ *Linkage and Retention (ARTAS/Patient Navigation):* The program employs a modified version of Anti-Retroviral Treatment and Access to Services (ARTAS), a strengths-based case management intervention developed by the CDC, to improve linkage to and retention in care rates. Specific modifications included an increase from short-term five (session) intervention to a **multi-session intervention** in which staff follow clients **over 18 months** and integrating patient navigation strategies to support clients with understanding the HIV care system.
- ▶ *Linkage to support services:* Although the primary focus of the intervention is to link and retain clients to HIV primary care with the ultimate goal of achieving viral suppression, staff employ patient navigation strategies to **connect clients to support services** (housing, food, public benefits).
- ▶ *Follow-up/Retention (ARTAS/Patient Navigation):* APLA's linkage to care program model additionally focuses on building trust with clients to support retention. Once clients are successfully linked to HIV primary care, the relationship between program staff and clients does not terminate as **staff engages the clients for 18-months** to ensure they are satisfied with their primary care, provide treatment education and show them how their engagement in care resulted in more positive health outcomes (increased CD4 count and lower viral load).

¹ "HIV/AIDS Care Continuum." AIDS.gov. U.S. Department of Health & Human Services, 6 Mar. 2015. Web. 11 May 2015.

² "Prevention Benefits of HIV Treatment." Centers for Disease Control & Prevention, 2013. Web. 11 May 2015.

Initial Trends of the Care and Access Network

The majority of clients not engaged in care or unsuccessful at achieving virologic suppression reflect individuals who experience unstable housing, demonstrate a history of substance use, and experience multiple life challenges that preclude them from remaining engaged in HIV primary care and adherent to anti-HIV medications. As such, interventions designed to engage or re-engage persons living with HIV and not engaged in HIV primary care require long-term, hands-on personal attention.

The following results demonstrate the success of our linkage to care intervention at APLA. A total of 245 clients have been enrolled since September 19, 2012 via in-reach activities at various departments including, mental health, home health, food pantry, case management, dental, HIV/STD testing, public benefits counseling, housing

CLIENT STORY

"Mario" is a 46 year-old Latino MSM enrolled in the program in October 2012. He was diagnosed with HIV in August 2011 with a detectable viral load and CD4 count that demonstrated a compromised immune system. At the time of diagnosis, he had private insurance and his medical provider did not have any experience with HIV/AIDS care. His medical provider informed him that antiretroviral therapy was quite expensive and that he could not afford it, even with his private insurance. The horribly inaccurate information provided by the physician led the client to mistrust the medical care system and further delayed the client receiving anti-retroviral medication. Mario presented to APLA 15 months following the visit with his physician with serious concerns about antiretroviral therapy and a lack of basic knowledge about HIV infection. He presented with severe financial problems that created a barrier to accessing HIV medication and concerns about the risk of exposure to others during his work as a hair stylist. Through the process of linkage to care services, he acquired more knowledge about HIV infection and transmission, what services he qualifies for — including accessing the AIDS Drug Assistance Program, and became self-sufficient in his health care and eventually achieved an undetectable viral load.*

**Mario is a pseudonym for a client at AIDS Project Los Angeles.*

support services, and low-income taxpayer services. The most recent data analysis confirmed 99% of our clients were linked into medical care within 30 days of enrollment and on average clients' first seropositive test was conducted 13.4 years ago. Of clients who had clinical data at their enrollment into the program, 57% were virally suppressed. By 12 months, viral suppression increased to 83% for those with clinical data.

Costs Associated with the Intervention

The total cost to enroll a new participant for one year is \$2,499 per client.

Additional Information

Given the changing HIV funding sector, health jurisdictions are competing for scarce resources to implement successful strategies to identify persons unaware of their HIV status and connect/re-connect individuals living with HIV to primary care. While connecting newly diagnosed individuals to HIV primary care demonstrates an approach that yields stronger outcomes, identifying and retaining individuals lost to care takes a comprehensive approach, requiring a combination of strategies and a team of staff with multiple skills sets. As such, APLA staff maintain smaller caseloads as the amount of time spent with each client is considerable (outreach, engagement, and extensive follow-up) and must be considered when making funding decisions.

Agency Overview

Founded in 1983, AIDS Project Los Angeles (APLA) is one of the nation's largest nonprofit HIV/AIDS organizations. We provide bilingual support services to more than 7,000 people living with HIV/AIDS (PLWHA) in Los Angeles County annually and national leadership on HIV/AIDS-related policy and legislation. We are proud to be a community-based, volunteer-supported organization with local, national and global reach.



PROGRAM CONTACT

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