

Positive Links: Using Technology to Improve Retention in Care Webinar Q&A

Included below are questions from participants that we did not have time to address during the webinar. Answers were provided by Rebecca Dillingham, MD, MPH, University of Virginia (RD); Kim Williams, Positive Links Program Client (KW); and Melissa Werner, MPH, MAT, AIDS United (MW).

Please feel free to contact Rebecca Dillingham at RD8V@hscmail.mcc.virginia.edu with additional questions.

Q: What was the cost of developing the app and implementing it? Any ongoing costs? Also, is this something that can be utilized by multiple clinics/CBO?

RD: Initial development and testing of the app cost \$525,000.

Ongoing costs include supporting the technical infrastructure, the cost of phones and service plans (if provided), and the staff time associated with managing the program. The overall cost depends to a large extent on the number of clients supported with reference to telephone provision and staff time.

The positive links program can be implemented, with a tailored app, at various clinics or care delivery sites, including CBOs. We look forward to doing our first replications in early 2017. We are happy to discuss strategies/specifics with anyone who is interested.

Q: I am a case manager and I would like to implement this in my CBO. What would be the first step? I apologize if this was already discussed, I had to step out for a minute!

RD: We would be delighted to discuss implementation at your CBO. Please feel free to contact me at RD8V@hscmail.mcc.virginia.edu.

Q: Kim, can you say more about the self-ed component? Can you offer some examples of what kind of information is of interest to you? I'm concerned that participants don't use the information in lieu of professional care.

KW: Examples of information that is of interest to me would be dealing with stigma and stress in the most healthy and appropriate ways. This is a personal quest for me to help remove the stigma of this chronic illness. Also, advocating for the rights of others and myself of those dealing with mental health issues. It can be difficult navigating the health care system to get your needs met.

Education, empowerment, support, and advocacy are where most of my interest and active involvement are. Through education and motivation helping to stop the virus by getting the testing and treatment of those in our communities to be common. Reducing the high-risk behaviors that are associated with contracting this disease and the spread of it. In today's society, there is no reason for people to be infected. And I believe we will have a cure hopefully in my life time. My reasons for this are Truvada and Harvoni medicines and research have been very promising.

Q: How did you fund this program?

MW: The program was funded by M•A•C AIDS fund through AIDS United's Retention in Care Initiative.