Engagement in Care Toolkit: Which engagement in care interventions might work for your clinic?

For help using this tool in your clinic, please contact your local AIDS Education and Training Center.

Note: This Working Group was convened to gather information about interventions that may have some utility in the improvement of care entry and retention. It should be noted that there are few randomized clinical trials or robust observational cohort data with biologic outcomes to support many interventions at this time. Therefore this chart is not intended to constitute recommendations that these interventions should be implemented, but rather to display the range of available options and to convey some sense of their strengths and challenges in the context of available evidence. We encourage that interventions be structured in such a way that outcome data may be collected and evaluated to advance the knowledge base in these important areas.

Evidence-based Intervention	Strengths	Challenges	Resources Required	Model Programs
Clinic-Wide Messaging	• Affirmations and warm, welcoming messages enhance relationships between patient and clinic/patient and providers. • Patient messages are tailored for new, inconsistent, or established attenders. • Repeated messages from multiple sources (receptionist, providers, social workers, case mgrs., etc.) may be more reinforcing than from a single source.	• Behavior change is hard, including provider behavior. Providers may believe that even brief messages use up the limited time they have with patients. Difficult to be consistent over time in terms of message delivery, and messages need to be varied over time or they become stale to the patient. Value of messages may wear off over time.	• Provider(s) and Patients must both have cell to text and understand limitations; possible confidentiality issues (i.e. text is sent to patient, but friend/parent/partner reads message instead of patient) • Needs access to a computer or a phone with internet capability	**Project STYLE, UNC – Chapel Hill** Contact Name: Lisa Hightow-Weidman, MD, MPH Email: lisa_hightow@med.unc.edu **Epic program – University of Miami and University of Florida** Contact Name: Saniyyah Mahmoudi, MSN, ARNP Phone: (904) 244-4881 Email: Saniyyah.Mahmoudi@jax.ufl.

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	• Use motivational interviewing techniques and language focusing on patient strengths and skills, not just deficits and pathology. • Such communications contain inherent philosophy that all patients know something, and can be motivated toward retention and healthier behaviors. • Messages assume patients are resilient, capable of change, and offer hope.			
Outreach Worker	• Connection to the target population allows strong referral relationships in the community to engage individuals in care; enhances clinic team's youth-centered engagement in care services; essential in locating clients who have missed appointments (AIDS Alliance for Children, Youth, and Families, 2005).	• Outreach workers typically have limited professional training, so they must be closely supervised by experienced professionals; some sites noted difficulty helping outreach workers to establish boundaries between work and private life which sometimes led to compromised confidentiality (Hildalgo et. al., 2011).	• Designated staff with appropriate training and adequate resources	**Boston Medical Center, Center for Infectious Diseases** Contact Name: Jonathan Hall Email: Jon.hall@bmc.org Phone: (617) 414-7769
Patient Navigator	• Principles of patient navigation are rooted in community (lay) health worker and peer-based intervention strategies;	• Limited prospective evaluations and/or cost-benefit analyses of patient navigation for any disease, particularly related to	• Designated staff with appropriate training • Strong communication and linkage between ALCM and HIV testing	**County of LA –Public Health Division HIV and STD Programs –** Contact Name: Amy Wohl

	• methodology of patient navigation is well described in the non-HIV literature and has been incorporated into a number of disease prevention and management models, including those for cancer, diabetes, asthma, CVD, and maternal and child health. In the context of HIV, longitudinal data from a HRSA SPNS demonstration grant (Bradford, 2007) found improved engagement in care and viral load suppression associated with patient navigation. • Patient navigation can be implemented by a clinic or in collaboration with community-based service organizations; can also be tailored to site-specific needs and resources.	morbidity and mortality outcomes. • Reimbursement sources may be limited. • Patient navigator responsibilities that overlap with other clinic staff may create confusion and billing difficulties. • Lack of standardized training programs for navigators.	providers/department (DOH, ED, CBO, etc.)	Email: awohl@ph.lacounty.gov **MAI Program, Florida Department of Health** – Contact Name: Bridget Giles Phone: 850-245-4444, ext. 2442 Email: Bridget.Giles@ flhealth.gov
ARTAS Linkage Case Management (ALCM)	• Focuses on the linkage and engagement of PLWH into care as soon as possible (<1 year) after initial HIV diagnosis • Strengths-based or person-centered case management	• Staffing, training (3-day initial training), and strong interagency collaboration necessary	• Senior clinic leadership support. • Full integration of patient navigation in to outcomes planning and strategies. • Development of navigator training	**Fenway Health** Website: http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_srv_services_testing#3 Phone: (617) 267-0159

	• More effective with those >25 years old, not currently substance (non-IVD) using, Hispanic-identifying, stably housed, and co-located HIV medical care and linkage case management services		programs and mechanisms for ongoing evaluation of fidelity and outcomes. • Coordination of staff and/or collaboration with community-based service organization to provide adequate training for patient navigators. • Training of existing clinic staff.	Email: Information@fenwayhealth.org Contact Name: Steve Boswell
Technology-based Interventions	• Allows engagement in a familiar, culturally acceptable, user-friendly format for many vulnerable populations of HIV+ (like adolescents and young adults) • Real-time • "Quick and easy" • Convenience of use • Tool to facilitate relationship building for vulnerable persons • Allows for non-verbal communicatione • Meets meaningful use requirement for reimbursement • Increases patient satisfaction and communication with health care providers	• Not available reliably for many due to costs • Relies on access and regular use of technological device • Inconsistent documented outcome evidence; technology use limitations (knowledge of use, familiarity and comfort level) of some providers • Training need for providers • Confidentiality risk associated with not logging off if using EMR access program on a public computer • Patients in rural areas may have access to computers at their support groups/PLWH meetings. • Provider(s) and Patients must both have cell to text	• A supervisor who is aware of the limited experience of outreach workers and willing to mentor the outreach worker • A clinic team willing to make the outreach worker feel fully integrated in the team	**Christie's Place** Website: http://www.christiesplace.org/services_main.html Contact Name: Erin Falvey Phone: **(619) 702-4186** **Email:** info@christiesplace.org

	• Patient can access labs, notes, and task providers and case managers • Patients can access secure/protected EMR from any computer (can use the library computers) or hand held devices	and understand limitations • Possible confidentiality issues (i.e. text is sent to patient, but friend/parent/partner reads message instead of patient)		
Traditional Case Management	• Consistent relationship between one case manager and HIV+ person over time; one person coordinating care components (medical, psychiatric, and psychosocial needs) • Different Case Management Acuity Scales have been created to assist in identifying the level of case management services needed for an individual	• May not be able to work outside of clinic/health center environment • Maintaining ongoing connection over time (drops out of care, misses appointments, contact information no longer works)	• Training of entire clinic staff in appropriate messages, including motivating statements. • Providing variety of types messages depending on who's doing the delivery	**Thomas Street Health Center at Baylor College of Medicine**. Website: https://www.harrishealth.org/en/services/centers-of-excellence/pages/hiv-aids-services.aspx. Contact Name: Dr. Tom Giordano Phone: 713-873-4000 email: tpg@bcm.edu

References

1. AIDS Alliance for Children, Youth, and Families. (2005). Finding HIV-Positive Youth and Bringing Them into Care. Washington, DC.
2. Bradford JB, Coleman S, Cunningham W. (2007). HIV System Navigation: an emerging model to improve HIV care access. AIDS Patient Care STDS. 21: 49-58.
3. Buscher, A, Mugavero, M. Westfall, A.O., Keruly, J. Moore, R. Drainoni, M.L. Sullivan, M; Wilson, T.E. Rodriguez, A. Metsch, L. Gardner, L. Marks, G. Malitz, F & Giordano, T.P. (2013). The Association of Clinical Follow-Up Intervals in HIV-Infected Persons with Viral Suppression on Subsequent Viral Suppression. AIDS Patient Care and STDs, 27(8), 1-8.

4. Craw J.A., Gardner L.I., Marks G., Rapp R.C., Bosshart J., Duffus W.A., Rossman A., Coughlin S.L., Gruber D., Safford L.A., Overton J., Schmitt K. (2008). Brief Strengths-based Case Management Promotes Entry into HIV Medical Care: results of the antiretroviral treatment access study-II. Journal of Acquired Immune Deficiency Syndrome. 47(5):597-606.

5. Dowshen N., Kuhns L.M., Johnson A., Holoyda B.J., Garofalo R. (2012). Improving Adherence to Antiretroviral Therapy for Youth Living with HIV/AIDS: a pilot study using personalized, interactive, daily text message reminders. Journal of Medical Internet Research.14(2), article e5.

6. Fisher, J.D., Fisher, W. A., Cornman, D. H., Amico, R. K., Bryan, A., & Friedland, G. H.(2006). Clinician-delivered Intervention During Routine Clinical Care Reduces Unprotected Sexual Behavior among HIV-infected Patients. Journal of Acquired Immune Deficiency Syndrome, 41 (1), 44-52.

7. Gardner, L.I., Marks, G. Craw, J.A., Wilson T.E., Drainoni, M.L., Moore, R.D., Mugavero, M.J., Rodriguez, A.E., Bradley-Springer, L.A., Holman, S., Keruly, J.C., Sullivan, M, Skolnik, P.R., Mallitz, F, Metsch, L.R., Raper, J.L., & Giordano, T.P. (2012). A Low-Effort, Clinic-Wide Intervention Improves Attendance for HIV Primary Care. HIV/AIDS, 55, 1124-1134.

8. Gardner L.I., Marks G., Craw J., Metsch L., Strathdee S., Anderson-Mahoney, P., del Rio, C. (2009). Antiretroviral Treatment Access Study Group. Demographic, psychological, and behavioral modifiers of the Antiretroviral Treatment Access Study (ARTAS) intervention. AIDS Patient Care STDS. 23(9):735-42.

9. Giordano, T. P., Rodriquez, S., Zhang, H., Kallen, M. A., Jibaja-Weiss, M., Buscher, A. L., Arya, M., Suarez-Almazor, M. E., & Ross, M. (2013). Effect of a Clinic-wide Social Marketing Campaign to Improve Adherence to Antiretroviral Therapy for HIV infection. AIDS Behavior, 17, 104-112.

10. Hildalgo, J., Coombs, E., Cobbs, W. O., Green-Jones, M., Phillips, G., Wohl, A. R., Smith, J. C., Ramos, A. R., & Fields, S. D. (2011). Roles and Challenges of Outreach Workers in HIV Clinical and Support Programs Serving Young Racial/Ethnic Minority Men Who Have Sex with Men. AIDS Patient Care and STDs, 25, S15-S22.

11. Kurth A, Kuo I, Peterson J, et al. (2013). Information and Communication Technology to Link Criminal Justice Reentrants to HIV Care in the Community. AIDS Research and Treatment. 1-6.

12. Kushel, M.B., Colfax, G., Ragland, K., Heineman, A., Palacio, H., Bangsberg, D.R. (2006). Case management is Associated with Improved Antiretroviral Adherence and CD4+ Cell Counts in Homeless and Marginally Housed Individuals with HIV Infection. Clinical infectious diseases. 43(2), 234-242.

13. Lewin S., Munabi-Babigumira, S., Glenton, C., Daniels, K., Bosch-Capblanch, X., van Wyk, B.E., Odgaard-Jensen, J., Johansen, M., Aja, G.N., Zwarenstein, M., Scheel, I.B. (2010). Lay Health Workers in Primary and Community Health Care for Maternal and Child Health and the Management of Infectious Diseases. Cochrane Database of Systematic Reviews, 3, 1-85.

14. McCormick B & Newald J. (1986) Outreach Works in Treating Homeless Youth. Hospitals, 60, 162.

15. Mugavero, M., Westfall, A.O., Zinsky, A., Davilla, J., Drainoni, M.L., Gardner, L.I., Jeruly, J.C., Malitz, F., Marks, G., Metsch, L., Wilson, T.E. & Giordano, T.P. (2012). Measuring Retention in HIV Care: The elusive gold standard. Journal of Acquired Immune Deficiency Syndrome, 61 (5), 574-580.
16. Mugavero, M.J., Norton W.E., Saag M.S. (2011). Health Care System and Policy Factors Influencing Engagement in HIV Medical Care: Piecing together the fragments of a fractured health care delivery system. Clinical Infectious Diseases, 2, S238-46.
17. Rajabiun, S., Mallinson, R. K., McCoy, K., Coleman, S., Drainoni, M., Rebholz, C., & Holbert, T. (2007). Getting me Back on Track: The Role of Outreach Interventions in Engaging and Retaining People Living with HIV/AIDS in Medical Care. AIDS Patient Care and STDs, 21, S20-S29.
18. Richardson, J. L, Milam, J., McCutchan, A., Stoyanoff, S., Bolan, R., Weiss, J., Jemper, C., Larsen, R.A., Hollander, H., Weismuller, P., Chou, C.P., & Marks, G. (2004). Effect of Brief Safer-sex Counseling by Medical Providers to HIV-1 Seropositive Patients: a multi-clinic assessment. AIDS, 18, 1179-1186.
19. Thompson, M.A., Mugavero, M.J., Amico, R., et al. (2012). Guidelines for Improving Entry Into and Retention in Care and Antiretroviral Adherence for Persons with HIV: Evidence-Based Recommendations from an International Association of Physicians in AIDS Care Panel. Annals of Internal Medicine 156(11):817-833.
20. Tulsky J. University of California, San Francisco. Text Messaging Intervention to Improve Retention in Care and Virologic Suppression in an Urban HIV-Infected Population (Connect4Care). 2013.
21. Viswanathan, M., Kraschnewski, J., Nishikawa, B., Morgan, L.C., Thieda, P., Honeycutt, A., Lohr, K.N., Jonas, D. (2009). Outcomes of Community Health Worker Interventions: Evidence Report/Technology Assessment No. 181. Triangle Park, NC: RTI International University of North Carolina Evidence-based Practice Center. Retrieved November 2013.
22. Willis, S., Castel, A.D., Ahmed, T., Olejemeh, C., Frison, L., Kharfen, M. (2013). Linkage, Engagement, and Viral Suppression Rates Among HIV-Infected Persons Receiving Care at Medical Case Management Programs in Washington, DC. Journal of Acquired Immune Deficiency Syndrome, 64,S33-41.
23. Yates, G.L., Pennbridge, J., Swofford, A., & MacKenzie, R.G. (1991). The Los Angeles System of Care for Runaway/Homeless Youth. Journal of Adolescent Health,12, 555-560.