



L2C

Linkage to Care

Connecting people with HIV
to the care they need.



What is the Linkage to Care program?

The Linkage to Care (L2C) program works to connect HIV-positive individuals to medical care. The program assists HIV-positive individuals who are newly diagnosed or who are not currently accessing HIV/AIDS care by providing them with short-term, intensive support in engaging with an HIV care provider.

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Successful L2C is an ongoing process during which HIV-positive individuals are able to assimilate their diagnosis, understand the implications of their HIV diagnosis to themselves and others, opt for appropriate care and services and commit to enhancing their own health. High-risk HIV-negative individuals will be able to identify high-risk behaviors and implement risk-reduction strategies.



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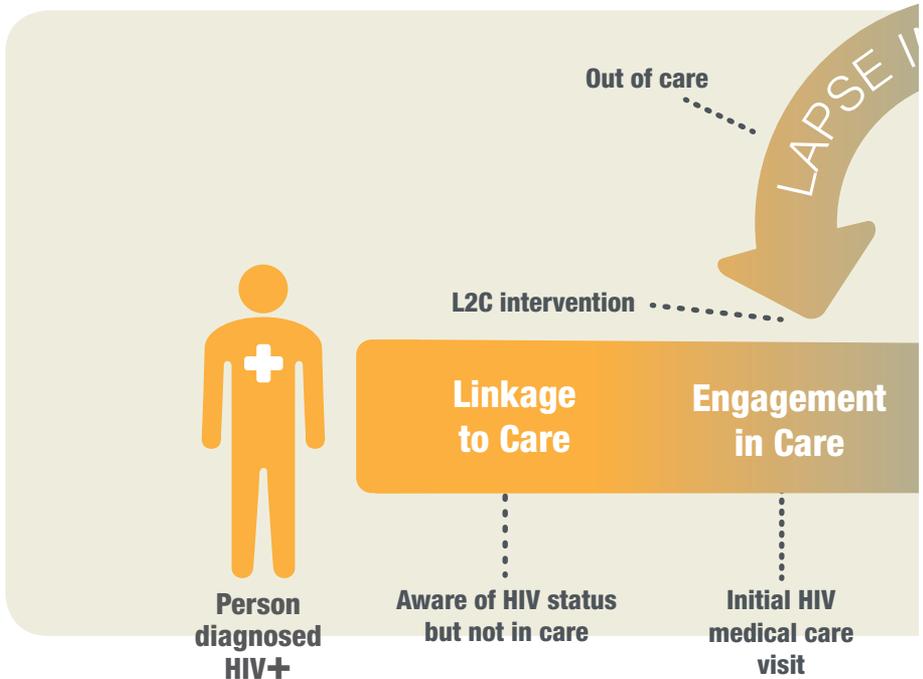
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What are the benefits of linking patients to care?

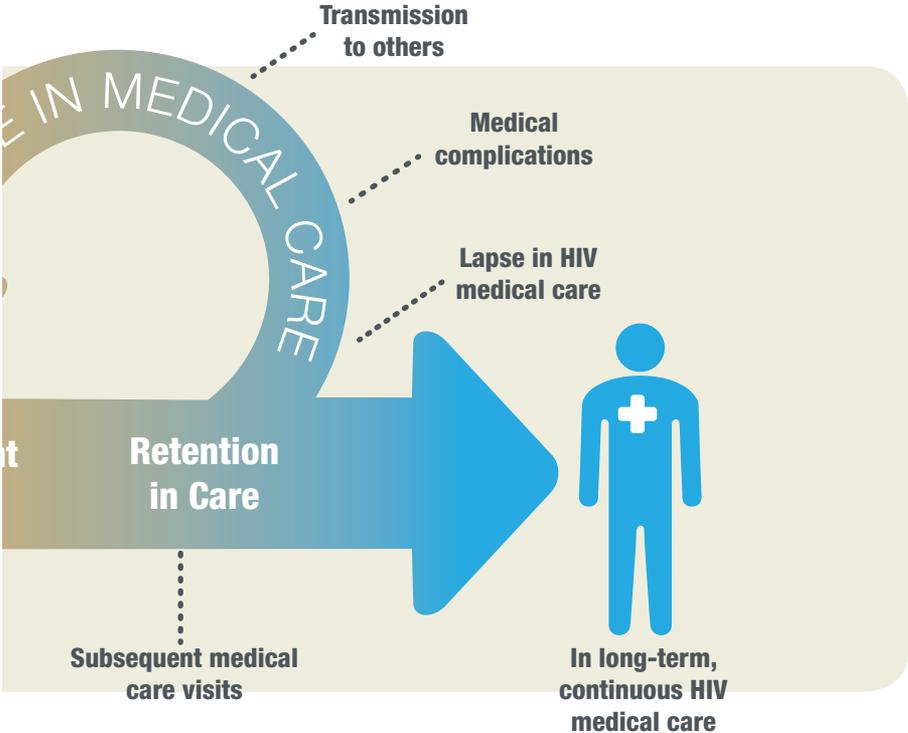
Linkage to and retention in medical care is a top HIV prevention recommendation for the Centers for Disease Control (CDC). Patient engagement in care is directly correlated with positive health outcomes. For people living with HIV/AIDS, regular medical visits facilitate treatment adherence and clinical monitoring which lead to improved viral suppression, reduced occurrence of opportunistic infection, decreased odds of antiretroviral drug resistance and reductions in mortality¹. Patients who are engaged in

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regular medical care and become virologically suppressed are also less likely to transmit the virus to others, making linkage to and retention in HIV care a key strategy for HIV prevention².

Improving the health of persons with HIV and reducing the number of new HIV infections in the United States will depend on increasing access to HIV medical care and eliminating disparities in the quality of care received. To advance these goals, clinicians and community-based HIV prevention providers can support persons diagnosed with HIV infection to fully engage in HIV medical care.

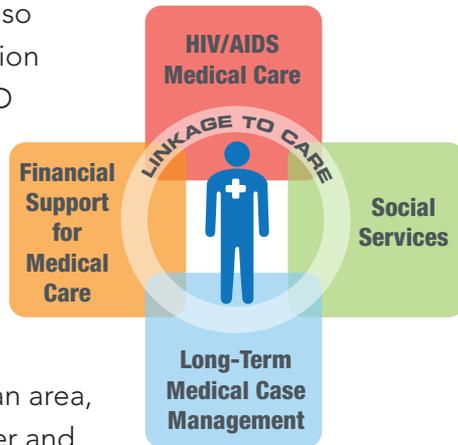


What services are available?

L2C services are customized to meet the needs of the client, but may include services such as:

- ▶ Assistance in identifying and connecting with medical providers
- ▶ Assistance in linking to systems to help pay for doctors visits and medications
- ▶ Support in connecting with social service organizations
- ▶ Support in connecting with long-term medical case management services

The L2C program also provides risk reduction counseling, HIV/STD testing and client follow-up to high risk HIV-negative individuals.



Clients located in the Anchorage urban area, including Eagle River and the Valley, are eligible to receive in-person assistance and support. Clients located in other areas of the state are eligible to receive telephone-based assistance and support, including referral to local resources if available.

Who is eligible?

Any person currently residing in Alaska who meets at least one of the criteria outlined below is eligible to receive L2C services:

- ▶ **Newly diagnosed as HIV-positive**
- ▶ **HIV-positive and currently out of care.** For the purposes of the L2C program, a person is considered out of care if they have:
 - Not received a CD4 or Viral Load test in the preceding 12 months, OR
 - Not attended an HIV care appointment with their health care provider in the preceding 12 months
- ▶ **HIV-positive and pregnant.** All HIV-positive pregnant women are eligible for services, regardless of their current care status.
- ▶ **High-risk HIV-negative.** A person is considered high-risk HIV-negative if they self-identify as engaging in high-risk behavior for contracting HIV, including:
 - MSM
 - Repeated sexual encounters with a known HIV-positive individual
 - Injection drug use
 - Prostitution or transactional sex work
 - Engaging multiple sex partners through anonymous websites, such as Craigslist

If an HIV-positive patient does not meet these criteria, they will be referred to long-term HIV/AIDS case management services through local organizations such as Alaskan AIDS Assistance Association (4A's) and Interior AIDS Association (IAA).

How to identify and re-engage your patients in care

1. Identify Out of Care Patients

- ▶ An out of care patient has not had a clinical visit with his/her HIV primary care providers in the previous 12 months

2. Evaluate status of Out of Care Patients

- ▶ Determine if patient is inactive, in need of an appointment reminder, or is in need of follow-up
- ▶ **Inactive patients** include those who are confirmed deceased, relocated or transferred care, or incarcerated
- ▶ **Appointment reminder patients** include those who have current contact information and simply need to be reminded to come in for their next HIV care appointment
- ▶ **Follow-up patients** include those who would benefit from an intervention to support their return to care, or who do not have current contact information

3. Contact Appointment Reminder Patients for Return to Care

- ▶ Remind patients who you have identified and have contact information for that it is time to schedule their next appointment for HIV primary care

4. Refer Follow-up Patients and those Reminder Patients Who did Not Return to Care to the Linkage to Care Program for Re-Engagement

- ▶ Any patient that you were unable to successfully return to care can be referred to the L2C program for re-engagement
- ▶ To refer patients you can contact the L2C program directly at 907-269-8057 or send a

fax to the program's confidential fax line at
907-561-4239

5. L2C Program Attempts to Re-Engage Patient in Care

- ▶ The L2C program can make up to three attempts to re-engage your client in HIV primary care
- ▶ The L2C will update you about your patient's re-engagement status

Treatment as prevention - prevention of hiv-1 infection with early antiretroviral therapy⁴

A recent HIV Prevention Trials Network study, HPTN 052, showed decreased heterosexual transmission to seronegative partners of HIV-infected persons treated with antiretroviral therapy. The study concluded that early initiation of antiretroviral therapy reduced rates of sexual transmission of HIV-1 and clinical events, indicating both personal and public health benefits from such therapy. However, in order to see these benefits individuals must be engaged and retained in HIV medical care. This, and other similar studies, demonstrate why strategies and resources to connect and maintain patients in HIV care are an important part of the overall continuum of care for HIV-positive individuals.

Mandatory reporting of HIV and AIDS in Alaska

- ▶ Alaska Administration Code (7 AAC 27.005) requires that health care providers who diagnose or suspect a diagnosis of certain diseases or conditions reports the disease or condition to a public health agent in the department.
- ▶ Human immunodeficiency virus (HIV) infection and acquired immunodeficiency syndrome (AIDS) are each separately reportable conditions.
- ▶ To report either condition you may contact the Rapid Telephonic Reporting (RTR) system 24/7 by calling 1-907-561-4234 in Anchorage or 1-800-478-1700 Statewide.

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Linkage to Care frequently asked questions

▶ How can I refer a patient for Linkage to Care Services?

Health care providers and other interested individuals can call the Linkage to Care Program at 907-269-8057 for additional information on the program or to refer a patient for services.

▶ How long does Linkage to Care last?

Linkage to Care provides short-term assistance to people who need help in accessing HIV/AIDS medical care and treatment. Program duration will vary depending on the needs of individual clients, but in general will take one to five sessions, across no more than 90 days. Clients will be linked with

long-term HIV/AIDS medical case management services offered by agencies such as Alaska AIDS Assistance Association and Interior AIDS Association for support beyond the L2C program. Program duration for high-risk HIV-negative individuals will generally include one risk-reduction counseling session, with possible follow-up as requested by the client.

► **Isn't it a HIPPA violation to provide the Linkage to Care program with contact information for patients who may be eligible for Linkage to Care services?**

No. Disclosure of public health information without a release of information is allowed under HIPAA 45 C.F.R. 164.512(b). Alaska Administrative Code (7 AAC 27.005) allows for health care providers to provide the State of Alaska Section of Epidemiology with the names of previously known HIV-positive individuals who have been lost to care at their facility for identification and follow-up. Alaska Statute (AS 18.15.375) further allows the State Section of Epidemiology to make follow-up contact with individuals directly.

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For additional information or to refer a patient for services call the Linkage to Care Program at **907-269-8057** or fax a referral directly to the program's confidential fax line: **907-561-4239**

References and Resources

References:

1. Centers for Disease Control and Prevention. Linkage to and Retention in HIV Medical Care. <http://www.cdc.gov/hiv/pwp/linkage.html>. Section access September 14, 2012.
2. Giordana TP, Gifford AL, White AC, et al. Retention in care: A challenge to survival with HIV infection. *Clin Infect Dis*. 2007;44:1493-9.
3. Avnish T, Eren Y, James GJ, and Wayne DA. The Impact of Retention in Early HIV Medical Care on Viro-Immunological Parameters and Survival: A Statewide Study. *AIDS Research and Human Retroviruses*. Abstract. 2011; 27(7):751-758.
4. Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. *N Engl J Med*. 2011;356:493-505.

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Additional Resources:

Centers for Disease Control and Prevention. Linkage to and Retention in HIV Medical Care. <http://www.cdc.gov/hiv/pwp/linkage.html>.

Craw et al. Structural factors and best practices in implementing a linkage to HIV care program using the ARTAS model. *BMC Health Services Research*. 2010;10:24

Gardner EM, McLees MP, Steiner JF, del Rio C, Burman WJ. The spectrum of engagement in HIV care and its relevance to test-and-treat strategies for prevention of HIV infection. *Clin Infect Dis*. 2011;51:793-800.

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/contentfiles/lvguidelines/AdultandAdolescentGL.pdf>.

Scudder, L. Building Infrastructure to Support Linkage to Care. Medscape CME/CE. Available at <http://www.medscape.org/viewprogram/32192>.



Program Referral

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<http://www.epi.hss.state.ak.us/hivstd/>