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Texas Collaborative for HIV Education and Prevention (TCHEP) Learning Series

Updates and Recommendations for Primary and Emergency Care Services

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HIV Education & Prevention

Critical Partnerships to Ensure Successful Routine HIV Screening Programs in Healthcare Settings and Linkage to HIV Medical Care: The role of Nurses, Social Workers, Navigators and Educators in Texas

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Texas Collaborative for HIV Education & Prevention Learning Activities:

"Critical Partnerships to Ensure Successful Routine HIV Screening Programs in Healthcare Settings and Linkage to HIV Medical Care: The role of Nurses, Social Workers, Navigators and Educators in Texas"

June 22, 2021

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- Attend the entire event
- Participate in education activities, and
- Complete the participant evaluation

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The speakers and Planning Committee for this event have disclosed no financial interests.

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Expiration for awarding contact hours/credits

Complete and submit the evaluation survey by **July 6th**, 2021.

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Continuing Education

Continuing Medical Education:
The Texas Department of State Health Services, Continuing Education Service is accredited by the Texas Medical Association to provide continuing medical education for physicians.
The Texas Department of State Health Services, Continuing Education Service designates this live event for a maximum of 1.00 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
This course has been designated by The Texas Department of State Health Services, Continuing Education Service for 1.00 credits of education in medical ethics and/or professional responsibility.

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Continuing Education

Other professions:

- Certified Health Education Specialists
- Certified in Public Health
- Social Workers

For more information on CE credits, please contact Isabel Clark Isabel.Clark@dshs.texas.gov or email us at tchep@uthct.edu

For any other question on TCHEP, including materials from this learning series, please visit: http://tchep.org

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April Tinder, RN

Memorial Hermann TMC-ED

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HIV Screening in the EC

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The Nurses

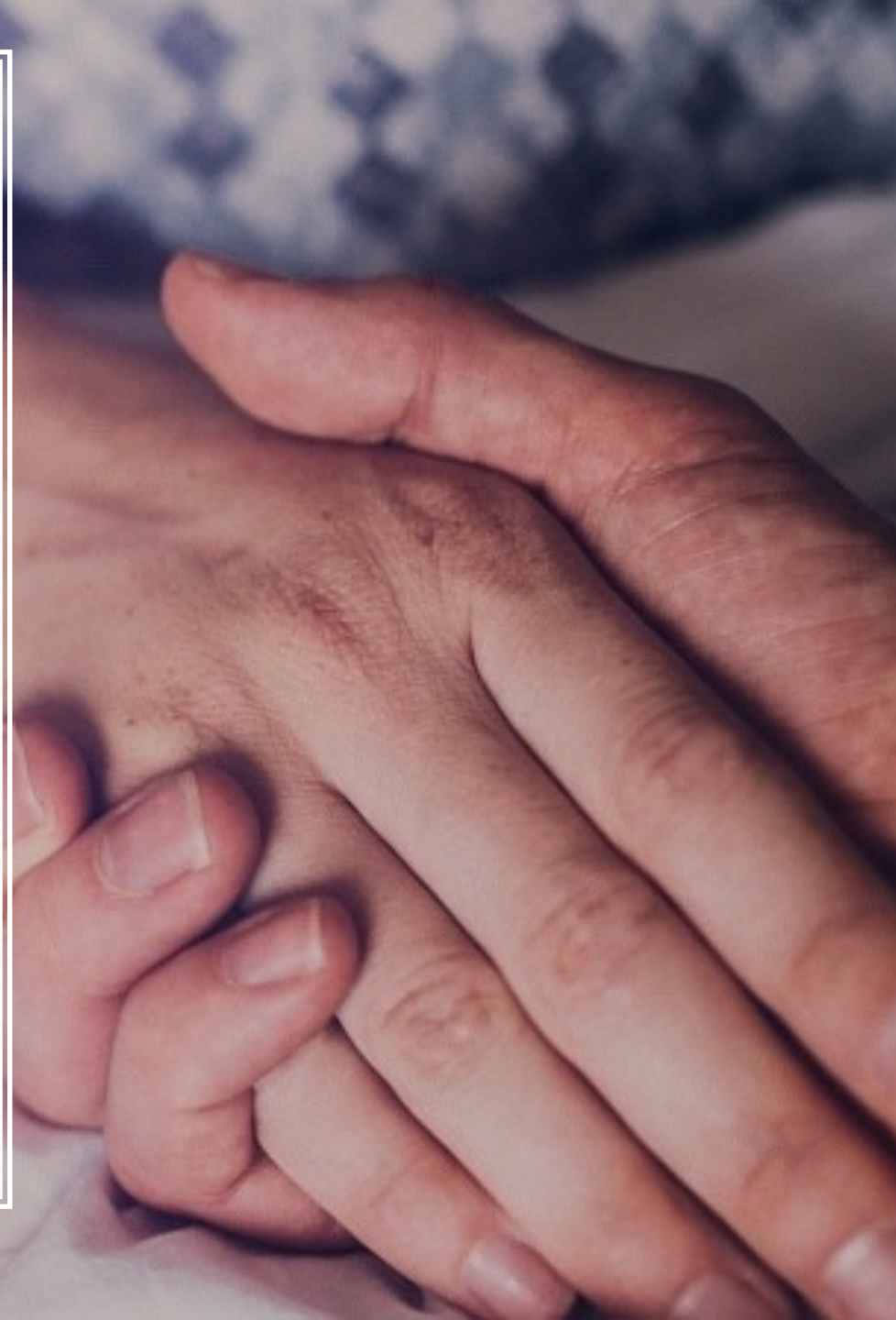
“It is not enough to be compassionate-you must act.” –The Dalai Lama

The Benefits of a Nursing Led Screening Program

- **Nursing staff conduct most blood draws on patients, providing the best opportunity for opt-out screening.**
- **Studies evaluating nurse-driven HIV screening, compared to screening performed by other health care staff, showed a trend in higher test offering, better acceptance and higher delivery rates with the implementation of nurse-driven HIV screening**
- **Nurses are generally able to spend more time at the bedside, and therefore have an easier time establishing a personal relationship with the patient.**

  -According to an article in the Annals of Emergency Medicine, nurses spent 2.2% of their time providing comfort measures to patients, while faculty physicians spent .05% and residents spent .03%

(Leblanc J, 2015)



https://doi.org/10.1016/S0196-0644(98)70287-2

The Role of the Bedside Nurse

- Completes the opt-out screening during the blood draw.
- Documents the screening appropriately.
- Ensures samples are sufficient and received by the lab in a timely fashion.
- Provides education and emotional support to the patient.

Debunking the Myths to Address HIV Stigma….

~It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable, and is rooted in misinformation:

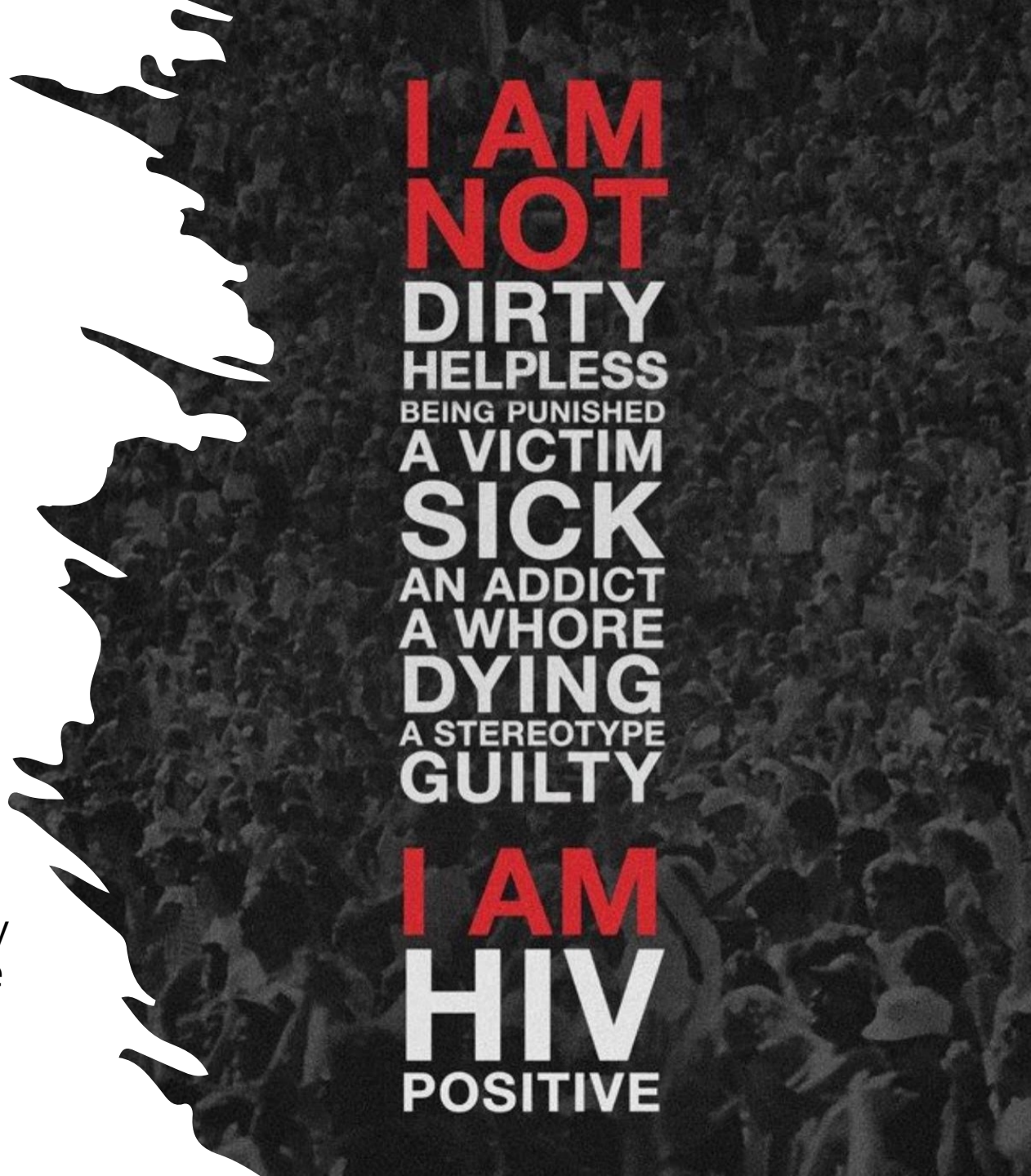
Myths

- HIV and AIDS are always associated with death
- HIV is only transmitted through sex, which is a taboo subject in some cultures

Stigma

- HIV is associated with behaviors that some people disapprove of (such as homosexuality, drug use, sex work or infidelity)
- HIV infection is the result of personal irresponsibility or moral fault (such as infidelity) that deserves to be punished

Egyptian Anti-Stigma Forum (2012)



Implementation: The Challenge for Nursing

Informing Patients About HIV Screening

Opt-In Testing

- Patients are informed HIV testing is available – this practice allows providers to introduce their own biases and inform the patient by asking if the patients need or want an HIV test.

Opt-Out Testing

- Patients are informed an HIV screen is ordered as a standard of care for all patients, but they are allowed the opportunity to ask the provider questions, and or opt-out.

Opt-Out Screening

"We screen all patients in our emergency room for HIV, so this will be included in your labs today"

- Through Opt-Out screening patients hear a completely different message. They do not feel singled out, they understand HIV screening is the standard practice in this emergency room.
- Nurses also avoid experiencing patients' reactions to perceived judgment and possible negative reactions about being testing for HIV. Nurses feel empowered - I can do this!

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Not just another task

Educating the nursing staff is key to get buy in….

But more than that, you *have* to put a face to it.

"The epidemic of fear, stigmatization and discrimination has undermined the ability of individuals, families and societies to protect themselves and provide support and reassurance to those affected. This hinders, in no small way, efforts at stemming the epidemic. It complicates decisions about testing, disclosure of status, and ability to negotiate prevention behaviors, including use of family planning services."

International Center for Research on Women (ICRW() (2005)

References

1. Egyptian Anti-Stigma Forum (2012) ‘COMBATING HIV/AIDS RELATED STIGMA IN EGYPT: Situation Analysis and Advocacy Recommendations’[pdf]
2. International Center for Research on Women (ICRW() (2005) 'HIV-related stigma across contexts: common at its core'[pdf]
3. Jason C Hollingsworth, Carey D Chisholm, Beverly K Giles, William H Cordell, David R Nelson, How Do Physicians and Nurses Spend Their Time in the Emergency Department?, Annals of Emergency Medicine, Volume 31, Issue 1, 1998, Pages 87-91, ISSN 0196-0644, https://doi.org/10.1016/S0196-0644(98)70287-2.
4. Leblanc J, Burnet E, D’Almeida KW, Lert F, Simon T, Cremieux AC. The role of nurses in HIV screening in health care facilities: a systematic review. *Int J Nurs Stud.* 2015;**52**(9):1495–513. doi: 10.1016/j.ijnurstu.2015.04.007. [PubMed] [CrossRef] [Google Scholar]

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The Nurse's Role in Implementing a Policy-driven Approach to Routine HIV Testing

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“ An HIV test is included in your lab work, do you have any questions? ”

Identify the barriers/challenges and ways to overcome them when implementing a routine HIV screening program in healthcare settings

Routine Testing Recommendations

- **2006: CDC recommends** that everyone between the ages of 13 and 64 get **tested** for **HIV** at least once as part of routine health care. For those at higher risk, **CDC recommends** getting **tested** at least once a year.

- https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

U.S. Preventative Services Task Force Routine Screening Recommendations:2019

Adolescents and adults aged 15 to 65 years	The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened. See the Clinical Considerations section for more information about assessment of risk, screening intervals, and rescreening in pregnancy.	**A**

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening

Challenges/Barriers in Routine Testing

- The hospital's role in public health.
- Consents, notification and linkage to care.
- Support and partnership from healthcare and ED leadership.
- Staff education..
- Building cross systems partnerships.

Consents

16.2 Consent

Consent for routine, opt-out HIV screening must be obtained in accordance with Texas law, Health and Safety Code §81.105 and §81.106. Note routine HIV screening does not require a separate signed consent form to test for HIV; general consent and documentation of informed consent, either in writing or verbally, are sufficient. Patient consent is inferred unless the patient specifically declines the test. Minors who have the capacity to consent may also consent to HIV testing. For specific information related to Texas law on consent, refer to Texas Health and Safety Code:

Minors in **Texas** have the right to **consent** to the diagnosis and treatment of an infectious, contagious, or communicable disease that is reportable, including **HIV** (**Texas** Family Code Section 32.003).

https://www.dshs.state.tx.us/hivstd/pops/chap16.shtm#16.2

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Written Notification

The Centers for Disease Control and Prevention (CDC) recommends routine screening for HIV and Hepatitis C. Your physician may order an HIV and, or Hepatitis C (HCV) screen for you today. Please let us know if you have any questions regarding these screens.

Los Centros para el Control y Prevención de Enfermedades (Centers for Disease Control and Prevention, CDC) recomiendan pruebas de detección de rutina para el Virus de Immunodeficiencia Humana (HIV) y la hepatitis C. Hoy, su medico le puede ordenar las pruebas de evaluación de VIH o del virus de la hepatitis C (Hepatitis C Virus, HCV). Déjenos saber si tiene preguntas relacionadas con esas pruebas de detección.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

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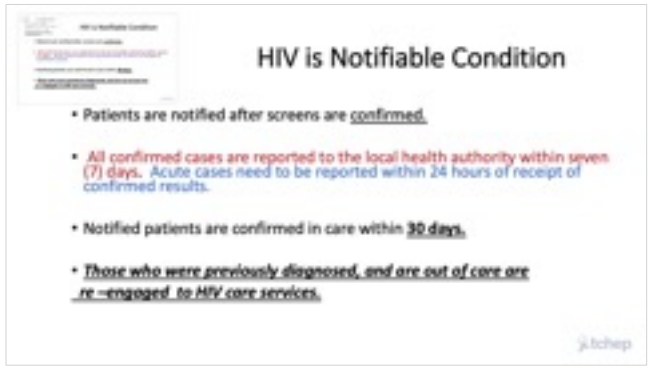

HIV is Notifiable Condition

- Patients are notified after screens are confirmed.
- All confirmed cases are reported to the local health authority within seven (7) days. Acute cases need to be reported within 24 hours of receipt of confirmed results.
- Notified patients are confirmed in care within **30 days.**
- ***Those who were previously diagnosed, and are out of care are re –engaged to HIV care services.***

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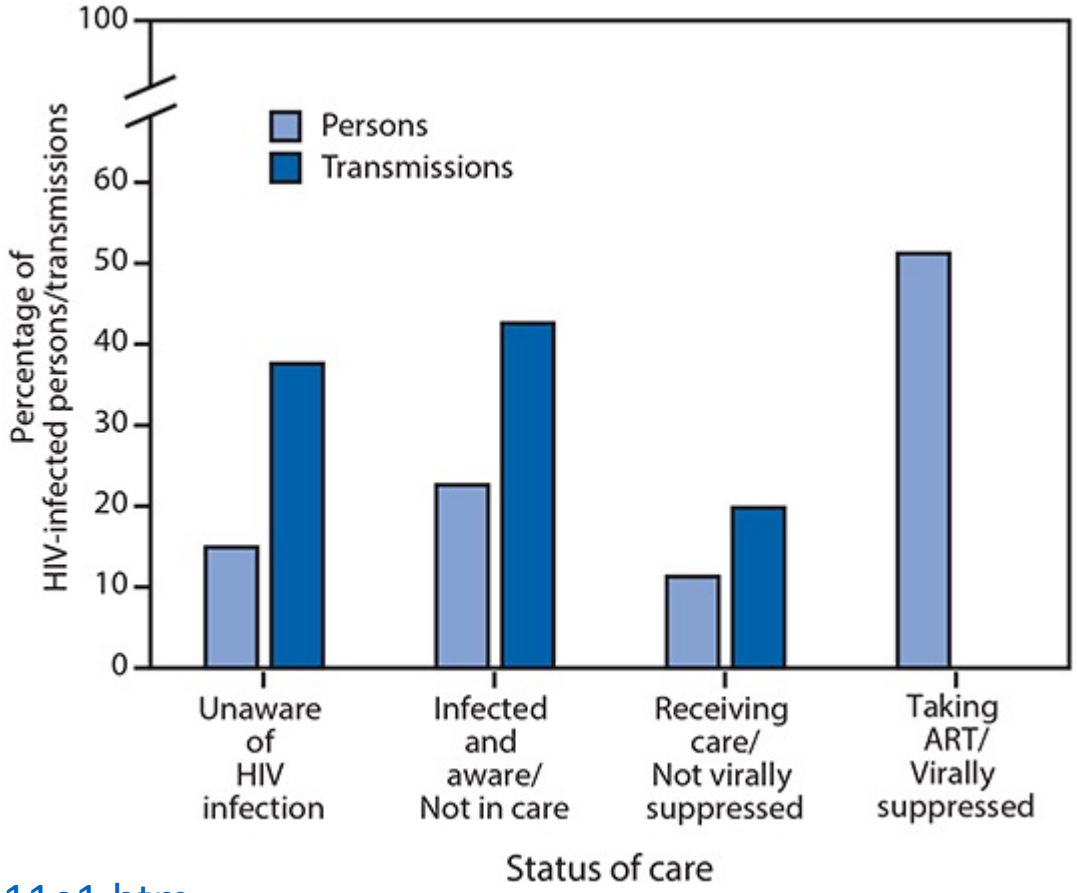
Benefits of Routine Testing

- Decreases the stigma of HIV testing and care.
- Increases the acceptance of HIV testing as a routine aspect of comprehensive healthcare.
- Facilitates early detection and linkage to care.
- Identifies those who do not perceive themselves to be at risk of living with HIV.
- Encourages community support and awareness of HIV as a chronic condition.

Benefits of notification and linkage to care

- ✓Patient education and medical care.
- ✓Partner notification and testing.
- ✓Decrease new cases of HIV.



https://www.cdc.gov/mmwr/volumes/68/wr/mm6811e1.htm

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Choosing Change over Challenge

Internal Stakeholders

- Healthcare Administration.
- Emergency Department Leadership.
- Information Technology.
- Laboratory.
- Accounting.
- Risk Management.

External Stakeholders

- Texas Department of State Health Services.
- Disease Intervention Specialists.
- City of Beaumont Public health Department.
- City of Port Arthur Public Health Department.
- Southeast Texas Foodbank.
- City of Beaumont Housing Authority
- Local FQHC’s.
- Faith-based Organizations.
- Extended Community

Use of organizational individuality to build sustainability

- **A**dministrative Support.
- **E**stablish Policy Driven Approach to testing and linkage to care.
- **I**dentify Routine Testing Champion.
- **O**rganize community support and Communicate with Disease Intervention Specialist.
- **U**tilize Electronic Medical Records.

HIV and Texas Law

Texas Department of State Health Services HIV/STD Program

In Texas, HIV is a reportable disease (Texas Health and Safety Code Section 81.041) and there are several laws regulating aspects of HIV testing and subsequent reporting.

Minor Consent to HIV Test

Minors in Texas have the right to consent to the diagnosis and treatment of an infectious, contagious, or communicable disease that is reportable, including HIV (Texas Family Code Section 32.003). Providers should consider whether the minor has the capacity to consent. This means that the minor has the cognitive ability to understand the risks and benefits involved.

Written Consent for HIV Test

When a general consent form for medical treatment has been signed and verbal consent for HIV testing is documented (thus constituting informed consent), a separate consent form for HIV testing is **not** required (Texas Health and Safety Code Sections 81.105 and 81.106). Other regulations apply to testing for non-medical purposes, such as insurance (Texas Health and Safety Code Section 81.108).

Confidentiality

State laws that cover the confidentiality of HIV test results include Texas Health and Safety Code Sections 81.046, 81.103, and 81.106(b). Health care providers should also be knowledgeable regarding federal HIPAA requirements.

Confidentiality and HIPPA requirements do not prevent providers from reporting HIV to public health agencies.

Testing for HIV During Pregnancy

Texas law requires physicians or others permitted by law to attend a woman during pregnancy or delivery to test her for HIV, syphilis and hepatitis B (Texas Health and Safety Code Section 81.090). She must be tested for HIV and syphilis at her first prenatal visit and during the third trimester. If no record of third trimester test results are available, expedited tests for HIV and syphilis must be conducted at delivery.

Expedited HIV testing of infants at delivery is also required if a mother's results are undetermined. The law also requires pregnant women to be tested for hepatitis B at her first prenatal visit and at delivery.

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Requirements for Delivering a Positive HIV Test Result

Texas Health and Safety Code Section 81.109 requires that persons receiving a positive HIV test result be given the opportunity for immediate, face-to-face counseling about several aspects of the test.

There are several components that must be covered in the counseling to ensure the client understands the test result, is linked to available medical and social support resources, and knows how to prevent HIV transmission.

Health care providers can comply with Texas Health and Safety Code Section 81.109 by providing post-test counseling themselves or by contacting their local health department so a Disease Intervention Specialist (DIS) can deliver the result.

A DIS is specially trained to interview the patient, confidentially locate and notify partners about their potential exposure to HIV, offer appropriate services, and provide prevention counseling to patients and partners.[1]

HIV and Partner Services

Partner Services refers to help offered to people with HIV and other STDs and their partners.

A key component of Partner Services is Partner Notification, the process of asking patients about partners and confidentially notifying those partners of possible transmission.

Partner Notification is covered under Texas Health and Safety Code Section 81.051 and is most often conducted by DIS.

A partner notification program must also provide linkage to medical and other support services to a person with an HIV infection, even if he or she does not disclose information about a partner.

Health care providers conducting HIV testing can locate services in their area at **dshs.texas.gov/hivstd/services/**.

Reporting HIV

Physicians (or a designee) are **required to report any case of HIV and AIDS** according to Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter F, Rules §97.131- §97.134.

To learn more about reporting HIV, visit the DSHS HIV/STD disease reporting page at **dshs.texas.gov/hivstd/reporting/**.

RESOURCES FOR HIV & THE LAW

Visit gettested.cdc.gov to find an HIV or STD testing site.

Call 211 or (800) CDC-INFO to find an HIV/AIDS service provider in Texas or locate other patient resources.

Test Texas HIV Coalition has provider resources for HIV testing at testtexashiv.org.

The DSHS HIV/STD program provides links to Texas rules and laws. Visit dshs.texas.gov/hivstd/policy/laws.shtm for more information.

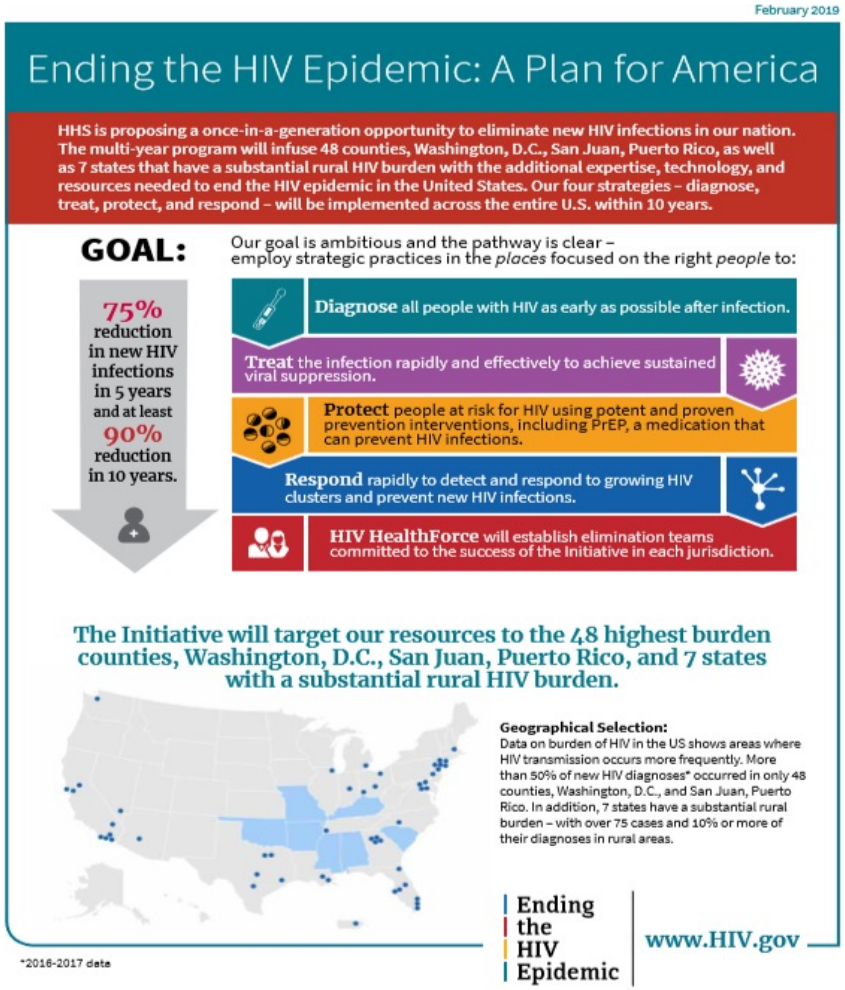
DSHS HIV/STD Program

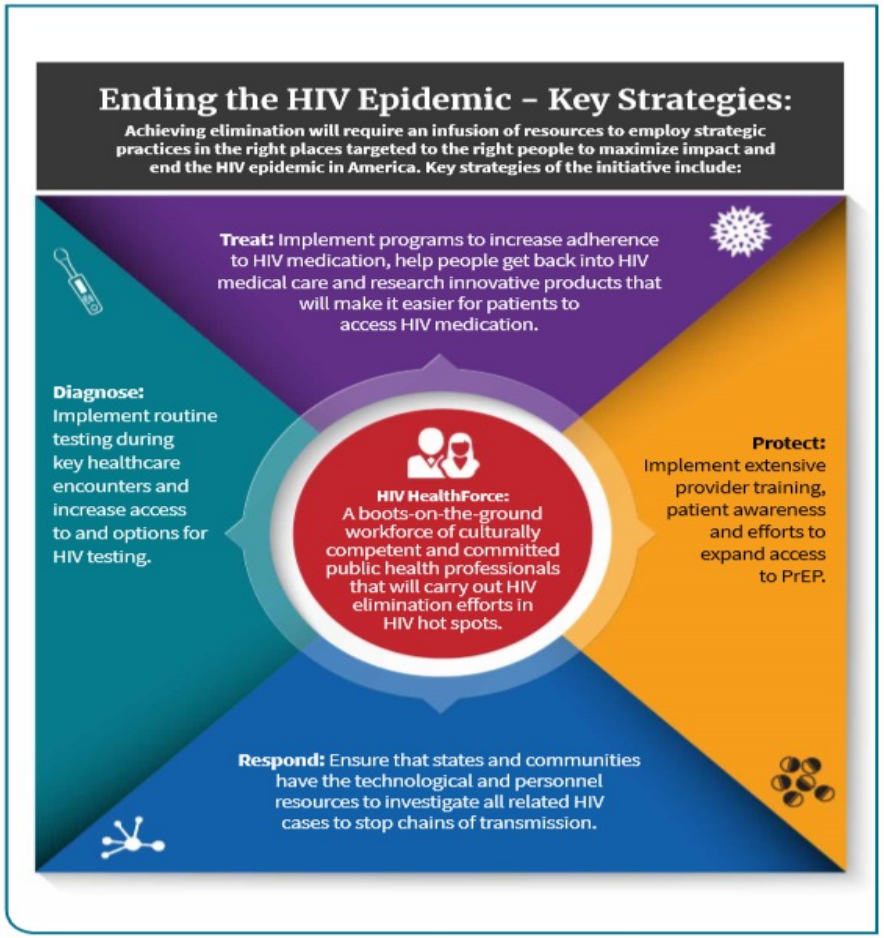
(737) 255-4300
dshs.texas.gov/hivstd

Publication No. 13-13312
(Revised 12/2020)

https://www.dshs.texas.gov/hivstd/info/edmat/HIVandTexasLaw.pdf

Routine Testing is Supported by the Federal and State Initiative to End HIV by 2030





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The Texan plan to end HIV

Texas will become a state where HIV is rare, and every person will have access to high-quality prevention and care services regardless of age, race/ethnicity, sexual orientation, gender identity, and socio-economic circumstances.

https://achievingtogethertx.org/

REFERENCES

"Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

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Texas Department of State Health Services. (n.d.). *POPS Chapter 16 - Routine HIV Screening in Healthcare Settings*. Texas Department of State Health Services. https://www.dshs.state.tx.us/hivstd/pops/chap16.shtm#16.2.

Texas Department of State Health Services. (n.d.). *POPS Chapter 16 - Routine HIV Screening in Healthcare Settings*. Texas Department of State Health Services. https://www.dshs.state.tx.us/hivstd/pops/chap16.shtm#16.2

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Clinical Partnership to Ensure Successful Routine HIV Screening Programs in Healthcare Settings and Linkage to HIV Medical Care

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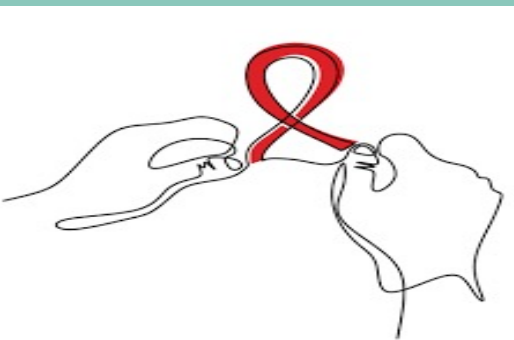
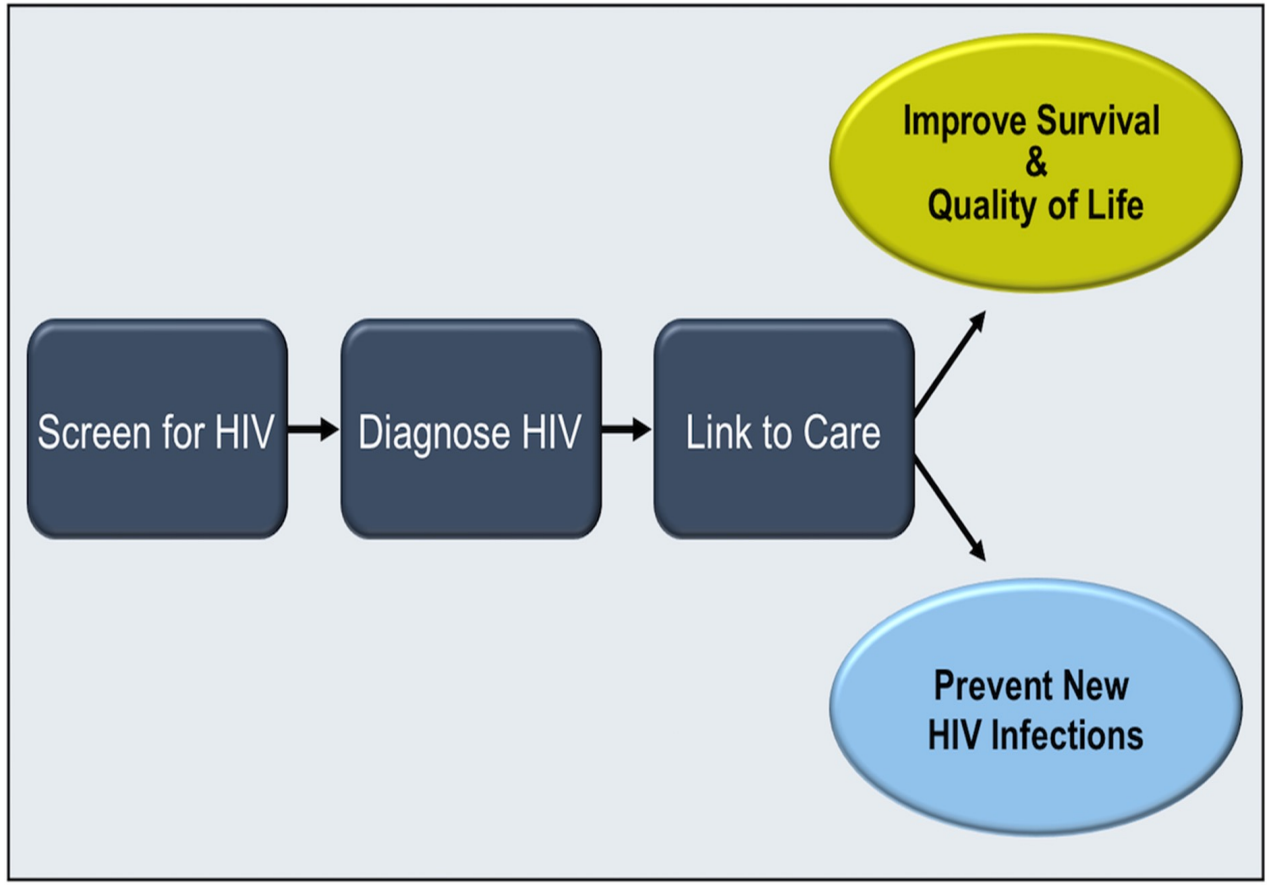


Linkage to Care - Introduction

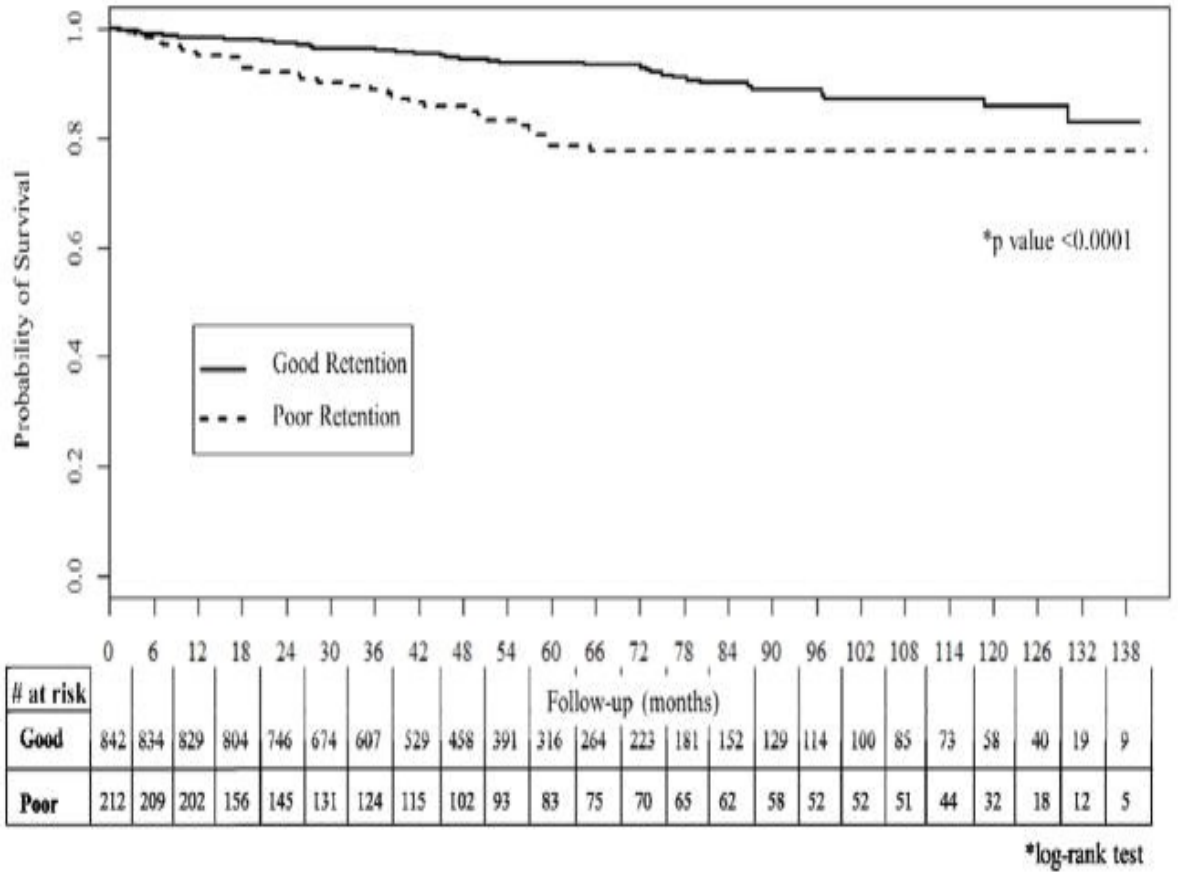
- Linkage to care is an important early step in successful HIV treatment and is defined as the completion of a first medical visit after HIV diagnosis
- Ideal linkage means that an individual has a viral load or CD4 count obtained during an appointment with an HIV provider and that this occurs within a month of diagnosis disclosure[1]
- In the United States, “rapid” initiation of ART, within 1 week after diagnosis, is the recommended practice[2]
- Patients should be reassured that they can expect a near-normal life span and no risk of transmission to others once viral suppression is achieved and maintained with ART [3-4]

1-https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum
2-Saag MS, Gandhi RT, Hoy JF, et al. JAMA2020;324:1651-69.
3-Marcus JL, Leyden WA, Alexeeff SE, et al. JAMA 2020
4-Rodger AJ, Cambiano V, Bruun T, et al. JAMA 2016;316:171-81.

Benefits of LTC



Linkage to HIV Care . Last Updated: August 25th, 2020. Julie Dombrowski, MD, MPH



Ulloa et al.CMAJ Open. 2019;7:E236

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Linkage to Care - National Data

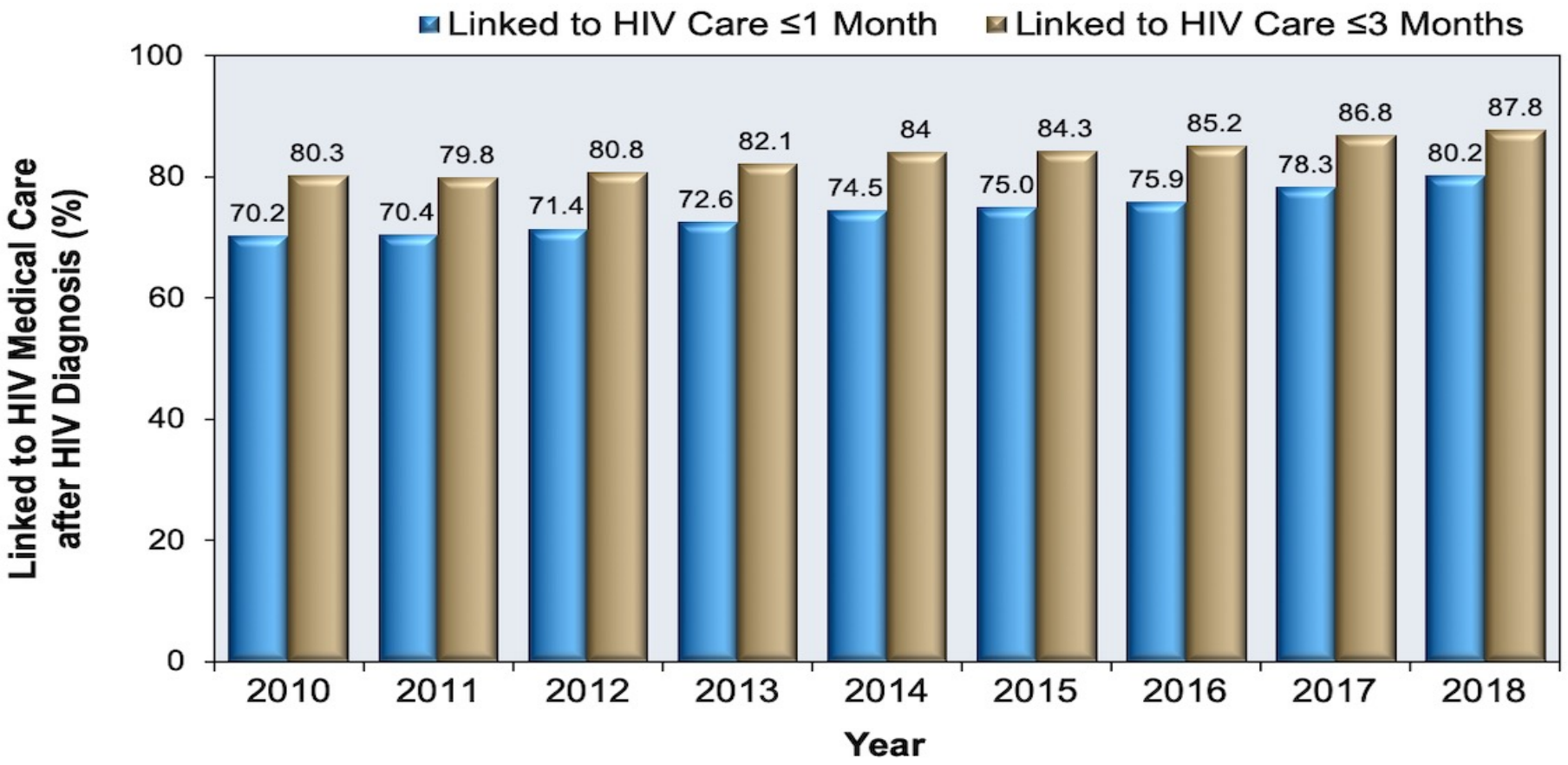


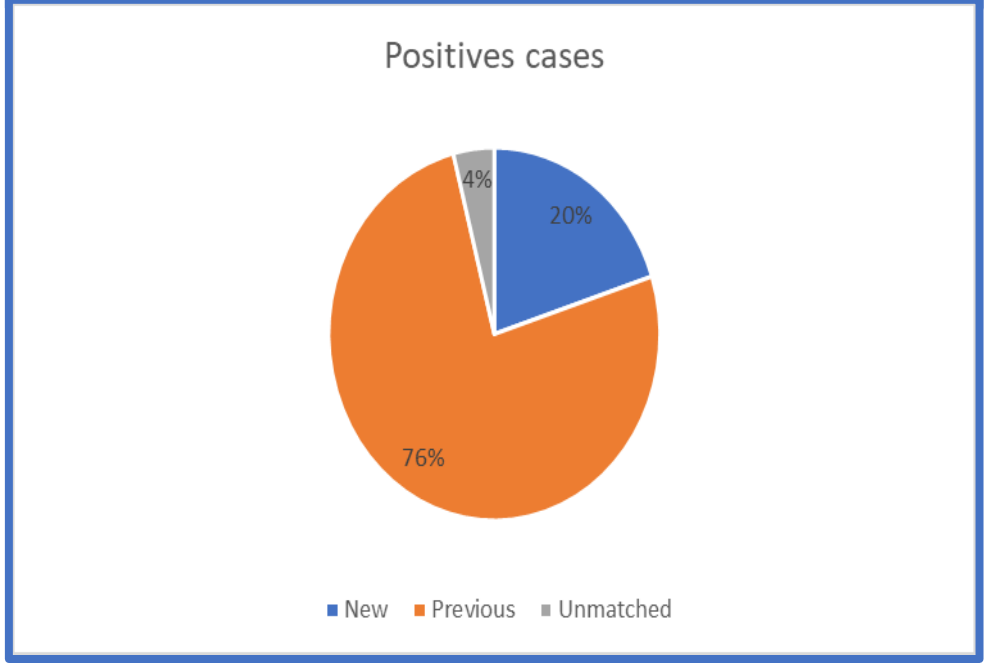
Figure - Linkage to Care within 1 Month or 3 Months of HIV Diagnosis, 2010 through 2018

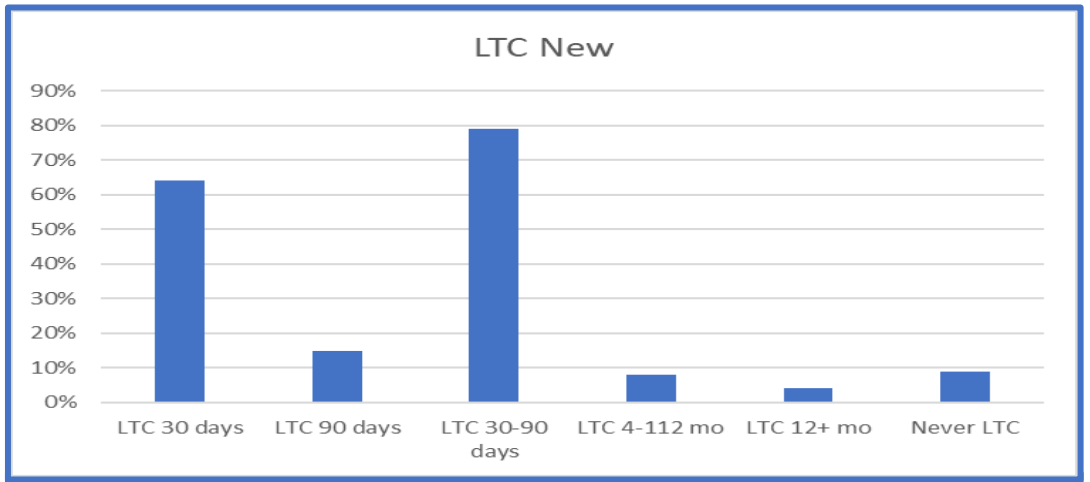
(1) Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas, 2017. HIV Surveillance Supplemental Report. 2019;24(No. 3):1-74. Published June 2019.

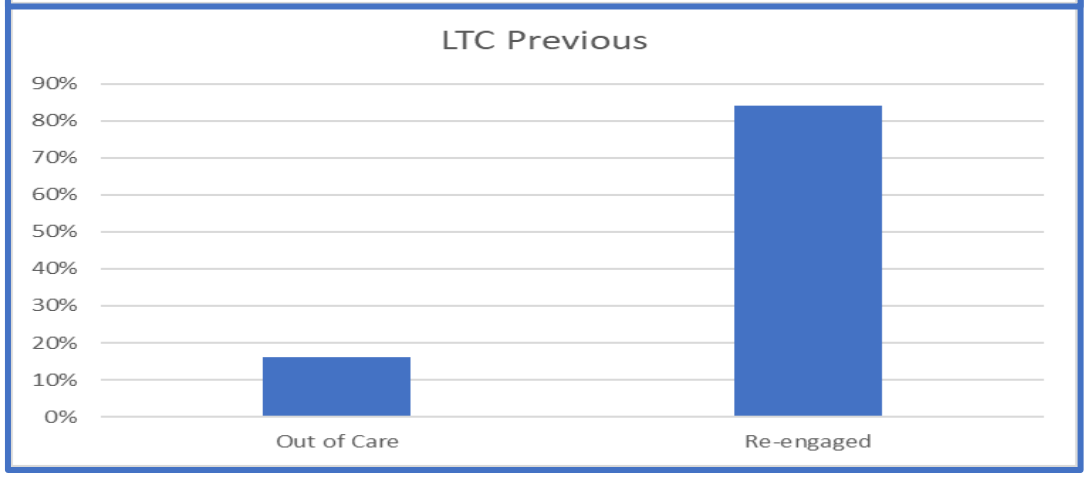
(2) Centers for Disease Control and Prevention. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas, 2018. HIV Surveillance Supplemental Report. 2020;25(No. 2):1-104. Published May 2020.

Texas Data 2015-2019

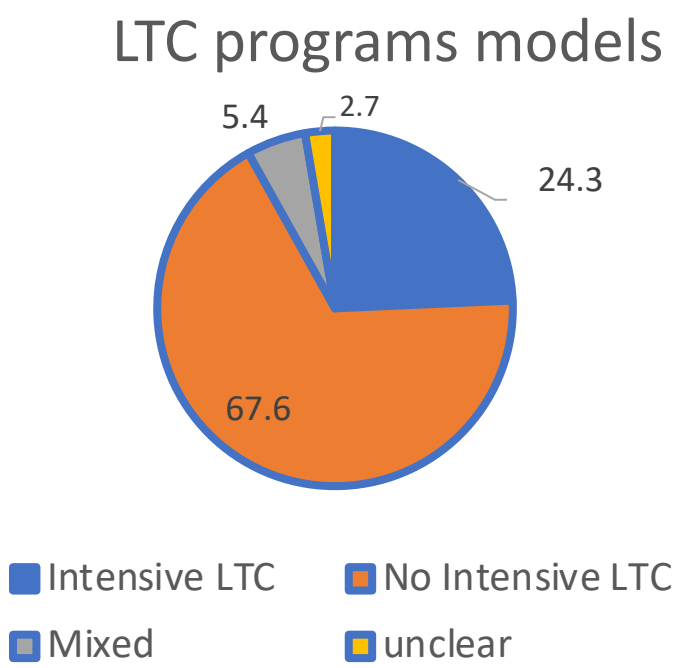
Total Tests	Positives	New	Prev	Unmatched
679,125	5,350	1,089	4069	192
Pos Rate	0.79	0.16		

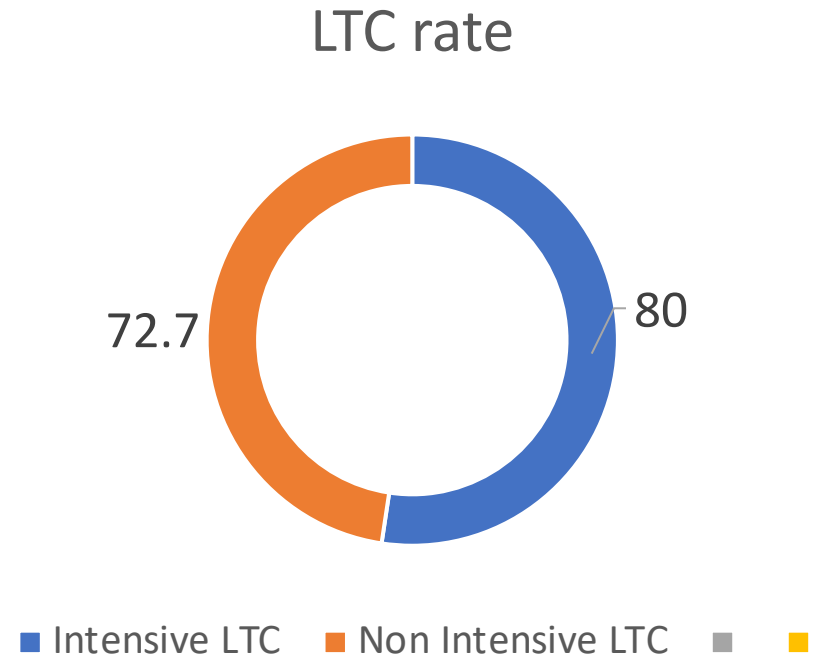






Linkage to Care at the ED





Linkage to Care Methods and Rates in U.S. Emergency Department-Based HIV Testing Programs – A Systematic Literature Review Brief Report

Aravind A. Menon, MBBS,1 Carolyn Nganga-Good, RN, MS,3 Mikeeo Martis, BS,1 Cassie Wicken, MPH,1 Katie Lobner, MLIS,2 Richard E. Rothman, MD, PhD,1 and Yu-Hsiang Hsieh, PhD1

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Interventions and LTC

Table 2.

Retention in Care Outcomes by Intervention Arm, Retention in Care Study, 2010–2012 (N = 1838)

Study Arm	Visit Constancy, %[a]	Risk Ratio (95% CI)	Visit Adherence, %[b]	Risk Ratio (95% CI)
Enhanced contact only (n = 615)	55.8	1.22 (1.09–1.36)	72.5	1.08 (1.05–1.11)
Enhanced contact plus skills (n = 610)	55.6	1.22 (1.09–1.36)	70.9	1.06 (1.02–1.09)
Standard of care (n = 613)	45.7	Ref	67.2	Ref

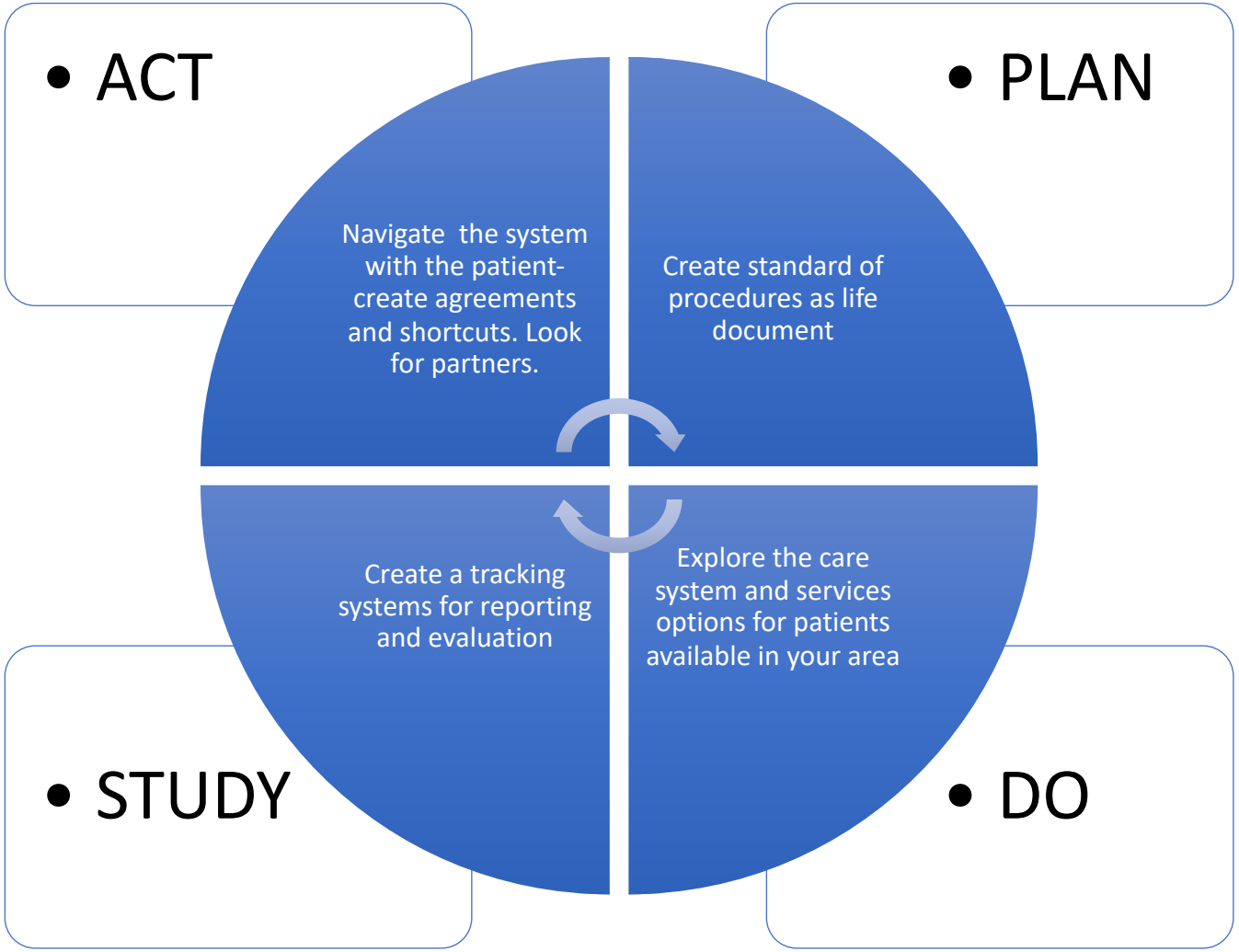
Abbreviation: CI, confidence interval.

[a] Defined as percentage of participants with a care visit in each of 3 consecutive 4-month intervals.

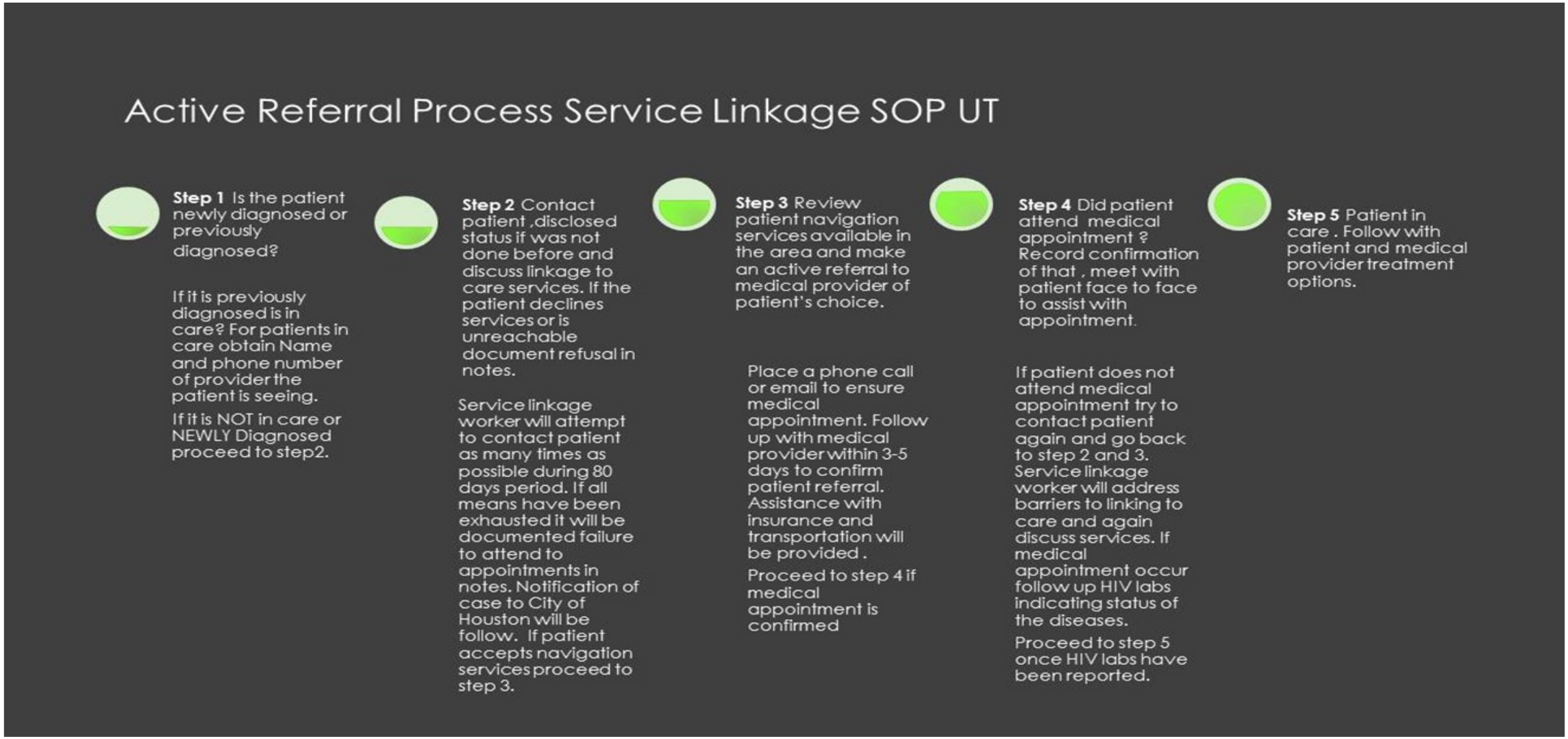
[b] Defined as each patient's kept visits divided by scheduled appointments (excluding canceled).

Gardner LI, Giordano TP, Marks G, et al. Clin Infect Dis 2014;59:725-34.

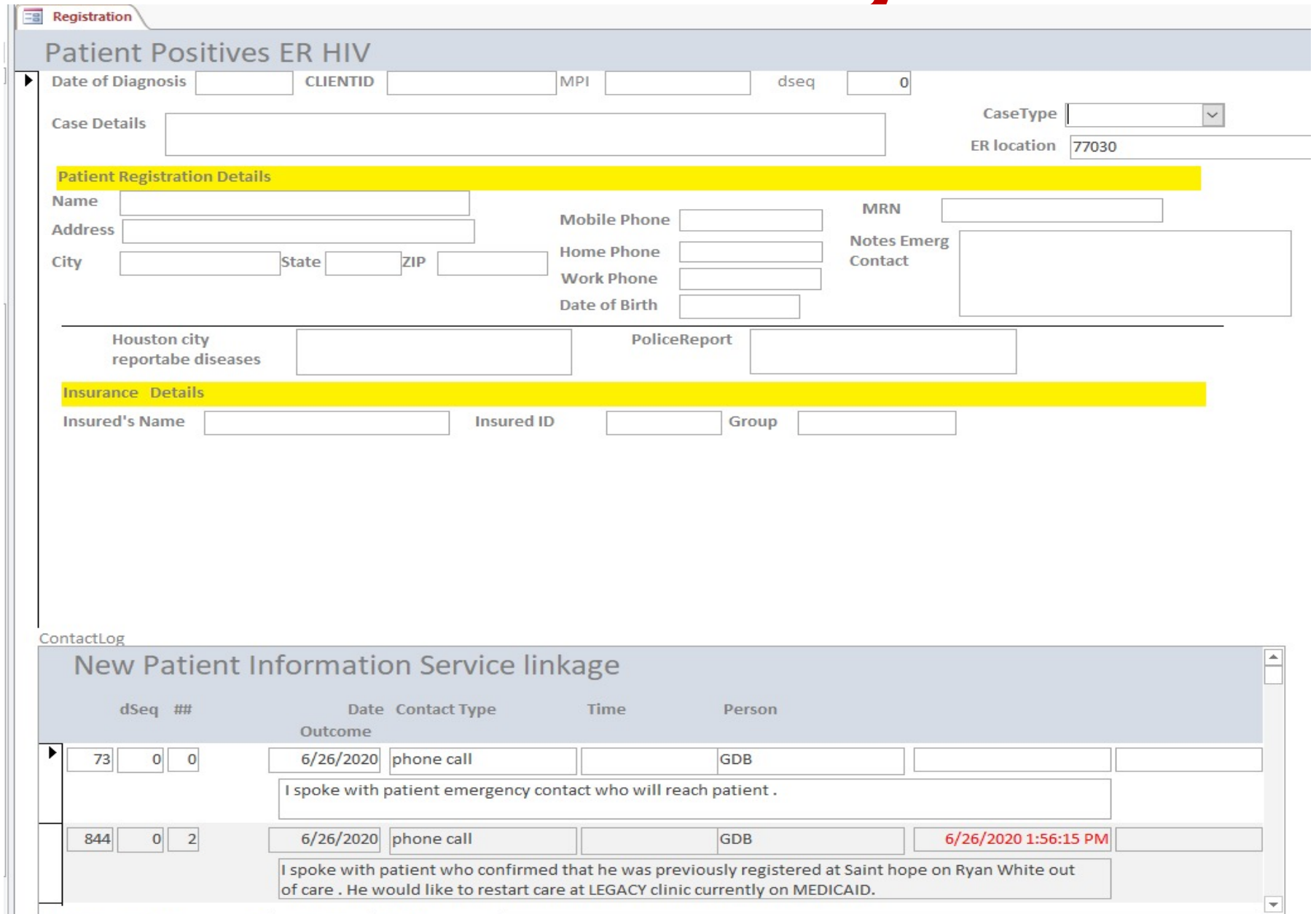
LTC step by step



Plan-Active Process



Do & Study



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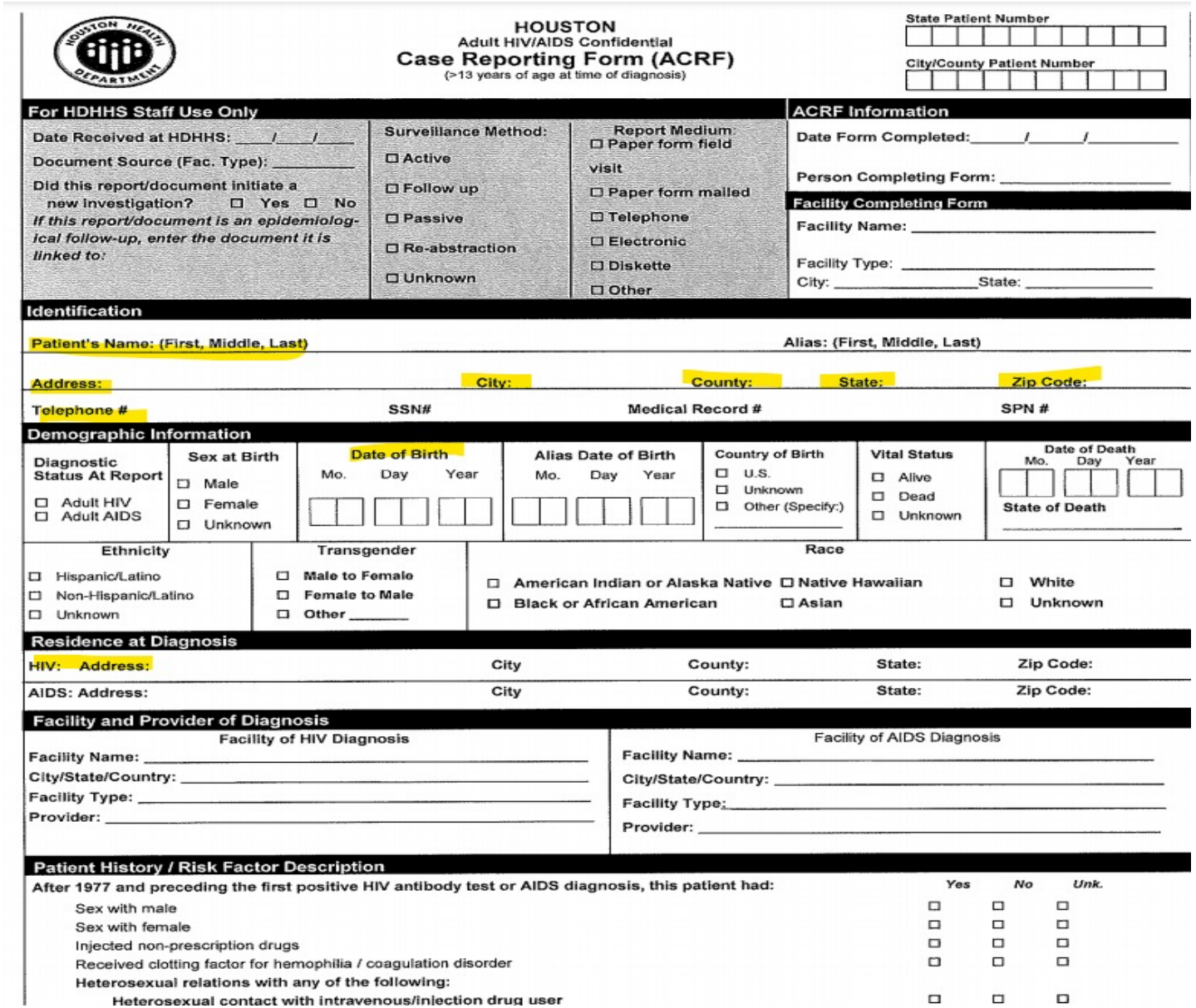
Case Reporting Form

- DIS officer will meet the clients in person
- DIS will perform a confidential case contact identification
- DIS will offer immediate referral for treatment service
- DIS will analyze risk factors



HOUSTON
Adult HIV/AIDS Confidential
Case Reporting Form (ACRF)
(>13 years of age at time of diagnosis)

State Patient Number
City/County Patient Number

For HDHHS Staff Use Only

Date Received at HDHHS: ____/____/____
Document Source (Fac. Type): _____
Did this report/document initiate a new investigation? ☐ Yes ☐ No
If this report/document is an epidemiological follow-up, enter the document it is linked to:

Surveillance Method:
☐ Active
☐ Follow up
☐ Passive
☐ Re-abstraction
☐ Unknown

Report Medium:
☐ Paper form field visit
☐ Paper form mailed
☐ Telephone
☐ Electronic
☐ Diskette
☐ Other

ACRF Information

Date Form Completed: ____/____/____
Person Completing Form: _____

Facility Completing Form

Facility Name: _____
Facility Type: _____
City: _____ State: _____

Identification

Patient's Name: (First, Middle, Last)
Alias: (First, Middle, Last)
Address: City: County: State: Zip Code:
Telephone # SSN# Medical Record # SPN #

Demographic Information

Diagnostic Status At Report: ☐ Adult HIV ☐ Adult AIDS
Sex at Birth: ☐ Male ☐ Female ☐ Unknown
Date of Birth: Mo. Day Year
Alias Date of Birth: Mo. Day Year
Country of Birth: ☐ U.S. ☐ Unknown ☐ Other (Specify:)
Vital Status: ☐ Alive ☐ Dead ☐ Unknown
Date of Death: Mo. Day Year
State of Death

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Unknown
Transgender: ☐ Male to Female ☐ Female to Male ☐ Other
Race: ☐ American Indian or Alaska Native ☐ Native Hawaiian ☐ White ☐ Black or African American ☐ Asian ☐ Unknown

Residence at Diagnosis

HIV: Address: City County: State: Zip Code:
AIDS: Address: City County: State: Zip Code:

Facility and Provider of Diagnosis

Facility of HIV Diagnosis
Facility Name: _____
City/State/Country: _____
Facility Type: _____
Provider: _____

Facility of AIDS Diagnosis
Facility Name: _____
City/State/Country: _____
Facility Type: _____
Provider: _____

Patient History / Risk Factor Description

After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis, this patient had:

	Yes	No	Unk.
Sex with male	☐	☐	☐
Sex with female	☐	☐	☐
Injected non-prescription drugs	☐	☐	☐
Received clotting factor for hemophilia / coagulation disorder	☐	☐	☐
Heterosexual relations with any of the following:			
Heterosexual contact with intravenous/injection drug user	☐	☐	☐

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LTC personnel

- Navigators
- Social workers
- Care Coordinators
- Nurses
- Outreach
- Educators
- Clinic coordinator
- Data manager- IT support
- Laboratory personnel
- DIS investigator

LTC UT Team

Medical Directors

- Samuel Prater, MD
- Gloria Heresi, MD

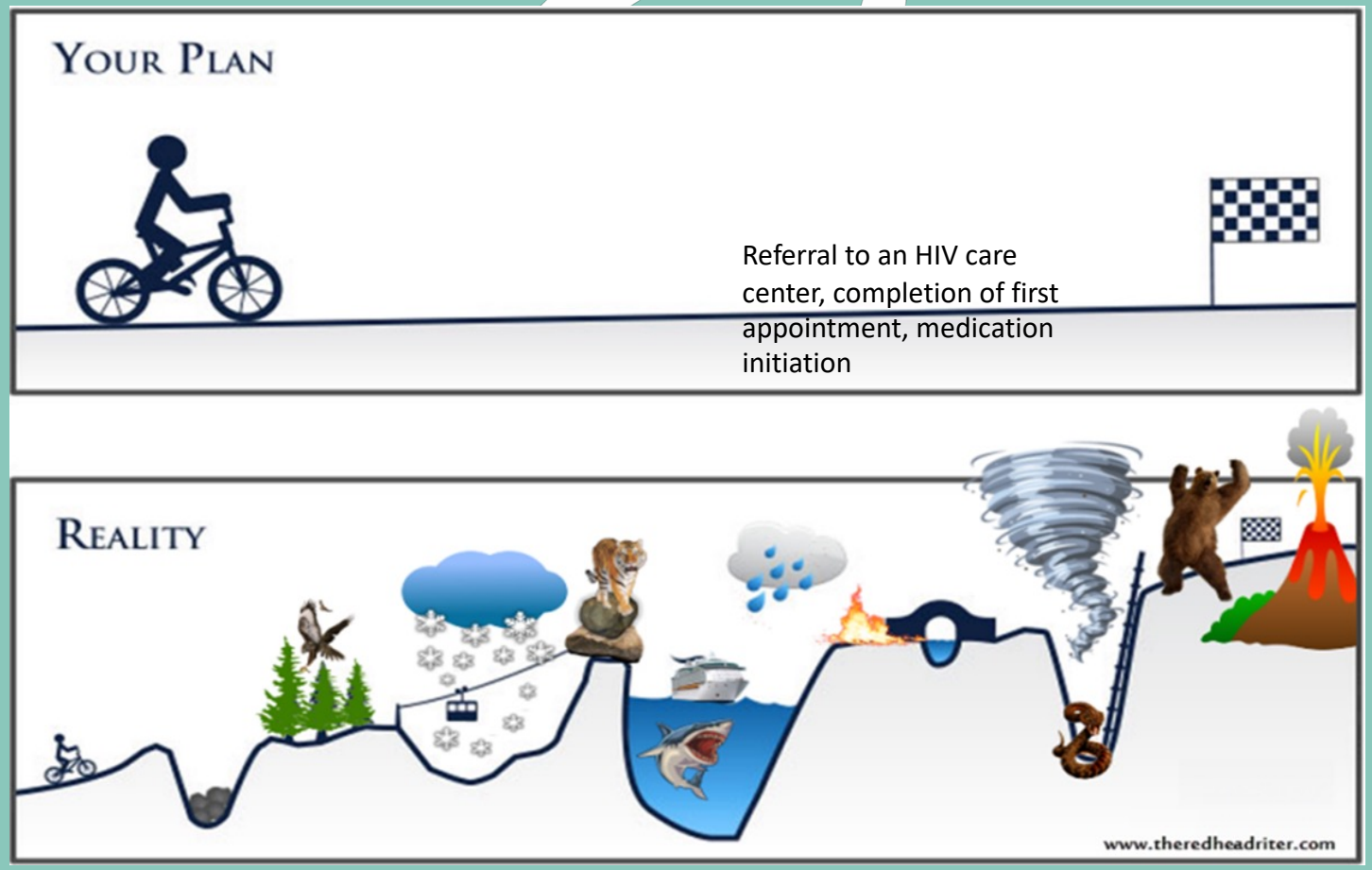
Data Management – Reports and Analytics

- James Murphy, PhD
- Gilhen Rodriguez, MD

Care Coordination

- Elizabeth Aguilera ,MD, SL-Data entry
- Gabriela Del Bianco, MD, SL, Policy & Procedures, Budget and Contracts

Challenges



TEXAS Health and Human Services | Texas Department of State Health Services

UTHealth The University of Texas Health Science Center at Tyler

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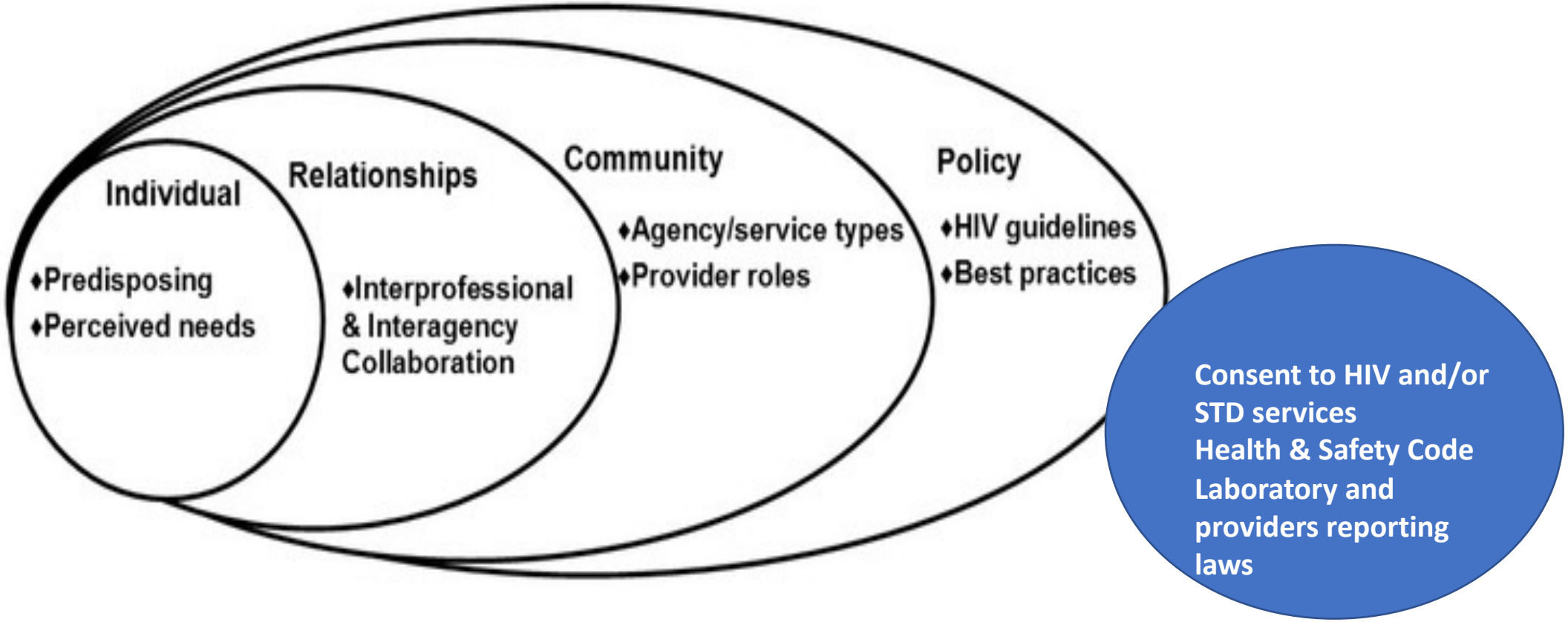
Factors that Influence Linkage-Making



Factors That Influence Linkages to HIV Continuum of Care Services: Implications for Multi-Level Interventions by Rogério M. Pinto 1,*,Susan S. Witte 2,Prema L. Filippone 2OrcID,Karen L. Baird 3 and Wendy R. Whitman

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Factors - Barriers

Factors	Barriers	Reality check
Individual	Unemployment-poverty, Stigma, limited health literacy, mental illness, substance abuse Cultural beliefs Unstable housing	No identification , no legal status, no birth certificate, no housing ,homophobia, xenophobia, racism, misogamy. Discrimination, addiction
Relationship	Scheduling conflict due to work/childcare Fear of unwanted disclosure to family friends and employers No social supports	No confidence in clinic, need of relocation. Privacy availabilities Family and child responsibilities Violence at home
Community	Lack of transportation Limited number of providers Limited hours of operations Lack of linguistically available staff Other health problem	No knowledge of bus passes use Unable to communicate with providers Other STD , malnutrition , coinfections
Policy	Lack of insurance Lack of access to information, technology Registration requirements and qualifications	Hx of incarceration Isolation Unaware of benefit options

Breaking barriers

BARRIERS	POSSIBLE SOLUTIONS	POSSIBLE SOLUTIONS
Unemployment-poverty, **Stigma, limited health literacy, mental illness, substance abuse** **Cultural beliefs** **Unstable housing**	Respect preferences and mood Be persistence Fill gaps in follow up, motivate Avoid stereotypes Provide housing options opening shelter living communities	Counselors / Alcohol or Substance abuse / Mental Health / Programs and Service Referrals
Scheduling conflict due to work childcare **Fear of unwanted disclosure to family friends and employers** **No social supports**	Provide early support positive living strategies, listen	Built a supportive network around the person by phone Inquire about friends or relatives who can be involved Respect silence in care request Use COVID19 testing momentum to de-stigmatization of HIV testing
Lack of transportation **Limited number of providers** **Limited hours of operations** **Lack of linguistically available staff** **Other health problem**	Provide info about transportation availability. create a back door entry to expedite appointments Create a network for your population Work with bilingual staff , offer support on ESL	Telehealth and telemedicine Community partners for services Track patients within agencies and program Expand your confidentially agreement with jail CM services , shelter CM
Lack of insurance **Lack of access to information, technology** **Registration requirements and qualifications**	Work with the person helping navigation of the system, provide documents for registration Options for mobile phone access and internet	Multi months prescription, refills options on delivery. Other options for documentation accepted by Ryan White and or county program

Rapid Eligibility Determinations

Proof of Status

- Laboratory test results
- Signed statement attesting to the HIV-positive status
- THMP Medical Certification Form signed by a physician
- Hospital discharge summary documenting HIV infection of the individual

Proof of residency alternative documentation

- Post office records
- Current voter registration
- Rental lease agreement
- Valid (unexpired) motor vehicle registration
- Proof of current college enrollment or financial aid
- Bill in the client's name
- Letter from a homeless shelter or community center serving homeless individuals
- Statement/attestation (does not require notarization) with client's signature declaring that client has no resources for housing or shelter. any piece of mail addressed to the client

Understanding the challenges

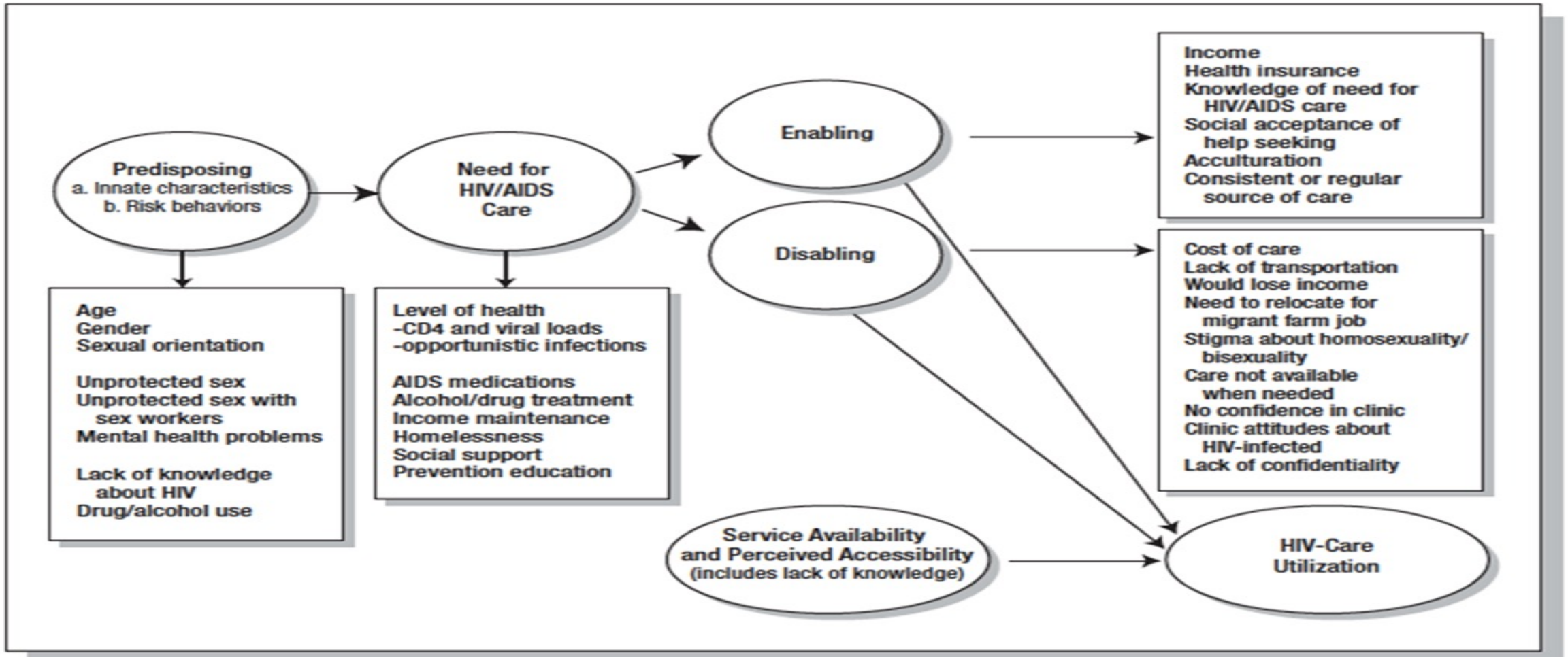

Chart: HRSA, HAB. *Growing Innovative Care: Strategies for HIV/AIDS Prevention and Care Along the United States-Mexico Border*. February 2008. Available at http://hab.hrsa.gov/abouthab/special/spnsproducts.html

Search Tips

Remember to be careful with the person's privacy

1) Call all the available phone numbers/contacts (call at different times of the day and from different phones)
2) Use certified mail to verify current address
3) Contact social worker or listed case manager
4) Call local shelters and leave messages for the participant (only mention "medical reasons")
5) Check public Jail Databases if the patient is suspected of being incarcerated
6) Check obituaries and mortuary records
7) Utilize free web services (www.411.com) and people search engines (www.anywho.com ; www.USSearch.com)

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Take Home Messages

- Be sensitive of fear
- Educate about clients' rights laws that protect PLWH
- Talk openly and honestly
- Try the system and network before the patient
- Linkage should actually take an active role in scheduling and engaging into care

That’s all, folks!

Any Questions?

Thank you!

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