

Integrating the ONE CALL Statewide HIV Call Center



Presented by: Tyffany Evans Coleman



Conflict of Interest Disclosure

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No Conflicts.

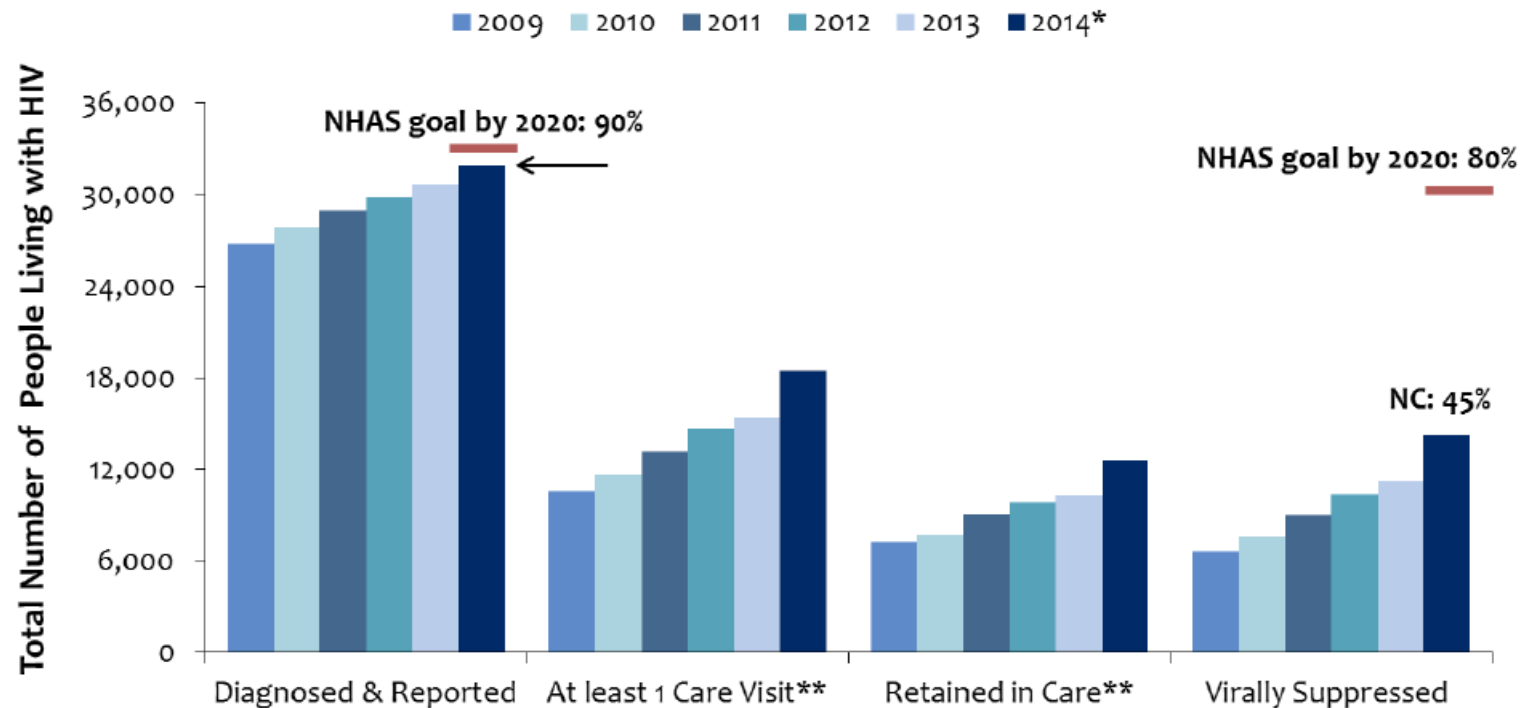
ONE CALL Overview



- ONE CALL toll-free statewide HIV referral line implemented from June 2013- August 2015
- Utilized UNC Healthlink, an existing call center
- For HIV infected individuals and non HIV medical providers/clinicians
- Trained nurses assisted with HIV referrals

Why ONE CALL?

HIV Continuum of Care in North Carolina, Evaluation Years 2009-2014



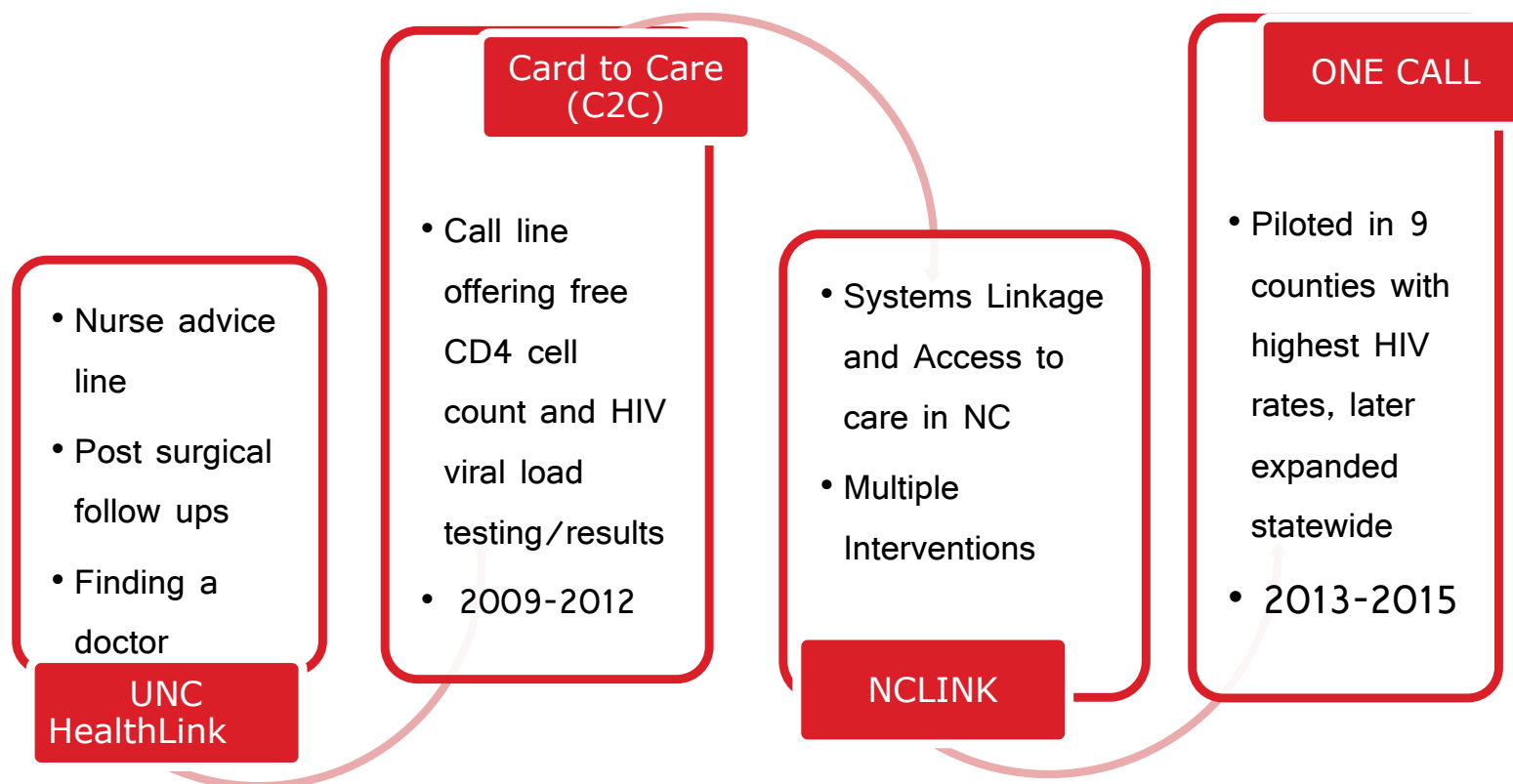
*Data for 2014 are provisional only and should be interpreted with extra caution because they were calculated only six months after the end of the evaluation year, which is six to 12 months prior to the full time CDC recommends before calculation.

Source: NC DHHS Communicable Disease Service Unit 2015

Why ONE CALL? (continued)

- Stigma and fear of being judged by healthcare professionals are important barriers to HIV care [McCoy, 2009].
- Making an active referral (calling with clients to schedule appointments) was the single factor facilitating early linkage (<30 days from diagnosis) in a retention in care intervention for young MSM of color.
- Emotional and practical support at the time individuals learning of their HIV diagnosis makes a significant impact.

ONE CALL Implementation



ONE CALL Goals

- Put callers at ease
- Reassure those that are newly diagnosed
- Help connect callers to clinics suited to their needs
- Facilitate connection between callers and HIV providers
- Encourage callers to speak to someone at clinic of their choice about concerns *before* their first appointment.

Essential Components of ONE CALL



Essential Components continued

- Marketing: business cards, local radio and, news stations, local newspapers, Get-Real-Get-Tested commercial
- Website: program services, HIV testing locations
- Staff Training: HIV, ONE CALL program, providing referrals via script



Is your patient newly diagnosed?
New to HIV care?
Returning to care?



All the help you and your patient need in **ONE CALL:**

- A nurse can speak with you or your patient right now
- Connect to a clinic in NC that works for your patient
- Immediately access HIV counseling, information, and resources
- Nurses can transfer your patient to a clinic and schedule an appointment today



Call FREE from anywhere in the state.
Speak LIVE with a nurse on our
ONE CALL confidential line.

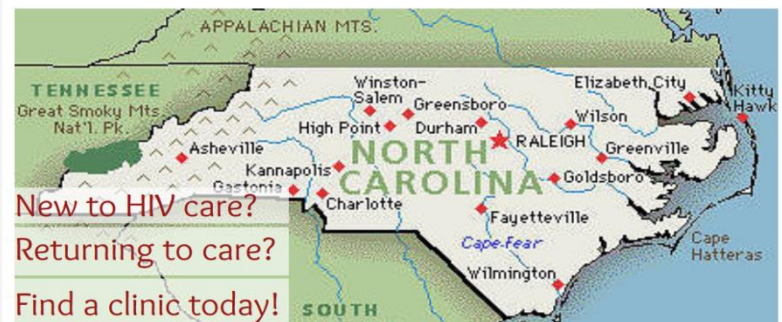
866-883-1836 Available 8:30-5 M-F

For more information on the ONE CALL program, contact us at NCONE.CALL@gmail.com



To find HIV care in North Carolina
Call Us Toll-FREE: 866-883-1836
Available: M-F 8:30 - 5

Home Information Testing Press Contact



ONE CALL HIV Provider Directory

- Clinic Location/ Hours of Operation
- Ryan White Funded
- Accepted Insurance
- Uninsured Resources
- Social Worker
- Financial Counselor
- Appointments by Referral

ONE CALL HIV Provider Directory 2015 April-July (Protected View) - Microsoft Excel

Protected View: This file originated as an e-mail attachment and might be unsafe. Click for more details. Enable Editing

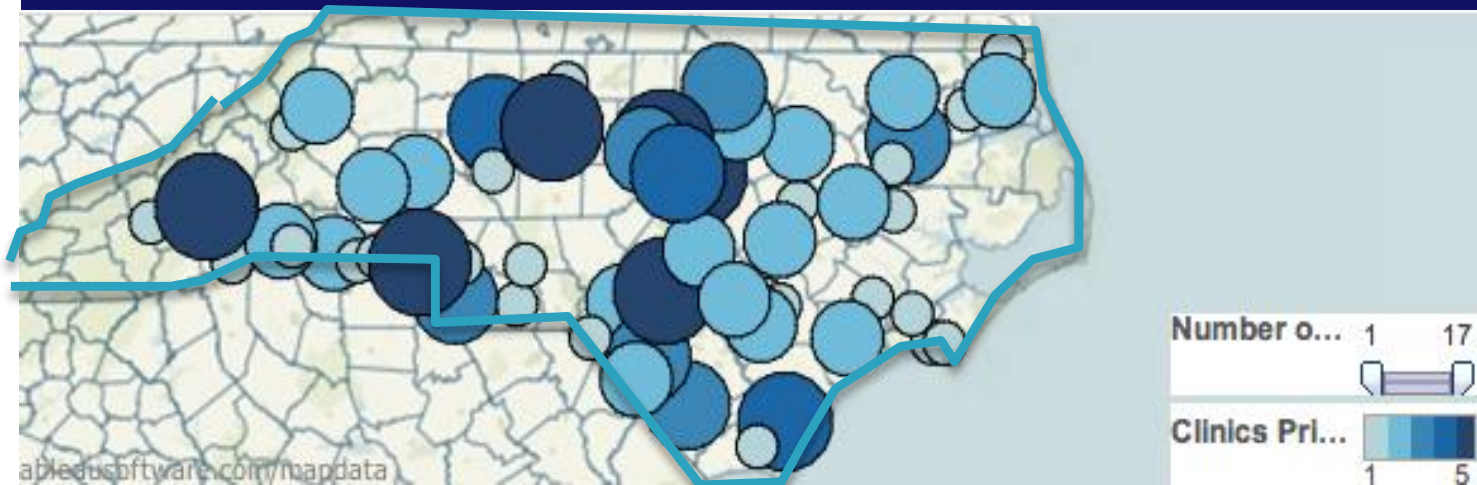
ABB See: Duplin, Onslow, Pitt, Wilson

	A	K	L	M	N	O	P	Q	R	S	T
		Accepts Uninsured	Accepts Medicaid	Financial Counselor	Assistance with ADAP	Hours of Operation	Social Worker on staff	Substance abuse counseling	Residency Requirements	Spanish speaking providers/translators	Appts. by referrals only?
1											
148	NORTHERN OUTREACH CLINIC- WARREN VANCE COMMUNITY HEALTH CENTER	Y - Financial Assistance	Y	Y	Y	M - F 9 - 5 M-Th 9:5, F 9-12	Case Manager	N	N	N	N
150	RURAL HEALTH GROUP AT HENDERSON	Y - Financial Assistance	Y	Case Managers can assist with finances	Y	MF 8-530 MF 8-5, Sat 830-12 (will accept up to 5 walk-in patients)	Y	Y	Franklin, Grammie, Halifax, Vance, Warren	Y, translator	N
151	See Durham, Halifax, Nash, Person, Wake										
152	PEDEMONT INT MED PULMON ID	Initial Visit - 200, payment plan	Y	N	N	IN Y - a nurse on staff will assist. M-Th 9-5, F 9-12	N	N	N	N	N
153	RALEIGH INFECT DIS ASSOC (PHYSICIAN REFERRALS ONLY)	Y - may qualify for financial hardship programs	Y	N	N	MF 8-5	N	N	N	N	N
154	WESTERN WAKE MEDICAL ASSOCIATES PLLC	Y, but needs to pay in full at time of appointment	N	N	N	M-Th 8-5, F 8-4	N	N	N	N	Y
155	NORTH HILLS INTEGRATIVE MED ASSOC	N	N	N	N	M-Th 10-7, F 9-12 M-T 10-7, W-TH 11-7, F 9-12	N	N	N	N	Self refer

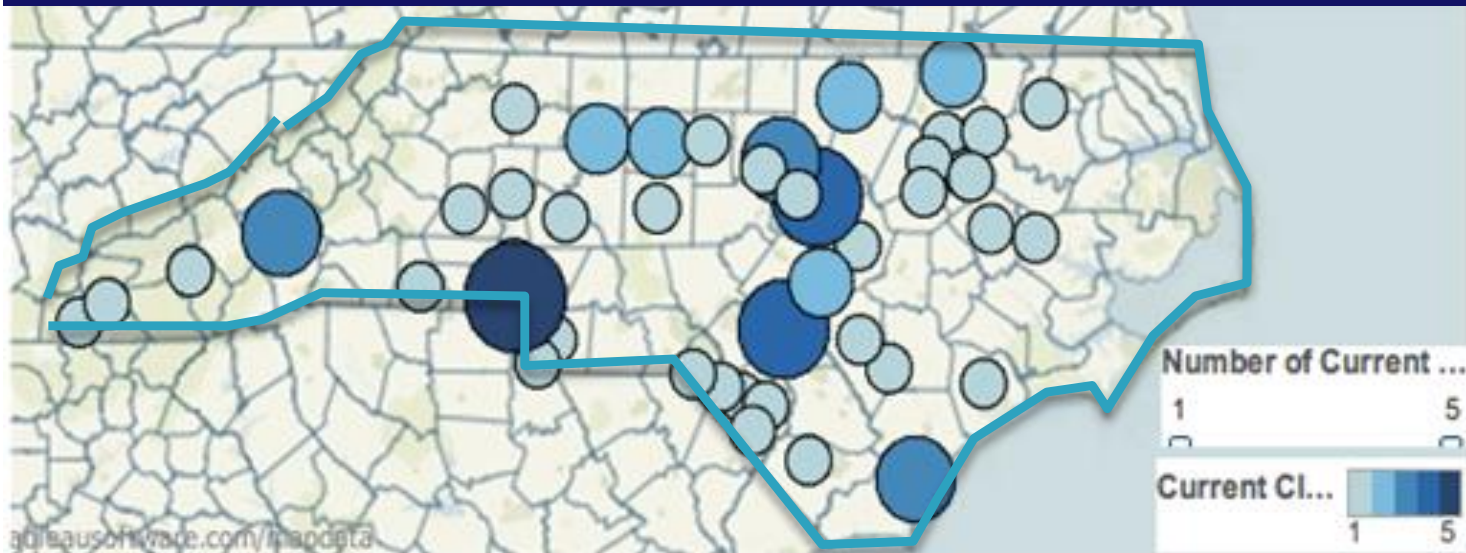
Sheet1 / Sheet2 / Sheet3

Updated Directory of NC HIV Clinics

HIV Providers based on existing lists in 2012



HIV Providers updated October 2013- December 2013



ONE CALL Script



- Interpersonal delivery
- Information on HIV/related services
- Collected Data
 - Demographic
 - HIV treatment history
 - Barriers to care
 - Referral preference
- Reassurance Messaging

Providing Reassurance

Many people are concerned about the costs of HIV care.
Do you have medical insurance?

Yes → Most insurance plans will cover the costs of HIV tests and treatment. If you are concerned about your insurance, you can call a clinic before your appointment to ask questions.

No → You are not alone. Many HIV clinics have financial counselors that help people access programs to get the care they need.

Nurse Interaction with Callers

- Immediate Intervention
- HIV Counseling
- Addressing Barriers to Care
- Tailored referrals to HIV Care
- Resource Guide



Results

Call Volumes

181 Total calls

59 Calls, excluded

- 3 no stated need
- 5 not related to HIV
- 51 “incomplete”

122 HIV Related, completed calls

Requesting:

- 56% HIV clinic referrals
- 25% other HIV related services
- 19% Miscellaneous

Talk to a doctor

General Information

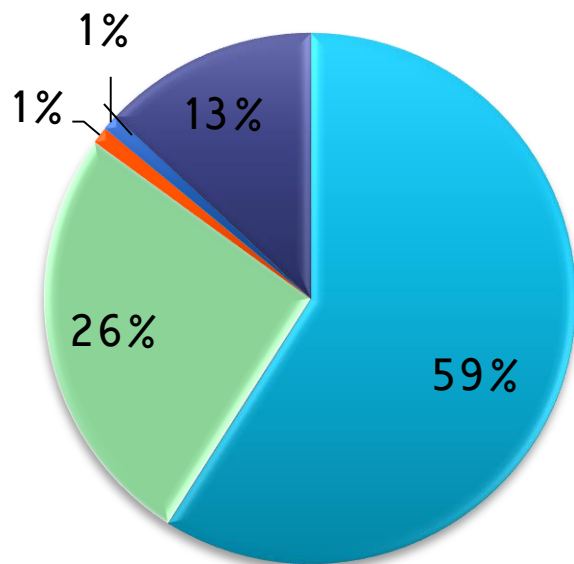
Barriers to Care

- 66% (n=81) reported no barriers
- Most frequently reported barriers (n=41)
 - Costs (63%)
 - Prior mistreatment (24%)
 - Transportation (24%)

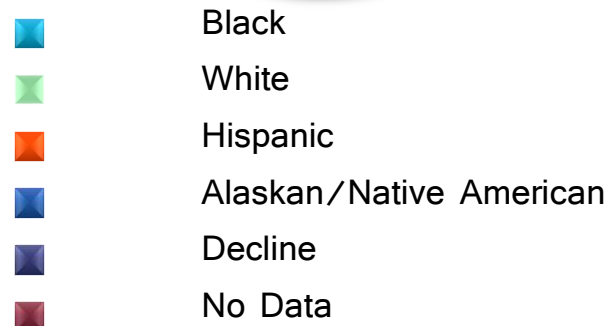
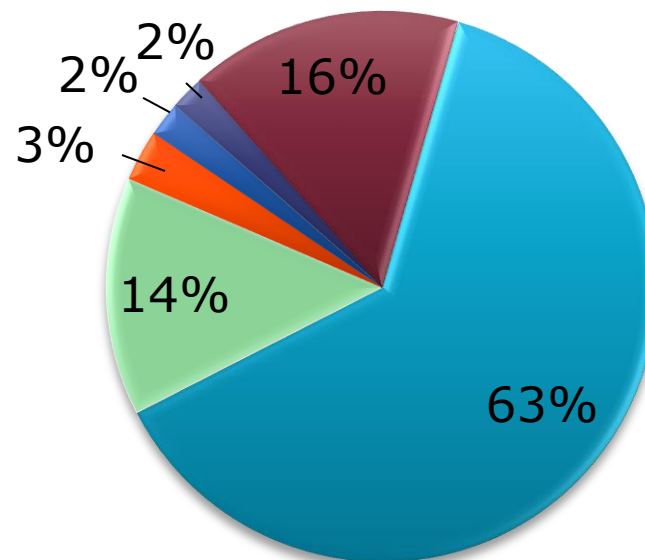
Caller Demographics

Mean Age: 35 Range: 16-70

Gender



Race



Referrals

All Callers

- 104/122 (85%) of callers received HIV referrals
 - 23% (n=24/104) to HIV clinic
 - 32% (n=33/104) to case management (CM)
 - 45% (n=47/104) to both

Callers New to Care

- 16 (13%) callers had never seen an HIV provider
- 15/16 (94%) were referred to an HIV provider during the call

Referrals continued

PLWH Who had Never seen an HIV Provider (n=16)

Referrals	N	%
HIV PCP/Clinic + CM	12	75
HIV case management (CM)	2	13
HIV medical care (PCP/Clinic)	1	6
No Referral	1	6

PLWH Who Had Seen an HIV Provider (n=77)

Referrals	N	%
HIV PCP/Clinic + CM	38	49
HIV case management (CM)	19	25
HIV medical care (PCP/Clinic)	16	21
No referral	4	5

Success and Challenges



- Existing call line
- Collaborators
- Referrals



- Simultaneous referral processes implemented during start of ONE CALL
- Program uptake
- Technology

Conclusions

- ONE CALL intervention demonstrated feasibility
- Tailored referrals to meet callers needs
- Successful in rapid linkage, especially for individuals new to care
- Increased promotion in settings without an active linkage process may have increased reach/uptake
- Access to a centralized and routinely updated HIV provider database with both private and publicly funded facilities is essential

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Thank You!



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