



The Impact of Care Coordination Services on HIV Care Outcomes Among Formerly Incarcerated Individuals in Virginia

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Project Background

- Virginia Department of Health (VDH) awarded a 4-year Special Projects of National Significance (SPNS) grant from the Health Resources and Services Administration (HRSA) [2011-2015] aimed at linkage, retention, viral suppression
- VDH developed enhanced Care Coordination program for recently released inmates building upon prior medication access program for inmates
- Provided opportunity to enhance partnerships with Department of Corrections (DOC), local and regional jails, and community partners working with incarcerated populations



Program Scope

Care Coordination for recently incarcerated HIV-positive individuals:

- Ensures uninterrupted access to HIV/AIDS medications and medical care for inmates released from prison or jail.
- Provides access to an immediate 30-day supply of medications upon release from correctional facility and facilitates expedited enrollment to the AIDS Drug Assistance Program (ADAP) for eligible clients.
- Coordinates medical appointment intake, provides statewide referral and linkage to prevention providers, patient navigators, medical care, case management, and other community services.
- Coordinates services and tracks medication access and medical care for 12 months.
- Follows up with clients, case managers, and local health departments as needed

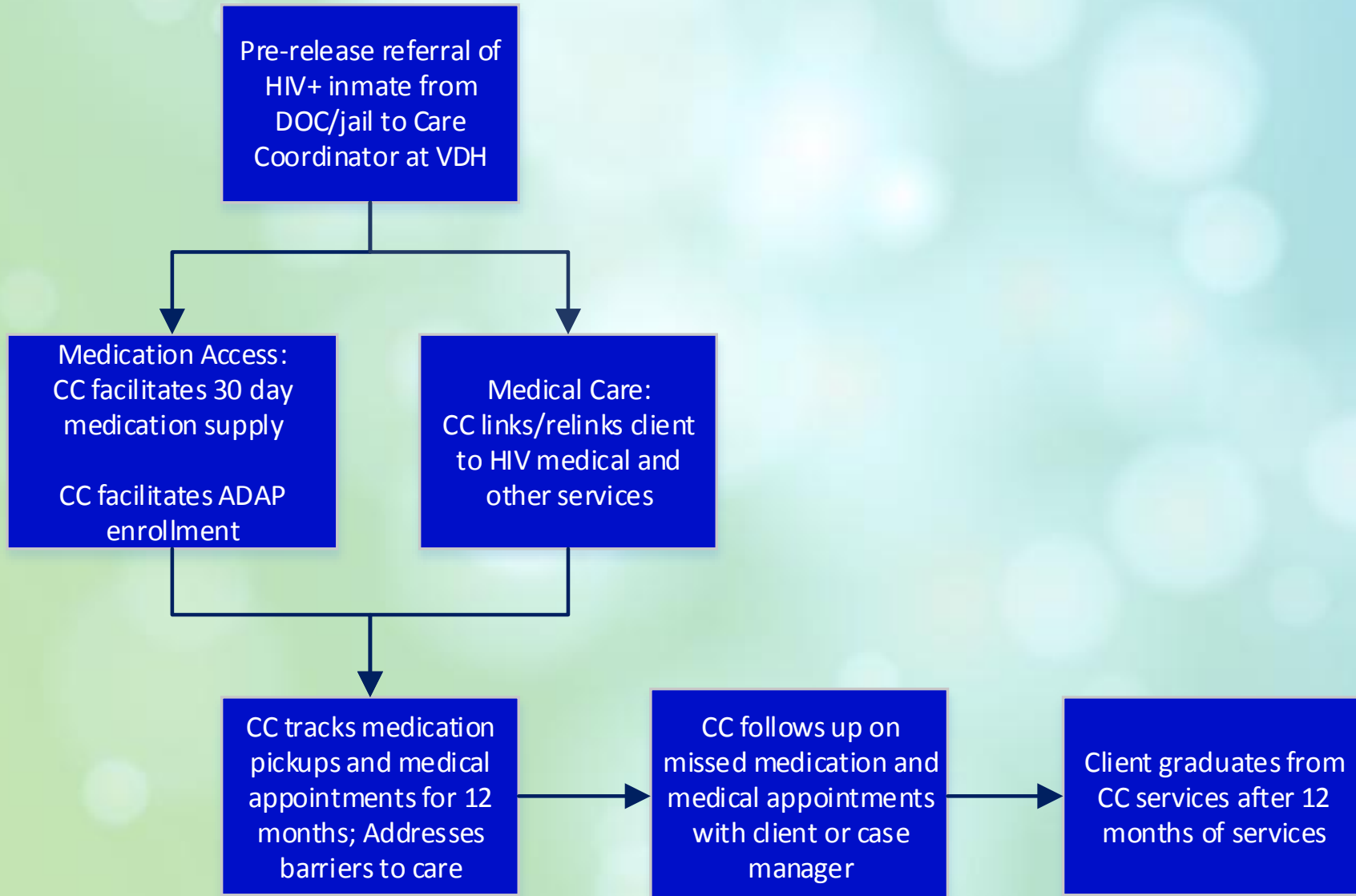


Program Infrastructure

- Program is co-located and managed by Virginia's AIDS Drug Assistance Program (ADAP) at central VDH office
- Managed by 2 Care Coordinators (CCs)
 - Bachelors Degree in related field required
 - Experience with local community outreach and HIV/AIDS services preferred
 - CCs are trained in Motivational interviewing
- As VDH central office staff, CCs utilize statewide ADAP and Ryan White service databases and use tools such as Lexis Nexis and the National Victim Notification Network (VINE)
- CCs collaborate with local partners working in their communities including Comprehensive HIV/AIDS Resources and Linkages for Inmates (CHARLI) program, patient navigators, community health workers, etc.



Care Coordination Process





Program Goals and Targets

Engagement

- Increase the percentage of released inmates who engage/re-engage in care within 90 days of release from 50% to 75%.

Medication Access

- Increase the percentage of released inmates who access medications within 60 days of release from 40% to 75%.

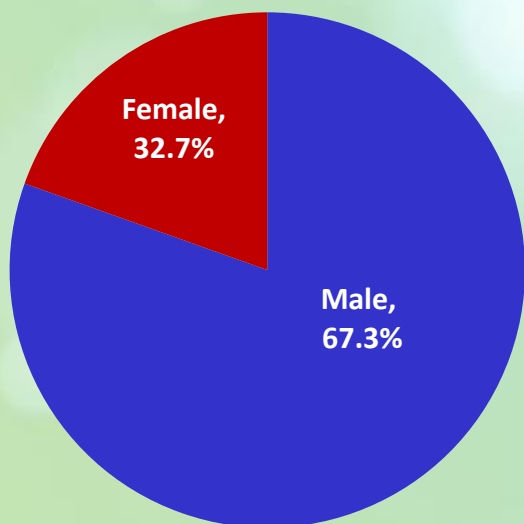
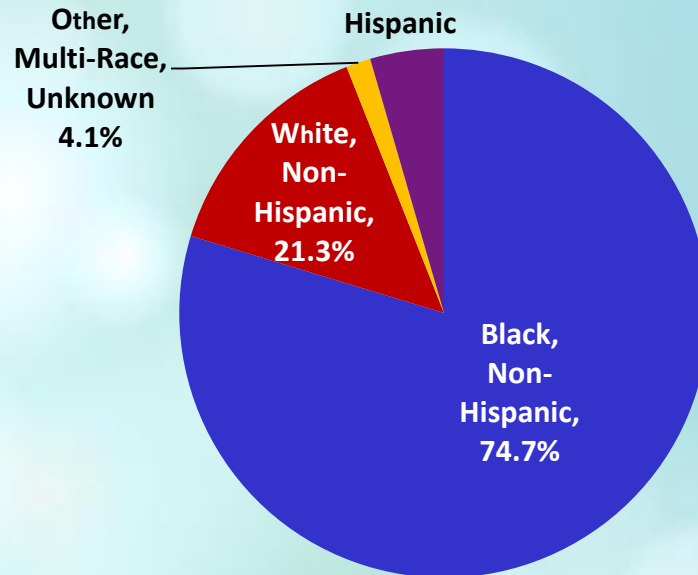
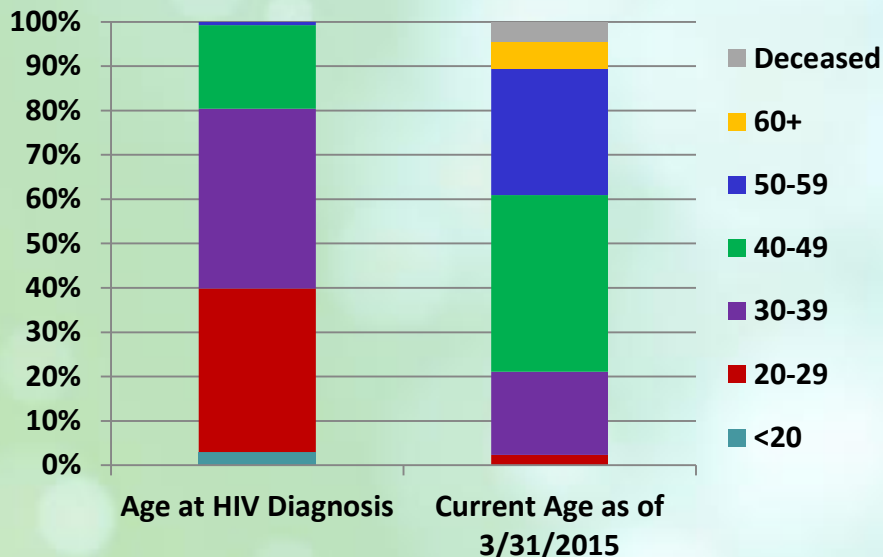
Retention in Care

- Clients enrolled in the CC strategy and CHARLI services will have increased 12 month retention in care rates (80% vs. 65%), compared to those who only utilize one of the two programs.

CC Clients Released

1/1/2012-12/31/2013 (n=133)

#ADHERENCE2015

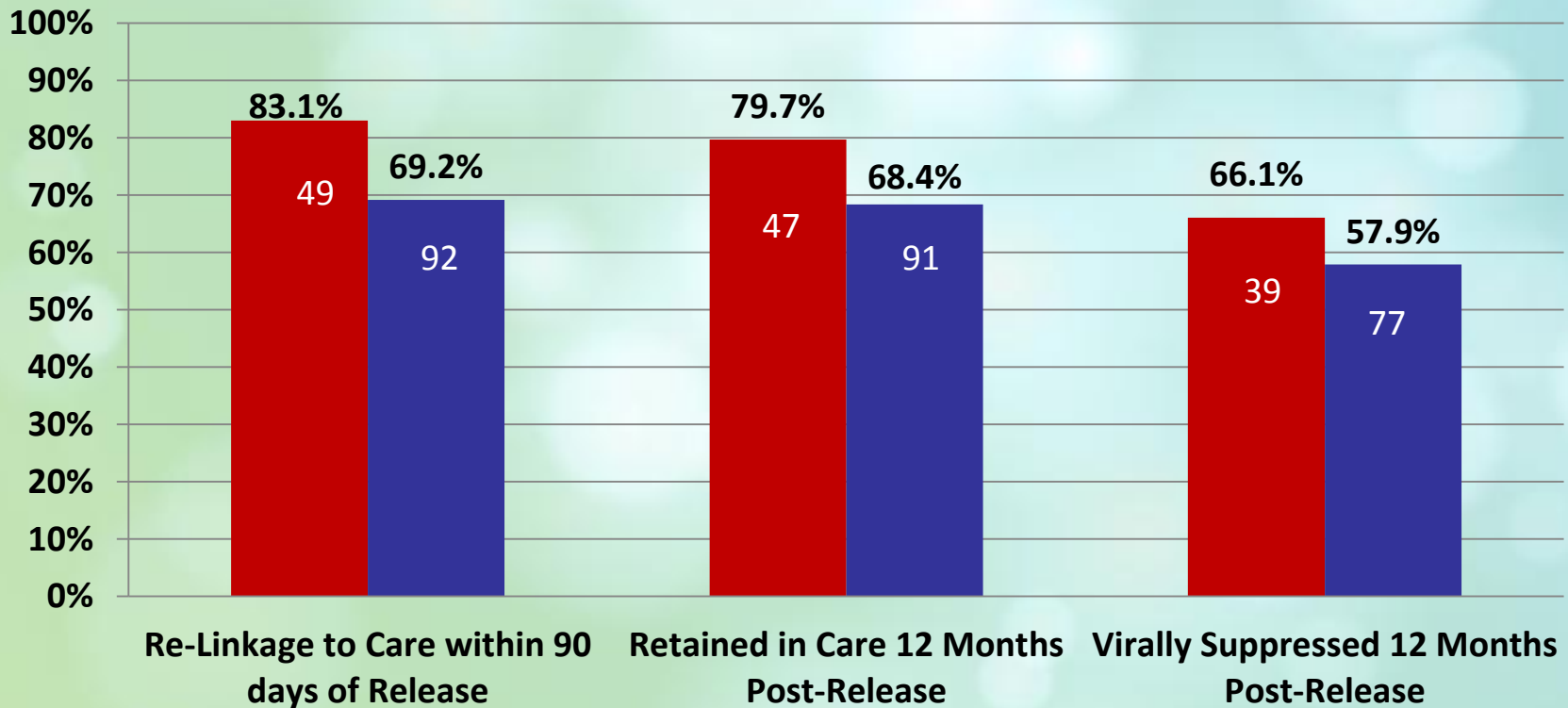


Transmission Risk	Percent of CC Clients (n=133)
Male-to Male Sexual Contact (MSM)	25.6%
Injection Drug Use (IDU)	20.3%
MSM & IDU	13.5%
Heterosexual Contact	24.1%
Pediatric	0.8%
No Risk Factor Reported	15.8%



HIV Care Outcomes Among CC Clients Released 1/1/2012-12/31/2013

- Care Coordination Clients also Receiving CHARLI Services (n=59)
- All Care Coordination Clients (n=133)



Notes:

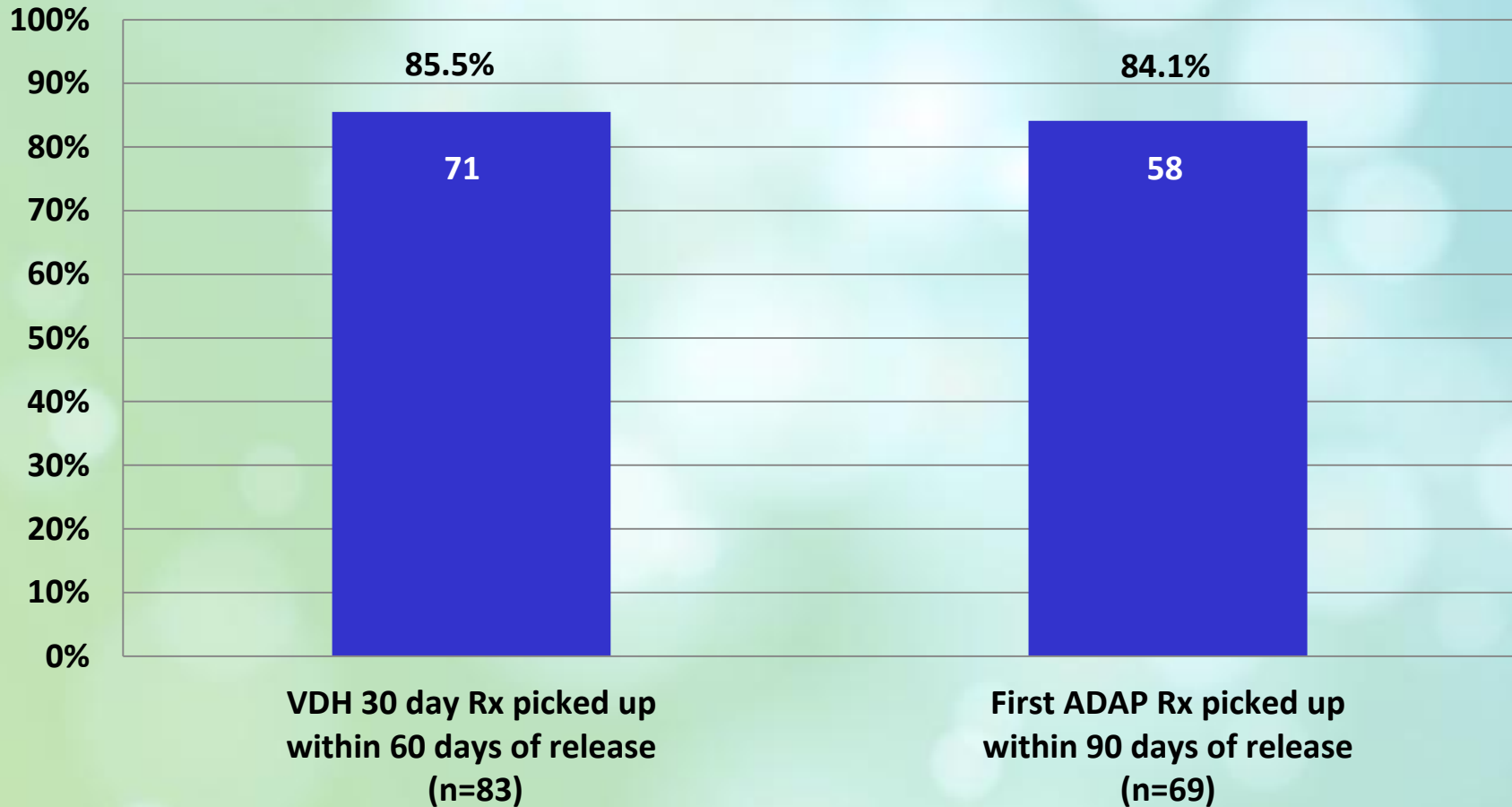
Re-engagement/re-linkage in HIV medical care is based on evidence of a CD4 or viral load lab draw, HIV medical care visit, or antiretroviral prescription within 90 days following release

Continuous engagement (retention) was based on two or more of these markers for care within the 12-month post-release time period that were at least 60 days apart.

Virologic suppression was measured as the last viral load within the 12-month post-release time period that was <200 copies/mL.



Medication Pickup Rates Among CC Clients Served 9/1/2013-4/30/2015



85.5% of clients eligible for VDH Care Coordination 30 day supply of medications picked up their medications within 60 days of their release date. [To be included in this outcome, clients must have been released for at least 60 days and eligible for 30 day medication supply from VDH].

84.1% of eligible clients picked up their first ADAP prescription within 90 days of their release date. [To be included in this outcome, clients must have been released for at least 90 days and eligible/approved for ADAP or ACA insurance through VDH to be included in this percentage.]



Client Impact

- Client missed two consecutive medical appointments
- Care Coordinator followed up with client directly
- Client had become insured through ACA but could not afford medical office visit co-pays
- Additionally, client lived almost 2 hours from closest ID clinic and did not have transportation
- CC worked with ID clinic and CBO to arrange transportation to ID clinic as well as a telemedicine arrangement
- CC worked with case manager to help client to secure housing and employment
- Client is currently employed, housed, and compliant with picking up medication and attending medical appointments and has begun reestablishing his life in the community with the help of Care Coordination and partners.



Lessons Learned

- Regulatory, resource, and treatment protocol differences between state and local correctional institutions must be considered
- Prescription authority and procedures are inconsistent across correctional facilities
- Access to medications/medical care not primary perceived need among population
- There are resource, data, and communication benefits of a care coordination centralized intervention
- However, blending centralized and local service approach results in more effective and comprehensive service to maximize client HIV care outcomes