



# HIV TESTING AND LINKAGE OF CARE COLLABORATION Doctor, Insurer, Community Activity Organization, and Pharmaceutical Company Working Together To Link HIV Positive Patients To Care

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## COMMUNITY ACTIVITY ORGANIZATION

Designated as a county anti-poverty organization with headquarters located in a medically underserved area with a high rate of crime, drug use, and HIV. The local mass transit hub is less than a block away, and foot traffic is high allowing for testing events to attract many participants. The organization hosts the testing events, informs local businesses and religious organizations, and has staff stationed outside informing passers-by of the testing initiative. They also host educational events such as public forums on World AIDS Day.

## MEDICAID INSURER

The HIV Medicaid provider pays for advertising for the testing events, and is onsite to offer all qualifying people who come to the event immediate enrollment. They offer counseling and resources for those who do not qualify for immediate enrollment. They provide small gifts, which help serve as a draw for passers-by. Most importantly, they are able to enroll people who test positive so that patients are quickly able to get necessary medical care, testing, and treatment that most uninsured people can not afford.

## PHARMACEUTICAL COMPANY

The pharmaceutical company is the grant provider and funds the collaboration. They support speakers at the testing events who give relevant basic lectures about HIV to the public who wish to stay, and offer educational materials. They are responsible for adding "lunch and learn" activities to the testing events.

## PHYSICIAN

The physician is the recipient of the grant through the hospital that employs him. He obtains consent, performs the testing, and provides pre- and post-test counseling. He also provides condoms and literature on HIV/STD's (donated by state health department). All positive tests are addressed by the physician who ensures follow-up testing, and provides necessary medical care. Patients are confirmed, counseled extensively, reported to the local Department of Health and ultimately linked to care.

## BACKGROUND

Nassau County is a major suburb of New York City. Nassau is a diverse county ethnically and economically, and there exists a very large disparity in health care and related services. Nassau has a large prevalence of undiagnosed HIV. HIV testing and care services are not equally spread across the county. One particular area, the Village of Hempstead, has a high prevalence of HIV and a relative lack of HIV testing and care providers. With this understanding, the author applied for a corporate grant through his full-time attending position at Winthrop-University Hospital (a major teaching affiliate of the State University of New York at Stony Brook, School of Medicine). The grant was provided by a major pharmaceutical company with two-fold purpose. First, to set up a free rapid HIV testing program in the Emergency Department. Next, to establish relationships in the community and participate in free HIV teaching and testing events, as well as community health fairs. Through both purposes, the ultimate goal was identification of HIV positive patients, and successful access and linkage to care.

Our collaboration developed as a result of the hospital's Cultural Competency Advisory Board, which allows community organizations to meet with the hospital administration, and try to develop relationships and collaborations that can help improve, and fill gaps in local health care. Upon hearing of our interest in offering HIV testing and care in the community, the community activity organization (based in Hempstead) invited us to participate in Black AIDS Day. The positive feedback as a result of the lecture, combined with the offer for free onsite testing, lead to our first testing date. We were then approached by a Medicaid healthcare provider who offered to participate. This ensures that patients have access to insurance to pay for testing and medication should it be needed. This collaboration has grown, and now is a scheduled monthly event involving all 4 participants; physician, insurer, pharmaceutical company, and community activity organization.



## METHODS

All testing is provided orally free of charge using Oraquick Advance. Advertising is done by flyers and informing neighborhood businesses and organizations. Educational pamphlets and condoms are offered free of charge. Confidentiality is assured in a private area in back of a conference room. The author provides counseling, obtains consent, and administers testing and results. When necessary, immediate follow-up care is ordered and scheduled by the author.

## OBSTACLES TO LINKAGE TO CARE

Throughout the process we have identified obstacles that have stood in the way of linking people to testing and care. Our collaboration was developed with the purpose of overcoming these obstacles. Some we have resolved, some remain a work in progress. The following obstacles we have identified so far:

- **Funding:** Currently resolved through the pharmaceutical company's generous grant. Renewal of grant money is pending. Further sources of funding may become necessary as this collaboration grows.
- **Access:** Having direct contact with people at high risk of HIV is a key component of making our testing program work. By locating our events in Hempstead near the village transit hub, we have great foot traffic at our events. Word of mouth support from neighboring businesses and organizations informs people of testing.
- **Incentive:** Open doors to free testing does not ensure people will walk through. Food through lunch and learn seminars is a good incentive. We also provide free items such as condoms, and the insurer provides toys and stuffed animals that people can give to their children. We are in the process of asking for corporate help with respect to incentive giveaways such as discount coupons and free food and services for people agreeing to get tested.
- **The Uninsured:** This is perhaps the most difficult obstacle. Identifying people who test positive for HIV opens a whole new world of needs. It is particularly difficult to link to care positives who are uninsured and can not afford testing, physician care, or treatment. The addition of an onsite Medicaid HIV insurer provided great relief with this regard. Still, those who do not qualify for insurance for various reasons present a challenge. We do our best to find resources through the department of health, charity organizations, and when necessary we find places with emergency Ryan White funding . . . anything to complete the linkage to care.
- **Follow-Up:** Patients who test positive do not always comply with follow-up and linkage to care. By having the actual HIV physician provide counseling and testing, a doctor-patient relationship is established on the spot. The physician's office is also located along the same bus route as the testing site, so access to the physician easy. Despite our best attempts, there is still a percentage of people who test positive and are not successfully linked to care due to lack of follow-up. Resolving this is a continual work in progress.

## RESULTS

The collaboration model described is a work in progress. At press time testing events are scheduled for the first Thursday of each month, as well as an extra event for World AIDS Day. Three preliminary testing events resulted in 60 tests with 2 positives, both were confirmed and linked to care. One of the 2 was a pregnant woman who had not received any prenatal care and was in her second trimester. These preliminary results are very promising and future testing events have great growth potential.