A Qualitative Assessment of Facilitators and Challenges to HIV Linkage to Care Models in Washington, DC

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Background

- Early linkage and retention in care is associated with improved health outcomes for HIV-infected individuals, and lower rates of viral transmission.
- An estimated 62% of HIV infected individuals in the US have been linked to care, and only 41% of those individuals stay in care.
- As part of the CDC's Enhanced Comprehensive HIV Prevention Planning (ECHPP) Project, the DC Department of Health (DOH) HAHSTA attempts to identify operational challenges and facilitators to HIV linkage to care programs in order to scale up these programs.

Aims

To evaluate the DC DOH linkage to care portfolio, and identify challenges and facilitators to the programs' successes.

Methods

- 10 semi-structured key informant interviews with HIV clinical care and social services providers.
- Key informants selected from 9 organizations that provide HIV linkage to care services in Washington, DC.
- Participating organizations included:
  - Community-based primary care clinics (N=6)
  - Community-based HIV/AIDS clinical care provider (N=1)
  - Community-based non-clinical care provider (N=1)
  - Hospital-based provider (N=1)
- Thematic analysis conducted using Atlas.ti software.
- Validity of analysis was assessed through intercoder reliability.

Results

Provider Roles

- Participants identified their roles within their organizations as:
  - Infectious Disease Nurse Case Manager
  - Linkage to Care Coordinator
  - Program Manager
  - Physician's Assistant
  - Director of Social Programs
  - Systems Navigator
  - Director of Medical Adherence
- The data presented represents the different perspectives of the above individuals who hold varying roles in the linkage to care process.

Themes to Describe Linkage Process

- The definitions of linkage to care differed among the organizations participating. While some organizations had specific criteria for considering a patient "linked to care", others did not.

> *"[We are working on] defining what this linkage to care means because we have all of these different elements with respect to it. If somebody is…referring somebody to a provider, when does that patient become that provider responsibility? Who takes responsibility for this linkage to care? What do we mean by…'In care'?"*

- The staff involved in the linkage to care process also differed among organizations and included case managers, nurse case mangers, community health workers, care advocates, and care associates.
- Several participating organizations had additional programs and services aimed at identifying previously diagnosed HIV-infected individuals and reengaging them in HIV medical care.

Results

Facilitators to HIV Linkage to Care

- A strong and trusting relationship between the patient and provider was found to support linkage and retention in HIV medical care.

> *"If the client doesn't feel that comfortable or he doesn't feel that connection, then the client is not going to let us do anything. He's going to disappear in the system."*

- Another commonly cited facilitator to linkage to HIV medical care is an organization's ability to provide other medical and social services beyond HIV care, as well as serve as the patient's medical home.

> *"It's very clear that our clients experience a lot of stigma, a lot of discrimination and a lot of inner shame, guilt. And so once they've found safety within our walls it's a big deal. And for them to [look] outside of our walls for services that we can't provide is very difficult and generally, a lot of times they won't do that. So if we refer them out, they end up not going. So the more we can provide within [our organization] the better."*

> *"I see…more successful [linkage] rates with places that can provide medical care and kind of that all around one-stop shop…we're going to test you and then here's the appointment."*

Results

Barriers to HIV Linkage to Care

- All participants reported limited program resources as a barrier to their organization's ability to provide appropriate and successful linkage to care services.

> *"There is nothing specifically funded for [reengagement services], so that does make it a little more difficult because you're dealing with offering the service on a regular basis and that's an add-on."*

- Patient-perceived stigma was another commonly reported barrier to linkage and retention in care.

> *"If someone experiences…stigma…and rejection in their own families then it will affect the way that they respond to us."*

- Co-occurring medical and social issues were found to present barriers to patients in accessing medical care and adhering to treatment. Mental illness, substance abuse, homelessness, and poverty are some of the commonly reported issues patients face.
- Participants indicated challenges in the linkage process based on the HIV testing venue, with more challenges associated with linking those testing in a non-clinical setting.

> *"If you get tested at ten o'clock in the evening at a club on our van, those are the folks that we have a real challenge with. Because…even if they get to go home and spend even two hours thinking about this thing, without that immediate linkage then they get to go into denial. They get to say, 'I don't want to deal with this.'"*

Limitations

- Possible bias due to convenience sampling technique used in recruiting study participants.
- Inability to generalize study findings.

Conclusions

- Models and processes of linkage to care for HIV-infected individuals differ among organizations in DC.
- A strong patient-provider relationship, and the ability of the organization to offer comprehensive services allowed for more successful linkage to care.
- Barriers to successful linkage to care included:
  - Limited resources for programs
  - Individual factors such as mental illness and other co-occurring conditions, poverty, homelessness, and perceived stigma associated with HIV
  - Testing conducted in a nonclinical setting or after normal clinic hours.
- Further studies are needed to understand the impact of these facilitators and barriers, and develop methods to improve linkage to care efforts in order to improve the health outcomes of HIV-infected individuals, as well as prevent future infections.

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