

Obtaining Feedback from Subrecipients and PLWH to Improve Linkage to Care in the Atlanta EMA



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INTRODUCTION

As part of an ongoing initiative, surveys were developed to inform the Atlanta EMA Quality Management Program on the successes and challenges related to the linkage to care process. The Quality Management (QM) Committee of Metropolitan Atlanta HIV Health Services Planning Council elected to conduct a quality improvement (QI) project noting variability across the Ryan White Part A Network in measuring and achieving linkage to care within 30 days. Linkage to care is key to starting treatment and beginning the journey to viral suppression. Earlier treatment leads to better health outcomes and quality of life for our clients. The goal is to increase the percentage for newly diagnosed persons linked to HIV medical care within one month of diagnosis to 85% by December 31, 2020.

METHODS

Three surveys focusing on the linkage to care process were developed and distributed within the Part A Network between FY2017 - FY2019. Six PLWH were hired and trained as QI Project Assistants to recruit survey participants for *Survey A*. QI Project Assistants administered the paper survey tool at 13 Part A clinics for 4 weeks. Survey respondents received a grocery card as incentive to participate in the survey. Items in *Survey A* mirrored access to care questions in Consumer Assessment of Healthcare Providers and Systems (CAHPS) Surveys. Surveys were available in English and Spanish. Results of *Survey A* were shared with the QM Committee and Consumer Caucus. As a result, *Survey B* was created to further investigate barriers to care. Five stigma and discrimination questions were added from a technical brief entitled "Measuring HIV stigma and discrimination" by International Center for Research on Women. Part A Staff shared a printable and online tool (Survey Monkey link) with funded subrecipients to distribute to new clients. Also, Part A staff collected survey responses during an annual outreach event using tablets and paper surveys. *Survey B* collection period was 10 weeks. Part A Staff created *Survey C* to obtain feedback from subrecipients related to process successes and challenges at the agency-level. *Survey C* included questions related to Testing, Counseling, Referrals, Appointment Reminders and definitions of Medical Visit. *Survey C* collection period was 4 weeks.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>
https://www.icrw.org/wp-content/uploads/2017/07/STRIVE_stigma-brief-A4.pdf

FY2017 - Survey A

Audience - RW Clients
 Paper Survey Tool
 Anonymous, convenient, incentivized sample
 Multi-choice, rating questions
 Missed Appointments
 Satisfaction with Appointment System

FY2018 - Survey B

Audience - PLWH
 Paper & Online Survey Tool
 Anonymous, convenient sample
 No incentives
 Multi-choice, rating, and 1 open-ended question
 Barriers to Care
 Stigma/Discrimination
 Satisfaction and Importance
 Appointment System

FY2019 - Survey C

Audience - RW Part A Agencies
 Online Survey tool
 Multi-choice, and open-ended questions
 HIV Testing Frequency/Location
 Staff Infrastructure for linkage process
 Appointment and Follow-up System
 Steps in the Linkage to Care Process
 Successes and Challenges

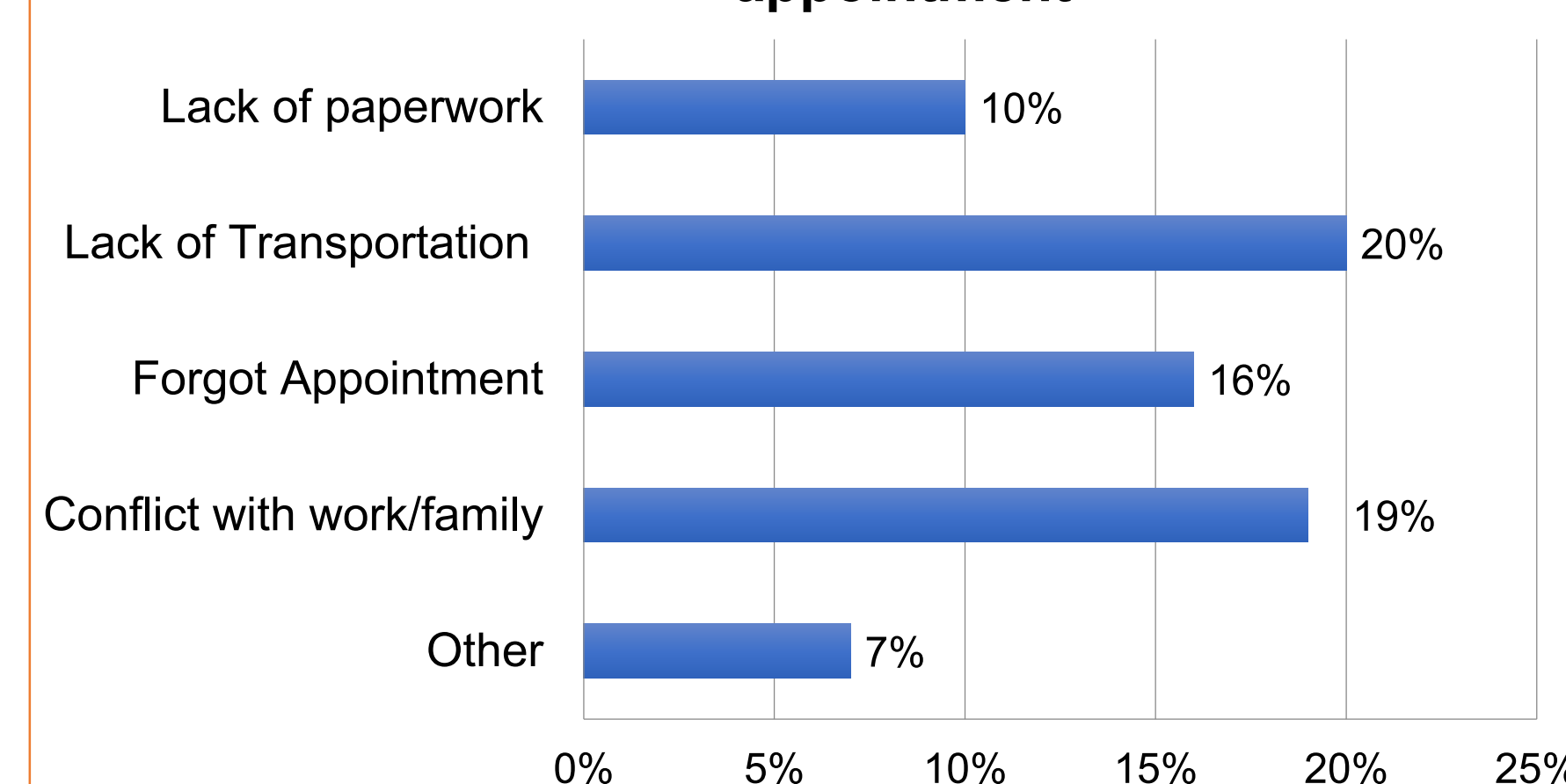
RESULTS

Survey A

QI Project Assistants collected a total of 405 surveys from 13 clinics. Using reported demographics, survey results were filtered by respondents who were a client for a year or less to capture recent linkage experiences. New clients represented 31% (126) of survey respondents.

- 39% of new clients reported experiencing an appointment **rescheduled due to an agency** issue either "sometimes", "usually", or "always"
- 70% of new clients reported **missing or rescheduling** an appointment
- 67% of new clients reported being "satisfied" or "very satisfied" with the **ease making an appointment**
- 68% of new clients reported being "satisfied" or "very satisfied" with **obtaining a convenient appointment**

Reasons missed/rescheduled medical appointment



Survey B

A total of 89 surveys were received from Part A Community. Two were removed from analysis since respondents reported being HIV negative. The average respondent was Male (82%), African-American (80%), 25-34 years old (33%), and a college graduate (33%). Ninety-two percent of respondents were engaged in medical care at the time of the survey, and 7 respondents were not. Twenty-five respondents (31%) reported taking longer than 30 days to obtain medical care noting the reasons below:

- 46% reported being **afraid** to get into care
- 38% reported being **not ready** to get into care
- 29% reported not having **transportation** to the clinic
- 29% reported **not knowing** how to get medical care

Common themes expressed by respondents when asked "What would have made it easier for you to see a medical doctor?" were:

- Transportation
- Access, Location, Logistics
- Alternative Appointment Times
- Staff Assistance
- Positive Feedback
- Paperwork
- Insurance

Survey C

A total of 13 agencies responded to *Survey C* describing the successes and challenges of linking clients to care within 30 days.

Successes

- Blocked appointment slots for new patients (e.g., 10am, 2pm)
- Provided personal phone calls and follow-up from day of diagnosis and beyond
- Prevention team accessed and were able to schedule medical appointments
- Had same day medical appointments as enrollment
- Dedicated linkage staff to accompany clients from testing site to first appointment (e.g., driving clients from hospital to clinic, attending the medical appointment with client)
- Trained Patient Navigators to complete Prescription Assistance Program applications for clients immediately
- Established Peer staff and peer support groups
- Utilized standard referral form

Challenges

- Client readiness to access care
- Lack of phone or physical address to contact client
- Competing priorities – clients are coping with unstable housing, low-income and/or underemployment
- Appointments that are available to new clients are not feasible for all new clients
- Pressure to fill all open appointments slots

LESSONS LEARNED

Methods

Clear, and consistent methods to obtain regular feedback from clients and agencies is essential to identifying opportunities for improvement. To enhance feedback received, our team will consider:

- Using active data collection strategies
- Incorporate incentives
- Conduct interviews or focus groups for more in-depth exploration
- Provide supplies for paper distribution

Additional methods were used to foster discussion on sustainable solutions to increasing linkage to care percentages. A workshop was held with PLWH, linkage coordinators, peer staff, HIV prevention and health providers to discuss strategies to address linkage gaps at a system-level. A centralized linkage to care model was explored using survey data to frame discussion.

Process Improvements

The linkage to care process should be client-centered. Agencies should use team-based care coordination strategies with trained staff aware of the stigma and fear clients may experience navigating through the health system. Based on feedback provided by subrecipients and PLWH, key program activities that may improve the linkage to care process are:

- Extended or Non-traditional Hours
- Expand Medical Transportation to include rideshare (Uber, Lyft)
- Update service standards and documentation for intake
- Cultural competency and Customer Service Training