

TRAVELING HIV CLINIC is an individual level intervention that is designed to provide HIV care to people in rural areas who would otherwise face challenges to accessing HIV specialty care. The key characteristics of Traveling HIV Clinic are: collaboration with a local case manager who is known and trusted within the community served; the expertise of the participating health providers; and consistency in the staffing and schedule of the traveling clinic.

CURRENT ACTIVITY SETTING

*University Medical Center,
Internal Medicine, HIV Program*

- ✓ Directly links the client to medical care
- ✓ Gets the client in a conversation about starting medical care
- ✓ Brings the agency closer to where HIV+ people are so that the conversation can begin

I. DESCRIPTION

OBJECTIVES

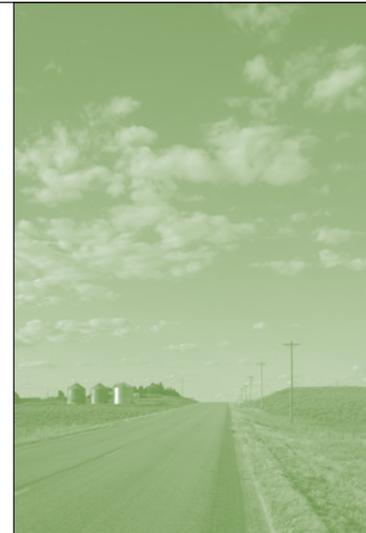
- ▶ To provide consistent quality HIV specialty care in rural areas

POPULATION SERVED

- ▶ HIV+ individuals residing in rural areas

ACTIVITY DESCRIPTION

Traveling HIV Clinic regularly provides HIV expertise, health care, and social services to individuals residing in a rural area.



QUICK NOTES:

“There will always be problems—most of my clients don’t believe like I want them to—but you have to work with people’s constructs.”

— HIV SPECIALIST

Planning

- ▶▶ A clinic identifies an agency in a selected rural area to host a team of HIV medical care providers who will travel there and set up a clinic on a regularly scheduled basis. The host should provide general (not HIV specific) health care and be well-used and respected by the target population.
- ▶▶ The clinic identifies a case manager in the selected area. This local case manager will work closely with the traveling HIV specialist team.
- ▶▶ A year-long calendar is set for the Traveling HIV Clinic, which will take place every six to eight weeks.
- ▶▶ The clinic staffs the HIV specialist team. The team should consist of at least one physician specializing in HIV care, one nurse, and a phlebotomist, a medical resident, and medical case manager. Additional staff can be considered depending on the types of services planned and number of patients expected.
- ▶▶ Services and supplies provided include: specialist HIV care; seasonal and chronic vaccines; HIV rapid testing; laboratory testing and analysis; nutritional supplements; dental care assessment; distribution of safer sex kits (condoms, lubricant, and information on proper use in Spanish and English); and other multi-lingual, HIV related information.
- ▶▶ The HIV specialist team builds a relationship with the local case manager. They communicate regularly, sharing information on individual patients’ health and social service needs.
- ▶▶ A protocol is established for the local case manager to do the following: identify HIV+ individuals in need of the team’s services, schedule appointments, ensure clients have transportation to the appointment, and sign up clients for benefits and entitlements to provide for basic needs.
- ▶▶ The local case manager creates and manages the schedule of appointments for each Traveling HIV Clinic. (The team is able to see approximately 30 patients per clinic.)
- ▶▶ When the team is not on location, the local case manager troubleshoots any medical or social problems. In the event of a medical emergency, the local case manager coordinates patient care with the local hospital’s emergency room and medical providers.
- ▶▶ If a patient of the HIV team has an urgent medical need, the local case manager may facilitate, with the help of the HIV specialist, the ordering of lab tests at a local hospital. The results will then be available for review by the HIV specialist during the next scheduled clinic.

Preparation for the HIV Specialist Team’s Clinics

- ▶▶ The host agency allocates one or two members of the nursing staff to work with the HIV team and to orient them to the site’s resources.
- ▶▶ At the “home” clinic, a medical case manager reviews the patient appointments and generates a billing sheet for each patient. The billing sheets include insurance information and a stamp with five “reminder boxes,” which the HIV team checks off to document that a service has been carried out.
- ▶▶ The medical case manager prepares the rapid HIV test kits for transport.
- ▶▶ S/he packs supplies for the traveling clinic, including pharmaceutical samples which, for the most part, cannot be provided through Ryan White CARE Act programs (e.g., Tylenol, medication for diabetes, hypertension, and opportunistic infections).
- ▶▶ The phlebotomist prepares the blood-drawing kit (dry ice, tubes, syringes, etc.).
- ▶▶ The morning of a clinic, the HIV specialist team meets at the transport site and loads the equipment and supplies on a small, private plane. The team flies to an airport near the host site where a van, arranged by the local case manager, meets them and brings them to the site.

Traveling Clinic Site

- ▶▶ An open, friendly tone is set for the clinic, and the host-site staff prepares cookies and tea for the waiting room.
- ▶▶ The host site’s nursing staff conducts preliminary examinations, taking patients’ weight, vital signs, etc. New patients have a complete intake and physical.
- ▶▶ The nurses prepare for the local case manager patient “shadow reports” which contain basic clinical information from each patient’s medical file. The reports are then given to the traveling HIV specialist for further documentation.

- ▶▶ Patients are brought into each of the four examining rooms reserved for the activity. With the patient's permission, family members are invited into the examining room. Their presence allows the provider to learn more about the social and medical issues influencing the patient's health.
- ▶▶ When dividing up the appointments, members of the HIV specialist team work to ensure that patients see the provider they know best or have the best rapport with.
- ▶▶ During each appointment, a provider reviews with a patient his/her medical needs and current medications.
- ▶▶ The HIV specialist meets with patients as needed. For example, the HIV specialist might be "called in" to determine a course of action for a new patient, administer vaccinations, or write prescriptions. S/he fills out a lab ticket to request necessary laboratory tests and records all diagnoses on the patient's chart.
- ▶▶ The patient returns to the waiting room to see the local case manager and discuss other needs, such as public insurance, other entitlements, and nutrition.
- ▶▶ The phlebotomist will call patients into a separate room to draw blood for any lab tests that the HIV specialist has requested.

Follow-Up

- ▶▶ Once back at the home clinic, the phlebotomist transports the blood samples to a laboratory for analysis.
- ▶▶ The following work day, the medical case manager unpacks the bags and processes patient entitlement and insurance information to obtain compensation for the HIV specialist team's care services.
- ▶▶ The medical case manager reports the results of the lab tests to the patients by letter. Patients may also request to receive this information by telephone.
- ▶▶ The local case manager will arrange a relationship with a local primary care provider for any patient who does not have one. That way, each patient has a medical professional to see or contact between traveling clinics.
- ▶▶ Patients take any prescriptions they have received to a public or private pharmacy to have them filled. The pharmacist counsels the patient on adherence to medications.
- ▶▶ If a patient misses two appointments with the HIV specialist team, the local case manager places a call to encourage them to come in.

PROMOTION OF ACTIVITY

- ▶▶ Through AIDS Education and Training Centers, which provide HIV education to health care providers
- ▶▶ Word of mouth from patients and providers
- ▶▶ The local case managers inform their clients
- ▶▶ Local and state press

II. LOGISTICS

STAFF REQUIRED

Clinic

- ▶▶ Physician specializing in HIV care
- ▶▶ Nurse
- ▶▶ Phlebotomist
- ▶▶ Medical case manager to coordinate the delivery of clinical care service and provide results of lab tests to patients
- ▶▶ Physician's assistant, medical resident, or other staff to provide selected services for the number of patients expected
- ▶▶ Licensed pilot of small aircraft

Outreach Site

- ▶▶ Local case manager to coordinate care, including psycho-social support, to help manage medical care benefits, to monitor patient health between traveling team visits, and to offer referrals to care providers
- ▶▶ Nurses (2 – 3)

TRAINING & SKILLS

- ▶▶ The local case manager must demonstrate persistence in follow-up with clients and possess social and clinical skills. This person must have knowledge of basic health assessment and the ability to recognize symptoms of HIV, and know what questions to ask and referrals to make.
- ▶▶ Medical providers must learn to work with each patient's unique situation and be open-minded and non-judgmental.

PLACE OF ACTIVITY

Donated clinic space with basic medical equipment and a room for every medical care provider at the designated host site location

FREQUENCY OF ACTIVITY

A clinic is held every six to eight weeks, from 11:00 a.m. – 5:30 p.m.

OUTSIDE CONSULTANTS

None

SUPPORT SERVICES

Interpretation services by bilingual (Spanish and English) staff at outreach site

CONDITIONS NECESSARY FOR IMPLEMENTATION

- ▶▶ The social and health service providers who staff the activity must be caring.
- ▶▶ The remote community must be willing to work with the service providers to ensure that the activity's objectives are met.
- ▶▶ State health departments, the medical community, and local community-based organizations must be able to achieve a high level of coordination in their efforts to bring HIV+ people into care.

III. STRENGTHS AND DIFFICULTIES

STRENGTHS

- ▶▶ Consistency in the delivery of care: the same providers visit the same place at regular intervals of time
- ▶▶ Quality of the medical care provided: expert HIV care is rare in rural areas
- ▶▶ High-level coordination between case managers and medical providers enables them to know each patient's particular situation.

WEAKNESSES

- ▶▶ As the activity grows, it becomes more difficult to raise sufficient funding.
- ▶▶ Lack of intensive care for the very sick; acute care is difficult to deliver to patients in rural areas
- ▶▶ Lack of staff specializing in substance abuse

DIFFICULTIES FOR CLIENTS

- ▶▶ The length of time between visits
- ▶▶ Distance of travel and problems scheduling reliable transportation
- ▶▶ Frequent inability for HIV team medical providers to be present in medical emergencies

DIFFICULTIES FOR STAFF

- ▶ Lack of local ancillary services (which are necessary for truly comprehensive care)
- ▶ Demands of work and travel schedule: it is exhausting and emotionally draining
- ▶ Risks of flying in a small aircraft
- ▶ Lack of substance-abuse and mental-health counselors on the team

OBSTACLES FOR IMPLEMENTATION

None

ACTIVITY NOT SUITED FOR

Populations with existing HIV specialist nearby

IV. OUTCOMES

EVALUATION

- ▶ The clinic surveys 25 randomly selected patient charts each month to assess clinical indicators (e.g., changes in CD4 counts and viral loads) and the quality of medical care (i.e., how the HIV specialist fared in the delivery of the five required services).
- ▶ The medical case manager monitors clinical-indicator and quality-of-care trends in these surveys and discusses challenges with clinic providers.
- ▶ The outcomes of HIV+ women who are pregnant are tracked through a review of their medical charts, including their viral loads and CD4 counts.

EVIDENCE OF SUCCESS

- ▶ The number of HIV+ people in continuous care has grown significantly over ten years.
- ▶ People receiving care from the HIV specialist team are living longer and healthier lives, which is attributed to the team's ability to identify and prescribe the best medications for each patient.
- ▶ CD4 counts increase and viral loads decrease when individuals become patients of the HIV specialist team.
- ▶ Fewer infants with HIV+ mothers are diagnosed with HIV infection.
- ▶ People who move out of the clinic region often reconnect to care with other outreach clinics.
- ▶ Although some individuals stop using the traveling clinic when their health improves, they return when they get sick.
- ▶ A recent needs assessment survey found that patients of the HIV specialist team were "very happy" with their medical care and case managers.

UNANTICIPATED BENEFITS

- ▶ This activity provides the only opportunity for many patients to interact with HIV care providers and other individuals living with the disease. So it serves as a type of support group.
- ▶ Providers derive personal satisfaction from the work.
- ▶ Providers have greater awareness of the need to identify patients and refer them to the Traveling HIV Specialist Clinic.
- ▶ People in care do their own outreach and bring other people into care.

“CONNECTING TO CARE” ELEMENTS OF ACTIVITY

- ▶▶ The involvement of a case manager from the designated area serves as one of the activity’s cornerstones and facilitates the building of relationships between the traveling HIV specialist team and their patients. The case manager is a familiar, trusted, and comforting presence because s/he is known, established locally, and engaged by the community in activities that are not HIV specific.
- ▶▶ The traveling clinic reduces travel time and expenses for patients and eases problems with scheduling transportation.
- ▶▶ It eliminates the apprehension of navigating through an unfamiliar and sometimes intimidating urban area.

KEEP IN MIND...

- ▶▶ This is not an easy task and it may be slow at first; persistence pays.
- ▶▶ It is important to establish a good relationship with the community as a whole and to provide services only where the community perceives a need.
- ▶▶ You may need to make an effort to help community members understand the need for your work.
- ▶▶ Use all of the funding streams, organizations, and other resources that the chosen community has to offer.
- ▶▶ Funding for a charter plane can be solicited from pharmaceutical companies or local universities. Pharmaceutical companies may agree to fund the plane if the activity offers “provider education” about pharmaceuticals and drug management.
- ▶▶ As an alternative, a car, van, or bus can transport the HIV specialist team.