



Rapid Linkage to Care: An Innovative Service Delivery Model

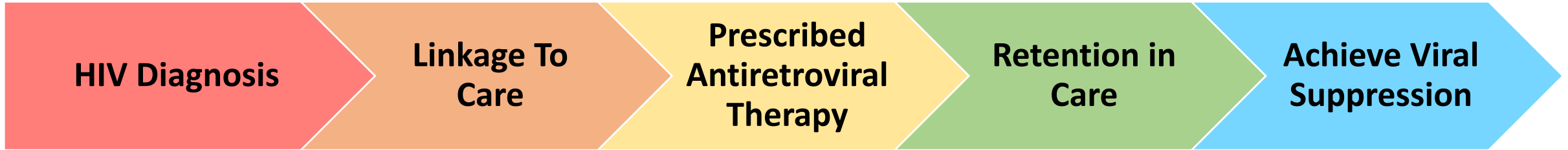
Harold Glenn San Agustin, MD, AAHIVS

November 14, 2024 | Los Angeles County Commission on HIV Annual Conference

1. Understand the Rapid Linkage to Care model and share best practices.
2. Evaluate the outcomes from this service delivery model, and showcase how same-day linkage positively impacts patient health.
3. Identify key stakeholders who are essential for successfully implementing the Rapid Linkage to Care model in diverse settings.
4. Explore practical steps for implementing Rapid Linkage to Care, focusing on collaboration and resource allocation.

I receive an honorarium for my participation on the Speakers' Bureau for Gilead Sciences. This relationship does not influence the content of this presentation.

Care Continuum

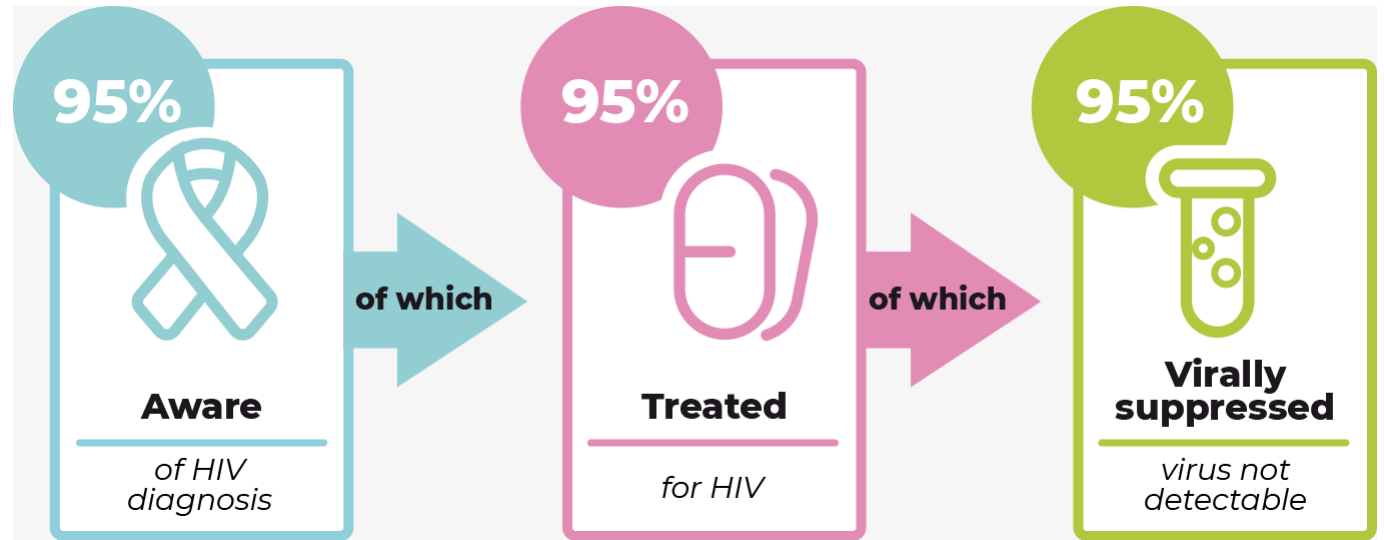


2012

HIV Treatment Cascade (Care Continuum) introduced at AIDS Conference (Washington DC) by Gardner et al.

2014

95-95-95 goals by 2030 at AIDS Conference (Melbourne, Australia) by UNAIDS.



2005

Data showed starting ART during primary infection or within 6 months from seroconversion “may facilitate long-term control of cellular reservoirs.”

The Journal of Infectious Diseases

Effect of Treatment, during Primary Infection, on Establishment and Clearance of Cellular Reservoirs of HIV–1

Matthew C. Strain,^{1,2} Susan J. Little,³ Eric S. Daar,⁵ Diane V. Havlir,⁶ Huldrych F. Günthard,⁸ Ruby Y. Lam,² Otto A. Daly,⁴ Juin Nguyen,⁴ Caroline C. Ignacio,⁴ Celsa A. Spina,⁴ Douglas D. Richman,^{2,4} and Joseph K. Wong^{2,4,7}

Departments of ¹Physics and ²Medicine and Pathology, University of California at San Diego, La Jolla, ³Antiviral Research Center and ⁴Veterans Affairs San Diego Healthcare System, San Diego, ⁵Division of HIV Medicine, Harbor–University of California at Los Angeles (UCLA) Medical Center, Torrance, and UCLA School of Medicine, Los Angeles, and ⁶San Francisco General Hospital and ⁷Veterans Affairs Medical Center, San Francisco, California; ⁸Division of Infectious Diseases and Hospital Epidemiology, University Hospital of Zürich, Zürich, Switzerland

2006 UCSF begins “CD4 guided” ART recommendation (start ART when CD4 <500)

2010 UCSF “universal ART” era (ART offered immediately to all patients)

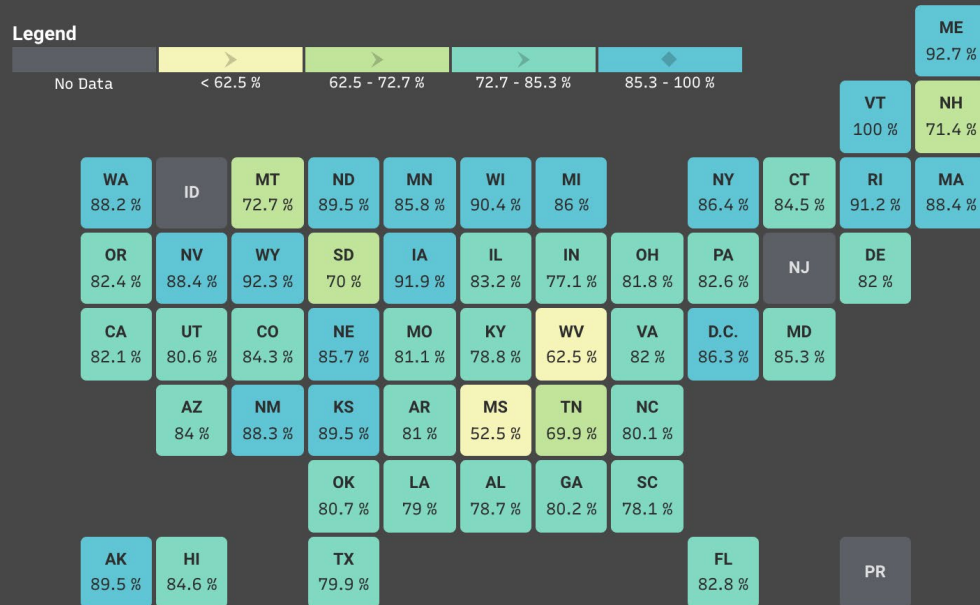
2011 HPTN 052 results published in NEJM, “Treatment as Prevention” (TasP)

2013 SFGH HIV Clinic launches RAPID (**R**apid **A**RT **P**rogram for **I**ndividuals with an HIV **D**iagnosis)

2015 WHO recommends ART initiation regardless of WHO clinical stage and at any CD4 cell count

2017 WHO publishes guidelines on rapid (same-day) initiation of ART

Percentage of people with HIV who received HIV medical care within one month of diagnosis, 2022

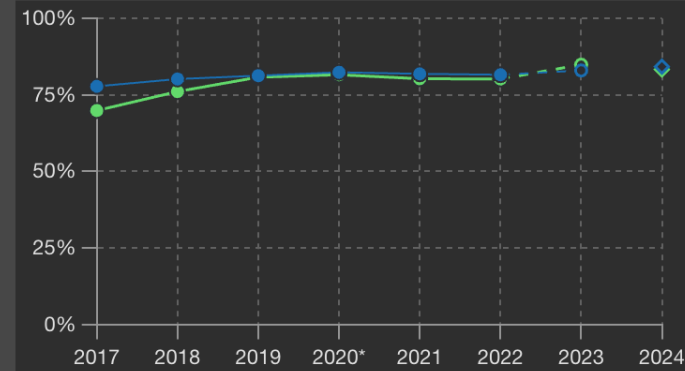


LINKAGE TO CARE

Percentage of people with HIV who received HIV medical care within one month of diagnosis

Key: ● Provisional | ○ Preliminary
◇ Quarterly Preliminary (March) | □ No Data

↶ Active Stratification



Base Populations: NATIONAL National Sub-Populations:

↶ LOS ANGELES COUNTY

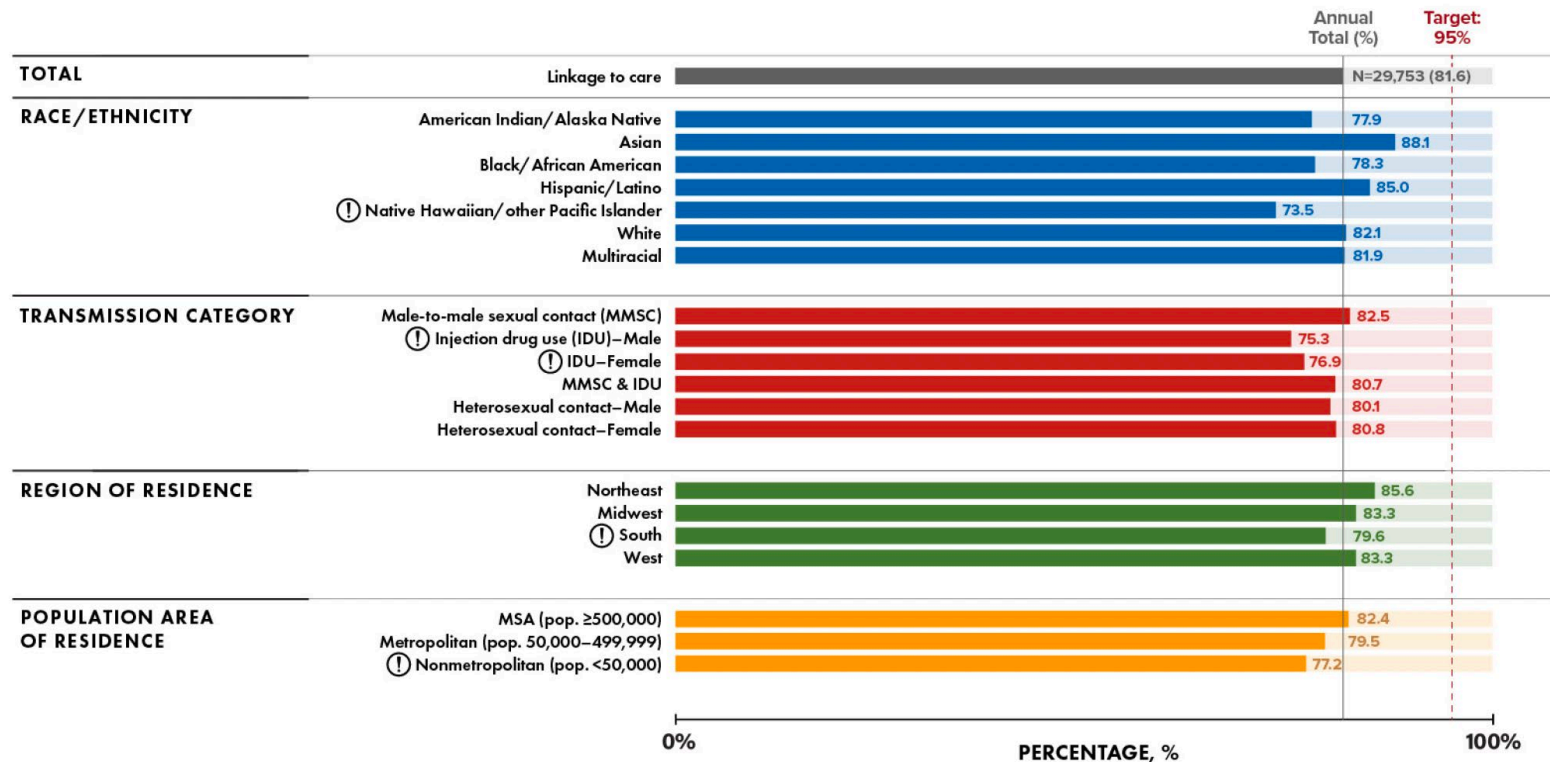


As of 2022

- LA County **80.2%**
- California **82.1%**
- National **81.6%**
- 2030 Goal **95%**

Disparities in LTC

Figure 29. Status of linkage to HIV medical care within 1 month of HIV diagnosis during 2022 among persons aged ≥13 years, by selected characteristics—48 states and the District of Columbia



Race/Ethnicity:

- Native Hawaiian/Pacific Islander **73.5%**
- American Indian/Alaska Native **77.9%**
- Black/African American **78.3%**

Transmission Category:

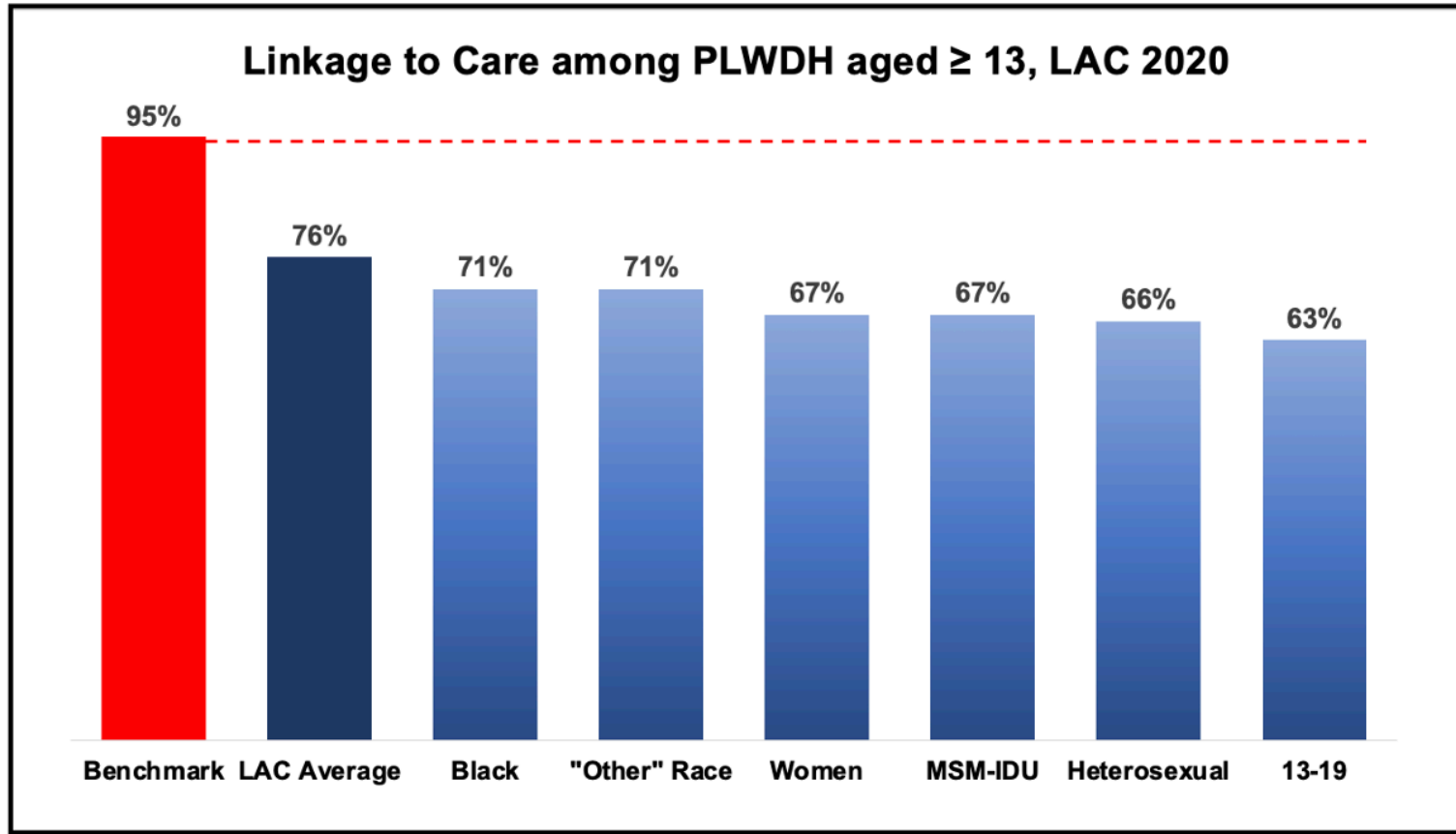
- IDU (male) **75.3%**
- MMSC & IDU **76.9%**

Region of Residence:

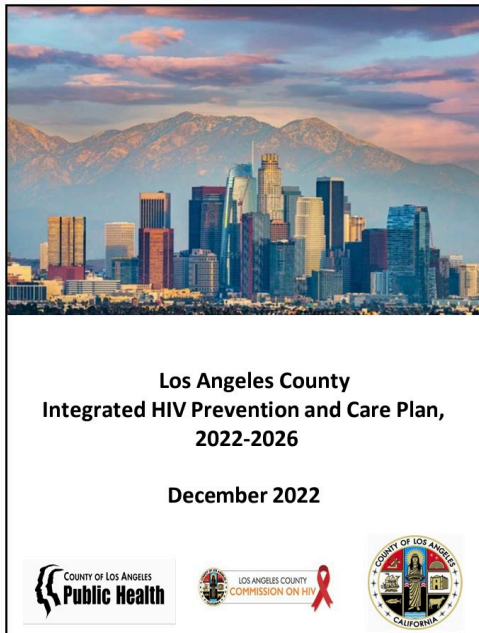
- South **79.6%**

Disparities in LTC (LA County)

Figure 24: Linkage to Care within 1 Month of Diagnosis, among PLWDH, LAC 2020

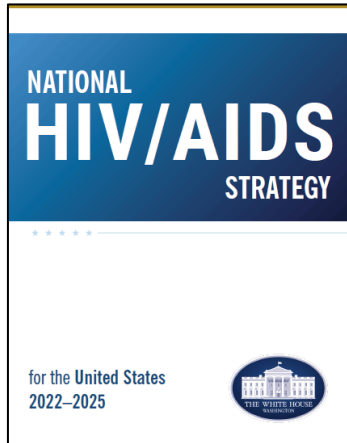


Comprehensive HIV Plan



*“The current system must **evolve** to make rapid initiation of antiretroviral therapy (ART) the easiest choice for both the provider and the patient.*

*DHSP, together with HIV prevention and medical providers, must **restructure** its approach to linkage to care, must treat new HIV diagnoses with more **urgency**, and must ensure that providers receive technical assistance to **make same day linkage referrals a standard practice.**”*



GOAL 2: IMPROVE HIV-RELATED HEALTH OUTCOMES OF PEOPLE WITH HIV

Objectives

- 2.1 Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment

Objective 2.1 Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment

Linkage to HIV care and treatment immediately or as early as possible following HIV diagnosis leads to **faster time to viral suppression, increased rates of retention in care and ongoing viral suppression, and reduction in transmission risk.**

Programs must continue to **build capacity** and shrink the amount of time between diagnosis and linkage to care so that **immediate linkage to care becomes the standard across the United States**, allowing people to begin receiving care and treatment **within hours or days of their diagnosis** no matter where they live.

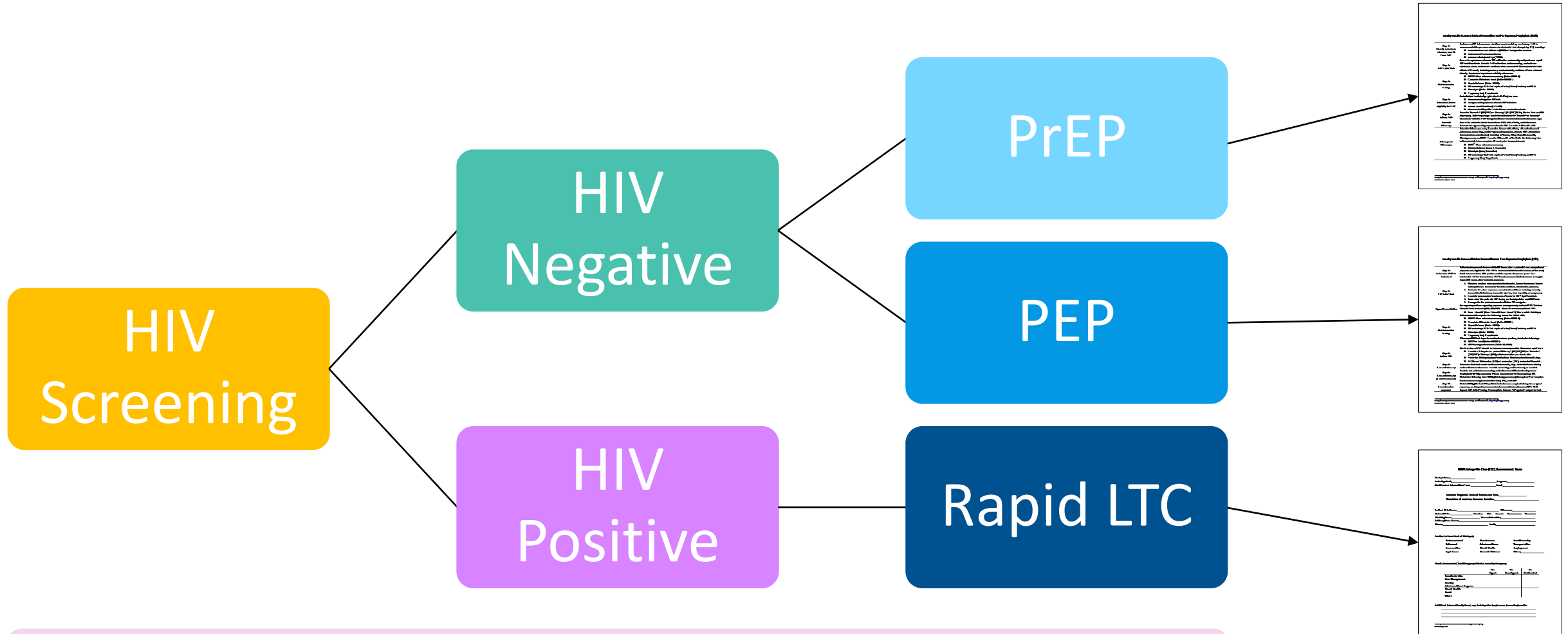
This effort may require that some clinics and health departments work to reduce **facility-based, government-based, workforce, or administrative barriers** to initiating care and treatment.

When to start ART?

DHHS	EACS	IAS	WHO
<p>The Panel on Antiretroviral Guidelines for Adults and Adolescents recommends initiating ART immediately (or as soon as possible) after HIV diagnosis in order to increase the uptake of ART and linkage to care, decrease the time to viral suppression for individual patients, and improve the rate of virologic suppression among persons with HIV (AII).</p>	<p>Immediate (i.e. same day) start of ART should be considered, and especially in the following situations:</p> <ul style="list-style-type: none"> • In the setting of primary HIV infection, especially in case of clinical signs and symptoms of meningoencephalitis (within hours). • The wish to start ART immediately • In a setting where loss-to-follow-up is more likely if ART is not started the same day 	<p>Initiation of ART is recommended as soon as possible after diagnosis, ideally within 7 days, including on the same day as diagnosis or at the first clinic visit if the patient is ready and there is no suspicion for a concurrent opportunistic infection (evidence rating: AIII)</p>	<p>Rapid ART initiation should be offered to all people living with HIV following a confirmed HIV diagnosis and clinical assessment.</p> <p>Rapid initiation is defined as within seven days from the day of HIV diagnosis; people with advanced HIV disease should be given priority for assessment and initiation.</p> <p>ART initiation should be offered on the same day to people who are ready to start.</p>

Best Practice #1

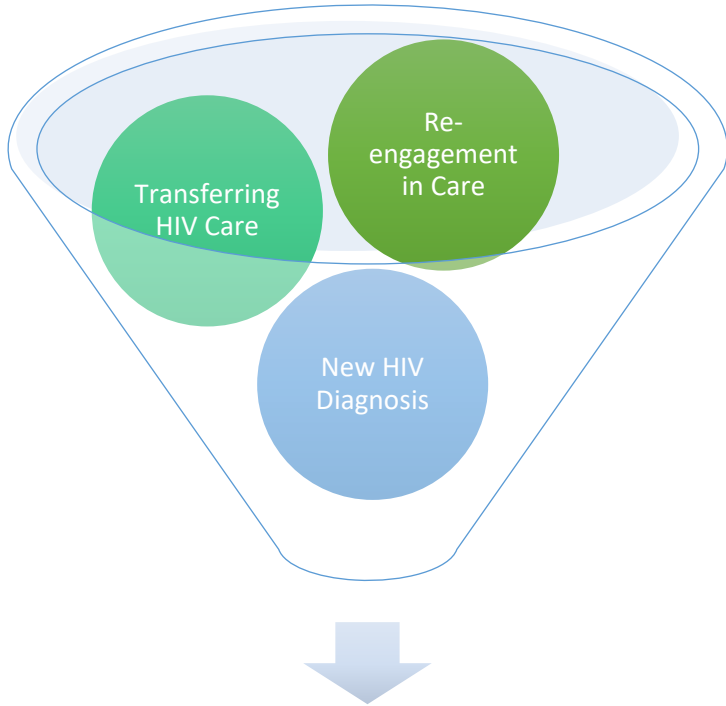
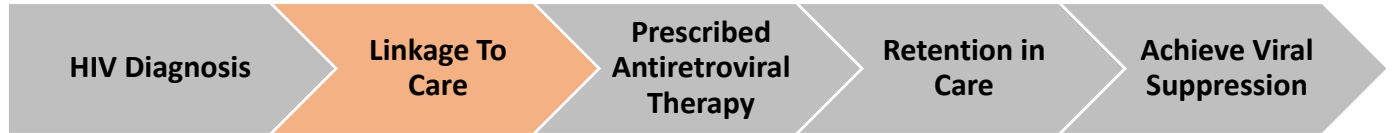
Create a simple LTC protocol.



Address health and psychosocial needs of patients regardless of HIV status.



Universal LTC Protocol



Rapid LTC Protocol

wesley
Health Centers
JWCH INSTITUTE

Wesley Health Centers Universal Protocol for HIV Linkage To Care (LTC)

Overview

- Linkage to Care is defined as patient entry into specialty HIV care following HIV diagnosis.
- The purpose of this document is to outline the process by which People Living with HIV/AIDS (PLWHA) are linked to medical and ancillary services within Wesley Health Centers.
- The scope of this document encompasses all HIV-positive individuals identified through: PrEP/PEP Program, CSV/Bathhouse Testing Program, Storefront HIV Testing, DHSP STI Grant, Culturally-Affirming Responsive Empowerment (CARE) Project, Black AIDS Institute (BAI) Project, Transitional Case Management (TCM), Young Men's Connection (YMC), Los Angeles Substance Abuse Treatment (LAST) Project, Los Angeles HIV Intervention Project (LAHIP), JWCH primary care physicians, call center, and referrals from external agencies.

Step 1: Complete the LTC Assessment Form	Initiate LTC by first completing the LTC Assessment Form. Two options: 1. Electronic, preferred – On NextGen, create a patient chart (if new), then generate and complete the "Linkage To Care" template. 2. Paper – See attached document.
Step 2: Submit the LTC Assessment Form	If completed electronically, send an email notice of completion with the Medical Record Number to LTC@jwch.org . Otherwise, scan and send an encrypted email with the attached form to the same email address.
Step 3: Triage of Ancillary Services	The LTC Coordinator will transcribe the paper LTC Assessment Form onto the EHR template (if not yet done), and will immediately notify: 1. Benefits Specialty Services 2. Medical Care Coordination (MCC) LTC Coordinator will also track and report data on patients linked into care.
Step 4: MCC Initial Assessment	MCC will perform an initial assessment and refer to the following, as needed: • Housing Navigation • Substance Abuse Counselor • Mental Health Services
Step 5: Schedule a Medical Appointment	MCC will contact the appropriate HIV specialist's care team directly to schedule an appointment within three business days : • East Hollywood (Vermont) Clinic • Andrew Escajeda (Pasadena) Clinic • Center for Community Health (CCH) Downtown • Hacienda Heights Clinic • Antelope Valley Clinics

Wesley Health Centers Protocol for HIV Linkage To Care (LTC)
For questions, please contact Dr. Glenn San Agustin, MD by email at gsanagustin@jwch.org.
Revised July 27, 2020. Approval pending.

wesley
Health Centers
JWCH INSTITUTE

HIV Linkage To Care (LTC) Assessment Form

Today's Date: _____
Referring Staff: _____ Phone: _____ Program: _____
Staff Contact Information: Phone _____ Email _____

New HIV Diagnosis. Date of Positive HIV Test: _____
Transition of HIV Care. Previous Provider: _____

Patient Birth Name: _____ Nickname: _____
Date of Birth: _____ Ethnicity/Race: _____
Gender: Male Female Transwoman Transman Other: _____
Address: _____
Phone: _____ Email: _____

Barriers to Care: Check all that apply.

Undocumented	Homelessness	Food Insecurity
Uninsured	Substance Abuse	Transportation
Incarceration	Mental Health	Employment
Legal Issues	Domestic Violence	Other: _____

Needs Assessment: Check the appropriate box according to urgency.

	Yes Urgent	Yes Non-Urgent	No Not Needed
Case Management			
Housing Placement			
Substance Abuse Program			
Mental Health			

Additional Information: Optional. May include patient preferences for medical provider, if any.

Wesley Health Centers Protocol for HIV Linkage To Care (LTC)
For questions, please contact Dr. Glenn San Agustin, MD by email at gsanagustin@jwch.org.
Revised July 27, 2020. Approval pending.

April 2021 – November 2021

Patient completes an HIV Test in the community

If positive, HIV tester notifies **DHSP** public health investigator

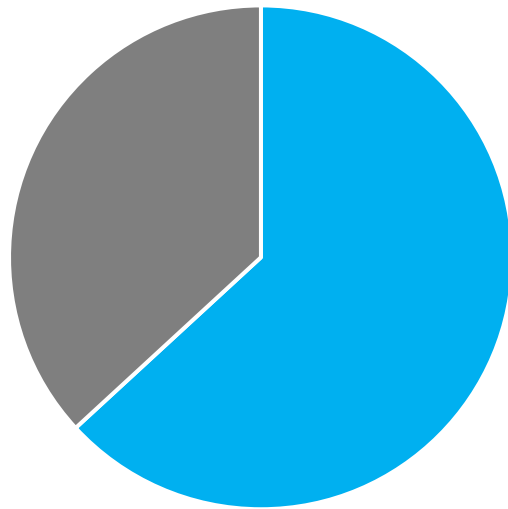
DHSP facilitates rapid linkage to care with a **JWCH** HIV provider

HIV **Provider** evaluates the patient

Antiretroviral therapy is started

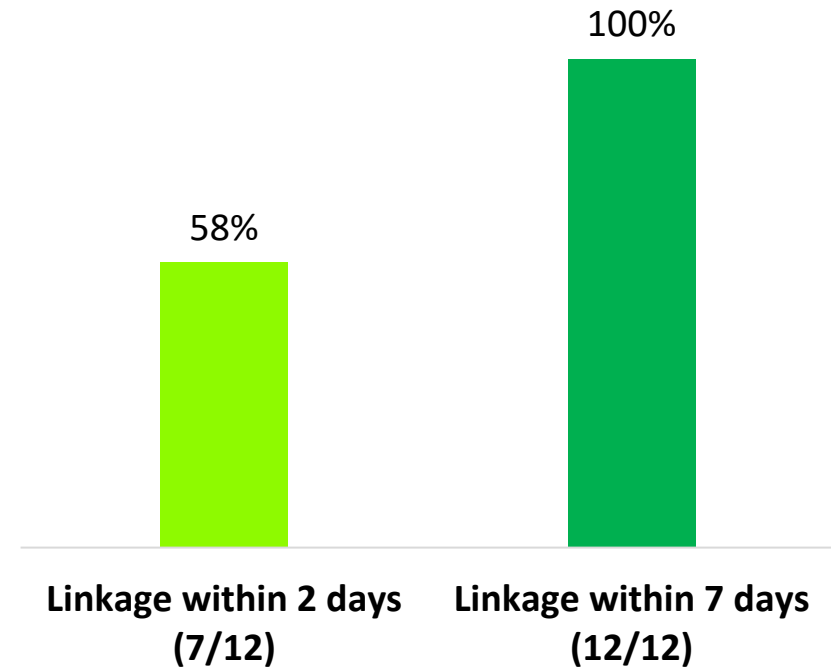
“Rapid and Ready” Pilot Results

DHSP Rapid and Ready Pilot Program (April 2021– November 2021)



■ Successful Linkages (N=12) ■ Incomplete Linkages (N=7)

Time to Successful Linkage



Mean duration of LTC: 2.4 days

Best Practice #2

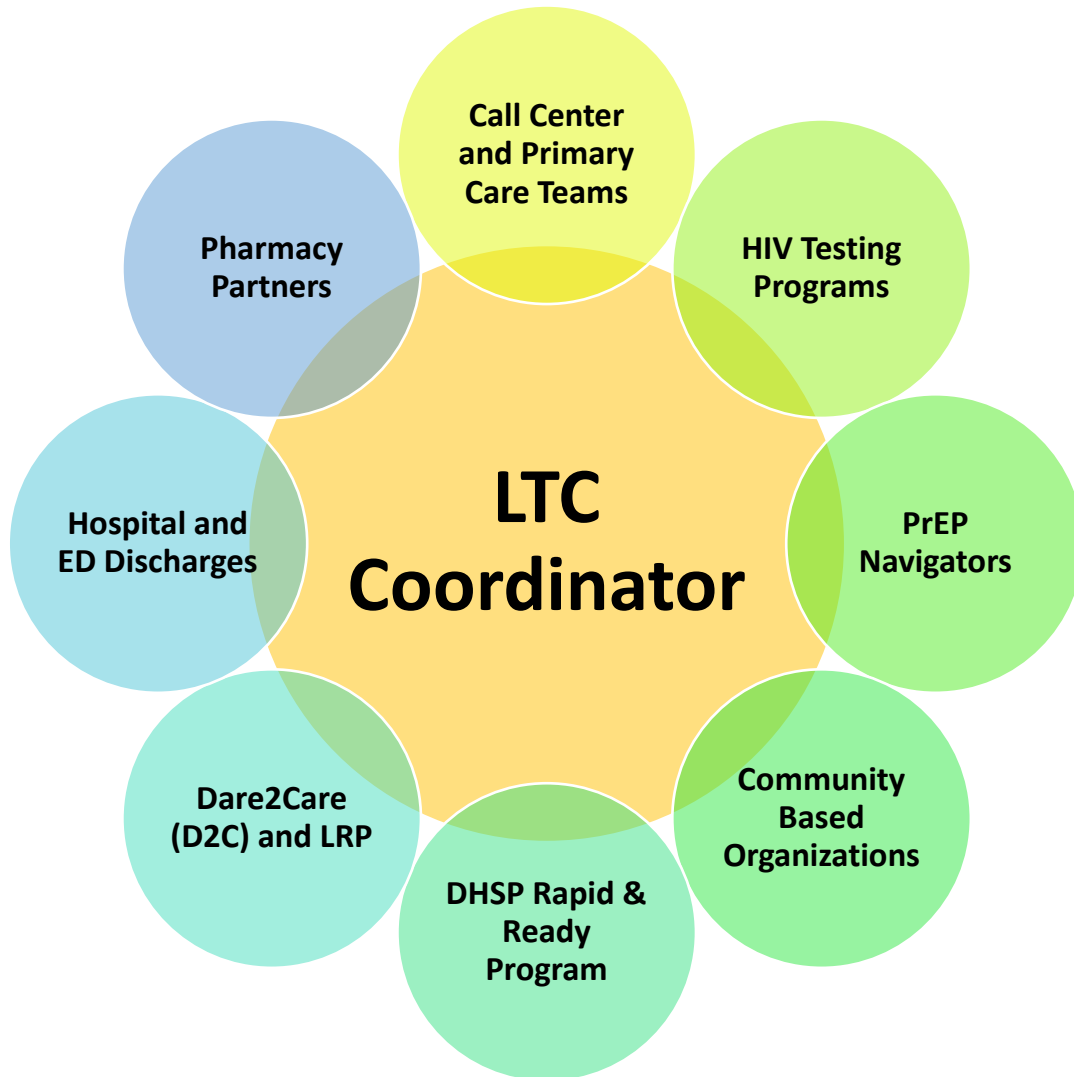
Collaborate with Public Health partners.

Rapid Treatment Hubs

Clinic	Contact	Insurance Information
AltaMed Health Services East Los Angeles 5427 East Whittier Blvd Los Angeles, CA 90022 Pico Rivera 6336 Passons Blvd Pico Rivera, CA 90060 El Monte 10418 Valley Blvd, Ste B El Monte, CA 91731	Linkage to Care Coordinator (323) 803-8425 <i>iogarcia@altamed.org</i>	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured
City of Long Beach, Health Department 2525 Grand Ave, Ste 106 Long Beach, CA 90815	Rosie Tufuga (562) 570-4316 <i>rosie.gutierrez-tufuga@longbeach.gov</i> Stephanie Silva (562) 570-4317 <i>stephanie.silva@longbeach.gov</i>	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured
Harbor-UCLA Medical Center 1000 W Carson Blvd Torrance, CA 90502	Rapid Referral Line (424) 306-4350	<ul style="list-style-type: none"> • Medi-Cal • Medicare • LA County Dept of Health Services- Empaneled or Eligible clients • Uninsured
Martin Luther King, Jr. Outpatient Center (MLK Oasis Clinic) 1670 E 120th St Los Angeles, CA 90059	Rapid Start Nurse Lead (424) 338-2930	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Uninsured
NorthEast Valley Health Center (NEVHC) 14624 Sherman Way #600 Van Nuys, CA 91405	Rapid ART Hotline (818) 923-9160	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured
St. John's Community Health Williams Clinic 808 W. 58th St Los Angeles, CA 90037 Compton Clinic 2115 N. Wilmington Ave Compton, CA 90222 Traynham Clinic 326 W. 23rd St Los Angeles, CA 90007	Rapid Start Nurse Manager (323) 369-0703 Patient Care Coordinator (213) 905-9930	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured

St. Mary Medical Center (Dignity Health) 1043 Elm Ave, Ste. 300 Long Beach, CA 90813	Rapid Intake Coordinators Eddie Felix or Sarah Taylor (562) 624-4999	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured
Tarzana Treatment Centers 7101 Baird Ave Reseda, CA 91335	Clinic Coordinator (818) 342-5897 ext 2145 Clinic Supervisor (818) 342-5897 ext 2170	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured
Watts Health Center 10300 Compton Ave Los Angeles, CA 90002	Alicia Chavez (323) 564-4331 ext. 3313 <i>alicia.chavez@wattshealth.org</i> Confidential Secretary (323) 564-4331 ext. 3312 <i>melissa.castellanos@wattshealth.org</i>	<ul style="list-style-type: none"> • Medi-Cal: Must be assigned to Watts Healthcare. • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured
Wesley Health Centers (JWCH institute, Inc.) Downey 8530 Firestone Blvd Downey, CA 90241 East Hollywood 954 N Vermont Ave Los Angeles, CA 90029 Hacienda Heights 15898 E Gale Ave Hacienda Heights, CA 91745 Los Angeles 522 S San Pedro St Los Angeles, CA 90013 Lynwood South 3590 E Imperial Hwy Lynwood, CA 90262 Pasadena 1845 N Fair Oaks Ave Pasadena, CA 91103	Linkage to Care Coordinator (323) 303-9386 <i>LTC@jwch.org</i>	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Ryan White HIV/AIDS Program • Various Insurance Plans: Call for details. • Uninsured

LTC Coordinator



Standing Orders and Order Sets

Medication “Starter Packs”

Transportation Resources

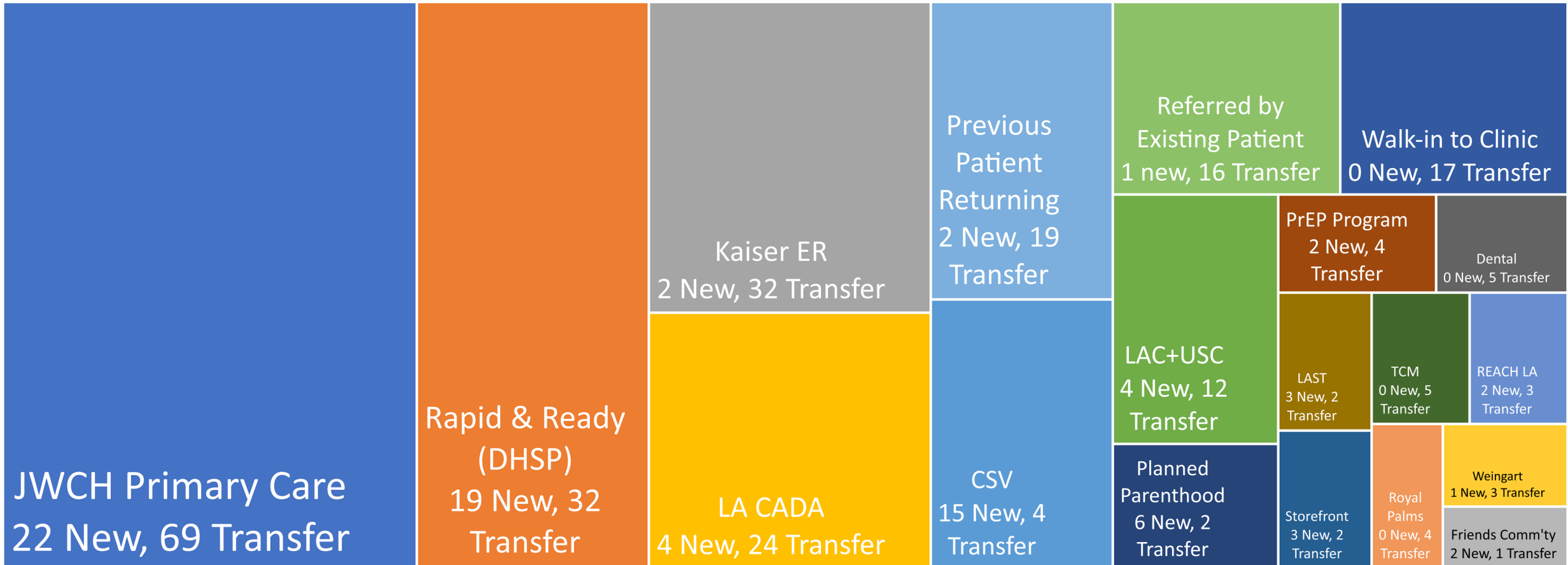
Night Clinic and Saturdays

Designated Double-Book Slots

Data Collection System

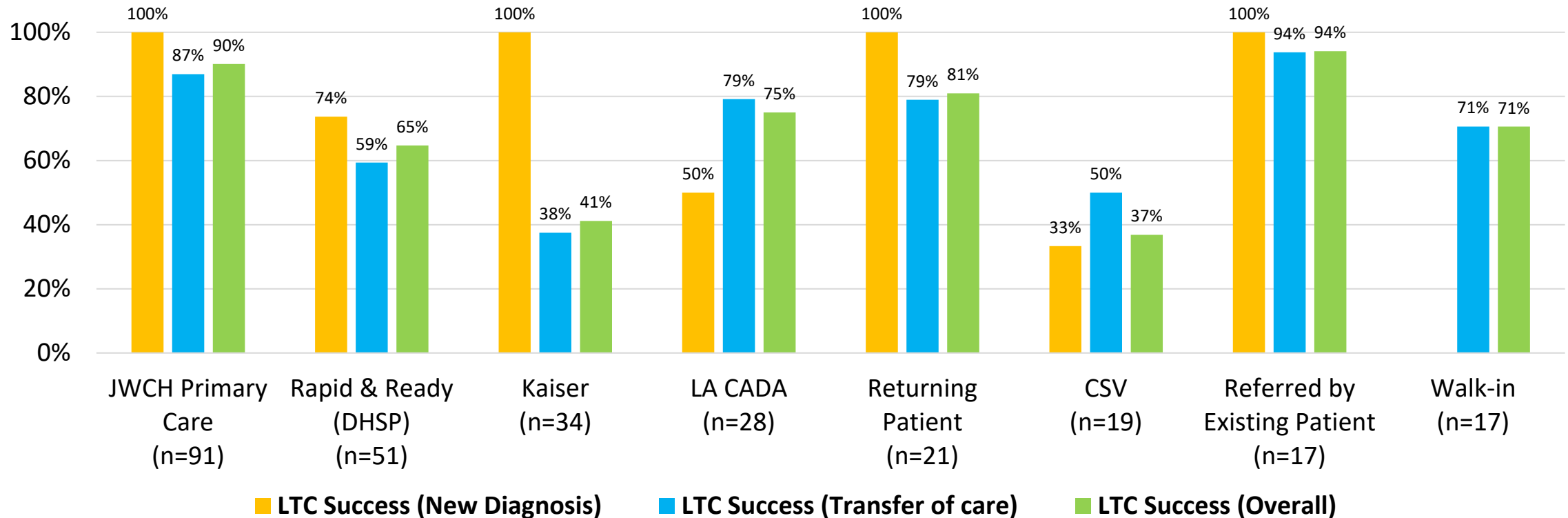
Where do referrals come from?

LTC Referral Sources (2023)



Referral Outcomes

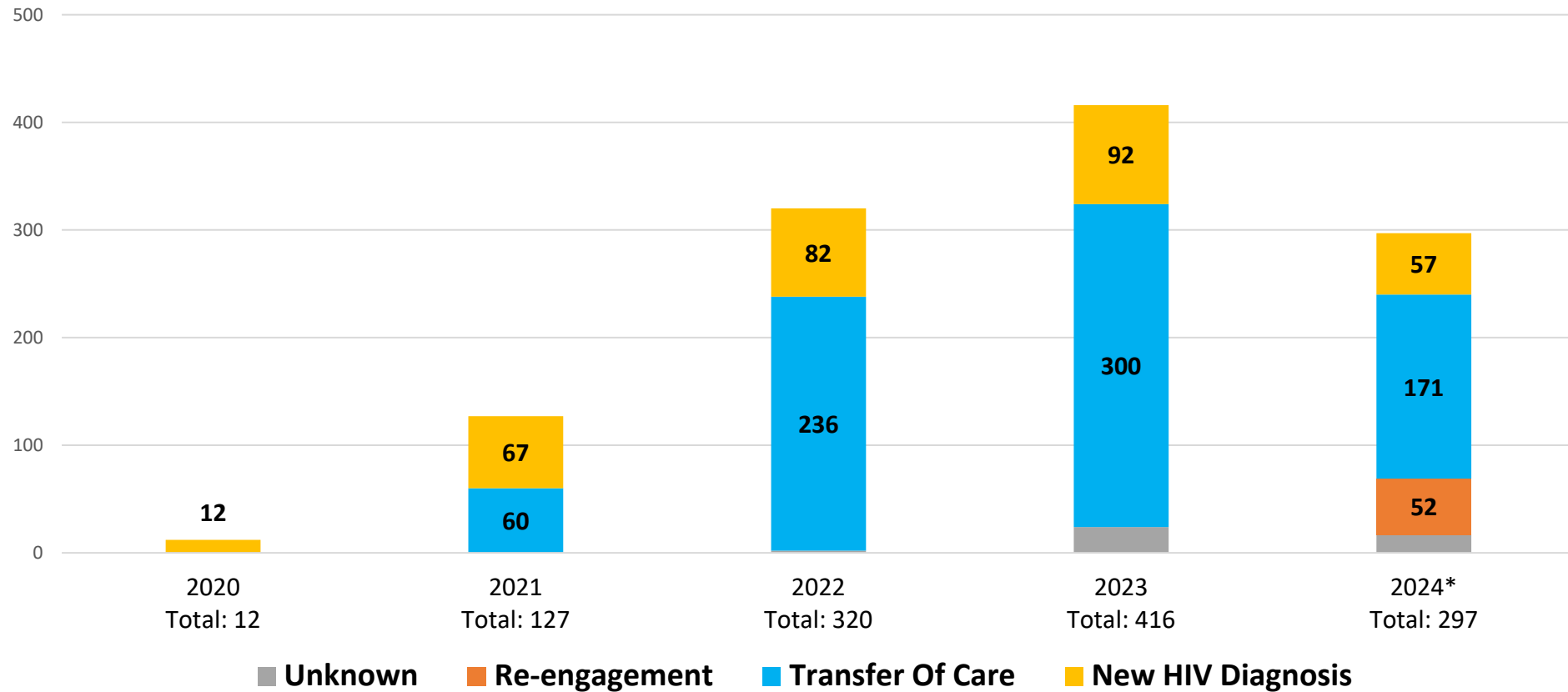
Rate of LTC Success by Referral Source



Best Practice #3

Have a dedicated LTC team.

LTC Growth Trend (2020-2024*)



Scope of LTC

1. Receive LTC Referral	2. Contact Patient	3. Complete LTC	4. Referral to Services	5. Data Entry	6. Care Coordination
<p>LTC Assessment Form is sent to LTC@jwch.org</p> <p>Email is monitored for new referrals throughout the day</p> <p>LTC Coordinator acknowledges receipt from sender</p>	<p>JWCH Welcome</p> <p>Conduct Needs Assessment</p> <p>Address any immediate needs</p> <p>If transferring care, request records from previous provider</p>	<p>Utilize standing lab orders</p> <p>Provider orders medication (or patient given starter pack)</p> <p>Schedule appointment with HIV specialist</p>	<p>LTC Coordinator notifies benefits enrollment, behavioral health, MCC, housing, dental, etc.</p> <p>Referral services update LTC coordinator on actions taken and completion of referrals</p>	<p>Log is updated in real time – add new referrals same day, retention metric is updated at six months</p>	<p>LTC Coordinator is primary contact for the patient until established in care</p> <p>Reminders for appointments and arrange transportation as needed</p> <p>Follow-up with patient after medical visit</p>

**LTC does not ensure retention in care.
Clinics should also develop systems to maximize retention in care.**

What is “Linkage to Care”?

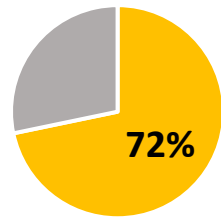
CDC	HRSA	IAS	JWCH
<p>Linked to care measures the percentage of people receiving a diagnosis of HIV in a given calendar year who had one or more documented CD4 or viral load tests within 30 days (1 month) of diagnosis.</p>	<p>Numerator: Number of patients who attended a routine HIV medical care visit within 1 month of HIV diagnosis</p> <p>Denominator: Number of patients, regardless of age, with an HIV diagnosis in the 12-month measurement year</p>	<p>This is defined as registering for pre-ART or ART care within one month of HIV diagnosis.</p>	<p>Any of the following within 30 days of diagnosis:</p> <ol style="list-style-type: none"> 1. HIV Intake Labs drawn 2. ART prescribed 3. Medical Visit with provider

Best Practice #4

Have a clear definition for
“Linkage to Care”

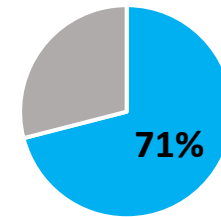
LTC 2023 – 392 Total Linkages

New Diagnosis (n=92)



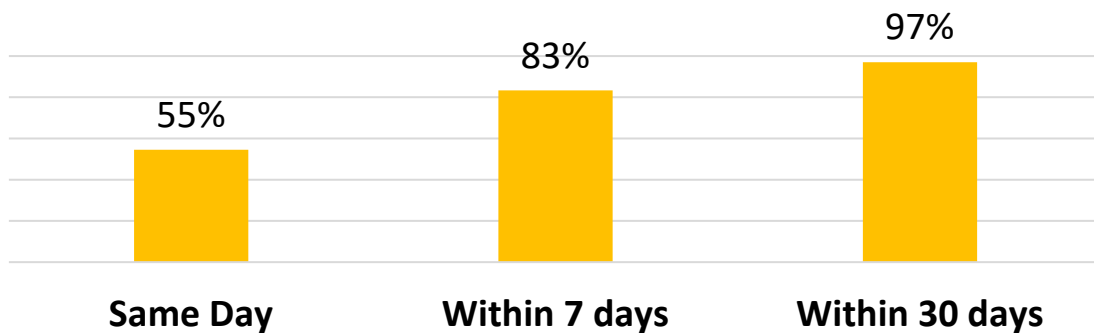
■ LTC successful ■ LTC not completed

Transfer of Care (n=300)

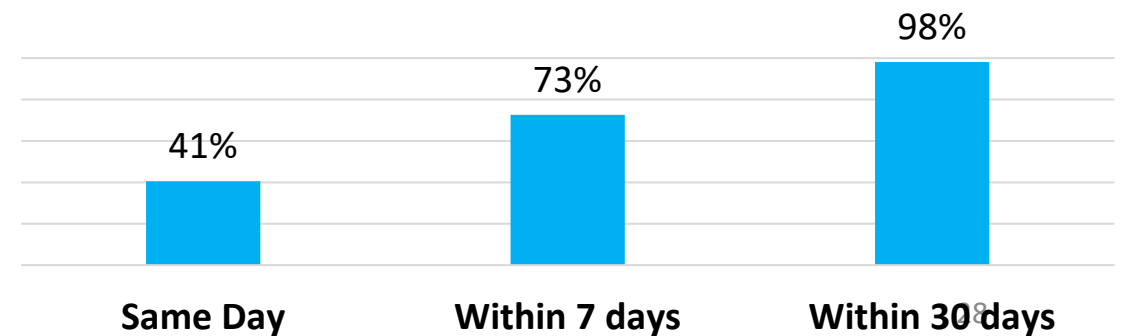


■ LTC successful ■ LTC not completed

LTC Completion - New Diagnosis

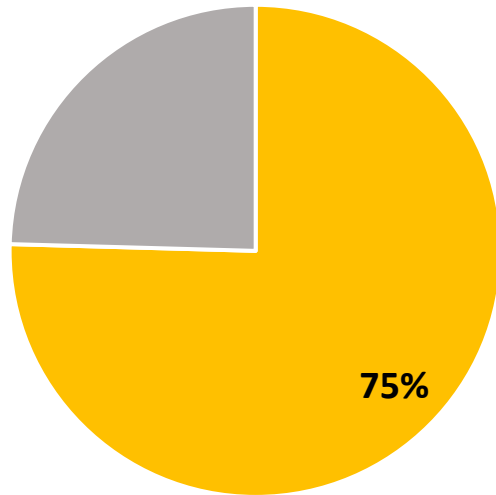


LTC Completion - Transfer of care



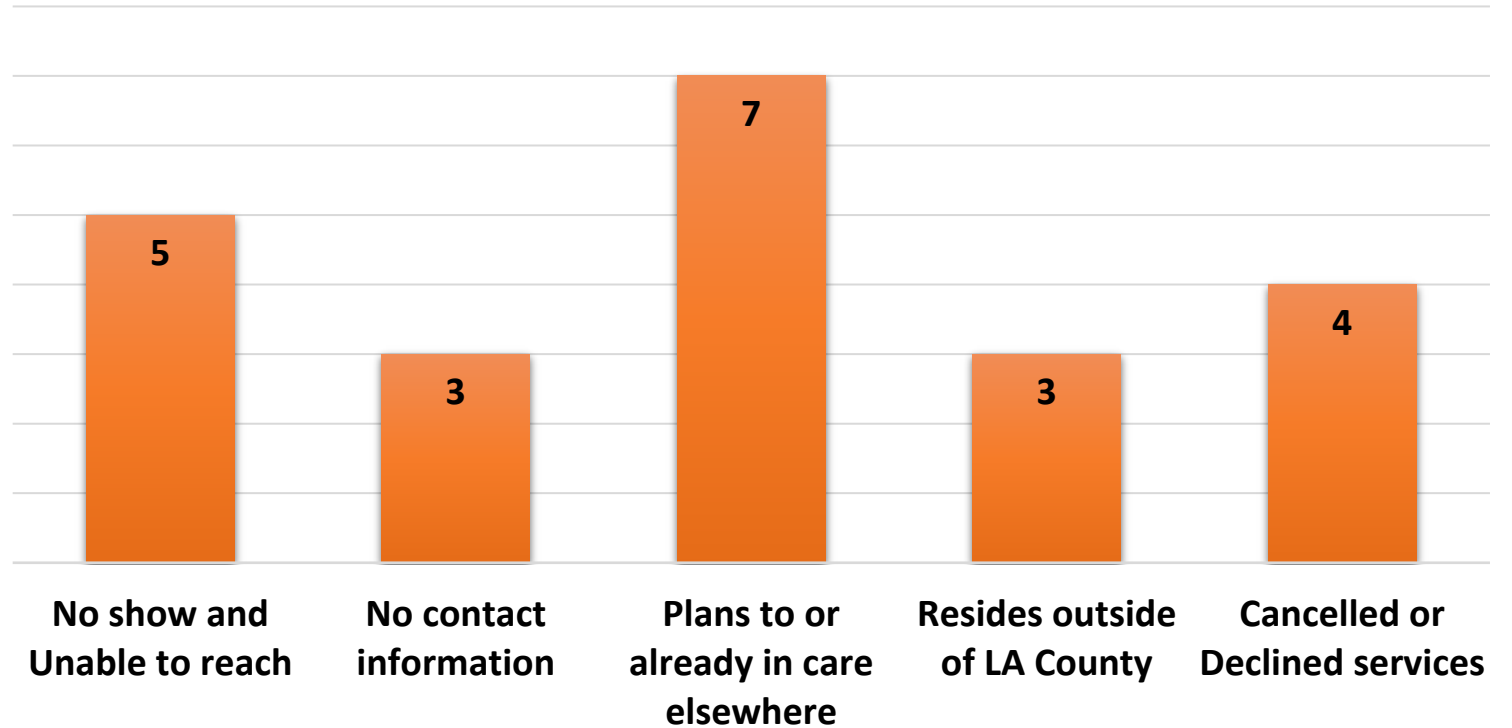
Reasons for Incomplete LTC

2024* LTC New Diagnosis
(n=57)

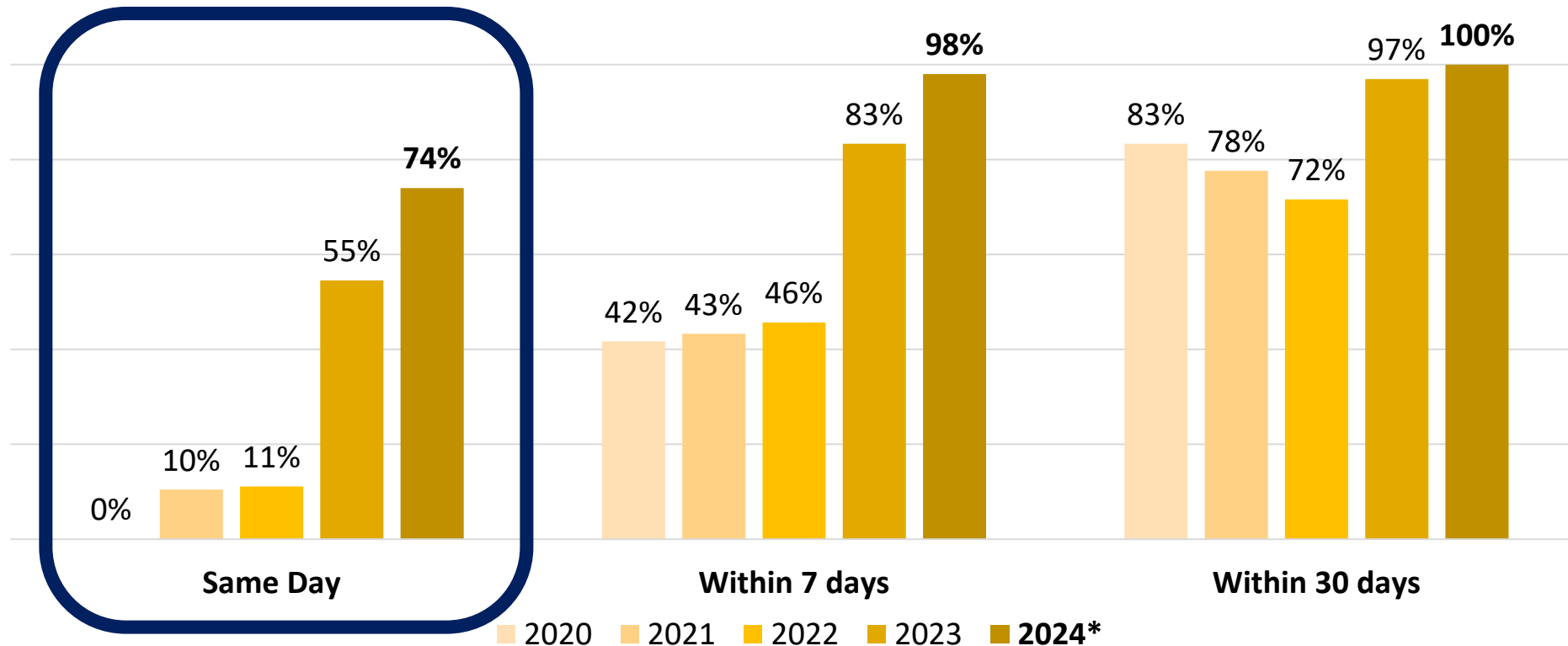


■ LTC successful (43) ■ LTC not completed (14)

2024* LTC - Reason for Incomplete LTC (New Diagnosis)

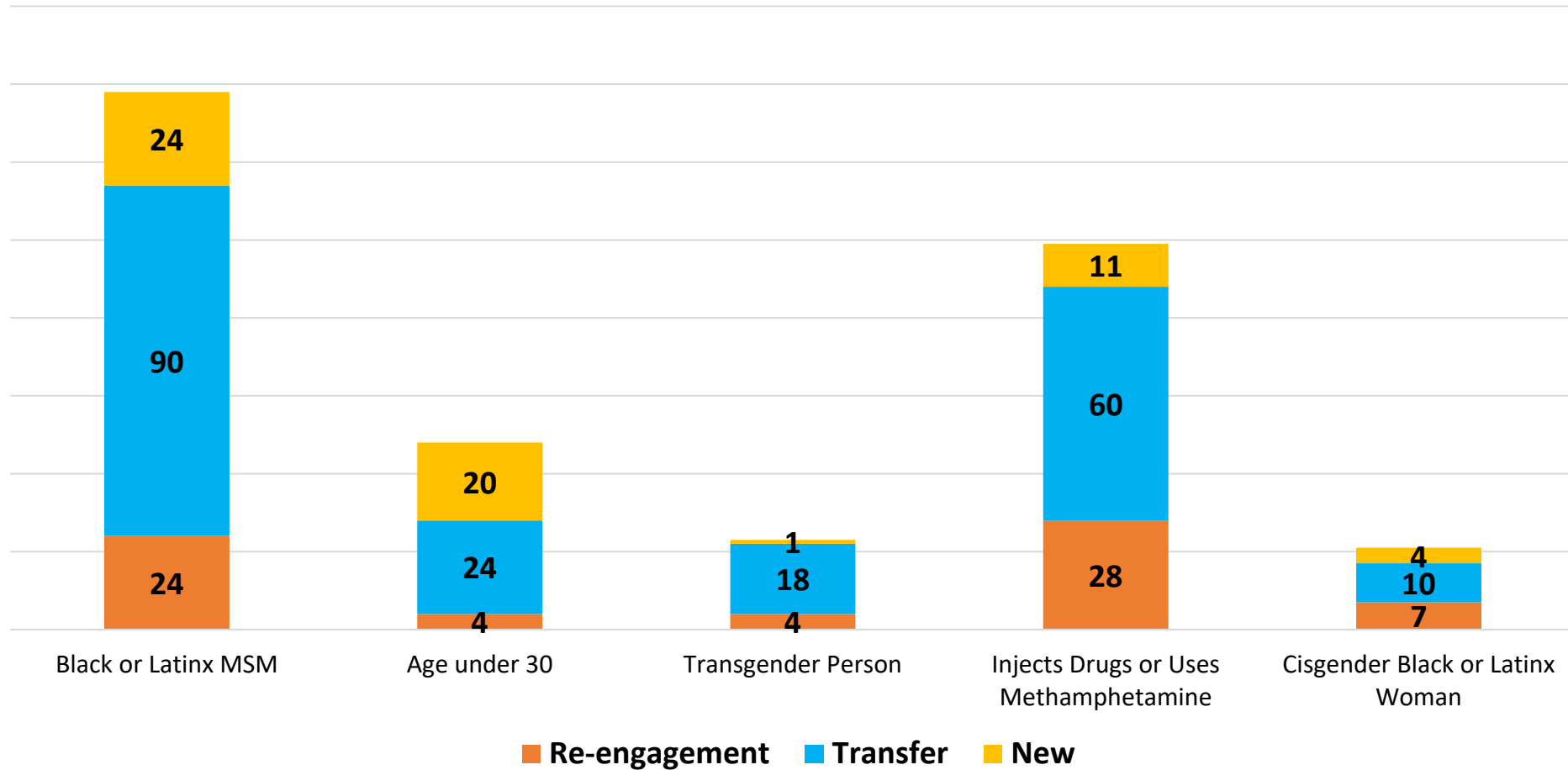


LTC Completion Trend - New Diagnosis



Priority Populations

2024* LTC Priority Populations

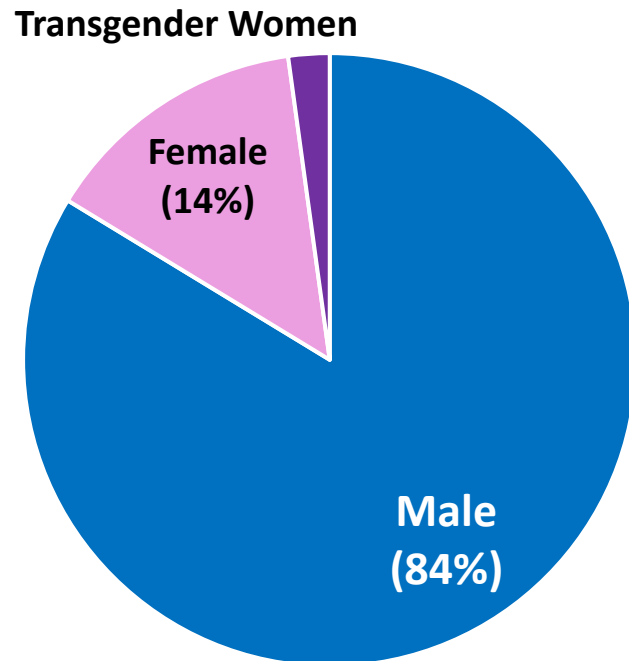


Best Practice #5

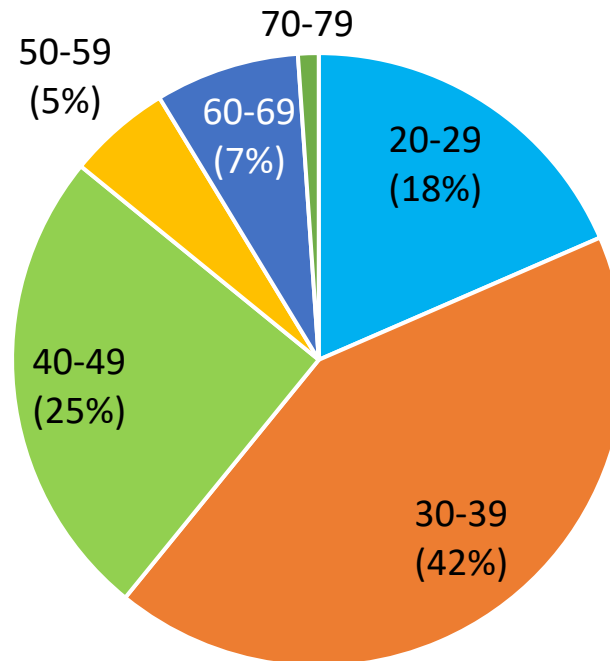
Collect relevant data.

Of the 92 new HIV infections in 2023...

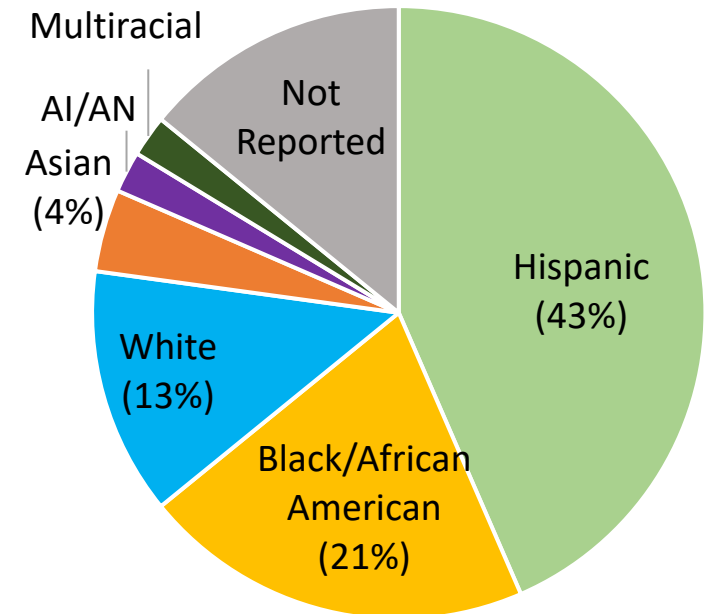
Gender Identity



Age

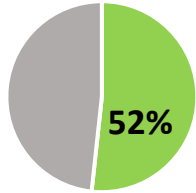


Race



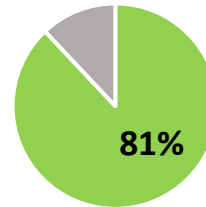
LTC Sites

CCH (n=29)



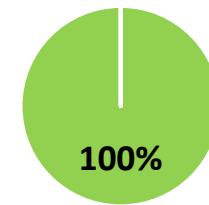
■ LTC successful ■ LTC not completed

Vermont (n=27)



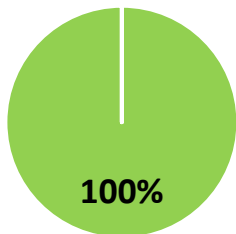
■ LTC successful ■ LTC not completed

Pasadena (n=9)



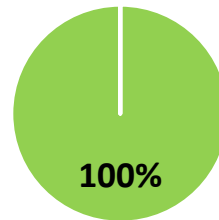
■ LTC successful ■ LTC not completed

Lancaster (n=9)



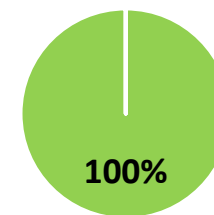
■ LTC successful ■ LTC not completed

Downey (n=5)



■ LTC successful ■ LTC not completed

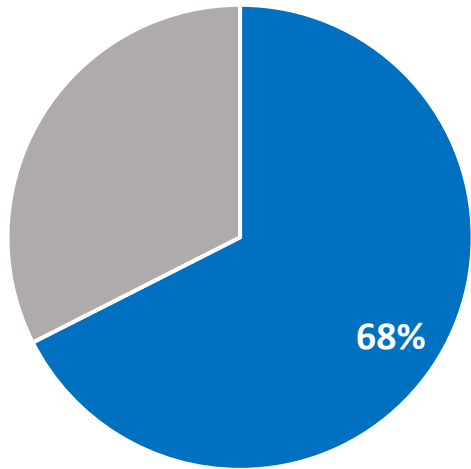
Hacienda Heights (n=5)



■ LTC successful ■ LTC not completed

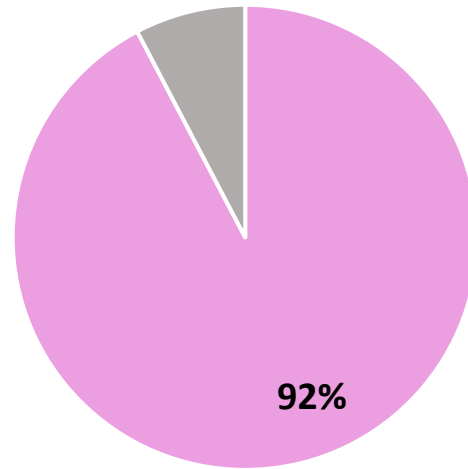
LTC and Gender

Male (n=77)



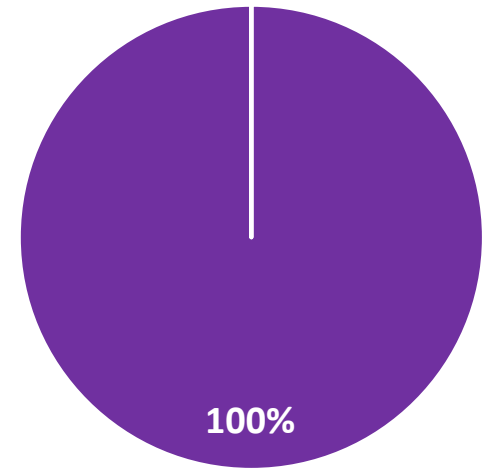
■ LTC successful ■ LTC not completed

Female (n=13)



■ LTC successful ■ LTC not completed

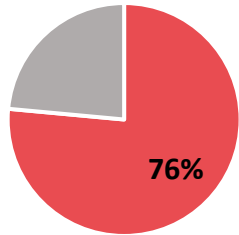
Transgender Women (n=2)



■ LTC successful ■ LTC not completed

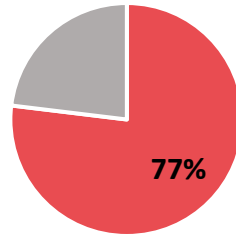
LTC and Age Group

Age 20-29 (n=17)



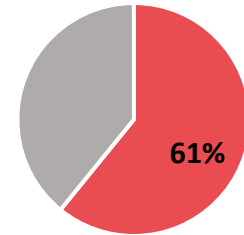
■ LTC successful ■ LTC not completed

Age 30-39 (n=39)



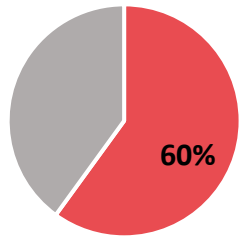
■ LTC successful ■ LTC not completed

Age 40-49 (n=23)



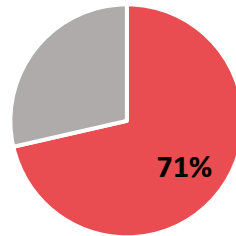
■ LTC successful ■ LTC not completed

Age 50-59 (n=5)



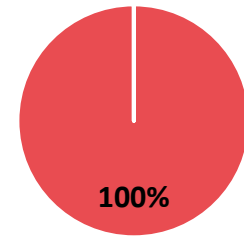
■ LTC successful ■ LTC not completed

Age 60-69 (n=7)



■ LTC successful ■ LTC not completed

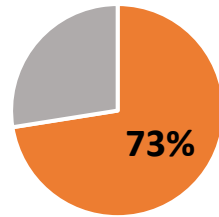
Age 70-79 (n=1)



■ LTC successful ■ LTC not completed

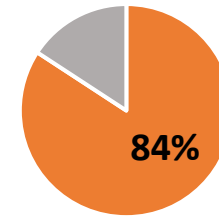
LTC and Race

Hispanic (n=40)



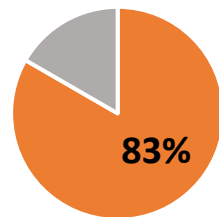
■ LTC successful ■ LTC not completed

Black/African American (n=19)



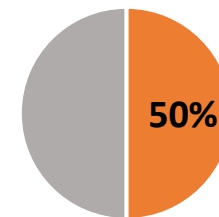
■ LTC successful ■ LTC not completed

White (n=12)



■ LTC successful ■ LTC not completed

Asian (n=4)



■ LTC successful ■ LTC not completed

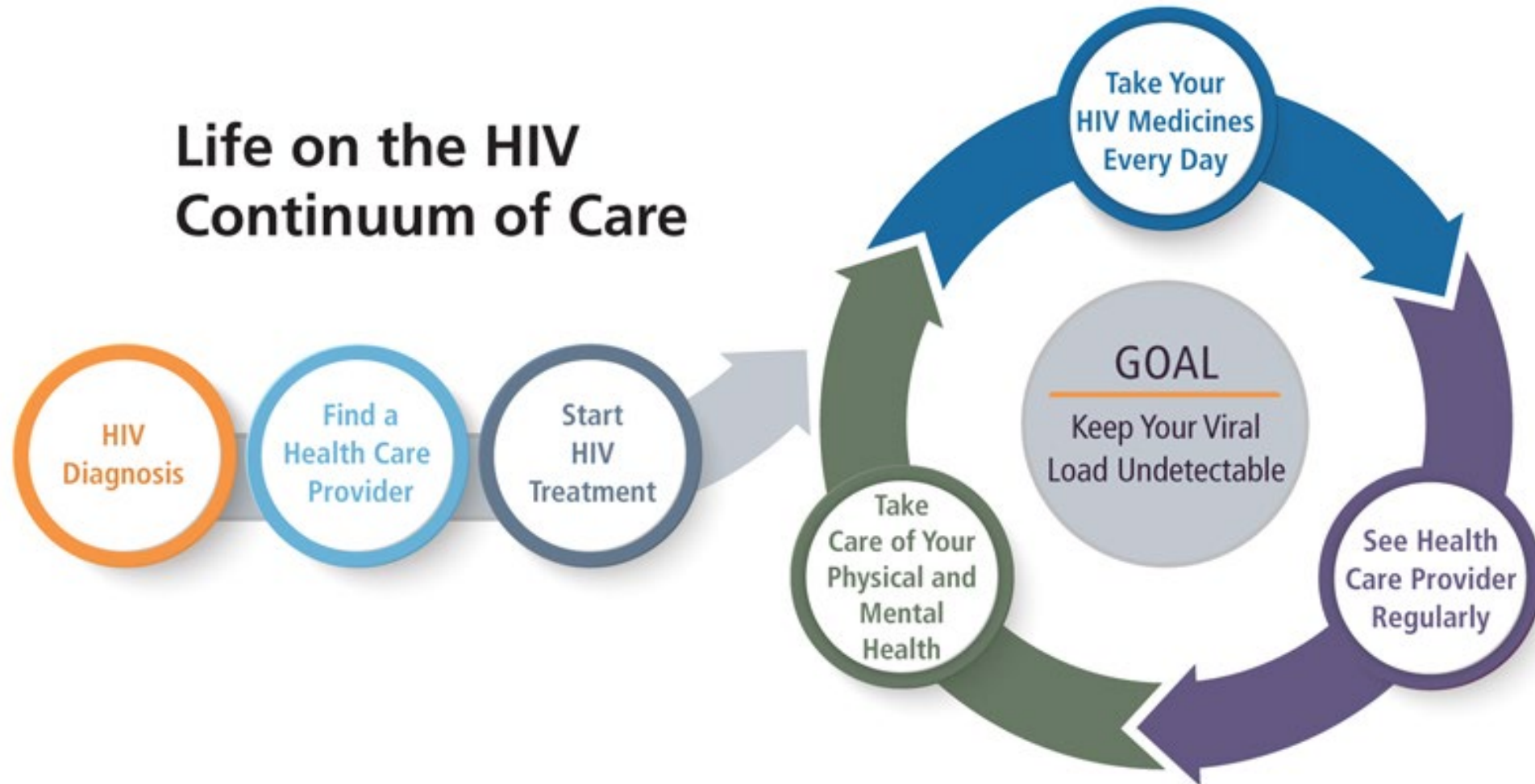
Best Practice #6

Interpret the data to better understand
the needs of the patient.

Barriers to LTC

Substance Use	Mental Health	Unstable Housing	Trauma	Stigma
Lack of accurate information about LTC	Concern with not being able to pay for HIV care	Transportation	Lower health literacy	Psychological burden of committing to care
Perceived discrimination from healthcare workers	Unfriendly and insensitive waiting rooms	Fear of people thinking they're gay	Long appointment wait times	Lack of guidance and follow-up
Lack of culturally appropriate services	Language barriers	Concern about medication side effects	Fear of people knowing their HIV status	Lack of HIV-positive peers

Impact on Viral Suppression



How to Improve LTC?

Co-location of testing and treatment services.

Post-test counseling to educate, motivate, and present positive messages about HIV.

Active linkage to care – actively engage the client until linkage is complete.

Identify and address language and literacy barriers.

Shorten wait times for initial appointments.

Follow-up after missed initial appointment.

Assist with enrollment with Ryan White HIV/AIDS Program or other insurance plans.

Provide resources about stable housing, social support, transportation assistance, income, and food security.

Provide or refer for mental health and/or substance use treatment.

Accessible, culturally-appropriate, and multidisciplinary healthcare team.

Train all members of the health care team on providing compassionate and person-centered care.

Offer and link patients for peer support.

1. AIDS Education & Training Center (AETC)
2. America's HIV Epidemic Analysis Dashboard (AHEAD)
3. Department of Health and Human Services (DHHS) HIV/AIDS Treatment Guidelines
4. European AIDS Clinical Society (EACS) Guidelines October 2023
5. HIV Surveillance Report 2022 (CDC)
6. International Antiviral Society IAS-USA Guidelines 2022
7. International Association of Providers of AIDS Care (IAPAC)
8. LA County Comprehensive HIV Plan 2022-2026
9. LA County Rapid & Ready Program and Rapid Treatment Hubs
10. National HIV Curriculum (University of Washington)
11. National HIV/AIDS Strategy 2022-2025
12. World Health Organization (WHO) Consolidated Guidelines 2021

