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HIV PREVENTION PROGRAMUPDATE

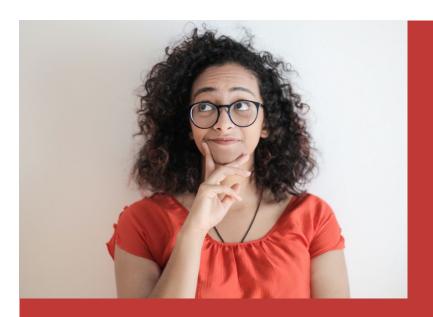
IN THIS ISSUE

WHAT IS LINKAGE TO CARE?

THE CURRENT STATE OF LINKAGE TO CARE IN ARIZONA

FACTORS ASSOCIATED WITH DELAYED LINKAGE TO CARE

ARIZONA RESOURCES



What is Linkage to Care?

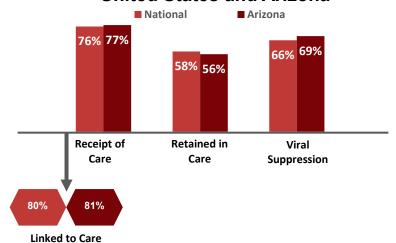
Linkage to care (LTC) is defined as the completion of a visit with an HIV medical provider within 1 month (30 days) of HIV diagnosis. LTC is an essential component of the HIV care continuum and serves a key role in Treatment as Prevention (TasP) to reduce HIV transmission rates in the United States, as well as improve the health and wellness of persons living with HIV. Without timely linkage to care, individuals with HIV miss an opportunity to benefit from HIV treatment at the earliest stage feasible.



The Current State of Linkage to Care in Arizona

The United States federal benchmark for the linkage to care goal is that at least 85% of persons with newly diagnosed HIV infection are linked to HIV medical care within 30 days of being diagnosed. In Arizona, approximately 65-70% of new HIV diagnoses occur in Maricopa County, a Phase I Ending the HIV Epidemic (EHE) priority jurisdiction. Figure 1 displays the most recent prevalence data from Arizona alongside nationwide data on the HIV care continuum.

Diagnosis-based HIV Care Continuum: United States and Arizona



Note: The denominator for Arizona data is the 16,602 peoples living with HIV at the end of 2020 that received a diagnosis prior to the end of 2019. The denominator for nationwide data is the 925,077 peoples living with HIV at the end of 2019 in 44 states and the District of Columbia. Nationwide and Arizona numbers may slightly differ based on available data.

Care Continuum Definitions:

Diagnosed	Receipt of Care	Retained in Care	Viral Suppression
All peoples living with diagnosed HIV at the end of specified year.	≥ 1 test (CD4, viral load, or HIV genotype) performed within 12 months of diagnosis.	≥ 2 tests (CD4 viral load, or HIV genotype), ≥ 90 days apart.	Viral load test of <200 copies/mL at the most recent viral load test during measurement year.

^{*}Linked to care= >1 CD4 or viral load test within 30 days of diagnosis. Linkage to care is calculated differently than the other steps in the continuum and cannot be directly compared to the other steps.

GETTING SPECIFIC

As of 2020, 81% of persons living with HIV in Arizona, showed evidence of linkage to care within 30 days of diagnosis.

- The highest percentage for persons linked to care was for persons aged 25-34 and 55+. Persons aged 45-54 and 13-24 represented the lowest percentage.
- When looked at by race/ethnicity, linkage to care within 30 days was highest among persons who identify as Asian (100%), American Indian/ Alaska Native (86.1%), and Hispanic (85.5%).
- Proportions of persons linked to care within 30 days were higher in Females (83.2%), compared to Males (80.6%).

 PAGE 2/4

Factors Associated with Delayed or Failed Linkage to Care

There are a number of obstacles associated with delayed and unsuccessful linkage to care. Several of the factors listed below can be strong predictors of delayed or unsuccessful linkage to care. However, many of these challenges can be overcome by improving clinic workflows, revamping polices, protocols, and leveraging resources.

Barriers	Potential Solutions	
Clinic time or location inconvenience (Limited office hours for providers, long wait times, inconvenient location of services)	 Flexible scheduling, virtual appointments, visit accommodations (e.g., waiving first missed appointment fee). Improve clinic flow and develop standard protocols to reduce wait times (e.g., consider implementing and adopting care models which support rapid initiation of antiretroviral therapy). 	
Language and cultural barriers	 When possible, match a patient with a staff member who either speaks the same language or has a personal connection to the patient's cultural background. When possible, consider coordinating care with traditional healers. 	
Lack of guidance and follow up	 Immediate referrals to HIV care following an HIV diagnosis, to decrease the chances of a patient being lost to follow up. Utilize clinic appointment data to immediately identify patients with a missed appointment, so that these individuals can be prioritized for follow up and rescheduling. Utilize intensive outreach strategies including having a dedicated case manager who conducts patient follow up. Conduct case management intake for new patients prior to the first visit to identify needs, develop a plan of care, and allow each patient to express their care goals and expectations. Design a process to follow-up with patients to capture and address complaints and grievances (i.e. quality of care, provider to patient relationship). 	
Unmet needs for mental health, substance use, and supportive services	Intensive involvement from case managers and patient navigators to connect the patient to holistic resources.	
Stigma	Persons with HIV more often report psychosocial issues such as fear of people knowing their diagnosis, stigma, shame, and side effects, as the most significant barriers to care over structural barriers. Help link the patient to support groups where they can openly discuss their HIV diagnosis or other stigma they may face.	



Local Arizona Resources

Insurance Coverage:

- AIDS Drugs Assistance Program (ADAP)
- Gilead Advancing Access
- Arizona Health Care Cost Containment System
- Social Security Low Income Subsidy program
- Medicare
- Healthcare.gov

Free and Low Cost Services:

Directory

Rapid Start Programs in Maricopa County:

- Valleywise Health McDowell Clinic
 1101 N Central Ave #204, Phoenix, AZ 85004
- Spectrum Medical Care Center
 52 E Monterey Way, Phoenix, AZ 85012
- Pueblo Family Physicians
 4350 N 19th Ave Suite 6, Phoenix, AZ 85015
- CAN Community Health
 4350 N 19th Ave Suite 2, Phoenix, AZ 85015
- TL Family Nurse Practice
 3201 W Peoria Ave Suite A105, Phoenix, AZ 85029
- Southwest Center for HIV/AIDS
 1101 N Central Ave #200, Phoenix, AZ 85004
- Be Well Family Care
 1492 S Mill Ave Suite 212, Tempe, AZ 85281
- Phoenix Children's Hospital (only for patients 18 years old or younger)
 1919 E Thomas Rd, Phoenix, AZ 85016

Learn More About LTC:

• Linkage to Care Information and Best Practices: <u>CDC Linkage to, Retention in and Reengagement in HIV Care Compendium- Information and Best Practices</u>

