



HIV TAC TEAM

Strengthening Referral Policies and Procedures to Enhance Care Completion

Presenter: Michael Shankle
31 August 2016



Strengthening Referral Policies and Procedures to Enhance Care Completion

Michael D. Shankle, MPH
HealthHIV's National Center for Health Care Capacity
Building

Objectives

- Discuss the need for developing formal referral agreements and procedures with external organizations to facilitate patient linkage, engagement, re-engagement, and retention in care
- Identify key components for drafting referral agreements
- Outline best practices in referral agreements, including performance based contracting
- Discuss evaluation metrics to assess effectiveness of referral agreements and partnerships

The HIV Epidemic Today

- Approximately 1.2 million people in U.S. living with HIV¹
- 50,000 new HIV infections annually, two decades¹
- 14% of those infected with HIV do not know their status²
- 30.2% of new infections attributed to 14% with unknown HIV status³
- 32% of people with HIV are diagnosed late into their illness², with 24% of those people being diagnosed with AIDS¹
- 50% of individuals who are aware of their HIV status are not adequately engaged in care, account for 61.5% of new infections³

¹ CDC. (2016). *Today's HIV/AIDS Epidemic*. February, 2016.

² Kaiser Family Foundation. (2014). *The HIV/AIDS Epidemic in the United States*. 7 April 2014.

³Skarbinski, J.; Rosenberg, E.; Paz-Bailey, G; Hall, HI; Rose, D; Viall, A; Fagan, JL; Lansky, A; Mermin, J. (2015). Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States. *JAMA Intern Med*,175(4), 588-596. doi:10.1001/jamainternmed.2014.8180.

CROI 2016

- Estimated lifetime risk of HIV infection:
 - 1 in 2 black MSM
 - 1 in 4 Latino MSM
 - 1 in 11 white MSM
 - Highest risks for HIV infection in the South
- Scaling up current efforts to reach national targets for HIV testing and treatment can prevent 185,000 infections
- Millions of individuals are not being tested for HIV at routine doctor visits; at current testing rates, less than half of all black men and less than a third of Hispanic and white men will be tested for HIV before the age of 39

Outcomes Focused

Prevention

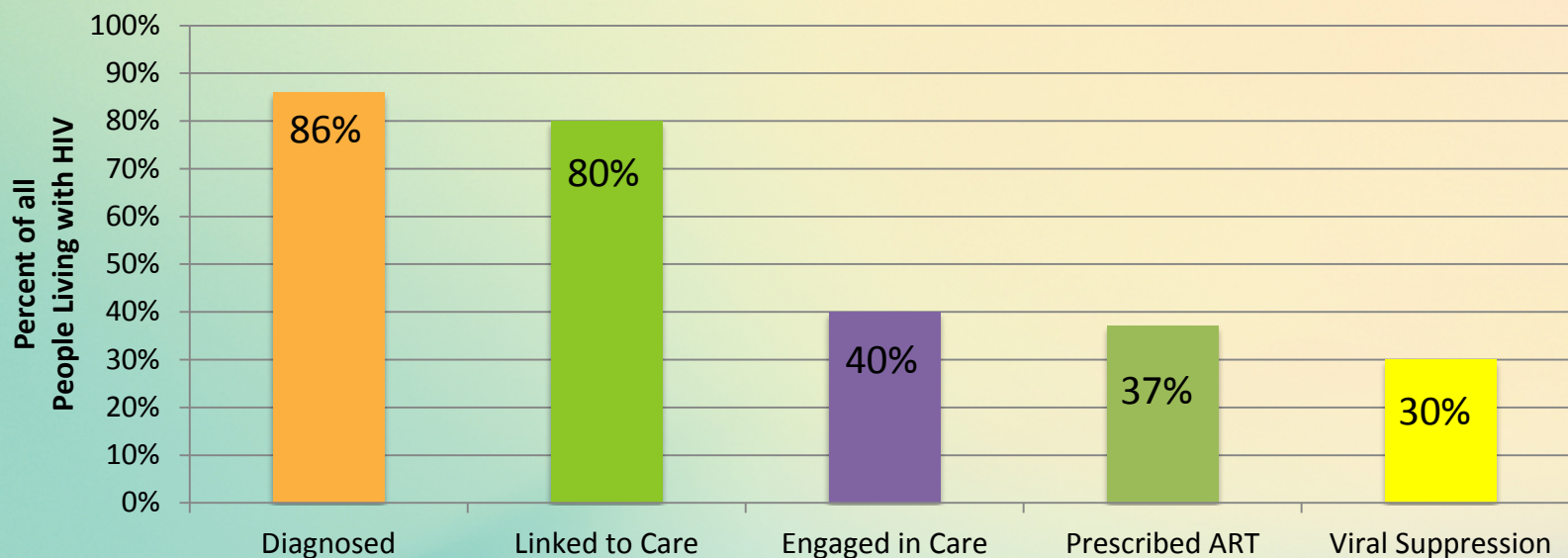
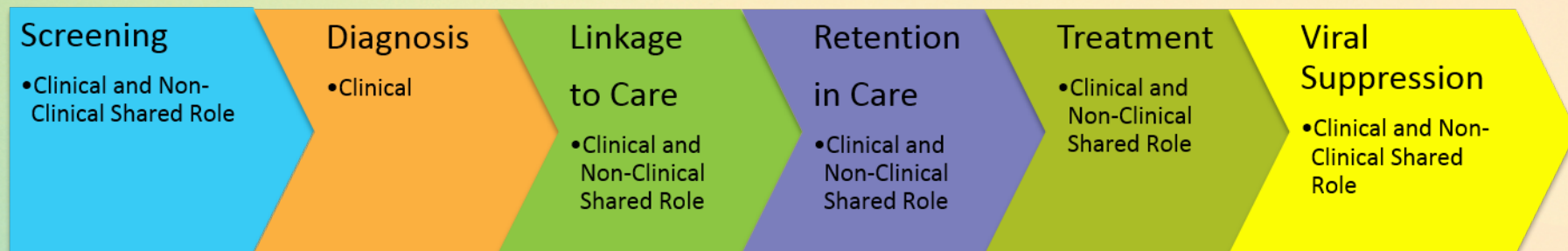


Treatment



**HIV
Free
Generation**

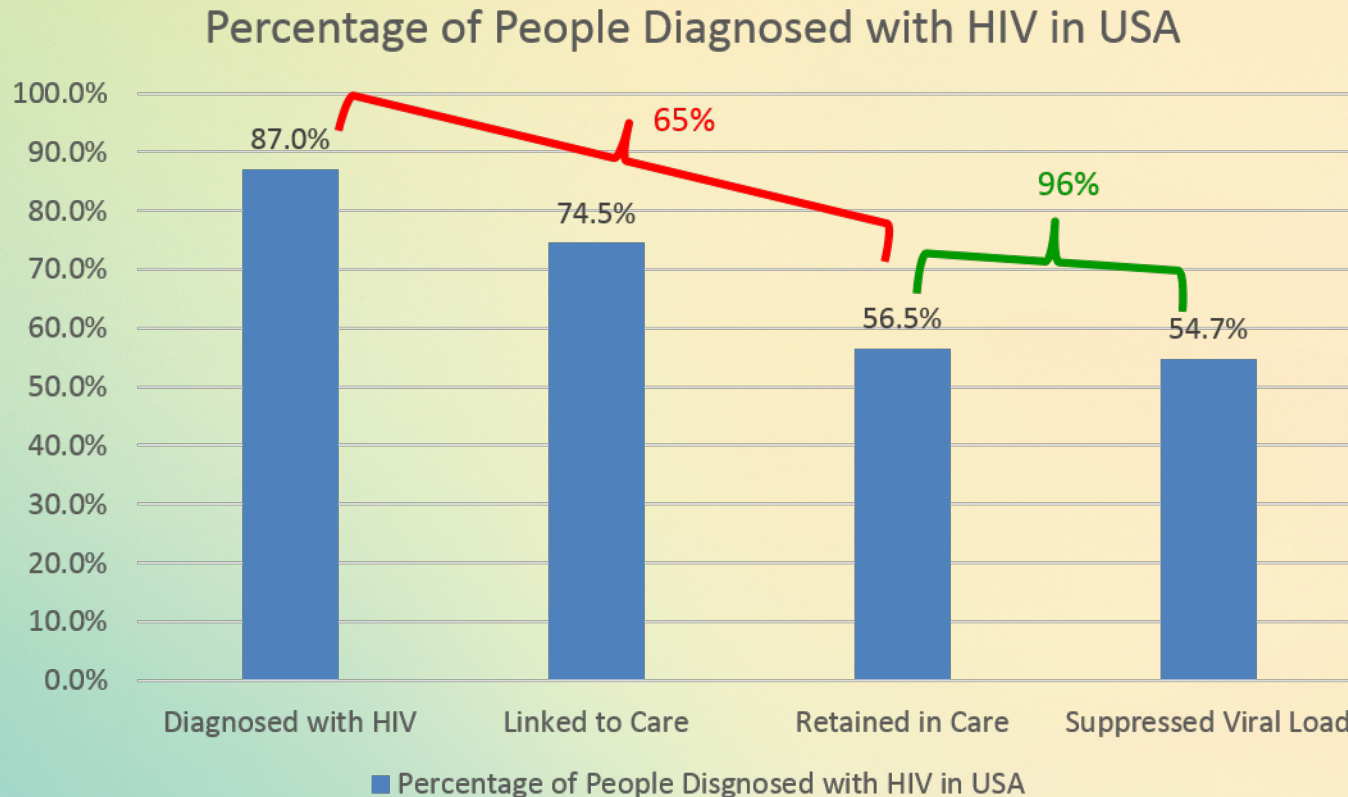
Model for Care Coordination



Partnerships & Referrals

No one agency can do everything.
Partnerships and effective referrals are a powerful means of crafting solutions and adding value to our clients and the continuum of care.

Selected National HIV Prevention and Care Outcomes in the United States, 2014



Centers for Disease Control and Prevention. (2016). Selected National HIV Prevention and Care Outcomes in the United States. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of HIV/AIDS Prevention. July 2016. [Link to online Resource.](#)

HIV Prevention Continuum



Testing

Counseling
and Risk
Stratification

Provision of
Tailored
Prevention
Services

Retention in
Services

Adherence
Support

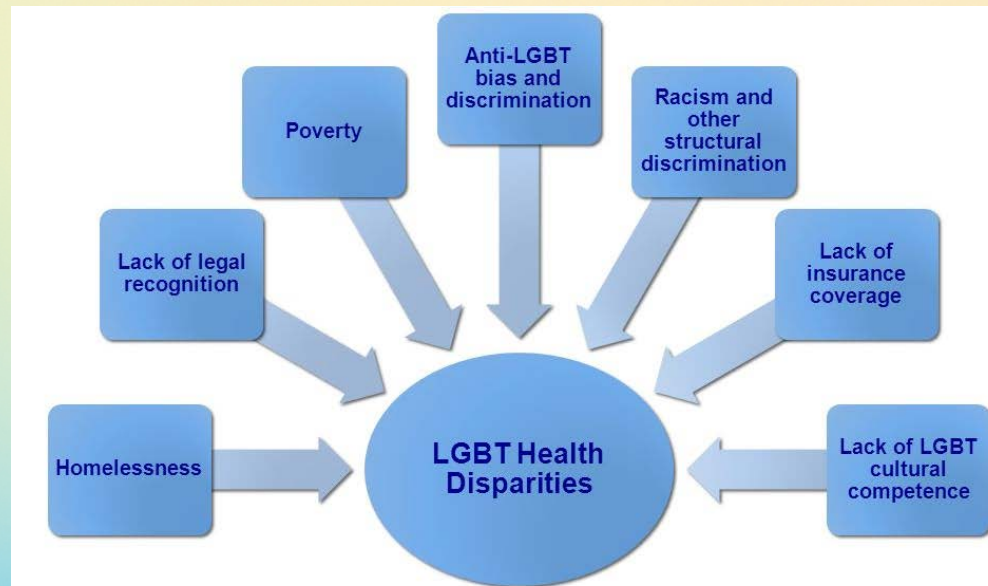
Tailored Prevention Using HIV Prevention Toolkit



Social Determinants of Health

- The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.
- Circumstances shaped by
 - Economics
 - Social policies
 - Politics

http://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/



Barriers to HIV Prevention, Care, Treatment

Structural Barriers

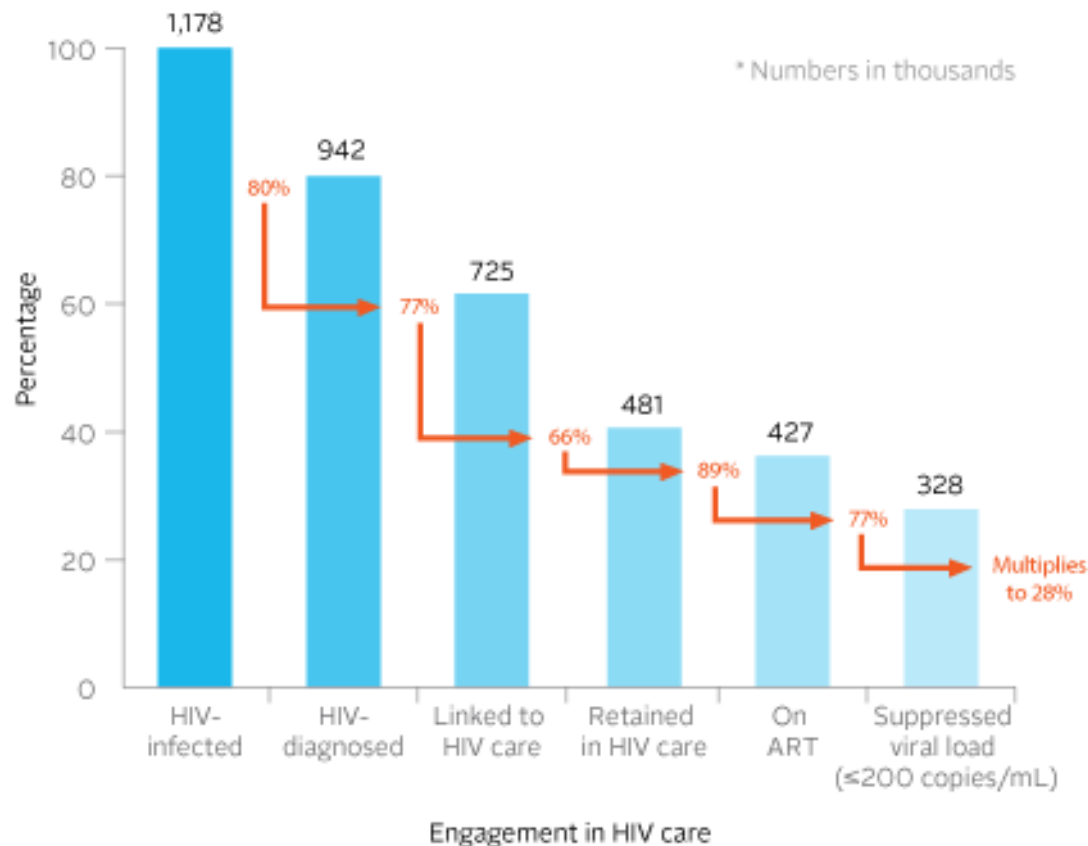
- Financial
- Transportation
- Family care
- Stigma
- English proficiency
- Immigration/citizenship
- Housing
- Navigating health care system
- Time (initial appointment, clinic hours)
- Health insurance

Emotional Barriers

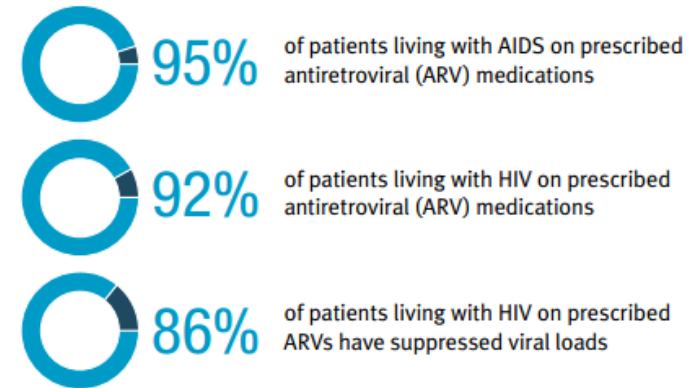
- Fear of HIV medication side effects
- Fear of people knowing
- Stigma
- Lack of social support
- Denial (don't feel sick)
- Depression
- Distrust of health care system

Measuring Continuum Outcomes

HIV Treatment Cascade

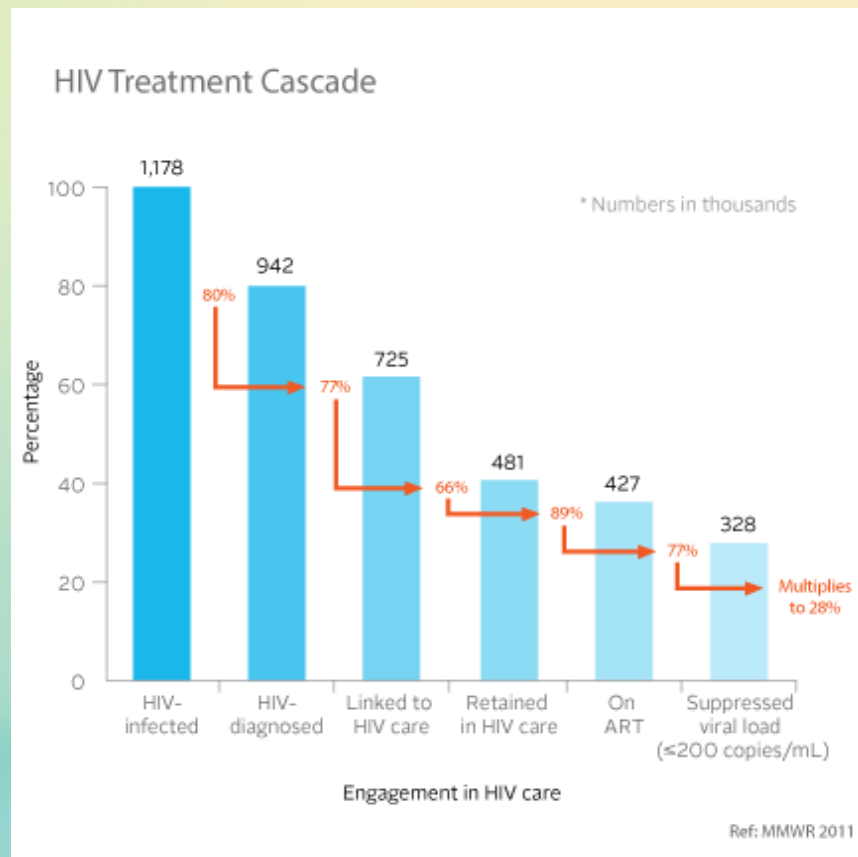


Ref: MMWR 2011



Organizational Strengths

- What components of the HIV Care Continuum does your organization address well?



Why Develop a Referral Network?

- Access to needed services is expedited
- Confidentiality is maintained
- Referrals between the organizations in the network can be tracked
- Referrals and their outcomes are documented
- A feedback loop informs the organization initiating the referring organization that the requested service has been delivered and has met the needs of the client
- Gaps in services can be identified and steps taken by organizations in the network to bridge them

Referral Partner Identification

- Identify resource limits
- Assess service gaps: What services do we not provide that are critical to our clients?
 - Home-delivered meals and community-based re-engagement efforts
- Consider special population needs
 - Engagement and retention of women

HealthHIV Service Matrix



HealthHIV Service Collaboration Matrix

| Organization Name: | | Services | | | | | | | | Organizational Development | | | | |
|--------------------|---|---|--|--|--|---|--|--|--|---|---|--|--|---|
| | | A Do you currently provide this service? | B How are you funded to provide it? | C How is this service marketed to the community, clients, and other agencies? | D How do you evaluate the effectiveness of the service? | E If the service is not provided by your agency, how do you link or refer clients to other agencies? | F How do you track service attainment following linkage and referral? | G How do you outreach to re-engage clients in this service? | H Do you have a contractual relationship that addresses sharing of client data? | I Which agencies do you want to develop a contractual relationship with? | J Do you have access to technical and subject matter experts in this area? | K Have you sought technical assistance in this service area within the last 12-24 months? | L Is this area an organizational priority now or in the future? | M Is this function an area of strength or expertise for your agency? |
| 1 | Primary Medical Care | | | | | | | | | | | | | |
| 2 | Primary HIV Care | | | | | | | | | | | | | |
| 3 | Medical Case Management (PLWH) | | | | | | | | | | | | | |
| 4 | Case Management (Non-Medical - PLWH) | | | | | | | | | | | | | |
| 5 | Substance Abuse Services | | | | | | | | | | | | | |
| 6 | Mental Health Services | | | | | | | | | | | | | |
| 7 | Nutritional Services/Food Bank | | | | | | | | | | | | | |
| 8 | Emergency Financial Assistance | | | | | | | | | | | | | |
| 9 | Housing Services | | | | | | | | | | | | | |
| 10 | Prevention for PLWH | | | | | | | | | | | | | |
| 11 | Support Groups | | | | | | | | | | | | | |
| 12 | Individual-Level Prevention with persons who are HIV Negative/Unknown | | | | | | | | | | | | | |

Community Inventory/ Asset Mapping

1. Identify gaps in your service delivery that your clients need
2. Start a list with who/what you know
 - Culturally competent
3. Use other sources
 - Local health department website, HIV Planning Council, or Jurisdictional HIV Planning Group, health department contractors for HIV and related services
 - Community websites
 - Friends and colleagues
 - Clients

Strategic Benefits in Referrals

- Increase access to comprehensive services for our clients
- Access new clients from referring agencies (i.e. new geographies or new focus populations)
- Improve agency knowledge, capabilities, and skills
 - Quality improvements in existing services
 - Improved efficiency in existing services/referrals
- Achieve shared outcomes (i.e. community health outcomes, viral suppression)

Strengthening Referral Process

- Warm vs. Cold Handoff
- Referring department/organization plays a key role in the client accessing care in the referred-to department/organization
- Critical within and outside organizations
- Assures continuity of services
- Helps clients feel secure and clear about processes
 - Want to prevent the client feeling “dumped”

Warm Referral Components

- Cold referrals lose patients
 - Handing a patient a card with the phone number of a behavioral health specialist
- Active referrals consider and address barriers that would prevent the client from seeking follow-up care, including:
 - Mistrust/discomfort with medical systems
 - Transportation
 - Language barriers
 - Financial/insurance information
 - Cultural competency
 - Forgetfulness/lack of reminder tools

Warm Referral Process

- Schedule appointment
 - Referring organization makes appointment for the client at an organization that has been vetted for cultural competency and positive client experiences
- Get client to the appointment
 - Provide transportation directly or ensure client knows how to get to their appointment
- Inform the receiving organization about the client
 - Use simple, standardized referral form that indicates how and when the referring clinician wants to be notified about a patient
 - The service to which the patient is being referred should receive all relevant information about the patient before his or her arrival

Beyond MOUs

Partnerships are **business associate agreements**, not just MOU/MOAs.

HIPAA Privacy Rule: Business Associates

- What is a Business Associate (BA)?
 - Person or entity that performs certain functions “on behalf of” a Covered Entity (CE) involving the use, disclosure or creation of Personal Health Information (PHI)
 - Excludes employees, workforce members
 - Examples: TPAs, attorneys, billing services, data aggregators
- Requirements
 - A CE may not disclose PHI to a BA unless it obtains “satisfactory assurances” that the PHI will safeguard the PHI
 - “Satisfactory assurances” usually means a business associate agreement (contract that stipulates how the data may/may not be used or released with penalties for violations)
- Direct Liability
 - Post HITECH, BAs directly subject to HIPAA requirements (no longer indirect via contractual liability to CE)

Components of a Business Associate Agreement

- State the parties involved: the “Covered Entity” and the “Business Associate”
- Describe the mutual promises and agreements between the two parties regarding use of private health information
- Identify the responsibilities of the Business Associate in accordance with the Privacy Rule
- Describe opportunities to amend Personal Health Information and to provide Covered Entity with additional materials if requested
- State terms of the conclusion of the Business Associate Agreement

Ensuring Compliance

- Well-crafted patient authorizations and informed consent so that all members of a patient's treatment team can share information related to treatment and care management
- Explanation of treatment team and patient engagement with discharge planner and care manager in designating and updating treatment team membership and information
- Prudent sharing and secure systems

Community-Wide Referral Network



Case Study of Referral Network

- Partner with CBOs that complement your strengths in moving people through the HIV Care Continuum
- Formal, contractual partnerships (to include \$\$) to develop mutual operational standards as if you are becoming part of one large organization with new skills and cultural competency to better address engagement, retention and adherence to treatment of a broader HIV infected community

Challenges in Forging the Partnerships

- Some partnerships that seemed to make sense on paper didn't work out
 - Organizational culture differences are sometimes immense and difficult to overcome
 - Sometimes it comes down to purely the responsiveness of an organization to engage and move forward in the process
- Frank discussions between organizational leaders about past political history; perceptions that needed to change (both ways)
- Moving from years of competing for \$\$ to having to work together to get \$\$ takes a shift in thinking about everything you do

Challenges in Operational Development

- HIPAA!!!
 - In order to realize the value of the CBO network, need to share information and data freely and in real-time with new partners
 - Hours of time with many lawyers went into the development of our “Business Associate Agreement”
 - HIPAA curriculum development and training for all stakeholders
 - Routine audits are executed given the high risk of the unique circumstances

Contract Considerations

- Joint mission statement
- Obligations of CBO
 - What specific services are included
 - Language re following all appropriate regulatory rules and how to respond if breached
- Obligations of Primary Care Provider
 - What services should the CBO expect their clients to be able to access
- Compensation
 - Specifics on how to invoice, reporting requirements, etc.)

Contract Considerations #2

- Obligations of both parties
 - Assuring compliance programs are in place
 - Services will be provided with the prevailing standards of care
- Assurance of patient and clinician choice
 - Language to make it clear patients have freedom to chose their providers
 - No compensation will be linked to volume or value of referrals
 - Nothing in the agreement restricts either party from contracting with other entities

Contract Considerations #3

- Professional assurances
 - Language about having appropriate licensure, certifications, eligibility, etc. in place
- Insurance/liability/indemnification
 - Each party is responsible for the care and services they provide
- Term and termination
- Relationship of the parties
 - Specifics on agreement as sub-contractors or independent contractors, employees are independently employed, not jointly

Contract Considerations #4

- Privacy and confidentiality of patient information
 - Language pointing out specific regulations to be followed under HIPAA, HITECH, etc.
 - Reference to the Business Associate Agreement
- Notices
 - How to communicate re the agreement
- Agreement modification
- Signatures

Services of Our CBO Partners

- Services we needed in order to strengthen our ability to move patients through the HIV Care Continuum:
 - Medical Case Management
 - Early Intervention Services
 - Testing and Linkage Services
 - Patient Navigation Services
 - Home-Based Delivered Meals

Operational Challenges

- EMR:
 - Direct access to EHR to CBO partners
 - Extensive training
 - Structured data templates had to be built and are still in process
 - New visit (encounter) types had to be created
 - Periodic audits to ensure compliance with HIPAA have to be performed

Operational Challenges #2

- Define and clarify job duties with both parties
 - How do we minimize duplicative work?
 - Who is responsible for what and where is the handoff?
- Case disposition/case conferencing
 - Given geography, staffing, volume and diversity of providers involved in a patient's care, case conferencing is a challenge!
 - EMR is a great benefit as we all have real-time access all aspects of the record

WWH Staffing Model

- Director of Community Health is responsible for the CBO partnership initiative (reporting to the COO)
- WWH created a new FT position, “Community Based Organization Network Coordinator”
 - Manages day to day operations and relationships, training, etc.
 - Acts as the hand-off linkage coordinator for referrals coming into WWH for care
- Medical Adherence Case Managers

CBO Challenges

- CBO employees must take on duplicative documentation, sometimes as much as three or more systems being involved
 - WWH EMR
 - CBO documentation standards (paper)
 - DOH/HAHSTA data documentation
 - Potentially other Tier One partners
- Multiple reporting requirements
- This will theoretically continue to increase for the CBOs as the city wide medical home continues to develop

Opportunities in the Works

- Not every patient needs this level of care integration or even requires services of our CBO partners to ensure retention and adherence
- We need to work out the optimal scale up of this model to maximize limited resources and focus on the most vulnerable patients at-risk for falling out of care
- Currently most referrals through this program are from the CBO to WWH
- The ability to identify and target WWH patients who could benefit from the work of the CBO will make this a more bi-directional referral process

Contact Information

Michael D. Shankle, MPH

Senior Director of Capacity Building
HealthHIV

Michael@healthhiv.org

202-507-4730

WE NEED YOU!

Participate as Health Center co-presenter.

Contact:

Victor Ramirez,

P4C HIV TAC Collaborative Training Coordinator

vramirez@mayatech.com

Thank you for participating in this Webinar.
We hope that you are able to find the information
provided useful as you continue your P4C project.
We ask that you take a few moments to complete
the feedback survey you will receive when you
close out of this webinar.

Thank you for participating in today's webinar

If you have any additional questions, please email us:

P4CHIVTAC@mayatech.com