ILLINOIS RYAN WHITE PART B CASE MANAGEMENT

Module 5

Case Management Activities: Post-Intake

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

CASE MANAGEMENT ACTIVITIES

POST INTAKE

POST-INTAKE ACTIVITIES

Once the client is deemed eligibility for the Program and enrolled into case management, the following topics should be addressed, and details of the conversations should be documented in Progress Logs.

- Sexual Health History
- Linkage to Care
- Treatment Adherence
- Partner Services
- Service Delivery

SEXUAL HEALTH HISTORY

SEXUAL HEALTH HISTORY

Definition of Sexual Health

- Absence of STI's and reproductive disorders
- Prevention of STI's
- Control of one's fertility
- Avoidance of unplanned pregnancy
- Sexual expression without exploitation, oppression, or abuse

SEXUAL HEALTH HISTORY

Importance of Sexual History

- Guides risk reduction counseling
- Identifies program participants at risk for other STI's
- Identifies anatomical sites for STI screening
- Provides introduction to other important health conversations
  - PrEP
  - Partner Services
- Influences the program participant's comprehensive health

SEXUAL HEALTH HISTORY

Importance of Being Patient-Centered

- Program participants know their bodies, wishes, and desires better than anyone.
- Program participants should have the power to make decisions about their health.
- Program participants rely on providers to present pertinent information and education.
- Sexual health is an essential aspect of overall health and well-being of an individual.

SEXUAL HEALTH HISTORY

- Only **35%** of primary care physicians report regularly asking patients about their sexual history.
- One survey showed that **71%** of patients thought their providers would dismiss their concerns.

SEXUAL HEALTH HISTORY

Reasons Providers Do Not Engage Patients

- Embarrassment
- Lack of preparation
- Belief that sexual history does not affect overall health
- Time constraints

SEXUAL HEALTH HISTORY

Reasons Patients Do Not Engage Providers

- Perceived provider discomfort
- Lack of acceptance
- Embarrassment
- Cultural differences
- Anticipated judgment

SEXUAL HEALTH HISTORY

Fostering Effective Communication

- Normalize conversations about sexual health, so clients get accustomed to discussing sexual history.
- Promote sexual health in clinical practice or office.
- Update patients with current information on sexual health.
- Utilize treatment guidelines as opportunity to ask.
- Dispel belief that we, as providers, know what is best for program participants.
- Develop a team approach, if necessary.
- Understand that the clinical setting may influence communication.

SEXUAL HEALTH HISTORY

Fostering Effective Communication

- Make an effort to provide unbiased care by leaving our beliefs and judgement behind.
- Realize that program participants may or may not prioritize sexual health.
- Realize that program participants' feelings, attitudes, and practices may be obstacles to discussing or addressing sexual health.
- Don't make assumptions about program participant behaviors.
- Find ways to build and encourage trust in order to foster open communication.

SEXUAL HEALTH HISTORY

Fostering Effective Communication

- Approach new program participants directly and professionally.
- Acknowledge that you will be asking some very personal and potentially sensitive questions.
- Be willing to listen to program participants' experiences and concerns.
- Be willing to speak candidly, even if this means acknowledging that we don't have all the answers.
- Assist program participants with skill development that improve sexual health (communication, negotiation, and planning).

SEXUAL HEALTH HISTORY

Fostering Effective Communication

- Ask general open-ended questions that allow the program participant to lead the conversation.
  - “How important is your sexual health to you?”
  - “What does sexual health mean to you?”
  - “Do you or your partner have any questions or concerns that you want to talk about?”
  - “Tell me about your partners/sexual history.”
  - “What kinds of sexual activities do you engage in?”

SEXUAL HEALTH HISTORY

Fostering Effective Communication

- Be ready to explain why this information is important if program participants want to know why you are asking these types of questions.
  - “Sexual health is important to everyone’s overall physical and emotional health.”
  - “I keep asking these questions because people’s attitudes and behaviors may change over time.”
  - “I want to make sure that you are informed about sexually transmitted infections.”
  - “I want to tell you about ways you can protect yourself from sexually transmitted infections.”

SEXUAL HEALTH HISTORY

Fostering Effective Communication

- Use language familiar to the program participant and ask how the program participant would like to be referred to.
- Repeat questions or information in different ways.
- Ask follow up questions to allow program participant to explain.
- Have patience and use silence as a tool to think.
- Explain that program participants have a right to seek out a provider they are more comfortable with.
- Reply honestly and clearly to program participants' concerns.

SEXUAL HEALTH HISTORY

Beginning in 2020, the Department will be working with the Sexually Transmitted Diseases (STD) Section to import STD diagnoses.

These imports will take place on a monthly basis and will generate an email alert to the Case Manager when a client on their caseload is documented as having a diagnosis within the last six months.

Case Managers must discuss any new STD diagnoses with their clients at the next meaningful engagement and must ensure this discussion is documented in the Progress Log.

QUESTIONS

If you have any questions on the content of this presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.

LINKAGE TO CARE

LINKAGE TO CARE

Definition:

Confirmation that HIV positive individuals attend HIV medical care and treatment appointments.

Objective:

Ensure medical care and treatment for HIV begin within 30 days of HIV diagnosis to improve health care outcomes.

LINKAGE TO CARE

Importance of Linkage to Care

- First step in receiving medical treatment.
- Precursor to antiretroviral therapy and viral suppression.
- Treatment reduces HIV complications.
- Antiviral therapy and viral suppression reduce the risk of transmission.
- Rapid medication initiation increases benefits of treatment.

LINKAGE TO CARE

Barriers to Linkage: Structural, Emotional, Psychosocial

- Poverty
- Transportation issues
- Decreased access to health care/location/hours
- Unstable housing
- Lack of insurance
- Lack of time off from work
- Substance abuse
- Mental illness
- Stigma
- Fear of diagnosis
- Language/cultural barriers

LINKAGE TO CARE

Strategies to Improve Linkage

- Immediately refer to HIV care following diagnosis.
- Use case managers and patient navigators to increase linkage.
- Reengage patients who miss appointments and/or are lost to follow-up.
- Provide intensive outreach for program participants not engaged in care within 1 month of a new HIV diagnosis.
- Offer case management to retain and reengage program participants.
- Transport program participants in order to attend HIV services.
- Define roles of providers, clinics, and health agencies.
- Engage in Partner Services to capture others exposed to HIV.

LINKAGE TO CARE

Strategies to Improve Linkage

- Add additional clinic sites.
- Shorten wait times for initial appointments.
- Lengthen hours of operation.
- Implement phone reminders.
- Assign Case Manager for intake before visit.
- Investigate insurance options for program participants.
- Locate transportation services.
- Assign patient navigators to attend appointments.
- Conduct outreach after missed appointments.
- Use evidence-based interventions and best practices.

QUESTIONS

If you have any questions on the content of this presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.

TREATMENT ADHERENCE

TREATMENT ADHERENCE

Definition:

Counseling services offered to assist program participants maintain compliance with their HIV medical care and medication regimen.

- Starting HIV medical treatment
- Keeping all medical appointments
- Completing required testing and monitoring
- Taking HIV medications exactly as prescribed

Objective:

To ensure program participants are prepared for treatment, understand the importance of staying in treatment, what to expect during treatment, and the consequences of not being in treatment.

TREATMENT ADHERENCE

Importance of Adherence

- Increased capacity to understand complex treatment
- Less missed doses
- Increased viral suppression
- Stronger immune function
- Lower transmission
- Lessened resistance and treatment failure
- Better overall health
- Improved quality of life

TREATMENT ADHERENCE

Barriers to Adherence

- Poverty
- Change in daily routine
- Medication side effects
- Forgetting doses
- Depression, mental health issue, substance abuse, or other illness
- Lack of interest or desire to take the medicines
- Complexity and burden of dosing regimens
- Dietary restrictions
- Transportation issues with more frequent appointments and refills
- Limited understanding of infection and treatment
- Absence of supportive environment/stigma/discrimination

TREATMENT ADHERENCE

Strategies to Improve Adherence

- Health literacy/education
- Health insurance
- Simpler medication regimen
- Medication counseling
- Depression, mental health, and substance abuse treatment
- Peer support
- Good nutrition practices/food vouchers
- Transportation services
- Viral load monitoring and refill records
- Evidence based interventions, like text reminders

QUESTIONS

If you have any questions on the content of this presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.

PARTNER SERVICES

PARTNER SERVICES

Partner Services are discussions that take place between the Case Manager and program participant in an effort to educate the participant about their risk behaviors, provide them with strategies to minimize transmission, and identify and ultimately notify any sexual and/or needle-sharing partners of possible exposure to HIV and encourage those partners to be tested.

Required Case Management Activities:

- Program participants must be informed about the availability of Partner Services during intake and at each eligibility assessment, at minimum.
- Any discussion to elicit unidentified partners must be completely voluntary for program participants.
- Confidentiality must be stressed, as no identifying information will never be shared with the partner.
- Ensure that program participants are educated about Partner Services activities, the options available to notify partners, and the consequences of not completing the agreed upon activities.
- Partner Services may be initiated by Case Manager or program participant at any time.
- Discussion about Partner Services must be documented in Progress Logs.

PARTNER SERVICES

To document that the Case Manager and program participant have discussed Partner Services and to provide the program participant with documentation on what these activities entail, the Program has developed a form to be signed and dated by the program participant.

Partner Services Acknowledgement Form

- Indicates awareness of required procedures if/when program participant decides to engage in Partner Services notification process.
- Signature does not mean that program participant agrees to engage in Partner Services, just that Partner Services were discussed.
- The form must be signed and dated at every eligibility determination.
- Only the signature page must be uploaded in the data system; the information pages should be given to program participant.

PARTNER SERVICES

When partners are elicited, notification can happen in one of three ways.

- **Provider Notification** – Case Manager refers the partner record directly to IDPH who assigns the record to an authorized provider to locate and notify the partner.
- **Contract Notification** – Program participant and Case Manager agree that program participant will notify the partner by a certain date. If the agreed upon date passes without confirmation from program participant , the Case Manager will refer the record to IDPH for assignment to an authorized provider to locate and notify the partner.
- **Dual Notification** – Program participant and partner attend a session with the Case Manager, and the notification is conducted in partnership. The Case Manager and program participant should rehearse the conversation beforehand to minimize issues and to ensure a successful outcome.

PARTNER SERVICES

Documentation and Monitoring

- A signed and dated Partner Services Acknowledgement form should be present at/after intake and each eligibility determination.
- Prior to conducting any notification, Case Managers must complete the **Risk Based HIV Testing** training. Case Managers who have not completed this training **CANNOT** conduct partner notifications.
  - Certificates of Completion should be found in Case Managers' personnel files.
- Documentation of offering and/or completing Partner Services should be noted in a Progress Log.

✓ **Engaging in Partner Services is completely voluntary; completion of the Partner Services Acknowledgement is mandatory.**

QUESTIONS

If you have any questions on the content of this presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.

SERVICE DELIVERY

SERVICE DELIVERY

Services Planned/Funded in Illinois, 2020

Case Management
Food Bank/Home Delivered Meals
Outpatient/Ambulatory Health Care
Medical Transportation
Oral Health Care
Housing
Emergency Financial Assistance
Treatment Adherence
Legal Services
Mental Health Services
Medical Nutrition Therapy
Peer Navigation
Psychosocial Support
Substance Abuse Services

All services provided must be allowable costs as defined by HRSA.

- Policy Clarification Notice (PCN) 16-02: Eligible Individuals & Allowable Uses of Funds
  - https://hab.hrsa.gov/sites/default/files/hab/Global/service_category_pcn_16-02_final.pdf

SERVICE DELIVERY

- The Program requires supporting documentation be uploaded when documenting **ALL** service provisions. This is to ensure that all services entered have documentation of provision prior to reimbursement by the Program.

- This documentation includes invoices, any forms required by the Program, such as the Request for Food Assistance, as well as receipts used to document the use of vouchers or to determine the amount of assistance provided to the participant.

- Services provided to program participants and reimbursement requests are required to be documented in the data system within five (5) business days of the date of service.

SERVICE DELIVERY

Monitoring

- Is the service allowable under HRSA guidelines?
- Is the entry date within five (5) business days of the service date?
- Are all required forms present and filled out correctly?
- Is all appropriate documentation attached to the record?
- Do the amounts on record and documentation match?
- Does the documentation contain all required information?

QUESTIONS

If you have any questions on the content of this presentation, please write them down and bring them to the regional webinars provided by the Program.

The Program is committed to addressing your questions and feedback during these follow up meetings.

Thank you for your participation.

This concludes Module 5 of the Illinois Ryan White Case Management Training.

Thank you for your attention today. The Program looks forward to your regional webinar where we will listen and address any comments or questions that emerged from Module 5.

Module 6: ***Ryan White Housing Program*** is the next training in the Case Management series.

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH