



Care Coordination: How We Can Help



Main Goals of Care Coordination

- Ensure that people living with HIV/AIDS are linked to care quickly.
- Develop a patient-centered care plan focused on adherence and antiretroviral therapy (ART).
- Use care coordinators and navigators to help patients access care, communicate with providers and find the resources they need.
- Provide ongoing education, including prevention with positives, which emphasizes prevention of transmission by HIV-infected individuals.
- Coach patients on becoming self-sufficient and able to manage their medical and social needs.

Patients Who Meet Any of the Criteria Below Are Eligible to Enroll

- Newly-diagnosed
- Never been in care
- Lost to care (one or less primary care visit in the last two years and no visit in the last nine months)
- Has difficulty keeping appointments; sporadic, irregular care
- Has a history of non-adherence to ART
- Is starting ART or has recently diagnosed comorbidities
- Is restarting ART, has prior treatment failure or a new regimen
- Is on ART with recurrent virologic rebound after suppression

Care Coordination can support patients all the way through.

Primary Services Provided by Care Coordination

Care Navigation

Ensure that every patient knows where, when and how to access health and social services (including primary care, mental health and substance abuse services).

Provide information to facilitate accessing services, such as:

- Reminders of upcoming appointments
- Reviewing the care plan with the patient and provider

Ensure that patients have the necessary resources for services by:

- Helping to schedule and reschedule appointments
- Accompanying patients to appointments, if necessary
- Coordinating transportation
- Arranging for child care

Health Education and Promotion

Provide comprehensive HIV education, coaching and counseling on topics such as how HIV affects the body, harm reduction and healthy behaviors.

Social Services and Benefit Coordination

Help patients obtain social support, housing, peer group information and access to food/nutrition services by:

- Evaluating eligibility and assisting with applications
- Developing relationships with community agencies to facilitate access to support services

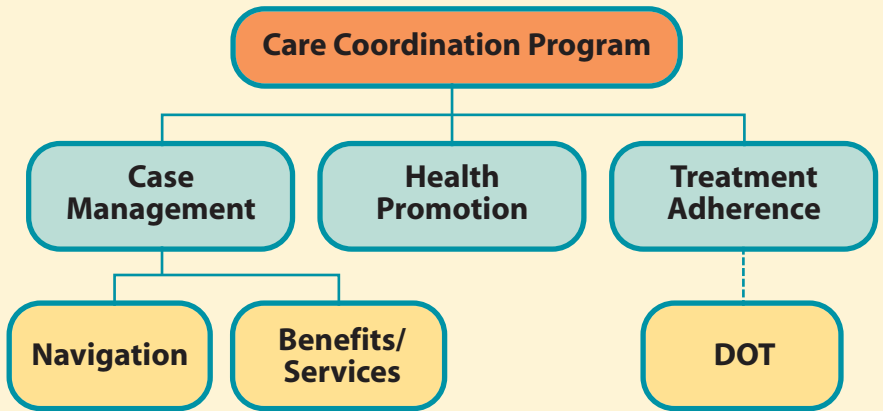
Treatment Adherence

Build patients' medical adherence and monitoring skills by:

- Enrolling them in an appropriate treatment adherence program (e.g., monthly adherence vs. weekly adherence vs. directly observed therapy)
- Providing directly observed therapy for patients who cannot adhere to ART independently
- Documenting medication adherence

Interventions of the Care Coordination Program

The level of services delivered by the Care Coordination team will vary according to patients' needs. The ultimate goal is for the patient to be self-sufficient and able to leave Care Coordination.



Staff Roles and Responsibilities in Care Coordination

Program Director

- Recruits, hires and supervises staff
- Reviews enrollment and directs “return to care” operations
- Acts as liaison between the program, the Health Department and Public Health Solutions

Medical Provider

- Refers patients to Care Coordination Program
- Helps staff develop medical treatment plans
- Attends case conferences
- Discusses clinical concerns and events with staff

Directly Observed Therapy Specialist (clinic-based)

- Observes and records patients’ self-administration of ART
- Assesses patient for, and reports, any ART side-effects

Care Coordinator

- Supervises the Patient Navigators
- Enrolls patients and verifies eligibility
- Completes comprehensive assessment and treatment plan
- Helps patients complete social service and benefit applications
- Facilitates interdisciplinary communication
- Provides clinic-based education
- Reviews activities of navigators and directly-observed therapy specialists

Medical Center Liaison

- Facilitates communication between PCP and staff
- Helps staff develop treatment plan
- Supervises medical center directly-observed therapy staff

Patient Navigator

- Completes social service and benefit reassessment
- Provides field-based education and helps build skills
- Helps patients to keep appointments; accompanies them if needed
- Provides critical feedback to other members of the health care team based on his/her observations in the field
- Coaches and empowers patients

Directly Observed Therapy Specialist (field-based)

- Observes and records patients’ self-administration of ART
- Assesses patient for, and reports, any ART side-effects

ART=Antiretroviral Therapy
PCP=Primary care provider

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