Provider Pocket Guide to Care Coordination

Access eligibility for Care Coordination in all patients with HIV/AIDS.

Refer eligible patients to Care Coordination to improve adherence and medical outcomes.

Partner with your patients—communicate regularly with Care Coordination staff.

NYC Health

Main Goals of Care Coordination

- Ensure that people living with HIV/AIDS are linked to care quickly.
- Develop a patient-centered 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 so they become self-sufficient and can manage their own medical and social needs.

Patients Who Meet Any of the Criteria Are Eligible for Care Coordination

- Newly diagnosed with HIV/AIDS
- Has never been in care
- Lost to care (one or no primary care provider 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 with comorbidities, has prior treatment failure or a new treatment regimen
- Is on ART with recurrent virologic rebound after suppression

Pitch Care Coordination to All Patients

Acknowledge that adherence is difficult.

"Your Care Coordination team knows that keeping up with your medications is a job all by itself. We're here to help you with that."

Show that you care about your patient.

"Sometimes things get in the way of keeping your appointments and taking all your medicines. Care Coordination can help you sort things out and get on track."

Be supportive and empathetic.

"You've got a lot going on right now. Care Coordination will help you put yourself first and find a treatment plan that works for you."

Show respect and faith in your patients' abilities.

"You're a smart person and I know you can do this. HIV care is complicated, and with Care Coordination we can help you work on what gets in the way so you can get better."

Let them know there are solutions.

"The Care Coordination team has a lot of resources at their fingertips to help you get it going—let's get started."

Care Coordination can support patients all the way through.

Care Coordination Referral Information

Referrals should be completed by providing at minimum the information below for both the referring agency and the new agency.

Agency: _____

Title: _____

Name: _____

Telephone: _____

Title: _____

Name: _____

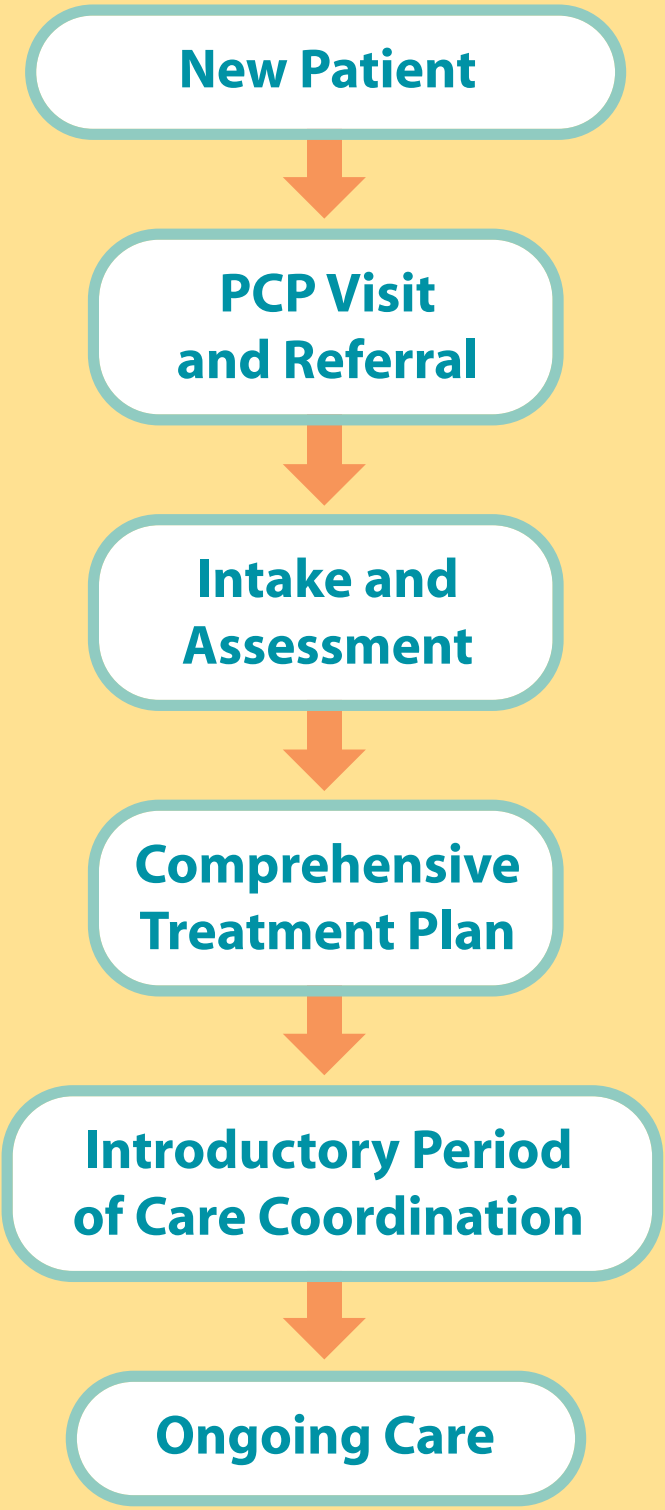
Telephone: _____

Title: _____

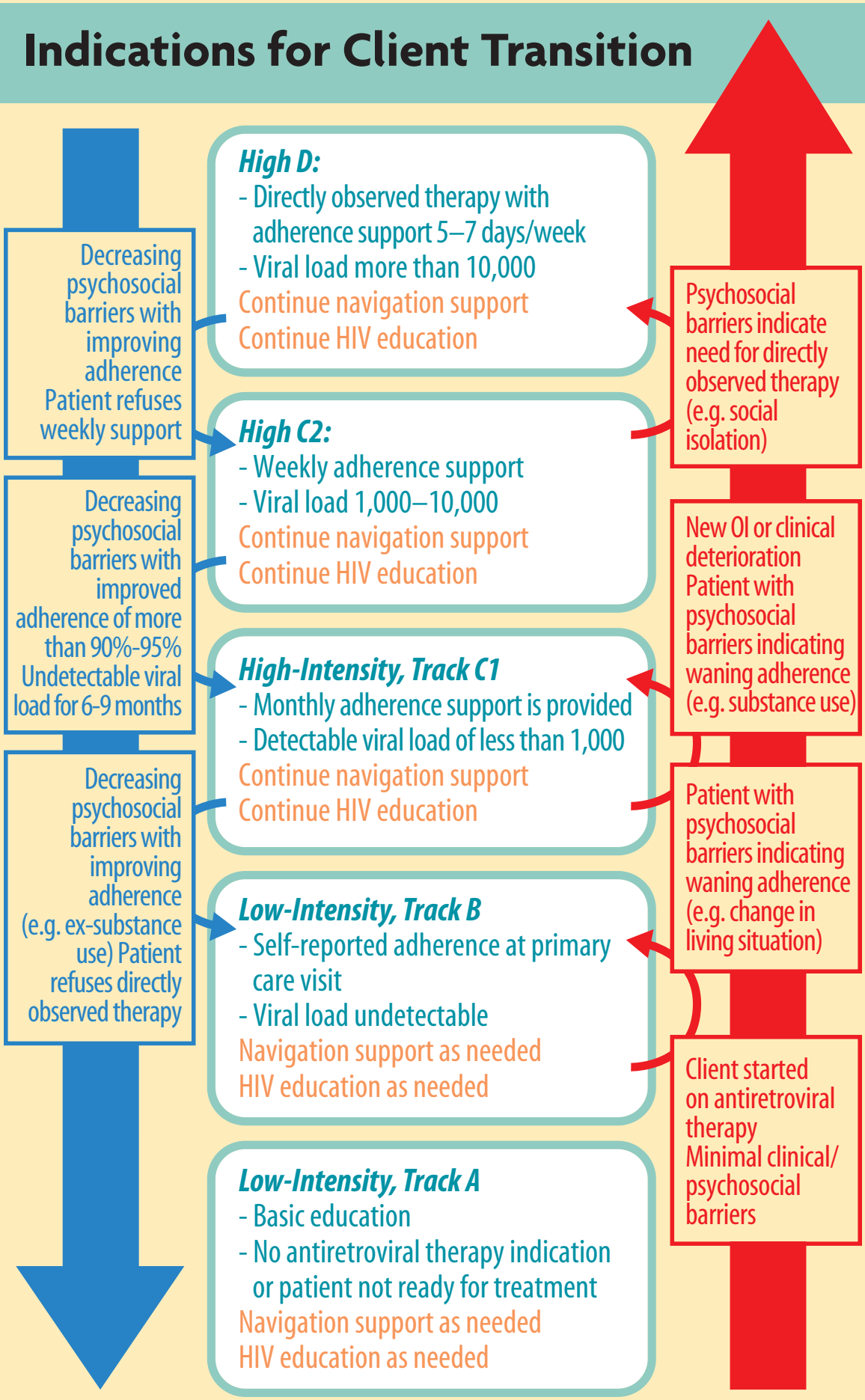
Name: _____

Telephone: _____

Basic Treatment Plan



Indications for Client Transition



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