

**Linkage and Retention Intervention**  
**Self-Assessment**

Agency Name: \_\_\_\_\_

Part 1

1. Does your organization conduct HIV testing and counseling?    \_\_\_ Y        \_\_\_ N        \_\_\_ Don't Know  
(If no please move on to question 2)  
Approximate number of patients testing positive for HIV at your agency (facility-wide) in 2013: \_\_\_\_\_  
(Please drop down to answer question 1 in part 2)
2. Does your organization provide HIV primary care?                    \_\_\_ Y        \_\_\_ N        \_\_\_ Don't Know  
(If no please move on to question 3)  
Approximate number of patients enrolled in HIV Primary Care in 2013: \_\_\_\_\_  
(Please drop down to answer question 2 in part 2)
3. Does your organization provide HIV Supportive Services?        \_\_\_ Y        \_\_\_ N        \_\_\_ Don't Know  
(If no please move on to Part 5)  
Approximate number of clients, not receiving primary care, who receive other HIV Supportive Services: \_\_\_\_\_  
(Please drop down to answer question 3 in part 2)

Part 2

**Performance Measurement**

**Linkage to HIV Primary Care:**

1. Is there a performance measurement system in place to routinely collect data and monitor the linkage rate of newly diagnosed clients to HIV primary care?    \_\_\_ Y        \_\_\_ N        \_\_\_ Don't Know  
(If no please return to question 2 in Part 1, above)  
**If Yes** - Do you track whether clients are linked to care within:
- 30 days     60 days     90 days     6 months     other: \_\_\_\_\_

**Based upon the measure above**, the average rate of linkage to HIV primary care for newly diagnosed patients at your facility in 2013 was:        \_\_\_ % linked within \_\_\_ (days or months).        Or, \_\_\_ Unknown

**Retention in HIV Primary Care:**

2. Is there a performance measurement system in place to routinely collect data and monitor rate of retention in HIV primary care?    \_\_\_ Y        \_\_\_ N        \_\_\_ Don't Know  
(If no please return to question 2 in Part 1, above)  
**If Yes** - Which measure below best reflects the measure used by your program to determine overall retention in HIV primary care:

- Percentage of HIV+ patients, having at least one medical visit in each 6-month period of the 24-month measurement period with a minimum of 60 days between medical visits.
- Percentage of HIV + patients, having at least one medical visit in each 6-month period of the 12-month measurement year.
- Percentage of HIV + patients who did not have a medical visit in the last 180 days of the measurement year.
- Other: \_\_\_\_\_
- Don't know

**Based upon the measure above**, the current rate of retention in primary care is: \_\_\_ % Time Period: \_\_\_\_\_

Performance Measurement

Data Analysis and Use: (Please check all that apply)

3. How does your program use this data to evaluate success and drive effective decisions?

- Data are validated, tracked, and analyzed by teams with the frequency required to identify improvement needs, set and assess measureable goals.
- Data are routinely "drilled down" (analyzed) to identify common &/or individual causes a lack of timely linkage to care and/or retention in care.
- Leadership routinely reviews linkage and retention data within the context of the overall QM plan.
- Data results and associated measures are systematically shared with all stakeholders, including staff and patients to elicit input and engage them in improvement processes aligned with organizational goals.
- Data are displayed in formats that enable accurate interpretation, such as run charts.

Assessing Systematic Monitoring of Linkage and Retention:

4. While there is no gold standard of measuring client linkage and retention in HIV primary care, systematic monitoring of successful linkage and retention in care are recommended to optimize entry into care, retention in care, and initiation and adherence to ART for people living with HIV.<sup>1</sup> Based upon the information in #1-3 above how would you rate the strength of your system for routinely measuring and monitoring:

Strength\* of Agency's Linkage and Retention Monitoring System

	Weak	—————→				Strong
Linkage to care:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	
Retention in care:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	

*\*If your team is unable to routinely submit NYLinks performance measures for both linkage and retention, and it does not have another system in to measure both linkage and retention on a regular basis please indicate "1"*

Quality Improvement

QI Project Implementation:

1. Does your agency/program have a multidisciplinary QI Project team in place (that includes executive sponsor (leader); project lead; data lead and consumer) to improve linkage and/or retention?      Y    \_\_\_                      N    \_\_\_

Please list current QI Project staff members below:

Team Member/Role	Name	Email
<b>Executive Sponsor</b>		
<b>Project Lead</b>		
<b>Data Lead</b>		
<b>Consumer</b>		
<b>Other Team Members:</b>		

<sup>1</sup> International Association of Physicians in AIDS Care (IAPAC) Guidelines for Improving Entry into and Retention in Care and Antiretroviral Adherence for Persons with HIV, March 5, 2012.

Quality Improvement

2. Has your team used quality improvement methodology to improve linkage and/or retention? \_\_\_Y \_\_\_ N

**If yes**, what QI project steps has your team applied to its work?

- "Drilling down" (analyzed) its linkage and/or retention data to identify common &/or individual causes to a lack of timely linkage to care and/or retention in care.
- Development of flow-charts of linkage and/or retention processes/systems to highlight and target barriers to timely linkage to care and/or retention in care.
- Using small scale measures to routinely assess and refine the strategy being tested and/or implementing (E.g. "no-shows"; missed appointments; reminder calls made; etc): \_\_\_Y \_\_\_N
- Identified and tested strategies, targeting the most significant causes to low linkage and/or retention.

*Please describe strategies aimed at improving linkage and retention implemented and/or tested within the past 6 months\*, date started, and if results are showing improvement:*

Linkage and/or Retention Strategy Tested	Date	Measured Improvement?
		___ Y ___ N
		___ Y ___ N
		___ Y ___ N

*\* Please refer to Intervention update grid for the status of your agency's last reported QI project strategy.*

3. Has your team implemented any of these successful strategies agency/program-wide? \_\_\_Y \_\_\_ N

*(Please circle those strategies that are implemented program/agency-wide.)*

**If yes**, have the improvements been sustained? \_\_\_Y \_\_\_ N \_\_\_ DK

**If no**, are you still testing strategies listed above? \_\_\_Y \_\_\_ N *(Please note these strategies with a "✓" above.)*

4. Do you have a plan for sustaining the improvements made? \_\_\_Y \_\_\_ N

Notes:

## Assessment Review, Prioritization and Planning

Please review your responses within each category above and consider the following.

### Performance Measurement:

1. Based upon your assessment, what (if at all) could your team do to strengthen your agency's linkage and retention performance measurement system?

*Please describe:*

2. If your team is unable to routinely submit NYLinks performance measures for both linkage and retention, and it does not have another system in place to measure both linkage and retention on a regular basis there is **no need to complete additional items**. NYLinks staff and/or Response Team members will work closely with you to brainstorm solutions and possible TA to support the development of a system to routinely monitor linkage and retention.

### Quality Improvement:

3. If your QI team has identified successful strategies with measured improvements, please, describe your plan\* to assure that these strategies are sustained overtime.

*\*Plans typically include communication (of the QI project w/rationale for change); documentation (job descriptions, P&P, flowcharts, etc.); integration of performance measures into operations and QM plan; leadership role for sustainment; etc)*

4. Based upon this full assessment (including # newly diagnosed, HIV+ caseload, QI project status and measured results) does your team believe the changes being tested and/or implemented are (or will) result in high-leverage change to linkage and retention at your agency?    \_\_\_ Y    \_\_\_ N    \_\_\_ Don't Know

#### **Why, or why not:**

5. Based upon this full assessment is your team interested in testing and implementing one intervention from the list of NYLinks portfolio of interventions? Please indicate preference below:

- Appointment Procedures
- Anti-Retroviral Treatment and Access to Services – “ARTAS”
- Consistent Team-Based Messaging
- Outreach Return to Care
- Peer Intervention
- No, our team will continue its work to test and/or fully implement the strategy listed in the quality improvement section of this document.

- Other: \_\_\_\_\_

***See next page for a list of benefits to participating in the implementation of NYLinks Interventions***

**Participating sites will receive the following benefits:**

- The potential for improved linkage and retention rates associated with the implementation of evidence- based interventions.
- Increased income through better efficiency, reduced no show rate, and higher patient panels
- Increased efficiency of care system due to increased treatment adherence rates--less work for providers, care coordinators and medical staff
- Access to implementation protocols for interventions known to improve timely access and/or retention in HIV primary care
- Access to data collection tools for assessing the impact of interventions
- Technical assistance and coaching that includes pre-intervention assessments and fidelity assessment/ refinement
- Training resources specific to each intervention and for additional recommended strategies to supplement NYLinks interventions
- Opportunity to learn skills, processes, procedures and techniques that can be applied to other areas (disease systems) within the organization
- On-going exchange and learning from colleagues in the field who are implementing interventions
- Increased capacity related to linkage and retention as well as improved outcomes which better position the organization to seek additional funding
- Contributing to the knowledge of work related to linkage and retention within New York State
- Participation in a Special Project of National Significance, a nationally recognized initiative occurring in only five other states besides New York (good for PR)
- Generating information that will be used in the End of AIDS campaign