

Linkage and Retention Intervention Adoption Without Funding: What Motivates HIV Agencies to Adopt SPNS Interventions

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WHAT IS NYLINKS?

Developed as part of a four year HRSA SPNS System Linkages and Access to Care Initiative, NYLINKS aims to improve linkage and retention for people with HIV/AIDS. To achieve this goal, NYLinks staff, participating healthcare agencies, and consumers developed evidence-based interventions to be implemented in New York HIV healthcare facilities.

Interventions targeting the steps along the HIV care continuum are necessary to improve health outcomes of persons living with HIV, particularly those who are hardest to reach¹.

THE INTERVENTIONS

• Peer Support

Use peers to 'meet and greet' a patient either prior to, on the same day of, or within 3 days after first medical visit.

• Appointment Procedures

Place two reminder calls at five and one or two days prior to a patient's medical visit. Reschedule missed appointments. For missed visits, attempt to reschedule appointment for at least 5 days after the missed appointment. Document all calls.

• Anti-Retroviral Treatment and Access to Services (ARTAS)

Use ARTAS content to hold up to five sessions with individuals newly diagnosed or entering care.

AGENCY PARTICIPATION

11 New York HIV care agencies participating in NYLINKS chose to implement one of three evidence-based interventions on a voluntary basis:

- 4 adopted Peer Support
- 5 adopted Appointment Procedures
- 2 adopted ARTAS

WHAT WE ASKED

What factors influenced agencies to voluntarily adopt NYLINKS interventions without the offer of funding?

WHAT WE FOUND

Key Factors *within Agencies* to select interventions:

- Interventions had to **Fit** in with pre-existing services
- Agencies needed to have **Organizational Capacity** to meet data reporting requirements
- Leadership had to **Prioritize** the intervention

Why these are important: Agencies express concerns surrounding process-intensive procedures given limited time and staffing capacities

Key Factors *provided by NYLINKS*:

- **Technical Assistance** and **Regular Check-ins** via email, phone and site visits
- **Access** to trainings (e.g., ARTAS)
- **Synergies** between NYLinks interventions and other grant requirements
- Offer of **Reasonable flexibility** to adapt intervention elements to fit agencies

Why these are important: Non-monetary support acts as leverage to engage agencies, and help them achieve intervention goals

WHAT WE DID

Focus Groups	4 across NYLinks regional groups
Interviews	11 with NYLinks planners 6 with agencies implementing interventions
Site Visits	8 to implementing agencies
Observations	30 of planning sessions

Conducted between 6/13-11/14

One of the things that makes it easy for us to implement this is because we have already trained peers...and I think...it would be hard to do this without some history of peers...that piece of getting peers trained (agency staff member).

Someone else who we can call, to provide us a little technical assistance....I think honestly, because we have a lot of competing projects, so that time is always a huge issue, even having someone, you know, making calls from time to time, 'how you doing on this?'...that actually ends up being helpful in terms of just keeping us moving forward on the project (agency staff member).

LESSONS LEARNED

Unfunded interventions need to account for and respond to organizations' perceived constraints of time, resources, and capacity. Offering non-monetary support in lieu of funding, as well as a reasonable degree of implementation flexibility, may be effective strategies to encourage uptake of interventions.

REFERENCES

1. International Advisory Panel on HIV Care Continuum Optimization. IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents. J Int Assoc Provid AIDS Care. 2015 Nov-Dec;14Suppl 1:S3-S34.