Piedmont Health: Building Relationships to Support Patients along the HIV Care Continuum

This issue brief is part of a series developed to orient FQHC and Ryan White providers and to help them develop partnerships to build HIV prevention and care capacity in their communities. Additional resources are available at ***www.hivclinician.org****.*

Piedmont Health, began screening patients for HIV infection and linking them to HIV care if they test positive in 2007 as a one-year pilot project supported by a federal grant program. The FQHC in North Carolina with seven sites serving 14 counties now also manages the primary care of stable patients with HIV in consultation with the Ryan White-funded infectious diseases clinic at the University of North Carolina (UNC) in Chapel Hill.

Piedmont's routine HIV screening efforts are currently supported by free HIV test kits provided by the state health department. In return, the FQHC shares de-identified test results and basic patient demographic information with the state. A coding system developed by Piedmont staff for their electronic records system maintains confidentiality while allowing for data collection and analysis of general testing trends.

The successful program helped establish relationships with local HIV medical providers and grew into a formal agreement with the UNC clinic in 2011 for Piedmont to provide care for stable patients with HIV who live far from the UNC clinic but close to one of Piedmont's sites.

The partnership allows several Piedmont patients who are infected with HIV and who are doing well in care without any complications to have their regular HIV monitoring labs drawn at one of Piedmont's Alamance County sites, where they are already receiving primary care. The results are reviewed by UNC's Infectious Diseases (ID) clinic, which provides guidance about HIV care, including decisions about medication changes. Patients who are no longer stable are referred back to the ID clinic for specialty care.

Tips for Routine HIV Screening at a FQHC

- Conduct a pilot routine HIV screening program to identify initial prevalence rates among FQHC patients. Data for newly diagnosed patients helps to educate clinicians and address stereotypes about who is at risk for HIV infection.
- Explore opportunities with the state health department to fund HIV test kits.
- Involve IT staff from the beginning to develop systems for data collection to monitor implementation, outcomes, and trends.
- Build strong relationships with the Ryan White/infectious diseases (ID) programs in your area. Identify contact names and numbers for patient referrals.

The agreement provides funding for Piedmont to manage up to 20 stable patients with HIV. As of May 2014, six were eligible and participating, according to Evette Patterson, RN, director of clinical services, and Teresa Wiley, RN, director of care management, at Piedmont.

The UNC ID clinic provides a portion of its Ryan White funding to help reimburse Piedmont for its expenses, including HIV lab work, which can cost $1,000 or more per patient. Despite different electronic health record (EHR) systems, patient data is shared between the organizations by authorizing access to their EHRs, and Piedmont staff fax updates to the ID clinic following patient visits. The partnership has benefited patients and providers, Patterson says. Piedmont has created a multidisciplinary team (nurses, care managers, physicians, and administrative staff) to discuss Piedmont's HIV-infected patients and their care and more efficiently manage administrative issues.

For More Information

Piedmont Health

Tips for Co-managing Patients with HIV

- Reduce administrative burden and facilitate data sharing, e.g., provide limited access to electronic health records (EHRs) or provide data in a spreadsheet that can easily be uploaded to Ryan White-specific systems such as CAREWare.
- Involve all members of the FQHC care team, including case managers, social workers, nurses, physicians, and administrative staff, to their full extent.
- Set up routine, brief meeting times for the FQHC multi-disciplinary team to share updates and action items for patients with HIV.
- Maintain contact between participating sites to discuss partnerships on a regular basis, e.g., quarterly conference calls and annual in-person meetings.
- Become familiar with resources available at the FQHC and Ryan White sites.
- Clearly define the responsibilities of the FQHC and Ryan White clinic in any partnership.
- Share basic HIV and ID treatment protocols.
- Use data to identify unmet needs and barriers to HIV care and treatment in your area and develop care management models that reduce these barriers throughout the community.

This brief is part of a series developed by the HIV Medicine Association, National Association of Community Health Centers and the Ryan White Medical Providers Coalition to help build partnerships between FQHCs and Ryan White-funded providers. The project is supported with grants from MAC AIDS Fund and Janssen Pharmaceuticals.