

**THE KANSAS CITY
FREE HEALTH CLINIC**

**Policy and
Procedure Manual
for Treatment
Adherence Program**

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Vision

Creating solutions for a healthy community

Mission Statement

The purpose of The Kansas City Free Health Clinic is to promote health and wellness by providing quality services, at no charge, to people without access to basic care.

We accomplish this by:

- **respecting the dignity of each individual**
- **serving a diverse community**
- **providing outreach services within the community**
- **working collaboratively with volunteers**
- **fostering individual and community partnerships**
- **responding to the changing health and wellness needs of the community**
- **maximizing our financial resources**



PATIENT'S BILL OF RIGHTS

These patient rights below have been adopted by the Kansas City Free Health Clinic to ensure collaboration between patients, physicians, volunteers, staff and other health care professionals. The Clinic recognizes that open and honest communication, respect for personal values, and sensitivity to differences is integral to optimal patient care. The Clinic believes that:

- The patient has the right to considerate and respectful care.
- The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current, and understandable information concerning diagnosis, treatment, and prognosis.
- The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care and to be informed of the medical consequences of this action.
- The patient has the right to an advanced directive (i.e., a living will, health care proxy, or durable power of attorney) concerning treatment or designating a surrogate decision maker with the expectation of honoring the intent of the directive.
- The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.
- The patient has the right to expect that all communications and records pertaining to his/her private health information and care will be treated as confidential and protected as described in the Clinic's Notice of Privacy Practices
- The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement and to have studies fully explained prior to consent.
- The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted.
- The Patient has the right to file a grievance if he or she believes any of these rights have been violated.



Patient Confidentiality Policy

Original Policy Date: 12/1999	Policy Number:	Director of Operations:
Policy Title: Patient Confidentiality Policy		Executive Director:
Revised Policy Date: 4/2003	Policy Relevant to: All Staff and Volunteers	Addendum:

Policy

Under no circumstances are staff members or volunteers to give out any information regarding the Kansas City Free Health Clinic's patients or former patients to anyone requesting information, unless they have a specific signed release or the Clinic is compelled to do so by law.

In the case of the latter, records requested by law will be handled by the HIPAA Privacy Officer. Discussion of clients for the purpose of case conferencing is intended to be for the purpose of client benefit only, and is not appropriate outside of the facility.



Patient Grievance Policy

Original Policy Date: 12/1999	Policy Number:	Director of Operations:
Policy Title: Patient Grievance Policy		Executive Director:
Revised Policy Date: 4/2003	Policy Relevant to: All Staff and Volunteers	Addendum:

Policy

Patients have a right to be satisfied with the services they received through the Kansas City Free Health Clinic. Patients may report complaints, concerns, or problems to any provider, volunteer or staff member.

The staff member receiving the complaint, concern or problem will complete an incident report and forward that report to their supervisor. The supervisor will assure that the appropriate Program Director will receive the report.

The Program Director will discuss the incident with the relevant individuals involved and every effort is made to resolve the issue. The Program Director will note the resolution on the incident report and will discuss the situation with the Executive Director and Director of Operations. The Director of Operations is responsible for maintaining a record of all complaints, concerns or problems.

Complaints not resolved at the Program Director level will be referred to the Executive Director. Complaints not resolved through the Executive Director will be referred to the Director of the Board of Directors.



Interpretive Services Policy

Original Policy Date: 12/1999	Policy Number:	Director of Operations:
Policy Title: Interpretive Services Policy		Executive Director:
Revised Policy Date: 4/2003	Policy Relevant to: All Staff and Volunteers	Addendum:

Policy

In an attempt to meet the needs of our diverse patient population, The Kansas City Free Health Clinic will evaluate all patients for interpretive services needs when receiving any services.

Procedure

- Initial evaluation of interpretive services needs may be done during the course of scheduling an appointment. If a patient is identified as speaking any language other than English (including American Sign Language), the scheduler will attempt to identify if the patient will need interpretive services at the time of their appointment.
- The need for and type of interpretive services will be noted in the schedule by reason for visit and reported to the provider with whom the patient is scheduled to see or to the respective Program Director. A note will be written on the contact sheet regarding the need for interpretive services when the chart is pulled for clinic.
- Interpretive Services for Spanish speaking clients are available through volunteers and staff for respective programs or through use of Interlingua.
- Interpretive Services for all other languages are available through a telephone based company called Interlingua.
- The use of an interpreter will be noted in the patient's progress note for that day including name of interpreter and/or interpreter service.
- The provision of interpretative services provided by patient's family or friends is discouraged in order to ensure patient confidentiality.



Policy Statement Regarding the Health Insurance Portability and Accountability Act (HIPAA)

Original Policy Date: 4/2003	Policy Number:	Director of Operations:
Policy Title: HIPAA Policy		Executive Director:
Revised Policy Date: 7/10/2006	Policy Relevant to: All Staff and Volunteers	Addendum:

Policy

The Health Insurance Portability and Accountability Act (HIPAA) is a Federal legislation which governs patient privacy and security for all Protected Health Information (PHI). This legislation was written in 1996 and effective for all covered entities April 14, 2003. This Clinic is classified as a covered entity and thus required to follow the guidelines outlined by HIPAA.

The goal of HIPAA is to protect all patient information from unauthorized disclosures to any party not utilizing the information for treatment, payment or operations. When disclosing information for the above, disclose only the minimum amount of PHI necessary for the party to complete their task. This rule should be recognized when disclosing externally as well as internally. The Clinic has undergone a risk assessment and compliance readiness by Versant Group, Inc., in preparation for HIPAA implementation. Clinic management and employees have had training and education regarding HIPAA. The Clinic has made changes in the physical facility, patient flow and procedure to become compliant with these regulations.

Procedure

HIPAA regulations affect every aspect of the Clinic including but not limited to appointment setting, check-in, patient exams, counseling sessions and medical charting. Any HIPAA procedure would be too vast to outline in this policy and procedure handbook.

Each patient/client of the Kansas City Free Health Clinic will be given a copy of our Notice of Privacy Practices prior to their initial exam or visit. Each person is asked to read and acknowledge their understanding with a signature. This notice outlines the HIPAA legislation and the patient's right to privacy therein.

For specific procedures including the Clinic risk assessment, training handouts, patient flow diagrams and HIPAA policy and procedures, see the Director of Operations for the complete HIPAA guidebook. Issues regarding the check-in and appointments, please refer to the Front Office Policy and Procedure Manual.



Termination of Patient/Client from Clinic Services

Original Policy Date: January 2007	Policy Number:	
Policy Title: Termination of Patient/Client from Clinic Services		Executive Director:
Revised Policy Date:	Policy Relevant to: All Staff and Volunteers	Addendum:

Purpose

This policy delineates the circumstances under which a patient or client may be terminated from all Clinic services. Please see separate policy for discharge from specific programs for eligibility issues, behavioral problems, and non-adherence to treatment plans.

Policy

It is the responsibility of the Clinic to assure that all Clinic services are provided within a safe and secure environment.

Patients/clients may exhibit behavior which threatens the safety and security of the environment and may threaten the safety of staff, volunteers, visitors and other patients/clients. Such behavior may include but is not limited to: threats of physical violence towards staff, volunteers, patients, clients, visitors; possession of or brandishing a weapon in the Clinic buildings or on Clinic property; threats of property damage; or other behavior which threatens the safety and security of the Clinic environment.

Patients/clients exhibiting such behavior may be terminated from all services at the Clinic.

The decision to terminate a patient/client from services will be the responsibility of the Director of Finance and Administration.

Procedure

1. Incident/behavior/threat is observed by staff.
2. Staff member reports the situation to immediate supervisor. Immediate supervisor determines if situation poses a threat to the safety and security of the Clinic environment or to staff, volunteers, visitors or other patients/clients. If so, the immediate supervisor reports the situation to the department director.
3. Department Director takes immediate action, which may include suspension of services pending further investigation, notification of authorities or other appropriate action, to secure the environment and the safety of staff, volunteers, visitors and patients/clients.

4. Department Director reports situation to the Director of Finance and Administration and requests that the Termination of Services committee meets to review the situation.
5. Department Director determines if other departments are providing services to the patient/client and informs the appropriate Director(s) of the situation and request for termination of services.
6. Termination of Services committee meets within 3 working days of the request.
7. Termination of Services committee reviews the incident. Information the committee may consider will include, but is not limited to:
 - Observation of incident by staff, volunteers, visitors or other patients/clients
 - Reports from program staff providing services to patient/client
 - Reports from other staff with first hand knowledge of the patient or client being considered for termination
8. Termination of Services committee makes recommendation to the Director of Finance and Administration regarding action to be taken.
9. Director of Finance and Administration makes final decision and reports to Executive Director.
10. Director of Finance and Administration reports action to all programs providing services to the patient/client.
11. Director of Finance and Administration notifies patient/client of termination from services by sending a certified letter. Patient/client is informed of the Clinic's grievance policy and a copy of the policy is included in this letter.
12. Documentation of incident, work of the Termination of Services committee and recommended action is kept on file in the Department of Finance and Administration.
13. Events leading to termination from services and the actions taken as a result of these events are documented in patient/client's program files or records.
14. Return to services at the Clinic may be considered on a case by case basis after a minimum of 6 months termination based upon the date of the termination letter.

Composition of Termination of Services committee

Chair: Director of Finance and Administration

Members: At least 1 Department Director
 At least 1 Manager
 At least 2 staff member
 At least one Consumer Advisory Council member

Advisor: Human Resources Manager



Integration of Peer to Peer Treatment Adherence Program with HIV Primary Care Services

HIV Clinical Director	Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 2, 2009
Policy Title: Integration of Peer Treatment Adherence Program with HIV Primary Care Services	Policy Relevant to: All Primary Care staff and volunteers	Addendum:

Policy

The Peer Treatment Adherence Program is an integral part of HIV Primary Care Services. Successful self management of HIV disease requires many interventions, supports, tools and resources. Peer to Peer Treatment Adherence is available to every client of HIV Primary Care Services.

Procedure

- The Treatment Adherence Specialist is a member of the HIV Primary Care Services staff and attends staff meetings and Primary Care/Case Management Case Conferences.
- The Treatment Adherence Specialist is responsible for the delivery of all Treatment Adherence Services either directly or through the Peer Educators.
- Peer Educators communicate directly with HIV Primary Care Services staff, students and volunteers regarding their individual clients or other assigned duties.
- The Treatment Adherence Specialist acts as a liaison between the Peer Educators and Primary Care staff, students and volunteers when needed.
- Peer Educators are available on site daily.



Recruitment and Training of Peer Educators

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 2, 2009	
Policy Title: Recruitment and Training of Peer Educators	Policy Relevant to: Primary Care staff, volunteers, Human Resource Manager and Volunteer Manager	Addendum:	

Policy

Peer Educators are integral to the Treatment Adherence Program and provide specialized services in a professional environment.

Procedure

- Recruitment and hiring of Peer Educators follows the standard processes and is the responsibility of the Human Resources Manager.
- Recruitment of volunteer Peer Educators is a collaborative effort between the Volunteer Manager and Treatment Adherence Specialist.
- Recruitment will occur in collaboration with the Treatment Adherence Specialist and will include a variety of methods to reach communities reflective of the demographics of the HIV epidemic. These may include, but are not limited to, personal recruitment, advertisements in community publications, flyers, announcements at meetings and other community events, and targeted community recruitment.
- The Treatment Adherence Specialist is responsible for training and supervising staff and volunteer Peer Educators. Training of new Peer Educators will include the following:
 - Peer Educator expectations including program guidelines, and confidentiality
 - Training of FACTORS and Ridgemark Database
 - People to People level I and II curriculum that includes:
 - HIV 101
 - Viral Life Cycle
 - Understanding HAART, common and long term side effects to medications
 - Understanding Drug Resistance and Problem Solving Adherence Strategies
 - Understanding and Making sense of Lab Values
 - Communication Skills
 - Impact of Stigma and Engagement in Care
 - Cultural Competency
 - Workplace Expectations

- Role Playing application of skills acquired
- Continued education for Peer Educators occurs in the following ways:
- Onsite training
- State and National Conferences
- Community Forums
- Assigned readings with Q&A assignments
- Video
- Teleconference



Roles and Responsibilities of Peer Treatment Educators

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 3, 2009	
Policy Title: Roles and Responsibilities of Peer Treatment Educators	Policy Relevant to: All Peer Staff	Addendum:	

Policy

Peer Educators provide specialized, professional services designed to enhance adherence to treatment and engagement in HIV primary care. These services are individual, population and community based.

Procedure

- Each Peer Educator is assigned a case load of clients by the Treatment Adherence Specialist.
- Peer Educators are part of the health care team and participate in the clinic's weekly multidisciplinary team meeting
- Under the supervision of the Treatment Adherence Specialist and in collaboration with the client, a plan of care is developed.
- This plan is documented on the FACTORS database and is updated at regular intervals.
- Peer Educators document in the FACTORS database after each individual or group client level intervention
- Requirements for client contact are tailored to meet the individualized needs of the client.
- Clients will receive information related to HIV disease and its treatment, including treatment options, risks, benefits, expected outcomes, potential side effects, adherence strategies and educational resources as determined.
- A variety of education information and modalities are available dependent upon the client's learning style and preference. These include:
 - Written materials (pamphlets and books) in English and Spanish
 - Videos and CD's in English and Spanish
 - Computer with Internet access
 - Audiotapes in English and Spanish
 - One on one education with Peer Educators
 - Educational and informational group meetings and training opportunities
 - A variety of adherence tools are available for use dependent upon the client's preference. These include:
 - Single dose, daily and weekly pill boxes

- Calendars
- Alarm wrist watches
- Water Bottles
- Magnets with clinic contact information
- Peer Educators prepare medical charts for next day HIV Primary Care appointments
- Peer Educators perform appointment reminders and did not keep appointment follow up phone calls for all patients of HIV Primary Care Services.
- Peer Educators provide *Just In Time* meetings with clients who want one time emotional support
- Peer Educators plan, market and prepare for facilitation of group level education-*Adhering to Wellness Groups* (quarterly)
- Peer Educators plan and co-facilitate the *Monthly Support Group*
- Peer Educators provide staff support at the weekly *Substance Abuse Group*
- Peer Educators update clinic examination rooms with educational materials
- Each Peer Educator maintains at least 5-32 office hours per week.



Peer Program Hours of Operation

Original Policy Date: 1/2003	Policy Number:	Director of HIV Primary Care:
Policy Title: Peer Program Hours of Operation		Executive Director:
Revised Policy Date:	Policy Relevant to: All Staff and Volunteers	Addendum:

Policy

To define set hours of operation for Peer Program Services.

Procedure

- Peer Program Services are available Monday through Friday 9:00 am to 5:00 pm and Wednesday until 7:00 pm.
- Services are provided preferable by appointment; however are offered as requested during business hours.



Policy for Appointment Reminder and Follow up Phone Calls for HIV Primary Care Services

HIV Clinical Director	Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date:
Policy Title: Appointment Reminder and Follow up Phone Calls for HIV Primary Care Services	Policy Relevant to: All Staff and Volunteers	Addendum:

Policy

Patient privacy and confidentiality is a priority of HIV Primary Care Services. Therefore, all patients at each visit are asked to verify phone numbers and permission to call and/or leave messages. All patients, from whom we have received permission, will receive appointment reminder phone calls. All patients, from whom we have received permission, will receive a follow up phone call for all missed appointments.

Procedure

- The Peer to Peer Treatment Coordinator is responsible for assuring that all reminder and follow up phone calls occur.
- Peer to Peer Treatment Advocates will place reminder phone calls to all scheduled patients.
- The Treatment Advocates will obtain a listing of the next day's scheduled patients from the HIV Primary Care Services clinical assistant.
- Treatment Advocates will pull each patient's chart and review patient information sheet (See Attached) to determine appropriate phone number to call and ascertain if we have permission to call.
- Treatment Advocates will place the call.
- Treatment Advocates will check the previous day's appointment log and schedule to determine any patient who did not keep their appointment.
- Treatment Advocates will pull each patient who did not keep an appointment chart and review patient information sheet to determine appropriate phone number to call and ascertain if we have permission to call.
- Treatment Advocate will place the call. In their conversation with the patient, or in the message left for the patient, they will ask the patient to call and reschedule the appointment. They will also offer to discuss barriers to not keeping the appointment and offer to assist the patient in eliminating those barriers.

**KANSAS CITY FREE HEALTH CLINIC
HIV SERVICES
PATIENT INFORMATION RECORD**

Please Print your name, address and phone numbers and answer the questions on the following lines.

NAME: _____ **NICKNAME:** _____
(please print)

ADDRESS: _____
(Street)
_____ OK to receive mail: yes ___ no ___
(City, Zip)

PHONE: Home: _____ OK to leave a message: yes ___ no ___
Work: _____ OK to leave a message: yes ___
no ___

May we have the name of someone to contact in case of emergency?
Do they know of your HIV status? Yes ___ No ___

Name: _____

Address: _____

Phone: _____

Do you have insurance? no ___ yes ___ Name and insurance

Do you have Medicaid? no ___ yes ___ Medicaid

Do you have Medicare? no ___ yes ___ Medicare



Referral of Clients to Treatment Adherence Program

HIV Clinical Director	Policy Number:	Original Policy Date: 2-3-09
Executive Director:		Revised Policy Date: September 3, 2009
Policy Title: Referral of Clients to Treatment Adherence Peer Program	Policy Relevant to: Primary Care and Case Management Staff	Addendum:

Policy

All HIV Primary Care Services patients benefit from the Treatment Adherence Program and some may benefit from the establishment of a Peer Educator to client relationship.

Procedure

- HIV Primary Care (including Pharmacist), Case Management and Behavioral Health staff may refer clients to the Peer Treatment Adherence program.
- Clients may self refer to the Peer Treatment Adherence program
- All new patients are referred to the Treatment Adherence Specialist by the second visit for assessment of need for services.
- Referrals are communicated verbally or through a FACTORS referral to the Treatment Adherence Specialist.
- The Treatment Adherence Specialist is responsible for the assessment of referred clients to determine their suitability for the program, identification of needs to be met by the program, and assignment to the appropriate Peer Educator.



Client Intake for Treatment Adherence Program

HIV Clinical Director	Policy Number:	Original Policy Date: 2-3-09
Executive Director:		Revised Policy Date: September 3, 2009
Policy Title: Client Intake for Treatment Adherence Program	Policy Relevant to: All Staff	Addendum:

Policy

To define the intake process for all patient referrals received by the Treatment Adherence Specialist and establishment of a Peer Educator to client relationship.

Procedure

- HIV Primary Care (including Pharmacist), Case Management and Behavioral Health staff refer clients to the Peer Treatment Adherence program
- The Treatment Adherence Specialist accepts referrals in the FACTORS database after client assessment to determine their suitability for the program and identification of needs to be met by the program, and assigns to a Peer Educator
- The assigned peer educator makes contact with the referred client within 5 business dates. Contact with the client is documented in FACTORS database.



Documentation of Peer Program Services

Original Policy Date: 1/2006	Policy Number:	Director of HIV Primary Care:
Policy Title: Documentation of Peer Program Services		Executive Director:
Revised Policy Date:	Policy Relevant to: Peer Program Staff and Volunteers	Addendum:

Policy

To identify structure for documentation of services provided to clients in the peer program.

Procedure

- Peer Educators will maintain confidentiality of physical files in a protected lock system.
- Peer Educators will maintain confidentiality of computer files with a password protected system
- Peer educators will document program services rendered to clients in electronic client record (FACTORS) within **five (5) business** days. Services not recorded on the day they occur are delayed entries. They will be entered as soon as possible.
- Client records cannot be altered after the notes screen is closed. If any errors are found in a client’s electronic record, a notation should be made that it is not a part of that client’s record and should not be considered.
- Safeguard the confidentiality of clients at all times by keeping files closed, turning computer screen away from public view, using fax covers sheets marked “confidential”, and included client names only in password protected emails.
- Documentation of time with clients will be completed in the encounter log. Time is recorded in 10-minute increments. Multiple interactions with a client in a single day maybe bundled in a single encounter that records total time expended. Peer Educators should only use J-Codes to record their time encounters.



Documentation of Client Treatment Adherence Goals

Original Policy Date: 12-2008	Policy Number:	Director of HIV Primary Care:
Policy Title: Documentation of Treatment Adherence Goals		Executive Director:
Revised Policy Date:	Policy Relevant to: Peer Program Staff and Volunteers	Addendum:

Policy

To identify structure for documentation of Client Treatment Adherence Goals that is the tool for delivery of client services.

Procedure

- Peer Educator will meet with client to assess client needs based on program services over the 3-6 month program timeline.
- The client and Peer Educator will work collaboratively to identify goals to work towards in the peer/client working relationship.
- The client and Peer Educator will explore interventions to meet client goals such as individual interventions, groups-Support Group, Adhering to Wellness and other Community Educational Programs.
- Goals will be reviewed every 3 months to assess achievement, revision and identification of additional goals.



Supervision of Peer Educators

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date: September 2, 2009	
Policy Title: Supervision of Peer Educators	Policy Relevant to: Peer Program	Addendum:	

Policy

Peer Educators will receive supervision by the Treatment Adherence Specialist to support provision of quality client services.

Procedure

- The Treatment Adherence Specialist will provide weekly supervision to Peer Educators to review their client case load.
- Supervision will include review of administrative duties, clinical support given to patients and assess peer educator needs in delivery of client services.
- The Treatment Adherence Specialist will randomly audit peer educator encounters in FACTORS for quality management purposes. Outcome from audit will be utilized for quality improvement.
- The Treatment Adherence Specialist will plan and coordinate monthly team meetings to increase communication with team members, plan client groups, identify gaps in peer program services and conduct client case conferences.



Supervision of Treatment Adherence Specialist

Director of Operations		Policy Number:	Original Policy Date: January 2003
Executive Director:			Revised Policy Date: September 2, 2009
Policy Title: Supervision of Peer Treatment Adherence Specialist	Policy Relevant to: Peer Program		Addendum:

Policy

The Treatment Adherence Specialist will receive supervision from Peer Program Manager to encourage quality delivery of supervision to Peer Educators and client services.

Procedure

- The Peer Program Manager will provide weekly supervision to the Treatment Adherence Specialist.
- Supervision will include review of administrative duties, assess delivery of services by peer educators to clients and identify program needs.
- The Peer Program Manager will randomly audit peer educator encounters in FACTORS for quality management purposes. Outcome from audit will be utilized for quality improvement.
- The Peer Program Manager will attend monthly team meeting to increase communication with team members, assess delivery of peer program services and conduct client case conferences.



Multidisciplinary Team Meeting

Original Policy Date: 1/1/2003	Policy Number:	Director of Operations:
Policy Title: HIV Case Conference/Consultation		Executive Director:
Revised Policy Date: 7/1/2006, 10/22/09	Policy Relevant to: HIV Primary Care	Addendum:

Purpose

Multidisciplinary care is the hallmark of high quality HIV comprehensive care and is demonstrated in the Multidisciplinary team meeting. The Kansas City Free Health Clinic hosts “Multi-D”, a crucial element for the Clinic’s comprehensive care model.

The intent of Multi-D is to prospectively review client care and make professional recommendations on how to best support engagement in care and ability to adhere to treatment.

Regardless of the location of the client’s Case Management services, all HIV Primary Care clients should have the opportunity to have their care services reviewed in a Multi-D meeting.

PRIMARY FUNCTIONS

- Gain a comprehensive picture of the client’s HIV care and progress. This contributes to collaboration among providers to ensure appropriate referrals, timely coordination and accountability (including client’s own accountability)
- Contribute to providers’ knowledge of the client’s abilities, resources and past success related to self-management of health care. These “strengths” can be recruited to support the client’s engagement in care and treatment;
- Contribute to team’s knowledge of the client’s current or potential barriers to care. Barriers include:
 - health and medically related diagnosis,
 - psychosocial concerns that inhibit the client’s ability or motivation to engage in care (i.e. substance use, mental illness, basic needs, informal supports, living arrangements, transportation, payor sources);
- Track accountability to communicate concerns to the client, recruit for support services, or enroll in programs.

SECONDARY FUNCTIONS

- Provide a forum for the continuing education of multidisciplinary team of health and social service professionals
- Share data for program requirements (i.e. lab results, access to ARVs, risk reduction activities, adherence assessment, eligibility criteria review, etc)
- Contribute to innovation, research and participation in HIV programs and services



Participation for Peer Educators

IDENTIFY CLIENTS

1. Identify the clients in HIV Primary Care at the Kansas City Free Health Clinic.
2. Identify clients to be “case conferenced” and provide list to one of the Multi-D Facilitators
3. Clients “case conferenced” are chosen based on:
 - a. Newly enrolled (since last meeting)
 - b. 6-month time span since last formal case conference
 - c. Update/Change in client’s status, care or eligibility

PREPARING FOR AND ATTENDING MULTI-D

1. Multi-D meetings - Wednesday at 11:00am
2. Peer Educators are expected to be knowledgeable of the client’s psychosocial situation, financial access to care, services accessed, treatment adherence, transmission risks, etc.



Continuing Education for HIV Primary Care Services Staff

HIV Clinical Director		Policy Number:	Original Policy Date: January 2003
Executive Director:		Revised Policy Date:	
Policy Title: Continuing Education for HIV Primary Care Services	Policy Relevant to: All Staff and Volunteers	Addendum:	

Policy

Continuing Education is a responsibility of all HIV Primary Care Services staff. Education relevant to HIV disease, its treatment, co-morbidities, psycho-social aspects, public policy issues and professional development will be encouraged and supported by the Clinic.

Procedure

- Each staff member is responsible for identifying their learning needs and registering and attending appropriate activities.
- Each staff member is responsible for reporting this activity on a monthly basis to the Director of HIV Primary Care.
- Each staff member is responsible for maintaining records of their educational activities.
- Educational activities may include academic classes, on line classes or seminars, video tapes, written continuing education materials, pharmaceutical company sponsored events, seminars or other educational activities.
- Each staff member will receive up to 16 hours of paid leave per year to attend these activities.
- Registration fees for local educational activities will be paid for by the Clinic as funding permits and as approved by the Director of HIV Primary Care.
- Out of state activities will be approved on a case by case basis by the Director of HIV Primary Care Services. Relevance to the practice, availability of funding and previous attendance at out of state activities will be considered in the decision making.



Peer Program Completion or Discharge Policy and Procedure

HIV Clinical Director	Policy Number:	Original Policy Date:
Executive Director:		Revised Policy Date: September 2009
Policy Title: Peer Program completion or discharge Policy and Procedure.	Policy Relevant to: Peer Program Staff	Addendum:

Policy

Client completion or discharge from the peer program is a client driven process. The decision will be made collaboratively between the client and peer educator, unless the client is unresponsive to attempts made by peer educators to engage in the program. All clients, from whom we have received permission, will receive a discharge letter in the mail. Peer Educators will notify the health care team of discharge.

Procedure

- The peer educator and client will assess client’s success and challenges with achievement of identified goals. If all goals are achieved client will be discharged and invited to receive group level program support.
 - If client is no longer willing to work towards achievement of goals, the client and peer educator will agree to discharge from the program with option to re-engage in the program at another time.
 - Peer educators will make 4 attempts to engage the client in the program upon receipt of program referrals. At the last attempt it will be documented that client is unresponsive and referral source will be notified of discharge.
 - Client will be discharged upon relocation outside of the Kansas City TGA
 - Client will be discharged from the program if terminated from all agency services.
 - Peer educators will send discharge letter to clients with whom there is permission to receive mail.
 - Peer Educators will notify the health care team (Case Manager, BH Team, and Primary Care Team) of discharge from the program.
 - Discharge from the program will be documented in the FACTORS database
- Completion of the program is a client driven process.