

3. DESIGNING A PEER PROGRAM

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The ABC Clinic wants to improve access to care and treatment

About This Scenario

Below is a program scenario and sample work plan that describes how a peer program may fit into an organizational setting that provides HIV services. This scenario describes a clinic wanting to start a peer program to improve client adherence to treatment.

The ABC Clinic is located in an inner-city community and provides primary HIV care to several hundred adult clients. The program has consistently found it difficult to retain clients in care and to locate clients who have fallen out of care. Its board of directors recommended that the clinic initiate a program to improve retention in care and receipt of needed services in the coming 4-year funding cycle.

At a monthly community-wide HIV service providers meeting, the clinic presented its decision to design a program to improve retention in care and access to services and asked for feedback from other providers. The clinic staff learned that their clients who had fallen out of care often appeared for services at several community sites, including a food pantry, the neighborhood municipal city housing services office, a women's center, and a small community health center that provided family medicine but no HIV care. In addition, a municipal mobile Rapid HIV

Testing (RHT) unit reported that they referred many newly diagnosed HIV cases to the ABC Clinic to initiate HIV primary care, but that the unit did not track how many of its referrals were completed. At the meeting, HIV-positive clients from community organizations described several reasons why people may fall out of care at the clinic, including costs and forgetting appointments, especially appointments scheduled several months apart. They also commented that HIV-positive people may need more education about the importance of regular care, especially lab CD4 and viral load tests every 3 months, even when they do not feel ill, and the importance of long-term adherence to antiretroviral treatment (ART). Based on this feedback, the clinic designed a program that includes both outreach to newly diagnosed people, re-engagement of out-of-care clients and intensive support for adherence to appointments and ART.

The community service sites agree to collaborate with the ABC Clinic to identify out-of-care HIV-positive clients and to return them to clinic services. They will do this by including a few questions on their intake forms about where and when HIV-positive clients had received services, and offering to contact the ABC Clinic for clients who have previously received medical care at the clinic. The RHT unit agrees to allow a clinic employee to travel with the unit and offer clinic services to newly diagnosed individuals.

The clinic will hire three HIV-positive peers to be outreach workers and work part time with the community partner sites (outreach peers). The peers will be located at the clinic but available to respond immediately when the

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sites identify an out-of-care clinic patient. They will also travel with the RHT mobile unit on designated shifts. Outreach peer responsibilities are to:

- Greet clients and identify themselves as employees of ABC Clinic
- Establish rapport and offer access services, including; scheduling HIV primary care appointments at ABC Clinic; making reminder calls before HIV care appointment; escorting clients to their appointments; and introducing clients to the program case manager, who will facilitate access to other needed services.

Outreach peers will be available to facilitate additional referrals and to provide access services for a period of 12 months as needed and provide emotional support to those newly diagnosed from the RHT unit.

The clinic will also dedicate 3 peers to retention and adherence efforts (adherence peers). They

will collaborate with a program case manager at the clinic or at a community-based site. All clients who are engaged or re-engaged through outreach efforts will be encouraged to enroll in the adherence support program. Adherence peers will be assigned to work one-on-one with clients to identify clients' unmet medical and social services needs and other potential barriers to adherence to medical care and ART. They will complete an intake interview and devise an individualized care and treatment plan with each client. The peer will work closely with an assigned program case manager to review and agree to each client's care and treatment plan and make appropriate referrals for each client. Peers will follow up to ensure that referrals are completed, and encourage clients to keep medical appointments. Clients prescribed ART will receive counseling and coaching on ART adherence, while clients who are not prescribed ART will be assessed for their readiness to begin ART. Peers will also track clients' adherence to medical appointments and ask their clients to self-report ART adherence.

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PROGRAM PLAN

Goal: Design and implement a peer program to improve retention in HIV medical care and receipt of support services			
Objectives	Activities/Action Steps	Person(s) Responsible	Evaluation Measures
1.1 Link at least 60% of those newly diagnosed with HIV by the RHT unit to HIV primary care at the clinic within 90 days of receiving test results	<ul style="list-style-type: none"> • Outreach peers attend weekly counseling and testing sessions with RHT staff • Outreach peers make initial introduction and appointment for case management services • Outreach peers inform RHT unit that referrals are completed 	<ul style="list-style-type: none"> • Outreach peers • RHT counseling and testing staff 	<ol style="list-style-type: none"> 1. Number/demographics and time to entry to care at the clinic of newly diagnosed individuals 2. Number of HIV-positive referrals to outreach peers from RHT 3. Number of HIV newly diagnosed with at least 2 case management appointments in 6 months' time
1.2 Link at least 60% of out-of-care clients from community partner sites to clinic services	<ul style="list-style-type: none"> • Outreach peers respond to referrals from other partner sites • Outreach peers link out-of-care clients to case managers at clinic and CBO partners 	<ul style="list-style-type: none"> • Outreach peers • Community partner staff 	<ol style="list-style-type: none"> 1. Number/demographics and time to entry to care at the clinic of out-of-care clients 2. Number of HIV-positive referrals to outreach peers from community partner sites 3. Number of HIV-positive clients with 2 case management appointments in 6 months' time

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Goal: Design and implement a peer program to improve retention in HIV medical care and receipt of support services			
Objectives	Activites/Action Steps	Person(s) Responsible	Evaluation Measures
1.3. Provide HIV primary care and social support services to 30 newly diagnosed persons living with HIV, 100 out-of-care clients and 1000 currently enrolled HIV-positive patients	<ul style="list-style-type: none"> • Adherence peers w/ case managers develop care & treatment plan for HIV-positive clients • Adherence peers make follow-up phone calls for HIV medical visits, lab tests and case management appts • Adherence peers accompany HIV-positive clients to HIV social services appts and medical visits as requested 	<ul style="list-style-type: none"> • Adherence peers • Case managers at clinic and CBO partners • Clinic staff 	<ol style="list-style-type: none"> 1. Number/demographics of HIV-positive clients with care and treatment plan 2. Number/demographics of HIV-positive clients who achieve care and treatment plan goals 3. Number/type of services referred and used by HIV-positive clients 4. Number/demographics of HIV-positive clients with at least 2 medical visits in measurement year (both on ART and those not on ART) 5. Number/demographics of HIV-positive clients (both on ART and those not on ART) with at least 2 CD4 and viral load lab tests in measurement year
1.4 Provide adherence education to at least 600 HIV-positive clients in the clinic	<ul style="list-style-type: none"> • Adherence peers provide support to HIV-positive patients currently on ART • Adherence peers assess HIV-positive patients' readiness for ART 	<ul style="list-style-type: none"> • Adherence peers • Medical staff at clinic • Case managers 	<ol style="list-style-type: none"> 1. Number of HIV-positive clients receiving ART education adherence sessions 2. Number of HIV-positive clients with ART assessments completed 3. Knowledge, practice, and attitude regarding ART for HIV-positive clients who receive adherence education sessions

This “Read More” section accompanies [Section 3, Designing a Peer Program](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev