HIV Testing and Linkage to Medical Care

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Out patient notification and linkage to care is provided by Disease Intervention Specialists from the local Health Department.

In patient notification and linkage to care is provided by the HIV Screening Coordinator.
Partners

- Texas Department of State Health Services
- Local Health Department
- Triangle AIDS Network
- Project AIDS Land Manor
- Infectious Disease Associates
Patient A is a 29 y/o white female who tested positive for HIV in Feb. 2013. She has been drinking etoh and smoking since she was 12 years old. And has been using PCP since she was 19 years old. Patient A is a high school graduate, who dropped out after one semester of college. She is currently unemployed and lives at home with her parents. She has prescriptions for Vicodin which she takes for pain. And Maxalt which she takes for migraines.
Patient A

- Upon notification of her positive HIV status, Patient A was linked to care with Triangle AIDS Network, and PALM.
- On 4/13 she was placed on medication - Stribild, and PALM reports that she has been keeping her substance abuse appointments, and has been clean for 6 weeks.
- Next visit 7/13
52 y/o Black hearing impaired patient who presented to the ED in 12/11 with flu symptoms, she had been undergoing chemotherapy for multiple myeloma.

Husband died of AIDS related illness, she was unaware of the husbands cause of death. He was also hearing impaired, had substance abuse issues, and had been in and out of jail on various misdemeanor charges.
BHSET provided the Disease Intervention Specialists with assistance for notification and linkage to care, by employing a medically qualified sign language interpreter for the hearing impaired client.
Patient B has been in care since 1/12. She enjoys the support of her daughter, who accompanies her on all medical visits.

- She has been placed on meds (Complera) and her cancer is in remission!

- Last visit 2/13 next visit 5/13
32 y/o Black male MSM presents to the ED with Bil.Pneumonia on 12/12. He is a previous positive who has been in denial for the past few years, and had never been linked to care.

In 1/13 he was linked to care with TAN and PALM. He does not qualify for care with PALM because he negative for substance abuse, and depression.
Patient C

- He continues to be compliant with care at TAN. Last visit 4/13, next visit 7/13

- On 4/12 he called to inform me that he has met the qualification for housing assistance, and he and his mom are looking forward to moving into their new home. (Patient C’s mom is his support system)
Patient D

- He is insured.
- Did not access care until late March 2013.
1. Had difficulty getting an appointment with his PCP.

2. Referral needed from PCP for Infectious Disease consult. (reimbursement purposes)

3. After referral was received from PCP, Chris had difficulty getting an appointment with his Infectious Disease physician.
This delay in linkage to care has created the opportunity for us to partner with private physicians.
Unconventional Partners

- Objective:
- Assist our patients to make, and keep their appointments with PCP’s and specialists.
- Build a partnership with our private physicians that we may be better able to account for our patients, and keep them in care.
Linkage Data

9585 Total Screens

52 Positives

46 In Care

Colors:
- Yellow: Total Screens
- Light Blue: Positives
- Red: In Care
- Green: Unknown
BHSET’s Emergency Room Staff
Our Local Health Departments
Triangle AIDS Network (TAN)
Project AIDS Land Manor (PALM)
Infectious Disease Associates
Texas Department of State Health Services