

OCHART ONTARIO'S LINKAGE TO HIV CARE: ACTIVITIES AND IMPACT 2018-19

The AIDS and Hepatitis C Programs, Provincial Programs Branch, Ministry of Health funds and oversees community-based HIV and hepatitis C services as well as the distribution of naloxone and harm reduction supplies to populations at risk of HIV, hepatitis C, and opioid overdose.

- **\$44.94 M** invested in 84 front-line organizations
 - that deliver programs along the HIV care cascade: prevention, harm reduction outreach, health teaching, testing, linkage to care, and treatment.

WHY DOES LINKAGE TO CARE MATTER?

Early linkage to care – that is, connecting someone to HIV care within 14 days of diagnosis or someone at risk to prevention programs and pre-exposure prophylaxis (PrEP) – helps people engage in care.

People who are linked to care early are more likely to stay in care and to take treatments that will protect their health. When that happens, they have better health outcomes and they can't pass the virus to their sexual partners.²³⁴ For people living with HIV, rapid linkage to treatment means the virus can be suppressed within just a few weeks to the point where it's undetectable. For people at risk, rapid linkage to PrEP can help them protect their health and avoid HIV infection.

Effective linkage services also develop referral pathways that connect people to other health and social services they need, such as housing programs, income support programs, settlement services, mental health, substance use and harm reduction services.

THE 84 ORGANIZATIONS INCLUDE: *

- More than 50 community-based HIV programs and AIDS service organization
- 5 community-based HIV clinics
- 8 anonymous testing sites
- 36 harm reduction programs

* Some organizations provide more than one of these services.
Total number of funded organizations that report in OCHART: 93.

These organizations actively work to link people with or at risk of HIV to care and other health, prevention, and community-based social services. Their aims are to:

- ↓ Reduce new HIV transmissions by connecting people to care
- ↑ Increase the number of people on treatment and accessing support services
- ☒ Minimize the burden of HIV on the health care system.



Ontario's Clinical Care Guidelines for Adults and Adolescents Living with HIV recommend newly diagnosed people see a physician within 2 weeks of receiving a positive HIV test result, or within 1 to 2 days when test providers suspect a person has been diagnosed in the very early stages of infection.¹

¹ Clinical Care Guidelines for Adults and Adolescents Living with HIV in Ontario, Canada <http://occguidelines.com/guidelines/#8>

² Lundgren JD, Babiker AG, Gordin F, et al; INSIGHT START Study Group. Initiation of antiretroviral therapy in early asymptomatic HIV infection. N Engl J Med. 2015;373(9):795-807. doi:10.1056/NEJMoa1506816

³ Cohen, M. S., Chen, Y. Q., McCauley, M., Gamble, T., Hosseinipour, M. C., Kumarasamy, N., ... HPTN 052 Study Team (2016). Antiretroviral Therapy for the Prevention of HIV-1 Transmission. The New England journal of medicine, 375(9), 830-839. doi:10.1056/NEJMoa1600693

⁴ International Advisory Panel on HIV Care Continuum Optimization. IAPAC guidelines for optimizing the HIV continuum for adults and adolescents. Journal of the International Association of Providers of AIDS Care. 2015;14 Suppl 1:S3-S34.

LINKING PEOPLE TO TESTING, CARE AND OTHER SERVICES

Being tested is a critical first step in the HIV care cascade. Before people can be connected to HIV treatment or PrEP, they need to be tested and assessed for risk. Effective testing strategies can help identify previously undiagnosed cases of HIV and get people into care.

In 2018-19, the eight anonymous HIV testing clinics in Ontario funded by the AIDS & Hepatitis C Programs:

- Conducted **11,800** tests {
11,552 anonymous rapid point-of-care tests
248 standard blood draw HIV tests (non-confirmatory)
- Connected **127** people newly diagnosed with HIV to care

In 2018-19, a total of **16,638** people accessed support services through AIDS service organizations and other community-based HIV programs.

Of those:

10,185
4,795
1,658

were people at risk

were people affected by HIV
(e.g. family members)

were people living with HIV

The dedicated AIDS service organizations reported serving a total of **6,489** clients living with HIV. Of those:

- 5,248** were existing clients and **1,241** were new clients
- 2 OUT OF 3** new clients with HIV (66%) reported facing barriers connecting to HIV care, accessing and adhering to medications, managing symptoms, disclosure, and stigma or discrimination – barriers the province's HIV services help them overcome.

Ontario's ASOs and other community-based HIV programs actively work to connect people to care. In 2018-19, they:

- provided **13,800** case management sessions to help clients find and connect to other services

- made **8,386** referrals to other health and social services.



ASOs and other community-based HIV programs made 722 referrals to HIV clinical services for people living with HIV in 2018-19 – up 66% from the previous year.

- provided transportation assistance **9,282** times to help clients get to other services.

In 2018-19, Ontario's 36 harm reduction programs made:

- **4,601** referrals to Hepatitis C teams (up 76% from 2017-18)
- **8,159** referrals to mental health service providers (up nearly 250%)
- **17,146** referrals to addiction and other harm reduction services (up 6%)
- **6,089** referrals to clinical service providers (down 13%)

WARM REFERRALS = MORE SUCCESSFUL LINKAGES

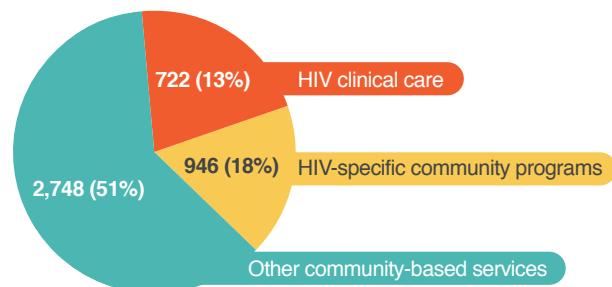


Organizations report that warm referrals help ensure clients get the services they need. A warm referral involves a worker making a personal call or visit with the client to the referral organization to explain why they are making the referral, arranging appointments, and following up with the client to ensure they attended the appointment.

"With the client's permission, I made contact with the local legal clinic, ODSP and Legal Aid. I scheduled appointments for the client to get legal advice from a lawyer, and accompanied the client to initial appointments. The client was able to identify solutions to their presenting concerns through this referral and was able to access these services without the need for support."

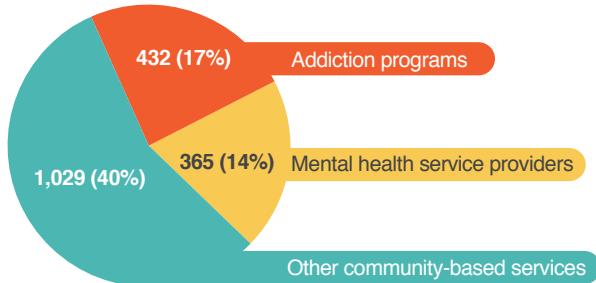
- **5,379** referrals (64%) for clients living with HIV

Top 3 referrals:



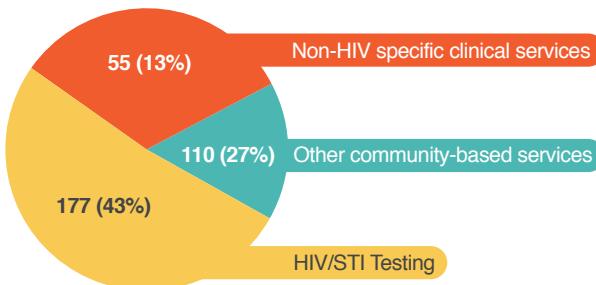
- **2,569** (31%) referrals for at-risk clients:

Top 3 referrals:



- **411** (5%) referrals for affected clients:

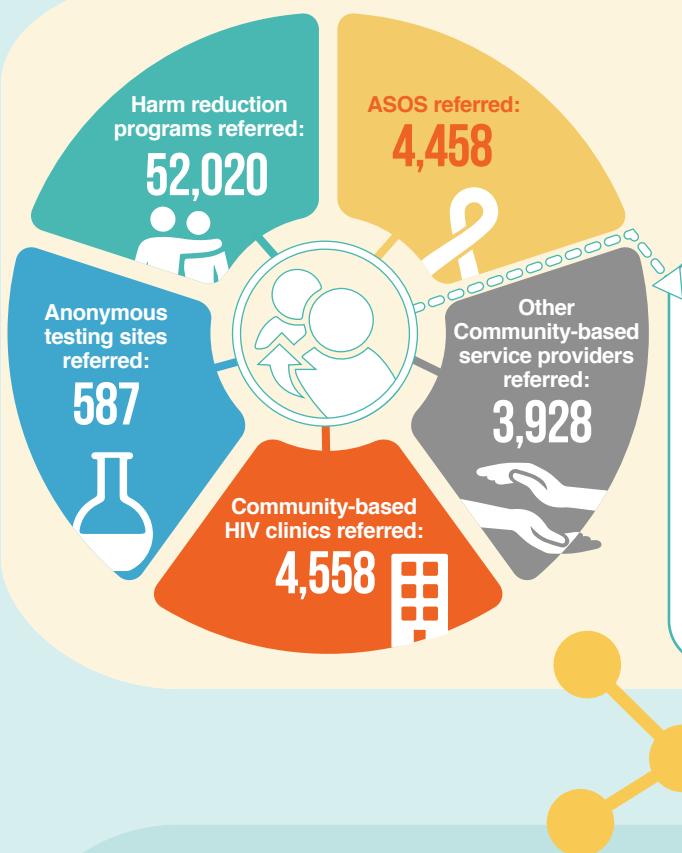
Top 3 referrals:



Other community-based services include housing, food banks, employment, legal, settlement, faith-based and other social services.



Word cloud was based on responses to: "Highlight some meaningful warm referrals you made that you believe support best practices."



WHERE DO ORGANIZATIONS REFER PEOPLE?

Harm reduction service providers	6	18	170	38	15,314
Other community-based services providers & HIV-specific community-based service providers	170	483	1440	3,457	12,081
HIV-specific clinical service providers	380	677	607	219	184
HIV/STI testing	-----	1,687	383	95	3,935
Mental health service providers & Addiction service providers	20	303	953	264	9,991
Other clinical service providers	11	1,390	375	385	5,914
Hepatitis C teams	0	0	0	0	4,601

FORGING STRONGER PARTNERSHIPS

To help clients get the services they need, community-based HIV organizations develop partnerships with other organizations. In 2018-19, Ontario's community-based HIV-focused services, including harm reduction programs:

- Held **4,320** meetings with community partners to strengthen their existing referral pathways and build their local service networks
- **1,313** meetings with existing coalitions/networks or advisory boards
- **2,045** meetings to plan community events, or to build new partnerships and improve services
- **962** meetings to develop educational materials, share information, and develop policies and strategic plans
- Engaged with **37,640** individuals to improve collaborations

"Our community health workers continue to connect with multiple non-HIV funded agencies on the importance of incorporating HIV service options for their respective communities and work. Each new partnership and community contact prioritizes service provider education to make these partnerships sustainable and ongoing."