

Intervention at a Glance

This section provides an overview of DHD's steps to implement Link-Up Rx.

STEP 1



Identify Pharmacies/Pharmacists

Willing pharmacies and pharmacists are critical stakeholders who guide the implementation of this intervention. DHD held multiple meetings with pharmacists to understand their role in engaging people with HIV and the limitations for pharmacists to access client-level HIV data (CD4 and viral load data). These meetings directly informed the Link-Up Rx logic model and program design.

STEP 2



Develop Protocol for Link-Up Rx

During traditional D2C, DHD found that a robust and exhaustive protocol that described each step of the program was paramount to the intervention's success. Before Link-Up Rx began, DHD spent several months engaging stakeholders to develop a thorough protocol to guide the program's implementation. This protocol outlines the three-week client outreach process Link-Up Rx utilizes for engagement. An integral piece of the protocol is determining the target population and a step-by-step explanation of the intervention process. Link-Up Rx is available for clients living in Detroit who are enrolled to receive services from MedCart pharmacy and have had a two-week lapse in picking up ART.

STEP 3



Engage Community

Community engagement was paramount to the program's success. Identify community members who are willing to provide input on the intervention design. Integrate their feedback to ensure linkage and outreach strategies and processes are responsive to their needs. DHD hosted or participated in 16 events to share the Link-Up Rx concept and plan with members of the Detroit HIV community, such as people living with HIV, RWHAP service providers, and the local HIV Planning Council. Feedback collected in these meetings informed the outreach mechanism for Link-Up Rx and built trust between the health department and community stakeholders (see Client Engagement and Buy-In section for additional information).

STEP 4



Implement a Three-Tier Re-Engagement Process

The Link-Up Rx model consists of three weeks of client outreach conducted by various providers. During the first week, pharmacists try to contact the client who has not picked up their ART. At week two, the pharmacist engages with the prescribing physician to gather additional information (e.g., if the client is out of town or has filled their prescription at another pharmacy) and attempts to contact the client again. At week three, the pharmacist contacts DHD. Then, DHD has a Linkage Specialist attempt to reach the client. DHD conducts outreach to the client by using LexisNexis or Trans Union TLOxp to find phone numbers to call or text. The program also uses CAREWare to determine if the client has been accessing services at another agency that may assist with outreach ([See Additional Resources Box](#)). Located clients are then relinked to the pharmacy or prescribing provider (if out of refills) and provided with referrals to non-medical services if needed. One week after sending a referral back to the pharmacy or to a medical provider, DHD follows up with the pharmacy or provider to determine if the referral was successful (e.g., the client received HIV medication, attended a medical visit, or met with a case manager). If the referral was unsuccessful, DHD conducts weekly follow-up with the client until they are relinked to care.

TIME LAPSED AFTER FAILED ART PICK UP

WEEK 1	WEEK 2	WEEK 3
<ul style="list-style-type: none"> Pharmacist reaches out to client 	<ul style="list-style-type: none"> Pharmacist contacts prescriber Prescriber attempts client outreach 	<ul style="list-style-type: none"> Pharmacist shares information with DHD DHD attempts client outreach

STEP 5



Evaluate the Intervention

DHD uses short-term and long-term metrics to evaluate the effectiveness of Link-Up Rx. The metrics are calculated at three-month intervals, with a 30-day delay to account for delayed lab reporting. Short-term metrics include: (1) The number of individuals the pharmacy shares with DHD, (2) The number of individuals successfully contacted by DHD, (3) The number of individuals contacted by DHD that receive ART from the referring pharmacy within 30 days of original fill date, (4) The number of individuals referred to other RWHAP funded programs (e.g., medical case management, mental health services, outpatient healthcare) or support services (e.g., housing services, legal services, child care). Long-term metrics include the percent of successfully contacted individuals virally suppressed at six months and the percent of successfully contacted individuals virally suppressed at one year.