

SUPPORTING SUCCESSFUL LINKAGE TO REFERRALS

Supporting patients so they are successfully linked to referrals and maintain those service linkages is a core component of effective medical case coordination. Referrals ensure that patients are connected to a full range of services to support HIV treatment adherence. Strong service linkages create a seamless continuum of care that addresses complex, yet interconnected needs of the patient. Timely referrals, coordinated follow-up, and ongoing communication between care providers leads to increased likelihood of care engagement and retention (Maina, Mill, Chaw-Kant, & Caine, 2016). To ensure successful linkage to support service referrals:

1. Consider limiting the number of referrals made at a given time so patients are not overwhelmed. Discuss and prioritize referrals based on needs with the patient.
2. Ensure referral services are appropriate to a patient's culture. Consider things like their preferred language, gender identity, sexual orientation, age, and developmental and cognitive levels. Check in with your patient to assess their comfort level with the possible referral options.
3. Call ahead to confirm the referral site can accommodate the patient. Services may be limited or have eligibility criteria and you want to ensure access for your patient prior to referring them.
4. Utilize the warm hand-off approach by calling the agency while with the patient. This can sometimes mean sitting in on the first appointment with them, whether that is in person or over the phone.
5. Provide a specific contact person with relevant contact information. Contact information includes agency name, address/location, telephone number, types of services, hours, eligibility requirements, costs, and process for making an appointment/securing services. Write down the information and/or encourage the patient to program the number (and information, if possible) into their cell phone or offer to send information via text message or e-mail.

Please note: It is inappropriate to provide a written referral for domestic/intimate partner violence, since it may compromise patient safety if found by perpetrator. Encourage patients to memorize resources, like the National Domestic Violence Hotline: 1-800-799-SAFE (7233).

6. Review with the patient what they should expect, including realistic wait times and what they will be required to provide during the appointment, if applicable.

Appendix H

7. Assess and address any other barriers to accessing the referral. Identify strategies to overcome these barriers with the patient.
8. Arrange to call the patient (or have the patient call you) to follow up on the referral to ensure successful linkage and elicit feedback on services received.

Remember to document referrals and if the referral was successfully linked in the patient chart in your agency's electronic medical record system. The Referral module in e2LA can also be helpful for streamlining and documenting referrals to other Ryan White services.

REFERENCES

Maina, G., Mill, J., Chaw-Kant, J., & Caine, V. (2016). A systematic review of best practices in HIV care. *HIV/AIDS & Social Services*, 15(1), 114-126.

Rollnick, S. &. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy*, 23, 325-334.