

## HIV CLIENT ENGAGEMENT STATUS DEFINITIONS AND ROLES IN CASE MANAGEMENT

The following:

- Identifies each “client status” along the cascade of HIV care in Manitoba,
- Defines each client status, and
- Identifies who manages the care of PLHIV in each phase of the care cascade.

HIV CLIENT STATUS	DEFINITION	CLIENT MANAGEMENT BY
<b>NEVER LINKED TO HIV CARE</b>	<p>Person is diagnosed with HIV and meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Is alive, AND</li> <li>• Is a current resident of Manitoba, AND</li> <li>• Has not explicitly refused care, AND</li> <li>• Has no record of ART ever in Manitoba <ul style="list-style-type: none"> <li>○ prescription dispensed as per DPIN, or notes in client record</li> </ul> </li> <li>• Has no evidence of intake care with HIV clinician</li> </ul>	<p><b>Public Health</b></p> <p>Public Health may consider *referring person to PATHS <i>if PATHS is an available resource in the region</i>, and if the person:</p> <ol style="list-style-type: none"> <li>has been notified of HIV status,</li> <li>consents to MBHIVP referral,</li> <li>meets eligibility criteria for PATHS, and</li> <li>it has been <i>6 months since date of referral to the Manitoba HIV Program</i>.</li> </ol>
<b>LINKED TO HIV CARE</b>	<p>Person is diagnosed with HIV and meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Is alive, AND</li> <li>• Is a current resident of Manitoba, AND</li> <li>• Has not explicitly refused care, AND</li> <li>• Has one HIV viral load test result, AND</li> <li>• Has at least one of: <ul style="list-style-type: none"> <li>○ record of ART dispensed ever (prescription dispensed as per DPIN, or notes in client record)</li> <li>○ evidence of intake care with HIV clinician</li> </ul> </li> </ul>	<b>Manitoba HIV Program and primary care</b>

<b>RETAINED IN HIV CARE</b>	<p>Person is diagnosed with HIV and meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Is alive, AND</li> <li>• Is a current resident of Manitoba, AND</li> <li>• Has not explicitly refused care, AND</li> <li>• Has a record of ART in the previous 6 months: <ul style="list-style-type: none"> <li>○ prescription dispensed as per DPIN, or</li> <li>○ notes in client record, AND</li> </ul> </li> <li>• Has a subsequent HIV viral load test result (ordered by most responsible provider): <ul style="list-style-type: none"> <li>○ HIV viral load test in previous 6 months, or</li> <li>○ Undetectable HIV viral load test result in previous 12 months</li> </ul> </li> </ul>	<b>Manitoba HIV Program and primary care</b>
<b>DISENGAGED IN HIV CARE</b>	<p>Person is diagnosed with HIV and meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Is alive, AND</li> <li>• Is a current resident of Manitoba, AND</li> <li>• Has not explicitly refused care, AND</li> <li>• Was previously linked/retained in care, AND</li> <li>• No record of ART in the previous 6 months <ul style="list-style-type: none"> <li>○ prescription dispensed as per DPIN, or</li> <li>○ notes in client record, AND/OR</li> </ul> </li> <li>• The most recent HIV viral load test (ordered by most responsible provider) was: <ul style="list-style-type: none"> <li>○ Over 6 months ago with a detectable HIV viral load result, or</li> <li>○ Over 12 months ago with an undetectable HIV viral load result</li> </ul> </li> </ul>	<b>Manitoba HIV Program and primary care</b> Clients “Disengaged in HIV Care” are eligible for a referral from the MBHIVP to PATHS.

<b>LOST TO HIV CARE</b>	<p>Person is diagnosed with HIV and meets all of the following criteria:</p> <ul style="list-style-type: none"> <li>• Is alive, AND</li> <li>• Is a current resident of Manitoba, AND</li> <li>• Has not explicitly refused care, AND</li> <li>• Was previously linked/retained in care, AND</li> <li>• No HIV viral load test in previous 12 months, AND</li> <li>• No record of ART in previous 12 months <ul style="list-style-type: none"> <li>○ prescription dispensed as per DPIN, or</li> <li>○ notes in client record</li> </ul> </li> </ul>	<p><b>Manitoba HIV Program</b></p> <p>Clients “Lost to HIV Care” will be referred by the MBHIVP to PATHS. A *referral to Public Health will be considered by the MBHIVP for clients who are:</p> <ul style="list-style-type: none"> <li>• Referred to PATHS but are on a waitlist for service</li> <li>• Unable to be located by the MBHIVP</li> </ul>
<b>PUBLIC HEALTH CONCERN FOR TRANSMISSION</b>	<p>Client:</p> <ul style="list-style-type: none"> <li>• Is alive, AND</li> <li>• Is a current resident of Manitoba, AND</li> <li>• Does not disclose their HIV status before engaging in activities that put others at significant risk of contracting HIV, PLHIV with subsequent STBBIs, or</li> <li>• Has been identified in a community complaint as per Communicable Disease Management Guideline, <a href="#">Public Health Management of HIV Exposure and Non-Disclosure</a>, Manitoba Health, Public Health Branch, or</li> <li>• Is pregnant and not on ART, or</li> <li>• Explicitly refuses all forms of HIV care engagement.</li> </ul> <p>Risk should be reviewed with the HIV healthcare provider before referral to Public Health.</p>	<p><b>Public Health</b></p> <p>The MBHIVP should *refer all clients to Public Health who fit the criteria for public health concern for transmission. This includes clients who are Never Linked to Care, Linked to Care, Lost to Care, Disengaged in Care or Explicitly Refusing Care.</p> <p>Once the referral is made, a collaborative process should be arranged by the MBHIVP or Public Health with the Regional Communicable Disease Coordinator. Consensus can be reached with all service providers on a plan of action.</p>
<b>MOVED OUT OF PROVINCE</b>	<p>Client is no longer a resident of Manitoba, as per:</p> <ul style="list-style-type: none"> <li>• eChart, or</li> <li>• electronic medical record, or</li> <li>• alternate care provider, or</li> <li>• client notification.</li> </ul>	<b>N/A</b>

<b>EXPLICIT REFUSAL OF ART</b>	Client is diagnosed with HIV and: <ul style="list-style-type: none"> <li>• Is 16 years of age or older, AND</li> <li>• Is informed of the benefits of HIV treatment and care, AND</li> <li>• Has the mental capacity to make decisions about their treatment and care, AND</li> <li>• Communicates to a member of their care team (referring physician, Public Health or HIV program) that they are unwilling to receive ART.</li> </ul>	<b>Manitoba HIV Program</b>
<b>DECEASED</b>	Client is <i>confirmed</i> to have died, as per: <ul style="list-style-type: none"> <li>• eChart, or</li> <li>• electronic medical record, or</li> <li>• coroner report, or</li> <li>• family member, or</li> <li>• alternate care provider, or</li> <li>• obituary.</li> </ul>	<b>N/A</b>

### **\*REFERRALS**

#### **1. Referring Clients from the MBHIVP to Public Health**

Referrals to Public Health should be considered for clients who are a “Public Health Concern for Transmission” or clients who are “Lost to HIV Care” as per above. Referrals from MBHIVP to Public Health can be faxed using the “MBHIVP Public Health Lost to Care Referral Form”

#### **2. Referring Clients from Public Health to MBHIVP PATHS**

Referral from Public Health to the MBHIVP PATHS can be considered for clients of Public Health who are “Never Linked to HIV Care” and a period of six months has passed from the date of referral to the MBHIVP. Referrals from Public Health to MBHIVP PATHS can be faxed using the “MBHIVP PATHS Referral Form.”