Using Mobile Technology with ARTAS Interventions

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What is ARTAS?

CDC-Funded Initiative

Evidence-based for Linkage to HIV Care and Retention in HIV Care

Antiretroviral Treatment Access Study v.I & II <evaluation>
- ARTAS v1 – 2001-2003 (Randomized Controlled Trial)
- ARTAS v2 – 2004-2006 (Real-world Demonstration)
  - Atlanta, Chicago, Jacksonville (FL), Anniston (AL), Kansas City (MO), New Orleans, Miami, Columbia (SC), Baltimore, Richmond (VA)

Antiretroviral Treatment and Access to Services <implementation>
- ARTAS Implementation in Alabama – 2012/2013 (ADPH)
ARTAS Process Definition

Anti-Retroviral Treatment and Access to Services (ARTAS) is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result.

ARTAS is based on the Strengths-based Case Management (SBCM) model, which is rooted in Social Cognitive Theory (particularly self-efficacy) and Humanistic Psychology.

*(SBCM is a model that encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator).*
Why ARTAS:

Linkage to care shortly after HIV diagnosis:
- Provides opportunities for intervention to prevent transmission

Engagement or re-engagement:
- Process of helping HIV patients keep their scheduled clinic appointments

Re-entry:
- Re-connects HIV patients to primary care after they have dropped out of care

Providing counseling/interventions:
- Promotes sustained adherence to treatment

“Leads to better health outcomes”
ARTAS Core Elements *(mobile app eligible: Y/N)*

Build an effective, working relationship between the Linkage Coordinator and each client

Focus on the client’s strengths by:

a. Conducting a strengths-based assessment *(mobile app: YES)*

b. Encouraging each client to identify and use his/her strengths, abilities, and skills to link to medical care and accomplish other goals

Facilitate the client’s ability to:

a. Identify and pursue his/her own goals *(mobile app: YES)*

b. Develop a step-by-step plan to accomplish those goals using the ARTAS Session Plan *(mobile app: YES)*
ARTAS Core Elements *(mobile app eligible: Y/N)*

Maintain a client-driven approach by:

a. Conducting between one and five structured sessions with each client *within 90-days* / linked to medical care *<whichever occurs first>* *(mobile app: YES)*

b. Conducting active, community-based case management by meeting each client in his/her environment and *outside the office whenever possible* *(mobile app: YES)*

c. Coordinating and linking each client to available community resources, both formal (e.g., housing agencies, food banks) and informal (e.g., friends, support groups, spiritual groups) based on each client’s needs

d. Advocating on each client’s behalf, as needed, to link him/her to medical care and/or other needed services
ARTAS using mobile technology (ODK)

**FEATURES**

- App. development ‘in house’ (ADPH)
- ‘Off-the-shelf ‘construction (CommCare ODK)
- Integrated emulators
- Intuitive structure
- ‘Real-time’ data entry:
  - Client activity updates
  - Field staff compensation DB tied to app.

**BENEFITS**

- Low cost <“free”>, short development time
- Tutorials/min. requirement for writing code
- Ability to test app. prior to placing in field
- Short ‘ramp-up’, streamlined staff training
- Enabled reporting efficiencies:
  - Allow staff to spend more time ‘face-to-face’ with clients
  - Improved support of ARTAS process
  - Lessened burden of repetitive data entry
In closing...

“With the exception of a cure and vaccine research, the battle against HIV is shifting from the laboratories to the communities. This is where we need to be during the next decade to make a difference.” -Dr. Michael Saag, UAB SoM

(New England Journal of Medicine, Feb 5, 2015 <excerpt from Editorial>)
Contact Information & References

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