



# DIS/PS and EIS

STRATEGIES IN THE HIV CARE CONTINUUM

# Intent of this Talk:

- ▶ Overview of Role of PS
- ▶ Legal Mandates
- ▶ Relationship building
- ▶ Monitoring
- ▶ Future Directions

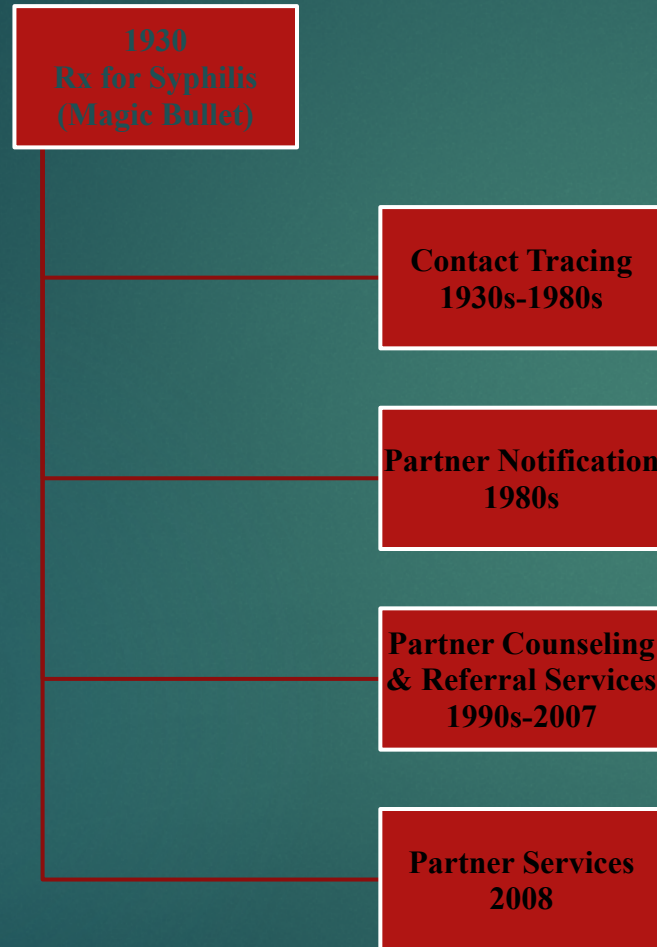


# What is Partner Services (PS)?

Partner Services is an intervention which provides an array of services to persons living with HIV (PLWH) or other STIs such as syphilis, gonorrhea, and chlamydia. PS helps to identify & locate sex or drug injection partners to inform them of possible exposure.

Disease Intervention Specialists (DIS) work with PLWH and their partners to ensure they receive educational and risk reduction counseling, testing, care, & treatment, referral to PrEP and to other support services.

# History of Partner Services (PS)





# History of PS in Michigan

- ▶ PS Occurs for HIV, Syphilis, GC, CT, TB, Hepatitis B, etc.
- ▶ PS has been an existing program for decades in Michigan
- ▶ We frequently talk about HIV PS between local health departments and RW agencies—but you need to be aware of syphilis and other STIs for PLWH
- ▶ Who does PS varies
- ▶ Disease Intervention Specialists (DIS) are the people who do PS
- ▶ PS is a mandatory aspect of federal funding to Michigan for both HIV and STIs

# Who does PS in Michigan

- ▶ Chlamydia
  - ▶ Little done-more likely in rural areas
- ▶ Gonorrhea
  - ▶ LHD staff (depending on capacity)
  - ▶ We are increasing asking for PS for GC cases for PLWH and antibiotics resistance
- ▶ Syphilis:
  - ▶ MDHHS staff
- ▶ HIV:
  - ▶ Detroit-MDHHS staff
  - ▶ Low-morbidity-Central Michigan
  - ▶ High-morbidity-LHD



# Public Health Code

**Provide** appropriate risk assessment, HIV prevention information, and offer testing and /or test referral information.

**Public Act 489 (MCL 333.5114a):**

Outlines procedures for conducting PS

- Responsibility of HIV+ client in PS
- Sets time frames for conducting PS

Public Act 489 (MCL 333.5114a)

Test Administrators shall refer clients for PS if:

- Client test **HIV+**
- OR
- Assistance with PS is **deemed necessary**

LHD attempt to interview HIV+ client within 14 days-Note: Dept. recommendation 48 working hours

Conduct all PS notifications confidentially and in the form of a direct one-to-one conversation

LHD attempt to notify at risk partners within 35 days-Dept. recommendation is 48 hours

# Public Health Code

- ▶ Public Act 86 (MCL 333.5131) “Duty to Warn”:
- ▶ Exemption found in Michigan’s Confidentially Law by imposing an affirmative duty upon physician or local health officer to:
  - ▶ Disclose information about a known sex or needle-sharing partner
    - ▶ OR
- ▶ Discharge affirmative duty to LHD



# Notification options for PS in Michigan



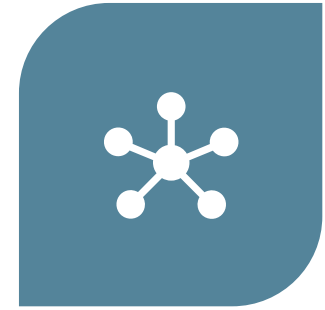
LHD ASSISTED



PHYSICIAN  
ASSISTED



CLIENT  
ASSISTED



COMBINATION

# How DIS gets their information

- ▶ An investigation is initiated to a DIS (geographically appropriate point person) by MDHHS usually as a result of an electronic laboratory report
- ▶ Investigations are initiated for STIs in MDSS, for HIV in APHIRM
- ▶ A DIS likely doesn't have great information in either system to contact a person for an interview
- ▶ They investigate trying to find that person and set up an interview
- ▶ In several jurisdictions if you get diagnosed with syphilis/HIV or GC/HIV you could be contacted by two different people



# What DIS does next

- ▶ Verifies treatment!
- ▶ Interviews the clients
- ▶ Referrals
- ▶ Tests/Treats partners
- ▶ Re-interviews client
- ▶ Cluster interviews
- ▶ Cases with which PS will be especially diligent: pregnant persons
- ▶ How far back partner elicitation goes back varies
- ▶ Documents and records-this data goes to CDC

# PS Linkage to Care and Referrals

- ▶ EIS in Michigan is a relatively new concept
- ▶ DIS has been doing linkage to care for decades
- ▶ In many places in Michigan there is no EIS agency
- ▶ Some people are not going to be eligible for RW services due to income/insurance
- ▶ For people who are eligible, it should be a seamless connection for the client
- ▶ Still have work to do on STI investigations for PLWH where someone is out of care



# How are DIS and EIS different

- ▶ EIS focuses intensively on the person
- ▶ DIS focuses on the person but also the community
- ▶ PS is time-sensitive
- ▶ PS Outcomes matter-MDHHS is measured on PS outcomes just like we are measured for RW outcomes. PS outcomes are related to finding partners in a given time
- ▶ PS has had significantly less staff to monitor and train (vs. RW QM staff)

# Why this matters now!



Michigan began systematically conducting return to care in all justifications in 2018



There is great opportunity for the clients to develop a relationship based on trust and mutual respect that would benefit the clients' access to care and move toward viral suppression



Expand EIS services in Michigan based on need



PrEP Navigation and increased STIs



# Misperceptions

- ▶ DIS can't do linkage to care
- ▶ PS is an invasion of privacy
- ▶ EIS don't care about exposed partners
- ▶ DIS staff are not culturally competent
- ▶ How can we move past this?
  - ▶ QM
  - ▶ Make connections
  - ▶ Do it together
  - ▶ Share information
  - ▶ Acknowledge each others strengths
  - ▶ Acknowledge that both jobs are hard
  - ▶ Acknowledge that both jobs are essential for ending HIV

# New Monitoring Tools

- ▶ Prior to 2016, we didn't have data systems to evaluate testing, linkage to care, and PS outcomes
- ▶ Many RW agencies are also HIV prevention agencies
- ▶ People that test in RW agencies or local health departments should have the BEST outcomes for PS outcomes, EIS enrollment, and quick viral suppression
- ▶ MDHHS will be doing monitoring on both sides
- ▶ Everyone has the same funder!



# National HIV/AIDS Strategy

- ▶ The National HIV/AIDS Strategy has suggested we can end HIV transmission in a generation with a multi-pronged approach-PS is an approach, so is EIS, no different than testing and PrEP
- ▶ TA/QA and relationship building is essential for every step in the care continuum from testing to viral suppression
- ▶ MDHHS is working hard to integrate systems, staff, and training at the department level so that HIV care and prevention and STI services are seamless
- ▶ Many ASOs, CBOS and LHD are doing PrEP navigation. We know as STIs go up PrEP referrals and navigation will be important, so DIS & EIS relationships will be important for HIV+ and HIV- people moving forward

# Collaboration & Partnership

- ▶ MDHHS HIV Care & Prevention strongly believe to end the HIV epidemic we must strengthen and improve collaborative relationships with DIS & EIS. Also, examine existing successful partnerships and how they can be implemented in other jurisdictions.



# For More Information:

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