

King County Jail-Madison Clinic HIV Telehealth Program: An Innovative Collaboration

Hillary Liss, MD, AAHIVS

Madison Clinic, Harborview Medical Center
University of WA School of Medicine

Jennifer Jones-Vanderleest, MD, MSPH, AAHIVS

Jail Health Services, PH-Seattle and King County
University of WA School of Public Health

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Disclosures

None

Corrections 101:

JAILS

- County or town
- Sheriff's Department or Tribal
- Pre- & Post-sentencing
- Term of incarceration generally < 1 year
- House innocent, those with misdemeanors & felonies



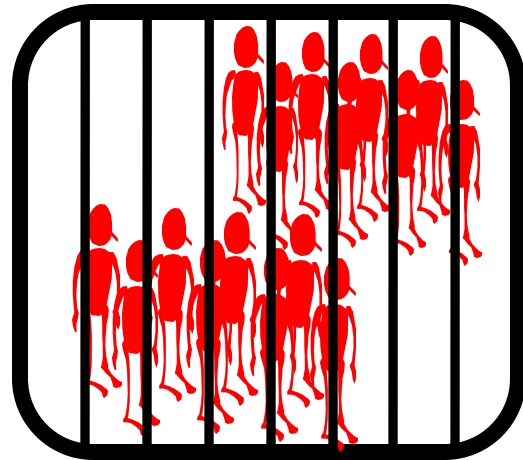
PRISONS

- State or federal
- State DOC, BOP or Homeland Security
- Post-sentencing
- Term of incarceration generally > 1 year
- House people with felonies only



Jails vs. Prison Population Single Point in Time

Prison



1.6 Million

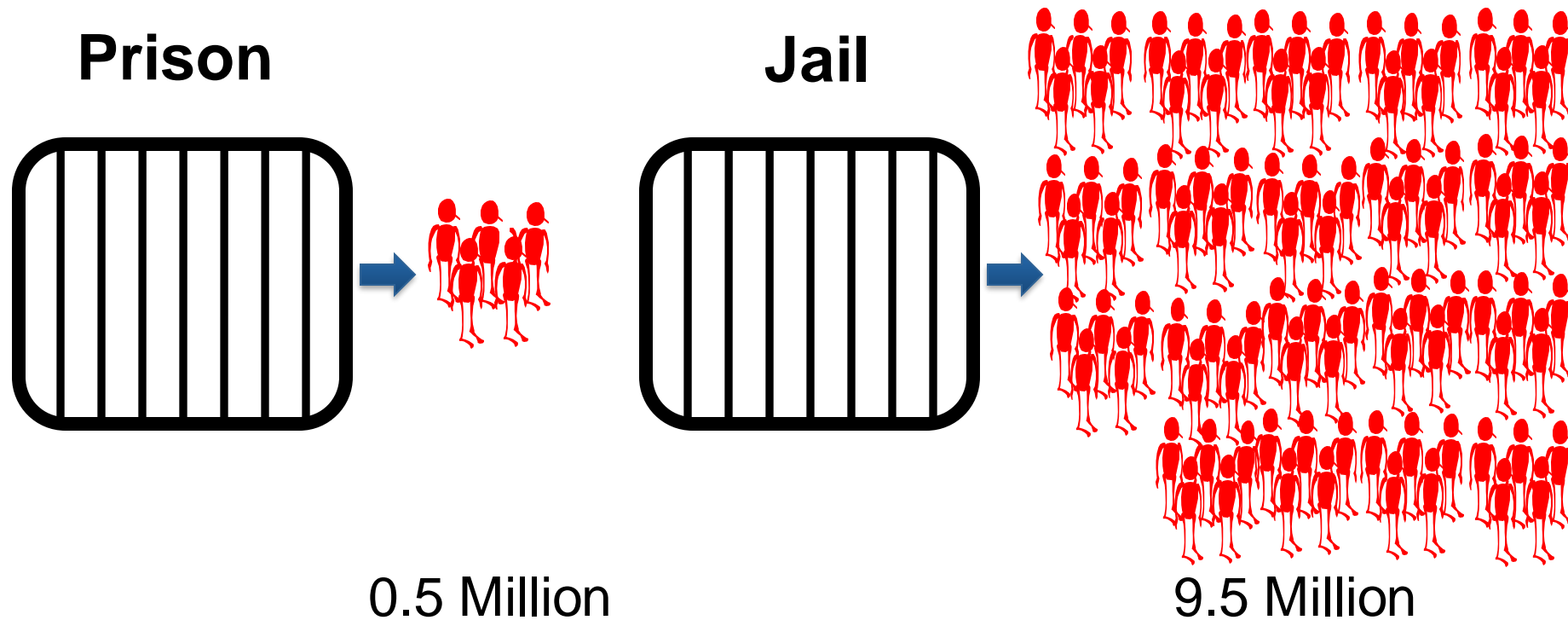
Jail



0.8 Million

On any given day, approximately twice as many individuals are in prison than jail.

Jails vs. Prison Population Across Time



Each year, approximately 95% of the 10 million individuals released from the criminal justice system are from jails

Recognizing a Need

- ~1 in 7 PWH cycle through the correctional system annually in the US
- Extremely vulnerable population, often out of—or intermittently in—care
 - Including not on ART, creating personal and public health issues
 - 37% people at KCJ report unstable housing/homeless, 19% street living
- Many coexisting conditions, including substance use and mental health
- Short stays in jails make in-person visits challenging
- In-person visits also come with challenges
 - Transportation limitations and cost
 - Stigma, confidentiality issues

Recognizing a Need: Madison-KCJ Specifics

- In 2017, KCJ JHS submitted 184 referrals to Madison Clinic
 - Only 62 visits completed (some may have been ID)
 - Average 6 week wait to be seen
- Out of 31 specialties at HMC, Madison Clinic had the highest volumes of patient transports from KCJ for non-procedure-based care
- In 2020, KCJ median LOS=3 days, mean=30.5 days
- As such, we embarked on a collaborative telehealth program
- **Before telehealth was cool!** (first patient seen January 2019)

Anatomy of a Jail Telehealth Visit

- Jail staff emails list of incarcerated PWH to Madison provider
- Madison provider reviews, updates pt lists, decides on next session's pts
- 2 hours set aside to see patients and review list
- Provider from both sites get on HIPAA-protected Zoom and set session agenda
- Custody officer brings pt to KCJ JHS clinic
- RN takes vitals
- Provider at KCJ JHS brings pt to clinic room, introduces pt to Madison provider
- Collaborative visit, often involving SW/CM/release planners @Madison, MAX, KCJ
- Madison provider documents and bills in EHR, KCJ provider also writes brief note
- KCJ JHS provider executes care plan and follow-up

Release Planning Needs

- Setting up insurance as this is discontinued when incarcerated
- Bridge supply of ART
- Linkage to care
 - Transportation assistance
- Housing
- Substance use and mental health care
- Understanding ongoing legal issues
 - Electronic Home Detention, Community Custody/Parole
- Solution: weekly multidisciplinary videoconference (medical, public health, community low-barrier clinic, social work/release planner, community-based organization representatives) to assist with transitions to community or prison, adherence, outreach, and linkage/engagement/retention in care

Success Stories

- Multiple new diagnoses of HIV with rapid start ART within days/weeks of diagnosis
- Identification of HIV in a pregnant person with linkage to care
- Improved communication with prison systems when patients transfer
- Triage of level of care needed after release
 - Linkage to Madison, MOD, MAX or other clinic depending on need
 - Care of patients with HIV regardless of where they previously received care
- Expansion of the program to additional KCJ site
- Mentorship relationship with jail MD getting AAHIVM-specialist certified!

Ongoing Challenges

- Short stays
- Patient refusals still occur
- Language barriers

What is needed to set up a similar program in your setting?

- Relationship building with jail
 - Important to have a clinician champion at both sites (does not have to be an MD/PA/NP at jail)
- Administration support on both sides
- System in place to identify incarcerated PWH
- Pharmacy/lab access
- Basic telehealth technology, HIPAA Zoom or Teams or similar platform
- Protected FTE for providers on both ends
- Plan in place if in-person care is required

Future Directions

- Involve more providers at both current sites?
- Expand to other jails?
 - Locally and elsewhere
 - Provide guidance/mentorship to others interested
- Quantitative and qualitative evaluation of the program outcomes

We Could Not Do This Without...

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- MAX Clinic staff
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- SKC-PH Partners

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