PATIENTS IN HIV CARE IN NC CLINICS: AN ASSESSMENT OF RE-ENGAGEMENT EFFORTS

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North Carolina Systems Linkage & Access To Care (NC-LINK)

- Increase the number of people living with HIV/AIDS (PLWHA) engaged in consistent care by creating a system of linkages along the HIV Continuum of Care in NC

- NC-LINK is a four-year HRSA SPNS-funded project; Fall 2013 begins Year 3 of the initiative
  - Funded through the Communicable Disease Branch at the NCDPH
  - Partnering with Duke, ECU, UNC-CH, WFBH
NC-LINK Interventions

- Regional Retention Protocols
- Clinic-Based Partner Testing
- State Bridge Counseling (SBC) Protocols

Additional NC-LINK Resources

- ONE CALL
- Policies & Procedures
- Enhanced Data Sharing
NC Division of Public Health
HIV Care & Prevention Regions

Source: NC Division of Public Health
HIV Continuum of Care

- Unaware of Status
- Aware of Status, but not linked to care
- Receiving other medical care, but not HIV care
- Entered HIV care but dropped out
- In & out of care or infrequent user
- Fully engaged

Source: HRSA
HIV Treatment Cascade

OVERALL: Of the 1.1 million Americans living with HIV, only 25 percent are virally suppressed.

Source: CDC, Based on data from 2009
Importance of Remaining in Care

- **Individual Health**
  - Falling out of care puts individuals at higher risk of personal illness and poor clinical outcomes

- **Public Health**
  - Retention in care reduces likelihood of transmission of virus
  - UNC’s 052 study: those in care and adherent to medication reduce their ability to transmit virus to their partners by 96%
Retention and Re-engagement Efforts

- Regional Efforts
- Regional Quality Council
- In Care Campaign
Barriers to Remaining in Care

- Intimate Partner Violence
- Health Beliefs and Status
- Substance Use and Mental Health Needs
- Health Literacy
- Readiness & Acceptance
- Insurance
- Competing Demands
- Time
- Life Events
- Stigma
- Experience with Health Care
- Transportation
- Moving Away from Clinic
- Resources (Housing, Employment, Finances)
- Corrections System
- Competing Demands

(Images and logos present)
RETENTION/RE-ENGAGEMENT ASSESSMENT
ASSESSMENT METHODS
Purpose of Assessment

- Understand current retention and re-engagement efforts at clinics serving PLWHA across North Carolina
- Understand strengths and opportunities for growth
Methods

- **Sample**
  - 11 clinics serving PLWHA in NC
  - Clinics from 9 care regions participated
  - HRSA/Ryan White-funded

- **Data Collection**
  - Structured telephone interviews conducted in summer 2013
  - Interviewed an administrative representative from each clinic
  - Detailed interview notes taken
  - Included questions about:
    - Clinics’ current retention and re-engagement strategies
    - Data collection and evaluation practices
    - Demographics of patients served

- **Analysis**
  - Detailed interview notes were compared and contrasted across respondents
Participating Clinics
RESULTS
Retention Activities

- Prior to the appointment
  - Reminders
- No call/no show follow up
  - Referred to linkage or re-engagement staff
  - $10 fee for missed appointments
  - Contacted ASAP (Same Day, Same Week)
  - Habitual no-shows tracked
What does it mean to be in care?

HRSA Definition of Engagement in Care:

Attending 2 HIV medical appointments annually, at least 3 months apart
What does it mean to be out of care?

No Medical Visit

- 12 Months
- 9 Months
- 6 Months
- 4 Months

Other Markers:
- Missed two consecutive lab visits or two consecutive doctor visits
- Missed three consecutive appointments (or more than five each year)
Identifying who is out of care

How are people identified?

- About 70% of respondents use EMR or CAREWare to run automated lists of people out of care.

- About 30% did not have systematic way of identifying those out of care.
Re-engagement Activities

- All respondents report re-engagement activities
  - Variety of Staff Members Utilized
    - Nurses, Medical Assistants
    - Case Managers
    - Peer Educators/Navigators
    - Regional Bridge Counselors/Patient Navigators
    - Clerical/Administrative Staff
    - MD/NP
  - 5 Clinics with staff time specifically allocated to re-engagement efforts (ranges from .25 to 2.7 FTE)
Re-engagement Activities

- Variety of strategies used
  - Phone Calls
  - Letters
  - Home visiting or community outreach
  - Working with Ryan White Regional Network of Care and Case Management Agencies
  - Tracking through other providers
  - State Bridge Counseling
Challenges

- Transportation
- Corrections system
- Staff time
- Patients transferring care
- Lack of standardized way of creating lists and referring to resources
- Minimal tracking & evaluation efforts
Strengths

- Understanding the importance of retention
- Team approach to retention & re-engagement
- Services to address client barriers
- Integrated services
Conclusions

- Retention and re-engagement activities have recently grown
- Clinics are creative and utilize many resources to find patients and minimize barriers to care
- Standardized processes, dedicated staff time, and evaluation would strengthen efforts
Limitations & Opportunities for Growth

- Limitations
  - Does not include all clinics serving PLWHA in state
  - Interview with one representative per clinic

- Opportunities for Growth
  - Tracking Efforts
  - Streamlined Referrals & Feedback with SBC
Thank you!

Questions?

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