

# Where Did All the Patients Go? Improving Retention in HIV Care through Team-Based Engagement

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**AIM: Decrease the appointment no-show rate among new and re-engaging HIV positive clients from 40% to 20% by end of 2014.**

## INTRODUCTION

Interdisciplinary health care is vital in providing HIV positive patients with the best, comprehensive care possible.<sup>1</sup> A team-based approach enables HIV care providers to provide treatment to patients while considering the mental, physical, spiritual and emotional factors that influence retention in HIV care and treatment adherence.

Patients who receive medical support services are roughly twice as likely to be retained in HIV care compared to those who do not receive medical case management (MCM) services.<sup>2</sup> MCM is shown to correlate strongly with increased retention in care and medication adherence.<sup>2,3</sup> Without proper coordination and employment of support services, retention in care as well as adequacy and cost-effectiveness of HIV treatment may suffer.<sup>4</sup>

The East Carolina University Infectious Diseases Clinic implemented the Plan-Do-Study-Act Framework to identify deficiencies in retention in care among clients.

## PROJECT DESIGN/STRATEGY

Review Health Resources and Service Administration [HRSA] Standards

Find and Implement Best Practices

Patient Care Management Better Use of Resources

Practice Changes

Identify Deficiencies Analyze Root Causes Develop Actions for Improvement

## PROBLEM STATEMENTS

- ▶ **No-show rate among new and re-engaging clients was as high as 40% in 2013.**
- ▶ New and re-engaging HIV-positive clients were no-showing to their first medical appointment; therefore, missing opportunities towards better treatment and prevention.

## METHODOLOGY

### Project Design: Plan-Do-Study Act Framework

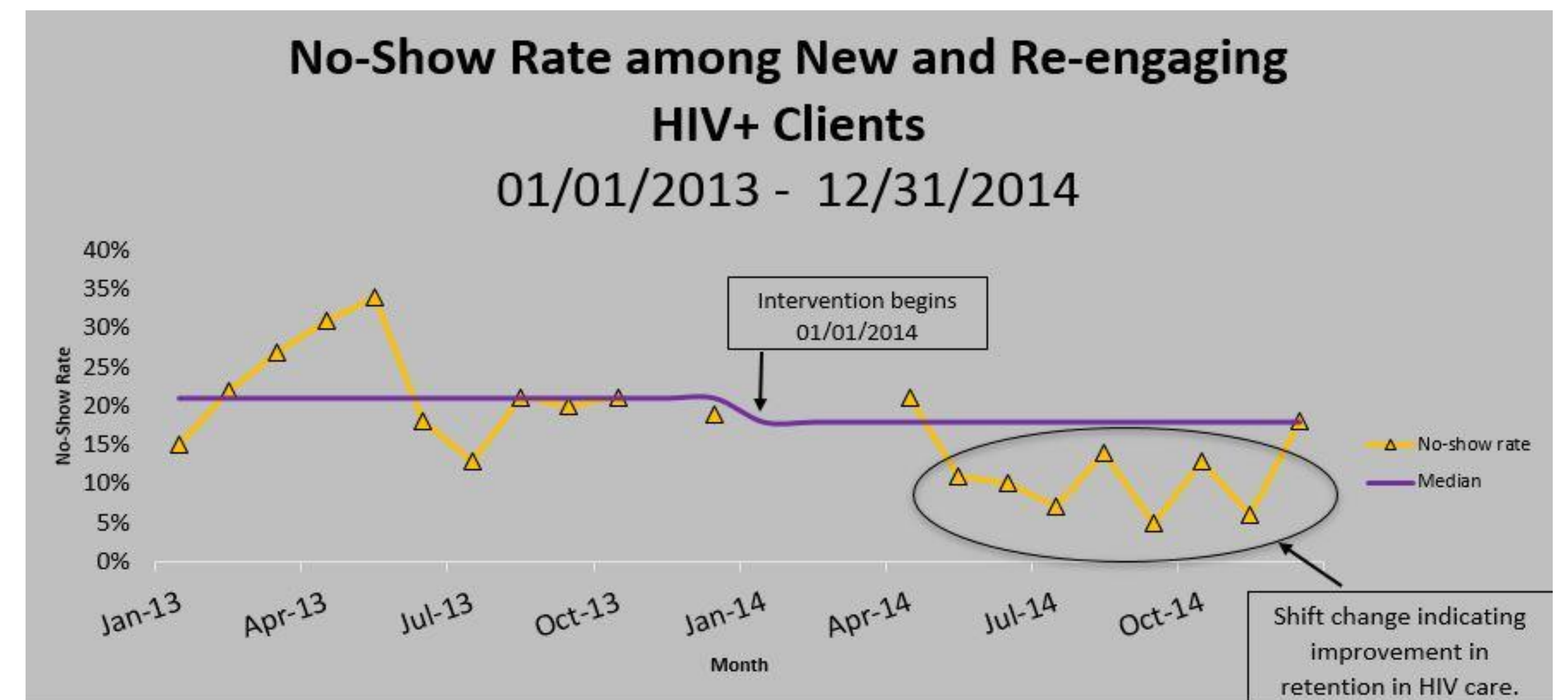
- A dedicated MCM is added to the 'new intake' team
- MCM provides access to support for new/re-engaging clients until they make their first medical provider appointment.

- Decrease no-show to first medical provider appointment for newly HIV positive and re-engaging clients from 40% in 2013 to 20% in 2014.

- MCMs identify list of barriers to care among clients (i.e., forgot appointment times, no transportation, denial of HIV+ diagnosis).

- Review existing data on no-shows
- Identify reason for no-show by doing chart reviews & client surveys/interviews.

## RESULTS



## CONCLUSIONS/NEXT STEPS

- ▶ **By the end of 2014, the no-show to first provider appointment for new/re-engaging clients decreased to 20%.**
- ▶ Adding a MCM to the 'new intake' process to follow newly diagnosed/re-engaging clients until first medical appointment attendance achieved were necessary changes for retention in HIV care improvement.

## SUSTAINABILITY

- ▶ **By the end of 2016, the no-show rate among new/re-engaging clients to first provider appointment is 10%.**

## REFERENCES

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