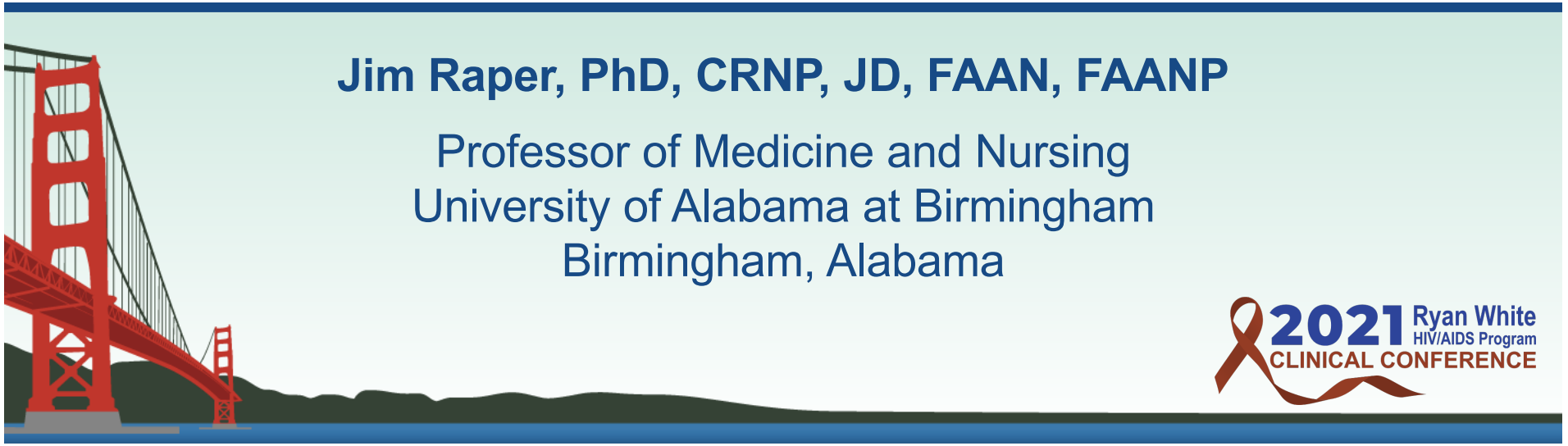
Engaging Out-of-Care Patients



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2021 Ryan White HIV/AIDS Program CLINICAL CONFERENCE

Financial Relationships With Ineligible Companies (Formerly Described as Commercial Interests by the ACCME) Within the Last 2 Years

Dr Raper has no relevant financial relationships with ineligible companies to disclose. (Updated 9/20/21)

Learning Objectives

After attending this presentation, learners will be able to:

- Identify the five stages of the HIV care continuum
- Define how D2C supports the HIV Care Continuum
- Order the 6 steps to get patients back to a healthcare practice

HIV care continuum

Framework that models the dynamic stages of HIV care

Five main steps are depicted cross-sectionally as the HIV treatment cascade

Steps include: diagnosis, linkage to care (LTC), retention in care (RiC), adherence to antiretroviral therapy (ART), and viral suppression

HIV CARE CONTINUUM:

The steps that people with HIV take from diagnosis to achieving and maintaining viral suppression.

Systematic Review of research

- To identify best practices for increasing linkage to, retention, and re-engagement in HIV Medical Care

- 5 Best evidence-based interventions (EBI) & 5 evidenced-informed interventions were identified

- One EBI had effects for “linkage”
- One EBI (Antiretroviral Treatment Access Study – ARTAS) had effects for “linkage & retention”
- Three EBI had effects for “retention”
- **No** EBI had effects for “re-engagement”

Higa, DH, et al 2016

The continuing challenge

- Re-engaging PWH who have previously been in care
- Linking PWH who were diagnosed but never successfully linked to care
- CDC recommends the use of surveillance data to identify and re-engage those persons into HIV care
- Identifying best practices that successfully link never-in-care PWH or re-engage lost-to-care PWH remains a crucial need
- Data to Care (D2C) – a PH strategies for guiding re-engagement of care activities

Local plan for re-engaging patients

- Create a list of patients seen within the last 24 months but not within the past 12 months
- Select the group or groups of patients you want to re-engage right away. Consider patients who are likely to have the greatest need for care — this can be based on the date of their last visit, acuity/patient condition (CD4 or vRNA), or simply a history of cancellations and no-shows.
- Develop tracking activities (e.g. making telephone calls and sending letters/emails, making home visits to the patient's last known address

Local roadmap to patient re-engagement

1. Identify the patient group
2. Export the group's email addresses
3. Create email messaging
   - Customize copy so it's relevant – "We've missed you"
4. Influence action within the email – Recommend that patients schedule or request an appointment
5. Make it easy to book an appointment
   - Prioritize online scheduling
   - Let patients know if you have expanded or flexible hours
6. Send appointment reminders

Use of Regional surveillance data

- CDC recommends regional surveillance to identify out-of-care PWH & re-engage them into HIV care

- Data to Care (D2C) - a public health strategy that uses HIV surveillance and other data to support the HIV Care Continuum, by identifying persons living with HIV who are in need of HIV medical care or other services and facilitating linkage to these services.

Use of Regional surveillance data

Goals of the *Data to Care* Strategy

- Increase the number of PWH who are engaged in HIV care, and
- Increase the number of PWH with an undetectable viral load.
- Laboratory reporting to health departments of CD4 and viral load results are a primary data source for identifying PWH who:

  never linked to care after diagnosis or

  who did not remain care.

- Jurisdictions can help ensure improved health outcomes for individuals and reductions in new HIV infections by using information from HIV surveillance systems to trigger

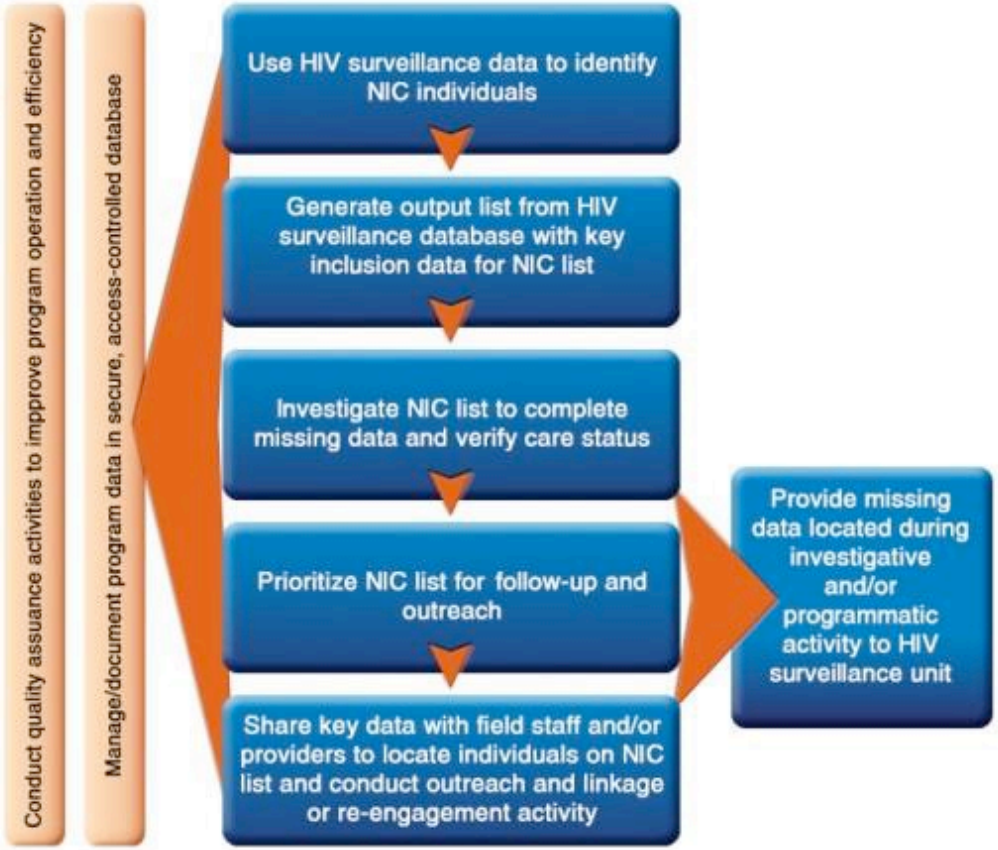
  linkage and re-engagement outreach and

  assess participation in care

D2C scope & design

- D2C activities include using HIV surveillance data to identify:
- PWH who are not in care (NIC) and then link or re-engage them in care;
- PWH but not virally suppressed and work with these clients and their providers to achieve viral suppression; and
- Pregnant women or mothers with HIV and their exposed infants who may need coordinated services (perinatal HIV services coordination)

D2C Process


Conduct quality assuance activities to impprove program operation and efficiency
Manage/document program data in secure, access-controlled database
Use HIV surveillance data to identify NIC individuals
Generate output list from HIV surveillance database with key inclusion data for NIC list
Investigate NIC list to complete missing data and verify care status
Prioritize NIC list for follow-up and outreach
Share key data with field staff and/or providers to locate individuals on NIC list and conduct outreach and linkage or re-engagement activity
Provide missing data located during investigative and/or programmatic activity to HIV surveillance unit

Local (BHM) Alabama D2C experience

- **D2C** – ADPH and JCDH focus on follow-up with patients who have been out of care > 12 months
- JCDH contacts the clinic LRCs to re-engage patients they reach who had been in care at 1917 Clinic
- ADPH/JCDH/1917 are involved in a HRSA Technical Work Group which focuses on “HIV/RW Provider Collaboration to Enhance Care Provision Capacity.” The group is focused on increasing collaboration and coordination between the three organizations, and learning from other D2C efforts in the South. Our group is just beginning to work on a new process to send ADPH a list of 1917 patients we identify as out of care so they can update with patients who are now receiving care at another clinic/hospital, moved out of AL, etc.

Review

- The five stages of the HIV care continuum
- Diagnosis, Linkage to care (LTC), Retention in care (RiC), Adherence to antiretroviral therapy (ART), and Viral suppression
- Order the 6 steps to get PWH back to a healthcare practice using email
- Define how D2C supports the HIV Care Continuum

Question-And-Answer Session

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