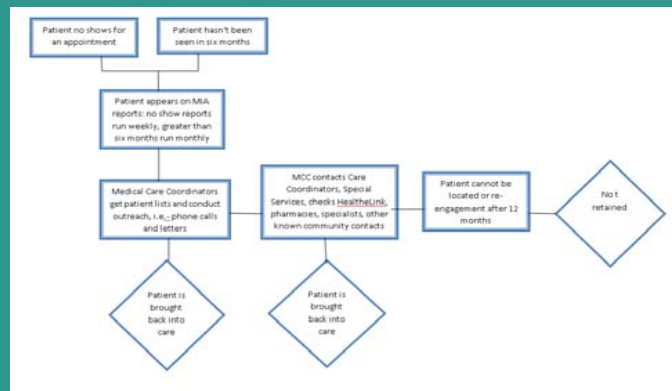




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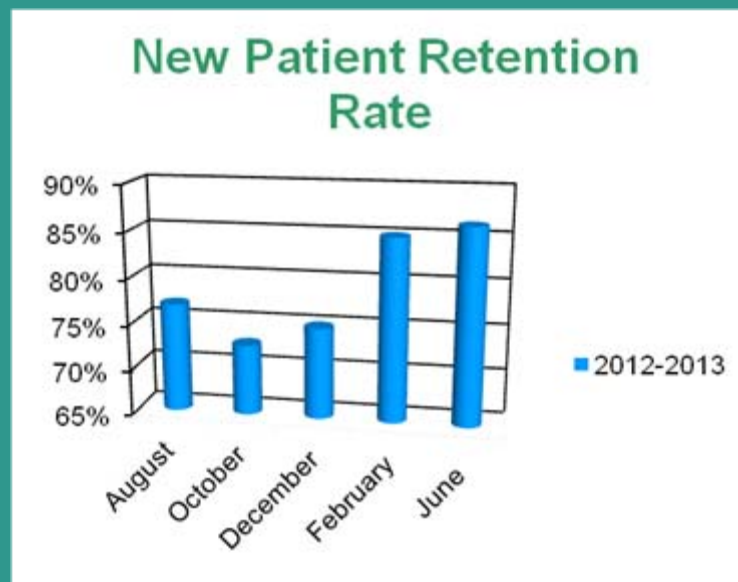
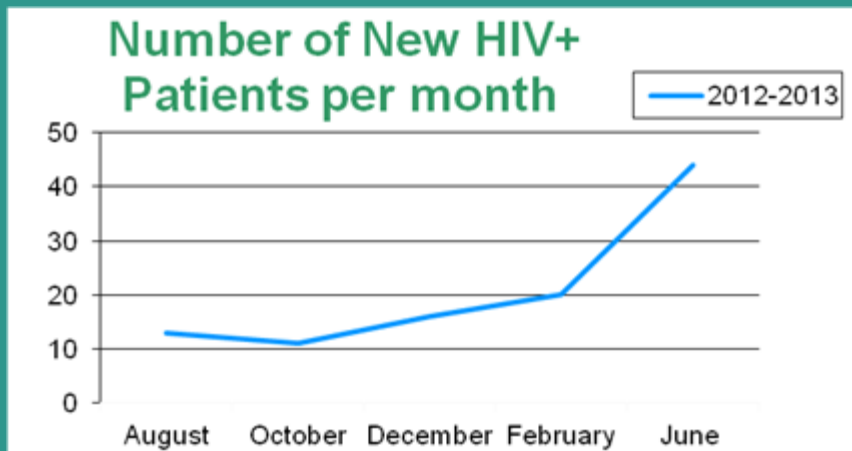
Improving the Rate for New HIV+ Patient Retention

New Retention Flow Chart



Background:

- The National AIDS Strategy and CDC High Impact Prevention Strategy require linkage and retention in HIV primary care to facilitate viral load suppression and prevention with positives.
- EMG New HIV+ Pt Retention rate average 75% for 2012.
- EMG Staff, space, and systems undergoing substantial changes.
- Number of new pts increasing rapidly.



Interventions Utilized:

- Redesign Medical Care Coordination # of pts, data clean up
- Attention paid to retention rate.
- Create new flow chart for all missed appts and pts not retained
- Work with in house HIV/STI screening in relationship -building
- Increase # of Medical Providers (*done due to increased pts*)

Results:

Increased Retention Rate by almost 10%.
 New pt /mo doubled.
 To continue to monitor over the next year.



IAPAC Evidence-Based Linkage & Retention Interventions

- Systematic monitoring of successful linkage to & retention in HIV care
- Brief strengths-based case management
- Intensive Outreach for newly diagnosed individuals not linked to care
- Patient Navigation
- Peer Support
- Medication adherence & Support Counseling



Evergreen Medical Group

Improving the Rate for New HIV+ Patient Retention

Focusing on these specific interventions, Evergreen Medical Group has re-designed our Retention Program with the goal of increasing patient retention

- Systematic monitoring of successful linkage to & retention in HIV care
- Brief strengths-based case management
- Medication adherence & Support Counseling

Systematic monitoring of linkage & retention

- Database Development
- Chart Maintenance Policy
- Automated No Show reports
- Monthly M.I.A. reports (not seen in last 6 months)



Brief strengths-based case management

- All newly diagnosed or new to the practice HIV+ patients meet with Medical Care Coordinators
- Care Coordinators assess needs of patients and address potential barriers to care to ensure the patient is engaged in the practice and retained in care



Medication Adherence & Support Counseling

- Adherence Nurse available for assistance with medication issues
- Patient who are not virally suppressed will be referred for 1:1 intervention





A review of Evidence-Based Recommendations from IAPAC

As used in practice at
Evergreen Medical Group

Entry into and Retention in HIV Medical Care

Current Practices

1. Systematic monitoring of successful entry into HIV care is recommended for all individuals diagnosed with HIV (IIA).
2. Systematic monitoring of retention in HIV care is recommended for all patients (IIA).
3. Brief, strengths-based case management for individuals with a new HIV diagnosis is recommended (IIB).

Other Recommendations

4. Intensive outreach for individuals not engaged in medical care within 6 months of a new HIV diagnosis may be considered (IIIC).
5. Use of peer or paraprofessional patient navigators may be considered (IIIC).

Monitoring Antiretroviral Therapy Adherence

Current Practices

6. Self-reported adherence should be obtained routinely in all patients (IIA).
7. Pharmacy refill data are recommended for adherence monitoring when medication refills are not automatically sent to patients (IIB).
8. Drug concentrations in biological samples are not routinely recommended (IIIC).
9. Pill counts performed by staff or patients are not routinely recommended (IIIC).
10. Electronic drug monitors are not routinely recommended for clinical use (IC).

Other Recommendations

(All recommendations currently in Practice at EMG)

Antiretroviral Strategies

Current Practices

11. Among regimens of similar efficacy and tolerability, once-daily regimens are recommended for treatment-naïve patients beginning ART (IIB).
12. Switching treatment-experienced patients receiving complex or poorly tolerated regimens to once-daily regimens is recommended, given regimens with equivalent efficacy (IIB).
13. Among regimens of equal efficacy and safety, fixed-dose combinations are recommended to decrease pill burden (IIB).

Other Recommendations

(All recommendations currently in Practice at EMG)

Adherence Tools for Patients

Current Practices

15. Education and counseling using specific adherence-related tools is recommended (IA).

Other Recommendations

14. Reminder devices and use of communication technologies with an interactive component are recommended (IB).

Education and Counseling Interventions

Current Practices

16. Individual one-on-one ART education is recommended (IIA).
17. Providing one-on-one adherence support to patients through 1 or more adherence counseling approaches is recommended (IIA).

Other Recommendations

18. Group education and group counseling are recommended; however, the type of group format, content, and implementation cannot be specified on the basis of the currently available evidence (IIC).
19. Multidisciplinary education and counseling intervention approaches are recommended (III B).
20. Offering peer support may be considered (IIIC).

Health System and Service Delivery Interventions

Current Practices

21. Using nurse- or community counselor-based care is recommended in under-resourced settings (IIB).
22. Interventions providing case management services and resources to address food insecurity, housing, and transportation needs are recommended (IIIB).
23. Integration of medication management services into pharmacy systems may be considered (IIIC).
24. DAART is not recommended for routine clinical care settings (IA).

Other Recommendations

(All recommendations currently in Practice at EMG)

Substance Use Disorders

Current Practices

27. Offering buprenorphine or methadone to opioid-dependent patients is recommended (IIA).

28. DAART is recommended for individuals with substance use disorders (IB).

Other Recommendations

(All applicable recommendations currently in Practice at EMG)

Mental Health

Current Practices

30. Screening, managing, and treating depression and other mental illnesses in combination with adherence counseling are recommended (IIA).

Other Recommendations

(All recommendations currently in Practice at EMG)

Homeless and Marginally Housed Individuals

Current Practices

32. Case management is recommended to mitigate multiple adherence barriers in the homeless (IIIB).

33. Pillbox organizers are recommended for persons who are homeless (IIA).

Other Recommendations

(All recommendations currently in Practice at EMG)



Omitted Recommendations: Pregnant Women, Incarceration & Children/Adolescents

- Evergreen Medical Group does not provide Obstetrical care
- We do not address incarcerated population
- Our practice is limited to adults 18 years of age and older



Potential Areas for Growth

- Increased use of Peer Support, as either Patient Navigators or education support
- Intensify nature of Evergreen outreach for patients who test positive, but are not linked to care, prior to PNAP involvement
- Introduce Interactive adherence tools
- Add group or peer-led adherence education or counseling sessions