Beating the Odds: The Road to Success One Move At A Time

Alicia Beatty, Philadelphia

Felicia Rodriguez, Chicago

Betty Cabrera, Dallas

Ivy Turnbull, New York

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Objectives

By the end of this session you will be able to:

1. Develop strategies that take the next step to review existing clinical measures and create innovative approaches to improve access and retention in care.

2. Demonstrate that non-clinical interventions support medical outcomes that ultimately result in better health outcomes.

3. Demonstrate through group participation at least three examples that showcase methods to develop non-clinical interventions.

Beating the Odds Talk Show Format

Who We Are

Brooklyn, New York
Kings County Hospital Center Alliance for Family Education Care and Treatment *(KCHC-AFFECT)*

- Funded in 1989 under Title IV of the Ryan White CARE Act as a Pediatric demonstration project-formerly the Brooklyn Pediatric AIDS Network
- One of the largest providers of health care to persons with HIV disease in Brooklyn, New York
- Approximately 7,000 visits per year are for the outpatient management of HIV disease
- Provides a comprehensive continuum of primary medical care and supportive services to 1300 clients-approximately 49% are HIV+ women. Established a Prenatal Care Collaborative to address the needs of HIV+ pregnant women 15-44 and their families

Chicago, Illinois

Adolescent Medicine at CORE*(AMAC)*

- The Division of Adolescent Medicine at Stroger Hospital of Cook County has been providing comprehensive services to youth ages 12-24 since 1988
- In 1994 Adolescent Medicine acquired it first SPNS grant to generate a Model of Care that identifies HIV positive youth and engages them in care
- Stroger continues to be largest single provider of comprehensive primary and specialty care for HIV infected youth in the Midwest
- AMAC provides care to high risk youth in a large urban city. 223 youth received services as part of the Ryan White Part D grant in 2009

Who We Are

Dallas, Texas
Dallas Family Access Network

- Began as a demonstration project at the University of Texas Southwestern Medical Center under the Department of General Pediatrics in 1989 it is the lead agency of the network.
- The network 's *mission* is to increase access to healthcare and social services for HIV impacted families through coordinated efforts within our family-centered model.
- Dallas FAN offers primary medical care and support services to approximately 2,400 clients. This reflects 1,516 women, 275 children, 56 youth and 558 affected family members. model

Philadelphia, Pennsylvania
The Circle of Care

- The only Part D program within a Title X agency – a department of the Family Planning Council since 1989.
- Built on a vision of integrated and consumer centered services responsive to the priorities of individuals and families affected by HIV.
- HIV positive women, children, adolescents and partners. Clients are primarily African American 75%, Latino 15% Caucasian 9%.
- A network of 15 funded and 12 unfunded partners providing clinical and social service for 2,223 consumers including 1,467 infected or exposed individuals.

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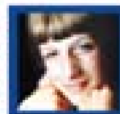


Family Centered Care

- Engage HIV positive women, their children, their intimate partners, their family members and their extended support network as active participants in the care process.
- Provide support, not only to the index client, but also the client's defined support system to improve self-sufficiency.
- Provide culturally appropriate services that are responsive to the needs of the family.
- Encourage HIV positive women and their support systems to determine their needs and make decisions concerning care and services.
- Continuity of care is maintained regardless of change in family

Overview

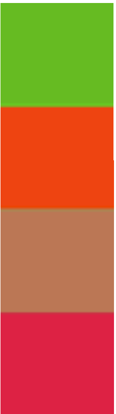
- **The Synergy between Clinical and Non-Clinical Measures**
  - Non-Clinical deals with the reality of a client's life beyond the HIV status.
  - HIV is often "not the #1 priority for the client"
  - Brings about Holistic care
  - Streamlines and enhances care

Moving forward with quality:

- **Move 1**: Identify the **Problem**
- **Move 2:** Set your **“Goal”**
- **Move 3:** Select your **“ Measures & Indicators”**
- **Move 4:** Develop your **“Plan ”**

HOT TOPIC

Peer
"FIXERS"



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HOT TOPIC

Access to Care From Criminal Justice System

HOT TOPIC

Running Program for HIV+ Female Adolescents

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HOT TOPIC

Access to Medicine For HIV Exposed Infants on Weekends

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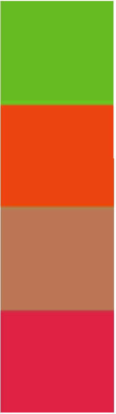
HOT TOPIC



Creating a non-clinical improvement process

Move 1: Create a problem statement:

Example:

Non-Network hospitals were unaware of "new" resources to secure ZDV prescriptions in the community.

Move 2: Develop a goal (s)

Example:

- Increase awareness at Non-Network hospitals about the “New” opportunity to secure ZDV for newborns upon discharge from hospitals
- Reduce the number of HIV+ mothers who could not secure ZDV medicine for their newborns on the weekend

Move 3: Create your measures and indicators

Example Process Measure

Increase knowledge of Non-Network providers about the new pharmacy resource that stocks ZDV

Example Indicator

- **Numerator:**

# of hospitals where the new pharmacy contact information is easy for staff to locate

- **Denominator:**

9 Non-Network hospitals who delivered HIV+ women in last 2 years

Move 3: Create you measures and indicators, cont

Example Outcome Measure

Increase # of HIV+ women securing ZDV for their newborns with 24 hrs after discharge

Example Indicator

- **Numerator:**

  # of women who were able to secure the meds for the newborns in 24 hours after discharge

- **Denominator:**

  # of mother baby pairs that delivered at non-Network hospitals within the last 2 years

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Move 4: Develop the plan

Start small:

- PDSA cycle

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Group Activity

- Monopoly – (our version)
- Discuss non-clinical services and the improvements that impacts retention in care

Small Group Activity

Create a non-clinical improvement

- Problem
- Goal
- Measures & Indicators
- Develop the Plan

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Thank You!

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