

# **Keeping Youth in Care -Horizons-**

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Presenter

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**On behalf of Clinical Care Team**

# Demographic Context of Youth

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- ❑ Youth, ages 13-24
  - ❑ 75% behaviorally infected
  - ❑ 25% perinatally infected
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# Who doesn't return?

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- Higher VL, lower CD4s
  - Additional adherence issues
  - Not on meds
  - Avoidance and issue with status
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# Why don't they come?

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Key reasons:

- Low or inadequate social support
  - Competing priorities structure
  - Limited problem solving and communication skills
  - Survival mode
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# Retention Measure

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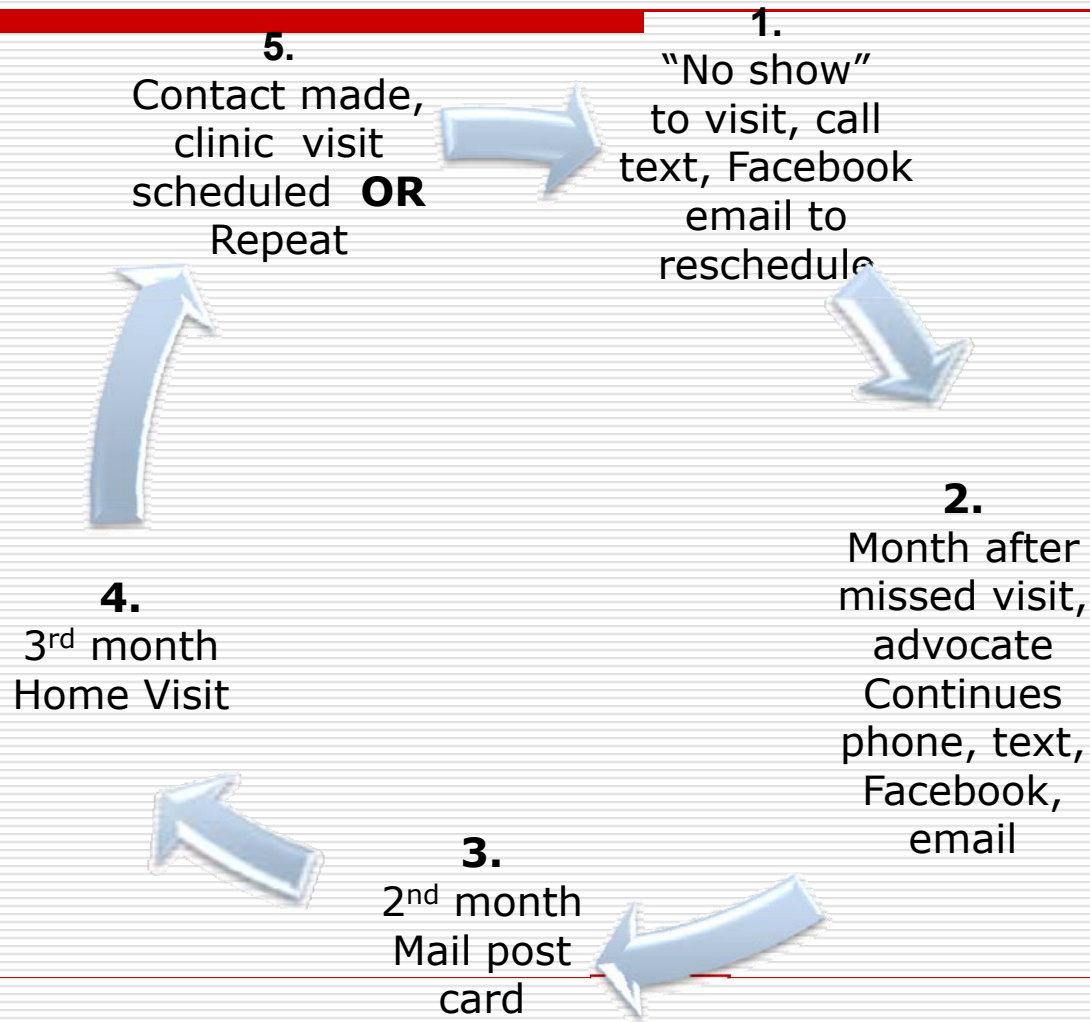
- HIVQUAL retention measure
    - 2008 = 95%
    - 7/1/08-6/30/09 = 98% or 2-3 patients
    - 7/1/09-6/30/10 = 94% or 10 patients
  
  - Difficulty quantifying no show rate due to multiple appointments
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# Issues in Retaining Youth

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- ❑ Multiple interventions to maintain contact
  - ❑ Circumstances can change daily
  - ❑ Health is not a priority
  - ❑ Developmental concerns
  - ❑ Enormously challenging to get them to show 2/year
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# L2FU Program Protocol



# Past Learnings

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## Youth contacted

- prior to appointment and confirmed,
- during missed appointments and
- as soon as possible after missing appointments

are more likely to reschedule and attend next appointment.

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# Youth Tracking Log

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List of youth who miss at least one appointment.

Taken off list if next appointment kept.

Updated and reviewed at

- Weekly clinical team meeting and
  - Monthly for in depth discussion during clinical team meeting
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# Past QI Project Learnings

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Of 68 youth (Jan-Aug 09) listed as missed appointments, 38 or 56% returned to care,

- Home visits did not yield significant return to care (4 out of 11 or 36% returned)
  - 34 returned (89% of the 38)
    - Phone calls (if timely and frequently)
    - Added texting, email, and Facebook
  - 30 still being pursued
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# Effectiveness of Social Media

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- ❑ Texting (about 30-40%)
  - ❑ Facebook (about 30%)
  - ❑ Email (about 2%)
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# Shifting Responsibility to Youth

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- Use of motivational interviewing to decrease number of youth who miss appointments
    - Discuss barriers
    - Problem solve ways to address barriers
    - Increase motivation to take care of their health and to keep appointments
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## PDSA 2: October 09 – July 2010

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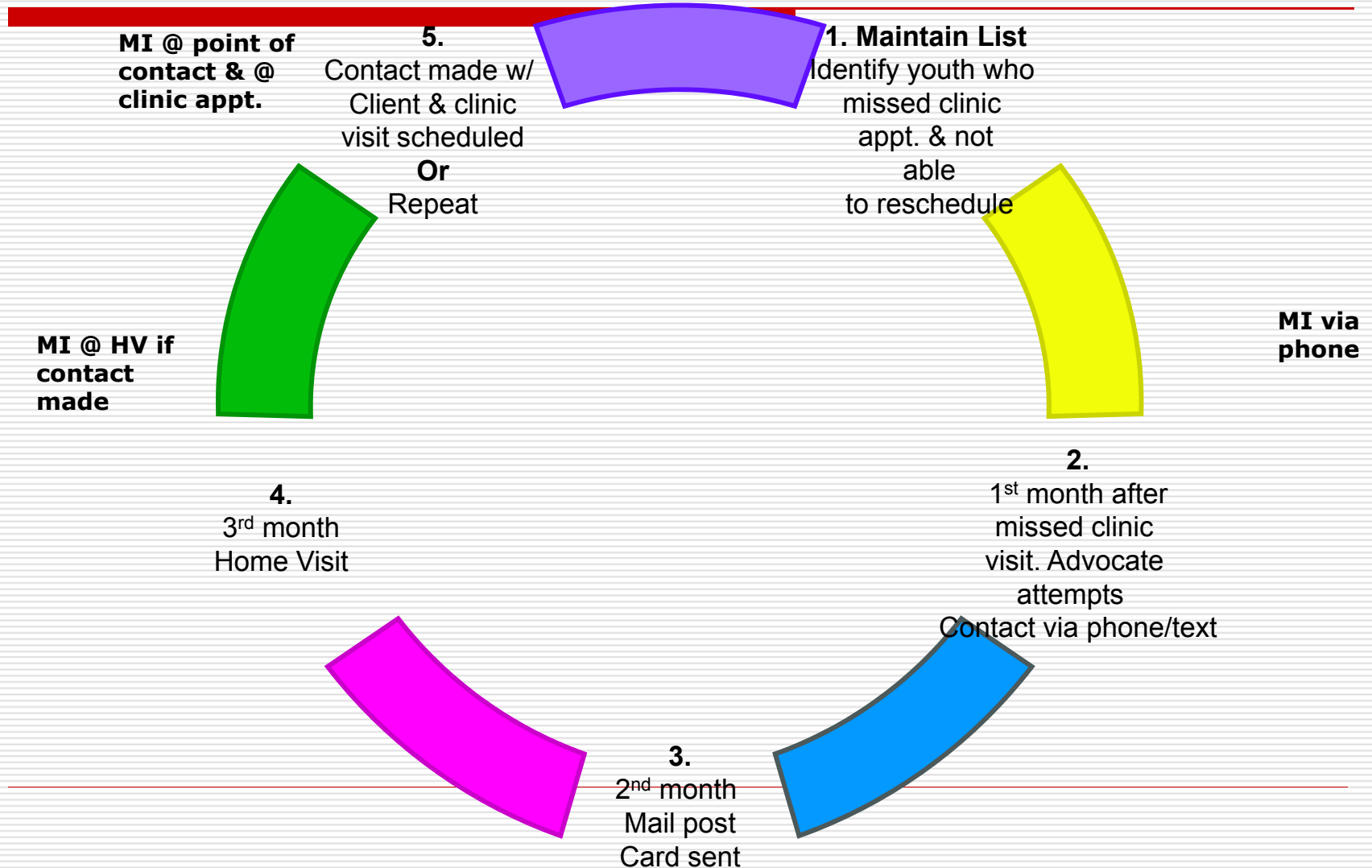
- ❑ Total number of youth: 153
  - ❑ 80 Youth on Tracking List since Oct 1<sup>st</sup> (or 52% of youth miss at least one appointment during 10 month period)
  - ❑ Motivational Interviewing (MI)
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## Improvement Process-Missed Appointment Process

Youth who have missed a scheduled medical clinic appointment, without contacting team and scheduling another within 30 days.

### List Prioritization

1. Clients who missed their clinic appointment within the first month (21-30) days and have not rescheduled
2. Clients who have not attended a clinic appointment in 2-6 months
3. Clients who have not attended a clinic appointment in 6-12 months



# Reduce Number on List and Repeaters on List

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- 80 = Total number of youth on tracking list since October
  - 47 Motivational Interviewing
    - 91.4% or 43 kept appointments and are not on current list
  - Of 33 who didn't get MI
    - ER (3), moved/removed from list (2), care elsewhere (6), incarcerated (2), not ready to come in (2), located and pending appointments (9) in 2-3 weeks, can't find (9 - 2 need confirmation for out of state, 7 no information)
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# Current List

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- Total number: 25
    - 4 on current list had MI (2 seen at recreational activity and have appointments, 2 by phone and have appointments- actually came on 8/16)
    - 9 pending appointments
    - 10 can't find
    - 2 not ready to come in
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# Summation: To retain Youth

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- Maintain Youth Tracking Log
  - Contact youth to
    - confirm before appointments,
    - if missed then during appointments or as soon as possible after missed appointment
  
  - Continue use of
    - Social media: texting and facebook
    - Motivational Interviewing integrated into calls, home visits, and clinical appointments
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