Assessing and Improving the Effectiveness of Outreach to HIV+ Individuals Not in Care:

Translating Evaluation Results into Action in the Fort Lauderdale Eligible Metropolitan Area

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Rationale for Evaluating Part A-Funded Outreach

- In FY 2008, the Part A grantee allocated $626,970 to outreach (5% of direct Part A services funds)
  - The objective for those services was to identify and engage newly identified HIV+ individuals in care
  - The Part A grantee hoped to improve the effectiveness and efficiency of Part A-funded outreach through a thorough evaluation
- At the time, few Part A or Part B grantees were funding outreach because they had insufficient funds for core services, found previous outreach efforts to be ineffective, or had reached clinical capacity in their service areas
- Few studies had rigorously evaluated HIV outreach within the HIV care continuum

Emerging Importance of Outreach in the HIV Care Continuum

- In 2006, the CDC released recommendations regarding expansion of HIV testing in health care settings to identify and engage HIV+ individuals in care
- The Ryan White HIV/AIDS Treatment Modernization Act of 2006 highlighted the importance of early identification of HIV+ individuals who are unaware of their serostatus, engagement in care, and long-term retention
- These policies come at a challenging time
  - Flat or decreased funds to support HIV care
  - Increased demand for care among individuals that have self-navigated from HIV test to care
  - Limited structural capacity to absorb new patients and retain ongoing patient

Translating Policy into Practice: Grantee Requirements Regarding Early Identification of HIV+ Individuals Not in Care

- **Grant guidance now highlights the importance of identification and linkage of HIV+ individuals into care**
  - **The 2011 Part A grant guidance requires grantees to describe the strategy, plan, and data associated with ensuring that individuals who are unaware of their HIV+ status are identified, informed of their status, referred into care, and linked to care**
  - **Objective: increase the number of individuals who are aware of their HIV status, as well as increase the number of HIV+ individuals who are in care**
  - **Up to 33% of the Part A grant application score can be awarded based on response related to grantee response regarding early identification**
- **Early Identification of Individuals with HIV/AIDS (EIIHA)**
  - **Identify, counsel, test, inform, and refer diagnosed and undiagnosed individuals to appropriate services, as well as linking newly diagnosed HIV positive individuals to care**

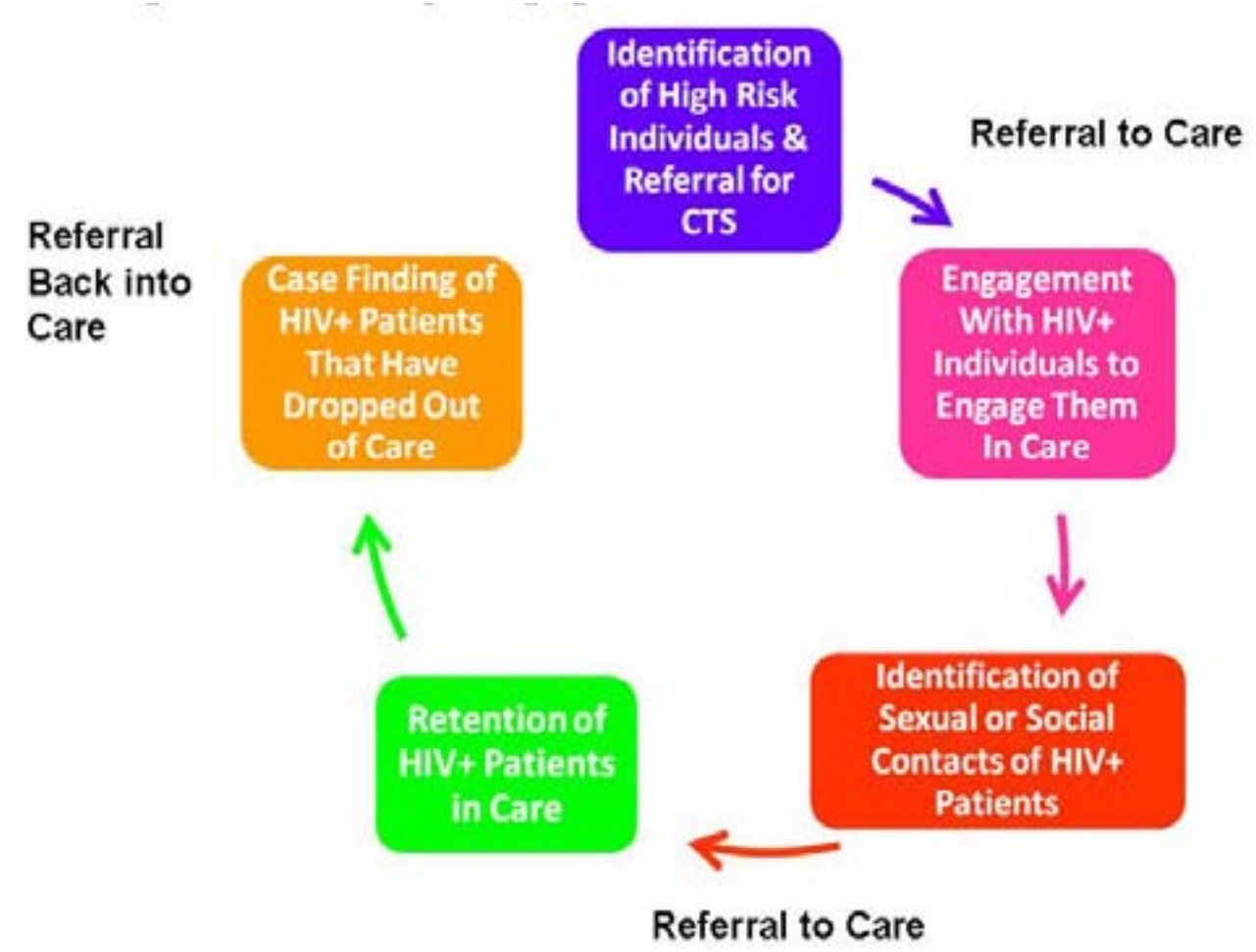
Federal HAB Outreach Services Definition

- Ryan White HIV/AIDS Treatment Extension Act of 2009
  - Section 2605(a)(7)(C): a program of outreach services will be provided to low income individuals with HIV disease to inform them of such services
- Programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status (i.e., case finding) so that they may become aware of, and may be enrolled in, care and treatment services.
- Outreach services do not include HIV counseling and testing or HIV prevention education
- These services may target high-risk communities or individuals

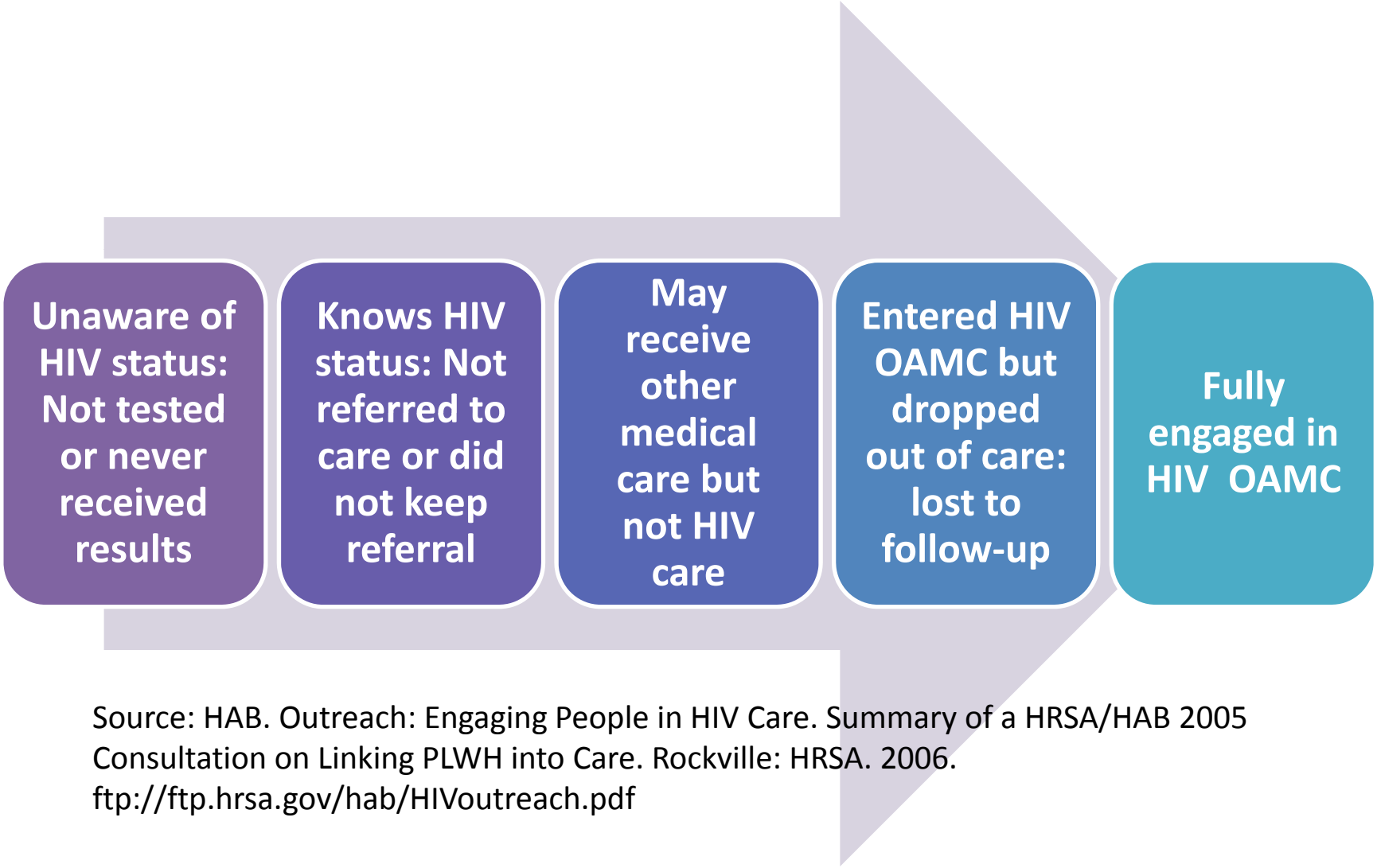
Federal HAB Outreach Services Definition

- Outreach programs must be
  - Planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort
  - Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection
  - Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached
  - Designed with quantified program reporting that will accommodate local effectiveness evaluation

Outreach Models Commonly Used in the Ryan White HIV/AIDS Program to Identify, Engage, and Retain HIV+ Individuals in Care



Spectrum of Engagement in HIV Outpatient/Ambulatory Medical Care



Source: HAB. Outreach: Engaging People in HIV Care. Summary of a HRSA/HAB 2005 Consultation on Linking PLWH into Care. Rockville: HRSA. 2006. ftp://ftp.hrsa.gov/hab/HIVoutreach.pdf

HAB and Other Key Points of Entry

HAB Key Points of Access	Other Key Points of Entry
▪ Adult or juvenile detention facilities	▪ Blood banks
▪ Detoxification centers	▪ Community health centers
▪ HIV counseling and testing sites	▪ Family planning clinics
▪ Hospital emergency departments	▪ Hospitals- Infection Control Coordinators
▪ Homeless shelters	▪ Hospitals- Labor and Delivery
▪ Mental health treatment programs	▪ Parole and probation
▪ STD clinics	▪ School health centers
▪ Substance abuse detoxification and treatment programs	▪ State prison system
	▪ Tuberculosis clinics

Assessment Goals

- Ensure that Broward HIV+ residents are
  - Rapidly identified and engaged in HIV outpatient/ambulatory medical care
  - Optimally benefit from that care by being retained in ongoing clinical and support services
  - Are reengaged in care if they drop out or are lost-to-care

Assessment Objectives

- Define the elements of outreach, linkage, and retention services used by Broward County Part A-funded programs
- Identify key points of entry and other agencies serving Broward County residents aware or unaware of their HIV status and HIV their risk assessment, counseling, and testing practices
- Describe methods used by Part A-funded outreach programs to identify and link HIV+ persons

Assessment Objectives

- Evaluate effectiveness of Part A-funded outreach programs
- Evaluate outreach activities used to re-engage Broward HIV+ residents who dropped out of or are lost-to-care
- Determine the cost-effectiveness of Part A-funded outreach services
- Identify deficiencies, recommend best practices, develop an implementation plan to carry out the recommendations, and provide TA to address improvement

Methods Used in the Assessment

- Reviewed federal outreach reports, articles, and other materials from outreach programs throughout the US
- Solicited outreach materials from other cities and states funding HIV outreach services
- Interviewed grantee staff, outreach program managers and workers, and HIV outpatient/ ambulatory medical care providers

Methods Used in the Assessment

- Analyzed the content of
  - Federal grant requirements and other outreach policies
  - Contracts between the grantee and outreach programs
  - Outreach model adopted by the Outreach QI Network
  - Memorandums of Agreement (MOAs) between outreach providers and agencies at which outreach is conducted
  - Data collection forms, reports, and other outreach reporting

Chart Review

- A structured chart review tool was used to review outreach charts
  - Based on the outreach contracts and outreach model
- Chart review period: March 2006 through February 2009
- Based on a statistical sample design, we randomly selected and reviewed 34 MDEI charts, 91 Broward House charts, and 110 BCHD charts
  - For BCHD, 49 general outreach program and 61 Jail Release Linkage Program (JRLP) charts were reviewed

Chart Review Instrument

- Client characteristics required for eligibility determination and federal reporting
- Incoming referral sources
- Types of outreach activities conducted and location of the activity (e.g., key point of entry)
- Outreach service dates and duration of outreach activities
- Incoming referral source and dates
- Referral dates to outpatient/ambulatory medical care and/or medical case management and referred agencies
- Outcomes of the referrals
- Challenges encountered in conducting outreach
- Dates on which referrals were received from a clinic and/or case management agency for lost-to-follow case finding

Assessment Methods

- Analyzed client-level billing records, budgets, and outreach calendars and activity logs
  - Assessed outreach worker turnover, their productivity, and continuity of services
- Geoanalysis was used to assess the geographic relationship between outreach sites and the HIV epidemic in Broward County
- Discussed preliminary findings with Outreach QI Network members
- TA and training session held with outreach workers and supervisors to present findings and get their feedback

Broward Part A Outreach Unit Definitions

General Outreach Encounter: 15 service minutes, **a maximum of 35% of total funds can be used per contract year**

HIV Positive Encounter

Face–to-Face Encounter: 15 service minutes per client

Other Encounter: 15 service minutes. Any non-face-to-face contact with, or on behalf of, an individual that is known to be HIV+, including telephone contacts, and travel time (restricted to time locating and/or accompanying the individual)

Ryan White Part A Client Encounter

Face–to-Face Encounter: 15 service minutes per client, anytime the outreach worker has direct in-person contact with a Ryan White Part A client

Other Encounter: 15 service minutes. Any non-face-to-face contact with, or on behalf of, an individual that is known to be HIV+, including telephone contacts, and travel time (restricted to time locating and/or accompanying the individual).

Multi-disciplinary Case Staffing: Fifteen minutes of participation

Monthly Administrative Allowance: The provider is allowed a percentage of the contract amount as an administrative allowance, each provider's monthly administrative allowance is capped at 10%

What models are used by Broward County Part A outreach programs?

- BCHD
  - Jail Release Linkage Program (JRLP) co-located at Broward County detention facilities
  - Community outreach, based on general outreach and in-reach into BCHD clinical and HIV counseling and testing programs
- Broward House
  - Community outreach model, based on general outreach and in-reach, with transition of some outreach clients to the ARTIS program
- MDEI
  - Community outreach model, based on general outreach

Assessment Findings

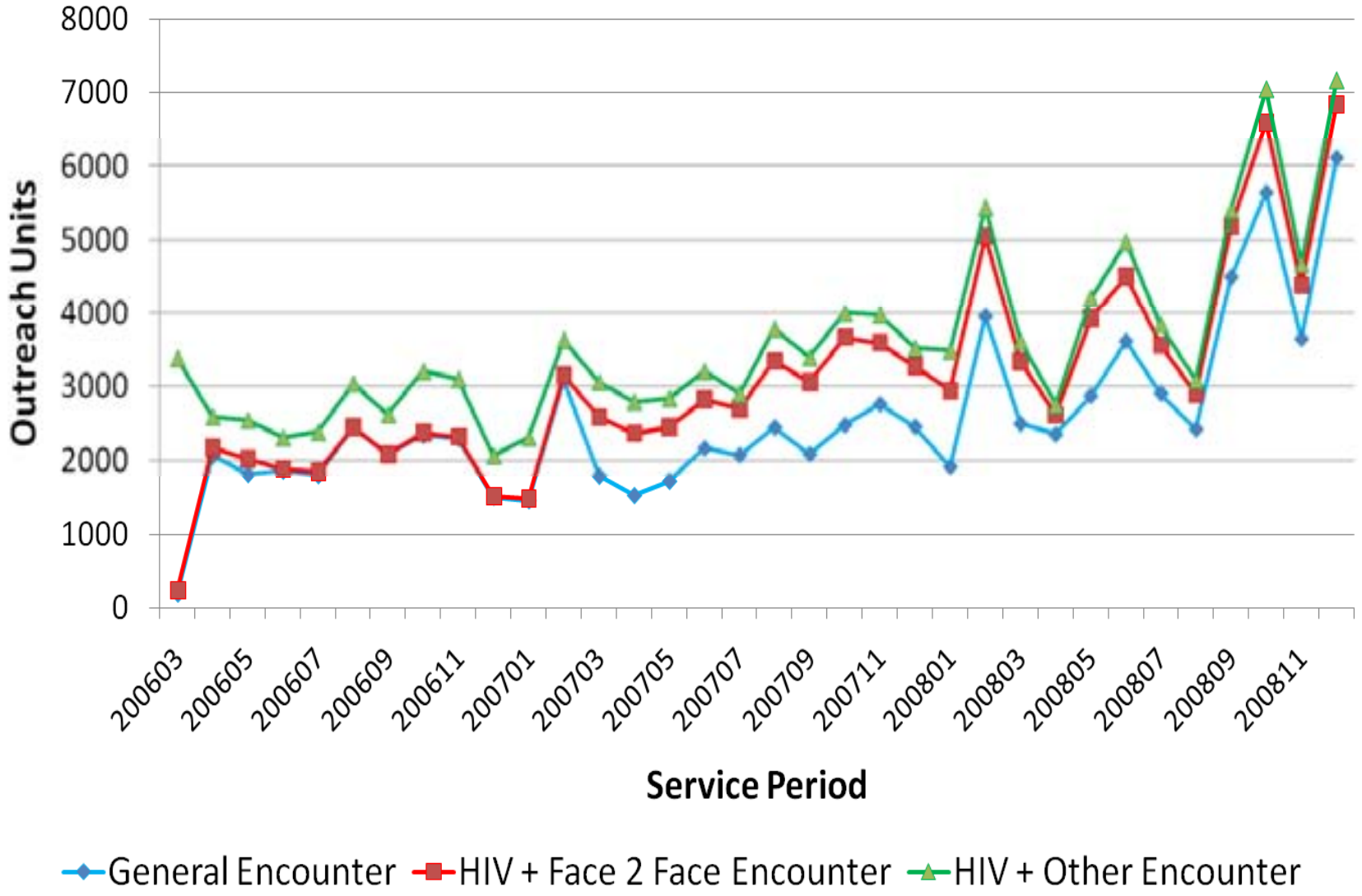
Challenges Presented by the Outreach Workforce

- Between March 2006 and December 2008, 46 outreach workers were employed by the 4 funded outreach programs
- Among the three agencies currently funded, turnover ranged from 42% to 65% in this period
  - The average number of months of billed outreach services per worker ranged from 6 to 18 months
  - Turnover rates varied significantly among programs
  - Turnover impacted continuity of care, with clients served by two or more workers during their enrollment in outreach

General Outreach

- Outreach workers reported a limited understanding of the Outreach Service Delivery Model, which reflects HAB and Part A program requirements
- Outreach programs had a limited number of MOUs with agencies at which they conducted general outreach
- General outreach activities were not coordinated among Part A outreach programs or with HIV prevention programs
- Numerous other agencies and “venues” were visited
  - The number of agencies and venues ranged from 25 sites to 87 sites between September and January 2009
  - One agency conducted 3.5 times the number of visits as the other outreach programs, respectively

Trends in Outreach Services Per Month, By Service Category



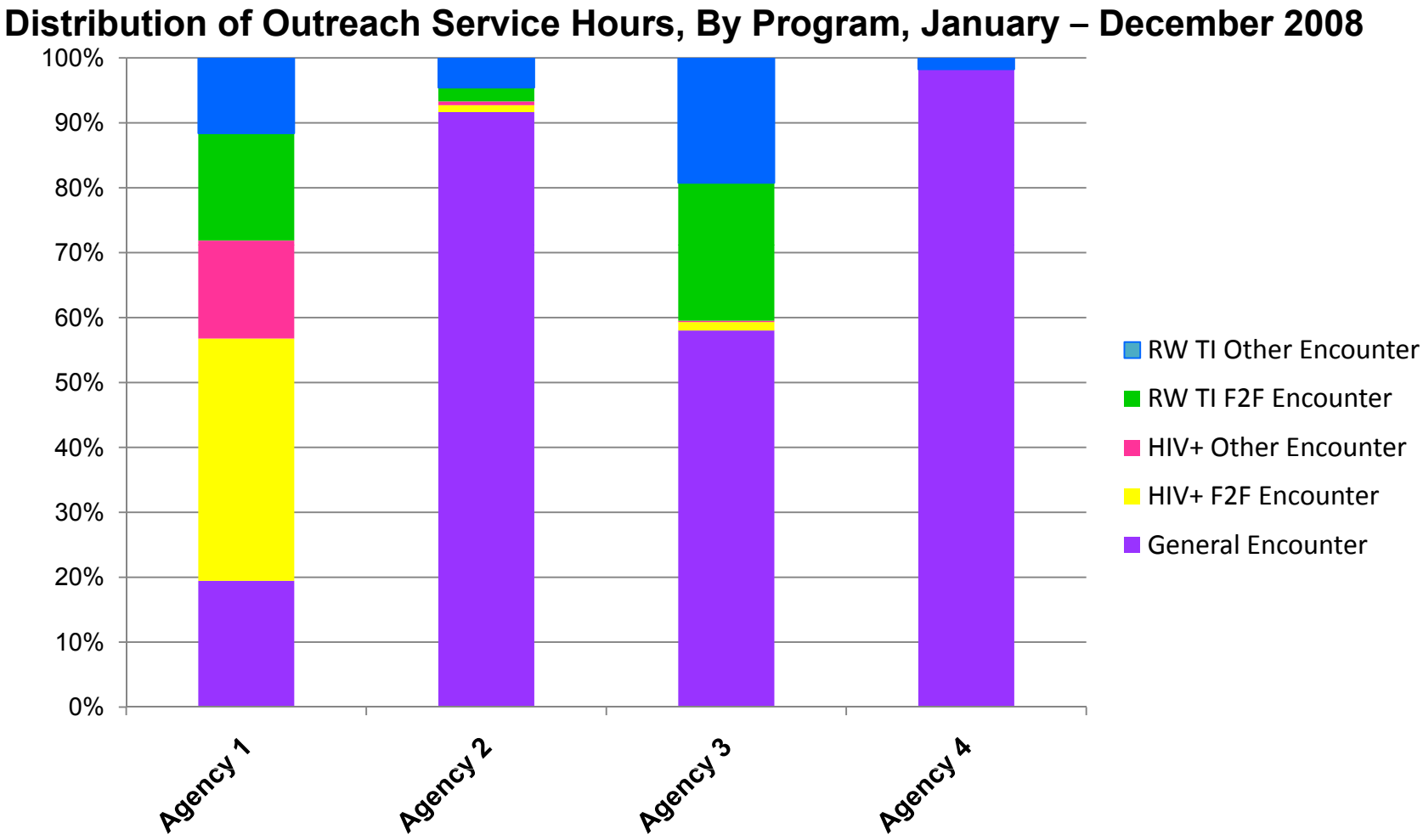
Where is general outreach conducted?

Key Point of Entry?	Part A Outreach Program			Total
	Agency 1	Agency 2	Agency 3	
Yes	87.5%	37.2%	54.8%	42.8%
No	5.8%	21.4%	31.6%	22.2%
HIV Clinic	3.8%	39.0%	13.3%	32.9%
Unknown	2.9%	2.3%	0.3%	2.0%

In-reach?	Part A Outreach Provider			Total
	Agency 1	Agency 2	Agency 3	
Yes	66.3%	23.7%	1.2%	22.2%
No	33.7%	76.3%	98.8%	77.8%

Comparison by ZIP Code of the Number of Part A-Funded Outreach Encounters and Living HIV/AIDS Cases, As of December 2008

What is the volume of general outreach encounters?



How many unduplicated HIV+ clients were served by outreach workers?

Year	Number of Unduplicated Clients	% of Total Clients in Observation Period
2006	523	31.7%
2007	553	33.5%
2008	574	34.8%

- **1,517 total outreach clients were served**
- **One client (0.07%) received outreach from three Part A-funded outreach programs in this period, 65 clients received outreach from two programs (4.3%), and 1,461 clients from 1 program (96%)**
- **1 client was confirmed to be HIV- after outreach intake**

Broward Part A Outreach Model As Defined by Contractual Scope of Work

Months "In Care"						Months in Outreach			
6	5	4	3	2	1	1	2	3	4

603 outreach clients were in care before initiating outreach, with 5% of clients receiving outreach during the period that they were "in care"

Was outreach the route in which HIV+ Broward residents entered the HIV care system?

- Outreach was the first Part A-funded service received by 73% of outreach clients, while 27% were enrolled in the "Part A system" before outreach was initiated
  - 13% were enrolled in medical case management
  - 6% in pharmaceutical assistance
  - 3% in outpatient/ambulatory medical care
  - About 1% or less respectively in food, oral health, mental health, nutrition, substance abuse, complementary therapy, or support groups

Percentage of Outreach Clients That Were In Care When Outreach Was Initiated, September 2006 to December 2008

Clients in Care	Agency 1	Agency 2	Agency 3	Agency 5	Total
Yes	5.1%	6.0%	6.6%	0.0%	5.2%
No	94.9%	94.0%	93.4%	100.0%	94.8%

Being in care is defined as having been in HIV care within six months of initiation of outreach. Whether a client was in care when outreach was initiated was determined by comparing the dates of initial outreach and outpatient / ambulatory medical care or pharmaceutical assistance services.

Sequence Between Dates of First Outreach Encounters and Core Services, March 2006 to December 2008

Sequence	Outpatient/ Ambulatory Medical Care	Pharma-ceutical Assistance	Medical Case Manage-ment
	% of Clients		
Had Other Service Before First Outreach Encounter	33.5%	39.0%	42.8%
Had Other Service On Same Day as Outreach Encounter	2.8%	2.5%	1.2%
Had Other Service After First Outreach Encounter	63.7%	58.5%	56.1%

Some clients were enrolled in Medicaid, Medicare, and/or commercial insurance and may have been in HIV medical care before enrollment in outreach

What services did outreach clients receive?

- Outreach programs varied in the average number of hours of face-to-face outreach encounters during enrollment, ranging from 2.6 to 8.9 hours
- Average "other encounter hours" also varied significantly among the programs, ranging from 4.1 hours to 4.7 and 103.4 hours, respectively
- Two programs "recycled" clients, where clients sought services for other services and were referred to outreach workers for intake
- Intensive assistance was provided to some clients to ensure that they initiated HIV medical care
  - The BCHD JRLP was highly effective in assisting clients to transition to residential substance abuse treatment and supportive housing
- Case finding or lost to follow-up services were not undertaken

Outreach Hours of Service Provided by Outreach Workers and the Unduplicated Clients Served, (March 2006 to December 2008), By Service and Subgrantee

Site	Face-to-Face Outreach Encounters			Other Outreach Encounters On Behalf of a Client		
	Mean Hours	Total Hours	Total Clients	Mean Hours	Total Hours	Total Clients
Agency 1	6.3	4,368	690	4.1	4,941	1,192
Agency 2	2.6	142	55	4.7	1,321	282
Agency 3	8.9	89	10	103.4	7,758	75
Agency 5	3.7	22	6	9.1	229	25

Percentage of Clients With Closed Cases Among Clients Enrolled in Outreach for Greater Than 120 Days

Case Status	Part A Outreach Provider				Total
	Agency 1	Agency 2	Agency 3	Agency 4	
Case Open ≥ 121 Days	42.9%	37.4%	20.6%	77.0%	46.4%
Case Closed Open ≤ 120 Days	44.9%	58.2%	70.6%	21.3%	47.7%
Unknown, Date in Which Case Was Open is Unknown	12.2%	4.4%	8.8%	1.6%	6.0%
% of Cases Closed	93.9%	64.8%	5.9%	75.4%	65.1%

Data based on chart reviews, includes two BCHD programs

Use of Chart Reviews to Assess Documentation

- Accurate documentation is necessary to ensure high quality services, as well as to met HAB and Part A reporting and accountability requirements
- Highly variable rates of missing client demographic and financial data were identified
- Moderately high rates of missing data were found for ethnicity, pregnancy among women, federal poverty level, and insurance coverage

Use of Chart Reviews to Assess Documentation

- **Rates of missing data for:**
  - Year of first HIV+ test ranged from 11% to 82%
  - HIV clinical status (e.g., AIDS, HIV not-AIDS, etc.) ranged from 5% to 61%
  - HIV exposure category ranged from 3.3% to 19%
  - HAART use ranged from 31% to 93%
- **44% of records were missing data about whether the client was in medical care at the time of outreach intake or had been out of care for six months or more**
- **72% of charts had no written documentation that the client was in medical care at the end of the outreach episode**

Methods of Client Retention Used by HIV Clinics in Broward County

Retention Activities	BCHD	Broward Community & Family Health Center	Broward Health	Care Re-source	CDTC	MHS	% of Total Clinics
Written reminder before clients' apts					✓	✓	25.0%
Counsel clients about keeping apts	✓	✓	✓	✓	✓	✓	100.0%
Call to remind clients before apts		✓	✓	✓	✓	✓	87.5%
Accept walk-in client	✓	✓	✓		✓		75.0%
Call clients if apt are broken			✓	✓	✓	✓	75.0%
Make home visits if clients break apts			✓	✓	✓		62.5%
Make follow-up calls to ensure clients make scheduled apts		✓					12.5%
Partnering clients with culturally compatible staff							12.5%
Provide clients with next apt reminder slips at each visit			✓				12.5%
Refer outreach staff to follow-up with client	✓						12.5%

Trends in Part A Outreach Service Expenditures and Clients Served, FY 2005 to 2006

Outreach Services	**FY 2005**	**FY 2006**	**FY 2007**	**FY 2008**
Expenditures	$332,584	$297,322	$260,084	$244,250
Unduplicated Outreach Clients		523	553	574
Rate of Change in Expenditures		FY 2005 to FY 2006	FY 2006 to FY 2007	FY 2007 to FY 2008
Percent Change in Expenditures		-10.6%	-12.5%	-6.1%
Percent Change in Unduplicated Clients			5.7%	3.8%

Trends in Part A Outreach Service Expenditures and Clients Served, FY 2005 to 2008

Outreach Services	FY 2006	FY 2007	FY 2008
Expenditures	$297,322	$260,084	$244,250
Unduplicated Outreach Clients	523	553	574
Mean Per Capita Expenditures	$559	$366	$521
Rate of Change in Per Capita Expenditures		-52.7%	29.8%
Median Per Capita Expenditures	$138	$28	$138

Responses to the Assessment Recommendations

Assessment Recommendation	Action/Status
Review Key Points of Entry (KPE) and assign provider to each	Grantee developed a KPE list and reviewed it with the QI Network. An agency was assigned to each KPE
	Planning Council agreed to refocus outreach activities to KPEs, including hospitals and ambulatory care settings, targeting new and clients who have been lost to care
Develop MOAs with agencies specific to Outreach efforts	•Standardized MOU was developed. •Providers are establishing MOUs with each KPE •Network established a goal of having MOUs established with 80% of their assigned KPE by the October 2010.
Re-conceptualize outreach activities, including revising the Outreach Service Delivery Model (SDM)	Outreach QI Network is in the process of reviewing and revising its SDM
SDM revised to clearly outline roles and responsibilities of outreach workers	Outreach QI Network drafted language for the SDM that outlines the roles and responsibilities of outreach workers

Responses to the Assessment Recommendations

Assessment Recommendation	Action/Status
Revise SDM to include mechanisms for outreach workers to assist clients with obtaining required eligibility documentation prior to centralized eligibility intake	Outreach QI Network drafted language that is included in SDM to assist clients with obtaining required eligibility documentation
Ensure the care planning process reflect the newly focused role for outreach workers	Outreach QI Network removed linkage plan references from SDM to ensure the care planning process reflects the role of outreach workers
Develop standardized assessment, intake and referral tracking form(s)	Grantee required documents recommended by the assessment to be programmed into Provide Enterprise (PE)
Address high rate of turnover among outreach workers	Outreach QI Network is reviewing turnover and is gathering data (number of staff resignations and terminations), reason for resignation/termination) to be discussed at the Network meeting to identify and address turnover issue

Responses to the Assessment Recommendations

Assessment Recommendation	Action/Status
Implement a quality improvement project (QIP) to identify methods to increase retention and reduce broken appointment rates	•Outreach and Medical QI Networks met jointly for 3 months and decided to create mechanisms to address clients who have missed their appointments •They are piloting the QIP and will review the results in 3 months to determine its success.
Establish a triage system for assisting outreach clients that are not engaged in care to select an HIV clinic	The Outreach and Medical QI Networks met jointly for three months to create a triage system in which the outreach worker identifies new clients that need immediate attention. The client is fast-tracked into medical care. The outreach provider will establish the client's eligibility. These clients will be treated as walk-in clients ("fast-tracked") by the medical provider.
Identifying and linking individuals who are lost to care to care	The Medical and Outreach QI Networks developed a contact list and procedure to address linking individuals who have been lost to care to care.