Dimension: Age

Case Conferencing to Support ART Adherence

This Intervention is Linked to the Following Secondary Drivers:

• Effective clinic flow to care and support clients with Age-related issues, i.e., transitioning adolescent/adult care, referral tracking

• Customized care plan for clients experiencing Age-related concerns and/or co-morbidities

• Strategies to address additional barriers, such as food security, legal support, housing, etc.

• Geriatric and pediatric health providers are integrated into the HIV care team and participate in case conferences

Level of Evidence: Good idea worthy of testing

Summary:

Case conferencing allows a multi-disciplinary team to review patients (either select patients or all patients), understand their challenges and assets, and develop customized strategies to stay in ongoing HIV care and improve viral suppression rates.

Core Components

Case Conferencing is frequently cited as an important component of an effective Ryan White HIV/AIDS Program-funded clinic and several evidence-based practices list case conferencing as a core component. Despite this, case conferencing itself is often not well-defined. While the core components of a successful case conferencing strategy targeted to reach viral suppression, are not fully defined, the following components were identified in the CQII Initiative as useful:

- Regularly scheduled
- Triage and selection process to prioritize (not spontaneous or everyone)
- Standard format for presenting (often using a standard form)
- Didactic at the beginning
- Structured presentation
- Questions/consultation
- Development of a strategy/next steps
- Strategy and next steps are documented in the patient's record
- Patient record records the extent to which strategy and next steps are implemented and the apparent result(s) of these
- Subsequent case conferences for the same patient review strategies and next steps developed previously, document what did (and did not) work, and a revised strategy and nextsteps.

Age – Core Interventions: Eliminating Viral Suppression Disparities
- The staff both consult and present their own cases
- Diversity of positions and roles within the room (including case management, peers, pharmacy, etc.)

- Includes outside providers, when appropriate and feasible; the client's right to privacy and confidentiality in contacts with other providers is maintained
- Frequency depends on the organization and its culture
- 3-4 cases per Case Conferencing Session
- Case Conferencing session is not longer than one hour

Tips and Tricks:

- To be sustainable, case conferencing needs to fit within the workflow of the clinic and be valued by participating staff as a great use of their time.
- Effective case conferencing takes time, testing and refining before going to scale, using continuous improvement methods.

Additional Resources (Existing Guides, Case Studies, etc.):

- **Targeted Team Discussions for Viral Load Suppression - I**n this video, Margaret Haffey presents on a quality improvement project implemented by Boston Medical Center that used targeted team discussions to improve viral load suppression. The steps they took, including tools used to assess viral load suppression and changes to their team meetings, are covered in this presentation.

- **New York State Department of Health HIV Case Coordination and Case Conferencing Strategies**

- **Sample Case Conferencing Form (NY State Department of Health)**

Suggested Measures:

Process Measures

- % of case conferences presented using the standard format and standard form
- % patients who have not achieved viral suppression after 6 months who are reviewed at a case conference
- % of patient with case conferences that have strategy and next steps detailed in the patient record
- % of patient with case conferences that document the extent to which strategies and next steps have been implemented
- % of patients, regardless of age, with a diagnosis of HIV who did not have a medical visit in the last 6 months of the measurement year

Outcome Measures

- % of patients who receive case conferences that achieve viral suppression (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Balancing Measure

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- Comparison of viral suppression rates of patients who receive case conferences (6 months post-case conference) with patients who do not receive case conference

Citations and Acknowledgements:

To come as this idea is tested and develops an evidence base.