



Erie County Medical Center

2009 Retention Quality
Improvement Project



Background

- In 2008 1,096 HIV patients had at least one yearly medical visit.
- Patients encouraged to have trimester visits particularly those on HAART regimens.
- In 2008 93 HIV patients had only one medical visit.

Characteristics of HIV Patients with One Medical Visit in 2008

- 93 patients with one medical visit in 2008
- 62% male/38% female
- 58% on HAART regimens
- 11% new patients in the last quarter
- 7% reopened patients in the last quarter
- 10% closed cases (9 cases transferred to other providers – 4 in area, 2 outside of region in NYS, 3 out of state)
- 6% deceased



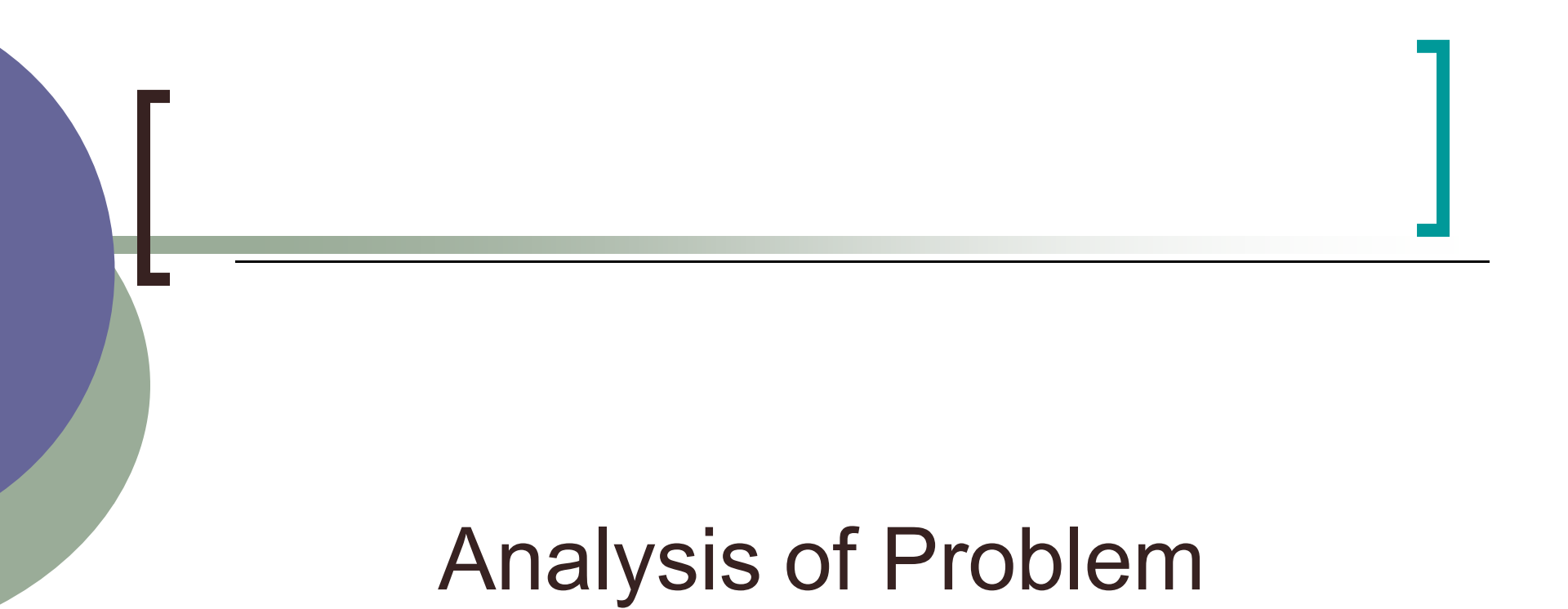
[Concerns With One Medical Visit]

- 28 % patients with chronic adherence issues
- 5% lost to follow-up (whereabouts unknown)
- 10% patients with <200 t-cells



[Target Areas for Improvement]

- Decrease chronic adherence population with one medical visit from 28% to 15%
- Identify one new strategy to engage chronic adherence population



Analysis of Problem



Problem Statement/Underlying Causes

- Problem – 28% of HIV patients with only one medical visit in 2008 have chronic adherence issues. Causes are multi-factorial.
- Problem – Program policies/interventions in place not effective with this chronic adherence population

Patient Identified Reasons for Missed Appointments

- Working/school – 5%
- Traveling – 4%
- Confidentiality (fears of being seen) – 7%
- Alcohol/drug/mental health issues - 4%
- Refusing interventions for missed appointments – 2%
- New baby – 2%
- Yearly consult only – 1 patient
- Incarceration – 7%




[Improvement Team Members]

- Team Leader – K. Walsh & S. Britz
- Members – Case Management Staff



Select & Test Improvement Strategies

- Project #1 – review history of each patient with one medical visit in 2008 and histories of chronic adherence issues.
- Project #2 – Explore established intervention strategies used with each patient.
- Project #3 – If current established interventions followed but ineffective identify new interventions.

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[Review of 22 Patients with History of Chronic Adherence Issues]

Case management team reviews 22 patients with chronic adherence issues and establishes three distinct subgroups.



[Chronic Adherence Subgroups]

- Group #1 – 3 patients with all levels of intervention – calls/letters/outreaches/case conferences with other involved agencies.

Continued Chronic Adherence Subgroups

- Group #2 – 14 patients limiting supportive follow-up calls/letters/outreaches
- This group identifies serious concerns with confidentiality and disclosure.



Continued Chronic Adherence Subgroups

- Group #3 – 5 patients where follow-up protocols and new patient engagement activities were not followed.



QI Team Brainstorms Issues with Subgroups

- Each group includes patients both on/off antiretroviral medication.
- Staff identified some patients with untreated ETOH/drug/mental issues within each group.



[Selected QI Project]

- Provide individual interaction with 10 patients with chronic adherence issues -try to identify barriers and potential interventions to improve routine adherence with medical visits.
- Case managers will reach out to patients and purposely discuss concerns, a willingness to identify barriers and potential solutions.
- Case managers will meet in one month to discuss progress.



Case Management Findings & Impact

- Increased contact and follow-up effort resulted in 7(of 10) patients improving compliance with medication and visits
- One patient lost to follow-up & closed
- Two patients continue to have persistent adherence issues despite multiple follow-up interventions