

# Outreach Team to Engage New and Existing Patients in Care and Build Partnerships with the Community

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## **Learning Objectives**

At the conclusion of this activity, the participant will be able to:

- 1. To describe the role of the Outreach Team in engaging new patients in care.
- To discuss the role of the Outreach Team in engaging existing patients in care who "no show" for follow up appointments.
- 3. To describe ways the Outreach Team ensures follow up for *hospitalized patients*.
- To describe the role of the Outreach Team in building and facilitating the Consumer Advisory Board.
- 5. To discuss role of the Outreach Team in building relationships within our *community*.



# **Obtaining CME/CE Credit**

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#### **Outline**

- Overview of Partnership Comprehensive Care Practice and Outreach Team
- Role of Outreach Team in engaging New Patients in Care
- Facilitating follow up and addressing barriers for patients who "no show"
- Tracking hospitalized patients and ensuring follow up
- Building our Consumer Advisory Board
- Community Outreach



## Partnership Outreach Team

- The Partnership, which was established 25 years ago, is a large urban HIV Clinic serving 1700 patients in Philadelphia.
- The Outreach Team started in October 2017.
- Modeled after Path Peer Program, Brooklyn Hospital Center
- Team overseen by 2 medical providers one with focus on new patients and Outreach and one with focus on "no show" events and patients who are lost to care.
- 1 Outreach Team Supervisor
- 2 Outreach Specialists
  - One with focus on New Patients
  - One with focus on Existing Patients



#### **Outreach Team**

*Objective*: To improve access to healthcare and health outcomes for Partnership patients.



#### The Team

- Dr. Zsofia Szep
  - New Patient Engagement
  - Partnership Outreach
- Dr. Amy Althoff
  - Identifying barriers to retention in care
  - "No Show" Events
- Taneesa Franks
  - Patient Navigation/Linkage Coordinator
- Rhonda Ferguson
  - Outreach Specialist
- Brian Aarons
  - Outreach Specialist



## Criteria for getting Outreach services

- All newly diagnosed patients
- Poor engagement in care, out of care > 6months
- Hospitalized patients
- Unsuppressed HIV viral load
- Needs assistance connecting with medical care/has complex medical needs
- Needs assistance attending a specialty appointment



#### **New Patient Protocol**

Time Line	Action
2 days before first appointment	1 <sup>st</sup> Pre-session on phone
Day of appointment	Initial meeting and assessment
2 days after new patient visit	1 <sup>st</sup> Care Call
1 day before second appointment	2 <sup>nd</sup> Pre-session on phone
Day of second appointment	2 <sup>nd</sup> meeting and education
2 days after second appointment	2 <sup>nd</sup> Care Call
1 day before third appointment	3 <sup>rd</sup> Pre-session on phone
Day of 3 <sup>rd</sup> appointment	3 <sup>rd</sup> Meeting and final check in



#### "No Show" Events

- Contact all patients who "no show" for their appointment within 24-48 hours of their missed visit.
- Identify and address barriers to appointment adherence and schedule next visit within 1-2 weeks.
- If unable to reach patients by phone, attempt to contact patient via portal, emergency contact or mail.
- Note outcome of rescheduled visit.



## **Referral Process**

Task Detail Webpage Dialog		×
Task Details		
Task Filters		
Assign To: ○ User ○ Team Task: Follow Up		
PCCP Outreach Specialis Priority: Routine Status: Active		
Comment:		
Text Templates,		
Activate: 06 Dec 2017 10:15 AM		
Create Notify Task When: ☐ Complete ☐ Overdue		
Notify: Franks, Taneesa   All Priority: Routine		
	Cancel	



### **Hospitalized Patients**

- Track all hospitalized HIV positive patients by collaborating with Infectious Disease Consult Team and Hospital Pharmacist who tracks patients on ART
- Ensure engagement in care for all newly diagnosed patients by walking them to the Partnership after hospitalization for their initial appointment
- Ensure follow up for current Partnership patients who are hospitalized within 1 week
- Facilitate engagement in care for patients who have been out of care and or have a low CD4 count (<200)</li>



## **Consumer Advisory Board**

- The Consumer Advisory Board is also known as CAB.
- CAB is a small group of consumers and Partnership staff.
- The meetings are held every 3<sup>rd</sup> Thursday.



#### **CAB Recruitment**

- Consumers actively engaged in medical care for 6 months or more.
- Identifying consumers dedicated to enhance the patient experience.
- Increasing membership by flyer, peer, clinical and provider referrals.

#### **CAB** Initiatives

- Community Bulletin Board
- Voter Registration Drive
- Community Track for Partnership's 25<sup>th</sup> Anniversary
- Patient Satisfaction Survey



# **Community Outreach**





# **Community Outreach**



