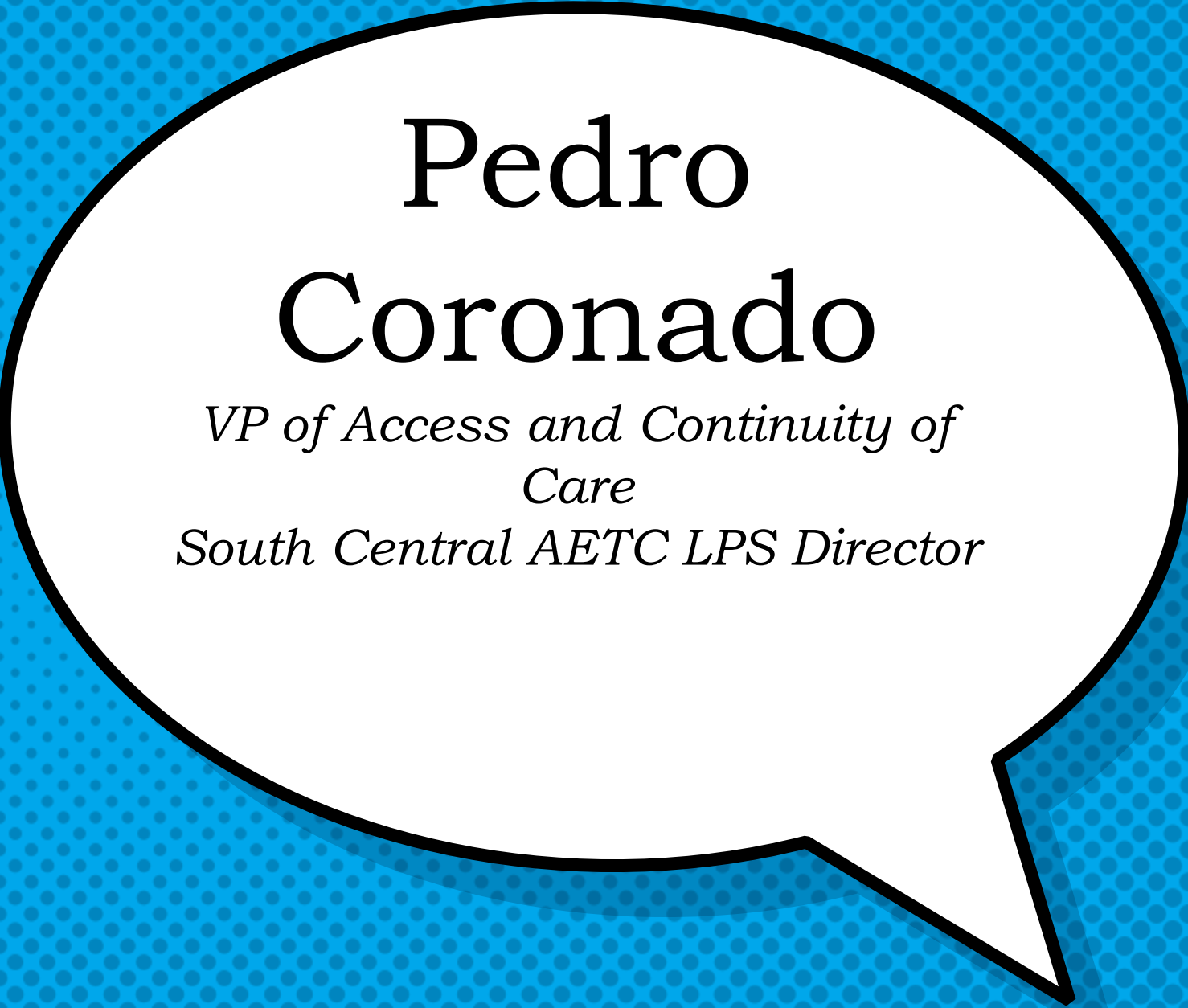


Developing a  
Retention to Care  
Program in a  
Multidisciplinary  
Team



Pedro  
Coronado

*VP of Access and Continuity of  
Care  
South Central AETC LPS Director*

## Learning Objectives

- × Identify the need for a retention to care program based on national state and local low retention rates.
- × Interpret lessons learned from presenter to apply or compare to emerging or established retention programs.
- × List the various methods, tools and strategies used to develop a retention to care program.

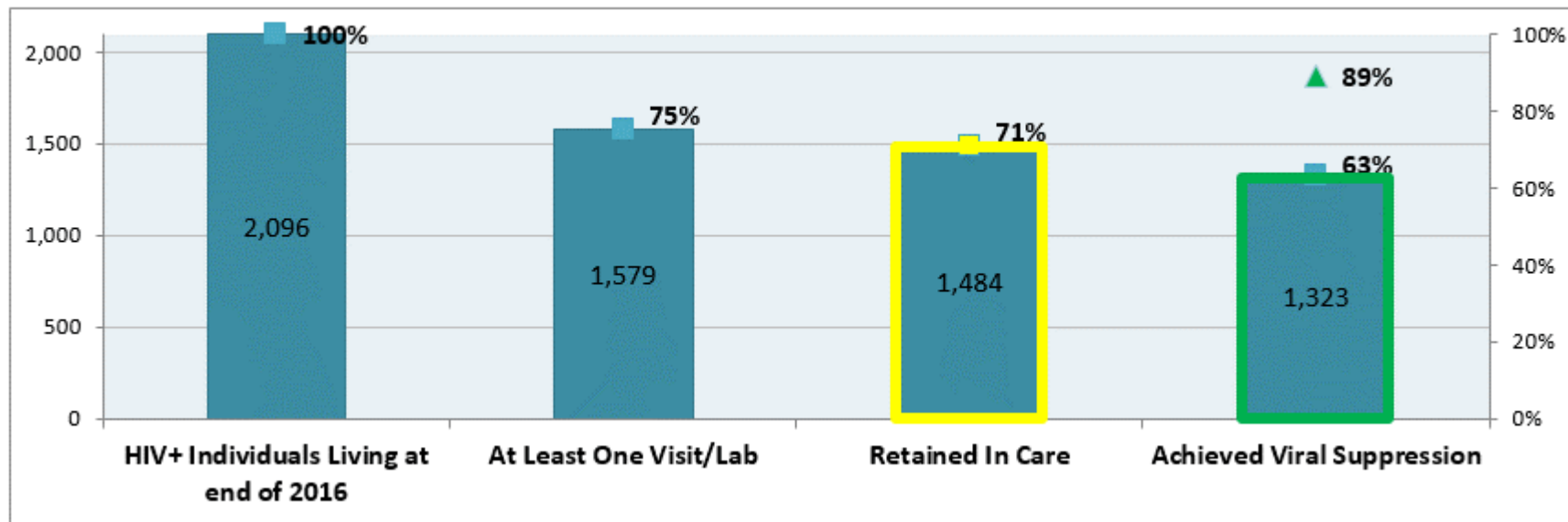
## Organization Bio: VAC-WBC

- × 30 years of service to the community
- × HIV Outpatient/Ambulatory Medical Care
- × RW Part B C & D
- × Medical Case Management
- × Linkage to Care
- × Retention to Care
- × Eligibility/ADAP
- × Medical Transportation
- × HIV/HCV Elimination Program
- × PrEP & PEP Services
- × HRT
- × HIV Outreach Prevention
- × HIV/HCV/ STI Screenings
- × Condom Saturation Program
- × Community Mobilization
- × Mental Health
- × Drag Out HIV
- × C.L.E.A.R
- × AIDS United funding
- × South Central AETC Local Partner Site
- × HIV Linkage, Retention & Case Management ECHO (Coming Soon- January 2019)



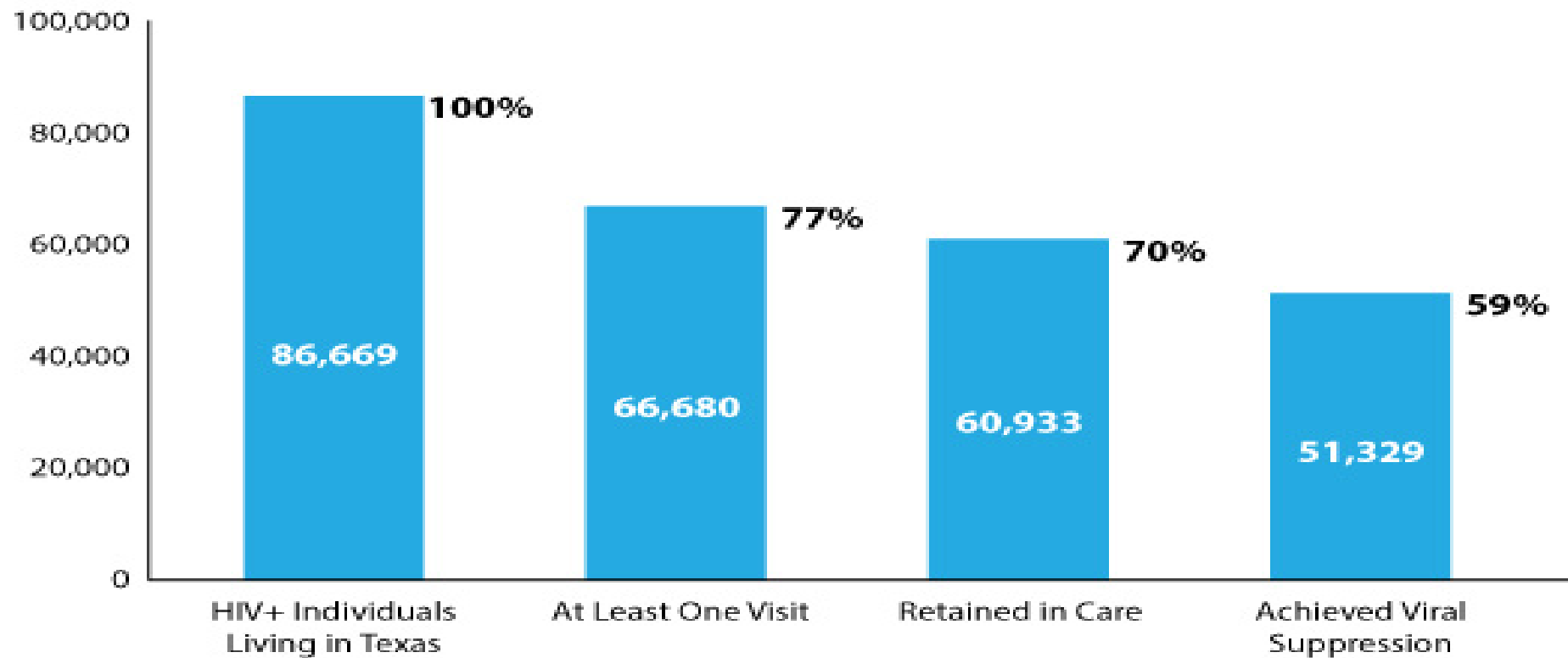
# Local Data: Rio Grande Valley, TX

## Brownsville HSDA HIV Population Treatment Cascade, 2016



**612 PLWH OUT OF CARE  
773 PLWH NOT VIRALLY  
SUPPRESSED**

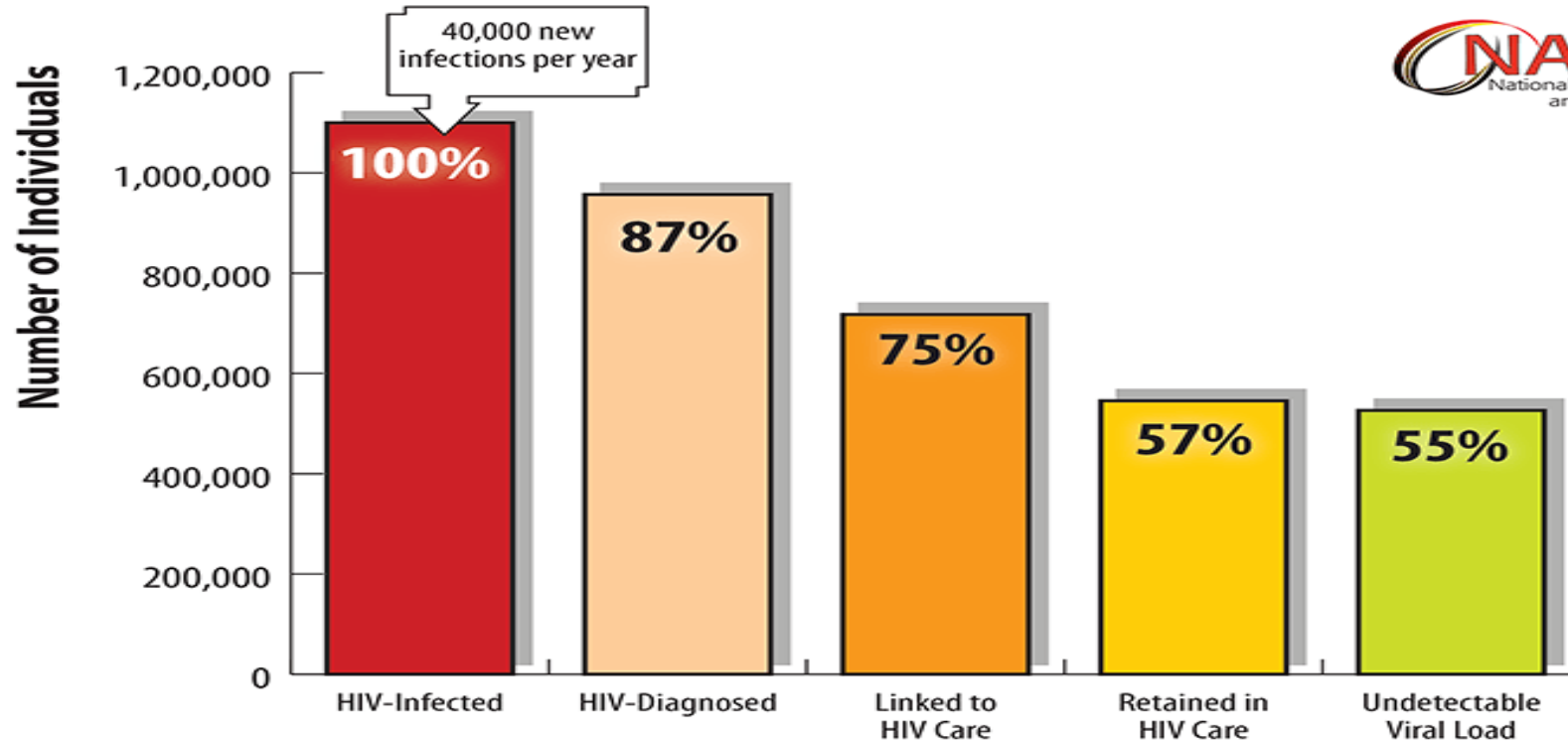
## State: Texas



**25,736 PLWH OUT OF CARE**  
**35,340 PLWH NOT VIRALLY SUPPRESSED**

# National Data

## The U.S. HIV Care Continuum<sup>1</sup>



## Previous Prevention Program

- Case Management worked with their assigned clients who fell out of care.
  - Managed the LTC case load along with Active case load
- Linkage to Care Staff working with Lost to Care Clients
  - Managed Lost to Care case load
  - L2C Staff would rotate the LTC case load on a monthly basis



## Barriers to Previous Retention Program

- × High Case Loads for Medical Case Managers
  - × 150 clients average per MCM
  - × Delayed identification of Lost to Care Clients
- × Linkage to Care Staff
  - × Newly diagnosed took priority

## Previous Data

- Data not consistent with real life scenarios
  - Rescheduled appts
  - Doctors out
  - Migrants
- Hundreds of people out of care? Really?

# Updated Retention Program

- Hire Full Time Retention to Care Specialist
  - Funded: 340B Rebate Program
- Scope of Work:
  - Contact clients at risk of falling out of care
  - Work with over 180 day no contact list
  - Manage the Lost to Care caseload

## Updated Retention Program : Commitments

- × Call/Text Clients from the at risk and LTC list (150 days/180 days)
- × Schedule Appointments: Medical, Lab, Eligibility, Mental Health



## Updated Retention Program: Commitments

- × Partial Intakes for clients who are considered Lost to Care
  - × Eligibility
  - × Referral Services (Mental Health, Substance Use, Food Pantry, Housing etc...)
  - × Transportation Services

# Tools that Help

× Confidential  
Cards

We have been looking for:

Please contact: Pedro Coronado @  
956-990-8951

**\*This is not an attempt to collect a debt.**

× Cars



× Cell Phones



WhatsApp

## Working as a Team

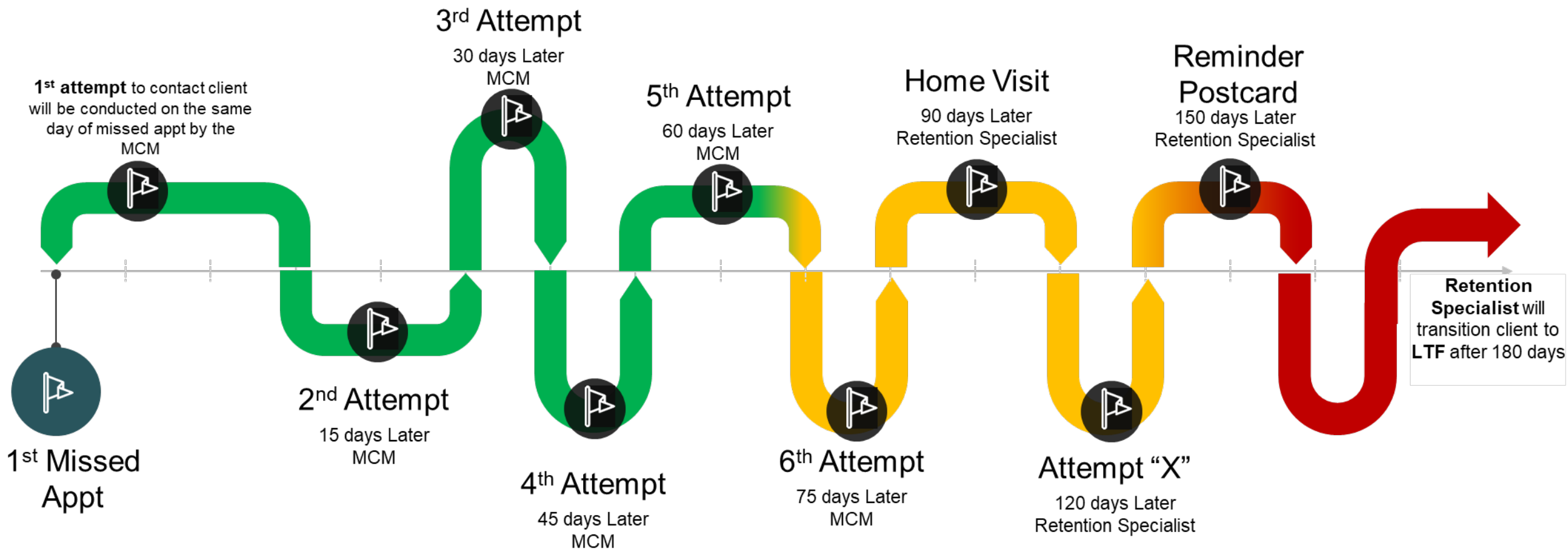
- Retention to Care Specialist
  - Medical Dept.
  - Case Management
  - Linkage to Care
  - Eligibility/ADAP

## Data: Updated Retention Program

1. Identify what is not working for our clients and staff
2. Reconfigure flow of referral process to Lost to Care
3. A better guide for staff; Creates checks and balances

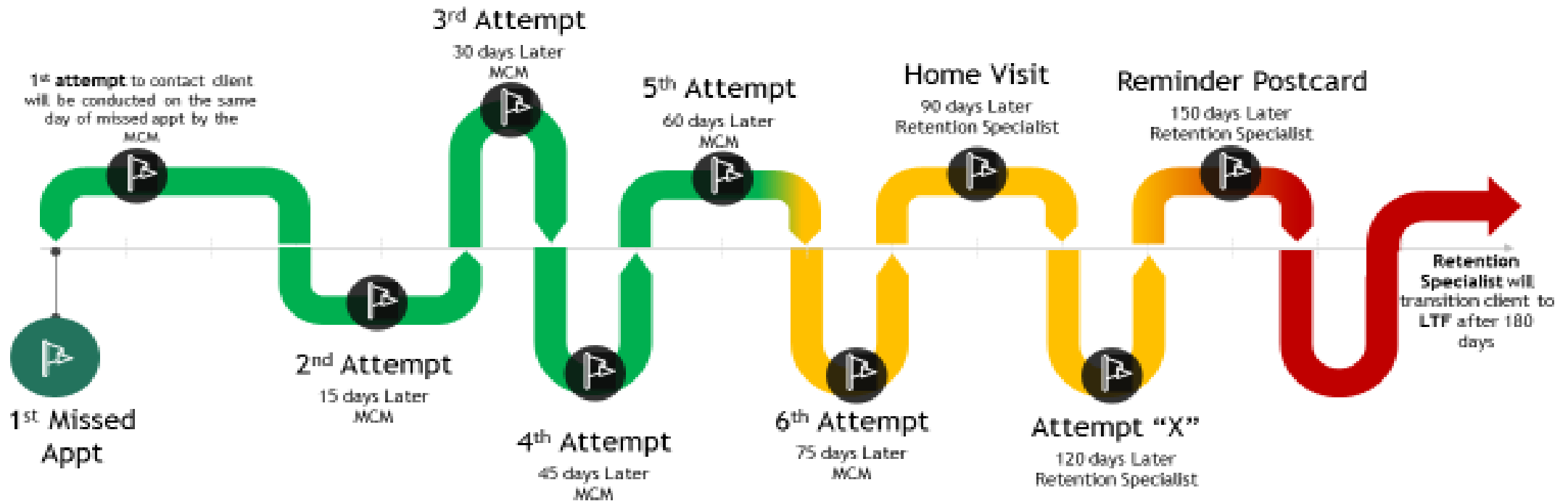


# Retention to Care Roadmap

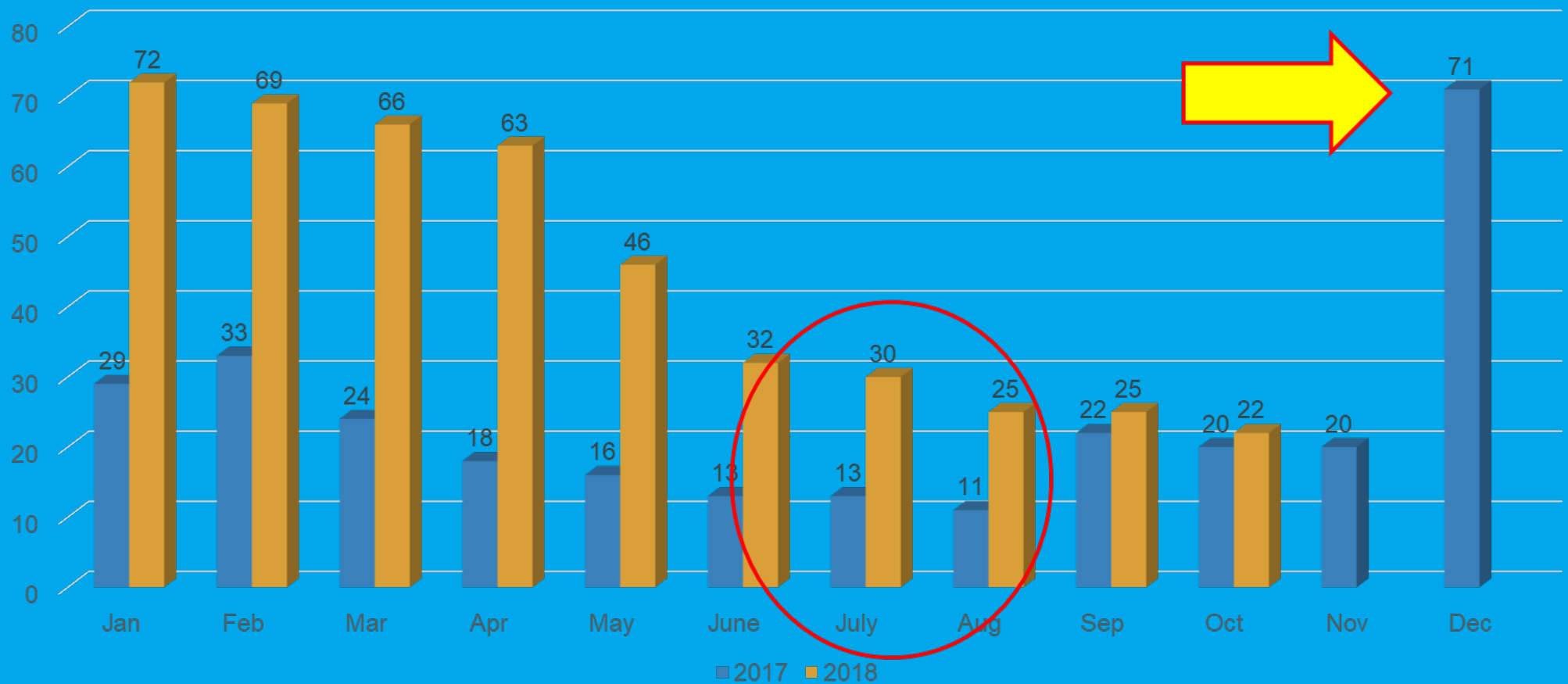


# Guide to the Goal

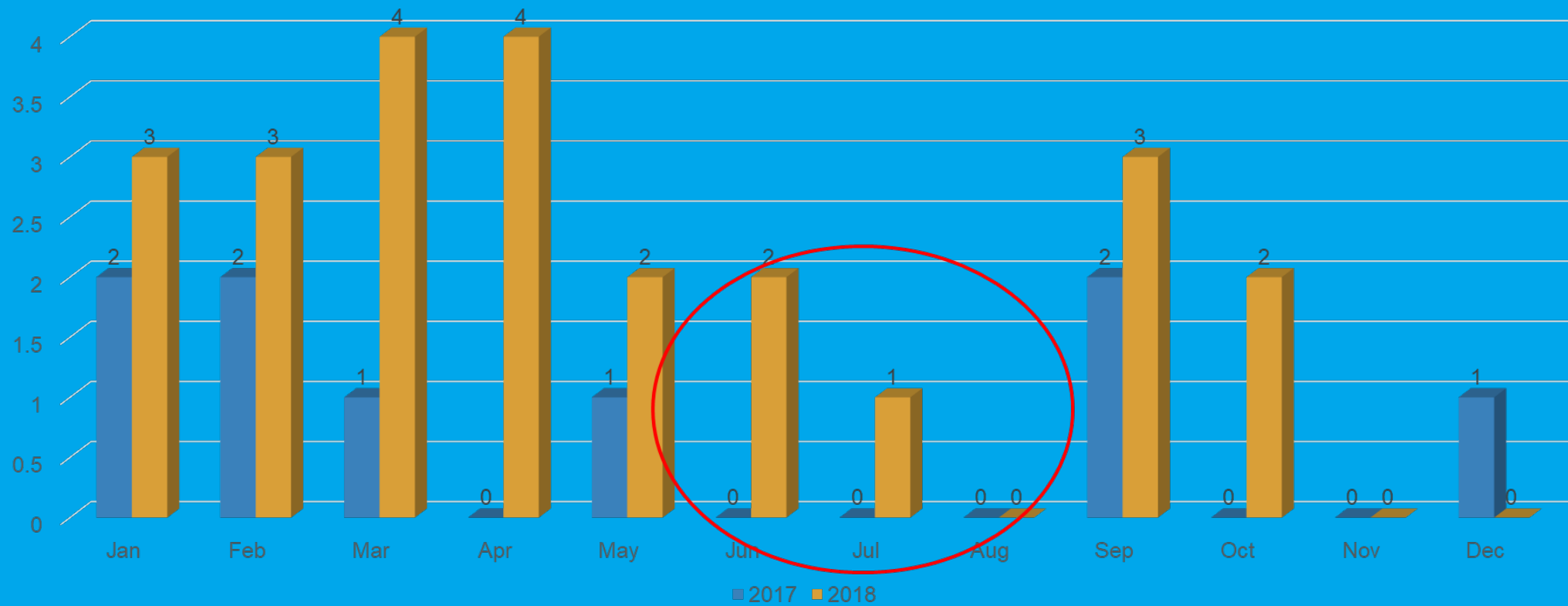
## Retention to Care Roadmap



# Data Comparison: Lost to Care Case Load



# Data Comparison: Back in Care







## Reference:

- × Texas Department of State Health Services;  
[www.dshs.state.tx.us/hivstd/reports](http://www.dshs.state.tx.us/hivstd/reports)

# Gracias!

- × Pedro Coronado
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- × [www.valleyaidsCouncil.com](http://www.valleyaidsCouncil.com)
- × [www.latinosandhiv.org](http://www.latinosandhiv.org)

