



Ryan White Part A - Las Vegas Transitional Grant Area (TGA)

CONTINUOUS QUALITY MANAGEMENT PROJECT

OUT OF CARE PROJECT

In September 2009, the Southern Nevada Health District processed an “Out of Care” data run, in efforts to identify HIV/AIDS infected clients with no record of HIV related mandatory reportable laboratory screenings (CD4, Viral Load). Parameters of influence were clients believed to be alive (SNHD absence of documented death) as of July 31, 2009.



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ENGAGEMENT IN CARE CONTINUUM

As identified by the SPNS consultation group in the 2005 HRSA Ryan White meeting, many programs effectively re-engage clients who have previously dropped out of care as opposed to those which have never accessed care post diagnosis ¹. In efforts to introduce a definition, the following table was created to imply variant levels of care inclusion. Segmentation of each stage affords not only quantitative analysis, but supports qualitative considerations when building the community continuum. Further, a priority status, can be assigned for case finding in instances of limited financial and manpower resources.



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NOT IN CARE				IN CARE
Unaware of HIV Status (not tested or never received results)	Know HIV Status (not referred to care; didn't keep referral)	May Be Receiving Other Medical Care But Not HIV Care	Entered HIV Primary Medical Care But Dropped Out (lost to follow-up)	In and Out of HIV Care or Infrequent User



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Considerations in defining care status span to include the following:

- Clinical Measures
- What Qualifies as HIV Care?
- Client Needs/Client Choices
- Self Reports
- Data Disconnected

REFERENCES:

- Tools for Grantees; Outreach; Engaging People in HIV Care. Retrieved from <http://hab.hrsa.gov/tools/HIVoutreachHIVoutreach1.htm31b>
- (1) CDC. Glynn M, Rhodes P. Estimated HIV prevalence in the United States at the end of 2003. National HIV Prevention Conference; June 2005; Atlanta. Abstract 595. <http://www.cdc.gov/hiv/topics/surveillance/basic.htm>
Code: EHARS Out of Care_102009.sas



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Overall Out of Care: Race and Diagnosis by Source

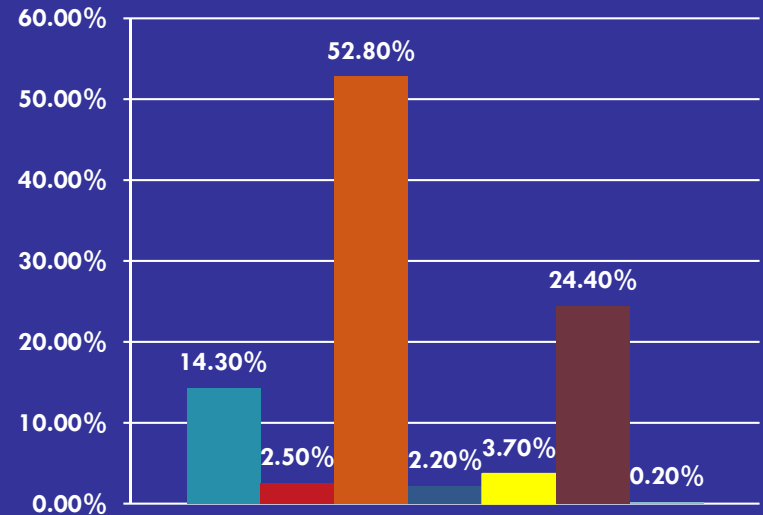
	Diagnostic Status								All
	(1)Adult HIV		(2)Adult AIDS		(4)Pediatic HIV		(5)Pediatic AIDS		
	Not SNHD	SNHD	Not SNHD	SNHD	Not SNHD	SNHD	Not SNHD	SNHD	
	N	N	N	N	N	N	N	N	
Race	201	220	188	136	.	2	2	.	749
(1)Hispanic, All races									
(2)Not Hispanic, American Indian/Alaska Nat	7	6	9	3	.	.	.	.	25
(3)Not Hispanic, Asian	22	18	26	13	.	.	.	.	79
(4)Not Hispanic, Black	314	209	209	137	7	.	5	1	882
(5)Not Hispanic, Native Hawaiian/Pac Islander	2	4	3	3	.	.	.	.	12
(6)Not Hispanic, White	768	383	588	253	2	.	.	.	1,994
(8)Not Hispanic, Multi-race	3	2	5
(9)Unknown	2	1	3
All	1,319	843	1,023	545	9	2	7	1	3,749



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SNHD Source Review					
Disposition	Out of Care	Manual Review	Field Findings	N	%
Already in Care		126	59	185	14.3%
Deceased		25	7	32	2.5%
Moved Out of Jurisdiction		539	143	682	52.8%
Refused Care			28	28	2.2%
Brought Into Care			48	48	3.7%
Unable to Locate		167	148	315	24.4%
Other			2	2	0.2%
All	1,292	857	435	1,292	100%





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- **Unable to Locate – 315 (24.4%)**

Although efforts by the project team inclusive of manual chart review, data extraction and field visits produced significant findings on a large proportion of the initial client case load, no additional information was obtained on 315 (24.4%) of the clients during this project run. As such the designation of Unable to Locate was assigned to this group.

- **Other – 2 (0.2%)**

These cases have been dispatched for field review, however as of this presentation, definitive findings have not yet been determined.



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• Deceased - 32 (2.5%)

Review of the National Death Index identified 25 clients with documented death certificates in multiple states. Records cut to staff for field review resulted in identification of 7 additional clients as deceased. Follow through for receipt of documented death certificates was completed as appropriate.

• Moved Out of Jurisdiction - 682 (52.8%)

The Out of Care project employs the use of Advanced Government Solutions to access authoritative public records information. This powerful data management system provides comprehensive information on people, their assets, addresses, relatives and other associating information. Of the 682 clients noted, 315 (46%) had been run through the system in the preceding 6 months with no additional contact information being gained. These clients were reviewed for updated contact information. Inquiry was made on an additional 224 clients of which supplementary data was captured denoting out of jurisdiction residency, with 143 being forwarded to staff for field review and jurisdiction verification.



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- **Refused Care – 28 (2.1%)**

Although an in-depth synopsis of reasons for refusal was not captured, comments such as “in denial”, “complexity of service navigation” were noted. In a few instances appointments with the EIS clinic had been established, but clients “No-Showed”. In future data runs, the OOC project will make additional efforts to capture reasons of refusal in addition to the outcomes of a care offering.

- **Brought Into Care – 48 (3.7%)**

Although not an extremely large preliminary number, the 48 individuals which began to re-access treatment services, identifies a captive audience that could extraordinarily impact the locale via medical management as a preventative effort in place of inpatient hospitalization as a late intervention effort. The ability to assist clients in periodic assessment of their health in accordance with PHS guidelines, often encourages stabilization of the clients health as well as minimizing the costs associated with emergent stabilization treatments.



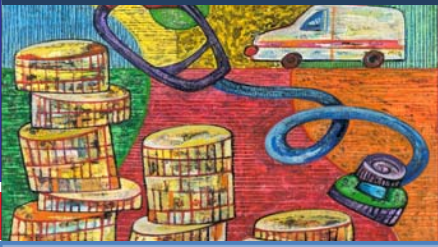
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- **Already in Care - 185 (14.3%)**

Review of the SNHD caseload, identified 185 clients that had actually accessed HIV related laboratory screenings yet information had not yet been conveyed to the Surveillance office. Forty-seven (47) of the clients were found to be in care with the UMC Wellness Center; however UMC's communicable disease /laboratory result reporting structure served as a stalemate to adequate surveillance reporting.

Efforts to rectify this lack have been significantly reduced by UMC Wellness active utilization of CareWare to input laboratory information from the provider perspective rather than maintaining dependency on the laboratory challenge in conjunction with surveillance directly. 😊



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NOTES FOR UPCOMING ANALYSIS:

- Amount of time clients have been out of care.
- Average staff time accumulated to obtain disposition.
- Diagram for Process Flow
- Enhanced Graphical Presentation to better define population characteristics.
- Implication of T Cells GT 500 or Questionable Viral Loads on Out of Care efforts.