

## Background

Patient attrition threatens the success of antiretroviral treatment, as well as sustained viral load suppression for patients living with HIV. The standard 'lost to follow-up' definition is six months since the last clinical HIV appointment.

The CDC estimates that nine out of ten new HIV infections are the result of transmission from patients who are not engaged in health care.

In an attempt to catch patients before they are considered lost to care, Housing Works has implemented a project dedicated to outreaching patients who have not been seen in four months, with a primary focus on those who have detectable HIV viral loads.

Of the original sample (n=486), 225 (47%) had not been seen by a primary care provider in over four months, and 14% of those without appointments had an elevated viral load.

## Aim

The project goal is to reengage or further engage 25% of the clients who are currently out of care or have unsuppressed HIV Viral Loads within the next 3 months.

## Methods

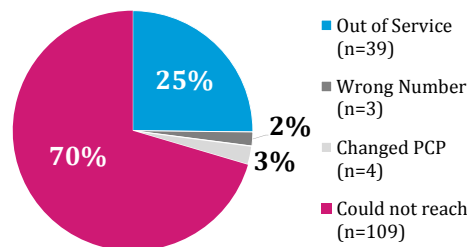
The Azara Data Reporting and Visualization System was used to generate a registry of patients who had not been seen by a primary care provider in over four months.

Between April 1, 2017 and May 31, 2017, the case management teams were employed to conduct targeted outreach to 225 patients who missed their last quarterly visit and did not have the appointment rescheduled.

Various methods of outreach were conducted through the guidance of Plan-Do-Study-Act (PDSA) cycles, including: live calls by case managers, previously recorded calls by the patient's medical provider, mass emails and text messages, coordination with Human Resource Administration (HRA) and postal mailers.

Figure #1

Unsuccessful Phone Outreach Attempts



## Results

Housing Works contacted 70 of 225 patients who were at risk of being lost to care.

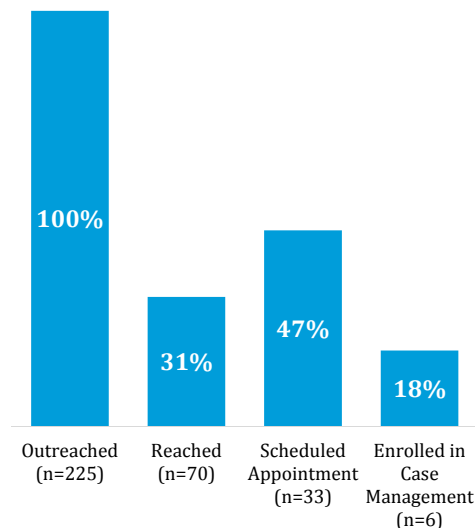
Thirty three (47%) of the patients outreached were scheduled for a follow-up appointment at the time of the outreach call.

As a result, twenty-two patients who were previously considered lost to care, or on the verge of being lost, attended a follow-up appointment with their primary care provider.

Six (18%) of those patients were enrolled in medical case management.

Figure #2

Targeted Outreach for Clients Lost to Care



## Conclusions

Identifying patients who have been out of care for at least four months is a successful tool for retaining or reengaging patients in care.

While time consuming, attempting to contact patients on the phone is the most successful method of outreach.

Live calls by case management staff and coordination with Human Resources Administration (HRA) proved to have the most successful results.

Mass emails, text messages and previously recorded calls by the patient's primary care provider were unsuccessful due to the high volume of out of date or inaccurate phone numbers and emails.

Our future quality projects should explore a more standardized process for coordination with HRA or other providers in an attempt to obtain more accurate, current contact information.

Moreover, we found that patients were more willing to enroll in a case management program after directly speaking to someone on the team.