WHY DON'T THEY JUST SHOW UP?

October 17 & 31 2014

National Quality Center: South & Central Florida

New Ways to Think about Retention in HIV Care

ETR

MEET YOUR GUEST SPEAKER

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Capacity Building Assistance

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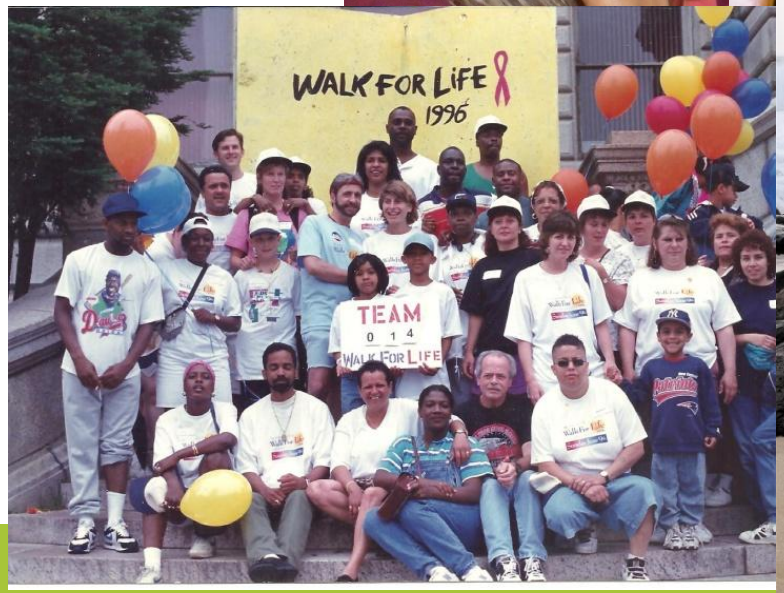
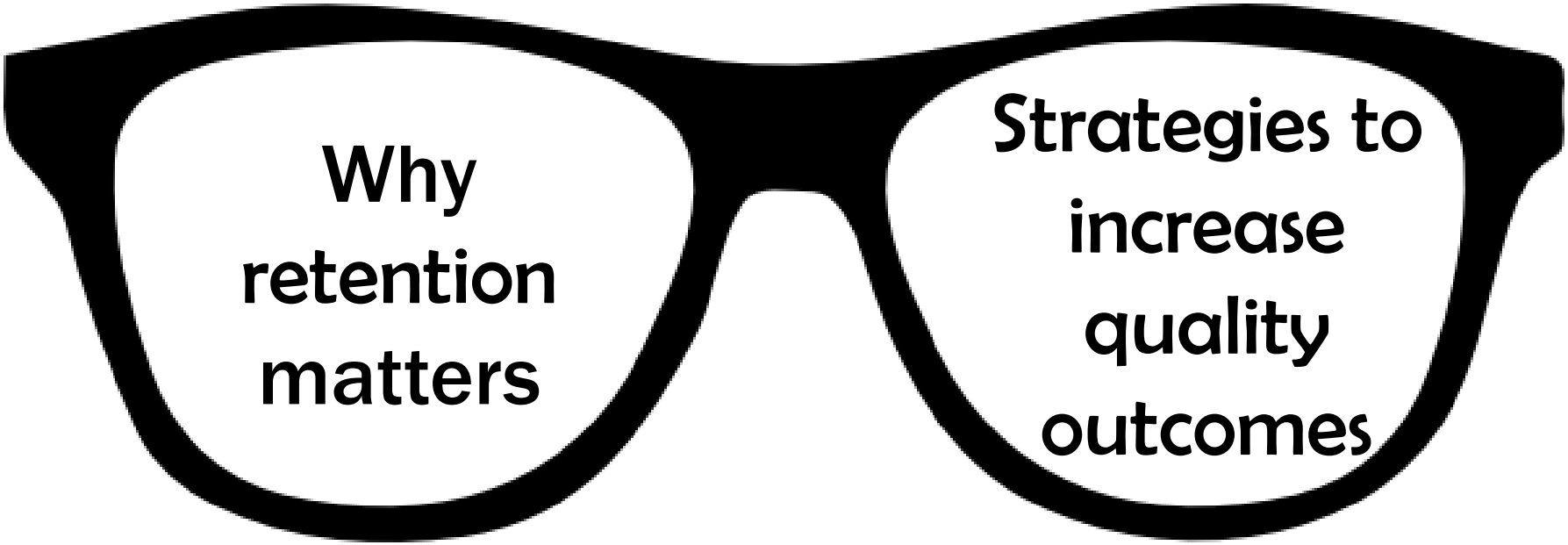
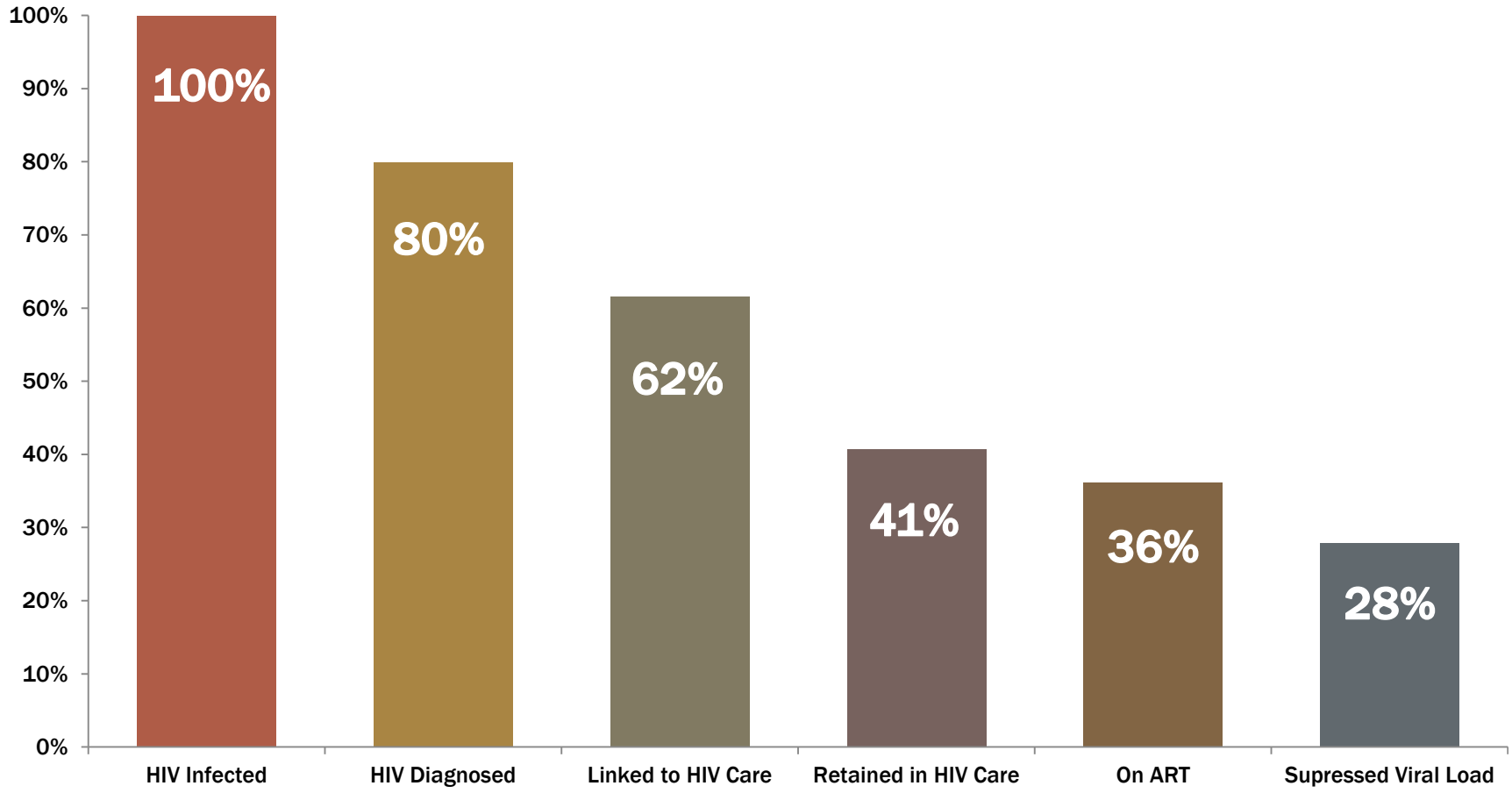


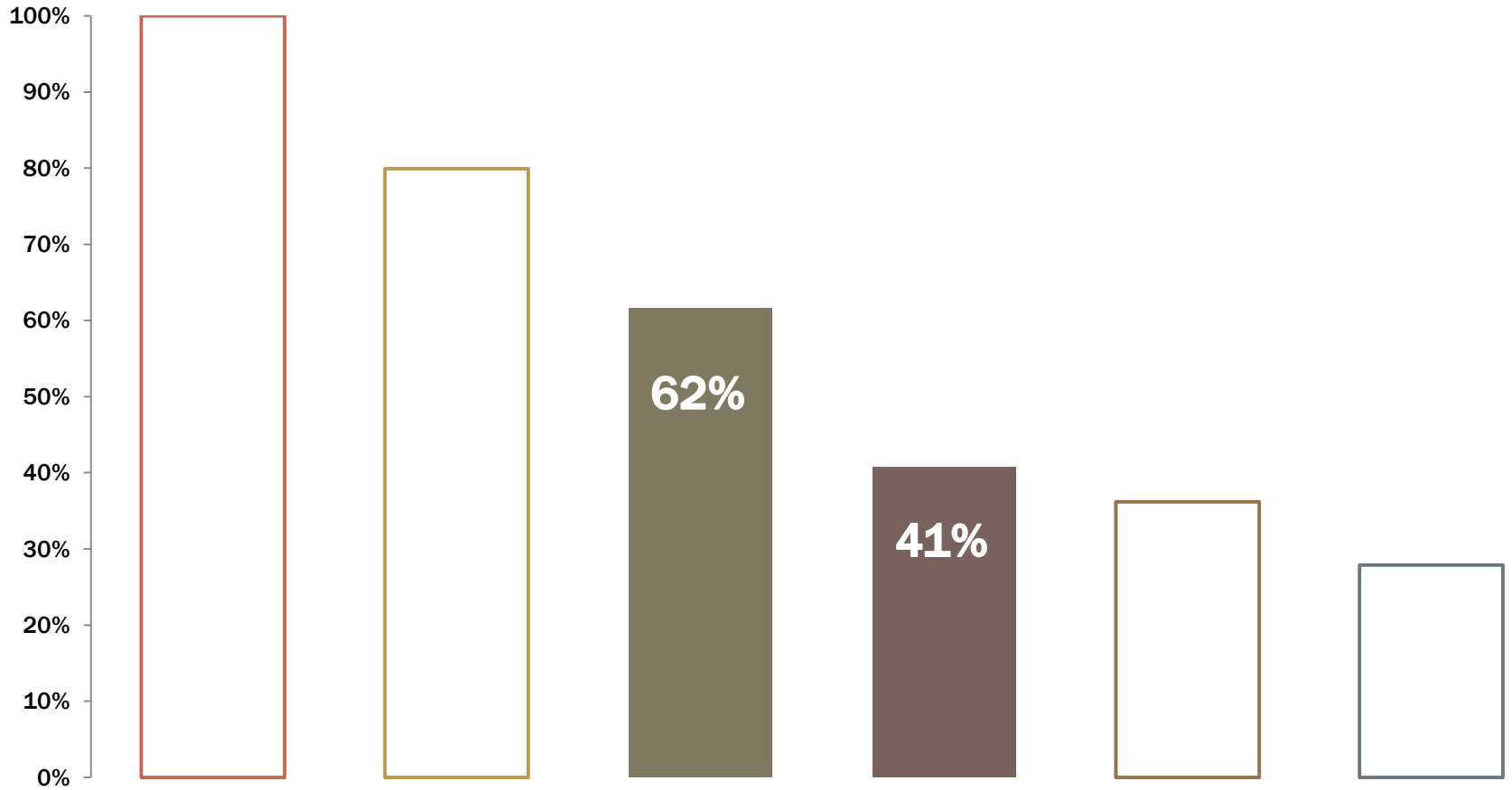
A NEW PERSPECTIVE



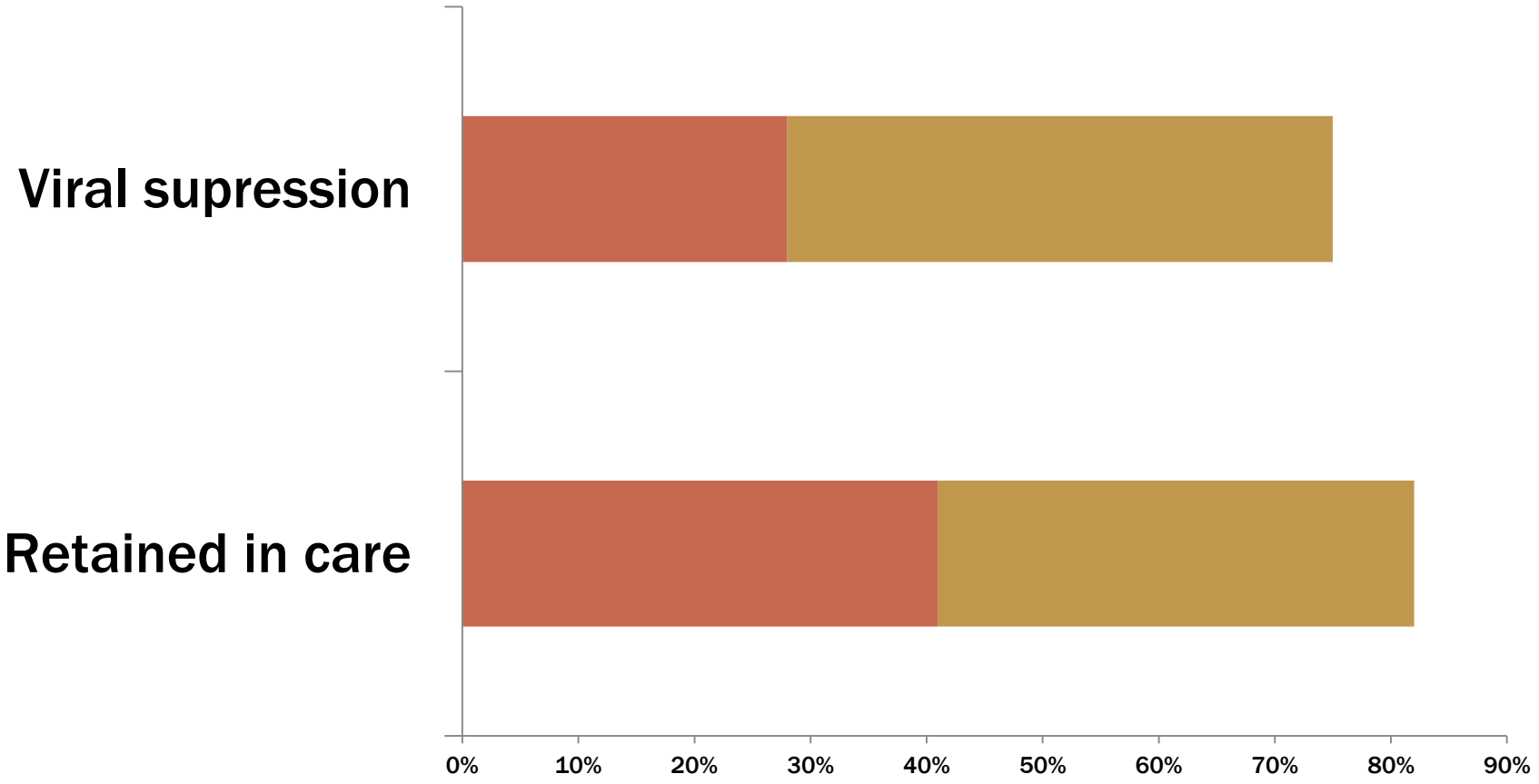
OVERALL STATISTICS



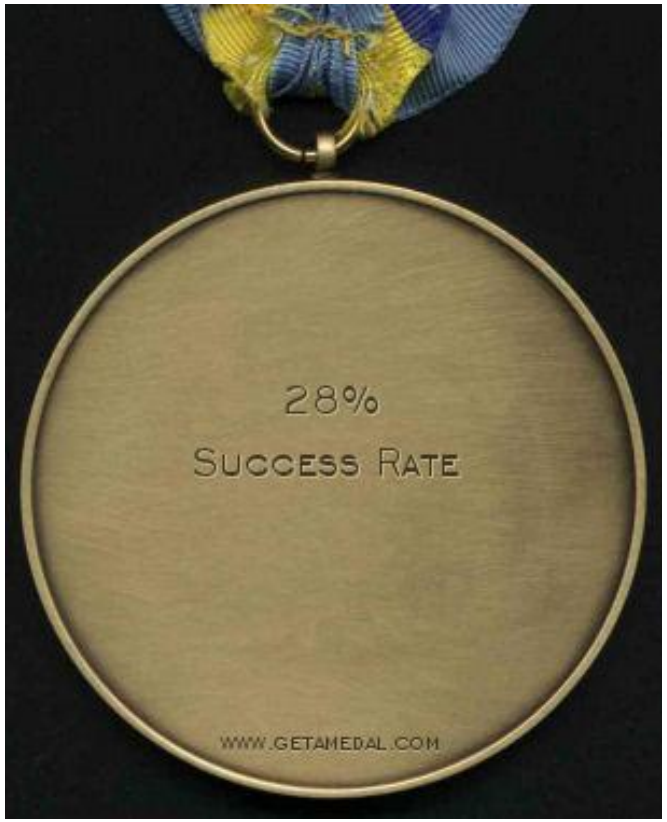
HIV MEDICAL CARE



Which Patients do Better?



RETENTION



How does your clinic measure up?

Retention

Who is not in Care?

Why are they not in care?

Why do we care?

What can we do?

Who is not in Care?

People of Color

People in Poverty

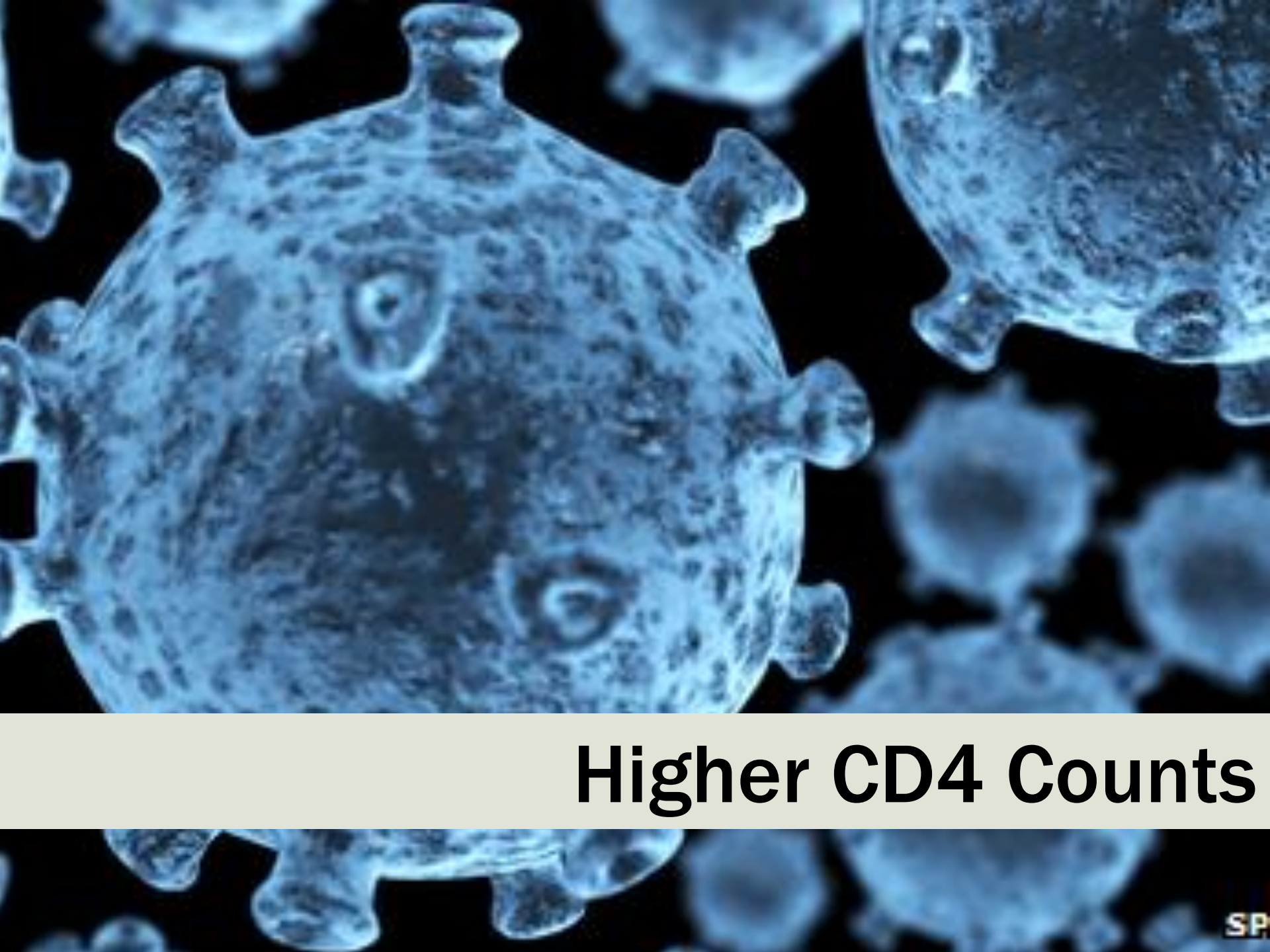
Homeless

Youth

Transgender

Substance Users

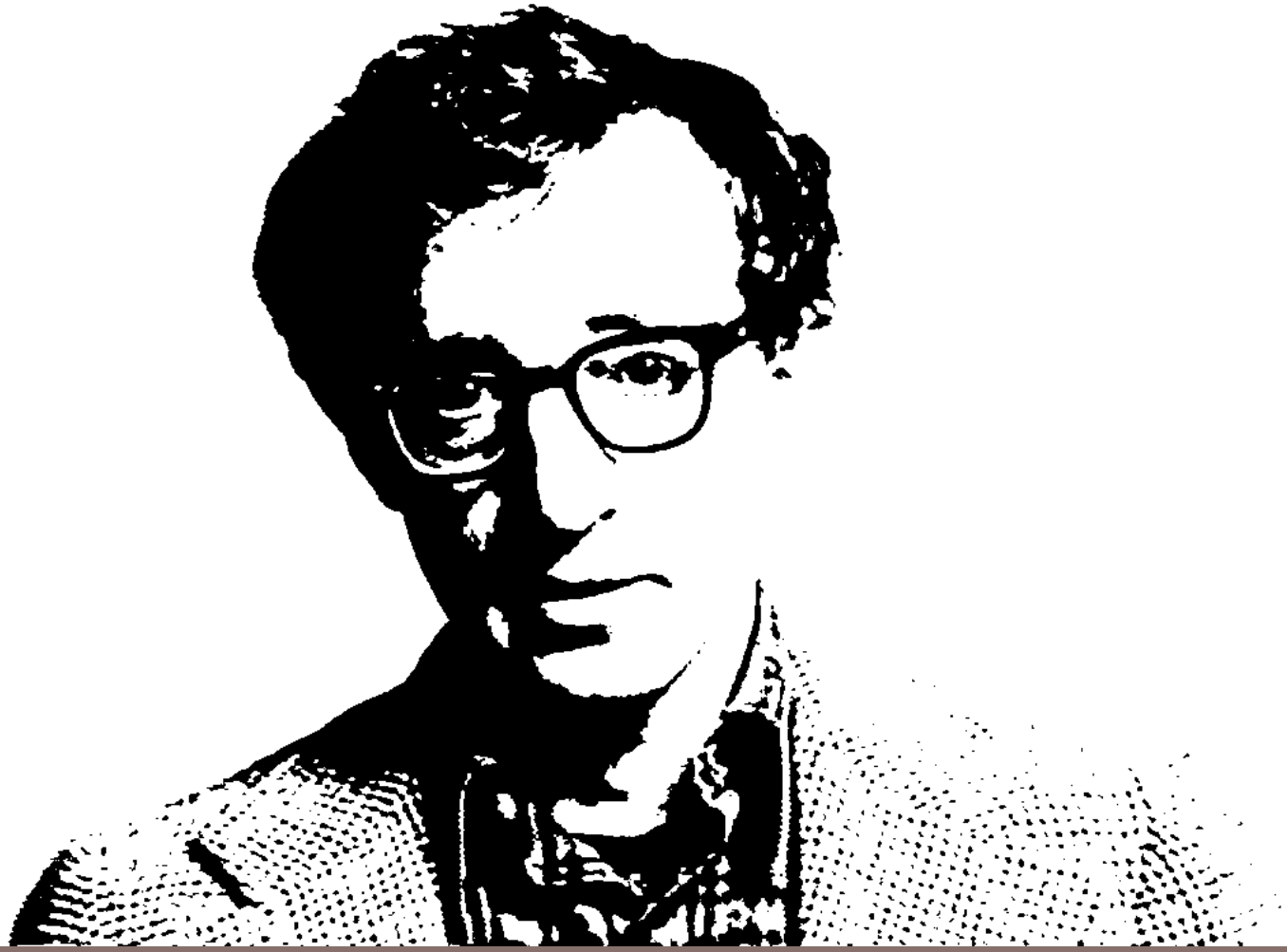
People with Mental Illness



Higher CD4 Counts

Why are they not in care?

Hardly ever!



Constantly!

Why do we care?

Reduce risk of AIDS Progression

Reduce risk of HIV Transmission

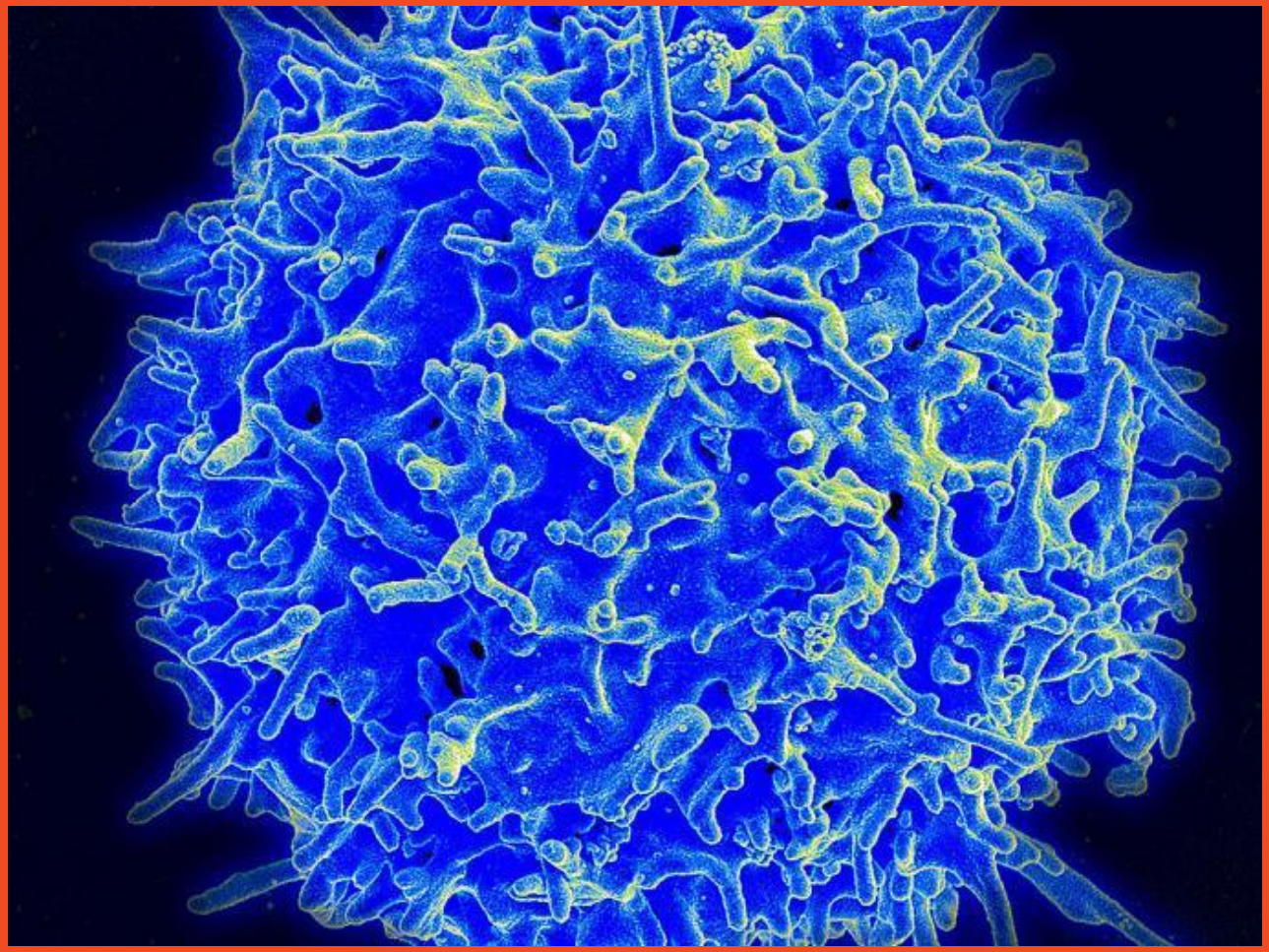
What can we do?

WHAT CAN I DO?!!

Retention Readiness Indicator Tool

Treatment goals could be very basic…

Treatment goals could be very specific…



Structural Factors: Clinic Structure

Structural Factors: Provider Approaches

Structural Factors: Auxiliary Services

Individual factors

Personal cultural

Financial

Medical

Co-occurring conditions

Priority steps

Successful Clinic Strategies

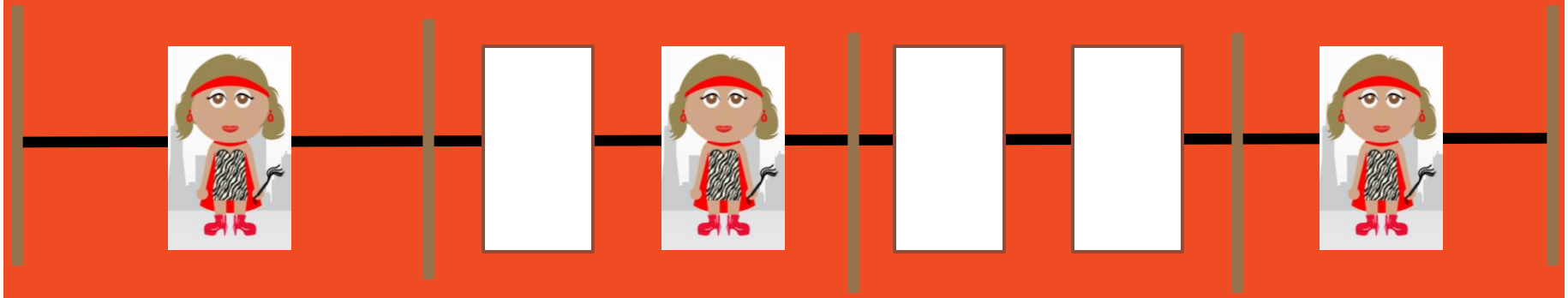
Trust in healthcare provider is significantly associated with improved adherence to treatment.

5 APPROACHES TO MEASURING RETENTION

- Missed Visits
- Visit Constancy
- Gaps in Care
- Appointment Adherence
- HRSA performance measure

Missed Visits

Jan-March | April-June | July-September | Oct-Dec.



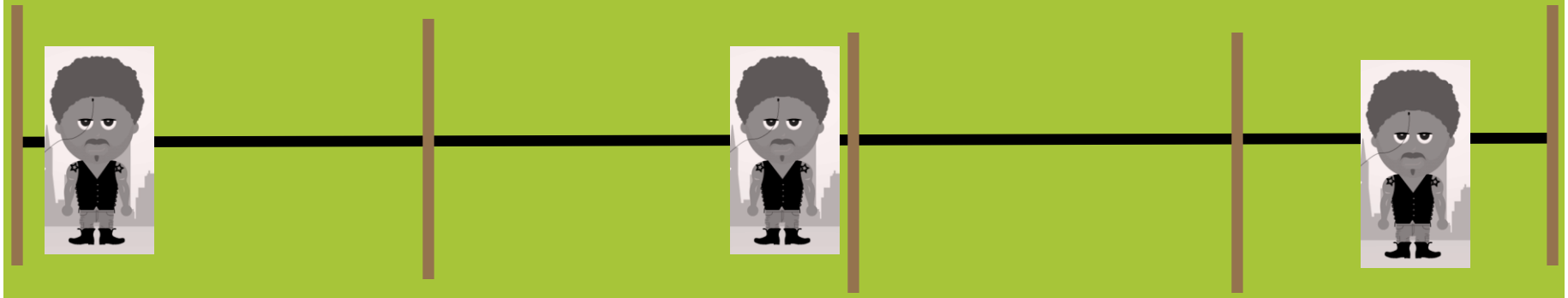
Visit Constancy

Jan-March

April-June

July-September

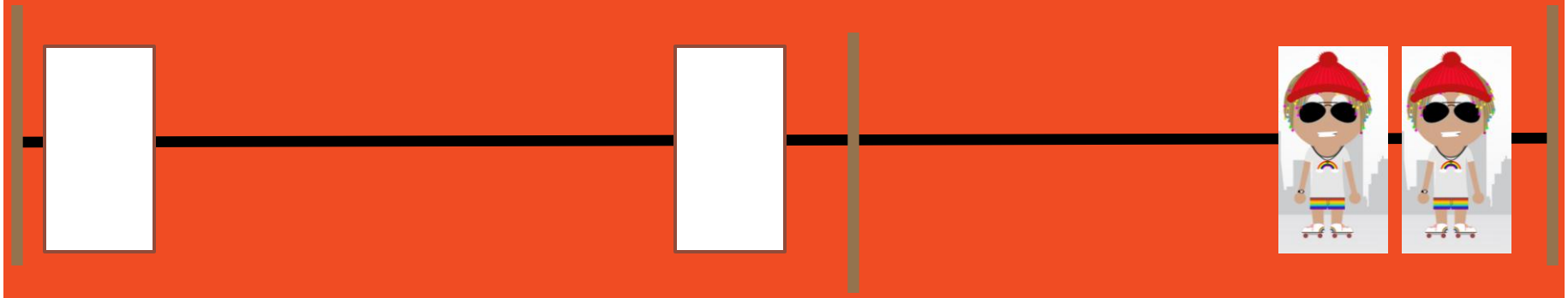
Oct-Dec.



Gaps in Care

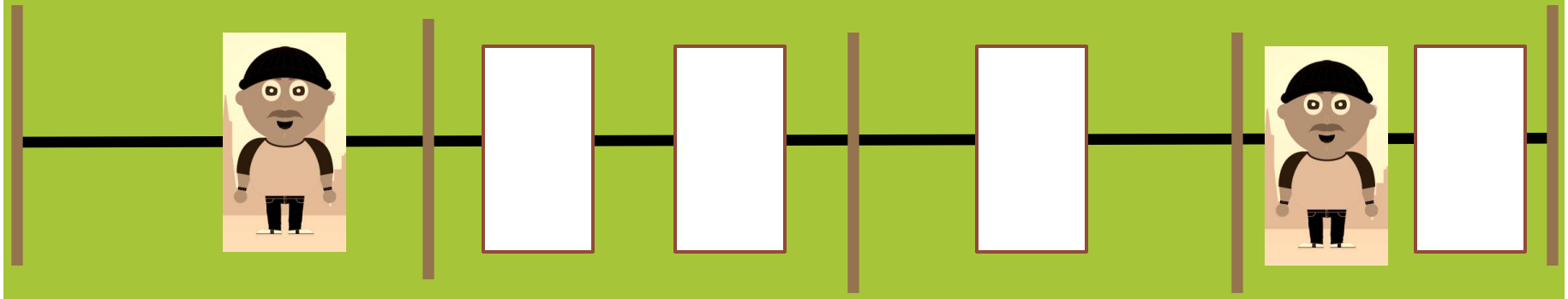
January-June

July-December.



Appointment Adherence

Jan-March | April-June | July-September | Oct-Dec.



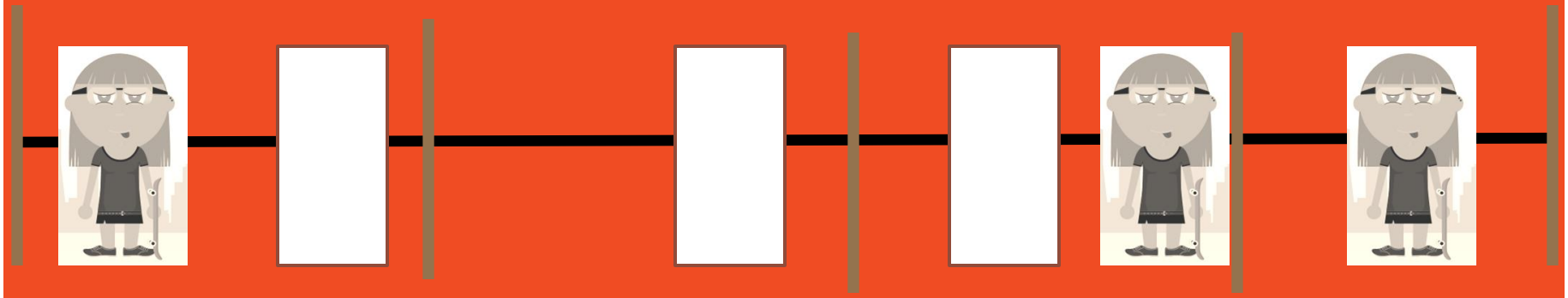
HRSA Measure

Yr1: Jan-June

Yr1: July-Dec

Yr2: Jan-June

Yr2: July-Dec.



What matters most?

Capacity Building Assistance

COMMUNITY IMPACT SOLUTIONS
Partnering to build excellence in HIV services

WE CAN HELP YOU STYLE A SYSTEM THAT WORKS FOR YOU!

ETR