Data for Care (D4C): Enhanced Personal Contacts for retention in HIV care

Maira Sohail, MPH; Dustin M. Long, PhD; Emily B. Levitan, ScD; Aadia I. Rana, MD; Jeremiah S. Rastegar, MPA; Harriette Reed-Pickens; D. Scott Batey, PhD, Kathy Gaddis, MSW; Kelly L. Ross-Davis, MS; Michael M. Mugavero, MD
DISCLOSURES

- None
BACKGROUND

• Retention in care: a key component in efforts to end the HIV epidemic

• Enhanced personal contact interventions in clinical trials:
  • Improve retention
  • Reduce missed visits

*CDC (December, 2014). Retention through enhanced personal contacts.
D4C INTERVENTION

- Data for care (D4C) incorporates **enhanced personal contact** practices into routine care.
- Setting for pilot intervention
  - UAB 1917 Clinic, comprehensive health care for adults living with HIV
  - 33 weekly primary care HIV clinics, ~3,560 total patients
- Intervention group
  - Patients in four 1917 HIV primary care clinics
  - April 2018 - February 2019
- Average visits (missed & arrived)
  - D4C clinics: 95 visits per month
  - Non-D4C clinics: 782 visits per month
Multiple training opportunities were provided on:
- Enhanced Personal Contact with original REPC study trainer
- D4C data capture
- Identifying barriers to care
- Utilizing REPC via telephone

Regular meetings to discuss:
- Process outcomes improvement through quality assurance metrics
- Areas for improvement
- Methods for capturing data more efficiently within the electronic medical record system
Risk Stratification

Based on Number of Missed Visits in Previous 12 Months

High: ≥ 3
Intermediate: 1-2
Low: 0

Worklist Generated

Worklist

Intermediate and High Risk

Days: 6 – 8
Appointment

Intermediate and High Risk

Days: 1 – 3

Low Risk

Missed Appointment

Days: ≤ 2
Objective: To evaluate D4C pilot intervention

- Data abstracted from electronic medical record and visit scheduling systems for May 2017 – Feb 2019
- Trends in missed visits across 1917 Clinic
- Differences in trends in missed visits in D4C and non-D4C clinics during pre-intervention and intervention periods
  - **Pre-intervention**: May 2017 - Mar 2018
  - **Intervention**: Apr 2018 - Feb 2019
- Generalized Estimating Equations with time, intervention status (D4C vs. non-D4C clinics), and time by intervention interaction
FIGURE 1. TRENDS IN MISSED VISITS ACROSS ALL 33 1917 CLINIC (MAY 2017- FEB 2019)
FIGURE 2. TRENDS IN MISSED VISITS (D4C VS NON-D4C)
CONCLUSIONS

• Rate of missed visits were significantly lower for D4C clinics compared to non-D4C clinics (p=0.0485)

• These findings provide initial evidence to support the widespread roll out of D4C at the entire 1917 Clinic

• Expanding D4C to 6 additional HIV clinics across the state will more rigorously evaluate the effectiveness of this intervention.
LESSONS LEARNED

• Discrepancies in the missed visits data between electronic health records and visit scheduling system

• Evaluation of interventions using administrative data requires careful consideration and continuous monitoring of data quality.

• The D4C intervention implementation is a multilayer process with potential pitfalls at each step:
  • Need for plan to prevent gaps in intervention delivery when key staff are out
  • Need for consistent documentation to evaluate process outcomes

• Rolling-out a pilot assisted with solving such hurdles before the bigger roll-out to the clinics making the process more efficient
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THANK YOU
QUESTIONS?