

# Non-Medical Case Management Provider Meeting

Los Angeles County  
Department of Public Health  
Division of HIV and STD Programs

October 16, 2013

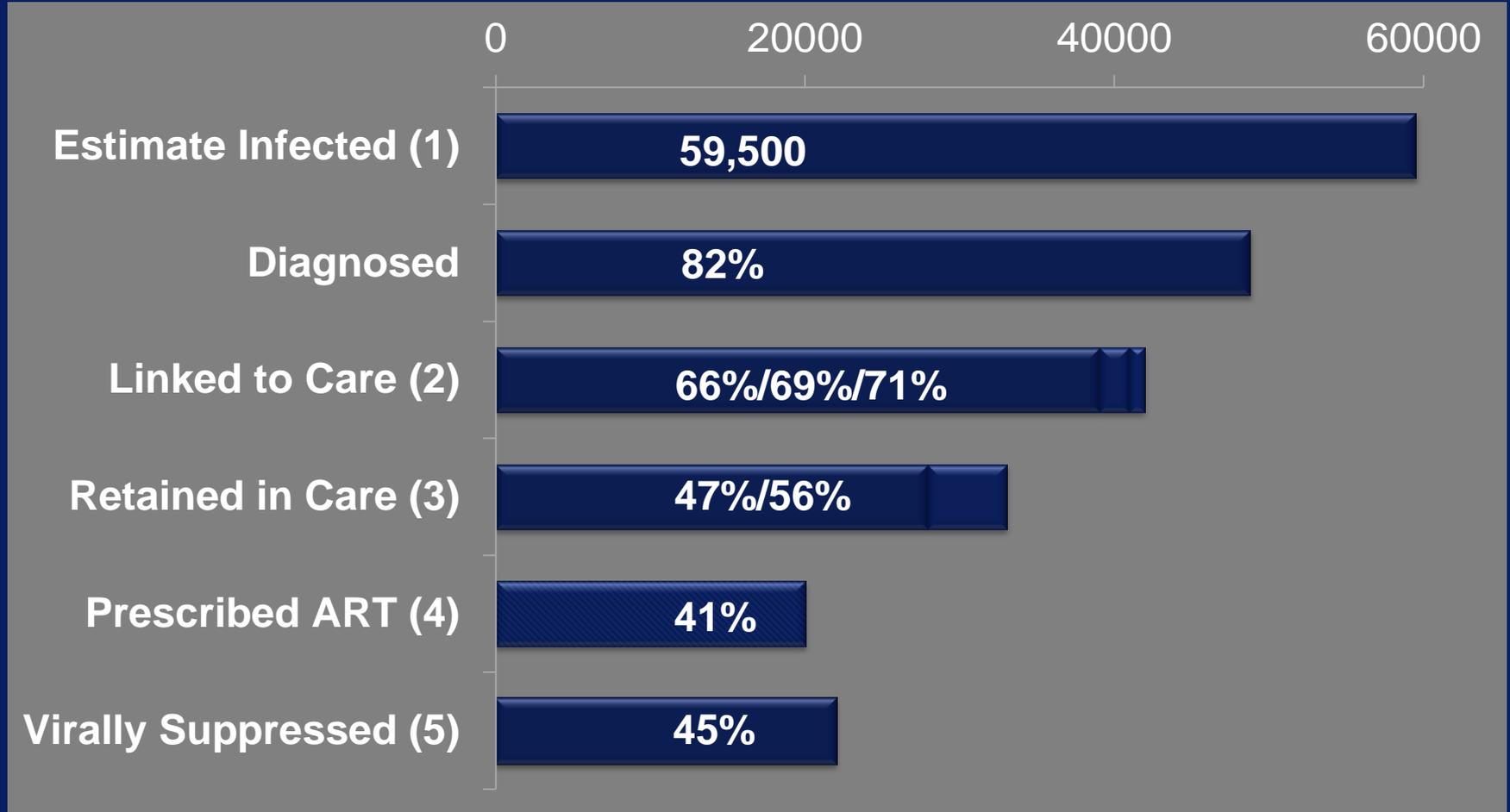


# Overview

- Review linkage to HIV care rates in Los Angeles County
- Review current case management response
- Review future directions for Non-Medical Case Management services



# HIV Care Continuum: Los Angeles County Using HIV Surveillance and MMP Data – 2011



(1) Estimate of PLWH in LAC for 2011 includes 18.1% PLWH that CDC estimates are unaware of status.

(2) Linked to care within (a) 3 months, (b) 6 months and (c) 12 months of HIV diagnosis. Denominator is estimated number HIV diagnosed in 2011, plus 18.1% unaware (n=2,263).

(3) Retained in Care: (a) PLWH with  $\geq 2$  Viral Load reported at least 3 months apart and (b) PLWH with at least one Viral Load reported in last 12 months.

(4) Information on ART from Medical Monitoring Project (MMP). (5) Viral suppression defined as VL <200.



# Goals of the NHAS

- Reduce New HIV Infections
  - Reduce by 25% by 2015
- Increase Access to Care
  - Increase proportion of newly diagnosed patients linked to care from 65% to 85%; and in continuous care from 73% to 80%
- Reduce HIV-Related Health Disparities
  - Improve access to prevention and care services for all Americans; and increase proportion of persons with undetectable viral load



# Case Management as a Linkage to Care Strategy

- Broadly, NMCM services assist clients get linked to needed services
- More specifically, Case Managers **facilitate a client's access to**, maintenance in, and adherence to **primary HIV-specific health care**, HIV risk reduction activities, mental health, addiction treatment, partner notification, and other support services (Contract Definition)



# Recent Changes to Client Care Coordination Service Delivery

- Medical Care Coordination services fully launched in November 2012
- Integrated clinic-based approach, combining medical and non-medical case management functions
- Focus on adherence to HIV care and treatment
- Interventions conducted by teams of Registered Nurses and Social Workers



# Current NMCM Transition Process

- For partners with existing MCC program
  - Transition clients receiving medical care at DHSP funded sites with MCC programs within 90 days of contract execution...
- For partners with MCC program not yet implemented...
  - Transition clients to MCC provider within 90 days of implementation of clinic's MCC program
- For all service delivery partners...
  - If client is not in care, link them to HIV care



# Transition Progress

LAC NMCM CASELOAD	
JANUARY 2013	AUGUST 2013
749	418

- 500/749 Clients in NMCM in Jan 2013, also linked to AOM provider with MCC
- 335/418 clients in NMCM in Aug 2013, also linked to AOM provider with MCC
- Only 331 (44%) transitioned to medical homes
- Some agencies increased their caseload



# LAC At A Service Delivery Crossroads: Options Before Us

- Continue NMCM with Limited Progress
  - Duplicative services with limited clients linked
- Sunset NMCM Service Category
  - Pursue more streamlined, time-limited approach
- Evolve Service Provision
  - Redesign with a focused approach to linkage to care and evaluate impact



# Opportunities for Improvement

## NMCM Refined: A Linkage to Care Model

- Using a strengths-based approach, provide activities which **facilitate a client's access to HIV health care**
- Through brief interventions, **address issues which keep clients out of care** and assist clients in getting **linked to HIV medical care**



# NMCM Activities

## Current NMCM Activities

- Outreach
- Intake/Assessment
- Acuity Determination
- Brief Interventions
- Follow-Up/Monitoring
- Case Discharge/Closure

## Refined NMCM Activities

- Outreach
- Brief Interventions
  - Assessment
  - Identify Client's Readiness to enter HIV care
  - Risk Reduction
  - Follow-Up
  - Graduated Disengagement



# Outreach and Collaboration

Outreach is not just a street-based or client level intervention, it also includes activities that:

- Develop relationships with agencies that can identify and refer out of care clients to the program
  - HIV testing and health education/risk reduction programs
  - HIV primary health care centers and clinics
  - As supported by MOU with 3 or more partners
- Educate service delivery partners about the availability and benefits of NMCM-based Linkage to Care services



# Brief Intervention Sessions

- Brief Interventions address client barriers to accessing HIV care
- Facilitated in up to five sessions over no more than 90 days:
  - Conduct a Strengths-Based Assessment
  - Develop Service Plan
  - Motivate Clients to Access HIV Medical Care
  - Monitor Client Progress Towards Linkage
  - Graduated Disengagement



# Attributes for NMCM

## Linkage to Care Case Managers

- Previous Case Management Experience
- Experience Providing Services to PLWH
- Master of Social Work or equivalent
- Harm Reduction Skills
- Motivational Interviewing Skills
- Flexibility to Meet Client Needs
- Strong Customer Service Skills with both Clients and Referring Professionals



# Performance Measures for Refined NMCM

Measure	Benchmark
<p><b>1.1 Linkage to HIV Care:</b> The percentage of non-medical case management clients linked to an HIV care provider within 6 months of enrolling in NMCM services</p>	85%
<p><b>2.1 NMCM Assessment Completed:</b> The percentage of clients who have a completed Assessment within 30 days of enrollment in NMCM services</p>	100%
<p><b>2.2 Disengagement from NMCM :</b> The percentage of clients graduated from NMCM after 5 or fewer face-to-face brief intervention sessions within 90 days</p>	90%
<p><b>2.3 Provision of Risk Reduction Intervention:</b> The percentage of clients with identified risk behaviors that received the Risk Reduction intervention in the measurement period</p>	100%



# Evaluation Plan for Refined NMCM

- Implementation Evaluation
  - To describe and monitor fidelity to the refined NMCM service protocol
    - Staffing (training, supervision)
    - Outreach (collaboration with HIV care providers)
    - Service activities and delivery (assessments, plans, client contacts, brief interventions, referrals)
    - Program costs (total annual, average per client)
  - To identify best practices to inform RFP development



# Evaluation Plan continued

- Impact/Outcome Evaluation
  - To use a pre-and post-test design to evaluate the impact of refined NMCM on:
    - The percentage of clients linked to care at 6 months (self report, agency report, surveillance)
    - The percentage of clients retained in care at 12 months (surveillance)



# Next Steps

- Renegotiate Contract Terms
  - Align Investment with Effort
- Review Staffing Pattern and Skill Set
  - Congruence with Staff Attributes
- Negotiate Contract Termination with Contractors Not Wanting to Move Forward

