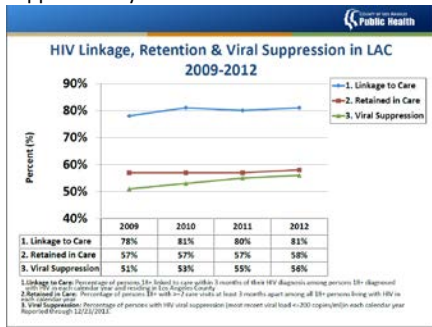


PROGRAM NAME:	Division of HIV and STD Programs
PROJECT TITLE:	Novel Program to Improve HIV Care and Prevention
STRATEGIC GOAL/OBJECTIVE¹:	5.1.h.; 5.2.d.; 2.3.b.; 2.4.a.
PROJECT TIMELINE:	FY 2015-2016
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PLAN
Identify Opportunity; Plan for Improvement

1. Getting Started: The Problem
In 2011 42,287 persons in Los Angeles County (LAC) were diagnosed with human immunodeficiency virus (HIV), 47% saw a doctor twice in the past year, 41% was prescribed HIV medication, and only 39% had low enough HIV virus levels to reduce risk of transmission.² Improved efforts were necessary to meet National HIV/AIDS Strategy (NHAS) targets, (1) increase patients retained in care to 80%, and (2) increase patients virally suppressed by 20%.

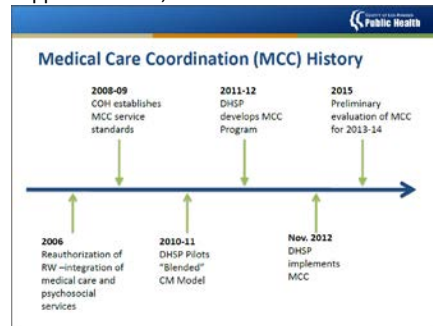


2. Assemble the Team ☀️ The Division of HIV and STD Programs (DHSP) of LAC Department of Public Health (DPH) collaborated with its federally mandated and 1/3 people living with HIV (PLWH), planning council, the Los Angeles County Commission on HIV (COH), with California HIV/AIDS Research Program's support.

3. Examine the Current Approach, Clarify the Problem: Why Is It Happening? ☀️ Prior to 2012, DHSP funded 40 contracts with 26 agencies that supported two case management service models providing services separate from medical care providers, fragmented, uncoordinated, and often duplicated.

4. Identify Potential Solutions ☀️ Based upon comprehensive literature reviews of evidence and the COH's standards of care and best practices, and with the support and brainstorming activities of contractors, DHSP & COH developed Medical Care Coordination (MCC), an innovative new service model. MCC multidisciplinary teams of Each MCC team consisted of (1) a Medical Care Manager (2) a

Patient Care Manager (3) a Case Worker were formed and co-located to work closely with HIV medical providers in of the 35 DHSP-funded HIV medical clinics. The MCC team identified patients with poor health status to deliver or coordinate targeted medical and support services, and behavioral interventions.



5. Develop an Improvement Theory ☀️ Improving effectiveness and efficiency of coordinated medical and non-medical support services, will increase people in continuous care adhering to antiretroviral therapy (ART) and virally suppressed, improving the overall health of PLWH and reducing the spread of HIV.

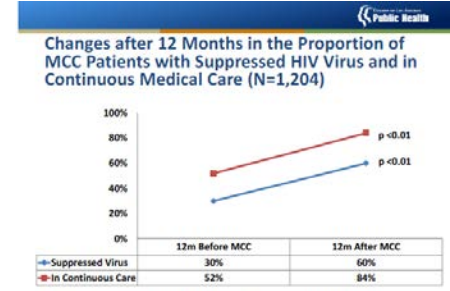
DO
Test the Theory for Improvement

6. Test the Theory ☀️ In 2012 DHSP piloted, operationalized and standardized the MCC model. DHSP (1) Developed comprehensive service guidelines and an assessment tool to determine patient needs; (2) Provided 4-day mandatory training for each MCC team member; and (3) Evaluated fidelity to the service guidelines data collection, analysis and annual contract monitoring.

CHECK
Use Data to Study Results of the Test

7. Check the Results ☀️ The MCC program, evaluating 1,204 patients before and after the 1st 12 months on key outcomes found improvement in efficiencies.³ Administratively, workloads were halved, as 40 contacts was reduced to 20 and needing fewer fiscal, administrative and programmatic reviews and site visits. Programmatically, all DHSP-funded MCC services were standardized, and individualized medical and social support service needs of

PLWH were addressed in one comprehensive clinic visit.



Patients with suppressed HIV virus improved 100%, from 30% to 60% (p<0.01) (NHAS goal: 20%). More patients were retained in medical care, improving from 52% to 84% (NHAS goal: 80%). More patients virally suppressed are less infectious and less likely to infect others.

ACT
Standardize Improvement; Set Future Plans

8. Standardize Improvement / New Theory ☀️ \$9+M was allocated for MCC to: (1) support patients' adherence to medical care and ART; (2) promote sexual risk reduction and decrease acquisition and transmission of sexually transmitted and HIV infections; (3) facilitate access and linkage to continuum of care services; and (4) Reduce acuity level and increase patient self-efficacy;

9. Establish Future Plans ☀️ (1) DHSP reports on MCC performance per medical home to include: (a) viral suppression and retention; (b) hours of services delivered per client acuity level; (c) percent patients with identified need for certain interventions linked to those interventions.

(2) Submit request to Los Angeles County Board of Supervisors to expand funding for MCC services to HIV+ individuals beyond medical clinics in the local RWHP DHSP-funded network.

10. Lessons Learned ☀️ MCC model is the foundation for HIV medical homes, basis for practice change in traditional clinic nursing roles, and an anchor for linkage to care activities, strengthening relationships between testing, reengagement and HIV care services.⁴

¹County of Los Angeles Department of Health. Department of Public Health Strategic Plan | 2013-2017
²Los Angeles County Department of Public Health Division of HIV and STD Programs. "HIV Cascades and PLWH Estimate 2014," Available at: <http://publichealth.lacounty.gov/dhsp/reports/HIV/HIVcascadesHIVEstimate2014.pdf>. Accessed October 5, 2016.
³Garland WH, Kulkarni SP, Boger A. Improvements in Retention in Care and Viral Suppression: Results from the First Year of the Medical Care Coordination Program in Los Angeles County [abstract #2265]. The 2015 National HIV Prevention Conference, 2015, Atlanta, GA.
⁴Garland, Wendy. Medical Care Coordination: Integrated Support Services to Improve Health' Outcomes in Los Angeles County. Presentation to Commission on HIV, Committee on Priorities, Planning and Allocation (Los Angeles County Department of Public Health Division of HIV and STD Programs. February 16, 2016)