

# A Disease State Management Model of HIV/AIDS Care on the US/Mexico Border

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Centro de Salud  
Familiar La Fe

University of Texas  
at El Paso

# Project Information

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- One of five projects funded by the Health Resources and Services Administration (HRSA) as part of the 2000 SPNS US/Mexico Border Health Initiative
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- Project Evaluator: John Wiebe, Ph.D., University of Texas at El Paso

# Project Location



# Centro de Salud Familiar La Fe CARE Center



# Pre-SPNS Public HIV/AIDS Care in El Paso

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- Service provision fragmented among area agencies and across borders
- Few dedicated HIV case managers; existing staff often operating outside competency
- Limited availability of infectious disease physicians
- Inadequate coverage for subspecialty referrals

# Logic Model – Intervention

Inputs	Activities	Outputs	Initial Outcomes	Intermediate Outcomes	Longer-term Outcomes
<p>Multidisciplinary coordinated care management teams</p> <p>For each 150 patients:</p> <ul style="list-style-type: none"> <li>■ 2 F/T R.N.s</li> <li>■ 2 P/T positive peer advocates</li> <li>■ 1 P/T case manager</li> </ul> <p>RN “floater” for off-site patients</p> <p>Consulting for all patients:</p> <ul style="list-style-type: none"> <li>■ 1 LMSW</li> <li>■ 1 Nurse practitioner</li> <li>■ P/T Pharmacist</li> <li>■ P/T Mental Health Therapist</li> </ul>	<ul style="list-style-type: none"> <li>■ Disease state management</li> </ul>	<ul style="list-style-type: none"> <li>■ 300 patients served</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased appointment attendance</li> <li>■ Increased patient satisfaction</li> <li>■ Expanded access and increased compassionate use of medications</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased adherence</li> <li>■ Increased knowledge of HIV/AIDS and treatment</li> <li>■ Increased dietary knowledge</li> <li>■ Increased perceived social support</li> </ul>	<ul style="list-style-type: none"> <li>■ Increased quality of life</li> <li>■ Increased physical health</li> <li>■ Increased psychosocial adjustment</li> </ul>

# Logic Model – Outreach

<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Initial Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Longer-term Outcomes</b>
<ul style="list-style-type: none"><li>■ Trained HIV counselors, supervised by a Field Coordinator</li></ul>	<ul style="list-style-type: none"><li>■ HIV counseling and innovative testing, performed in both traditional and non-traditional settings</li></ul>	<ul style="list-style-type: none"><li>■ 100 HIV tests per month</li><li>■ Counseling of all tested subjects</li></ul>	<ul style="list-style-type: none"><li>■ Increased rate of return for test results</li><li>■ Increased proportion of high-risk persons tested</li><li>■ Increased number of off-site testing events</li></ul>	<ul style="list-style-type: none"><li>■ Decreased latency between positive test and initiation of intervention</li></ul>	<ul style="list-style-type: none"><li>■ Other variables to be determined by multi-site evaluation center</li></ul>

# Logic Model – Training

<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Initial Outcomes</b>	<b>Intermediate Outcomes</b>	<b>Longer-term Outcomes</b>
■ AETC training personnel	■ HIV/AIDS training	■ 16 hours of continuing education per year for each case management team member	■ Provider satisfaction ■ Provider skills, attitudes, and comfort	■ Annual competency rating exam passed	■ All R.N.s providing patient care will receive credentials as AIDS Certified Registered Nurses (A.C.R.N.)