

**El Paso HRSA/SPNS
US/Mexico Border Health
Initiative**

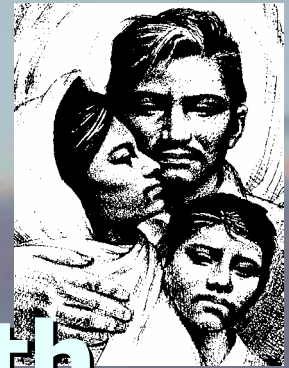
Grantees Meeting

August 2004

Centro de Salud Familiar La Fe

CARE Center

Community Advocacy, Resources, and Education



Programmatic History



LOGIC MODEL: EL PASO SPNS

An Experimental Comparison of Multidisciplinary Care Management and Traditional Case Management Approaches in New and Existing Patients

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-Term
R.N. Care Managers <ul style="list-style-type: none"> 2 full-time R.N.s for each 100 patients 	Pursue expanded meds access and compassionate use	Expanded access and compassionate use	↑ clinical. trials	↑ pt. satisfaction ↑ patient health	↑ quality of life
	Treatment adherence advocacy	Adherence monitoring and counseling	↑ patient adherence	↑ patient health	↓ morbidity & mort. ↑ return to work
	In-person & telephone triage	Patient access to triage	↓ noninjury ER visits	↑ cost efficiency	↑ cost efficiency
	Medical referrals	Appropriate referrals	↓ hospitalizations	↑ cost efficiency ↑ patient health	↑ cost efficiency ↓ morbidity & mort
	Preventive health screen/counsel	PPDs, Paps, Imm., BIA	↑ wellness visits	↑ patient health	↑ return to work ↓ morbidity & mort
HIV Positive Peer Advocates <ul style="list-style-type: none"> 2 half-time peer advocates for each 100 patients 	Client empowerment	Buddy/companion	↑ support	↓ depression	↑ mental health
	Coordinate self-help groups	Regular group meetings	↑ emotional status	↑ quality of life	↑ quality of life
	Next Step/Positive living classes	Regular class meetings	↑ AIDS knowledge	↑ adjustment	↑ prog. sustainability
	Appointment follow-up	Reminders for all appts. f/u of all missed appts.	↑ appt attendance	↑ patient health ↑ cost efficiency	↑ patient health ↑ prog. sustainability
Dietician <ul style="list-style-type: none"> 1 registered dietician will consult for all patients 	Nutritional assessment and counseling	Nutritional counseling provided to 300 pts.	↑ dietary knowledge	↑ nutritional status	↑ patient health
Social Worker <ul style="list-style-type: none"> 1 for each 100 patients 	Assistance screening/qualifying	Intakes, applications	↑ patient qualification	↑ reimbursement	↑ comprehensive care
	Social and human service appts.	Referrals	↑ continuity of care	↑ client satisfact.	↑ progr. retention
Consulting Psychologist <ul style="list-style-type: none"> 1 part-time position will consult for all patients. 	Psychotherapy	Approximately 20 hrs. psychotherapy/week	↑ emotional status	↑ mental health ↑ quality of life	↑ mental health ↑ quality of life
Medical Director <ul style="list-style-type: none"> 1 part-time position 	Quality improvement review	Record audits	↑ progr. compliance	↑ protocols	progr. adaptation & enhancement
Program Administrator <ul style="list-style-type: none"> 1 part-time position 	Utilization review	Performance reports	↑ productivity	↓ unit costs	↑ prog. sustainability
Evaluation Team <ul style="list-style-type: none"> Applied Health Psychology researchers from the University of Texas at El Paso 	Development of data collection instruments	Data management system	↑ data quality & utility	Permit adequate evaluation	Permit replication/extension
	Data collection, analysis, reporting	Reports and articles	↑ accountability	↑ dissemination	Permit replication/extension
	Orientation in evaluation practices	Seminars for staff	↑ staff compliance w/ evaluation procedures	↑ data quality	Enhance evaluation validity

Note: Comparisons will be made against a baseline control condition, as well as a 100-member wait-list control group. All patients will receive basic care throughout the study. Care Management approach is instituted as a comprehensive package; thus components cannot truly be evaluated separately.

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Longer-Term
<p>Multidisciplinary coordinated care management teams</p> <p><i>For each 163 patients:</i></p> <ul style="list-style-type: none"> • 1 Full-time R.N • 1 Half-time positive Peer Advocates • 1 Full-time Case Manager <p><i>Consulting for all patients:</i></p> <ul style="list-style-type: none"> • 1 Dietitian • 1 LMSW • 1 NP* • P/T Pharmacist 	Disease state management	490 patients served	<ul style="list-style-type: none"> • Increased appointment attendance • Increased patient satisfaction • Expanded access and increased compassionate use of medications 	<ul style="list-style-type: none"> • Increased adherence • Increased knowledge of HIV/AIDS • Increased dietary knowledge • Increased perceived social support 	<ul style="list-style-type: none"> • Increased quality of life • Increased physical health • Increased psychosocial adjustment
<p>Trained HIV counselors</p> <ul style="list-style-type: none"> • Field Coordinator 	HIV C/T	<ul style="list-style-type: none"> • 100 completed HIV tests per month • Counseling of all tested subjects 	<ul style="list-style-type: none"> • Increased rate of return for test results • Increased % of high-risk persons tested • Increased number of off-site testing events 	<ul style="list-style-type: none"> • Decreased latency between positive test and initiation of intervention 	<ul style="list-style-type: none"> • Other variables to be determined by multi-site evaluation center
AETC training personnel	HIV/AIDS training	<ul style="list-style-type: none"> • 16 hours of continuing education per year for each case management team member 	<ul style="list-style-type: none"> • Provider skills, attitudes, and comfort 	<ul style="list-style-type: none"> • Annual competency rating exam passed 	<ul style="list-style-type: none"> • All R.N.'s providing patient care will receive credentials as AIDS Certified Registered Nurses (ACRN) 10/01/02 *Paid out of another grant budget

Model of Care

- Care Manager
(R.N.)
- Case Manager
(social worker)
- Peer Advocate
(person living with
HIV/AIDS)

Model of CARE

- Caseloads divided into 3 Teams
 - Team A (clients with last name A-E)
 - Team B (clients with last name F-M)
 - Team C (clients with last name N-Z)

Challenges

- Health Professional Shortage Area
 - Keeping Professional staff
 - Nurses, dieticians, psychologists, social workers
 - Keeping assigned clients to individual care team members

Benefits of the CARE Teams

- When staffing is adequate
 - Rapport is established
 - Trust
 - Advocacy
 - Continuity of care
 - Positive health outcomes

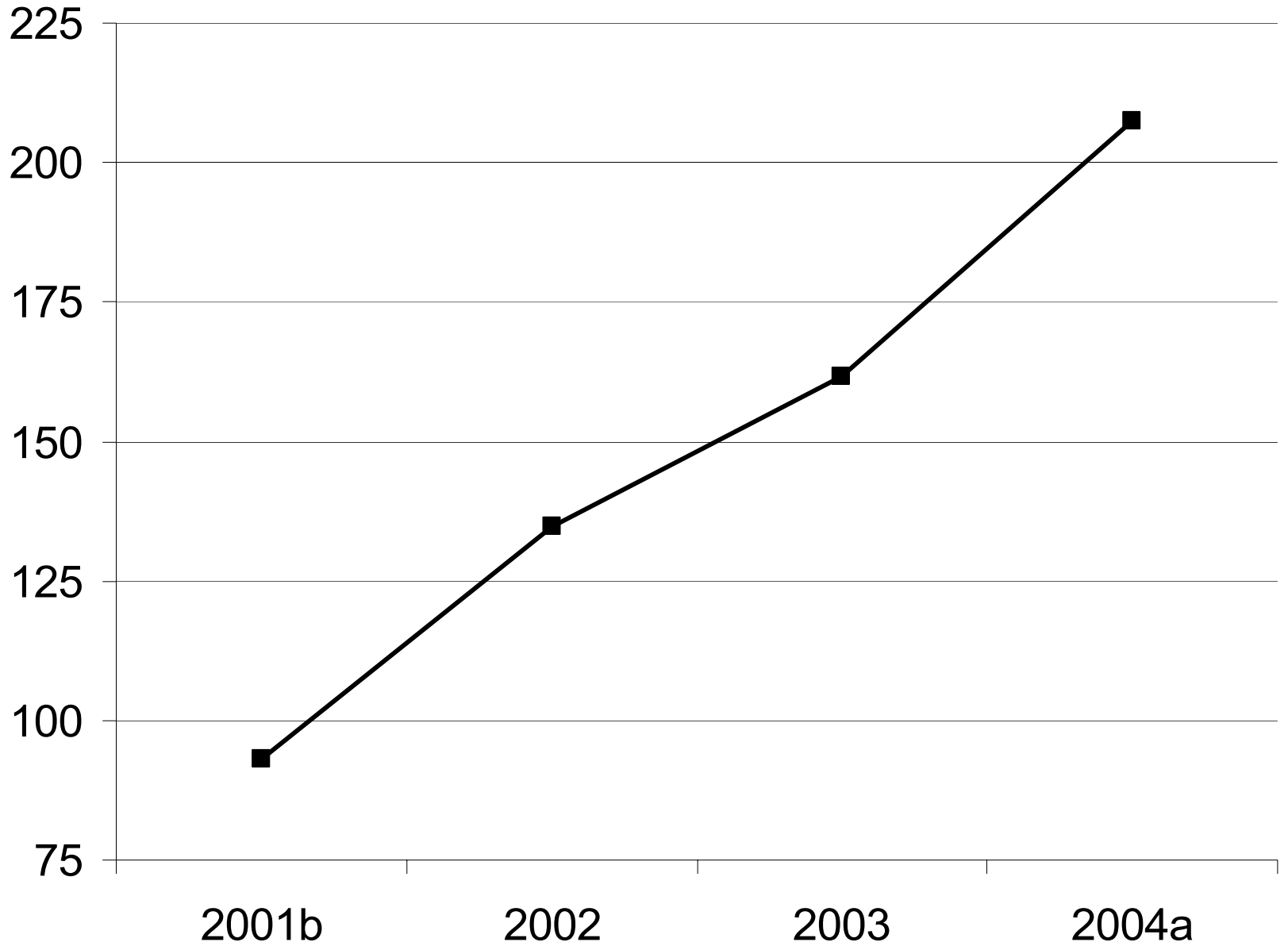
Longitudinal Local Evaluation Data



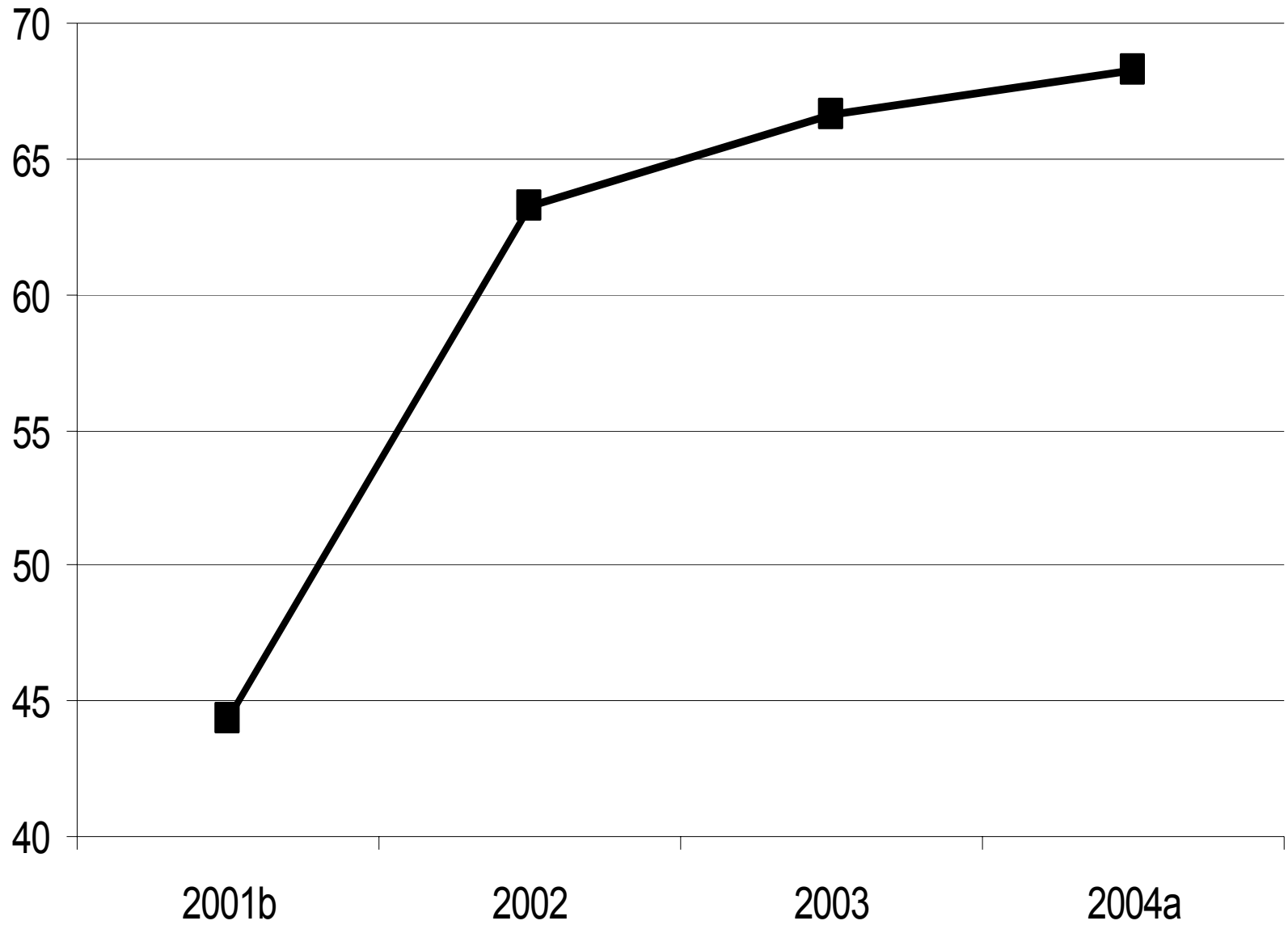
Local Evaluation Battery

- Staff Knowledge/
Certification
- Clinic Appointments/
Attendance
- Nurse Ratings of Patient
Health
- Mental Health Chart
Review
- Depression
- Adherence
- Social Support
- HIV/AIDS Treatment
Knowledge
- Awareness/Understanding
- Nutrition Resources,
Practices, Knowledge
- Employment
- ER Usage
- Disclosure of HIV Status
- Information Sources

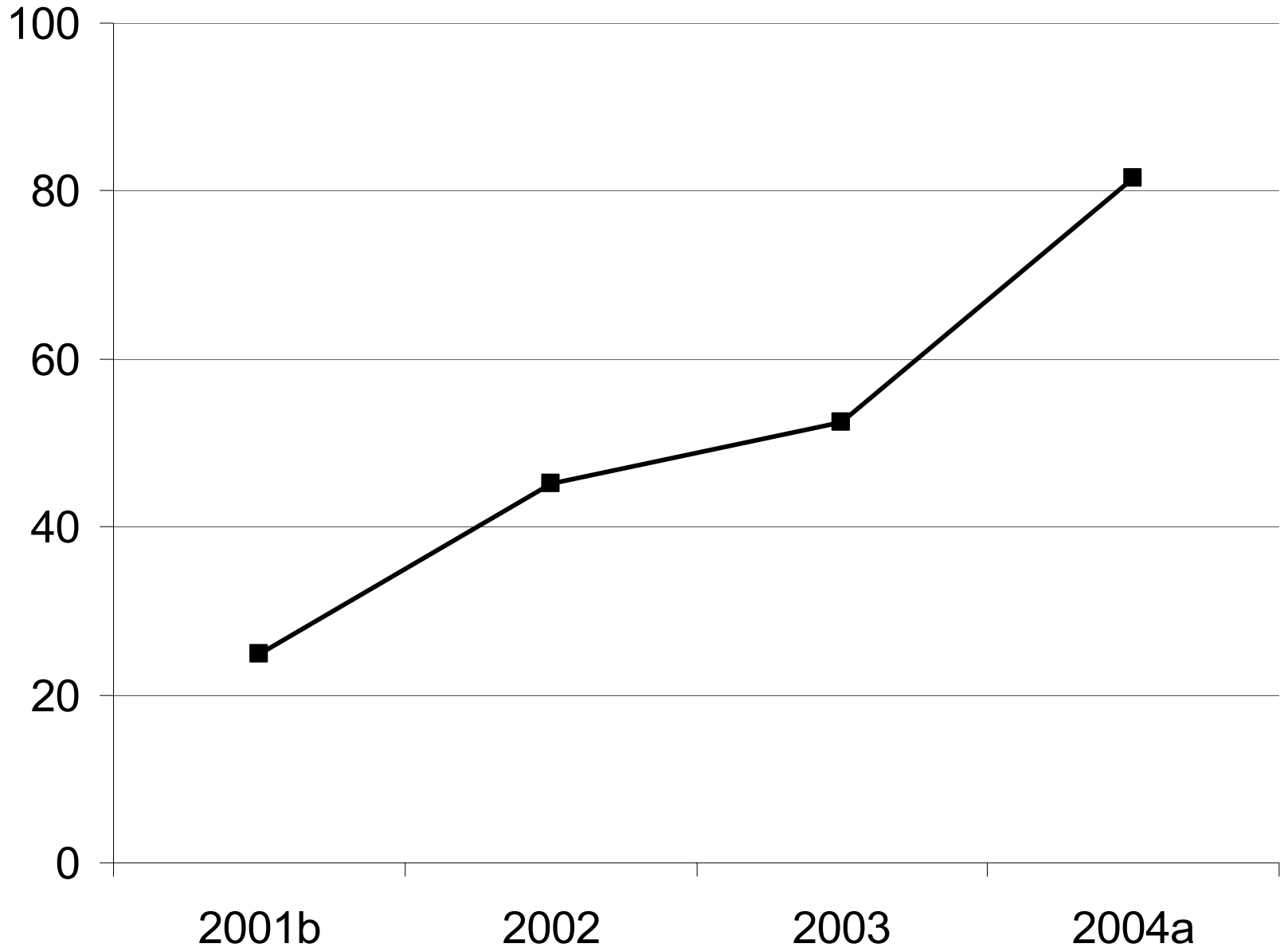
Monthly Clinic Visits



Appointment Show Rate



Walk-In Visits



Nursing staff have received substantially more than the targeted 16 hours of continuing education per year.

All nurses currently employed by the project have achieved A.C.R.N. status.

Results of Johns Hopkins HIV/AIDS Specialty Test (Bartlett & Moore, 2001)

Hopkins averages:

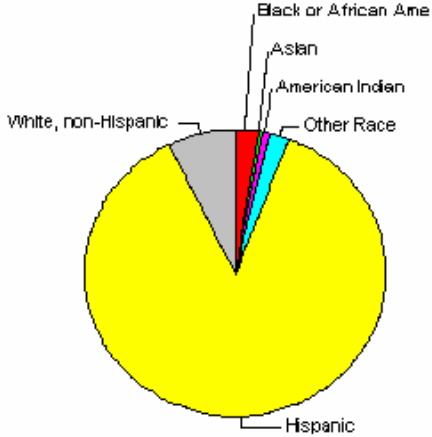
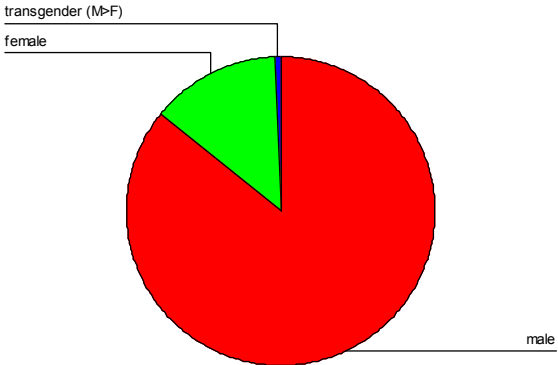
- Nurses who provide HIV care – 31%
- N.P.s who provide HIV care – 42%
- Physicians in training – 48%
- Infectious disease physicians – 68%

Nurses on our project:

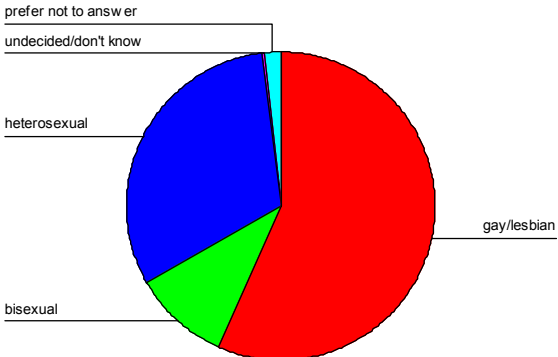
- Average score before training – 34.5%
- Average score after training – 45.2%
- All nurses showed improvement with training.

Demographic Characteristics

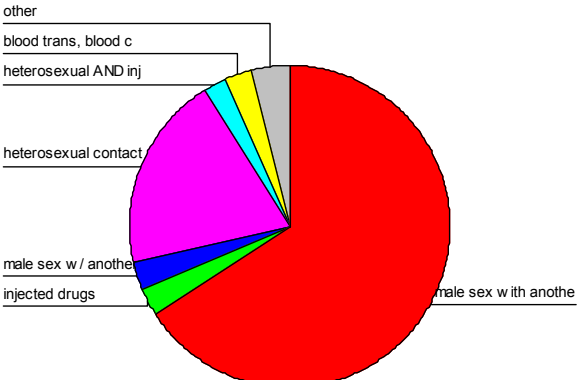
gender of client



sexual orientation



exposure category



Emergency Room Visits

Baseline

- Percent reporting ER use in past year: 34.1%
- Mean visits by those who used ER: 2.31
- Range: 1-12
- Percent referred by CARE Center staff: 18.4%

Follow Up

- Percent reporting ER use in past year: 19.4%
- Mean visits by those who used ER: 1.74
- Range: 1-8
- Percent referred by CARE Center staff: 24.6%

Medication Adherence

Baseline

- 78.5% reported perfect adherence over the past three days.
- 80.4% reported at least 95% adherence over the past three days.

Follow Up

- 87.0% reported perfect adherence over the past three days.
- 87.0% reported at least 95% adherence over the past three days.

Social Support

Baseline

- Average social network size: 10 individuals
- Average qualitative score on the Medical Outcomes Study Social Support Questionnaire: 48.4

Follow Up

- Average social network size: 12 individuals
- Average qualitative score on the Medical Outcomes Study Social Support Questionnaire: 54.8

Depression

- We administered the Beck Depression Inventory-II at both baseline and follow-up.
- Clients, on average, scored in the non-clinical range on the measure.
- At baseline, the average score was 12.5
- At follow up, the average score was 10.8