

# El Paso SPNS Disease Management Model

Centro de Salud Familiar La Fe  
La Fe CARE Center

*Community Advocacy, Resources, and Education*



# El Paso Team Members

---

- # Tony Chavez, Administrator
  - # Kendall Carnie, Chief Nurse
  - # John Wiebe, Local Evaluator
  - # Ledia Martinez, Project Officer
-

# SUMMARY OF CARE MANAGEMENT INTERVENTIONS - A PROGRESS REPORT

---

## # Jan. – Feb. 2001

Care Managers (RN's) completed transition of 112 clients to the Disease Management model – bringing total caseload to 254 at the La Fe CARE facility (an increase of 78.8%)

## # Feb. – July 2001

Through in-house testing and counseling efforts funded by Title III, 49 new clients were identified and enrolled in the CARE program (bringing the total caseload to 316, an increase of 112% since the program's inception)

---

# Feb – July 2001 continued

---

303 people were tested for HIV, with a return-for-result rate of 84% (or 256 persons) and a positivity rate of 16% (or 49 persons)

*In response to this volume, 7 additional staff members were trained in pre-test counseling and partner elicitation*

13 clients were transferred to the program from various agencies within the community

---

# Challenges Presented by Increases & Interventions Performed

---

- # 42 clinic visits in July 2000 vs. 208 clinic visits in July 2001 (27 walk-in visits Dec 2000 vs. 48 in July 2001)

*Increased scheduled clinics from 8 hours/week to 24 hours/week*

*NP sees clients on a walk-in basis during non-scheduled clinic hours*

---

# Challenges Presented by Increases & Interventions Performed

---

## # Insufficient clinical ancillary support

*Temporary clinic coverage by Care Managers  
(which also serves as orientation of clinical  
services) pending placement of additional  
permanent staff*

*Recruiting of additional clinical ancillary staff is  
in progress*

*Chief Nurse & Ancillary Services Coordinator  
named*

---

# Needs Identified As A Result of Care Manager Involvement

---

- # Referral tracking mechanism (i.e., ophthalmology, radiology, dental, etc.)
  - # Response to abnormal/critical lab results
  - # Rapid response to failed clinic appointments
  - # Administration of all vaccines indicated by protocol (to include Hepatitis B vaccine)
-

# Needs Identified As A Result of Care Manager Involvement

---

- # Uniformity of all medical records
  - # Transfer of elicitation of health history from case management to care management
  - # Documentation in medical record of approval by Texas Department of Health for Texas Medication Assistance Program (46 out of 316 clients had no documentation of approval, which could have led to unnecessary Title III expenditures on medications)
-

# Personnel Challenges Identified

---

- # LMSW/ACP difficult (if not impossible) to retain due to salary available and large case load  
*Will contract with LSW*
- # Case Managers are not licensed social workers  
*Case Managers will be re-classified as Case Workers*

# Personnel Challenges Identified

---

- # Nutritionist who is bilingual is difficult to recruit  
*Will attempt to contract rather than employ*  
*Care Managers are receiving nutrition training in the interim*
  - # Collaborative effort with International AIDS Empowerment (IAE) has failed to produce peer advocates of the caliber expected  
*Will proactively recruit and carefully evaluate alternative candidates*
-

# Evaluation Challenges and Solutions

---

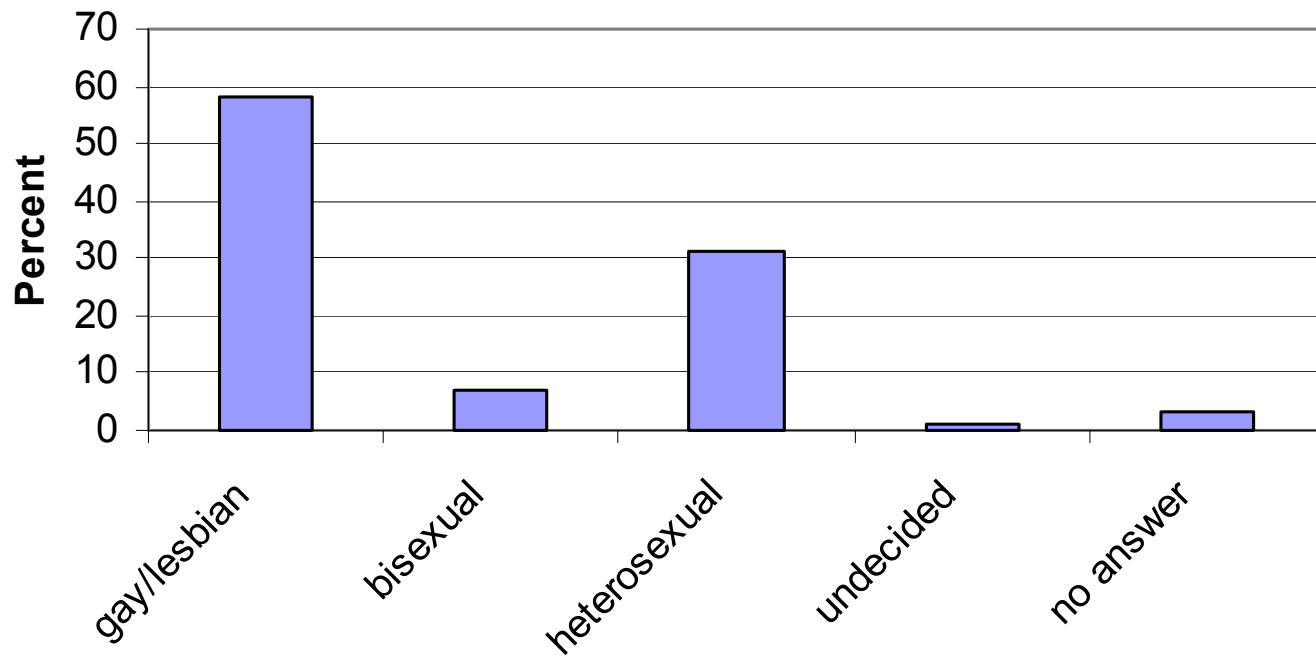
- # Dedicated data collection personnel
    - Integration of care manager input
  - # Patient recruitment
    - Introduction by care managers, appointments and home visits
  - # Computer hardware
    - Ongoing troubleshooting, gracious graduate assistants
-

# Demographic Characteristics

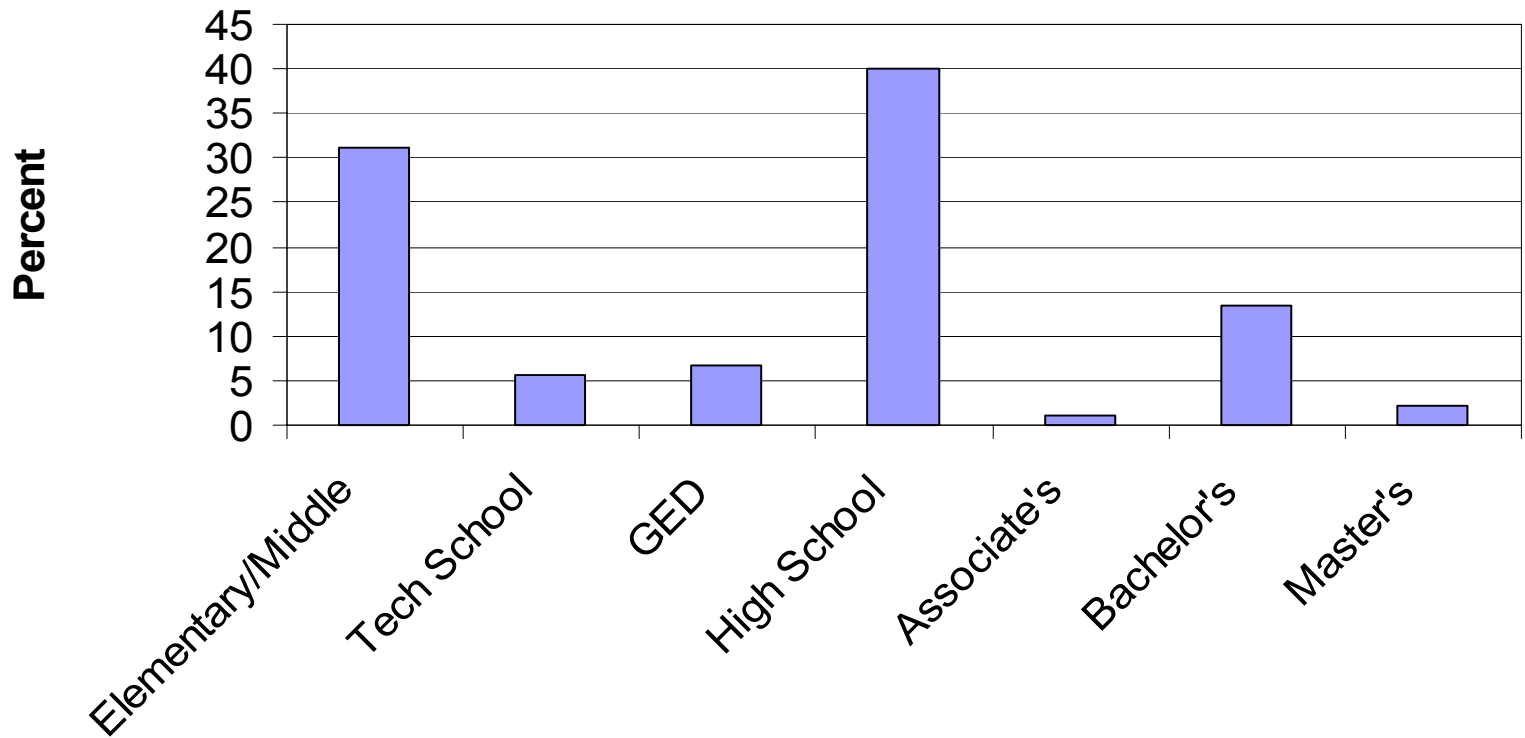
---

- # 89% male
  - # mean age = 38 years
  - # mean time since diagnosis = 6 years
  - # 98% “White”
  - # 84% Hispanic
  - # 60% preferred to answer in Spanish
-

# Sexual Orientation

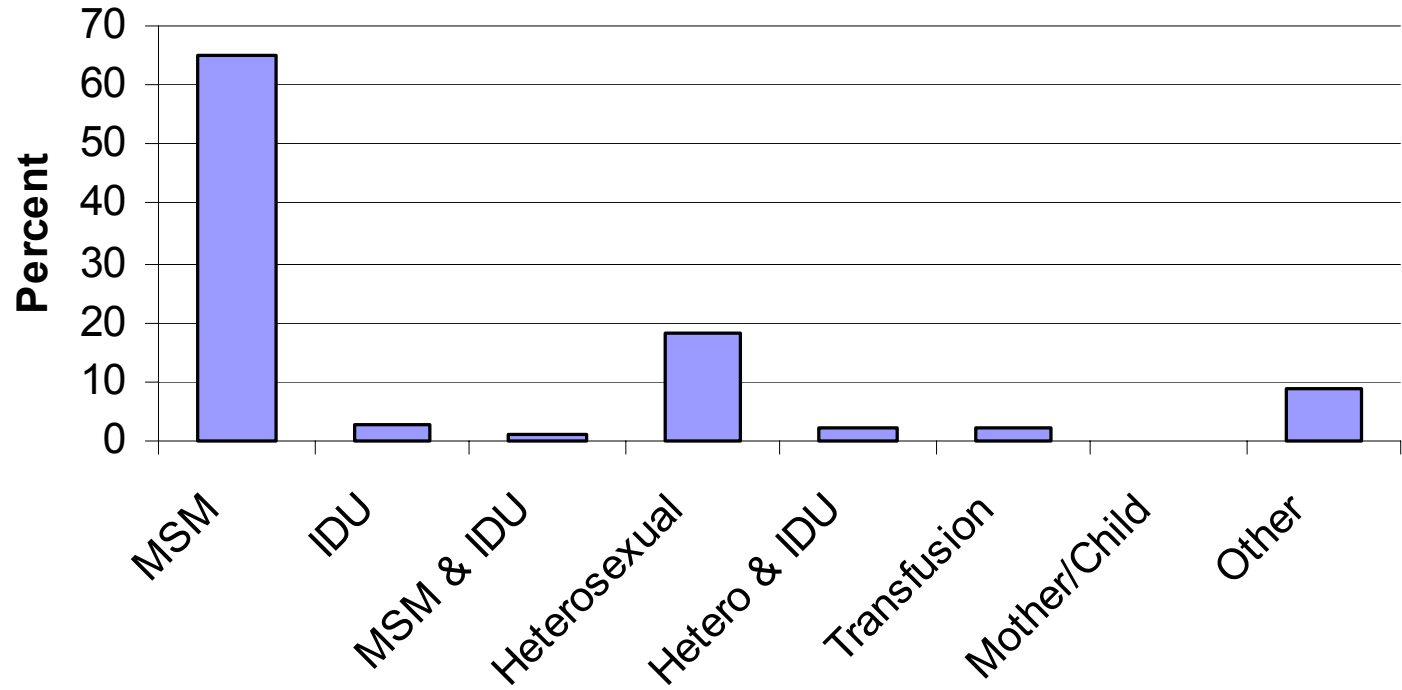


# Education

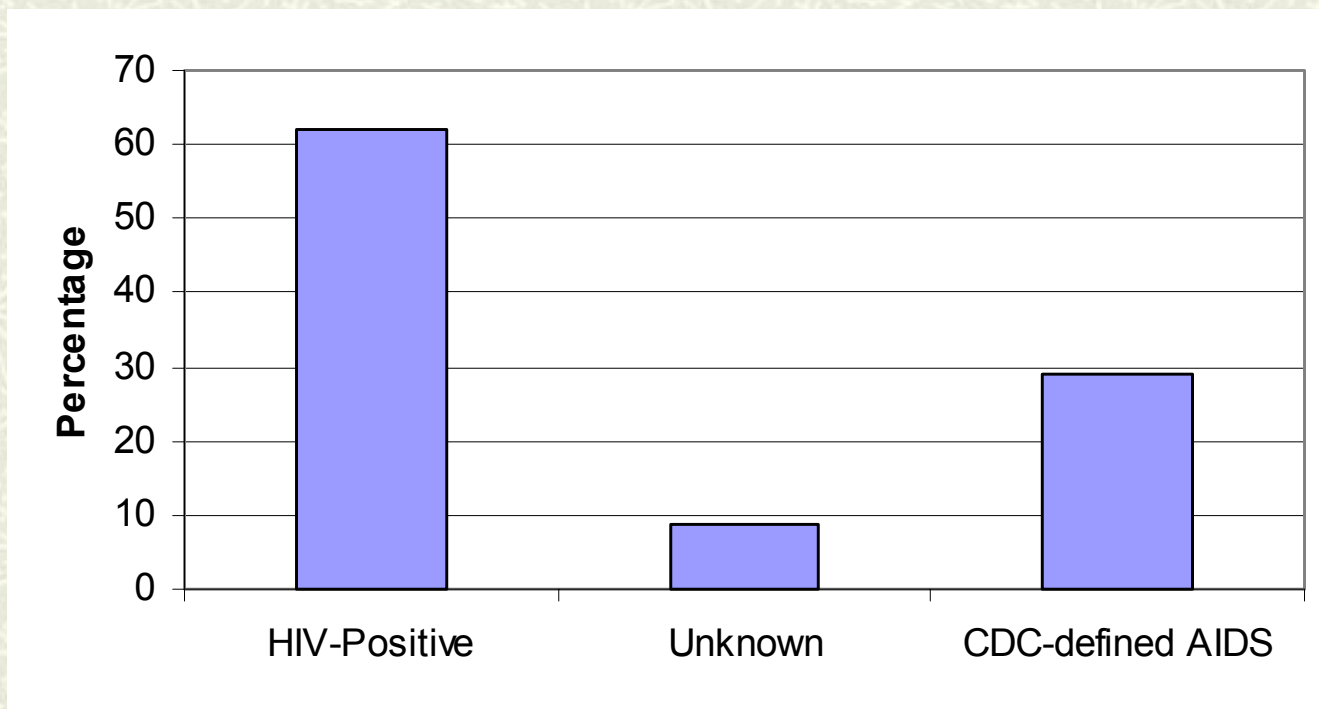


Equal amount of education were reported, on average, both in and out of the U.S.

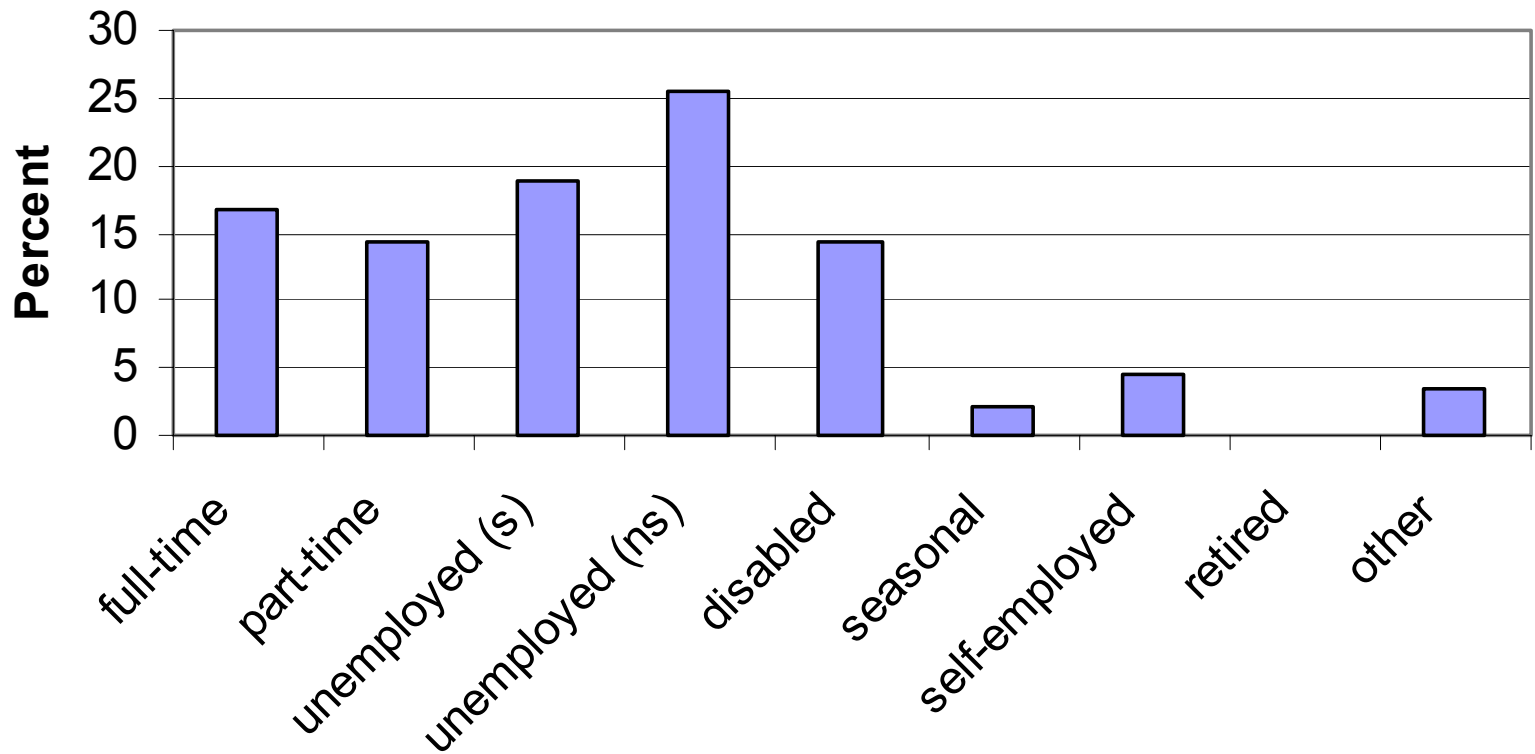
# Exposure Category



# Self-Reported HIV Status



# Employment Status

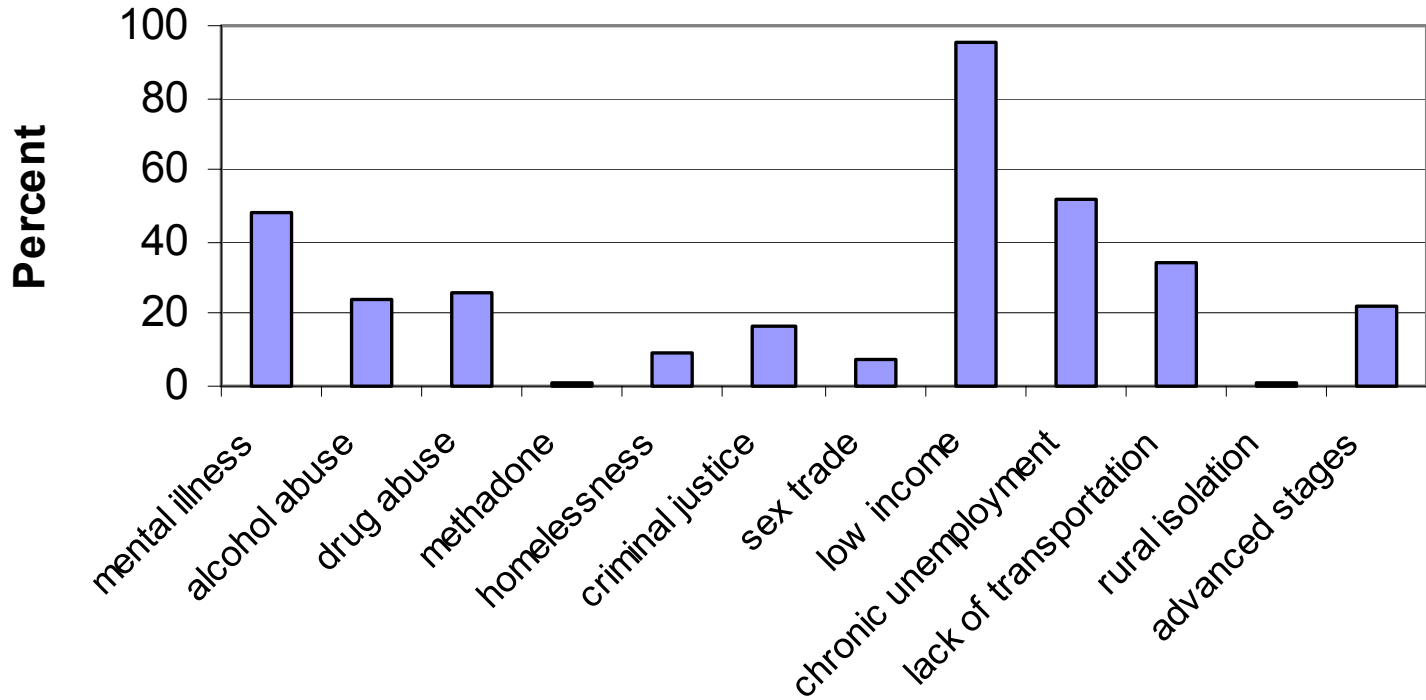


# More on Employment

---

- About half had been employed during the past year.
  - 58% of those who were not employed were out of work for health reasons.
  - Those who were employed missed an average of 17 days in the last year due to poor health.
  - 71% reported having no health insurance.
  - 23% of those unemployed said they were looking for work.
  - 20% of those who were not looking for work said that they were concerned about losing their benefits if they got a job.
  - Average household income was \$11,983
-

# Inferred Treatment Issues



# Emergency Room Utilization

---

- # 38% reported using the ER for care in the last year, for an average of 2 visits.
  - # Very few of those visits were initiated by clinic staff.
-