How to Measure Engagement in Care

- Know well what works for linkage to care, much less so for retention and re-engagment
- Variety of approaches and metrics being used depending on availability of data
  - Clinic data
  - Surveillance data
  - MMP
  - HRSA CDC definition
- Importance of regularity measurement

Why do people fall out of care?

- Linkage is well defined but initial engagement period is crucial
- Need to understand why fall out of care in first place
- Limited data on reasons why people are not engaged
- Is it patient-physician relationship or competing priorities?
- What do patients perceive as being “engaged”

What do we know about engagement?

- When diagnosed in non-traditional places such as ED, need to be oriented to what primary care means
- Patients often fall out of care b/c of front office staff so perhaps we need to meet people where their needs are
- Providers do not set patient expectations or provide assistance regarding navigation
- Need to be proactive regarding patient appointments and follow up after missed visits (Gardner et al)
- Importance of messaging regarding staying in care
  - Provider training and making sure clinical staff are all on same page (CID)
- Increasing engagement in care could in the short term impact the proportion who are virally suppressed but in the longer term….

How is engagement being addressed?

- Patient centered approach…such as peer-navigation program (Chicago)
- Have different strategies for certain populations for re-engagement, use community peer models (NYC, CEG)
- Philly has looked at LTC and then not retained population and have not found anything systematically
- LaPhie System in Louisiana
- Brown/RI is giving providers a form to complete for out of care patients to submit to the hlth dept. (Brown/RI DOH)
- CAPUS funding and CFAR engaged research

What are opportunities for Re-engagement?

- During hospitalization
- While incarcerated
- Work with DOH to determine if OOJ, dead, in care elsewhere esp since labor intensive process
- When known positives are retesting
- Point of crisis may facilitate re-engagement-access to case mgmnt, housing

Where can we focus our efforts?

- Returning phone calls
- Front office staff
- Wrap around services
- Changes in Medicaid can be a positive or a negative opportunity
  - may facilitate engagement but if patient can't navigate systems…..

How can we prioritize who we focus our engagement efforts on?

- RI- phylogenetic testing for acute clusters for recent transmission clusters (for linkage to care)
- Prioritize those w high VL (>50-100K, low CD4 counts, young MSM and other high incidence groups (DC, Philly, Chicago, Cleveland)
- If ever been seen in hosp system-newly diagnosed and never engaged in care and also focus on those out of care longer (Cleveland)

Future Scientific Directions