A Simple Method of Improving Retention-in-Care for Persons Living with HIV

Authors: Ana-Alicia Leonso

Retention-in-care (RIC) for persons living with HIV is as important for clinical outcomes as initial linkage to care. Low RIC rates have been associated with higher risk of mortality, lower CD4 T cell counts, lower virologic suppression rates, and increased risk of viral transmission. There is no gold standard for measuring RIC, but one method is to track the number of missed visits or "no shows". There is evidence that visit reminders improve RIC, but only if able to reach the patient. Upon reviewing my clinic panel, I had a no-show rate (NSR) between 30-40%, similar to national and state averages. The most common cause was inability to reach the patient (or confirm appointment) and frequently related to out-of-date contact information as well as lack of voicemail message receipt. Thus, a goal of reducing the no-show rate by 10%, main outcome measure, was created with plan to improve data collection via the methods described below.

A simple contact information form was created with indication of preferred contact method and a new text message reminder option via the secure Tiger Connect application. Patients were to complete the form at check-in and the medical assistant (MA) then created a "sticky note" for preferred method of contact in the electronic medical record system (EMR). The appointment reminder note template was updated to indicate preferred method of contact use in the EMR.

Data is being collected, but more data is needed to assess the primary outcome measure. Additionally, the rate of form completion, sticky note creation, and appointment reminder documentation was noted to be low and delaye, making it difficult to compare the pre and post-implementation data. Therefore, will create process improvements with feedback from patients and staff and analyze for changes in NSR after 2 months of notably improved process.

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