From Lost to Found

Once clinic's systematic approach to retention in care: Maintaining clients on treatment long term

PAULINE M. DOBSON [1,2], RICHARD RILEY [1], MICHAEL BOYLE [1,2]

1. Immunology & Infectious Diseases Unit, John Hunter Hospital, Newcastle NSW 2. Faculty of Health, University of Newcastle, Newcastle NSW

Introduction

Individual clinicians in our service would recollect that a long term client had not been seen for some time, often believing this was due to transfer of care to another practitioner elsewhere. We realised that relying on staff memory and uncertain referral meant that it was likely that patients were 'slipping through the cracks', potentially risking serious illness. The NSW HIV Strategy 2016-2020 which aims to reduce new HIV acquisitions by 2020, recommends that specialist services should look to automatic recall methods and systems to identify loss to care, and to initiate actions where follow-up issues are known.

Approach

We utilised the unit's HIV clinical database to identify all patients who had not been seen in the past nine months. Extensive software changes were required to ensure information captured was accurate.

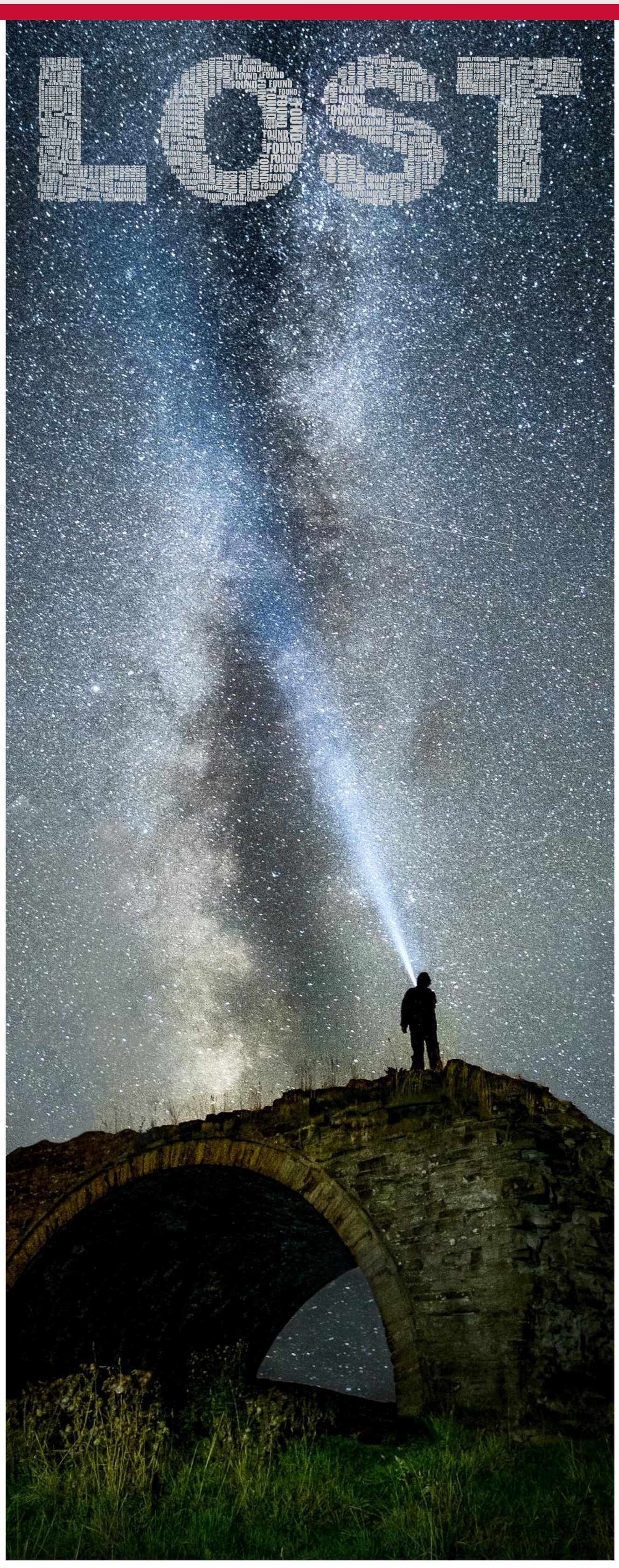
We examined outpatient medical records and specialist correspondence to determine the intended follow-up plans e.g. if the specialist wanted to see the patient within 6, 9, or 12 months, and if there was any information relating to the client moving out of area or transferring care elsewhere.

Outcomes / Impact

We examined over 400 medical records as a one-off intensive exercise, creating a list of either 'Active' or 'Inactive' clients, the latter being those who were deceased or had transferred care elsewhere. From the 182 active clients list we found 29 patients who were lost to follow-up and did not have a future scheduled medical appointment. Some patients were contacting the service to get prescriptions but not attending for monitoring for the effects of HIV or antiretrovirals.

To date, many hard to reach clients have responded to a variety of personalised efforts, making and keeping new appointments, and renewing antiretroviral scripts.

One client is declining contact. Another has unknown location.



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Case One

Is a 52 year old MSM. Last monitoring bloods Aug 2015, last medical appointment July 2016, but still taking ARVs with meds dispensed Oct 2017. Personalised text messages, and phone calls resulted in an attended appointment Feb 2018. Now having regular medical follow-up.

Case Two

Is a 66yo transgender woman. Last medical appointment and bloods Sept 2016 followed by several not attended appointments. Re-engaged with medical follow-up after personalised telephone calls.

Case Three

Is a 60yo heterosexual male. Last medical appointment and bloods Aug 2016. Three appointments cancelled in 2017. Contact resulted in acceptance of an appointment in Jan 2018, however did not attend. Voicemail left, personalised letter with blood collection form and appointment for Feb 2018 sent. Has since had two follow-up visits. CD4 194 so medical monitoring and ARVs essential

Innovation and Significance:

This strategy did not rely on a single automated text message or form letter to contact lost to follow-up clients. We tailored the method of contact to our knowledge of the individual client and what we thought would give us the best chance of successful re-engagement. We made repeated attempts to re-engage clients giving consideration to patient autonomy and the absolute right to decline follow-up. We believe this strategy may help to prevent hospitalisations for advanced HIV in a group of clients who had left the system and for some, stopped antiretrovirals. We now have a simple report to run on a regular basis to identify future clients who are lost to follow-up to prevent unnecessary disease progression.

Contact

For more information contact the authors by email
Pauline.Dobson@hnehealth.nsw.gov.au
Richard.Riley@hnehealth.nsw.gov.au

Disclosure of Interest Statement:

The authors declare that they have no conflicts of interest in the work described in this study. No pharmaceutical sponsorship was obtained to undertake this project.

NSW GOVERNMENT Health
Hunter New England Local Health District