

Veronica Jenkins, MD
Family and Medical Counseling Service, Inc.

TARGET: OUTREACH

Objectives

- Recognize barriers to care
- Identify customized solutions
 - Defined by staff
 - Defined by clients
 - Defined resources

FMCS: The Big Chair



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FMCS Statistics

- 1997
 - 652 clients
 - 150 active medical clients (unduplicated/year)
 - Lost to follow up : 200*
- 2005
 - 864 clients
 - 687 active medical clients
 - Lost to follow up : 122*
- 2007-8
 - 1100 clients
 - unduplicated medical clients
 - Lost to Follow up: 190* *(alive and well)

Lost to Follow Up Identification

- Chart review
- New EMR
 - Missing numbers on review
 - Missing from staff reports
 - Seen in Outreach
 - Request for Medical records
 - Calls from other providers
 - Hospital admissions

Contact

- Via telephone
- Via outreach van
- Home visits
- Letters
- More telephone calls

Patient Reason's

- "Just stopped coming"
- "Problems with a staff member"
- " don't know"
- "Got tired of taking pills"
- Relapse
- Moved, so clinic too far
- Incarcerated

Reasons to Return

Incentives

- Gift cards
- Food vouchers
- Needed to know we still cared
- Readiness for care
- Not treated as well in other places

Target Outreach

- Program time : 4 months
 - Telephone contacts: 246
 - Many duplicate calls or repeat contacts
 - Outreach contacts: 97
 - Home visits: 30
 - lost adherence team secondary to funding so fewer home visits
- Case Managers/ Outreach team given comp day for 3 clients scheduled and met in med dept.

Factors for Continued Growth

- 1. Adherence team
 - 2 peer educators
 - Follow up phone calls
 - Abn lab letter
 - Home visits
- 2. Medical CM /Outreach Adherence Team
 - Follow up phone calls
 - Home visits
 - Incentives for continued service

Adherence Work

- Telephone calls each day
 - Medical Case Manager
 - Adherence
- Abnormal Mailers
 - Medical CM
- Outreach Home Visits Daily:

Barriers to Care

- Transportation
- Finances
- Insurance
- Child care
- Illness
- Stable housing
- hospitalization

Individualized Care Plan

- Optimize Care with Individualized Service
 - Make available : tokens, metro pass
 - Increase medical availability
 - Treat mental health issues
 - Simplify insurance criteria
 - Incentives
 - Close client contact on a daily basis
 - Reduce stigma
 - Develop social resolution strategy/support groups
 - daycare

Successful Long Term Care

- Individualized care
- Face to face contact
- Reassurance
- Ease of service
- Stabilization
- Resolution of social barriers
 - Decrease homelessness
 - Decrease social stigma
 - Decrease co-morbid conditions

After Initiative

- 190 Initially lost to care
- 116 returned to care at FMCS
- 40 in other clinics
- 44 still lost
 - 61 % recovery rate
 - 82 % in care
 - 23 % attrition
- Clinic continues to follow initiative protocol though no further funding for intensive work
