NATIONAL **S**RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



Out of Care Analysis: Looking Beyond a Single Report to Get the Whole Story

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Ponce de Leon Center Background

- Large Infectious Disease clinic in Atlanta, Ga
 - Ryan White Part A sub-recipient
 - Direct Part D recipient
 - Georgia Dept. of Public Health
 - Other grants
- Over 6,000 patients with HIV
- Comprehensive array of services including medical, dental, mental health and substance use, specialty, childcare, pediatrics and adult



Who are our patients?

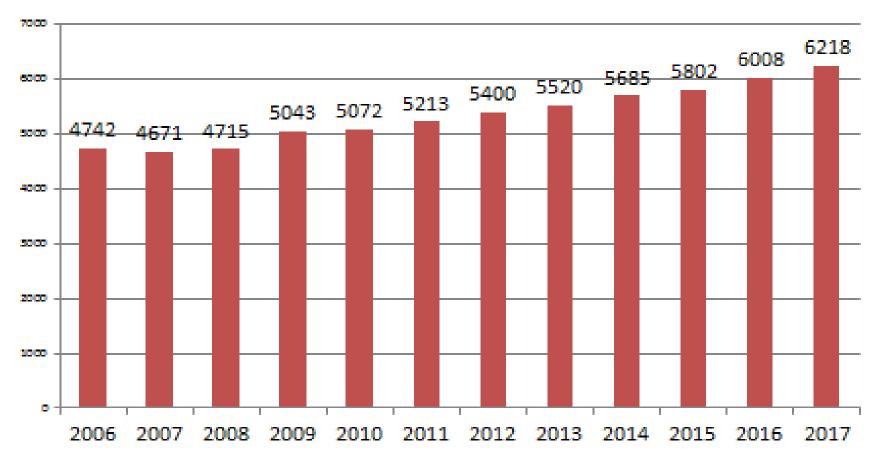


- 71% Male, 28% Female, <1% Transgender
- 84% Black/African American, 9% White, 5% Latinx
- 14% <= 24, 35% 25-44, 51% >=45 years of age
- 32% < FPL, 60% < 2X FPL
- 42% uninsured, 26% Medicaid, 21% Medicare
- 64% Stage 3 (AIDS)



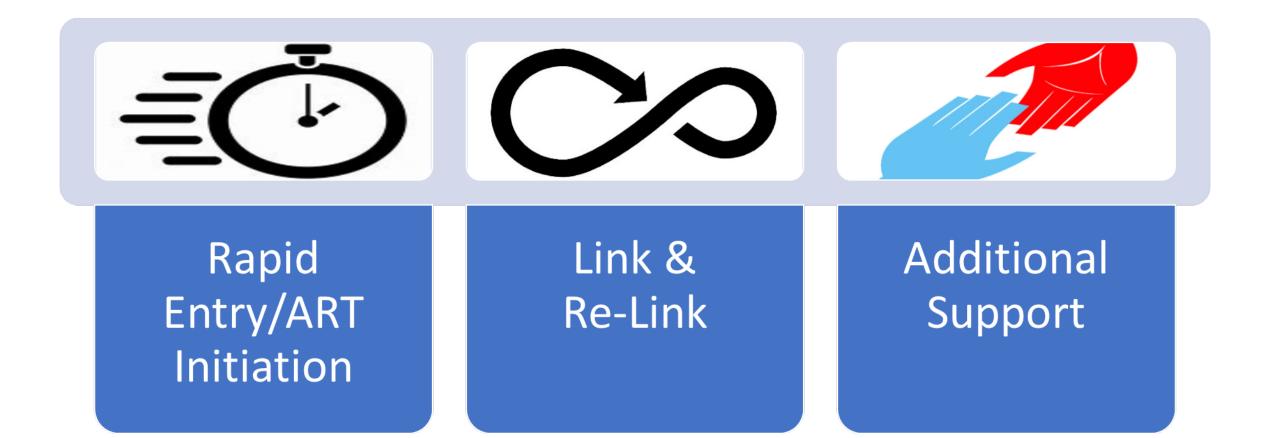
Ponce Center Demographics

Total Number of Unduplicated Patients



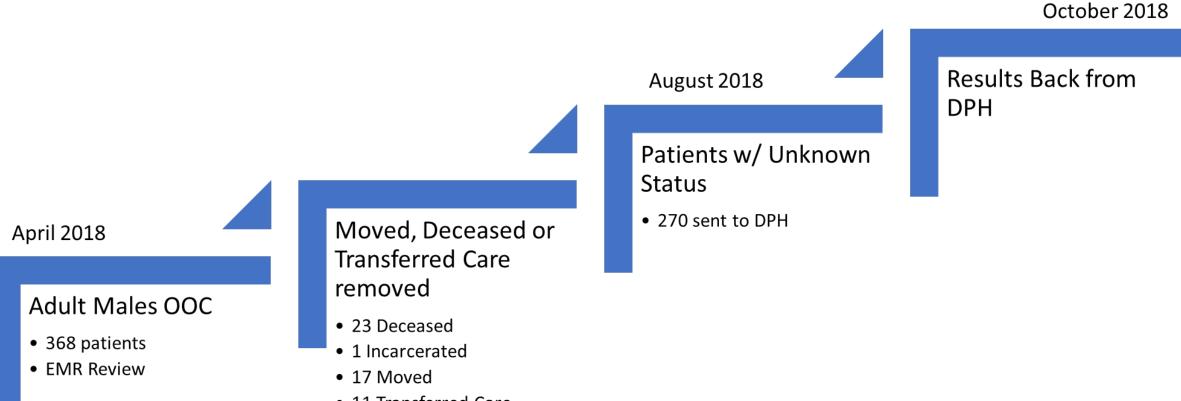


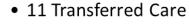
Patient Retention at Ponce





Out of Care Analysis – Timeline







Out of Care Analysis

Data Sources & Resources Utilized

Custom CAREWare Report

• Data Management Specialist

Electronic Medical Record (Epic)

- Senior Clinical Manager
- provider notes
- 5 staff to comb through the EMR

Georgia Dept of Public Health

- eHARS
- HIE Project Director



Results to Date

DPH review of 270 patients

eHARS confirmed:

- 10% (27) deceased
- 10% (28) moved out-of-state
- 44% (118) had CD4 or Viral Load after last date at Ponce
- 36% (97) had no test in eHARS



More Questions

eHARS confirmed:

- 10% (27) deceased
- 10% (28) moved out-of-state
- 44% (118) had CD4 or Viral Load after last date at Ponce
- 36% (97) had no test in eHARS

Where were those tests performed?

How many were in an inpatient setting, Ryan White clinic or private practice?

Did those patients get linked to on-going care?



More Questions

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- 10% (27) deceased
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- 44% (118) had CD4 or Viral Load after last date at Ponce
- 36% (97) had no test in eHARS

Is the local health department aware they are not in care? Could a local DIS help locate them and re-link them?



Next Steps

- Continue to work with DPH to obtain additional information on where tests were done
- Work internally to try to locate out of care patients
- Establish schedule for on-going exchange of information with DPH so lists are more manageable
- Look at potential community partnerships to help locate patients out of care



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Questions?



