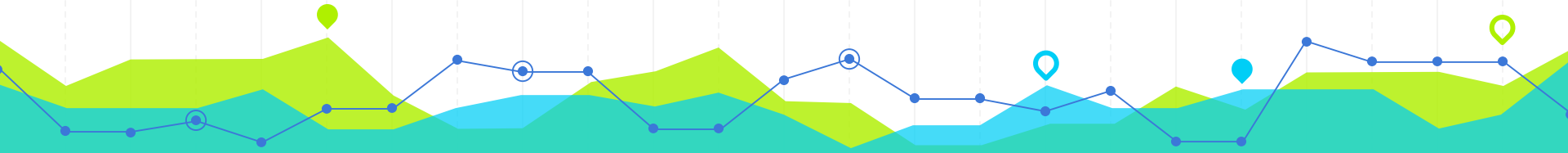


CCP Provider Survey Responses

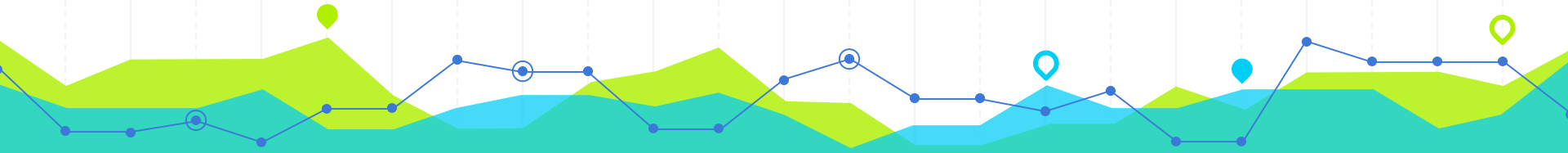
HELLO!

I am Nasra Aidarus

Program Planner, Care and Treatment Program
Bureau of HIV Prevention & Control
NYC Department of Health & Mental Hygiene

Agenda

1. Overview
2. Methods
3. Results
4. Questions & answers



1 Overview

Let’s start at the beginning.

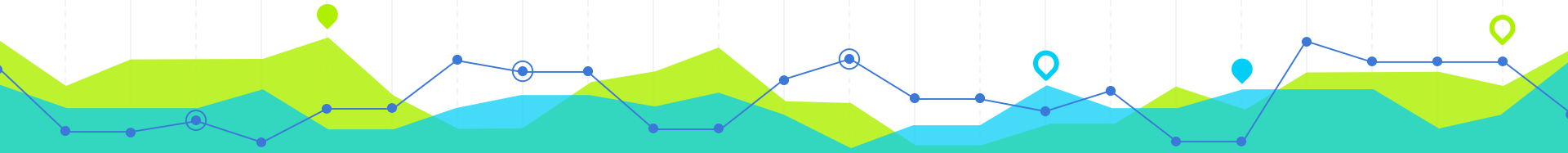
Planning Timeline

December 2016	January 2017	February 2017	March 2017	April 2017	May 2017
Present current model of services for Care Coordination.	Discussion of possible model revision begins. Process may include formal input from current providers.	Discussion of possible model revision continues. Process may include formal input from current providers.	Draft service directive presented and revisions begin.	Revision of service directives continues.	Finalize revisions to service directive.

Purpose

- Surveyed current CCP providers to get input on challenges and successes on different components of the model

- Aim was to provide insight on what works and what doesn't to inform the new service directive



Methods

How did we do this?

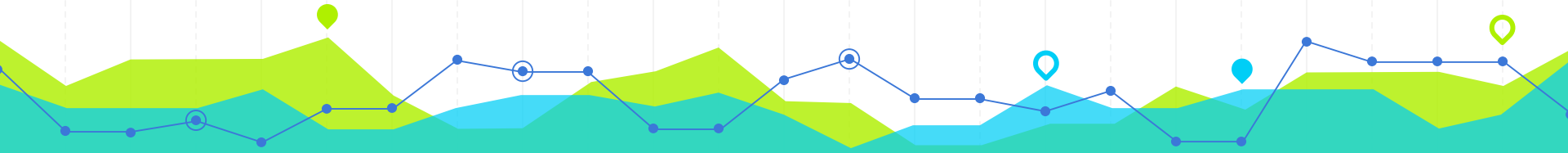
2

Survey development

- Survey questions drafted by Care & Treatment staff
- Near-final draft provided to Planning Council staff and IOC co-chairs for feedback

Survey distribution

- Survey distributed electronically to CCP program directors
- Designed to be anonymous to ensure honest feedback and input to program model would be provided
- Instructions noted that providers are welcome to attend IOC meetings to provide feedback to the review process directly, if desired
- Participants instructed to submit one survey per agency



Results

3

What did the providers have to say?

Responses

89% response rate (N = 24)

- Reminder, breakdown of currently funded Care Coordination programs:
  - 10 community based organizations
  - 17 hospital based

Are PLWH referred to CCP that do not meet medical enrollment criteria?

26% said “yes”

of the “yes” responses (**N = 7**)

other medical conditions

89%

social issues/behavioral health

11%

How are PLWH referred to CCP?

1. Referred from primary care provider
2. Referred from other clinic staff
3. Referred from a testing program at their agency

N = 20

Are there other ways clients are referred?

29%
mental health referral

21%
walk in

14% (*each* item below)
outreach/case finding
lateral transfer

7% (*each* item below)
external PCP referral
DOH field services
social services referral

Do you engage in case finding?

93% said “yes”

HOW?

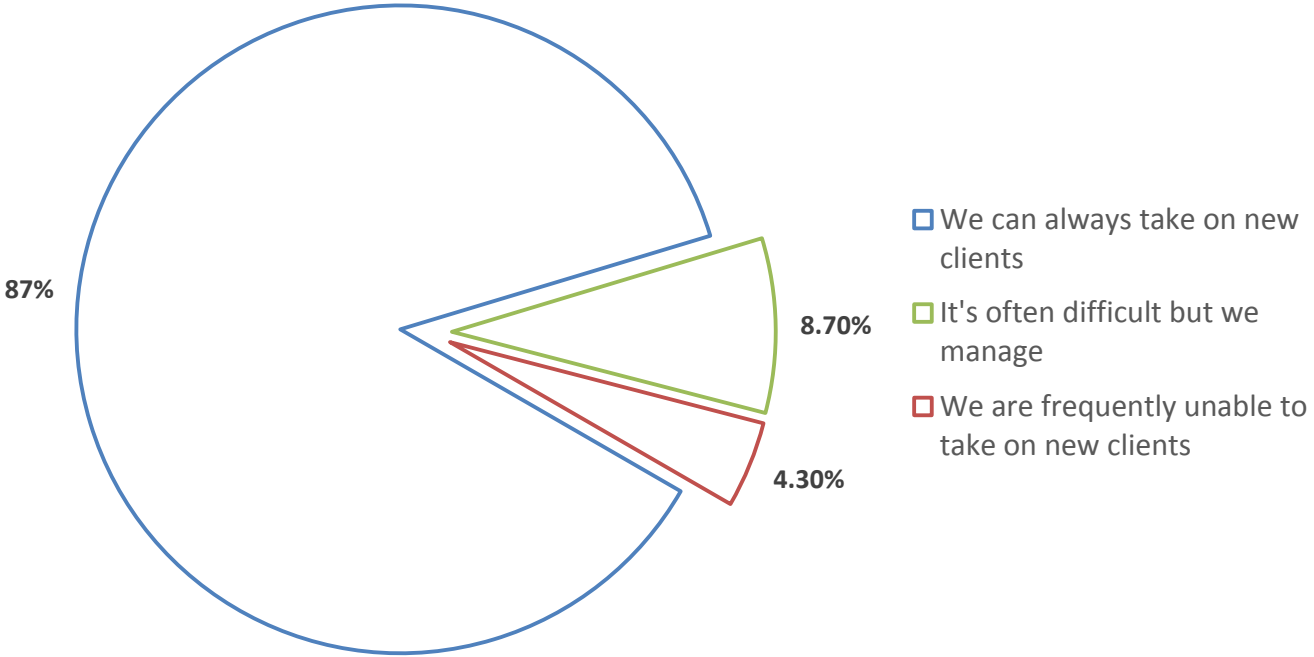
PCP support
DOH STD clinic
Outreach
External referrals
Linkage from testing
Linkage from clinics

7% said “no”

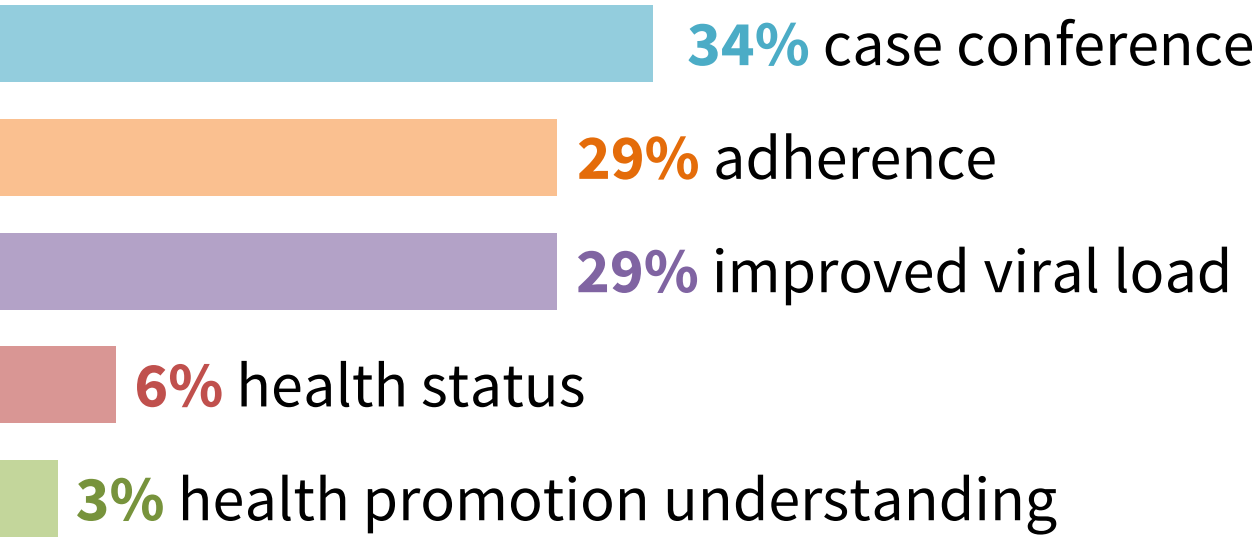
WHY?

Reimbursement
Time intensity

Capacity to serve new clients



How do you determine when a client is ready to move from a more to a less intensive service track?

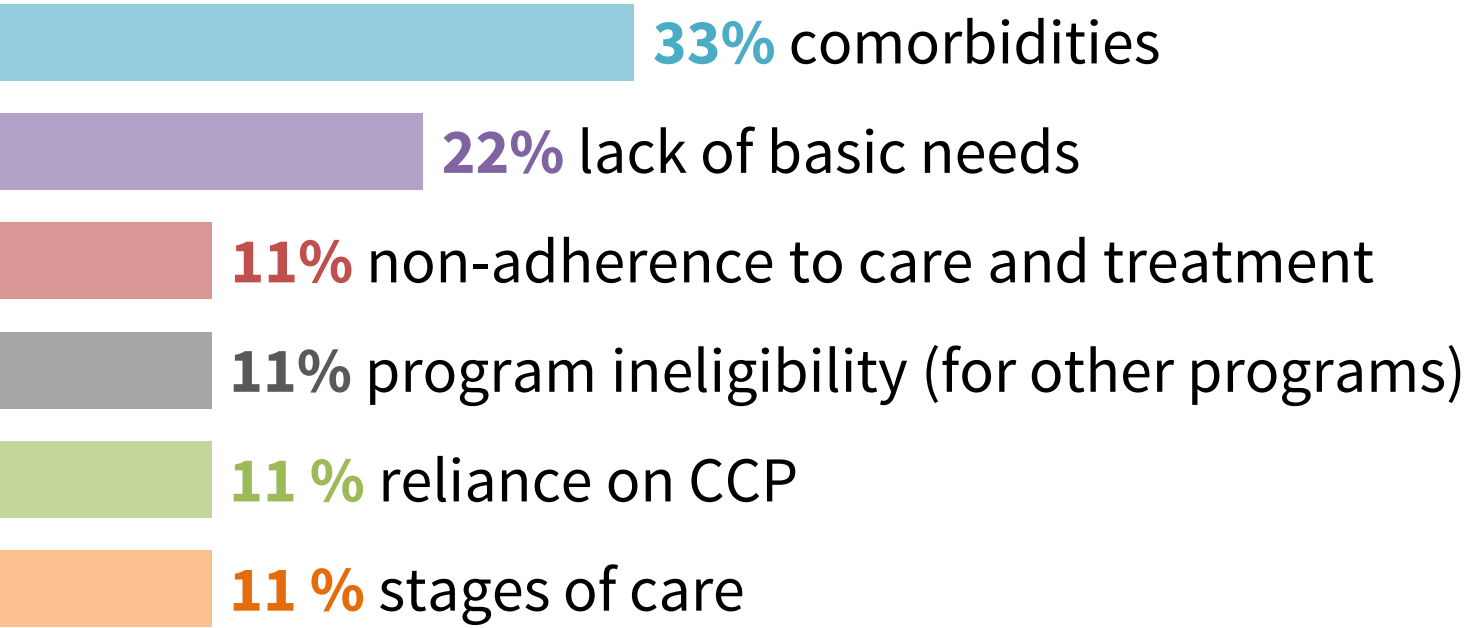


What are the barriers to transitioning a client from a more to less intensive track?

1. Client's need for psychosocial support
2. Concern from primary care provider
3. Client's cognitive impairment

N = 12

Additional barriers

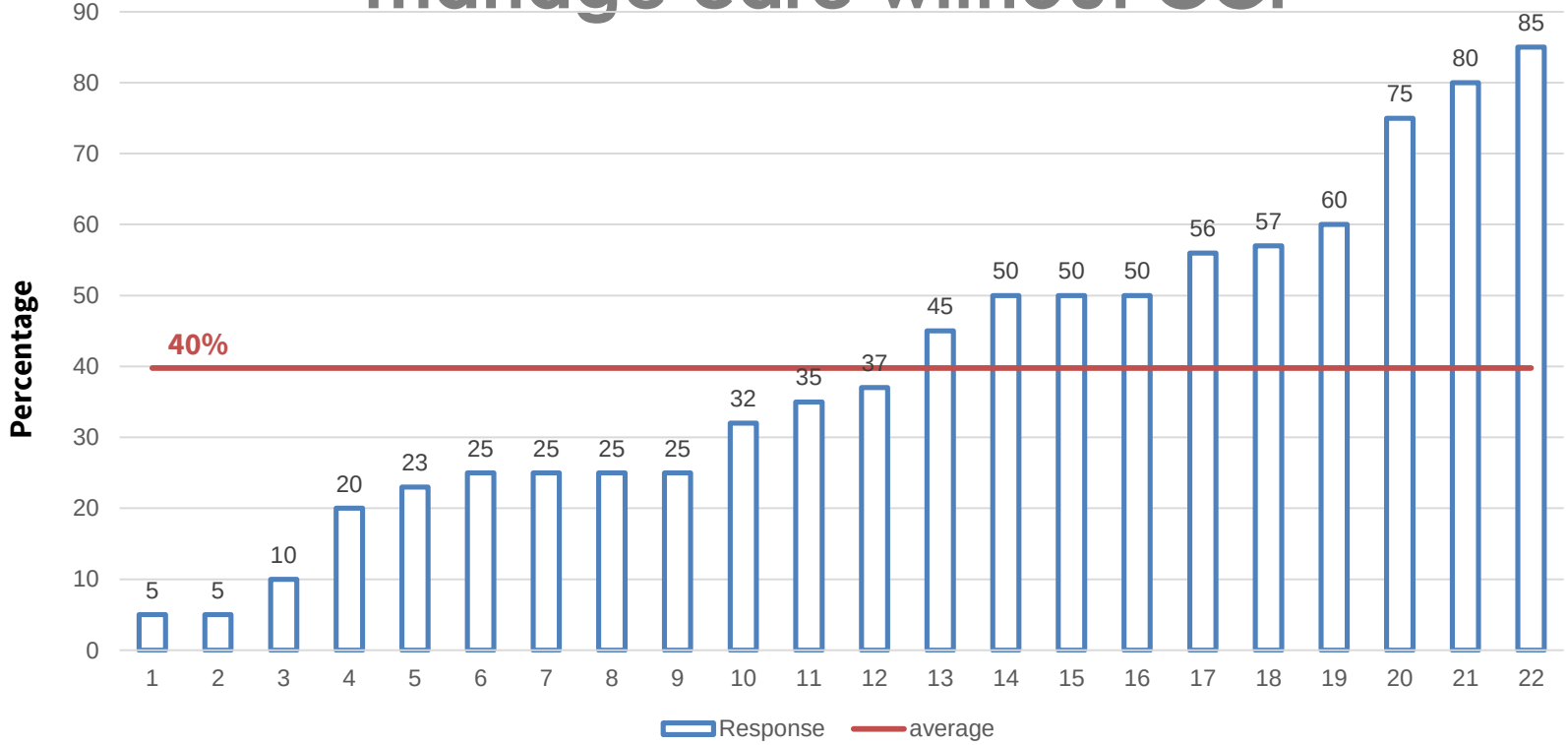


“

Patients sometimes resist track movement because they have come to rely so greatly on the CCP staff, and they fear doing things on their own. This is especially true of our patients who are monolingual, foreign-born, and undocumented, as they have enormous difficulty navigating the health and social service systems without assistance.

These patients also qualify for very few other programs that can continue this support.

Percent of clients will be able to self-manage care without CCP



What are some of the reasons clients may not be able to achieve self-management?

1. Client's substance use
2. Client's mental illness
3. Client's needs for psychosocial support

Additional common barriers?

N = 12

60% lack of basic needs
Client's concrete needs are not met (esp. housing).

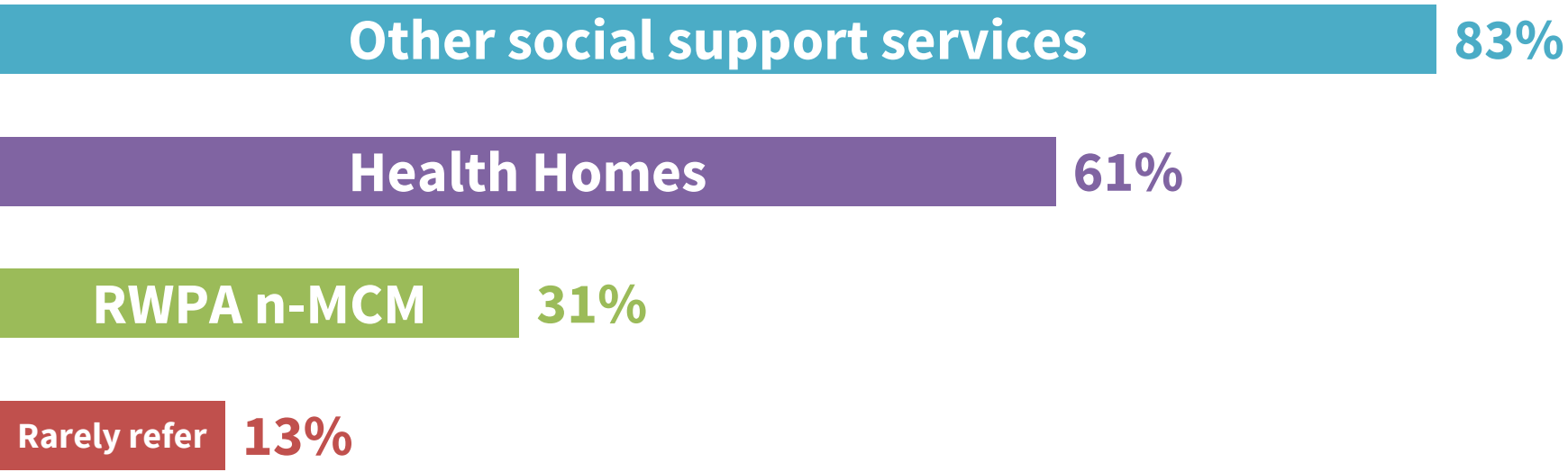
10% denial

10% stigma
When patients must keep their status secret because of their fear of the potential neg. consequences of disclosure, it makes ongoing self-management extremely challenging.

10% difficulty navigating healthcare
…because there's a whole lot of bureaucracy to manage and because people need to be astute advocates when they navigate the healthcare industrial complexity.

10% program ineligibility
Patients are ineligible for other forms of assistance, and they lack the necessary English skills to navigate the health and social. service systems independently.

Which case management do you refer clients to?



N = 19

Describe how CCP meets the needs of your patients

client centered care
CCP patients receive individualized and tailored support from a dedicated navigator and Care Coordinator.

health promotion
all patients benefit from education which helps them to understand their diagnosis.

adherence support
This facilitates self-management process, viral load suppression and retention in care.

social support
A number of our patients are alone and/or do not have any kind of support system at home and CCP becomes that support for them.

holistic care
The CCP considers Positive Health Management as a one stop shopping where client is able to get all the services, from medical to social needs.

benefits navigation
Supporting patients as they navigate the complexities of the health care system.

N = 19

If you could change 1 aspect of the model what would it be?

- Reduce paperwork (**30%**)
- Revise tracks (**20%**)
- Health promotion revision (**10%**)
- Case finding reimbursement (**10%**)
- POLR (**5%**)
- Improved program specific DOH involvement (**5%**)
- Better patient feedback mechanism(**5%**)
- Additional support services (**5%**)

What resources and/or support would you like from DOH to improve services?

18%

- Trainings
- Revision of health promotion

9%

- Revise tracks
- eSHARE improvement
- Client incentives
- Additional services

5%

- Equipment
- Reduce paperwork
- Multilingual materials
- Min. staff credentials
- Marketing
- Technical assistance

THANKS!

Any questions?

You can find me at
naidarus@health.nyc.gov

Credits

Special thanks to the Alexandra, Scarlett & Kris who helped analyze and code the data from the survey.

Also, huge “thank you!” to all the providers that completed the survey.