

# Supportive Care and Primary Care Access

Performance Review Data

Part A Quality Management Program

PSRA Data Day Meeting

June 5, 2008

# Primary Care Access Indicator

Reviewed for the first time in 2004

- Definition:
  - One visit at least every 6 months
  - If no visit, documentation of referral to primary care provider
  - Follow-up to determine appointment was kept

# Rationale for Review

- Emphasize engagement in primary care as a quality priority
- Create identity in supportive service providers of their role in HIV continuum of care
- To address primary care access on a wide scale-as a goal of the EMA
- Establish a priority area for the quality management program in which to work with providers in their respective areas of service provision

# Primary Care Review Data

## Primary Care Access Reviewed:

- Mental Health (2005-2007)
- Case Management (2004-2006)
- Treatment Adherence (2004-2005)
- Harm Reduction (2006)

# Data Considerations

- Lack of standard documentation systems within supportive care programs
- Different programs in category may be reviewed over time (funding changes)
- Scores are based on samples-program size and number of program reviews may vary considerably

# Primary Care Access-2004

Provider	In Primary Care	Not in Care	Not in Care & Referred
Case Mngt (n=705) 33 programs	387/55%	318/45%	0
Treatment Adherence (n=736) 23 programs	506/69%	230/31%	6 (3% of 230)

# Primary Care Access-2005

Provider	In Primary Care	Not in Care	Not in Care & Referred
Case Mngt (n=772) 32 programs	242/31%	530/69%	0
Mental Health (n=765) 22 programs	345/45%	420/55%	37 (5% of 420)
Treatment Adherence (n=930) 12 programs	723/78%	207/22%	0

# Primary Care Access-2006

Provider	In Primary Care	Not in Care	Not in Care & Referred
Case Mngt (n=955) 31 programs	823/86%	132/14%	0
Mental Health (n=472) 12 programs	224/48%	248/52%	17 (7% of 248)
Harm Reduction (n=909) 18 programs	392/43%	517/57%	0

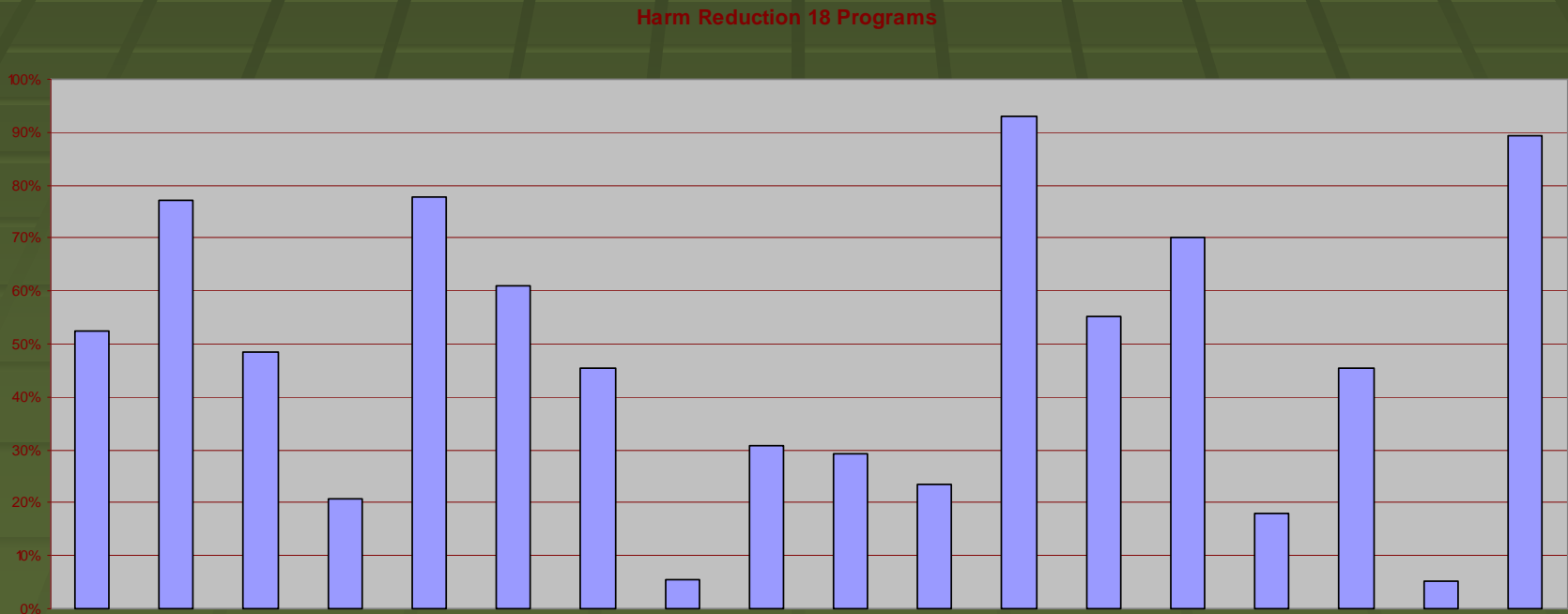
# Primary Care Access-2006

Provider	In Primary Care	Not In Care	Not in Care & Referred
Mental Health (n=535) 14 programs	286/54%	249/46%	14 (6% of 249)

# Harm Reduction 2006

## Access to Primary Care

Harm Reduction 18 individual Programs  
Considerable variation in scores



# Harm Reduction 2006

- Shows high rates of access to primary care do occur in some programs
- But no documentation of f/u referral to primary care for over 40% of patients-an issue in every program reviewed

# Conclusions

- Programs have made strides in assessing clients' primary care information –a majority are now reported as being in care
- but lack of referrals for those not in care remains issue across all program categories, whether hospital-based or CBO

# Next Steps in Learning Networks

- Increase the number of patients who are linked to a primary care provider
- Develop REFERRAL methods and implement
- Improve documentation that referral to primary care provider occurred for those not in care
- Access to Primary Care and f/u referrals must remain a focus

# Contact Information

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