



Government of the District of Columbia, Department of Health, HIV/AIDS,
Hepatitis, STD and TB Administration

Ryan White HIV/AIDS Treatment Modernization Act, Part A Outpatient Ambulatory Medical Care Service DC Providers

Recapture Blitz Packet, March 2013

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health



HIV/AIDS, Hepatitis, STD & TB Administration

February 22, 2013

Dear Community Partner,

Thank you for your continued partnership with HAHSTA and for the outstanding care provided to HIV-infected individuals. Despite the large scale of the HIV epidemic and the availability of services to support the wellness and survival of those infected, there is still under utilization of services and sub-optimal positive health outcomes. There is a critical need to implement innovative models to improve engagement in the spectrum of HIV care.

All providers have developed approaches to maximizing client retention and minimizing clients that no-show for appointments. Despite these efforts, clinics experience client attrition over time. By coordinating a city-wide outreach initiative, HAHSTA can support providers in identifying the clients that have truly fallen out of care to focus intensive “blitz” activities and re-engage clients that are no longer accessing care.

With your assistance, HAHSTA will redouble outreach efforts to re-engage clients in care through a “Recapture Blitz.” Recapture is a set of activities designed to re-engage clients in care after they are lost to follow-up for more than six months and is a proven approach to optimizing health outcomes for HIV positive individuals in the District.

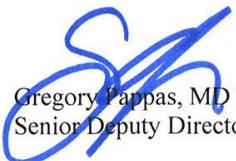
As many of you may recall, Recapture Blitzes were successfully conducted in 2009 and 2010. Some highlights of the lessons learned are listed below.

- Be persistent, multiple attempts are needed;
- Use of new technology and social networking, especially texting and Facebook, work well;

Attached is a Recapture Blitz Provider Packet which contains the timeline, framework, and data/reporting requirements generated from your valuable input during previous blitzes. In order for this city-wide outreach effort to be successful, participation from all Ryan White providers in the District funded for Outpatient Ambulatory Medical Care is needed.

Please take the time to review these materials, submit the framework assessment by March 18, and direct any questions and/or concerns to Christie Olejemeh (Christie.Olejemeh@dc.gov) or Lena Lago (Lena.Lago@dc.gov). We look forward to this exciting opportunity to better serve those who are living with HIV/AIDS in the District of Columbia.

Sincerely,


Gregory Pappas, MD PhD
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CONTEXT

Despite the large scale of the HIV epidemic and the availability of services to support the wellness and survival of those infected, there is still under utilization of services and sub-optimal positive health outcomes. There is a critical need to implement innovative models to improve engagement in the spectrum of HIV care. All providers have developed approaches to maximizing client retention and minimizing clients that no-show for appointments. Despite these efforts, clinics experience client attrition over time. By coordinating a city-wide outreach initiative, HAHSTA can support providers in identifying the clients that have truly fallen out of care to focus intensive “Blitz” activities and re-engage clients that are no longer accessing care.

TIMELINE

The **timeline** is divided into three broad areas:

1. Identification of the client cohort for recapture
2. Implementation of client contact and re-engagement in care
3. Monitoring and evaluation of recapture process and client outcomes

	Activity	Delivery Date	Responsible
Identification of the client cohort for recapture	Provide preliminary number of clients to be contacted to HAHSTA	March 18	Partners
	Using preliminary numbers, estimate associated resources for outreach activities (e.g., staff time, staff incentives, client incentives, etc.)	March 18	Partners
	Submit framework information to HAHSTA	March 18	Partners
	Perform actual pulling of client records for recapture	April 1	Partners
	Submit client list to HAHSTA. Required client information fields for the match: <i>Client ID, First Name, Last Name, Date of Birth, Social Security #, Gender, and Last Visit Date</i>	April 1	Partners
	Cross match database and de-duplicate client list	April 8	HAHSTA
	Return refined client lists to providers	April 15	HAHSTA
Implementation of client contact and re-engagement in care	Recapture Blitz Kick-Off; begin city wide activities	April 24	Partners
	Finalize Blitz	July 29	
Monitoring and evaluation of recapture process and outcomes	Mid-term progress summary due to HAHSTA	May 31	Partners
	Check-in conference call with HAHSTA	June 5	
	Data reporting and submission due to HAHSTA	August 12	
	Recapture Blitz Report to partners	September 6	HAHSTA

FRAMEWORK

The **framework** requires that you answer a few questions to help establish the parameters for the blitz.

The timeline and the framework operate on the following assumptions:

- The time frame for “pulling” client records will go back 12 months
 - The Recapture Blitz will be implemented over a period of 3 months

DATA PROTOCOL

Data elements to be submitted by the clinic to HAHSTA using the data submission template - [Provider List Template.xlsx](#)

- Client ID, First Name, Last Name, Date of Birth, SSN, Gender, and Last Visit Date

Client Inclusion Criteria:

- Out of care at clinic: This will be a clinic-level definition in which a person has not attended appointments with a core medical service provider for a period of 6 months to 12 months based upon review of clinic records, and is not known to have transferred to another clinic site.

Data Transfer:

- Provider lists will be personally delivered to HAHSTA password protected and on either a CD or Portable USB drive. The file will be uploaded by HAHSTA staff to a computer and given directly back to the provider providing the list with the flash drive wiped clean. Once the match is completed, the provider will be informed that their list is ready. The list will be returned in the format it was received (i.e. if the provider brought a Portable USB Drive then they should bring a Portable USB to receive the list). Once the provider has uploaded their list on to their computer, the CD or Portable USB should be wiped clean.

DATA MATCHING

HAHSTA will match the client list against last contact with health care system (DC EMA Ryan White Services Report data), most recent lab test (surveillance data), and “prescription fill date” (ADAP utilization data).

MONITORING AND EVALUATION

A relatively modest amount of reporting is associated with this initiative. In order to track the progress and effectiveness of the blitz, community partners are asked to document the outreach activities using the Recapture Tracking Excel workbook. The Client Tracking sheet should be used to document every outreach activity conducted. The Client Summary sheet providers the final disposition for each client contacted. The Operations Summary sheet is a synopsis of the personnel and staff hours dedicated to the initiative.

Reporting

Deliverable	Due Date	Submit To
Completed Framework	March 18, 2013	Part A Program Officer
Client list	April 1, 2013	HAHSTA in-person
Mid-term progress via the Client Tracking sheet	May 31, 2013	HAHSTA in-person
Submission of final data tables within 10 business days following the completion of the blitz.	August 12, 2013	HAHSTA in-person

In addition, monthly calls will be scheduled between HAHSTA and providers to check-in on the status of the blitz activities.