

## Background

The HIV Community Services Program contracted with Program Design & Evaluation Services (PDES), a research and evaluation unit within the State of Oregon Public Health Division and Multnomah County Health Department to conduct a survey with clients in the Part B HIV Case Management Program. PDES and the HIV Community Services Program have collaborated since 2001 on community-based assessments, program evaluations, and quality improvement projects.

PDES sent a mailed survey to all current Part B Case Management clients<sup>1</sup> in July 2015 to assess clients' experiences with the program, including experiences working with program staff, types of help needed and received through case management program agencies, and challenges with the program. Surveys were sent in English and Spanish. Thirty-one percent of clients (n=237/764) returned completed surveys.

Clients were equally likely to return the survey, regardless of gender, race, ethnicity, survey language, or service agency (grouped as HIV Alliance, Eastern Oregon Center for Independent Living [EOCIL], and Local Public Health Department). However, clients who responded to the survey were significantly older than clients who did not respond (mean age: 53 vs. 47 years,  $p < .001$ ), which is typical for mailed surveys with Oregon's HIV program client population.

In addition, we examined survey response by client acuity, CD4 counts, and viral load suppression (VL). High and low acuity clients were equally likely to return the survey, but clients with a suppressed viral load were more likely to respond than those with an unsuppressed viral load (33% vs. 14%,  $p = .001$ )

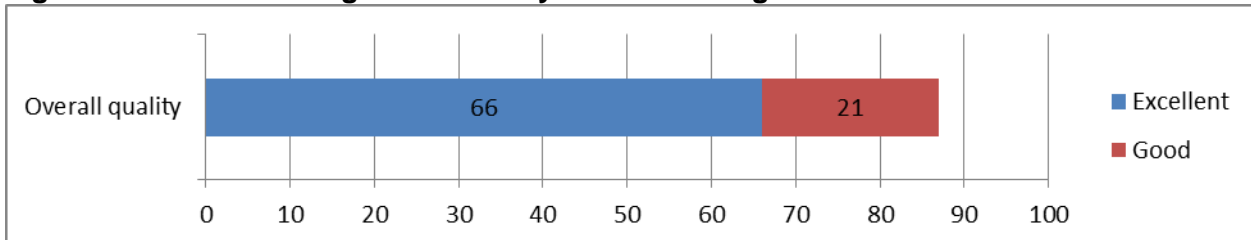
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<sup>1</sup> Clients received surveys if they were listed as active on July 1 and had received one or more services in the past 12 months. Clients who indicate in CAREWare that they do not want mail sent to them were excluded from this mailed survey.

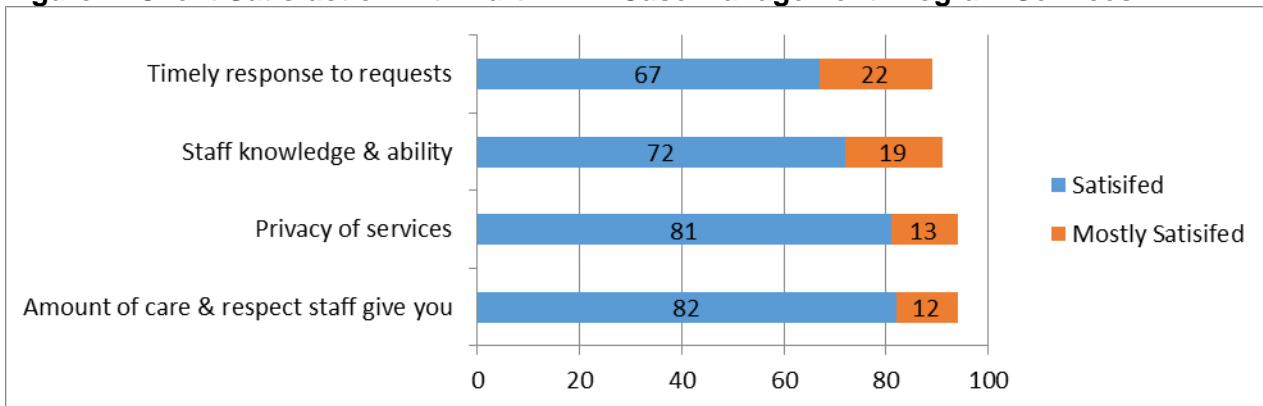
## How Clients Experience the Part B HIV Case Management Program

A majority of survey respondents reported satisfaction with Part B HIV case management services: 87% rated overall program quality as excellent or good (Figure 1), 89% were satisfied with how quickly staff respond to their requests for help, 91% were satisfied with staff knowledge and abilities, 94% reported satisfaction with the amount of privacy with which services are delivered, and 94% were satisfied with the amount of respect and care that staff give them (Figure 2). Clients provided similar quality and satisfaction ratings regardless of gender, race, ethnicity, age, service agency, acuity, VL, or CD4.

**Figure 1. Overall Ranking of the Quality of Case Management Services**



**Figure 2: Client Satisfaction with Part B HIV Case Management Program Services**

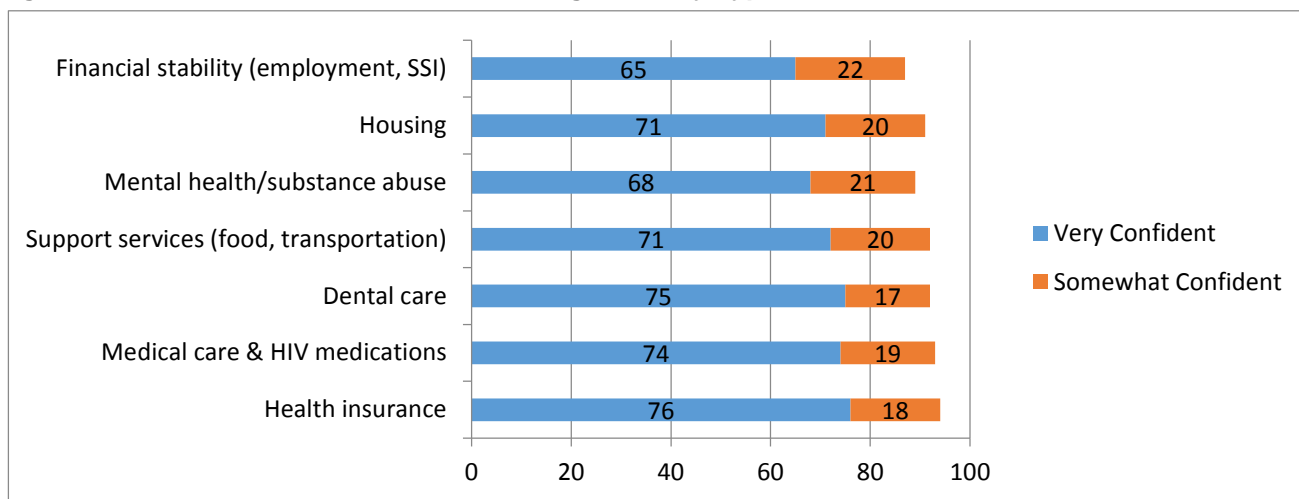


### Client Confidence in Case Management Services

We asked clients how confident they were that their HIV case manager could help them access seven different medical and supportive services. A majority of respondents expressed confidence that their case manager could help with the full range of services; clients were most likely to report confidence that case managers could help with health insurance (94%) and least likely to report confidence getting help to achieve financial stability (87%) (Figure 3).

Clients provided similar ratings related to confidence in case management services regardless of gender, race, ethnicity, age, service agency, VL, or CD4; higher acuity clients reported less confidence than others that case managers could help them with dental care. There were no other differences based on client acuity level.

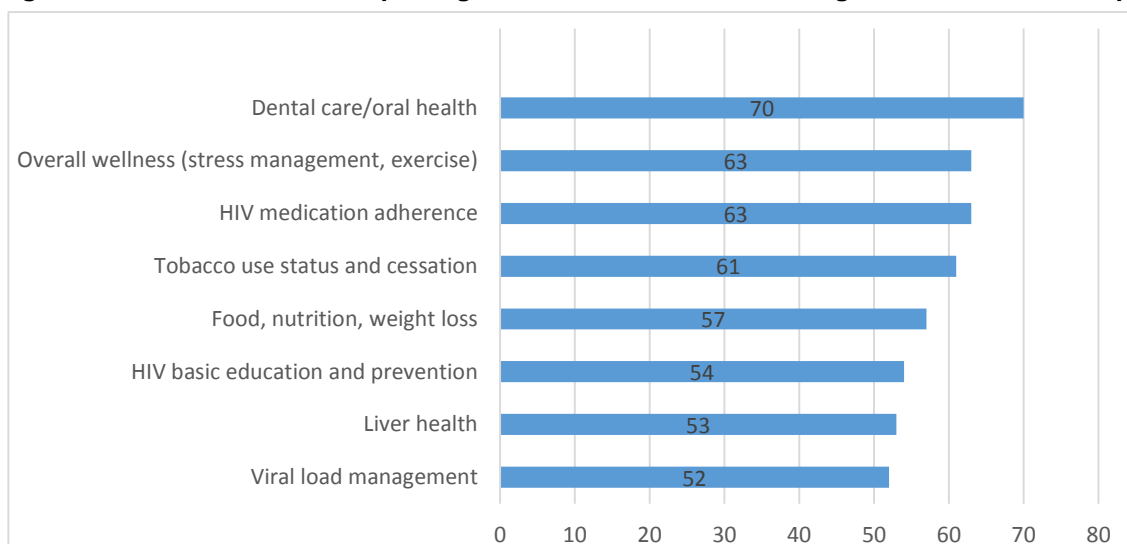
**Figure 3: Client Confidence in HIV Case Management, by Type of Service**



### Client Interactions with Case Managers about Medical Care & Wellness

We asked clients whether they had talked with their HIV case manager in the past year about eight health topics that are important parts of HIV medical care, self-management and overall wellness. The most commonly discussed topic was dental care and oral health (70%); the least discussed was viral load lab testing (52%) (Figure 4).

**Figure 4. Percent of Clients Reporting Interactions with Case Manager about Wellness Topics**



Past-year case manager and client interactions did not significantly differ by service agency, but they did seem to differ based on demographic subgroup and client acuity/health status. For example:

- Hispanic clients were more likely than non-Hispanic clients to report discussing HIV medications with their case manager.
- Non-Caucasian clients were more likely than Caucasians to report discussing four topics with their case managers: HIV medications, viral load, dental care, and self-care.
- Female clients were more likely than male clients to report discussing HIV prevention, supportive services like food and transportation, and self-care with their case managers.
- Younger clients were more likely than older clients to report discussing five topics with their case managers: HIV medications, HIV prevention, viral loads, liver health, and tobacco.
- Higher acuity clients were more likely than lower acuity clients to have discussed all wellness topics except dental care with their case manager; clients with CD4 counts under 200 were more likely to talk with case managers about viral load suppression and dental care.

About 6 in 10 clients (59%) said that working with an HIV case manager makes it easier to see their HIV doctor and get their labs done regularly, 38% said they don't think it makes a difference, and 3% said it made it more difficult. Hispanic clients were significantly more likely to say case management makes accessing medical care easier; there were no other differences by demographics, service agency, acuity, CD4, or VL.

### **Past-Year Help Clients Received from the Case Management Program**

We asked for any additional feedback that clients wanted to give about their experiences with Part B case management program. Most respondents (87%) provided an answer to the question: "*What was the most helpful thing your HIV case manager did to help you this year?*" Responses included both general feedback and specific examples of case management support.

The highest number of comments (n=51) provided general appreciation for overall case management assistance and/or emotional support:

*"[My case manager] was extremely professional and timely in addressing all of my issues."*

*"She makes dealing with this disease easier."*

Respondents most frequently mentioned the following specific types of assistance they received from case managers: assistance with insurance/medication coverage (n=35), dental care (n=32), medical transportation/gas (n=27), or food (n=24).

*"I lost my good drug coverage and my case manager made sure I would get my HIV drugs on a very short notice."*

*"My case manager helped with transportation and dental care, and I would not have gotten to the doctor or dentist this year without her."*

*"Extremely helpful with getting new coverage through Cover Oregon and the Federal exchange."*

Other helpful past-year services mentioned by five or more respondents included: assistance with housing (n=14), utilities (n=13), medical appointments/finding a doctor (n=11), medication adherence (n=8), over-the-counter medicines or nutritional supplements (n=8), and eye care/glasses (n=5).

*“My case manager helped me with a critical situation concerning housing and utilities services. Very helpful!”*

*“My case manager helped me access nutritional supplements, as well as helping me with Medicare information.”*

*“My case manager provided great information on dental, food, and eye care, which is allowing me to stay healthy.”*

## **Past-Year Challenges with the Case Management Program**

Most respondents (82%) provided an answer to the question: “*What challenges have you had this year with HIV case management?*” However, a majority of respondents (141/194, 73%) indicated that they didn’t have any challenges with case management services in the past year. Twenty six respondents said they didn’t receive help from their case manager in the past year—some of these individuals indicated unmet needs, while others said they didn’t need assistance.

Among the 20% of respondents who answered this question with a specific concern (n=42), four main themes emerged: communication difficulties/difficulty reaching a case manager (n=15), poor customer service (n=12), difficulties related to the physical distance between case manager and client (n=9), and staff turnover (n=6).

*“Accessibility is a problem. When I call, I get someone 100 miles away and they transfer me to a case manager’s phone. If I’m lucky, the call will be answered, but it may or may not be returned if I have to leave a message.”*

*“Sometimes communication is stressful, especially with staff changes and having to repeat things.”*

*“It’s a challenge calling to get help, not talking to anyone, and not getting a call back. The big problem is not having a case worker (in the community where I live). The case load is too large for case management.”*

## **Summary**

About one-third of current Part B HIV case management clients (31%) responded to a mailed survey sent in July 2015. Overall response rate was lower than in past years; no incentive was provided for completing this survey. Like past years, respondents were significantly older than clients who did not respond. We also noted that clients with unsuppressed viral load were less likely to respond. We don’t know whether the results reported here represent the experiences of younger clients or those who have higher viral loads since we did not hear from a representative sample of those groups.

Respondents reported high levels of satisfaction with overall program quality and specific program elements like timeliness in responding to client requests, staff knowledge, privacy of services, and respect and care that staff give clients. A majority of clients expressed confidence that their case manager would be able to help them with key medical and support services if they needed help with those things; clients were most confident that case managers can help with access to health insurance (94%) and medical care (93%) and least confident they can get help with financial stability issues (87%).

Case management clients were most likely to have talked with case managers in the past year about dental care and oral health (70%); they were least likely to say they had discussed viral load testing and management (52%) or liver health (53%). High acuity clients were more likely than lower acuity clients to have spoken with case managers about nearly all wellness topics; the exception was dental care, which all clients appeared to discuss frequently with case managers.

Most respondents offered open-ended comments about the case management program. About 1 in 4 respondents expressed overall gratitude for the services they receive. Respondents most frequently cited assistance with insurance/medication coverage, dental care, medical transportation/gas, and food as the most helpful things case managers provided to them in the past year. Most clients said they had not experienced challenges with case management in the past year. Among the 20% who did experience challenges, the most common areas of concern were communication difficulties or difficulty reaching a case manager, poor customer service, difficulties related to the physical distance between case manager and client, and staff turnover.