



Strategic Planning Committee's  
*Retention in Care Workgroup*  
Year Two: July 19, 2016 - July 18, 2017

**Final Report**

August 21, 2017

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# Retention in Care Workgroup Purpose

On July 13, 2015, the Partnership authorized the creation of the Care and Treatment Committee's Retention in Care (RiC) Workgroup, whose purpose was to:

- Examine data from the SDIS pertaining to retention in care in Ryan White Part A/MAI programs;
- Determine client characteristics and treatment factors that would inhibit or improve retention in care;
- Develop or modify protocols for adjusting care and treatment intensity based on specific client characteristics, or including certain service activities as a required activity for new or at-risk clients; and
- Compare provider agencies based on their success in increasing treatment retention.

# RiC Workgroup Activities Since Inception



- Examined data elements for defining and measuring “retention in care” and developing various operational definitions of retention in care, including short-term measurements used internally with Part A/MAI, along with HRSA’s required two-year-in-medical-care definition.
- Examined retention rates among clients in the Ryan White Program, subdivided by provider agency (blinded to conceal agency identity), client demographics, and client co-morbid complexity factors.
- Examined non-Outpatient Medical Care service utilization of the PLWHA in care and out of care during the HRSA-defined two-year evaluation period.
- Compared retention in care protocols at various Ryan White Provider agencies.
- Reviewed missing viral load data by provider agency (blinded to conceal agency identity), client demographics, and client co-morbid complexities.
- Reviewed Part A/MAI goals and activities related to the Integrated Plan.

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# Special Issues Limiting the Activities of the RiC Workgroup

- The RiC Workgroup serves as a deliberative body. It reviews data, it asks BSR to generate more data, but it does not produce independent findings of its own, nor does it have the authority/power to implement any remediation activities without specific program cooperation.
- Its ability to review program performance is limited because Partnership committees do not get to see “unblinded” program performance data.
- The functions of the RiC Workgroup – identifying, prioritizing, strategizing – have been subsumed by the Integrated Plan and the Strategic Planning Committee.

# Integration with the Integrated Plan

- Beginning in July, 2016, the Retention in Care (RiC) Workgroup found itself increasingly overlapping with the functions of the Strategic Planning Committee vis-à-vis the Miami-Dade County Integrated HIV/AIDS Prevention and Care Plan (IP). Accordingly, the RiC Workgroup requested being under the purview of the Strategic Planning Committee, rather than the Care and Treatment Committee.
- In February, 2017, the RiC Workgroup began joint meetings and deliberations with the Strategic Planning Committee, reviewing several RiC goals and activities, and reviewing specific retention data produced by BSR.
- The objectives, strategies and activities of the RiC Workgroup were specifically aligned with the IP. For example, interest that the workgroup had in the relationship between certain co-morbid complexities and RiC were aligned with specific IP strategies and activities, and progress was reviewed with the IP at the July meeting (copies on file).
- The RiC Workgroup has provided opportunities for consumers and providers on the workgroup to give input to RiC deliberations concerning implementation, both at the Strategic Planning meetings and at the quarterly joint IP evaluations.
- With the integration of the RiC Workgroup deliberation process with the IP, the workgroup may be allowed to sunset in July, 2017.

# Recommendations

1. Reserve space on the agendas of Strategic Planning and Joint Integrated Plan meetings for a standing business item reporting on findings, interventions, best practices and client outcomes related to retention in care.
2. Ensure that stakeholders, Ryan White clients and members of the affected community have a voice in discussions about retention in care issues at Strategic Planning and Integrated Plan meetings.
3. Apply research findings to developing protocols/interventions to address client mental health issues and their impact on treatment retention.
4. Apply research findings to developing protocols/interventions to address client substance abuse issues and their impact on treatment retention.

Questions? Please direct inquiries to Robert Ladner, Ph.D.,  
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