



Oregon Part B HIV Case Management Services 2017 Survey Results

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 clients¹ in November 2017 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. No incentive for completing the survey was offered. Twenty-seven percent of clients (n=215/775) 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 Authority/County). However, clients who responded to the survey were significantly older than clients who did not respond (mean age: 55 vs. 49 years, $p < .001$); this is typical for mailed surveys with Oregon's HIV program client population. More than three-quarters of survey respondents were male (80%) and about 1 in 10 were people of color (13%). Clients served by regional providers represented 60% of the survey respondents (HIV Alliance: 52%, EOCIL, 8%) and clients served by County providers represented 40%. Six percent of returned surveys were in Spanish.

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, 95% were satisfied with staff knowledge and abilities, 91% reported satisfaction with the amount of privacy with which services are delivered, 95% were satisfied with the amount of respect and care that staff give them, and 86% reported satisfaction with the amount of

¹ Clients received surveys if they were listed as active on November 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.

contact with their case manager (Figure 2). Clients provided similar quality and satisfaction ratings regardless of gender, race/ethnicity, or age. County clients were more likely to be satisfied with the amount of respect and care that staff give them than HIV Alliance clients and EOCIL clients (100% vs. 92% and 89%, $p=.005$).

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

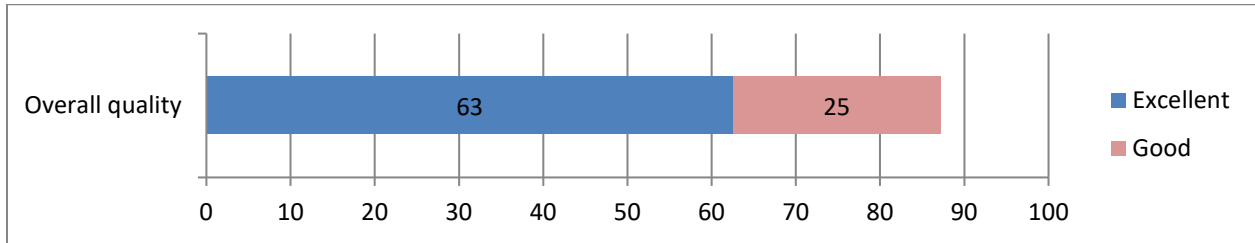
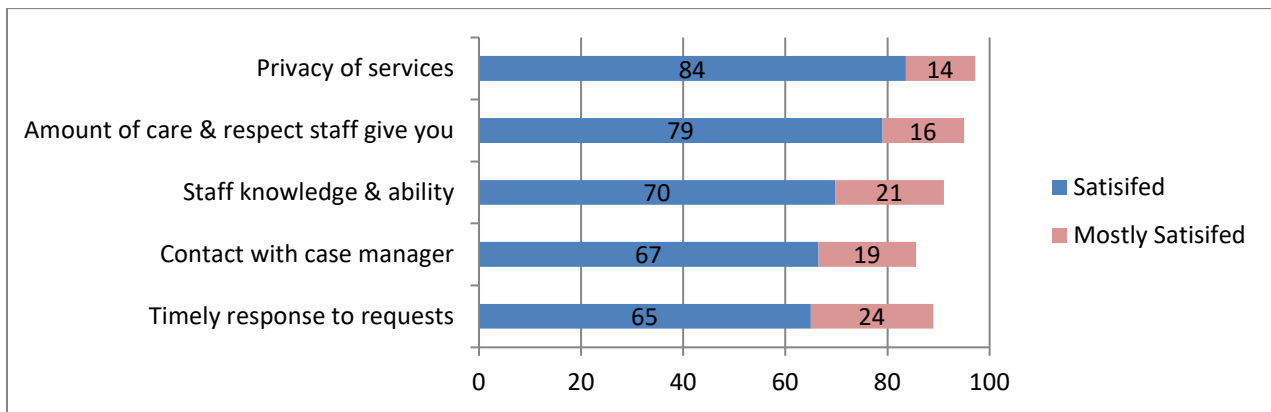


Figure 2: Client Satisfaction with Part B HIV Case Management Program Services

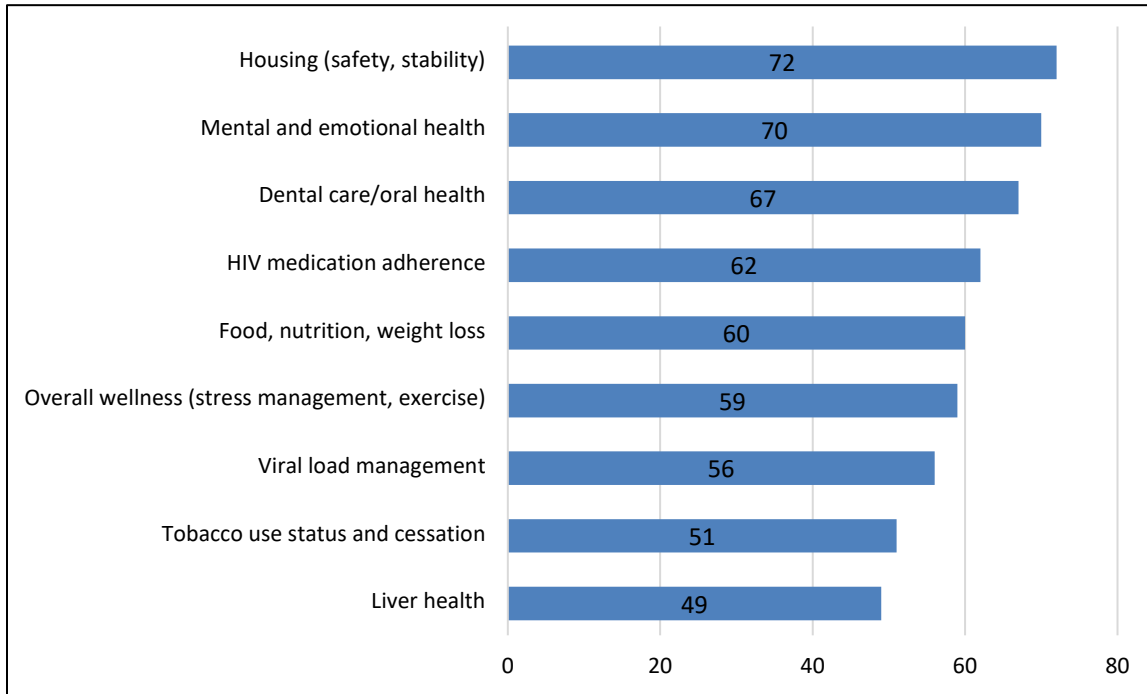


Client Interactions with Case Managers about Medical Care & Wellness

We asked clients whether they had talked with their HIV case manager in the past year about nine health topics that are important parts of HIV medical care, self-management and overall wellness. The most commonly discussed topic was housing safety and stability (72%), followed by mental and emotional health (70%); the least discussed was liver health (49%) (Figure 3).

Past-year case manager and client interactions did not significantly differ by gender, race/ethnicity, age, or service agency.

Figure 3. Percent of Clients Reporting Interactions with Case Manager about Wellness Topics

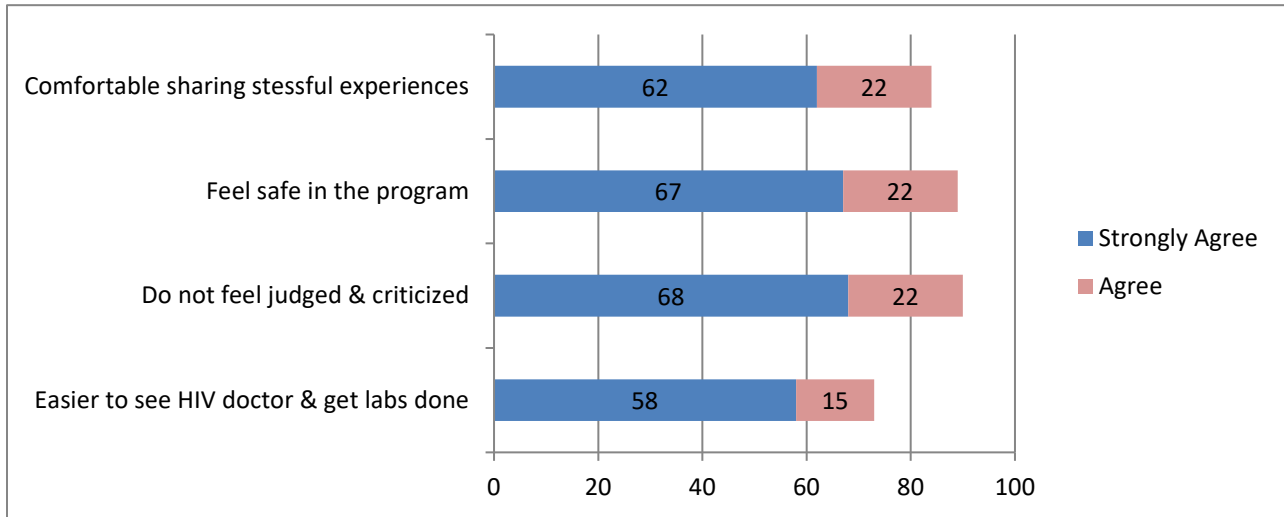


Client Comfort with Case Management Services

We asked clients about their comfort with the interactions in the case management program. A majority felt safe in the program (88%), did not feel judged and criticized by the people in the program (89%), and felt comfortable sharing past and current stressful experiences with at least one staff person in the program (84%). Nearly three-quarters (74%) of respondents agreed that the services they received in the case management program makes it easier to see their HIV doctor and get their labs done regularly (Figure 4).

Clients provided similar ratings related to comfort with case management services regardless of gender, race/ethnicity, age, or service agency.

Figure 4: Client Comfort with Part B HIV Case Management Program Services



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 (86%) 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=150) included positive feedback for overall case management assistance and/or emotional support:

“The most helpful thing the HIV case manager did to help me this year was staying in contact and giving support when needed in stressful situations.”

“Just being there, hearing me, helping in all areas that she can. The peace of mind after all my meetings with her.”

“Always helpful with resources and willing to talk to me whenever I have a problem or need help with anything. Staff is very kind.”

Respondents most frequently mentioned the following specific types of assistance they received from case managers: assistance with insurance/medication coverage (n=50), food (n=26), assistance with housing/utilities (n=20), medical transportation/gas (n=14), or dental care (n=13).

“They helped me just get accustomed to the new area. They helped me get established in the HIV office and to get doctors and a dentist.”

“Helped me with a food voucher and answered my questions about assistance with getting eyeglasses/eye exam.”

“Assisted me in changing health insurance enrollment.”

“She helped us with a utility bill at a very difficult time.”

Respondents also commented on the educational and social support received from case managers, including medical appointments/medication adherence (n=5) and mental health/counselling (n=5).

“Explained the importance of taking medications on time and consistently.”

“Helps me to remember to get doctor appointments and take better care of myself.”

“[My case manager was] always concerned about all my medical needs, meds, and my overall wellbeing.”

“Help with emotional needs and food/nutrition/dental needs without being biased.”

“Helped me with counselling needs for mental health and alcohol use.”

Past-Year Challenges with the Case Management Program

Most respondents (81%) provided an answer to the question: *“What challenges have you had this year with HIV case management?”* However, over half of those providing a response (95/175, 54%) indicated that they didn’t have any challenges with case management services in the past year.

Among the 46% of respondents who answered this question with a specific concern (n=80), five main themes emerged: communication difficulties/difficulty reaching a case manager (n=19), difficulties related to the physical distance between case manager and client (n=6), staff turnover (n=6), needing additional resources (housing/utilities) (n=6), and health-related issues (n=6).

“[I have] noticed the case managers, as of the past 2 years, have reduced contact with clients unless initiated by [the client]. [I think it’s due to] the redirection of funding or reduction of funding from federal level. Seems much less personal, or not as much attention being paid to client’s individually tailored program or needs.”

“Primary Care in my rural location, any assistance at all as my area is underserved, not having an actual regular team in place for my county, instead utilizing a long-distance county to serve my county on a very irregular and short notice schedule.”

“It seems like she has a lot of cases to handle. Maybe she should have less cases to manage.”

Summary

More than one-quarter of current Part B HIV case management clients (27%) responded to a mailed survey sent in November 2017. Overall response rate was slightly lower than in past years, but no incentive was provided for completing this survey. Like past years, respondents were significantly older than clients who did not respond – therefore, we don't know whether the results reported here represent the experiences of younger clients since we did not hear from a representative sample of younger people.

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. Case management clients were most likely to have talked with case managers in the past year about housing safety and stability (72%) and mental and emotional health (70%); they were least likely to say they had discussed liver health (49%).

A majority of clients expressed comfort with their interactions in the case management program; clients felt safe (88%), did not feel judged or criticized (89%), and felt comfortable sharing stressful experiences with at least one staff person in the program (84%).

Most respondents offered open-ended comments about the case management program. More than three-quarters provided positive feedback for overall case management assistance and/or emotional support. Respondents most frequently cited assistance with insurance/medication coverage, food, housing/utilities, medical transportation/gas, and dental care as the most helpful things case managers provided to them in the past year. Respondents also appreciated the educational and social support they received from their case manager.

About half of the clients listed a specific challenge with case management in the past year, yet some of these concerns were not directly related to the case manager (i.e., needing additional resources, health-related issues). The most common area of concern was communication difficulties or difficulty reaching a case manager, with nearly 1 in 10 respondents expressing that concern. Other challenges noted were difficulties related to the physical distance between case manager and client and staff turnover.

Survey results did not differ by population subgroup – such as by age, gender, or race/ethnicity.