

Topic: HIV/AIDS

Care Coordination & Adherence

Problem:

Goal:	To Link to Infectious Disease (ID) Provider/Specialty Provider and Remain Engaged in Care.
Goal:	To Adhere to Treatment Plan, Antiretroviral Medication Regimen, Scheduled Medical Appointments and Testing.
Goal:	To Increase Health Literacy Regarding HIV/AIDS.
Goal:	To Use Prevention Measures to Reduce HIV Transmission/Risk.

Check (√)	Viral Load (VL) (copies/mL)	Check (√)	CD4 (T-Cell) (per /uL)
	Unknown		Unknown
	< 20 or <50 *Undetectable VL		> 200
	< 200		
	200 – 400		<= 200
	> 400		*CDC Definition of AIDS

<input type="checkbox"/>	To Link to Infectious Disease (ID) Provider in the Next _____ Days.			
	Tasks	Responsibility		
	Research and Discuss Linkage to Available Providers in Community.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Contact PCP / MCO to Discuss Referral to Infectious Disease Provider.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Contact Potential Providers and Schedule Medical Appointment.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Attend Scheduled Initial Medical Appointment on _____.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
<input type="checkbox"/>	To be Adherent to Scheduled Medical Appointments with PCP and/or ID/Specialist Provider(s) for Next _____ Days.			
	Tasks	Responsibility		
	Plan (Weekly / Monthly) Medical Appointment Schedule with Client.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Attend Medical Appointment with ID Provider on _____.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Attend Follow-up Medical Appointment with PCP on _____.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Other:	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
<input type="checkbox"/>	To be Adherent to Antiretroviral (ART) Medication/Treatment Regimen and Diagnostic Testing for Next _____ Days.			
	Tasks	Responsibility		
	Review Treatment Plan and Medication Regimen.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Complete Diagnostic Labs for VL and CD4 Every _____ Months.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Obtain Medication(s) from Pharmacy.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Client will take ART Medication(s) as Prescribed.	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Client will Complete Diagnostic Testing for STIs / Hepatitis B / C .	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:
	Other:	<input type="checkbox"/> Client	<input type="checkbox"/> Care Manager	Other:



<input type="checkbox"/>	To Complete Case Conference in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Discuss Course of Treatment with PCP / ID Provider.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Discuss Medication Regimen – Route, Frequency, and Duration.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Discuss Management of Condition(s).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Review Patient Adherence to ART Medication.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Complete Diagnostic Tests/Labs within Next _____ Days.				
	Tasks	Responsibility			Target Date
	Obtain Diagnostic Lab Measures – Viral Load & CD4	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	(Achieve / Maintain) VL < 20 copies/mL.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	(Achieve / Maintain) CD4 Range > 200.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Link to HIV/AIDS Care Providers/Services in Next _____ Days.				
	Tasks	Responsibility			Target Date
	Connect to Education and Prevention Services.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to PrEP/PEP.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to Harm Reduction Services.	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Connect to HIV / Hepatitis C / STI Testing Services	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To Increase Health Literacy / Understanding of HIV/AIDS Care Management in the Next _____ Days.				
	Tasks	Responsibility			Target Date
	Discuss Understanding of HIV/AIDS Diagnosis and Care Management (What Causes HIV/AIDS, Signs & Symptoms, Role of Providers etc.)	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Provide HIV/AIDS Care Resources (in Language: _____).	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
<input type="checkbox"/>	To _____ in Next _____ Days.				
	Tasks	Responsibility			Target Date
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	
	Other:	<input type="radio"/> Client	<input type="radio"/> Care Manager	Other:	