

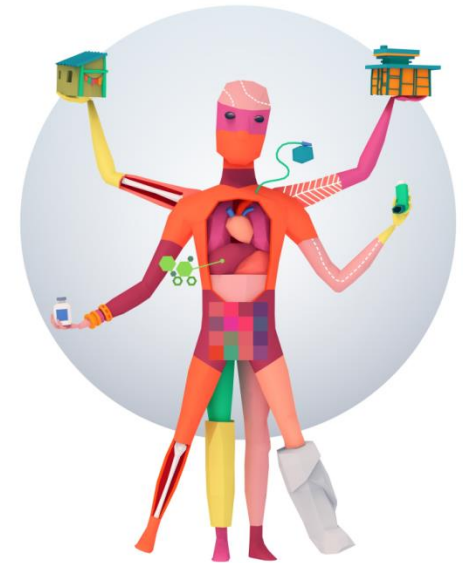
# Costs & Characteristics

## Analysis of inpatient data from LFU patients

Mark Roche

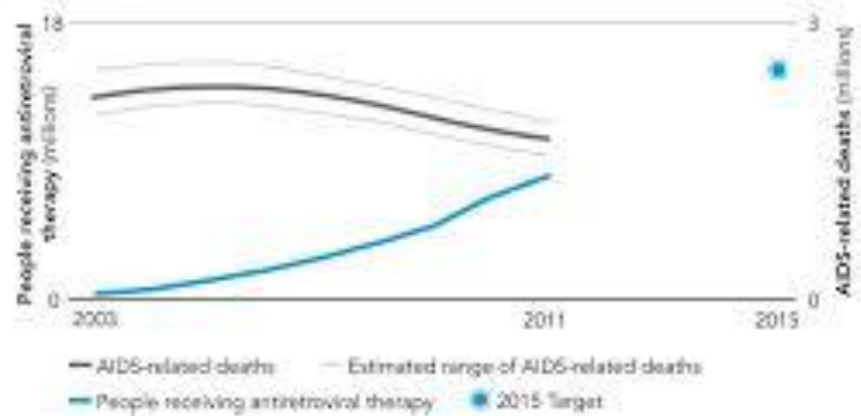
Brighton & Sussex University  
Hospitals Trust

# Background



**NHS**  
**England**

Good progress towards 15 million people on antiretroviral treatment by 2015



Source: UNAIDS, 2012

UNAIDS

# Local lost to follow up

- LFU rate is <1%
- Designated clinic
- DNA follow-up systems
- Identifying those at risk of LFU
- Proactive follow-up for those disengaged from care utilising HCP's across the whole patient pathway

# LAWSON UNIT DNA FLOW CHART

## ROUTINE BLOODS

DNA Text sent on same day by reception team  
Patient asked to ring to rebook bloods before upcoming doctor appt



Identify no blood results at Team Meetings.  
Nurses/Reception to ring patient to arrange bloods up to 5 days before consultation appt



If no response - No further action until next clinic appt

## PRIORITY BLOODS

Reception to ring patient on same day and book another appointment within 3 days.



If no answer Reception to send text message same day with details of another appointment within 3 days



If DNA 2nd appt discuss at Team meeting  
Check has clinic appt booked. If yes, no further action  
If no, text/ring with further appt time

## CONSULTATIONS

Practitioner to phone patient during clinic – offer telephone appt if this is indicated.

### **NB:**

1. Patients need to be seen face to face once a year.
2. Connect annual visits need to be face to face with a doctor

Otherwise request standard DNA letter on dictation. Patient will be sent another appt time. Please specify the time period for follow-up.

Request urgent letter if quick turnaround reqd.

FOR DNAs IN HIV EMERGENCY CLINIC PLEASE CONTACT REFERRER



If DNA again, send standard DNA letter

**If DNA 2 appointments, send standard DNA letter with another appointment and copy in GP where permission.  
If DNA 3 appointments, refer to DNA/LFU clinic**

## REPEAT PRESCRIPTIONS:

When patients ring for repeat prescriptions, Pharmacy Team to check patient has an appointment booked. If not, issue 2- 4 weeks ARVs and discuss at Team meetings or weekly LFU clinic.

# Aim of study

This aim was to explore the health and economic factors involved in HIV inpatients that had been lost to follow-up.

# Method

- Any inpatient who has not been seen in clinic in the previous 12 months
- Cross referenced against HIV coded inpatient admission list
- Collection of demographic and surrogate markers via patient access database
- Cost of the coded admission provided by clinical coding

A green rectangular sign with rounded corners and a white border of small dots. The word "Results" is written in large, white, sans-serif capital letters. The sign is supported by two wooden posts. The background is white.

Results

# Demographics & Surrogate Markers

	At Disengagement	On Admission
Sex	7 Male	7 Male
Risk	7 MSM	7 MSM
Age (mean)	36	40
Ethnicity	White	White
CD4 (mean)	369 cells/mm (range 71-821)	239 cells/mm (range 25-875)
Viral Load (mean)	12,251 copies/ml (range <40-57,080)	55,411 copies/ml (range 1389 – 213,127)



# On Admission

Admitting Condition	Length	
VZV meningitis	15	
PCP	6	
Pancytopenia, Lymphoma	8	518
Intracranial Bleed secondary to ITP / KS	36	1165
	13	1226
	4	759

Mean LFU: 842 Days

Mean LOS : 14 Days

# Cost of care comparison

<b>Condition</b>	<b>Without CC</b>	<b>With CC</b>
Manifestation of HIV/AIDS	£2582.00	£3993.54
Heart Failure or Shock	£2190.70	£3513.29
Chronic Obstructive Pulmonary Disease or Bronchitis, without NIV, without Intubation	£1681.44	£2273.43
Lobar, Atypical or Viral Pneumonia	£948.34	£2309.96
Diabetes with Hyperglycaemic Disorders 69 years and under	£860.59	£1315.07
Non-Inflammatory Bone or Joint Disorders, without comorbid condition	£702.66	£1975.82

# Cost of care analysis

Mean cost of Inpatient Stay (7/7 patients)	Mean cost of Inpatient Stay (6/7 patients)	Cost of ARV's for one year
£3403.45*	£3937.42 *	£4656.72

- \*Calculated using the total cost of stay including payment for specific procedures / tests etc
- Cost of admission for 1 episode of care similar to ARV's for 1 year
- Patients may have several admissions if not on treatment

# Benefits for patient care

- Demonstrates the need for on-going strategies for ensuring patients remain engaged in care
- Useful information educate patients about the health implications of not being engaged in care.
- Do we start having conversations with patients about the cost of their care?

# Implications for clinical practice

- Reinforces need for lost to follow up as a key performance indicator funded in the service specification
- Never be complacent about your lost to follow up and why and where.
- Opportunity to re-engage patients

# Limitations

- Cost analysis did not include cost of providing routine outpatient care.
- No defined HIV outpatient tariff as of yet.
- Snap shot analysis of one admission per patient.
- Did not capture patient experience.

**“SUCCESS BREEDS COMPLACENCY.  
COMPLACENCY BREEDS FAILURE. ONLY THE  
PARANOID SURVIVE.”**

**ANDY GROVE**

© Lifehack Quotes





# Acknowledgement

- Dr Eileen Nixon
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- HIV Inpatient team
- Clinical Infection Unit  
Nursing Staff

# References

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