

## Clinically Related Studies - Past Performance

### ***Pediatric AIDS: Local Responses, Service Use, and Costs***

NPIC conducted this study to determine across seven sentinel cities to determine local community responses towards prevention, identification, treatment and support service delivery for infected children and high risk mothers.

The study findings gathered from interviews of on-site providers (physicians, nurses, social workers, administrators) representing 83 programs and over 100 interviews with over 150 individuals in Baltimore, Boston, the Bronx, Chicago, Los Angeles, Miami and Newark. The programs visited were divided nearly equally between hospital-based and community-based agencies. Most programs were exclusively for HIV affected individuals but some was broader in scope. The seven sites were chosen to include high incidence cities with disparate racial and transmission status profiles which were geographically dispersed and represented different "waves" of the epidemic.

Case study interviews covered issues of availability / accessibility / utilization of services, continuity of care, case management, and interagency cooperation. Providers were also queried to identify service gaps, barriers to care, underserved populations, and delivery system strengths and weaknesses.

### ***Guilford County Community AIDS Partnership***

Guilford County, NC commissioned NPIC to assist in the development of a strategic plan for developing and implementing action steps to combat AIDS through prevention and appropriate patterns of care. NPIC staff initiated a planning process to achieve these objectives using a Strategic Thinking Model.

By having "the community" buy into the planning process, the local leadership was able to identify the best alternatives at that time. Since the process was iterative and dynamic, the leadership was able to assess the choices made and change to other alternatives in the future. The process provided a rational approach to respond to the prevention and treatment of the disease using a broad range of community resources.

### ***Extra Corporeal Membrane Oxygenation: Cost, Organization, and Policy Considerations***

This effort examined the diffusion of the ECMO technology, estimated the cost of operating an ECMO unit and identified whether there was sufficient demand for this service to support the proliferation of the technology. The work was published in an NICHD monograph.

### ***Pediatric AIDS Registry***

This project, examined the problems of developing a confidential AIDS registry for infants by organizing and implementing a prototype registry. NPIC worked with St. Luke's Roosevelt Hospital in New York City to test this registry in an operating unit.

The aims of the prototype Pediatric AIDS Registry were twofold: first, identification of the feasibility of a tracking system; and second, to identification of the utilization of hospital-based services, the cost of these services, and the characteristics of patients in terms of their medical and socio-demographic profiles.

A national hospital survey was completed by NPIC to identify variation in testing procedures across hospitals and a letter published in the Journal of American Public Health **summarized** the findings. A tracking system was designed at St. Luke's for the identification of infants and children with AIDS. When implemented, however, it became apparent that such a registry would require more staff infrastructure to support it than was readily available within the hospital.