Does Retention in HIV Care=Viral Suppression?

Analysis of "In Care" Persons Living with HIV Encountered through an Urban HIV Outreach Program

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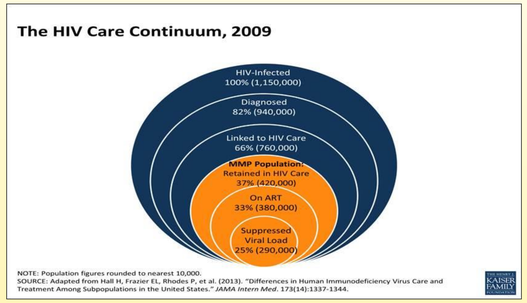
Background

- Linkage to care navigation for persons living with HIV (PLWH) is a promising practice to foster engagement in HIV care (Cheever, 2007; Mugavero, Amico, Horn, & Thompson, 2013).
- HIV treatment with antiretroviral therapy (ART) is associated with reduced morbidity and mortality as well as secondary prevention of HIV.
- National data illustrate that less than 25% of PLWH are virally suppressed (Figure 1).

Figure 1:



Objectives

- Understand and describe the continuum of engagement in HIV care among PLWH, specifically among the last three (3) stages of the HIV Care Continuum: retained in HIV Care, on ART, suppressed viral load and encountered by a large urban HIV outreach program;
- Define engaged "in care" among PLWH;
- Seek a better understanding of the "in care" population encountered through outreach to maximize the opportunity to serve PLWH and achieve more widespread viral suppression.

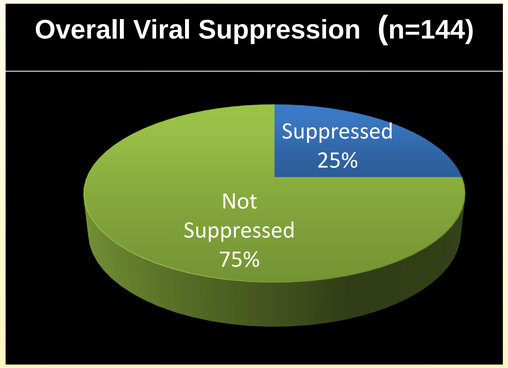
Methods

- "In care" was defined by attendance of at least one (1) HIV medical appointment in the six months (6) prior to the outreach encounter.
- Data was extracted from electronic medical records for all patients previously diagnosed and encountered between **January 1, 2013 – February 28, 2014** who were confirmed to be in care in one of the University of Maryland's HIV Clinics (n=148).
- Four (4) patients were disqualified due to insufficient data.
- Of the 144 patients included in the analysis, 123 were encountered in the inpatient setting, 11 were encountered in the ED, and 10 through community-based sites. Inpatient and ED settings represent routine HIV testing programs.
- Data were de-identified once abstracted.

Results

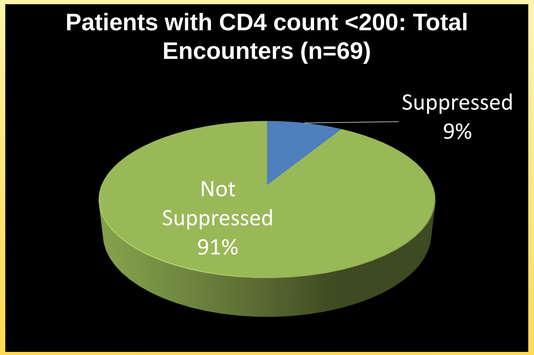
- Final sample size of **144 previously diagnosed** patients encountered over 13 months who were confirmed to be "in care".
- Of these patients, 36 (25%) had a suppressed viral load, while 108 (75%) were not (Figure 2)

Figure 2:



- Average CD4 count among suppressed was 435 cells/mm^3; non-suppressed 202 cells/mm^3
- There were 69 patients (48%) identified with CD4 counts of <200 cells/mm^3. Of these patients, only 6 (9%) were suppressed (Figure 3)

Figure 3:



Results

- Of the 108 (75%) not suppressed, 90 had information on receipt of ART. 49 (55%) were on ART and 41 (45%) were not on ART at the time of encounter. Reasons for non-suppression are outlined in Table 1.

Table 1:

Theme	Reasons
Late diagnosis	▫CD4 less than 200 at diagnosis
Late initiation of care	▫Patient/healthcare provider communication failure ▫Client taking > 3 month to get connected to care
Adherence concerns	▫Comorbidity, (focus on other illnesses) ▫Mental illnesses ▫Housing issues and homelessness ▫Domestic violence ▫Substance abuse
Missed appointments	▫Transportation concerns ▫Dependable communication channel (not working cell phone) ▫Comorbidity, hospitalization, etc.
Clinical instability	▫Renal insufficient ▫Oral cancer
Not on meds	▫Missing appointments ▫Satisfactory CD4 counts and asymptomatic ▫Compliance concern ▫Not ready ▫Unwillingness

Discussion

- Only 25% of patients confirmed to be "in care" were virally suppressed.
- Data suggest that many patients who are "in care" may require additional support to achieve the ultimate goal of viral suppression.
- Community and routine HIV screening programs have a unique opportunity to engage known "out of care positives" and further assess patients who are "in care" but are not virally suppressed and at risk for increased morbidity, mortality and transmission.
- "In care" positives with CD4<200 who have not achieved viral suppression are at risk of illness and may require intervention.
- Referrals to treatment adherence and highly supportive case management can be initiated during the outreach encounter.

References

- Cheever, L. W. (2007). Engaging HIV-infected patients in care: their lives depend on it. *Clinical Infectious Diseases, 44*(11), 1500-1502. doi: 10.1086/517534
- Mugavero, M. J., Amico, K. R., Horn, T., & Thompson, M. A. (2013). The state of engagement in HIV care in the United States: from cascade to continuum to control. *Clinical Infectious Diseases, 57*(8), 1164-1171. doi: 10.1093/cid/cit420