

# Linkage, Engagement, and Viral Suppression Rates among HIV-Infected Persons Receiving Care at Medical Case Management Programs in Washington, DC

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# Background

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- The DCDOH funded 13 facilities for medical case management (MCM) services in FY2010.
- This funding has been used to immediately link and engage persons in care and improve adherence to treatment.
- The objective of this study was to determine whether differences in clinical outcomes exist among HIV-infected persons diagnosed and receiving care at MCM funded facilities vs. non-MCM funded facilities.

- Newly diagnosed and prevalent HIV-infected persons were identified in the DCDOH surveillance system.
- Clinical outcomes of interest were linkage to care within 3 and 6 months of diagnosis; engagement in care and viral suppression.
- Bivariate analyses were performed to identify differences in:
  - Demographics and clinical outcomes of newly diagnosed cases at MCM and non-MCM funded facilities between 2009-2010.
  - Clinical outcomes among prevalent cases receiving HIV care at the 10 MCM funded facilities that provide medical care and 64 non-MCM funded facilities during FY2010.

# Clinical Outcomes among Newly Diagnosed HIV cases in Medical Case Management and Non-Medical Case Management Facilities between January 1, 2009 and December 31, 2010

	Medical Case Management n=603	Non-Medical case Management n=946	Pearson's Chi-square p-value
	N (%)	N (%)	
Linkage to Care in 3 months			
< 3 months	431 (71.5)	732 (77.4)	<b>0.0088</b>
≥ 3 months	172 (28.5)	214 (22.6)	
Linkage to care in 6 months			
< 6 months	484 (80.3)	780 (82.5)	0.2787
≥ 6 months	119 (19.7)	166 (17.5)	
Engaged in Care			
Yes	272 (45.1)	358 (37.8)	<b>0.0045</b>
No	331 (54.9)	588 (62.2)	
Viral Suppression			
Virally suppressed	331 (54.9)	453 (47.9)	<b>0.0072</b>
Not virally suppressed	272 (45.1)	493 (52.1)	

# Clinical Outcomes among Prevalent HIV Cases Receiving Care in Medical Case Management and Non-Medical Case Management Facilities between October 1, 2009 and September 30, 2010

	Medical Case Management n=3,177	Non-Medical Case Management n=2,963	Pearson's Chi-square p-value
	N (%)	N (%)	
<b>Engaged in Care</b>			
Yes	2,298 (72.3)	1,765 (59.6)	<b>&lt;0.0001</b>
No	879 (27.7)	1,198 (40.4)	
<b>Viral Suppression</b>			
Virally suppressed	1,984 (62.5)	1,730 (58.4)	<b>0.0011</b>
Not virally suppressed	1,128 (35.5)	1,052 (35.5)	0.9996
No viral load data	65 (2.0)	181 (6.1)	<b>&lt;0.0001</b>

# Conclusions

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- Significantly greater proportions of newly diagnosed and prevalent cases receiving care at medical case management facilities were engaged in care and virally suppressed.
- This study provides evidence that medical case management services can lead to improved clinical outcomes among HIV-infected persons living in Washington, DC.
- Further exploration is needed to determine how these services could be scaled-up to include more facilities across the District of Columbia.

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