

Welcome to Webcast Wednesday & Clinical Cases in HIV Medical Care: “Retention in HIV Care: Risk Factors, Interventions, and Identifying Those in Need of Support”

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for the audio portion of this conference.

Please turn off your computer speakers and
press *6 to mute your phone line.



Conflicts of Interest

FACULTY

- Beverly Woodward, RN has expressed no conflicts of interest.

STAFF

- Jennifer Burdge has expressed no conflicts of interest.
- Susan Richardson, CFNP has expressed no conflicts of interest.
- Brittney Copeland has expressed no conflicts of interest.

Meet Our Presenter:
**Beverly Woodward, MSN,
RN Case Manager**



Vanderbilt Comprehensive Care Clinic
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Objectives

- After attending this presentation, participants will be able to:
- Discuss the importance of retention in care, including health risks of poor retention among PLWHA.
- Describe challenges in assessing and defining retention in care.
- Define the scope and impact of retention in care.
- Access intervention techniques and tools for improving retention in care.

Retention in HIV Care

Risk factors, interventions, & identifying those in need of support.

Beverly Woodward, MSN, RN

Nurse Case Manager

Vanderbilt Comprehensive Care Clinic



Objectives



Challenges

Measurement
Comparison
Limitations



Why

Health outcomes
HIV transmission



Who

Scope of problem
Who is affected
Risk factors



Actions

Interventions
Identifying patients

Some things to consider...

it's not just about remembering appointments.



Discrimination.

In a study of HIV+ Latino MSM, those who reported being treated differently based on their sexual orientation were less likely to be retained in care.¹



HIV Status Disclosure & support

In the same study, HIV status disclosure predicted retention in care. Individuals with more HIV-specific support were more likely to be retained in care.¹



No shows have clinical significance.

Poor retention in care and clinic “no shows” are associated with increased mortality risk.²

Challenges



Challenges



- Retention is complex, difficult to define, hard to measure.³⁻⁵
 - Fluid vs Static
 - “Churn”
- Common definitions:
 - **Missed visits**
 - **Visit Constancy:** Time intervals with at least 1 visit.
 - **Gaps in care:** 6-month intervals that contain no appointments.
 - **Visit adherence:** Proportion of kept visits/scheduled visits
 - **HRSA/HAB measure:** “At least 1 medical visit in each 6 month period within a 24 month period (2 months apart).”

Challenges



Limitations and considerations

- Churn, geographic mobility, transfer.
- Measures and endpoints.
- Data origin.
- Population captured.
- Comparison.
- Evolving treatment recommendations.

Why does retention matter?



Why is retention so important?



Retention in care is strongly correlated with health outcomes. ^{2, 6-12}

Patients who are poorly-retained in care are:

- More likely to have detectable viremia.
- More likely to have prolonged viral burden.
- Less likely to maintain access to ART.
- More likely to have AIDS-defining CD4 count.
- At higher risk of death.

Why is retention so important?



Individuals who are retained in care are less likely to transmit HIV to someone else, even when they are not on ART.¹⁴

Improving retention in care among those most affected could help lessen health disparities.¹⁵

Scope and impact

Who is affected?



Scope and Impact



- Meta-analysis of multiple different studies on retention found that only 69% of individuals included had 2 or more visits during 6-month intervals.¹⁵
- Study using data from NA-ACCORD cohort: 25% of individuals who accessed care from 2000-2008 had one or more “out of care” episodes.¹⁶

Scope and Impact



Poor engagement among our new patients:

- One study followed 581 newly diagnosed patients from 2004-2011 and found that **63%** had at least 1 gap in care.¹⁷ Prior gaps were associated with subsequent gaps.
- A study using the 1917 Clinic Cohort found that **60%** of new patients missed a visit during the first year of care.¹¹ These patients also had higher **mortality risk**.

Scope

Who is affected.



Poor retention has been associated with several factors: ^{1,10,16,18-24}

- Geography and neighborhoods
- Geographic mobility
- Younger age
- Racial minority status
- Lack of provider constancy
- Insurance status
- Substance abuse
- Stigma
- Lack of social support and status disclosure
- HIV risk factor: IDU, heterosexual risk behavior
- Female sex

Who is affected:

Stigma and retention in care



- In a study on internalized stigma, increased stigma was associated with gaps in care.²⁴
- Another study found that individuals were more likely to attend appointments when more people knew they were HIV+.¹
- A study in Atlanta found that patients who always attended appointments reported knowing someone else who was HIV+.⁹



Interventions



CDC Home
CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People.™

SEARCH **SEARCH**

A-Z Index for All CDC Topics

HIV/AIDS

HIV/AIDS

- HIV Basics
- Who's at Risk for HIV?
- HIV Testing
- Prevention Research
- Programs
- Research
 - Pre-Exposure Prophylaxis (PrEP)
 - Prevention Benefits of HIV Treatment
 - Replicating Effective Programs Plus (REP)
 - **Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention**

HIV/AIDS > [Prevention Research](#) > [Research](#)

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Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention

- **NEW Linkage to, Retention in, and Re-engagement in HIV Care (LRC) Chapter**
- Medication Adherence (MA) Chapter
- Risk Reduction (RR) Chapter

NEW Linkage to, Retention in, and Re-engagement in HIV Care (LRC) Chapter

- [Background](#)
- [LRC Best Practices Review Methods](#)
- [LRC Best Practices Criteria](#)
- [Complete List of LRC Best Practices](#)
- [Stratified List of All LRC Best Practices, by Characteristic](#)

HIV A-Z Topics

- Print page
- CDC HIV
- CDC HIV/AIDS
- Get email updates
- Subscribe to RSS
- See RSS
- Listen to audio/Podcast

View page in Spanish
VIH En Español (Spanish)

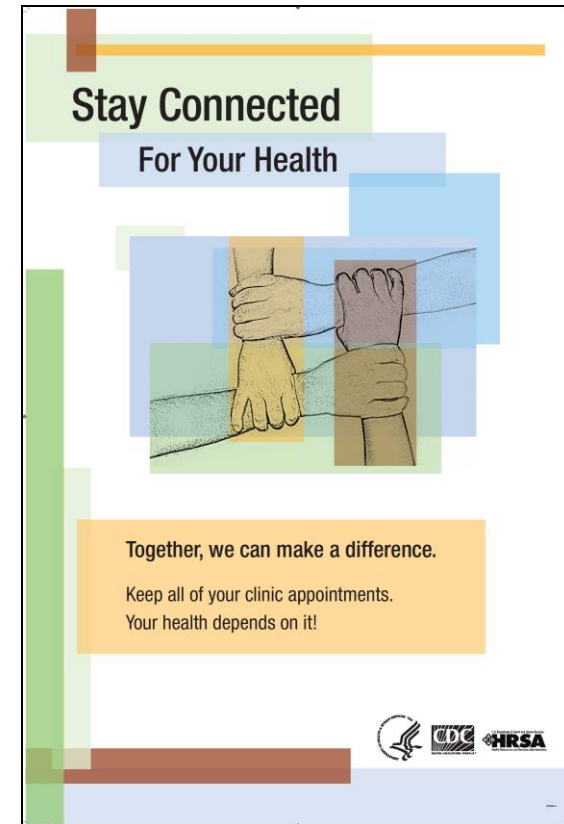
Get Tested
Enter ZIP code or C
GO
Find an HIV testing site

Interventions:

Stay Connected



- Clinic-wide messaging campaign.²⁵
- Focused on health effects of keeping appointments and staying in care.
 - Printed: posters, brochures
 - Verbal: consistent messages



Interventions

Stay Connected



- Improved attendance future appointments.
- Especially effective among patients with detectable VL.
- Found to lower financial risk and improve revenue for the clinic.²⁶
- All materials available online at AETC.

The screenshot shows the AETC National Resource Center website. The header includes the AETC logo, the tagline 'Supporting HIV Education for Health Care Professionals', a search bar, and navigation links: Home, About, Directory, Calendar, Resource Library, ShareSpot, and AETC Community. The breadcrumb trail reads: Home > Resource Library > A Low-Effort, Clinic-Wide Intervention Improves Attendance for HIV Primary Care: Publication and Corresponding Tools. The main content area features the title 'A Low-Effort, Clinic-Wide Intervention Improves Attendance for HIV Primary Care: Publication and Corresponding Tools' with a 'Stay Connected For Your Health' graphic. Below the title is the publish date 'October 15, 2012' and a list of authors: Lytt Gardner, Michael Mugavero, Faye Malitz, Gary Marks, Jason Crow, Tracey Wilson, Mari-Lynn Drainoni, Richard Moore, Allan Rodriguez, Susan Holman, Jeanne Keruly, Meg Sullivan, Paul Skolnik, Lisa Metsch, James Raper, Thomas Giordano, and Marla Corvin. The source is cited as Mountain Plains AIDS Education and Training Center, HRSA HIV/AIDS Bureau, U.S. Centers for Disease Control and Prevention, Department of Health and Human Services. A sidebar on the left lists navigation options: Library Home, Clinical Reference Tools, Guidelines, HRSA Clinical Guide, Training Materials, Training Program Resources, Web Links, Topic Index, and News Watch. A 'Browse more' section at the bottom right offers language options (English, Spanish) and a topic: Step 4: Keeping HIV-Positive People in Quality HIV Care, HIV Clinical Care, Clinical Trials / Research.

Interventions:

Enhanced Personal Contact



- Compared “enhanced contact” with the routine appointment reminders (standard of care).²⁷
- Population: Patients with a history of missed visits and new patients.
- Intervention lasted 12 months.

Interventions:

Enhanced Personal Contact



Enhanced Contact Intervention:²⁷

- Face-to-face meeting to establish relationship
- Brief meetings at each HIV appointment
- Phone call halfway between scheduled appointments
- Reminder call 7 days before scheduled appointment
- Reminder call 2 days before scheduled appointment
- No show call within 24 hours of missed appointment

Interventions:

Enhanced Personal Contact



- **Results:**
 - **Increased visit constancy.**
 - **Increased visit adherence.**
- Exception: Patients with unmet needs, patients with active substance abuse.
- A separate study (cost analysis) concluded that it can be implemented at relatively low cost and could result in financial benefits based on improved attendance.²⁸

Interventions:

Real World Challenges



- Treatment guidelines and expert panels recommend monitoring retention in care and identifying patients at-risk.
- How do we choose who to target in our world of limited clinical resources?

Interventions:

Our Process...ICM Project



Intensive Case Management Project (ICM)

Goal: To identify patients at risk for no-shows and to enroll them in ICM.

ICM Program Components:

1. Screening
2. Linking high risk patients to case management and adherence counseling.
3. Follow-up and re-assessment

Interventions:

ICM Project: Screening



- Identified a tool: Robbins et al. risk prediction tool for virologic failure.²⁹
- 7 risk factors associated with virologic failure:
 - Missed clinic visits
 - Poor adherence to medications
 - Heavy ART exposure
 - Prior history of virologic failure
 - Substance abuse
 - CD4 <100
 - Unsuppressed VL during previous 12 months

Interventions:

ICM Project: Screening



Used the tool to screen patients with VL>200.

Risk Factor	Points
Poor medication adherence: Documented during prior 12 month.	1 point for yes, 0 for no
Poor clinic attendance: Two or more “no-shows” during prior 12 months.	1 point for yes, 0 for no
Substance abuse: Documented within prior 12 months.	1 point for yes, 0 for no
Low CD4 count: CD4 count <100 copies/mm ³ .	1 point for yes, 0 for no
Heavy ART exposure: Prior exposure to NNRTI, NRTI, and PI classes.	1 point for yes, 0 for no
Prior treatment failure: With genotypic confirmation showing resistance to previous regimen.	1 point for yes, 0 for no
Unsuppressed viremia: VL >200 copies/mL.	1 point for yes, 0 for no
	Total score: 0-1 = Low Risk 2-3 = Medium Risk ≥4 = High Risk

Interventions:

ICM Project: Enrollment & targeting



- If score was $\geq 4 \rightarrow$ enrolled in ICM.
 - Kept a “panel” to facilitate tracking.
 - Referred them for multiple adherence counseling sessions with the same person every time.
 - Routinely followed up on their retention.

Interventions:

ICM Project: Benefits and results



- “Population triage”: Reduced a large panel to a more manageable group.
- Focused resources.
- Correlated with appointment patterns: High Risk patients were almost 10 times more likely to no show or cancel.³⁰

Interventions:

ICM Project: To date



- Assessed 1,016 patients with VL>200.
- Around 200 are currently high risk patients.
- Demographically similar to previous studies of patients at risk for missing visits.
- More likely to no show or cancel.³⁰
- Program Evaluation currently underway.

Resources on the web

CDC Compendium of effective interventions:

<http://www.cdc.gov/hiv/prevention/research/compendium/>

Stay Connected:

<http://www.aidsetc.org/resource/low-effort-clinic-wide-intervention-improves-attendance-hiv-primary-care-publication-and>

Upcoming Clinical Cases Webinars

Opportunistic Infections

Monday, April 13

Thein Myin 12:00pm to 1:00 pm EST

Register at

<https://aetcnec.virtualforum.com/pifidform.cfm?erid=45177&sc=946974&aetccode=15>

HIV and Hep C Co-Infection Management

Tuesday, May 12

Divya Ahuja, MD, MRC

12:15 pm to 1:15 pm EST

Register at

<https://aetcnec.virtualforum.com/pifidform.cfm?erid=44311&sc=581104&aetccode=15>

- In order to receive your CME certificate, you must complete the evaluation for this course. Please go to: <https://aetcnec.virtualforum.com/pefidform.cfm?erid=43670&sc=238279&aetccode=15> We will also e-mail you a link to this evaluation form and your certificate later today.
- If you do not receive this link, or if you have any questions, please contact **615-875-7873**, **Jennifer.Burdge@Vanderbilt.edu** Or, *if you are viewing this in a group or you are signed in as "Guest,"* please let Jennifer know so that all may receive credit for attending.

Thank you for attending!

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