Welcome to Webcast Wednesday & Clinical Cases in HIV Medical Care:

“Retention in HIV Care: Risk Factors, Interventions, and Identifying Those in Need of Support”

Please dial: 1-866-244-8528
Participant Code: 466193

for the audio portion of this conference.

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

SEATEC
Southeast AIDS Training and Education Center
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
Division of Infectious Diseases
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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.\textsuperscript{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.
Individuals who are retained in care are less likely to transmit HIV to someone else, even when they are not on ART.\textsuperscript{14}

Improving retention in care among those most affected could help lessen health disparities.\textsuperscript{15}
Scope and impact

Who is affected?
Meta-analysis of multiple different studies on retention found that only 69% of individuals included had 2 or more visits during 6-month intervals.\textsuperscript{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.\textsuperscript{16}
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. 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. These patients also had higher mortality risk.
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

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

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
Interventions: Stay Connected

• Clinic-wide messaging campaign.\textsuperscript{25}

• Focused on health effects of keeping appointments and staying in care.
  – Printed: posters, brochures
  – Verbal: consistent messages
• Improved attendance future appointments.
• Especially effective among patients with detectable VL.
• Found to lower financial risk and improve revenue for the clinic.\(^2\)
• All materials available online at AETC.
Interventions:

Enhanced Personal Contact

• Compared “enhanced contact” with the routine appointment reminders (standard of care).\textsuperscript{27}

• Population: Patients with a history of missed visits and new patients.

• Intervention lasted 12 months.
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?
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
Identified a tool: Robbins et al. risk prediction tool for virologic failure.\textsuperscript{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.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Points</th>
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<tbody>
<tr>
<td>Poor medication adherence: Documented during prior 12 month.</td>
<td>1 point for yes, 0 for no</td>
</tr>
<tr>
<td>Poor clinic attendance: Two or more “no-shows” during prior 12 months.</td>
<td>1 point for yes, 0 for no</td>
</tr>
<tr>
<td>Substance abuse: Documented within prior 12 months.</td>
<td>1 point for yes, 0 for no</td>
</tr>
<tr>
<td>Low CD4 count: CD4 count &lt;100 copies/mm³.</td>
<td>1 point for yes, 0 for no</td>
</tr>
<tr>
<td>Heavy ART exposure: Prior exposure to NNRTI, NRTI, and PI classes.</td>
<td>1 point for yes, 0 for no</td>
</tr>
<tr>
<td>Prior treatment failure: With genotypic confirmation showing resistance to previous regimen.</td>
<td>1 point for yes, 0 for no</td>
</tr>
<tr>
<td>Unsuppressed viremia: VL &gt;200 copies/mL.</td>
<td>1 point for yes, 0 for no</td>
</tr>
</tbody>
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Total score:
0-1 = Low Risk
2-3 = Medium Risk
≥4 = High Risk
If score was ≥ 4 → 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.\textsuperscript{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:
Upcoming Clinical Cases Webinars

**Opportunistic Infections**
Monday, April 13
Thein Myin 12:00pm to 1:00 pm EST
Register at

**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](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!
References


