

Using a Multidisciplinary Evidence-Based Continuum Care Model to Reengage High-Risk

Young Adults Living with HIV

Abstract Submission

Lisa Tran, MSN, RN

Ltran10@jhu.edu

The Johns Hopkins University School of Nursing

Abstract

Background: Young adults face unique barriers with adhering to the HIV Care Continuum such as lapses in health insurance, under-employment, unstable housing, and lack of transportation (Griffith et al., 2019; Zaroni & Mayer, 2014). This significant disparity prompted providers in an outpatient infectious disease clinic in an urban academic medical center in the Mid-Atlantic to create a program to transition high-risk young adults with HIV (YAHIV) to a standard-of-care adult clinic. Despite dedicated staff and individualized initiatives, these patients have lower virologic suppression (56%) when compared to YAHIV undergoing standard care (69%). Lack of viral suppression results from disengagement from the HIV Care Continuum, specifically in maintaining HIV care (Byrd et al., 2016; Griffith et al., 2019). These patients are more likely than adult patients to be lost-to-care, defined as no medical visit with an HIV provider in ≥ 6 months (HRSA, 2017).

Purpose: The research question was if initiating a multidisciplinary evidence-based continuum care model (CCM) would reengage lost-to-care high-risk YAHIV and improve patient outcomes.

Method: The CCM was developed by the project lead that incorporated the resources of the clinic and the findings from the literature review (See Appendix A). A pre- and post- quality improvement project was used to investigate the impact of the CCM on patient re-engagement. Participants were included if they were eligible for the clinic's program for high-risk YAHIV (those who are 18-30 years old with ≥ 1 criteria: transfer from pediatric care, mental health diagnosis, substance use, or identified adherence barriers), and are lost-to-care (Griffith et al., 2019). Participants were excluded if they are on an alternate HIV management plan, switched providers, moved out-of-state, are incarcerated, are inpatient, or are deceased. The pre- and post-implementation data was analyzed with the Wilcoxon Signed Rank test to determine the impact

of re-engagement on viral load levels. In addition, the CCM included a qualitative patient survey of barriers to care that will be presented as descriptive statistics for future quality improvement projects.

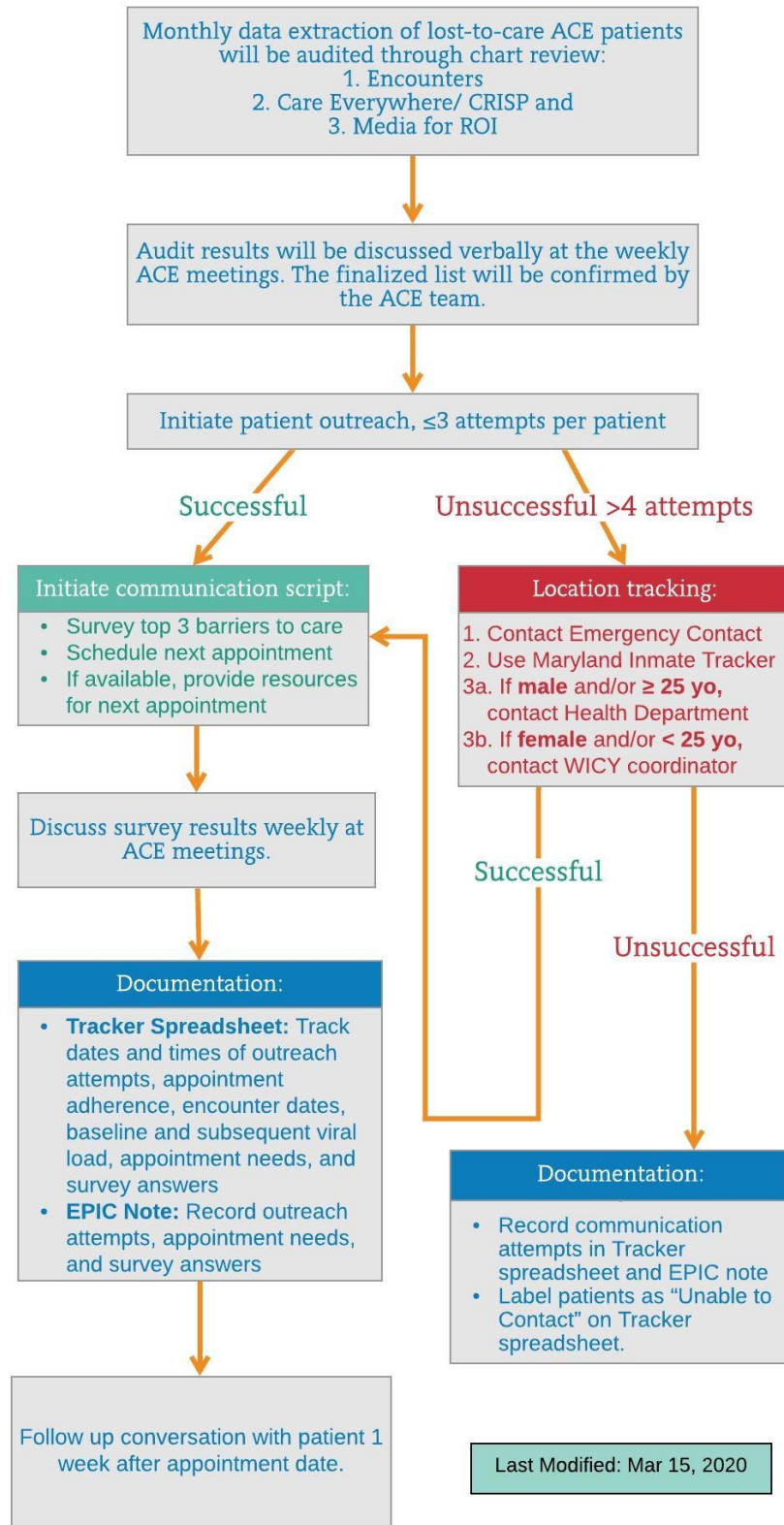
Results: Of the 66 high-risk young adults with HIV were found to be lost-to-care, 53.2% were successfully located (see Appendix B). 20 were successfully re-engaged. Results from the Wilcoxon Signed Rank Test determined that the median viral load increase post-CCM was not statistically significant ($p = 0.221$). The self-reported top barriers to care were a lack of transportation and lapse in health insurance. The most requested resource was transportation assistance.

Conclusions: The stakeholders determined that the CCM was effective in locating and re-engaging high-risk YAHIV and identifying their specific barriers to care. The survey revealed significant knowledge gaps that prevented the patients from using the clinic's services. The project lead has since transitioned the CCM workflow and the interactive tracker spreadsheet to the patient navigator, who will be using it as the standard of care for re-engagement. Intake conversation, reminder calls, and office visits now include prompts for patients to update patient navigator about transportation, contact information, and health insurance.

References

- Byrd, K. K., Furtado, M., Bush, T., & Gardner, L. (2016). Reengagement in care after a gap in HIV care among a population of privately insured persons with HIV in the United States. *AIDS Patient Care STDS*, *30*(11), 491-496. doi: 10.1089/apc.2016.0188
- Griffith, D., Snyder, J., Dell, S., Nolan, K., Keruly, J. C., & Agwu, A. L. (2019). Impact of a youth-focused care model on retention and virologic suppression among young adults with HIV cared for in an adult HIV clinic. *Journal of acquired immune deficiency syndromes*, *80*(2), e41-e47. <https://doi.org/10.1097/QAI.0000000000001902>
- Health Resources and Services Administration. (2017). *HIV/AIDS bureau performance measures: HIV viral load suppression*. Retrieved from <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>
- Zanoni, B. C., & Mayer, K. H. (2014). The Adolescent and Young Adult HIV Cascade of Care in the United States: Exaggerated Health Disparities. *AIDS Patient Care and STDs*, *28*(3), 128–135. <https://doi.org/10.1089/apc.2013.0345>

Appendix A



Appendix B

