CLINIC-BASED SURVEILLANCE-INFORMED PATIENT RETRACING

Evidence-Informed for Retention and Re-engagement in HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention
- Improve re-engagement in HIV care

Target Population
- Out-of-care HIV clinic patients

Brief Description

The *Clinic-Based Surveillance-Informed Patient Retracing* intervention aims to re-engage out-of-care HIV positive patients by using clinical data to identify out-of-care patients, matching clinical data with public health surveillance data, and employing a linkage specialist to link persons back into HIV care. The clinic data manager identifies patients for re-linkage outreach semi-annually using a clinic database. A list of patients meeting out-of-care criteria is sent to the public health department and is matched with HIV surveillance data to identify patients who are out of care versus those who have transferred HIV care, moved away, died or are incarcerated. A linkage specialist attempts to contact out-of-care patients using telephone calls, email, outside agency contacts, and an emergency contact. The linkage specialist assists with scheduling medical appointments and reminding patients of their medical appointments. The linkage specialist also assists with transportation as needed.

Intervention Duration
- Ongoing until patient has successfully completed the medical appointment, declined to return to clinic for care or are referred to the public health department for further outreach

Intervention Setting
- HIV clinic

Deliverer
- Linkage specialist

INTERVENTION PACKAGE INFORMATION

For intervention materials, please contact Julie Dombrowski, University of Washington & Public Health – Seattle & King County HIV/STD Program, Harborview Medical Center, 325 Ninth Avenue, Box 359777, Seattle, Washington 98104.

Email: jdombrow@uw.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information
The original evaluation was conducted in Seattle, Washington.

Recruitment Settings
Data manager identifies out-of-care patients semi-annually using a clinic database that collates information from electronic health records, paper intake forms, and case management databases

Eligibility Criteria
Clinic patients who are HIV-infected, have not died or transferred care, completed ≥ 1 visit in the past 1000 days and have not completed a visit ≥ 12 months before the extraction date.

Study Sample
Study participants in the intervention cohort (n = 753) had the following characteristics:
- *60% white, 21% black or African American, 14% missing, 4% Native American, 1% mixed race*
- *84% male, 16% female*
- *10% < 3 years old or younger, 24% 30-39 years old, 33% 40-49 years old, 33% 50 years and older*

Comparison
The 753 clinic patients who met eligibility criteria for the intervention as of 11/01/2012 were compared on outcomes for a 12-month period to 646 clinic patients who met the same eligibility criteria as of 11/01/2011. There were statistically significant differences between the intervention and comparison cohorts in age, income, health insurance status, viral suppression, and time since HIV diagnosis, but the differences were small. About half of the study patients in the intervention cohort were included in the historical comparison cohort because they were not re-linked to care as of 11/01/2011. Generalized estimated equations methodology was used to account for multiple measures and expected correlation between analysis periods among the patients in both cohorts.

Relevant Outcomes Measured
- Time to re-linkage was measured as the elapsed time between the date of identification as out-of-care and the date of the first completed medical visit at the clinic during the subsequent 12 months.
- Re-linkage was measured as completion of a medical visit in a 12-month period.
- Retention in continuous care was measured as the completing ≥ 2 medical visits ≥ 3 months apart in a 12-month period.

Significant Findings on Relevant Outcomes
- Intervention cohort patients were relinked to HIV care significantly sooner than historical cohort patients (adjusted HR = 1.7, CI: 1.2 - 2.3).
- A significantly greater percentage of intervention cohort patients were relinked to HIV care within 12 months compared to historical cohort patients (15% vs. 10%; adjusted RR = 1.6, CI: 1.2 - 2.1, $p < .05$).
- A significantly greater percentage of intervention cohort patients were retained in continuous HIV care for 12 months compared to historical cohort patients (8% vs. 4%; adjusted RR = 2.4, CI: 1.5 - 3.9, $p < .05$).

Strengths
- The intervention re-linked persons who have been out of care for ≥ 12 months.
- Sample size was greater than 100.
- The retention in care outcome and follow-up assessment occurred at 12 months.
- The intervention re-linked persons in care ≤ 6 months.

Considerations
- There was a statistically significant positive increase in the percentage of persons with viral suppression from pre- to post-intervention in unadjusted analyses, but not when adjusted for age and income.

Funding
- National Institute of Mental Health (5K23MH090923)
- University of Washington Center for AIDS Research (CFAR)
- National Institute of Health (P30A1027757)
- Health Resources and Services Administration

REFERENCES AND CONTACT INFORMATION

Bove, J. M., Golden, M. R., Dhanireddy, S., Harrington, R. D., & Dombrowski, J. C. (2015). Outcomes of a clinic-based surveillance-informed intervention to relink patients to HIV care. *JAIDS Journal of Acquired Immune Deficiency Syndromes, 70,* 262-268.

Researcher: Julie Dombrowski, MD, MPH
Center for AIDS and STD
University of Washington
Public Health – Seattle & King County HIV/STD Program
Harborview Medical Center Box 359777
325 Ninth Avenue
Seattle, WA 98104
Email: jdombrow@uw.edu