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FAST-TRACK CITIES 2024

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Changes in Patient Reported Outcomes Among Participants of Three Programs to Mitigate Disparities in HIV Care across the HIV Care Continuum

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Acknowledgments

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Background & Purpose

- Studies show patient reported outcomes (PROs) are significantly associated with HIV-related outcomes (Antinori et al., 2020; Judd et al., 2022)
- Social determinants of health present important barriers to care adherence and retention among people living with HIV (Menza et al., 2021)
- Describe changes over time in PROs among a consortium of three HIV-care facilities (Florida, Mississippi, and Alabama) participating in the HIV Care Connect program

HIV Care Connect Program

- Initiated in 2019 to reduce disparities in access to care and improve health outcomes for people with HIV living in vulnerable and underserved U.S. communities
- Three participating sites could choose different evidence-based programs to mitigate disparities in HIV care across the HIV care continuum; however, all were required to address social determinants of health, in part through multisectoral collaborations with community partners.
- National Program Office at the University of Alabama at Birmingham established to provide technical assistance, monitor implementation, and provide a cross-site evaluation to assess whether the sites and the overall HCC accomplished its goals.

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HIV Care Connect Program

Care Resource

- **Project DA^{2}RE** *(**D**isparities in care **A**ddressed through **A**ccess, **R**etention, and **E**quity)*

- Objectives:
  - Form a collaborative with community partners to improve access to and retention in care for 150 HIV infected persons through offering a broad range of culturally competent, coordinated, and co-located and patient centered individual interventions and strategies
  - Centralize and standardize data collection and sharing across partnering organizations

- Geographic Area Served:
  - Miami-Dade County

- Target Population:
  - Heterosexual people of color, men who have sex with men (MSM), and transgender persons living with HIV

UMMC program

- **All-in at Circle**

- Objectives:
  - Establish a central physical point of contact for PLWH
  - Centralize and standardize data collection and sharing across partnering organization
  - Incentivize care model for HIV care
  - Reduce the proportion of PLWH who are not virologically suppressed with assistance from MSDH Data-to-Care
  - Conduct cost-effectiveness and cost-utility analyses of incentivized care

- Geographic Area Served:
  - Jackson, MS MSA and adjacent rural areas

- Target Population:
  - People of color living with HIV

MAO

- **CARE** (**C**reating **A**ccess, **R**etention, and **E**ngagement)

- Objectives:
  - Increase linkage to HIV care within 30 days of diagnosis for pregnant/postpartum WLWH, newly diagnosed WLWH scoring 31 and above of Acuity Scale, WLWH who have not had a provider visit in 12 months, and incarcerated women testing positive for HIV.
  - Increase HIV appointment adherence among pregnant/postpartum WLWH, newly diagnosed WLWH scoring 31 and above on Acuity Scale, and WLWH who have not had a provider visit in 12 months.

- Geographic Area Served:
  - Montgomery and Dothan, Alabama MSAs

- Target Population:
  - Pregnant/postpartum WLWH, newly diagnosed WLWH scoring 31 and above on Acuity Scale, WLWH who have not had a provider visit in 12 months, and incarcerated women testing positive for HIV

Data Sources

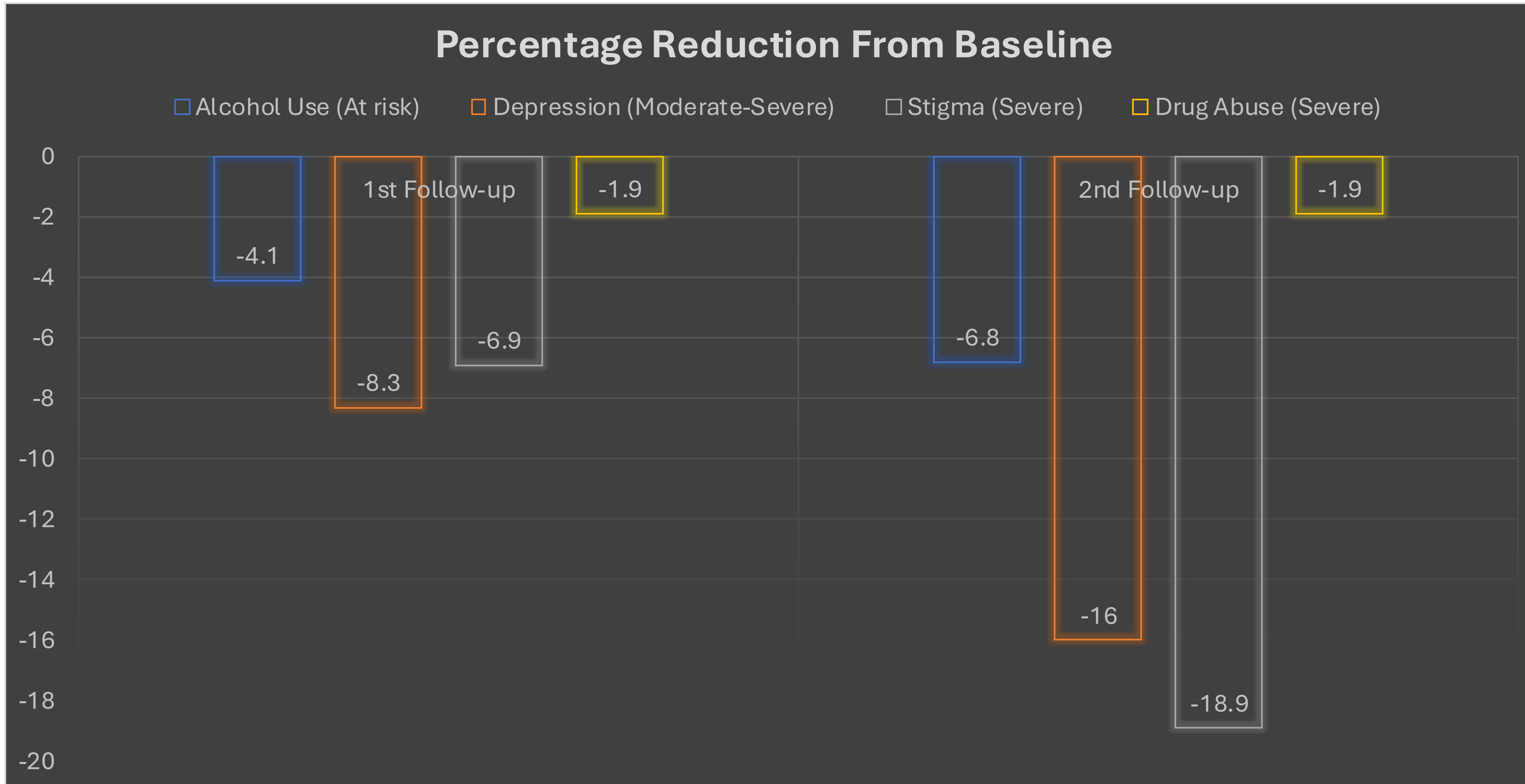
- PROs collected from patients with repeat visits to the participating facilities, including:
  - Drug Abuse Screening Test (DAST-10)
  - Patient Health Questionnaire (PHQ-9)
  - Alcohol Use Disorders Identification Test (AUDIT-C)
  - Jimenez Stigma Scale
  - Quality of life

- PRO data uploaded to National Program Office every 6 months by each of the three sites

Results

	Baseline	1st follow-up	2nd follow
Alcohol Use (Audit-C), N (%)			
At risk	72 (30.4)	36 (26.3)	17 (23.6)
Not at risk	165 (69.6)	101 (73.7)	55 (76.4)
Depression (PHQ9), N (%)			
No depression	81 (30.6)	68 (48.9)	34 (50.0)
Mild/moderate depression	122 (46.0)	50 (36.0)	29 (42.6)
Moderately severe/severe depression	62 (23.4)	21 (15.1)	5 (7.4)
Stigma (Jimenez Stigma Scale), N (%)			
Mild stigma	9 (3.6)	4 (3.6)	1 (1.8)
Moderate stigma	36 (14.5)	24 (21.4)	19 (35.2)
Severe stigma	204 (81.9)	84 (75.0)	34 (63.0)
Drug abuse screening (DAST-10), N (%)			
No problems (0)	127 (47.9)	49 (28.5)	48 (55.2)
Low level (1-2)	67 (25.3)	81 (47.1)	20 (23.0)
Moderate level (3-5)	39 (14.7)	27 (15.7)	9 (10.3)
Substantial level (6-8)	21 (7.9)	11 (6.4)	8 (9.2)
Severe level (9-10)	11 (4.2)	4 (2.3)	2 (2.3)
Quality of Life, Mean (SD)	70.8 (16.8)	81.0 (13.5)	70.0 (17.0)

PRO Trends Over Time



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Conclusion

- Preliminary analysis indicates improvements in PROs that have been sustained over time
  - Largest improvements for depression and stigma
- Additional analysis needed that:
  - Accounts for other patient characteristics and attrition
  - Considers role of different programmatic features
- Need to assess what parts and how to scale up and/or replicate programs