12th International Conference on HIV TREATMENT AND PREVENTION ADHERENCE

Adherence 2017

JUNE 4–6, 2017 • MIAMI

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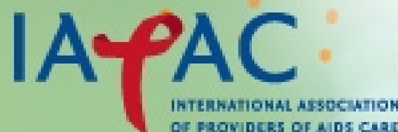

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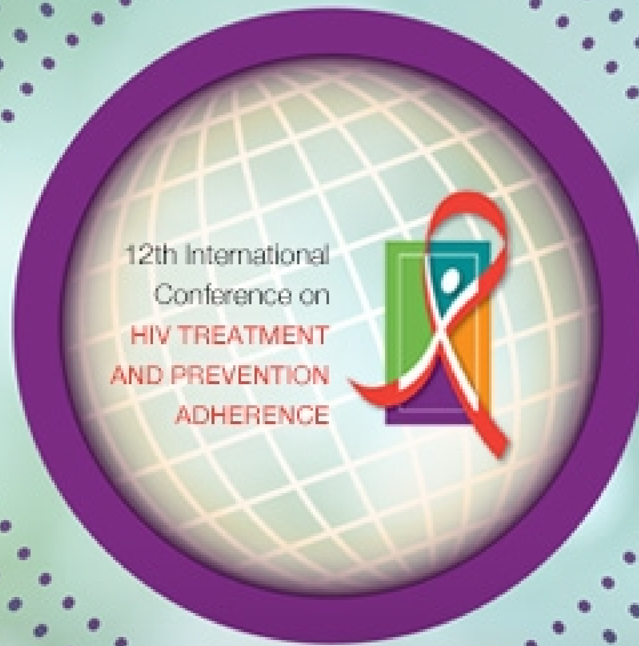

FINDINGS & RECOMMENDATIONS FROM ACCESS TO CARE (A2C)

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with thanks to AIDS United and the A2C Grantees

Access to Care (A2C)

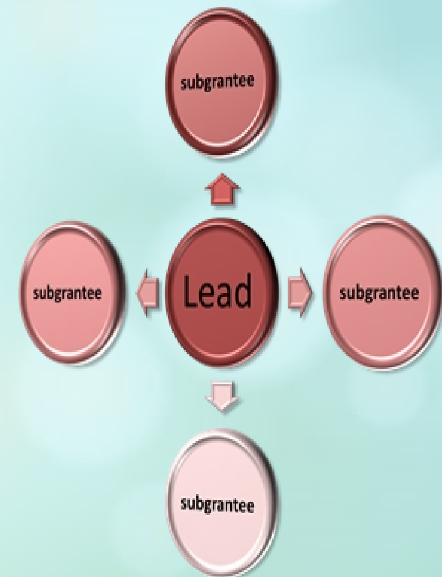
- Brief overview of Access to Care
- Key findings
- Recommendations and next steps for implementation of retention in care programs

ACCESS TO CARE (A2C)

Population served: People living with HIV (PLWH) who know their HIV status but are not in care (2011-2016)

Grantee program model: linkage and retention in HIV care interventions that share common elements

- Evidence-based
  - Health navigation
  - Motivational interviewing
  - Care co-ordination



Focus on reduction of needs and barriers to care

Lead agency and at least one implementing partner

A2C

ACCESS TO CARE INITIATIVE

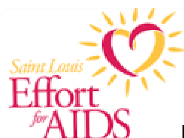
Grantees

Boston, MA

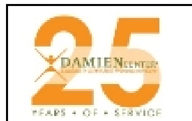
New York, NY

AIDS FOUNDATION OF CHICAGO

Chicago, IL



St. Louis, MO



Indianapolis, IN

Washington, DC

Philadelphia, PA

Los Angeles, CA

Christie's Place

San Diego, CA

Montgomery, AL

Birmingham, AL

New Orleans, LA

National Evaluation of A2C

1. Monitoring viral load at baseline, six and twelve months
2. Assessment of interagency networks
3. Economic analysis
4. Qualitative exploration of barriers and facilitators of program implementation

Participant Characteristics
(n=4,704)

Demographic Characteristics	% (n)
Race: Non-Hispanic Black	68% (3,214)
Gender: Male	61% (2,878)
Age: 40+	58% (2,748)
Education: High school or less*	66% (2,942)
Engagement Characteristics at Enrollment	**% (n)/Median (n)**
Retention in Care	
Not retained (HRSA-HAB)	52% (2,445)
Sub-optimal retention	48% (2,259)
Median CD4	414 cells/ul (3,529)
Median Viral Load	3,125 RNA copies/mL (3,580)

*Data from one site, MAO, not available and thus excluded from the denominator (n=240).

#ADHERENCE2017

HIV Treatment Cascade

	Enrolled	Linked to Care	Retained in Care	Suppressed Viral Load
# of participants	4,704 (100%)	4,022 (86%)	3,254 (69%)	2,937 (62%)

Y-axis: # of participants (0, 1,000, 2,000, 3,000, 4,000, 5,000)

Linked to Care=HIV medical visit after enrollment; Retained in Care=HRSA HAB; Viral Suppression=<200 RNA copies/mL

Recommendations and next steps for implementation of retention in care programs

Recommendation # 1

- Recognize and plan for a complex constellation of client needs
  - >50% participants with unmet basic needs at enrollment
  - Single most urgent need prioritized
    1. Housing
    2. HIV medical services
    3. Employment services

  - Develop and test models that integrate housing and employment services into retention in care programs
  - Expand policies that reimburse for provision of support services

Recommendation # 2

- Flexible multi-pronged strategy for participant recruitment and retention
  - Finding OOC individuals challenging and time consuming
  - Use multiple strategies, referrals from partner agencies, participant referrals, out of care lists, etc.
  - Shorter OOC windows (6 months) or missed visits

Recommendation #3

- Nurture and cultivate inter-organizational partnerships
  - Recruitment
  - Meeting participant needs
  - Program retention

  - Implementation studies to further explore the role of inter-organizational networks in delivery of retention in care programs

THANK YOU!

Special thanks to A2C grantees, AIDS United and the Social Innovations Fund