The Contribution of Missed Clinic Visits to Disparities in HIV Viral Load Outcomes

Zinski A, Westfall AO, Batey DS, Gardner L, Giordano T, Rodriguez A, Keruly J, Drainoni M, Wilson T, Malitz F, & Mugavero M, on behalf of the RIC Study Group







Background

Disparities in HIV Health outcomes for Black/African Americans:

- Increased mortality
- Poorer viral suppression
- Higher AIDS rates

We've learned: Non-adherence mediates relationship bt AA & VL failure

More to discover: contributing factors that may be intervention targets



Aim

- Evaluate contribution of missed primary HIV care visits to observed disparities in VL outcomes
- Utilize CDC/HRSA Retention in Care (RIC) Phase 1 cohort data
 - 6 university HIV clinics
 - Baylor College of Medicine
 - Boston University Medical Center
 - Johns Hopkins University
 - SUNY Downstate (Brooklyn)
 - University of Alabama at Birmingham
 - University of Miami
- 12-month period before RCT

Methods

In order to identify "established" clinic patients, inclusion criteria were:

- Attended ≥1 primary HIV care appointment in year preceding study pd
- ≥1 scheduled primary HIV care appointment during 1st six months of study pd
- Study period: May 2008 April 2009



Methods

Retention variable of interest:

 Missed visits: Frequency of no-show clinic visits during the 12-month observation period

Analysis:

Staged multivariable logistic regression models

Evaluate initial model:

 Association of socio-demographics with viral load failure (<400 c/mL) at 12-months



Analysis

Add Variable of interest:

No-show visit count

Analyze:

- Parameter estimates & significance of observed socio-demographics w/ VF
- Model odds ratios quantified VF
- Missing data: multiple imputation



Study Sample

Age (years)	46.0 ± 10.0
Gender	
Male	6549 (65.1%)
Female	3465 (34.5%)
Transgender	39 (0.4%)
Race	
Black	6435 (64.0%)
White	3004 (29.9%)
Other/Unknown	614 (6.1%)
Ethnicity	
Hispanic	1880 (18.7%)
Non-Hispanic	8066 (80.2%)
Missing/Unknown	107 (1.1%)
Risk transmission group	
MSM	2837 (28.2%)
MSM + IDU	230 (2.3%)
IDU	1318 (13.1%)
Heterosexual	4947 (49.2%)
Other/Missing/Unknown	721 (7.2%)

Sample, cont

Site	
Baylor College of Medicine	2904 (28.9%)
Boston University Medical Center	1053 (10.5%)
Johns Hopkins University	1883 (18.7%)
SUNY Downstate Medical Center	922 (9.2%)
University of Alabama at Birmingham	1307 (13.0%)
University of Miami	1984 (19.7%)
Baseline plasma HIV RNA (log ₁₀ c/mL)	2.59 ± 1.17
Baseline CD4+ T lymphocyte count (cells/μL)	456 ± 296



Sample, cont

- 31% experienced viral load failure
- Note: Mean No-show differed by
 - Race: 1.69 Black/AA vs. 1.13 White
 - Risk Factor: 1.96 IDU vs. 1.20 MSM



MV: Patient Variables					
	OR	95% UCL	95% LCL	p-value	
M v. F	1.05	0.91	1.20	0.5178	
Hispanic v. Non	0.73	0.61	0.88	0.0010	
B/AA v. W	1.32	1.15	1.52	0.0002	
Other v. W	1.20	0.94	1.54	0.134	
IDU v Het	1.30	1.11	1.52	0.0007	
MSM v Het	0.90	0.76	1.06	0.2200	
Other v Het	1.01	0.81	1.27	0.8942	
Age	0.74	0.70	0.78	<.0001	

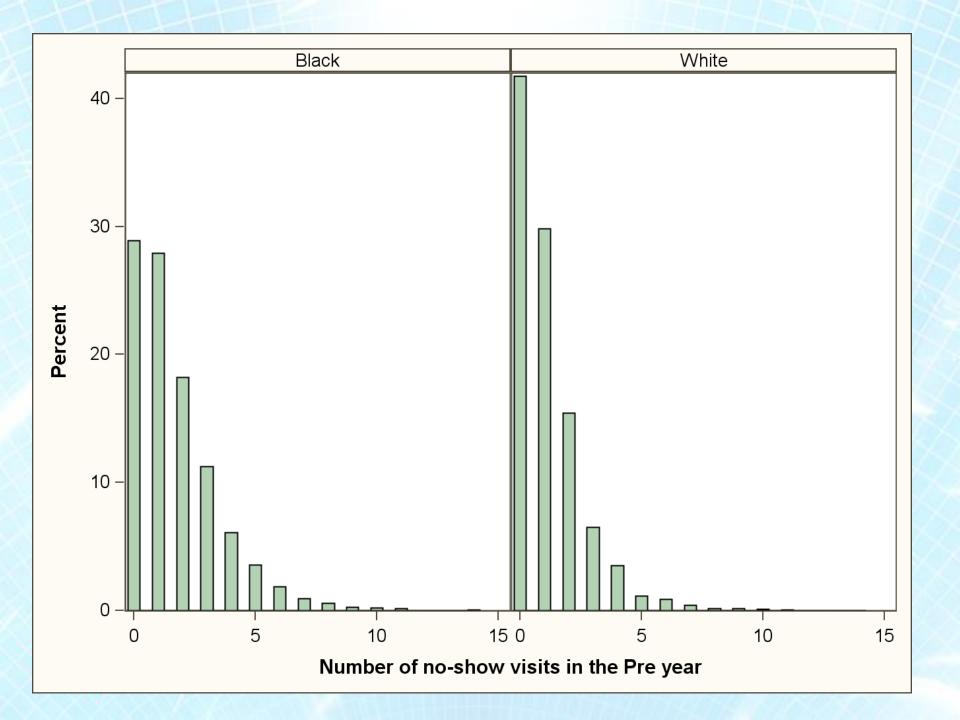
Result:
Black/AA race
(OR=1.32)
significantly
more likely to
experience VL
failure
Also Significant

- Ethnicity
- · IDU
- Age

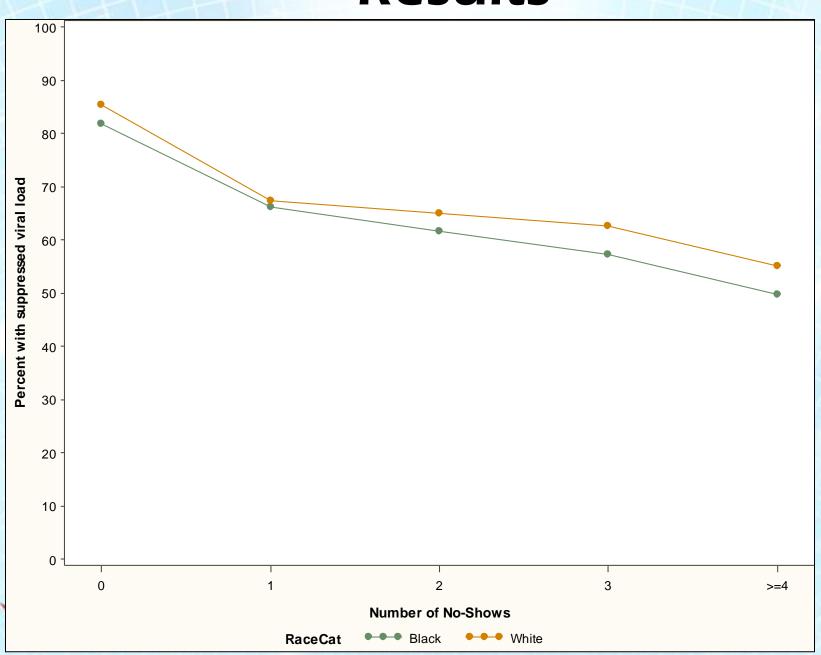
Include Black/AA &White race (n=9,439) Mean no-shows: 1.51 (Range 0-14)

# No Show	Frequency	Percent	
0	3114	32.99	
1	2693	28.53	
2	1637	17.34	
3	921	9.76	
>=4	1074	11.38	





	MV: Patient Variables			N	MV: With number no-shows			
	OR	95% UCL	95% LCL	p-value	OR	95% UCL	95% LCL	p-value
# No-Shows					1.32	1.28	1.37	<.0001
May E	4.05	0.04	4.20	0.5470	4.00	0.02	4.05	0.2424
M v. F	1.05	0.91	1.20	0.5178	1.08	0.93	1.25	0.3424
Hispanic v. Non	0.73	0.61	0.88	0.0010	0.70	0.58	0.85	0.0003
B/AA v. W	1.32	1.15	1.52	0.0002	1.18	1.01	1.35	0.0317
Other v. W	1.20	0.94	1.54	0.134	1.14	0.88	1.45	0.3283
IDU v Het	1.30	1.11	1.52	0.0007	1.09	0.93	1.27	0.2907
MSM v Het	0.90	0.76	1.06	0.2200	0.90	0.76	1.08	0.2551
Other v Het	1.01	0.81	1.27	0.8942	0.96	0.76	1.20	0.7248
Age	0.74	0.70	0.78	<.0001	0.79	0.75	0.83	<.0001



Conclusion

After adding no show visit count, parameter estimates attenuated

- Black race (1.32 to 1.18)
- IDU (1.30 to 1.09)
- Missed visits contributed to some observed differences in VL outcomes for Black/AA patients and IDU

Note: Same trend for model with missed visits (Y/N)



Limitations

- No Causality
- ART exposure not incorporated
- Short Observational period
- Experienced Patient population excluded observations from newly entering care



Implications

We must explore:

- Reasons for differential visit attendance
- No-show behavior
- Intervention elements to reduce noshow visits at multiple levels
- Interventions to prevent no-show visits



Future Directions

- Explore disparities in HIV outcomes related to
 - Housing Status
 - Age
 - Stigma
 - Engagement/Empowerment
 - Influence of Access to care & ART
 - Patient Satisfaction



RIC Team

Boston University Medical Center University of Alabama-Birmingham

Mari-Lynn Drainoni (PI)

Cintia Ferreira Lisa Koppelman

Maya McDoom

Michal Naisteter

Karina Osella

Glory Ruiz

Paul Skolnik Meg Sullivan (PI) **Scott Batev**

Stephanie Gaskin

Michael Mugavero (PI)

Jill Murphree Jim Raper

Michael Saag (PI)

Suneetha Thogaripally

James Willig Anne Zinski

University of Miami

Carolyn Garzon Jesline Jean-Simon

Kathy Mercogliano Lisa Metsch (PI)

Allan Rodriguez (PI) Gilbert Saint-Jean

Marvin Shika

Johns Hopkins University

Mollie Jenckes

Jeanne Keruly (PI)

Angie McCray

Mary McGann

Richard Moore (PI)

Melissa Otterbein

LiMing Zhou

SUNY Downstate Medical Center

Sophia Gibbs-Cohen

Elana Desrivieres

Mayange Frederick Kevin Gravesande

Susan Holman

Harry Johnson

Tonya Taylor

Tracey Wilson (PI)

8th International

Baylor College of Medicine

Monisha Arya

David Bartholomew

Tawanna Biggs

Hina Budhwani

Jessica Davila

Christine Jacobsen

Tom Giordano (PI)

Nancy Miertschin

Shapelle Payne

William Slaughter

Mountain Plains AETC

Lucy Bradley-Springer

Marla Corwin

Federal

Laura Cheever, HRSA Faye Malitz, HRSA

Robert Mills, HRSA

Jason Craw, CDC/ICF

Lytt Gardner, CDC Sonali Girde, CDC/ICF

Gary Marks, CDC

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