

#Adherence2014



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Factors Associated with LTC in a Large HIV Care Center of NYC

Abstract 375

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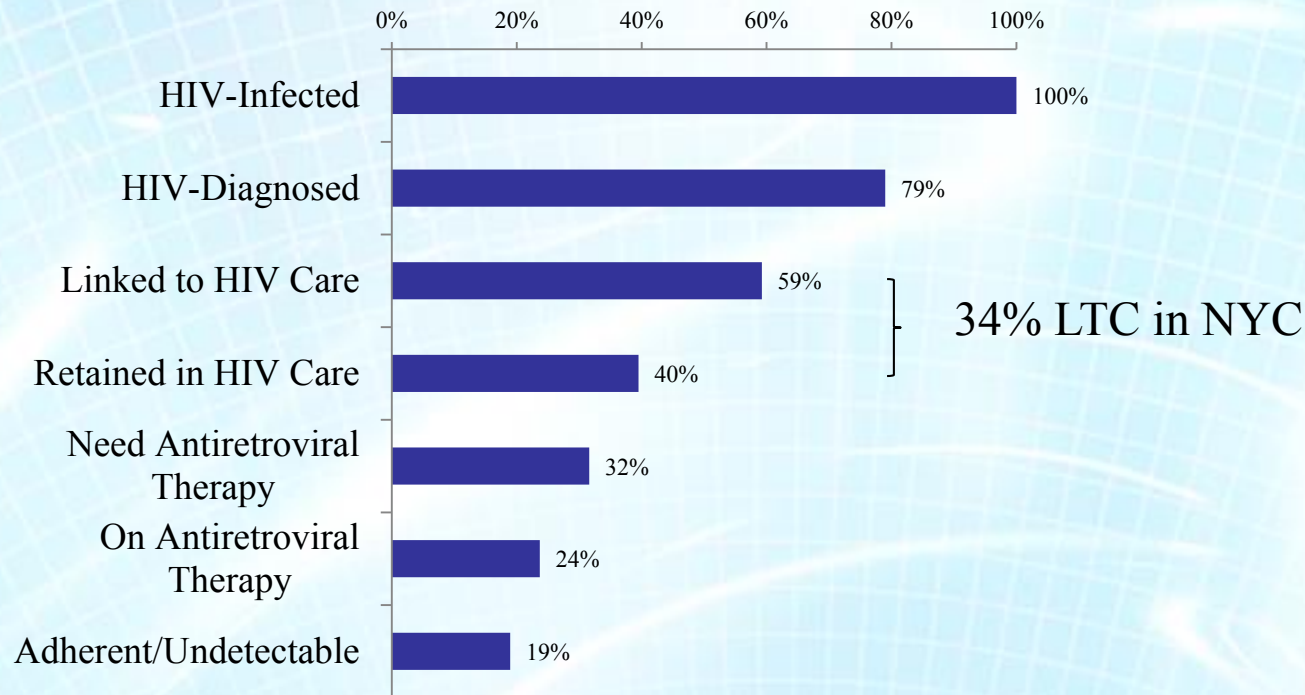
Mount Sinai St. Luke's and Roosevelt Hospitals

Disclosures

Dr. Pati has no financial relationships with commercial entities to disclose



Loss to clinic is a national and regional problem



Gardener et al CID 2011; Torian et al *AIDS Patient Care and STDs* 2011;
Shepard et al *AIDS* 2013



Clinic-based EMR Data is underutilized

Advantages of clinic-based data include

- Accessibility
- Real world context
- Connection with patients



Study Objectives

- Determine proportion of patients lost to clinic (LTC) from Spencer Cox Center for Health
- Describe factors associated with LTC

Setting: Spencer Cox Center for Health, NYC



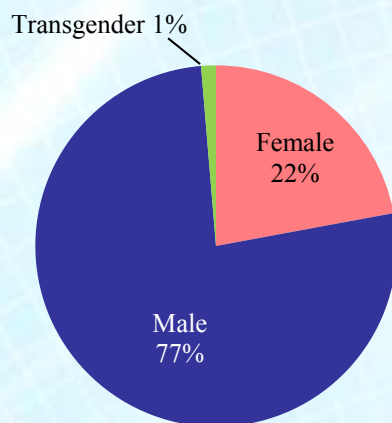
Methods

- Retrospective cohort study of HIV-infected patients seen for at least one medical visit between January 1, 2010 and December 31, 2011
 - Outcomes: Retained versus Lost to clinic defined by at least one follow-up medical visit between January 1 and September 30, 2012
- Multivariable logistic regression analysis to identify factors associated with LTC

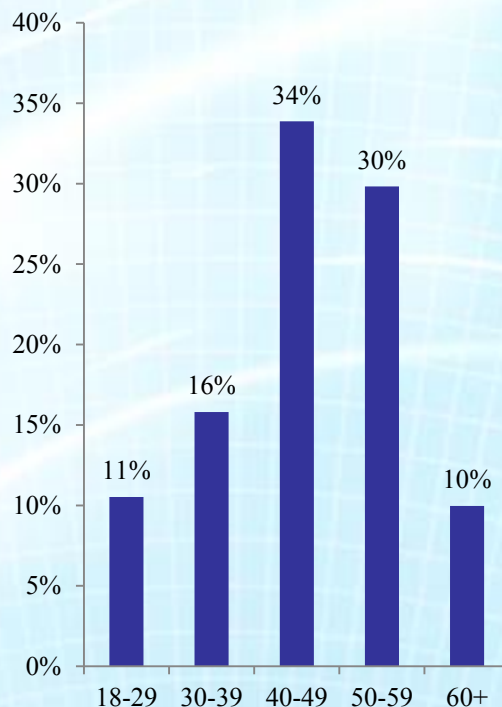
Study Population

5750 HIV-infected patients seen for at least one medical visit between January 1, 2010 and December 31, 2011

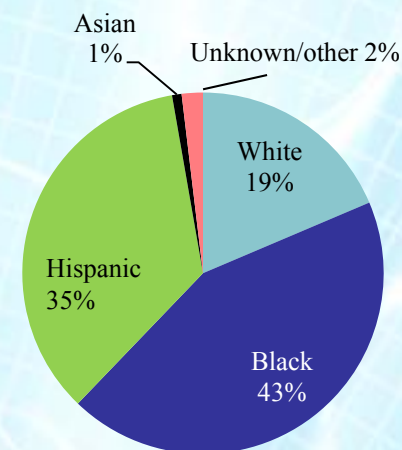
Gender



Age Group



Race



Results

5750 HIV-infected patients seen for at least one medical visit between January 1, 2010 and December 31, 2011

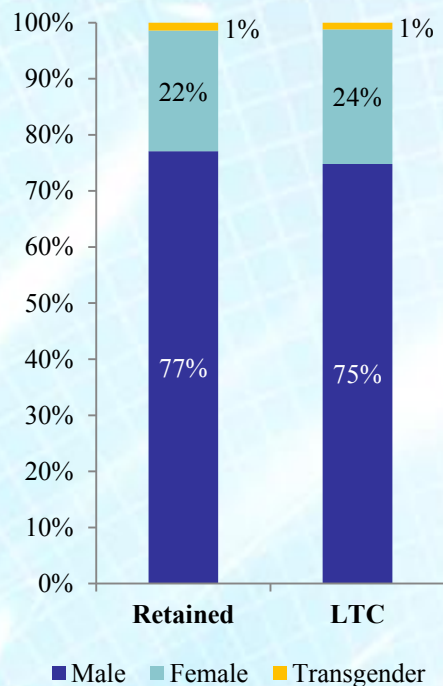
Jan 1 – Sept 30, 2012

4415 (76.8%) retained in care

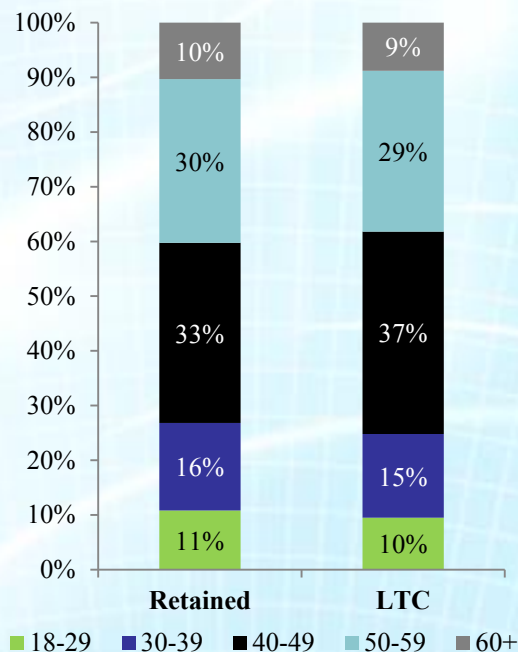
1335 (23.2%) lost to clinic

Demographics of Retained vs LTC

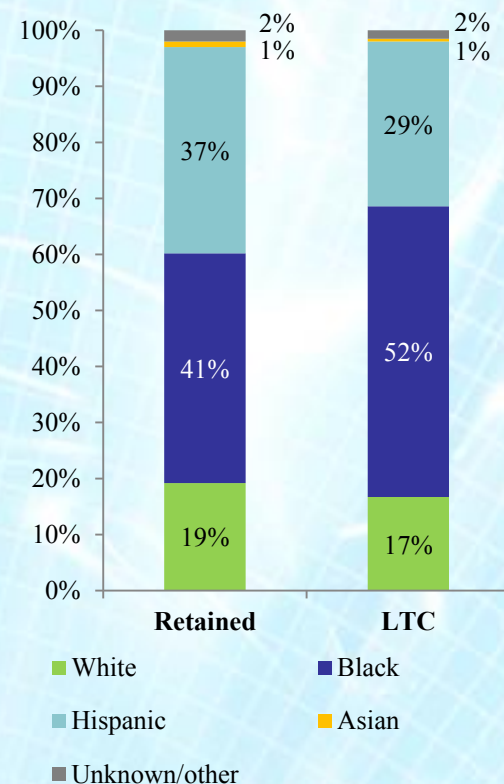
Gender



Age Group

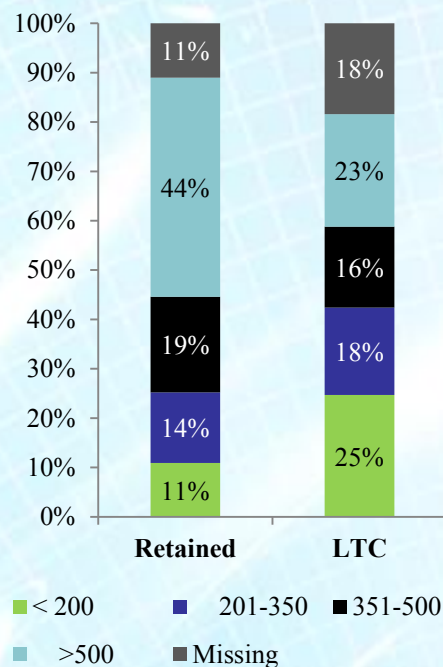


Race

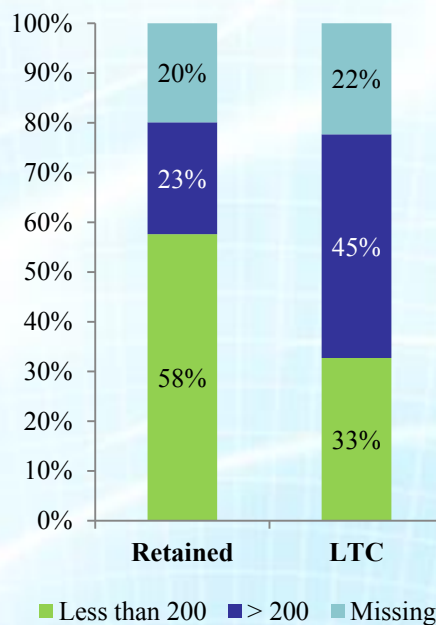


Health indicators of Retained vs LTC

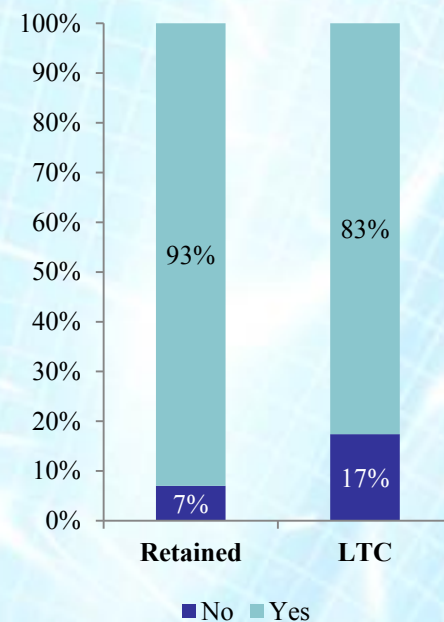
CD4 Count



Viral Load



ART Prescription



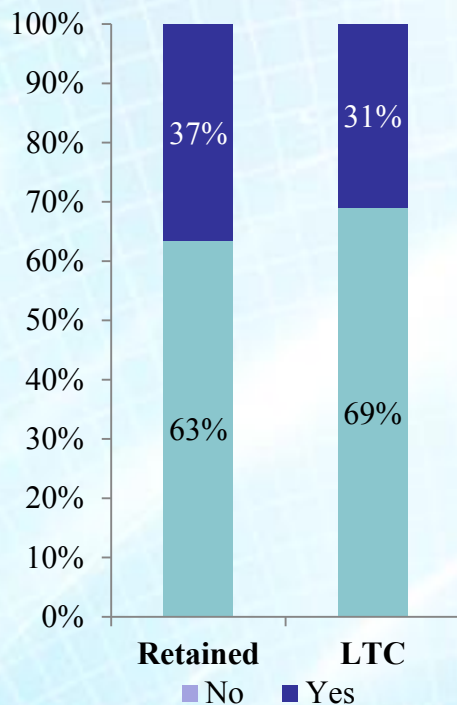
Median CD4 Count

- Retained: 465 cells/ μ L (IQR: 284.5-665.0)
- LTC: 338 cells/ μ L (IQR: 169-528)

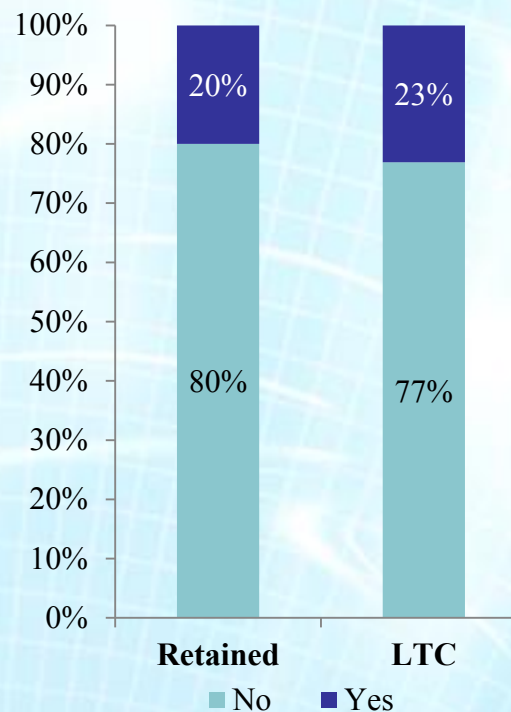


Comorbidities of Retained vs LTC

Mental Health

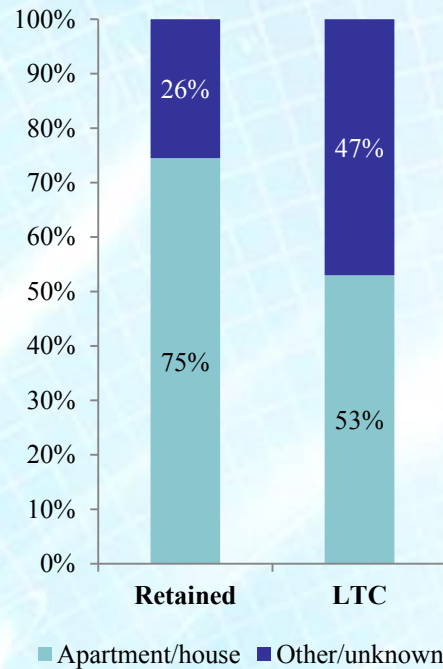


Substance Use

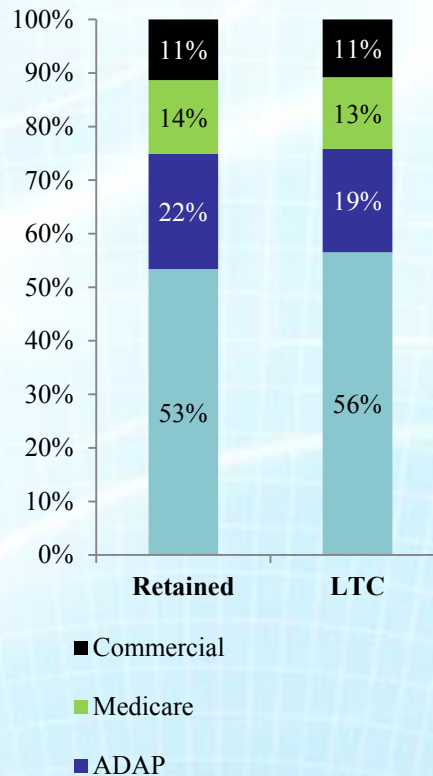


Socioeconomic status of Retained vs LTC

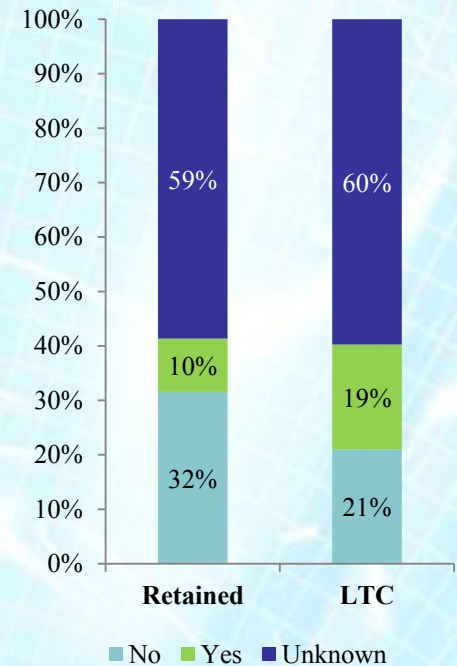
Housing



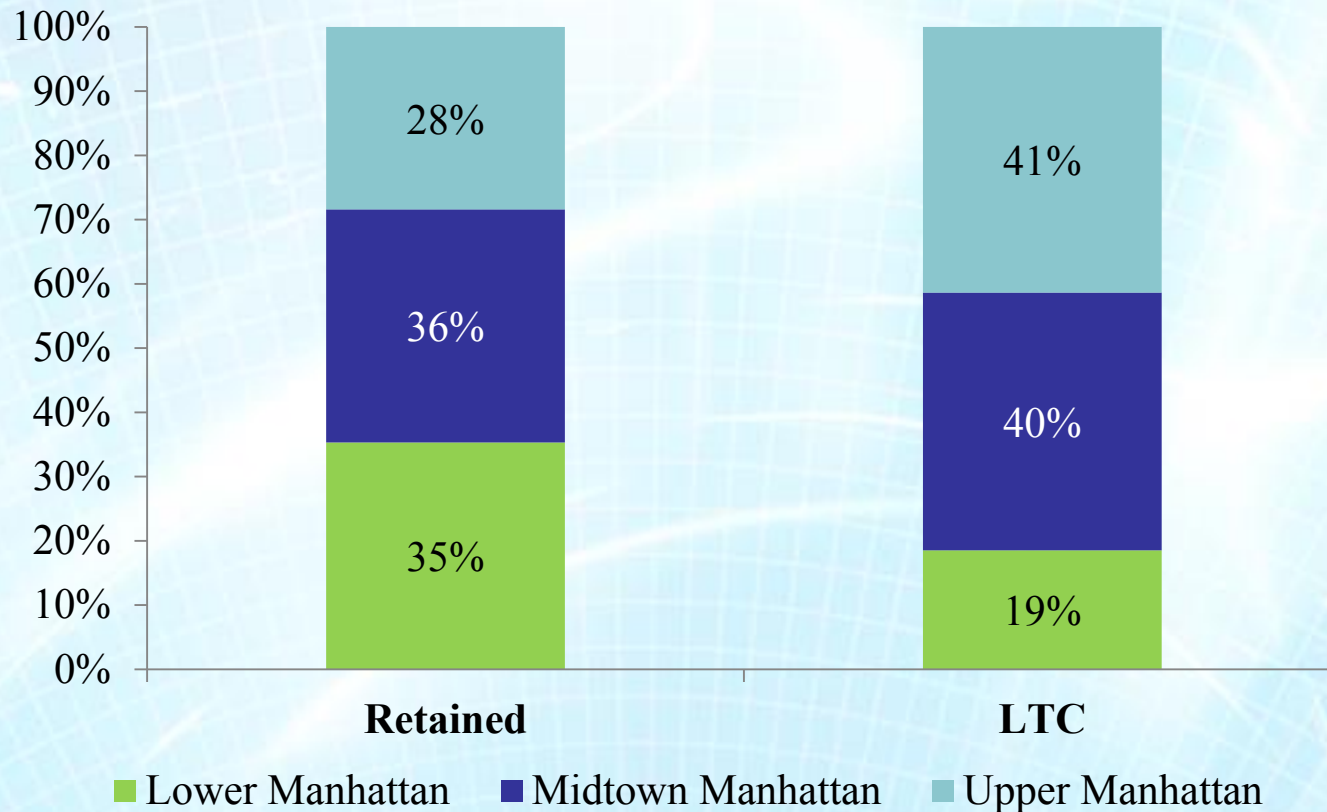
Insurance



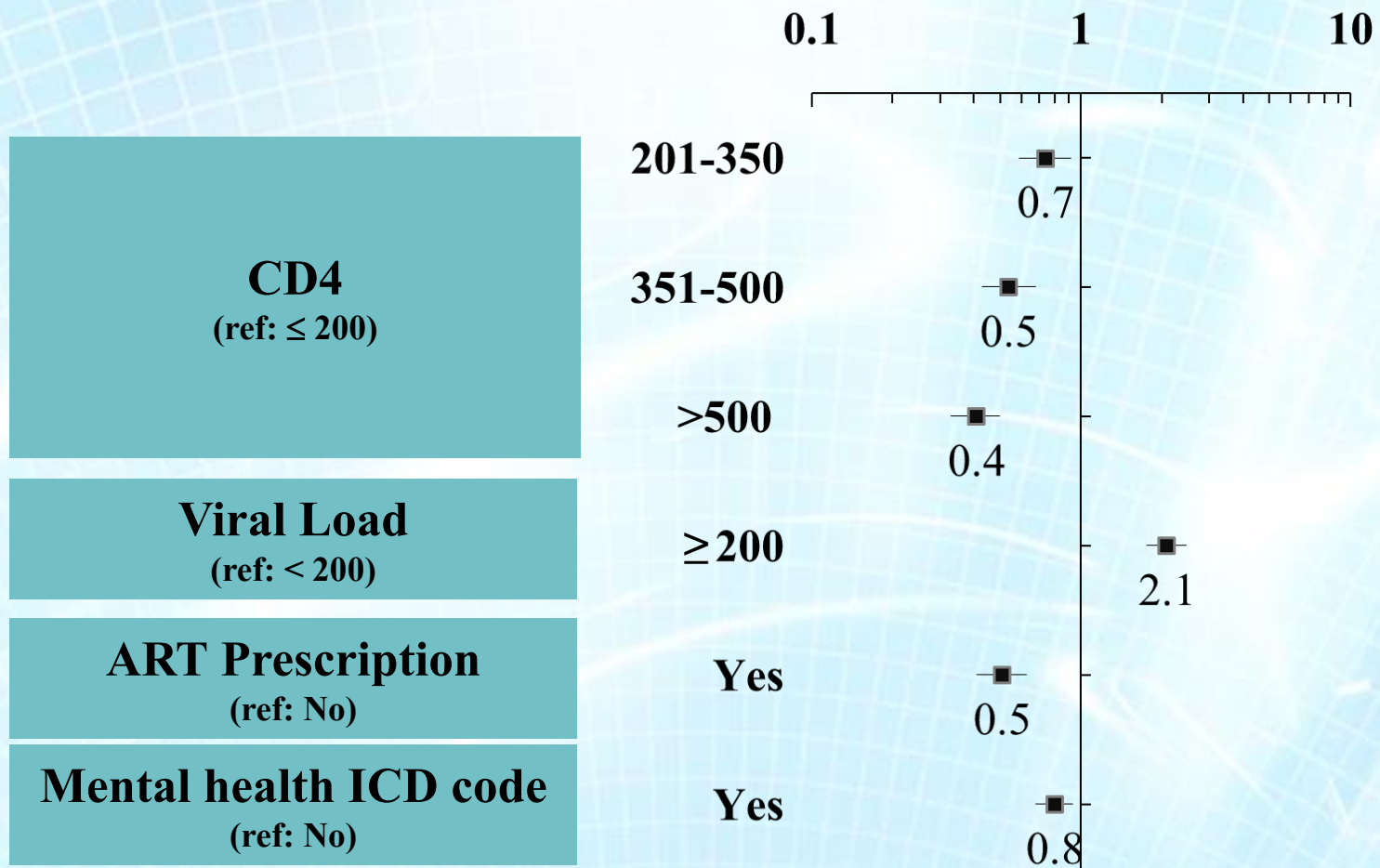
Incarceration



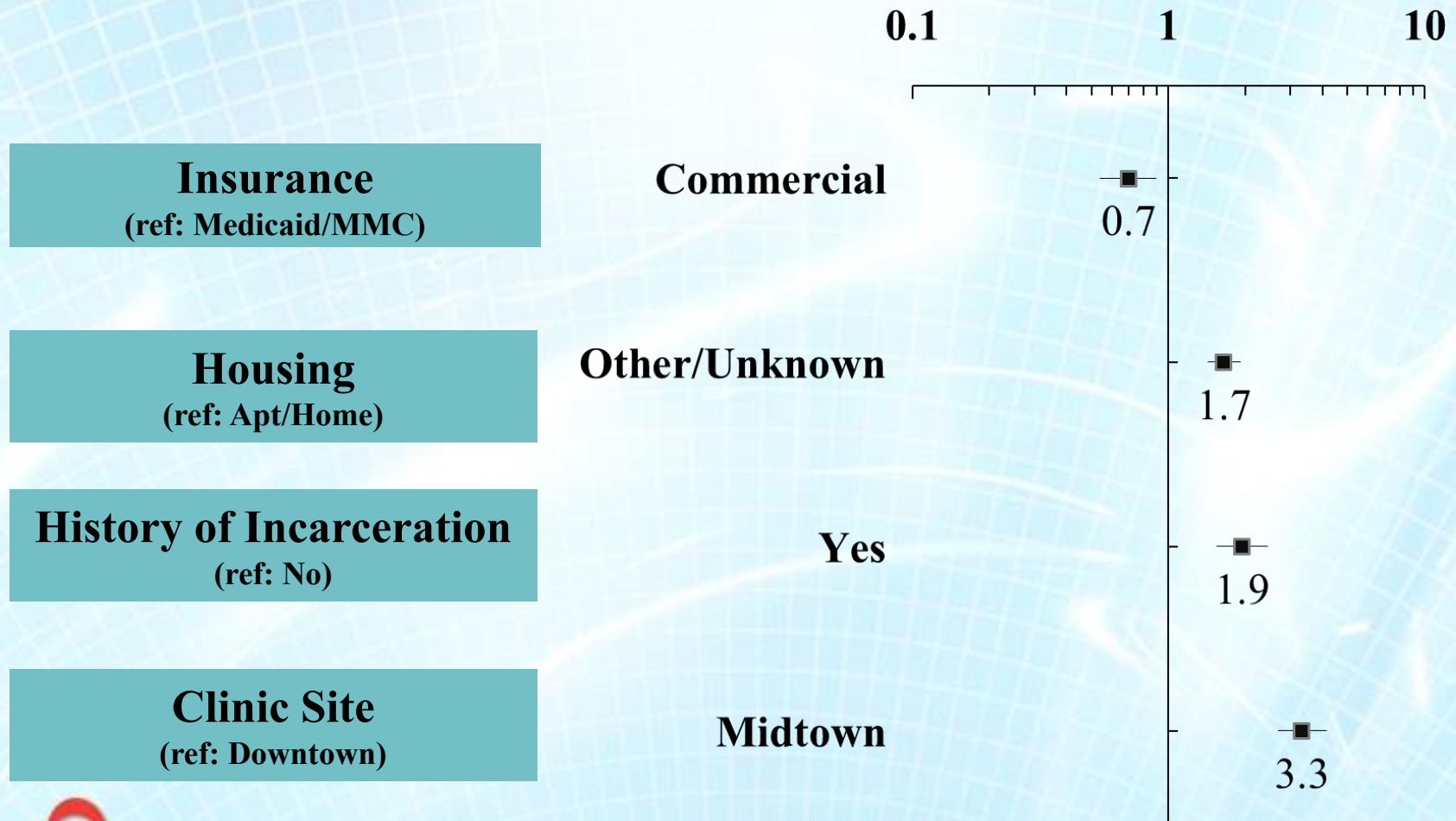
Clinic Sites of Retained vs LTC



Health indicators associated with LTC



SES indicators associated with LTC



Conclusions

- Patients with lower CD4 counts and detectable viral loads and those not prescribed ART are more likely to be LTC
- Strategies to reduce LTC could lead to improvements in both individual and public health outcomes

Conclusions

- Patients who are underinsured, unstably housed and previously incarcerated appear to be at highest risk of LTC
- Further evaluation of the impact of mental health care and housing support integrated with outpatient HIV care is warranted

Next steps

- Analysis of outcomes for entire year 2012
- Match clinical data with NYC DOHMH surveillance registry to ascertain care and vital status of those LTC

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Jan 1 – Sept 30, 2012

4415 (76.8%) retained in care

1335 (23.2%) lost to clinic

Follow-up Needed

- No CD4 or VL in 2012
- Not documented as dead

No Follow-up Needed

- Dead
- Relocated
- Transferred Care

Acknowledgements

- Spencer Cox Center for Health
 - Christopher Beattie, MPH
 - Joyce Park, MA
 - Victoria Sharp, MD
- City University School of Public Health
 - Denis Nash, PhD



New York State HIV Testing Law

Beginning April 1, 2014, New York State Public Health Law allows for HIV-related information reported to the NYS Department of Health or a local department of health to be shared between authorized health department staff and medical providers treating the patient to promote linkage/retention in health care

