



Retention in Care Services Reported by HIV Care Providers in the United States – National HIV Provider Survey, 2013-2014

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Conflict of Interest Disclosure

Jason Crow, MPH

- Has no real or apparent conflicts of interest to report.

Acknowledgments

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 - 2 University of Michigan, Ann Arbor, MI
 - 3 Altarum Institute, Ann Arbor, MI
- Medical Monitoring Project/Provider Survey
 - Providers, participating facilities, local health department staff, community and provider advisory boards, and the CDC Division of HIV/AIDS Prevention's Clinical Outcomes Team

BACKGROUND

Current Retention in Care Guidelines

- International Association of Providers of AIDS Care (IAPAC) Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents
 - Systematic monitoring of retention in care for **all** patients
 - Patient education, support for keeping clinic appointments
 - Proactive engagement and re-engagement in care

- Recommendations for HIV Prevention with Adults and Adolescents with HIV in the United States (“PwP Guidelines”)
 - Proactive strategies to engage and retain patients in care
 - Evidence-based methods/strategies to retain patients in care

International Advisory Panel on HIV Care Continuum Optimization. IAPAC Guidelines for Optimizing the HIV Care Continuum for Adults and Adolescents. J Int Assoc Provid AIDS Care. 2015;14 Suppl 1:S3-S34.

Recommendations for HIV Prevention with Adults and Adolescents with HIV in the U.S.

<http://stacks.cdc.gov/view/cdc/26063>

Objectives

- Describe providers' perspectives on why patients miss scheduled follow-up appointments
- Estimate the percentage of U.S. HIV care providers who report working in a facility that provides recommended retention in care services to patients
- Identify factors associated with providing recommended retention in care services

METHODS

Data Sources

- 2013 Medical Monitoring Project (MMP) Provider Survey
 - National probability survey with 2-stage sampling design
 - 16 states and 1 territory (Puerto Rico)
 - 622 HIV care facilities
 - Data collected from June 2013 through January 2014
 - Survey respondents
 - Physicians, nurse practitioners, and physician assistants
 - Facility response rate: 81% (505 facilities)
 - Adjusted provider response rate: 64% (1234 respondents)
- Facility characteristic data from HIV clinic administrators

Outcomes of Interest

- Provider-perceived reasons why patients miss follow-up appointments
 - e.g., emotional/psychological, homelessness, mental health, substance abuse, transportation
- Provider's facility delivered one or more of the following retention services
 - Appointment reminders
 - Missed visit follow-up
 - Patient navigation services
 - Reinforcement of the importance of attending follow-up visits
 - Systematic monitoring of retention in care of all patients
- Provider's facility delivered ***all five*** retention services

Independent Variables of Interest

- HIV facility characteristics
 - Private facility
 - Ryan White HIV/AIDS Program (RWHAP) funding
 - Facility size (number of HIV patients served)

Data Analysis

- Prevalence estimates calculated for outcomes of interest
 - Estimated standard errors account for complex survey design
- Associations between retention services and facility characteristics
 - Rao-Scott chi-square tests
- Data weighted to account for unequal selection probabilities, non-response
- Estimates representative of all U.S HIV care providers

RESULTS

Provider Characteristics

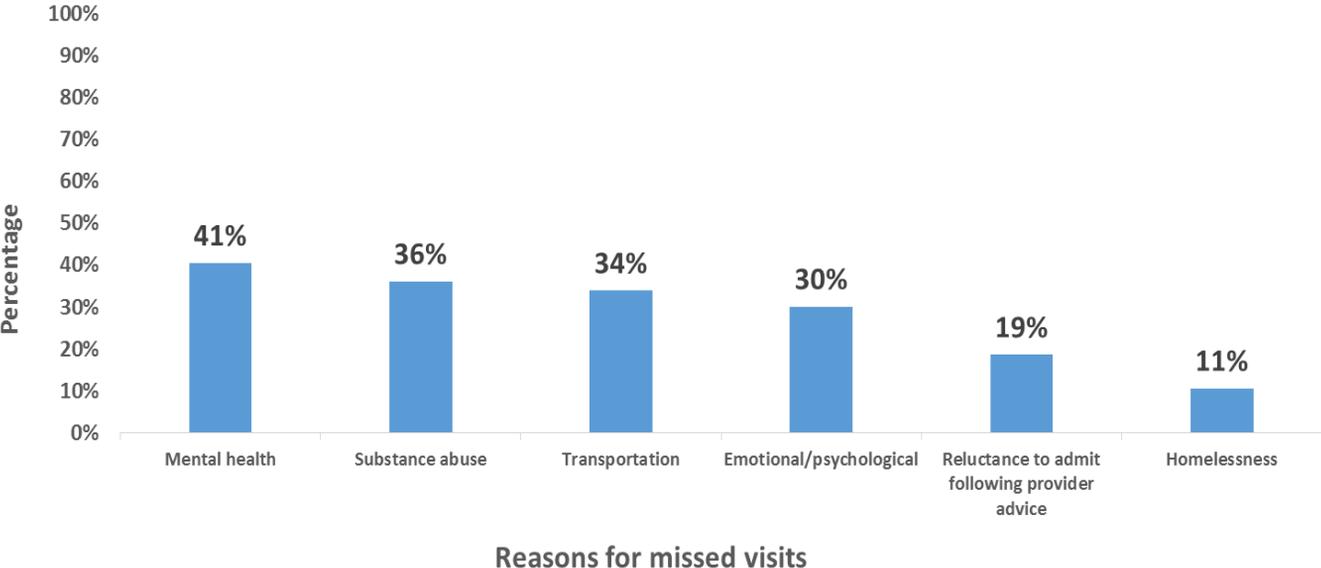
	Weighted %	(95% CI)
Female	44	(37-50)
Age <50	42	(37-46)
Provider type		
Physician	79	(74-85)
Nurse practitioner	15	(10-20)
Physician assistant	5	(3-8)
HIV specialist*	58	(51-64)
Provides primary care	83	(78-88)

* As defined by the HIV Medicine Association and the American Academy of HIV Medicine

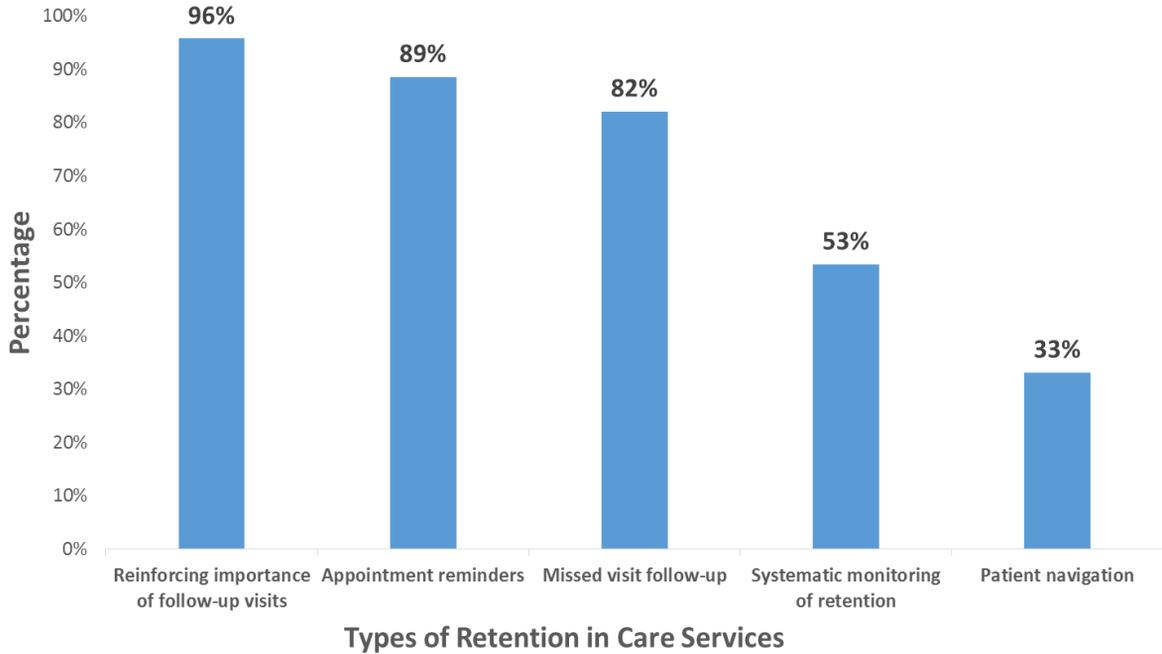
Percentages of Providers by Facility Characteristics

	Weighted %	(95% CI)
RWHAP-funded facility	48	(35-60)
Private facility	42	(33-51)
Facility size (estimated number patients)		
Small: <50 patients	29	(22-37)
Medium: 50-400 patients	45	(37-53)
Large: >400 patients	25	(20-31)

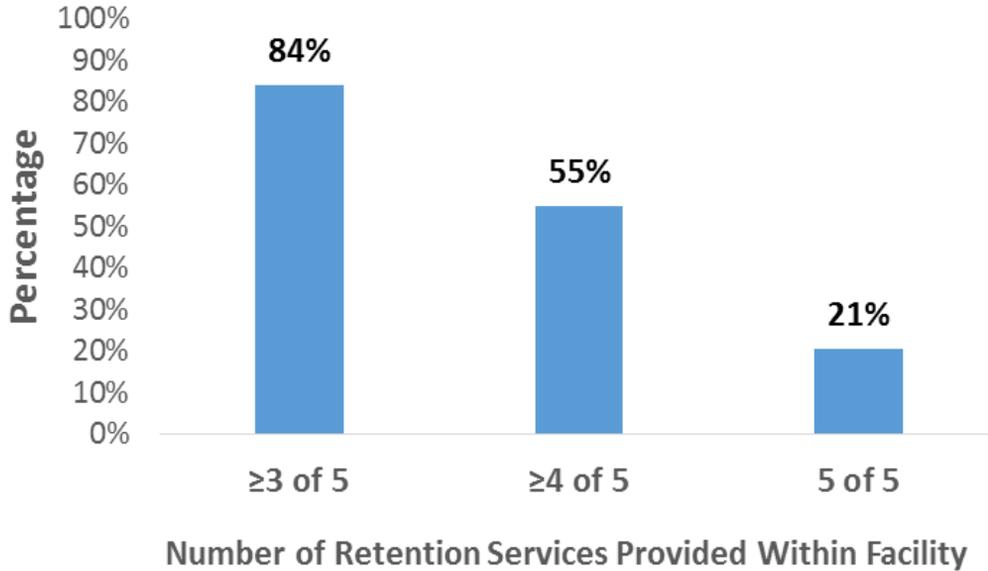
Provider-perceived Reasons Why Patients Miss Follow-up Visits



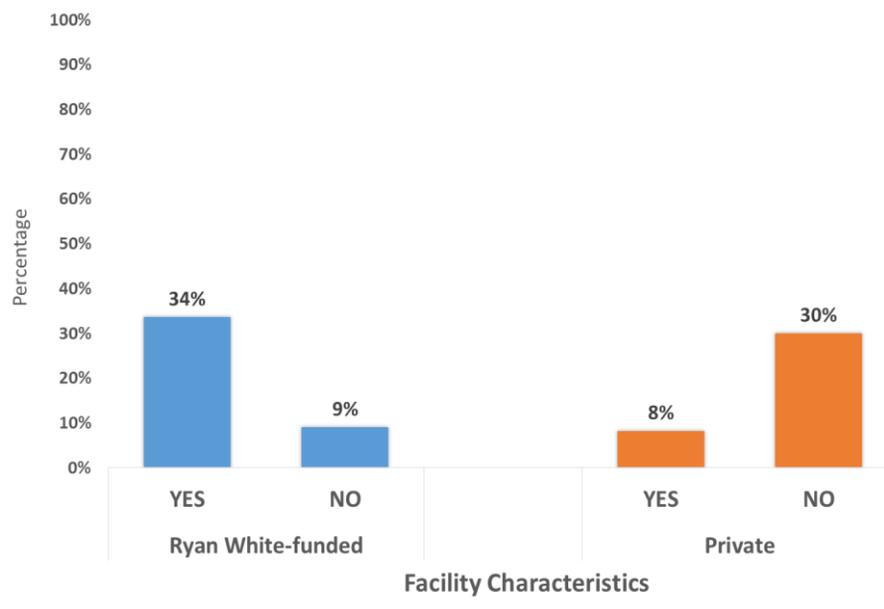
Retention in Care Services Provided



Total Number of Retention Services Provided

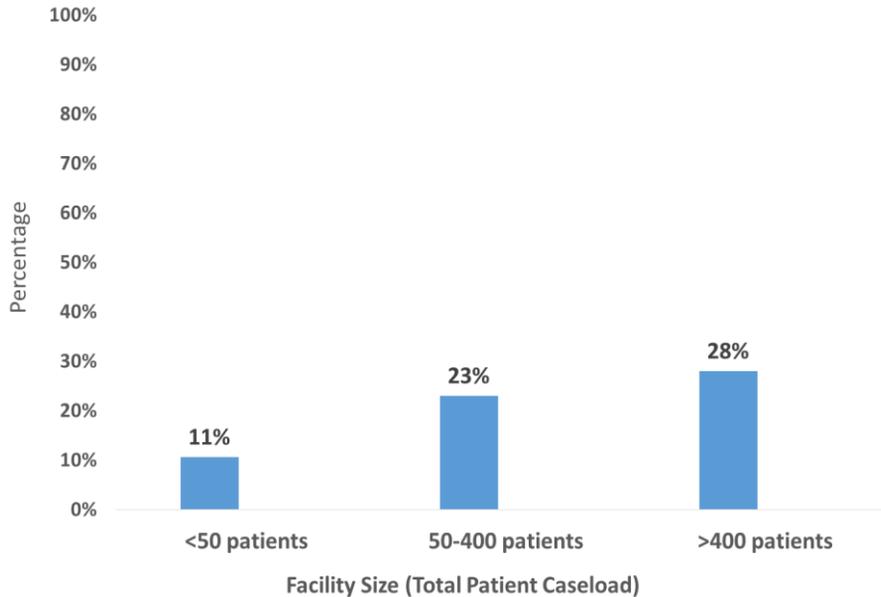


Provision of All Five Retention Services by Ryan White Funding (RWHAP) and Facility Type



***associations significant
($p < 0.0001$)**

Provision of All Five Retention Services by Facility Size



*association significant ($p < 0.01$)

DISCUSSION

Discussion

- Several provider-perceived reasons for missed follow-up appointments
 - Mental health, substance abuse, and transportation problems
 - Identify onsite or external sources for support service referrals
- Only 1 in 5 providers work in facilities providing all 5 retention services
 - 1 in 2 work in facilities that conduct systematic monitoring of retention in care
 - 1 in 3 work in facilities that provide patient navigation services
- Certain facilities may need assistance implementing recommended services
 - Non-RWHAP-funded facilities
 - Private facilities
 - Facilities serving smaller numbers of patients

Limitations

- Possible social desirability and recall bias
- Provider lack of awareness of all retention-related services provided
- Survey did not include questions on every recommended retention strategy cited in recent guidelines

Future Considerations

- Promote awareness of retention in care guidelines, particularly among:
 - Facilities not receiving RWHAP funding
 - Private facilities
 - Small facilities
- Research barriers to providing retention in care services
- Study interventions to increase delivery of clinic-based retention services
- Include retention services as quality-of-care indicators

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

