



# Creation of a Low-Barrier Open Access HIV Care Clinic to Address the HIV Care Continuum in New Orleans, Louisiana

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# Background

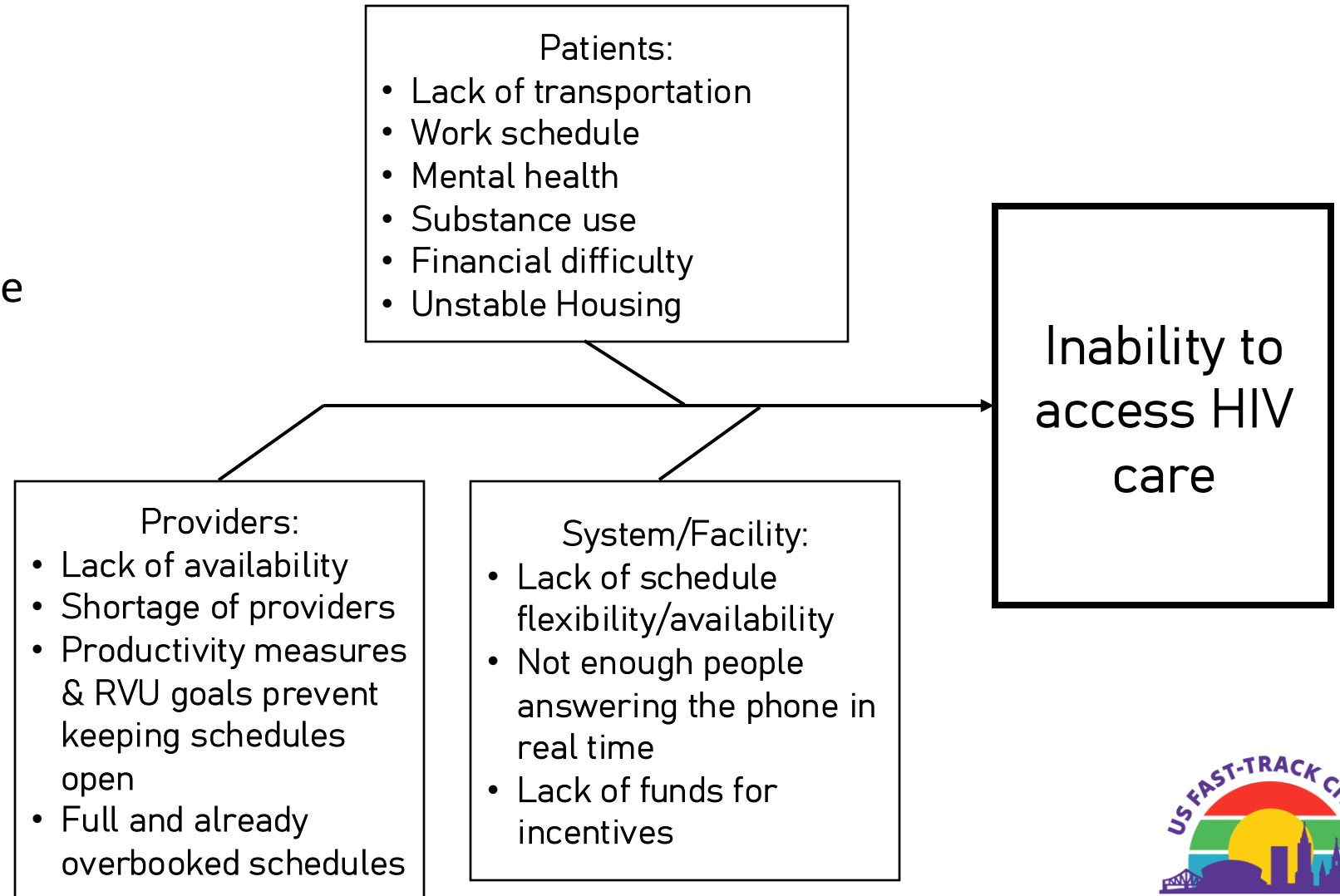
- Data supports low barrier clinics in other areas
  - Dombrowski et al in Seattle described key components of a low-barrier clinic (1):
    1. the ability to walk in for appointments
    2. an integrated care team to address social needs, and
    3. patient incentives (such as cash, gift cards, food, and clothing)
  - Both Seattle and San Francisco published positive clinical results with these types of clinics (2)
  - Data in New Orleans and the South is lacking

1. Dombrowski JC, Ramchandani MS, Golden MR. Implementation of Low-Barrier Human Immunodeficiency Virus Care: Lessons Learned from the Max Clinic in Seattle. Clin Infect Dis 2023;77(2): 252-7.

2. Hickey MD, Imbert E, Glidden DV et al. Viral Suppression during COVID-19 among people with HIV experiencing homelessness in a low-barrier clinic-based program. AIDS 2021; 35(3):517-519.

# Background

- Complex barriers to HIV care



# Innovative Project

The HIV Outpatient Program at University Medical Center applied for End the HIV Epidemic funds in the innovative project application and were chosen in the late spring of 2024 (EHE Grant number: UT8HA33948).

- included funds for a part-time provider and patient incentives



# Description

New Low-barrier clinic at HOP initiated in August 2024

- Twice weekly walk-in clinic with open schedule
- Twice weekly evening clinic

This initiative enables:

- Engagement for out-of-care patients
- Walk-in services for urgent complaints and hospital follow-ups
- Establishment of care for newly diagnosed and/or new to our clinic

Our goal was to create space for patients who are traditionally difficult to engage:

- Quick linkage and entry and re-entry to care
- Retention in care
- Viral suppression

# Outcomes and Lessons Learned

- There were **158** patients visited the low-barrier clinic from August 2024 to April 2025
  - Out of care – last seen >6 months: **88** (56%)
  - Return to care – last seen <6 months: **28** (18%)
  - Establish care – from other clinics: **32** (20%)
  - New HIV diagnosis: **10** (6%)
- Most of the patients were vulnerable and hard to reach:
  - 61% were unemployed or disabled
  - 25% reported drug use other than marijuana
  - 12% had temporary or unstable housing
  - 32% had history of mental health conditions
  - 40% were not virally suppressed



# Lesson Learned

Category	Out of care Last seen at clinic for more than 6 months	Return To Care Last seen at clinic for less than 6 months	Establish Care Transfer from other clinics	New Diagnosis of HIV	Total
<b>Number (n)</b>	88	28	32	10	158
<b>Age range (year)</b>	26-84	27-65	24-66	19-63	19-84
<b>Mean age (year)</b>	50	50	45	27	48
<b>Gender identity</b>					
Female	31 (35%)	7 (25%)	6 (19%)	2 (20%)	46 (29%)
Male	56 (64%)	20 (71%)	25 (78%)	7 (70%)	108 (68%)
Transgender female	1 (1%)	1 (4%)	0	0	3 (2%)
Non-binary	0	0	1 (3%)	1 (10%)	1 (1%)
<b>Race</b>					
Black	74 (84%)	20 (71%)	18 (55%)	8 (80%)	120 (76%)
White	10 (11%)	6 (21%)	5 (16%)	1 (10%)	22 (14%)
Hispanic	4 (5%)	2 (8%)	5 (16%)	0	11 (7%)
Other	0	0	4 (13%)	1 (10%)	5 (3%)
<b>HIV Risk Factor</b>					
Heterosexual	57 (65%)	14 (50%)	14 (44%)	3 (30%)	88 (56%)
Gay, bisexual, or other MSM	28 (32%)	13 (46%)	16 (50%)	7 (70%)	64 (40%)
IV drug use	1 (1%)	1 (4%)	1 (3%)	0	3 (2%)
Others	2 (2%)	0	1 (3%)	0	3 (2%)

# Outcomes and Lessons Learned

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<b>Number (n)</b>	88	28	32	10	158
<b>Housing</b>					
Stable	81 (92%)	25 (88%)	26 (81%)	8 (80%)	140 (88%)
Temporary	2 (2%)	1 (4%)	1 (3%)	2 (20%)	6 (4%)
Unstable	5 (6%)	2 (8%)	5 (16%)	0	12 (8%)
<b>Employment</b>					
Employed	32 (36%)	9 (32%)	12 (38%)	7 (70%)	59 (38%)
Unemployed	55 (53%)	19 (68%)	20 (62%)	3 (30%)	97 (61%)
Unknown	1 (1%)	0	0	0	1 (1%)
<b>Tobacco, Alcohol, or Substance Use</b>					
Tobacco	60 (68%)	18 (64%)	18 (56%)	7 (70%)	103 (65%)
Tobacco	50 (57%)	13 (46%)	14 (44%)	5 (50%)	83 (53%)
Alcohol	9 (10%)	4 (14%)	1 (3%)	1 (10%)	15 (9%)
Marijuana	26 (30%)	5 (18%)	9 (28%)	6 (60%)	46 (29%)
Cocaine	13 (15%)	7 (25%)	4 (13%)	0	19 (12%)
Heroin	5 (6%)	1 (4%)	1 (3%)	0	7 (4%)
Methamphetamine	4 (5%)	2 (8%)	2 (6%)	0	9 (6%)
Fentanyl	0	0	1 (3%)	0	1 (1%)
Others	2 (2%)	0	0	1 (10%)	3 (2%)
<b>Mental Health</b>					
Anxiety	26 (30%)	13 (46%)	10 (31%)	3 (30%)	51 (32%)
Anxiety	10 (11%)	3 (11%)	1 (3%)	1 (10%)	15 (9%)
Depression	13 (15%)	8 (29%)	8 (25%)	2 (20%)	32 (20%)
Schizophrenia	5 (6%)	2 (8%)	1 (3%)	0	8 (5%)
Others	5 (6%)	3 (11%)	1 (3%)	0	9 (6%)



# Outcomes and Lessons Learned

For those  
patients  
visited our  
low-barrier  
clinics:

22% (34) had CD4 count less than 200

40% (63) were not virally suppressed

For those  
who  
followed up  
and had  
repeat labs  
(n=61)

50 (82%) achieved viral suppression

11 (18%) not virally suppressed,  
– 7 (11%) had a >1 log decrease in viral load

# Outcomes and Lessons Learned

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<b>Number (n)</b>	88	28	32	10	158
<b>CD4 cells</b>					
CD4 Range	11-1352	43-1197	6-1006	7-702	6-1352
CD4 Count <200	20 (23%)	5 (18%)	7 (22%)	2 (20%)	34 (22%)
Mean CD4	460	452	448	359	450
<b>HIV-1 Viral load</b>					
Viral suppression at visit	54 (58%)	22 (79%)	18 (56%)	1 (10%)	95 (60%)
No viral suppression at visit	34 (42%)	6 (21%)	14 (44%)	8 (80%)	63 (40%)
<b>Follow Up Viral Load</b>					
Follow up lab obtained	29	13	11	8	61
Viral suppression	22 (76%)	11 (85%)	10 (91%)	7 (87%)	50 (82%)
Not suppressed, but had >1 log decrease	4 (14%)	2 (15%)		1 (13%)	7 (11%)

# Take Home Points

- A low-barrier open-access clinic is a successful tool to engage out of care patients with HIV in New Orleans and early results show a promising improvement in viral load.
- August marked one year of the project and funding has continued. More information will be gathered as the clinic continues.



# Thank you!

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