



Rapid Reentry into HIV Care to Improve Retention in Care at a HIV Clinic in New Orleans, LA

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Introduction

New Orleans is a Fast Track City dedicated to ending the HIV epidemic.

Readily available access to HIV primary care directly impacts HIV Retention-in-care (RIC) and our efforts to reach the 95-95-95 targets.

We present a two-year Rapid Reentry (RR) clinic quality improvement project to improve Retention-in-care.



Description

- A Rapid Reentry (RR) quality improvement project at the HIV Outpatient Program (HOP) in 2023 targeted those patients who were out of care, requesting antiretroviral therapy refills and attempting to reengage in care.
- Those patients were quickly contacted to engage them into care by scheduling them into a dedicated weekly RR appointment slot.
- Appointment wait times were reduced from 80.4 to 21.2 days but were limited by lack of available slots.



Description

- Given the limited availability of appointments a 2nd rapid reentry quality improvement initiative was implemented in 2024-2025:
 - Increased available appointment slots by 3 per week for RR.
 - Patients out of care > 6 months and HIV VL >200 copies/mL were eligible.
- Patient navigators contacted these patients by phone.
- Patient contact attempts were documented. Those patients who missed their rapid reentry appointments were contacted weekly to reschedule.
- During the appointment, patients met with providers, social workers, and health educators to re-engage in care, resume ART if necessary, and address any concerns.
- Follow-up visits were scheduled with the original provider, and health educators called patients one-week post-appointment to continue promoting care engagement.



| Age | Out of Care n=120 (%) | Rapid Reentry n=19 (%) |
|---------------------------|--------------------------|---------------------------|
| 18-30 | 8 (6.7%) | 2 (10.5%) |
| 31-49 | 56 (46.7%) | 6 (31.6%) |
| >50 | 56 (46.7%) | 11 (57.9%) |
| Gender | | |
| Cisgender Woman | 44 (36.0%) | 8 (42.1%) |
| Cisgender Man | 74 (61.7%) | 9 (47.4%) |
| Transgender Man | 0 | 0 |
| Transgender Woman | 2 (1.7%) | 2 (10.5%) |
| Non-binary | 0 | 0 |
| Viral suppression | | |
| Suppressed | 0 | 12 (63.2%) |
| Other demographics | | |
| Lives in Orleans Parish | 38 (31.7%) | 15 (78.9%) |
| History of Mental Illness | 62 (51.7%) | 9 (47.4%) |

- In 2023, 35 patients were referred to the project over a 6-month period and 60% were scheduled into a rapid reentry appointment, which were attended by 57% of patients. The wait time for patients re-engaging into HIV primary care decreased from 80.4 to 21.2 days.

| RR1 | Pre QI project | Post QI project 2023 |
|------------------------|----------------|----------------------|
| Retained in Care | 69 % | 70.4% |
| Viral Load Suppression | 84.1% | 84.5% |

- From 2024-2025, patient navigators called eligible patients by phone to schedule RR appointments (n=120 patients). Nineteen of the original identified out-of-care patients were successfully scheduled and 4/19 (21.0%) patients successfully attended appointments.
- The average time from initial contact to scheduled appointment was 28 days.

| RR2 | Pre QI project | Post QI project 2025 |
|------------------------|----------------|----------------------|
| Retained in Care | 70.4% | 73.5% |
| Viral Load Suppression | 84.5% | 86.2% |



- Increasing accessibility to timely appointments improves retention in care but it is difficult to make contact with patients once they fall out of care.
- Earlier intervention is needed.
- Patients were hesitant to see a provider not known to them when re-engaging into care.
- Biggest barrier to re-engaging out of care patients was incorrect contact information.
- Our QI project coincided the implementation of a low barrier clinic, making rapid reentry referrals and scheduling confusing to clinic staff.
- Next steps include a QI intervention to decrease the time from a missed visit to a rescheduled appointment with their primary care provider.



Thank You

- Any questions?
- Many thanks to the UMCNO HOP Clinic Staff, data team, patient navigators and patient access.
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