



Gaps in care among adults receiving HIV care in western Kenya

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BACKGROUND- LOSSES VERSUS GAPS

- Disruption in care (e.g., missed visits) and discontinuation of ART can lead to drug resistance, AIDS-related illnesses and death and undermine social outcomes (e.g., acceptance of status)
- A 2010 review of 39 sub-Saharan African ART cohorts: 25% (30% in sensitivity analysis) were no longer in care after 2 years (most LTFU)
- High proportion may only experience transient gaps in care (they miss a scheduled visit but return to care within a defined period of time).
 - This has been reported to occur in high income settings in approximately 20% of patients although is less understood in low- and middle-income settings.

OBJECTIVE

To describe gaps in care among a cohort of adult patients enrolled in an HIV care program in western Kenya.

METHODS- AMPATH

- Initiated in 2001: joint partnership between Moi University School of Medicine, Moi Teaching and Referral Hospital, several universities led by IU
 - PEPFAR funding initiated in 2004
- >85,000 actively followed
 - Supporting Ministry of Health facilities in 22 sub-counties of 8 counties
- TB and HIV care provided free
- Patients managed according to Kenyan and WHO guidelines
 - Monthly clinic visits for ART patients, bi-monthly based on immunologic status for pre-ART patients
- Data managed by a computerized medical record system developed by AMPATH called *OpenMRS* now used globally (www.openmrs.org)
 - AMPATH system called the AMPATH Medical Records System (AMRS)



METHODS- ANALYSES

- Inclusion criteria:
 - all adults (18+) enrolled in AMPATH-supported sites between January 2008- August 2013 confirmed to be HIV-positive and had >1 follow-up visit in AMRS.
- Definitions:
 - Short Gap: ≥ 7 days late for scheduled FU but returned within 3 months;
 - Medium Gap: ≥ 3 months late for a scheduled FU but returned within 12 months;
 - Long Gap: ≥ 12 months late for a scheduled FU but returned by database closure;
 - LTFU: ≥ 12 months late for a scheduled FU and did not return prior to database closure and not known to have died or transferred out.
- Analyses:
 - Summary of cross-sectional dataset at time of database closure
 - Summary statistics: medians, IQR, ranges, means and standard deviations
 - Overall and stratified by ART status

RESULTS

- n=56,704 patients , n=908,959 visits (Median # of visits: 15)
 - Median Age: 35.1, 66% female, 73% ever on ART
 - Median time since enrollment: 629 days

	All: n=57,604	pre- ART (n=15,528)	ART (n=42,076)
Short Gap -Median Length: 21 days	19,168 (33.3%)	1,808 (11.6%)	17,360 (41.3%)
Medium Gap -Median Length: 140 days	9,645 (16.7%)	1,675 (10.8%)	7,970 (18.9%)
Long Gap -Median length: 595 days	2,576 (4.5%)	392 (2.5%)	2,184 (5.2%)
•LTFU	18,182 (31.6%)	9,764 (62.9%)	8,508 (20.2%)
•Died	4,057 (7.0%)	1,228 (7.9%)	2,323 (5.5%)
•Transferred Out	1,430 (2.5%)	266 (1.7%)	759 (1.8%)

DISCUSSION, LIMITATIONS AND NEXT STEPS

- Gaps are common in our setting
- A higher % of ART patients experience gaps although more pre-ART patients become LTFU;
- Strategies that work to reduce gaps and encourage continuous engagement in care are needed;
- *Limitations:* cross-sectional data, not accounting for multiple visits per patient, definitions of gaps may not be generalizable
- *Next steps:*
 - exploring gaps longitudinally accounting for multiple visits/patients;
 - identifying predictors of gaps and outcomes of persons with gaps;
 - link gaps with viral load and other clinical outcomes;
 - determine if patients who are traced through AMPATH's outreach program have shorter gaps and/or are less likely to become LTFU.

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