Clinic Network Collaboration and Patient Tracing To Maximize Retention in HIV Care

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Victorian Initiative for Patient Engagement and Retention (VIPER)

- 2014 - mutual interest in establishing whereabouts of patients
  - Primary care - patient interrupted treatment and admitted to Alfred with opportunistic infection
  - Alfred - Quality audit of lost to follow-up
  - Other sites - also thinking about these issues
  ➔ Collaboration to establish degree of retention, transfer, LTFU across major HIV care sites

Background

- Sites
  - Hospitals - Alfred Health, Monash Medical Centre, Royal Melbourne Hospital
  - Melbourne Sexual Health Centre
  - High caseload clinics
    - Prahran Market Clinic
    - Northside Clinic
    - Centre Clinic
- Estimated 6300 PLHIV in Victoria¹

¹ 2014 Kirby ASR

Aims

- Determine whether people previously engaged in HIV care and who now have ‘unknown outcomes’ have died, transferred their care or become disengaged from care
- Obtain site-level estimates of the proportion retained in HIV care and lost to follow-up
- Identify individuals with unknown outcomes who are subsequently able to re-engage in HIV care
- Identify reasons for disengagement

Methods

- Identify PLHIV who received HIV care from 1/3/2011 - 31/5/2013
  - Defined as ≥ 1 attendance with HIV viral load
- Establish who did not have a viral load 31/5/2013 - 28/2/2014 (9 month period)

PERIOD 1
One or more VLs in this period to have entered care

- 28/2/2011
- 1/06/2013
- 28/2/2014

PERIOD 2
If VL in Period 1 and:
- No VL in Period 2 ➔ potentially lost, transferred, died
- Also VL. Period 2 ➔ retained in care
Methods

• For the group potentially lost / transferred
  ➢ Determine if attending HIV care elsewhere (e.g. results, transfer of medical records request)
  ➢ Cross-reference partially de-identified data with other network sites
  ➢ Cross reference with Burnet registry
  ➢ If no evidence of HIV care elsewhere then attempt contact to patient

Potential Outcomes

<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retained in care</td>
<td>Viral load performed at an outside laboratory in the 9 month period</td>
</tr>
<tr>
<td>Retained with irregular viral load</td>
<td>Evidence of ongoing contact, including prescribing and dispensing of ART, within the 9 month period but no viral load performed</td>
</tr>
<tr>
<td>Retained at an external site</td>
<td>Viral load in Period 1 but never attended the site for HIV care. Mainly applicable to hospital sites where viral load performed but individual not receiving HIV care</td>
</tr>
<tr>
<td>Shared care</td>
<td>Evidence that attends &gt;1 site regularly for HIV care. For people attending primary care and a hospital site. Consider retained in care</td>
</tr>
<tr>
<td>Died</td>
<td></td>
</tr>
<tr>
<td>Confirmed transfer</td>
<td>Evidence receiving care from another HIV service provider (e.g. transfer of records request, medical correspondence, results) including name of the site</td>
</tr>
<tr>
<td>Unconfirmed transfer</td>
<td>Planned for transfer elsewhere but no documentation to confirm</td>
</tr>
<tr>
<td>Unknown</td>
<td>No information of where care was occurring or whether person was alive</td>
</tr>
</tbody>
</table>

Methods

• People who can be contacted and not in HIV care:
  - Invited to re-engage in HIV care (original or external site)
  - Asked reasons why disconnected from care:
    • Feeling well, too busy, financial barriers, issues with transport to clinic, any additional factors

Methods - Proportions

PERIOD 1
One or more VLs in Period 1 to enter denominator

28/2/2011
1/06/2013
28/2/2014

PERIOD 2
• No VL in Period 2 but VL performed in Period 1 in the numerator
• If only VL in Period 2 then exclude from numerator and denominator

Results

5995 eligible for inclusion across 6 sites
127 not considered to have entered care at the original site

4566 in care
49 died
51 retained with (regular viral load)
334 confirmed transfers
137 unconfirmed transfers
176 unknown outcomes
4156 retained 67 in shared

Companies where individuals were referred between sites are subject to phone tracing

• Outcomes compared pre- and post-intervention
• Compared additional baseline factors for patients with unknown outcomes who remained disengaged from care to those who transferred or returned to care
  • Categorical outcomes compared McNemar’s test for paired groups, Chi-squared or Fisher’s exact test for unpaired groups, continuous outcomes by Student’s t-test and non-normal continuous outcomes by Wilcoxon rank-sum test (Stata v12)
  • Ethical review boards at The Alfred, Monash Health and RMH approved the study for all sites
Results

- Across 6 sites 5093 had HIV viral loads performed from 1/3/2011 - 31/5/2013
- 127 individuals (119 hospital sites, 8 MSHC) classified as Retained in care at external site, and excluded → 4966 individuals considered in care at their respective sites

- Kirby 2014 ASR estimated 6300 PLHIV in Victoria. 4966 / 6300 = 78.8%

Outcomes of Individuals with Unknown Outcomes post-intervention

- Total=167
  - Confirmed Transfers n=78
  - Remain Unknown n=44
  - Returned To care n=26
  - Re-engaged n=7
  - Died n=5
  - Declined Care n=5
  - Unconfirmed Transfer n=2

Reasons for Disengagement

- 32 individuals interrupted care with 29 providing responses

Risk Factors for Disengagement - Baseline Characteristics

Discussion

- High levels of retention, low LTFU
- Still identified individuals interrupting care and re-engaged patients
- Identify individuals with poor outcomes
- Lymphoma off treatment in 2 people
- Retention data consistent with national and local data → 87-93% in care receiving ART and 89-94% of those suppressed

1 2014 Kirby ASR, 2012 Alfred ID Unit Quality Audit
Discussion

- International retention data
  - Denmark, Sweden, France, Belgium 90-92%¹
  - Canada 85-90%²
  - US MSM 66%³
- Most improvement post intervention was due to reclassification of individuals as confirmed transfers
- Advantage of linking individual level data

² Nosyk Lancet ID 2014  ³ Singh MMWR 2010

Discussion

- Tracing would have been improved with up to date phone details
  - Ability to record email addresses in clinical record systems and use these to trace
- ‘Felt well/too busy’ reason for interruption highlights
  - Maintain awareness around need for HIV care
  - Flexible arrangements to access care

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