Quantifying re-engagement of people in HIV care after 12 months of non-attendance in outpatient clinic

Christina Nigrelli, Anne Patterson, Kiera Adegbite, Clare Boggan, Helen Webb, Bernard Kelly, Lisa Hamzah.
St George’s University Hospitals NHS Foundation Trust, London, UK

BACKGROUND

Reduced adverse clinical outcomes and decreased onward transmission among people with HIV is achieved through consistent engagement in care. Re-engaging those not in care is increasingly highlighted as a priority to maintain the United Nations 90:90:90 goal.

In November 2017, our clinic formalised a pathway for those not in care (NIC) or at risk of being NIC (AR) following a BHIVA best practise statement [1]. The aim was to discuss all those NIC or AR at a multidisciplinary meeting (MDT) involving clinicians, dedicated HIV health advisors, clinical nurse specialists (CNS) and psychology to improve outcomes for these individuals. This process had not been evaluated since inception.

AIMS

Within a single clinic cohort in the UK with people with HIV: 1. To describe those not in (NIC), re-engaged in care (RIC) or at risk of NIC (AR) 2. To determine the impact of a standardised management pathway for these individuals

METHODS

Electronic and paper records were reviewed for all individuals with HIV aged over 18 years discussed in the MDT between 01/01/17 and 31/12/22. Outcomes were defined as follows:

Not in Care (NIC)
- Not attended for an appointment or routine blood tests for >12 months

Re-engaged in Care (RIC)
- Period over 12 months NIC and has re-engaged in care

At Risk of Not in Care (AR)
- Seen within 12 months but due to missed appointments or other factors, identified as at risk of becoming NIC

RESULTS

From a mean cohort 1763 people with HIV attending clinic between 01/01/17 and 31/12/22:
- 264 were discussed in the MDT.
- 172 (65%) had a period of NIC of whom 80 (47%) subsequently re-engaged and remain in care to date, of whom 69% had an undetectable viral load at last measurement.
- 6 (3.5%) of those NIC never engaged from time of referral to clinic.
- 92 (35%) were identified AR but remain in care.
- Of the 264 individuals, median (IQR) time since HIV diagnosis was 6.7 (2.7-9.8) years with good CD4 cell counts, 72% with a VL<200 copies/ml average index multiple deprivation decile 4th most deprived. Overall, 20 (8%) died.

RE-ENGAGEMENT IN CARE

For the 47% of individuals RIC, time to re-engagement was median (IQR) 1.2 (1.2-2.2) years and 69% maintained an undetectable viral load at last follow up.

IMPACT OF STANDARDISED PATHWAY

Following the introduction of the standardised management pathway in 2017, both total number of people discussed in the MDT increased from 2017 and re-engagement in care increased from 2019. In 2021 more people with HIV were re-engaged than lost in care.

REASONS FOR REDUCED ENGAGEMENT

212 (80%) records indicated possible reasons for reduced engagement which was often multifactorial.

LIMITATIONS

- Lack of a uniform definition describing people with HIV not in care limit comparison with other data. While this study consider patients NIC after 12 months without attendance, others considered patients NIC after 6 months of non-attendance [2] which would increase our NIC population.
- We have likely underestimated our loss to follow up, particularly in the earlier years and aim to compare our figures with UKHSA data when available.

CONCLUSION

- Almost half of people with HIV not in care were re-engaged in care over a 6-year period and the majority maintain an undetectable viral load
- Psychosocial issues and moving abroad were the most common reasons for being not in care or at risk of not in care
- Mortality was high (8%) among this group of people with HIV
- Standardised pathways, a dedicated multidisciplinary team and supporting organisations are key for re-engaging people with HIV in care