

# The 29th Annual Canadian Conference on HIV/AIDS Research Le 29e Congrès annuel canadien de recherche sur le VIH/sida

Session: **CS4**: Sunday May 3 – 11:00:12:30 – Co-morbidities and Adherence

Track: Clinical Sciences

Subject: Adherence

Presentation Type: Oral

Title of Abstract: **Effectiveness of an intervention to reengage HIV-positive patients into care (Lost & Found)**

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## Abstract

**Background:** The McGill University Health Centre (MUHC) provides care to ~2000 people living with HIV. Annually, 10% do not return for follow-up. Using implementation science frameworks (e.g. Replicating Effective Programs), we introduced a nurse-led clinic-based intervention, Lost & Found, (L&F) to reengage out-of-care (OOC) patients. While both implementation and effectiveness were studied, we report on intervention effectiveness only.

**Methods:** L&F consists of two evidence-based practices: i. automated OOC-list, informed by an electronic medical record risk-prediction-tool (RPT), and ii. telephone contact. The RPT classifies patients as high, intermediate, or low-risk of HIV progression based on clinical criteria (Table 1), and as potentially OOC based on no clinical visits within three, six, or 12 months, respectively. Nurses confirm patients' risk and OOC statuses. We report effectiveness outcomes after one year.

**Results:** As of April 2019, 54%(1327/2440) of patients were identified as potentially OOC. Of these, 585(44%) were receiving care elsewhere, while 443(33%) were confirmed OOC. Among OOC patients contacted (361/443; 81%), 253(70%) reengaged in care, 13(3.6%) were unreachable and 95(26%) were contacted, but not yet reengaged. Overall, reengaged patients were OOC for a median of 315 days [IQR: 245-444] and 52(21%) had detectable VLs at reengagement (Table 1). High-risk OOC patients required more contact attempts (med: 4.5; IQR: 2.2-6.8) and 63%(19/30) had detectable VLs at reengagement.

**Conclusions:** Using implementation science, we delivered an intervention reengaging 70% of contacted OOC patients. Importantly, two-thirds of reengaged high-risk OOC patients had detectable VLs. Our work underscores the importance of patient reengagement interventions.

## Table 1: Characteristics of patients contacted and reengaged

Data from April 2018 to April 2019

Risk category*		Overall	High	Intermediate	Low
<b>N (%)</b>		253	30 (11.9%)	196 (77.5%)	27 (10.7%)
At re-engagement	CD4 count (cells/ $\mu$ L), median [IQR]	518 [338, 745]	126 [68, 222]	545 [378, 790]	704 [574, 850]
<b>CD4</b>					

<b>Risk category</b>	<b>CD4 count (cells/<math>\mu</math>L), median [IQR]</b>	<b>Overall</b>	<b>High</b>	<b>Intermediate</b>	<b>Low</b>	
At first visit		535 [344, 741]	129 [95, 254]	552 [381, 741]	751 [612, 873]	
<b>VL</b>	At re-engagement	Copies/mL, median [IQR]	<40 [<40, <40]	2782 [<40, 49348]	<40 [<40, <40]	<40 [<40, <40]
		Undetectable VL, n (%)	198 (78.3%)	11 (36.7%)	163 (83.2%)	24 (88.9%)
	At previous visit	Copies/mL, median [IQR]	<40 [<40, <40]	292 [<40, 40422]	<40 [<40, <40]	<40 [<40, <40]
	Undetectable VL, n (%)	195 (77.1%)	8 (26.7%)	160 (81.6%)	27 (100.0%)	
<b>Days from last visit to re-engagement, median [IQR]</b>		315 [245, 444]	229 [157, 354]	304 [247, 422]	444 [427, 514]	
<b>Days from first contact attempt to re-engagement, median [IQR]</b>		71 [34, 134]	80 [34, 107]	78 [34, 144]	57 [34, 78]	
<b>Number of contact attempts, median [IQR]</b>		3.0 [1.0, 4.0]	4.5 [2.2, 6.8]	3.0 [1.0, 4.0]	2.0 [1.0, 3.0]	

\***High risk:** CD4 <100 cells/ $\mu$ L (irrespective of VL) OR CD4 100-200 cells/ $\mu$ L + VL>40 copies/mL OR New patient

**Intermediate risk:** CD4 100-300 cells/ $\mu$ L + VL < 40 copies/mL OR CD4>200 cells/ $\mu$ L + VL > 40 copies/mL OR Non-ART polypharmacy (>5 non-ARVs) OR Hx of chronic HCV infection (HCV RNA+) OR Youth (<25 yrs old) OR CD4 nadir <200 cells/ $\mu$ L

**Low risk:** CD4 >300 cells/ $\mu$ L + VL < 40 copies/mL