

Implementing a Program to Improve Patient Retention and Viral Suppression in a Community-Based Ryan White Clinic

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Warren-Vance Community Health Center, Inc, understands that maximizing sustained viral suppression (VS) is a vital tool to End the Epidemic (EtE). Retention in medical care among people living with HIV (PLWH) is also vital as this maximizes viral suppression, reduces the risk of disease progression, and reduces viral transmission. Implementing interventions and measuring retention presents unique challenges in rural HIV clinics. One goal in EtE is to increase access to HIV care and improve VS. Our tailored intervention addresses access, engagement, and retention in care among PLWH in rural communities in the southern region of the United States. We implemented 3 tailored interventions targeting transgender youth and men (men who have sex with men [MSM] and heterosexual men) to determine if specific methods are associated with improved retention in care. Patients who never achieved VS and those who were not durably suppressed were enrolled in the Patient Care And Retention Program (PCARP). The main objective was to address barriers to retention unique to rural communities. Implementing and measuring retention interventions presents unique challenges in rural HIV clinics. Rural RWHAP are implementing to improve Parts B and C outreach and unique individualized retention measures. A focus on retention efforts for vulnerable sub-groups, namely transgender youth will be highlighted in this innovative project. Retention in Care

Measure: Scheduled Medical visits kept versus "no shows" Outcome Measure: Did the patient achieve viral load suppression at the 6-month interval visit? PCARP Results 2013 to 2018: Overall VS prior to interventions 69%. VS after implementation; 12 months, 72%; 24 months, 79%; 36 months, 83%; 48 months, 84%; and 60 months, 92%.

Identifying patients at highest risk for not being retained is important to target intervention efforts to those groups. Invalid contact information, food insecurity, lack of nutritional resources, and absence of VS are strong predictors of retention. Other important factors more specific to rural communities are inconsistent transportation and lack of a family-based support network. Characteristics associated with retention will necessarily vary between urban and rural clinics. Rurality of HIV in the deep south becomes important when prioritizing interventions for improvement. We highlight the importance and positive impact of supportive service programs on patient retention, including case management, transportation, use of social media, food, and nutrition.