

# A Multidisciplinary Intervention to Address Patients in Care Who Are Not Virally Suppressed

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Established in 1987, the HIV Outpatient Program (HOP) is part of University Medical Center and is one of the largest clinics serving people living with HIV (PLWH) in New Orleans. Our mission is to support and promote the health and well-being of PLWH by providing high-quality health care services regardless of socioeconomic status. HOP provides comprehensive, interdisciplinary HIV primary care delivered by a team of infectious disease specialists from Louisiana State University and Tulane Schools of Medicine. A full complement of services are available onsite and include psychology, psychiatry, dentistry, pharmacy, social work, health education, and patient navigation, among others. HOP receives Ryan White HIV/AIDS Program Part A and C funds. Viral load suppression at HOP was 86% in 2018, but a subset of patients remained in care who were not suppressed.

The intervention used an interdisciplinary team that included the medical practitioner, health educators, patient navigators, and social workers and was designed by the quality improvement committee. The intervention went as follows: 3 days prior to the scheduled visit, the patient navigator called the patient to remind them of the visit. At the visit, the patient navigator or health educator (or both) met with the patient face to face. Health educators scheduled an adherence follow-up appointment with the patient to review adherence to prescribed antiretroviral therapy (ART) and assist with pill boxes. After the visit, the navigator followed up by phone to ensure the patient

received the ART and assessed motivations and barriers. Health educators engaged patients at adherence appointments and subsequently followed up by phone. Barriers and other adherence issues were directed to the appropriate practitioner for intervention and additional visits as needed. The intervention began in February 2019. All patients with 2 viral load measurements above 1000 copies/mL in the last 6 months were included in the intervention. The goal was to increase to viral suppression from 0% to 85% at 1 year.

Fifty-four patients met the inclusion criteria for the intervention out of approximately 1650 patients who receive primary HIV care on our clinic (~3%). About half (49%) had a psychiatric diagnosis, 36% had substance abuse, 36% had 1 or more hospitalizations in the last year, and 30% had difficulty understanding medication instructions. Ninety percent were African American (compared with 76% in the clinic overall) and 42% were women (compared with 33% in the clinic overall). At 6 months into the intervention, viral suppression was 56%. A third of the patients had issues with transportation and 17% with medication acquisition. The plan is to continue with the intervention until January 2020 and reassess viral suppression.

Although time intensive, an interdisciplinary intervention can improve viral suppression among patients in care but not virally suppressed. Often additional barriers persist for these patients, who need individual assessment and attention.