

Utility of identifying out of care HIV-infected patients in a hospital setting and enrolling them in a retention intervention



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Introduction

- New strategies are needed for finding and engaging newly diagnosed persons with HIV and those with known HIV who are out of care.
- Hospitalized persons with HIV are often out of care and have poor rates of outpatient follow-up.
- The hospital setting provides an opportunity to engage patients in HIV care.
- We are recruiting patients for a randomized, controlled trial of a peer mentoring intervention to engage new and out-of-care persons (MAPPS study).
- We report on the feasibility of identifying, screening, and enrolling out-of-care HIV patients in a hospital setting.

Methods

Study sites

- Ben Taub General Hospital, Houston, TX.
 - Public hospital providing care regardless of ability to pay.
 - 586 beds, 24,000 admissions in 2011.
 - Affiliated with the Harris County Hospital District (HCHD) and Baylor College of Medicine.
- Thomas Street Health Center (TSHC)
 - Public HIV outpatient clinic affiliated with HCHD.
 - Cared for over 5000 unique patients in 2011.
 - Active peer mentoring program since 2007.

Study participants

- Patients with an HIV diagnosis who were hospitalized at BTGH between July 1, 2010 and October 30, 2012.
- Two step process for identifying HIV patients who are out of care and meet study eligibility criteria:
 1. Daily review of electronic medical records to identify newly admitted patients (preliminary assessment of eligibility including out of care status).
 2. In-person screening to confirm eligibility.
- Eligibility criteria for the study are:
 - Age >17 years.
 - Able to provide consent and complete a survey in English or Spanish.
 - Expected to be hospitalized >1 night.
 - Not being discharged to an institutional setting.
 - Referred to TSHC for follow-up care.
 - Out of care, defined as:
 - In care: At least 3 consecutive VL<400 over >6 months AND have completed HIV primary care visits in at least 3 of the last 4 quarter-year periods.
 - Out of care: persons not in care, including persons diagnosed <1 year or transferring to TSHC.

Analysis

- Univariate analysis to compare demographic and clinical features between screened patients who were in care and out of care.
- Assessed reasons for study ineligibility.

Results (Figure 1)

- 1,368 inpatients with HIV were identified.
- 17% (n=232) were in care.
- 83% (n=1,136) met criteria for detailed screening.
- 47% of the remainder (n=531) were ineligible.
- 56% of eligible patients were enrolled in the study.
- Failure to enroll among eligible patients was primarily because patients were discharged before enrollment or research staff were not available (i.e., on weekends).

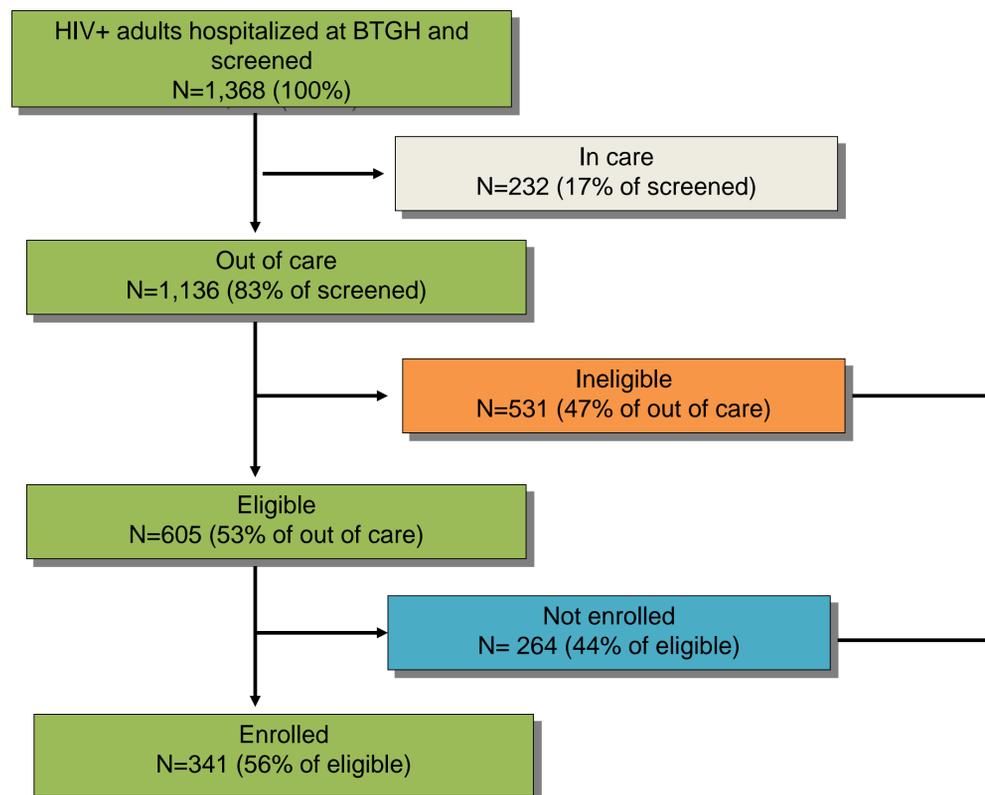


Figure 1. Flow diagram of study enrollment

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Table 1: Comparison of patient and clinical characteristics between all screened patients who were in care vs. out of care. (n=1,368)

	In Care (N=232)	Out of Care (n=1,136)	p-value
Age			<0.01
<30	9 (3.9)	116 (10.2)	
30-39	35 (15.1)	304 (26.8)	
40-49	90 (38.8)	415 (36.6)	
50-59	68 (29.3)	251 (22.1)	
60+	30 (12.9)	48 (4.2)	
Missing	0 (0.0)	2 (0.1)	
Sex			0.04
Male	149 (64.2)	819 (72.2)	
Female	83 (35.8)	315 (27.7)	
Missing	0 (0.0)	2 (0.1)	
Race/ethnicity			0.26
Black (non-Hispanic)	129 (55.6)	701 (61.7)	
White (non-Hispanic)	34 (14.7)	166 (14.6)	
Hispanic	66 (28.4)	258 (22.7)	
Missing	3 (1.3)	11 (1.0)	
CD4+ count, mean (SD)	469 (314)	189 (212)	<0.01

	Total	% of screened	% of ineligible
Not intending to use TSHC	277	20.2	52.2
Unable to provide consent	90	6.6	16.9
Does not speak English or Spanish	20	1.5	3.8
Died or transfer to hospice	22	1.6	4.1
Enrolled in other study with prospective follow-up	17	1.2	3.2
Expected to be in hospital <1 more night	66	4.8	12.4
Discharge to institution	55	4.0	10.4
Discharged before eligibility determined	245	17.9	46.1
Declined screening	15	1.1	2.8
Died prior to enrollment	10	1.0	1.9

(Categories above are not mutually exclusive)

Discharged before screening completed	218	15.9
Too sick to enroll	27	2.0
Declined enrollment	19	1.4

Conclusions

- The majority of persons hospitalized with HIV are out of care.
- Barriers to identification and recruitment of patients include length of stay and staff availability (particularly on weekends).
- About 10% were unable to provide consent, discharged to hospice, died, or were too sick to enroll.
- Very few patients refused screening or enrollment.
- Finding out of care HIV-infected persons in hospital settings and enrolling them in studies to increase engagement in HIV care while hospitalized is feasible.