1550. Can We Re-engage Patients with HIV Who Are Lost to Care? A Pilot Study in a Large Urban HIV Clinic

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Background. Secondary to broader HIV screening efforts and expanded treatment criteria for initiating antiretroviral therapy (ART), the number of patients requiring regular HIV care is increasing. After establishing care, one-third of patients become lost to follow-up (not seen in more than a 12 month period). We hypothesize that lost-to-care patients could be re-engaged in care with a brief, focused, patient oriented bundle intervention in two dedicated office visits.

Methods. We identified individuals who were not seen in more than 12 months from August 2012 to January 2014 in a large urban HIV clinic in Philadelphia, PA. Attempts were made to contact patients, and two separate dedicated office visits were scheduled in one month. We addressed reasons why patients were lost to care, evaluated insurance status, and arranged case management and psychiatric services. Patients' demographics and clinical information were reviewed.

Results. Fifty-nine consecutive patients were identified and evaluated. Median age was 44 years and median time from last visit was 32 months. More than half of patients (55.9%) completed two visits and 37 (62.7%) remained engaged in care (seen within a 6 month period after two visits). Most common reasons for lost to care were recent incarceration (42.4%), followed by substance abuse (22%). At the time of initial evaluation, nearly half (47.5%) were not taking ART. Patients who were using drugs or alcohol were less likely to remain engaged in care compared to others (30.8% vs 71.7%, P= 0.01). Patients who completed 2 visits in a one month period, were more likely to stay engaged in care (84.8% vs 34.6%, P <0.001), and were more likely to have a viral load <200 copies (86.4% vs 42.9%, P = 0.038) within a 6 month follow up period.

Conclusion. Our experience suggests that actively identifying patients who are lost-to-care and implementing two dedicated visits improved re-engagement in HIV care. If such a simple and low-effort intervention is done routinely, lost-to-care time can be decreased, potentially improving patient outcomes and decreasing secondary transmission. Additionally, addressing both the transition from incarceration to HIV care in the community and substance abuse may be high yield in retaining this high-risk population in HIV care.

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