BACKGROUND

- New York State’s Ending the HIV/AIDS Epidemic (EIE) Initiative aims to achieve 95% viral load suppression (VLS) among people living with HIV (PLWH) in care by 2023.
- Characteristics, capacity, and practices among HIV clinics in New York City (NYC) must be explored to identify and replicate evidence-based findings associated with optimal VLS outcomes.
- The relationship between HIV patient caseload and VLS was examined due to the rising integration of HIV care into primary care clinics, shortage of primary care physicians (PCPs), and inconsistent literature on the association between HIV patient caseloads and HIV patient outcomes.

OBJECTIVES

- The objectives of the New York Department of Health's Clinical Operations and Technical Assistance Program survey on HIV clinics include examining the following:
  - Clinic information (e.g., clinic classification, on-site medical services, funding sources, etc.);
  - HIV Patient Caseload and Characteristics;
  - Clinic Accessibility;
  - Retention and Adherence Practices;
  - Data-to-Care Practices; and
  - Challenges and Effective Strategies to Achieve VLS.

METHODS

Sample
- Purposive sampling was utilized to administer a survey to 154 clinics providing HIV primary care.
- To be eligible, clinics had to be located in NYC and provide HIV primary care.
- 110 eligible clinics (71%) submitted completed surveys.

Analysis
- Clinics were dichotomized based on the achievement of the 2016 EtE VLS goal (i.e., 85% VLS).
- Clinics’ HIV patient caseload was defined as the number of all HIV positive patients with at least one HIV medical visit in 2016.
- Clinics were categorized into four quartiles (Q1-4) based on their HIV patient caseload:
  - Q1: 1-60 HIV patients;
  - Q2: 61-200 HIV patients;
  - Q3: 201-450 HIV patients; and
  - Q4: 451-4200 HIV patients.
- A multiple logistic regression was calculated to examine the association between HIV primary care patient caseload and achieving a VLS of at least 85%. Adjustments were made for clinic patient demographics (i.e., age, sex, ethnicity, and race).

RESULTS

Figure 1. Mean Proportion of Patient Population (PPP) by Selected Demographics for each HIV Patient Caseload Clinic Quartile

OBJECTIVE 1. SUPPRESSION IN NEW YORK CITY

- To achieve local and national EtE goals, additional research is needed to identify and expand clinic practices that are associated with high VLS.
- Particularly among patient populations that face significant barriers to achieving VLS.
- Opportunity exists to improve VLS and expand clinic practices that are associated with high VLS.

OBJECTIVE 2. DATA-TO-CARE PRACTICES

- Q2 clinics had significantly higher FTEs of PCPs, Social Workers, and Nutritionists per 100 HIV patients than Q1, Q3, and Q4 clinics combined.
- Q2 clinics reported conducting particular patient engagement and retention practices at greater frequencies than Q1, Q3, and Q4 clinics combined.
- PCPs, Social Workers, and Nutritionists were more likely to be community-based clinics than other clinic classifications.

RESULTS

Table 1. Main Effects of HIV Caseload on Achieving 28% Viral Load Suppression (VLS) in HIV Clinics

<table>
<thead>
<tr>
<th>Caseload Quartile</th>
<th>Proportion of Patient Population (PPP) &gt;50 years of age</th>
<th>Proportion of Patient Population (PPP) Male</th>
<th>Proportion of Patient Population (PPP) Black</th>
<th>Proportion of Patient Population (PPP) Hispanic</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1: 1-60</td>
<td>8 (11%)</td>
<td>0.17 (0.097 - 1.3)</td>
<td>1.1 (0.097 - 13)</td>
<td>1 (Reference)</td>
<td>1 (Reference)</td>
</tr>
<tr>
<td>Q2: 61-200</td>
<td>7 (3%)</td>
<td>0.67 (0.1 - 4.5)</td>
<td>1 (Reference)</td>
<td>1 (Reference)</td>
<td>1 (Reference)</td>
</tr>
<tr>
<td>Q3: 201-450</td>
<td>22 (30%)</td>
<td>0.6 (0.29 - 1.3)</td>
<td>1 (Reference)</td>
<td>1 (Reference)</td>
<td>1 (Reference)</td>
</tr>
<tr>
<td>Q4: 451-4200</td>
<td>25 (32%)</td>
<td>0.7 (0.38 - 1.6)</td>
<td>1 (Reference)</td>
<td>1 (Reference)</td>
<td>1 (Reference)</td>
</tr>
</tbody>
</table>

OBJECTIVE 3. PATIENT NAVIGATORS

- The NY City Department of Health’s Clinical Operations and Technical Assistance Program surveyed HIV Patient Caseload and Characteristics, Clinic Information, and HIV P forecasts.

RESULTS

Table 2. Characteristics and Practices Unique to Q2 Clinics

<table>
<thead>
<tr>
<th>Clinic Classification</th>
<th>Q2</th>
<th>Q3, Q4</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians (excluding Infectious Disease) FTE</td>
<td>2.6</td>
<td>0.80</td>
<td>0.048</td>
</tr>
<tr>
<td>Infectious Disease Physicians FTE</td>
<td>0.39</td>
<td>0.21</td>
<td>0.49</td>
</tr>
<tr>
<td>Registered Nurses FTE</td>
<td>1.35</td>
<td>0.35</td>
<td>0.32</td>
</tr>
<tr>
<td>Medical Assistant FTE</td>
<td>2.8</td>
<td>0.11</td>
<td>0.01</td>
</tr>
<tr>
<td>Social Worker FTE</td>
<td>1.6</td>
<td>0.78</td>
<td>0.02</td>
</tr>
<tr>
<td>Nutritional FTE</td>
<td>0.41</td>
<td>0.05</td>
<td>0.11</td>
</tr>
<tr>
<td>Practice Manager FTE</td>
<td>0.79</td>
<td>0.21</td>
<td>0.12</td>
</tr>
<tr>
<td>Patient Navigators FTE</td>
<td>0.71</td>
<td>0.30</td>
<td>0.83</td>
</tr>
<tr>
<td>Data Entry Staff FTE</td>
<td>0.40</td>
<td>0.06</td>
<td>0.17</td>
</tr>
<tr>
<td>Dedicated Staff to Obtain Prior Authorization FTE</td>
<td>0.73</td>
<td>0.18</td>
<td>0.28</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- Q2 clinics were more likely to be community-based clinics than other clinic classifications.
- Q2 clinic had significantly higher FTEs of PCPs, Social Workers, and Nutritionalists per 100 HIV patients than Q1, Q3, and Q4 clinics combined.
- Q2 clinics reported conducting particular patient engagement and retention practices at higher frequencies than Q1, Q3, and Q4 clinics combined.
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Figure 1. Mean Proportion of Patient Population (PPP) by Selected Demographics for each HIV Patient Caseload Clinic Quartile

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*P-value <0.05

†P-value <0.005

‡P-value <0.001

©P-value <0.001

$P-value <0.001

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