HYPERTENSION CARE CASCADE DURING COVID IN VETERANS WITH HIV

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BACKGROUND

People with HIV (PWH) are at an increased risk of atherosclerotic cardiovascular disease (ASCVD) compared with those without HIV. Hypertension (HTN) is an important modifiable risk factor for ASCVD, yet HTN management in PWH is suboptimal.

The HTN care cascade provides a valuable framework for evaluating HTN care quality. We use data from the Veterans Health Administration (VHA), the single largest U.S. provider of HIV care, to describe HTN care in a nationwide cohort of PWH. We sought to define the HTN care cascade in two years to identify gaps in care and assess impact of the COVID-19 pandemic.

METHODS

VHA databases were queried to identify Veterans with HIV in care in calendar year (CY) 2019 and 2020.For each CY, we identified cascade steps for HTN care:

- HTN diagnosis - Patient problem lists and validated ICD-10 and SNOMED code-associated outpatient encounters
- HTN treatment- Active prescription of 1+ antihypertensive drugs
- HTN monitoring- At least 2 recorded blood pressure (BP) readings at least 90 days apart.
- HTN control- Last BP recording less 140/90.

We compared the care cascade across 2 years to identify potential COVID-19 related changes in HTN care quality. We calculated descriptive statistics using medians and percentages and CY comparisons using Chi-square tests.

CHARACTERISTICS	CY 2019 N= 12,625	CY 2020 N= 12,561
Age (Years)		
Range	24-96	23-96
Median	64	64
Self Identified Gender		
Cis gender male	97%	97%
Cis gender female	3%	4%
Trans gender female	0.01%	0%
Race		
Black	48%	48%
White	35%	35%
*Other	2%	2%
Ethnicity		
Hispanic or Latino	6%	6%
Non-Hispanic or Latino	91%	91%
Rurality		
Urban	83%	84%
Rural	16%	16%
Highly Rural	0.4%	0.4%
Weight (BMI)		
Median	27.7	27.7
Range	13.6-62.1	13.8-74.4

Table 1.0 : Baseline characteristics of Veterans with HIV
*American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian

Gaps exist in HTN care of People with HIV, further exacerbated by the COVID 19 pandemic

RESULTS

We identified 31,465 veterans with HIV in the VHA in CY20. There were no demographic differences between CY19 or 20. In CY19, 12,625 (40%) PWH had a HTN diagnosis, similar to that of CY20 (12,561; 39%). Of these, similar proportions were on treatment for HTN in CY19 (87%) compared to CY20 (88%). Among those on treatment, more patients were monitored (59% vs. 54%; p<0.0001, CI 3.4-6) and of these, more were controlled (58% vs. 54%; p=0.0001, CI 1.8-5.4) for HTN in CY19 compared with CY20. Of all the PWH with a diagnosis of HTN, more were monitored in CY19 (59% vs. 52%; p<0.0001) and had controlled HTN compared with CY20 (67% vs 57%; p<0.0001, CI 8.5-10.9).

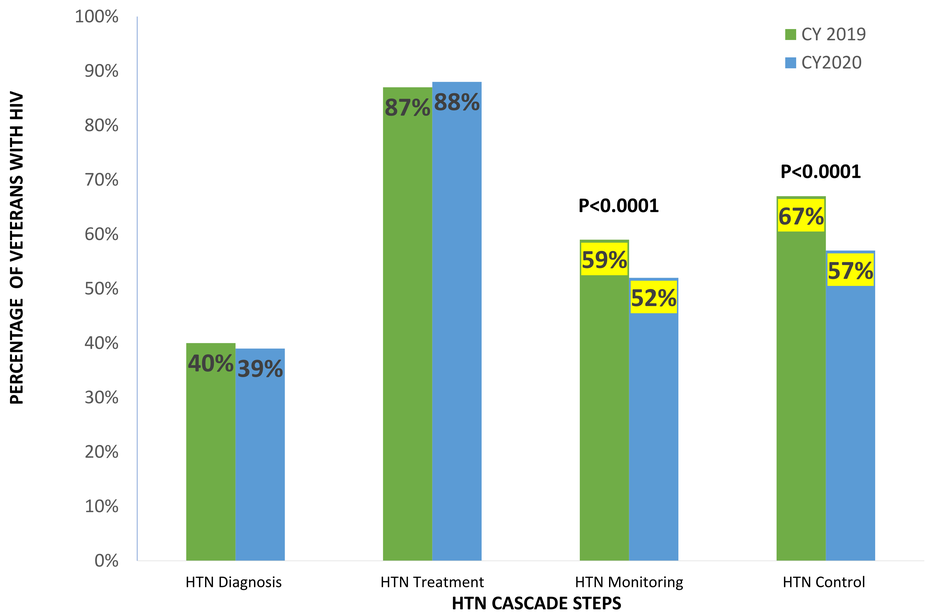
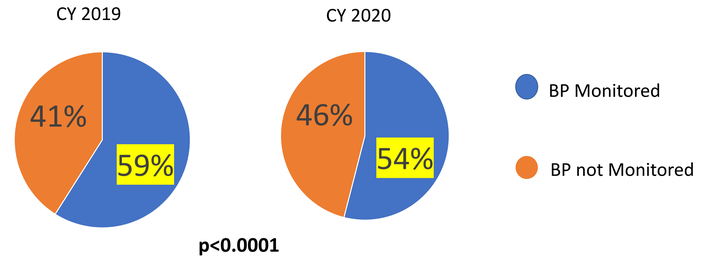


Figure A: Percentage of Veterans with HIV along the Hypertension Cascade

% of HIV + Veterans with monitored BP while on Anti HTN



% of HIV + Veterans with monitored AND controlled BP while on Anti HTN

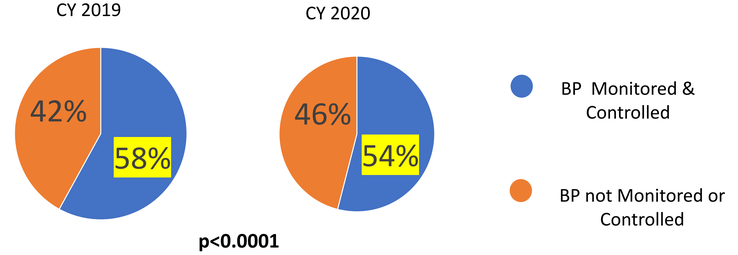


Figure B: Percentage of Veterans with HIV on antihypertensives with monitored and controlled BP in 2019 vs 2020.

CONCLUSIONS:

This nationwide HTN cascade reveals gaps in HTN monitoring and control for Veterans with HIV. The HTN care continuum in this population lags HIV care continuum. The COVID-19 pandemic likely further adversely impacted HTN care delivery in this population.

Future direction:

Compare HTN to HIV care cascade as well as further analysis factors associated with loss of veterans at each step of the cascade.

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