

Megan Dieterich^{1,2}, Rupa Patel¹ Monica Gouzoulis², Keyerra Richardson², Erin Kelley¹, Robert Bangert¹, David Fessler¹, Sarah Henn¹, Stephen Abbott¹, Namrata Shah², Rachel McLaughlin¹, Meghan Davies¹, H Jonathon Rendina²
¹Whitman-Walker Health, Washington, DC, US, ²Whitman-Walker Institute, Washington, DC, US

BACKGROUND

CAB/RPV has demonstrated superiority to oral ART in PWH with adherence challenges. We evaluate an innovative support services program, including the option for home administration of injections to support CAB/RPV adherence in PWH with barriers to care and viremia.

METHODS

Whitman-Walker Health initiated the **Mobile Outreach Retention and Engagement Program (MORE)** in 2016 to support adult PWH with adherence challenges (VL>200 copies/mL and/or no medical visits in 6 months). The MORE program offers mobile care navigator support, transportation assistance and Physician Assistant-led home medical visits. In 2023, at home maintenance CAB/RPV injection visits were added as an additional service.

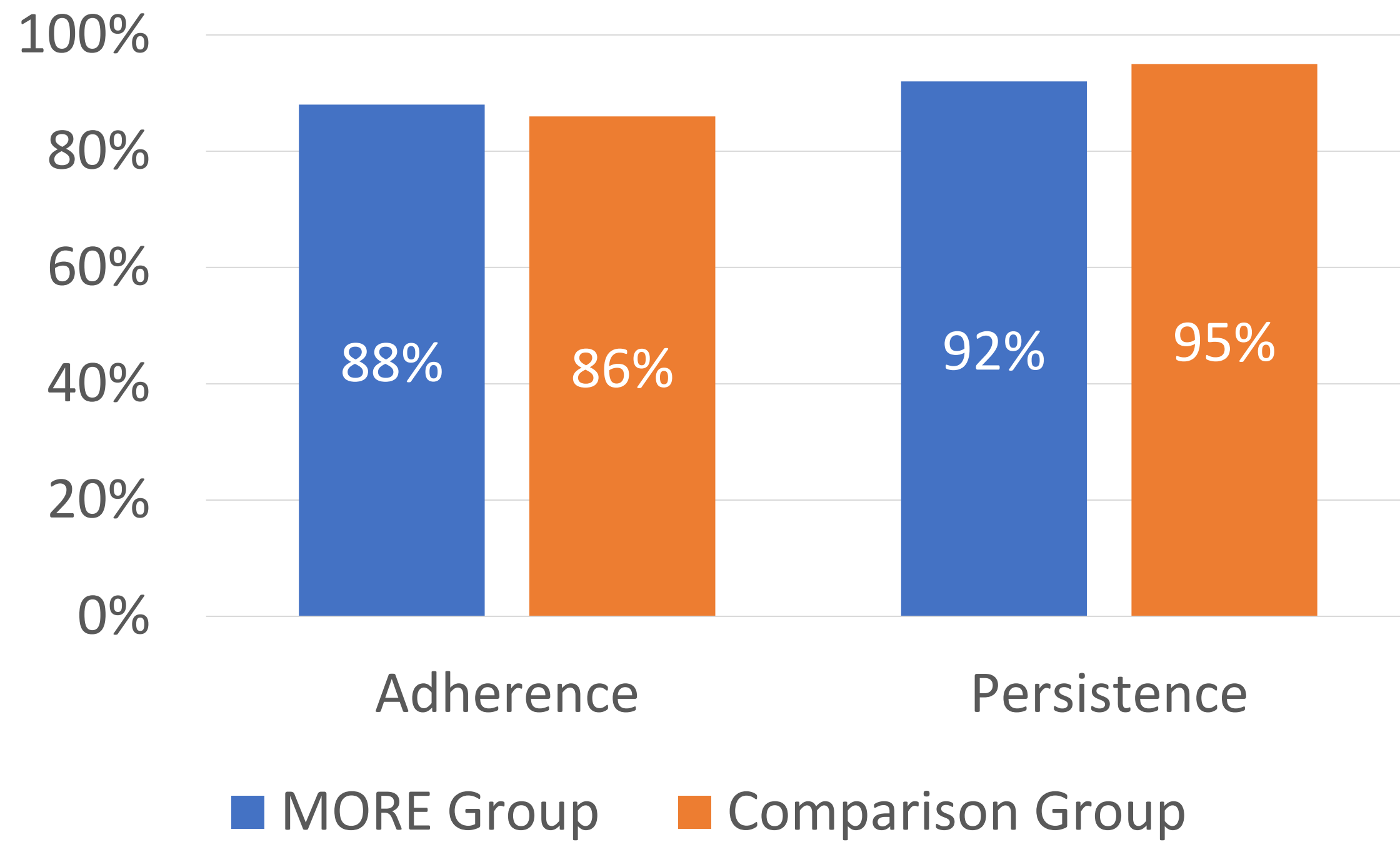
	MORE Program CAB/RPV delivery	Standard Clinic CAB/RPV delivery
Population	Adult PWH on CAB/RPV with VL>200 copies/mL and/or no medical visits in 6 months	Adult PWH on CAB/RPV per FDA guidelines
Setting	- Option for Home Medical/Phlebotomy and Injection visits - Injections given by provider at home	Injections given during Medical visits in clinic by Medical assistants
Support	- Mobile Care Navigator Scheduling and appointment reminders - Ride share transport to clinic or through insurance - Weekly team care-planning meetings	- Care Navigator scheduling and appointment reminders - Transport through insurance

- Study Design:** Effectiveness-implementation hybrid type-2 study comparing the PWH receiving CAB/RPV with MORE support to a 2:1 matched comparison group of PWH receiving CAB/RPV in clinic without MORE support.
- Primary outcome:** Viral suppression at 4 months(<200 copies/mL)
- Secondary outcomes:** 4-month injection adherence (+/-7 day window) and acceptability of home injections
- Data collection:** EHR extraction with supplemental chart review validated by 2 reviewers

Home CAB/RPV injections offered through a support program for PWH with adherence challenges achieves **100% viral suppression at 4 months** and similar adherence rates compared to standard clinic delivery in PWH without adherence challenges.

- Definitions: Adherence:** on-time injections +/- 7 days; **Persistence:** did not discontinue injections; **Late:** injections received between >7 days and <14 days; **Missed:** injections received >14 days
- Within the MORE group, 63% (28/44) of PWH chose the option for home injections, and those who chose home visits tended to be female, aged 40 years and older and were significantly more likely to have public insurance, χ^2 (1, n=44) =6.31, p=0.01*.
- Overall adherence and persistence to CAB/RPV at 4 months was similar between the MORE group (88%; 37/42) and the comparison group (86%; 72/84), χ^2 (1, n=126) =0.136, p=0.713) and (92%: 39/42) and (95%; 80/84)), χ^2 (1, n=126) =0.30, p=0.582).

Figure 2. Adherence and Persistence at 4 Months by Group



- Qualitative differences in non-adherence and discontinuation categories between groups were observed.
- PWH in MORE had 2 ISR-related discontinuations and 2 missed injections (>14d late) due to insurance lapse who restarted CAB/RPV and 1 missed injection with oral ART restart due to provider preference.
- The comparison group had 5 late injections, 3 PWH with missed injections who restarted CAB/RPV, 2 PWH with missed injections who restarted oral ARVs due to provider preference and 2 PWH with missed injections who were LTFU.

RESULTS

- Between November 2023 and September 2024, 44 PWH initiated CAB/RPV through MORE and 42/44 had >4 months since first injection visit.
- In the MORE group, median age was 44 years, 39% female, and 93% Black/AA. The comparison group (n=88) was matched for age, sex and race.
- Rates of public insurance (82% MORE group vs. 76% comparison group) were also similar
- The MORE group had significantly more PWH with baseline viremia (≥ 200 c/mL) than the comparison group (27% vs. 6%), χ^2 (1, n=17) = 12.1, p<0.001*.

Table 1. Demographic Characteristics

Characteristic		MORE n=44 (%)	Comparison n=88 (%)
Age		44 (24-74)	44 (24-72)
Sex	Male	47 (61%)	54 (61%)
	Female	17 (39%)	34 (39%)
Race	Black	41 (93%)	81 (92%)
	White	2 (5%)	4 (5%)
	Other	1 (2%)	3 (3%)
Ethnicity	Hispanic	2 (5%)	4 (5%)
	Non-Hispanic	42 (95%)	84 (95%)
Insurance	Public	36 (82%)	76 (86%)
	Private	8 (18%)	12 (14%)
Baseline VL<200 c/mL	Yes	32 (73%)	83 (94%)
	No	12(27%)	5 (6%)*

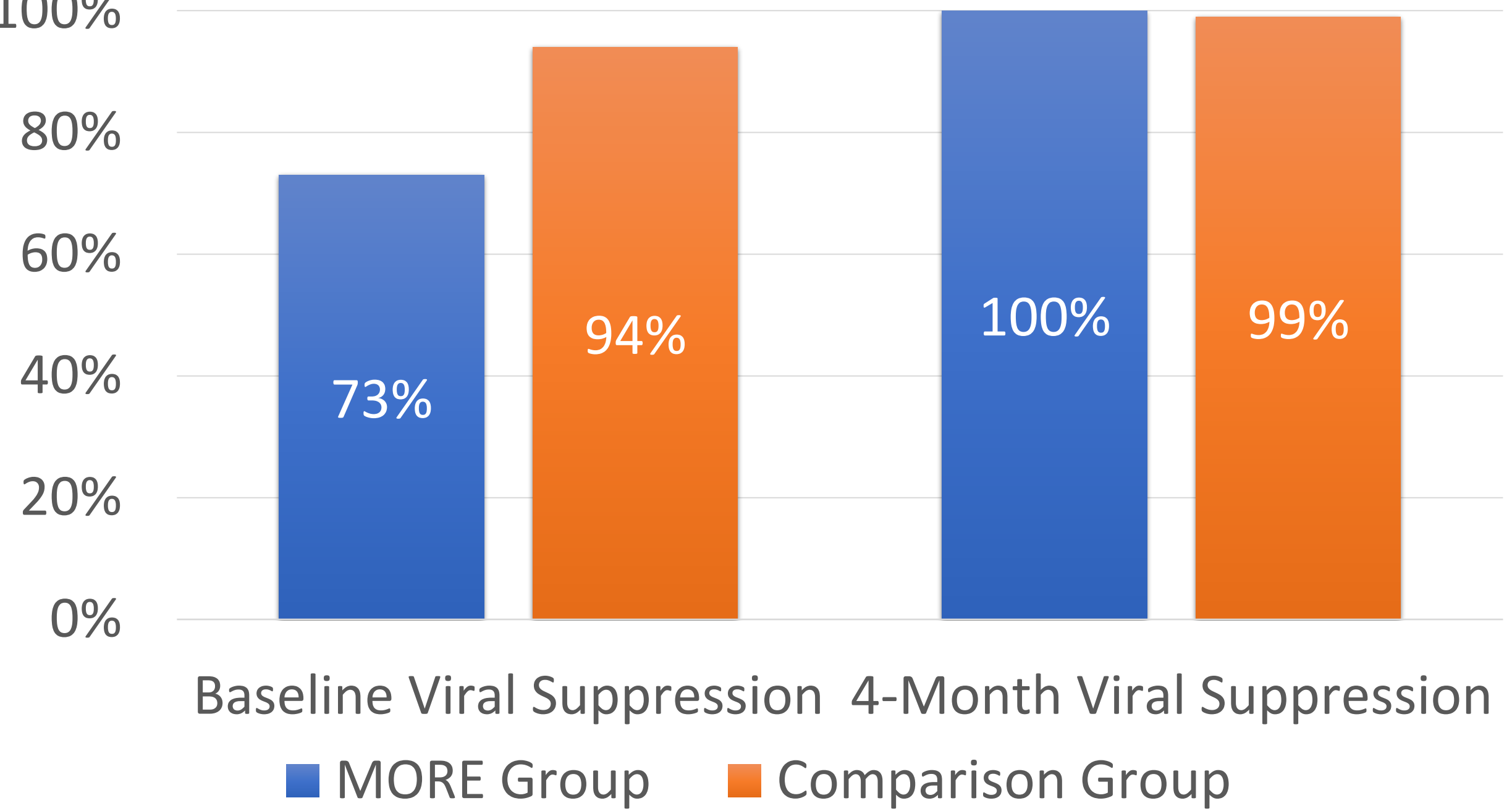
*p<0.001

Table 2. CAB/RPV Injection Status at 4 months

	MORE (n=42)	Comparison (n=84)
Late injection (>7 days <14 days)		5
Missed injection restart CAB/RPV	2	3
Missed injection discontinued (LTFU)		2
Missed injection restart oral ARV	1	2
Discontinued due to ISR restart oral ART	2	

- 100% (42/42) of PWH in MORE and 99% (81/82) of PWH in the comparison group who had VL lab available maintained or achieved viral suppression (VL<200 c/mL) at 4 months.

Figure 3. Baseline and 4 Month Viral Suppression % (<200 c/mL) by Group



CONCLUSIONS

- Home CAB/RPV injections are feasible and acceptable.
- The MORE group demonstrated adherence, persistence, and viral suppression rates comparable to those observed with clinic-based CAB/RPV in PWH without adherence challenges.
- The MORE group had fewer delayed injections and no loss to follow up at the 4-month mark.
- These findings suggest that the option for home injections can promote CAB/RPV adherence in PWH with adherence challenges and boost provider confidence in prescribing injectable ART to populations most likely to benefit.

ADDITIONAL INFORMATION

Author Contact: mdieterich@whitman-walker.org
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