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HIV Health Care Transition: Five-year Rates of Retention and Viral Suppression

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BACKGROUND

The University of Maryland STEP Program is a multi-disciplinary pediatric-to-adult health care transition (HCT) program comprised of pediatric and adult providers and clinic staff. It includes early engagement with an adult HIV provider in the adolescent clinic and a comprehensive retention model pre- and post-transition.

In the historical, pre-STEP cohort at our institution, 12-month retention in adult care was 50%. Viral suppression in this cohort was 34% (Ryscavage et al., 2022).

This study's aim was to examine several clinical outcomes up to 5 years post transition among STEP Program adolescent and young adult (AYA) participants, including linkage to adult care, retention in adult care, and viral suppression. Linkage and retention patterns through the early COVID pandemic were also studied.

METHODS

This was a retrospective cohort study of patients enrolled in the STEP program from 12/2017 to 6/2024. The primary end point was retention in adult care, defined as ≥2 visits within 12 months. Secondary end points included missed visits in adult care, completed first time HCT visits, HIV RNA suppression, and care engagement during COVID. We used descriptive statistics to characterize the study population.

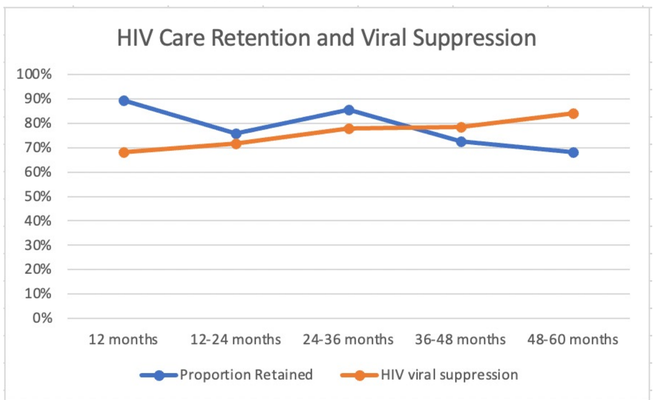


Figure 1

Retention in adult care after transition from pediatrics through the STEP program was durably high after 5 years, with ***~70% retention after 60 months*** (23% attrition from year 1 - year 5).

RESULTS

Demographic Data	
75/85 AYA living with HIV transitioned to UMB thrive	53% of cohort acquired HIV perinatally
97% of cohort was Black or African-American	58% of cohort was assigned male at birth

Mental Health (MH)	
49% of cohort carried a MH diagnosis pre-HCT	54% of cohort carried a MH diagnosis post-HCT
24% were referred to MH care pre-HCT	36% were referred to MH post-HCT
12% were engaged in MH care pre-HCT	24% were engaged in MH care post-HCT
43% of those with perinatal HIV carried MH diagnosis	63% of those who acquired HIV later carried MH diagnosis

RESULTS, continued

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- Retention in care was 89.3% (N=75) at 12 months, 75.8% at 24 months (N= 58), 85.4% at 36 months (N= 41), 72.7% at 48 months (N=33) and 68% at 60 months (N= 25). (Figure 1)
- HIV viral suppression was 62.3% pre-transition. Post-transition it increased to 68.2% at 12 months, 71.7% at 24, 77.8% at 36, 78.6% at 48, and 84.2% at 60.
- In 2020, 76.6% (N=30) of patients met retention criteria (78% in 2019 & 80% in 2021). Mean new HIV HCTs from 2017-2019 were 1.15 per month. From 3/2020 to 1/2021 there were no HCT. From 1/2021-6/2023, mean new HCTs increased to 1.07 per month. (Figure 2)

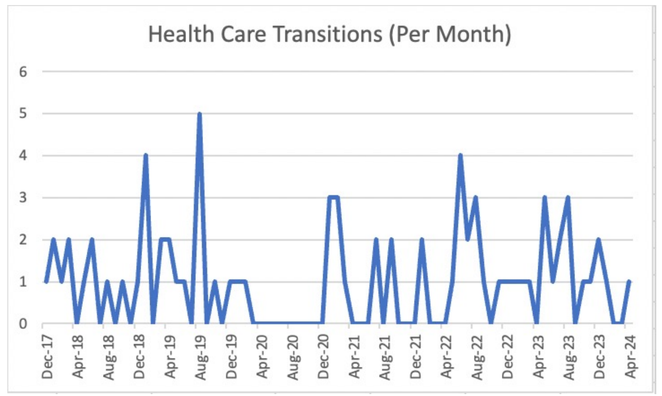


Figure 2

CONCLUSIONS

Retention in adult care was highest in the first 12 months post-transition. There was 23% attrition by 60 months. Rates of viral suppression increased post-HCT with highest rates of suppression at 60 months. New HIV HCTs ceased for the first 9 months of COVID, however rates of transition soon returned to pre-pandemic levels. Retention in care and viral suppression did not significantly change before and during COVID time-period. Neither MH diagnosis nor engagement in MH care were associated with retention in HIV care or HIV viral suppression. Compared to the pre-STEP cohort, these results support the durability of a multi-disciplinary, pediatric and adult integrated health care transition program for people living with HIV.

References:

Ryscavage P, Herbert L, Roberts B, Cain J, Lovelace S, Houck D, Tepper V. Stepping up: retention in HIV care within an integrated health care transition program. AIDS Care. 2022 May;34(5):554558. doi: 10.1080/09540121.2021.1909696. Epub 2021 Apr 9. PMID: 33832366.

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