Does Retention in Care Still Correlate with HIV Viral Suppression?
Do We Need Different Strategies?

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BACKGROUND

- The HIV care cascade places retention in care before viral suppression, implying a necessary, causal relationship[1].
- CMS defines retention as two encounters at least 90 days apart within a 240-day period[2] and uses this metric as a quality measure.
- Historically, retention in care has been associated with improved patient outcomes[3] and improvement in viral suppression rates[4].
- Whether retention in care remains associated with viral suppression in an era of well tolerated ART is less clear[5].
- Here, we ask if retention in care is associated with viral suppression and if these measures are equitably distributed among our patients..

METHODS

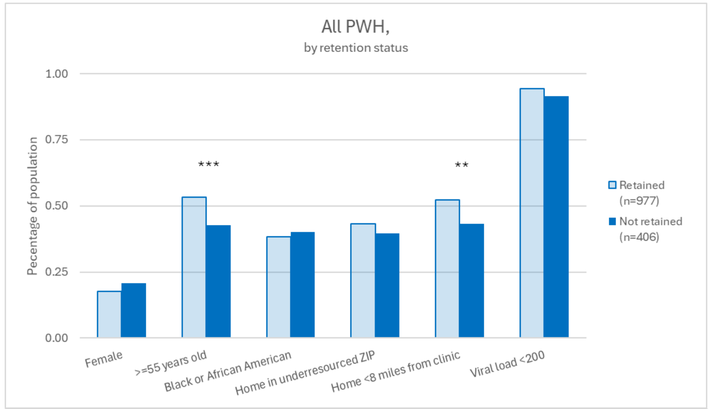
- Cross-sectional, single-center, retrospective review.
- Patients had at least one clinic visit 11/2021-10/2023.
- Retention in care is defined as two visits in prior year.
- Viral suppression is defined as the most recent viral load less than 200 copies per microliter.
- Groups are compared using the χ^2 test statistic.

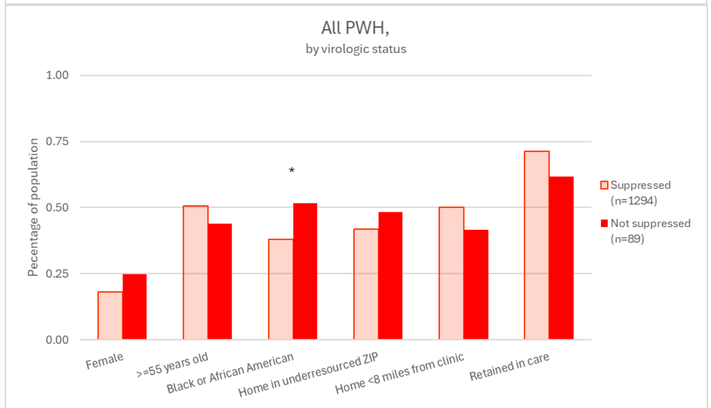
RESULTS

- People retained in care (n=977) are more likely to be older and live closer to clinic than those not retained in care (n=406), but are not more likely to have achieved viral suppression (94% vs 92%, p=0.058).
- Among those retained in care, Black people and people living in under-resourced ZIP codes are more likely to not have achieved viral suppression (55% vs 37%, p=0.011; 56% vs 42%, p=0.042; respectively).
- Among those not retained in care, no demographic factors distinguish those having achieved viral suppression or not.

REFERRENCES
1. https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum
2. https://cmit.cms.gov/cmit/#/MeasureView?variantId=1345
3. Giordano et al. CID 2007.
4. Mugervaro et all. JAIDS 2012
5. Tarantino et al. AIDS Care 2020.

At our urban, academic, HIV outpatient clinic,
retention in care does not predict viral suppression.
Even with recommended follow up,
minoritized populations are more likely to be viremic.





CONCLUSIONS

- **Retention in care and viral suppression may identify distinct patient populations.**
- Those not retained in care may not benefit from more frequent encounters.
- Those retained in care may require additional services to achieve viral suppression.
- Historically marginalized populations may not achieve optimal health outcomes with traditional healthcare delivery targets.
- Practices and practitioners should adapt the HIV care cascade for individual patients.

