Department of Public Health
CITY OF PHILADELPHIA

1106

Outcomes of Re-enrollment in an HIV Re-engagement Program, Philadelphia 2021-2024

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BACKGROUND

- The Philadelphia Department of Public Health (PDPH) Data to Care (D2C) program identifies people with HIV (PWH) who are out of care (OOC) and enrolls them in re-engagement services.
- A previously-enrolled person who is OOC a year or more after their last enrollment is eligible for re-enrollment if they still meet all other enrollment criteria.
- We compared the outcomes of:
  - one-time enrollees to the 1st enrollment of those re-enrolled in 2021-2024
  - the 1st and 2nd enrollments of those re-enrolled

METHODS

- Data source: PDPH HIV database (eHARS)
- Outcomes:
  - Relinkage (viral load (VL) or CD4 within 90 days of enrollment)
  - Retention (2 labs > 90 days apart within 1 year of enrollment)
  - Viral suppression (VS) (VL < 200 c/mL within 1 year of enrollment)
- Chi-square tests compared unadjusted outcomes of (1) one-time enrollees to the 1st enrollment of those later re-enrolled, and (2) the 1st and 2nd enrollments of those re-enrolled.
- Multivariate logistic regressions compared outcomes of the 1st enrollment of those re-enrolled to one-time enrollees, controlling for covariates (age, gender, race/ethnicity, years since diagnosis, and last VL within 18 months at enrollment).
- Conditional logistic regression was used to compare outcomes of the 1st and 2nd enrollments of those re-enrolled, controlling for last VL.

RESULTS

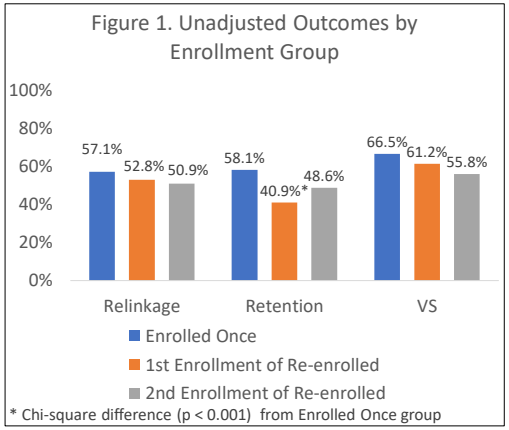
- Of 2,234 enrollees, 1,855 (83.0%) were enrolled once, and 379 (17.0%) were enrolled at least twice.
- Those re-enrolled were more likely to be younger (< 45 years old), cis-men, and diagnosed 5-14 years before enrollment (Table 1).

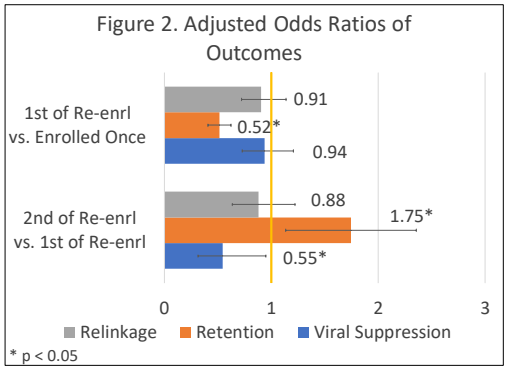
17% of participants were re-enrolled. Retention improved with re-enrollment, but relinkage and viral suppression did not.
Additional interventions along the care continuum are needed to ***sustain*** engagement in care.

Table 1. Demographics

		Enrolled Once (N = 1855)	Enrolled More than Once (N = 379)
Age Group*	13-24	53 (2.9%)	21 (5.5%)
	25-34	408 (22.0%)	97 (25.6%)
	35-44	459 (24.7%)	98 (25.9%)
	45-54	368 (19.8%)	73 (19.3%)
	55+	567 (30.6%)	90 (23.7%)
Gender*	Male	1262 (68.0%)	275 (72.6%)
	Female	516 (27.8%)	99 (26.1%)
	Transgender	77 (4.2%)	5 (1.3%)
Race/ Ethnicity	NH White	211 (11.4%)	46 (12.1%)
	NH Black	1250 (67.4%)	268 (70.7%)
	Hispanic	306 (16.5%)	51 (13.5%)
	Other	88 (4.7%)	14 (3.7%)
Transmission Category	MSM	803 (43.3%)	168 (44.3%)
	PWID	400 (21.6%)	72 (19.0%)
	Heterosexual	627 (33.8%)	130 (34.3%)
	Other	25 (1.3%)	9 (2.4%)
Years Since Diagnosis*	0-4 Years	284 (15.3%)	54 (14.2%)
	5-9 Years	307 (16.5%)	88 (23.2%)
	10-14 Years	381 (20.5%)	90 (23.7%)
	15+ Years	883 (47.6%)	147 (38.8%)
Last VL at Enrollment*	Undetectable	1395 (75.2%)	249 (65.7%)
	Detectable	326 (17.6%)	85 (22.4%)
	No recent VL	134 (7.2%)	45 (11.9%)

* Chi-square difference ($p < 0.05$) between groups





RESULTS Cont'd

- At 1st enrollment, the re-enrollment group had lower unadjusted retention (40.9% vs 58.1%, p < 0.001), compared to one-time enrollees (Figure 1).
- At the 2nd enrollment of the re-enrollment group, there was a non-significant increase in retention (48.6% vs 40.9%, p = 0.055) (Figure 1).
- Adjusting for covariates, there were lower odds of retention among those re-enrolled, compared to those enrolled only once (aOR: 0.52 [0.41-0.65]) (Figure 2, top).
- Among those enrolled more than once, there was an increased odds of retention after the 2nd enrollment compared to the 1st (aOR: 1.75 [1.14-2.68]), but decreased odds of VS (aOR: 0.55 [0.31-0.95]) (Figure 2, bottom).

CONCLUSIONS

- Only 17.0% of enrollees from 2021-2024 needed a re-enrollment, indicating that D2C is a successful strategy in re-engaging to HIV care.
- Although relinkage and VS did not improve at the 2nd enrollment of re-enrolled patients, retention did. This indicates that re-enrollment is a worthwhile practice for D2C.
- Additional interventions along the care continuum are needed to improve sustained engagement and VS in OOC PWH. Specifically, interventions targeting groups that were more likely to require re-enrollment (younger, cis-men, diagnosed 5-14 years before enrollment) are required to improve outcomes.
- Comparison of barriers to care among re-enrolled individuals at 1st and 2nd enrollment may identify ongoing unmet needs and inform future initiatives.

CONTACT INFORMATION

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