

Enhanced multidisciplinary follow-up: a valuable template for understanding key cohort changes and retention in care among people attending Western Sydney Sexual Health Service (WSSHC) for HIV care.

Nicholas B Comninou^{1,2}, Suzanne Rix¹, Melissa Power¹, Anna Chinni¹, Louise Tomlins¹, Siju Varghese¹, Peter Yu¹, David A Lewis^{1,2}, Rohan I Bopage^{1,2}

¹Western Sydney Sexual Health Centre, Parramatta, New South Wales, Australia.² Westmead Clinical School and Sydney Institute for Infectious Diseases, University of Sydney, Sydney, New South Wales, Australia.

BACKGROUND:

Sustaining retention in care among people living with HIV (PLHIV) has important clinical, public health and quality/safety implications. In 2020-2022 audits, WSSHC's Enhanced multidisciplinary follow-up ('EMF') was associated with high retention and reduced loss to follow-up (LTFU). We evaluated the long-term sustainability of these gains

METHODS:

Retrospective audit: PLHIV attending WSSHC for HIV care (HIV viral load 'VL' measurement) in three audit-periods (2022, 2023, 2024 calendar years).

Established amid pandemic-related restrictions, EMF comprised Microsoft Teams workspaces integrating clinical, pharmacy/dispensing and social work data (psychosocial barriers, support opportunities), and LTFU management/planning at monthly EMF and HIV-multidisciplinary meetings.

'Ongoing-care': at least 12-monthly face-to-face/telehealth medical consultations.

'Care-entry': HIV diagnosis at WSSHC/transfer-in referral/self-referral AND attendance.

'Care-transfer': transfer-out referral/document care elsewhere after 'Ongoing-care'/'Care-entry'. 'LTFU': no attendance>12 months after 'Ongoing-care'/Care-entry' AND unsuccessful recall attempts (phone/sms/letter).

Chi-square tests compared care category demographic/clinical variables.

Target LTFU: ≤1% overall and in each period.

RESULTS:

461 records with snapshot data (2024). Median age=43 years; cisgender-male= 78.1%, cis-female=20.6%, trans-female=1.3%; Medicare-ineligible= 19.3%; Aboriginal/Torres Strait Islander=2.8%; past-year injecting drug use ('PWID')=4.7%. Mean years since diagnosis=12.8; median latest CD4 count=748uL; latest VL<20 c/ml =80.5%; 20-200 c/ml=18.7%, >200 c/ml=0.8%; antiretroviral treatment=100%.

Ongoing-care=400/515 (77.7%) in 2022; 439/559 (78.5%) in 2023; 460/585 (78.6%) in 2024. Care-entry=63/515 (12.2%), 77/559 (13.8%), 73/585 (12.5%), respectively. Care-transfer=46/515; (8.9%), 40/559 (7.2%), 51/585 (8.7%), respectively. LTFU=10/1659

(0.6%) overall; 6/515 (1.2%) in 2022; 3/559 (0.5%) in 2023; 1/585 (0.2%) in 2024; p-trend=0.036

Compared with 'Ongoing-care', more 'Care-entry' PLHIV were aged<40 (54.0% v 29.8%;p<0.001), PWID (7.4% v 3.4%;p=0.004), with CD4<200uL (4.0% v 0.7%;p<0.001), Medicare-ineligible (33.7% v 12.3%;p<0.001). LTFU were predominately cis-male, aged<40, medicare-eligible, non-PWID, VL<20c/ml.

CONCLUSION:

LTFU decreased to well below target, remaining within target overall. EMF has supported care retention at a busy, growing metropolitan service caring for PLHIV with increasingly complex health and psychosocial needs. EMF could be employed by similar services.

Declaration: the authors declare no conflicts of interest