

A NEW METHOD OF MEASURING POPULATION-LEVEL RETENTION ON ANTIRETROVIRAL THERAPY IN AUSTRALIA SHOWS VERY HIGH RATES OF RETENTION: 2013-2015.

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Background: The diversity of Australia's health care system makes retention-in-care difficult to measure at the population level. The aim of this study was to develop a method to measure retention on antiretroviral therapy (ART) using national administrative data.

Methods: We obtained linked deidentified data on all ART prescriptions subsidised through the Pharmaceutical Benefits Scheme (PBS) and all viral load tests subsidized through the Medical Benefits Schedule (MBS), between July 2013 and December 2015. We included patients who had any dispensed ART in the 15 months from July 2013 to September 2014. We determined whether in the following 15 months (October 2014 to December 2015) patients were: retained on ART (dispensed ART during this period); retained in care but not on ART (no ART but with viral load) or neither (no ART or viral load).

Results: Of 17,393 individuals dispensed ART from July 2013 to September 2014, 89.3% were male and the median age was 47. 17,303 (97.82%) were retained on ART, 208 (1.20%) were retained in care but not ART and 171 (0.98%) were out of care. When restricting inclusion to the 16,430 patients dispensed ART two or more times at least 60 days apart, 98.66% were retained on ART, 0.84% were retained in care but not on ART and 0.49% were not retained in care or on ART. Retention on ART was slightly lower in younger patients (95.78% in 18-35yo vs 98.74% in 51-65yo). There was no difference by gender or concession status.

Conclusion: Our method, using a combination of linked routinely available administration data, shows that retention on ART in Australia is very high. Future gains in coverage of ART may come from earlier diagnosis and treatment initiation rather than improved retention.

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