

The Care Continuum Across HIV Clinics in Saskatoon, SK: Insights, Impacts, and Opportunities of the COVID-19 Pandemic

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BACKGROUND

- Saskatchewan (SK) has the highest rates of HIV in Canada, with an epidemic driven largely by injection drug use
- HIV care in Saskatoon is primarily accessed at the Positive Living Program (PLP) at the Royal University Hospital (RUH), a specialized acute care setting, and at the Westside Community Clinic (WSCC), a primary care community-based clinic
- The two clinic sites service to ~2000 persons living with HIV. Complementary, yet different care models, are exemplified in the respective care models
- This analysis provides an insight into the impact of COVID-19 on the two care models to identify gaps and priority areas unique to the HIV population

METHODS

- A retrospective chart review was conducted. Variables extracted for analysis include baseline characteristics at diagnosis, demographics, risk factor, laboratory, medication, and appointment data
- HIV clinical data was extracted from the electronic medical records (EMR), sourced from the EMR instances in the WSCC and the Positive Living Program (PLP) in the Division of Infectious Diseases, RUH
- Data time point period defined: 2019: May 1, 2019 – April 30, 2020; 2020: May 1, 2020 – April 20, 2021; 2021: May 1, 2021 – April 15, 2022
- Inclusion criteria: ‘Active’ patients (have received at least one clinic visit with the data time point period); HIV diagnosis confirmed by Western blot; have received clinical care from care provider at either PLP or WSCC
- A descriptive analysis was conducted on 1987 cases, inclusive of ‘Active’, ‘Inactive’ and ‘Deceased’ patients
- Definitions of ‘Cascade of Care’: ‘Total’ = Number of active cases for time period; ‘Diagnosis’: Diagnosis date available; ‘Engaged in Care’: HIV-related appointment within calendar year; ‘On ARVs’: HIV medication prescribed within calendar year; ‘Viral Suppression’: Most recent viral load within time period between <200 copies/ml → undetectable

DATA

Figure 1: 2019 HIV Care Cascade (PLP and WSCC)

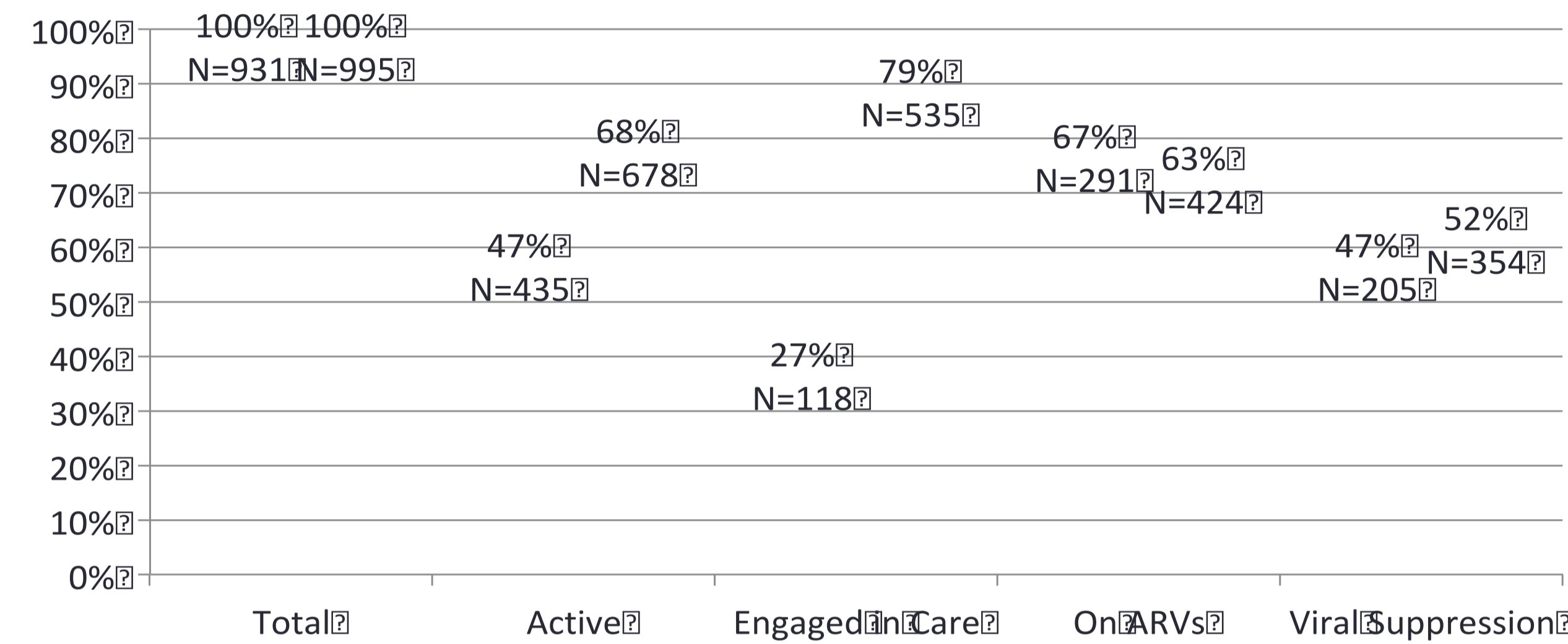


Figure 2: 2020 HIV Care Cascade (PLP and WSCC)

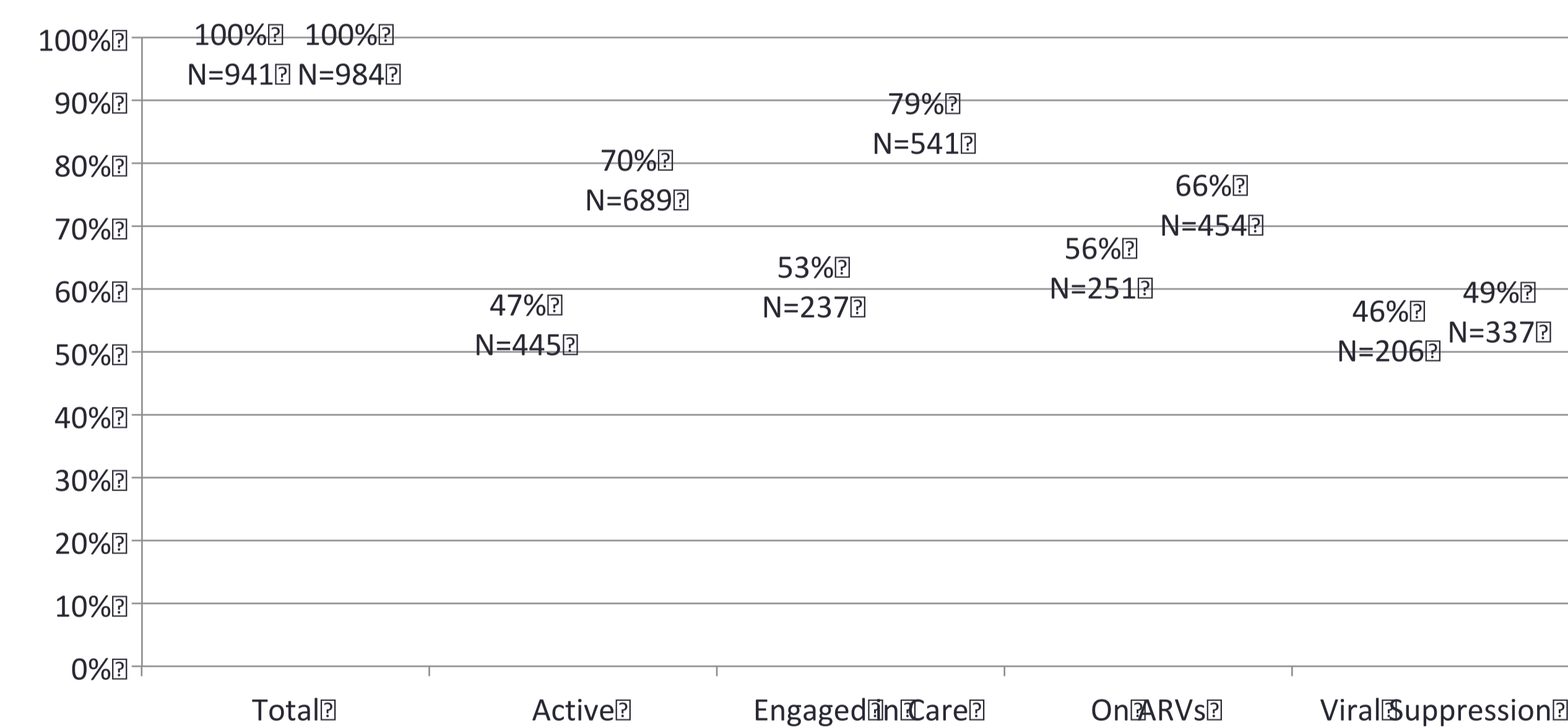
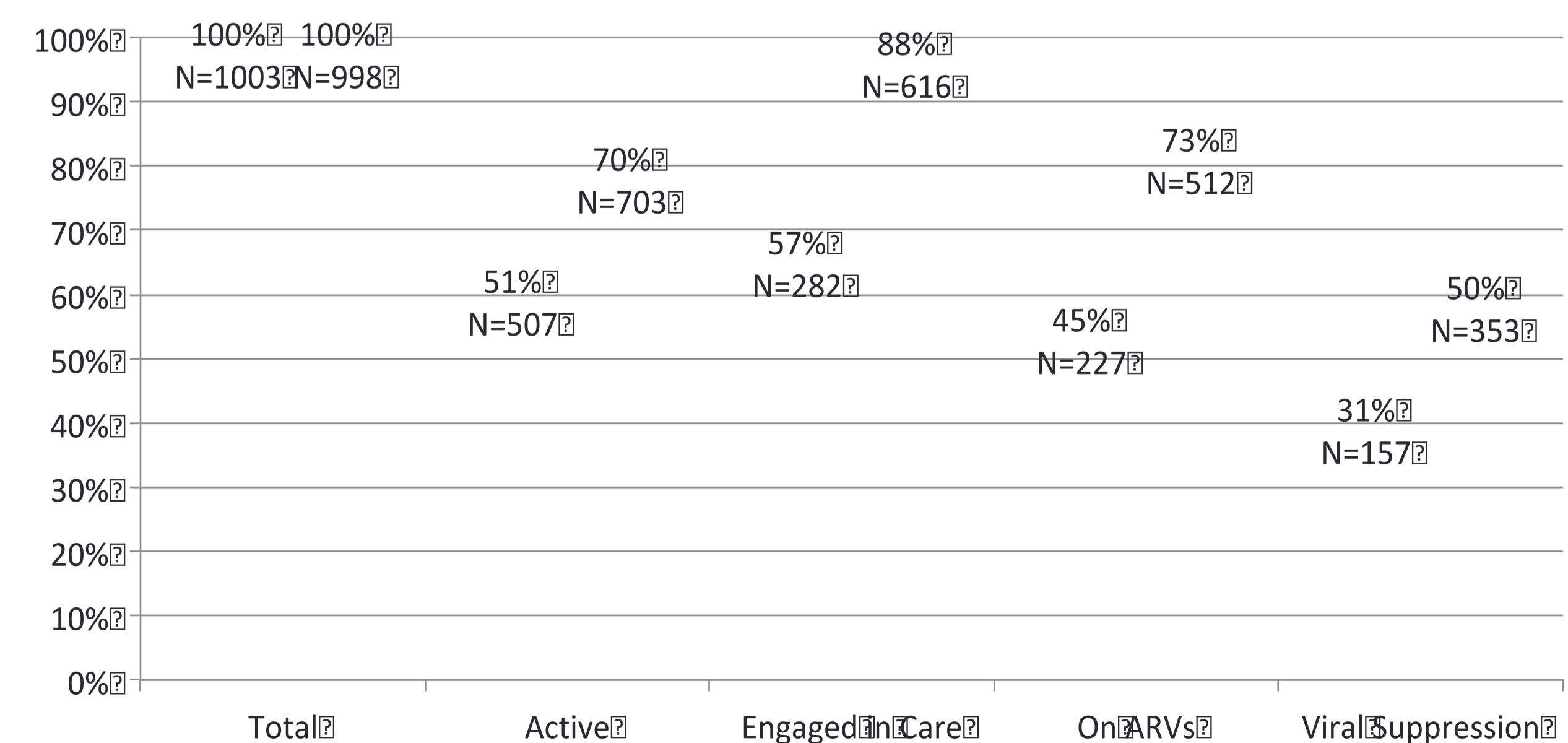


Figure 3: 2021 HIV Care Cascade (PLP and WSCC)



CLINIC DEMOGRAPHICS

Figure 4: PLP HIV Patient Demographics

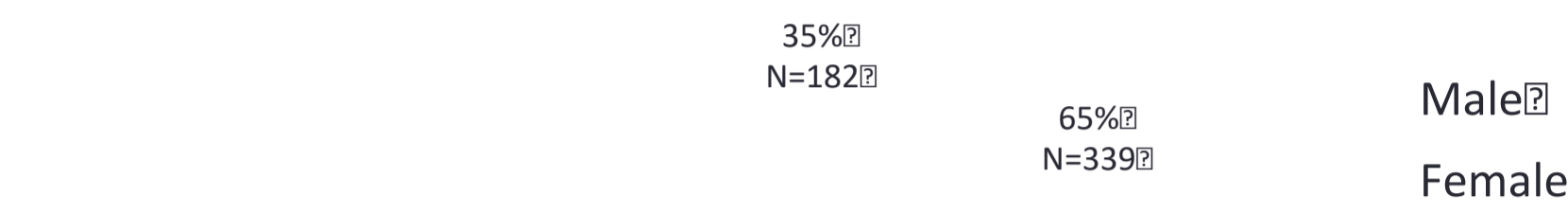


Figure 5: PLP HIV Risk Factor x Gender

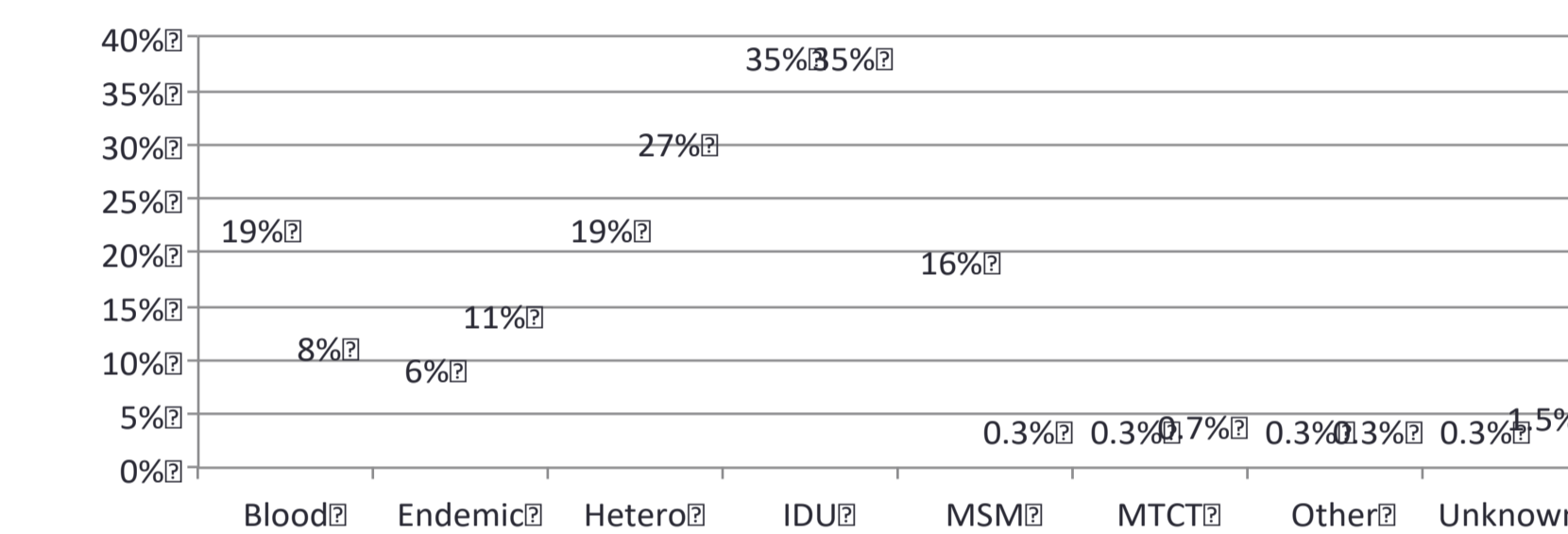
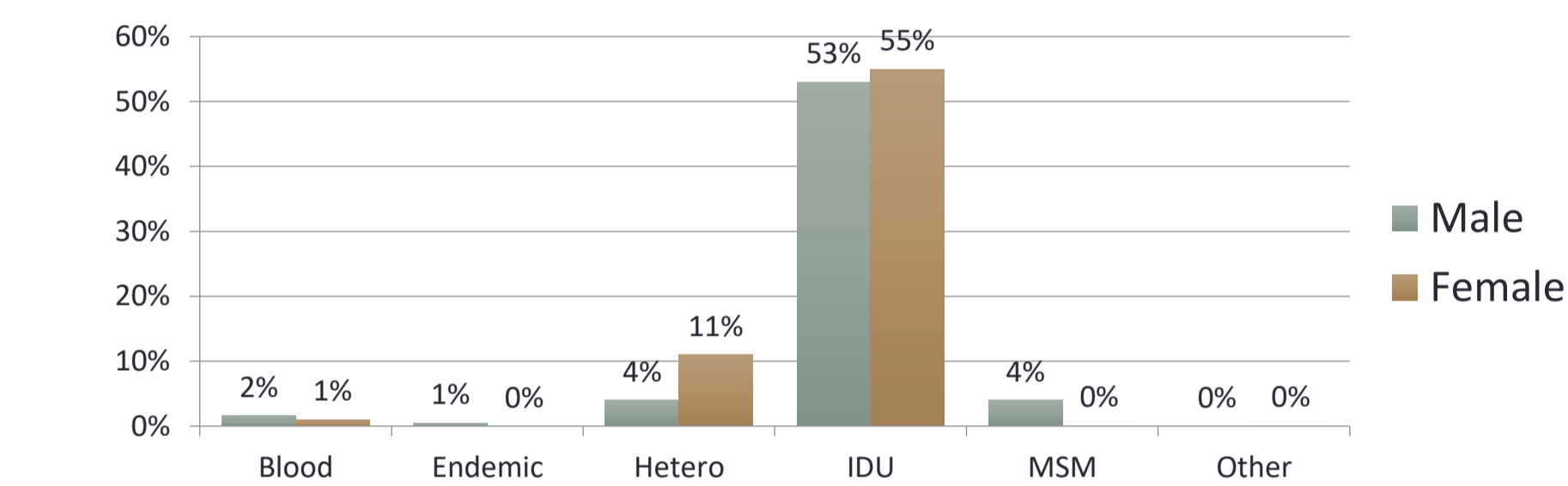


Figure 6: WSCC HIV Patient Demographics



Figure 7: WSCC HIV Risk Factor x Gender



FINDINGS

- The PLP, offering care in an acute setting, marked a decrease in those on ARVs from 67% - 45% during 2019 – 2021, corresponding to a decrease in suppression rates from 47% - 31% during the COVID-19 pandemic
- Offering community-based care, the WSCC increased the engagement in care from 79% - 88% during 2019 – 2021, with an increase in patients on ARVs from 64% - 73% over the same time period
- Patient population are distinct between the two clinic settings, with primarily heterosexual risk and IVDU within the community setting, and a range of risk factors managed in by the PLP acute and specialized care setting

SIGNIFICANCE

- Despite disruption in access and provision of health care during the COVID-19 pandemic, the community-based model continued to maintain consistent clinical outcomes and provide ongoing patient support
- In the acute care setting, COVID-19 caused a significant impact on clinical outcomes and access to care
- An evaluation and adaption of the HIV care models providing care in Saskatoon is required to meet the growing needs and demands of the HIV population, including an increase in community-based services and outreach supports