

# Viral Suppression and Retention in Care Following WARD 86's Transition to

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# Telemedicine During Shelter in Place

# CONFLICTS OF INTEREST

- **None**

# COVID-19 MAY HINDER END THE HIV EPIDEMIC GOALS

- Decreased HIV testing by 90% citywide
- Decreased PrEP starts and refills (Krakower AIDS 2020)
- PLWH, especially in safety-net clinics, are particularly vulnerable to disruptions in health care due to increased rates of mental illness, marginal housing, food insecurity substance use, and other chronic diseases (e.g., HTN, DM, CVD)
- Transition to telemedicine among vulnerable populations such as among people living with HIV could lead to fewer visits and destabilized viral suppression rates

LOCAL // BAY AREA & STATE

## Eradicate AIDS? Coronavirus stands in the way



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# STUDY GOALS

- **To examine trends in viral suppression and retention in care after the transition to telemedicine at Ward 86**



# METHODS FOR PROPENSITY SCORE ANALYSIS

- **Collected viral load and retention in care data, specifically no-shows for scheduled in-person and telephone visits**
  - **Did not include drop-in POP-UP visits**
  - **Compared before and during shelter in place (Jan-Feb 2020 vs. April 2020)**
- **Used propensity score analysis for the primary outcome of viral suppression**
  - **Modeled probability of having viral load measured pre vs. post COVID-19**
  - **Potential confounders included: sex, race/ethnicity, language, homeless housing status, age, CD4+ count, and time since diagnosis**
  - **Then calculated marginal odds for viral suppression post vs. pre-COVID-19 adjusting for propensity to have a viral load checked**

# DESTABILIZED VIRAL SUPPRESSION RATES

- **1776 individuals had visits during the study time period**
- **Odds of viral non-suppression were 32% higher post-COVID-19 (AOR 1.32; 95% CI: 1.08-1.53) in propensity score model**
- **When examining groups who had worsening viral suppression over time:**
  - **Homeless individuals, with 3-fold higher odds of viral non-suppression vs. only 2-fold higher pre-shelter-in-place**
    - **This excludes POP-UP patients**
- **Black vs. White patients had worse viral suppression, but this did not increase after vs. before COVID-19**

# STABLE RETENTION IN CARE AFTER TRANSITION TO TELEMEDICINE

- **54% of scheduled visits were telephone visits after shelter-in-place**
- **Scheduled visit volume did not decrease (2050 visits/month in Jan-Feb vs. 2000 in April)**
- **31% no-showed pre-shelter-in-place vs. 30% post-shelter-in-place (including both in-person and telephone)**
- **Homeless individuals with stable to somewhat improved visit retention after shelter-in-place**

# FEWER NO-SHOWS AMONG YOUTH

- **Younger individuals (Age<35) had fewer no shows after transition to telemedicine**
- **Fewer no-shows for telephone visits overall, although providers may have elected telephone visits to those most likely to answer their phone**



# DISCUSSION: DESTABILIZED VIRAL SUPPRESSION DESPITE STABLE RETENTION IN CARE

- **Stable visit volume remarkable given 60% drop in ambulatory care reported nationwide**
- **Homeless individuals with stable to improved retention in care**
- **Unfortunately, viral non-suppression still >30% higher post-shelter in place**

# DISPROPORTIONATE IMPACT AMONG HOMELESS PATIENTS DESPITE STABLE RETENTION IN CARE

- **Homeless population: suspect disproportionate economic and psychosocial impact, with shelter outbreaks, may have been even worse without SFDPH efforts**
- **Younger patients may have greater comfort with telemedicine, but did not lead to higher viral suppression**
- **Persistent unchanged disparities among Black vs. White patients at Ward 86, hopefully new programs will help**
- **Telemedicine, although maintaining retention in care, may lead to decreased access to social services due to fewer in-clinic visits**

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