

QUALITY IMPROVEMENT (QI) INITIATIVE at ADULT SPECIAL CARE CLINICS (ASCC)

Evidence-Informed Structural Intervention

Evidence-Informed for Retention in HIV Care

INTERVENTION DESCRIPTION

Intended Population

- Pregnant and postpartum women with HIV (WWH)

Goals of Intervention

- Improve linkage to HIV care
- Improve retention in HIV care
- Increase viral suppression

Brief Description

The Quality Improvement (QI) initiative at Adult Special Care Clinics (ASCC) aimed to improve linkage to and retention in HIV care, and viral suppression in postpartum WWH. The intervention used (1) HIV care coordination that involved ongoing communication between ASCC staff and perinatal HIV program staff regarding pregnant women who will transition to postpartum care at ASCC. During the pregnancy, ASCC staff made face-to-face contact or phone contact to provide information about postpartum care counseling, information on HIV care and services available post-delivery, and linkage services to outpatient HIV care after delivery. Special attention is given to ensure there is no lapse in combined antiretroviral therapy (cART) due to the transition from pregnancy Medicaid to AIDS Drug Assistance Program (ADAP), assessment of mental health of mother, facilitation of transportation and scheduling of follow-up visits for outpatient HIV care; (2) intense monitoring by information tracking of referred pregnant WWH on date of diagnosis, estimated delivery date, and any known barriers to care; (3) pamphlets that addressed the unique needs and concerns of pregnant and postpartum WWH and ASCC HIV postpartum care and treatment services; and (4) case management which includes face-to face meetings and telephone calls to facilitate communication, build trust, address barriers to engagement and retention in care, and provide ancillary services as needed. ASCC staff develops an individualized care plan in coordination with each woman to address social determinants of health factors (e.g., housing, food, medication, transportation). Proactive referrals are given as needed to address barriers to retention in HIV care.

Theoretical Basis

- None reported

Intervention Duration

- Ongoing

Intervention Settings

- A university-based health care setting

Deliverer

- ASCC program staff

Delivery Methods

- Case management (face-to-face or telephone)
- Counseling (face-to-face or telephone)
- Printed materials (i.e., pamphlets)
- Monitoring of medical histories using electronic health records

Structural Components

- Access – HIV health care
 - Increased access to postpartum HIV care and linkage to HIV medical care and HIV medication
- Policy/Procedure – Institutional policy/procedure
 - Increased collaboration between ASCC and the perinatal HIV program
 - ASCC staff began to take a more active role in the transitioning process between perinatal and outpatient HIV care services
- Social Determinants of Health – Survival
 - ASCC staff develops an individualized care plan in coordination with each woman to address social determinants of health factors, including housing, food, medication, transportation, and competing priorities. Patients receive proactive referral to either internal and/or external organizations to address identified needs.

INTERVENTION PACKAGE INFORMATION

The intervention package is not available at this time. Please contact **Aubri Hickman**, Department of Medicine, Division of Infectious Disease, University of Mississippi Medical Center, 350 West Woodrow Wilson Avenue, Jackson, MS 39213.

Email: ahickman@umc.edu for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in Jackson, Mississippi between January 2014 – December 2018.

Key Intervention Effects

- Improved retention in HIV care
- Increased viral suppression

Recruitment Setting

- Outpatient HIV care at ASCC and the University of Mississippi Medical Center (UMCC) Perinatal HIV program

Eligibility Criteria

Participants were identified by UMMC's Perinatal HIV Program staff if they were pregnant WWH between 14- and 32-weeks gestation for previously established ASCC patients, and between 32- and 36-weeks gestation for women diagnosed with HIV during pregnancy.

Study Sample

Pre-QI initiative study sample characteristics, n = 30 persons:

- 93% Black or African American persons
- 33% with substance abuse disorder
- 40% with mental illness diagnosis
- 13% with HIV diagnosis received during pregnancy
- 73% in HIV care prior to pregnancy
- Mean age at delivery was 29 years
- Mean age at HIV diagnosis was 20 years

Note: Percentages may not add up to 100% due to rounding.

Post-QI initiative study sample characteristics, n = 24 persons:

- 79% Black or African American persons
- 38% with substance abuse disorder
- 50% with mental illness diagnosis
- 8% with HIV diagnosis received during pregnancy
- 54% in HIV care prior to pregnancy
- Mean age at delivery was 31 years
- Mean age at HIV diagnosis was 21 years

Comparison

This study used a serial cross-sectional design. The pre-implementation comparison sample of 30 postpartum WWH referred from UMMC's Perinatal HIV program to ASCC were compared to 24 WWH who were referred from the Perinatal HIV program to ASCC after the intervention was introduced.

Relevant Outcomes Measured

- Linkage to care behavior (the percent of postpartum WWH who attended at least one appointment with an ASCC HIV service provider with prescribing privileges) was measured at 6 and 12 months postpartum
- Retention in care behavior (the percent of postpartum WWH who attended at least one visit every six-month period following their initial visit) was measured at 6 and 12 months postpartum.
- Viral suppression (the percent of postpartum WWH whose viral load remained <200 copies/mL) was measured at 6 and 12 months postpartum

Participant Retention

Because participant retention is not a criterion for the Structural Interventions chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- A significantly greater percentage of post-intervention participants were retained in care than pre-intervention participants at 6 months (91.7% vs 73.3%, respectively; $p < 0.001$) and 12 months postpartum (91.7% vs 63.3%, respectively; $p < 0.001$).
- A significantly greater percentage of post-intervention participants were virally suppressed than pre-intervention participants at 6 months (87.5% vs 50.0%, respectively; $p < 0.001$) and 12 months postpartum (87.5% vs 46.7%, respectively; $p < 0.001$).

Considerations

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- There were no significant intervention effects on linkage to care from pre-QI initiative implementation to post-QI initiative implementation (90.0% vs. 91.7%, respectively; $p = 0.08$).

Negative findings

- None reported

Other related findings

- None reported

Implementation research-related findings

- None reported

Process/study execution findings

- None reported

Adverse events

- None reported

Funding

None reported

REFERENCES AND CONTACT INFORMATION

Hickman, A. B., Backus, K. V., Burns, P., & Brock, J. B. (2022). [Evaluation of a postpartum linkage and retention quality improvement initiative for women living with HIV in the deep South](#). *Journal of Public Health, 30*(4), 841-847. doi: <https://doi.org/10.1007/s10389-020-01355-3>

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