

THE CLINIC-BASED SURVEILLANCE-INFORMED INTERVENTION



The Clinic-Based Surveillance-Informed (CBSI) intervention allows clinics and health departments to work collaboratively to address gaps in linkage to and retention in HIV care. The intervention leverages surveillance data to more efficiently and accurately identify clients who are out of care and develop comprehensive mechanisms to link people with HIV into care.

Download intervention implementation guides and explore resources to help you innovate while replicating interventions that link, re-engage, and retain people within HIV care at www.CIEhealth.org.



Priority Population

People with HIV who are not in care



The Challenge

People with HIV who receive ongoing, regularly scheduled care are more likely to have significantly lower viral loads, higher CD4 cell counts, reduced morbidity and mortality, and improved overall health than those who missed even one medical visit over a two-year period.¹ In 2018, approximately 42 percent of people with HIV were not in care and were therefore more likely not to be virally suppressed.²



The Model

The CBSI intervention model uses clinic data to create a list of clients who appear to have been out of care for at least one year and matches the list with HIV surveillance data to inform follow-up by the clinic. Staff investigate each eligible case, systematically attempt to contact each client, and assist clients with scheduling and completing medical visits. Upon reengagement, staff support clients to stay engaged in care by continuing to address health and social needs such as referral to support services, connection to ancillary services, counseling, health systems navigation, and transportation.



Pilot and Trial Sites

Madison (HIV) Clinic at Harborview Medical Center (Madison Clinic) in Seattle, WA
Public Health-Seattle & King County (PHSKC)



Impact

Compared with the historical cohort, the time to relinkage to HIV care was shorter among clients in the intervention cohort (adjusted hazard ratio = 1.7 [1.2–2.3]), and a greater proportion of clients were relinked to care (15 percent vs. 10 percent).³ The second iteration of the intervention, which included the creation of a clinic designed to engage patients who have extensive barriers to HIV care, showed significant improvements in viral suppression outcomes pre- and post-intervention (from 20 percent to 82 percent; $P < .001$) compared with historical controls (51 percent to 65 percent; $P = .04$).⁴

¹Tripathi, A., Youmans, E., Gibson, J. J., & Duffus, W. A. (2011). The impact of retention in early HIV medical care on viro-immunological parameters and survival: a statewide study. *AIDS Research and Human Retroviruses*, 27(7), 751+. <https://doi.org/10.1089/aid.2010.0268>

²Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed [November 4, 2020].

³Bove, J. M., Golden, M. R., Dhanireddy, S., Harrington, R. D., & Dombrowski, J. C. (2015). Outcomes of a clinic-based surveillance-informed intervention to relink patients to HIV care. *Journal of Acquired Immune Deficiency Syndromes* (1999), 70(3), 262–268. <https://doi.org/10.1097/QAI.0000000000000707>

⁴Dombrowski, J. C., Galagan, S.R., Ramchandani, M., Dhanireddy, S., Harrington, R. D., Moore, A., Hara, K., Golden, M. R. (2019). HIV care for patients with complex needs: a controlled evaluation of a walk-in, incentivized care model. *Open Forum Infectious Diseases*, 6(7), ofz294. <https://doi.org/10.1093/ofid/ofz294>