# Improvements in HIV Viral Load Suppression With Modified Patient Contact Methods

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## Introduction

Achieving viral suppression is the standard treatment goal in the HIV continuum of care. Improving rates of viral suppression (VLS) among people living with HIV (PLWH) is critical to realizing individual, population, and community health improvements, as well as any costs savings.

PLWH whose test results show undetectable viral loads are generally healthier than those with results showing higher levels of virus in their blood. In addition, PLWH who have achieved viral suppression are also less likely to transmit HIV to their sexual partners.

The national and global targets for HIV testing and treatment are that 90% of all PLWH know their HIV status, 90% of those diagnosed receive antiretroviral treatment and 90% of those in treatment achieve viral suppression.

### Needs Assessment

HIV has been an ongoing epidemic in Louisiana. The Baton Rouge metropolitan area has consistently ranked amongst the worst in AIDS cases and HIV cases. In 2019, the area was ranked 10<sup>th</sup> in AIDS diagnosis rates in 2018 among large metropolitan areas in the nation which was a significant improvement from 2017 where the Baton Rouge MSA was ranked 2<sup>nd</sup> in AIDS diagnosis rates. (LA OPH Surveillance Report, 2018).

The LSU Early Intervention Clinic (EIC) patient population viral suppression rate in January 2017 was 73% among the 1,439 active patient population, severely below the 85.9% national average for the same year.

The EIC is the largest provider of comprehensive HIV primary medical care services in the Baton Rouge area and in the State of Louisiana. The EIC is committed to staying on the forefront of treatment advances, innovative interventions, and service enhancements to ensure delivery of quality healthcare to its HIV patient population.

## Methods

EIC staff applied various strategies and processes to increase patients' viral loads. Specific process measures implemented:

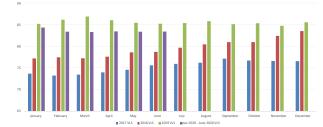
- Increased peer advocate contact with patients (navigation, phone calls, text messaging)
- Increased appointment reminders (calling 3-5 days preappointment; 2-week pre-appointment lab reminder call to remind and confirm attendance)
- Increased medication adherence education provided by health educators
- Usage of a single dosage pill regime

We continue to monitor and measure viral load suppression data monthly using patient client level CD4 data.

#### Results

EIC VLS has increased over 13% annually as patient messaging and provider staffing has remained consistent. VLS increased specifically for clients who received increased reminders from multiple outlets, peer focused navigation through the system and focused messaging on medication adherence. Patient satisfaction has also increased playing a role in viral suppression.

LSU EIC Viral Load Suppression Rate



## Successes/Limitations

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Working with patients on adherence to medical appointments and medication adherence was an additional focus of the EIC team. Staff members worked with patients to address barriers to care as well as used new VLS messaging designed with feedback from PLWH to help medical staff engage in discussions about viral suppression. Focused VLS messaging was included during medical appointments to continue to educate patients on the importance of achieving viral suppression. A byproduct of this project was a decrease in the clinic no-show rate.

Because this was a performance improvement project with more qualitative data points than quantitative data points, we cannot identify a specific method that had the most significant impact in the increase viral load suppression of our patient population.

90-90-90: Treatment for all



UNAIDS 90-90-92: An Ambiguous Treatment Target to Heip End the AIDS Epidemic: Retrieved from <u>https://www.unaids.org</u> Centres for Disease Control and Prevention. (2018). HIV Treatment as Prevention Thaker HK, Snow MH. HIV Viral Suppression in the era of antiretroviral therapy. Postgraduate Medical Journal 2003;79;36-42 Association. 30(4): 324-39

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