

Utilizing SDoH Screenings for Addressing Disparities and Barriers to HIV care

SOCIAL DETERMINANTS OF HEALTH, IDENTIFYING BARRIERS TO CARE FOR POC AND GNC PATIENTS, AND ADDRESSING DISPARITIES

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Clinic Characteristics



- ▶ Serving the greater Philadelphia area since 1985 with a focus on the LGBTQ community
- ▶ More than 7,000 patients
 - ▶ 1,300 HIV+ patients
 - ▶ 3,000 TGNC patients
 - ▶ 1,500 PrEP patients

Introduction & Scope

- ▶ Disparities in viral load suppression and retention identified at our clinic among persons of color and transgender/gender non-confirming.
- ▶ Quality Improvement project designed to address health disparities utilizing a modified SDoH screening tool.
- ▶ Improvement to be measured by change in viral load suppression and retention performance measures.
- ▶ Objectives
 - 1) Provide patient-specific resources.
 - 2) Collect data for identifying clinic-level barriers in order to improve patient care, specifically for POC and transgender patients living with HIV.

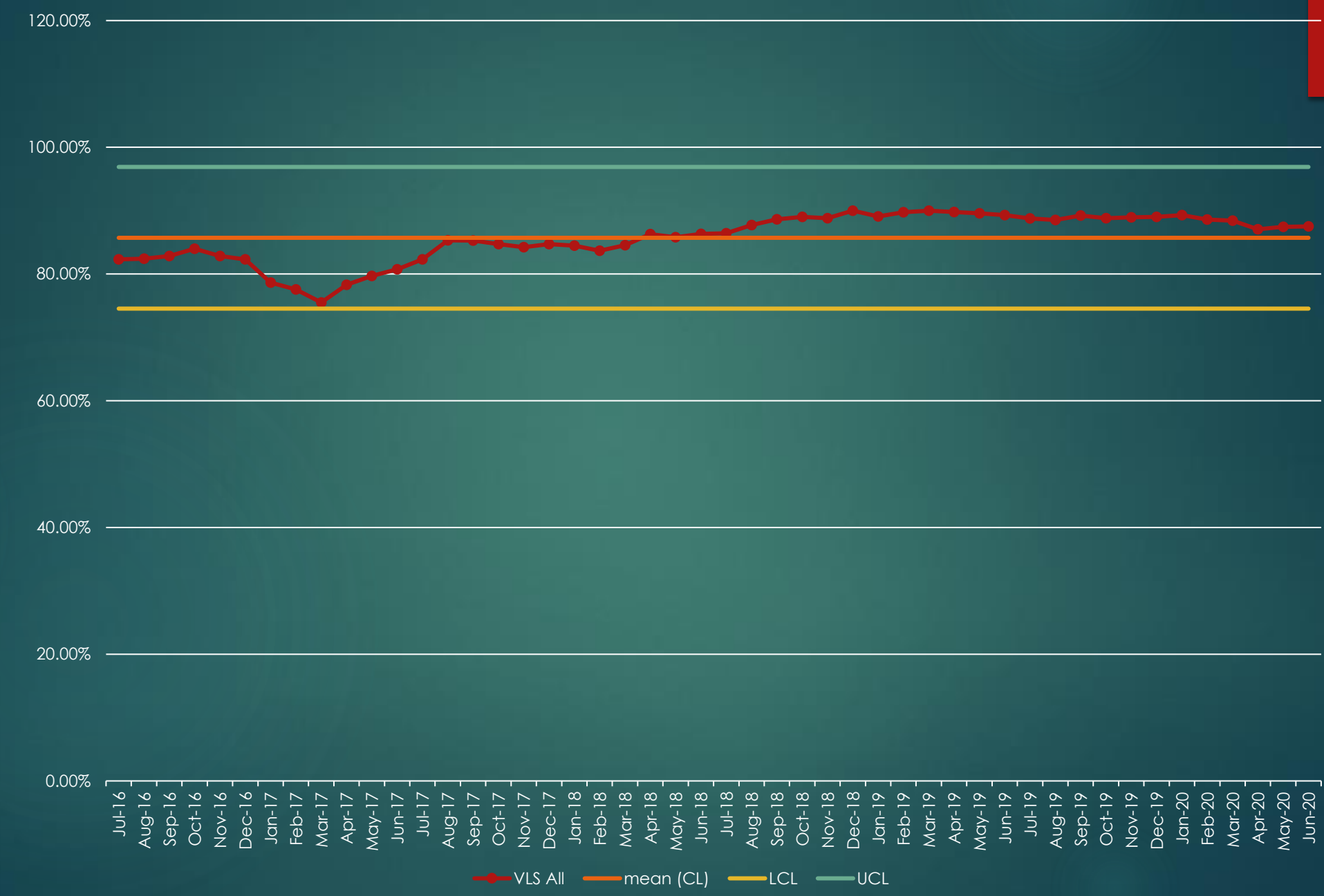
Social Determinants of Health Screening Topics

- ▶ Housing
- ▶ Food
- ▶ Physical Activity
- ▶ Employment
- ▶ Personal Safety
- ▶ Family/Community Supports
- ▶ Education
- ▶ Transportation
- ▶ Utilities
- ▶ Dental Care
- ▶ Clinic Experience

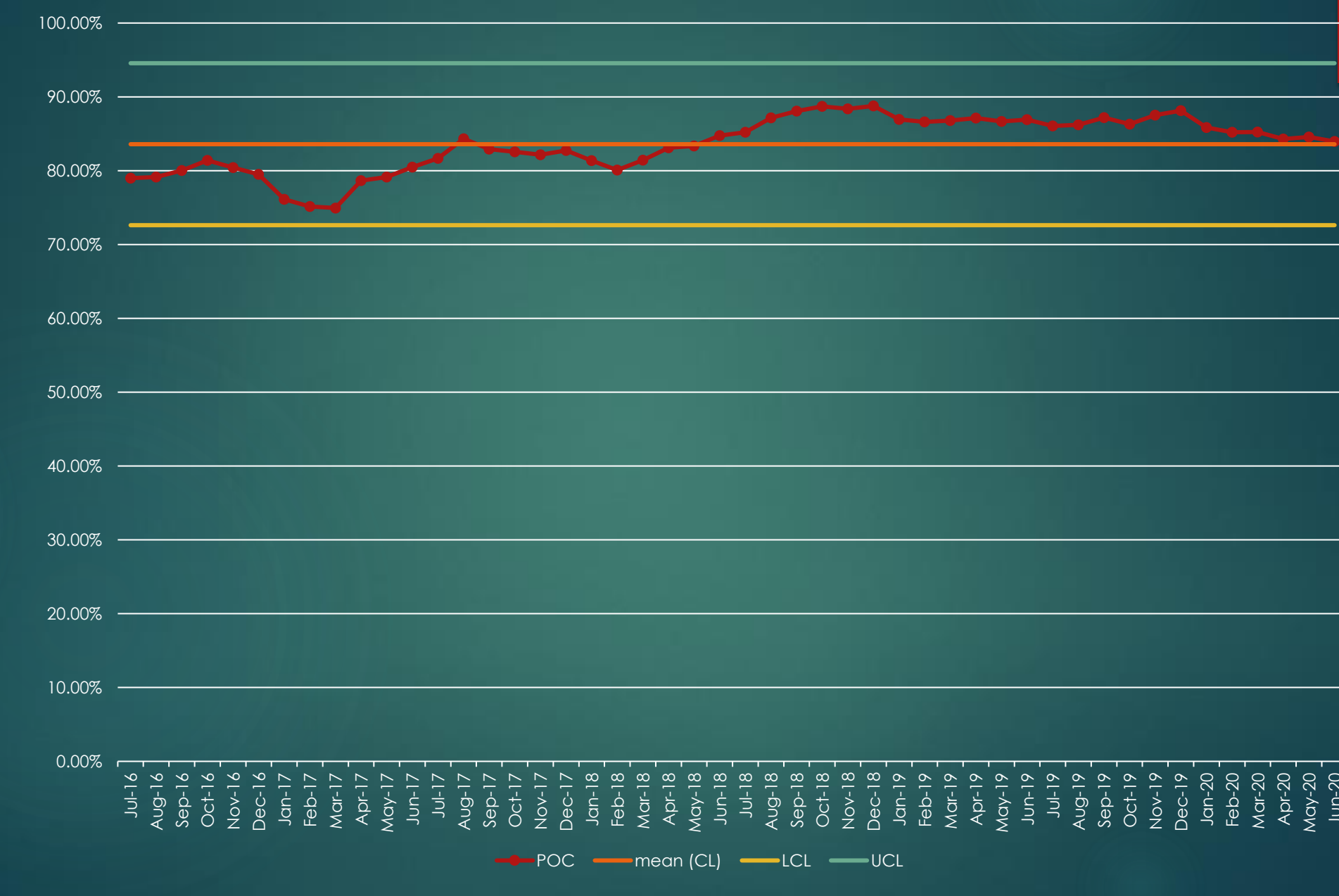
Example: Within the past 12 months, have you been without food or didn't have resources to obtain food?

- Often
- Sometimes
- Never

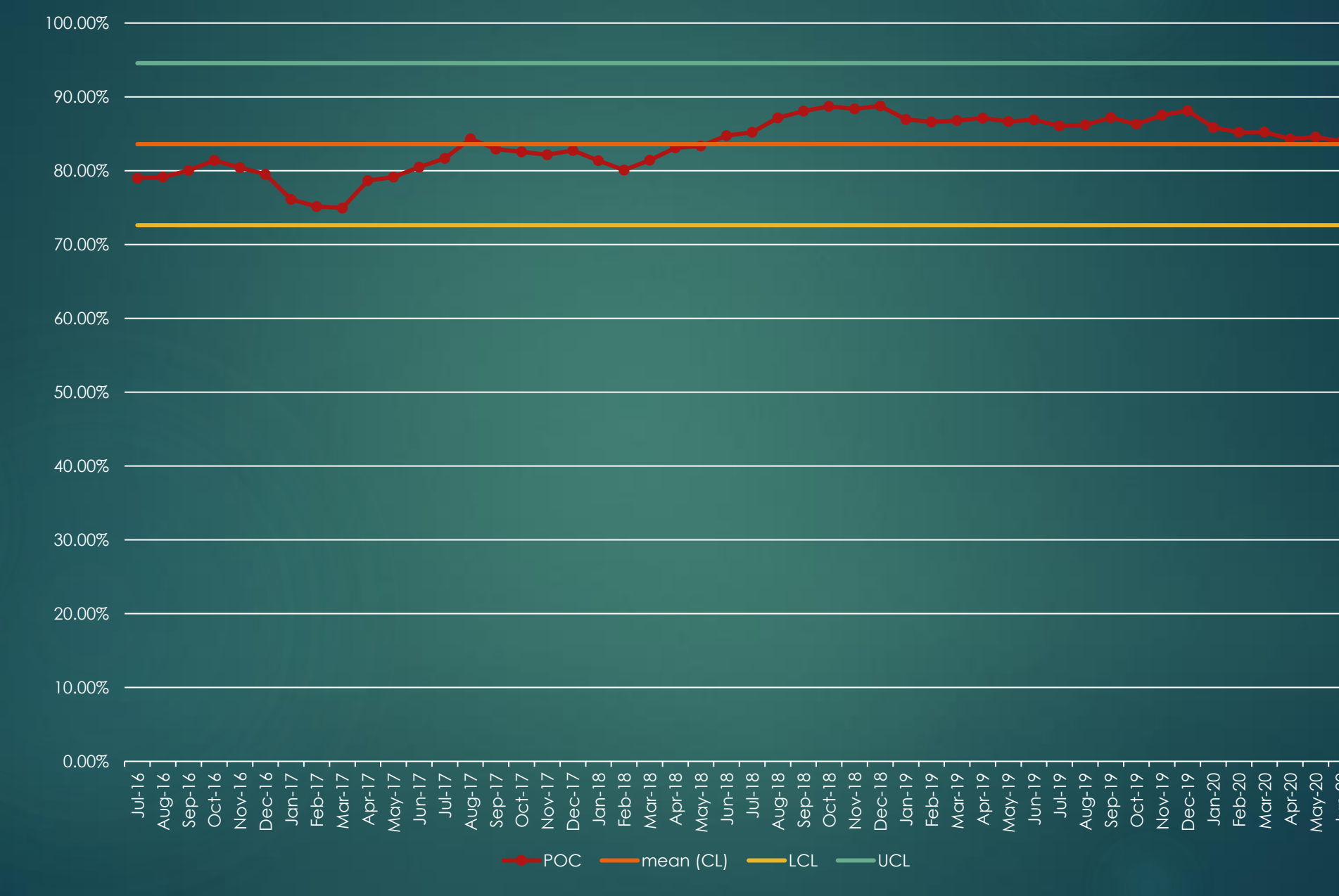
Viral Load Suppression (All)



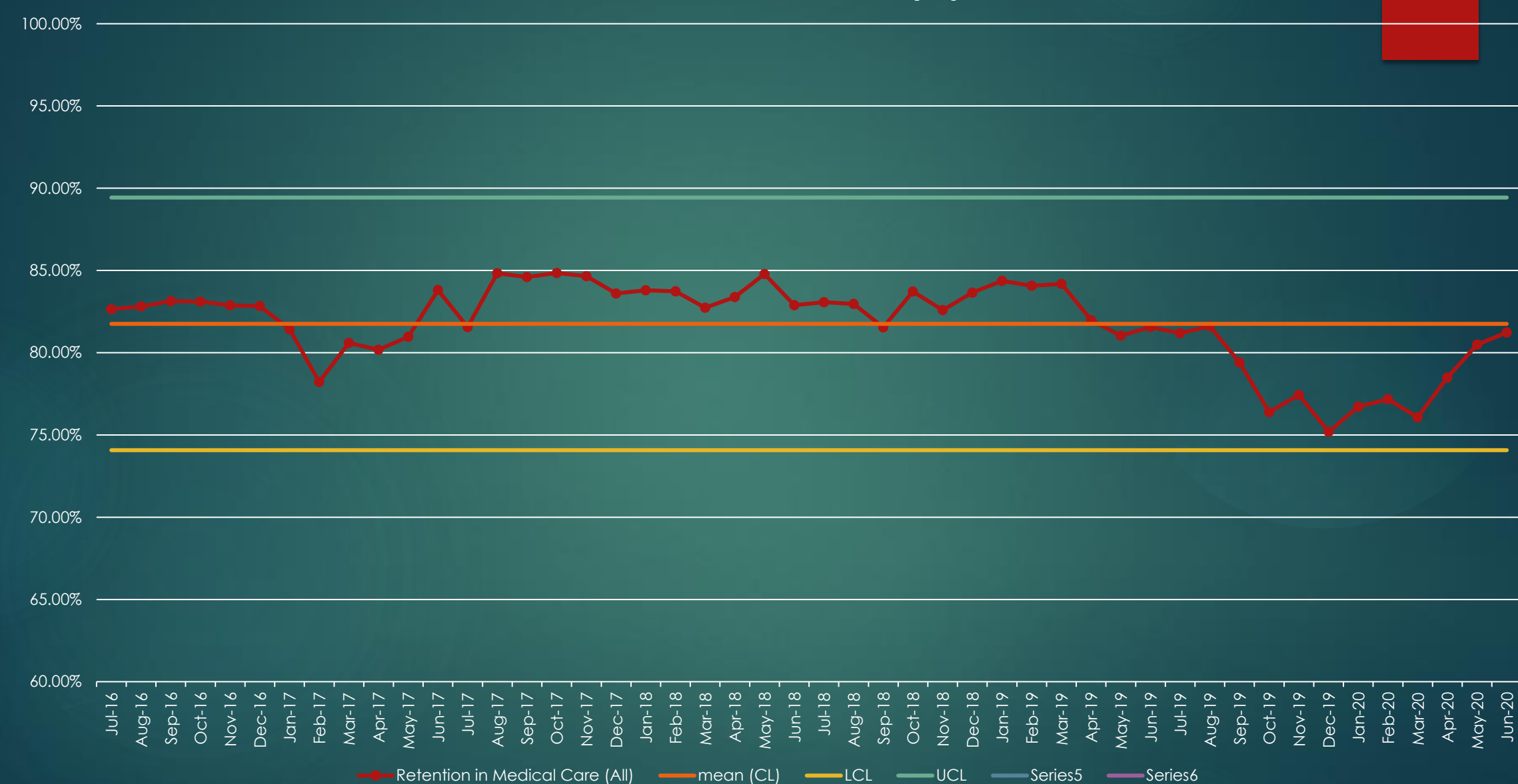
Viral Load Suppression (Transgender)



Viral Load Suppression (POC)



Retention in Medical Care (All)



Lessons learned

- ▶ We are realizing with the COVID-19 pandemic that we must be flexible in how we reach patients and how we engage them in medical care
- ▶ We are re-thinking patient engagement through new initiatives such as...
 - ▶ Establishment of Patient and Family Advisory Council
 - ▶ Phone distribution program

Challenges & Limitations

- ▶ Due to the ongoing COVID-19 pandemic, the project has been temporarily put on hold. As such we have been unable to implement our screenings past a preliminary phase.
 - ▶ Preliminary Data suggests Housing, Food Insecurity and Physical Activity as the main barriers for our patients
- ▶ In addition, finding a way to introduce SDOH screenings into visits without disrupting patient flow within the health center has also proved challenging.

Next Steps

- ▶ Development of a Patient/Family Advisory Council to incorporate feedback from the patient experience in order to address disparities.
- ▶ Implementation of program providing free smart phones to patients who are unsuppressed patients and patients with gaps in care.

Successes

- ▶ Due to COVID-19, Mazzoni Center has pivoted to 90% telehealth visits, minimizing impact on appointment availability.
- ▶ More than 7% improvement in retention for all groups
- ▶ Impact of performance on Viral Load suppression due to COVID-19 has been minimal, around 1-2%.