

HIV Homecare: Understanding its Impact for Lost-to-Follow-Up Populations

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BACKGROUND

Maintaining people living with HIV (PLWHIV) in clinical care is a global priority. In the metro-Detroit area of Michigan, approximately 30% of PLWH are out of care. To re-engage lost-to-follow-up patients, the Wayne State University Physician Group – Infectious Disease clinic launched an innovative Homecare program in 2017. In addition to home healthcare delivery, the program included links to community resources and quarterly community meetings. In the first year of Homecare, 28 of 34 participants became virally suppressed at least once.

OBJECTIVE

We aimed to understand reasons why people who left clinic-based treatment were able to become virally suppressed in this program.

METHODS

We used a mixed-methods design, including:

- Semi-structured interviews with PLWHIV and healthcare workers
- A validated 10-point Likert scale questionnaire rating illness perception before and after Homecare.

Data were collected from 15 PLWHIV in metro-Detroit and two healthcare workers responsible for program delivery. Semi-structured interviews focused on obstacles to clinic-based care, support networks, and illness perceptions. Interview data were transcribed and analyzed using a grounded theory approach. A fully coded analysis was used to create a conceptual framework of factors contributing to Homecare's success. Means in eight categories of the brief illness perception questionnaire (BIPQ) were compared using paired t-tests.

REFERENCES

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RESULTS

Figure 1: Conceptual Framework

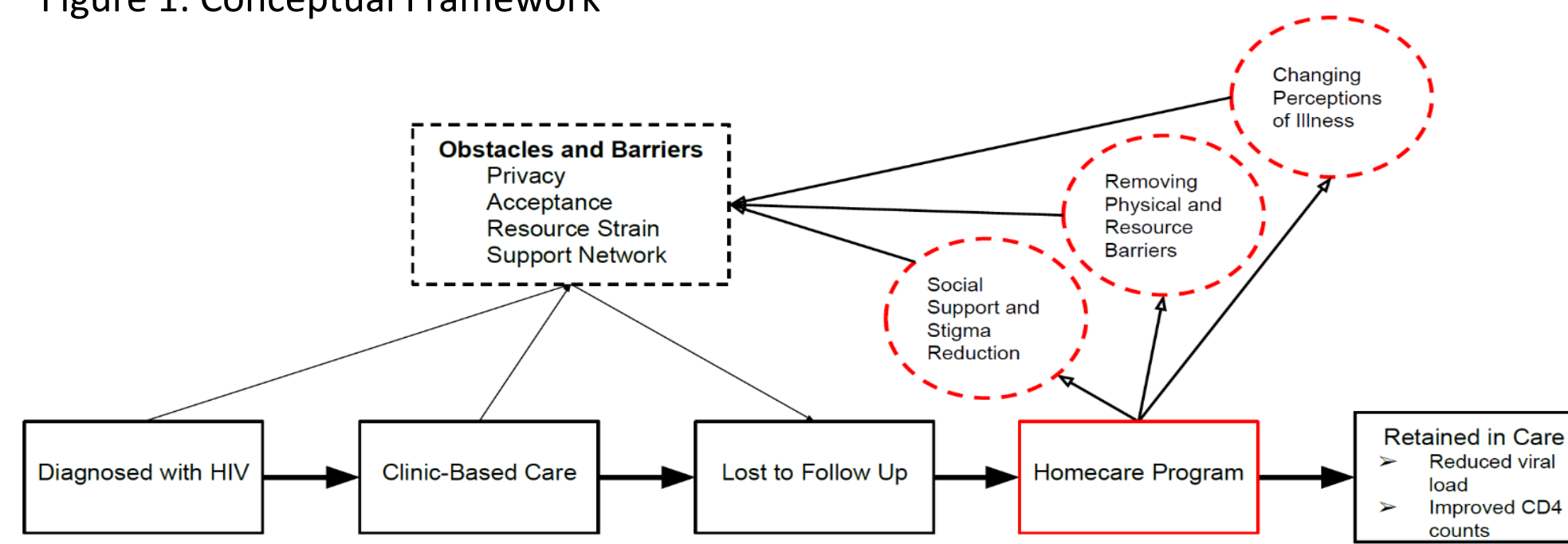


Table 1: General Characteristics of PLWHIV Interviewed

Characteristics	Units	Homecare Participants (N=15)
General		
Age	Median (IQR)	42.3 (31-52)
Male	n (%)	12 (80)
Number of Years Living with HIV	Median (IQR)	10 (6-18)
Number of Days in Homecare	Median (IQR)	631 (460-702)
Physical Barriers to Clinic-Based Care		
Lack of transportation	n (%)	11 (73)
Work Obligations	n (%)	6 (40)
Childcare responsibilities	n (%)	2 (13)

DISCUSSION

The Homecare program offered:

- Social support and stigma reduction through strong relationships with healthcare workers
- Removal of physical and resource barriers such as transportation
- Positive changes in illness perceptions.

PLWHIV worked towards functional coping strategies, including improvements in emotional regulation, acceptance of their diagnosis, and more positive perspectives of control. BIPQ showed significant changes in six domains before and after Homecare.

CONCLUSION

Homecare offers an innovative system for successfully re-engaging and maintaining lost-to-follow-up PLWHIV in care. These findings have implications for HIV control efforts and could inform the development of future programs for difficult to reach populations.

Figure 2: Joint Display

