

Role of Patient's Pathway on HIV service organization and adherence to treatment

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Background

Introducing patients' pathway (PP) may have a key role in effective linkage in care and retention of new HIV patients. By facilitating team roles and responsibilities patient's pathway is essential for HIV-service organization and optimizing patient's routes inside the clinic. We decided to explore how PP can improve retention in care of new HIV positive patients.

Methods

To explore possible association of PP on linkage, retention in care and ART initiation, descriptive and inferential analyses was done among the cohort of newly tested HIV positive clients (N=318), out of which 254 clients registered in care at the T&T Clinic, from 22.12.2017 to 21.02.2020. Unadjusted odds ratios were calculated for the association between PP and linkage, PP and retention in care and PP and time of ART initiation.

Results

People, who were diagnosed HIV positive in the T&T Clinic facility after PP started operating, present a chance to be registered in care 5.67 grater then people who were not exposed to PP (OR 5.67, CI 2.888; 11.141)(Table 1, 2). Chance to retain in treatment and care associated with PP is 3.94 times the chance of retention among individuals not exposed to PP (OR 3.94, CI 1.903; 8.150). Patients, who registered in clinic after PP started operating, have increased odds (OR 6.50, CI 3.573; 11.823) of initiating ART within 30 days from the date of HIV diagnosis comparing to those who registered before PP was set in operation.

Conclusions

Main advantage of the PP is reducing or avoiding gaps in appointment, more effective patients flow, efficient usage of human resources. For patients this means less amount of time spent at the clinic and avoiding lines which is vitally significant in the days of increased risk of respiratory infections. For clinical management PP can be recommended especially for resource-limited settings as a tool to optimize the operation of medical staff and equipment.

Table 1. Demographic distributions for Patients' Pathway (PP) interventions in the study population

	People registered in care, n= 254,%	Exposed to PP among registered, n=144,%	p
Gender, Female	120 (47,24)	60 (41,67)	0,0416
Male	134 (52,76)	84 (8,33)	
Age, 18-24 years	25 (9,84)	17 (11,81)	0,0845
25-34 years	72 (28,35)	42 (29,17)	
35-50 years	128 (50,39)	64 (44,44)	
>50 years	29 (11,42)	21 (14,58)	
CD4 counts			
<=200	99 (39,76)	62 (43,97)	
200-350	56 (22,49)	31 (21,99)	
>350	94 (37,75)	48 (34,04)	0,0253
Late presenters (CD<=350)			
No	76 (29,92)	35 (24,31)	
Yes	178 (70,08)	109 (75,69)	
ART, On ART	231 (90,94)	132 (91,67)	
Not on ART	23 (9,06)	12 (8,33)	
Time of ART initiation after HIV diagnosis			0,0001
during< 30 days	105 (45,45)	84 (63,64)	
during>30 days	126 (54,55)	48 (36,36)	
Retention			0,0002
People retained in care	213 (83,86)	132 (91,67)	
Did not retain in care	41 (16,14)	12 (8,33)	

Table 2. OR and 95% CI for association between Patients' Pathway and different care outcomes

	Crude OR	95% CI
Status of registering in care among baseline HIV positive clients		
People did not register in care	(ref)	
People registered in care	5,67	[2,888 -11,141]
Retention in care		
People did not retain in care	(ref)	
People retained in care	3,94	[1,903-8,150]
ART initiation time from the HIV diagnosis date		
ART initiated during> 30 days	(ref)	[3,573-11,823]
ART initiated during< 30 days	6,50	