

Linkage, Retention and Adherence in medical and dental care for Persons living with HIV/AIDS

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This presentation asks:

How can the oral healthcare team and the medical and support teams collaborate to ensure that our patients are linked to medical and dental care, are retained in care and adhere to their prescribed treatment regimens?

We will review the HIV CARE Continuum as a basis to note where the oral healthcare team can make a difference in overall quality of life with sound oral healthcare.

The Question.....

- How can the oral and Medical healthcare teams collaborate to ensure that patients are linked and retained to medical and dental care and adhere to their prescribed treatment regimens?

Recognition.....



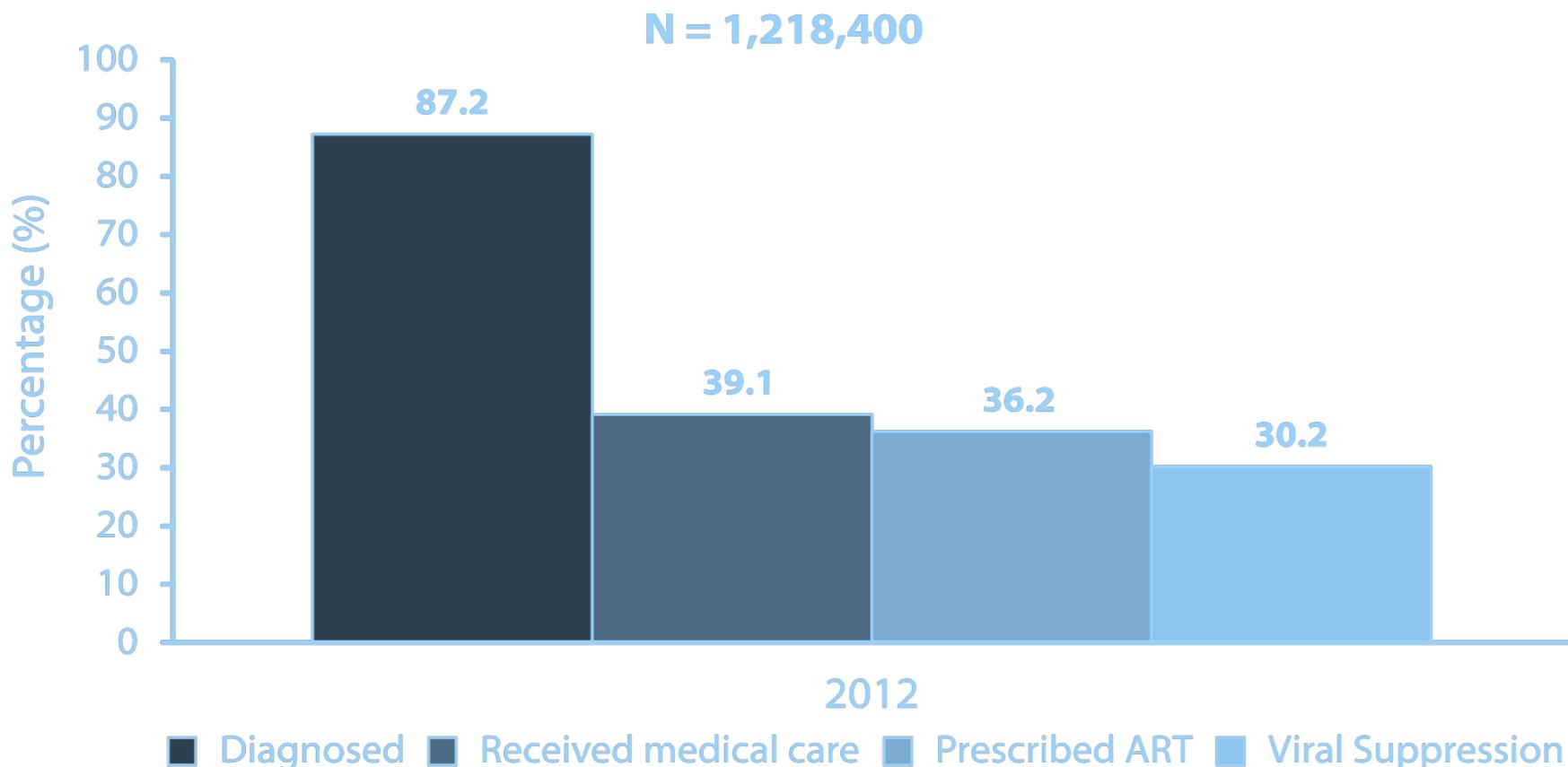
**.....of Oral Systemic Connection.
Why Linkages are Important**

Evidence has shown that:

- For those with ***unknown*** HIV status, oral manifestations may suggest HIV infection, although they are not diagnostic.
- For persons living with HIV disease not yet on therapy, the presence of certain oral manifestations may signal **progression** of disease.
- For persons living with HIV disease on antiretroviral therapy the presence of certain oral manifestations may signal a **failure in therapy**.

Hodgson TA, Greenspan D, Greenspan JS. Oral lesions of HIV disease and HAART in industrialized countries. *Adv Dent Res.* 2006 Apr 1;19(1):57-62

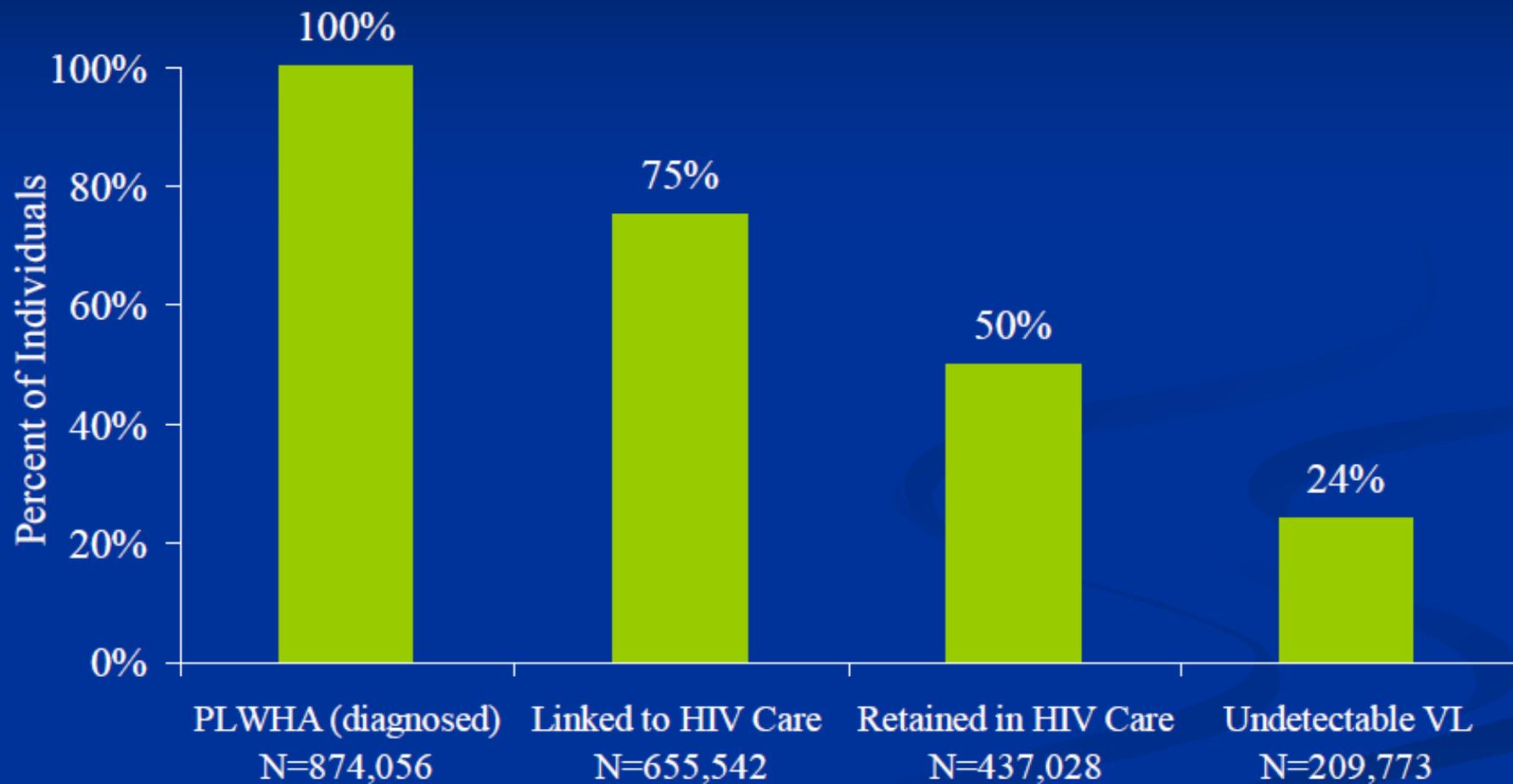
Persons Living with Diagnosed or Undiagnosed HIV Infection HIV Care Continuum Outcomes, 2012 — United States and Puerto Rico



National HIV Surveillance System: Estimated number of persons aged ≥ 13 years living with diagnosed or undiagnosed HIV infection (prevalence) in the United States at the end of 2012. The estimated number of persons with diagnosed HIV infection was calculated as part of the overall prevalence estimate.

Medical Monitoring Project: Estimated number of persons aged ≥ 18 years who received HIV medical care during January to April of 2012, were prescribed ART, or whose most recent VL in the previous year was undetectable or < 200 copies/mL—United States and Puerto Rico.

Stages of HIV Care Among PLWHA in the United States¹

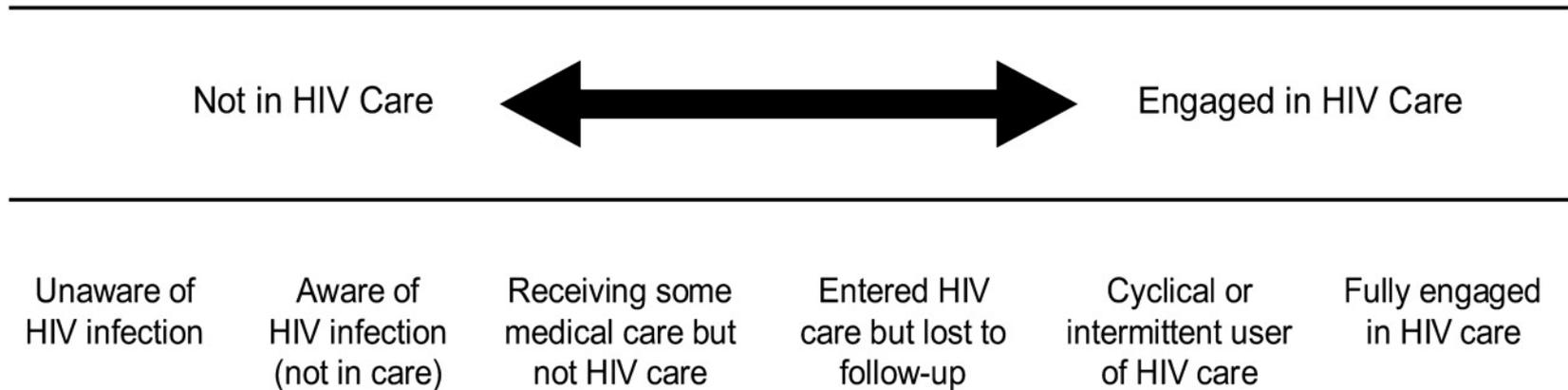


¹ Adapted from: Gardner et al. *Clin Infect Dis.* 2011; 52:793-800.

The HIV Care Cascade

- Is an important tool to measure how effective our efforts are to combat HIV infection
- Timely linkage to care and retention in care have significant health outcomes and are linked with high rates of viral suppression
- The first stage is being able to test and 14-18% are unaware of their infection.
- Knowing one's status is the path to linkage and retention in care.
- As we will discuss, the oral healthcare team has an important role

Health Resources and Services Administration (HRSA) continuum of HIV care, describing the spectrum of engagement in HIV care.



HIV testing and diagnosis

- The HIV care continuum begins with a diagnosis of HIV infection.
- The only way to know for sure that you are infected with the HIV virus is to get an HIV test.
- People who don't know they are infected are not accessing the care and treatment they need to stay healthy.
- They can also unknowingly pass the virus on to others.
- CDC recommends that all adolescents and adults be tested for HIV infection at least once, and that persons at increased risk for HIV infection be tested at least annually.

HIV testing goals

- Healthy People 2020:
 - “Increase the proportion of persons living with HIV who know their status”
 - “Increase the proportion of adolescents and adults who have been tested for HIV in the last 12 months”
- USPSTF: endorsed routine testing adolescents & adults
 - Significance: no co-pay as per Affordable Care Act

Why screen in a dental setting

- 60-70% adults visit the dentist in a given year.
- 10-24% have not seen a physician in given year.*
- Validated, simple point of care testing tools exist.

* CDC Health US 2020; Glick, Greenberg JADA 2005; Pollack, Metsch, Abel AJP 2010; Strauss et al. AJP 2012.

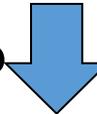
Why test in the dental setting?

- Dental offices represent novel settings to reach millions in the U.S. who visit a dentist during the course of a year, but who do not see a physician.
- Dental facilities can serve as additional sites to identify health issues among diverse groups of patients.
 - Strauss A, Alfano D, Shelley D et al. Identifying unaddressed systemic health conditions at dental visits: patients who visited dental practices but not general health care providers in 2008. Am J Public Health 2012 Feb;102(2):253-5

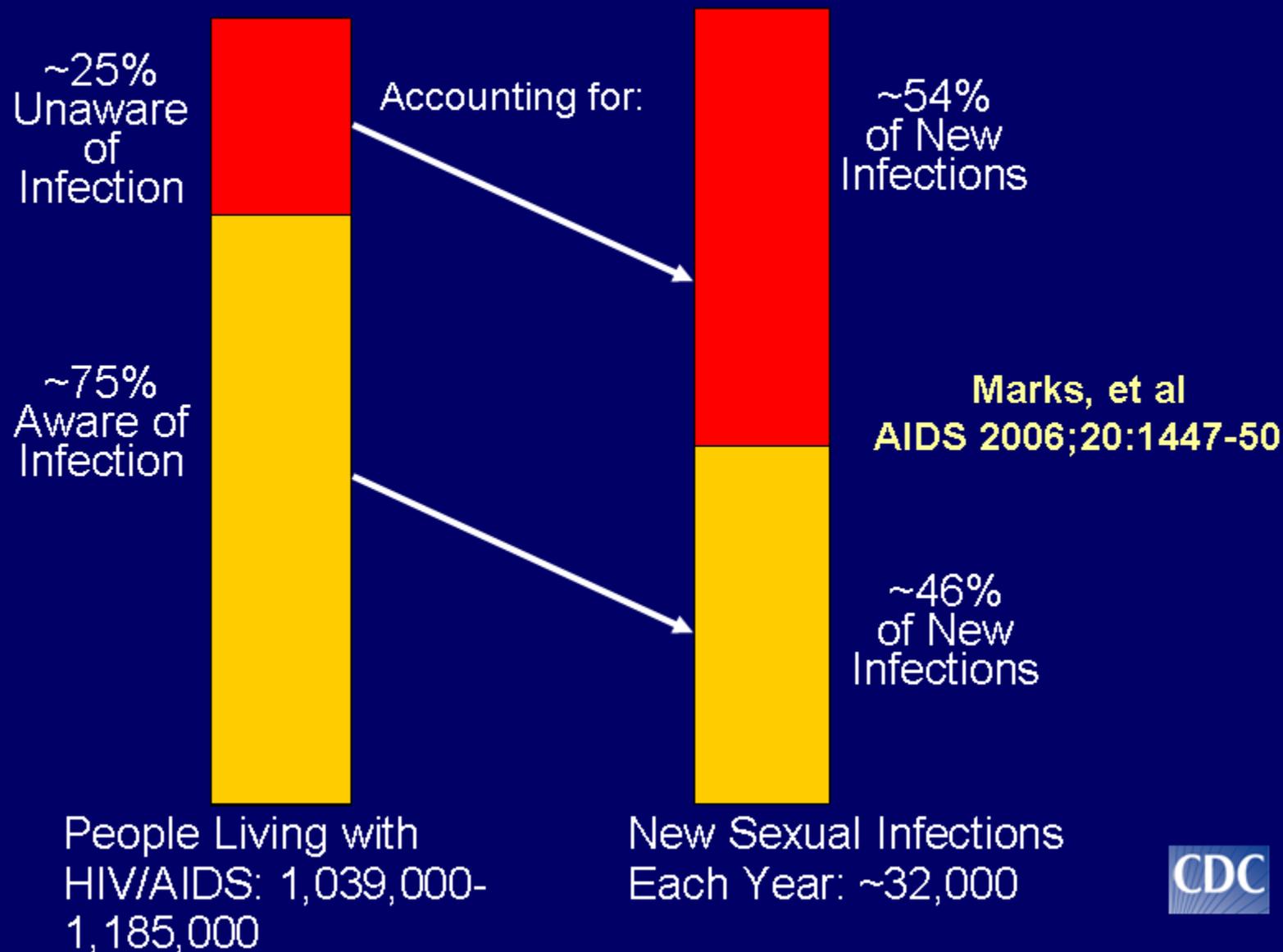
Dental Examinations as an Untapped Opportunity to Provide HIV Testing for High- Risk Individuals

- Data from the 2005 National Health Interview Survey was reviewed to examine the potential role of dental care in reaching untested individuals at self-reported risk for HIV.
- **An estimated 3.6 million Americans report that they are at significant HIV risk yet have never been tested.**
- Three quarters of these people have seen a dental health care worker within the past 2 years. These dental visits represent missed opportunities for HIV screening!
 - **Harold A. Pollack, PhD, Lisa R. Metsch, PhD and Stephen Abel, DDS.**
American Journal of Public Health 88-89 Vol 100, No. 1, January 2010

Importance of early HIV identification

- ✓ More likely to change behavior (Marks et al. JAIDS 2005)
- ✓ 66%  less high risk sexual behavior (Marks et al. AIDS)
- ✓ 95%  less in transmission rates (Cohen et al. NEJM 2011)
- ✓ Improved health outcomes (Hammer et al. JAMA 2008; Walensky et al. Clinical Infect Dis 2007; Long et al. Ann Intern Med 2010)

Awareness of Serostatus Among People with HIV and Estimates of Transmission



More than 1.2 million people in the U.S. are currently living with HIV, according to the United State's Centers for Disease Control and Prevention.

Almost one in eight—or about 150,000—are unaware of their infection.

According to the most recent data, nearly 45% of youth aged 13–24 with HIV in the U.S. do not know they are infected. By comparison, three-quarters or more of adults aged 25 and over are aware of their HIV status. Among youth aged 18–24 who are aware of their infection, only 41% are engaged in care and 34% have been prescribed antiretroviral therapy (ART). As a result, viral suppression was only achieved in 26% of youth aged 18–24 years (CDC 2015).

See more at: <https://blog.aids.gov/2015/10/youth-hiv-and-the-ryan-white-hivaids-program.html#sthash.BOZFXiwi.dpuf>

If all the people with HIV who either don't know they have the virus or are not receiving HIV clinical services were receiving care and treatment, we could expect a 90 percent reduction in new HIV infections in the United States," Jonathan Mermin, director of the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention at the Centers for Disease Control and Prevention, and one of the authors of the study, wrote in an e-mail. "That is a goal worth striving for."

Given the findings, Mermin said even people who don't suspect any reason to be infected with HIV should have at least one test in their lifetimes.

Thousands of people 50 and older are diagnosed with HIV each year in the United States, a development that has significant consequences for the health care and social support they need and the doctors, counselors and others who provide it.

Yet health-care providers still don't routinely consider HIV when treating older patients, despite guidelines that call on them to screen through age 64, researchers and physicians say. They may be reluctant to ask about an older person's sex life and sometimes attribute HIV symptoms to age-related issues such as heart disease

In 2014, nearly 17 percent of the country's new HIV diagnoses — 7,391 of 44,071 — were among people 50 and older, according to the Centers for Disease Control and Prevention. That was down slightly from 2013 but up from 15.4 percent in 2005, when data were less complete.

Getting and staying in medical care

Once you know you are infected with the HIV virus, it is important to be connected to an HIV healthcare provider who can offer you treatment and prevention counseling to help you stay as healthy as possible and prevent passing HIV on to others.

Because there is no cure for HIV at this time, treatment is a lifelong process. To stay healthy, you need to receive regular HIV medical care.

Getting on antiretroviral therapy

Antiretrovirals are drugs that are used to prevent a retrovirus, such as HIV, from making more copies of itself.

Antiretroviral therapy (ART) is the recommended treatment for HIV infection.

It involves using a combination of three or more antiretroviral drugs from at least two different HIV drug classes every day to control the virus.

United States clinical guidelines recommend that everyone diagnosed with HIV receive treatment, regardless of their CD4 cell count or viral load.

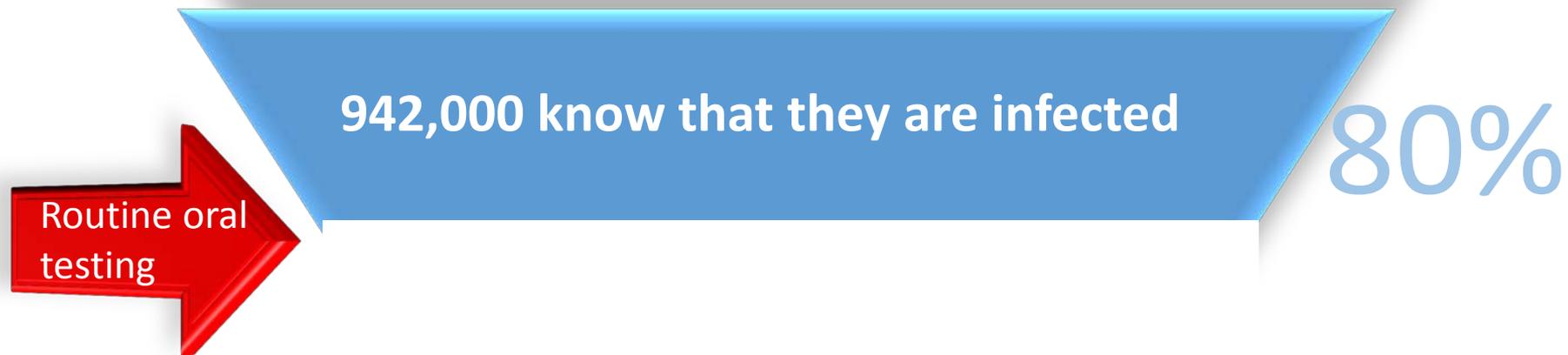
Treatment with ART can help people with HIV live longer, healthier lives, and has been shown to reduce sexual transmission of HIV by 96 percent.

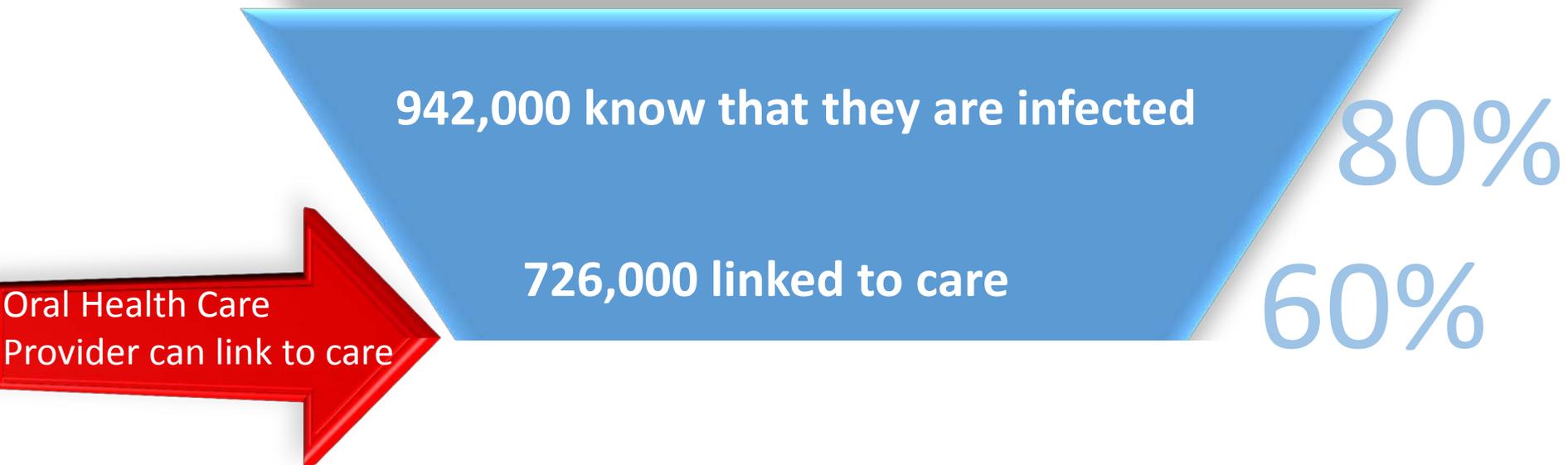
The Problem.....

3 out of 4 people living with HIV in the US have **failed** to successfully navigate the treatment.

Only **28%** of the more than 1 million living with HIV/AIDS are getting the full benefits of the treatment to manage the disease and keep the virus under control.

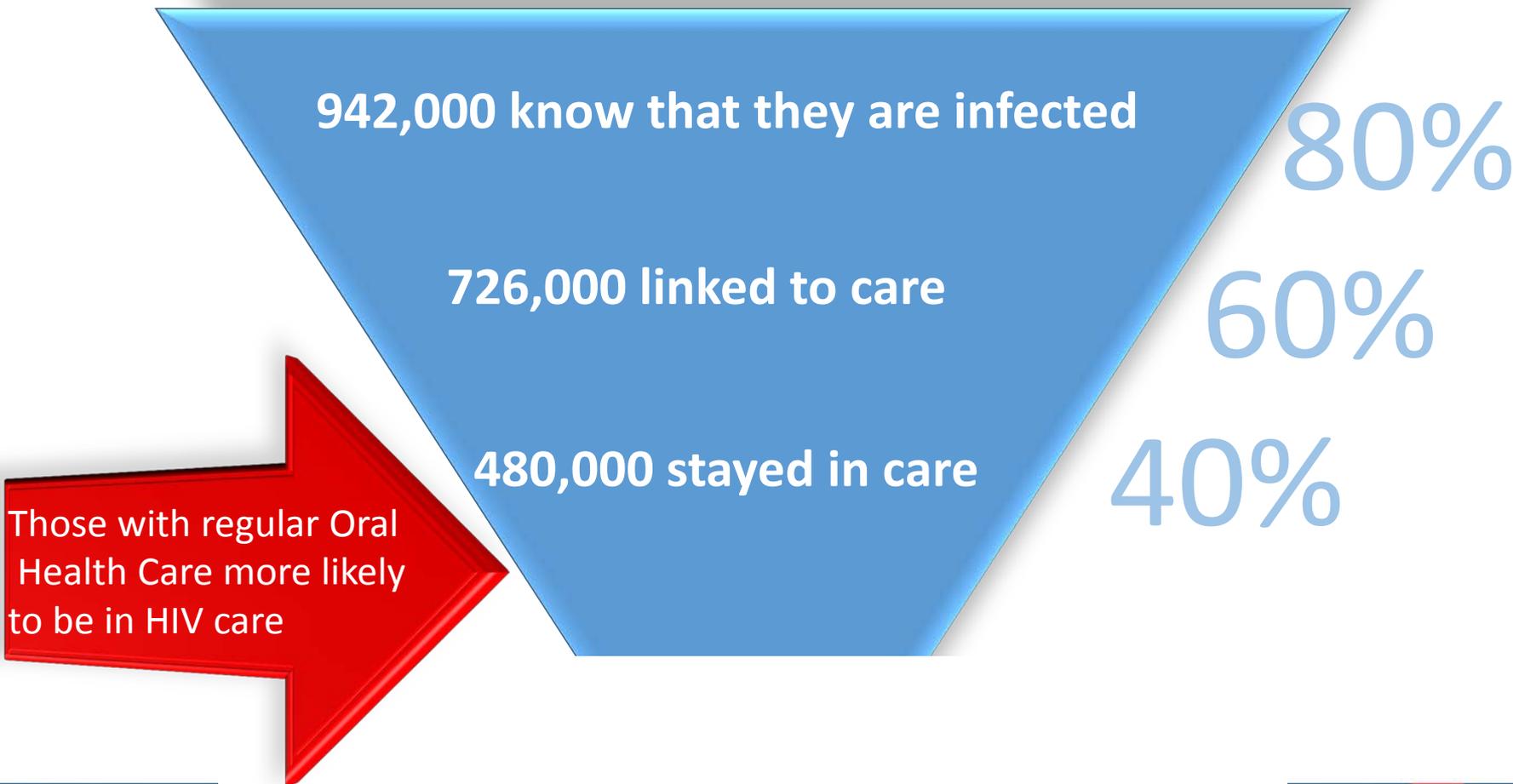
We as oral health care professionals can help to improve this.....

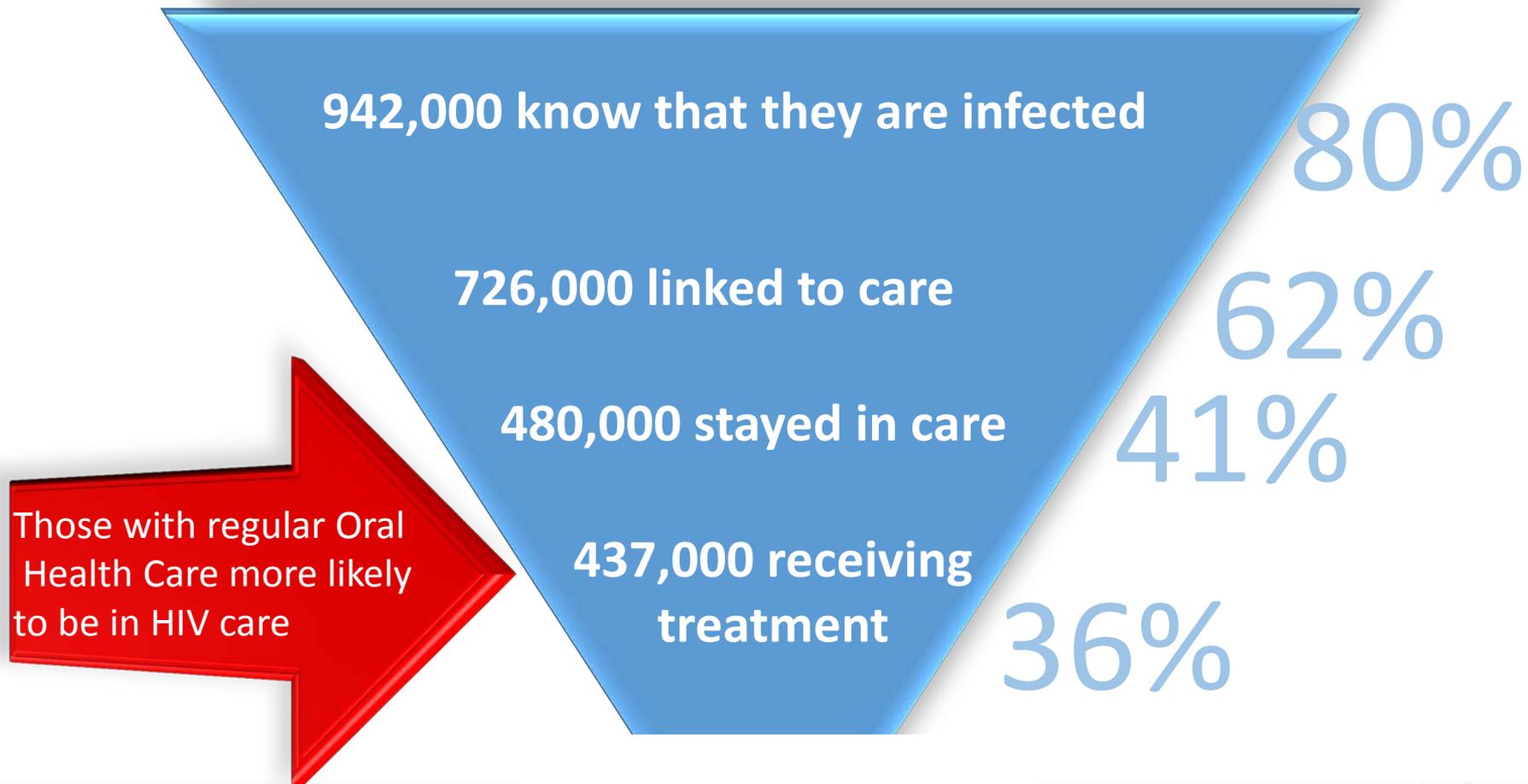




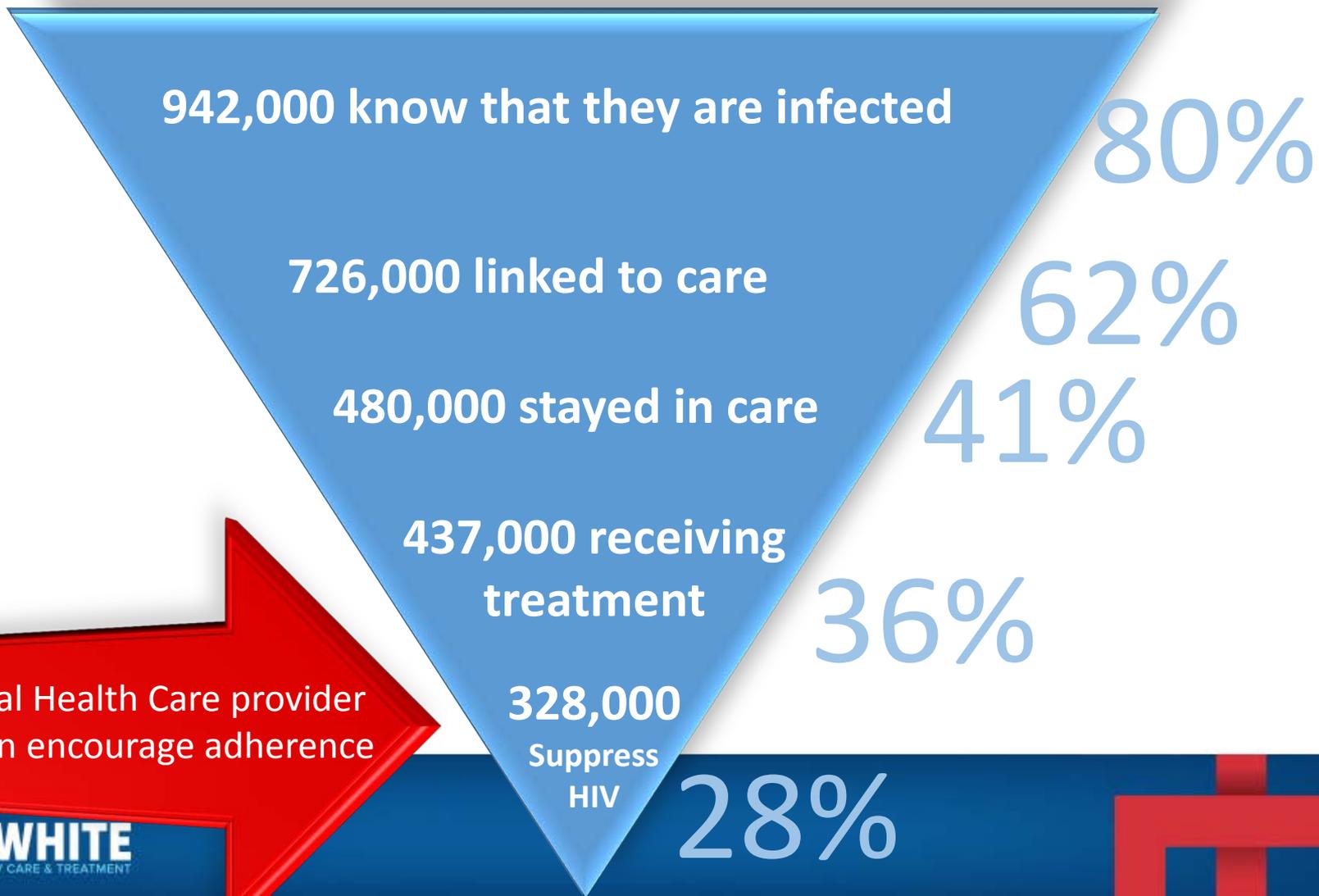
Oral Health Care
Provider can link to care







Those with regular Oral Health Care more likely to be in HIV care



Oral Health Care provider
Can encourage adherence



Linkages

- Ascertain that patients have medical and oral healthcare providers
- Refer to each other in the absence of an identified provider
- Advise patients to consent to communications across their healthcare teams

Retention

- Each member of the healthcare team has the opportunity to advise patients of the importance of retention in healthcare

Adherence – The role of the Oral Healthcare Team

- The oral healthcare team has a unique opportunity during a health history intake or update to discuss a patient's HIV care, including medications
- The oral healthcare provider can encourage patients to adhere to treatment regimens and discuss how these promote sound oral health
- With consent to contact the medical and support teams, we can alert them to oral issues and concerns

Role(s) of the Non-Dental Health Care Provider

- Integrating oral health with systemic health
 - **Screening** the oral cavity as part of the head and neck examination
 - Promoting **basic oral health and referring** for clinical care
 - Providing **preventive and palliative oral health care** when indicated
 - **Facilitating referrals** for emergent disease of the hard and soft tissues of the oral cavity
 - Ensuring medically complex patients who may be scheduled for chemo, radiation, infusion, transplants, etc have an **infection free oral cavity** prior to treatment.

Best Practices For Medical/Case Manager Model

- Goal is to influence those who assist PLWHA's entry into oral health care
- Include recognition **of importance of oral health care** as part of primary care and basics of oral assessment
- Include **information for referral** to oral healthcare
- Provide **instruction and/or assistance in accessing dental Medicaid** or other benefit programs
- Include patient and practitioner **educational materials**

2011 – Expert Panel of Physician and Dental Educators

- This panel released a report relative to what education, skills and attitudes were necessary and appropriate for medical and dental students to facilitate oral health care.
- The panel’s recommendations “reflected the belief that **dental and medical professions have a shared responsibility for the oral health of the public.**”

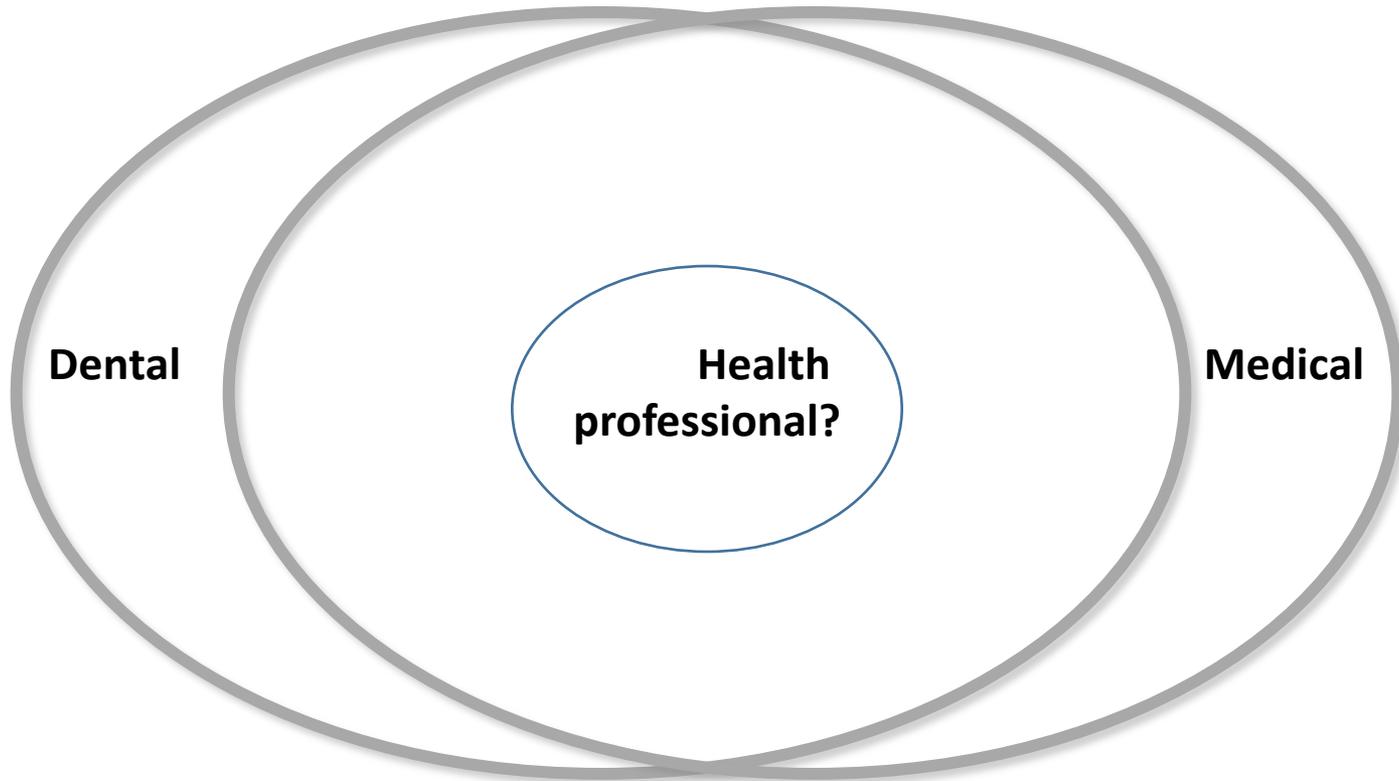
Medical Homes, Dental Homes or a Health Home?

- The **health home** incorporates the medical and dental homes to foster collaboration and create a patient centered approach to health.

The Health Home... Michael Glick, DMD

The following slides are courtesy of Dr. Glick who has championed the concept of a health home

Health Care Integration



Referrals →

← Referrals

Health care integration

- Patient- centered
- Comprehensive
- Coordination

Identification



Referrals



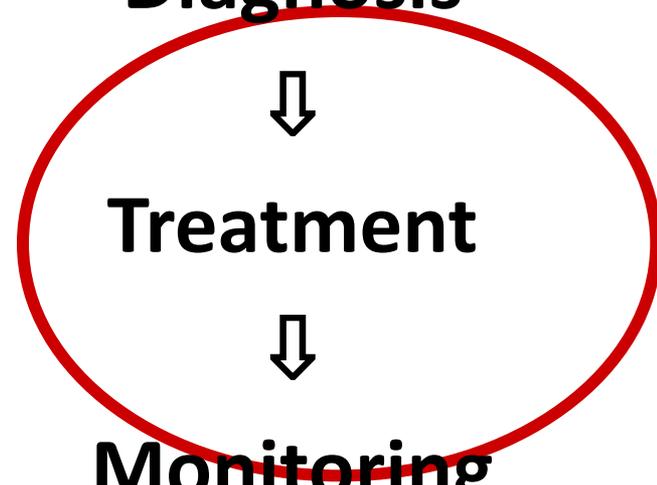
Diagnosis



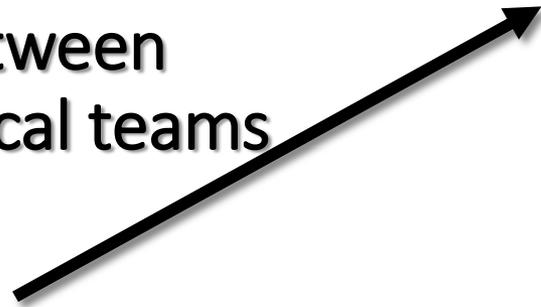
Treatment



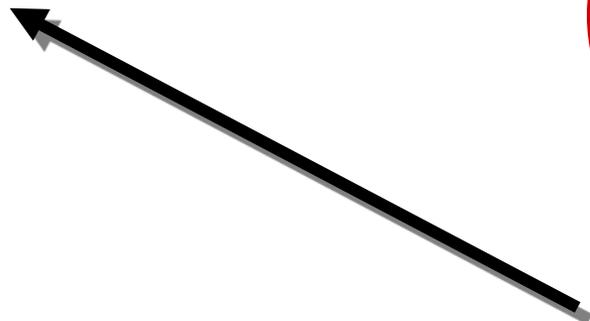
Monitoring



**Integration and
collaboration Between
Dental and Medical teams**



**Oral health care
professionals**



The 3 Buckets of Prevention



SOURCE: Auerbach J. The 3 Buckets of Prevention. J Public Health Management Practice
2011http://journals.lww.com/jphmp/Citation/pubshahead/The_3_Buckets_of_Prevention_.99695.aspx

Collaboration is Key!

- There are many opportunities for dental and medical teams to collaborate to ensure patients with HIV are linked to medical and dental care, retained in care and adhere to care. All of these actions promote better health outcomes and demonstrate the importance of oral systemic associations
- As primary oral healthcare providers please consider the major role you can play in your patient's health

Food for thought

“It would be wrong to demand that all dental care providers perform HIV tests in their office. However, for the provider who will take the time to acquire the skills necessary to perform such a task, doing so could be a benefit to society.”

Glick M. 2005 JADA editorial

Recent Findings: *Impact of periodontal intervention on local inflammation, periodontitis, and HIV Outcomes*

- Study to determine active perio and impact on HIV status
- Conclusion that “periodontal inflammation was prevalent regardless of ART status.”
- Major finding that decreasing periodontitis led to increase in CD4 counts

Oral Diseases (2016)22(suppl1) Wiley – Jennifer Webster-Cyriaque, et al

The Association between the History of HIV Diagnosis and Oral Health

- Unmet need is high
- Poor oral health outcomes exacerbated among non ART users
- Historically diagnosed PLWHA more likely to report oral problems and require dental procedures than newly diagnosed –suggests that oral health declines over time
- Newly diagnosed may benefit from early oral intervention

J. Dental Research, August 2016, Webster-Cyriaque, et al

Thank you.....

Patient Attitudes...

Studies have revealed a high patient acceptance rate when offered a free rapid HIV test in the dental setting.

- In an attitude assessment study piloted by the Kansas City Free Health Clinic at their stand-alone dental clinic located in a neighborhood with a high HIV prevalence, 73% of the 150 respondents were willing to take a free, oral fluid HIV screening test in the dental setting.
 - Deitz CA, Ablah E, Reznik D et al. Patient's Attitudes about rapid oral HIV screening in an urban, free dental clinic. AIDS Patient Care STDs. 2008 Mar;22(3):205-12

Patient Attitudes...

- A study conducted at the New York University School of Dentistry, the largest provider of low cost dental care in New York State, revealed that 74% of those approached would accept HIV screening if it were offered as a part of their dental visit.
 - VanDevanter A, Combellick J, Hutchinson MK, et al. A Qualitative Study of Patients' Attitudes toward HIV Testing in the Dental Setting. *Nursing Research and Practice*. Vol. 2012, Article ID 803169. Doi:10.1155/2012/803169

Patients' attitudes toward screening for medical conditions in a dental setting

J Public Health Dent. 2012 Winter

- Results

- Regardless of setting, the majority of respondents was willing to have a dentist conduct screening for heart disease, high blood pressure, diabetes, HIV, and hepatitis infection (55-90 percent);
- Discuss results immediately (79 percent and 89 percent); provide oral fluids, finger-stick blood, blood pressure measurements, and height and weight (60-94 percent); and pay up to \$20 (50-67 percent).

Patients' attitudes toward screening for medical conditions in a dental setting

J Public Health Dent. 2012 Winter

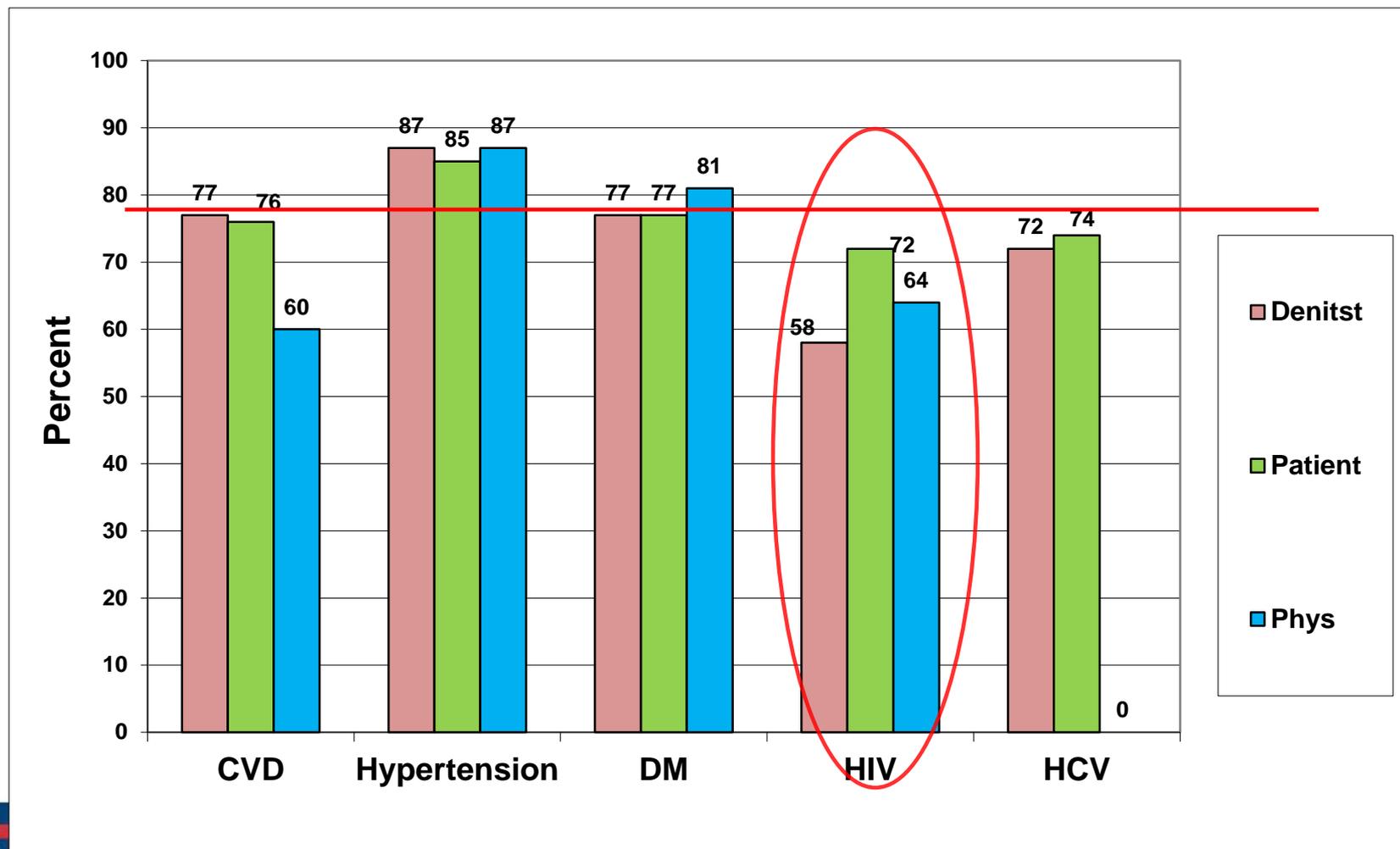
- Results (cont.)

- Respondents reported that their opinion of the dentist would improve regarding the dentist's professionalism, knowledge, competence, and compassion (48-77 percent).
- The fact that the test was not done by a physician was ranked as the least important potential barrier.
 - *Greenberg BL, Kantor ML, Jiang SS, Glick M. Patients' attitudes toward screening for medical conditions in a dental setting. J Public Health 2012 Winter*

Tenets of effective screening

- Purpose: delay disease onset, monitor severity, monitor treatment effect/ control.
- Most useful for prevalent diseases with high morbidity and or mortality.
- Most effective for diseases with recognized modifiable risk factors.
- Success also requires simple, cheap, effective screening tools.

Importance of screening for HIV by dentists: dentists, patients, physicians



Provider Attitudes: Rapid HIV Testing in Dental Setting

- ✓ Semi-structured interviews (n=40):
 - ✓ Most accepted in principle
 - ✓ Important for oral health care delivery
 - ✓ Concerns:
 - ✓ false results
 - ✓ offending patients
 - ✓ outside scope of practice
 - ✓ low patient acceptance

Siegel et al. AJPB 2012

Educating the Client Before Testing

- It is important to offer rapid HIV testing as part of a health screening
- Clients should receive information about the test and be able to ask questions before they make a decision.
- The provider should reassure clients that the rapid HIV test is just as accurate as the standard HIV test.
- The provider should emphasize that a second test always is performed in order to confirm a reactive rapid test result.
- When possible, rapid testing should be made available during a regular office visit so that clients do not face additional waiting time.

The Dental App

Anna Kinder, M.S.OTR/L

*Project Director, WyAETC
PTP Coordinator, MWAETC*

Disclosures

- The activity planners and speakers do not have any financial relationships with commercial entities to disclose.
- The speakers will not discuss any off-label use or investigational product during the program.

This slide set has been peer-reviewed to ensure that there are no conflicts of interest represented in the presentation



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dental

The making of an idea

- Mountain Plains AETC- strategic planning meeting held in January 2013
- Evolution of an idea to meet the needs of dental providers- our hardest audience to reach!
- Dr. David Reznik, Anna Kinder and DATA embarked on developing an app- April 2013
- Collaboration with HIVDent and Mountain Plains AETC



And now..... the APP



Oral Health and HIV

Is this the Missing Link?

Mark Schweizer, DDS MPH

Dental Director South Florida Southeast AETC

Nova Southeastern College of Dental Medicine

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Oral Health and HIV

- **32-46 percent of PLWHA will have at least one major HIV-related oral health problem.**
- **58-68 percent PLWHA do not receive regular health care.**
- **Barriers PLWHA face in receiving oral health care include lack of insurance, limited incomes, lack of providers, stigma, and limited awareness.**
- **Poor oral health can impede food intake and nutrition, leading to poor absorption of HIV medications and leaving PLWHA susceptible to progression of their disease.⁴**
- **HIV medications have side effects such as dry mouth, which predisposes PLWHA to dental decay, periodontal disease, and fungal infections.**
- http://hab.hrsa.gov/abouthab/files/oral_health_fact_sheet.pdf

Oral Health and HIV

- **Bacterial infections (i.e., dental decay and periodontal disease) that begin in the mouth can escalate to systemic infections and harm the heart and other organs if not treated, particularly in PLWHA with severely compromised immune systems.**
- **A history of chronic periodontal disease can disrupt diabetic control and lead to a significant increase in the risk of delivering preterm low-birthweight babies.**
- **Poor oral health can adversely affect quality of life and limit career opportunities and social contact as result of facial appearance and odor.**
- [http://hab.hrsa.gov/abouthab/files/oral health fact sheet.pdf](http://hab.hrsa.gov/abouthab/files/oral_health_fact_sheet.pdf)

Oral Manifestations of HIV

Significance of Oral Manifestations

- **First sign of clinical disease**
- **Signify disease progression**
- **Signify possible ART failure**
- **Effects on medication adherence and nutrition**

Oral Manifestations of HIV

In the Era of ART

Decreasing:

- **Candidiasis**
- **Necrotizing Gingivitis**
- **Kaposi's Sarcoma**
- **Oral Hairy Leukoplakia**

Increasing:

- **Dental Decay/Periodontal Disease**
- **Oral HPV**

Dental Decay

Factors that Increase Dental Decay

- Xerostomia
- Diet
- Substance Abuse
- Increased Life Expectancy



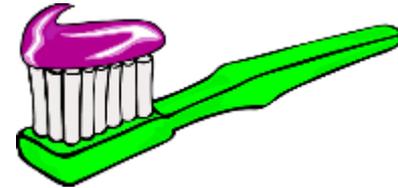
What can we do?

Refer to dental provider to remain compliant with HAB Oral Health Measures:

Once per year:

- **Medical Dental History**
- **Treatment Plan**
- **Oral Health Education**
- **Periodontal Screening or Exam**
- **Phase I Treatment Plan Completed in 12 month**

What can we do?



- An increase in caries can occur, so fluoride rinses (that can be bought over the counter) or prescription fluorides should be used daily, and visits to the dentist should occur two to three times per year.
- Salivary stimulants such as sugarless gum or sugarless candies may provide relief.
- Candies that are acidic should be avoided as frequent use may lead to loss of tooth enamel
- Home Care Instructions
 - **Brush, Floss, Tongue Scraper**
- Increase Water Intake
- Work in Collaboration with Mental Health Professionals and Case Managers

Oral Manifestation of HIV

Periodontal Disease



Links between Periodontal Disease and other disease states

Shift of prevalence towards periodontal diseases. Lack of oral hygiene determined by plaque formation and reduced CD4-counts with pronounced periodontal inflammation can be seen as risk factors for periodontal disease.

Increased Prevalence of oral lesions and periodontal diseases in HIV-infected patients on antiretroviral therapy.

[Kroidl A¹](#), [Schaeben A](#), [Oette M](#), [Wettstein M](#), [Herfordt A](#), [Häussinger D](#). [Eur J Med Res](#). 2005 Oct 18;10(10):448-53. Accessed December 12, 2015.

What can we do?

Periodontal Disease

- Amoxicillin 250mg 3 x/day with Metronidazole 250mg 3X/day x 5-7days
- Antimicrobial rinses (0.12% Chlorhexidine) 15cc 2xday x 14days
- Concurrent Antifungal maybe necessary
- Referral for immediate dental care
- Stress oral home care for clients and routine dental care

Oral Manifestations of HIV

Human Papilloma Virus

- About 7% of Americans have oral HPV. That's far fewer than the number who have the genital version, which is the most common sexually transmitted disease in the U.S.
- Every day in the US, about 12,000 people ages 15 to 24 are infected with HPV. Approximately 26 million Americans on any given day have an oral HPV infection. Of those approximately 2600 are HPV16. The vast majority of individuals will clear the virus naturally through their own immune response, and never know that they were exposed or had it.

<http://oralcancerfoundation.org/hpv/hpv-oral-cancer-facts.php>

Oral Manifestations of HIV

Human Papilloma Virus

- More than 40 types of HPV can infect people, but only a few cause cancer. One of the types that causes most cervical cancers, called HPV16, is also linked with most HPV-related head and neck cancers.

Oral warts are caused by human papillomavirus (HPV) and may appear anywhere within the oral cavity or on the lips. They occur more frequently and more extensively in people with HIV infection than in those with normal immune function, especially in patients with advancing immune suppression (CD4 counts of <200-300 cells/ μ L).

Oral warts may be refractory to therapy. The frequency of oral warts may increase, at least temporarily, in patients treated with antiretroviral therapy.

Oral Manifestations of HIV

Human Papilloma Virus



- Possible spread through Oral Sex and French Kissing

<http://saude-joni.blogspot.com/2012/02/hpv-oral.ht>

Oral Manifestations of HIV

- **CONDOMS DO NOT PROTECT FROM HPV**

New England Journal of Medicine (NEJM), shows that men and women who reported having six or more oral-sex partners during their lifetime had a nearly nine-fold increased risk of developing cancer of the tonsils or at the base of the tongue

Review recent CD4 counts. In patients with oral warts, the CD4 count usually is <300 cells/ μ L.

Treatment is difficult, as these lesions tend to recur.

- **CONDOMS DO NOT PROTECT FROM HPV**

Gypsyamber D'Souza, Ph.D., Aimee R. Kreimer, Ph.D., Raphael Viscidi, M.D., Michael Pawlita, M.D., Carole Fakhry, M.D., M.P.H., Wayne M. Koch, M.D., William H. Westra, M.D., and Maura L. Gillison, M.D., Ph.D.
N Engl J Med 2007; 356:194-1956 [May 10, 2007](#) DOI: 10.1056/NEJMoa065497Share:



Oral Manifestations of HIV

HPV vaccine is recommended for routine vaccination at age 11 or 12 years

Recommends vaccination for females aged 13 through 26 years and males aged 13 through 21 years not vaccinated previously.

Vaccination is also recommended through age 26 years for men who have sex with men and for immunocompromised persons (including those with HIV infection) if not vaccinated.

<https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6411a3.htm>

Oral Manifestations of HIV



20% of persons with asymptomatic HIV infection more common as the CD4+ T-cell count falls.

47% of a group developed CDC-defined AIDS within 2 years and 67% within four years



Oral Hairy Leukoplakia is a manifestation of later HIV disease and an important sign of immunosuppression

Oral Hairy Leukoplakia

<http://diseasespictures.com/oral-hairy-leukoplakia>

Walling DM 2003 (PMID 12964120) Moura MD 2010 (PMID 20813564)

Dental Recommendations for Treating HIV/AIDS Patients

- **The magnitude of the viral load is not an indicator to withhold dental treatment for the patient. High viral loads may be present in a patient with early asymptomatic disease, while low viral loads can be seen in very advanced patients on suppressive antiviral therapy. Knowledge of these markers can tell the dentist the general health of the patient and the risk of progression**
- **The dentist can play an important part in reminding patients of the need for regular follow up and monitoring of these markers. It is recommended that the CD4 and viral load determinants be done every three-six months.**

Here are some important points to remember about HIV and oral health:

- **Functional and proper oral health is necessary to receive adequate nutrition.**
- **Poor oral health leads to serious oral infections and links to diabetes, stroke, and cardiac diseases is well established.**
- **Oral health issues can often be the first sign of HIV and is a predictor of HIV progression and probability.**
- **Oral infections and poor dental health can stress a weakened immune system.**
- **Yearly dental and medical history-Yearly dental treatment plan- Oral Health Education**

Here are more important points to remember about HIV and oral health:

- **Periodontal screening or examination (A complete examination is recommended and required by most state statutes)**
- **Phase I treatment plan completion (Includes the elimination or control of all active oral disease)**

Stress importance of brushing teeth after meals- twice daily and floss daily

Include oral questions in your patient appointments

Do you have any oral sore, pain, swelling, bleeding, or difficulty eating

When was your last dental visit

Assist patients in referrals for regular dental care/follow-up

Interprofessional Practice (IPP)

Interprofessional Practice (IPP) is a collaborative practice which occurs when healthcare providers work with people from within their own profession, with people outside their profession and with patients and their families.

HIV and Interprofessional Care

The HIV Care Continuum

- 1. For clients in multidisciplinary care, those who access the services of an HIV multidisciplinary care team are better retained than those who do not access those services:** Evidence suggests that clients who receive additional services are 1.3 to 3 times more likely to be retained in HIV care than clients in care who need but do not access those services.

Broeckaert, L, Challacombe, L. Does multidisciplinary care improve health outcomes among people living with HIV and/or HCV? A review of the evidence. Prevention in Focus, Fall 2015

HIV and Interprofessional Care

The HIV Care Continuum

2. For clients in multidisciplinary care, those who access the services of an HIV multidisciplinary care team initiate treatment at higher rates than those who do not access those services: Evidence suggests that clients in multidisciplinary care who use the team's additional services initiate treatment at higher rates (1.8 times more likely to start on a protease inhibitor, than clients who do not access these services

Broekaert, L, Challacombe, L. Does multidisciplinary care improve health outcomes among people living with HIV and/or HCV? A review of the evidence. Prevention in Focus, Fall 2015

HIV and Interprofessional Care

The HIV Care Continuum

3. Clients in HIV multidisciplinary care are more likely to remain in treatment compared to standard care: Evidence suggests that 55% of clients in multidisciplinary care maintain treatment for at least a year compared to only 43% of clients in standard care.

Broeckert, L, Challacombe, L. Does multidisciplinary care improve health outcomes among people living with HIV and/or HCV? A review of the evidence. *Prevention in Focus*, Fall 2015

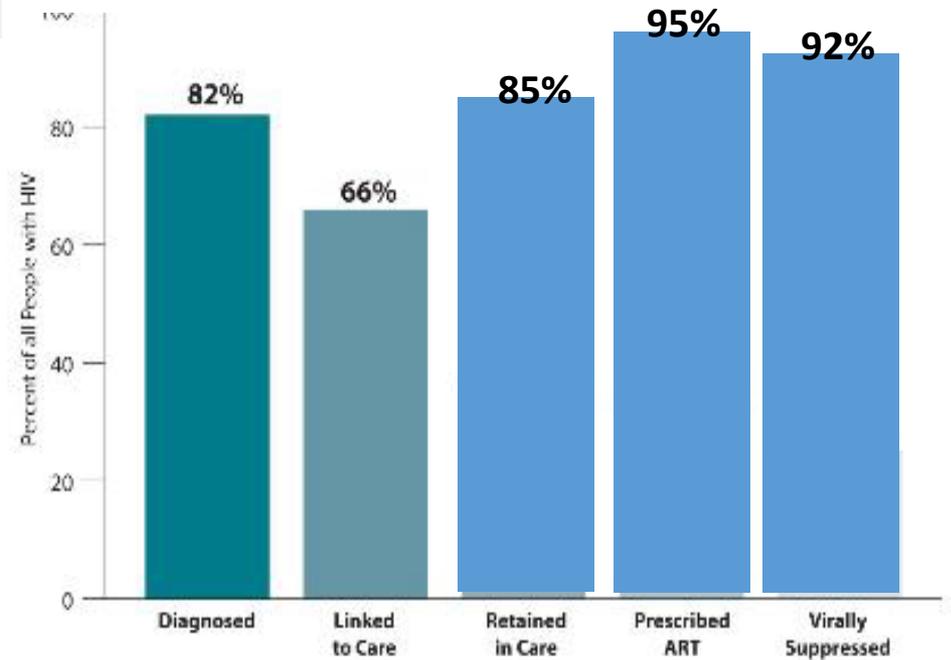
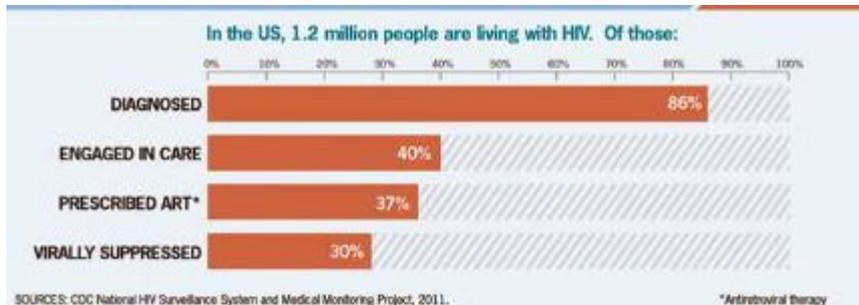
HIV and Interprofessional Care

The HIV Care Continuum

- 4. Clients in HIV multidisciplinary care that includes a pharmacist and/or mental health services are more likely to have undetectable viral loads compared to a variety of comparison groups:** Evidence suggests that clients in multidisciplinary care are more likely to have undetectable viral loads compared to various comparator groups (strength of the evidence is strong).

Broeckaert, L, Challacombe, L. Does multidisciplinary care improve health outcomes among people living with HIV and/or HCV? A review of the evidence. Prevention in Focus, Fall 2015

Does this work?





TEAM

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