

People living with HIV (PLWHIV) lost to follow up in the Paris region area: means and actions carried out by HIV care centers

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Background: Several studies have identified individual factors of PLWHIV loss to follow up (LTFU) but few studies investigated factors related to HIV care centers. Interventional studies suggest that the implementation of measures to prevent LTFU can limit its extent.

Methods: A regional study was conducted in 2018 in the Paris region in France through the regional HIV coordinating committees (COREVIH). Actions carried out to prevent LTFU in each HIV care centers were collected by clinical study technicians and referring physicians.

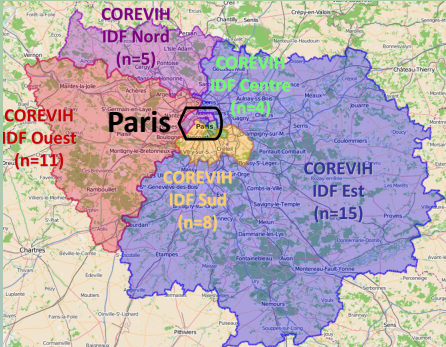
Results: 43 / 60 HIV care centers responded to the survey, representing 45,612 PLWHIV in care in 2016 / 48,316 declared in the region ; 39.5% with < 500, 30.2% [500-1000[and 30.2% with>1,000 PLWHIV in care

Tables: Means and actions carried out by HIV care centers to prevent LTFU, by center size

| HIV care centers by PLWHIV in care | All | < 500 | [500-1000 [| ≥ 1000 | p |
|---|-------|-------|-------------|--------|--------|
| | N=43 | N=17 | N=13 | N=13 | |
| Number of caregivers' full-time equivalents (FTEq) involve in HIV care (mean): | 10.73 | 3.85 | 5.82 | 24.50 | <0.001 |
| - physicians | 3.74 | 1.61 | 2.48 | 7.53 | <0.001 |
| - nurses | 3.52 | 0.67 | 1.08 | 10.00 | <0.001 |
| - secretaries | 1.51 | 1.00 | 1.10 | 2.51 | <0.001 |
| - social workers | 0.74 | 0.27 | 0.32 | 1.70 | <0.001 |
| - clinical study technicians | 1.22 | 0.30 | 0.84 | 2.76 | <0.001 |
| Existence of a HIV Therapeutic Education team | 65.2% | 41.2% | 69.2% | 92.3% | 0.013 |
| Number of physicians and nurses involved in HIV Therapeutic Education (mean) | 1,93 | 0.82 | 1.62 | 3.69 | 0.014 |
| Emergency consultation without appointment for PLWHIV | 65.2% | 64.7% | 53.9% | 76.9% | 0.466 |
| Consultations on Saturday morning | 18.6% | 5.9% | 23.1% | 30.8% | 0.196 |
| Day hospitalization for all patients annually | 51.2% | 35.3% | 53.9% | 69.2% | 0.178 |
| Day hospitalization for complex patients | 41.8% | 23.5% | 53.8% | 53.9% | 0.144 |
| Appointments could only be made via an appointment booking platform and not via the service secretariat | 20.9% | 23.5% | 23.1% | 15.4% | 0.841 |
| SMS sent systematically before the appointment | 79.1% | 58.8% | 92.3% | 92.3% | 0.031 |
| Reinforced systematic recall of complex patients | 55.8% | 52.9% | 76.9% | 38.5% | 0.136 |

Tables: Actions carried out by HIV care centers to search for LTFU, by center size

| HIV care centers by PLWHIV in care | All | < 500 | [500-1000 [| ≥ 1000 | p |
|--|----------------------------------|----------------------------------|--------------------------------|----------------------------------|----------------------------------|
| | N=43 | N=17 | N=13 | N=13 | |
| Recall of patients who did not attend the consultation : systematically / or according to the physician | 37.2% 30.2% | 47.1% 11.8% | 53.9% 38.5% | 7.7% 46.2% | 0.023 |
| Mail sent to patients who did not attend the consultation : systematically / or according to the physician | 40.5% 31.0% | 52.9% 5.88% | 38.5% 38.5% | 25.0% 58.3% | 0.047 |
| Seeking information from family doctor / other HIV centers / civil status of the town hall (death?) if LTFU does not answer | 59.5% 25.6% 21.4% | 47.1% 29.4% 5.9% | 75.0% 0% 25.0% | 61.5% 46.2% 38.5% | 0.315 0.021 0.092 |
| Free access to cART for patients without health insurance coverage | 97.7% | 94.1% | 100% | 100% | 0.457 |
| Existence of exceptional transportation assistance (metro ticket, etc.) | 74.4% | 88.2% | 53.9% | 76.9% | 0.216 |
| Social worker available for opening rights to : health insurance coverage / resident permit / housing assistance / LTFU search actions | 88.4% 88.4% 81.4% 14.0% | 76.4% 82.3% 70.6% 5.88% | 100% 92.3% 100% 15.4% | 92.3% 92.3% 76.9% 23.1% | 0.063 0.293 0.133 0.146 |
| Access to a health-cultural mediator: easily / with difficulties (vs no) | 26.2% 16.7% | 11.8% 11.8% | 25.0% 8.33% | 46.2% 30.8% | 0.048 |
| Access to professional interpreter by phone if language barrier: easily / with difficulties (vs no) | 48.8% 41.9% | 41.2% 35.3% | 61.5% 38.5% | 46.2% 53.9% | 0.115 |
| Actions of LTFU active research (≥ once a year) | 62.8% | 64.7% | 76.9% | 46.2% | 0.291 |
| A list of LTFU is transmitted regularly to referring physician | 67.4% | 70.6% | 69.2% | 61.5% | 0.860 |
| Existence of a LTFU multidisciplinary consultation meeting | 4.7% | 0% | 15.4% | 0% | 0.089 |
| Existence of a LTFU referent (most often clinical study technicians or secretary) | 27.9% | 29.4% | 23.1% | 30.8% | 0.895 |



HIV care centers by COREVIH, Paris region area

Discussion: Human resources vary significantly depending on the size of the center in Paris region area. Smaller centers were less likely to have a Therapeutic Education team and sending an SMS before the appointment. Conversely, small and medium centers were more likely to recall and write systematically to missing patients. Access to health-cultural mediator and professional interpreter remains insufficient despite their recognition in the 2016 French health law. Access to social workers is generally ensured but their involvement in active research of LTFU is weak.

Conclusion: LTFU control tools are unevenly accessible. Further work is needed to analyze the effect of these inequalities on the rate of LTFU and their return to the care.