

## **Expansion of a Rapid Reentry Program to Improve Viral Suppression and Retention in HIV Care**

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### **Introduction:**

Retention in HIV primary care and viral suppression are imperative to decreasing rates of HIV transmission at a population level and improving individual morbidity and mortality in people with HIV (PWH). A Rapid Reentry (RR) into HIV care quality improvement project (QIP) at the HIV Outpatient Program (HOP) in 2023 targeted patients who were out of care and requested refills for antiretroviral therapy (ART) and aimed to quickly engage them into care by scheduling them into dedicated RR appointment slots. That QIP found decreased wait times for appointments from 80.4 to 21.2 days; however, limited availability of RR appointment slots was identified as a barrier for true RR into care. This QIP is an extension of prior RR efforts and aims to improve rates of viral suppression and retention in HIV primary care by expanding available appointment slots for RR for out of care patients.

### **Methods:**

To prioritize patients with the most need, a list of HOP patients ages 18-89 who have not had an HIV primary care appointment in  $\geq 6$  months AND last documented viral load  $>200$  copies/mL and patients who have not had an HIV primary care visit in  $\geq 12$  months was generated. Three weekly dedicated RR appointment slots during ID fellows' clinic were created. From October 1, 2024, to February 19, 2025, HOP Patient navigators contacted eligible patients by phone to schedule RR appointments and documented outcomes of phone calls. HOP provider referrals were also accepted. Out of care RR patient visits focused on reengagement in care and resumption of ART, and follow-up was scheduled with their original provider 1 month later. The primary outcome is the percentage of RR patients who complete a follow-up appointment at one month after a successful RR appointment. Secondary outcomes included identified patient reasons for falling out of care, viral suppression at follow-up, and completion of a follow-up appointment at three months and one year.

### **Results:**

120 patients were identified as out of care and eligible for RR. Of these patients, 19 patients (15.8%) were successfully scheduled into RR appointments, and 4 (3.3%) successfully attended. The average time from initial contact to scheduled appointment was 28 days. Of the 19 patients scheduled, the average date of last appointment was 15 months ago, and the average date of last viral load was 12 months ago. Of the 4 patients who successfully attended RR appointments, 2/4 (50%) did not attend the 1-month follow-up, and 2/4 (50%) have upcoming scheduled follow-up appointments. Identified reasons for falling out of care were not well tracked.

### **Conclusions:**

This QIP has encountered significant challenges, thereby resulting in small numbers of scheduled RR appointments and limited attendance to these appointments. A multidisciplinary QI meeting identified the biggest barrier to be an inability to reach patients due to incorrect contact information. Other barriers included lack of provider understanding of inclusion criteria, lack of available RR slots due to scheduling errors, lack of staff buy-in and disconnects in communication/reminders to HOP clinic staff. The timing of this QIP also coincided with the rollout of a low-barrier clinic at HOP aimed at providing walk-in and evening appointments to re-engage patients in HIV primary care. This is an ongoing QIP and after discussing barriers, adjustments have been made to simplify inclusion criteria and increase communication/reminders to HOP staff to improve scheduling and uptake in this QIP.