

Rapid Re-Entry into Care: A Trainee Initiative

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Background: According to the CDC, of the estimated 1.2 million persons living with HIV (PLWH) in the United States in 2021, approximately 76% received any HIV care. Retention in HIV care remains a big challenge, with only 58% retained into care with regular adherence with appointments and treatment after initial evaluation. Different organizations vary in their definition of retention, but it is generally considered at least one provider visit and routine HIV laboratory monitoring every six months. Rapid re-entry, a quality improvement initiative, sought to evaluate methods to improve the patient retention rate of 77% (as of 3rd quarter, 2022) at a large urban HIV clinic in an academic training center in New Orleans, Louisiana.

Methods: For this initiative, a single Friday morning clinic slot was reserved each week for patients who qualified for “rapid re-entry.” Patients eligible for participation were identified by their established providers as those who had not been seen in the past six months and who had requested refills of their antiretroviral therapy, either through direct contact or pharmacy query. Patients were scheduled, first come, first serve for a rapid re-entry visit. At this appointment, barriers to retention were reviewed, labs drawn, refills given, and the patient was scheduled for close follow-up with their referring provider. The project ran from March through December 2023.

Results: Over the nine-month period, 35 patients were referred by providers, with 21 scheduled per protocol. Of those, 12 patients were successfully seen in the rapid re-entry time slot, while 11 patients were instead seen at routinely scheduled clinic visits. While the first two months of the project were successful in patient scheduling there was a three-month period in which no patients were booked for a rapid re-entry visit. Re-education was provided for all clinic providers and staff, and promotional materials were placed at each individual and in shared physician workspaces with renewed interest by providers. The average length of time between patient contact and completed rapid re-entry appointment was 21.2 days as compared to 80.4 days for those routinely scheduled. Of the 12 patients in the rapid re-entry arm, 8 completed their next follow up visit as compared to 5 patients in the routine scheduling group. Retention in care for the clinic improved to 79.7% for 2023.

Conclusions: This CQI initiative was limited by a small sample size, but results of this baseline project indicate positive re-initiation of care for some of the clinic’s most vulnerable patients who were provided rapid re-entry. This resulted in increased retention in care for the clinic overall. Next steps include a continuation of this project in the spring of 2024 with the reservation of multiple slots each week at different times of the day. Additionally it is expected that more patients will be eligible for participation in rapid re-entry as it is being expanded to include anyone who is out of care, not just those who initiate contact for refills (either directly or through their pharmacies).