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Barriers to Transition of Care in the Detroit Young Adult HIV Population

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ABSTRACT

Background: One of the issues faced by clinics who care for young adults infected with HIV is a disruption to treatment during the transition from pediatric to adult care. This disruption presents itself in the form of various canceled or no show appointments to the adult clinic. Adherence to routine treatment is essential for this population to ensure decreased rates of transmission and favorable health outcomes for the patients.

Methods: We assessed barriers to transition for youth with HIV who had not met the requirements for successful transition to the adult HIV clinic (3 appointments). Patient barriers were assessed through phone calls with three questions identifying their reasons for not coming to the adult clinic which were conducted by adult medical staff and by their adolescent social worker.

Results:104 youth were identified as transitioning youth. Of those, 13 were excluded due to relocation. 32 (31%) patients did not successfully transition and 19 (18%) were accessible through telephone for interview. Demographic data for the 32 patients was collected and the predictors of disengagement were identified which included transportation and work . In regards to reasons for missed appointments, there were 8 reasons given to the adult medical staff, however the adolescent social worker was able to elicit, a much broader range of answers,13.

Conclusion: It appears that lack of phone access, reliable transportation and work schedule conflicts play a `to the adult clinic, however we initially expected more socioeconomic factors to impair the transition process. In looking at the mismatched reasons for missed appointments given to the adult clinic staff and the adolescent social worker, it appears that the adolescent social worker could elicit a greater variety of reasons for missed appointments. Moving forward, having more direct support from the familiar adolescent social worker during the transitioning process may be beneficial.

INTRODUCTION

The number of adolescents and young adults with HIV represents a growing number of the HIV population. The Horizons Project in Detroit, Michigan specializes in the treatment of adolescents living with HIV/AIDS ages 13-24. After patients turn 24 years old a formal transition process to adult ID clinic occurs that includes coordination with both the adolescent/young adult provider, adolescent/pediatric social worker and the adult provider. This transition period is an exceptionally high risk time for clinical disengagement. Studies looking at disengagement frequently only consist of quantitative data, lacking qualitative components, and do not fully capture the complexities leading to disengagement.

OBJECTIVES

To determine the factors leading to clinic disengagement during the transition process from adolescent to adult care using mixed methods approach.

To further explore the necessity of the adolescent social work team during the transitioning process.

METHODS

Study Population: Patients 24 and older who have been referred for adult care by adolescent team

Study timeframe: 6/1/ 2017- 8/1/2017

Study Type: Mixed retrospective chart review and Prospective qualitative study. Chart reviewed and data extracted for patients who have and have not successfully attended at least 3 Adult ID clinic apt. Adult provider called patients identified as missing >=3 Adult ID appointment to determine reason for missed appointment and to help identify resources to assist with further follow ups.

METHODS CONTINUED

Questions for Non Transitioned Patients
1. What has caused you to miss your appointments in the adult clinic?
2. Did you feel prepared for the transition process?
3. What can be done to increase your adherence to adult follow up care?

Figure 1: Questions for Non Transitioned Patients

RESULTS

Comparison of Categorical Variables Between Groups who Successfully and Unsuccessfully Transitioned

		All	Successful	Unsuccessful	
Variable	Response	N (%)	N (%)	N (%)	p-Value
Race	African American	93 (89.4)	55 (93.2)	38 (84.4)	0.2014
Acquirement	Heterosexual	23 (26.4)	15 (27.8)	8 (24.2)	0.9414
	Male-male sexual contact	56 (64.4)	34 (63)	22 (66.7)	0.9414
	Perinatal	8 (9.2)	5 (9.3)	3 (9.1)	0.9414
Employment Status	Student	1 (1.4)		1 (3.6)	0.1520
	Employed for wages	57 (77)	37 (80.4)	20 (71.4)	0.1520
	Out of work and looking for work	3 (4.1)	3 (6.5)		0.1520
	Out of work but not currently looking for work	13 (17.6)	6 (13)	7 (25)	0.1520
Gender	Female	27 (26.2)	19 (32.8)	8 (17.8)	0.1936
	Male	73 (70.9)	38 (65.5)	35 (77.8)	0.1936
	Transfemale	3 (2.9)	1 (1.7)	2 (4.4)	0.1936
Housing Status	Shelter	2 (2.4)	1 (1.9)	1 (3.1)	1
	Stably housed	69 (82.1)	43 (82.7)	26 (81.3)	1
	Staying with family/friends	11 (13.1)	7 (13.5)	4 (12.5)	1
	Transitional Housing	2 (2.4)	1 (1.9)	1 (3.1)	1

Table 1: Comparison of Categorical Variables Between Groups who Successfully and Unsuccessfully Transitioned

Reasons for missed appointment given to adolescent social worker	Reasons for missed appointment given to adult care team
• Transportation (5) • Unstable Housing (2) • Financial issues (1) • Work Schedule Conflicts (3) • Lack of stability (1) • Mental Health Issues (2) • Insurance Issues (1) • Lack of family support (1) • Lack of time (2) • Issues with domestic violence (1) • Unemployment (1) • Concerns about not wanting to deal with diagnosis (4) • Not feeling connected to the physician (1)	• Transportation (11) • Work Schedule Conflicts (7) • Insurance Issues (2) • Patient didn't feel like coming in (4) • Patient not in town during appointments (1) • Oversleeping (1) • Financial Issues (1) • Children's School Conflict with appointment (1)

Figure 2: Reasons for missed appointments given to adolescent social worker and adult ID clinic

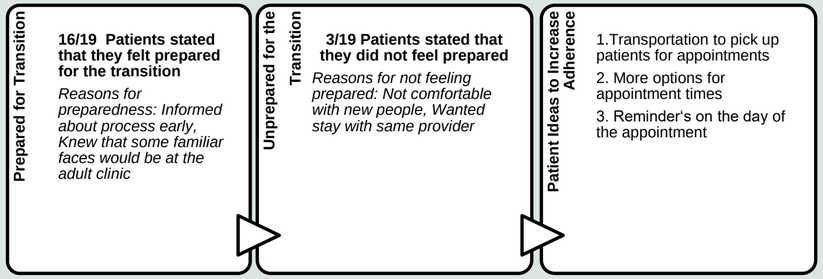

Figure 3: Preparedness for Transition and Ideas to Increase Adherence

DISCUSSION

- Despite the established transition process, 31% of our clinic patients were not successful in transitioning which was defined as attending 3 appointments in the adult care clinic.
- There were no significant demographic differences between the two groups. Similar findings were observed in a study conducted by Hussan, et al that looked at comparable demographic variables to identify predictors of clinical outcomes. According to this study, suppressed viral load at the time of the last pediatric appointment served as a stronger predictor of clinical engagement.
- For patients who did not successfully transition, there was a discordance between the reasons voiced for missed appointments to the adult care team versus the social worker. The social worker was able to elicit more emotional reasons for missed appointments while the adult medical team elicited more concrete reasons for missed visits (i.e. transportation). This may be due to lack of relationship with and trust in the adult team, limiting their ability to adequately assist with patient's true barriers.
- Transitioning adults may have felt more connected to the social worker from the adolescent clinic as it was someone with whom they were familiar, had an established relationship, trusted and felt valued by and as a result were more forthcoming with issues that interfered with their successful transition to the adult clinic.
- Based on these results, we believe an ongoing connection to and and purposeful involvement with adolescent social work (team) is beneficial and should be considered an integral piece when designing transitioning programs.

Future Directions

Further assess the emotional needs of HIV affected youth prior to and during transitioning and engage adult providers during the adolescent care years. Providing longer support during this transition period could have lasting benefits.

CONCLUSIONS

Emotional reasons for non adherence in HIV infected youth are not easily measured but warrant more evaluation and subsequent intervention to improve transitioning youth's retention in care.

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