Identifying gaps in comprehensive care across a typology of care for women living with HIV in Canada: key findings for targeted interventions.

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CONTEXT

Two shifts in HIV epidemiology - the increase in life expectancy and an increase in women living with HIV (WLHIV) – increase comprehensive care needs for WLHIV. Gaps in comprehensive care, including HIV-specific care, women's reproductive and sexual services, age-specific screenings, and co-morbidity management continue to occur. Strengthening care delivery requires an understanding of where, and from whom women seek care.

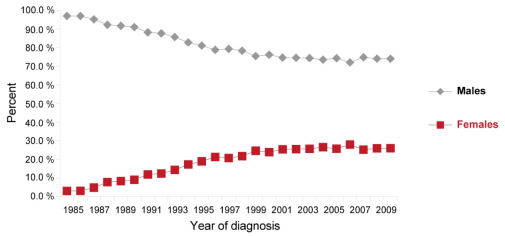


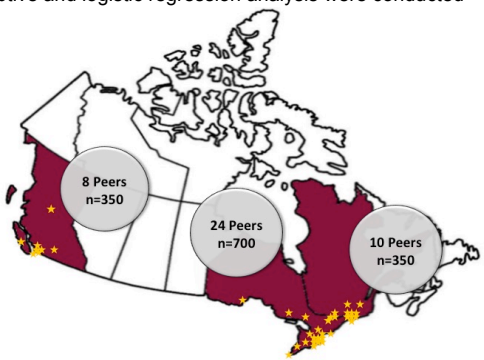
FIGURE 1: Proportion of HIV+ test in Canada reported by sex 1985-2009

OBJECTIVES

1) Describe gaps in comprehensive HIV and women's care
2) Identify a typology of care defined by provider and clinic site
3) Assess whether gaps in comprehensive care vary across types of care

DESIGN & METHODS

- Canadian HIV Women's Sexual & reproductive health study (CHIWOS)
- Conducted in three provinces British Columbia, Ontario, Quebec
- Anchored in a participatory research approach
- Longitudinal cohort study, 1422 WLHIV at baseline (3 surveys 2013-2018)
- Peer Researchers administer the questionnaire (denoted by stars the map)
- Analysis is restricted to 1242 WLHIV accessing HIV care in the last year with care provider and site of care reported by participants
- Descriptive and logistic regression analysis was conducted

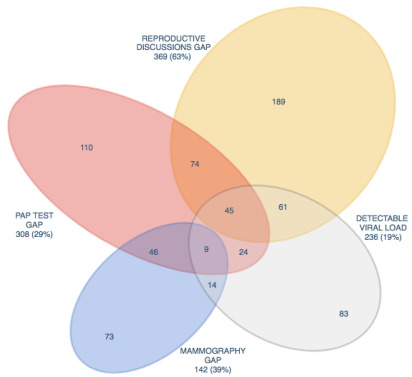


PRELIMINARY FINDINGS

Participant clinical and socio-demographic characteristics

Analytical sample (1242n)	n(%)
Age	
16-29	103 (8.3)
30-39	359 (28.9)
40-49	409 (32.9)
≥50	371 (29.9)
Ethnicity	
Indigenous	259 (20.9)
ACB (African, Caribbean, Black)	358 (29.0)
White	529 (42.6)
Other	96 (7.7)
High School Education or higher	1032 (83.1)
Low Income (< $20000/year)	777 (62.6)
Food Insecure	468 (37.8)
Housing Unstable	219 (17.6)
HIV mode of transmission	
Consensual sex	589 (47.4)
Non-consensual sex	185 (14.9)
Sharing needles	243 (19.6)
Contaminated needle	17 (1.4)
Blood transfusion	66 (5.3)
Perinatal	41 (3.3)
Time since diagnosis	
<6 Years	275 (22.1)
6-14 years	489 (39.4)
14 years or more	443 (35.7)

Obj 1. Gaps in Comprehensive Care Indicators: HIV and Women's Health



Overall, 728 (59%) of WLHIV experienced at least one gap in care.

WLHIV also experienced multiple gaps in care (e.g. no pap and no reproductive discussions n=74), as demonstrated by the overlapping circles.

Defining Gaps in Comprehensive Care Based Care Guidelines[1,2,3,4]

- Gap = if indicated for care (set by age or biological restrictions) and not received
- No gap = care received or not indicated for care

1) HIV Care: Detectable Viral Load
- 1242 indicated (all, no restrictions)
- 236 (19%) had a gap in care

2) Pap Test in last year
- 1053 indicated (21-70 years of age & with cervix & female at birth)
- 308 (29%) had a gap in care

3) Mammography in the last 2 years
- 362 indicated (50-70 years of age & all sex at birth/trans included)
- 142 (39%) had a gap in care

4) Reproductive Discussion with Provider in last 3 years
- 586 indicated (16-45 years of age & reproductive potential: e.g. no hysterectomy)
- 369 (63%) had a gap in care

Overall Comprehensive Care Gaps
- 1242 indicated (viral load or pap or mammography or reproductive discussion)
- 738 (59%) has at least one gap in care, with different patterns in multiple gaps

FINDINGS (CONT.)

Obj 2: Identifying a Typology of Care

Provide classification:
Questionnaire drop down menu & open text
Family Physician vs. Specialists (93% Infectious Disease, 7% other specialties)

Care site classification:
Questionnaire drop down menu & open text
Classification based on the mission of each clinic
Validated by experts in each province
HIV-clinic vs. non HIV-clinics

HIV-Care Provider	HIV-Clinic		Total
	YES	NO	
Family Doctor	70 (6%)	142 (11%)	**212 (17%)**
Specialist	811 (65%)	219 (18%)	**1030 (83%)**
Total	**881 (71%)**	**361 (29%)**	**1242 (100%)**

Obj 3: Comprehensive Care Gaps Across a Typology of Care

Multivariate - Health outcomes across a typology of care*

Indicators of gaps in care	HIV Care Typology (EXPOSURE) OR (95%CI)			
OUTCOME /Dependent	Family Doctor HIV-Clinic N=70	Family Doctor Non HIV-Clinic N=142	Specialist HIV-Clinic (ref) N=811	Specialist Non HIV-Clinic N=219
HIV-care				
Detectable Viral Load	**0.39 (0.16-0.97)**	0.90 (0.55-1.47)	1.00	**0.56 (0.36-0.86)**
Women's Health				
Gap in Pap Test	1.04 (0.57-1.90)	1.10 (0.69-1.76)	1.00	1.22 (0.85-1.74)
Gap in Mammography	1.09 (0.49-2.38)	1.26 (0.70-2.27)	1.00	1.00 (0.61-1.64)
No reproductive discussions	0.86 (0.47-1.55)	1.06 (0.68-1.64)	1.00	1.19 (0.85-1.68)
Comprehensive Care				
Four indicators above included	0.85 (0.50-1.43)	0.99 (0.65-1.50)	1.00	1.08 (0.76-1.53)

* Multivariate is adjusted for province, age, ethnicity, education, income, food security, housing, IDU, incarceration, stigma, gender of provider, continuity of care. Age not included in mammography, pap and repro discussion, as they are age specific

DISCUSSION & NEXT STEPS

- WLHIV experience high levels of gaps in care; 59% did not receive comprehensive care as indicated by 4 care outcomes.
- It is essential to address women's comprehensive care, in research and in care, to truly understand WLHIV care needs.
- A majority (65%) of WLHIV access care from specialist in HIV-clinics, while 35% access care from other sites and providers, this understanding is key to designing targeted interventions.
- Gaps in HIV and women's care occur across a typology of care.
- Findings indicate that accessing HIV-care from family doctors in HIV-clinics and specialists in non HIV-clinics reduce the odds of having a detectable viral load.
- Caution should be applied in interpreting these preliminary findings, as they may indicate a difference in clinic populations not captured in the multivariate model, rather than effectiveness in HIV-care.

Acknowledgments Thank you to all the women living with HIV involved in this study; the PIs, Coordinators, Peer Research Associates, and all the Co-investigators and Collaborators; the Steering Committee, Community Advisory Boards, and Aboriginal Advisory Board; Our funders: CIHR Institute of Gender and Health, the CTN, and OHTN; Our affiliated studies: CANOC, REACH & OCS; and all of our partners for supporting the study!

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CHIWOS Étude sur la santé sexuelle et reproductive des femmes vivant avec le VIH au Canada — Canadian HIV Women's Sexual and Reproductive Health Cohort Study

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