RESULTS (cont.)

Table 1. (cont) Demographic and clinical characteristics of the study sample

Table 2. Clinic-level factors associated with HIV care outcomes (time to ART initiation and VS). Point estimates for adjusted Hazard Ratios (with 95% Confidence Intervals) for clinic-level variables in 6 separate models:

Table 3. RESULTS SUMMARY

• Multiple individual-level factors are associated with prolonged time to antiretroviral therapy (ART) initiation and viral suppression (VS).
• Less is known about the impact of clinic-level factors on ART initiation and VS.
• The DC Cohort (observational cohort of people receiving care at 14 different clinics in Washington, DC) offers a unique opportunity to examine HIV care delivery in a large city with a variety of clinical sites.

OBJECTIVE

To examine which clinic-level and individual-level factors are associated with time to ART initiation and VS in the DC Cohort.

METHODS

Inclusion Criteria
• Patients enrolled in the DC Cohort by March 31, 2016
• Not on ART at Cohort enrollment (baseline)
• Have at least 12 months of follow-up after Cohort enrollment
• Have at least 1 additional viral load value after baseline
• Baseline VL > 200 copies/ml

Exclusion Criteria
• Race/ethnicity

Outcomes (Time-to-event outcomes)
• ART initiation
• VS: at least one VL test result less than 200 copies/mL

CONCLUSIONS

• Clinics with services that increase accessibility and comprehensiveness of care as well as actively monitor retention and ART adherence have faster time to ART initiation and VS.
• Our findings highlight aspects of HIV care models that may optimize patient outcomes.
• Additional analyses to adjust for multiple clinic services at once will help further determine which services have the greatest impact on patient outcomes.

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