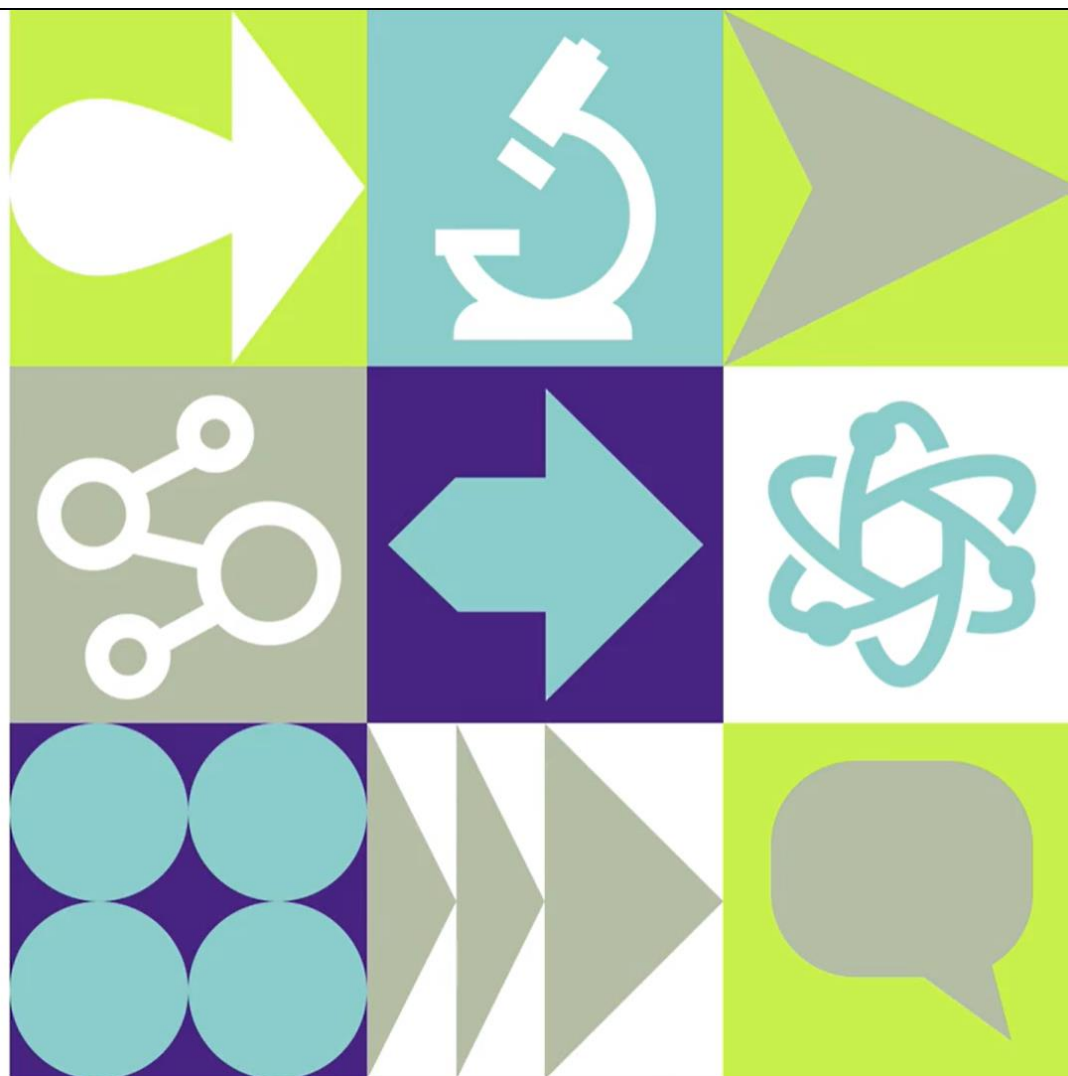




IAS 2021

Preferences for care
engagement among people
with HIV experiencing
homelessness or unstable
housing:
A discrete choice
experiment

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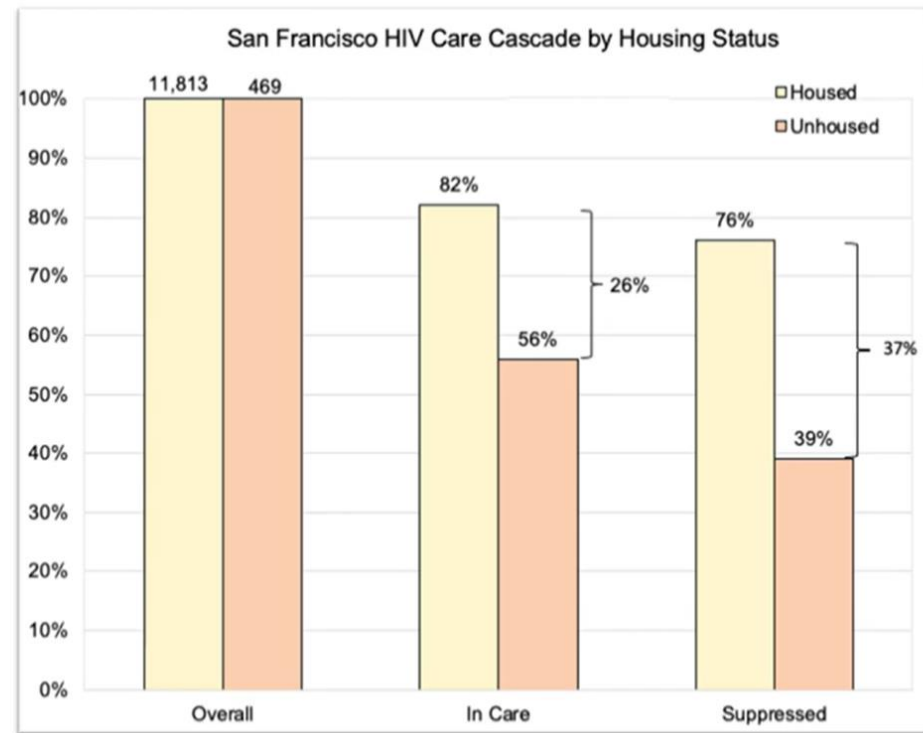
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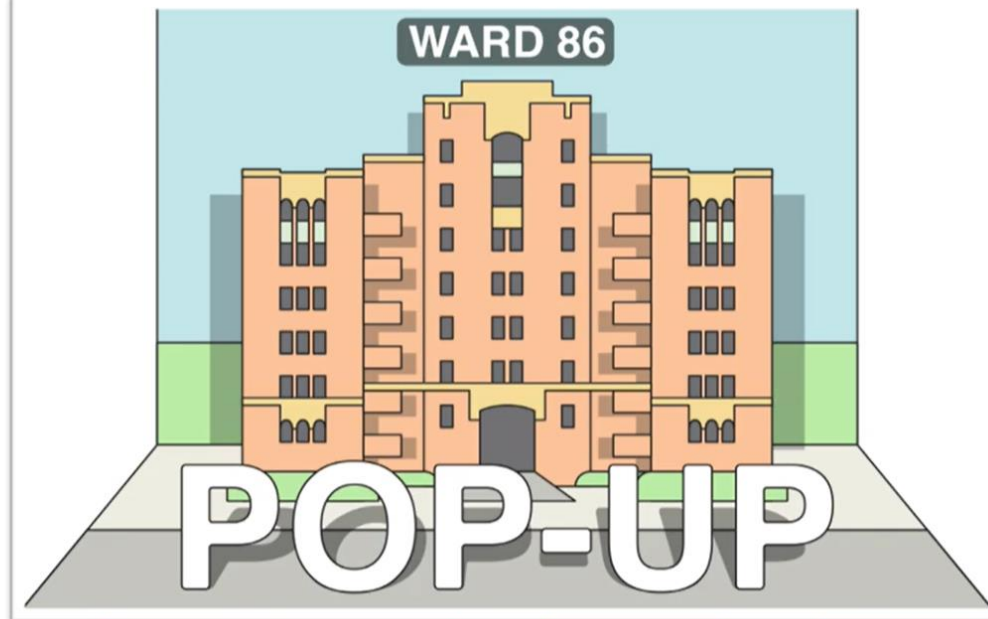


Disparities in HIV Outcomes By Housing Status in San Francisco

- In 2019, **18%** of new HIV diagnoses occurred among people experiencing homelessness.
- Being unhoused at the time of HIV diagnosis was associated with **27-fold** higher odds of death compared to those who were housed.



POP-UP Program at Ward 86



Comprehensive
primary care



Enhanced outreach



Drop-in access



Relationship
centered care

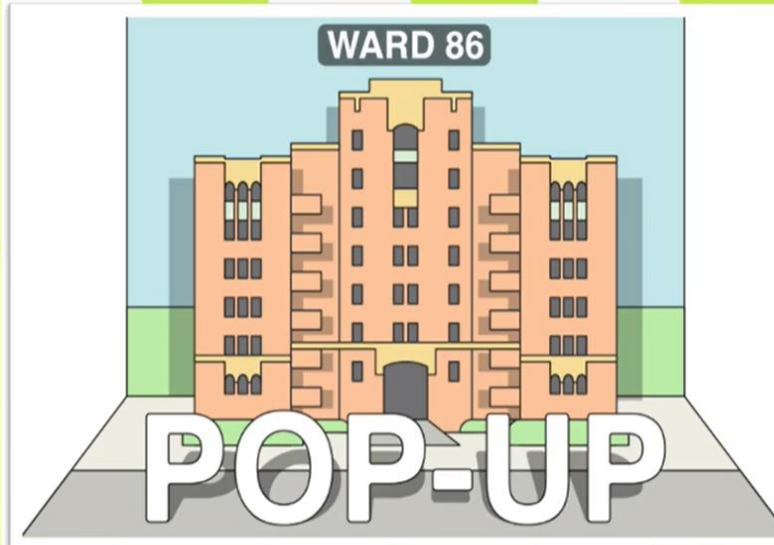


Incentivized care

Eligibility Criteria

- ✓ Homeless/unstably housed
- ✓ Virally unsuppressed (≥ 200 copies/mL)
- ✓ ≥ 1 missed primary care visit
- ✓ ≥ 2 unscheduled drop in visits

POP-UP Program at Ward 86



Early Outcomes















- Out of 192 referred patients, 152 were eligible, and 75 enrolled.
- **79%** restarted ART within 7 days
- **91%** returned to clinic for a visit within 3 months
- **55%** achieved viral suppression within 6 months

COVID-19 Pandemic

- People living with HIV who experience homelessness and unstable housing face compounding medical and socioeconomic challenges
- Public health ordinances lowered capacity for in-person services while accelerating telehealth adoption

What are care preferences among people living with HIV who experience homelessness or unstable housing during the COVID-19 pandemic?

- From July 2020 to November 2020, we enrolled people living with HIV experiencing homelessness/unstable housing who either:
 - accessed care through POP-UP or
 - accessed traditional primary care and had a recent unsuppressed viral load
- Conducted a demographic survey and discrete choice experiment.
- Estimated relative utilities using mixed-effects logistic regression and conducted latent class analysis to evaluate preference heterogeneity.

Attribute	Levels		
Type of visit	In-person visits only 	In-person visits and access to phone visits if I want 	In-person visits and access to video visits if I want 
Visit scheduling	Scheduled visits 	Drop-in visits 	
Navigator assistance	A navigator meets me to help me connect to the clinic for a visit 	I connect to the clinic for a visit on my own, without the assistance from a navigator 	
Visit and lab draw location	I can have a clinic visit with my team at Ward 86 	I can have a clinic visit with my team at either Ward 86 or a location in the Tenderloin  + 	
Incentive for coming to clinic visit	\$0	\$10 Safeway gift card for attending visit (max once/week) 	\$20 Safeway gift card per visit (max once/week) 
Single vs. group of doctors	I see the same doctor each time 	I see a small group of doctors who work together for my care 	

**115
patients
took
our
survey**

59 were
in POP-UP

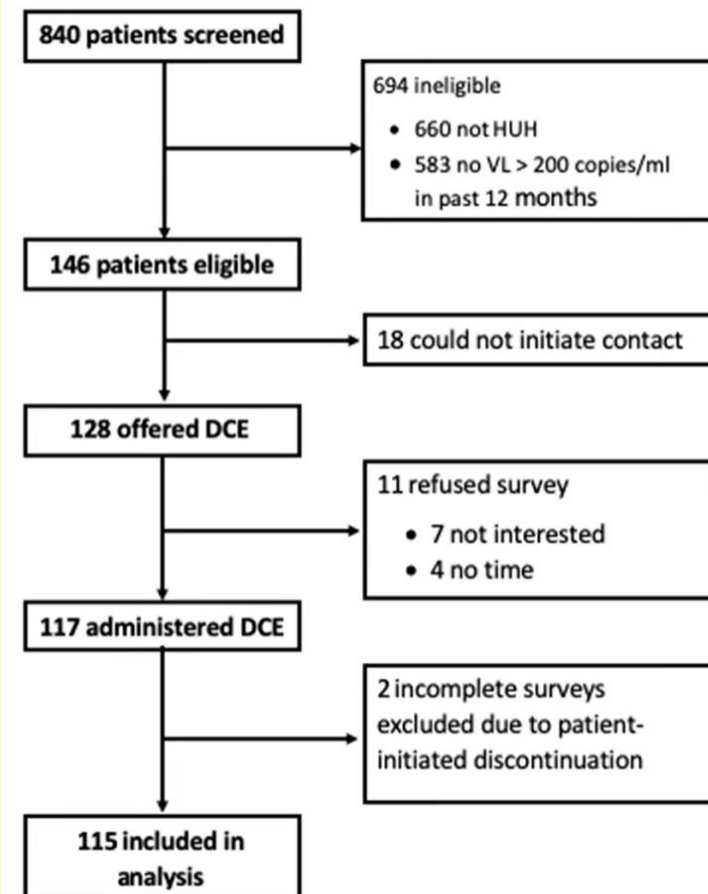
56 were
in
traditional
primary
care

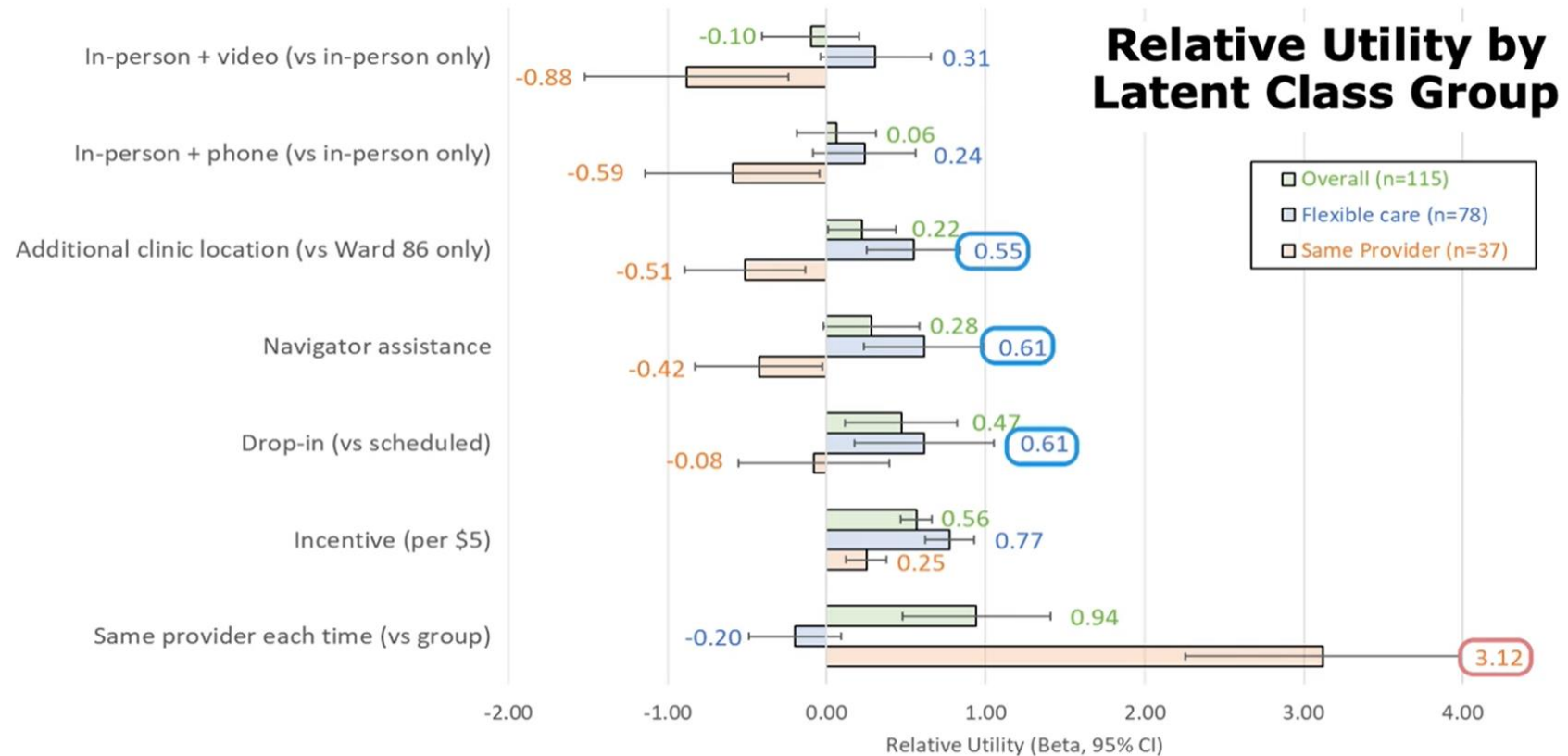
50% White
34% Hispanic/Latinx
20% Black

78% cisgender men
6% cisgender women
11% transgender women

54% used meth daily
40% recently lived
outdoors

76% owned a phone
56% had a phone
recently lost/stolen





68% of respondents preferred a flexible care model and 32% preferred provider continuity.
Telehealth was not preferred, even when facilitated by a navigator.
All respondents preferred incentives.

Conclusions

- Our discrete choice experiment among people living with HIV and marginal housing identified two groups with service preference heterogeneity.
- One group preferred a more flexible care model and one preferred provider continuity.
- Telehealth was not preferred, even when facilitated by a navigator.
- Service models for public HIV clinics that include options for in-person incentivized care, provider continuity and service flexibility may improve care engagement and reduce the disparity in viral suppression for people living with HIV who experience homelessness or unstable housing.

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