

A new normal? Dynamic patterns of healthcare engagement during the COVID-19 pandemic among people with HIV

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BACKGROUND

- People with HIV require regular and consistent engagement with the healthcare system to maintain viral suppression.
- Care engagement includes regular visits to primary care providers (PCP) and access to behavioral health care, as well as other healthcare providers.
- People with HIV were at risk of experiencing COVID-19 pandemic-related disruptions to their care due to pandemic mitigation measures.
- Telehealth experienced a significant expansion during the pandemic as providers and patients sought to maintain access to care while minimizing risk of COVID-19 spread.

STUDY AIMS

- Examine PCP and behavioral health visits among people with HIV to assess dynamic patterns of healthcare engagement before and during the COVID-19 pandemic.
- Determine whether there are differences in number of office versus telehealth PCP and behavioral health visits.

METHOD

Sample

- 3,195 adult members of a Medicaid managed care plan with an HIV diagnosis and continuously enrolled from 2019 through July 2022 (55 months)

Baseline Demographics

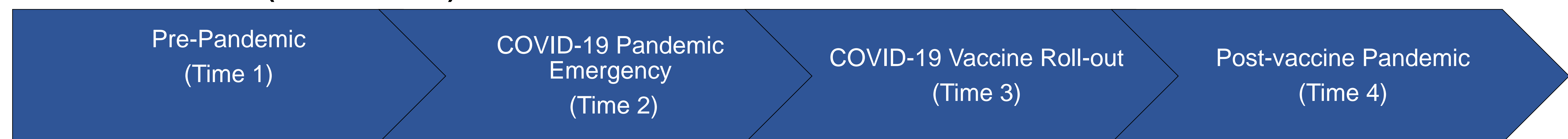
Gender Identity	Cis Female	29%
	Cis Male	62%
	Transgender	9%
Race/ Ethnicity	Non-Hispanic Black/African American	54%
	Non-Hispanic White	7%
	Non-Hispanic Multiracial/other race	3%
	Hispanic/Latino	36%
Age categories	18 – 29 years	9%
	30 – 49 years	42%
	50 – 64 years	49%

Analysis

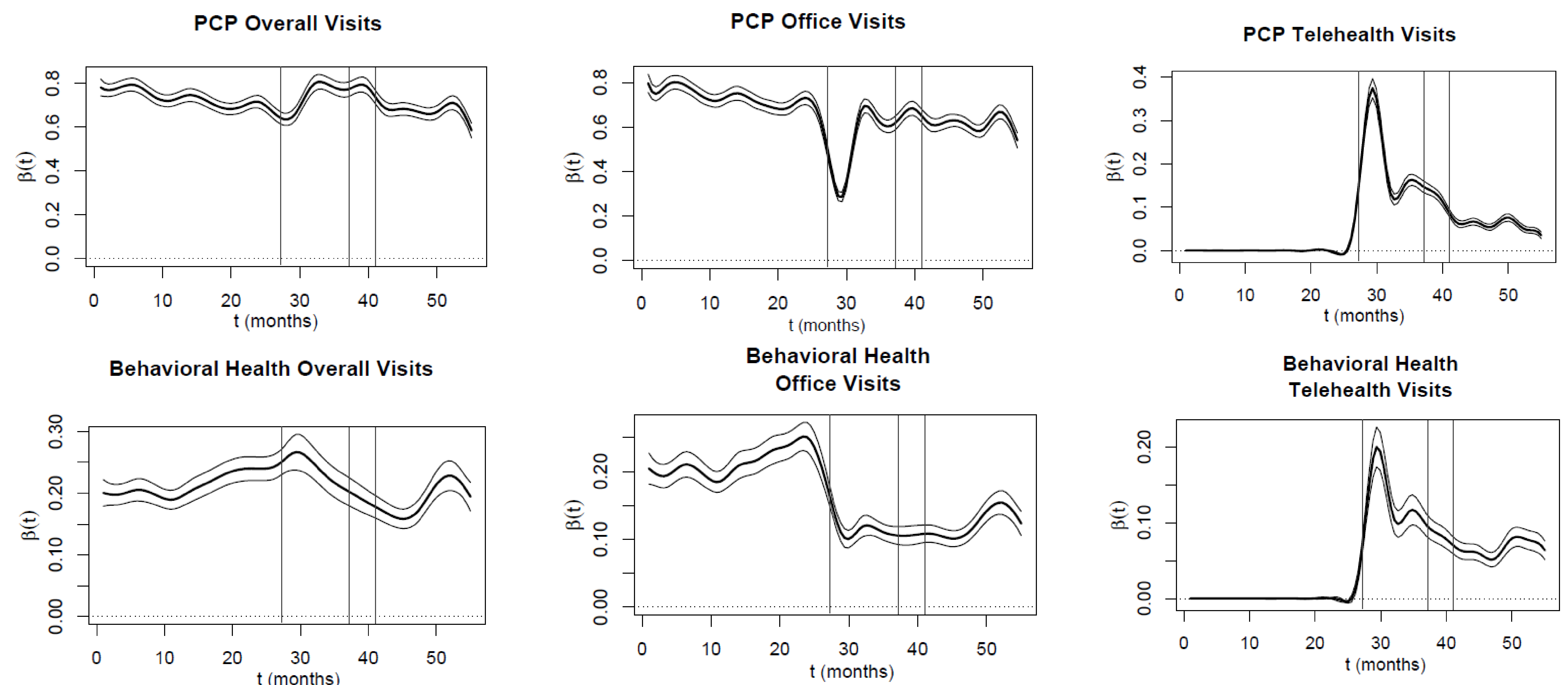
- Claims and clinical record data were used to compute the number of PCP and behavioral health visits (total, office, and telehealth) per month
- Intercept-only time varying effect models (TVEM) were estimated for each type of healthcare engagement to track change in the average number of visits over the study period
- TVEM is ideal for capturing irregular fluctuations in longitudinal patterns

RESULTS

COVID-19 Timeline (United States)



- January, 2018 – February, 2020
- March, 2020 – December, 2020
- January, 2021 – May, 2021
- June, 2021 – July, 2022
- Months 1 through 26
- Months 27 through 36
- Months 37 through 41
- Months 41 through 55



SUMMARY & CONCLUSIONS

- PCP overall visits were relatively stable in the pre-pandemic period, decreased at the beginning of the pandemic, then gradually increased during the pandemic with more fluctuations than pre-pandemic
- PCP office visits decreased sharply at the beginning of the pandemic, followed by an increase to near pre-pandemic levels towards the end of the COVID-19 pandemic emergency period.
- PCP telehealth visits rose rapidly at the beginning of the COVID-19 pandemic emergency, then fell during this same period, and continued to gradually decrease for the duration of the study period.
- Behavioral health visits showed a steady increase over time pre-pandemic, followed by a steady decline throughout the pandemic with fluctuations towards the end of the study period.
- Behavioral health office visits showed a gradual increase in the pre-pandemic period, a sharp decline at the beginning of the pandemic, and then stability at those reduced levels
- Behavioral health telehealth visits did not begin until the COVID-19 pandemic emergency. After a rapid increase, followed by a sharp decline, behavioral health telehealth visits continued to gradually decline before a slight increase at the end of the study period.
- These findings illustrate the impact of the COVID-19 pandemic on health engagement among people with HIV and highlight efforts (e.g., access to telehealth services) that might mitigate ongoing or future disruptions in care