Integrate Adult and Pediatric HIV Care to Ease Youth Transition to Adult Care

Better integration and transition planning was associated with higher rates of viral suppression among youth with HIV.

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Embedding an adult HIV medicine clinician and care navigator into a Baltimore pediatric HIV clinic led to 95% of young people remaining engaged in adult care one year after transition, according to a report in AIDS Care.

While young people with HIV are leading the way in so many aspects of HIV advocacy, clinical care can sometimes lag. When teens with HIV transfer from the pediatric HIV care they've received all their lives to adult HIV clinics, they are are more at risk of disengaging from care. As it is, teens and young adults have traditionally been less likely to be connected to HIV care.

So Patrick Ryscavage, MD, an assistant professor of pediatrics and medicine at the Institute for Human Virology at University of Maryland School of Medicine, and colleagues decided to catalog what, if anything, changed in terms of care engagement after transition to adult care after they integrated an adult HIV provider and a care navigator into their pediatric HIV clinic.

The University of Maryland HIV Structured Transition EmPowerment (STEP) program, which went into effect in July 2017, included a specific clinic for transition to adult care that was located at the pediatric clinic but staffed by an adult care provider and a navigator. It also included coordination with the pediatric care team, individualized transition plans for each participant, a pre-transition assessment that included the whole team and a transition visit at the adult clinic that included the STEP program providers from the pediatric clinic.

To assess whether the new approach changed post-transition engagement in care, Ryscavage and colleagues followed the 34 teens who transitioned to adult care between 2017 and 2020 and then compared rates of continued care at the adult clinic against data on transition and retention in care from the pre-STEP era, 2004 to 2012. Most STEP program participants (71%) were young men, 94% were Black, nearly half were living with a mental health diagnosis and 38% were using substances.

While the number of transitions to adult care in the STEP group was smaller than the historical controls, participants in the current era were slightly more likely to have been successfully linked

to adult care (94% versus 86%), although the difference was not statistically significant.

What was significant was the number of people who were still in care six months and one year later. At six months, 84% of STEP participants were still in care, compared with 62% of historical controls. A year into adult care, 95% of young people who transitioned were still engaged with their providers, compared with just half of clinic clients between 2004 and 2012.

Sixty-six percent of participants had an undetectable viral load (below 200) in the current era versus 35% between 2004 and 2012). And that was before transition to adult care. After transition, viral suppression remained at about 34% for people receiving care between 2004 and 2012. But for people transitioning to adult care under the STEP protocol, the rate increased from 66% before transition to 78% after transition.

“Retention in care is a touchstone in the strategy to eliminate HIV worldwide,” wrote Ryscavage and colleagues. “A well-functioning HIV [health care transition] program must be structured to robustly address all of these transition barriers.”

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