



80% Viral Suppression by 2020? Understanding the Concept of Engagement in HIV Care and A Call to Action for Nursing

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An updated National HIV/AIDS Strategy released in July 2015 emphasized closing the gaps in the HIV care continuum and a goal of 80% viral suppression by 2020. Engagement in HIV care describes an individual's interaction with the health care system to achieve key clinical and behavioral outcomes along the HIV care continuum. The goal of this concept analysis is to explicate engagement in HIV care by defining the concept, and identifying its antecedents, consequences, and research-related gaps. Research, practice, and policy implications involve leveraging the multiple entry points in the health care system where nurses encounter persons living with HIV.

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Key words: care continuum, concept analysis, engagement in care, HIV, nurses, re-engagement in HIV care

The United States' National HIV/AIDS Strategy (NHAS) calls for a reduction in new HIV infections, increased access to high-quality HIV care, and reduced HIV-related health disparities (White House Office of National AIDS Policy, 2010, 2015). The Patient Protection and Affordable Care Act (ACA) has provided an opportunity for more persons living with HIV (PLWH) than ever to be insured, facilitating access to important health services (Kates et al., 2014; Henry J. Kaiser Family Foundation, 2013). Early initiation of HIV treatment prevents disease morbidity and mortality

(Kinloch, Smith, Tsz-Shan, Ellis, & Johnson, 2015) and allows for secondary prevention of HIV transmission (Blair et al., 2014; Cohen et al., 2011; Kitahata et al., 2009).

Despite alignment of policy and science, there are substantial gaps in the HIV care continuum. The HIV care continuum benchmarks (HIV diagnosis, linkage to HIV care, retention in care, viral suppression) fall short of national goals. Of the 1.2 million PLWH in the United States, 86% know their infection status, 40% have been retained in HIV care, and 30% are virally suppressed (Figure 1; Bradley et al., 2014). The United States is behind Australia and several Northern European countries in care continuum outcomes, notably retaining PLWH in care and achieving viral suppression. In Denmark, the United Kingdom, the Netherlands, and France, more than 50% of PLWH had an undetectable viral load (Raymond, Hill, & Pozniak, 2014).

An updated NHAS released in July 2015 emphasized closing gaps in the HIV care continuum and set a goal of 80% viral suppression for PLWH (White House Office of National AIDS Policy, 2015).

Health outcomes are associated with each stage of the HIV care continuum. Suboptimal engagement in HIV care is associated with poor clinical outcomes

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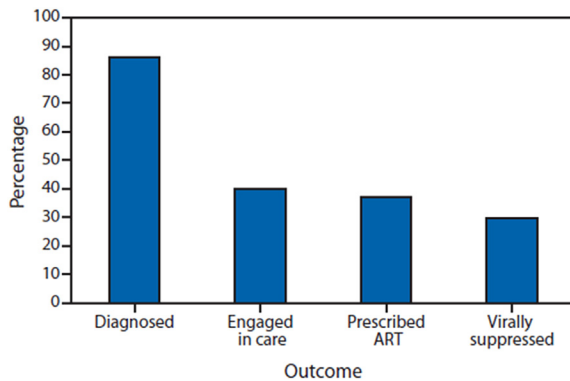


Figure 1. Estimated percentage of persons living with HIV infection, by outcome along the HIV care continuum—United States, 2011 (Bradley et al., 2014). *Note.* ART = antiretroviral therapy.

as well as HIV disease transmission (Giordano, Suarez-Almazor, & Grimes, 2005; Skarbinski et al., 2015). In fact, PLWH not retained in care have been shown to be responsible for more than 60% of all new HIV infections (Skarbinski et al., 2015).

Background

The concept of engagement in HIV care was first described in 2005 and further developed in subsequent years (Cheever, 2007; Giordano et al., 2005; Health Resources and Services Administration [HRSA], 2006). Despite a consensus on the basic definition of engagement in HIV care, factors that influence engagement in care, including intervention targets, models, and measures have only started to emerge (Christopoulos, Das, & Colfax, 2011; Mugavero, Amico, Horn, & Thompson, 2013; Ulett et al., 2009). Furthermore, an evidence base is lacking on how to effectively achieve engagement in care for PLWH (Cargill, 2013; Mugavero, Norton, & Saag, 2011).

Nurses and the HIV Care Continuum

Nurses “touch” patients at each stage of the HIV care continuum. Nurses support patients when they receive an HIV diagnosis. Nurses provide information to patients about the importance of timely linkage to care after HIV diagnosis and make referrals

to HIV specialty care. Nurses see patients in ambulatory environments and promote the importance of retention in care; they also emphasize the importance of follow-up with an HIV provider upon hospital discharge. Nurses counsel patients about the importance of medication adherence and provide intensive case management to PLWH who face medical and psychosocial comorbidities. Advanced practice nurses order HIV tests and prescribe life-saving antiretroviral therapy (ART). In 2013, the HRSA funded a number of AIDS Education and Training Centers in the United States to develop the HIV provider workforce with an emphasis on nurse practitioners and physician assistants (HRSA, 2013a). Nurses care for the most vulnerable PLWH from marginalized population groups in hard-to-reach areas of the United States (Medscape, 2012, para 3).

The NHAS has called for all sectors of society and the entire health care team to address the HIV epidemic (White House Office of National AIDS Policy, 2015). In order to achieve 80% viral suppression in PLWH by 2020, we must understand the concept of engagement in HIV care. Nurses have particular potential to enhance a patient’s ability to move through the HIV care continuum based on the many entry points in the health care system where nurses encounter PLWH.

The goal of this concept analysis was to explicate engagement in HIV care by defining the concept and identifying its antecedents and consequences. Gaps in the research related to engagement in HIV care, with emphasis on re-engagement in HIV care as a key attribute, are described, and implications for practice are identified.

Methods

This concept analysis was conducted according to an adaptation of the method described by Walker and Avant (2011). In order to create an interesting and relevant document for the policy, research, and practice community, the method was adapted to include the following components: aims of the analysis, uses of the concept, defining attributes, identification of antecedents, and consequences. The model case, borderline/contrary cases, and empirical referents were not included.

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