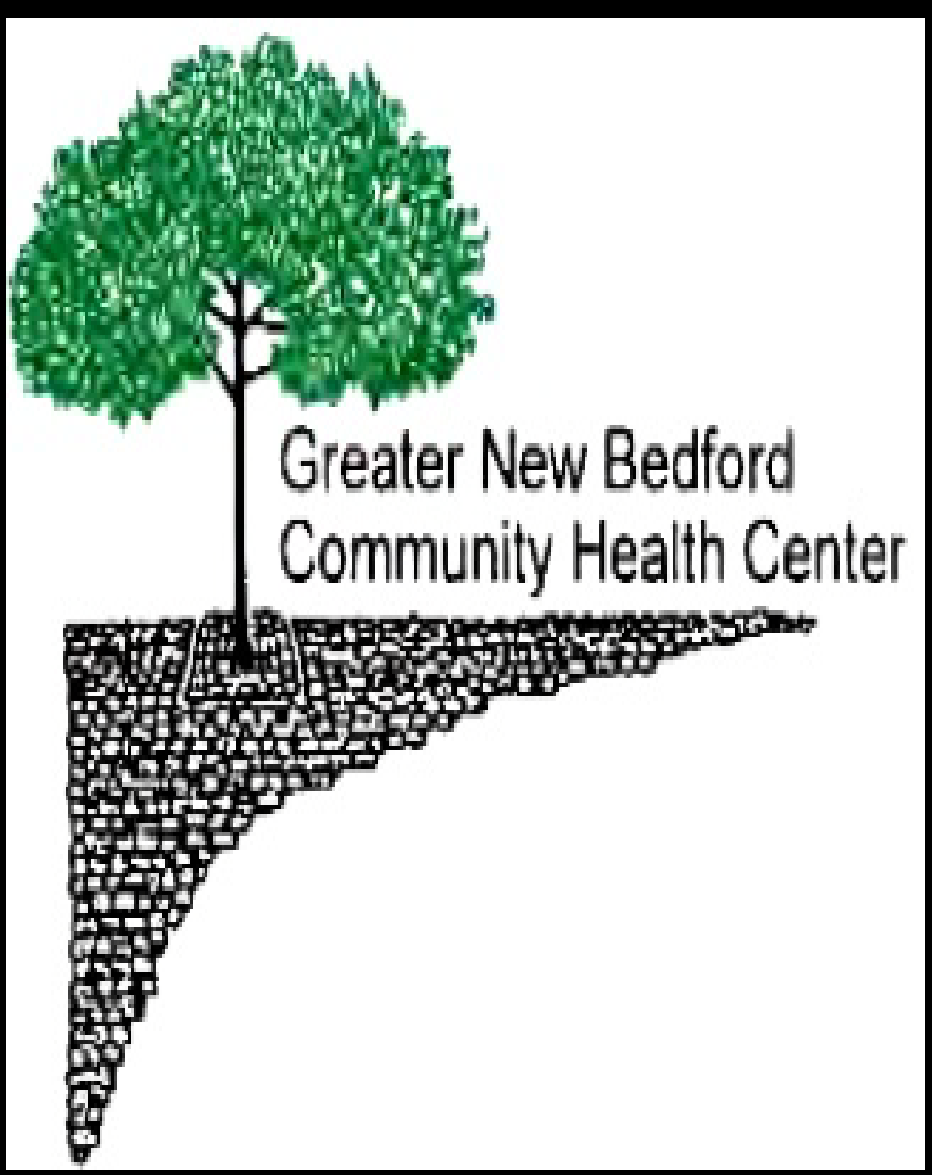




HIV/AIDS Patients with Patient Care Attendants in New Bedford, MA

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Abstract

People living with HIV/AIDS require a significant amount of care and support. In order to ease the burden of care, Personal Care Attendant (PCA) and Adult Foster Care (AFC) Programs have been implemented in the state of Massachusetts for people suffering from chronic illness. Although this service is available to all patients on MassHealth with chronic illness, only 43 out of the 320 HIV patients at the Greater New Bedford Community Health Center (GNBCHC) currently have a dedicated caregiver. The purpose of this project is to provide a descriptive analysis of the patient population in the Laurel A. Miller Clinic at GNBCHC who utilize PCA or caregiver programs in order to better understand the trends in demographics that could be potentially contributing to the utilization of these services.

Background

Adequate medical care is essential for positive health outcomes of HIV patients, yet significant problems exist in retention in care, especially among the underserved populations living with HIV. The CDC estimates that only 28 percent of the 1 million individuals in the United States who are living with HIV/AIDS are getting the full benefits of treatment needed to manage their disease (AIDS.gov, 2013). Among racial and ethnic groups, African Americans are least likely to be in ongoing care or have their virus under control according to AIDS.gov. Additionally, younger Americans are least likely to be retained in care. Poor retention and maintenance of care has been linked to the physical, emotional, and financial burdens of treatment. In order to address this need, MassHealth assists patients with a permanent or chronic disability, like HIV, by providing funds to hire a caregiver through the Personal Care Assistant and Adult Foster Care Programs. The caregiver or PCA is generally self-appointed by the patient, consisting of relatives, neighbors and friends, and is instrumental in assisting with activities of daily living and other household services such as laundry, shopping, housekeeping, meal preparation, transportation to medical providers and other special needs. Despite the potential benefits of this program, it is largely underutilized by the HIV patients at GNBCHC.

Methods

Although there are differences between PCA and Adult Foster Care services, for the purpose of this study all patients with paid caregivers are categorized as “PCA patients”. GNBCHC medical records were accessed for initial data collection of sex, age, ethnic/racial background, and viral load status of HIV+ patients with PCAs at the clinic. This data was then compared to 2010 data on New Bedford HIV+ population reported by Mass.gov. Viral load suppression status was not reported in the Mass.gov statistics, therefore a subgroup analysis was conducted against the total GNBCHC HIV+ patient population. Chi-squared statistical analyses were performed using an $\alpha=0.05$ to determine statistical significance.

Results

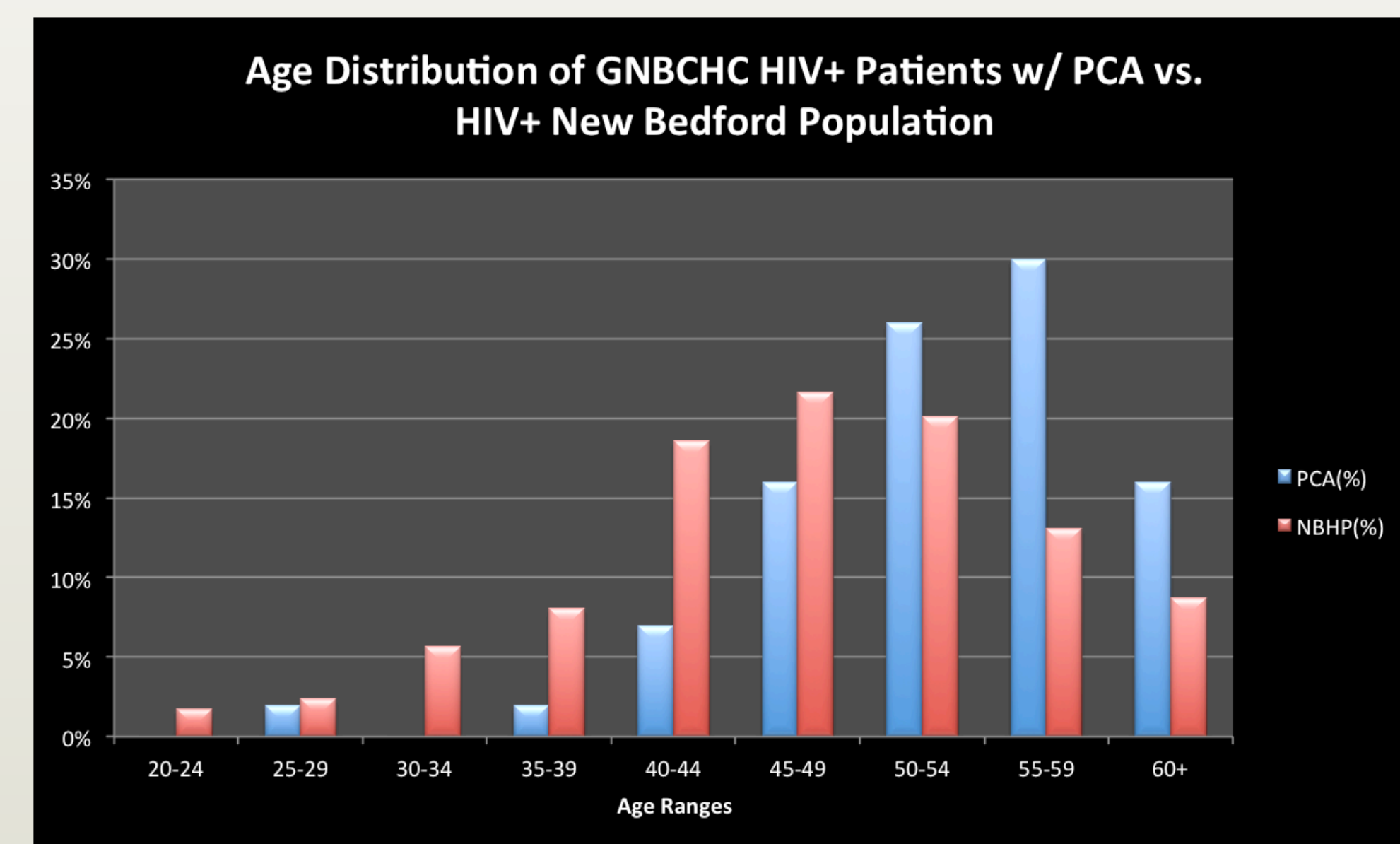


Table 1: Age Distribution of HIV+ Patients w/ PCA at GNBCHC vs. New Bedford HIV+ Population

AGE:	PCA (n)	NBHP (n)	p-value
20-24	0	8	0.3862
25-29	1	11	0.97
30-34	0	26	0.1182
35-39	1	37	0.1844
40-44	3	85	0.0779
45-49	7	99	0.4517
50-54	11	92	0.4215
55-59	13	60	0.0019
60+	7	40	0.0941
TOTAL	43	458	

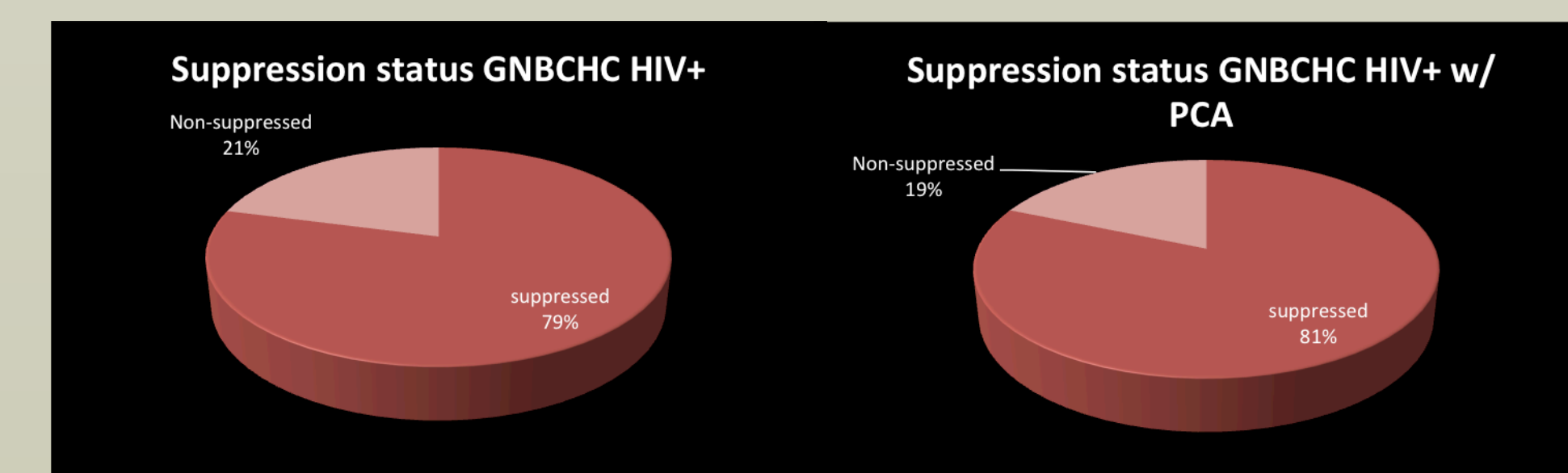


Table 2: Viral Load Suppression Status (<200 copies/mL)

Suppression Status:	PCA (n)	GNBCHC (n)	p-value
Suppressed	35	253	0.9996
Non-suppressed	8	67	0.9992
TOTAL	43	320	

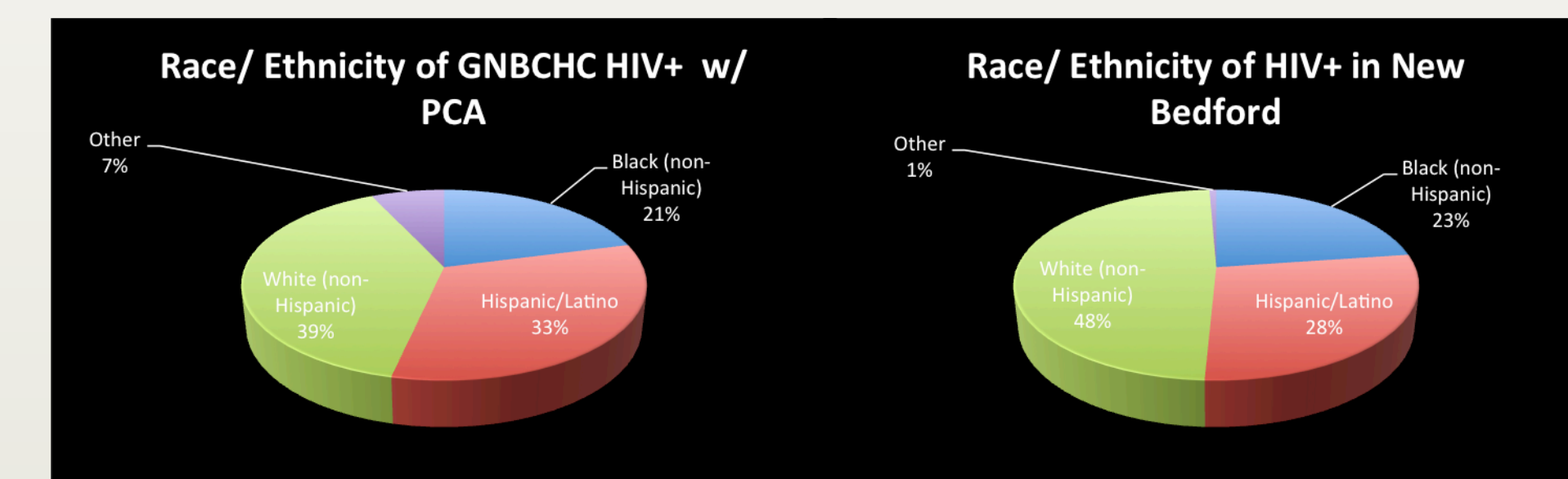


Table 3: Race/Ethnicity

RACE/ETHNICITY:	PCA (n)	NBHP (n)	p-value
Black (non-Hispanic)	9	105	0.8003
Hispanic/Latino	14	129	0.5706
White (non-Hispanic)	17	224	0.3943
Other	3	3	0.0001
TOTAL	43	461	

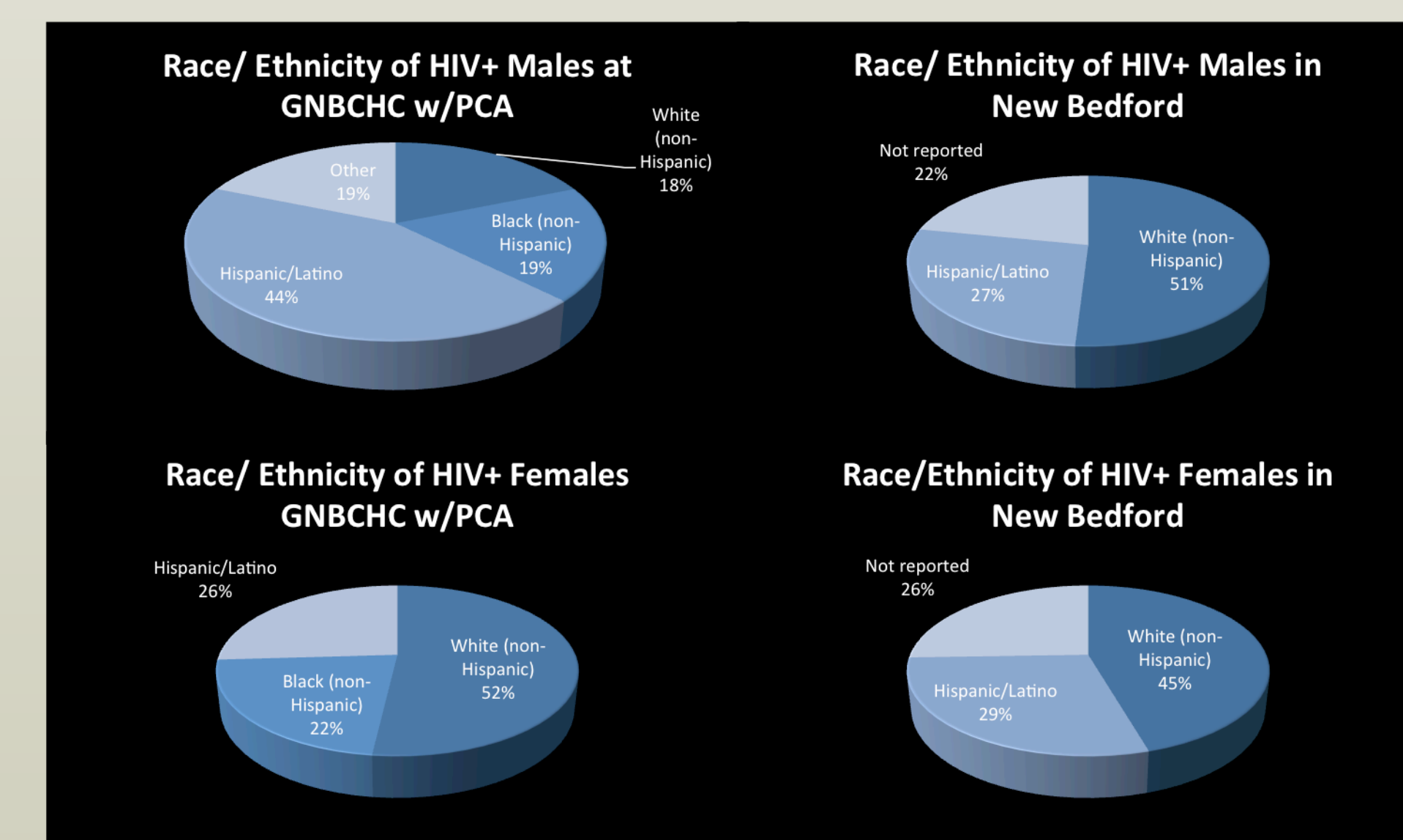


Table 4: Race/Ethnicity by Gender

SEX:	RACE/ETHNICITY	PCA (n)	NBHP (n)	p-value
Males	White (non-Hispanic)	3	133	0.0711
	Black (non-Hispanic)	3	N/A	
	Hispanic/Latino	7	71	
	Other	3	N/A	
	TOTAL	16	261+	
Females	White (non-Hispanic)	14	91	0.6249
	Black (non-Hispanic)	6	N/A	
	Hispanic/Latino	7	58	
	Other	0	N/A	
	TOTAL	27	200+	

Conclusion

Demographic analysis of HIV+ patients in the Greater New Bedford Community Health Center (GNBCHC) who utilize caregiver services demonstrates very few differences in comparison with the total HIV+ patient population in New Bedford, MA. Some small differences in race/ethnicity and gender were observed, but not found to be statistically significant. Using five-year age ranges, there is a significant difference in number of patients from ages 55-59 currently using caregiver services. This was the only demographic category found to have a significant difference between the two groups. Comparing viral load suppression status (viral load <200 copies/mL) between HIV positive patients at GNBCHC with caregivers and those without, there is no significant difference in the percentage of suppressed patients. Assuming that patients utilizing PCA services are in need of a caregiver to manage their healthcare needs (i.e. keeping appointments, taking meds, everyday care and hygiene etc.) and would otherwise have poorer outcomes than independent patients, our findings may indicate that the PCA services allow these patients outcomes to equilibrate with those not in need of care assistance. Further research with larger subject pools would be necessary to confirm or deny this finding.

Future Direction

To our knowledge, no studies have described the use of PCA or caregiver services in this patient population. Further research is needed to determine the impact of caregiver use on management and retention in HIV care.

Acknowledgements

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