ABSTRACT

**Background:** On the HIV/AIDS care continuum, the “retention in care” metric does not distinguish between single-facility or multi-clinic utilization, otherwise described as continuity of care. Single-facility utilization is vital as it has been linked to differences in clinical outcomes among patients. Published research detailing socio-demographic predictors of continuity of care and its association with health outcomes, and its prevalence have been studied only in limited urban settings. Additionally, health status characteristics such as comorbid conditions, have yet to be evaluated as potential predictive factors for continuity of care.

**Methods:** A cross-sectional, design was used to evaluate data from South Carolina (SC) enhanced HIV/AIDS Reporting System (SC e-HARS) merged with data from South Carolina Sexually Transmitted Diseases Management Information System (STD*MIS), and SC Ryan White programs (*Provide Enterprise*) during 2014-2017 to determine: the prevalence of continuity of care and disease comorbidity, the association between continuity of care and disease comorbidity, and the association between continuity of care and patient health outcomes and clinical indicators.

**Results:** A sizeable subgroup of persons who are retained in care do not experience continuity of care (82%-85% retained compared to 42%-71% for single facility utilization). The factors significantly associated with continuity of care included year of diagnosis (p=<.0001), race (p=0.0234), rurality (p=0.0001), and South Carolina public health region (p=<.0001, 0.0022, 0.0259, and 0.0034). The prevalence of STIs in the
population ranged from 13.91% to 18.75% and declined from 2014-2017 with Syphilis being the most reported STI type. In contrast to STIs, the prevalence of OIs was much lower ranging from 2.57% to 6.99%. The most prevalent OIs were Candidiasis of the esophagus and PCP STIs were predictors of continuity of care in in years 2015 (AOR 0.582, 95% CI 0.410-0.826), 2016 (AOR 0.586, 95% CI 0.438-0.785), and 2017 (AOR 0.640, 95% CI 0.489-0.838).

In total 88.2% (n=1431) of the study sample had viral load labs in 2017 compared to 86% (n=1396) with CD4 lab values. There was no difference in rates of viral suppression in 2017 between person who engaged in SF in 2016 and those with MCU (87.3 and 87.2% respectively). Continuity of care was not a predictor of viral suppression in the subsequent year (OR 0.989, 95% CI 0.722-1.355) (AOR 1.015, 95% CI 0.728-1.414). However, continuity of care in 2016 was a predictor of CD4 control (value ≥ 350 ml) in 2017 in both our unadjusted and adjusted models (OR 0.696, 95% CI 0.532-0.910) (AOR 0.676, 96% CI 0.510-0.896).
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