



## **Primary care interventions improve health outcomes for HIV-positive Canadians**

*Study results suggest primary care interventions would improve health outcomes, reduce emergency department use and decrease healthcare costs for this client population*

**Vancouver, British Columbia (July 22, 2010)** – Results of a study presented today at the XVIII International AIDS Conference in Vienna, Austria by the BC Centre for Excellence in HIV/AIDS (BC-CfE) call for increased primary care interventions to improve health outcomes for HIV-positive Canadians and reduce emergency department use by this patient population.

Results from the study, *Effect of viral load suppression and housing on Emergency Department use on a cohort of persons on antiretroviral treatment in British Columbia, Canada*, released July 22, 2010, revealed that low adherence to HIV medications, unsafe drug use practices and unstable housing contribute to overuse of hospital emergency departments by persons living with HIV and AIDS.

“Frequent use of emergency departments by persons living with HIV and AIDS places undue stress on the health care system and signals a breakdown in the coordination of care,” said Dr. Robert Hogg, Director of the BC-CfE’s Drug Treatment Program. “Earlier intervention by primary care providers would improve health outcomes for marginalized people with HIV and AIDS and likely result in decreased healthcare costs.”

BC-CfE researchers analyzed discharge diagnoses and risk factors for 493 Longitudinal Investigation into Supportive and Ancillary Health Services (LISA) project participants residing in the catchment area for Vancouver’s St. Paul’s Hospital, of whom 153 (31 per cent) had a record of emergency department use.

Discharge diagnoses were primarily related to diseases of the skin typically observed in people who inject drugs. Emergency department use was independently associated with lower likelihood of suppressing HIV through antiretroviral therapy, history of hepatitis C infection and unstable housing.

The study’s findings suggest a need for social interventions at the primary care level, such as harm reduction, comprehensive medication adherence support, and supportive housing. Engaging marginalized populations at this stage, the authors suggest, may keep patients healthier, longer. It would reduce the need for emergency department visits, and as a result, decrease the healthcare costs associated with this patient population.

Early intervention is the cornerstone of the BC-CfE’s ground-breaking “seek and treat” strategy. This model sees health workers reaching out to people in hard-to-reach populations such as injection drug users, sex-trade workers, incarcerated individuals, and those with other underlying conditions such as mental illness, and providing rapid HIV testing and immediate HAART treatment to all clinically eligible individuals.

“Expanded HAART coverage will yield significant benefits for both individual and population health,” said Dr. Hogg. “HAART stops HIV from progressing to AIDS, extends life expectancy, and significantly reduces HIV-related deaths. And there is strong evidence that HIV-positive people who are appropriately treated become dramatically less likely to transmit the virus.”

The BC-CfE’s seek and treat strategy is becoming recognized worldwide as an effective approach against HIV/AIDS and reducing the incidence of HIV in the community. The increasing acceptance of this strategy has resulted in pilot projects in British Columbia and the U.S.

The British Columbia provincial government has invested \$48 million over four years in a pilot project to expand HAART treatment among hard-to-reach populations, including sex trade workers, injection drug users and men who have sex with men. B.C.’s Seek and Treat program is being evaluated as part of the BC-CfE’s innovative research program, Seek and Treat for the Optimal Prevention of HIV/AIDS (STOP HIV/AIDS).

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#### **About the B.C. Centre for Excellence in HIV/AIDS:**

The BC Centre for Excellence in HIV/AIDS (BC-CfE) is Canada’s largest HIV/AIDS research, treatment and education facility. The BC-CfE is based at St Paul’s Hospital, Providence Health Care, a teaching hospital of the University of British Columbia. The BC-CfE is dedicated to improving the health of British Columbians with HIV through developing, monitoring and disseminating comprehensive research and treatment programs for HIV and related diseases.

#### **About the LISA project:**

The Longitudinal Investigation into Supportive and Ancillary Health Services (LISA) project is a three-year initiative of the BC-CfE funded by the Canadian Institutes of Health Research (CIHR).

The objective of the LISA project is to better understand how people living with HIV and taking HAART are doing in terms of supportive services use, socio-demographic factors, and quality of life. Through face-to-face interviews, LISA gives people an opportunity to voice the successes and challenges they experience in their daily lives. To date, more than 1,000 individuals from across British Columbia have been interviewed, representing all health authorities.

#### **For additional information or to request interviews, please contact:**

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