



Antique Pandemic: Effectiveness of HIV management

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Theoretical Framework

Year long qualitative and quantitative study from interviewing 100 HIV patients every 6 months and reviewing blood draw results during this time frame.

Two distinct populations:

1. MAX clinic
 - High risk due to substance abuse, significant barriers in accessing HIV medical care, homelessness, mental health, or noncompliance with medications.
2. Ryan White
 - More stable patient group



Brief data overview

Qualitative: Questionnaire consisting of 18 questions.

Examples:

- *How does the medical care you currently receive impact your overall health?*
- *When you did access medical care in the past, what helped you? Who helped you?*
- *Thinking about the larger medical system, what things about the system make it difficult for you to come in for care?*
- *What is your most memorable experience with health care? Why?*
- *What prevented you from getting into HIV medical care prior to the clinic?*



Brief data overview

Quantitative: Tracking of remarkable CD4 and HIV viral loads from blood draws

HIV PCR 250>

- Indicating HIV virus is replicating in the body. Important for adjusting medications and/or checking that the patient is able to obtain proper treatment

CD4 count

- The number of T-cells in the blood that fight infection. The lower the number, the higher risk for potentially life-threatening infections.



Surprising Interdependency

Does the interdependency end in Tacoma?

Absolutely not!

- I am a **student** from **UWT** working in **Tacoma** at **Community Health/Ryan White HIV clinic** interacting with a **diverse patient population** (affluent, homeless, substance abusers, mentally ill, heterosexual, LGBTQ2+, OBGYN, migrant/undocumented (Ukrainian, Middle Eastern, South American))
- I am playing a small part in **WA's healthcare system**, expanding throughout **Pierce County** health system → **Seattle** → Harborview → **UW medicine** → International research, care, management, treatment → PNW → **WAMI and beyond**.

(Opie, 2010-2011)



What is the problem?

- I. “To many cooks in the kitchen”
 - Where does one go for treatment?
 - Community Health vs Ryan White vs Emergency department vs Pierce County Aids foundation vs many others

- II. Competition and overlap
 - Organizational competition for funding and grants
 - Lack of specialized providers for so many different programs

- III. Forgetting about the patient.
 - Structing HIV care around the patient's best interest.
 - What is the most efficient way in treating a diverse community with a chronic lifelong illness?

(Archdiocese of Atlanta, 2021))

Solutions:

Major theme: Centralized location for treatment produces better outcomes regarding prevention and long-term treatment.

I. Centralization of treatment

- Creation of a centralized location for HIV treatment comparable to places that treat other long term chronic illnesses (cancer clinics, dialysis clinics)

I. Rapid routine HIV PCR testing at emergency departments

- Early detection = better long-term outcomes
- Rapid testing is already being used; it needs to be implemented like routine STI testing.

Creation of a centralized foundation where a network of broadening interdependent relationships manifest's itself through providers and patients. I believe this will lead us to the most effective methods of *detection* and *treatment*.

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