Supporting Youth from Pediatric- to Adult-Oriented HIV Care Across Two Metro Sites in the United States: Results from the iTransition Pilot Trial

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Abstract

In the United States, youth are disproportionately affected by HIV and have poorer health outcomes than adults. Health care transition (HCT) from pediatric/adolescent- to adult-oriented HIV care is associated with disruptions to youths' care retention, medication adherence, and viral suppression. However, no evidence-based interventions exist to improve HIV-related HCT outcomes. Accordingly, our team designed and implemented the *iTransition* intervention to support youth and providers in navigating HIV-related HCT. We conducted a pilot trial of *iTransition* in two cities in the United States with four participant groups: (1) historical control group (n = 21), (2) youth intervention group (n = 33), (3) provider intervention group (n = 17), and (4) Transition Champions (i.e., staff members from each participating pediatric/adolescent and adult clinic designated to support *iTransition* implementation; n = 7). Analyses examined acceptability, feasibility, and preliminary efficacy. Youth, providers, and Transition Champions, who completed the assessments, generally assessed the feasibility and acceptability of the *iTransition* app and provider console favorably. Linkage to adult HIV care (defined as one adult HIV care appointment) was significantly higher in the youth intervention group, where 81.8% were linked compared with 47.6% in the historical control group (?2= 6.96, p = 0.008). Rates of care linkage were not significantly different between app users and non-users (?2 = 1.09, p = 0.30). Notably, overall use of the app and the provider console was low. This study suggests that *iTransition* could serve as an important tool to support HCT for youth living with HIV in the United States; however, further work is needed to optimize implementation and improve uptake.

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