RAPID ART INITIATION

Evidence-Informed for the Linking and Retention in HIV Care Chapter
Evidence-Informed for the Structural Interventions Chapter

POPULATION
➢ ART-naïve persons with a new HIV diagnosis

KEY INTERVENTION EFFECTS
➢ Improved time to viral suppression

BRIEF DESCRIPTION
Rapid ART Initiation for identified patients with a new HIV diagnosis who were referred for clinic visits from regional health departments to begin ART.

- Patients were offered clinic visits within 72 hours of appointment requests, including same day appointments.
- ART was prescribed to all patients at initial visit unless there were specific patient or provider objections.
- Eligible patients were seen at first visit by medical providers for history, physical assessment, and ordering of baseline laboratory studies.
- Patients were provided with fixed-dose combination ART directly from the on-site pharmacy.
- Medical case managers assessed insurance status and eligibility for enrollment into the Ryan White Part B drug assistance program or industry-sponsored patient assistance programs. A 10-day supply of ART was provided at no cost to those without insurance or documentation.

DURATION: 0 – 34 days
SETTING: Suburban, Midwestern Ryan White clinic
STUDY YEARS: 2015 – 2017
STUDY DESIGN: Retrospective cohort
DELIVERERS: Medical providers, pharmacists, and case managers
DELIVERY METHODS: ART prescription, Case management, Medical appointments

STUDY SAMPLE
The rapid treatment (post intervention) sample of 35 study participants was characterized by the following:

- 54% White persons
- 40% Black or African American persons
- 6% Hispanic, Latino, or Latina persons
- 91% male persons
- Median age = 26 years

STRUCTURAL COMPONENTS
Access - HIV medical care

- Decreased time for first appointment and same day initiation of ART

Policy/Procedure - Institutional policy/procedure

- Changes to clinic procedures to schedule first visits within 72 hours of appointment requests and opt out policy for ART initiation

KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- Median time from diagnosis to viral suppression (viral load < 200 copies/mL) was shorter in the rapid treatment group (post-intervention) compared to the delayed treatment group (pre-intervention) (76.5 days (Interquartile Interval (IQI): [51-151]) vs. 137 days [77-318]).

CONSIDERATIONS

- Median time from diagnosis to ART initiation and from first clinic visit to ART initiation were shorter in the rapid treatment group compared to the delayed treatment group.
- 91% of participants in the rapid treatment group-initiated ART within 3 days compared to 8% of participants in the delayed treatment group.

ADVERSE EVENTS

- The author did not report adverse events.

FUNDING

- Ryan White Title III/IV funding

PRIMARY STUDY

Ilagan, D. J. C., Eitniear, L., Cole, K., Duggan, J., & Sahloff, E. (2021). Time between diagnosis and achievement of virologic suppression in people living with HIV. *American Journal of Health-System Pharmacy, 78*(Suppl. 4), S95-S100. doi: 10.1093/ajhp/zxab269.

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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