RAPID ART START PROTOCOL

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

POPULATION
- Patients with HIV at a Veterans' health clinic

KEY INTERVENTION EFFECTS
- Decreased time to engage in HIV care
- Decreased time to ART initiation
- Decreased time to viral suppression

BRIEF DESCRIPTION

Rapid Antiretroviral Therapy (ART) Start Protocol streamlines HIV treatment for patients who have a new HIV diagnosis. The protocol workflow is as follows:

- The Infectious Disease Clinic receives notification, confirms HIV diagnosis, and contacts the patient within 72 hours (preferably on the same day of diagnosis).
- During the first visit, a multidisciplinary team (i.e., nurse, scheduler, medical provider, pharmacist, psychologist, and social worker) provides care.
  - The provider performs initial assessment, opportunistic infection screening, HIV education, sexually transmitted infection screening, and counseling (e.g., prophylaxis for partners).
  - Initial lab tests are conducted, and ART is prescribed.
  - Social worker assists patient with partner notification and assesses potential barriers to care with linkage to further resources.
  - Psychologist addresses mental health and substance use concerns.
- At day 14, pharmacist and social worker connect with client via telephone and provide side-effect management, adherence education, and counseling.
- Follow-up visit occurs within 4-6 weeks with provider to address adherence, medication interactions, and co-morbidities; lab tests are conducted and results are discussed with patient. Further follow-up lab tests and visits scheduled around 6-8 weeks later.

DURATION: at least 4 sessions (3 in person and 1 telephone) over the course of 10-14 weeks
SETTING: Veteran's Health Administration Infectious Disease clinic (Atlanta, GA)
STUDY YEARS: 2012 – 2020
STUDY DESIGN: Retrospective cohort design
DELIVERERS: Multidisciplinary team of clinical care staff (nurses, schedulers, medical providers, pharmacists, psychologists, and social workers)
DELIVERY METHODS: Appointment scheduling, Case management, In-person visits, Phone calls

STUDY SAMPLE

The baseline study sample of 116 patients was characterized by the following:

- 85% Black or African American persons
  15% White persons
- 1% persons identifying as Hispanic, Latino or Latina, regardless of race
- 76% male persons, 5% female persons
- Median age = 44 years

STRUCTURAL COMPONENTS

- Access – HIV care
  - Expedited access to HIV care and ART prescription
- Institutional Policy/Procedure – Institutional Procedure
  - Changed clinical procedures to increase access to care and HIV treatment

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

- The median (Interquartile interval, IQI) time from referral to first attended clinic appointment was reduced from 20 days (10-43) pre-intervention to 1 day (0-3) post-intervention ($p < 0.001$).
- The median (IQI) time from first attended visit to ART initiation (measured as the ART dispense date) decreased from 27.5 days (3-50) pre-intervention to 0 days (0-0) post-intervention ($p = 0.01$).
- The median (IQI) time to viral suppression from diagnosis decreased from 180.5 days (102.5-338.5) pre-intervention to 62 days (40-105) post-intervention ($p < 0.001$).
- Patients who received Rapid ART Start were more likely to achieve viral suppression at any given time during the study period compared to pre-intervention participants (Hazard Ratio = 2.65, 95% Confidence Interval: 1.69 - 4.16, $p < 0.001$).

CONSIDERATIONS

- Mortality: More deaths were seen pre-intervention (n = 6), compared to post intervention (n = 2) groups.
- Fidelity measures of both pre-intervention and post-intervention groups were very high with 100% of patients having a first appointment visit with a subsequent follow-up visit, and 95% of patients were retained in care.
- Resources that may be needed to implement rapid ART programs include: 1) dedicated point of contact for efficient and reliable notification of new diagnosis of HIV; 2) peers or navigators to assist through the clinic and rapid ART process; 3) training of staff to assist with pharmaceutical assistance program applications; and 4) a multidisciplinary team that includes a social worker, eligibility/insurance specialist, and a dedicated medical provider.

ADVERSE EVENTS

The author did not report adverse events.

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PRIMARY STUDY

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