

CRESCENTCARE START INITIATIVE (CCSI)



Evidence-Informed for the Structural Intervention Chapter

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

POPULATION

- Patients with newly diagnosed HIV

KEY INTERVENTION EFFECTS

- Improved time to linkage to HIV care
- Improved time to viral suppression

BRIEF DESCRIPTION

CrescentCare Start Initiative (CCSI) enhances patient navigation, expedites clinic intake, and initiates immediate anti-retroviral therapy (ART) within 72 hours of diagnosis.

- An agency-wide standard operation procedure (SOP) is distributed, which includes training sessions for providers and a medical checklist to standardize workflow for non-HIV specialists to deliver the same care.
- The initial visit is 30 minutes, and a first dose of ART is directly observed. After the visit, baseline HIV labs are drawn, and patients see case management, behavioral health, and health insurance specialists when needed.
- A navigator is available 24 hours a day to coordinate linkage to medical care of persons with new HIV diagnoses. Referral to an HIV specialist for on-going management; the specialist regularly reviews patient encounters. CCSI also includes follow-up appointments within 4 weeks that are longer in duration.

DURATION: Four weeks after initial dose of ART

SETTING: CrescentCare Clinic (New Orleans, Louisiana)

STUDY YEARS: 2016 – 2017

STUDY DESIGN: Serial cross-sectional design

DELIVERERS: Primary care providers, HIV specialists, Patient navigators

DELIVERY METHODS: Case Management, Navigation services, Referrals

STUDY SAMPLE

The *intervention* analytic study sample of 71 participants* was characterized by the following:

- 53% Black or African American persons
- 10% Persons who identify as Hispanic, Latino or Latina regardless of race
- 72% males, 3% transgender persons

The *historical cohort comparison* sample of 29 participants was characterized by the following:

- 66% Black or African American persons
- 7% Persons who identify as Hispanic, Latino or Latina regardless of race
- 93% males, 7% transgender persons

*A total of 77 patients with a new diagnosis of HIV were referred to CCSI; 71 out of the 77 (92%) were linked, saw a treating provider, and started ART within 72 hours of diagnosis and comprised the CCSI analytic sample.

Note: Race and ethnicity percentages may not add up to 100% due to rounding or the study did not report percentages.

STRUCTURAL COMPONENTS

Access – HIV medical care

- Improved access to HIV care by linking PWH to immediate ART treatment and HIV health/social services
- The structure of CrescentCare with guaranteed same-day appointments, extended hours, and wrap-around services is conducive for an immediate ART initiation initiative

Capacity Building – Provider/supervisor training; Hiring

- Trained providers on new SOP for care delivery
- Hired a full-time navigation specialist for patient engagement

Policy/Procedure – Institutional policy/procedure

- Developed an SOP for non-HIV specialists to deliver the same model of care

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

- The intervention group had a reduced mean time to linkage to care compared to the historical cohort (1.3 days vs. 30 days, [95% Confidence Interval (CI): 1.09 - 1.51 days]).
- The intervention group had a reduced median time to viral suppression (<200 copies/mm³) compared to the historical cohort (30 days vs. 68 days, [95% CI: 60 - 92 days]).

CONSIDERATIONS

- All CCSI patients achieved viral suppression. At the end of the study period, viral suppression was maintained in 70 of the 71 patients linked (median 135 days, Interquartile Range = 117, Q1 = 90, Q3 = 207); one patient had rebound viremia due to nonadherence.
- CCSI witnessed a significant increase in referrals to the clinic following implementation.
- A full-time navigation specialist was essential for patient engagement.
- The success of the model is dependent on same-day accessibility.

ADVERSE EVENTS

- Author did not report on adverse events.

FUNDING

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PRIMARY STUDY

Halperin, J., Butler, I., Conner, K., Myers, L., Holm, P., Bartram, L., & Van Sickels, N. (2018). [Linkage and antiretroviral therapy within 72 hours at a federally qualified health center in New Orleans](#). *AIDS Patient Care and STDs*, 32(2), 39-41. doi: 10.1089/apc.2017.0309

PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

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