



# Attitudes Towards Rapid Start of Antiretroviral Therapy in New Jersey.

Abstract : 20905

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# Rapid Initiation of ART

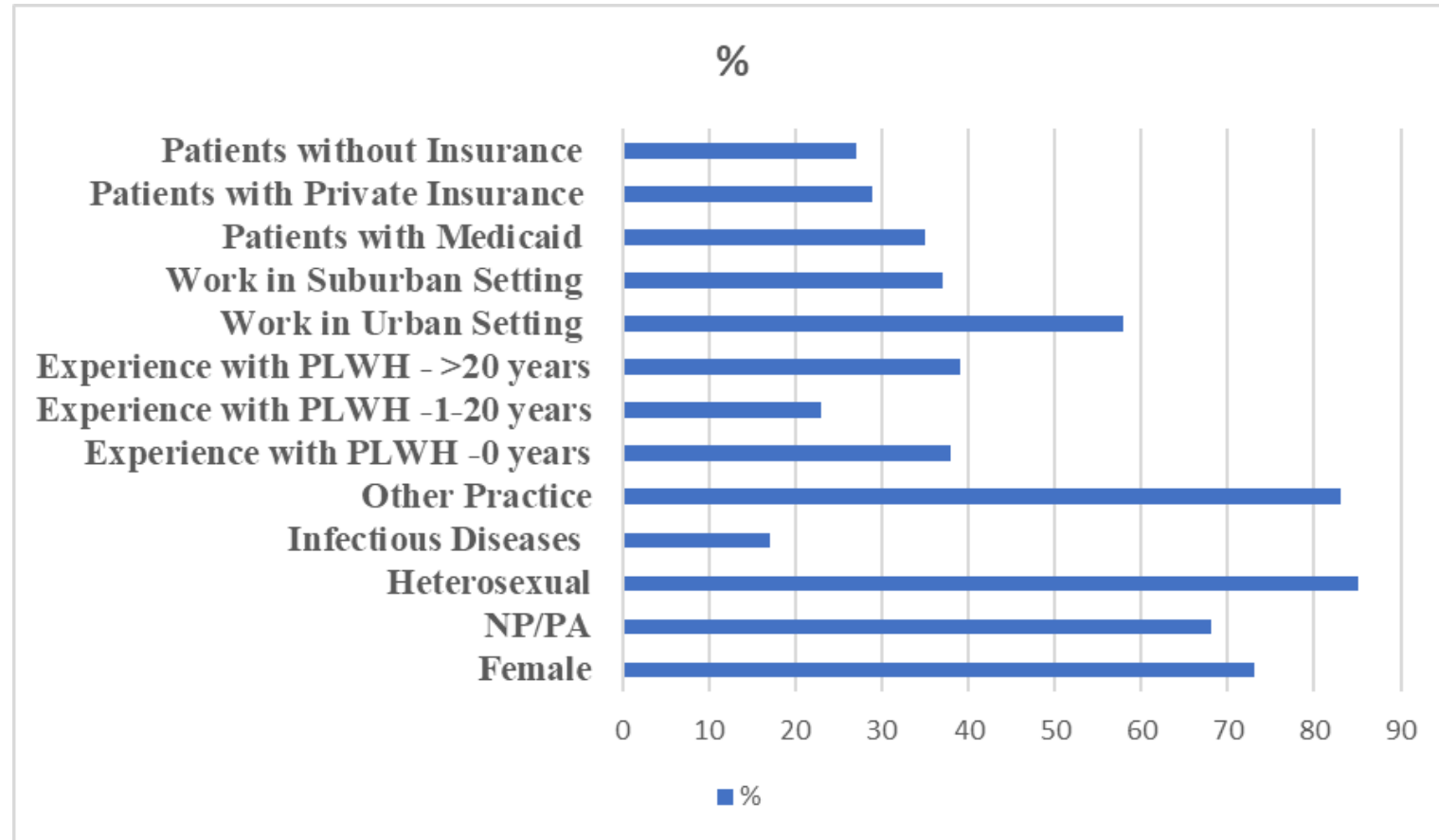
- **Introduction:** Rapid Start of antiretroviral therapy after a new HIV diagnosis can lead to improved linkage to medical care and viral suppression, prevent the onward transmission of new infections and decrease morbidity and mortality. (1)
  - **Purpose:** Evaluate provider attitudes to Rapid Start, in New Jersey, from January to December 2021.
  - **Methods:** Health care providers were invited to complete an online survey. Descriptive statistics were used to analyze their responses.
- (1) Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in adults and adolescents with HIV. Department of Health and Human Services. Accessed June 22, 2022.

**Rapid Start – Starting therapy  $\leq$  7 days after diagnosis**

# Demographics of Providers

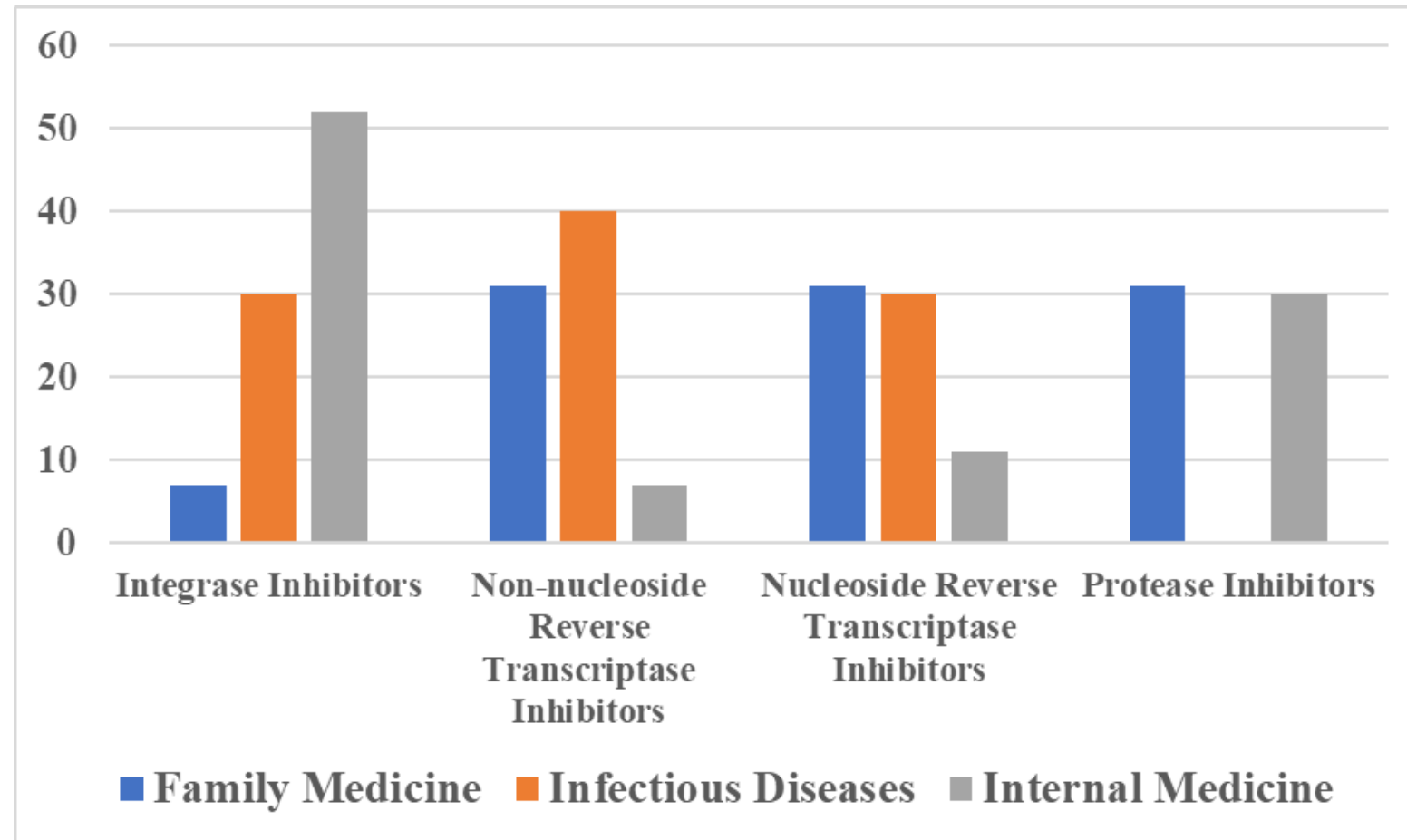
- 60 surveys completed
- Mean age of respondents was 46 years
- Female (73%)
- NP/PA (68%)
- No experience with PLWH (38%)
- Non-ID Practice (83%)

NP/PA- Nurse Practitioner or Physician Assistant



# Knowledge: Drug class with the lowest prevalence of transmitted resistance by practice type

- 53 respondents
- 52% of internal medicine providers were able to correctly identify integrase inhibitors as having the lowest prevalence of transmitted resistance



# Structural and Provider Factors affecting Rapid Start

- Newly diagnosed patients
  - Referred from community (66%)
  - Referred from co-located test sites (54%)
  - Can be scheduled for same-day medical appointment (67%)
- Providers agree that they are comfortable starting ART
  - Before genotype results are available (67%)
  - Same day as diagnosis (63%)
  - Less than 1 week after diagnosis (63%)
  - When patients are adherent to medical care (84%)

# Access to Medical Appointments and Medications

Statements on Access to Medical Appointments/Medications	Agree %	Neutral %	Disagree %
Before someone living with HIV receive ART, prior authorizations are done with the insurance company	38	41	21
PLWH need to demonstrate eligibility for federally funded services prior to obtaining a medical appointment	33	21	46
The clinical site is staffed with medical providers 40 hours/week	67	15	18
The clinical site offers extended hours (early AM, late evening, Saturdays)	44	23	33
I use pharmaceutical coupons for Rapid Start	43	38	15
I use drug samples for Rapid Start	51	23	18

# Attitudes to Rapid Start

Statements on Attitudes to Rapid Start	Agree %	Neutral %	Disagree %
I feel comfortable doing Rapid Start only after I have results of eGFR, CD4, viral load, Hepatitis B and C serology, and pregnancy test. (N=59)	54	31	15
I feel comfortable doing Rapid Start on someone with untreated mental illness (N=58)	38	36	26
I feel comfortable doing Rapid Start on someone engaging in unprotected sexual activity (N=59)	61	22	17
I feel comfortable doing Rapid Start on someone with multiple partners (N=58)	71	19	10
I feel comfortable doing Rapid Start on someone actively using illicit drugs (N=58)	50	22	23
Rapid Start is a choice even if my patient does not have health insurance (N=58)	73	25	2
I feel comfortable doing Rapid Start on someone who is homeless (N=58)	57	26	17
Rapid Start is the best strategy when patients have an acute infection (N=57)	53	35	12
I will do Rapid Start only if my patient is mentally ready (N=58)	57	31	12

# Conclusions

- **Lessons Learned**

- Education to providers on prevalence of transmitted resistance so that they can be comfortable initiating Rapid ART
- Data on successful treatment initiation in vulnerable patients should be disseminated

- **Limitations**

- Results are applicable to New Jersey only.
- Limited generalizability as less than 1% response rate to survey.