

THE CRESCENTCARE START INITIATIVE



The CrescentCare Start Initiative (CCSI) aims to start all people with HIV who have been newly diagnosed on antiretroviral therapy (ART) within 72 hours of diagnosis to increase treatment uptake and viral suppression outcomes.¹

Download intervention how-to guides and explore resources to help you innovate while replicating interventions that link, re-engage, and retain people within HIV care at www.CIEhealth.org.



Priority Population

People with HIV who have been newly diagnosed



The Challenge

In 2018, approximately 42 percent of people with HIV were not in care and were therefore more likely not to be virally suppressed.² Studies show that immediate initiation of ART leads to earlier virologic suppression, increased retention in care, and decreased mortality.^{3, 4, 5}



The Model

The CCSI model enhances navigation, expedites clinic intake, and initiates immediate ART. A navigator was available 24 hours a day to coordinate linkage of new diagnoses, the intake process was streamlined for a focused HIV visit with a treating provider, and the first dose of ART was directly observed. After the visit, baseline HIV labs were drawn, and patients saw case management, behavioral health, and eligibility specialists when indicated.¹



Pilot and Trial Sites

CrescentCare, a Federally Qualified Health Center, in New Orleans, LA in partnership with the New Orleans Office of Health Policy



Impact

Of 77 patients with a new diagnosis of HIV referred to the CCSI, 92% (71/77) were linked, saw a treating provider, and started ART within 72 hours of diagnosis. Four of the six patients that were not linked within 72 hours were linked to care within 30 days of diagnosis. The mean time to linkage in the historical cohort was 30 days (95% CI: 25.1–43.6 days) compared to 1.3 days (95% CI: 1.09–1.51 days) in CCSI ($p < 0.0001$).¹

¹Halperin, J., Butler, I., Conner, K., Myers, L., Holm, P., Bartram, L., & Van Sickle, 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. <https://doi.org/10.1089/apc.2017.0309>

²Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed [November 4, 2020].

³Pilcher, C.D., Ospina-Norvell, C., Dasgupta, A., et al. (2017). The effect of same-day observed initiation of antiretroviral therapy on HIV viral load and treatment outcomes in a US Public Health Setting. *J Acquir Immune Defic Syndr*, 74:44–51.

⁴Koenig, S.P., Dorvil, N., De vieux, J.G., et al. (2017). Same-day HIV testing with initiation of antiretroviral therapy versus standard care for persons living with HIV: A randomized unblinded trial. *PLoS Med*, 14:e1002357.

⁵Rosen, S., Maskew, M., Fox, M.P., et al. (2016). Initiating antiretroviral therapy for HIV at a patient's first clinic visit: The RapIT randomized controlled trial. *PLoS Med*, 13:e1002015.