

Rapid ART in the real world: using existing resources to improve linkage-to-care

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Disclosures

The presenters have no financial interest to disclose.

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Learning Objectives

For the presentation:

Discuss strategies for implementing rapid initiation of ART and linkage to care using existing Ryan White funds.

For the small group discussion:

Generate a plan on how you would like to support or implement rapid linkages and ART in your clinic, organization or local health jurisdiction.

A high-angle, low-key photograph of several people's hands reaching towards the center, forming a circle. The hands are of various skin tones and are positioned around the central text. The background is bright and out of focus, showing the lower parts of the people's faces.

Rapid ART

- ↑ ART
- ↑ retention
- ↑ viral suppression
- ↑ survival

East Bay linkage and retention network: launched 2013



HIV ACCESS rapid ART protocol: launched in 2016, implemented 2017



Clinical Protocol: Rapid ART

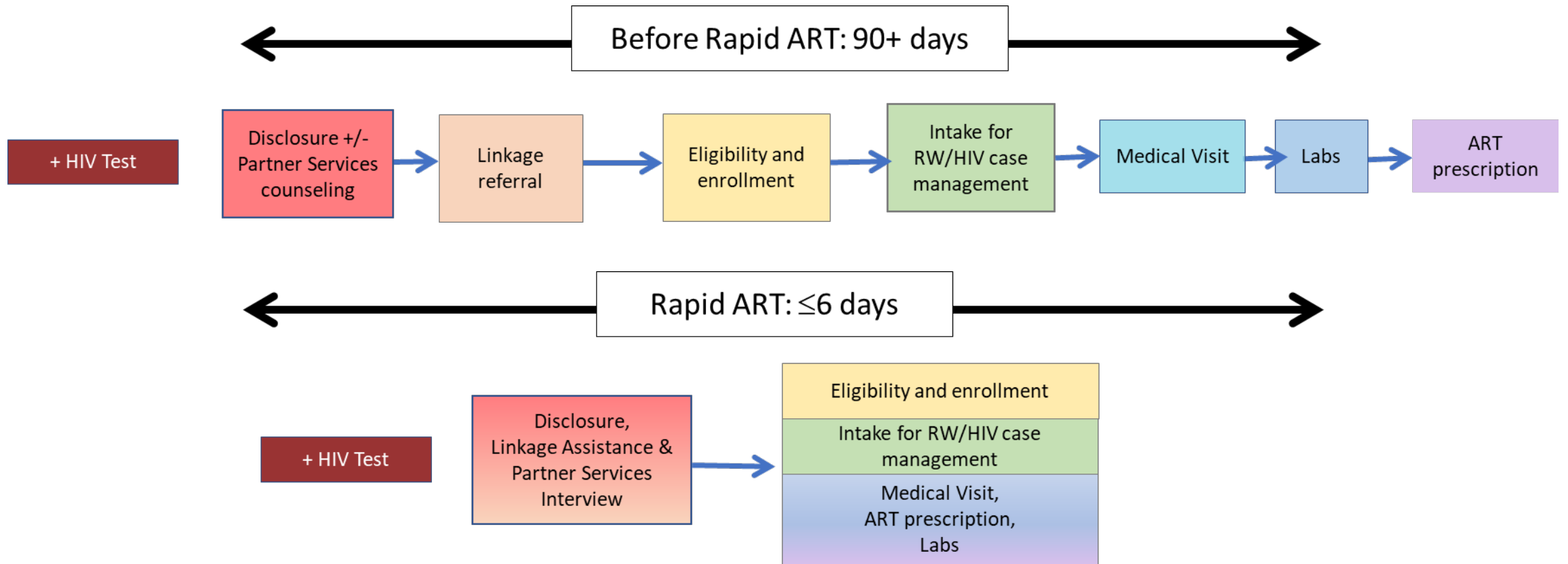
Updated November 2018

Purpose: To provide patient-centered service while promoting public health, by reducing barriers to medical care and supporting people newly-diagnosed with HIV to access treatment as soon as they want. Patients with acute HIV infection, AIDS, HIV nephropathy, hepatitis coinfection, or are pregnant are especially encouraged to start treatment immediately for individual and community benefit.

Rationale: National (DHHS) and international (WHO) guidelines recommend initiating HIV antiretroviral therapy (ART) "as soon as possible" for all patients with HIV, regardless of CD4 count. Initiating ART early, especially in acute or recent infection, may reduce the viral reservoir for that individual patient (Jain 2013), preserve CD4 function (Saez-Cirion 2013), increase retention in care (Pilcher 2017, Rosen 2016, Koenig 2016) as well as reduce viral load during a time when the patient may be at highest risk for transmission to others (Bacon 2018, Pilcher 2017, Cohen 2011).

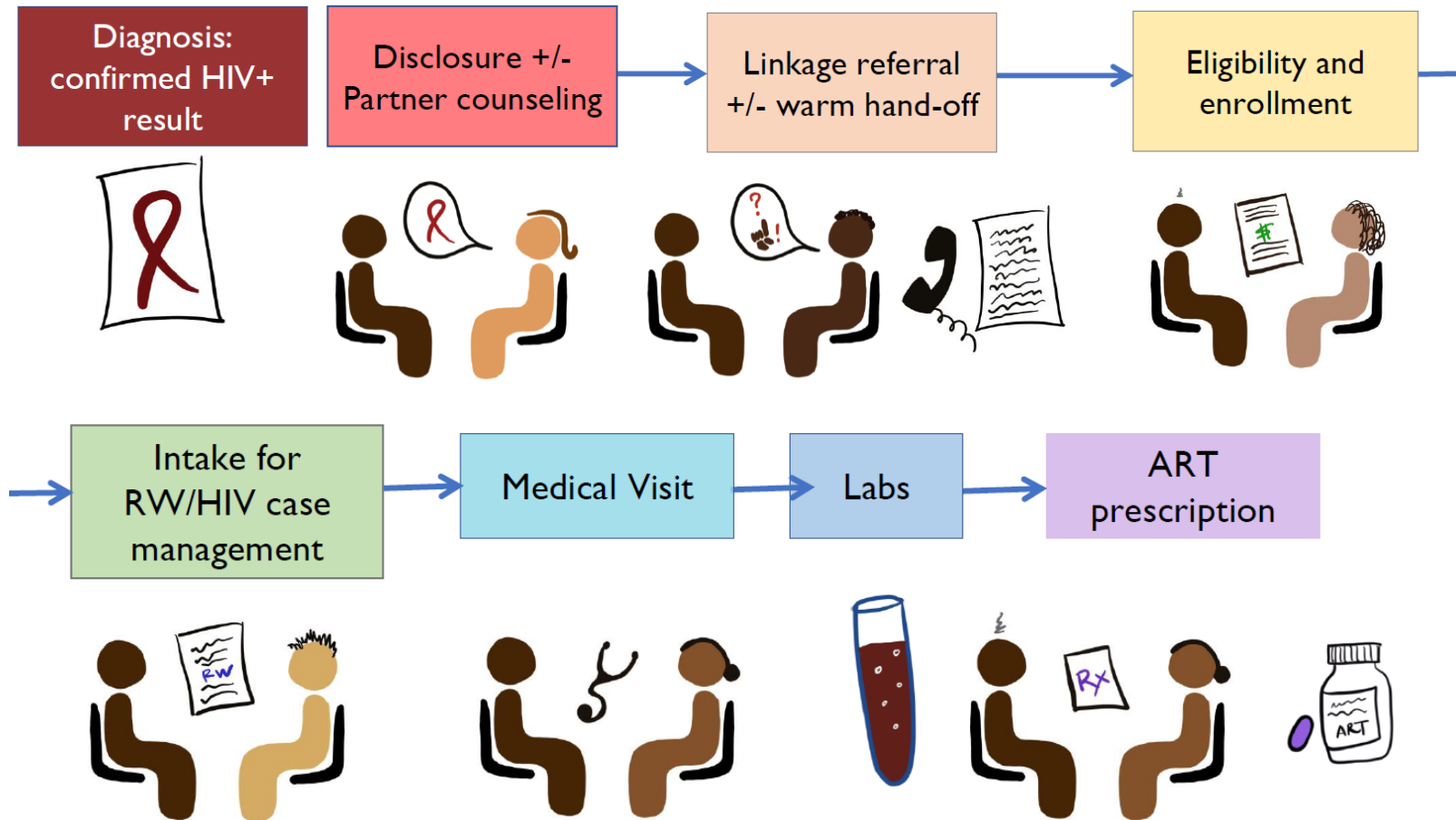
The SF General RAPID pilot program, including 86 patients who did not have private health insurance (100%), were non-white (66%), homeless (28%), had mental health disorders (42%), substance abuse disorders (42%) demonstrated shorter time to virologic control (65 vs. 170 days), higher retention at 6 months after diagnosis (90% vs. 85%), and higher rates of ART

Linkage processes: before & after Rapid ART

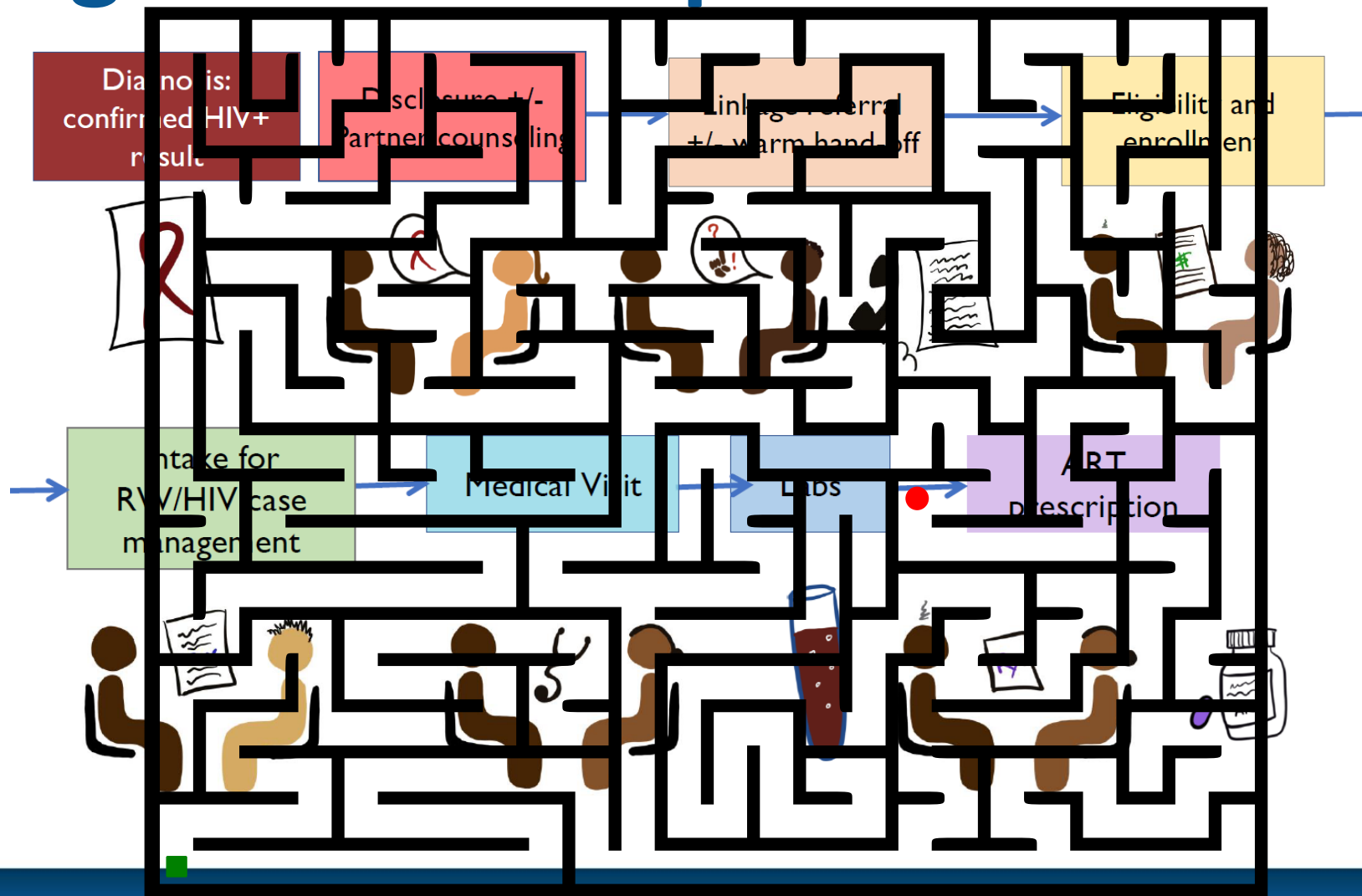


Original linkage diagram concept courtesy of Dr. Julie Dombrowski at UW and Seattle & King County Public Health, 2017

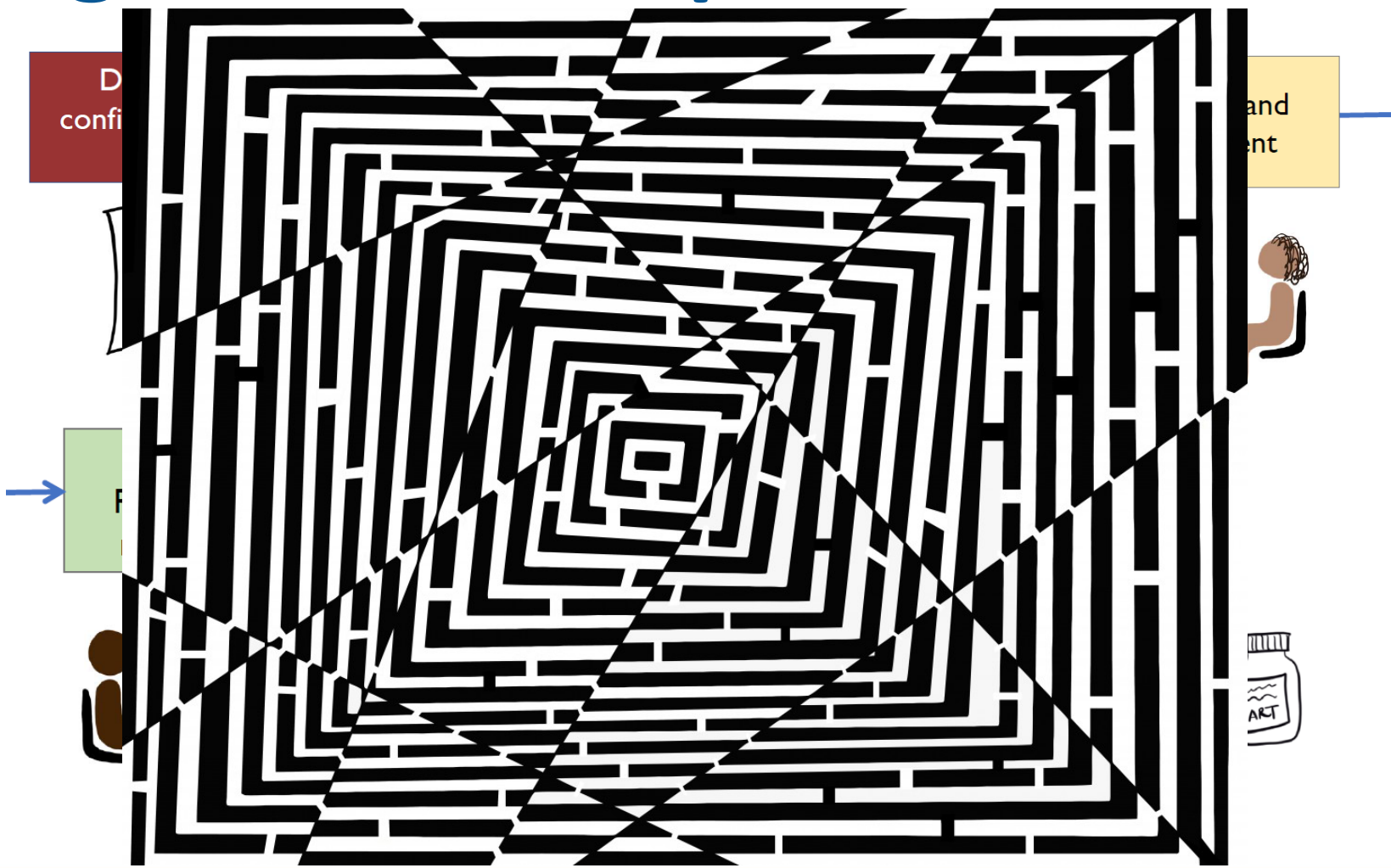
Linkages before Rapid ART: 90+ days



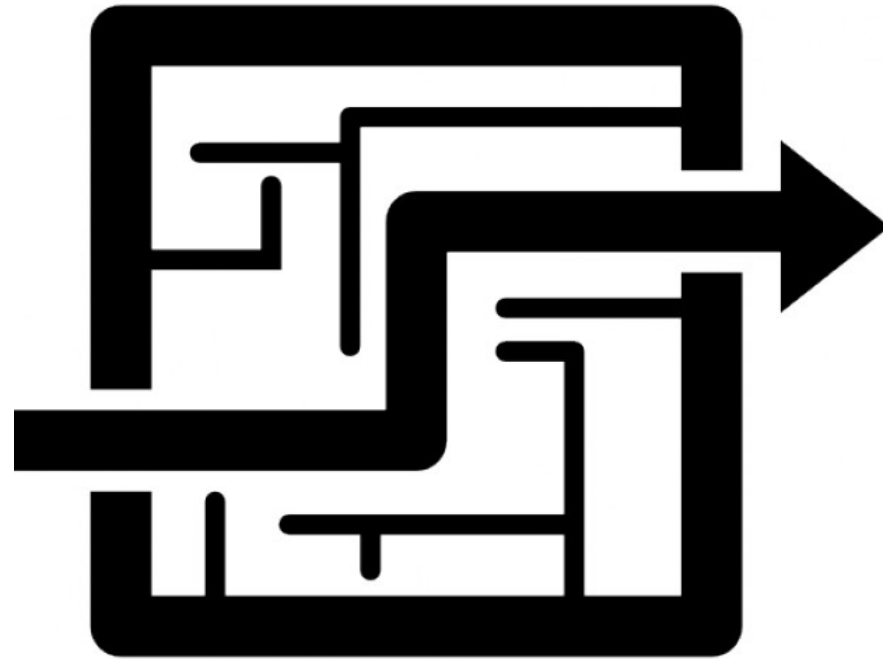
Linkages before Rapid ART: 90+ days



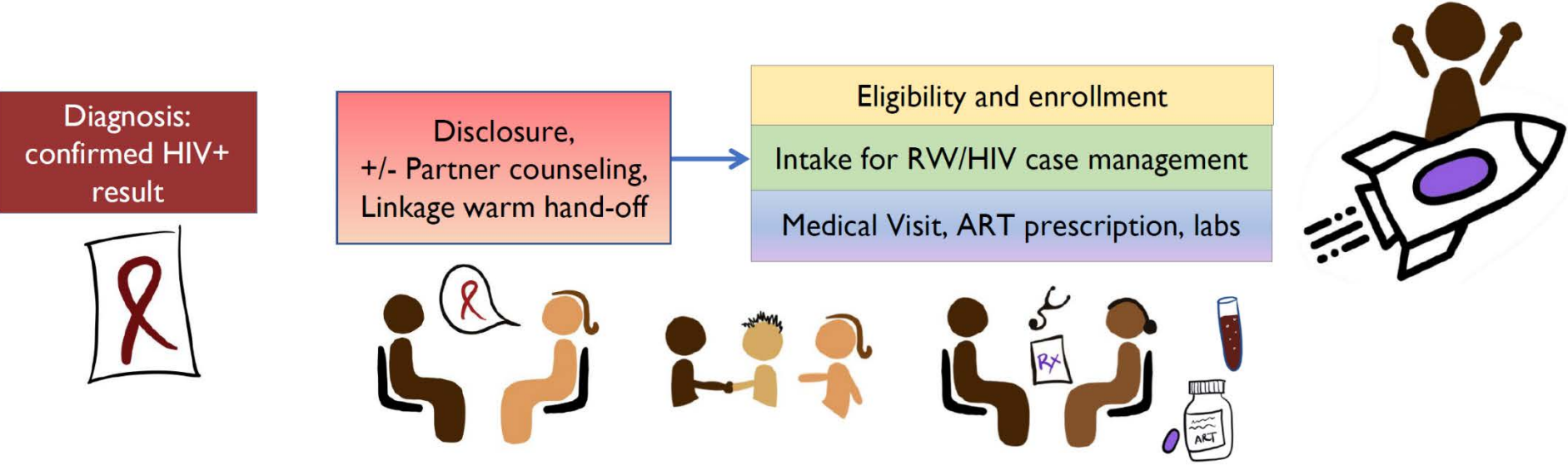
Linkages before Rapid ART: 90+ days



Linkages with Rapid ART:



Linkages with Rapid ART: ≤6 days



Outcomes before and after Rapid ART:

Key outcomes	2014	2017
90-day linkages	83%	96%
Same-day ART	?	80%
Viral load suppression	83%	91%



Rapid ART Challenges

- **Most delays were referrals from outside clinics**
- **Confusion on how to track linkages**
- **Only 60% met SF RAPID criteria**
- **Hard to keep up with staff turnover**
- **County-wide linkage rates remain low**

(Alameda County 90-day linkage rate 2012-15: 70%⇒73%⇒75%⇒74%)



Rapid ART definitions

HIV ACCESS definition (clinic-based) =

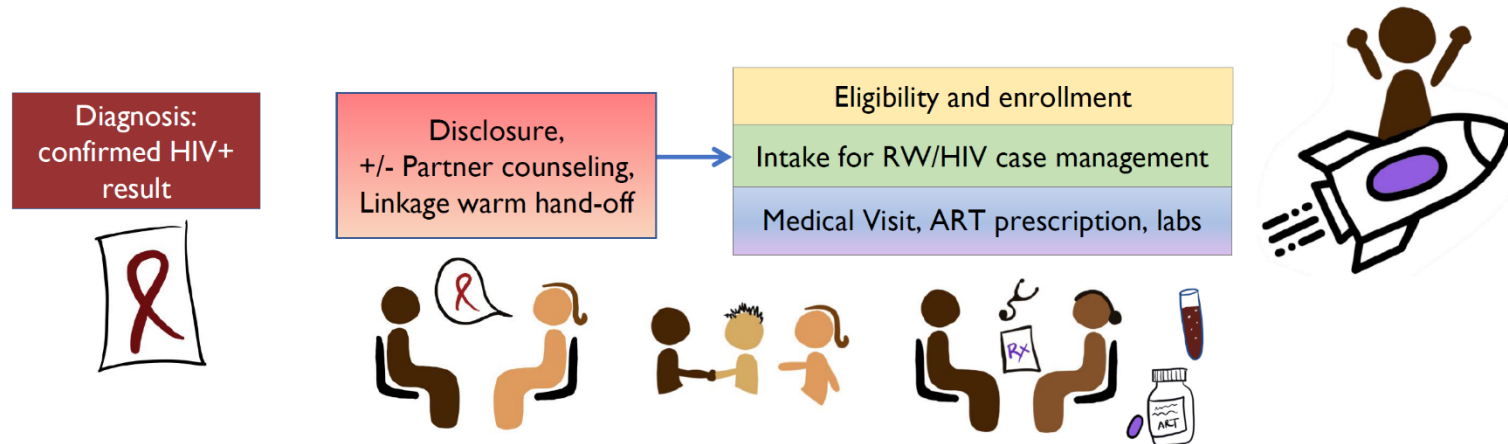
Intake to ART prescription within 1 working day

Intake = newly diagnosed PLWH came to clinical site to establish care

SF RAPID definition (county-wide) =

Diagnosis result to first HIV medical visit within 5 days

AND first HIV medical visit to ART prescription within 1 day



HIV ACCESS Rapid ART linkage tracking sheet

Patient	Diagnosis date	Referral date	Intake date	Medical visit date	ART Rx date	Days from dx to med visit (auto-calculates)	Days from intake to ART (auto-calculates)
1.	5/3/17	5/3/17	5/3/17	5/3/17	5/3/17	0	0
2.	7/17/17	7/23/17	7/26/17	7/26/17	7/26/17	9	0

Pacific AETC Rapid ART Essentials!



Clinical Essentials: HIV testing, Rapid ART, PEP, PrEP

Updated November 2018

► HIV testing

■ How should I test for HIV?

Test everyone ages 13+!

Use ICD-10 code Z11.4.

- Order this lab for most people:
HIV 4th generation antibody + antigen test
For recent risk of exposure in the last month:
HIV RNA PCR test (HIV viral load)
- Offer as a normal part of labs:
"We test everyone's cholesterol, sugars, liver, kidneys and for HIV." Or: "It looks like we need to check your cholesterol and sugars again, but we haven't checked HIV yet. The HIV test is a normal part of health screening for everyone. I'm going to add it to your labs. OK?"
(*Be sure to mention you are ordering an HIV test so the patient is informed and has the chance to opt out.)

■ How do I interpret 4th gen HIV test results?

► Rapid ART: immediate HIV treatment

Rapid ART increases retention in care and viral load suppression. Disclosure and an ART Rx the same day as confirmed diagnosis is ideal, but when not possible, aim for within 5 working days.

- 1. New diagnosis with confirmed labs: contact HIV linkage coordinator ASAP** to schedule disclosure, with same-day warm hand-off to HIV intake, education and medical visit.
- 2. Obtain baseline labs as soon as possible:** If not done before first HIV visit, can be done the same day the ART Rx is written.
Baseline labs (priority): HIV 4th gen if only rapid test result; HIV RNA PCR viral load, HIV genotype, CD4 (Quest lymphocyte panel 4), CBC, CMP, hep B sAg/sAb/cAb, hep C Ab w/ reflex, UA, GC/CT (exposed sites), RPR.
Lower priority: HLA B5701, hep A tAb, QFT TB, non-fasting lipids, HgA1C, VZV IgG, toxo IgG.
- 3. Perform a brief, targeted medical history and exam:** check for previous ART, PrEP, PEP use, sexual/IDU exposures, comorbidities, meds, allergies, opportunistic illness symptoms.
- 4. Offer an ART prescription:** choose one of preferred regimens:

Tivicay® + Truvada® (or Descovy®): dolutegravir 50 mg + tenofovir/emtricitabine, 1 pill each PO daily

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