2018 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

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Improving Access to Care and ART initiation in the South: the IDP Rapid Entry Experience

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Disclosures

Presenter(s) has no financial interest to disclose.

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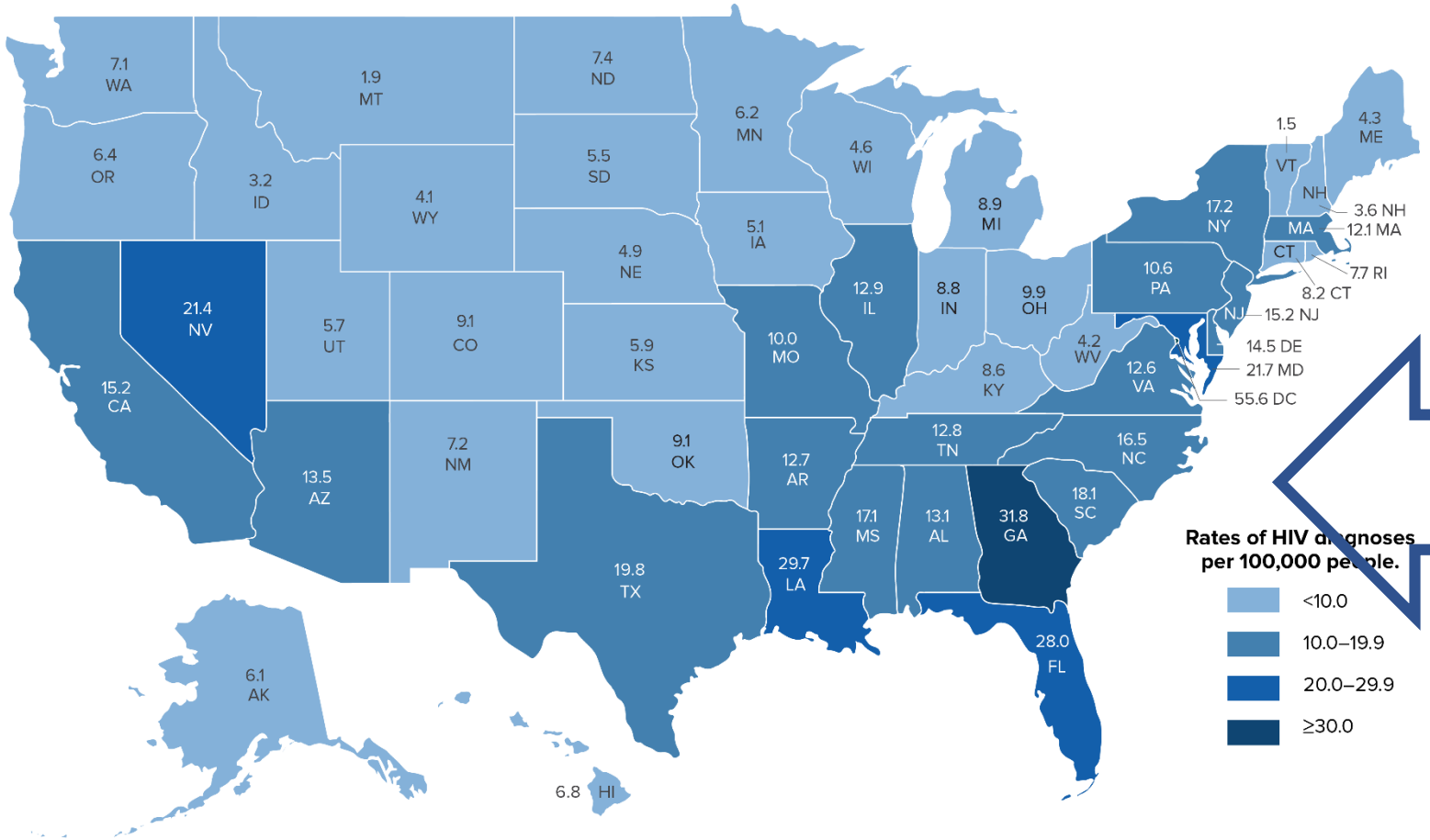
Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Identify key processes/workflow steps in developing and implementing an immediate access to care and treatment program.
2. Discuss challenges and facilitating factors in successful program implementation.
3. Recognize the potential impact of immediate access to care and treatment programs on the HIV treatment cascade.

HIV Risk is Highest in the South

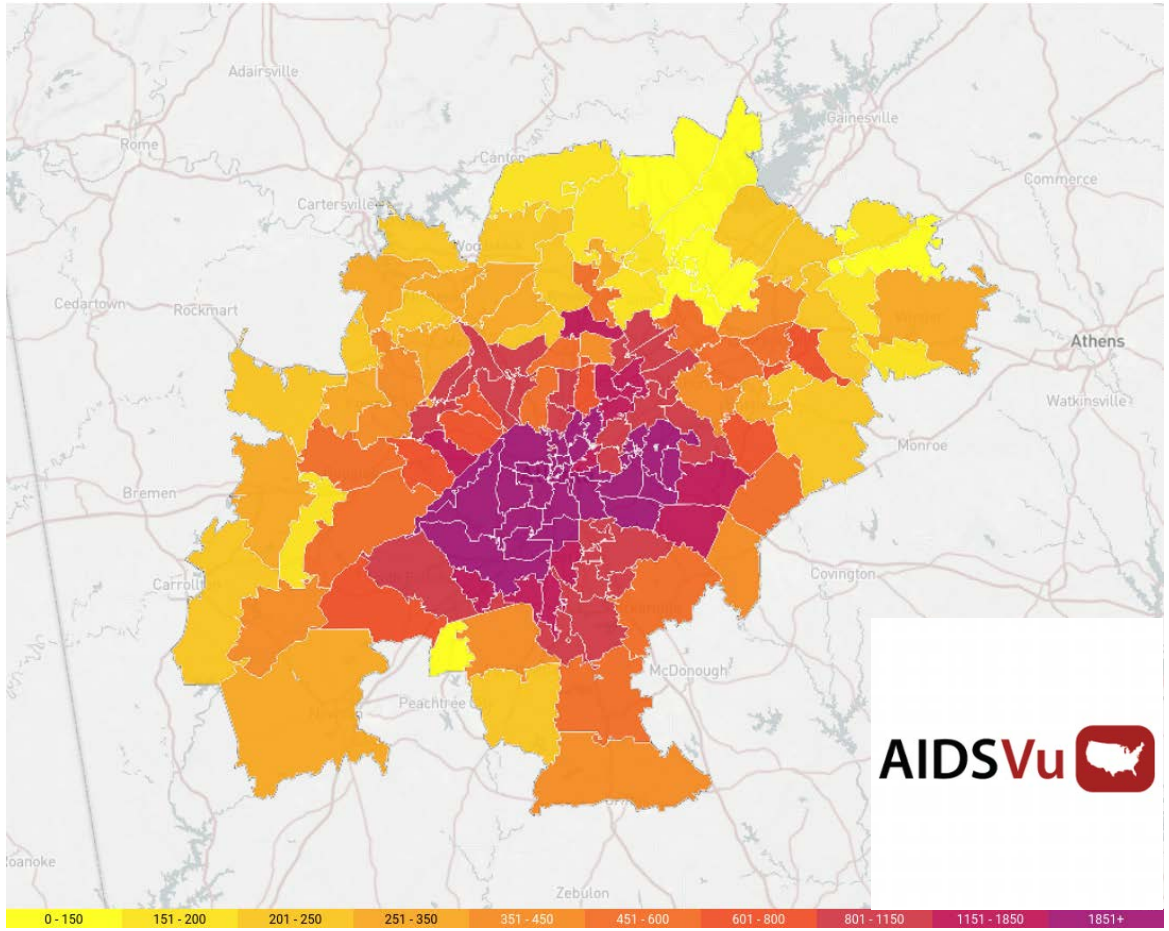


The rates (per 100,000 people) of HIV diagnoses in 2016 were **16.8 in the South**, 11.2 in the Northeast, 10.2 in the West, and 7.5 in the Midwest

CDC. February 2016

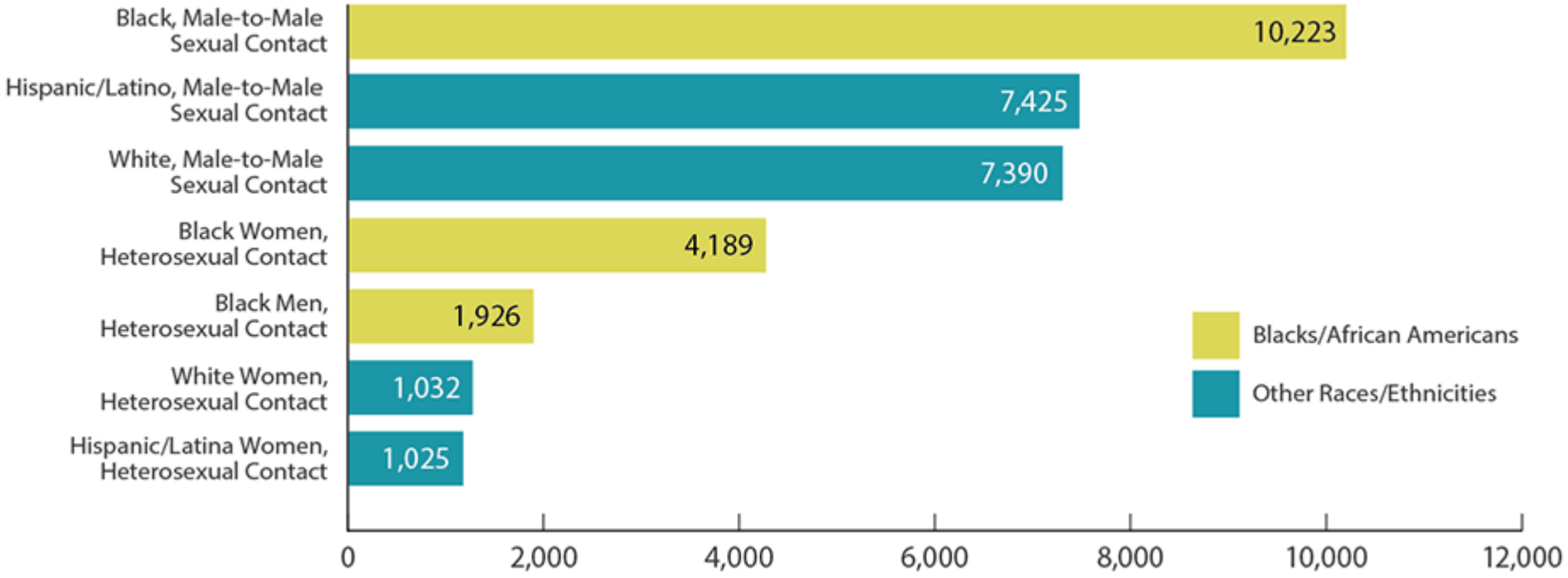
HIV/AIDS in Georgia

- Georgia ranks **1st** among states in the U.S. for new diagnoses of HIV infection
- As of year end 2015, the total number of persons living with HIV infection in Georgia was 54,754
  - 53% (28,998) had AIDS diagnosis
- 2/3 of persons living with HIV in Georgia reside in the Atlanta metro area; nearly 1/2 live in Fulton or DeKalb



HIV/AIDS among Black/AA MSM in South

HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2016



Grady Infectious Disease Program

341 Ponce de Leon Ave, Atlanta, GA 30308

Grady's Legacy of Care

- Grady IDP is one of the largest, most comprehensive programs in the U.S. for people living with HIV disease
- A free-standing outpatient facility that is part of the broader health system
- Grady IDP treats 1 out of 4 persons living with an AIDS diagnosis in GA

Mission: To provide a comprehensive continuum of ambulatory outpatient healthcare and related services to maximize quality of life for men, women and children living with HIV/AIDS in our community in a consumer-focused environment.

Eligibility criteria

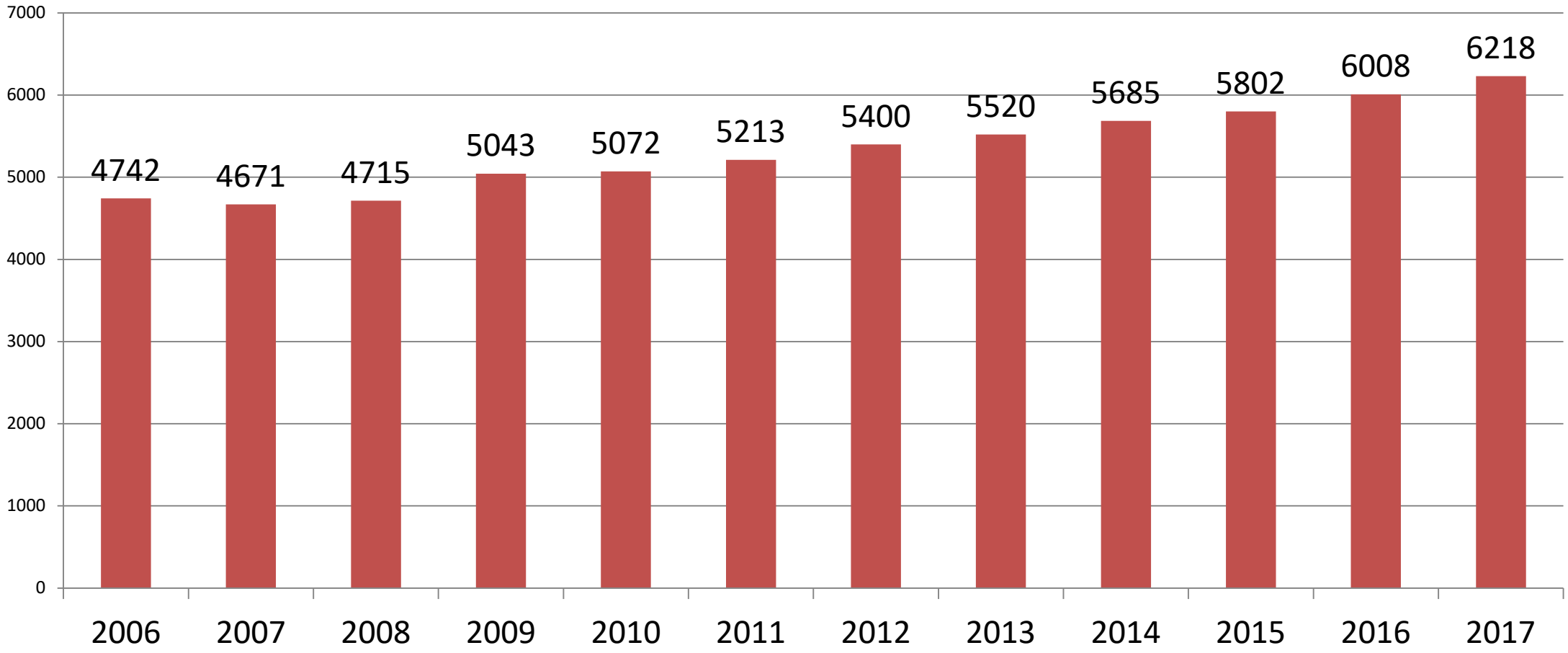
- Persons living with HIV who reside in the 20-county Atlanta EMA with at least one of the following:
  - History of an AIDS defining illness or a CD4 count of <200 cells per mm3 (late stage disease)
  - Partner/spouse of patients already receiving care at IDP
  - Diagnosed within the Grady Health System
  - Complex mental health/medical needs

- Infants, children and youth <25y living with HIV from any county in GA
  - Infants exposed to HIV followed until 18 months
- Parent of a child being followed in the Family Clinic from any county in GA

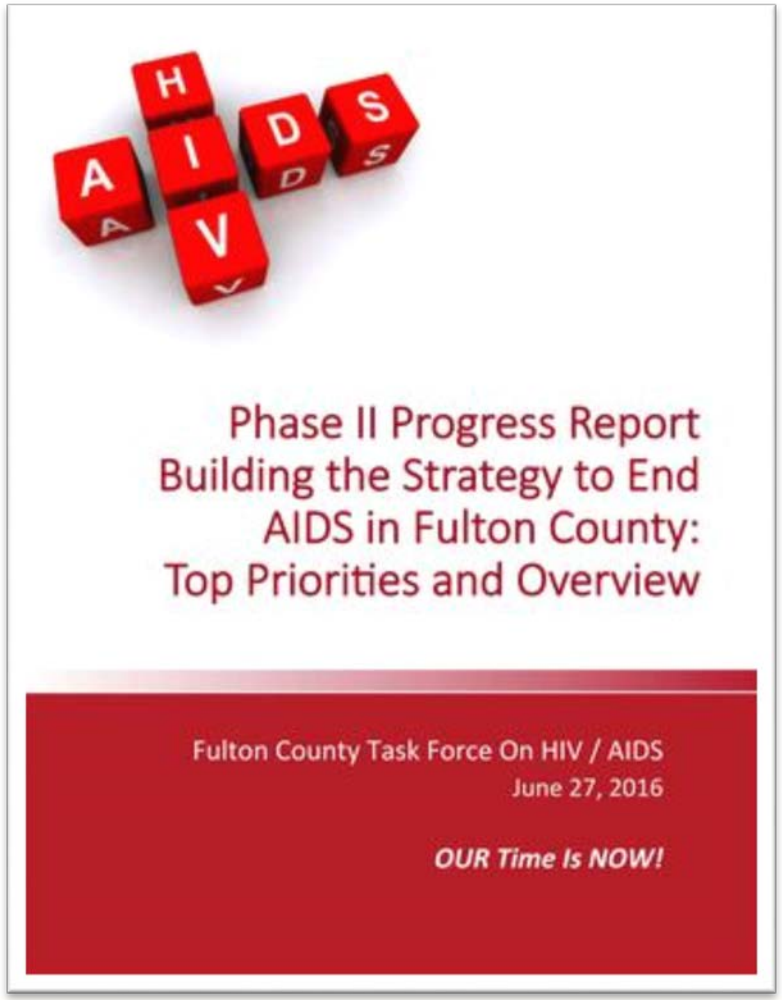
Who are our patients?

- **71% Male,** 28% Female, <1% Transgender
- **84% Black/African American**, 9% White, 5% Latino
- 14% <= 24, 35% 25-44, 51% >=45 years of age
- 32% < FPL, 60% < 2X FPL
- **42% uninsured.** 26% Medicaid, 21% Medicare
- **64% Stage 3 (AIDS)**

Clinic Volume (# Unduplicated Patients)



Fulton County Task Force on HIV/AIDS



"Increase the proportion of newly diagnosed persons linked to care, defined as attending a medical provider visit ***within three days of diagnosis****, to 85%."*

Rapid Entry & ART in Clinic for HIV (REACH)

Goals:

(1) Facilitate appt and access to ART within 72 hours of first step in clinic

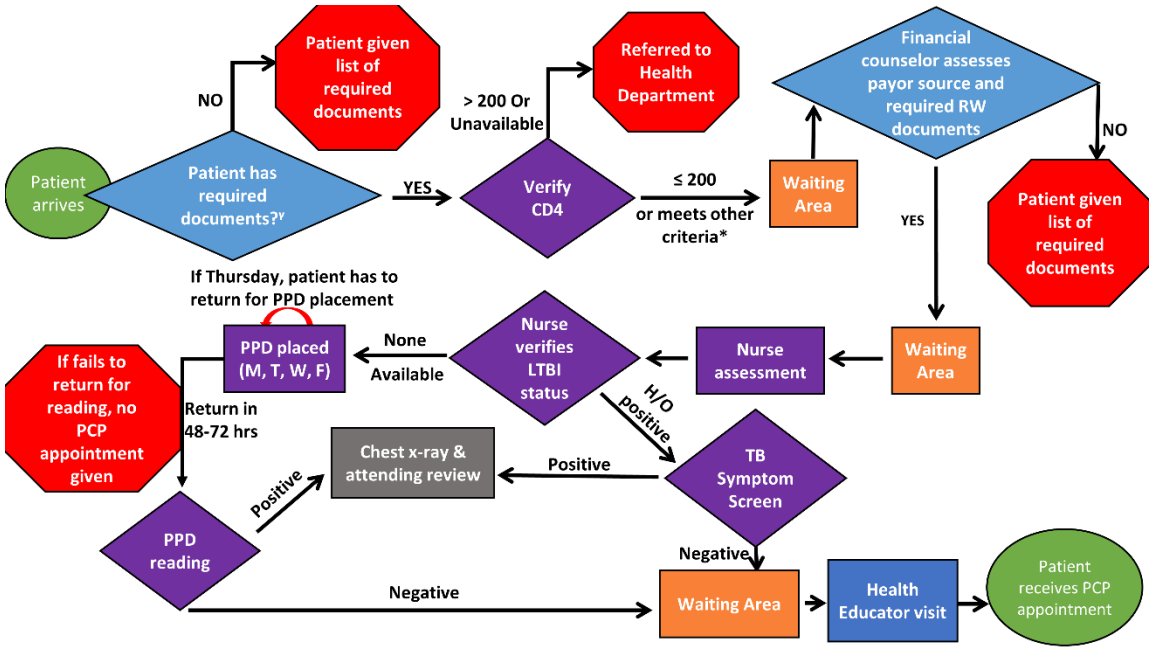
(2) Decrease time to viral suppression

Health System changes to facilitate program implementation

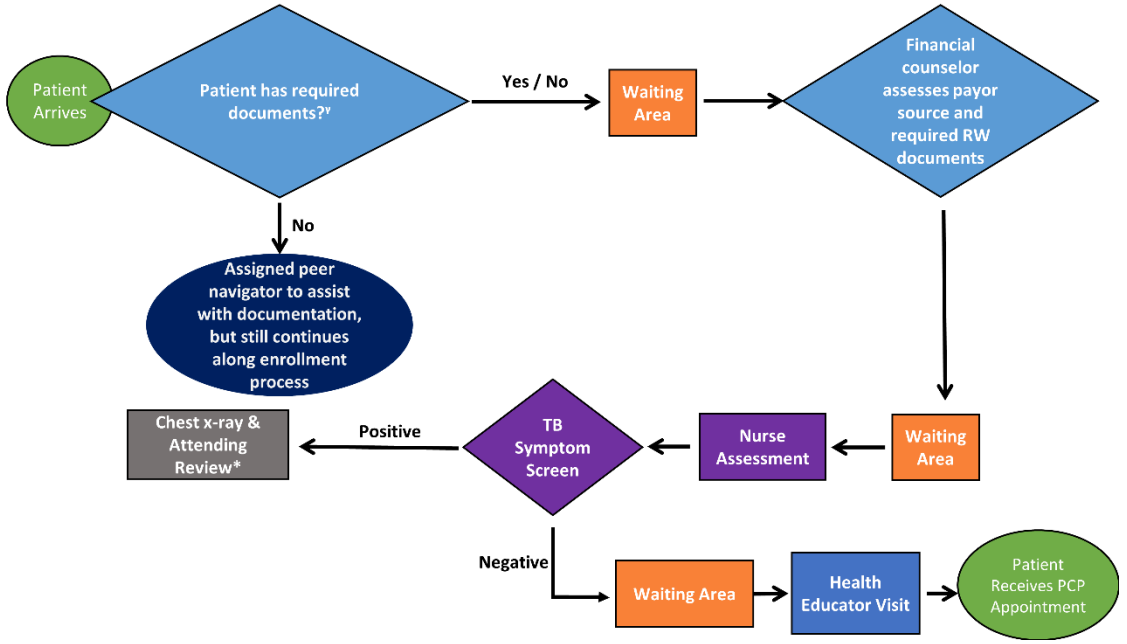
Action	Level
Remove eligibility restrictions for clinic enrollment	EMA Ryan White Office
Loosen administrative requirements for clinic enrollment	EMA Ryan White Office; Hospital System
Remove TB skin test as requirement for clinic enrollment	Clinic Administration
Enhance access to 'New Patient' provider visits	Hospital System; Clinic Administration
Enhanced provider education on Rapid Starts	Clinician
Enhanced support to access ART regardless of payer	Pharmacy Administration
Continued access to ongoing ART/adherence education	Nursing

Removing administrative barriers to care

Pre-REACH



Post-REACH



REACH-Atlanta: Results

Variable	Pre-REACH (n=117)	Post-REACH (n=90)	p
Age, median (IQR)	32 (23, 43)	38 (27, 47)	0.05
Males, n (%)	95 (81)	70 (78)	0.80
Black, n (%)	101 (86)	87 (97)	0.01
Payer source			0.24
Uninsured, n (%)	68 (58)	50 (55)	
Medicare/Medicaid, n (%)	31 (27)	33 (37)	
MSM, n (%)	71 (61)	53 (59)	0.59
Annual Income, median (IQR) $US	$8820 (0, 18668)	$7800 (0, 15600)	0.06
Unstable Housing[€], n (%)	78 (67)	48 (57)	0.14
Unemployed, n (%)	86 (74)	71 (79)	0.39
Recent Incarceration[¥], n (%)	10 (9)	6 (7)	0.70
Active Substance Use*, n (%)	50 (43)	41 (46)	0.69
Mental Health Diagnosis[#], n (%)	30 (26)	24 (27)	0.90
Baseline HIV RNA log10, median (IQR)	4.5 (4.0, 5.2)	4.6 (4.0, 5.3)	0.37
Baseline CD4+ cell count, median (IQR)	135 (33, 297)	152 (69, 309)	0.69
ART Naive, n (%)	70 (60)	54 (60)	0.98

REACH: Results
Days to Clinical Events

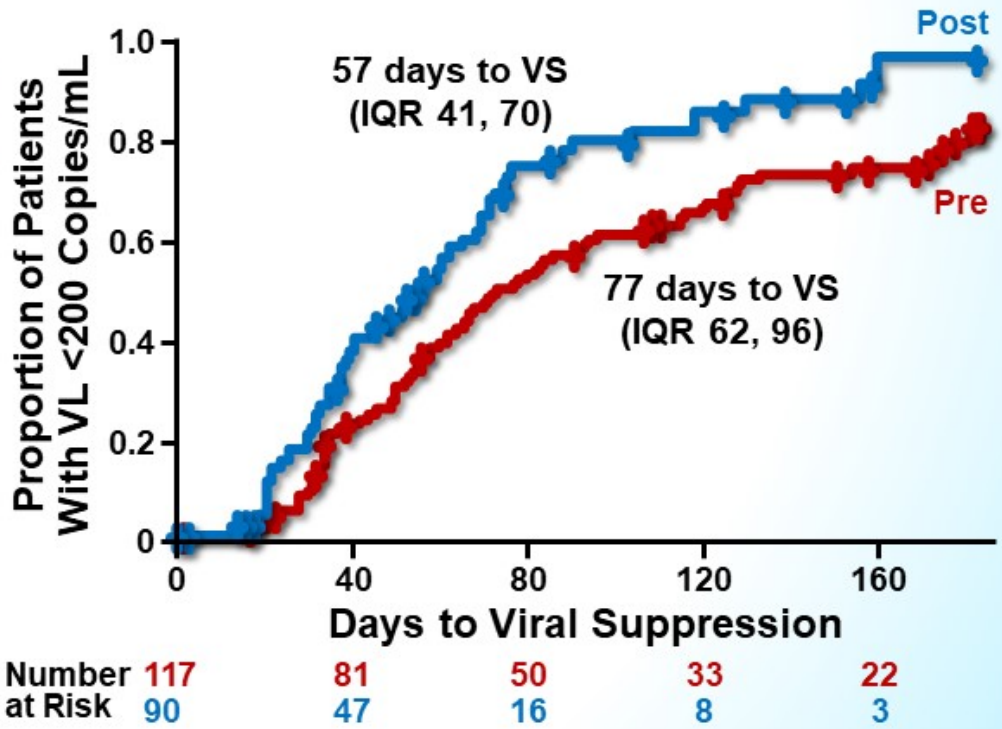
Days to Clinical Events

	Pre-REACH N=117	Post-REACH N=90	
Event	**Mean (95% CI)**	**Mean (95% CI)**	***P* value**
Days to 1st scheduled provider visit	14.0 (11.9, 16.2)	3.7 (1.1, 6.2)	<0.0001
Days to 1st attended provider visit	12.1 (6.4, 22.8)	2.1 (0.9, 4.4)	<0.0001
Days to ART start	22.0 (12.7, 38.1)	4.4 (2.3, 8.4)	<0.0001
Attended 1st scheduled visit	85 (73)	73 (81)	NS
Viral suppression	87 (74)	61 (68)	NS

IQR, interquartile range.

Colasanti J, et al. *Open Forum Infect Dis.* 2018;5(6):ofy104.

Days to Viral Suppression



HIV EXPERTS EVIDENCE

Facilitators and Barriers to Implementation

Facilitators:

- Program “Champions”
- Buy-in from administration/management
- Relationship with local RW/ADAP
- Reliable data management and record keeping systems
- Written protocol/guidance
- Flexibility and adaptability
- Education on evidence around rapid entry/ART

Barriers:

- Provider capacity and scheduling
- Behavior change (especially providers!)
- Availability of support staff
- Time and commitment

Conclusions and Lessons Learned

- A rapid entry program decreased 1) time to first provider appointment, 2) time to initiation of ART, and 3) time to viral suppression
  - Key outcome in context of U=U!
  - Impact on messaging to those accessing care
- Proportion of patients achieving viral suppression did not improve
- Rapid entry and initiation of ART is acceptable to patients and providers
- Rapid entry and initiation of ART is feasible in a resource-limited setting in a large volume RWHAP program in the SE
- We still do not know which populations will benefit most from this
- Rapid entry/ART is a solution for some (but not all) people…