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13-15 October 2024 | Maison de la Mutualité, Paris

Rapid Re-Entry into HIV Care as a Low Barrier Model for Retention

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VILLE DE PARIS

IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

Stop TB Partnership

COALITION FOR GLOBAL HEPATITIS ELIMINATION

A program of THE TASK FORCE FOR GLOBAL HEALTH

Disclosures

- I have no disclosures

CrescentCare
A Partnership for Life

1983: Agency founded

- Hotline, Counseling/Testing, Buddy Services

1990: Case Management Services

1991: Ryan White Funding

- Added Food Bank, Adherence Counseling

1999: Primary Medical Services

- Housing, Peer Support, Enhanced Outreach

2005: Hurricane Katrina

- Loss of infrastructure
- Engagement in Community Recover

2014: Federally Qualified Health Center

- Expand services to larger community

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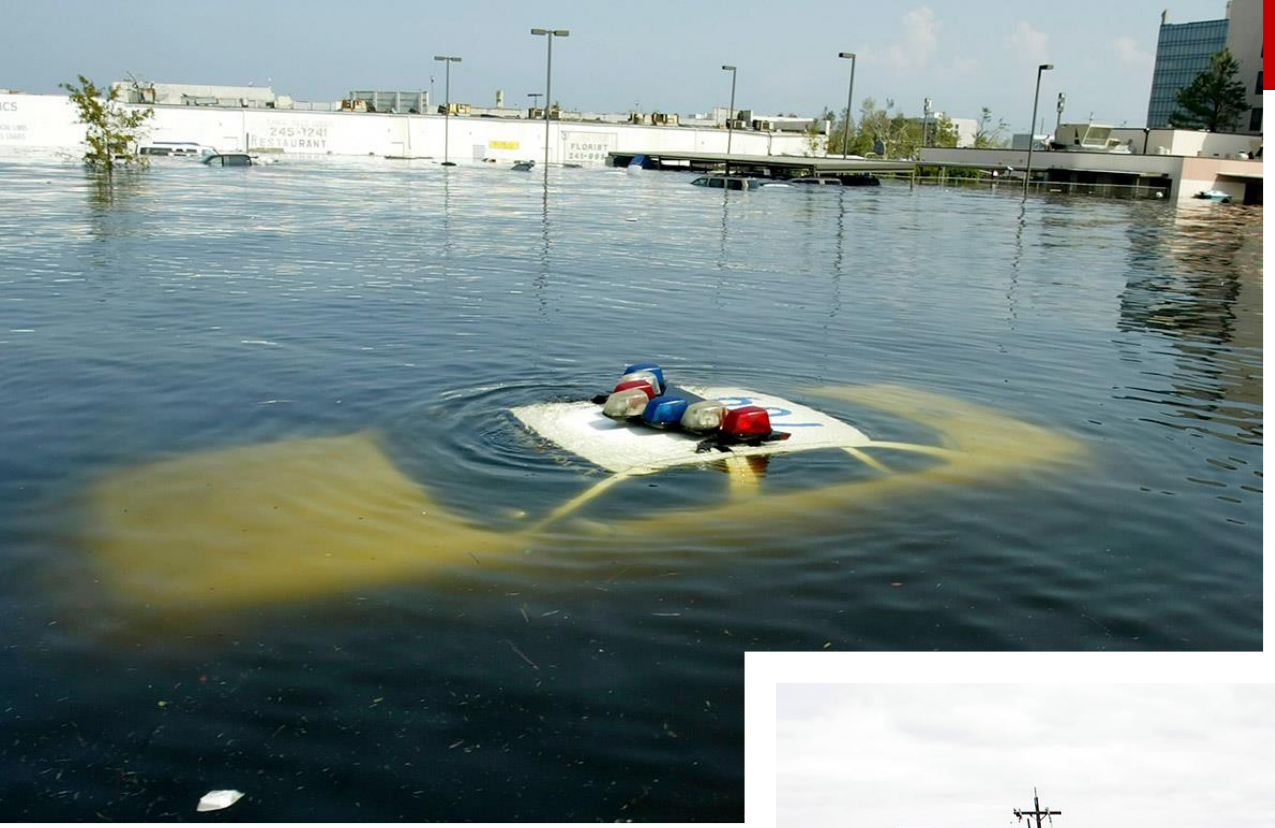


Tulane


SPEED
LIMIT
25

Becoming an FQHC

FEDERALLY QUALIFIED HEALTH CENTER

HIGH QUALITY, EVIDENCE BASED, COST EFFECTIVE CARE FOR ***ALL***

SLIDING FEE SCALE BASED ON INCOME

AT LEAST 50% OF BOARD ARE PATIENTS OF THE HEALTH CENTER

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Our Services

- Primary care
- PEP/PrEP services
- Gender affirming care
- Reproductive health
- Pediatrics
- Dentistry
- Behavioral Health
- Nutrition and health education
- Chronic disease management
- Sexual health and wellness

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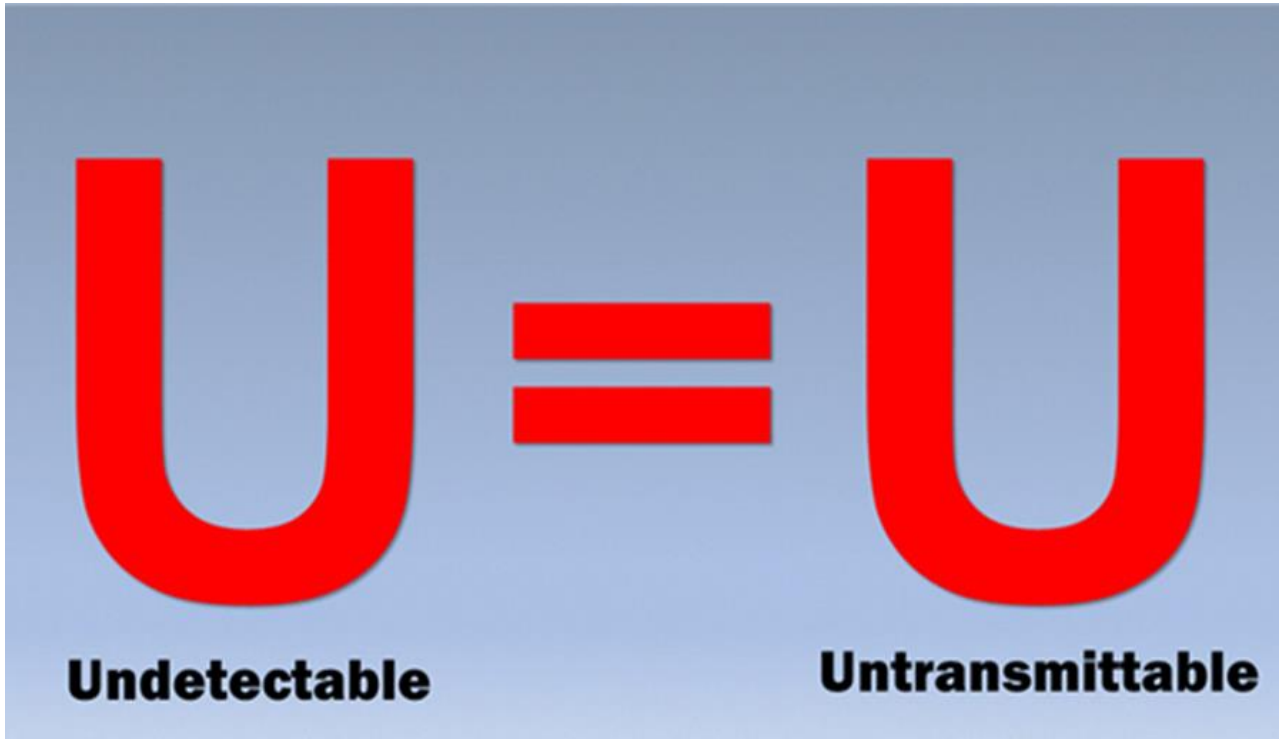
HIV Care & Support Services

2,800+ primary care patients living with HIV

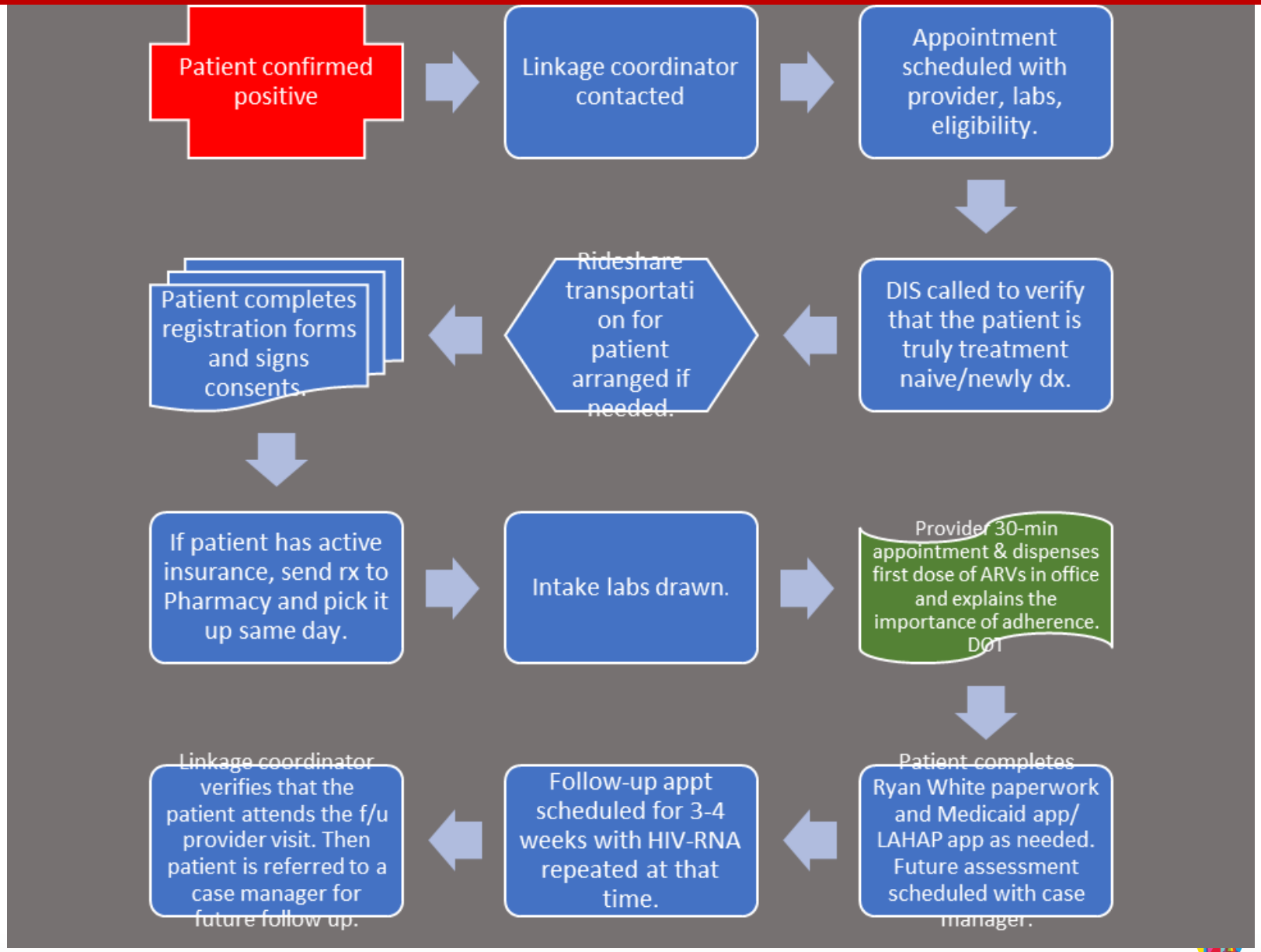
- Legal services
- Food for Friends
- Housing Services
- Transportation
- Peer Support
- Case Management
- Emergency Financial Assistance

CrescentCare Start Initiative

In 2016, the CrescentCare Start Initiative (CCSI) was created with the purpose of providing individuals newly diagnosed with HIV with access to medical care within 72 hours of diagnosis, and access to antiretroviral treatment (ART) at their first provider visit.



CCSI Workflow



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CCSI Successes

- December 2016 - December 2018: 291 individuals linked to care through CCSI
  - 97.3% linked to care within 30 days
  - 95% virally suppressed during measure period
  - Average of 28 days to viral suppression for all individuals

CCSI Success

Significant reduction in time to viral suppression

- Median time to viral suppression:
  - CCSI Group - 30 days
  - Historical Control – 68 days
- “Real World” environment
- Very high HIV prevalence
  - 1505/100,000 persons
  - 9th highest prevalence in US

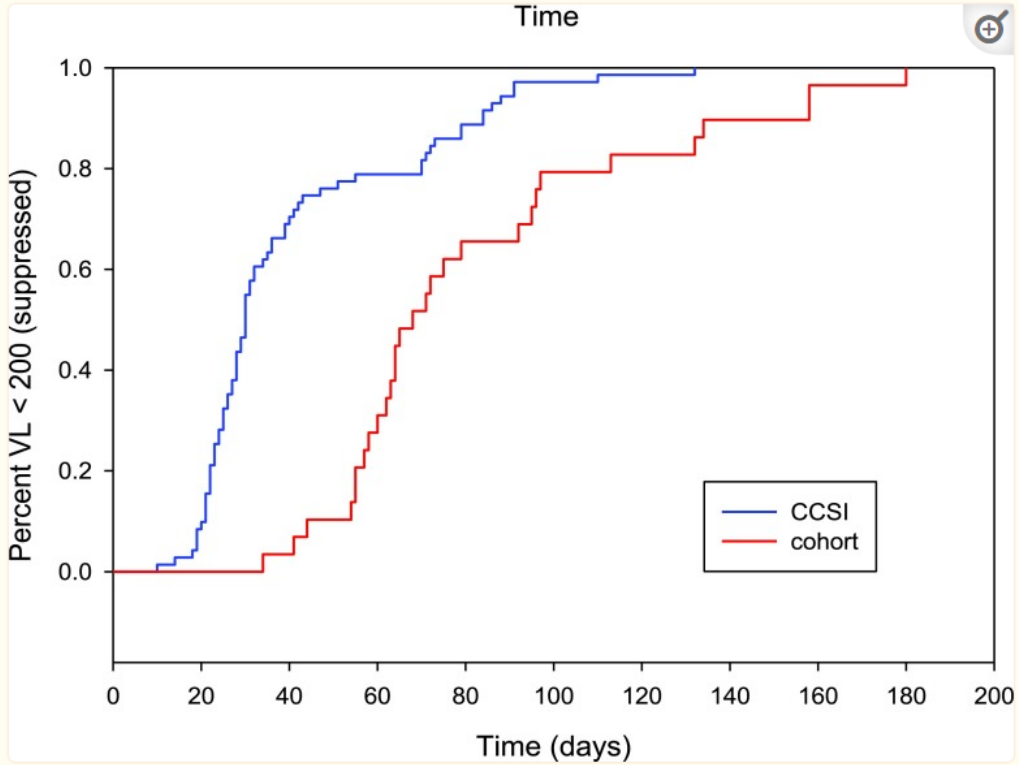

FIG. 1.

The relationship between% virally suppressed (<200 copies/mL) and time to viral suppression among patients newly diagnosed with HIV infection as part of the CCSI compared to historical cohort. This Kaplan–Meier plot shows the proportion of patients with viral load <200 copies/mL HIV RNA over time. Time to viral suppression for patients in the CrescentCare Start Initiative was a median of 30 days (blue line) and significantly shorter than for patients treated in the historical cohort for 68 days (red line). CCSI, CrescentCare Start Initiative. (Color image can be found at www.liebertonline.com/apc).

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Rapid Start Is Effective

- Multiple Studies Support
- Improved Time to Viral Suppression
- Durable viral retention over time
- Improved Retention in care
- Multiple clinical settings
- Various psychosocial conditions

HHS Public Access
Author manuscript
AIDS. Author manuscript; available in PMC 2020 February 19.

Published in final edited form as:
AIDS. 2019 April 01; 33(5): 825–832. doi:10.1097/QAD.0000000000002124.

RAPID antiretroviral therapy: high virologic suppression rates with immediate antiretroviral therapy initiation in a vulnerable urban clinic population

Susa Coffey[a], Peter Bacchetti[b], Darpun Sachdev[c], Oliver Bacon[c], Diane Jones[c], Clarissa Ospina-Norvell[a], Sandra Torres[a], Elizabeth Lynch[a], Christy Camp[a], Remy Mercer-Slomoff[a], Sulggi Lee[a], Katerina Christopoulos[a], Christopher Pilcher[a], Ling Hsu[c], Chengshi Jin[b], Susan Scheer[c], Diane Havlir[a], Monica Gandhi[a]

Clinical Infectious Diseases
MAJOR ARTICLE

Decreased Time From Human Immunodeficiency Vi
Diagnosis to Care, Antiretroviral Therapy Initiation,
and Virologic Suppression during the Citywide RAPI
Initiative in San Francisco

Oliver Bacon,[1,2] Jennie Chin,[3] Stephanie E. Cohen,[1] Nancy A. Hessol,[4] Darpun Sachdev,[1,2] Susa Coffey,[2] Susan Scheer,[3] Susan Buchbinde
Diane V. Havlir,[2] and Ling Hsu[3]

RESEARCH ARTICLE

Initiating Antiretroviral Therapy for HIV at a Patient's First Clinic Visit: The RapIT Randomized Controlled Trial

Sydney Rosen[1,2]*, Mhairi Maskew[2], Matthew P. Fox[2,3], Cynthia Nyoni[2], Constance Mongwenyana[2], Given Malete[2], Ian Sanne[2], Dorah Bokaba[4], Celeste Sauls[2], Julia Rohr[1], Lawrence Long[2]

1 Department of Global Health, Boston University School of Public Health, Boston, Massachusetts, United States of America, 2 Health Economics and Epidemiology Research Office, Department of Internal Medicine, School of Clinical Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa, 3 Department of Epidemiology, Boston University School of Public Health, Boston, Massachusetts, United States of America, 4 Health Department, City of Johannesburg, Johannesburg, South Africa

CrossMark
click for updates

RESEARCH ARTICLE

Same-day HIV testing with initiation of antiretroviral therapy versus standard care for persons living with HIV: A randomized unblinded trial

Serena P. Koenig[1,2]*, Nancy Dorvil[1], Jessy G. Dévieux[3], Bethany L. Hedt-Gauthier[4], Cynthia Riviere[1], Mikerlyne Faustin[1], Kerlyne Lavoile[1], Christian Perodin[1], Alexandra Apollon[1], Limathe Duverger[1], Margaret L. McNairy[5,6], Kelly A. Hennessey[1]

IDSA Infectious Diseases Society of America
hivma hiv medicine association
OXFORD

Labhardt *et al. BMC Public Health* (2016) 16:329
DOI 10.1186/s12889-016-2972-6

STUDY PROTOCOL

Same day ART initiation versus c
pre-ART assessment and counsel
individuals newly tested HIV-pos
during community-based HIV tes
rural Lesotho – a randomized controlled
trial (CASCADE trial)

Niklaus Daniel Labhardt[1,2*], Isaac Ringera[3], Thabo Ishmael Lejone[3], Phofu Masethothi[3], Tsepang Thaanyane[3], Mashaete Kamele[3], Ravi Shankar Gupta[4], Kyaw Thin[5], Bernard Cerutti[6], Thomas Klimkait[7], Christiane Fritz[3] and Tracy Renée Glass[1,2,8]

Open Forum Infectious Diseases
MAJOR ARTICLE

Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States

Jonathan Colasanti,[1,2,3,4] Jeri Sumitani,[4] C. Christina Mehta,[5] Yiran Zhang,[5] Minh Ly Nguyen,[1,2,4] Carlos del Rio,[1,2,3,4] and Wendy S. Armstrong[1,2,4]

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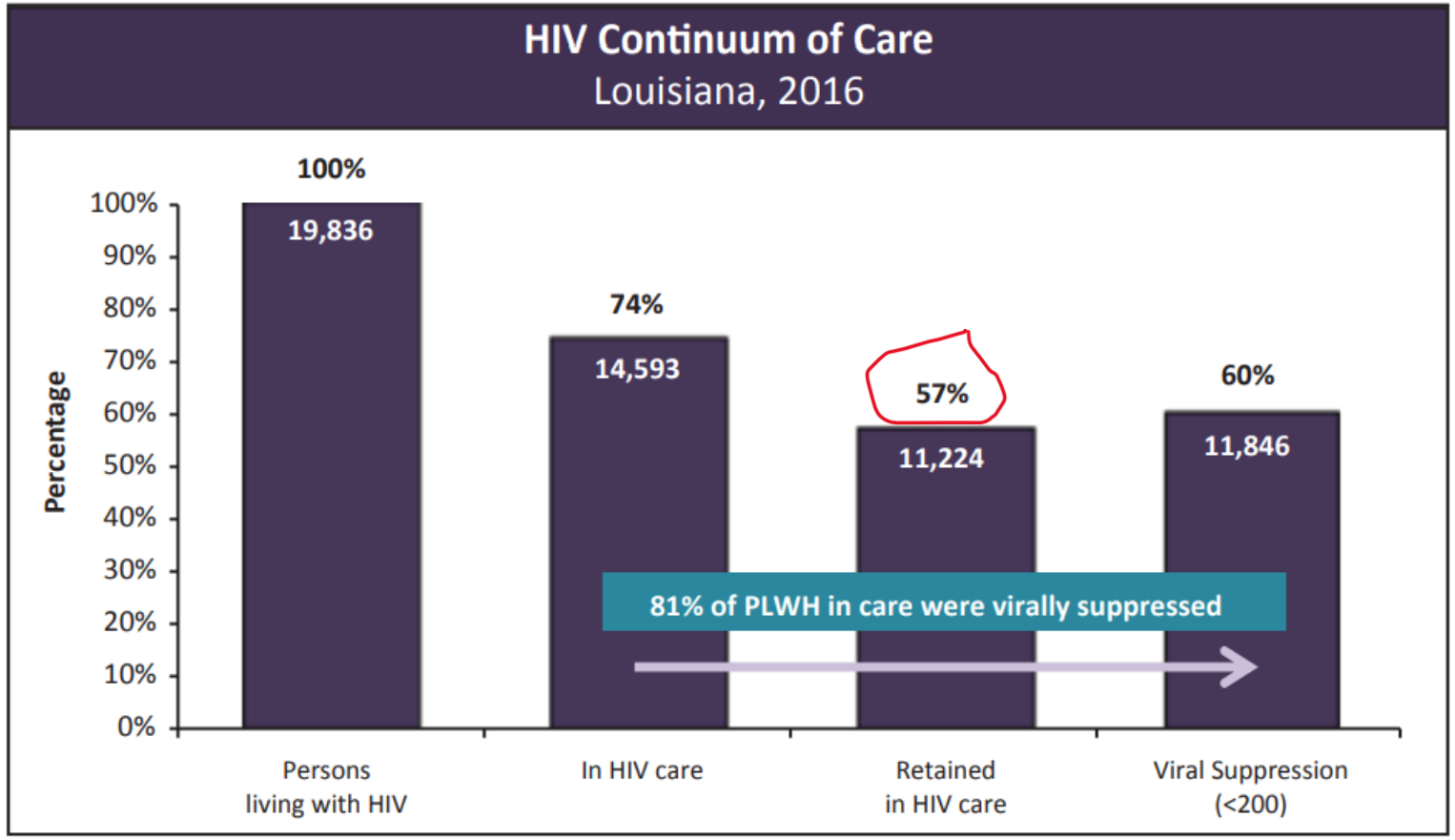
Continuum of Care: Louisiana 2016



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Continuum of Care: Early vs. Late Initial Linkage

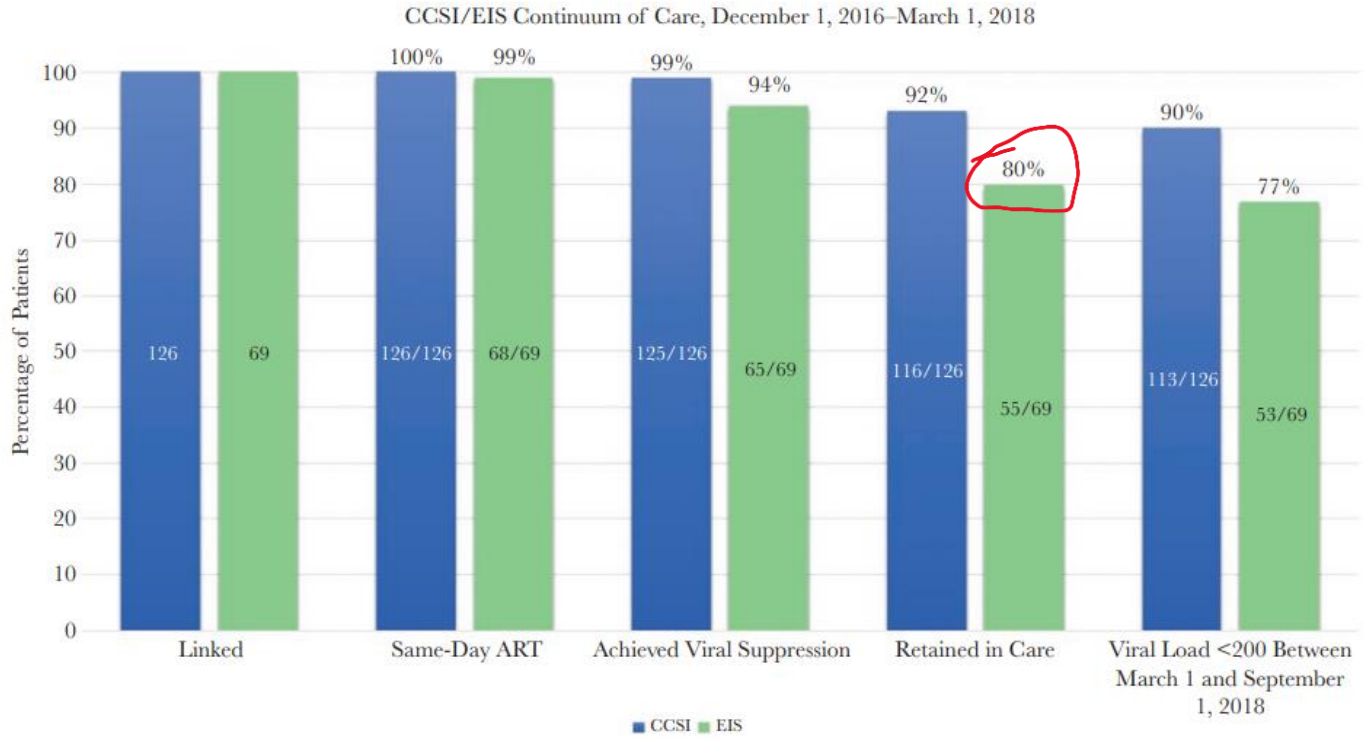

Figure 1. CCSI patients were linked within 72 hours of diagnosis. EIS patients were linked within 72 hours of contact to clinic. Retention in care criteria (2 visits separated by 3 months within the last 12 months) were significantly different between the two groups. Viral suppression last viral load <200 copies/ml and within the last six months were also significantly different between the two groups. Abbreviations: ART, antiretroviral therapy; CCSI, CrescentCare Start Initiative; EIS, Early Intervention Services.

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Can Rapid Start Principles Apply to Reengagement?

- Rapid entry program in Atlanta included non-ARV naïve patients
  - 40% of cohort treatment experienced
  - New to clinic
- Success of low barrier models such as the Ward 86 program
- Community input
  - “What about the rest of us?”
  - Requests to engage those returning to care

- Matthew D Hickey, et al HIV Treatment Outcomes in POP-UP: Drop-in HIV Primary Care Model for People Experiencing Homelessness, *The Journal of Infectious Diseases*, Volume 226, Issue Supplement_3, 15 October 2022, Pages S353–S362, https://doi.org/10.1093/infdis/jiac267
- Colasanti J, et al. Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States. Open Forum Infect Dis. 2018 Jun 28;5(6):ofy104. doi: 10.1093/ofid/ofy104. PMID: 29992172; PMCID: PMC6022569.

Rapid Re-Entry (RRE) Program Overview

Purpose:

Cross department partnership to re-engage patients living with HIV in care

Eligibility:

Out of care for more than 9 months,

Returning to care,

In need of a medical visit / labs to maintain ART, ***OR***

New to CrescentCare and out of ART.

Team:

Linkage Coordinators

RRE Providers & Care Teams

Eligibility Specialists

RRE Case Managers

Funding

Ryan White Part C (Orleans)

Ryan White Part C (Jefferson)

Ryan White Part A (New Orleans EMA)

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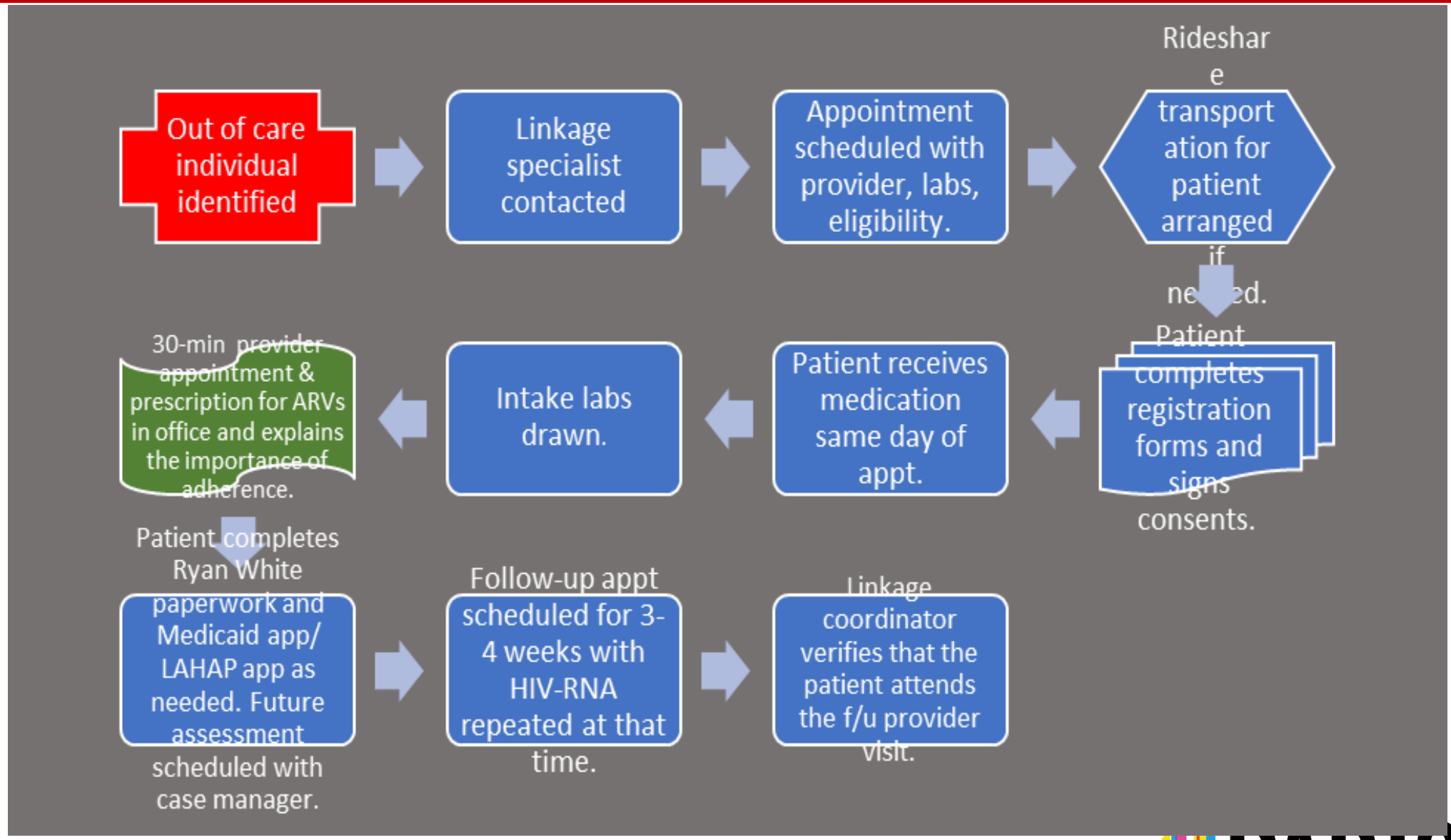
Rapid Re-Entry Workflow



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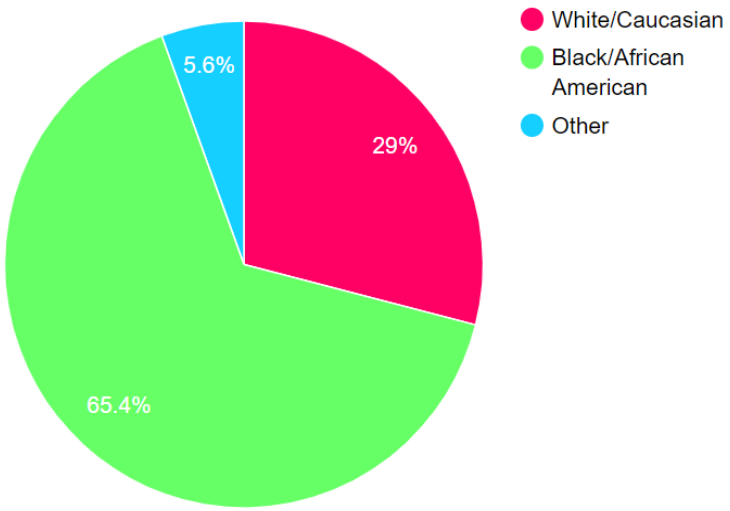
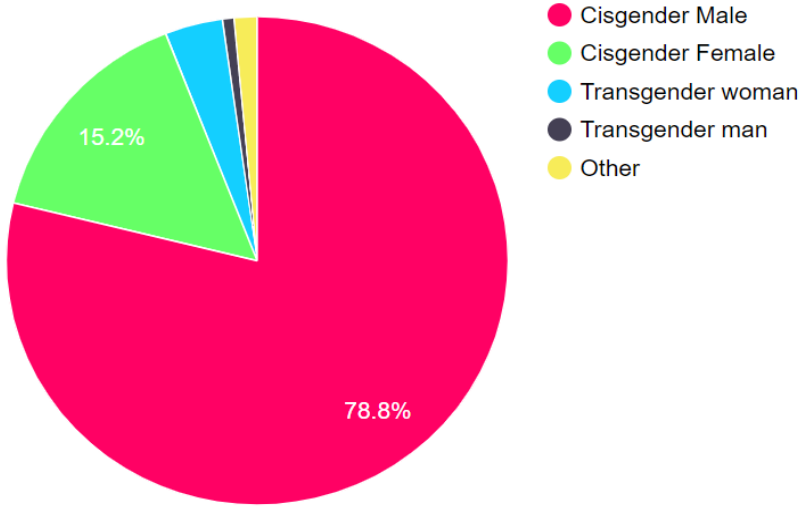
RRE – Demographics (March 2023 – Feb 2024)

269 completed an initial RRE visit

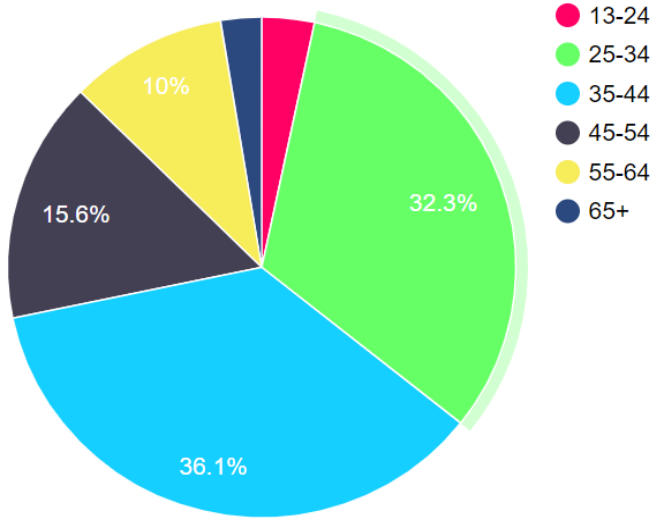
Patients by Race



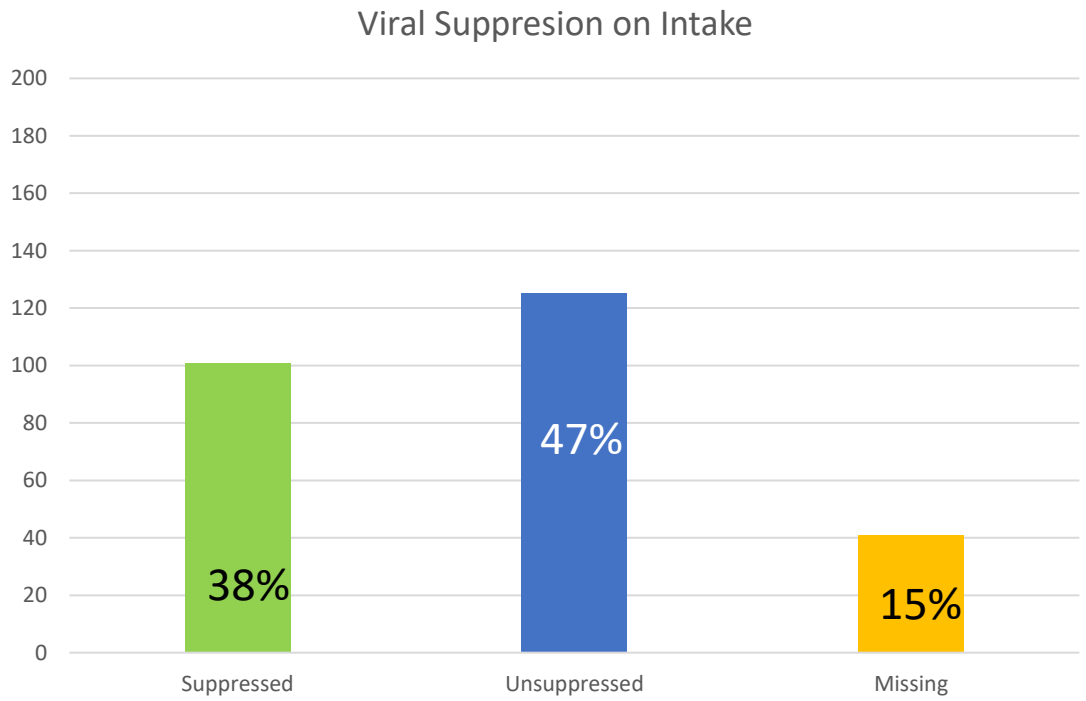
Patients by Gender

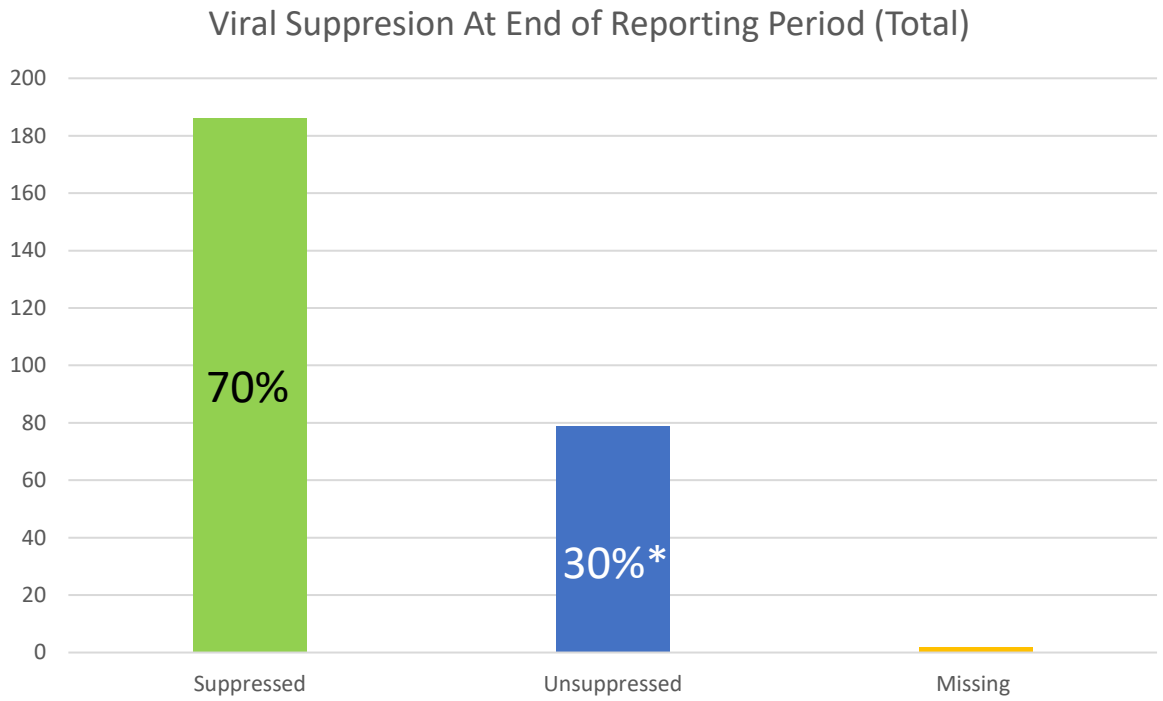


Patients by Age Range



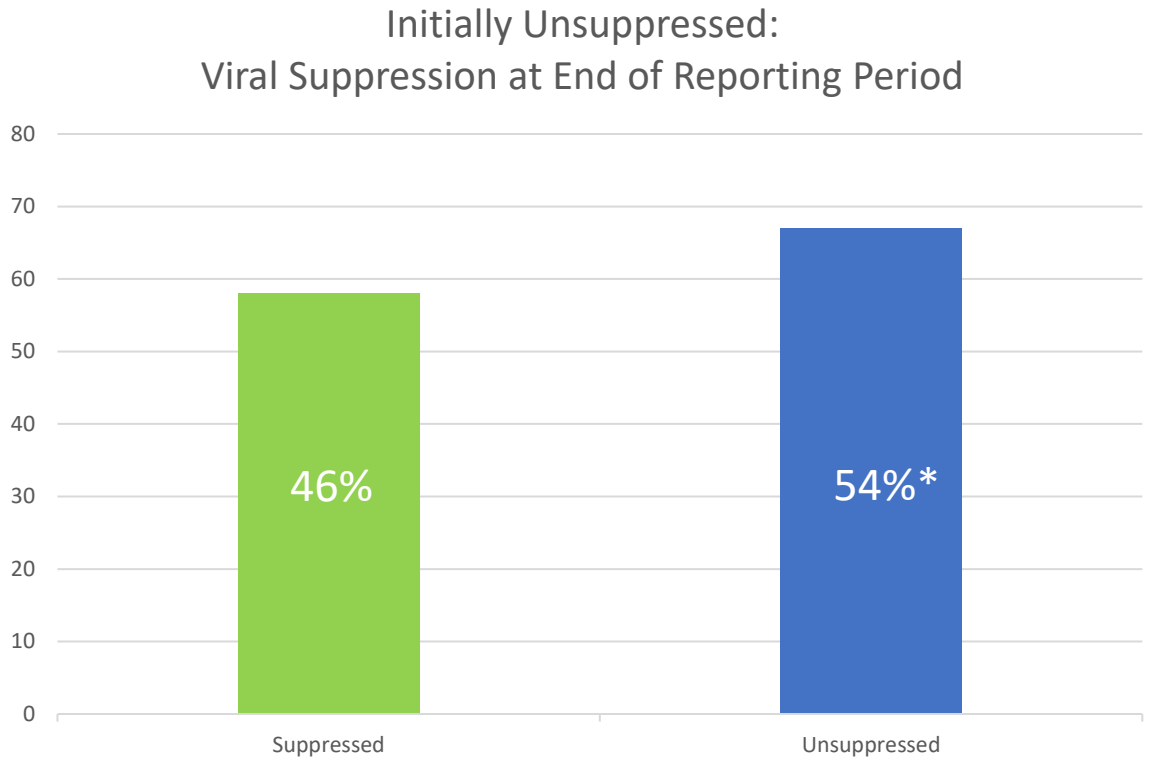
RRE Viral Suppression: Intake vs End of Reporting Period

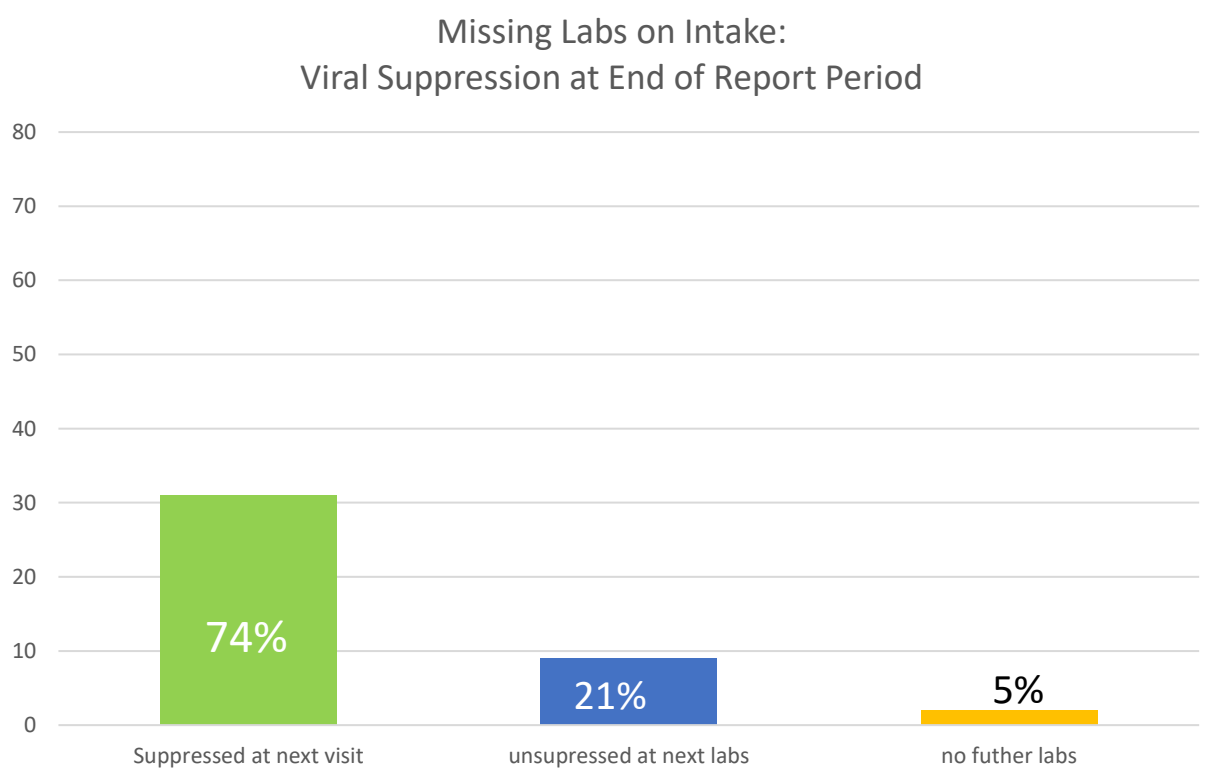




*70% of patients unsuppressed at the end of the reporting period only had one VL completed.

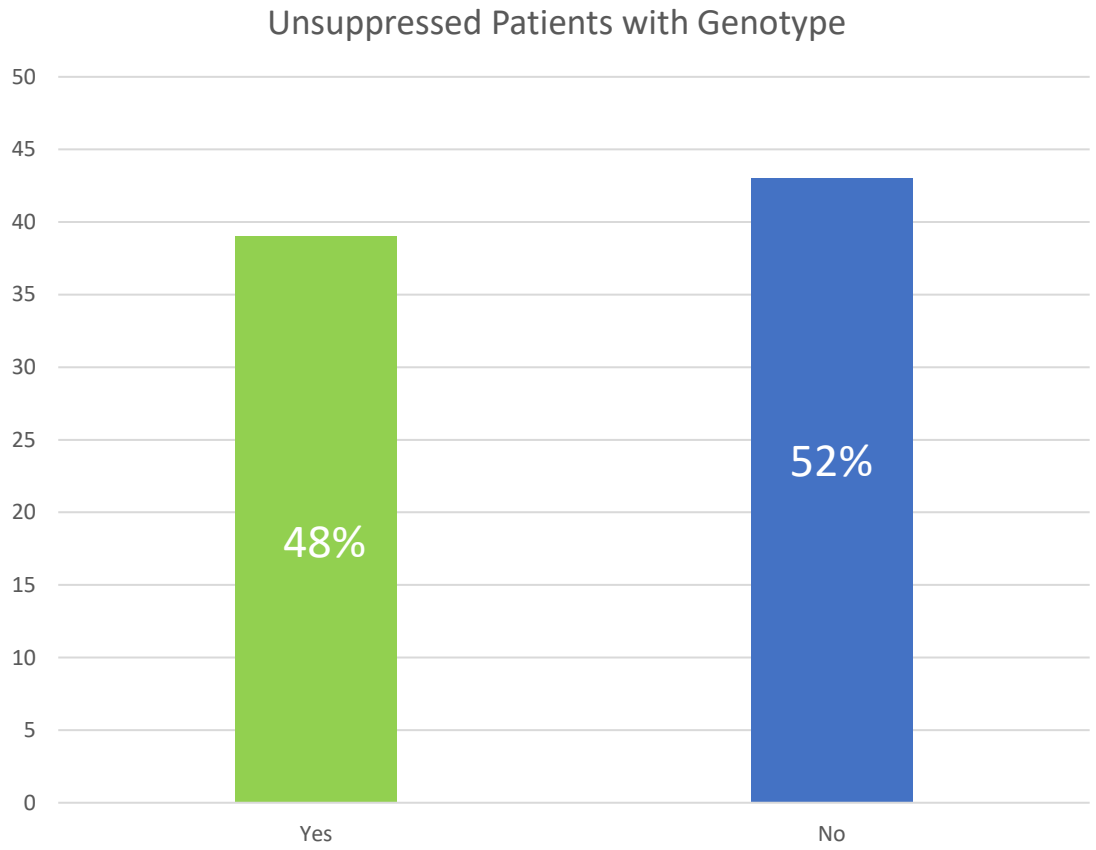
Outcomes: Unsuppressed on Initial Presentation

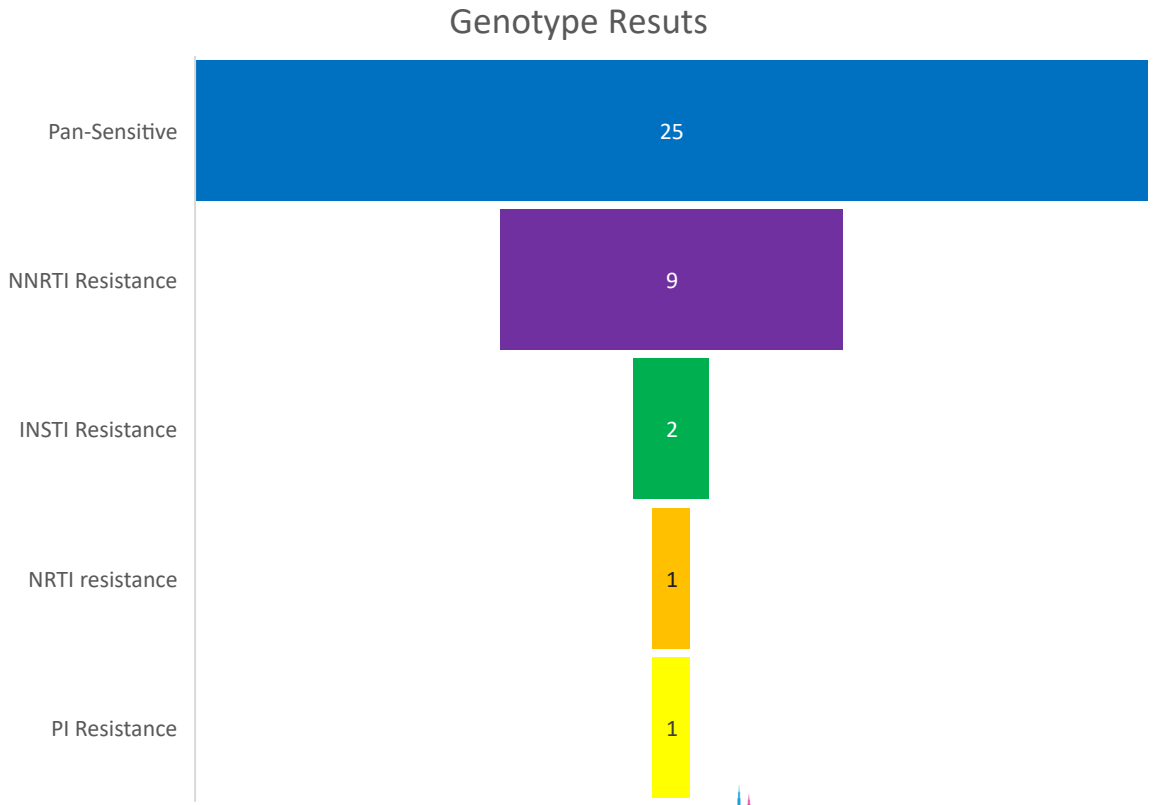




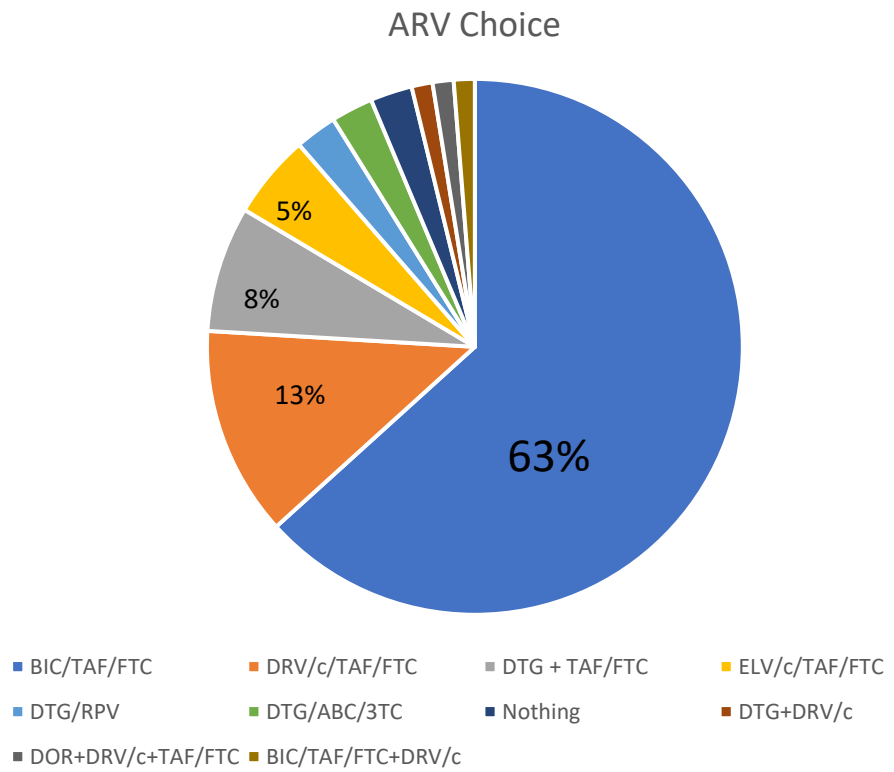
*Additional 11 patients achieved suppression after the reporting period

Genotypes:
Unsuppressed at the End of the Reporting Period





Initial ARV choice:
Unsuppressed at End of Reporting Period



3 Regimens changed after initial visit among unsuppressed individuals

- Regimen simplified after genotype results
- Addition of DRV/c due to adherence concerns
- ELV/c/FTC/TAF → DRV/c/FTC/TAF due to INSTI resistance

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RRE – Health Outcomes (March 2023 – Feb 2024)

Overall, 70% of all patients with RRE visits during the measure period were virally suppressed at the time of their most recent lab

55% of patients had upcoming appointments scheduled after the end of the 12-month measure period

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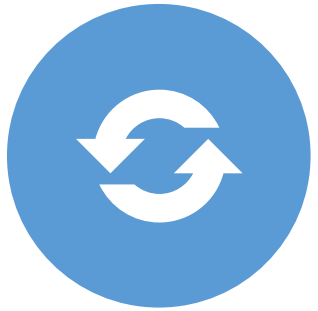
Continuous Improvement

Staffing & Capacity

Workflows

Outreach



Repeat RREs

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Conclusions and Limitations

- Re-engagement in care in complex
- Rapid re-initiation of ARV is acceptable to patients
- No significant emergence of resistance was noted in our cohort over the study period
- No control group
- Loss to follow up remains a major driver

Questions?

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