AETC AIDS Education & Training Center Program Mountain West

Rapid ART Start Protocols

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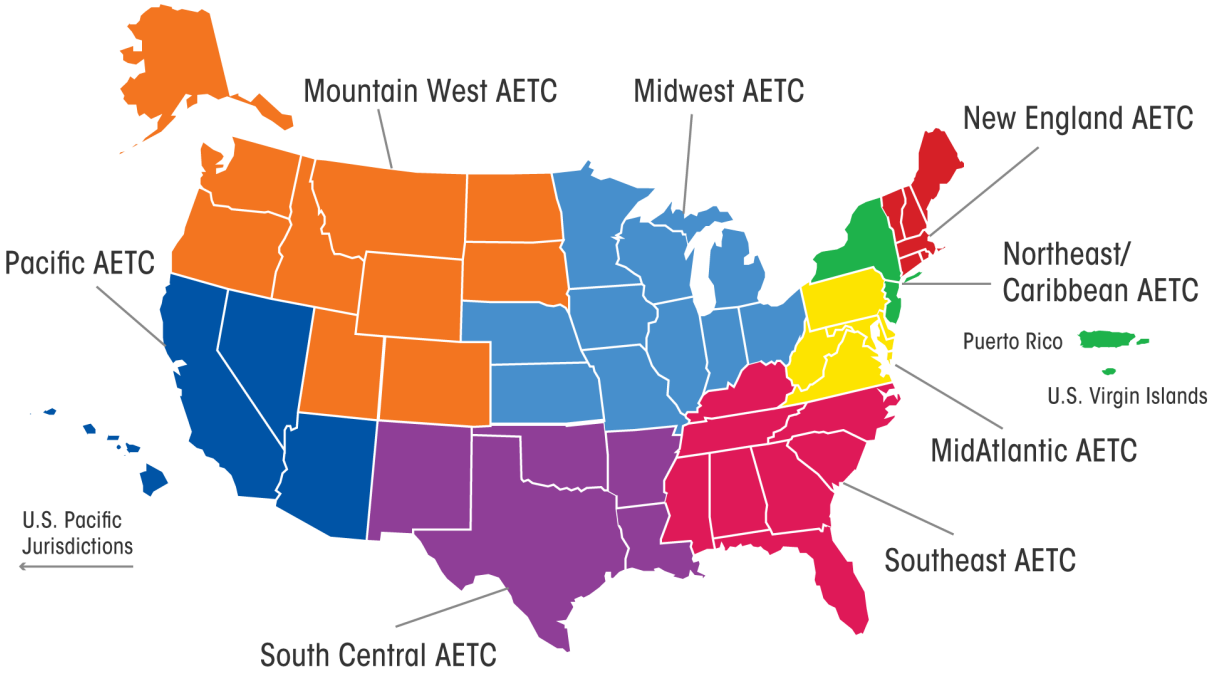
AETC Regional Training Centers



mwaetc.org/

aidsetc.org/about

https://multco.us/health/hiv-health-services-center

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Required Forms

- Participant Information Form
- Evaluation
- 3-month follow-up

RAPID ART START PROTOCOLS

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Disclosures

No conflicts of interest or relationships to disclose.

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Learning Objectives

- Describe at least 3 practice actions to consider when implementing a Rapid Start program
- Understand the potential impact of Rapid Start on linkage, engagement, and viral suppression
- Understand how all clinic role groups are critical to and participate in a successful Rapid Start program

Multnomah County
HIV Health Services Center (HSC)

OVERVIEW

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HIV Health Services Center (HSC)

- Located downtown Portland, Oregon
- Opened in 1990
- Federally Qualified Health Center
- Ryan White Part A/B/C/D
- AIDS Education and Training Center preceptorship site
- Serve ~1400 patients

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Our Services

- Full range of primary and HIV care services provided by a medical team
- Comprehensive and integrated on-site medical case management
- Intensive patient navigation services
- Mental health services
- Medication Supported Recovery
- Clinical pharmacist
- Art therapy
- Open access, low barrier model

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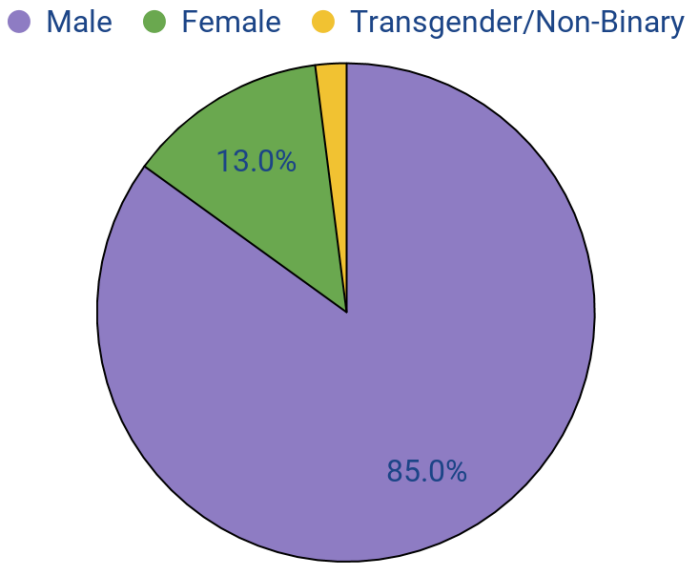
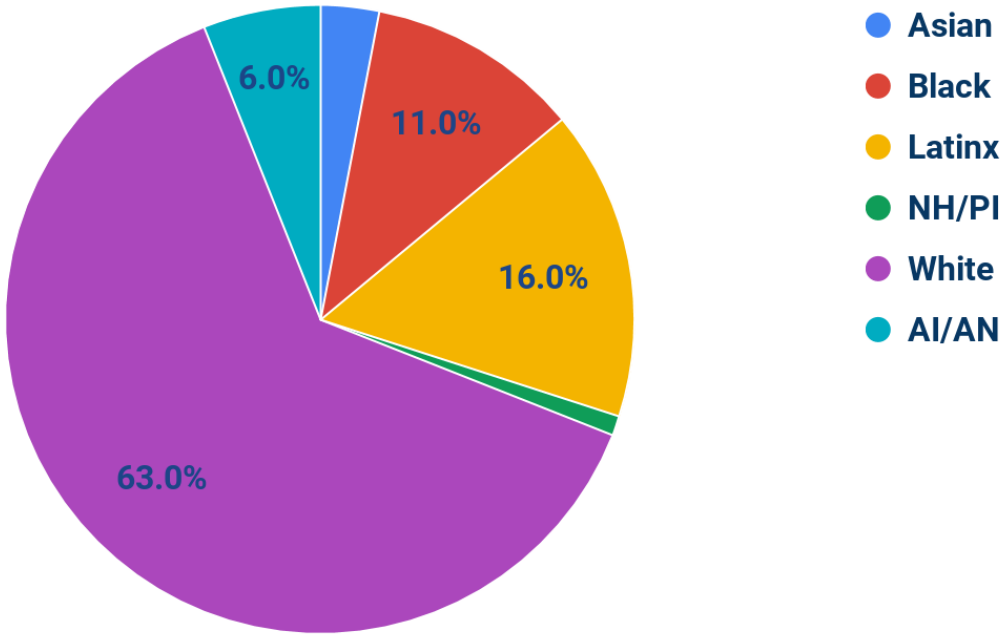
Our Patients

Gender





Our Patients

- More than half of our clients live at or below 100% FPL
- At end of 2019, 17% were homeless or in unstable/temporary housing
- Nearly 2/3 are living with a mental health diagnosis
- 1/3 have a substance use disorder
- 97% had an annual lab
- 89% virally suppressed

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HIV in Oregon

- About 6 out of 10 Oregonians have never been tested
- Approximately 200 people are diagnosed with HIV in Oregon each year
  - 1 in 4 are diagnosed with AIDS
  - 9% of newly diagnosed were Black (<2% total population in Oregon)
  - Over ½ were under 35
  - Continue to see viral suppression disparities among priority populations in Portland TGA

https://aidsvu.org/local-data/united-states/west/oregon/
https://www.endhivoregon.org/#testing1
https://www.oregonlive.com/health/2019/11/homeless-with-hiv-a-lack-of-housing-makes-a-preventable-disease-deadly-in-oregon.html

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Historical Process for ART Initiation

Brief History of ART Initiation

- Historical delay between HIV diagnosis and ART start
  - Concern for drug resistance if ART started too quickly
  - 2004 - 2009 median time to ART start was 10 months
  - 2010 federal treatment guidelines did not recommend offering ART to all newly dx
  - Waited for immune decline to start ART
- Structural barriers
  - Insurance / ADAP program
  - Discordance between testing sites and treatment sites
  - Need for large number of labs, excluding viral hepatitis, drug resistance and +HLA-B5701
  - Drug procurement
- Clinical barriers
  - Provider acceptance
  - Patient readiness

HSC Intake Process

- Intake Coordinator position added in November 2018
- Intake within 1-2 weeks
  - Psychosocial assessment, insurance enrollment, new patient labs, nurse visit
- Appointment with PCP 2 weeks later
- Up to 4 weeks to get ART prescription
- 158 new patients in 2018 (45 newly diagnosed)

FY19 Quality Improvement Project

RAPID ART START

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What is Rapid ART Start?

- Immediate ART initiation upon HIV diagnosis
  - Same day or within 72 hours
- Piloted in San Francisco in 2013
  - median time to VL suppression 1.8 mo vs 4.3 months (universal ART guidelines) vs 7.2mo (CD4 guided ART)

Continuum of Care: Early Steps

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Continuum of Care: Early Steps - **Shortened**

Why Rapid ART Start?

- Low barrier, open access model of care
- Newly diagnosed clients achieve viral suppression much earlier (if ill, symptoms improve faster)
- Public Health: Undetectable = Untransmittable (U=U)
- May limit viral reservoir (if acutely infected)
- Studies show increased retention in care
- Strengthen community partnerships

Supported by IAS-USA Guidelines

"Immediate initiation (eg, rapid start), if clinically appropriate, requires adequate staffing, specialized services, and careful selection of medical therapy."

Supported by DHHS Guidelines

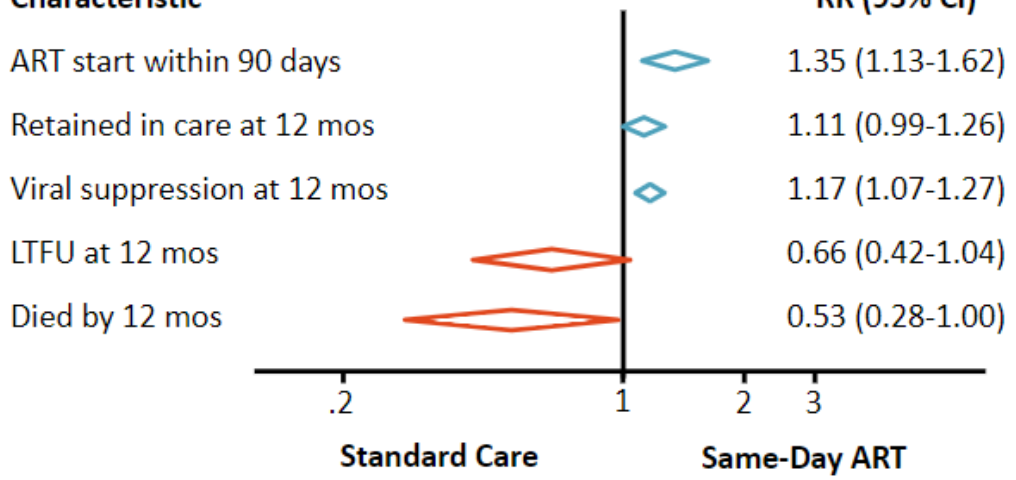
"The Panel recommends initiating ART at the time of diagnosis (when possible) or soon afterwards to increase the uptake of ART, decrease the time required to achieve linkage to care and virologic suppression, and improve the rate of virologic suppression among individuals who have recently received HIV diagnoses (AII)."

Studies to Date

- RCT's in resource-limited settings outside US:
  - South Africa (RapIT), Haiti, Lesotho (CASCADE)
- Observational trials in US:
  - San Francisco (RAPID), Atlanta (REACH)

Improved Clinical Outcomes with Rapid ART Initiation

- Systematic review of rapid ART initiation (including 4 RCTs)[1]



Same-day ART associated with:

- **Increased** likelihood of ART initiation, retention in care, viral suppression
- **Decreased** likelihood of loss to follow-up and death

- In addition, earlier ART initiation reduces the viral reservoir in the individual[2-5]

Slide credit: clinicaloptions.com

1. Ford. AIDS. 2018;32:17. 2. Tagarro. JAIDS. 2018;79:269. 3. Luo. BMC Infect Dis. 2019;19:257.
4. Jain. J Infect Dis. 2013;208:1202. 5. Buzon. J Virol. 2014;88:10056.

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Clinical Considerations

- Few contraindications
  - Signs of active TB, meningitis
- Access to appropriate ART regimens
  - Resistance issues, tolerability, covers HBV

Recommended Regimens for Rapid ART

DHHS[1]	
Recommended Regimens	
BIC/FTC/TAF	
DTG + (TAF or TDF) + (3TC or FTC)	
(DRV/RTV or DRV/COBI) + (TAF or TDF) + (3TC or FTC)	
Regimens Not Recommended	
NNRTI-based regimens or DTG/3TC due higher rate of transmitted NNRTI and NTRI drug resistance	
Regimens requiring ABC until HLA-B*5701 test results received	

IAS-USA[2]
Recommended Regimens
DTG + (FTC or 3TC)/(TAF or TDF)
BIC/FTC/TAF
DRV/RTV + (FTC or 3TC)/(TAF or TDF)
Regimens Not Recommended
NNRTI-based regimens due to concerns over transmitted drug resistance (K103N)
Regimens requiring ABC until HLA-B*5701 test results received

Slide credit: clinicaloptions.com

1. DHHS Guidelines. December 2019. 2. Saag. JAMA. 2018;320:379.

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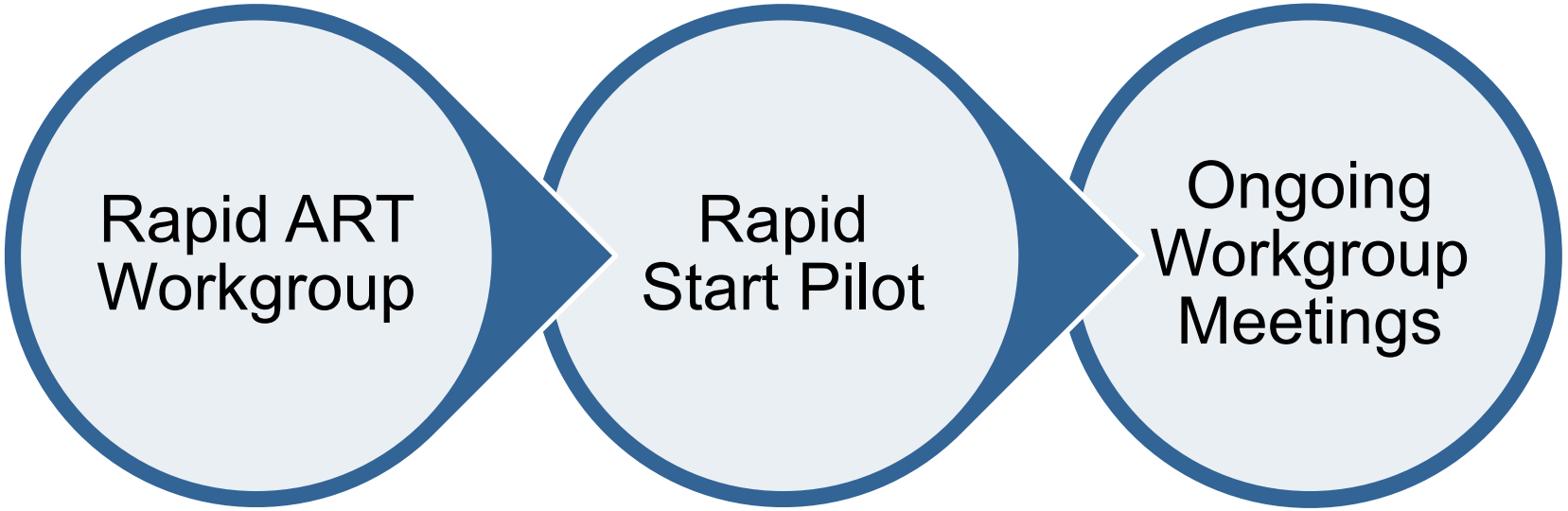
Implementation of Rapid Start



- Jan/Feb 2019
- All role groups represented
- Definitions
- Created workflows and clinical protocol
- Collaboration with ADAP
- Reviewed literature and best practices

- March 1, 2019
- Intake Coordinator as lead
- Part A providing data support
- Coordination with community partners

- Discussed what was working and what needed to be improved
- Reviewed data

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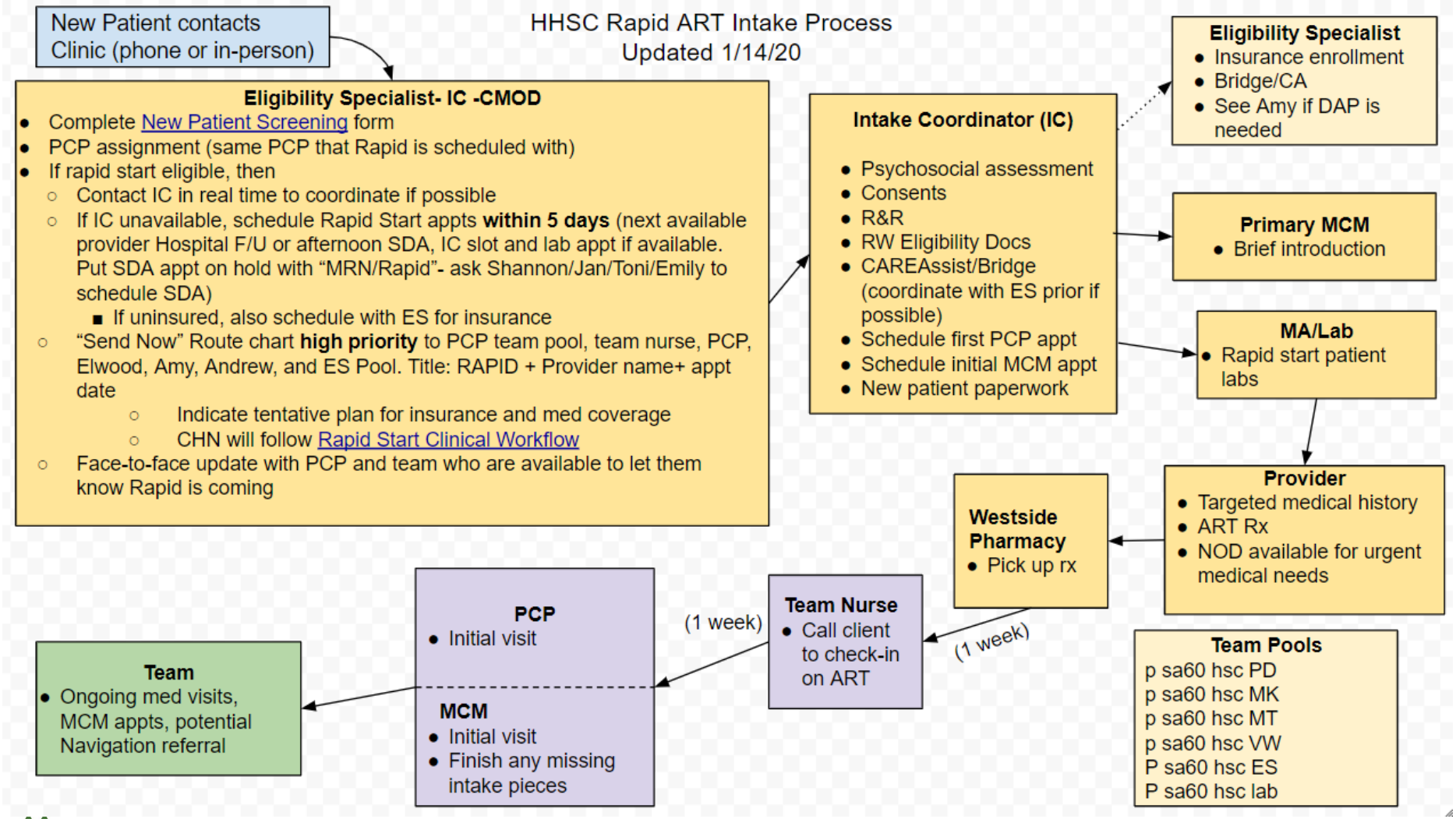
HSC Rapid ART Workflow



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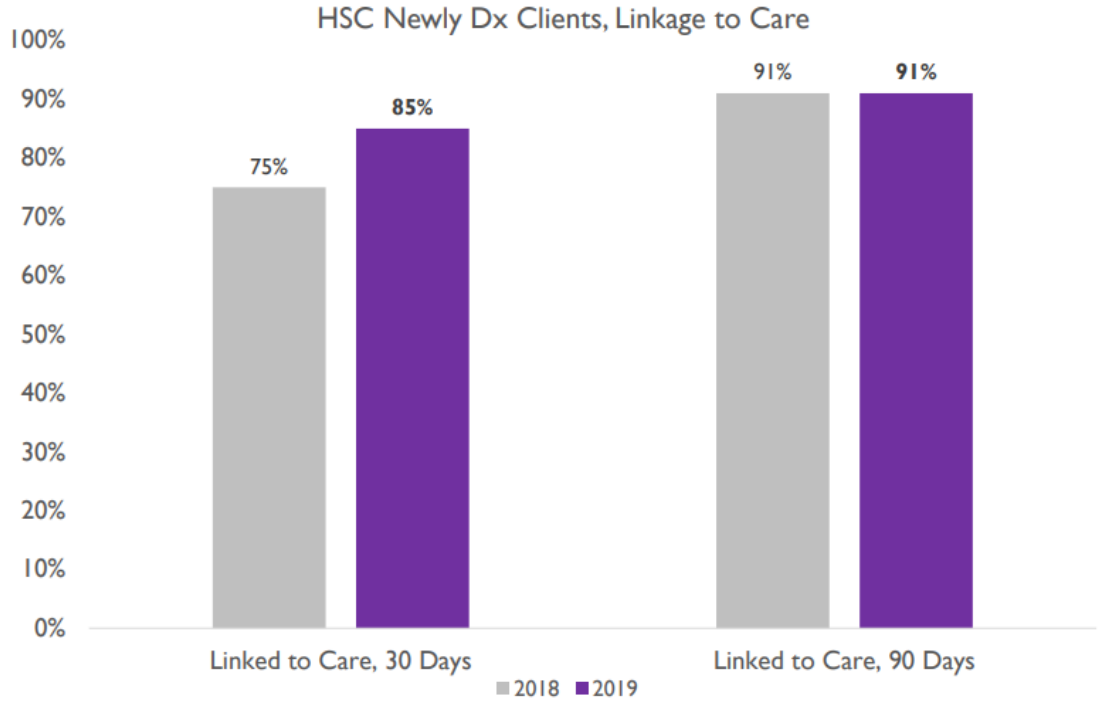
HSC Rapid Start Pilot

- 2-8 Rapid Starts a month
- 53 newly diagnosed clients screened
  - Age: Over half under 35 years old
  - Risk factor: 72% MSM, 11% PWID, 24% Hetero
  - Status: 9% diagnosed with AIDS
  - Race/Ethnicity: 57% BIPOC
- 38 with ART rx within 0-5 days of screening
- 83% virally suppressed at last test (FY19)

Initial Outcomes

HSC RW NEWLY DIAGNOSED CLIENTS

- Average number of days from diagnosis to first lab for HSC clients was 21 days in 2019 (2018 was 31 days)
- 91% of clients in Rapid ART received ART within 5 days of initial contact. Average # of days from HIV dx date to first screening was 22 days for Rapid ART.



Data provided by Multnomah County HIV Grant Administration & Planning (2020)

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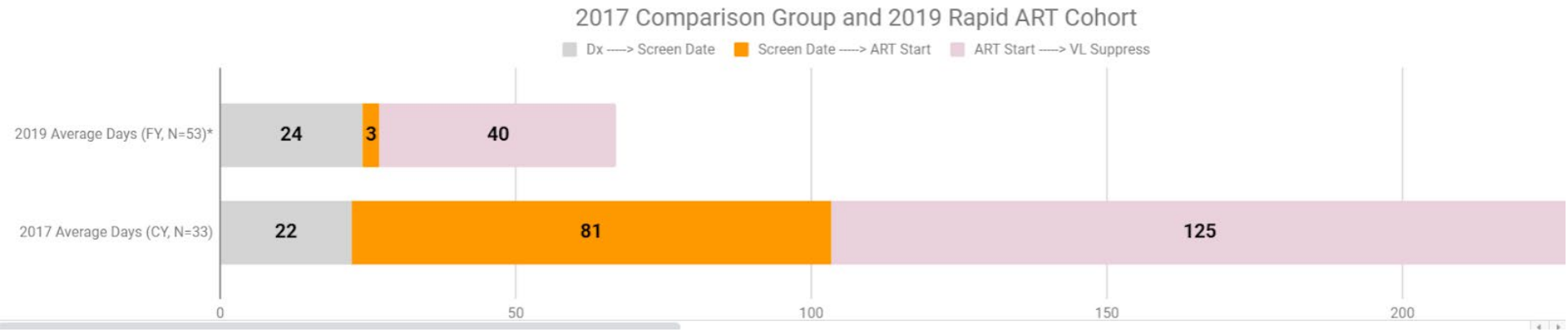
Initial Outcomes



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Rapid Start Participant Feedback

"I went from a really bad place to feeling super supported... I don't remember the exact time line but it was within a week that I was on the antivirals. I remember distinctly that it was fast. I was in the middle of tumultuous life stuff going on all at once not the least of which was the diagnosis. I was a wreck, and I felt really supported. Just a lot of tolerance and clear explanations and caring that felt genuine. I've been undetectable since October and sober since then too."

"The bottom line is, the support was there and the communication was there too."

Lessons Learned & Next Steps

- Rapid Start is an engagement tool
- Patient readiness
- Careful not to minimize impact of HIV diagnosis
- Time intensive
- Buy-in from everyone is necessary
- Flexibility is critical
- Barriers to care still need to be addressed
- HSC awarded three-year SPNS Rapid Start Initiative in 2020

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Questions?

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