

CrescentCare's Immediate ART Continuum

Lorna Seybolt, MD, CrescentCare, New Orleans, LA

The US Department of Health and Human Services proposed a plan to end the HIV epidemic within 10 years. The plan calls for the Centers for Disease Control and Prevention (CDC) to work with "partners and providers to quickly link people who test positive for HIV to care, so that HIV treatment can begin as soon as possible after diagnosis." Rapid Start is an innovation that does just this, ideally starting HIV medications on the day of diagnosis. CrescentCare, a Federally Qualified Health Center (FQHC), partnered with the New Orleans Office of Health Policy to implement a city-wide linkage and same-day antiretroviral treatment (ART) program in December 2016. We studied 2 cohorts: those newly diagnosed and started on ART within 72 hours of diagnosis (CrescentCare Start Initiative [CCSI]), and ART-naive individuals who were linked and started on ART within 72 hours, but were diagnosed beyond 72 hours of clinic contact (Early Intervention Services [EIS]). We present a continuum of care for both cohorts.

The CCSI and EIS cohorts were enrolled from 12/2016 through 5/2018. Laboratory and practitioner visits were reviewed through 10/2019. Outcomes measured include achieved viral suppression, median time to viral suppression, sustained viral suppression (first viral load 12 months after linkage less than 200 copies/mL), and engagement in care (completed practitioner appointment beyond 12 months after linkage). For CCSI, 124 patients were linked within 72 hours of diagnosis. All patients chose to start ART, and none stopped due to adverse effects. The median age for CCSI was 29 years. Seventy-two percent identified as male, 22% as female, and 6% as transfemale. Sixty percent identified as African-American, 27% as white, and 12% as Latinx. Viral suppression was achieved in 98% in a median of 28 days, 90% remained virally suppressed beyond 12 months, and 98% were engaged in care beyond 12 months.

For EIS, 68 patients were linked within 72 hours of contacting our clinic. In total 67 of 68 patients chose to start ART on the day of linkage and no one stopped due to adverse effects. The median age for EIS was 29 years; 84% identified as male, 13% as female, and 3% as transfemale. Seventy-four percent identified as African-American, 21% as white, and 6% as Latinx. Viral suppression was achieved in 96% in a median of 29 days from linkage, 79% remained virally suppressed beyond 12 months, and 91% were engaged in care beyond 12 months.

This rapid start strategy at an FQHC in New Orleans shows high rates of immediate and sustained viral suppression. Differences do exist between those started within 72 hours of diagnosis and those linked to care after 72 hours. Resources are still required for retention programming. Both cohorts demonstrate that starting patients on the day of diagnosis or linkage, before laboratory test results are obtained, is a safe, well-tolerated, and effective intervention. Interventions that harness the power of virologic suppression to end the epidemic are urgently needed.