

Get READI!

Evaluation of 2 years of rapid ART services at a county hospital system

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ON HIV CARE & TREATMENT

Introduction & Goals

- The Ending the HIV Epidemic (EHE) initiative recommends rapid initiation of ART for those newly diagnosed with HIV, because an effective ART regimen is associated with increased viral suppression and reduced HIV transmission.
- Harris Health System, which serves the 4th most populated county in the United States, began its Rapid Eligibility and ART Dissemination & Implementation (READI) program in 2019.
- READI uses a rapid antiretroviral start model to address gaps in care and retention
- In this presentation, we will look at viral load suppression rates for READI patients with patients who received standard care.

Rapid Eligibility and ART Dissemination & Implementation (READI)

- Eligible persons are newly diagnosed or returning to care.
- Provides 14 days worth of HIV medications during the first visit
- Service Linkage Workers (SLW) are the **heart** of READI.
 - SLWs accompany READI patients through the process. ensuring rapid completion of eligibility requirements, and priority scheduling for the initial physician visit. This is intended to improve self-efficacy and retention in care.
 - Both emergency departments (ED) at Harris Health conduct routine, opt-out HIV screening. SLWs are also located in these EDs to provide a seamless process from diagnosis directly to HIV care.

Overview of the READI Process

- Visit 1:
 - Eligibility
 - Same-day labs
 - Same-day visit with nurse practitioner
 - Same-day dispense of HIV medications
 - Patient takes their first dose of meds, confirmed by directly observed therapy
 - Priority scheduling for the initial physician visit
- Visit 2 (as needed):
 - Complete any unfinished tasks from Visit 1, if applicable
- Visit 3:
 - Initial visit with physician for HIV medical care

- Populations: READI vs standard of care
- Inclusion criteria:
 - Newly diagnosed
 - READI - patients who were new to care between Dec 2019 - Dec 2021.
 - Standard of care - patients who were new to care between Dec 2017-Dec 2019 (before READI)
- The starting dates for both groups is the patient's first HIV medication order

Findings

Demographics

READI

Demographic	Female N	Female %	Male N	Male %	Total N	Total %
Adult	31	94%	156	88%	187	89%
Black	19	58%	67	38%	86	41%
Other	4	12%	32	18%	36	17%
Latino	6	18%	25	14%	31	15%
White	2	6%	28	16%	30	14%
Asian	-	0%	2	1%	2	1%
Unknown	-	0%	2	1%	2	1%
Youth	2	6%	21	12%	23	11%
Black	2	6%	12	7%	14	7%
Other	-	0%	7	4%	7	3%
White	-	0%	1	1%	1	0%
Latino	-	0%	1	1%	1	0%
Grand Total	33	100%	177	100%	210	100%

Standard of Care patients

Demographic	Female N	Female %	Male N	Male %	Total N	Total %	Total N	Total %
Adult	100	95%	265	91%	1	100%	366	92%
Black	56	53%	108	37%	-	0%	164	41%
Other	15	14%	58	20%	-	0%	73	18%
Latino	17	16%	56	19%	-	0%	73	18%
White	10	10%	36	12%	1	100%	47	12%
Asian	1	1%	5	2%	-	0%	6	2%
Unknown	1	1%	2	1%	-	0%	3	1%
Youth	5	5%	27	9%	-	0%	32	8%
Black	4	4%	11	4%	-	0%	15	4%
Other	1	1%	8	3%	-	0%	9	2%
Latino	-	0%	5	2%	-	0%	5	1%
White	-	0%	3	1%	-	0%	3	1%
Grand Total	105	100%	292	100%	1	100%	398	100%

Findings

ART and MD Visit READI

Group	N	Same Day	%	<24 hrs	%	<72 hrs	%	>4 days	%
READI	293	31	11%	73	25%	166	57%	103	35%
Control	398	3	1%	3	1%	14	4%	302	76%

Group	N	same day	%	<24 hrs	%	<72 hrs	%	>4 days	%
READI	293	104	35%	19	6%	195	67%	89	30%
Control	398	10	3%	1	0%	26	7%	366	92%

- Getting ART
 - Same Day: 11% of READI patients vs 1% of Control
 - Within 24 hrs: 36% of READI patients vs 1% of Control
 - Within 72 hrs: 57% of READI patients vs 4% of Control
- MD Visit
 - Same Day: 35% of READI patients vs 5% of Control
 - Within 24 hrs: 6% of READI patients vs >1% of Control
 - Within 72 hrs: 67% of READI patients vs 7% of Control

Viral Suppression at baseline versus after 12 months on ART

Suppression	Group	Denominator	Numerator	%
VL Suppression	Standard	358	301	84%
-	READI	204	204	100%
Grand Total	-	562	505	90%

Suppression	Group	Denominator	Numerator	%
VL Suppression	Standard	299	296	99%
-	READI	129	126	98%
Grand Total	-	428	422	99%

- Viral Load Suppression:
 - Baseline: 100% of READI vs 84% of standard of care
 - After 12 months on ART: 98% of READI vs 99% of standard of care

Conclusions

- READI patients had higher viral load counts at baseline and at 12 months, compared to standard of care patients
 - READI patients are linked to care quickly after diagnosis, so baseline viral loads may be higher at baseline
 - At 12 months, READI patients maintained a high viral load suppression rate
- Standard of care patients increased their overall suppression rate after 12 months of taking ART
 - Effectiveness of HIV medical care
- SLWS are the heart of READI
- Need buy in from all departments to keep the process going