



# RAPID ART INITIATION

Evidence-Informed for the Structural Intervention Chapter

Evidence-Informed for the Linking and Retention in HIV Care Chapter

## POPULATION

- ART-naïve persons with a new HIV diagnosis

## KEY INTERVENTION EFFECTS

- Improved time to viral suppression

## BRIEF DESCRIPTION

**Rapid ART Initiation** for identified patients with a new HIV diagnosis who were referred for clinic visits from regional health departments to begin ART initiation.

- Patients were offered clinic visits within 72 hours of appointment requests, including same day appointments
- ART was prescribed to all patients at initial visit unless there were specific patient or provider objections
- Eligible patients were seen at first visit by medical providers for history, physical assessment, and ordering of baseline laboratory studies
- Patients were provided with fixed-dose combination ART directly from the on-site pharmacy
- Medical case managers assessed insurance status and eligibility for enrollment into the Ryan White Part B drug assistance program or industry-sponsored patient assistance programs. A 10-day supply of ART was provided at no cost to those without insurance or documentation.

**DURATION:** 0 – 34 days

**SETTING:** Suburban, Midwestern Ryan White clinic

**STUDY YEARS:** 2015 – 2017

**STUDY DESIGN:** Retrospective cohort

**DELIVERERS:** Medical providers, pharmacists, and case managers

**DELIVERY METHODS:** ART prescription, Case management, Medical appointments

## STUDY SAMPLE

The rapid treatment (post intervention) sample of 35 study participants was characterized by the following:

- 54% White persons
- 40% Black or African American persons
- 6% Hispanic, Latino, or Latina persons
- 91% male persons
- Median age = 26 years

## STRUCTURAL COMPONENTS

Access - HIV medical care

- Decreased time for first appointment and same day initiation of ART

Policy/Procedure - Institutional policy/procedure

- Changes to clinic procedures to schedule first visits within 72 hours of appointment requests and opt out policy for ART initiation

**KEY INTERVENTION EFFECTS** (see **Primary Study** for all outcomes)

- Median time from diagnosis to viral suppression (viral load <200 copies/mL) was shorter in the rapid treatment group (post-intervention) compared to the delayed treatment group (pre-intervention) (76.5 days [Interquartile Interval (IQI): [51-151]] vs. 137 days [77-318]).

**CONSIDERATIONS**

- Median time from diagnosis to ART initiation and from first clinic visit to ART initiation were shorter in the rapid treatment group compared to the delayed treatment group.
- 91% of participants in the rapid treatment group-initiated ART within 3 days compared to 8% of participants in the delayed treatment group.

**ADVERSE EVENTS**

- The author did not report adverse events.

**FUNDING**

- Ryan White Title III/IV funding

**PRIMARY STUDY**

Ilagan, D. J. C., Eitniewski, L., Cole, K., Duggan, J., & Sahloff, E. (2021). [Time between diagnosis and achievement of virologic suppression in people living with HIV](#). *American Journal of Health-System Pharmacy*, 78(Suppl. 4), S95-S100. doi: 10.1093/ajhp/zxab269.

**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

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