

# Initiation of Rapid Start Antiretroviral Therapy (ART) in Men Who have Sex with Men (MSM)

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## Purpose

- To improve linkage of newly diagnosed HIV+ MSM to primary HIV care
- To reduce length of time from HIV+ diagnosis to initiation of ART
- To facilitate access to ART
- To improve retention in care for first visit with primary HIV provider within 6-8 weeks of initiating ART

## Background and Significance

- HIV is a persistent global epidemic
- In the United States, HIV is more highly concentrated in the South
- The most vulnerable population impacted by HIV is MSM of color residing in the South
- Social determinants of health (SDH) rather than a genetic predisposition account for the prevalence of HIV among MSM of color
- Resources for HIV prevention and care have traditionally been allotted to metropolitan areas of the country
- Variations in the time to start ART

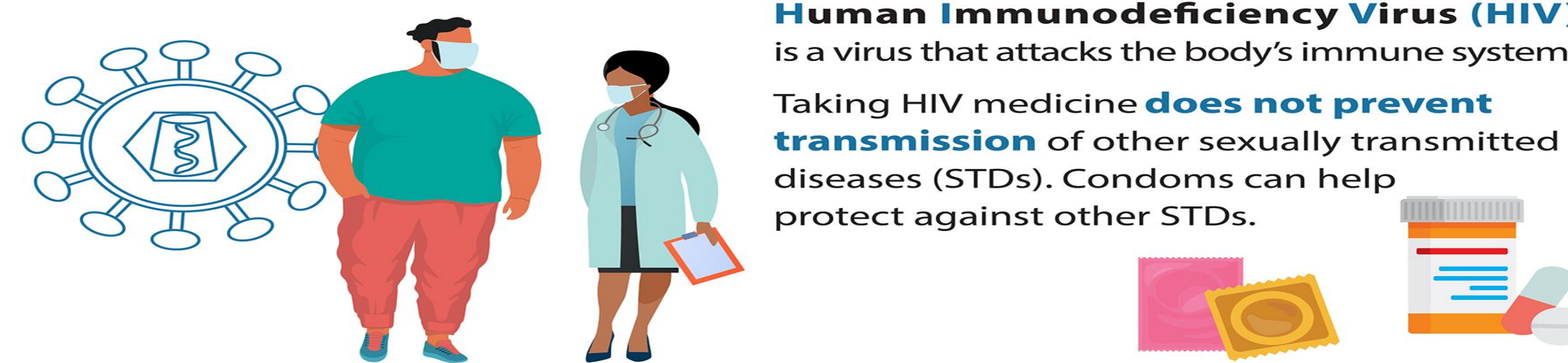
## Literature Review

- World Health Organization (WHO), Department of Health and Human Services (DHHS), Centers for Disease and Control and Prevention (CDC) all recommend starting ART as soon as possible after HIV+ diagnosis regardless of CD4 count or symptomatology
- Anticipate and mitigate unique barriers-to-care for MSM of color living in the South
- Early ART initiation leads to decreased morbidity and mortality and reduction in forward transmission
- Formalize “starter pack” access to ART while awaiting long-term access to ART

## Intervention

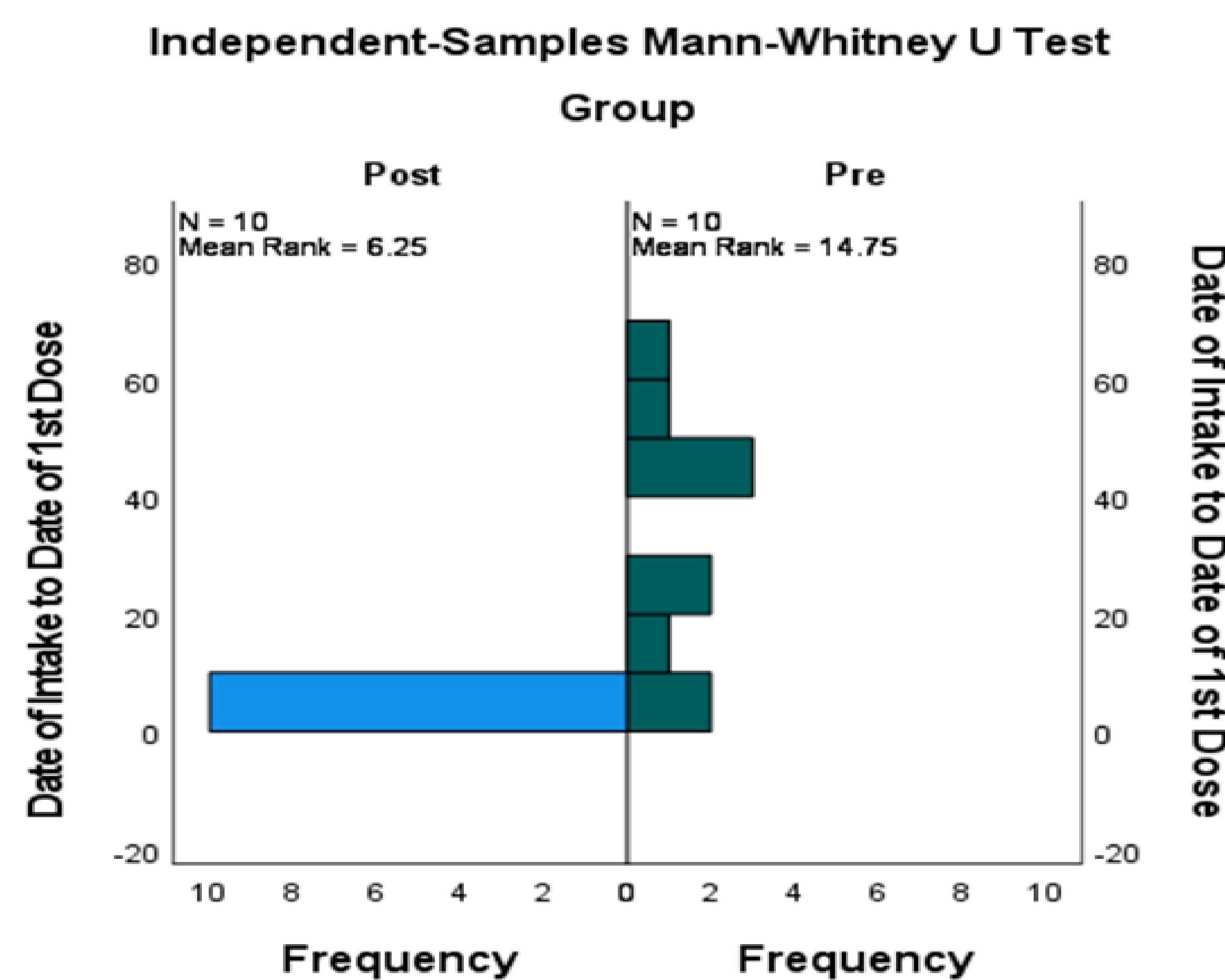
Accelerated initiation of ART.

### WHAT IS HIV?



HIV Basics [www.cdc.gov/hiv/basics](http://www.cdc.gov/hiv/basics) For more information, visit [www.cdc.gov/hiv/basics/index.html](http://www.cdc.gov/hiv/basics/index.html)

## Results



Pre-/post- intervention time from linkage to care visit to first dose of ART was clinically significant. Mann-Whitney u test performed because data was not normally distributed.

Pre-intervention:

30.9 days from date of intake/linkage to care visit to date of first dose of ART

Average of 15.9 days from date of referral to linkage to care visit

Post-intervention:

0.8 days from date of intake/linkage to care visit to date of first dose of ART

Average of 8.7 days from date of referral to linkage to care visit

Barriers to care:

- Stigma/SDH
- Access to ART
- Living in the South

## Conclusions

- Rapid start of ART decreases time from HIV diagnosis to first dose of ART, one of the major aims of the project
- Improved adherence and engagement in care when accelerated start of ART is implemented
- Increased fiscal and human resources needed to address the special needs of persons living in the South
- Increased patient satisfaction with timely/reliable access to ART
- HIV can be managed as a chronic illness
- Compressed linkage to care visit to include targeted H&P, social work and behavioral health assessments, baseline labs, application for medication assistance programs.

