

**The CrescentCare
Start Initiative:
A Rapid Start Intervention in
New Orleans, Louisiana**

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LONDON

FAST-TRACK CITIES 2019

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

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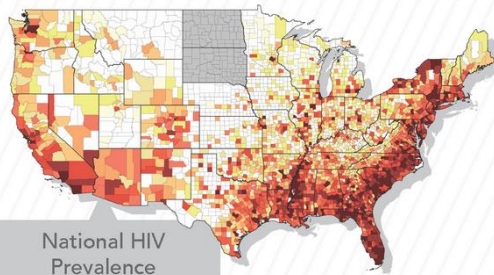




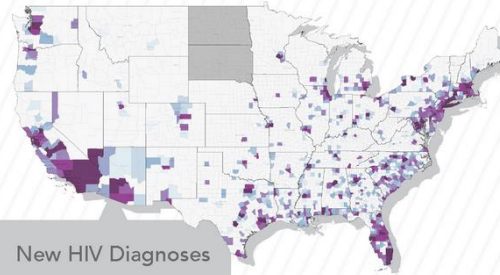
Where is HIV now in the United States?



HIV has always been about what you do; **today it is also about where you live.**



National HIV Prevalence



New HIV Diagnoses

92% of new U.S. HIV diagnoses occur in **25%** of counties.



MIAMI



NEW ORLEANS



BATON ROUGE

...these three cities have the **highest new HIV diagnoses rates** in America

U=U

UNDETECTABLE
=
UNTRANSMITTABLE

A PERSON LIVING WITH HIV
WHO HAS AN UNDETECTABLE
VIRAL LOAD DOES NOT
TRANSMIT THE VIRUS TO THEIR
PARTNERS.

The International AIDS Society is proud to endorse the U=U consensus statement of the Prevention Access Campaign.

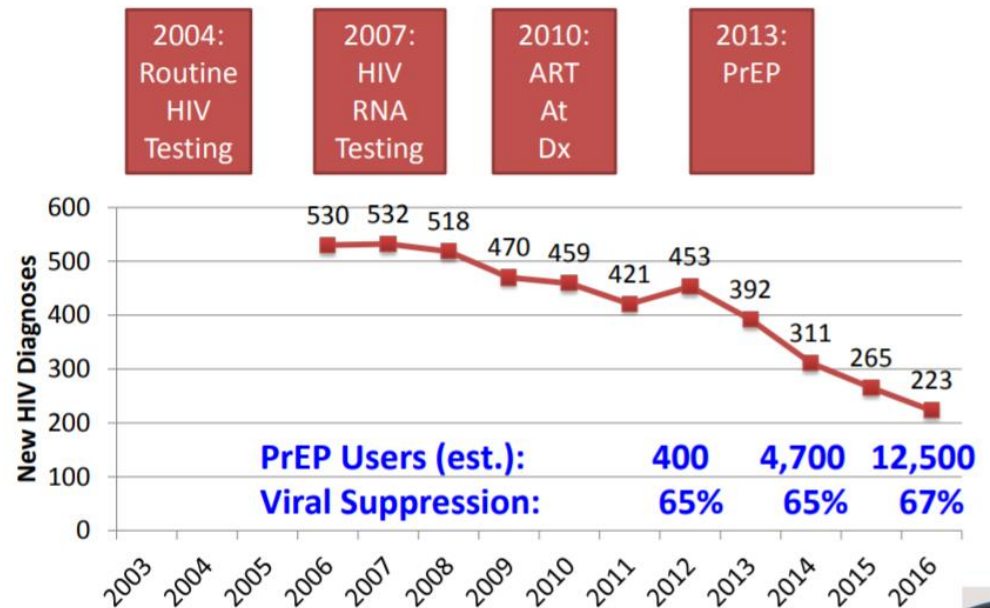


CrescentCare
A Partnership for Life



New HIV Diagnoses in San Francisco

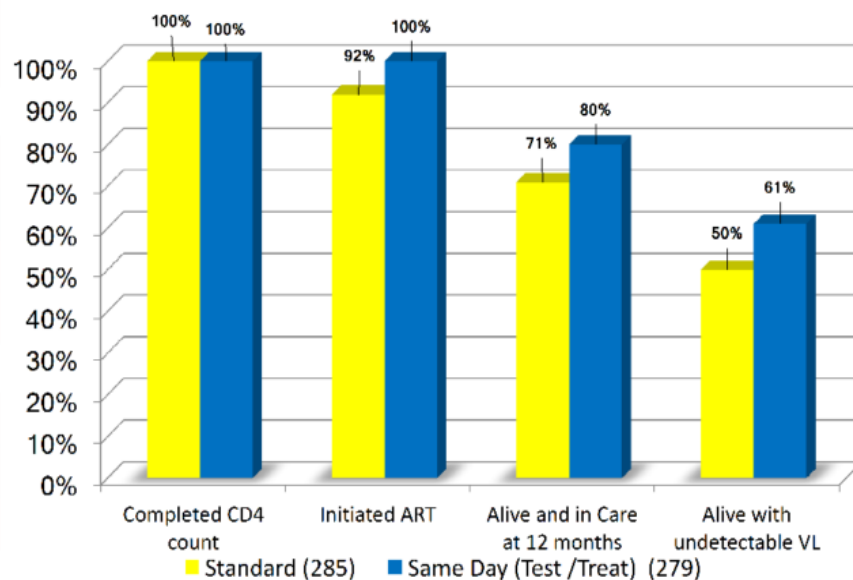
No change since 2012 in the proportion of PLWH virally suppressed at 65%



Standing on the Shoulders of Giants: SDART in Haiti and Ward 86 in SF

Same Day ART

Standard vs. Same-day ART

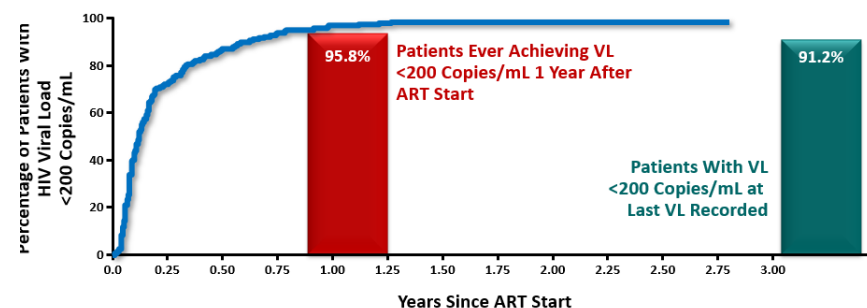


#AIDS2016 | @AIDS_conference



RAPID: Long-term Viral Suppression 2013–2017

Time From ART Start to First VL <200 Copies/mL and
Percentage With VL <200 Copies/mL at Last VL Recorded, N=225



Coffey S, et al. *AIDS*. 2018.

CrescentCare Start Initiative (CCSI):

Patients newly diagnosed with HIV are seen by a provider within 72 hours (optimally same-day) and provided 30 days of ART.

Early Intervention Services (EIS):

Same protocol but patients contacted our clinic over 72 hours since diagnosis.

Range: 4 days – 25 years

What Is CrescentCare?

- Started as an ASO in 1983.
- FQHC in 2014
- Primary care for adults, adolescents, and children
- Specialty care for people living with HIV
- Free HIV and STI testing through our sexual wellness clinic
- Community-wide/venue based HIV/STI Testing
- Dentistry
- PrEP clinic
- Transgender clinic
- Psychiatric services
- Addiction Medicine
- Case management, behavioral health, peer support, insurance enrollment assistance





Total numbers

- Project started: 12/1/2016
- First CCSI Patient Seen: 12/6/2016
- Expanded to EIS: 12/21/2016

Total numbers: 368

- 227 CCSI
- 141 EIS



Procedure/Methods

Medical Provider Visit:

- HIV Lifecycle, importance of adherence, U=U discussed
- Comorbidities assessed
- Physical Examination
- Provider option to not rx, alter medications if suspected resistance
- 30 day-supply of TAF/FTC/DTG
- DOT

Post-Provider Visit:

- Enroll in insurance programs
- Intake Labs obtained
- Social Work services for those with urgent needs



CCSI/EIS Data Review

- Inclusion Criteria: clients enrolled into CCSI or EIS program from December 2016 through March 1, 2018.
- Lab values were then followed for an additional six months to develop a Continuum of Care.

Total included for data review = 199

- **130 CCSI**
- **69 EIS**



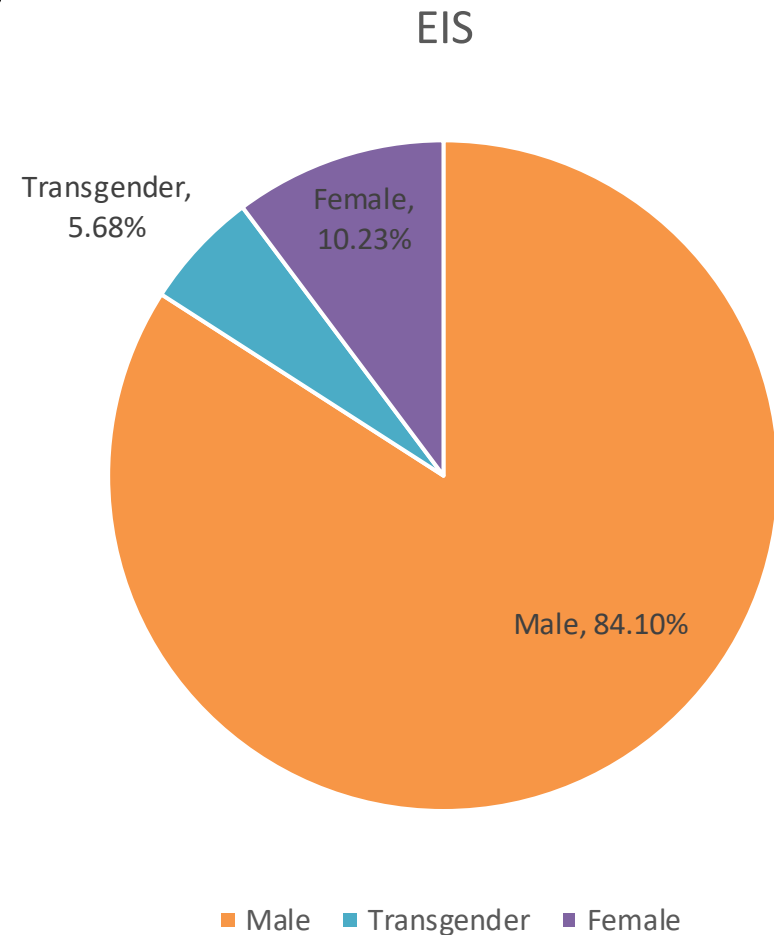
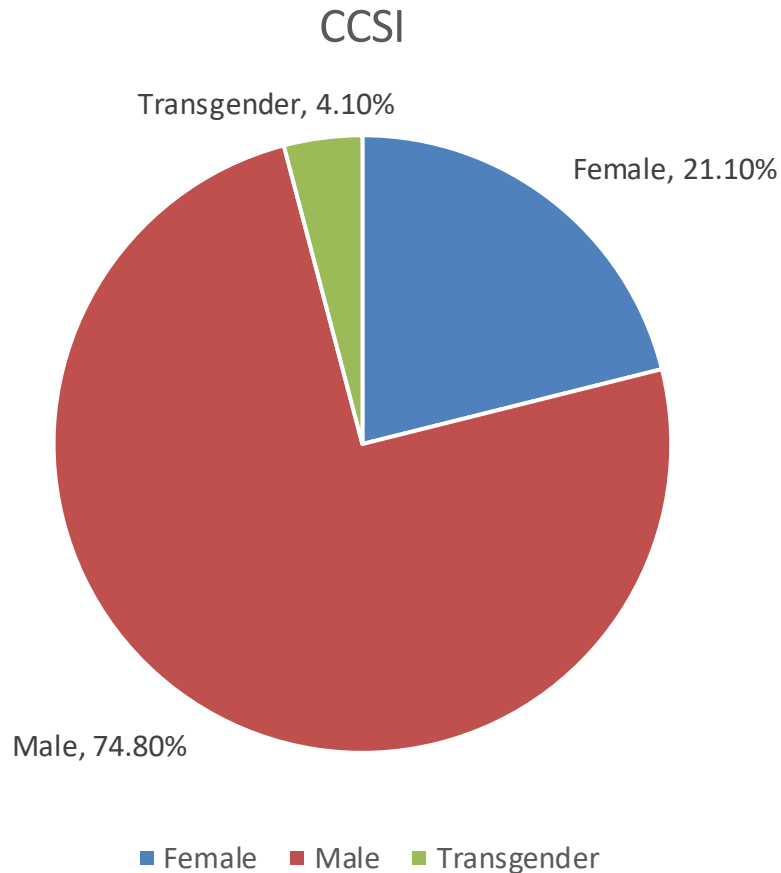
Data Review Presented Today

- 4 CCSI Patients referred but not linked and lost to follow up.
- All CCSI patients were started on ART on day of linkage
- 1 EIS patient was referred from the hospital but never linked – (She Passed away before ever linking)
- 1 EIS patients refused ART on day of diagnosis



Age & Gender

- **Median Age (CCSI) = 29 (1/3rd under 25)**
- **Median Age (EIS)= 29 (1/3rd under 25)**





Demographics

Race

Category	Race	%
CCSI	Black/AA	64.8%
	White	24%
	Latinx/Other	11.2%
EIS	Black/AA	70.6%
	White	20.6%
	Latinx/Other	8.8%

HIV Risk Factor

Category	Risk Factor	%
CCSI	Heterosexual Activity	38.1%
	MSM	57.9%
	PWID	4.0%
EIS	Heterosexual Activity	31.9%
	MSM	60.9%
	PWID	7.2%



STIs with diagnosis

Category	Dx	%
CCSI	Syphilis	23.81%
	Gonorrhea or Chlamydia	26.03%
	Hepatitis B or C	4.76%
EIS	Syphilis	33%
	Gonorrhea or Chlamydia	24.1%
	Hepatitis B or C	9.1%

Poverty Level, Insurance, Mental Health Diagnosis

Federal Poverty Level

Category	FPL	
CCSI	Under 100%	39.71%
EIS	Under 100%	36.62%

Insurance at Baseline

CCSI	Insured	48%
	Uninsured	52%
EIS	Insured	44%
	Uninsured	56%

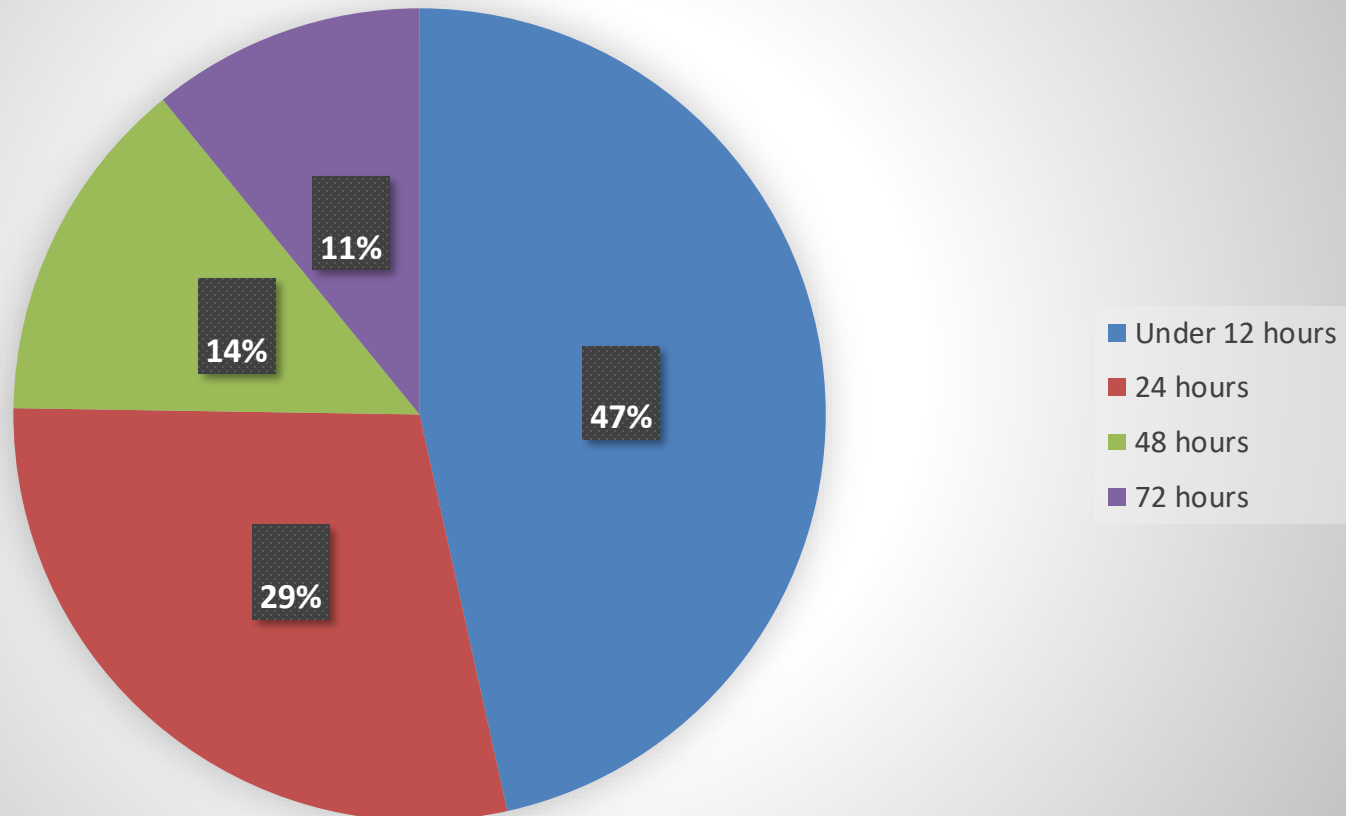
Mental Health Diagnosis by ICD 10 Code

CCSI	20%
EIS	33.3%



Linkage time for CCSI (Hours from Knowledge of Diagnosis to Appointment with a Provider)

Linkage Time (Hours)



Baseline Data

- Baseline CD4**

Category	CD4 Median	CD4% Median
CCSI	444 cells/mm ³	25.7%
EIS	271 cells/mm ³	18%

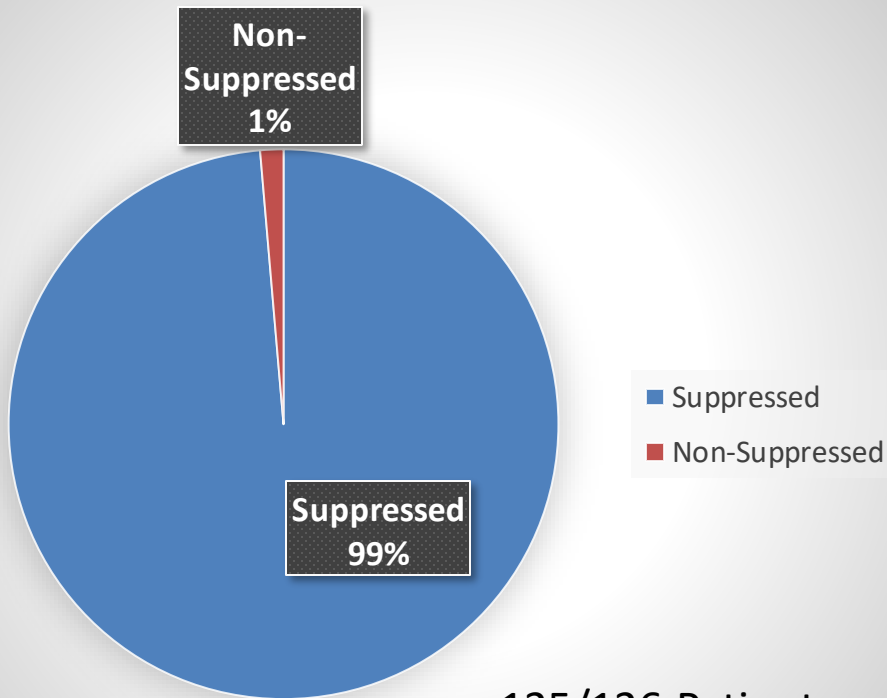
- Baseline Viral Load**

Category	Viral Load Median (copies/ml)
CCSI	42,600
EIS	70,150



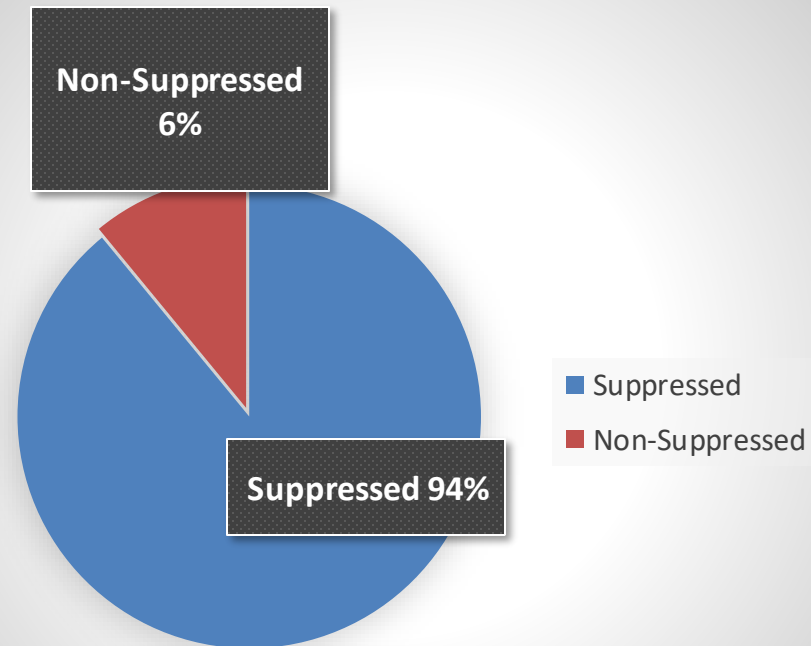
Achieved Viral Suppression

CCSI Viral Suppression



125/126 Patients
achieved Viral
suppression

EIS Viral Suppression



65/69 patients
achieved viral
suppression



Results

1. Time from Diagnosis to First Viral Load Suppression: CCSI
2. Time from Linkage to Care to First Viral Load Suppression: EIS

Category	Median (days)	Mean (days)
CCSI ¹	28	40.4
EIS ²	27	51.28



CD4 Count, Viral Suppression, Transmitted Resistance

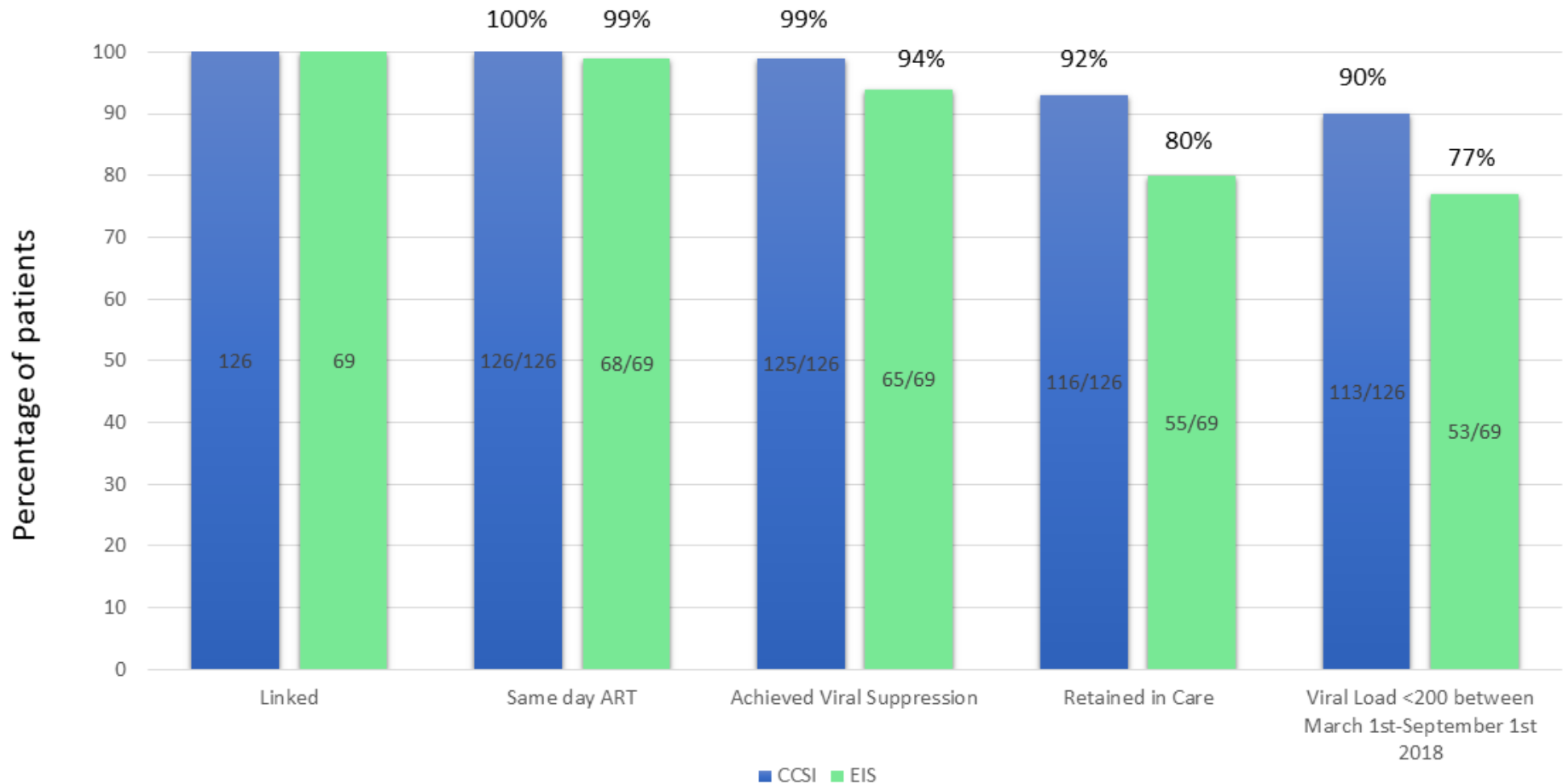
CCSI:

- All but two patients received TAF/FTC + DTG
- 118/126 genotypes were performed and reviewed.
- 22/118 (19%) with transmitted resistance
- 18 with NNRTI resistance
- 3/22 with M184V/I with two previously on PrEP
- 4/22 with multiple PI mutations including L90M
- All patients with transmitted resistance achieved viral suppression.
- No ART changes due to renal/hepatic toxicity

EIS:

- All but three patients received TAF/FTC + DTG
- 63/69 genotypes were performed
- 6/63 (9.5%) with transmitted resistance.
- 5 with NNRTI mutations
- 2/6 with M184V/I no previous PrEP exposure
- All patients with transmitted resistance achieved viral suppression
- No ART changes due to renal/hepatic toxicity

CCSI/EIS Continuum of Care December 1st 2016-March 1st 2018

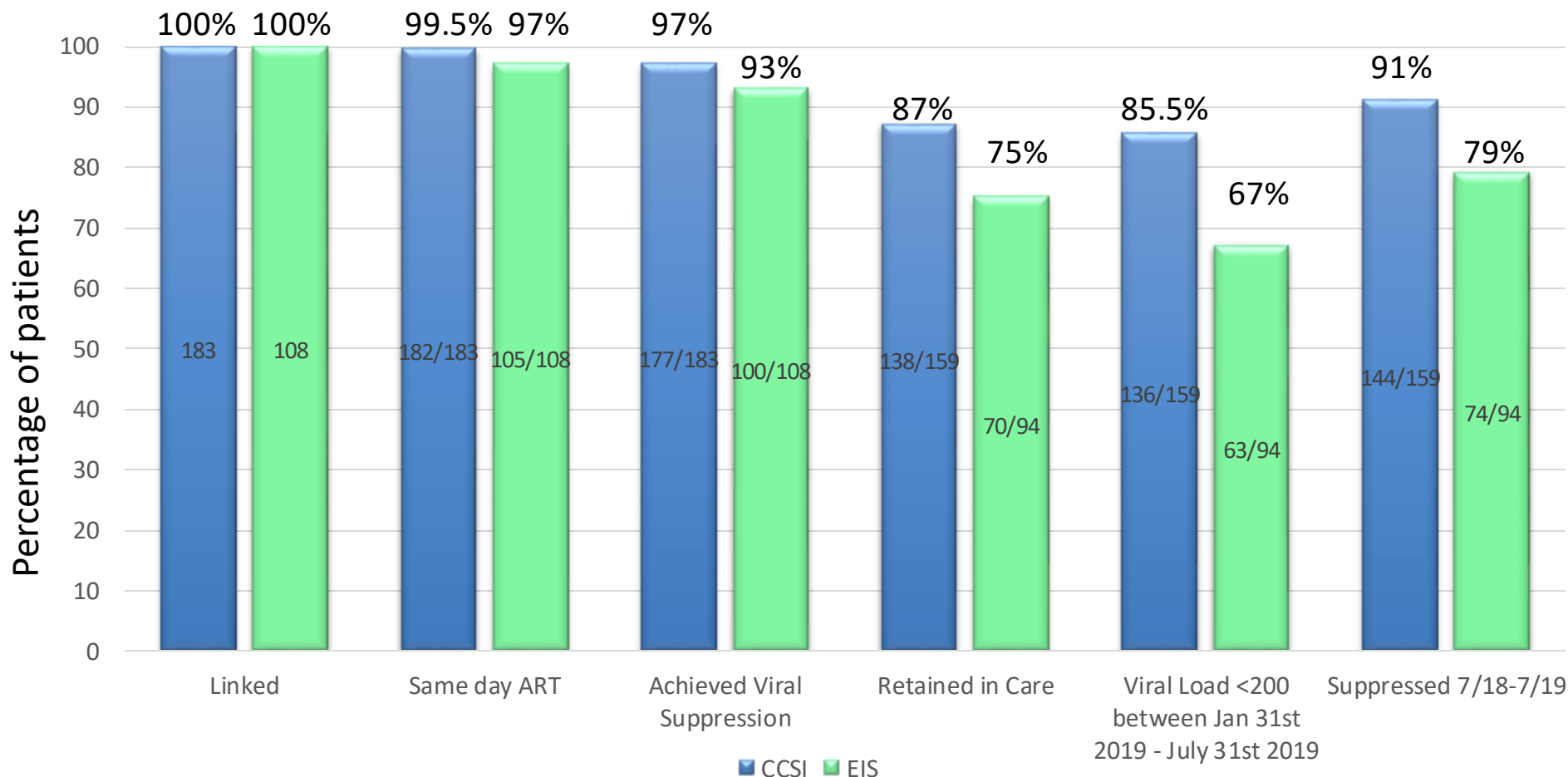


- Retention in care: Defined as 2 provider visits separated by 3 months in past 12 months
- Viral Suppression: Less than 200 copies/ml and HIV RNA in past six months
- Median Enrollment 14 months (range: 6 months – 21 months)

CCSI – 183
EIS – 108

Care Continuum: CCSI Cohort Compared to EIS Cohort

December 1st, 2016 – January 31st, 2019



28 Days!

Median Enrollment: 20 months (range: 6 months – 33 months)



Key Facilitators of RAPID Intervention

- Same-day appointments
- Flexible provider scheduling (on call backup)
- ART-regimen preapproval prior to genotyping or lab testing
- Availability of ART starter packs
- Accelerated process for health insurance initiation
- Observation of first ART dose in clinic (recommended)
- Guarantee sustained access to ART



Rapid Start Supports Equity

- AA men are more likely to have delays in ART initiation even after seeing a prescribing provider.¹
- AA men and women are more likely to be prescribed a second line agent (most often a PI) when compared to white men and women.²
- No better demonstration of commitment to a community than same-day immediate access to a provider.

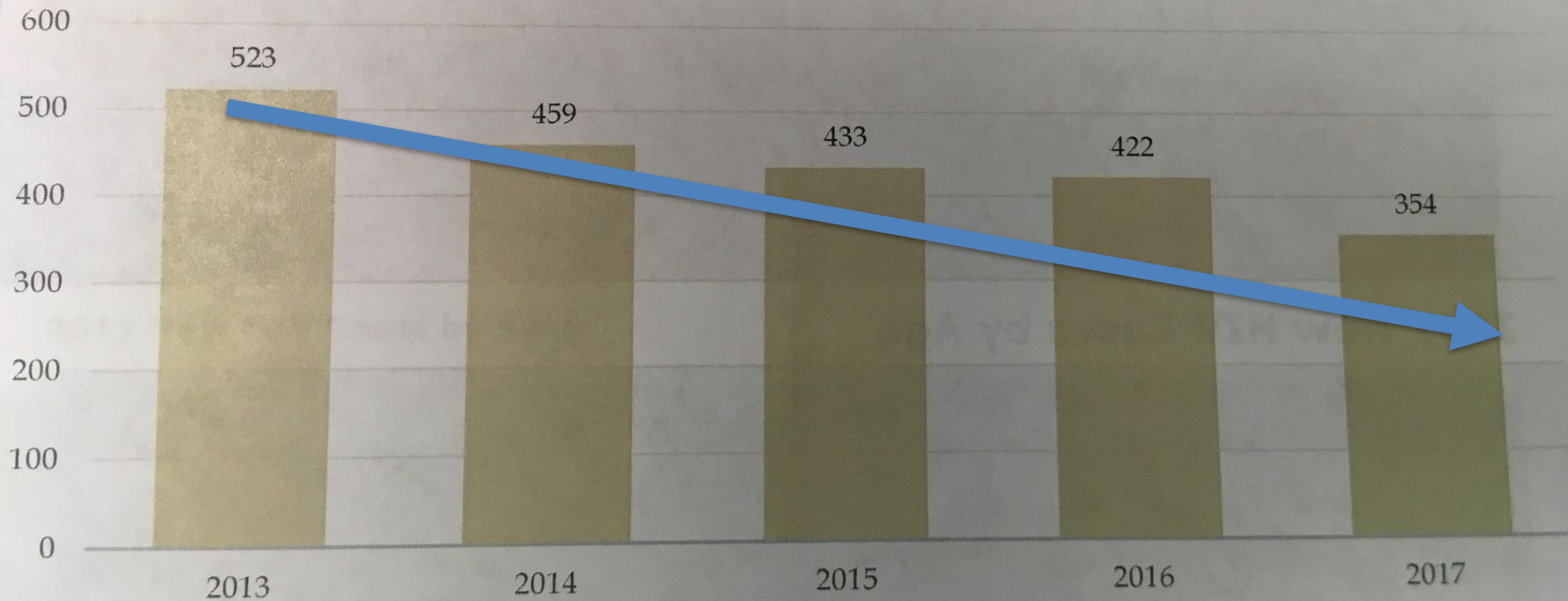


Concluding Comments

- Both cohorts demonstrate that starting patients on the day of diagnosis or linkage, before labs are obtained, is highly accepted, safe and well-tolerated.
- Rapid entry/initiation improves
 - Time to viral suppression
 - Viral suppression at 12 months
 - Retention in care at 10–12 months
 - Survival at 12 months (international studies)
- Rapid entry/initiation is feasible in a variety of settings
- There are differences though in engagement between newly diagnosed patients (viral suppression 90%) and those who deferred immediate linkage (viral suppression 77%) P - 0.0071.
- Immediate ART leading to rapid viral suppression will be a key component of ending the HIV epidemic.



NOEMA New HIV Diagnoses (2013-2017)



Thanks

- Our Patients
- Fran Lawless and the New Orleans Mayor's Office
- New Orleans Regional Planning Council
- Katie Conner
- Pam Holm
- Nicholas Van Sickels
- Isolde Butler
- CrescentCare Staff