



Rapid RestART: A Re-Linkage Program in the South

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What Is CrescentCare?

- Started as an ASO in 1984.
- FQHC in 2013
- Primary care for adults, adolescents, 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
- Gender clinic
- Psychiatric services
- Addiction Medicine
- Case management, behavioral health, peer support, insurance enrollment assistance





Snapshot of PLWHA in New Orleans

- 8,650 people are living with HIV/AIDS in Metro New Orleans
 - 4,328 people are living with HIV
 - 4,322 people are living with AIDS
- In 2021 in Metro New Orleans:
 - 286 people were newly diagnosed with HIV
 - 131 people were newly diagnosed with AIDS

<i>Race/Ethnicity</i>	Male		Female		Trans women		Trans men		Metro New Orleans Totals	
	No.	%	No.	%	No.	%	No.	%	No.	%
American Indian	12	0.2	3	0.1	-	-	-	-	15	0.2
Asian/PI	43	0.7	6	0.3	3	1.5	-	-	52	0.6
Black, NH	3,624	57.7	1,725	79.7	159	79.1	4	66.7	5,512	63.7
Hispanic/Latinx	500	8.0	154	7.1	21	10.4	1	16.7	676	7.8
Multi-race	69	1.1	19	0.9	1	0.5	-	-	89	1.0
White, NH	2,024	32.2	255	11.8	17	8.5	1	16.7	2,297	26.6
Unknown	7	0.1	2	0.1	-	-	-	-	9	0.1
Total	6,279	100.0	2,164	100.0	201	100.0	6	100.0	8,650	100.0



CrescentCare Start Initiative Success

- From December 2016 through December 2018, the CCSI program linked 291 individuals to care.
- 97.3% linkage to care rate
- 95% virally suppressed
- Average of 28 days to viral suppression for all individuals

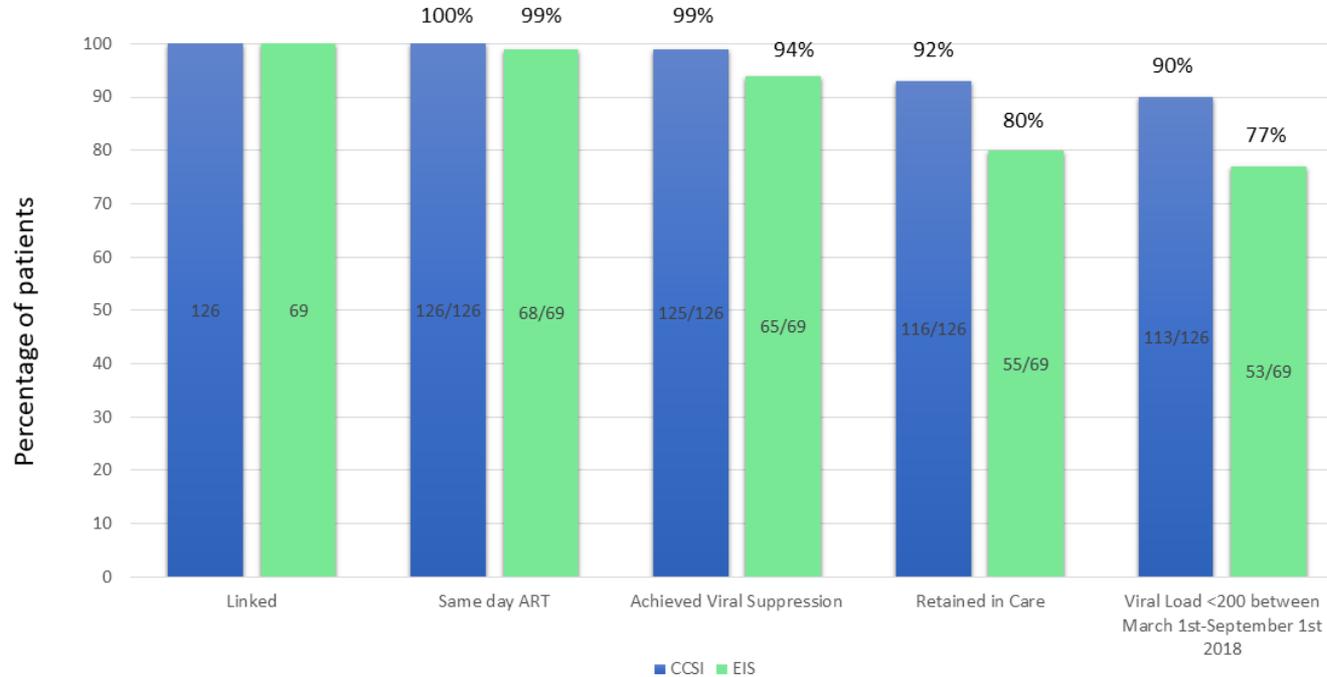


Key Facilitators of RAPID Intervention

- 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



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)

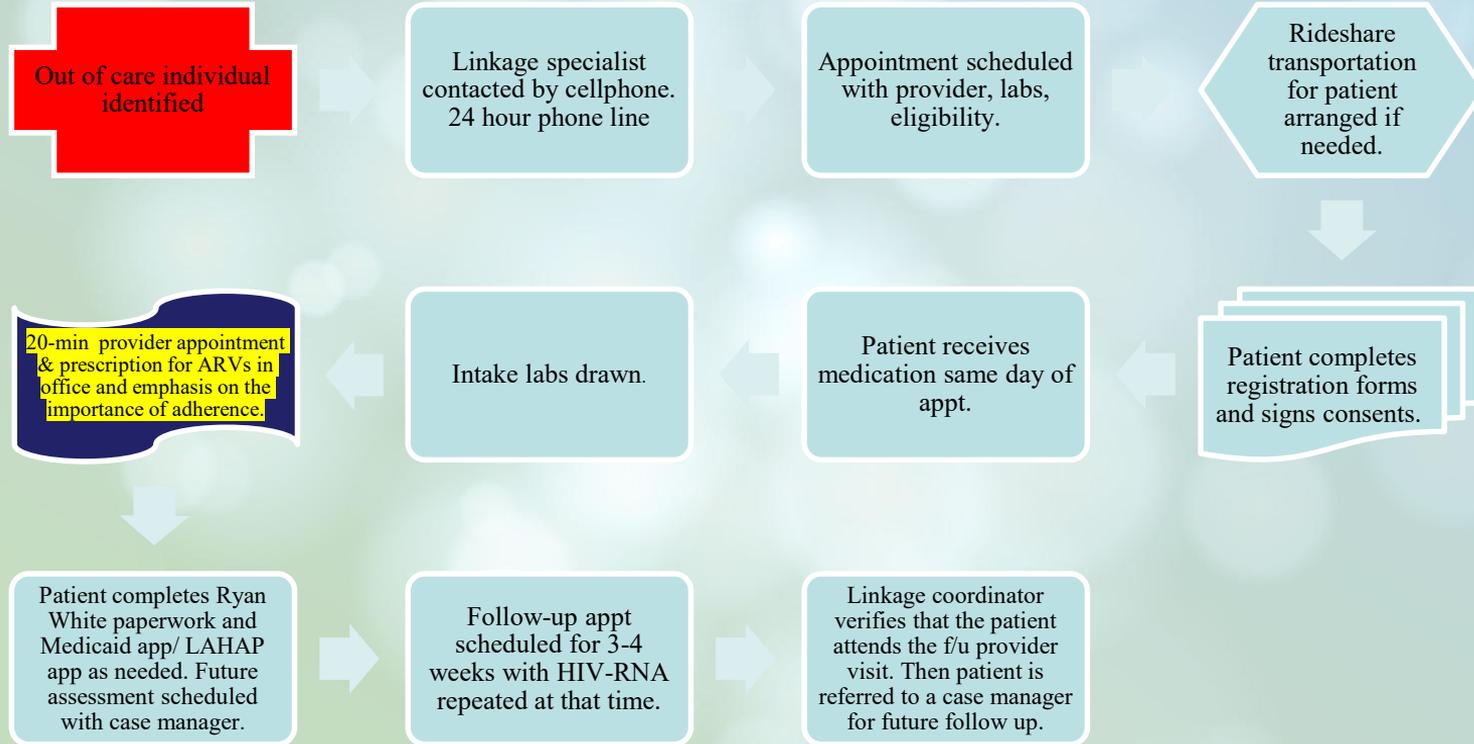


Out of Care Individuals

- Linkage coordinators use spreadsheets to track follow up visits, viral loads, and viral suppression; allowing the linkage team to reengage as needed.
- Out of care (OOC) clients within CrescentCare presented a need for expedited access to medications and providers.
- July 2019, the CCSI model was adapted to service OOC individuals, and the Rapid ReSTART program was formed.
- Clients were defined as eligible for Rapid ReSTART (RRE) if they had been out of care more than 9 months and out of medication, or out of medication and a new patient to CrescentCare.

Rapid ReSTART

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COVID Pandemic Effect on Linkage and Data

After March 2020:

Conversion to telehealth appts

Lab availability was reduced to 25%

Virtual case management

Community HIV testing was discontinued in most of the city

Increased interest in getting back into care due to COVID concerns

Rideshare transportation risks due to COVID

Shifting priorities to COVID testing and treatment

Initial Data:

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From July 2019's soft rollout through August 2020: 133 patients linked.

72% of RRE clients were virally suppressed

88% attended their follow up appointment

12 months after linkage, 75% of the RRE clients completed an appointment with a provider or case manager and 44% were virally suppressed**

**Many more people may have been suppressed but did not get labs



Retention in care is critical to ending the epidemic.

New Orleans EMA HIV Care Continuum (2020)

PLHIV
Diagnosed

87%

PLHIV Retained
in Care

42%

PLHIV on ART

62%

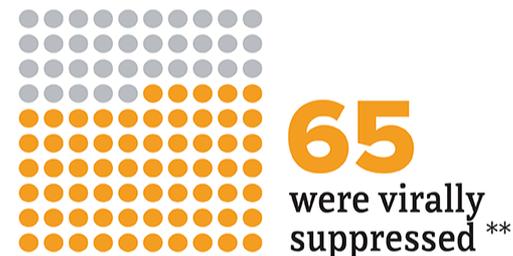
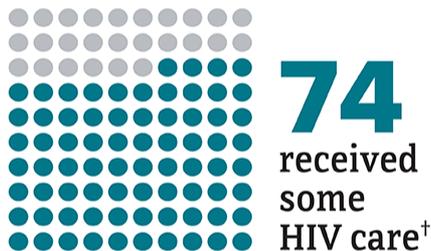
PLHIV Virally
Suppressed

57%

Source: Provided by the City of New Orleans

HIV Care Among People with Diagnosed HIV in 45 States and the District of Columbia*

For every 100 people overall with diagnosed HIV:



Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic. For more information, view the report commentary section.

Data from 45 states and the District of Columbia with complete reporting of laboratory data to CDC.

* Among people aged 13 and older.

† At least 1 viral load or CD4 test.

‡ Had 2 viral load or CD4 tests at least 3 months apart in a year.

** Based on most recent viral load test.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2020.

HIV Surveillance Supplemental Report, 2022; 27(3).



RRE Demographics:

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Age Range: 7 years old-77 years old

Median Age: 36 years old

Race:

64% Black/African American

24% White

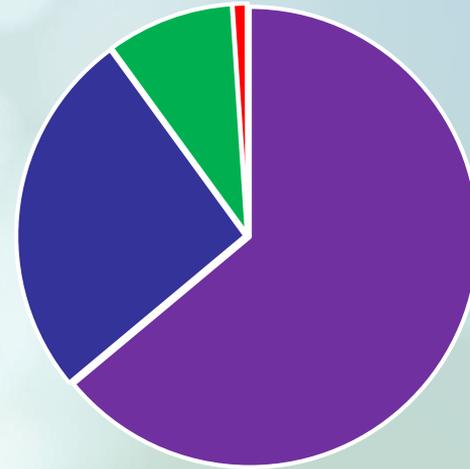
9% Latine

1% Asian/Pacific Islander

.05% Native American

Sex: 78% Male, 22% Female

Race



■ Black/AA ■ White ■ Latine ■ AAPI ■ Native American

Rapid Start Assists with Equity

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- 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.



Brief Snapshot of RRE Clients' Barriers to Care:

- ❖ 24% have a history of substance abuse
- ❖ 25% experience homelessness or housing instability
- ❖ 44% experience mental health issues.



Where we are today:

Over 600 RRE patients since July 2019.

Compared to 612 CCSI patients since December 2016.

Limited provider availability coupled with high demand.

Intensive case management capacity limits.

Need is high, but resource intensive.

Being used as a catch-all due to other clinic limitations.



Thank you:

Our Patients

Linkage Coordinators

New Orleans Regional AIDS Planning Council

Call Center

Questions?

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