

# Fast Track to 90-90-90 in Birmingham, Alabama: Evaluation of a new Rapid ART Initiation Program in the Deep South

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**FAST-TRACK CITIES 2019**

SEPTEMBER 8-11, 2019 | BARBICAN CENTRE

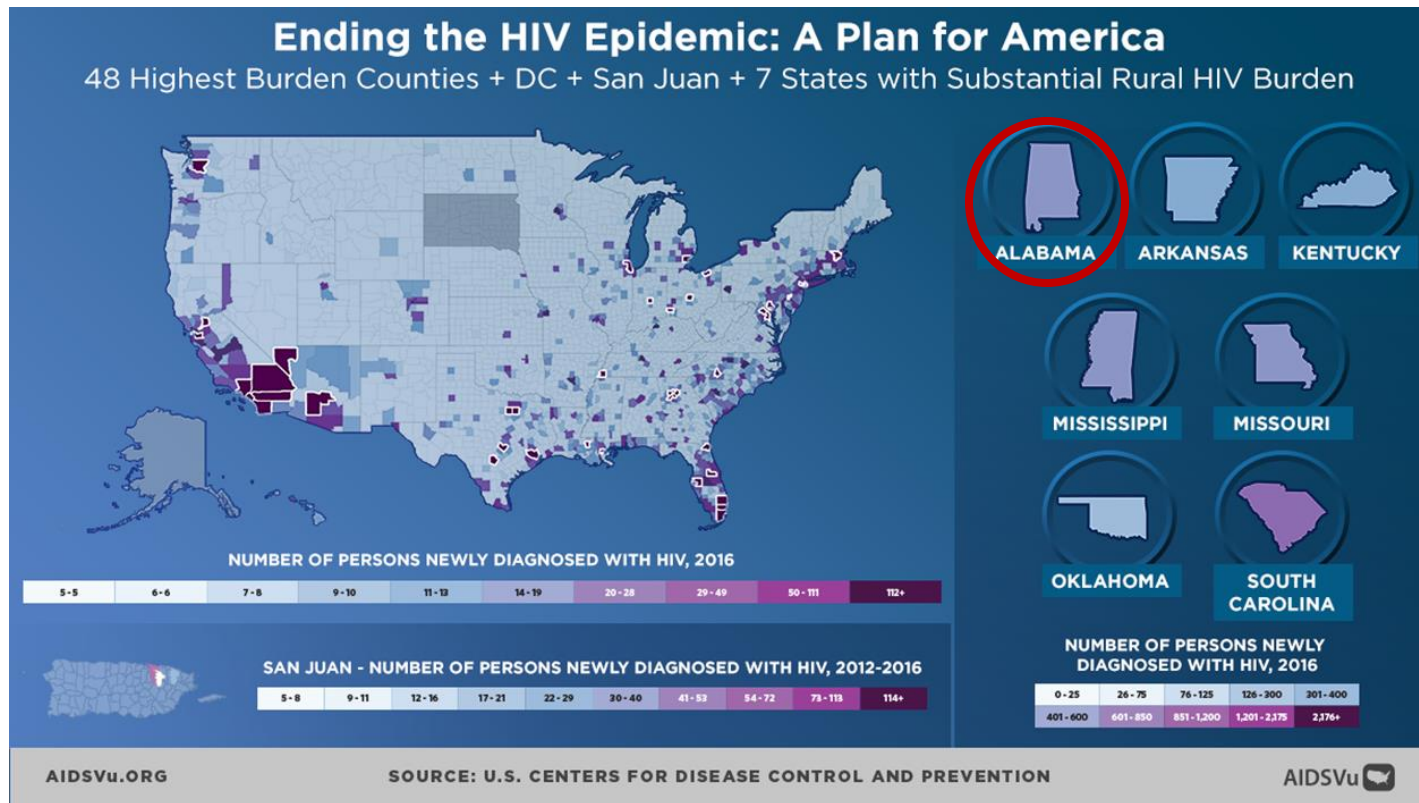
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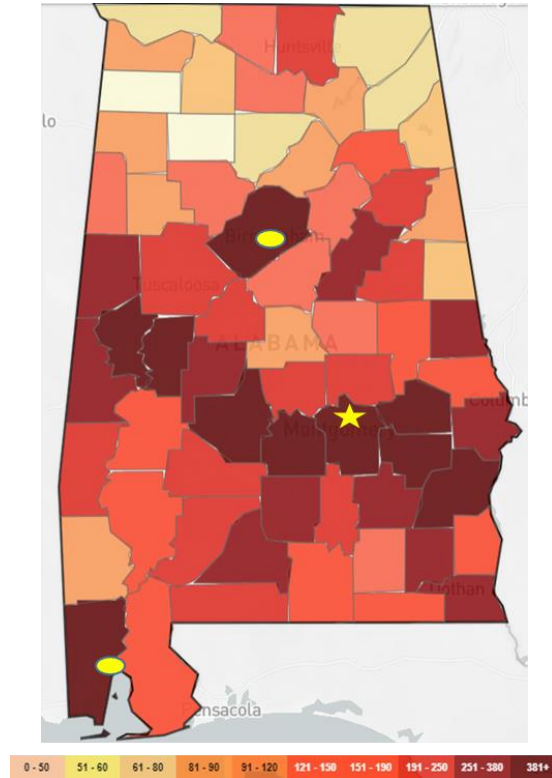
# Background



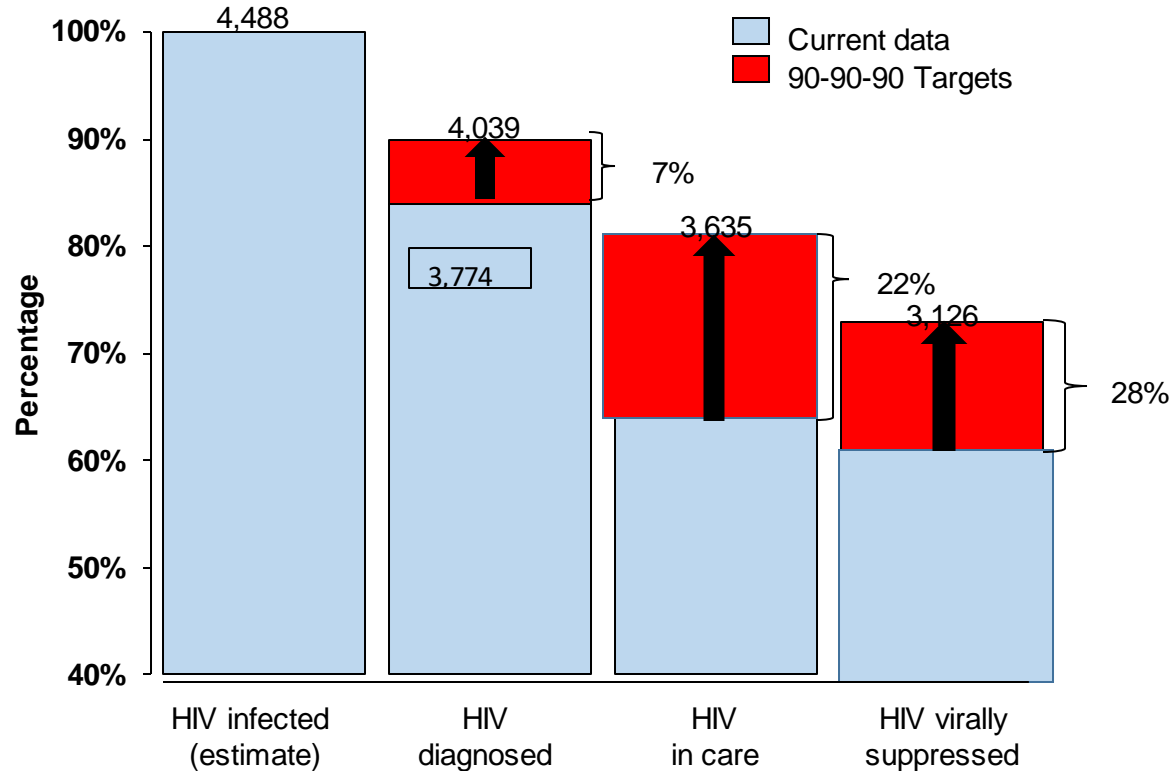
# Birmingham, Alabama



**UAB MEDICINE**  
1917 CLINIC

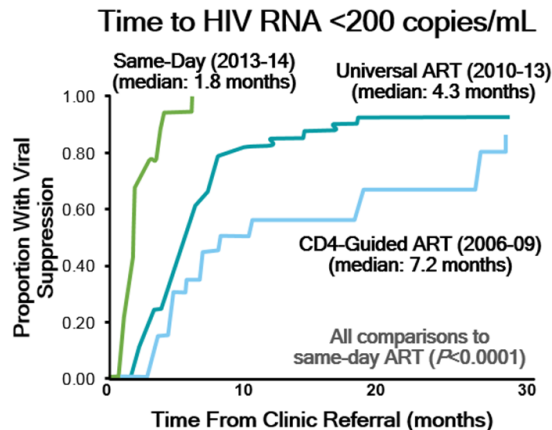


# Birmingham/Jefferson County 90-90-90

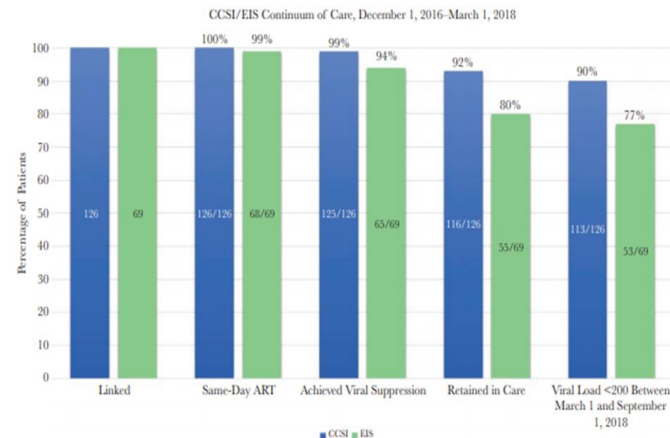


# Rapid and Same Day ART

## San Francisco<sup>1</sup>

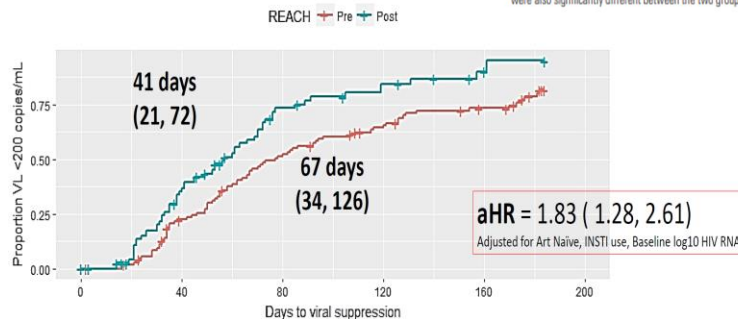


## New Orleans<sup>2</sup>



**Figure 1.** CCSI patients were linked within 72 hours of diagnosis. EIS patients were linked within 72 hours of contact to clinic. Retention in care criteria (2 visits separated by 3 months within the last 12 months) were significantly different between the two groups. Viral suppression last viral load <200 copies/ml and within the last six months were also significantly different between the two groups. Abbreviations: ART, antiretroviral therapy; CCSI, CrescentCare Start Initiative; EIS, Early Intervention Services.

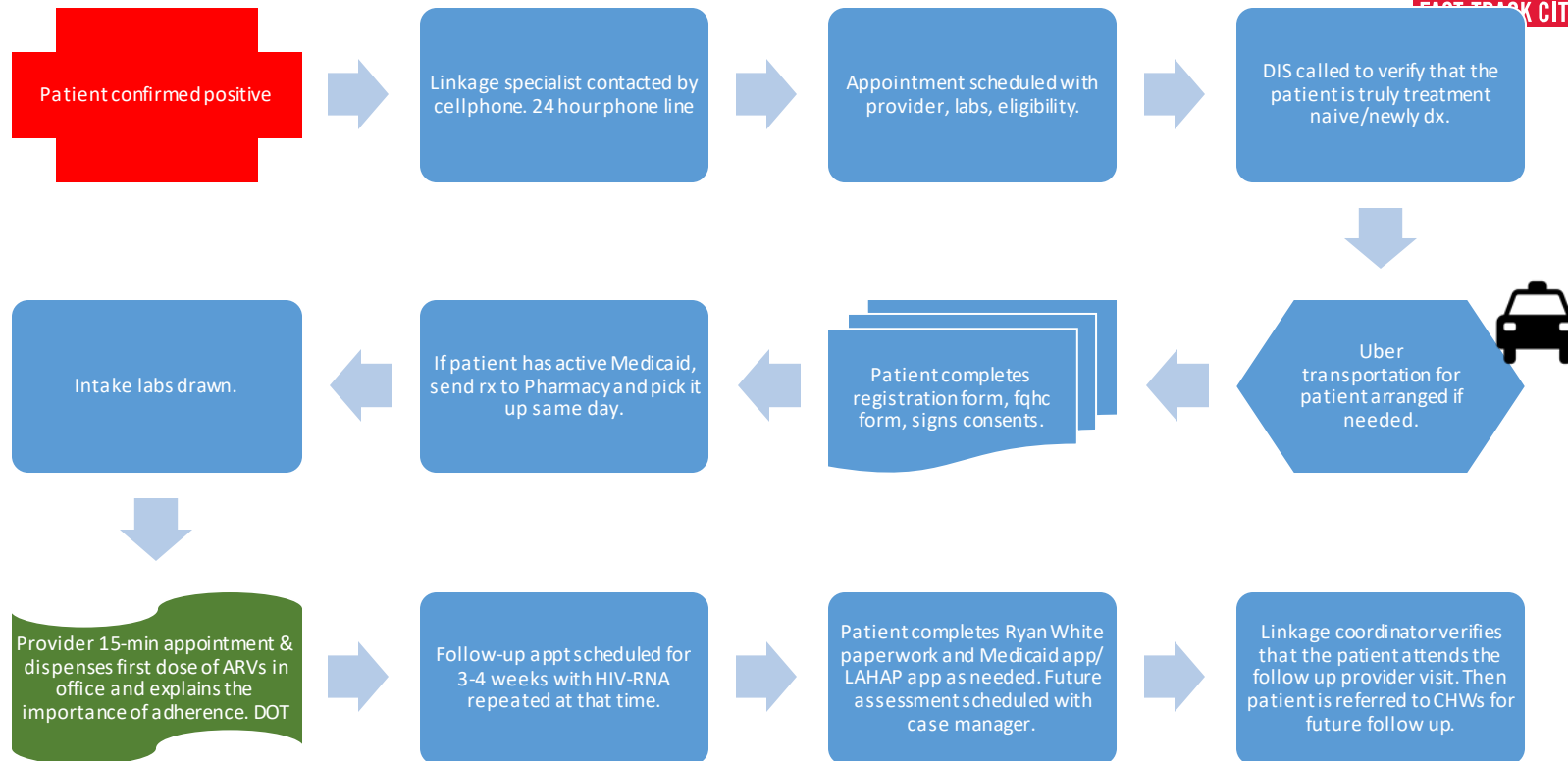
## Atlanta<sup>3</sup>



<sup>1</sup>Pilcher C, et al; *JAIDS*, 2017;74,

<sup>2</sup>Colasanti et al. *OFID* 2018 Jun

<sup>3</sup>Halperin et al. *OFID*. 2019 Apr;



# Fast-Track at the UAB 1917 Clinic

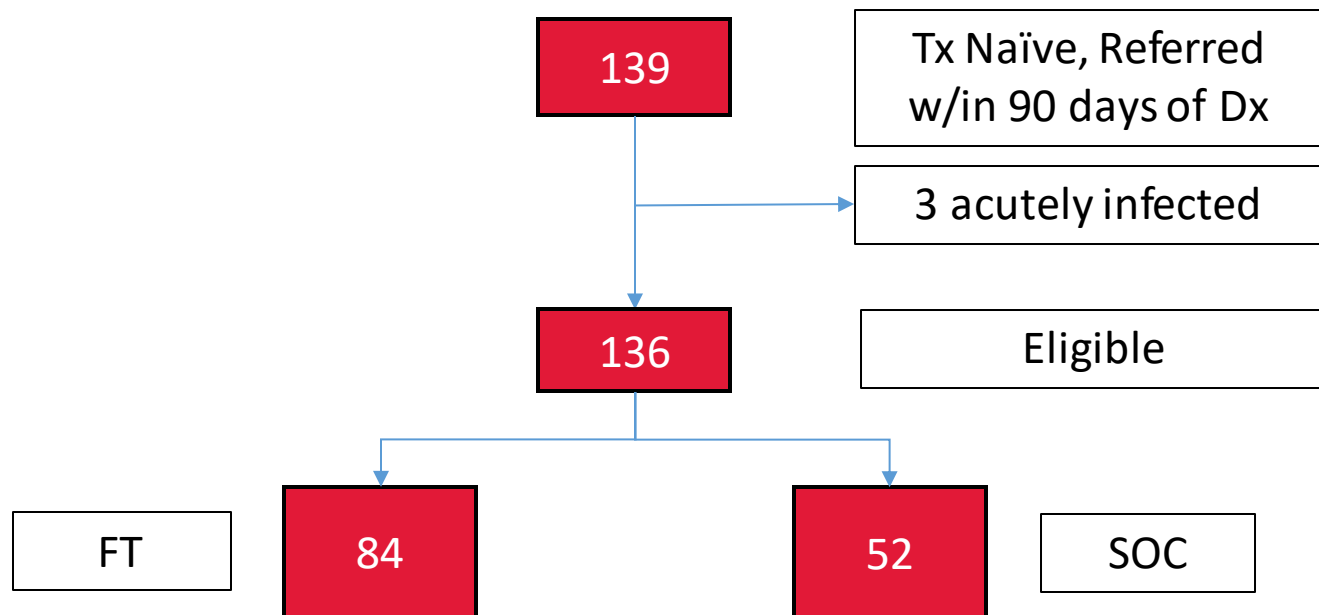
- PLWH diagnosed with HIV within the last 90 Days
- Referral May 2018-March 2019
- Treatment-naïve
- Fast-Track (FT) – same day intake/labs/medical visit within 5 days of referral to 1917 Clinic
- Standard of Care (SOC) – intake/labs and medical visits on separate days, next-available 1 hour new patient visit

# Methods

- Retrospective analysis comparing demographic and clinical characteristics of those entering FT vs SOC
- Proportion of patients started on ART, achieving VS, VS within 90 days, and sustained viral suppression at 6 months and 12 months
- Survival analyses for time to VS in FT vs SOC



# From May 2018-March 2019



# Results



	Fast Track N=84	Standard of Care N=52	p-value
	No. (%) or Median (Q1, Q3)		
<b>Age, years</b>	31 (26.5, 41)	33 (27, 42)	0.376
<b>Gender</b>			0.077
Female	12 (14.3)	5 (9.62)	
Male	72 (85.7)	44 (84.6)	
Transgender, MtoF	0 (0.00)	3 (5.77)	
<b>Race</b>			0.964
Black/African American	53 (63.1)	34 (65.4)	
Other	7 (8.33)	4 (7.69)	
White	24 (28.6)	14 (26.9)	
<b>Risk</b>			0.314
Heterosexual	20 (29.0)	10 (23.8)	
IDU	3 (4.35)	6 (14.3)	
MSM	46 (66.7)	26 (61.9)	
<b>Payer Source</b>			0.478
Private	38 (45.2)	29 (55.8)	
Public	7 (8.33)	4 (7.69)	
Uninsured	39 (46.4)	19 (36.5)	

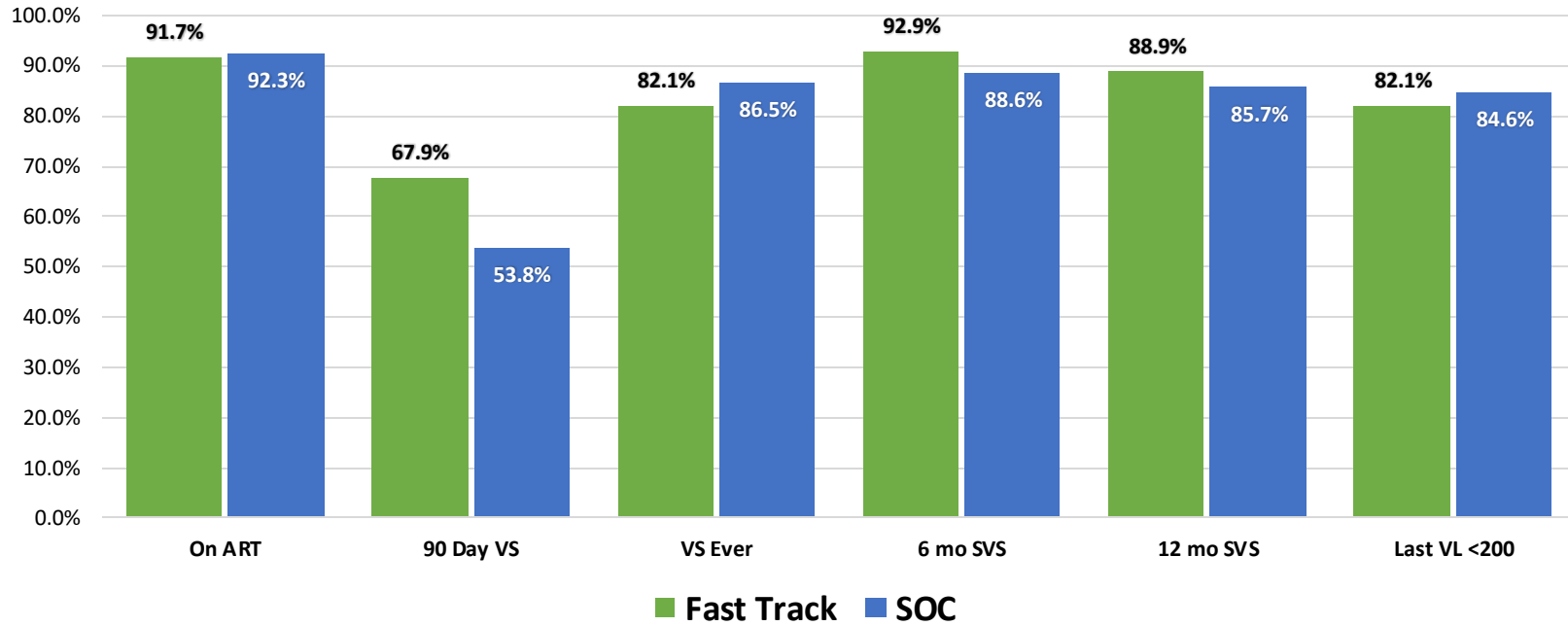
# Results

Characteristics	Fast Track	Standard of Care	p-value
	N=84	N=52	
	No. (%) or Median (Q1, Q3)		
Any tobacco use	38 (45.2)	25 (48.1)	0.747
Alcohol use <sup>a</sup>	14 (16.7)	11 (21.2)	0.512
Substance use <sup>b</sup>	8 (9.52)	17 (32.7)	<b>0.0007</b>
Median days, HIV dx to med visit	9 (6, 14)	29 (22, 45)	<b>&lt;.0001</b>
Median baseline CD4, cells/ $\mu$ L	398.5 (246, 613)	340.5 (100, 569)	0.339
Median baseline HIV RNA, log10	5.06 (4.17, 5.55)	5.30 (3.96, 5.77)	0.614

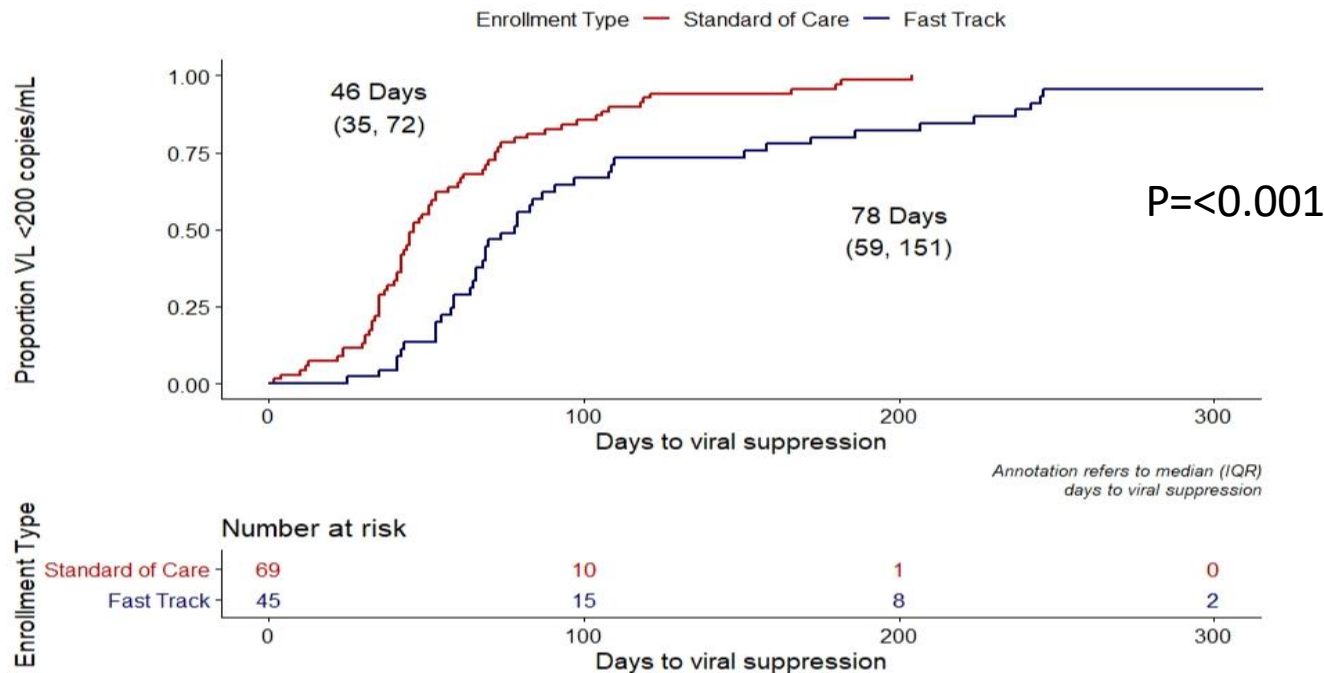
a: Alcohol use defined as  $\geq$  4 drinks at one time

b: any illicit drug use, not including marijuana

# HIV Care Continuum FT vs SOC



# Median Time to Viral Suppression from HIV Diagnosis Date



# Conclusions

- The FT program significantly shortened time to VS likely related to the shorter time to the first medical visit in this federally funded HIV clinic in the Deep South.
- Early data suggest no difference in 6 month and 12 month VS
- Evaluation of any differences in long term retention in HIV Care
- Expansion and further development of FT programs across the deep South should be considered.

# Acknowledgements

- Our Patients
- UAB 1917 Clinic Social Workers, Linkage and Retention Coordinators, Pharmacy Staff
- Fast-Track Providers
- Testing and Referral Sites
- Picture of LRCs??