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QUICK TAKE

RAPID START CAN IMPROVE INDIVIDUAL AND PUBLIC HEALTH

OF THE ROUGHLY 1.1 MILLION PEOPLE WITH HIV IN U.S., about 86% have been diagnosed with HIV and 64% are virally suppressed. As we work to end the HIV epidemic in the U.S., studying the HIV care continuum shows where more focused attention is needed as we strive to reduce new infections. The initiation of antiretroviral therapy (ART) as soon as possible after the diagnosis of HIV infection, known as Rapid Start, is critical to getting people with HIV from diagnosis to sustained viral suppression. In 2019, the Department of Health and Human Services updated its ART guidelines endorsing Rapid Start for newly diagnosed people with HIV, and those re-engaging in care.

ESSENTIAL COMPONENTS OF RAPID START

Rapid Start (or Rapid ART) is the initiation of antiretroviral therapy (ART) as soon as possible after the diagnosis of HIV infection, preferably on the same day as the HIV diagnosis. Most programs in the United States define Rapid Start as starting ART immediately or within 7 days of an HIV diagnosis. The following elements of Rapid Start from the **RAPID Care Protocol at San Francisco General**. While each element has not proven to be necessary, this is the most well known model:

1. **Same day access to an HIV provider:** This is an appointment with an HIV physician or provider (nurse practitioner, physician assistant) and transportation from testing site to clinic.
2. **Same day medical visit:** 2-3 hour visit to provide education on HIV infection, risk reduction, sexual health and benefits of ART, assess ART contraindications, permit the individual to accept or decline treatment, and conduct baseline testing.
3. **Accelerated insurance approval:** Activate mechanisms to provide emergency drug assistance and follow-up to ensure that pending applications are prioritized.
4. **Approved ART regimens:** Use of DHHS approved regimens that can be used without testing for drug resistance.
5. **Starter Packs:** Starter packs of medications are provided directly to the individual without needing to go to a pharmacy for pick-up.
6. **Ongoing Support:** Enhanced access to social workers and mental health services.

Rapid Start also has been adopted by numerous local and state health departments and international authorities, including the World Health Organization (WHO), and has been shown to improve earlier linkage to care, earlier ART initiation, and a shorter time to viral suppression. (*See* Curr Infect Dis Rep. 2021; 23(5): 7)

HIV treatment regimens and outcomes have improved dramatically since the 1990s, yet receiving an HIV diagnosis still places a heavy burden on individuals psychologically due to stigma, fear, and acceptance that HIV has no cure and will require lifelong treatment. Scientific evidence from the START and TEMPRANO trials, however, demonstrate that rapid initiation of ART results in improved health outcomes for both individuals who receive a new diagnosis of HIV and those re-engaging in care. Rapid initiation of ART at the time of diagnosis may also improve retention in care and viral suppression at 12-months. Evidence from the HIV Prevention Trials Network 052 study demonstrates that ART is highly effective in preventing HIV transmission. Immediate ART initiation and earlier viral load suppression may decrease the risk of subsequent HIV transmission. (*See* AIDS. 2019 Apr 1; 33(5): 825-832)

Successful Rapid Start programs require coordination among HIV testing sites, clinical care sites with the capacity

RAPID INITIATION OF ART BENEFITS INDIVIDUALS DIAGNOSED EARLY

Often there is a delay in both HIV diagnosis and initiation of antiretroviral therapy (ART) due to a host of barriers to testing and care. However, the benefits of rapid initiation of ART are most realized for individuals if diagnosis of HIV is made as early as possible, resulting in improved CD4 T cell counts and reducing incidence of secondary comorbidities.

Increasing testing and engagement in the treatment and prevention continuum is critical to realizing the benefits of rapid start at an individual and community level.

Source: Grinsztejn, et al. Effects of early versus delayed initiation of antiretroviral treatment on clinical outcomes of HIV-1 infection: results from the phase 3 HPTN 052 randomised controlled trial. The Lancet infectious diseases. 2014 Apr 1;14(4):281-90.

A CHALLENGE IN ADOPTING RAPID START OF ART IS DEVELOPING WORKABLE MODELS OF CARE THAT CAN BE IMPLEMENTED ACROSS OUR DIVERSE NATIONAL HEALTH CARE LANDSCAPE.

of a multidisciplinary team (a clinician, medical case manager, nurse, peer navigator, behavioral health and harm reduction provider, laboratory services, insurance specialist, and a pharmacy) that can mobilize quickly to see the patient, often on a same-day basis. Starter packs containing a supply of the selected ART regimen can be helpful if they are available; they ensure that patients can actually start ART on the day of the first clinic visit (by bypassing any delays because of pharmacy or insurance delays). Starter packs are not necessary if immediate access to ART can be assured via an in-clinic pharmacy.

ADDRESSING JURISDICTIONAL BARRIERS IS CRITICAL TO RAPID START ADOPTION

As of October 2021, Ryan White HIV/AIDS Program (RWHAP) recipients and subrecipients are expected to develop protocols to facilitate the rapid delivery of services, including the provision of antiretrovirals for those newly diagnosed or re-engaged in care.

The Health Resources Services Administration (HRSA) has ongoing capacity building and technical assistance initiatives to identify successful models for Rapid Start across the United States and to increase the capacity of jurisdictions to implement Rapid Start. **The Building Capacity to Implement Rapid ART Start to Improve Care Engagement Initiative** funded sites across the U.S. to implement and evaluate Rapid Start, conducting multi-site evaluations focused on implementation, effectiveness and cost. **The Rapid ART Dissemination Assistance Provider** initiative seeks to promote widespread adoption and replication of Rapid Start models throughout Ryan White HIV/AIDS Program (RWHAP).

Both of these projects will identify effective Rapid Start models in a variety of settings in the United States and support the replication of these models by developing materials and resources, and delivering training and technical assistance. Because states vary dramatically in their capacity to implement and scale up Rapid Start, replication of successful models of Rapid Start across the U.S will also require reviewing and adapting state policies, particularly in states without expanded Medicaid, to address structural drivers of inequities in HIV treatment outcomes.

For more information about Rapid ART Dissemination Assistance Provider visit https://targethiv.org/ta-org/rapid-art-dap

For more information about Building Capacity to Implement Rapid Start to Improve Care Engagement Initiative visit https://targethiv.org/ta-org/building-rapid-start#key

CLINIC WORKFLOW AND PROVIDER CAPACITY MUST BE ADDRESSED

A challenge in adopting rapid start of ART is developing workable models of care that can be implemented across our diverse national health care landscape. This is made more difficult by clinics and health systems already operating beyond capacity and rapid start often requires providers to be available for time-intensive visits at unpredictable times and volume. Moreover, HIV testing is performed in a variety of settings and linking individuals newly diagnosed into a clinic can be a challenge. **Several strategies can partially address these challenges including having streamlined protocols relying on task-shifting where permissible, using team-based approaches, and developing referral networks across different clinics to ensure that somewhere in a local system, providers can be ready for same-day clinical consultations.**

RAPID START IS JUST ONE PART OF A BROADER COMMITMENT TO IMPROVING HIV OUTCOMES

While the benefits are clear, the logistical hurdles involved with maintaining adequate provider capacity to see unscheduled patients (for hours at a time) on an on-call basis, as well as mobilizing the divergent components of the care system (from laboratories to insurance billing staff to patient navigators), is a complex challenge, but it is solvable. Getting to greater scale of Rapid Start is an essential component of our continued progress.

TO LEARN MORE

2018 Big Ideas Brief Leveraging the Ryan White Program to Make Rapid Start of HIV Therapy Standard Practice: https://oneill.law.georgetown.edu/wp-content/uploads/2021/06/Big-Ideas_Leveraging-the-Ryan-White-Program-to-Make-Rapid-Start-of-HIV-Therapy-Standard-Practice.pdf

San Francisco Program for Rapid ART Initiation and Linkage to Care Protocol https://gettingtozerosf.org/wp-content/uploads/2020/03/citywide_rapid_protocol_-06MAR20_FINAL.pdf

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http://bit.ly/USHIVpolicyproject