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## BACKGROUND

- Rapid or immediate initiation of antiretroviral therapy (ART) after a positive HIV test has been shown to decrease time to viral suppression (VS), in turn reducing transmission of HIV.
- New York City (NYC) and New York State (NYS) have expanded access to immediate ART for people living with HIV (PLWH) through targeted programs at clinics in NYC.

## METHODS

- Data Source**
  - Purposive sample of clinical and non-clinical staff in NYC clinics, serving PLWH, who completed an online quantitative survey
- Clinic Selection**
  - 30 clinics serving PLWH were selected based on the following metrics:
    - Health outcomes (e.g., new HIV diagnoses, VS)
    - Clinic resources (e.g., on-site pharmacy)
    - Clinic location (e.g., borough)
    - Clinic type (e.g., hospital-based location)
- Participant Recruitment**
  - Current employment at a selected clinic serving PLWH in NYC
  - Recruited at least one clinical (i.e., medical provider) and one non-clinical (i.e., administrator or social service provider) staff member to complete an online survey
- Immediate ART Assessment**
  - Assessments around immediate initiation of ART included:
    - Knowledge (2 items assessed)
    - Attitudes (3 items assessed)
    - Practices (1 items assessed)
    - Facilitators (16 items assessed)
    - Barriers (16 items assessed)

- Analysis**
  - Descriptive analyses conducted
  - Multiple bivariate logistic regression models were fit to analyze the association between survey respondent staff position or clinic patient demographics, and knowledge, attitudes, and practices related to immediate initiation of ART.

## Providers in NYC have high levels of knowledge and acceptance around immediate initiation of ART, with initiation within 3-4 days of a reactive rapid HIV test more commonly practiced than same-day initiation

### RESULTS

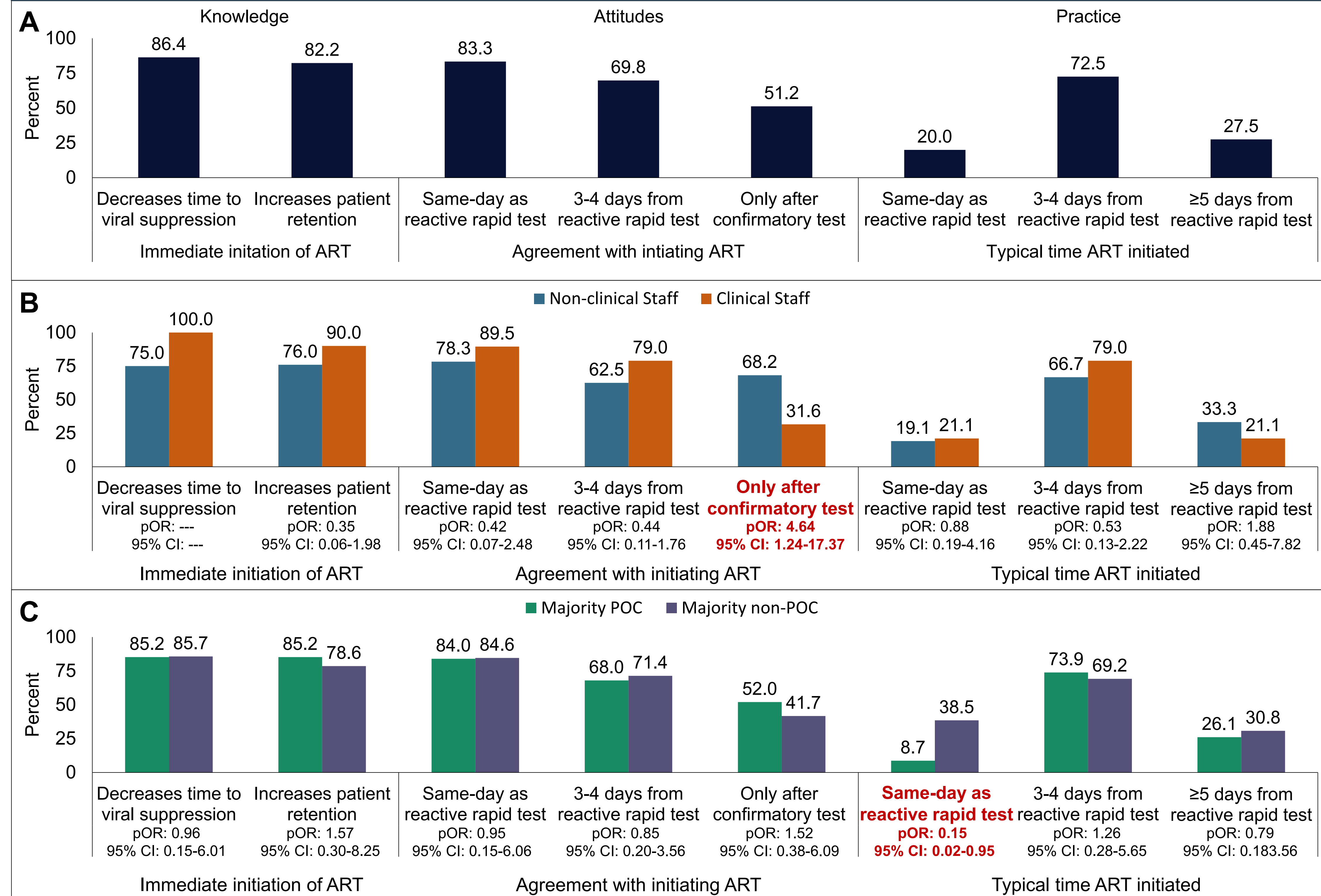


Figure 1. Knowledge, attitudes, and practices related to immediate initiation of ART among a purposive sample of clinical and non-clinical providers (N=46) employed at clinics serving PLWH in NYC, data presented (A) unstratified, (B) stratified by staffing position, and (C) stratified by patient demographics (i.e., majority people of color [POC] versus majority non-POC), when applicable, prevalence odds ratios (pOR) and 95% confidence intervals (95% CI) were calculated, **bolded red text** indicate significant results at alpha equal to .05

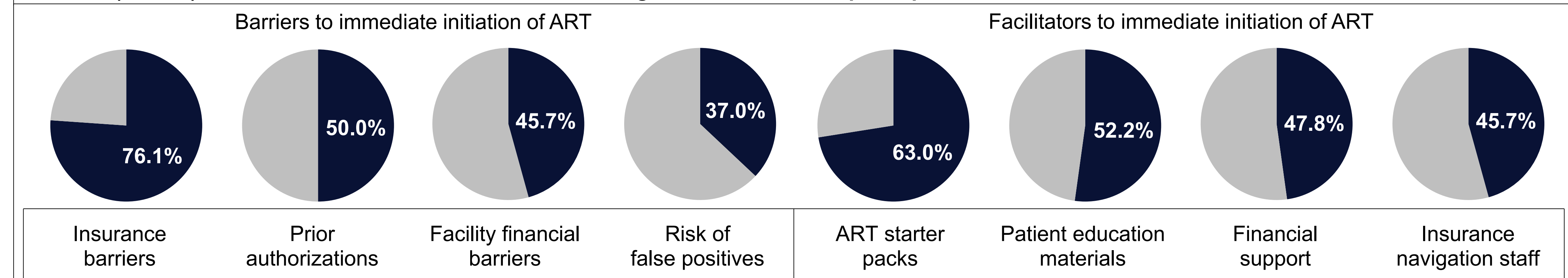


Figure 2. Barriers and facilitators to implementation of immediate ART identified by a purposive sample of clinical and non-clinical providers (N=46) employed at clinics serving PLWH in NYC

## PARTICIPANTS

Table 1: Distribution of respondent years of experience and clinic characteristics by dichotomous staff position and reported patient demographics<sup>1</sup>

	Staff Position		p
	Clinical (N=20) Mean (SD) or % (n)	Non-clinical (N=26) Mean (SD) or % (n)	
Years Experience	17.6 (9.0)	11.8 (6.0)	0.0498
<b>Clinic Attributes</b>			
Accepting new clients	100.0 (20)	100.0 (26)	---
Rapid testing available	76.9 (20)	95.0 (19)	0.3172
On-site pharmacy	63.2 (12)	48.0 (12)	0.1186
	Patient Demographics <sup>1</sup>		p
	Majority POC (N=28) Mean (SD) or % (n)	Majority non-POC (N=14) Mean (SD) or % (n)	
Years Experience	14.2 (8.0)	19.2 (8.9)	0.1106
<b>Clinic Attributes</b>			
Accepting new clients	100.0 (28)	100.0 (14)	---
Rapid testing available	78.6 (22)	92.9 (13)	0.3922
On-site pharmacy	51.9 (14)	71.4 (10)	0.2276

<sup>1</sup>Data obtained from 2016 survey of HIV clinics in NYC

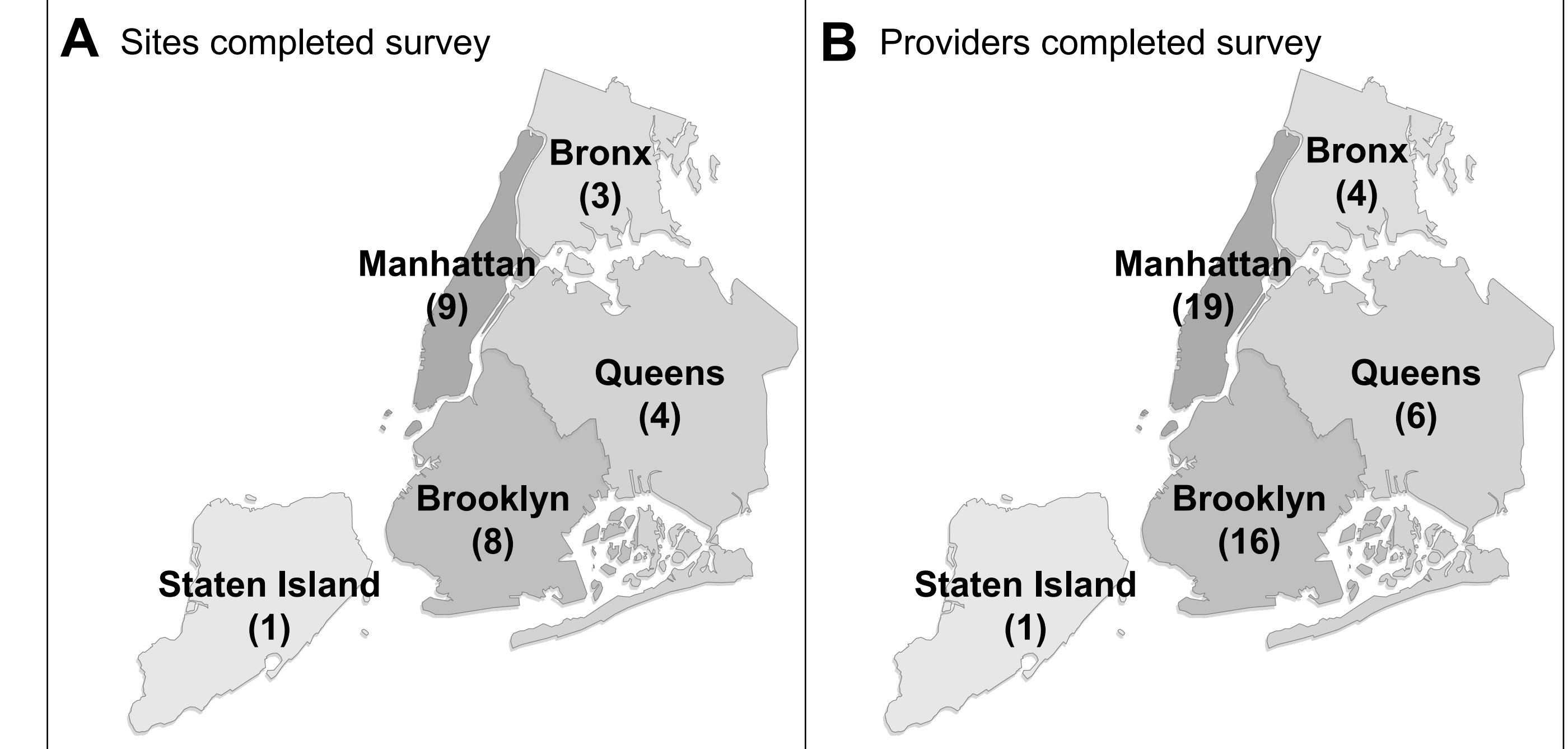


Figure 3. Distribution of completed survey responses in NYC boroughs by (A) number of sites and (B) number of providers

## CONCLUSIONS

- High levels of knowledge observed around the benefits of immediate initiation of ART
- Agreement that ART should be initiated soon after a reactive rapid HIV test
  - Concerns remain around initiating treatment prior to receiving confirmatory HIV test results
- Initiation within 3-4 days of a reactive rapid test more commonly reported than same-day initiation
  - Disparities in access to same-day ART initiation may exist across racial and ethnic demographics in NYC
- Support to alleviate logistic barriers is needed to expand ART access, with a focus on achieving health equity