

## Background

- World Health Organization recommends immediate initiation of antiretroviral therapy (ART) on day of HIV diagnosis<sup>1</sup>
- Rapid-start antiretroviral therapy (RSAT) programs are recommendations from the Health Resources and Services Administration (HRSA) for 2020<sup>1</sup>
- Yale New Haven Hospital (YNHH) has two infectious diseases clinics, The Haelen Center and The Nathan Smith Clinic, that provide comprehensive HIV services
- YNHH has two outpatient pharmacies, Outpatient Pharmacy Services (OPS) and the Apothecary & Wellness Center (AWC)
- Currently there is not an established RSAT program at YNHH
- In 2018, there were 10,574 individuals living with HIV in Connecticut<sup>2</sup>

## Objectives

- Identify and address barriers to initiating an RSAT program
- Develop new workflow processes across pharmacy sub-specialties for successful program implementation

## Methods



### Inclusion:

- New HIV diagnosis
- Likely to be adherent to therapy as determined by provider
- Ready to initiate therapy

### Exclusion:

- Active opportunistic infection as defined by laboratory or microbiology evidence or high clinical suspicion
- Emotional reluctance to initiate therapy

## Results

Figure 1: Identified Differences in Initial Workflow Maps

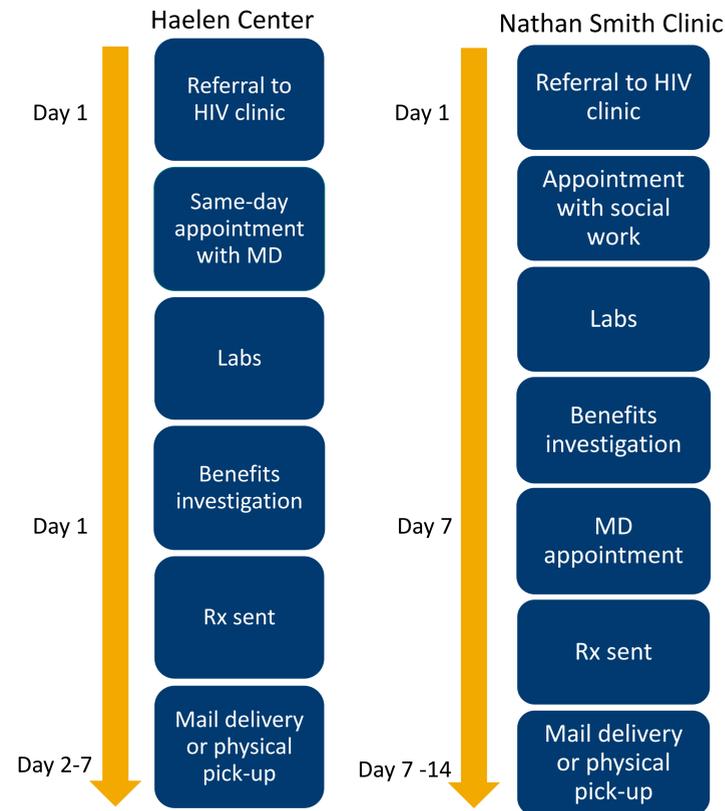


Figure 2: Identified Barriers Requiring Optimization

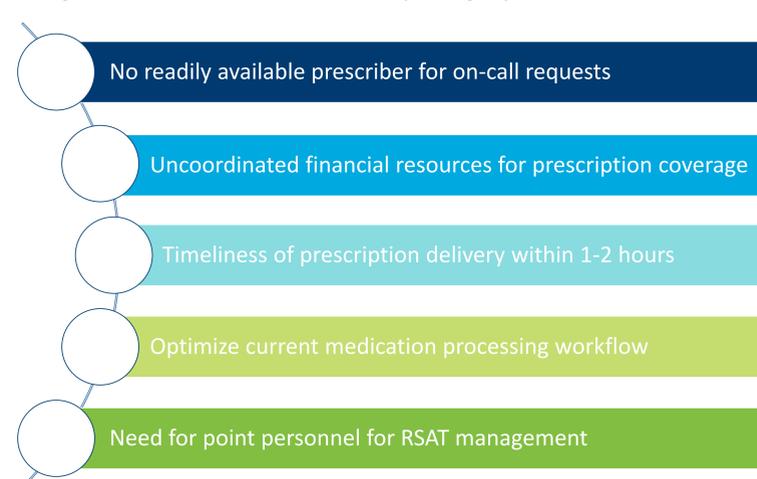


Figure 3: Optimized Infectious Disease Clinic Workflow

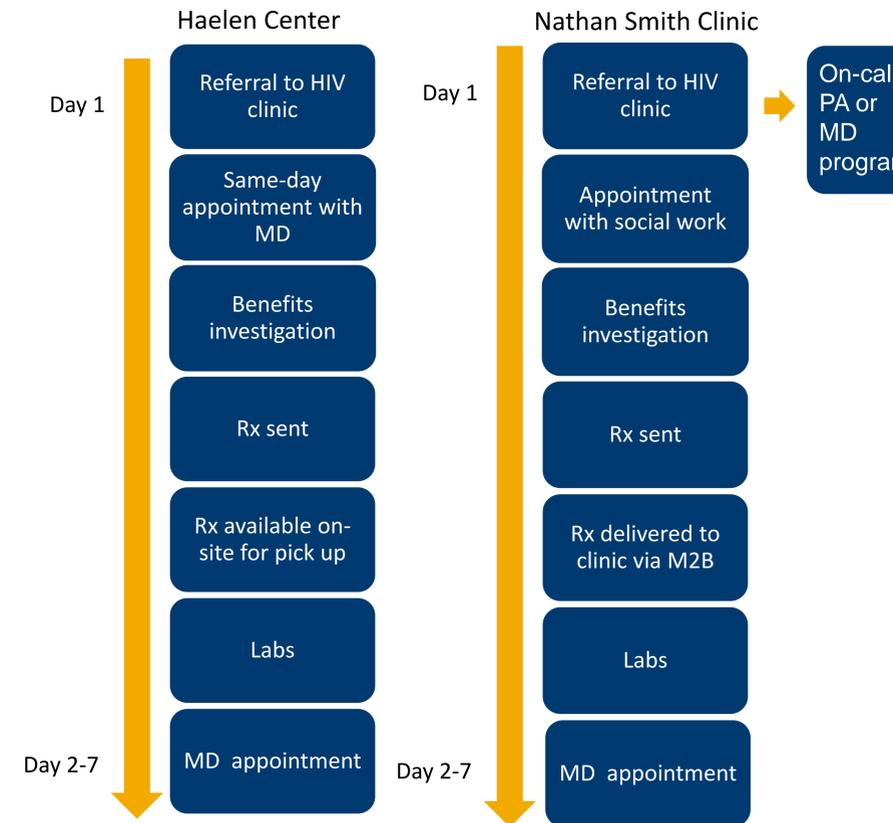
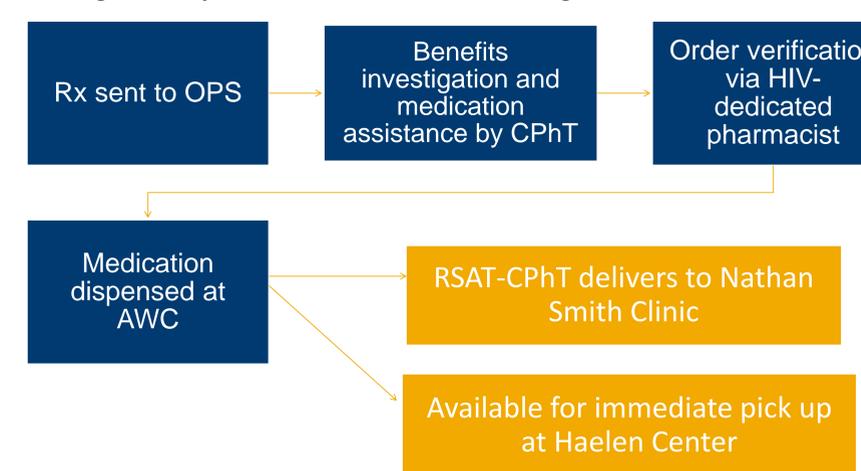


Figure 4: Optimized Medication Processing Workflow



## Discussion

- Workflow mapping of both infectious disease clinics identified opportunities to standardize clinical processes including the addition of an on-call prescriber to manage newly diagnosed HIV patients
- Drug manufacturer and Yale New Haven Hospital medication assistance programs were optimized to meet the need for immediate coverage for uninsured or unfunded patients in both clinics
- Pre-existing prescription processing workflows at two different pharmacy sites including the Meds-to-Beds program were leveraged to expedite medication delivery to meet the goal of medication-in-hand at time of diagnosis

## Conclusions

- Implemented a successful RSAT program for patients to receive drug in-hand on day of diagnosis
- It is anticipated that this project will enhance Yale New Haven Health System's comprehensive care for patients with HIV by providing enhanced access to vital ART

## Future Directions

- Future studies will assess the impact on clinical outcomes from implementing this program, which will include time to viral suppression and rates of retention in care analyzed pre-and post-program implementation

## References

- World Health Organization. Guidelines for managing advanced HIV disease and rapid initiation of antiretroviral therapy. 2017. <https://www.who.int/hiv/pub/guidelines/advanced-HIV-disease/en>. Accessed August 10, 2020.
- Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol.31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed August 10, 2020.