NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STD, AND TB PREVENTION

MEDICAL MONITORING PROJECT

Barriers to Early Enrollment and Rapid ART Initiation Among U.S. HIV Care Facilities

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BACKGROUND

- Rapid linkage to HIV care and antiretroviral therapy (ART) initiation is now the standard of care for treating people with HIV (PWH).
- Understanding and intervening on barriers to rapid enrollment and ART initiation are needed to meet the goals of the Ending the HIV Epidemic in the U.S. initiative.

We explored the availability of, and barriers to, rapid enrollment and ART initiation by HIV care facilities.

METHODS

- **Medical Monitoring Project (MMP)** is a multi-stage complex sample survey that produces nationally representative estimates of U.S. adults with diagnosed HIV.



455 HIV care facilities

- We analyzed 2021 data from the MMP Facility Survey on characteristics of 455 facilities providing care to a national probability sample of U.S. PWH.
- Facility data on number of business days to offer new patients an appointment, availability of and barriers to rapid intake and ART initiation, and Ryan White HIV/AIDS Program (RWHAP) funding were collected.
- Weighted percentages with 95% confidence intervals (CI) of characteristics were calculated based on weighting classes informed by nonresponse analysis of survey response to reduce bias (Response rate: 45%; 455/1022).
- We assessed significant (p<0.05) differences among facilities using Rao-Scott chi-squared tests.

RESULTS

- Overall, 20%, 48%, and 32% of HIV facilities could routinely offer a first appointment in ≤1, 2-9, and ≥10 business days, respectively (median 5 business days).
- Most facilities (73%) said all patients were routinely able to obtain a 30-day supply of ART on the day of the first HIV care provider visit.
- 78% (95% CI 72-84) of facilities with an on-site pharmacy were able to offer a 30-day supply of ART to all patients at the first visit, compared with 69% (95% CI 62-76) without an on-site pharmacy.
- The prevalence of insufficient provider capacity as a barrier to offering an appointment within ≤1 day was significantly higher for non-RWHAP-funded facilities than funded facilities (62% vs. 48%, p=0.005).
- Higher percentages of RWHAP-funded than non-funded facilities required proof of income, proof of residence, and government-issued ID to offer the first appointment (all p-values < 0.05).
- Higher percentages of non-RWHAP-funded than funded facilities said lack of trained staff to submit patient assistance program applications and patients unable to afford copayment were barriers to providing 30 days of ART at the first visit (p <.05 for both).

LIMITATIONS

- Low facility response rate (45%), although we were able to minimize potential bias by weighting the data based on information known for all facilities.
- Survey did not measure the implementation of reported practices, nor was their quality assessed.

Abbreviations: ART: antiretroviral therapy; CI: confidence interval; MMP: Medical Monitoring Project; RWHAP: Ryan White HIV/AIDS Program. Icons taken from thenounproject.com.

Structural, personal, or provider-related barriers may delay rapid clinic enrollment or ART initiation.

1 *in* 5 facilities could routinely offer first appointment ≤ 1 days *(median 5 days)*

73% of facilities said all patients were routinely able to obtain a 30-day supply of ART on the day of their first HIV care provider visit

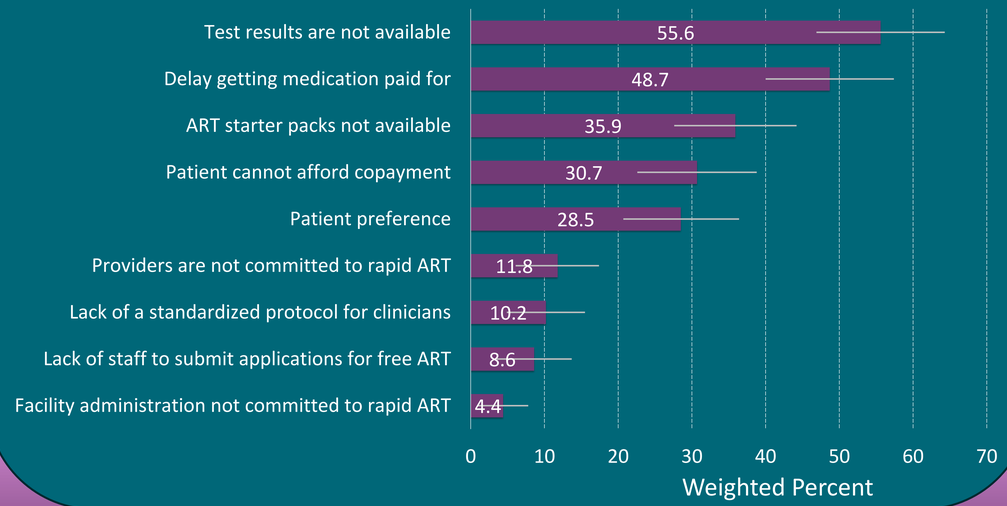
RWHAP-funded Facilities

Higher percentage required documents for offering the first appointment

Non-RWHAP-funded Facilities

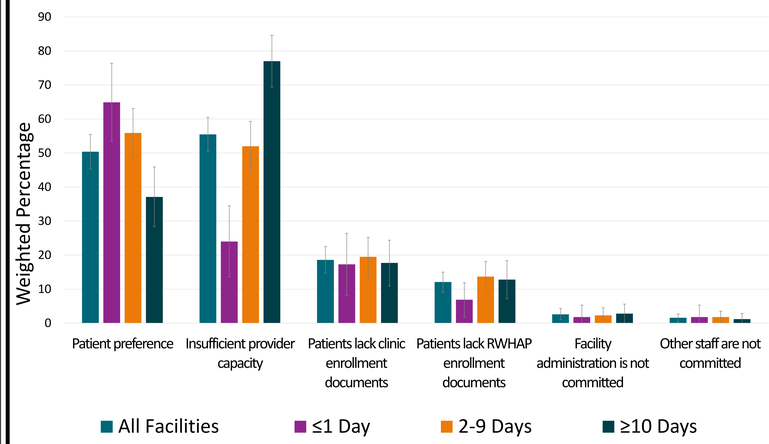
Higher percentage of insufficient provider capacity as a barrier to offering an appointment within ≤1 day

Figure 1: Barriers to obtaining a 30-day supply of ART on the day of the first HIV care provider visit, all facilities—Medical Monitoring Project, United States, 2021 (n=455).



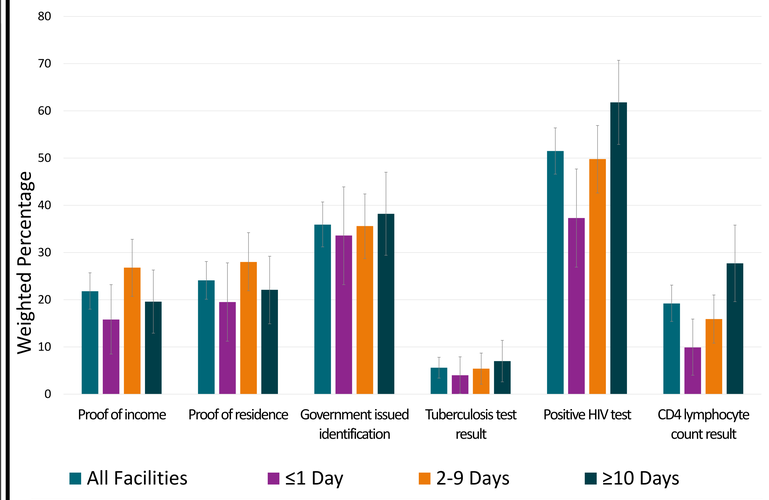
The most reported barriers to obtaining a 30-day supply of ART at the first HIV care provider visit included unavailable test results (56%), delays in getting medication paid for (49%), unavailable starter packs (36%), cannot afford copayment (31%), and patient preference (29%)

Figure 2. Percentage of facilities reporting barriers to offering new patients an appointment with an HIV care provider, by all facilities and facilities offering first appointments in ≤1, 2-9, and ≥10 business days (n=455).



Insufficient provider capacity (56%), patient preference (50%), and patient lacking required documents (19%) were the most reported barriers to offering new patient appointments

Figure 3. Percentage of facilities reporting documents required for offering the first appointment with an HIV care provider, by all facilities and facilities offering first appointments in ≤1, 2-9, and ≥10 business days (n=455).



The most reported documents required for offering the first appointment were positive HIV antibody or detectable viral load (52%), government-issued identification (36%), proof of residence (24%), proof of income (22%); percentages increased as days to offer an appointment increased.

CONCLUSIONS

- **Structural, personal, or provider-related barriers may delay rapid clinic enrollment or ART initiation.**
- **HIV care programs can benefit from removing barriers to care, easing requirements for clinical enrollment and ART prescriptions, and improving patient readiness.**
- **Prominent barriers to rapid enrollment include lack of required documents at RWHAP-funded facilities and insufficient provider capacity at non-RWHAP-funded facilities.**

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