

CDC's ARTAS-II Linkage to HIV Care Demonstration Project

Linking recently diagnosed HIV-infected persons to HIV medical care using a brief case management intervention

Jason A. Crow, MPH

CDC contractor/Northrop Grumman Corporation

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention.



ARTAS-I (2001-03) AntiRetroviral Treatment Access Studies

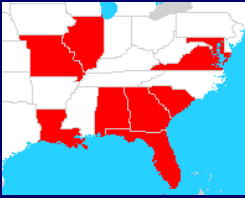
- **PURPOSE:** Assess the efficacy of a brief case management intervention to link recently diagnosed HIV+ persons to HIV primary medical care.
- 2-arm randomized controlled trial (RCT)
 - Case Managed (CM) – received brief CM intervention
 - Standard of Care (SOC) – received passive referral to care
- Conducted by academic researchers at 4 sites
- **Results/Findings**
 - 78% (CM) vs. 60% (SOC) self-reported entering HIV care within 6 mo. ($p < 0.0005$)

ARTAS-II (2004-2007)

- **Purpose:** Demonstrate that the ARTAS linkage intervention can be implemented effectively in “real-world” settings.
- **Primary Outcome:** entry into HIV primary care
 - At least one visit to an HIV primary medical care provider (MD/DO, PA, NP) within 6 months of enrolling in the study.
- **Goal:** Link $\geq 75\%$ of participants to HIV primary medical care.

ARTAS-II study sites

- 10 project sites funded
 - 5 state, local health departments
 - 5 CBO's
- Anniston, AL
- Atlanta, GA
- Baltimore, MD
- **Baton Rouge, LA**
- Chicago, IL
- **Columbia/Greenville, SC**
- Jacksonville, FL
- **Kansas City, MO**
- Miami, FL
- Richmond, VA



ARTAS Linkage CM Intervention

- Facilitate entry into HIV primary medical care
- Intensive, short-duration, **time-limited**
 - Up to **5 sessions** w/ ARTAS CM within **90 days**
 - Clients transitioned to ongoing CM services (RW)
- Client-centered, strengths-based
 - Strengths assessment
 - Individual goal-setting process
 - Fosters empowerment and self-efficacy

Summary of Findings: ARTAS-II

- **79%** (497/626) entered HIV medical care within the first 6 months.
 - **Comparable to the 78% linked in ARTAS-I trial arm**
 - Higher than previous CDC & HRSA "in-care" estimates
- On average, the amount of time needed to link clients to HIV care was relatively moderate.
 - Median # CM sessions per client = 2 (mean = 2.3)
 - Median time spent per client = 5.8 hours (mean = 7.2)

Summary of Findings (2)

- Factors significantly associated with entering HIV care:
 - **Socio-demographic/behavioral**
 - Older age (>25 vs. 18-25 years old)*
 - Hispanic (vs. non-Hispanic black)*
 - Not using crack, cocaine, meth (past 3 months)*
 - **System/structural**
 - Stable housing - own home/apt (vs. unstable)*
 - Attending at least 2 CM sessions**
 - Co-locating HIV medical care w/ ARTAS CM**

In the final multivariate model: * = $p < 0.05$, ** = $p < 0.0001$

Conclusions

- Health departments and CBOs, in collaboration with community partners, can implement the ARTAS linkage intervention effectively.
- ARTAS Linkage CM provides a model that HD's & CBO's can use to ensure that recently-diagnosed HIV-infected persons attend an initial HIV medical care encounter.

Future directions



- CDC FY09 task order to be awarded for developing capacity to provide training on ARTAS intervention.
- Several ARTAS-II sites have taken the initiative to continue a version of the linkage to care program locally.

Acknowledgments

- Center for Interventions, Treatment and Addictions Research (CITAR, Wright State University, Dayton, OH)
- AIDS Survival Project & Our Common Welfare (Atlanta, GA)
- Health Services Center, Inc. (Anniston, AL)
- Total Health Care, Inc. (Baltimore, MD)
- Family Service of Greater Baton Rouge & Volunteers of America (Baton Rouge, LA)
- Louisiana Office of Public Health, HIV/AIDS Program (New Orleans, LA)
- Alliance for Community Empowerment (Chicago, IL)
- Kansas City Free Health Clinic (Kansas City, MO)
- Duval County Health Department (Jacksonville, FL)
- Miami-Dade County Health Department (Miami, FL)
- Florida Department of Health (Tallahassee, FL)
- South Florida AIDS Network (Miami, FL)
- South Carolina Department of Health & Environmental Control (Columbia, SC)
- Palmetto AIDS Life Support Services (Columbia, SC)
- University of South Carolina School of Medicine (Columbia, SC)
- AID Upstate (Greenville, SC)
- Community Health Research Initiative (VCU, Richmond, VA)
- Virginia Department of Health (Richmond, VA)

References

- **ARTAS-I & ARTAS-II:**
 - Craw JA, Gardner LI, Marks G, et al. Brief strengths-based case management promotes entry into HIV medical care: results of the Antiretroviral Treatment Access Study-II (ARTAS-II). *J AIDS* 2008; 47(5): 597-606.
 - Gardner LI, Metsch LR, Anderson-Mahoney P, et al. Efficacy of a brief case management intervention to link recently diagnosed HIV-infected persons to care. *AIDS* 2005;19:423-431.
- **Strengths-based literature:**
 - Saleebey D, ed. *The strengths perspective in social work practice*. 4th ed. Boston: Allyn and Bacon; 2006.
 - Saleebey D. The strengths perspective in social work practice: extensions and cautions. *Soc Work* 1996;41:296-305.

Contact Info

Jason Crow
JCraw@cdc.gov
(404) 639-6395
