

ARTAS (ANTIRETROVIRAL TREATMENT ACCESS STUDY)

Evidence-Based for Linkage to HIV Care and Retention in HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve linkage to HIV care
- Improve retention in HIV care

Target Population

- Recently diagnosed, treatment naïve HIV-positive persons

Brief Description

The *Antiretroviral Treatment Access Study (ARTAS)* is a strength-based case-management intervention to link recently-diagnosed HIV-positive persons to care and sustain them in care for more than a single visit. The case manager maintains a client-driven approach by (1) building an effective, working relationship with the client; (2) encouraging each client to identify and use his/her strengths, abilities, and skills to link to medical care and accomplish other goals; (3) meeting each client in the environment where he/she feels comfortable; (4) coordinating and linking each client to available community resources, both formal (e.g., housing agencies, food banks, accompanying to medical appointment) and informal (e.g., support groups) based on each client's needs; and (5) advocating on each client's behalf for medical care and other needed services. Working with the case manager, clients identify and address their needs and barriers to health care and develop a step-by-step plan to accomplish their goals using the ARTAS session plan.

Intervention Duration

- Up to 5 case management sessions over 90 days or until the client is linked to medical care – whichever comes first

Intervention Setting

- Settings where clients feel comfortable

Deliverer

- Case manager/linkage coordinator

INTERVENTION PACKAGE INFORMATION

For information on training and intervention-related materials, please visit [CDC's HIV Effective Interventions website](#).

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation was conducted in Atlanta, GA; Baltimore, MD; Los Angeles, CA; and Miami, FL between 2001 and 2003.

Recruitment Settings

Health department testing centers, STD clinics, hospitals, and community-based organizations

Eligibility Criteria

Men and women were eligible if they were HIV-positive, were 18 years or older, had been to a care provider no more than once in the past, and were not on antiretroviral medications. The study attempted to enroll participants as early as possible after HIV diagnoses.

Study Sample

The baseline characteristics of 273 participants with complete outcome data over a 12-month study period are characterized by the following:

- 57% black or African American, 29% Hispanic/Latino, 7% white, 7% other
- 71% male, 29% female
- 63% 18-39 years old, 37% 40 years or older
- 54% did not complete high school, 46% high school or greater
- 78% diagnosed with HIV < 6 months; 22% diagnosed with HIV > 6 months; 0% receiving antiretroviral therapy
- Mean log₁₀ HIV-1 RNA viral load of 4.52

Comparison

The standard of care comparison group received standard CDC-produced informational pamphlets about HIV, information on local care resources, and a referral to a local HIV medical care provider.

Assignment Method

Participants (N = 316) were randomly assigned to one of two study arms: ARTAS (n = 157) or a standard of care comparison (n = 159).

Relevant Outcomes Measured

- Linkage to HIV care was defined as visiting an HIV clinician at least once within the first 6-month follow-up period.
- Retention in HIV care was defined as visiting an HIV clinician at least once during each of two consecutive 6-month periods.

Significant Findings on Relevant Outcomes

- A significantly greater percentage of intervention participants than comparison participants visited an HIV clinician at least once within the first 6 months (78% vs. 60%, adjusted RR = 1.36, p < 0.001).
- A significantly greater percentage of intervention participants than comparison participants visited an HIV clinician at least twice within 12 months (64% vs. 49%, adjusted RR = 1.41, p = 0.006).
- Among those with 2 or more contacts with the case manager/linkage coordinator, a significantly greater percentage of intervention participants than comparison participants visited an HIV clinician at both 6- and 12-month assessments (adjusted RR = 1.48, p = 0.004).

Considerations

- Reported HIV primary care data were confirmed with clinic medical records. Rates of confirmation were 93% at 6 months and 86% at 12 months.
- For 121 participants with viable plasma viral load samples at 6 and 12 months, both intervention and comparison participants who were linked to care had significant reductions in log₁₀ viral load (intervention participants: 4.75 vs. 4.30, $p = 0.02$; comparison participants: 4.62 vs. 4.37, $p = 0.02$). For participants not linked to care, no significant reductions were observed.
- A demonstration project implemented the ARTAS intervention in 10 local and state health departments and non-profit service-oriented community-based organizations in rural, mid-sized, and urban settings (Craw et al, 2008). The research findings show that 79% of all participants visited an HIV clinician at least once within the first 6 months after enrollment.

REFERENCES AND CONTACT INFORMATION

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Craw, J. A., Gardner, L. I., Marks, G., Rapp, R. C., Bosshart, J., Duffus, W. A., . . . Schmitt, K. (2008). [Brief strengths-based case management promotes entry into HIV medical care: Results of the Anti-Retroviral Treatment Access Study-II](#). *JAIDS Journal of Acquired Immune Deficiency Syndromes*, *47*, 597-606.

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