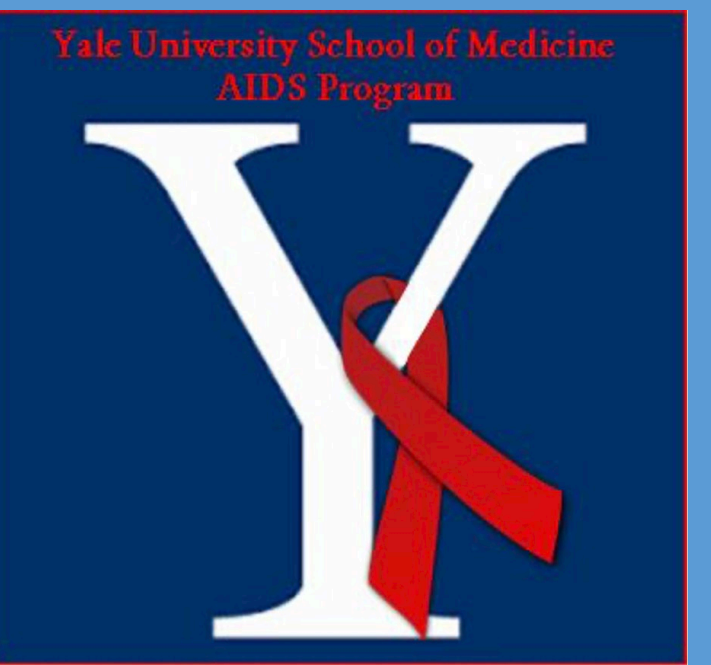




Linkage to Care & A RAPID START Approach

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Filomena Sgambato, Chloe Johnson, Michael Virata, MD



Plan

- ❖ Improve on the time from diagnosis to first visit within the healthcare system (Linkage to Care).
- ❖ Decrease the time from diagnosis to starting on antiretroviral therapy (ART) [RAPID START]

Intervention Strategies

- ❖ Determine pathway for new patients to be referred for HIV Services at the Yale Center for Infectious Diseases (YCID).
- ❖ Facilitate and arrange appointments for newly diagnosed patients at YCID within 48 hours of diagnosis.
- ❖ Provide HIV treatment with antiretroviral therapy within 24 hours of the clinic visit.

Intervention Population

Clients who are newly diagnosed with HIV but may also apply to those who have been out-of-care for long periods

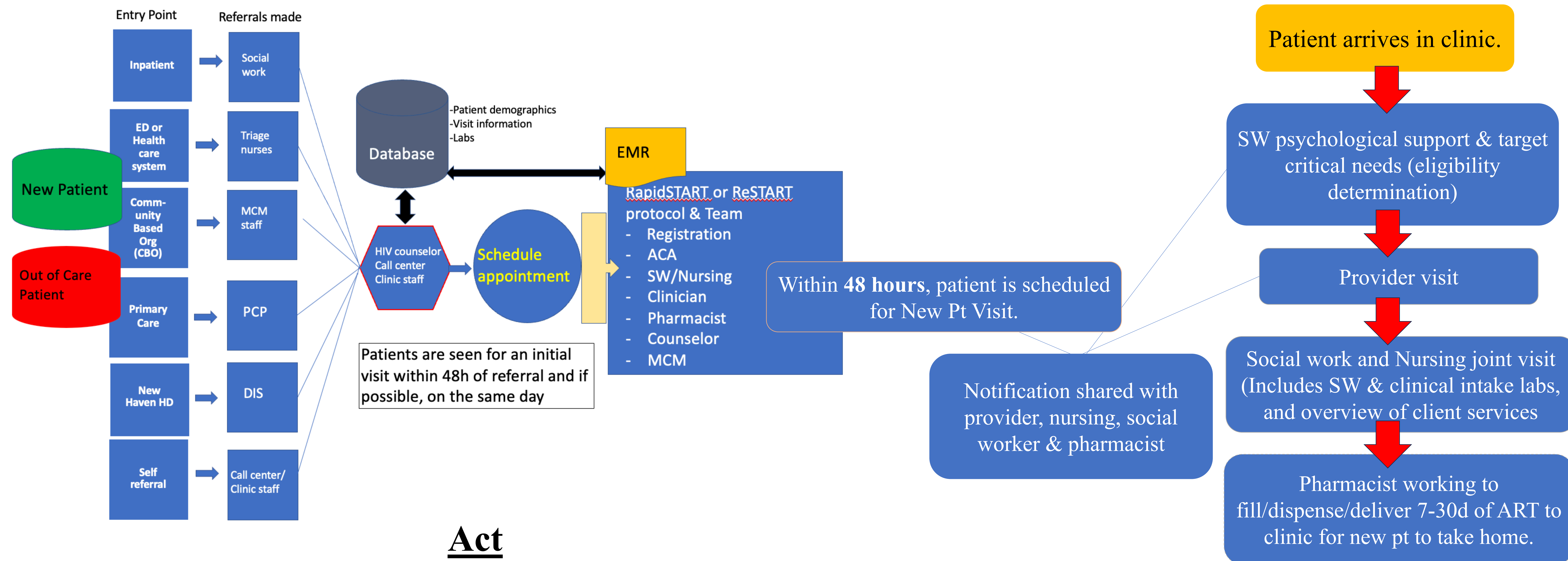
QI Project Team

- CQM committee members
- Social Work/Medical Case Management/Counselors
- **Primary Care Providers**
- Nursing staff
- Pharmacy staff

Implementation Activities

1. Identify clinical areas that need improvement
2. Discuss the problem – Access to HIV Care
3. Design a Process Map to understand workflow
4. Identify barriers to implementation of workflow
5. Organize a team of motivated providers and designate roles and responsibilities
6. Educate the team on the importance of early engagement and treatment initiation
7. Measure outcomes and report to clinic staff

Do



Act

Monitoring PTADW18 – is the performance measure that looks at the time from diagnosis to the first clinical visit by the patient. The visit should occur within 30 days of diagnosis. This became the CQM activity for Ryan White Part A, FY24. In the prior FY23, 50% of newly diagnosed individuals met the performance measure. By the end of FY24 the overall rate increased to 91.30% while at YCID the rate was recorded at 100%. Over 100 new clients were seen at YCID; 20 clients met the criteria for the RAPID START initiative. (See Table 1)

This initiative could be sustained within the current system and was adapted. Today, we are aiming to decrease the linkage time to within 2 days as a target. Stronger collaborations are being established with our hospital and community partners.

	FY2023	FY2024	FY2025 Q1 as of 5/31/2025	FY2025 Q2 as of 8/31/2025
Linkage to Care (1m)	50.00%	91.30%	95.12%	91.98%

Lessons Learned & Impact

What lessons do you want to share with others?

1. It requires a strong, well coordinated, team effort to implement this type of program.
2. Input from all team members is vital to synchronize the flow within the health system
3. It is important to get provider buy-in as they will be the cornerstone for the program to be a success

What impact did this project have?

1. Shorter times for Linkage to Care leads to shorter times to achieve viral suppression
2. Earlier engagement and more frequent encounters leads to better retention in care

Table 1. Rapid Start Results/Study

Total New Dx – N= 20	Male = 16 (80%)	Female = 4 (20%)
Age Range	19 y to 65 y	41 y to 53 y
Hospital: OP	4:12	1:3
Δ Dx to Tx (days)	4.81	1.67
Viral Suppression M1	82%	75%
M3	82%	75%
M6	6/7 (86%)	100%
Retention in Care	missing data; LTFU=1	100%

Contact Information

Filomena.sgambato@ynhh.org
chloe.johnson@yale.edu
Michael.virata@yale.edu