

Impact of subsidised ART access for non-Medicare eligible PLHIV on time to treatment initiation at Sydney Sexual Health Centre and a[TEST]

Authors:

Vickers T^{1,2}, Wong A^{1,2}, Tran J¹, Mackie B³, Keen P², Grulich A², Varma R^{1,2}

¹ Sydney Sexual Health Centre, Australia

² Kirby Institute, UNSW

³ ACON, NSW

Background:

Initiation of ART within 4 weeks is a National Strategic goal. In April 2023, the Australian Government introduced the HIV-No-Medicare-Scheme (HNOMC), extending subsidised access to antiretroviral therapy (ART) for people living with HIV who were Medicare ineligible. We evaluated the impact of this policy change on time-to-ART initiation among newly diagnosed patients at Sydney Sexual Health Centre and the a[TEST] community clinic.

Methods:

We conducted a retrospective cohort study of individuals newly diagnosed with HIV between 1 January 2017 and 30 April 2025. People who were lost to follow-up or first-prescribed ARVs elsewhere were excluded. The primary outcome was days from HIV diagnosis to first ART prescription. We compared pre- and post-HNOMC implementation outcomes according to Medicare status and adjusted for COVID-19. Multivariable linear regression with interaction terms was used to estimate adjusted mean differences in time to ART.

Results:

A total of 310 individuals newly diagnosed with HIV were included; 244 were diagnosed before the introduction of subsidised ART (pre-HNOMC) and 66 after (HNOMC period). Medicare ineligibility was more common post-policy (75.8% vs 60.7%, $p=0.023$). COVID-era diagnoses made up 18.9% of pre-HNOMC cases. Overall, mean time to ART initiation decreased in both groups (Medicare eligible 10.3 to 4.6 days; Medicare ineligible 16.3 to 7.1 days). In adjusted linear regression, mean time to ART decreased significantly in the Medicare-ineligible group (-9.3 days; 95% CI: -13.8 to -4.7 ; $p<0.001$). For Medicare-eligible individuals, the reduction was smaller (-5.6 days; 95% CI: -13.1 to 1.8 ; $p=0.135$).

Conclusion:

The extension of subsidised ART access appears to have significantly reduced time to treatment initiation among Medicare-ineligible individuals in Australia. These findings are the first to demonstrate the impact of Commonwealth policy changes on improving early HIV care outcomes, reducing treatment access disparities, and supporting timely ART initiation.

Disclosure of Interest Statement:

Vickers T: Viiv Travel and Accommodation Support – Art of ART 2024