

# Impact of Subsidised ART Access for Non-Medicare Eligible PLHIV on Time to Treatment Initiation



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# Disclosures

Art of ART 2022 – Viiv: Travel and accommodation expenses

Nil others

# Background – Time to ART

Early ART initiation within 4 weeks is a **National Target**

- Target: 90% started within 4 weeks (2025)
- Target: 95% started within 4 weeks (2030)

Rapid initiation leads to viral suppression and halts transmission

Time to ART measures wider quality in our HIV care system

# Background – Equity Gap

Prior to April 2023 (pre-HNOMC):

Medicare ineligible people relied on drug donation schemes from pharmaceutical companies or private funding

These mechanisms created structural delays

This was fundamentally an access difference to ART

A system reliant on donation and goodwill rather than true equity and public health aims

# Background – Policy Reform

After April 2023 (HNOMC):

Medicare ineligible people were dispensed federally funded ART via public hospital pharmacies.

Alignment to national targets

Reduction in ‘red tape’ for clinics, prescribers, pharmacies and PLHIV

A true policy-driven foundational change to ART in Australia

# Background – ART initiation

Initiation of ART involves several considerations

## **Why NOT?**

Neurological opportunistic infections

Not ready to start

## **Barriers**

Investigations, scheduling, medication properties, stigma, approvals

# Introduction

Our aim was to assess the impact of the HNOMC policy change

- free service regardless of Medicare status
- associated with the peer-led community testing site a[Test] Oxford St

Large drug donation program through Sydney Hospital Pharmacy

Hypothesis: time to ART initiation for Medicare ineligible people newly diagnosed with HIV would **decrease** following the HNOMC policy change.

# Methods

Retrospective cohort study from 1<sup>st</sup> January 2017 to 30<sup>th</sup> April 2025

Initiation was defined as the date of first ART prescription

Inclusion criteria were people with a new diagnosis of HIV who initiated ART

Exclusion criteria were other reasons for ART initiation, and people who did not begin ART

Extracted from clinical prescribing system

Manual review of prescribing dates



# Methods

Outcome: Time in days from diagnosis to ART initiation

Exposures:

- Era of ART initiation (pre-HNOMC or HNOMC)
- Medicare eligibility (eligible or ineligible)
- Era and Medicare interaction
- COVID period

Multivariable linear regression model with interaction terms

- Marginal effects were estimated from the fitted model

# Results

Sample size: 310 people

244 pre-HNOMC, 66 HNOMC

Medicare ineligibility increased post-policy (61% vs 76%,  $p=0.023$ )

COVID diagnoses accounted for 18.9% of pre-HNOMC cases

**Mean time to ART decreased across both groups**

**Medicare eligible: 10.3 → 4.6 days**

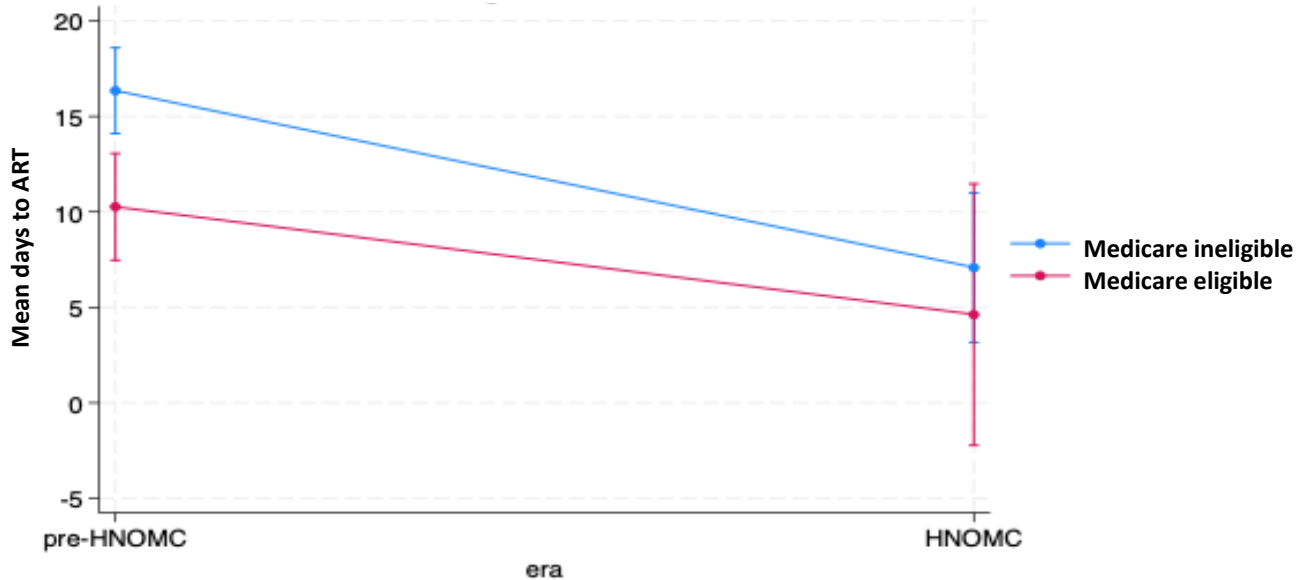
**Medicare ineligible: 16.3 → 7.1 days**

# Results

Marginal effects:

Medicare-ineligible people: -9.3 days (95% CI [-13.8,-4.7];  $p < 0.001$ )

Medicare-eligible people: -5.6 days (95% CI [-13.1,1.8];  $p = 0.135$ )



# Conclusions

Significantly shortened time to ART initiation for Medicare ineligible individuals in the HNOMC era

The decrease in time was greater for Medicare ineligible people compared Medicare eligible people

Converging time to ART suggests improvements in equity between groups

Supports patient choice for early initiation

# Conclusions

First look study to quantify the impact of this national policy change

## Strengths

- Large cohort of new ART initiations
- High proportion of Medicare ineligible people
- Community outpatient setting

## Limitations

- Clinical status at time of prescribing e.g. CD4 counts
- Not pharmacy dispensing date
- Single clinic experience in metropolitan area

# Future Directions

Robust national data should be assessed for similar experiences and to assess gaps in ART initiation

Controlling for a wider range of factors in an analysis will help to strengthen the association

Ongoing data collection on time to ART initiation