

**CD4 Nurse  
Intervention**

**DECREASE**

**Non-eligible  
HAART  
patient  
referrals to  
MD/MOs**

**INCREASE**

**Available  
MD/MO appt  
time for  
HAART  
eligible  
patients**

**INCREASE**

**% of MD/MO  
visits by  
HAART  
eligible  
patients**

**DECREASE**

**Time to start  
HAART for  
eligible  
patients**

**INCREASE**

**Monthly  
HAART  
enrollment**

