LGBT Life Center and CAN Community Health

Rapid Start Site Profile

RapidART
Dissemination Assistance Provider

A Project of CAI

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LGBT Life Center & CAN Community Health At-A-Glance

In 2020, the LGBT Life Center (Life Center) in partnership CAN Community Health (CAN Clinic) began providing Rapid Start services. The Rapid Start service provision was implemented as part of the statewide Rapid Start pilot initiative, facilitated by the Virginia Department of Health (VDH). The Life Center is a community-based organization providing social services to the Hampton Roads community in Norfolk, VA, with a particular focus on serving LGBTQ+ individuals.

In 2019, the Life Center began partnering with the CAN Clinic, a national health organization, to seamlessly offer medical services to its clients. Together, they provide a comprehensive set of medical and support services to people with HIV, including Rapid Start.

Key Rapid Start Service Characteristics

Year of Implementation 2019
Urban-Rural Classification Urban
Care Setting Community-based organization (Life Center) partnered with a community health center (CAN Clinic)
RHWAP Funding Life Center: Parts A and B; the CAN Clinic: no RWHAP funding
Population Size The Life Center provides services to over 500 people with HIV a year

Region
Southeast

State
Virginia

Clients Served Newly diagnosed and re-engaging in care
Priority Population LGBTQ+
Medicaid Expansion State (Yes/No) Yes
ART Starter Packs Available (Yes/No) Yes
Onsite Pharmacy (Yes/No) Yes
Onsite Lab Draws (Yes/No) Yes
Onsite HIV Testing (Yes/No) Yes

Unique Features of Life Center and CAN Clinic's Rapid Start Program

Rapid Start services were spearheaded by the Virginia Department of Health (VDH) as part of a **statewide initiative**

VDH Rapid Start pilot sites were required to use REDCap to **collect data to monitor progress** in Rapid Start service provision

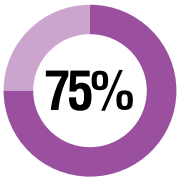
The CAN Clinic uses **telehealth** to facilitate the initial clinician exam and prescription of ART

After a client tests newly HIV positive at the Life Center, **staff accompany the client to the CAN Clinic that same day** to link clients to Rapid Start services

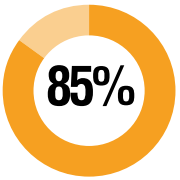
VDH has a **robust home HIV testing program** that connects clients who test HIV positive at home to a VDH Disease Intervention Specialist (DIS) for rapid linkage to care

Client Outcomes (January 2021 – December 2021)

39 Clients
newly diagnosed clients received Rapid Start



of Rapid Start clients were virally suppressed in 3 months



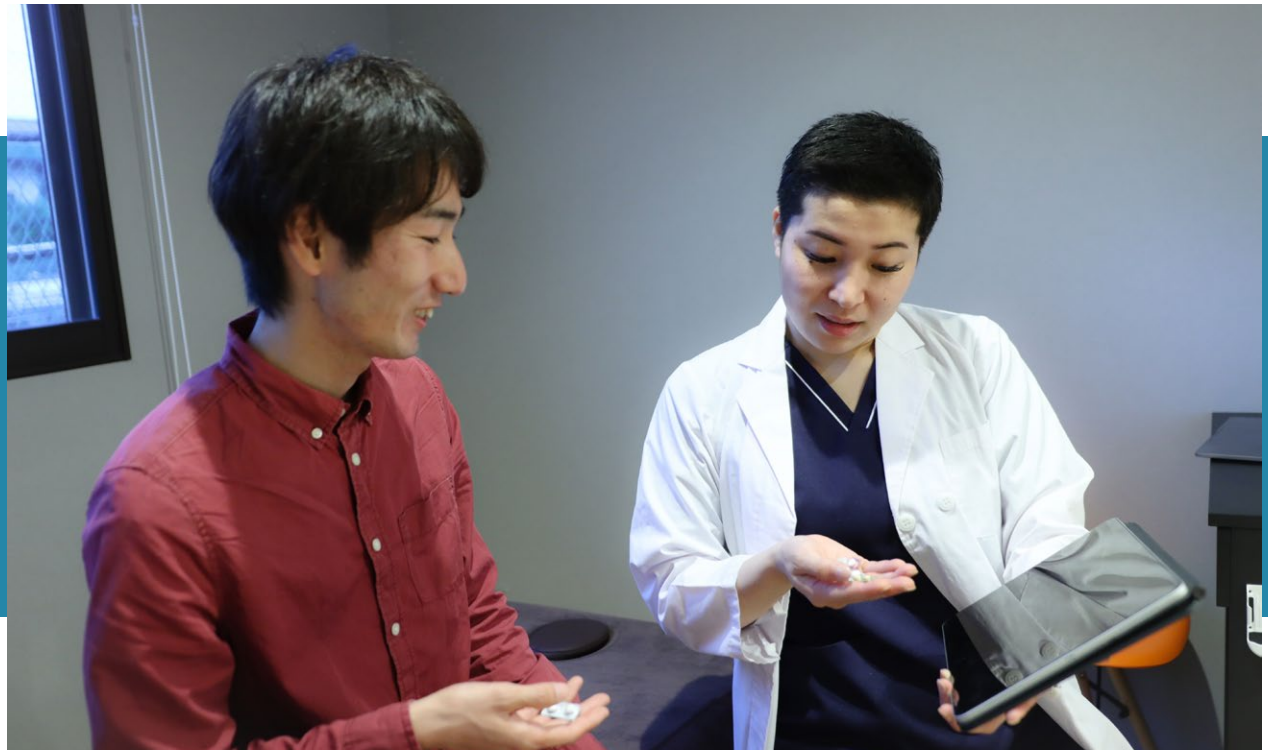
of Rapid Start clients were retained in care and attended follow-up appointments within 90 days

$ Cost Estimate per Client

Savings of $2,191 per client during sustained implementation **(see page 17 for details)**

Intervention Characteristics

This section describes the core components of Rapid Start service delivery model at the Life Center and the CAN Clinic, specifically: staff roles and structure, workflow, clinical appointment availability, same-day medication, and health education and client communication.



Staff Roles & Structure

In this partnership, the CAN Clinic provides medical services, and the Life Center provides support services to offer a comprehensive experience for the client. Key organization and staff roles and responsibilities are described below, along with staff that fulfill these responsibilities.

- **Linkage Coordination:**
  - Members of the CAN **Clinic Care Connection Team** (virtual scheduling team) and CAN Clinic Patient Experience Experts (onsite front desk team) link clients to care.
  - **Navigators,** including peers, from Life Center provide additional support to help clients move through the process.

- **Clinical Services:**
  - Over a dozen **staff members** from Life Center conduct HIV testing through RAPID HIV Testing while also facilitating linkage to care. External testers, such as VDH Disease Intervention Specialists (DIS), have referral relationships with the Life Center and CAN Clinic.
  - Two CAN Clinic **clinicians** ART (the medical director and a nurse practitioner) perform a physical exam and prescribe. Medication is dispensed at the onsite pharmacy.

- **Patient Care Support Services:**
  - **Patient Care Coordinators** from CAN Clinic work directly with clients to remove barriers to care, such as transportation, financial assistance, and linkage to outside resources.
  - A **non-medical case manager** from Life Center connects clients to additional resources such as food stamps.
  - **Medical case management staff** from Life Center provide ongoing support to clients.

- **Benefits Enrollment:**
  - Members of the virtual CAN Clinic Care Connection Team support insurance enrollment.
  - A **non-medical case manager** from Life Center also supports insurance enrollment.

Rapid Start Workflow

The Life Center and the CAN Clinic aim to have newly diagnosed clients seen by a clinician and prescribed ART within seven days of the client testing newly positive for HIV, although they almost always connect clients to care on the same day. The general process for the Rapid Start visit includes the following components:

- **HIV Testing**
  Most individuals begin ART after receiving a newly positive HIV rapid test onsite at the Life Center testing site which is located nearby the CAN clinic. In addition to several local health departments and urgent care sites that have linkage agreements with the CAN Community Health, Virginia also has a robust home testing program, allowing clients to test for HIV at home and be linked to services via VDH DIS workers.

- **Linkage to Care**
  After a positive HIV test, testing staff and partners immediately call the Patient Experience Expert at the CAN Clinic to assess clinician availability that same day and schedule the clinician exam. Testing staff typically accompany the client to the clinic. If the client is unable to make an in-person visit for the clinician exam, the Patient Experience Expert will schedule a telehealth visit for the same day.

- **Intake and Insurance Enrollment**
  The Patient Experience Expert will greet the client when they arrive at the CAN clinic and introduce them to a navigator from the Life Center who is co-located at the CAN Clinic. The navigator will stay with the client for the entire Rapid Start visit. The Patient Experience Expert will also alert the virtual Care Connection Team about the new client referral, so they can begin the insurance eligibility process. As soon as the client is connected with the Life Center/CAN Clinic, a member of the Care Connection team or the onsite non-medical case manager begins processing the client for enrollment into Medicaid and/or RWHAP, including Ryan White HIV/AIDS Program ADAP. In alignment with HRSA guidance, benefits coordination staff may determine eligibility simultaneously with testing and treatment.

  Oftentimes clients may not have all the documentation needed that day, so benefits coordination staff may use income and residency affidavits to expedite the process through RWHAP Part A and Part B, called the Rapid Eligibility Determination (RED) process. Ryan White HIV/AIDS Program ADAP processes the application within 24-48 hours.

- **Clinician Exam and ART Rx**
  After completing insurance eligibility, the navigator will escort the client to the clinician exam. During the clinician exam, the nurse conducts an intake to cover medical history, medications, and sexual and social history. The clinician follows up with other questions (e.g., chronic medical issues or allergies), conducts a physical exam, orders baseline labs, and prescribes ART.

> "The providers and the whole team are trained into, 'Hey, listen, we know this is a lot to take on, but here's why it's so important that we do this today and I can assure you that you're going to probably get tired of us giving you that support and that education and that help with adjusting to this diagnosis.'"
>
> **– CAN Clinician**

> "I sit down with them a lot of times and I'll tell them, 'You came to the exact place you need to be. You have the support here from the providers, the nurses, the pharmacist, the social [support staff [with the Life Center]. So, you have everybody in your corner.'"
>
> **– CAN Clinician**

- **Medication Dispensing**
  Next, the navigator will escort clients to the onsite pharmacy so clients can pick up their ART prescription. Clinicians typically prescribe a full 30-day prescription, but if insurance is a barrier, clinicians can provide ART starter packs donated by pharmaceutical companies.

- **Baseline Labs**
  Next, the navigator accompanies the client to draw blood for labs. If the client's first visit took place over telehealth, the clinician will have the client come in-person the next day for labs, or visit a partner lab, such as LabCorp.

- **Support Services**
  The navigator then escorts the client to meet with a Patient Care Coordinator at the end of the Rapid Start visit. The Patient Care Coordinator ensures the client is connected to resources such as mental health care and housing services as needed. Staff also address transportation issues through ride sharing services or even transporting clients in their own vehicles.

- **Follow-up Clinical Care**
  The clinician sees the client two to four weeks after the Rapid Start visit, depending on the client's needs, to review lab results, see how the client is adjusting to tolerating the prescribed medication, and answer any questions the client may have. Patient Care Coordinators also follow up the day after the first visit, after five days, after 10 days, and in two weeks. At some point, Patient Care Coordinator staff introduce and transition clients to a medical case manager to help provide long-term support services.

> "I typically try to follow up once a week with them because that's part of the outreach portion that lets them know someone cares. And they really engaged because they feel like someone cares."
>
> **–Life Center Navigation Staff**

Re-Engaged Clients

The Life Center/CAN Clinic generally follows the same workflow for clients previously diagnosed who are being re-engaged in care. However, many reengaged clients come from outside of Virginia or have tested positive while incarcerated. The Life Center/CAN Clinic works diligently to get them reengaged and linked to Rapid Start services as quickly as possible, potentially by re-testing them and enrolling them in healthcare coverage. Staff highlighted that frequent follow-up is helpful for re-engaged clients.

> "I think it's so important that we have all these folks that support people that are returning to care, and people newly diagnosed with HIV. There's always someone there to create this journey and this pathway for them."
>
> **–Life Center Navigation Staff**

Clinical Appointment Availability

The CAN Clinic frequently uses telehealth to ensure timely access to a clinician. This format lends itself well to client education, gathering medical histories, and reviewing other medications that the client may be taking. An in-person physical exam and blood draw is scheduled as soon as possible after the initial telehealth visit. Staff also emphasize flexibility when scheduling Rapid Start clients for appointments. For example, the clinic may stay open past its set hours to accommodate a newly diagnosed client.

Same-Day Medication Prescription & Provision

CAN Clinic clinicians aim to provide full 30-day ART prescriptions to clients at the Rapid Start visit. Clients with public or commercial health insurance may access same-day medications covered by insurance. In accordance with HRSA guidance and directives from VDH, RWHAP funds may be used to ensure access to an initial supply of medications in the absence of other payment sources. In rare cases where insurance status or RWHAP eligibility cannot be determined, clinicians may also provide ART starter packs that have been donated by pharmaceutical companies. The onsite Mail-Meds pharmacy staff work closely with CAN Clinic clinicians to know what medication they prescribe most often to ensure they are well stocked with ART.

Health Education & Client Communication

Few clients choose not to begin medications immediately. The Life Center emphasized the importance of staying in contact with clients without pressuring them. Life Center navigators and case managers take time to inform clients about Undetectable = Untransmittable (U=U) and the benefits of taking and staying on their medication.

Staff also strive to have consistent, client-centered messaging across the Rapid Start process, promoting compassion and professionalism with new clients "from the moment that they walk in the door." They encourage a customer service approach for Rapid Start, ensuring a new client has a positive experience during the first clinic visit.

> "I always like to share stories where you take the clinical approach out of it….What does this client need?"
>
> **–Life Center Navigation Staff**

> "The minute this person feels welcomed and cared for, they're on board. They're going to jump on board because they had that really positive experience from the minute they walked in the door."
>
> **–Life Center Navigation Staff**

Navigators may contact the client the same day as the first appointment to answer any lingering questions and to take an emotion or mental 'pulse check'. Clinic staff continue to keep in contact with clients weekly according to the client's preferences (e.g., phone call, email, text). If needed, staff also meet clients in-person at offsite locations.

Organizational Culture

This section describes the facilitators that support implementation of the Rapid Start service delivery model at Life Center/CAN clinic including: leadership, staff knowledge and beliefs, and communication strategies among the healthcare team.

Leadership

VDH, under the leadership of the Clinical Quality Management coordinator, spearheaded the effort to implement Rapid Start services at select pilot sites in 2020, with one of the pilot sites being Life Center. Dedicated clinicians at CAN clinic and champions from Life Center, including the Director of Client Services and Clinical Practice Administrator worked together to establish protocols and educate staff members on the benefits of Rapid Start services.

Two Rapid Start service provision leaders from the Life Center and the CAN Clinic have formal weekly meetings and are in constant communication. The CAN Clinic Director of Medical Education also hosts educational presentations about relevant topics on HIV care for staff every other week.

Staff Knowledge & Beliefs

Staff members from Life Center and CAN Clinic were initially resistant to providing Rapid Start services due to lack of education and concerns about being able to sustain services. However, the Director of Medical Education from CAN Clinic presented a series of lectures to educate providers and staff members on the benefits of Rapid Start services. Gradually, staff members at Life Center and CAN Clinic agreed on the importance of providing Rapid Start services and shared the common goal of prioritizing clients' needs.

Communication Strategies

The CAN Clinic uses its electronic health record (EHR) to expedite communication. Staff check their calendars in the EHR, which includes basic information about outside referrals of people newly diagnosed with HIV. Peer navigators affiliated with the Life Center also upload relevant paperwork into the EHR to support the provision of ongoing care.

At the end of the visit, the ART prescription is also sent electronically via the EHR to the Mail-Meds pharmacy, which is co-located at the CAN Clinic. Clinic staff at the Life Center share a list of LGBTQ+ and HIV-friendly resources so the entire team knows where they can refer clients externally for support services.

External Influences

This section describes external factors that informed the design and implementation of the rapid Start service delivery model at the Life Center/CAN clinic, including: jurisdiction supports and policy landscape, payment for Rapid Start, collaboration with other providers, and client needs and perceptions.

Jurisdiction Supports & Policy Landscape

Beginning in January 2019, Virginia expanded its Medicaid program to include individuals ages 19-64 who have incomes at or below 138% of the federal poverty limit. This expanded Medicaid coverage to 671,000 additional individuals, including many people with HIV. Around the same time, Virginia also developed the RED process to help expedite the approval of a person's application for Ryan White HIV/AIDS Program ADAP, including a cover sheet that outlines everything that is needed in the application. Typically, Virginia Ryan White HIV/AIDS Program ADAP can process a person's application within 24-48 hours.

VDH began a statewide Rapid Start pilot service provision program with six providers in various regions of the state in July 2020, including the Life Center and CAN Clinic partnership. The pilot providers received funding from VDH to launch a Rapid Start program. VDH provided a standard protocol that had been adapted from one used in Washington DC, which pilot providers further customized. VDH used a collaborative learning model to foster education across the various pilot providers. Staff from the Life Center/CAN Clinic participated in monthly meetings with other pilot providers to share best practices from their protocols and resources on how to address barriers.

VDH also shared epidemiological trends identified in surveillance data with the group. VDH requested that the pilot providers use REDCap to track Rapid Start processes and outcomes, so the providers would have comparable data, although some providers used both REDCap and another database internally. In 2021, VDH expanded the pilot to nine additional sites.

Payment for Rapid Start

The Rapid Start service provision is funded through multiple sources. The Life Center's HIV service provision is funded by RWHAP Parts A and B. The Rapid Start service provision is supported by RWHAP funding from VDH through their statewide Rapid Start pilot service provision program. VDH funds the statewide Rapid Start service provision through RWHAP Part B and Ending the HIV Epidemic (EHE) funds.

Insurance is also an important source of funding. When an uninsured client is linked to care, the Life Center/CAN Clinic helps them apply for medication assistance or insurance coverage through Ryan White HIV/AIDS Program ADAP or Medicaid, and about 5% of clients receive their medication via the Division of Medical Assistance Services (DMAS) if they are not eligible for Medicaid. In accordance with HRSA guidance and the Virginia RED Process, Ryan White HIV/AIDS Program ADAP can process a person's application in 24-48 hours, allowing individuals to quickly receive a full 30-day prescription.

The CAN Clinic pharmacy is a 340B covered entity, providing additional funding, and the prevention programs are funded both by the state health department and the CDC. Clinicians also can give starter packs donated by pharmaceutical companies.

Collaboration with Other Providers

VDH collaborates with Washington DC and Maryland jurisdictions to share data, begin building data-to-care initiatives, and meet about care planning. VDH also benefits from participating in the Mid-Atlantic AIDS Education and Training Center (AETC) to learn more about specific training topics and medication-related education.

The Life Center has partnered with the CAN Clinic since 2019 to provide medical services to complement the support services they offer to LGBTQ+ individuals. The Life Center's main administrative building is not co-located with the CAN Clinic, but having Life Center staff physically onsite at the CAN Clinic has helped seamlessly connect clients into care. The Life Center/CAN Clinic has also benefited from sharing data and lessons learned from other pilot providers at VDH summits and meetings. Beyond their partnership and work with VDH, the Life Center/CAN Clinic also benefits from working with nearby testing sites to gather outside referrals of individuals who have tested positive for HIV and to quickly connect these individuals to care.

Client Needs & Perceptions

Life Center/CAN Clinic staff shared that most clients are comfortable starting ART during the Rapid Start visit. After facing a new and intimidating diagnosis, clients have often expressed relief that they can get started with just one pill a day, especially since clinicians work hard to reassure clients that "everything will be okay."

There are occasionally clients who may be hesitant to start treatment on the same day, possibly because they have co-occurring medical conditions, have busy schedules, or do not feel emotionally ready for treatment. Some clients are hesitant even to reach out to the provider in the first place, since they may not have insurance and are not aware they can start treatment without insurance. In these instances, Life Center/CAN Clinic staff work diligently to improve awareness about RWHAP and insurance options.

Process

This section explores the approach and process of implementing and evaluating Rapid Start services at the Life Center/CAN Clinic, including: planning, model programs, and data monitoring and evaluation. The section ends with a discussion about costs associated with planning, implementing and sustaining Rapid Start services.

Planning for Rapid Start Implementation

VDH began discussing how to implement Rapid Start in Virginia in 2016, and later developed the Rapid Start pilot service provision approach that would launch in 2020. Independently, once the Life Center had partnered with the CAN Clinic in 2019, leadership also began initial planning for providing Rapid Start. The partners took several months to learn from each other and figure out how they could support a Rapid Start process to swiftly provide both HIV testing, rapid linkage to care, and medical and support services.

In 2020, VDH sent a communication to all its Part B subrecipients to identify a champion in each of Virginia's five regions. Life Center/CAN Clinic agreed to participate in the pilot. VDH provided a standard protocol (adapted from the Washington DC model) and invited pilot providers to customize the standard protocol and report back their protocol and outcomes as captured in REDCap.

Model Programs

Washington DC Rapid Start programs were models for VDH, including their protocol, which was standardized and shared with all the pilot providers. VDH also adapted Washington DC's use of DIS, with regionally designated DIS roles in Virginia to support testing and linkage to the Rapid Start sites.

Data Monitoring & Evaluation

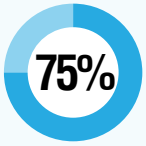
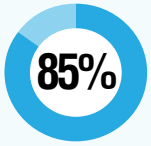
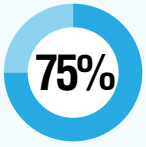
For the VDH pilot service provision, the Life Center/CAN Clinic is required to use REDCap to collect data on its Rapid Start service provision. The data includes client characteristics, such as whether they were previously or newly diagnosed, whether the client is eligible for RWHAP or Medicaid, and the client's viral load, gender, and race/ethnicity.

VDH also asks for several dates, including diagnosis date, when the client is seen by a clinician, and when ART was prescribed. With this data, VDH calculates the number of days between diagnosis and ART prescription and the percentage of clients who achieve viral suppression within 30 days and within 60 days. VDH provides training on how to enter data using REDCap.

The CAN Clinic independently uses eClinicalWorks, recording the dates when clients are diagnosed and begin ART. CAN Clinic data evaluation staff developed a data dashboard to better visualize the data and measure outcomes like viral suppression.

The following table provides an overview of the key Rapid Start measures used to collect data, the anticipated or targeted goals for each measure, and the outcomes that were achieved for each measure for January-December 2021.

Clients Newly Diagnosed with HIV

MEASURE	OUTCOMES ACHIEVED
Number of clients who received Rapid Start services	
Average number of days from diagnosis to ART prescription	 *Excluding 6 outlier cases
Average number of days for clients to achieve viral suppression	
Percent (number) of Rapid Start clients virally suppressed within 3 months	 (25/33) *6 dropped out with no follow up
Percent of Rapid Start clients retained in care at 90 days from date of diagnosis	 (33/39)
Percent of Rapid Start clients retained in care at 180 days from date of diagnosis	 (29/39)

Cost for Rapid Start Implementation & Sustainment

We estimated the costs of planning, implementation, and management of Rapid Start during the year prior to implementation (pre-implementation), during the first year of implementation (initial implementation) and during the most recent year of implementation (sustained implementation), as follows:

- In the pre-implementation year, CAN spent $24,061 on planning for Rapid Start. Planning cost declined to $13,393 in the initial implementation year, then increased to $19,303 during the sustained implementation year.
- The costs to plan, implement and manage Rapid Start services amounted to cost savings of $1,019 per client during initial implementation and a cost savings of $2,191 per client during sustained implementation.

During the initial and sustained implementation years, medical service provider effort was reduced due to consolidation of ART medication provision into a single medical visit, while support staff time increased incrementally to facilitate management of Rapid Start services. Following significant upfront planning prior to Rapid Start implementation, CAN managed to efficiently expand services from 18 clients receiving Rapid Start services during the year prior to implementation up to 58 clients during sustained implementation.