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RYAN WHITE
CONFERENCE ON
HIV CARE & TREATMENT

RAPID: Evaluating Gaps and Improving Linkage and ART Initiation in the Bay Area

Albert Liu, MD, MPH
Clinical Research Director, Bridge HIV, San Francisco Department of Public Health
Associate Clinical Professor of Medicine, UCSF

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Learning Outcomes



At the conclusion of this activity, participants will be able to:

- 1. Discuss different strategies and approaches to RAPID implementation in three U.S. metropolitan areas.**
- 2. Connect the goals of the three strategies with the national Ending the HIV Epidemic initiative**
- 3. Identify common facilitators/barriers of RAPID implementation**

Collaborating Partners



CFAR RAPID CORE TEAM

SFDPH

- Albert Liu

Alameda County Public Health Department

- Nicholas Moss
- Neena Murgai

UCSF

- Kate Pearson
- Paul Wesson
- Janet Myers
- Kim Koester

East Bay Getting to Zero/Alameda Health Consortium

- Sophy Wong
- Jessica Bloome

RAPID Advisors

SFDPH

- Darpun Sachdev
- Oliver Bacon

Highland / Alameda Health System

- Douglas White

EBAC

- Jeff Burack

Kaiser East Bay

- Sally Slome

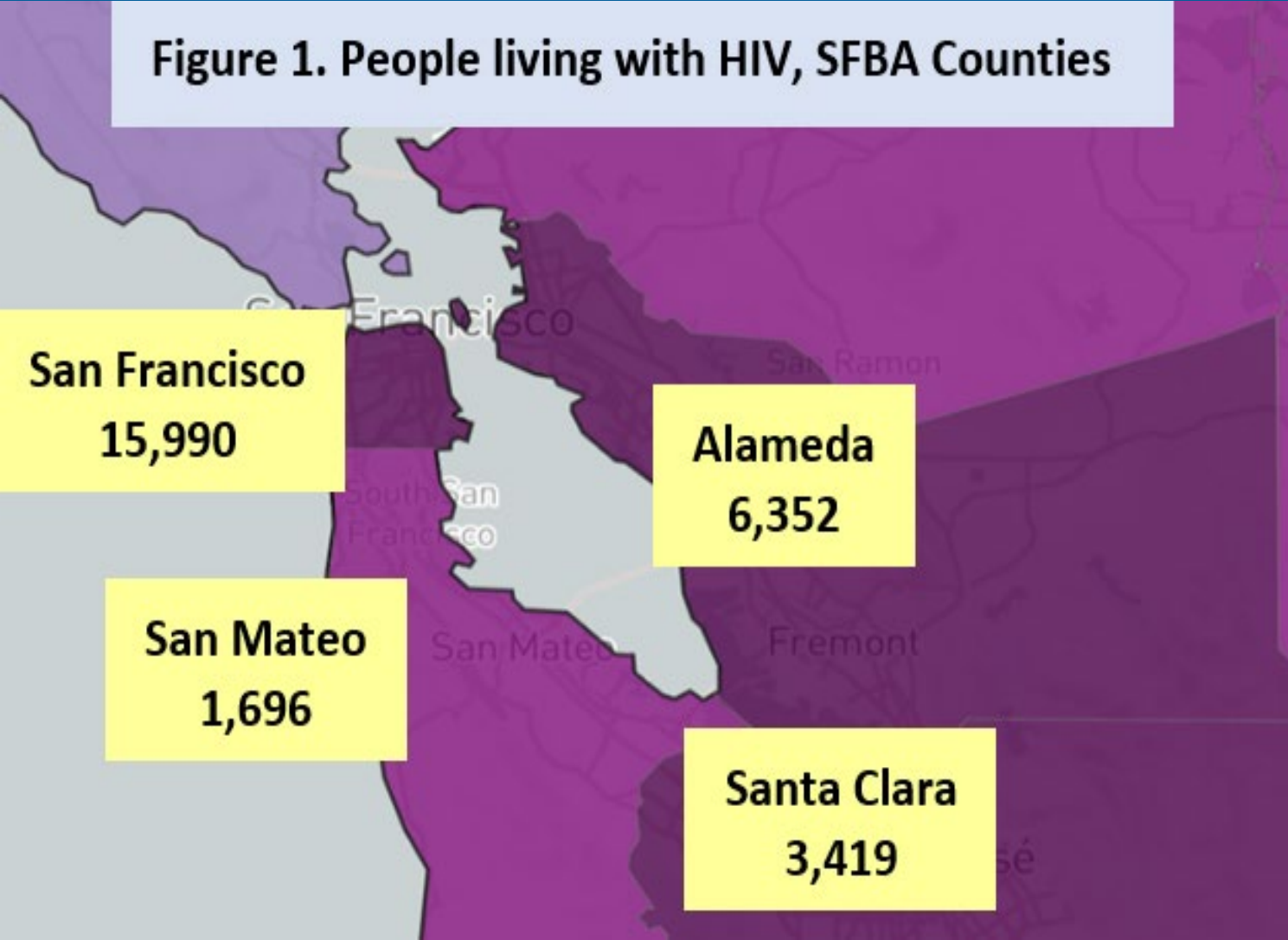
UCSF

- Katerina Christopoulos
- Susa Coffey



San Francisco Bay Area heavily impacted by HIV

Figure 1. People living with HIV, SFBA Counties



- 2nd ranking region in California in PLWH and new HIV diagnoses
- SF and Alameda are 2 of the 48 counties named as hotspots in the EtHE initiative
- African Americans and Latinx individuals have highest rates of new diagnoses and lower rates of viral suppression

History of RAPID in Bay Area



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- SFGH RAPID Program established in 2013
- Launched citywide RAPID program in 2015



- Launched RAPID across a number of clinics in 2017

Gaps and Need for a Regional Approach



- HIV response, including RAPID initiatives, in Bay Area has been siloed, with little collaboration across counties
- Lack of coordination has been problematic, especially with high levels of migration
- Data sources to identify gaps and monitor success of RAPID differ across counties
 - Different metrics being used across counties
 - Alameda county surveillance has fewer data points, no dates of ART initiation
 - Limited data on substance use, mental illness, homelessness
- As a result of UCSF CFAR HIV Disparities Symposium (April 2018), a **Regional HIV Working Group** was formed to help plan a coordinated response to address HIV disparities
 - Identified gaps in early linkage and ART initiation as key area requiring a regional approach

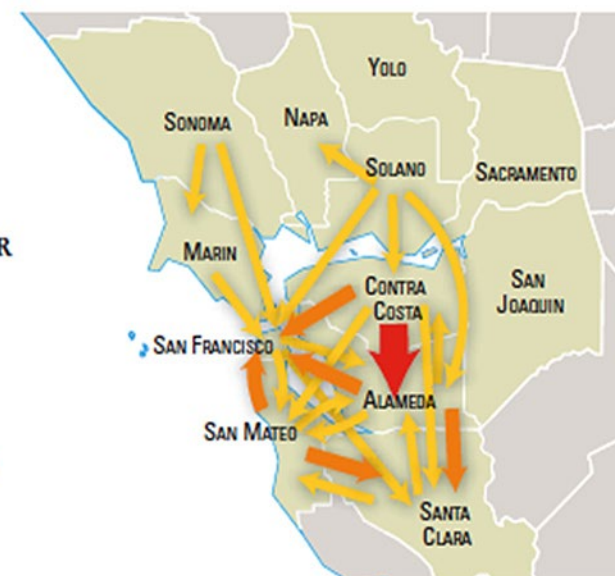
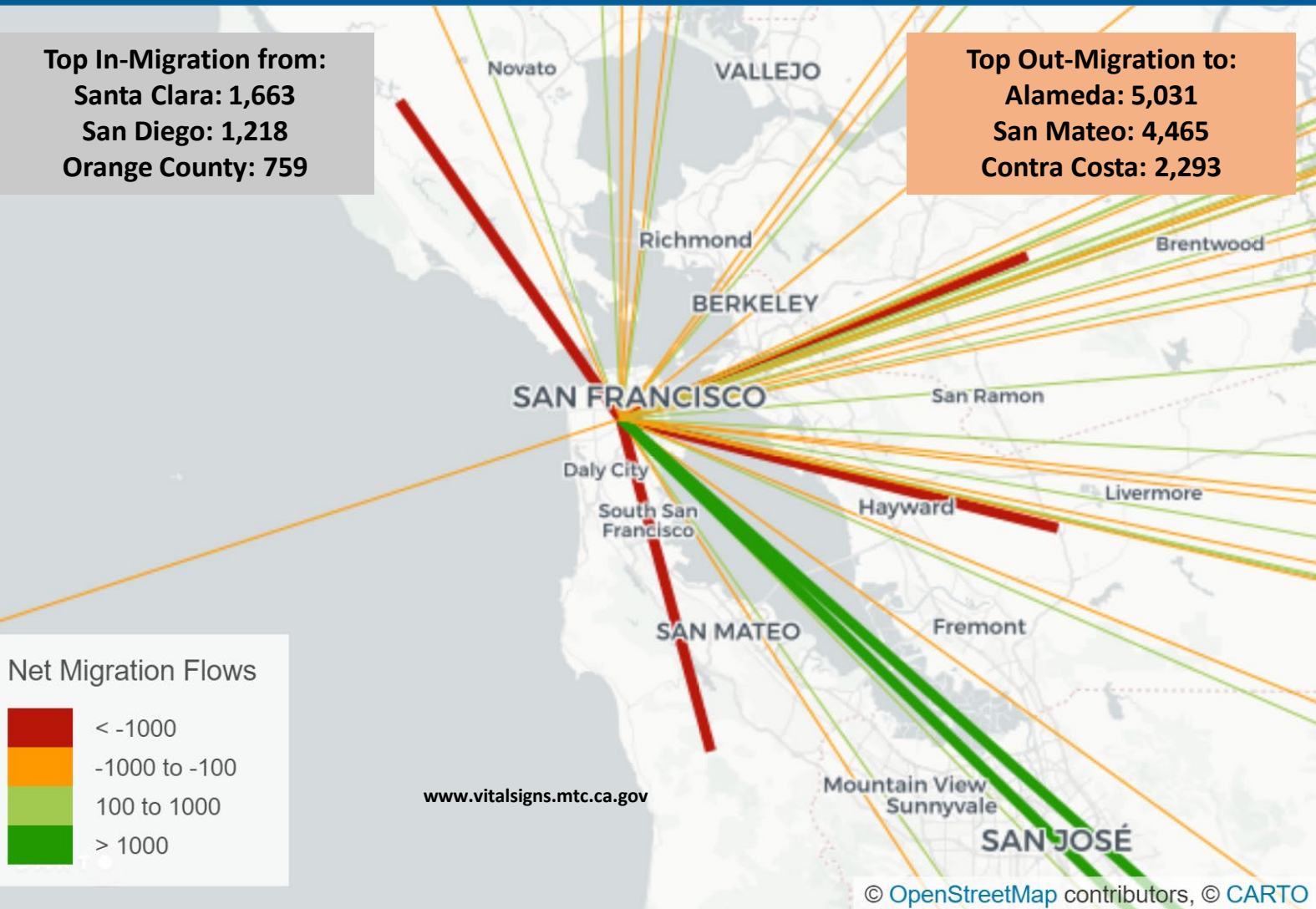
High Level of Migration in Bay Area



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Top In-Migration from:
Santa Clara: 1,663
San Diego: 1,218
Orange County: 759

Top Out-Migration to:
Alameda: 5,031
San Mateo: 4,465
Contra Costa: 2,293



BAY AREA COMMUTER FLOWS
Number of daily journey made between counties for the purposes of work 2010 projected

- ➔ 100,000 or more
- ➔ 50,000 – 99,999
- ➔ 10,000 – 49,999

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CFAR RAPID Specific Aims



1. Identify gaps in monitoring and implementing rapid linkage and ART initiation in people newly diagnosed with HIV in San Francisco and Alameda counties
2. Conduct stakeholder engagement to elicit provider-, setting-, and policy-level barriers and facilitators to successful implementation of RAPID across the region
3. Identify innovative region-wide implementation strategies to plan for an effectiveness-implementation trial to increase RAPID linkage and ART initiation in the Bay Area

Key Barriers and Challenges



- Mixed buy-in and comfort among some clinic staff
 - Differing philosophies about HIV testing and treatment initiation
- Limited workforce
 - High staff turnover and/or hiring freezes, challenges training new staff
 - Lack of clinical consultation and coordination (particularly evenings and weekends)
 - Lack of expert personnel to conduct insurance and benefits counseling
- Communication challenges and less than ideal warm hand-offs
- Patients experiencing homelessness or unstably housed often lost to follow-up
 - Lack of contact information, no phones
- Limited access to starter packs, getting medications covered
- Lack of real-time data to understand successes and gaps in RAPID delivery
- Retention



CORONAVIRUS (COVID-19)

**COVID-19
pandemic has
presented new
challenges...and
opportunities**

- Shelter in Place across the Bay Area
- Limited access to clinics, lab facilities
- Several Bay Area HIV clinics have adopted telemedicine visits to support clinical care of people living with HIV
- Some clinics have used telephone support to facilitate RAPID linkage and ART initiation
- Model could be useful to address barriers to clinic access (lack of transportation, housing instability, during COVID outbreaks)

Key Facilitators



- RAPID Champions in ED and clinic, including on-site pharmacist
- Motivated HIV linkage navigator team
- External support providing protocols, guidance, training
- Respectful, inclusive communication across RAPID start team members

Evaluating Data Sources and Gaps



Variable	SF Surveillance	AC Surveillance	HIV ACCESS
RAPID metrics			
Date of diagnosis result	.	√	√
Date of disclosure			√
Date referral received			√
Date of intake appointment			√
Date of first medical visit	.		√
Date of ART prescription	.		√
Date of first viral load lab	.		√
Date of first viral load <200	.		√
Time from diagnosis to 1 st medical visit	√		√
Time from referral date to ART			√
Time from intake date to ART			√
Time from 1 st medical visit to ART	√		√
Diagnosis to viral suppression (<200 copies/ml)	√		√
Time from 1 st care visit to viral suppression	√		√
Time from ART prescription to viral suppression	√		√

Variable	SF Surveillance	AC Surveillance	HIV ACCESS
Patient Demographics/Other variables			
DOB/Age	√	√	√
Gender	√	√	
Race	√	√	
Ethnicity	√	√	
Housing Status	√		
Country of birth	√	√	
Educational status		√	
Diagnosis within last 6 months?	.		√
New diagnosis, re-engaging, or transfer			√
Linkage status			√
Transmission: sex with male	√	√	
Transmission: sex with female	√	√	
Transmission: injected nonprescription drugs	√	√	
Transmission: received clotting factor for hemophilia/coagulation disorder	√	√	
Heterosexual relations with IDU	√	√	
Heterosexual relations with bisexual male	√	√	
Heterosexual relations with person with hemophilia	√	√	
Heterosexual relations with transfusion recipient	√	√	
Heterosexual relations with person with documented HIV infection	√	√	



1. City-wide RAPID Protocols



- Provide guidelines on
 - Appropriate patients for RAPID
 - Medical history
 - Lab testing
 - RAPID ART regimens
 - Medication coverage programs
 - Follow-up and retention
 - Patient tracking and quality improvement
 - RAPID restarts

SAN FRANCISCO PROGRAM FOR RAPID ART INITIATION AND LINKAGE TO CARE STANDARD OPERATING PROCEDURES



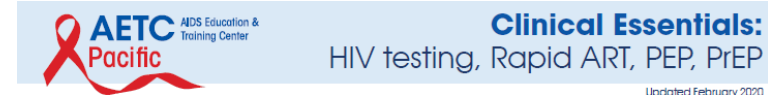
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Positive Health Program
HIV/AIDS Division of SFPH



V4: 06 March 2020



Clinical Essentials: HIV testing, Rapid ART, PEP, PrEP

Updated February 2020

▶ HIV testing

■ How should I test for HIV?

Test everyone ages 13+!
CDC guidelines: test everyone ages 13-64.
Use ICD-10 code Z11.4.

• Order this lab for most people:
HIV 4th gen antigen-antibody test

For recent risk of exposure in the last month:
HIV RNA PCR test (HIV viral load)

• Offer as a normal part of labs:

"We test everyone's cholesterol, sugars, liver, kidneys, and screen for HIV and hepatitis." Or: "We need to check your cholesterol and sugars again, and since we haven't checked for HIV yet, let's do that. The HIV test is a normal part of health screening for everyone. Sound OK?"

(*Be sure to mention you are ordering an HIV test so the patient is informed and has the chance to opt out.)

■ How do I interpret 4th gen HIV test results?

HIV Ag/Ab non-reactive: negative for HIV (2-3 week window period from exposure)	HIV Ag/Ab reactive & HIV1/2 diff reactive: chronic infection call linkage coordinator, offer rapid ART	HIV Ag only reactive & HIV1/2 neg + RNA detected: acute infection call linkage coordinator, offer rapid ART	HIV Ag/Ab reactive & HIV1/2 neg & RNA neg: negative likely false pos Ab result but if high risk, check HIV2 DNA
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■ How do I disclose a positive result?

1. Call your HIV linkage coordinator as soon as you see the result to coordinate a warm-handoff to HIV care.
2. Call the patient for an in-person visit to discuss lab results. Disclose in-person ideally the same day as the confirmed result, and when not possible, aim to disclose and provide ART within 5 working days.
3. When the patient is sitting, calmly and neutrally let them know. "Your lab results show that you have HIV." Give them a few moments and listen. "Would you be willing to share your thoughts, feelings or questions about this?" Listen, address concerns: "We have really good treatment to help you live as long and healthy as possible. May I introduce you to (your HIV linkage coordinator)? They will help answer questions and connect you with HIV care."

▶ Rapid ART: immediate HIV treatment

Rapid ART increases retention in care and viral load suppression. Disclosure and an ART Rx the same day as confirmed diagnosis is ideal; otherwise aim for within 5 working days. Use ICD-10 code B20 or Z21.

1. **New diagnosis with confirmed labs: contact HIV linkage coordinator ASAP** to schedule disclosure and same-day warm hand-off to HIV intake, readiness counseling, med visit.

2. **Obtain baseline labs as soon as possible:** if not done before first HIV visit, can be done the same day the ART Rx is written.

Baseline labs (priority): HIV 4th gen II only rapid test result; HIV RNA PCR viral load, HIV genotype, CD4 (lymphocyte panel 4), CBC, CMP, hep B sAg/sAb/cAb, hep C Ab/wireless, UA, GGT (exposed sites), RPR. Lower priority: HLA B57:01, hep A Ab, QFT TB, non-lasting IgGs, HgA1C, VZV IgG, toxo IgG.

3. **Perform a brief, targeted medical history and exam:** check for previous ART, PrEP, PEP use, sexual and drug exposures, comorbidities, meds, allergies, opportunistic illness symptoms.

4. **Offer an ART prescription:** choose one of preferred regimens:

Truvada® (300 mg tenofovir DF/200 mg emtricitabine) or Descovy® + Tivicay® (50 mg dolutegravir), 1 pill each PO daily

Or Biktarvy® (bictegravir/tenofovir/emtricitabine) 1 pill PO daily

Or Symtuza® (daranunavir/cobicistat/emtricitabine/tenofovir AF) 1 pill PO daily

Or for people with high pregnancy potential, use: Isentress® + Truvada®: Raltegravir 400 mg PO BID + 300 mg tenofovir/200 mg emtricitabine PO daily

Follow-up labs and meds in 5-7 days.

▶ PEP: HIV Post-Exposure Prophylaxis

PEP should be started within 72 hours of exposure; the sooner, the better. Use ICD-10 billing code Z20.6.

1. **Assess risk for HIV.** High risk—offer PEP: condomless receptive anal or vaginal sex, sharing needles. Consider PEP for: condomless insertive anal or vaginal sex.

2. **Screen for acute HIV infection:** Symptoms include a high fever, flu-like or mono-like sx's, rash, sore throat. Order HIV viral load.

3. **Order labs:** rapid HIV test if available, serum 4th gen HIV test, HIV viral load, hep C Ab, hep B sAg, CMP, STI tests, ureap if applicable.

4. **If appropriate, prescribe 28-days of PEP.** No need to wait for lab results. Preferred regimens include:

Truvada® (300 mg tenofovir DF/200 mg emtricitabine) + Tivicay® (50 mg dolutegravir), 1 pill each PO daily

Or Biktarvy® (bictegravir/tenofovir/emtricitabine) 1 pill PO daily

Or for those with high pregnancy potential, use the Isentress®+Truvada® regimen listed above (click on med name for drug assistance programs)

5. **Repeat HIV 4th gen test in 6 and 12 weeks.**

6. **Offer PrEP after 28-day course of PEP is complete.**

www.Ebgtz.org/resources; www.gettingtozerosf.org/rapid-committee/

Author: Sophy Z. Wong, MD, Clinical Director of Practice Transformation, Pacific AETC; Medical Director, HIV ACCESS and Bay Area AETC; Associate Clinical Professor of Medicine, UCSF. PrEP Co-author: Henry Ray, MD, MPH. Contributors: Sarah Lubega, MD, Carolyn Chu, MD, Monica Harris, MD. This project was supported by funds received from the State of California, Department of Public Health, Office of AIDS. This project was also supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #5 U49CE000292, Regional AIDS Education and Training Centers. This information is content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsement be inferred by HRSA, HHS, or the U.S. Government.

2. Single points of contact

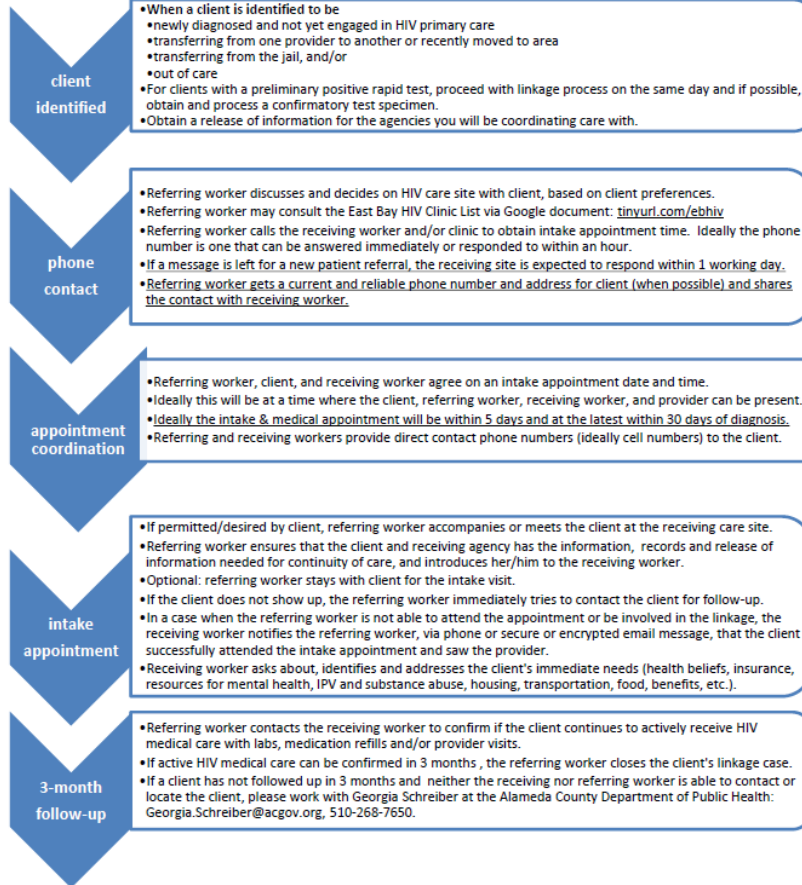
SF HIV RAPID OPTIONS
 A guide to clinics and providers who can offer same- or next-day appointments for newly diagnosed HIV+ patients

The Rapid ART Program Initiative for New HIV Diagnoses (RAPID) is a city-wide effort to offer HIV medication to everyone within 0-5 days of HIV diagnosis regardless of insurance status.

Clinic	RAPID Contact	Insurance Info/Eligibility Requirements
Public Clinics (Medi-Cal, Medicare, VA coverage, and Uninsured)		
Ward 86 San Francisco General Hospital 995 Potrero Ave Building 80, Floor 6	Page PHAST/RAPID team at 415-443-3892 Clinical staff can leave after hours voicemail at 415-206-2460	<ul style="list-style-type: none"> Medi-Cal: SF Health Plan (23421) Medicare Healthy San Francisco Uninsured can enroll for ADAP or Medi-Cal
Family Health Center (FHC) San Francisco General Hospital 995 Potrero Ave Building 80, Various floors	Page PHAST/RAPID team at 415-443-3892. The first appointment at W86 or FHC with ongoing care at FHC.	<ul style="list-style-type: none"> Medi-Cal: SF Health Plan (21044) Medicare Healthy San Francisco Uninsured can in enroll in ADAP or Medi-Cal
Castro Mission Health Center San Francisco General Hospital 995 Potrero Building 80, Floor 1 (Temporary Location)	Dr. Joanna Eveland, Medical Director Ricardo Duarte, Nurse Manager 624-217-5700 Clinical staff can contact 628-217-7531 for urgent matters	<ul style="list-style-type: none"> Medi-Cal: SF Health Plan (21041) Medicare Healthy San Francisco Uninsured can in enroll in ADAP or Medi-Cal
Southeast Health Center 2401 Keith St	Gwen Smith 415-671-7057	<ul style="list-style-type: none"> Medi-Cal: SF Health Plan (21056) Healthy San Francisco Uninsured (income less than \$17,237/yr)
Larkin Street Youth Services 134 Golden Gate Ave	Eva Kersey 415-393-5346	<ul style="list-style-type: none"> Age 12-24, low income, SF resident Medi-Cal: SF Health Plan (22096) Healthy San Francisco Uninsured (income less than \$17,237/yr)
San Francisco City Clinic Early Care Clinic 356 7th St	Andy Scheer, MSW 415-487-5511	<ul style="list-style-type: none"> Uninsured or currently not in HIV care, must be a SF resident Uninsured
SF VA Medical Center 4150 Clement St Building 203, Ward 1B	Elda Kong, NP 415-221-4810 (x23942) Mai Vu, PharmD 415-221-4810 (x24793)	<ul style="list-style-type: none"> Active or eligible for VA health coverage. For more eligibility info: https://www.sanfrancisco.va.gov/patients/eliqib/itlv
Community Clinics (Medi-Cal, Medicare, Covered CA, and Private Insurance)		
UCSF 360 Wellness Center and Women's HIV Clinic 350 Parnassus Ave Floor 9, Suit 908	RN Line 415-353-2535	<ul style="list-style-type: none"> Medi-Cal: SF Health Plan (24102) & Anthem Blue Cross (H2E087) Medicare & many private insurance plans Covered CA: Blue Shield of CA
San Francisco Community Health Center (formerly API) 726 Polk St, Fl 4 1800 Market St, Suit 401	Call 415-292-3420 (x716) and ask for RAPID visit for new HIV diagnosis	<ul style="list-style-type: none"> Medi-Cal: SF Health Plan (25353) Medicare and some private insurance plans Uninsured (on sliding scale) ADAP enrollment
Health Right 360 Integrated Care Center 1563 Mission St	Mike Wilk, Program Manager 415-969-6530	<ul style="list-style-type: none"> Medi-Cal: Medi-Cal: SF Health Plan (22677) & Anthem Blue Cross (XX4) Medicare Healthy San Francisco
Mission Neighborhood Health Center—Clinica Esperanza 240 Shotwell St	Robert Maldonado Recruitment and Retention Coordinator 415-552-1013 (x2234)	<ul style="list-style-type: none"> Eligibility documents expected on first visit Medi-Cal: SF Health Plan (21047) and Anthem Blue Cross (XK1000) Medicare and some private insurance plans Healthy SF and uninsured (on sliding scale) Covered CA: Blue Shield, Health Net



Warm Hand-off and Retention Protocols



- Single points of contact for RAPID allow for expedited warm hand-offs
- Warm hand-off protocols facilitate same day referrals

3. Provider Education and Support

- **RAPID public health detailing** performed by MDs or NPs who visit clinics and provide education, guidance, and capacity building assistance for implementing RAPID
- New **provider “detailing” brochure** includes:
 - RAPID outcome data
 - U=U messaging
 - Updated ART recommendations
- Monthly **RAPID/PrEP case conference** to discuss cutting edge RAPID issues
- Proposal to support **on-call clinical consultation** evenings and weekends

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Rapid ART:

Immediate ART initiation upon HIV diagnosis

Immediate ART initiation:¹²

» Gets more people on treatment, and sooner, than waiting to start ART.



» Decreases the median time to virologic suppression by removing obstacles to care.



San Francisco citywide RAPID initiative (2013-2017):¹

- Faster time from HIV diagnosis to first HIV care visit, to ART initiation, and to virologic suppression.
- Faster ART initiation and viral suppression regardless of race/ethnicity, sex/gender, age, and housing status.

TIME TO HIV CARE, ART START, AND HIV SUPPRESSION

Median Days	2013	2014	2015	2016	2017
Diagnosis to 1 st care first	8	7	7	5	4
1 st care first to ART start	27	17	7	1	0
ART to VL <200 c/mL	70	53	50	38	46
Diagnosis to VL <200 c/mL	134	92	77	62	92

San Francisco General Hospital Ward 86 RAPID Program (2013-2017):²

- Highly acceptable to newly-diagnosed persons (98% accepted RAPID)
- Very high rate of viral suppression: 95.8% by 1 year

In San Francisco, RAPID has been implemented in community-based clinics, public health clinics, HMO clinics, hospitals, and private practices.

4. Healing-centered one-stop shops



- Not just focus on biomedical care
- Integrated same-day mental health and substance use services
- Staff training on trauma-informed care

5. TeleRAPID protocol and training (proposed)

- Protocol and training materials
- Guidelines on when TeleRAPID is appropriate vs. in-person/hybrid visit
- Remote enrollment for insurance, ADAP
- Guide for billing telehealth services
- Provide necessary hardware/software for staff and patients (laptop, cellphones, HIPAA-compliant Zoom)



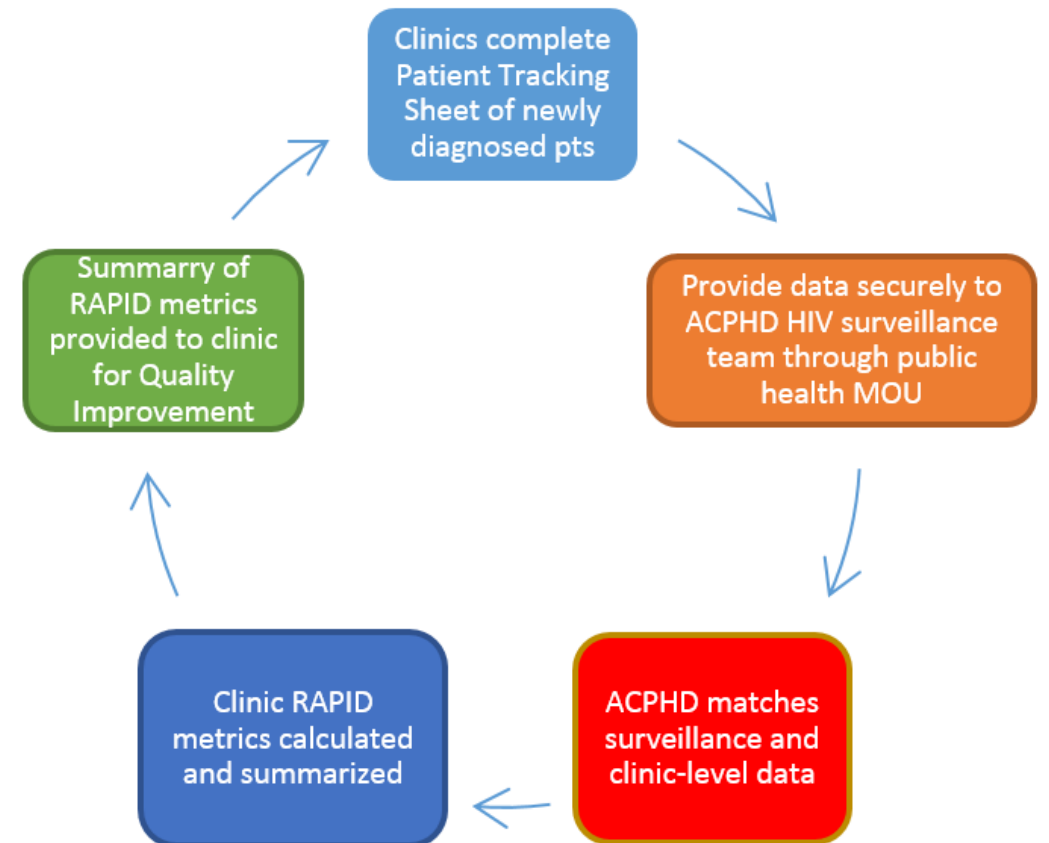
6. Shared RAPID Metrics and Data to RAPID

- We are developing:
 - Shared RAPID metrics for SF and Alameda
 - Pilot protocol for integrating clinic and surveillance data
- Goal is to provide quarterly reports to support clinic QI efforts

Shared RAPID metrics for SF and Alameda

Linkage	% of newly diagnosed individuals linked to care within 5 days
ART initiation	% initiated ART within 1 day of care visit or intake

RAPID Data Sharing for Quality Improvement



RAPID metrics show improvements and areas needing work in SF



Median Days	2013	2014	2015	2016	2017
Diagnosis to Care	9	7	8	6	5
Care to ART	28	21	7	3	1
ART to VL <200 c/mL	79	55	53	48	50
Diagnosis to VL <200	145	106	84	74	76

- Faster time from HIV diagnosis to first HIV care visit, to ART initiation, to viral suppression
- Proportion of newly diagnosed people linked to care within 5 days and started ART within 1 day increased from 2% in 2013 to 28% in 2017
- Trans women, people experiencing homelessness, and persons diagnosed in 2013 had lowest prevalence of RAPID starts

Bacon O et al, CID 2020

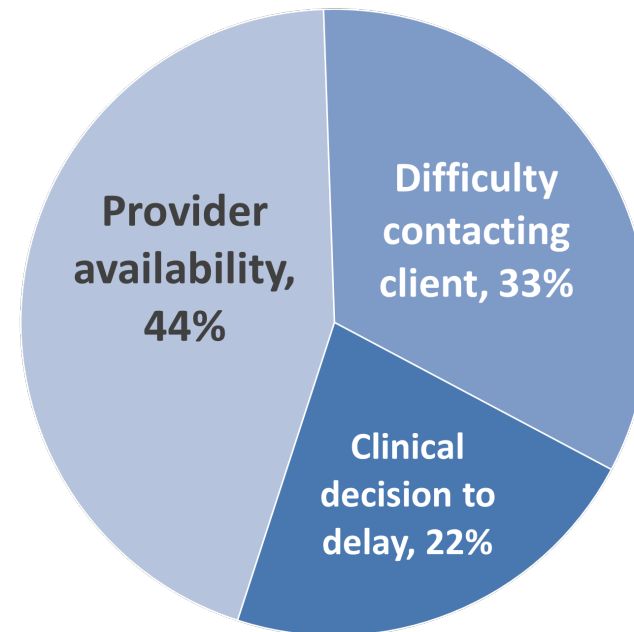
High rates of same-day ART in HIV ACCESS clinics in Alameda County

October 2018 to September 2019 among HIV ACCESS clinics:

- 56 of 65 (86%) newly diagnosed PLWH received ART the same day as intake (the first in-person contact with any member of an HIV ACCESS team)
- No clients declined rapid ART

86%
newly diagnosed
PLWH received
same-day rapid ART

Barriers identified:



Wong S et al, AIDS 2020 abstract

Conclusions



- Early virologic suppression improves individual health outcomes and reduces onward HIV transmission.
- Key barriers identified include limited acceptability, limited workforce, resource restrictions, and social determinants of health
- Key facilitators include RAPID champions, motivated linkage staff, and respectful inclusive communication
- A regional approach to RAPID implementation is needed in areas with high mobility and migration
- Our implementation strategies include shared RAPID protocols, single points of contact, provider detailing and education, TeleRAPID, and data to RAPID initiatives

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