

Quality Improvement Project: Rapid Start Collaborative

Safere Diawara, Clinical Quality Management Coordinator,
Virginia Department of Health

Camellia Espinal, Quality Management Specialist,
Virginia Department of Health

Ashley Yocum, HIV Services Planner
Virginia Department of Health

Jessica Bedwell, Program Manager

20 Mary Washington Health Care

22

NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Learning Objectives

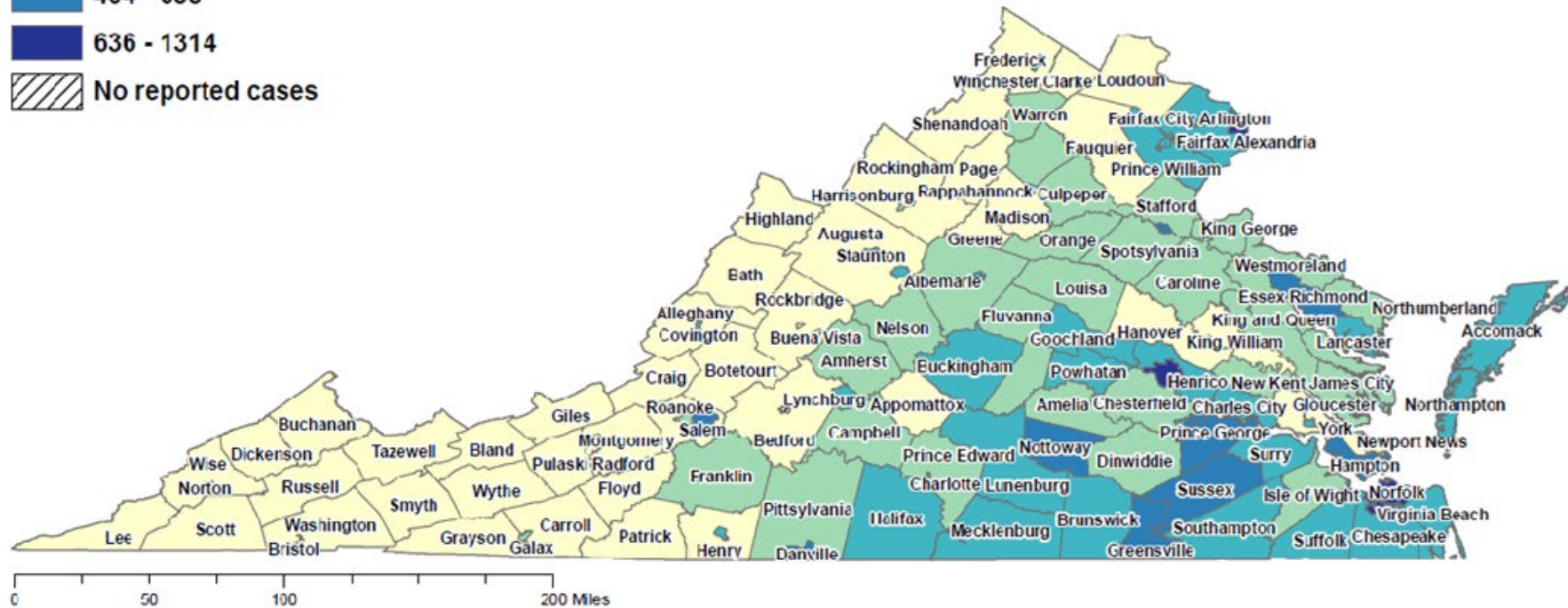
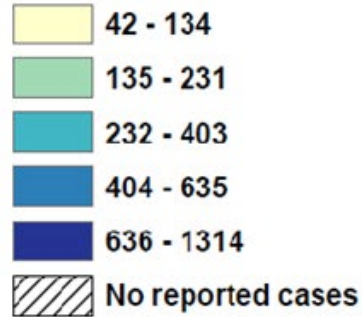
- Describe collaborative efforts between VDH and providers to initiate linkage, engagement, and viral suppression
- Understand rationale for rapid start ART programs
- Identify resources necessary to create a statewide rapid ART program
- Lessons learned during implementation of a rapid start ART program

Overview of Virginia

- Virginia receives Ryan White Part B (RWPB) funding annually from the Health Resources and Services Administration (HRSA).
- The Virginia RWPB Program provides funding for HIV health care and support services for individuals who meet Virginia's RWB client eligibility criteria:
 - A major part of Virginia's Part B grant funding is for the AIDS Drug Assistance Program (ADAP) to provide medications for low-income, uninsured or under-insured individuals with HIV/AIDS.
 - The remaining funds provide HIV care services, with a focus to deliver core medical and support

Persons Living with HIV in Virginia as of December 31, 2020

Rate per 100,000 population



Data reported to the Virginia Department of Health as of October 2021

Rates for case counts <12 are considered unstable and should be interpreted with caution

WHY Rapid Start?

- Rapid initiation of antiretroviral treatment (ART) for HIV or “**Rapid Start**”
 - ART is started immediately
 - Decrease time for linkage to care
 - Decrease time from diagnosis to viral suppression
 - Reduce the risk of HIV transmission
 - Improve viral suppression rates among persons with HIV
(Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV)
- Aligns with “Ending the HIV epidemic: A Plan for America
- VDH initiated Pilot Project

Rapid Start Readiness Assessment

Process:

- Assessment survey implemented
- Response period: May 18 – June 26, 2020
- Survey responses collected via REDCap Survey
- 25 questions
- 42 individual responses; 38 organizations

Objectives:

- Assess currently funded DDP sites' readiness for Rapid Start
- Examine current knowledge, attitudes and practices
- Identify sites' interest and ability to adopt Rapid Start
- Identify current implementation stage
- Identify training and technical assistance needs

Summary

- Organizations want to do Rapid Start, but need help on how to
 - 91% of respondents agree that their organization should do Rapid Start
 - 38% of those organizations - above have poor/fair knowledge about how to make it happen
- Most organizations have not made plans to do Rapid Start
 - 13% are in the early stage/full implementation phase
 - 13% are making plans to implement in the next 6 months
 - **74% of organizations are not yet planning Rapid ART**

Virginia Rapid Start Collaborative Sites

Rapid Start Sites:

Central:

- Capital Area Health Network (CAHN) - Richmond
- CrossOver Health - Richmond
- Daily Planet - Richmond
- Nationz Foundation - Richmond

Eastern:

- LGBT Life Center - Norfolk

Northern:

- Inova Juniper - Fairfax
- Neighborhood Health - Alexandria
- NovaSalud - Falls Church
- Virginia Health Options (VHO) - Fairfax

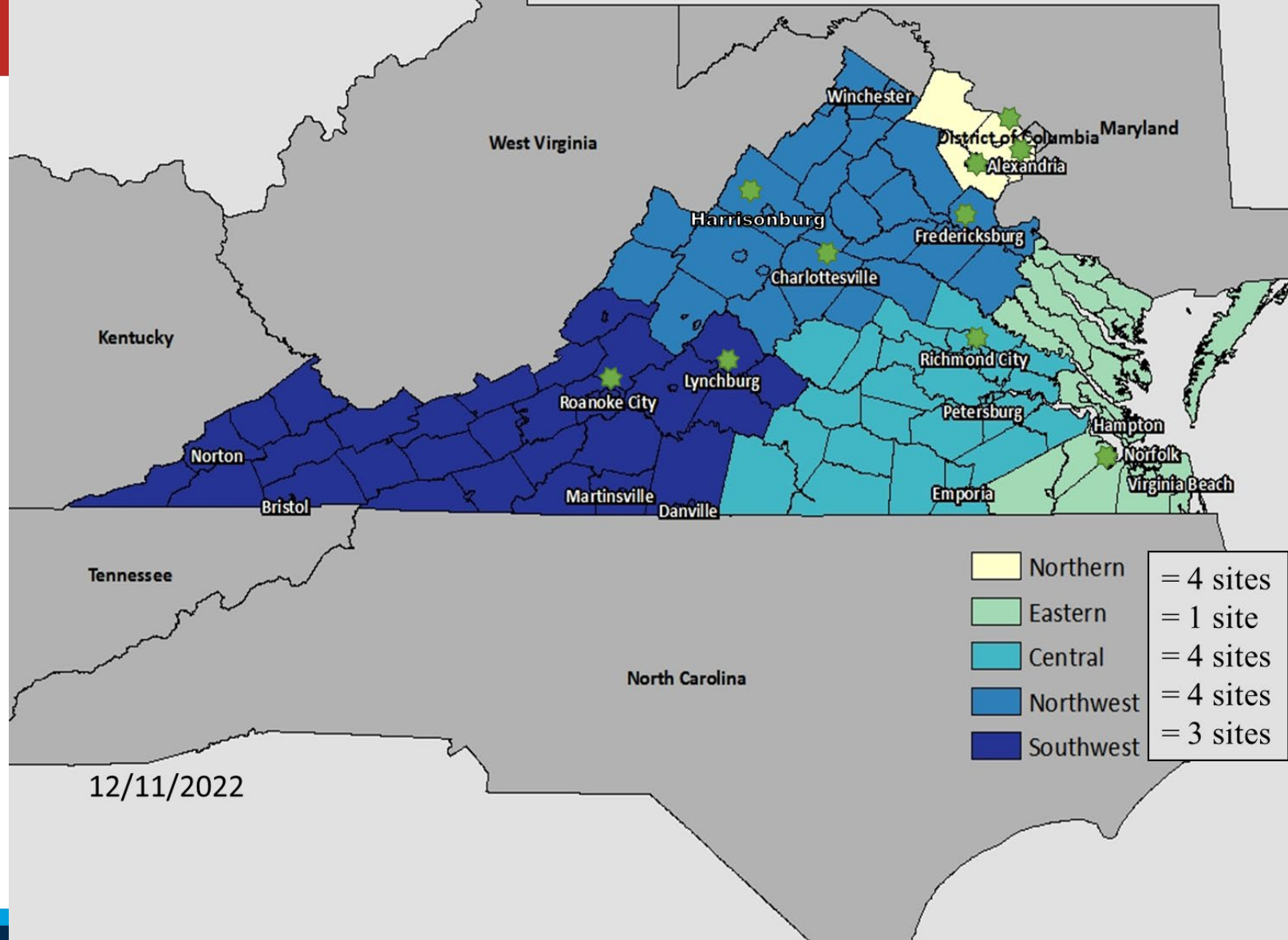
Northwest:

- Fredericksburg Area Health and Support Services (FAHASS) - Fredericksburg
- Healthy Community Health Center (HCHC) - Harrisonburg
- Mary Washington Healthcare – Fredericksburg
- University of Virginia (UVA) - Charlottesville

Southwest:

- Carilion - Roanoke
- Council of Community Services (CCS) - Roanoke
- Community Access Network (CAN) - Lynchburg

Virginia Rapid Start Collaborative Sites (16)



12/11/2022

Goals of the Virginia Cross-Site Initiative

- **Primary Goal:**
 - Improve **access to** and **retention in high quality**, competent HIV care and services
 - **Initiate HIV treatment** - ART within 1-14 days of diagnosis
- **Benefits:**
 - Decreasing the time to achieve viral suppression
 - Reducing the potential of HIV transmission to others
 - Improving rates of early engagement and potential long-term retention in care.

Rapid Start Process

- Standard policy and procedures adapted from DC
- Each agency adapts the standard policy and procedures to their Rapid Start program
- Relationship building between pharmaceutical companies and agencies
- Rapid Eligibility Determination process to expedite applications for Virginia's Medication Assistance Program
- Collaborative Learning Model

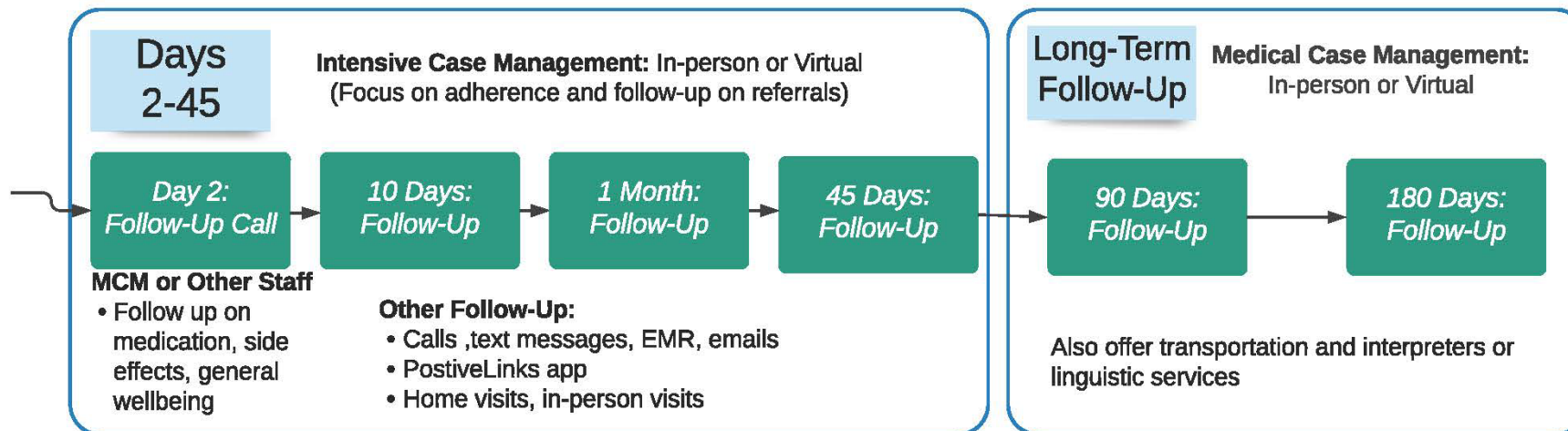
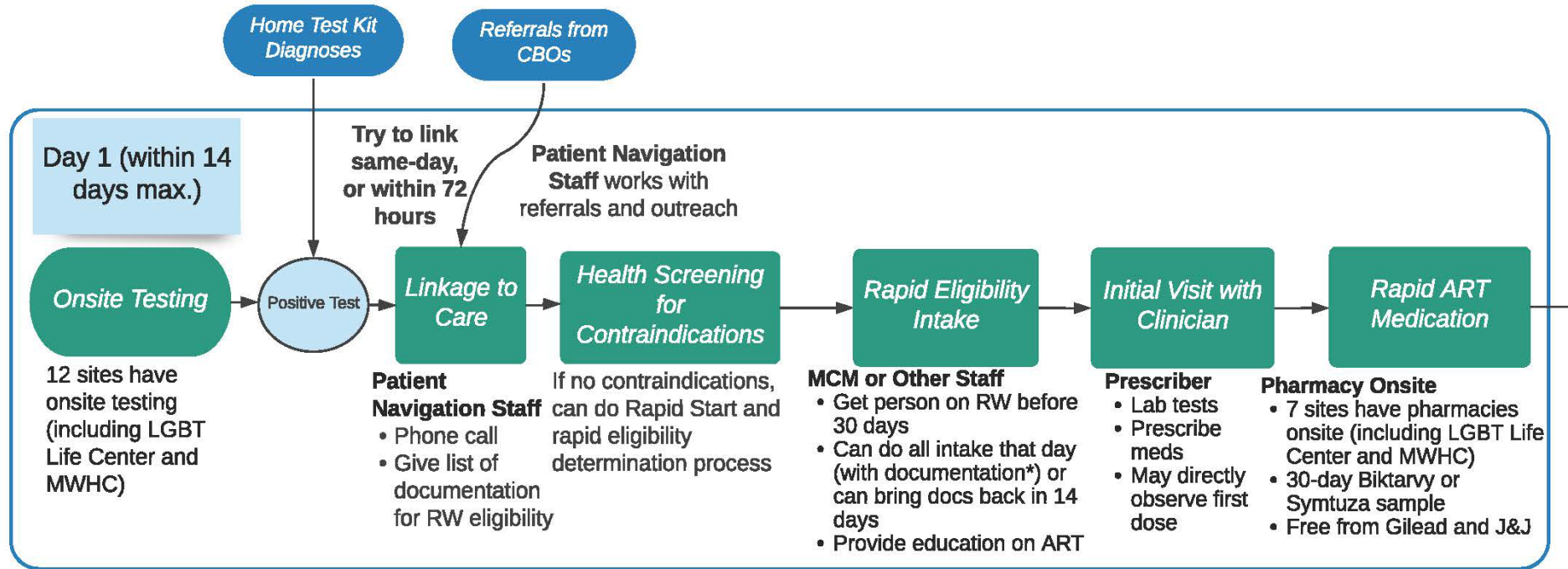
Interventions

Intervention Aim:

- Link newly-diagnosed/re-engaging patients to HIV care within 1-14 days of HIV diagnosis
 - Requirements for re-engaging clients = $CD4 \leq 200$ and no contraindications.
- Same day/Rapid Access to HIV provider, labs, and ART
- Accelerated eligibility determination and approval process for RWHAPB, Medicaid, or other insurance programs

Virginia Dept. of Health: Process Map (May Vary by Site)

HRSA HAB Rapid ART
Dissemination Assistance Provider



Rapid Start Funding

- Year 1: Virginia state funds
- Year 2: Hybrid of state funds and RWPB pharmaceutical rebates
- Year 3: RWPB Pharmaceutical rebates
- Going Forward: Expansion into the entire Virginia Ryan White Part B program

Rapid Start Funded Services and Activities

- Clinical Services
- Medical Transportation
- Medical and Non-Medical Case Management Services
- Rapid Start Services Educational Materials
- Linguistic services

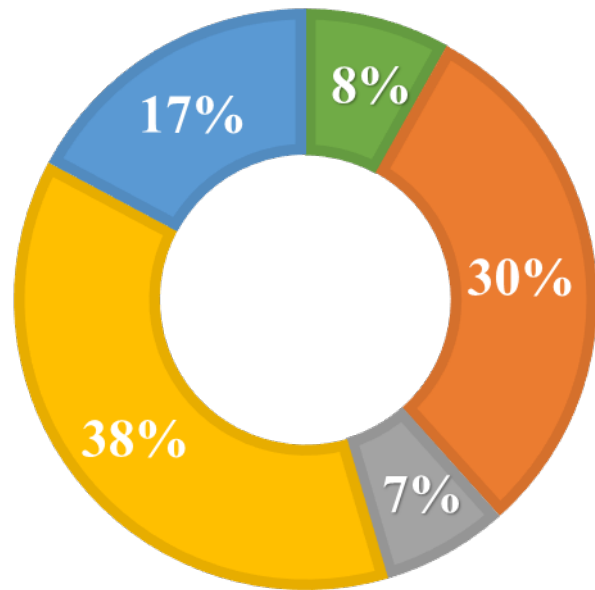
Rapid Start Data Collection

- Rapid Start client demographics (Age, Gender, Geographic Region)
- Percentage of **new HIV diagnoses & re-engaging in care**
- Percentage persons with HIV who are **prescribed ART** within seven days
- The **median number of days** from diagnosis to initiation of ART
- Percentage of persons with HIV **achieving Viral Load Suppression** at last viral load test by 30 and 60 days after initiation of ART

Rapid Start Demographic Data (July 1, 2020 – June 7, 2022)

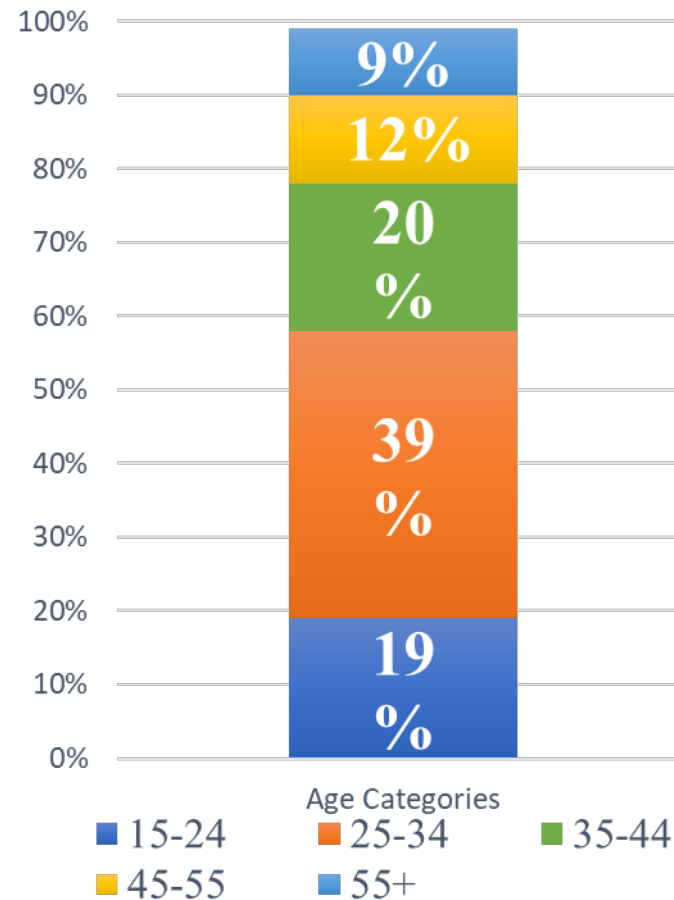
Total Number of Clients Served: 269 - 1

Regional Distribution



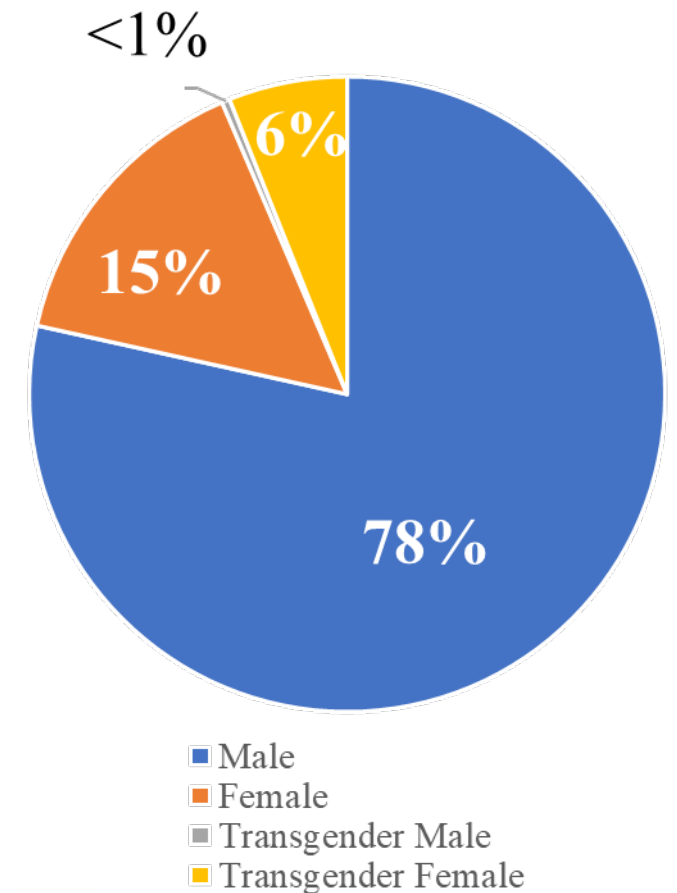
- Central
- Eastern
- Northern
- Northwest
- Southwest

Age of Rapid Start Participants



- Age Categories
- 15-24
 - 25-34
 - 35-44
 - 45-55
 - 55+

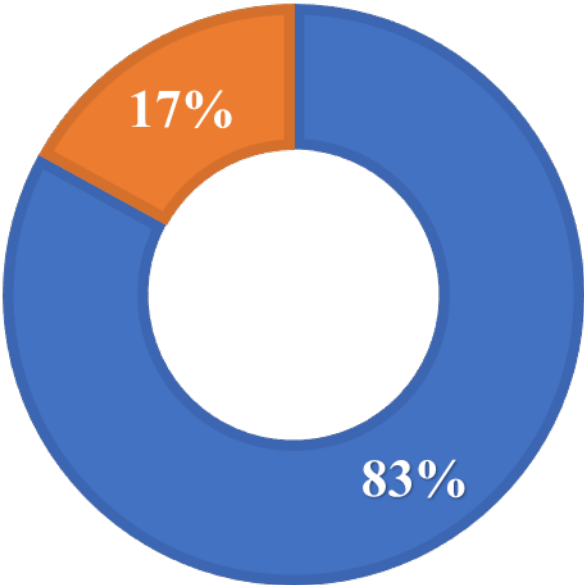
Current Gender of Rapid Start Participants



- Male
- Female
- Transgender Male
- Transgender Female

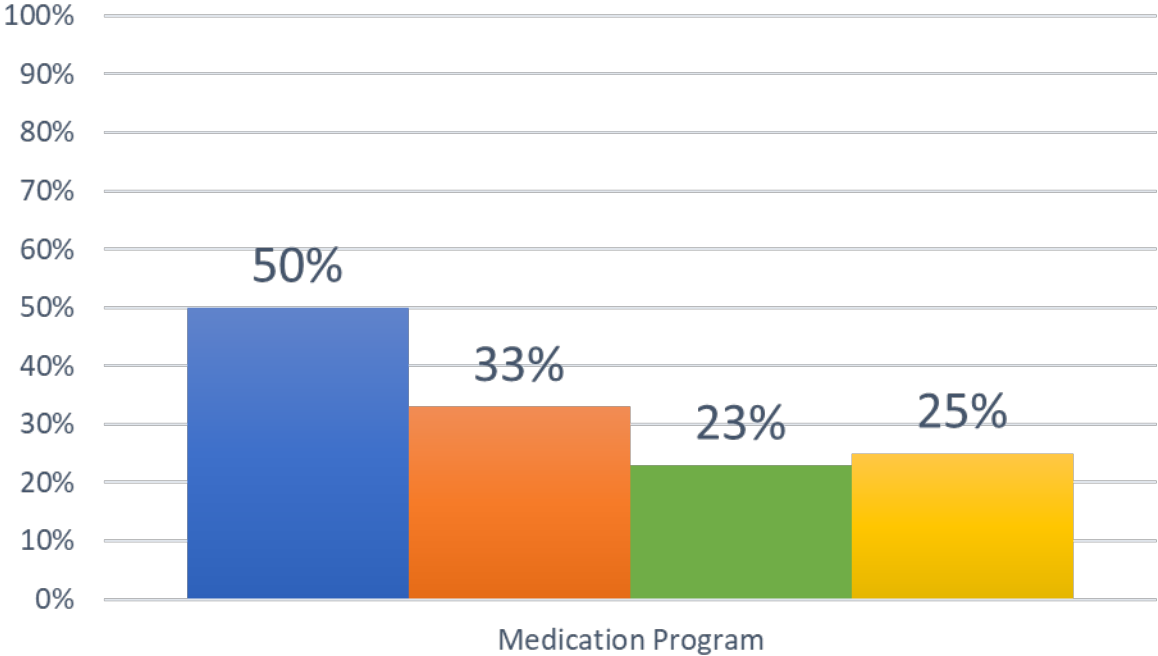
Rapid Start Results Data (July 1, 2020 – June 7, 2022)
Total Number of Clients Served: 269 - 2

Rapid Start Client Type



- Newly Diagnosed Clients
- Clients Re-Engaging in Care

Medication Program Eligible For

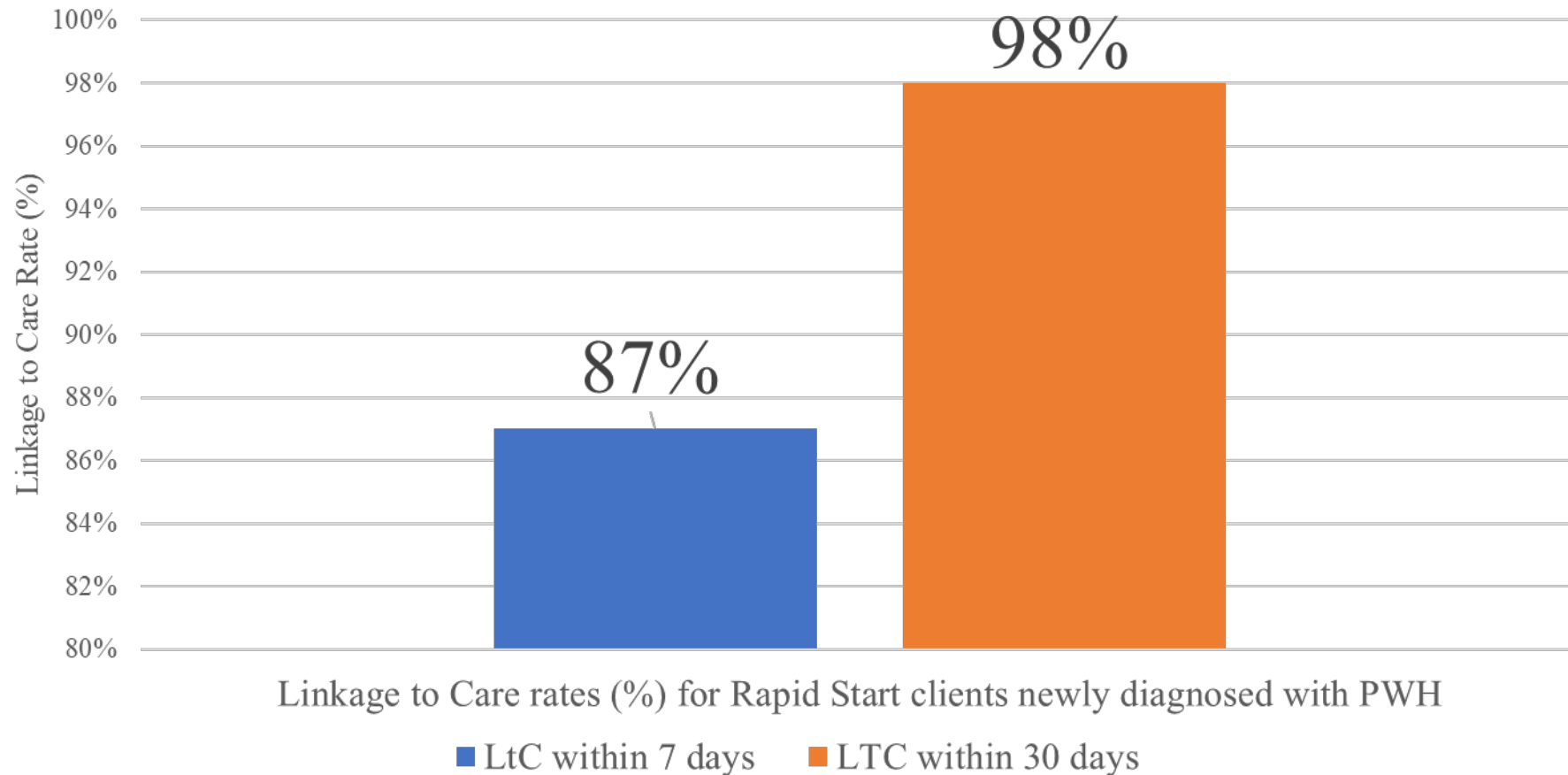


- Ryan White Part B
- Medicaid
- Other Insurance Program (Medicare, Employer Insurance)
- Missing Data

Rapid Start Results Data (July 1, 2020 – June 7, 2022)

Total Number of Clients Served: 269 - 3

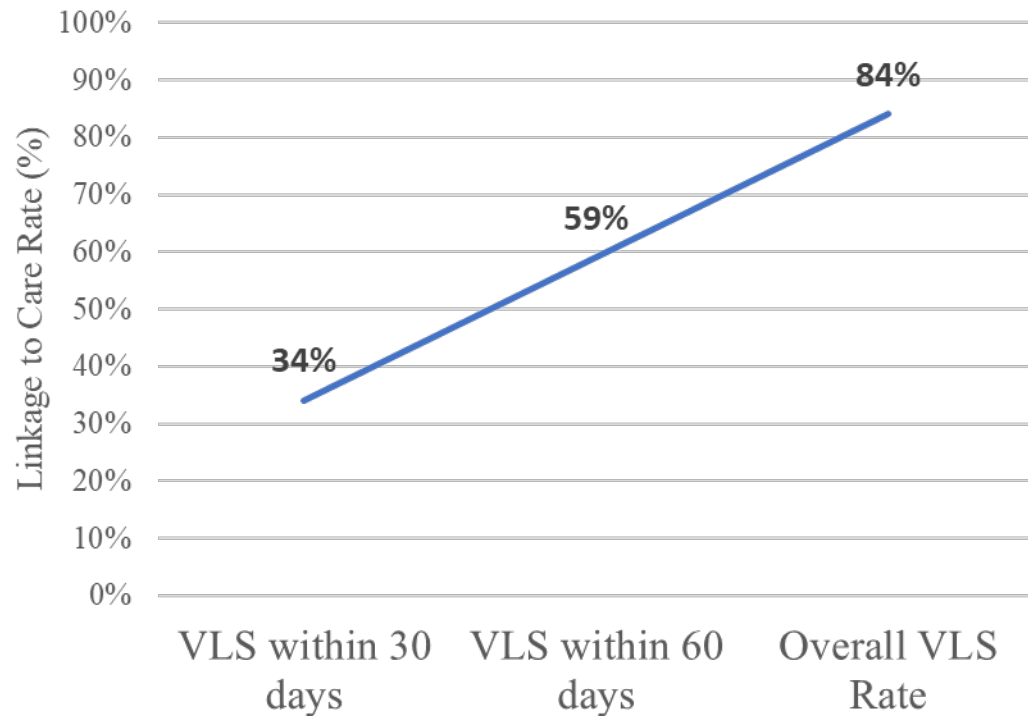
Linkage to Care Rates in Days for Rapid Start



Rapid Start Results Data (July 1, 2020 – June 7, 2022)

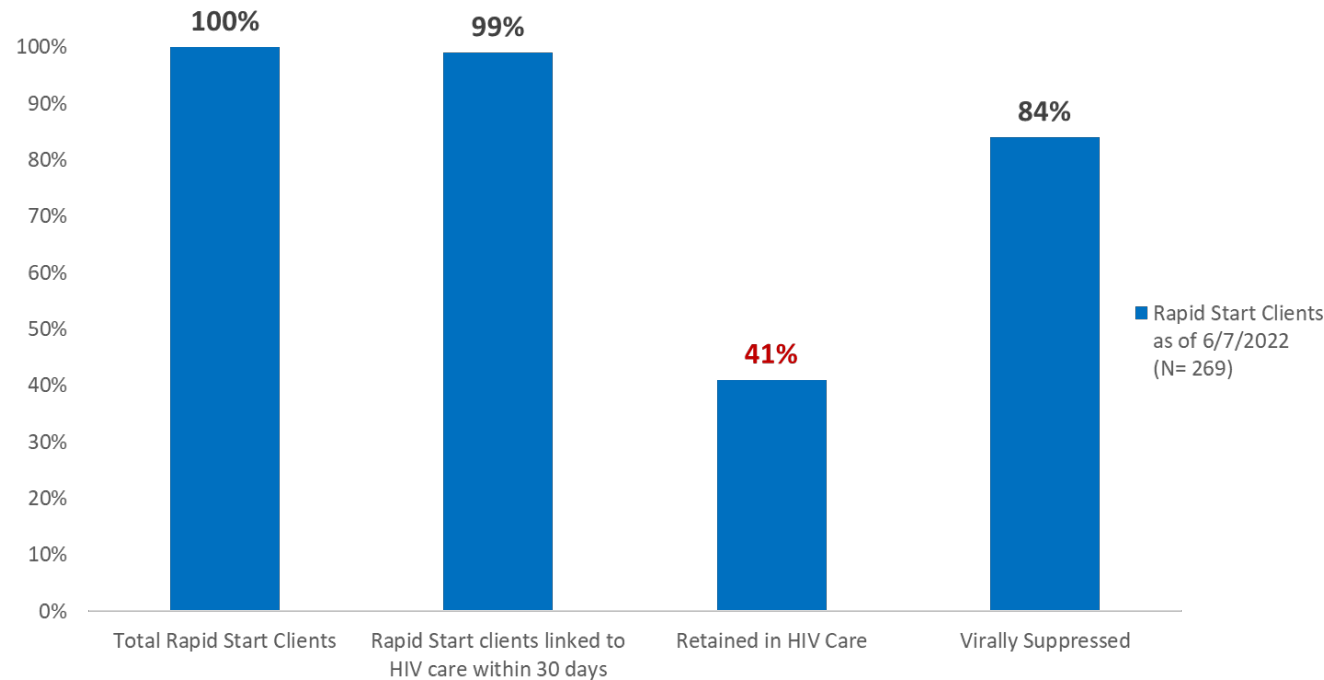
Total Number of Clients Served: 269 - 4

Viral Load Suppression Rates for Rapid Start Clients



VLS	Linkage to Care rates (%) for Rapid Start clients newly diagnosed with PWH
VLS within 30 days	34%
VLS within 60 days	59%
Overall VLS Rate	84%

Rapid Start HIV Continuum of Care (July 1, 2020 – June 7, 2022)

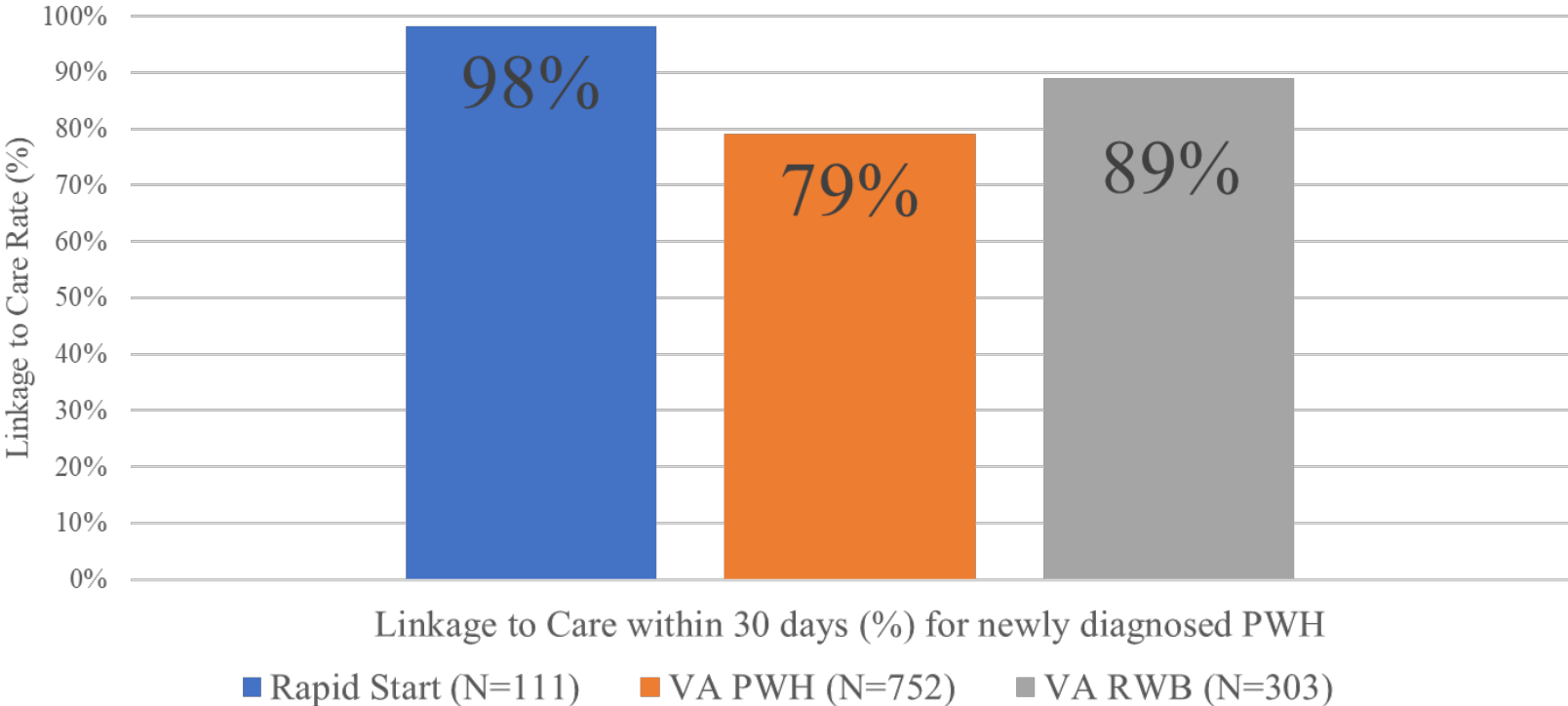


Type	Rapid Start Clients as of 6/7/2022 (N= 269)
Total Rapid Start Clients	100%
Rapid Start clients linked to HIV care within 30 days	99%
Retained in HIV Care	41%
Virally Suppressed	84%

Comparison of Rapid Start Year One Data

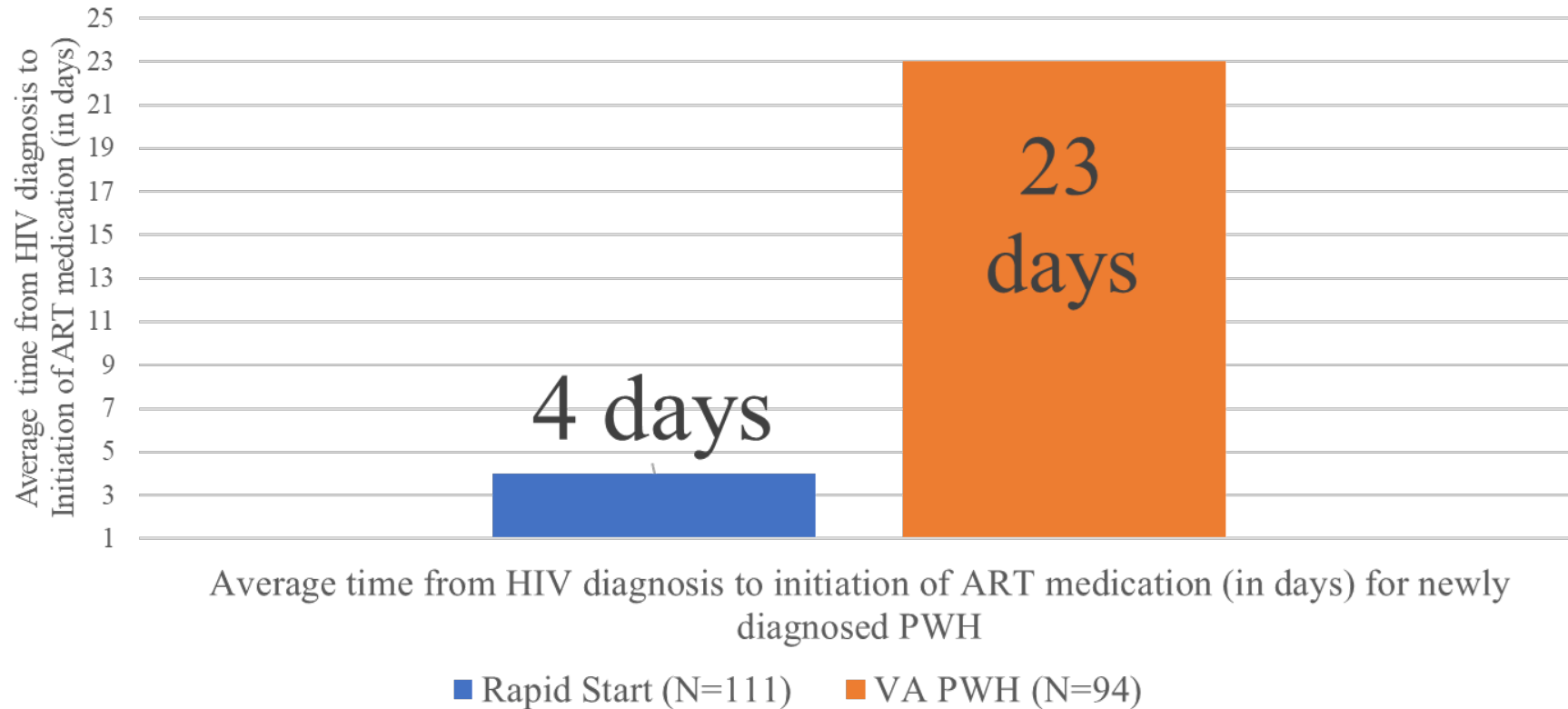
Rapid Start Linkage Rates for Year 1 (July 1, 2020 – June 30, 2021)

Linkage to Care rates between Rapid Start clients, VA PWH, and VA RWB clients



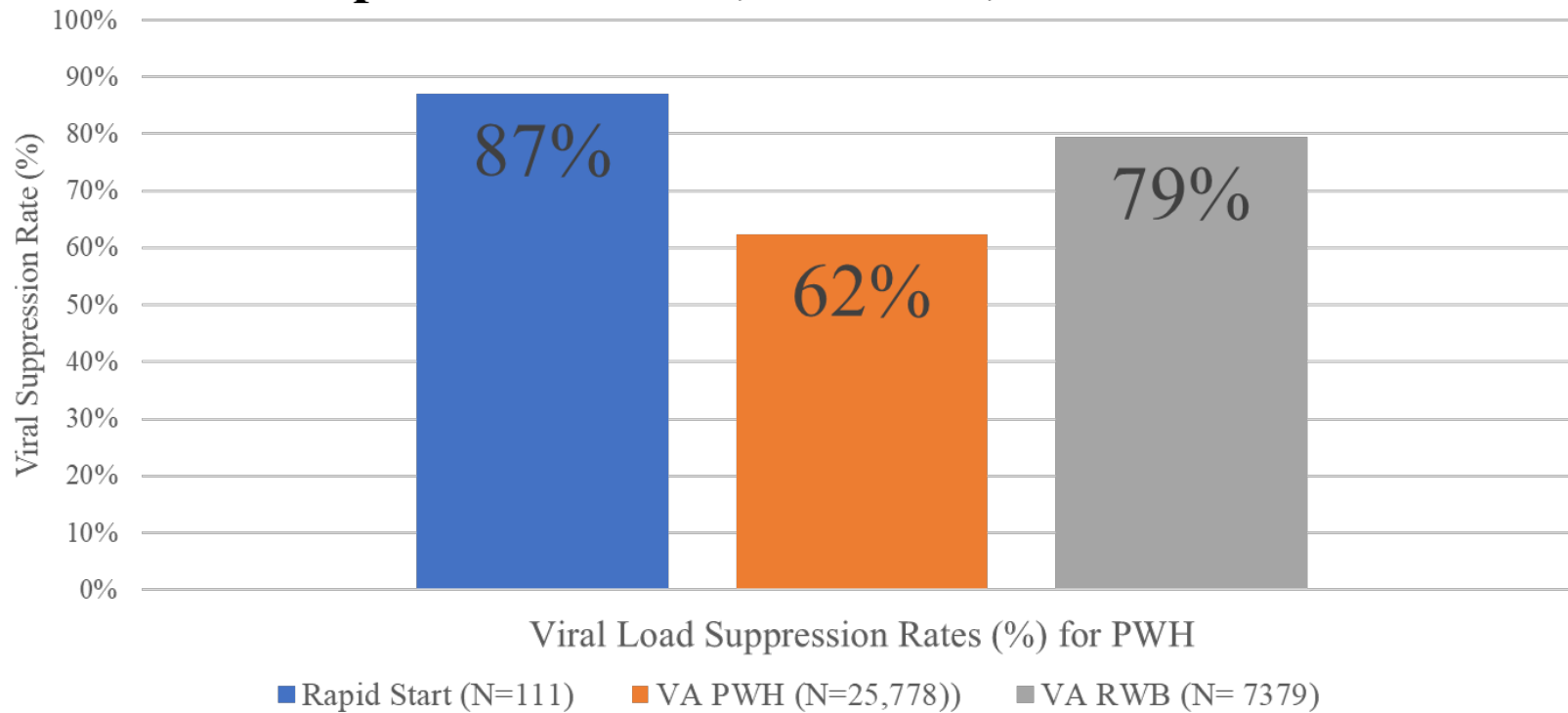
Rapid Start Average Time of ART Initiation for Year 1 (July 1, 2020 – June 30, 2021)

Average time from HIV diagnosis to initiation of ART medication (in days) for newly diagnosed PWH



Rapid Start Viral Load Suppression Rates for Year 1 (July 1, 2020 – June 30, 2021)

Viral Load Suppression rates among Rapid Start clients, VA PWH, and VA RWB clients



Lessons Learned

- Review data frequently
- Interdisciplinary collaboration
- Learning Collaborative Model
- Technical Assistance Available
- Be flexible in approach
- Secure funding
- Share success and challenges

Best Practices Recognition

HRSA Best Practices Site Visit

- Cicatelli Associates Inc. - CAI and Mission Analytics under HRSA guidance
 - Occurred in August 2021
- Virginia has two sites represented
 - Mary Washington Health Center
 - LGBT Life Center
- Created a high-level process map describing Virginia's Rapid ART workflow.

Best Practices Recognition continued

NACCHO RWHAP Rapid ART Jurisdictional Playbook

- NACCHO and Cicatelli Associates Inc
 - Interviewed in May 2022
- Guide health departments and other jurisdictions in policies and processes to establish a Rapid ART program.
- Include resources and tools, guidance documents, sample standards of practice, model language, checklists, and details on best practices and lessons learned.

Killelea Consulting

- Role of ADAP in the Virginia Rapid Start initiative, particularly around the provision of medications.

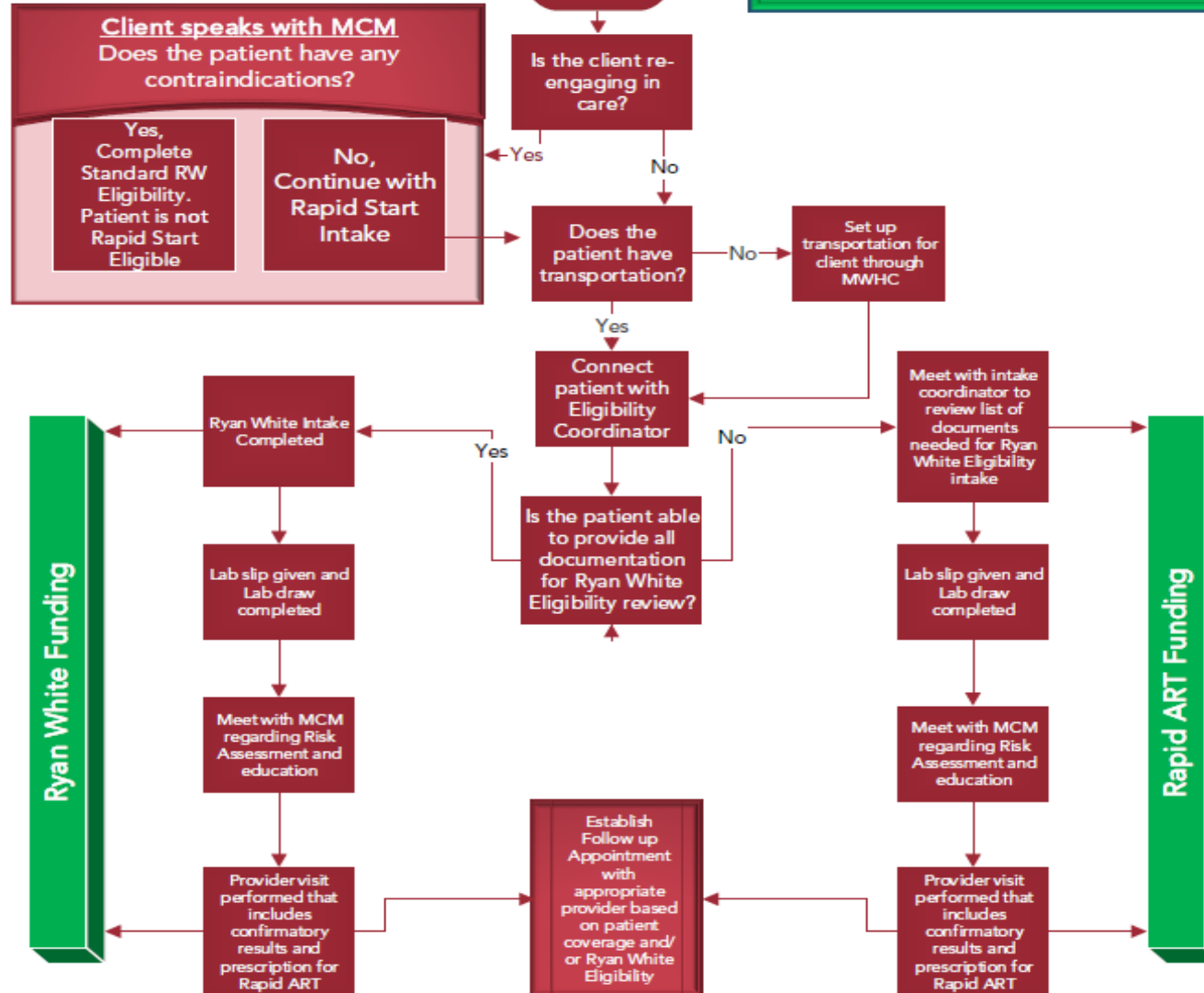
Rapid Start Provider Best Practices

Sample Process Map from MWHC Rapid Start Pilot Site



Mary Washington Healthcare

Wellness Program Rapid Antiretroviral Procedure



Contact Information



Camellia Espinal
Quality Management Specialist
C.Espinal@vdh.virginia.gov
804-864-7412

Ashley Yocum
HIV Services Planner
Ashley.Yocum@vdh.virginia.gov
804-864-7621

Safere Diawara
Clinical Quality Management
Coordinator
Safere.diawara@vdh.virginia.gov
804-864-8021

Text Description of Virginia Department of Health: Process Map (May Vary by Site) on slide 13

The Virginia Department of Health is a HRSA HAB Rapid ART Dissemination Assistance Provider.

Day 1 (within 14 days max.)

1. Testing:
 - a. Onsite: 12 sited have onsite testing.
 - b. Home test kit diagnosis.
2. Positive Test
3. Linkage to Care:
 - a. Try to link same-day, or within 72 hours
 - b. At this stage there may also be referrals from CBOs
 - i. Patient Navigation Staff works with referrals and outreach
 - c. Patient Navigation staff
 - i. Phone call
 - ii. Give list of documentation for RW eligibility
4. Health Screening for Contraindications
 - a. If no contraindications, can do Rapid Start and rapid eligibility determination process.
5. Rapid Eligibility Intake
 - a. MCM or other staff:
 - i. Get person on RW before 30 days
 - ii. Can do all intake that day, with documentation, or can bring docs back 14 days.
 - iii. Provide education on ART
6. Initial Visit with Clinician
 - a. Prescriber
 - i. Lab tests

- ii. Prescribe medication
- iii. May directly observe first dose

7. Rapid ART Medication

- a. Pharmacy Onsite
- b. Seven sites have pharmacies onsite, including LGBT Life Center and MWHC.
- c. 30-day Biktarvy or Symtuza sample
- d. Free from Gilead and J&J

2. Days 2 to 45

Intensive Case Management: In-person or virtual, focus on adherence and follow-up on referrals.

1. Day 2: Follow-up Call
 - a. MCM or Other Staff
 - i. Follow-up on medication, side effects, general wellbeing
2. 10 Days: Follow-up
3. 1 Month: Follow-up
4. 45 Days: Follow-up

Other follow-up methods:

- Calls, text messages, EMR, emails
- PositiveLinks app
- Home Visits
- In-Person visits

3. Long-Term Follow-up

Medical Case Management: In-person or Virtual

1. 90 Days: Follow-up
2. 180 Days: Follow-up

Also offer transportation and interpreters or linguistic services.

Text description of Mary Washington Healthcare Wellness Program Rapid Antiretroviral Procedure on slide 31.

Rapid Start eligible patients:

- Newly Diagnosed including pregnant women
 - Clients re-engaging in Care
 - These clients must speak with MCM for contraindication screening prior to starting Rapid Start protocol.
1. Contact with MWHC initiated for Rapid ART patient
 2. MWHC is able to speak with the patient
 3. Is the client re-engaging in care?
 - a. Yes, go to number 4.
 - b. No, go to number 5.
 4. Client speaks with MCM. Does the patient have any contraindications?
 - a. Yes, Complete standard RW eligibility. Patient is not Rapid Start Eligible.
 - b. No, continue with Rapid Start Intake, go to number 5.
 5. Does patient have transportation?
 - a. No, set-up transportation for client through MWHC then go to number 6.
 - b. Yes, go to number 6.
 6. Connect patient with Eligibility Coordinator
 7. Is the patient able to provide all documentation for Ryan White Eligibility review.
 - a. Yes, then Ryan White Funding
 - i. Ryan White Intake is completed
 - ii. Lab slip given and lab draw completed
 - iii. Meet with MCM regarding risk assessment and education
 - iv. Provider visit performed that includes confirmatory results and prescription for Rapid ART
 - b. No, then Rapid ART Funding

- i. Meet with intake coordinator to review list of documents needed for Ryan White eligibility intake
 - ii. Lab slip given and lab draw completed
 - iii. Meet with MCM regarding risk assessment and education
 - iv. Provider visit performed that includes confirmatory results and prescription for Rapid ART
8. Establish follow-up appointment with appropriate provider based on patient coverage and/or Ryan White eligibility.