

Ending the HIV Epidemic through Innovations in Rapid ART



Thursday, July 29, 2021 |

**2pm - 3pm ET; 1pm - 2pm CT
12pm - 1pm MT; 11 AM - 12 PT**





Cooperative Agreement Award # U69HA33964

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Who We Are

Strengthen & support implementation of jurisdiction Ending the HIV Epidemic (EHE) Plans to contribute to achievement of reduction in new reported HIV cases by 75% by 2025



Technical Assistance Provider
innovation network

Tip: Get TAP-in TA and Training by Contacting TAP-in@caiglobal.org



TAP-in Partnership Structure



NCS D
National Coalition
of STD Directors



All listed organizations are partners with TAP-in for this webinar

Agenda



Introductions



Why rapid ART is a Standard of Care and Essential to EHE



Rapid ART at Howard Brown Health



Birmingham/1917 Clinic



Las Vegas/Huntridge



Q&A



Objectives

By the end of this webinar, participants will be able to:

1

Discuss how implementation or enhancement of rapid ART programs can help meet EHE goals

2

Describe key elements of an innovative rapid ART program

3

Identify challenges and facilitators of rapid ART implementation

4

Utilize technical assistance resources to help implement or improve rapid ART programs locally



Case: From Diagnosis to ART

Jurisdiction 1 is an urban county that identified about 240 new HIV cases last year, with:

- 1/3 identified at community clinics doing routine opt-out screening
- 1/3 from two emergency departments, and
- 1/3 from testing done outside clinics, like community events and mobile testing vans.

There are 6 specialty clinics in Jurisdiction 1, but only 1 offers same day appointments and rapid ART.

Recent data shows time from diagnosis to ART in Jurisdiction 1 averages 25 days.



Poll #1

In your opinion, what is the #1 reason it is taking 25 days from diagnosis to ART administration?

- a. Emergency departments are not offering rapid ART.
- b. Routine opt-out screening clinic sites are not offering rapid ART.
- c. Community events/mobile vans are not offering rapid ART.
- d. Only 1 out of the 6 HIV specialty clinics are offering rapid ART.
- e. Some other #1 reason (put into the Chat)



Introductions



Presenters/Panelists

Moderator

Susa Coffey, MD

Professor of Medicine, UCSF Division of HIV, Infectious Diseases and Global Medicine Lead RAPID ART Program, San Francisco General Hospital

Panelists

Lyndon VanderZanden, LCSW

Program Manager, Patient Navigation & RWD Linkage to Care
Howard Brown Health, Chicago, Illinois

Kelly Ross-Davis, MS

Education Director, UAB - 1917 Clinic, Birmingham, Alabama

John (Rob) Phoenix, APRN, FNP

Chief Medical Officer, Nurse Practitioner, Owner
Huntridge Family Clinic, Las Vegas, Nevada



Why Rapid Art is Standard of Care and Essential to EHE

Susa Coffey, MD

Professor of Medicine, UCSF Division of HIV,
Infectious Diseases and Global Medicine
Lead RAPID ART Program, San Francisco
General Hospital

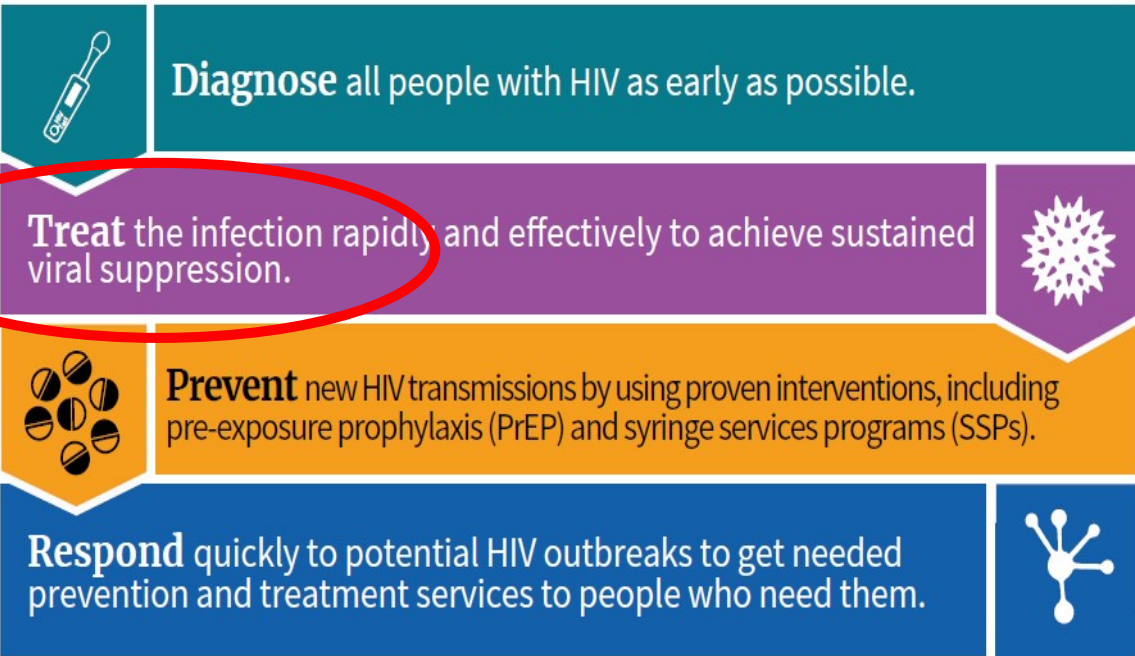
Ending the HIV Epidemic in the U.S.



GOAL:

HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

75%
reduction
in new HIV
infections
in 5 years
and at least
90%
reduction
in 10 years.



U.S. Guidance on Rapid Start

HHS Guidelines:

...recommends initiating ART immediately (or as soon as possible) after HIV diagnosis in order to increase the uptake of ART and linkage to care, decrease the time to viral suppression for individual patients, and improve the rate of virologic suppression among persons with HIV.

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV, 12/18/2019
<https://clinicalinfo.hiv.gov/en/guidelines>



U.S. Rapid Programs: Evidence and Experience

- ART on the day of diagnosis or 1st clinic visit is safe, feasible, and well accepted
- Rapid ART initiation -> earlier viral suppression, may increase retention with VS
- Community health benefit (decrease transmission)
- Equity: addresses disparities in HIV care
- Client expectation, “patient centered”
- Barriers to implementation: mostly logistical





San Francisco *Citywide* RAPID, 2014-2018

TIME TO HIV CARE, ART START, AND HIV SUPPRESSION

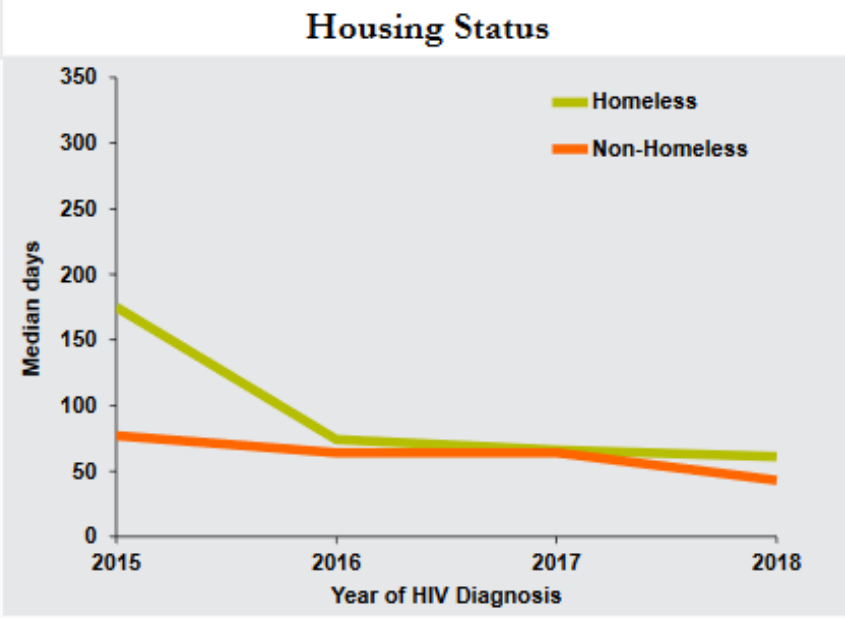
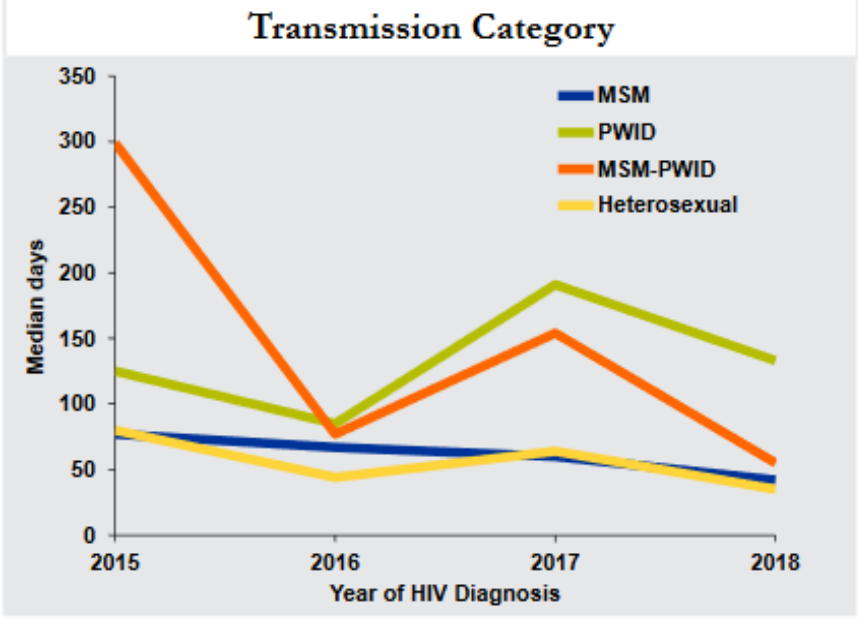
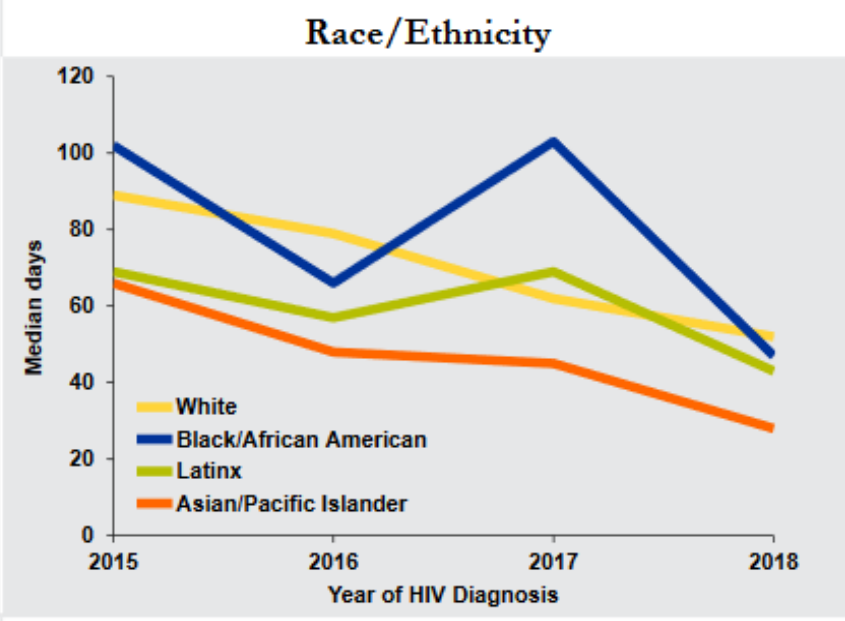
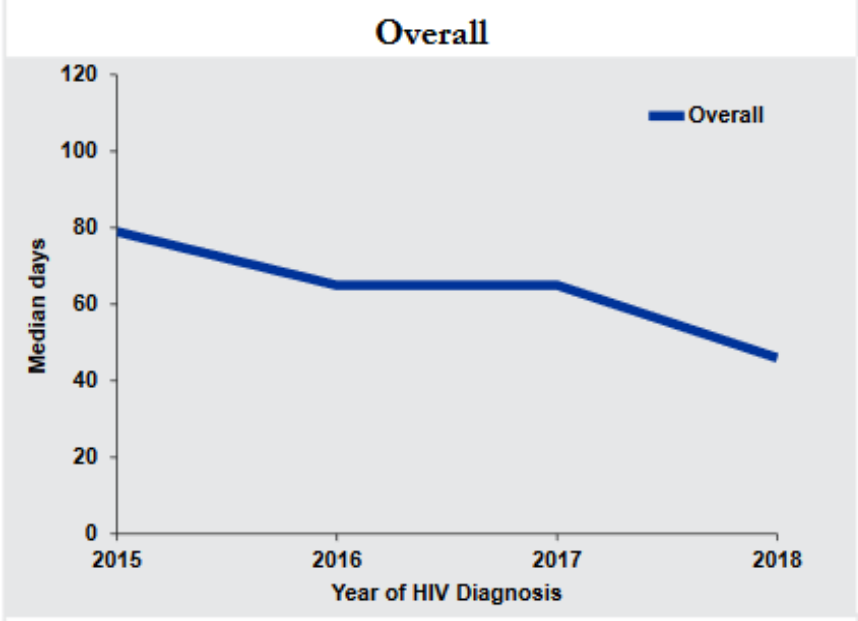
Median Days	2013	2014	2015	2016	2017	2018
Diagnosis to 1 st care visit	8	7	7	5	4	2
1 st care visit to ART start	27	17	7	1	0	0
ART to VL <200 c/mL	76	54	53	42	46	35
Diagnosis to VL <200 c/mL	134	92	79	65	65	46



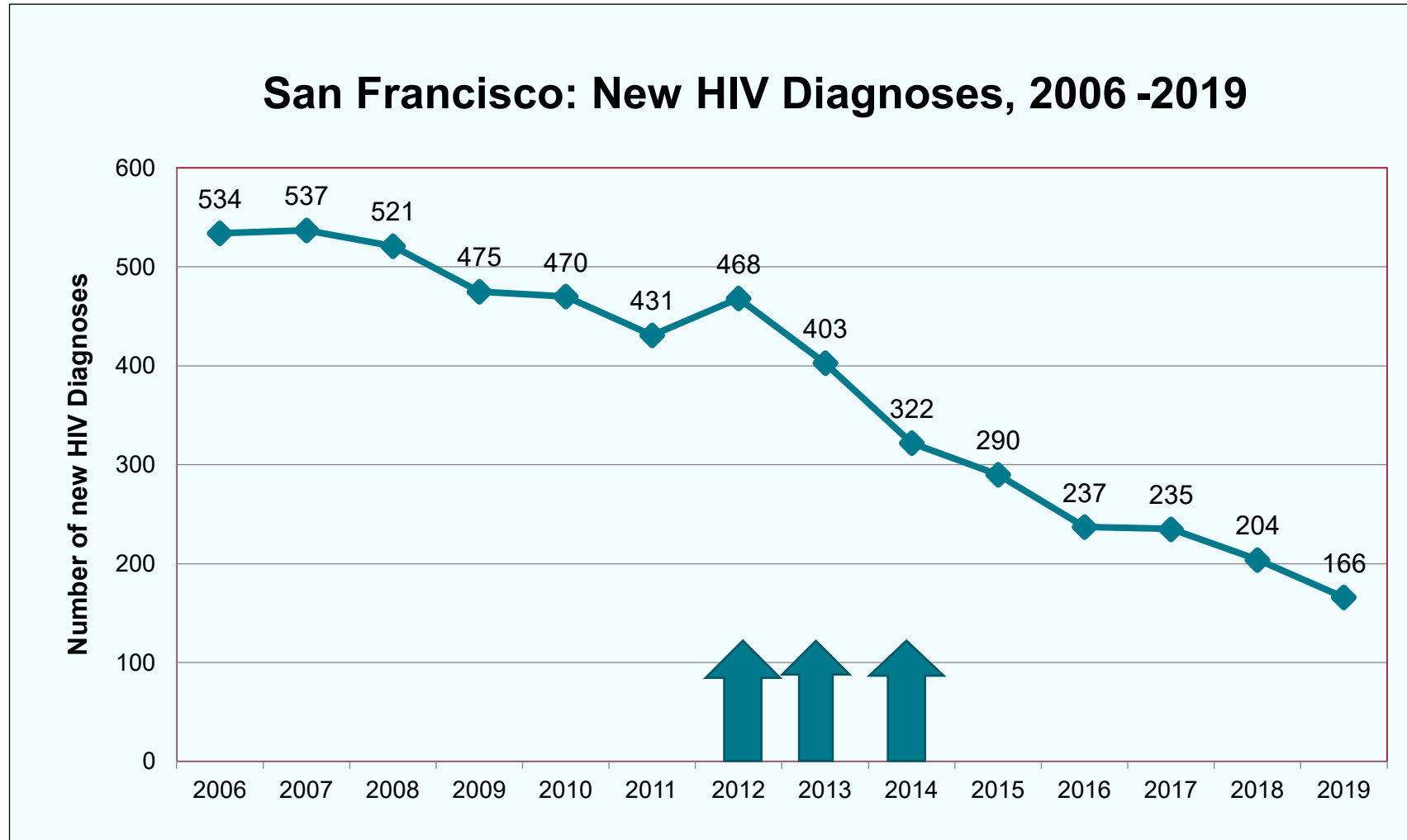
Figure 3.7 Median time from HIV diagnosis to viral suppression by race/ethnicity, transmission category, and housing status, 2015-2018, San Francisco



San Francisco Citywide RAPID: Time To Viral Suppression By Subgroups, 2015-2018



New HIV Diagnoses, San Francisco, 2006-2019



- >94% of PLWH are aware of their HIV status
- New diagnoses **decreased**
 - **65% 2012-19**
 - **48% 2014-19**
 - **19% 2018-19**
- Late diagnoses: 15% in 2019

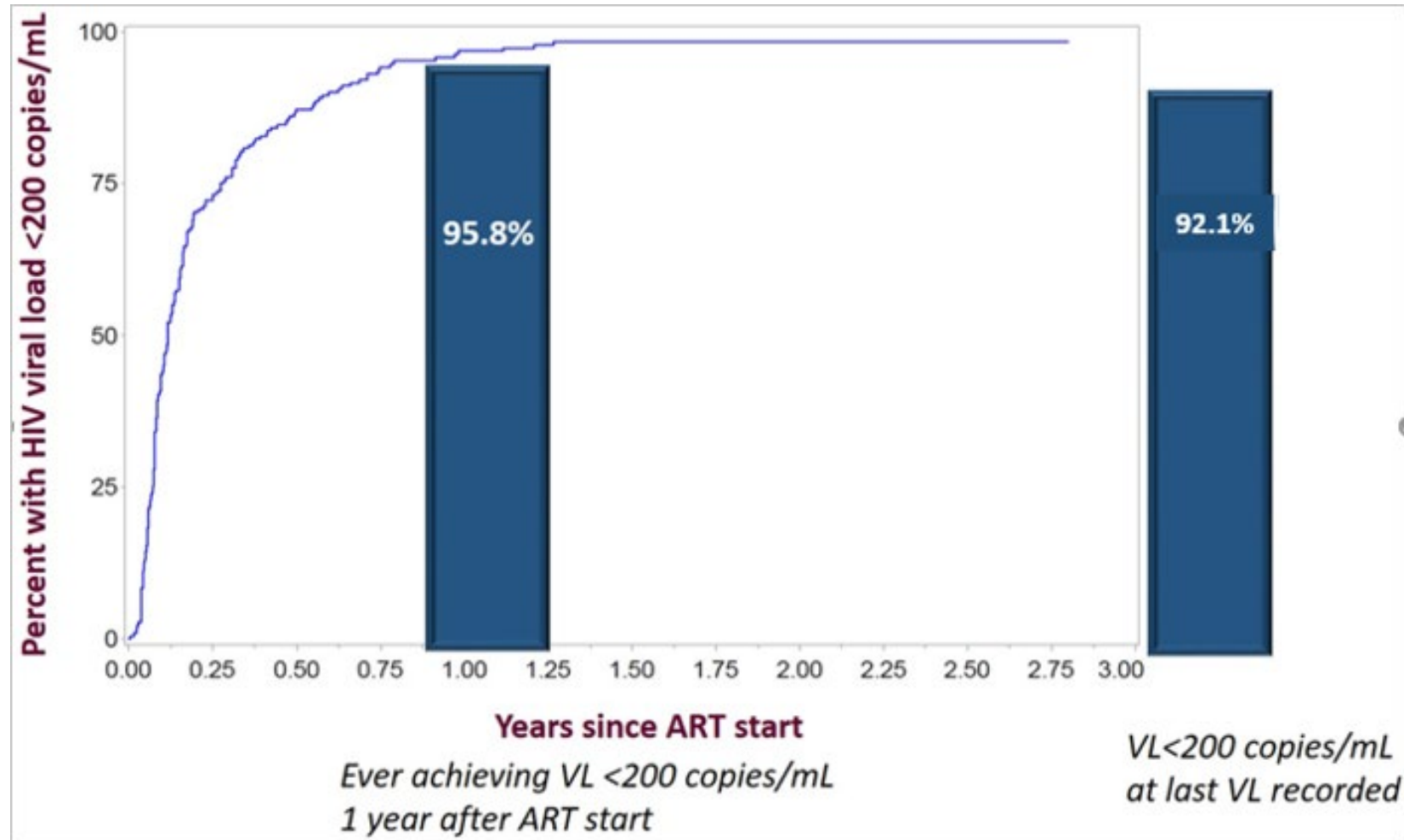


Ward 86 RAPID *Clinical* Program – HIV Suppression To <200 C/MI

Median Age	30 yrs
Major substance use	51.4%
Major mental illness	48.1%
Homeless/unstable housing	30.6%

**98% accepted RAPID
ART**

**Days from 1st visit to ART
start: 0 days (median)**





SF Citywide Dissemination of RAPID

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Rapid ART:

Immediate ART initiation upon HIV diagnosis

Immediate ART initiation:^{1,2}

- 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 (2013-2015)

- Faster time from HIV diagnosis to first HIV care visit, to ART suppression.
- Faster ART initiation and viral suppression regardless of race and housing status.

TIME TO HIV CARE, ART START, AND HIV SUPPRESSION

Median Days	2013	2014	2015
Diagnosis to 1 st care visit	8	7	7
1 st care visit to ART start	27	17	7
ART to VL <200 c/mL	70	53	56
Diagnosis to VL <200 c/mL	134	92	77

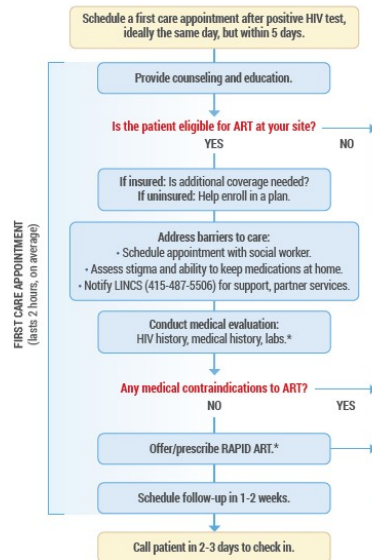
San Francisco General Hospital Ward 86 RAPID

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

In San Francisco, RAPID has been implemented in public health clinics, HMO clinics, hospitals, and primary care.

How to implement RAPID at your healthcare facility

RAPID CARE FOR PATIENTS TESTING HIV POSITIVE



* See pages 7-8 for labs and recommended treatment regimens. RAPID intake can be done by Telehealth, if necessary; a mechanism for obtaining

ART RAPID CARE OPTIONS IN SF

Last Updated 4/10/2015

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

Clinic	RAPID Contact	Insurance Info/Eligibility Requirements
UCSF Positive Health Program Ward 86 San Francisco General Hospital 995 Potrero Ave, Bldg 80, Fl 6	Page PHAST team at 415-443-3892 Clinical staff can leave after-hours voicemail at 415-206-2460	• Medi-Cal: SF Health Plan (23) • Medicare • Healthy San Francisco • Uninsured can enroll for ADA
Larkin Street Youth Services 134 Golden Gate Ave	Page 415-257-6545	• Age 12-24, low income, SF • Medi-Cal: SF Health Plan (23) • Healthy San Francisco • Uninsured (income less than \$10,000)
Southeast Health Center 2401 Keith St	Gwen Smith 415-671-7057	• Medi-Cal: SF Health Plan (21) • Healthy San Francisco • Uninsured (income less than \$10,000)
San Francisco City Clinic Early Care Clinic 356 7 th St	Andy Scheer, MSW 415-487-5511	• Uninsured or currently not must be a SF resident • Uninsured
HealthRight360 – Tenderloin Health Services Glide Memorial Church 330 Ellis St	Mike Wilk Program Manager 415-969-6530	• Medi-Cal: SF Health Plan (25) • Anthem Blue Cross (XXA) • Medicare • Health San Francisco
San Francisco Community Health Center (formerly API) 726 Polk St, Fl 4 1800 Market St, Suit 401	Jawon Jang, RN 415-292-3400 (x707)	• Medi-Cal: SF Health Plan (25) • Medicare • Uninsured (on sliding scale)
Kaiser Permanente 2238 Geary Blvd, Fl 4 West	Ed Chitty, RN Patient Care Coordinator 415-833-4258	• Medicare and privately-attain • CoveredCA: Kaiser • Medi-Cal: If you've had Kaiser enroll in SFHP and request K
SF VA Medical Center 4150 Clement St, Bldg 203, Ward 1B	Eida Kong, NP 415-221-4810 (x23942) Mai Vu, PharmD 415-221-4810 (x24793)	• Active or eligibility for VA health For more info: https://www.sanfrancisco.va.gov/eligibility
Mission Neighborhood Health Center – Clinica Esperanza 240 Shotwell St	Recruitment and Retention Coordinator 415-552-1013 (x2234) Treatment Linkage Specialist 415-552-1013 (x2319)	• Eligibility documents expected (but not necessarily on first visit) • Medi-Cal: SF Health Plan (21) • Anthem Blue Cross (XX1000) • Medicare and some privately-attain • Healthy SF and uninsured (or Covered CA: Blue Shield, Health
Family Health Center 995 Potrero Ave, Bldg 80	Page PHAST team at 415-443-3892. The first appointment at W86 with ongoing care provided at FHC.	• Medi-Cal: SF Health Plan (21) • Medicare • Health San Francisco • Uninsured can enroll in ADA

Available Online: tinyurl.com/RapidOptionsInSF | Direct Updates: Patrick Kinley at patrick.kinley@sfdph.org

RAPID Restart:

For persons re-engaging in care

Immediate ART restart (or initial start, if not previously treated) is appropriate for most persons with known HIV diagnoses who are not on ART, if:

- they are willing and there are no contraindications (see page 4),
- the ART and HIV resistance history is known or can be predicted (based on previous resistance testing, HIV viral load while on ART, and adherence history), and
- an appropriate ART regimen can be devised without information from current resistance test results

- Note that this includes nearly all persons who are re-engaging in care.
- ART restart is particularly urgent for persons with CD4 counts <200 cells/mm³.
- RAPID Restart can be done via Telehealth, if indicated.

Provide robust clinical supports to optimize successful re-engagement in care and ART adherence, e.g.:

- Same-day evaluation by a social worker or counselor to assess and address barriers that caused the client to disengage from care.
- Referral for mental health, substance use, or other services as needed
- Close follow up with the primary care provider

Laboratory tests:

HIV RNA, CD4, comprehensive metabolic panel, and other tests as indicated or if not previously done (see page 7).





Poll #2

Is rapid ART the standard of care in your jurisdiction?

- a. Yes – Standard is same day
- b. Yes – Standard is within 3 days
- c. Yes – Standard is within 5 days
- d. Yes – Standard is within 7 days
- e. No – We don't have a standard
- f. I don't know/other (put into the Chat)



Poll #3

In my opinion, the #1 obstacle to rapid ART in our jurisdiction is:

- a. How to pay for meds
- b. How to pay for labs
- c. Reluctance of providers to write RX without all the labs
- d. Reluctance of patients to start ART
- e. Other (put into the Chat)



Rapid ART at Howard Brown Health

Lyndon VanderZanden, LCSW

Program Manager, Patient Navigation &
RWD Linkage to Care
Howard Brown Health, Chicago, Illinois



Howard Brown Health exists to eliminate the disparities in healthcare experienced by lesbian, gay, bisexual, and transgender people through research, education, and the provision of services that promote health and wellness.

✦ Primary Care

✦ Mental Health Care

✦ Sexual Health Walk-In Clinic

✦ Community Outreach Testing

✦ Dental & Oral Care

✦ Substance Use Services

✦ Transgender and Gender Non-conforming Health Services

✦ Linkage to Care and Case Management

✦ PEP/PrEP Navigation and Case Management

✦ Broadway Youth Center & Youth Services

✦ Center for Education, Research, and Advocacy

✦ LGBTQ-focused Sexual Harm Response Project



Rapid ART

Opportunity to start ART as soon as possible after HIV diagnosis, prior to baseline labs, including same day as diagnosis

Increases Agency

Empowers people living with HIV

Returns sense of control over health

Improves Health

Early ART improves long-term health

Lowers risk of health issues/shorter lifespan

Benefits Community

Lowers community viral load

Faster viral suppression lowers transmission rate



Same Day Start



Same Day Start Visit

Testing

Pre-test counseling,
rapid testing and
diagnosis

Linkage to Care (LTC)
and medical provider
notified

Baseline labs drawn

Linkage to Care

Post-test counseling and
health education

Psychosocial
assessment and
intervention

Discuss ART, readiness,
edu., barriers

Same Day Start offered

Follow up visit
scheduled

Medical and Rx

Medical eval., assess
eligibility for rapid ART

Discuss ART, regimens,
edu., risks/benefits

Regimen chosen;
prescription written

LTC fills prescription,
brings to patient

Opportunity for first dose

Ongoing Care & Support

24-48 hour follow-up call
from Linkage to Care

4-week follow-up visit,
labs

30-90 day follow-up visit
(depending on VL), labs

30-90 day follow-up visit
(depending on VL), labs

Ongoing follow-up,
Referral to CM



Challenges And Successes

Challenges and Barriers

Limiting impact on clinic flow

Need for immediate appointments

Payment for/access to medications

Same day and ongoing patient support

Successes and Facilitators

Collaborative development process

Walk-in providers, reserved appointments

Medicaid, ADAP, pharma assistance

Linkage to Care teams



Rapid ART & Young People

❑ Strong preference for rapid ART among young people ages 24 and below

- Howard Brown Health saw 97% (123/126) of young people choose to initiate rapid ART between Jan 1, 2018 and Dec 31, 2019.

❑ HIV care for young people must be tailored to their priorities and needs

- National data on health outcomes for young people living with HIV confirm this age group has had greater barriers to care placed in their way. Especially true for LGBTQ young people
- Least likely to reach viral suppression, be retained in care. More likely to live in low-income households, experience homelessness and incarceration, and be uninsured*



Supporting Young People

**Low
Threshold,
Easy
Access**

**Affirming,
Culturally
Humble**

**Ongoing
Follow Up,
Youth
Workers**

**Tailored &
Responsive
to Unique
Needs**

**Flexible
Access,
Multiple
Routes**

**Anti-Stigma
Practices**

**Respects
Autonomy,
Expertise**



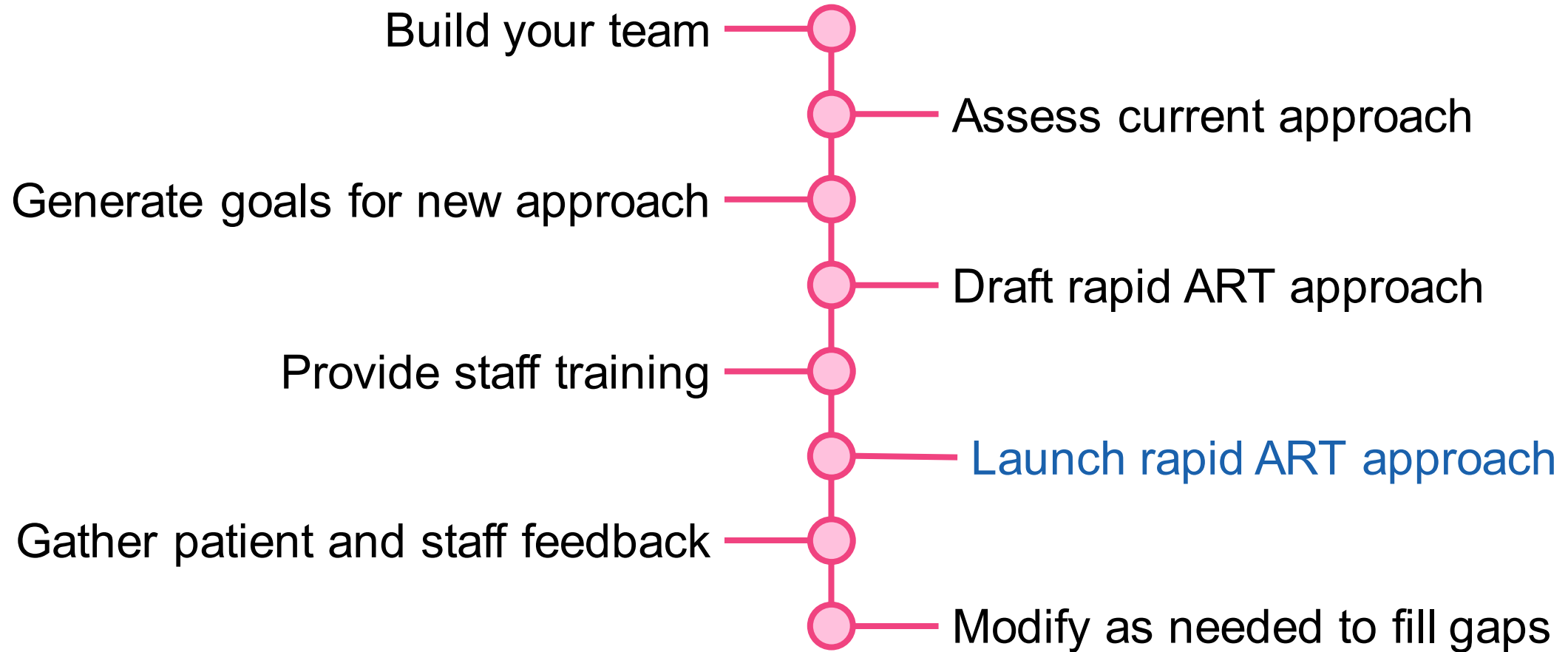
Outcomes Data

Data represents people accessing care at Howard Brown from 1/1/2018 – 12/31/2019 who started ART prior to baseline labs and did so within 14 days of learning their HIV diagnosis.

Group	Number	Average Days to ART Start	Achieved Viral Suppression	Average Days to Viral Suppression
Total Patients	389 (100%)	2.72	357 (91.77%)	75.62
24 & Below	123 (31.62%)	2.92	108 (87.80%)	99.16
25 & Above	266 (68.38%)	2.63	249 (93.61%)	65.42



Developing Rapid ART





Birmingham/1917 Clinic

Kelly Ross-Davis, MS

Education Director,
1917 Clinic

University of Alabama at Birmingham,
kellyrossdavis@uabmc.edu





Objectives

1

Provide brief overview of rapid ART Working Protocol at UAB 1917 Clinic

2

Understand our goal to incorporate a Trauma-Informed Approach throughout the clinic and within our community

3

Focus on the intersection of providing Rapid ART with Trauma Informed Approach

4

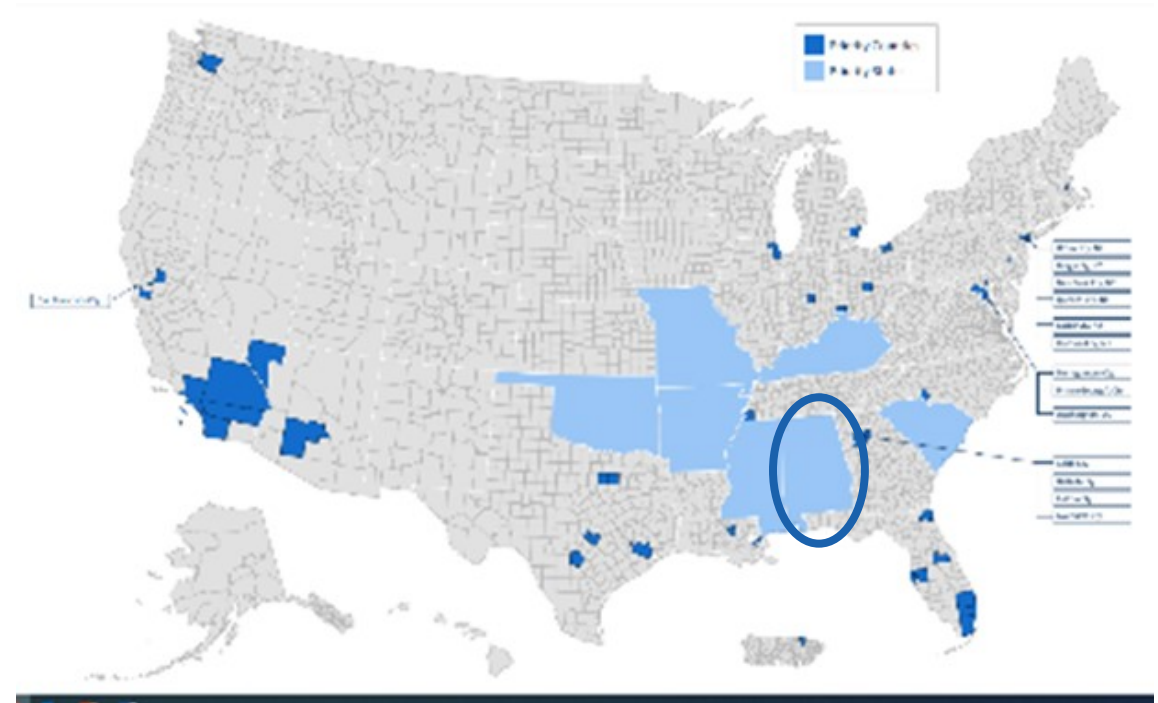
Emphasize the importance of HIV Testing and community partnerships to advance rapid ART



UAB 1917 Clinic

HIV Outpatient Clinic providing comprehensive services (medical, social work, mental health, nutrition, pharmacy, outreach) since 1988

- 3820 patients
- 66% Black/African-American, 31% White, 3% Other
- 75% Male, 24% Female, 1% Trans
- 53% below 100% of the Federal Poverty Level



Ending the HIV Epidemic in the U.S., Priority State

<https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/jurisdictions/phase-one>



Fast Track: Rapid ART at 1917 Clinic

- Working Protocol – adapt and readapt
Sustainable ~ People-centered ~ trauma-informed
- Interdisciplinary Engagement in Care Planning Team
- Goal: link newly diagnosed, treatment naïve, people with HIV to care within five business days of referral to 1917 Clinic
- Project Connect – New Patient Orientation (NPO) with Social Worker & Provider Visit
- As determined by the patient and provider, ART will be prescribed at the Provider visit with the vast majority of patients receiving medications at our clinic pharmacy





Trauma-Informed Approach At 1917 Clinic

Six Principles of Trauma-Informed Care

1. Physical & Emotional Safety
2. Collaboration & Mutuality
3. Trustworthiness & Transparency
4. Empowerment, Voice, & Choice
5. Peer Support
6. Cultural, Historical, & Gender Issues

Goal

To empower patients, staff, and the greater community by integrating a trauma-informed approach into 1917 Clinic's culture, policies, environment, and delivery of HIV prevention and care.



What Is A Trauma Informed Care Approach?

What is a Trauma
Informed Care Approach?



CAI



To watch the video on Trauma Informed Care Approach
with Closed Caption option – select the link below

[TAP IN: What is a Trauma Informed Care \(TIC\) Approach? - YouTube](#)

INTERSECTION OF RAPID ART AND TIC

Project Connect – committed to a thoughtful process of engaging patients

- How can we be fast and people-centered?
- Continuous feedback from clinic team
- Implementing patient interviews

Linkage and Retention Coordinators (LRCs)

- Build relationships
- Review process
- Provide options

Welcoming – committed to a healing environment

- New building, parking, bus route, transportation
- LRC buddy, warm hand-offs
- Avoid re-traumatizing
- Message of hope and empowerment

UAB 1917 Clinic at Dewberry

Rapid ART, HIV Testing & Community Partnerships in 2021

- Health Department EMR to EMR to refer a patient
- Community Mobile Unit
- Acute Infection

As of 7/1, seven cases



Location	Acute Cases
UAB Emergency Departments	3
Urgent Care Centers	2
UAB Hospital	1
Health Department	1

MANY THANKS!

- Fast Track Patients
- 1917 Testing Team, Jefferson County Health Department & Community Partners
- Sheena Austin, Tommy Williams, Agee Baldwin, Mary Michael Kelley – Linkage & Retention Team
- Kathy Gaddis, Tiffany Hall, Joanna Hawkins, & Social Work Team
- Peggy Olney & Marsha Hawkins, Fast Track RNs
- Aeryn Peck, Sonya Health, Aadia Rana – Fast Track Provider Champions
- Diana Robertson & 1917 Pharmacy Team
- Bernadette Johnson, Sarah, Dougherty, Harriette Reed-Pickens, Michael Messer – Research Team
- James Raper – Clinic Director
- Beth Hurley & Jacqueline Garlock & CAI Trauma Informed Consulting Team
- Rapid Start Consortium



Las Vegas/Huntridge

John (Rob) Phoenix, APRN, FNP

Chief Medical Officer, Nurse Practitioner, Owner
Huntridge Family Clinic, Las Vegas, Nevada





Huntridge Family Clinic

Advanced Practice Registered Nurse clinic

HIV care modeled after MAX clinic in Seattle, King County, Washington

1 full time and 2 part time NP's

2 locations for care

Patient centered

Admin support

Staff priority

Nonbiased

Status Quo

Flexible

Phlebotomy

Community partners

Instant Gratification

Rapid HIV Testing

accessible

Same Day Treatment

Specialty Pharmacy





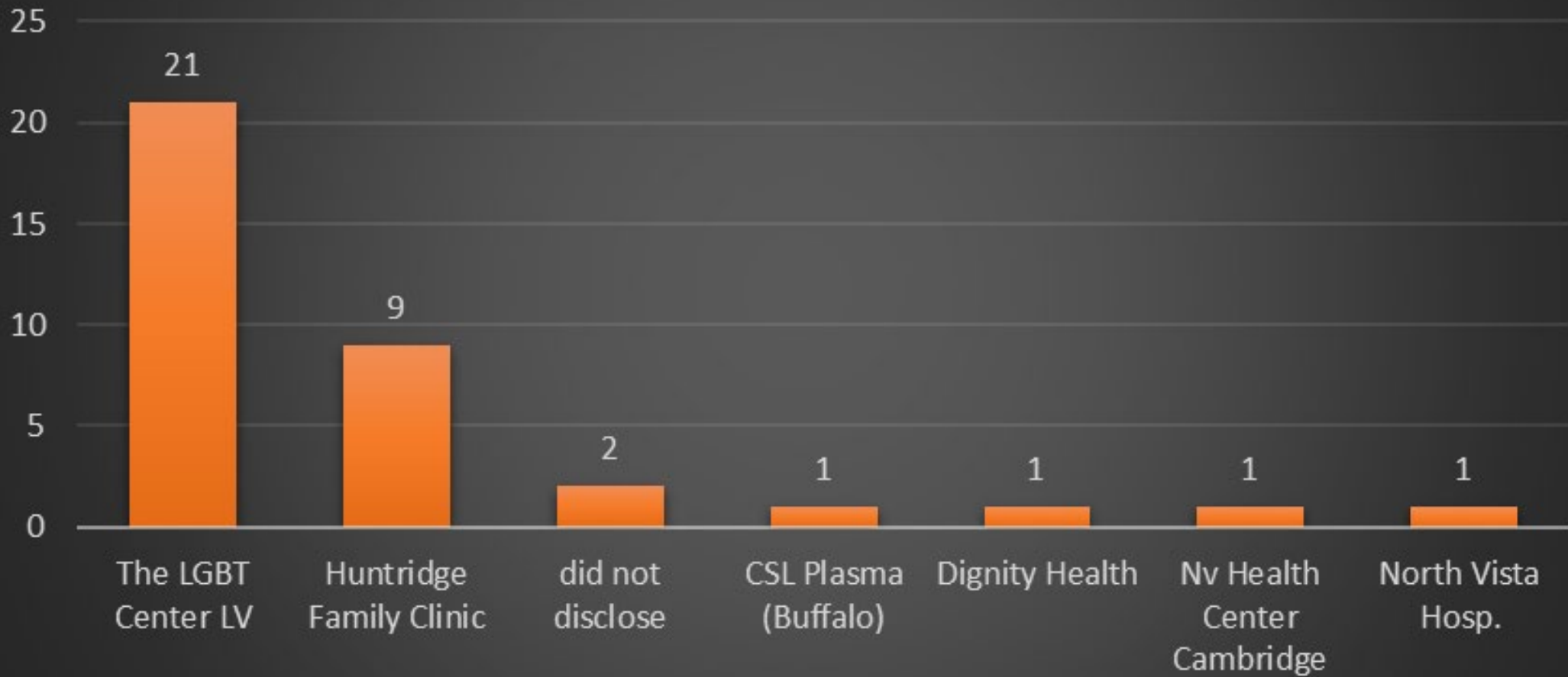
Staff





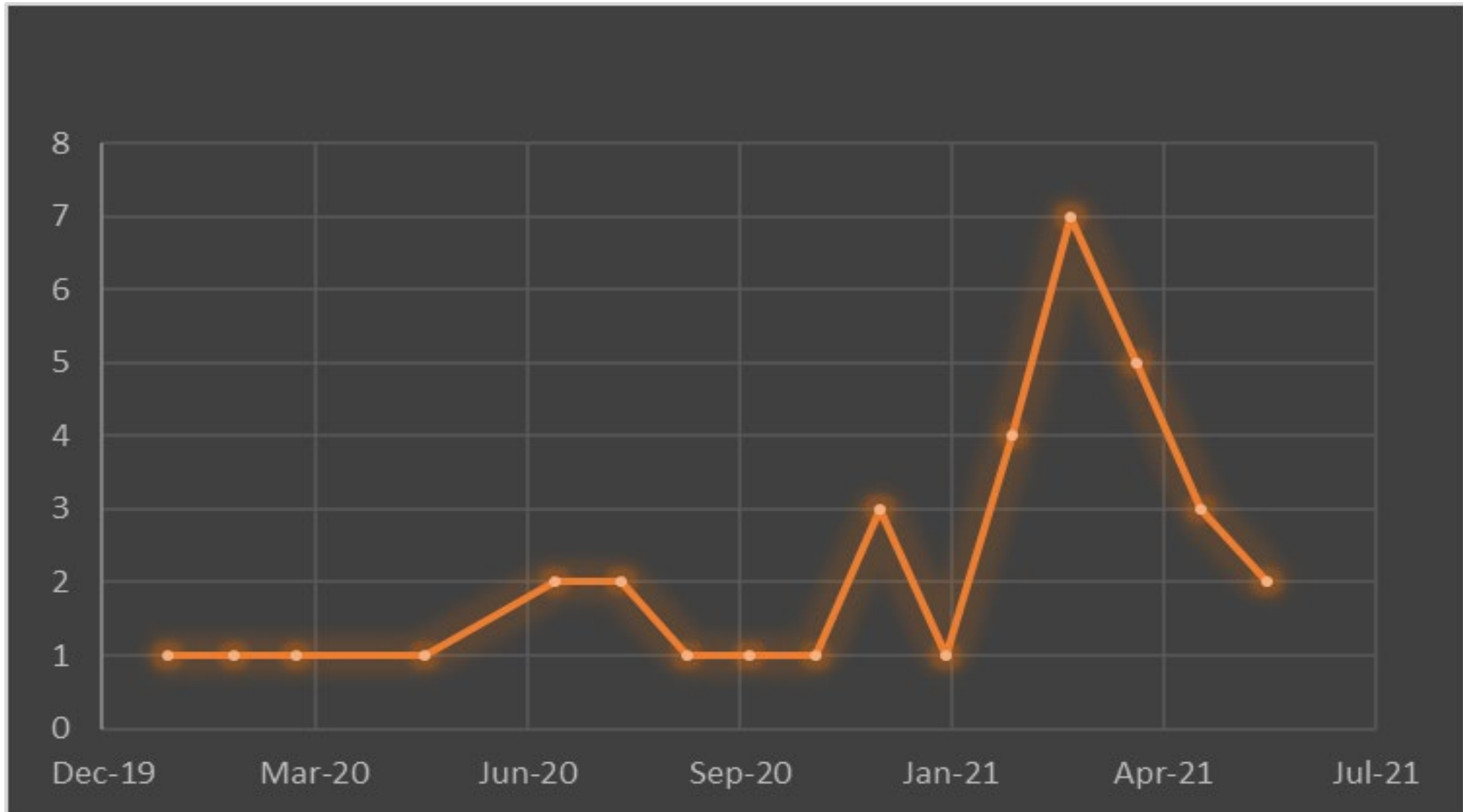
Referral Source

Number of dx per location





of new HIV+ diagnosis

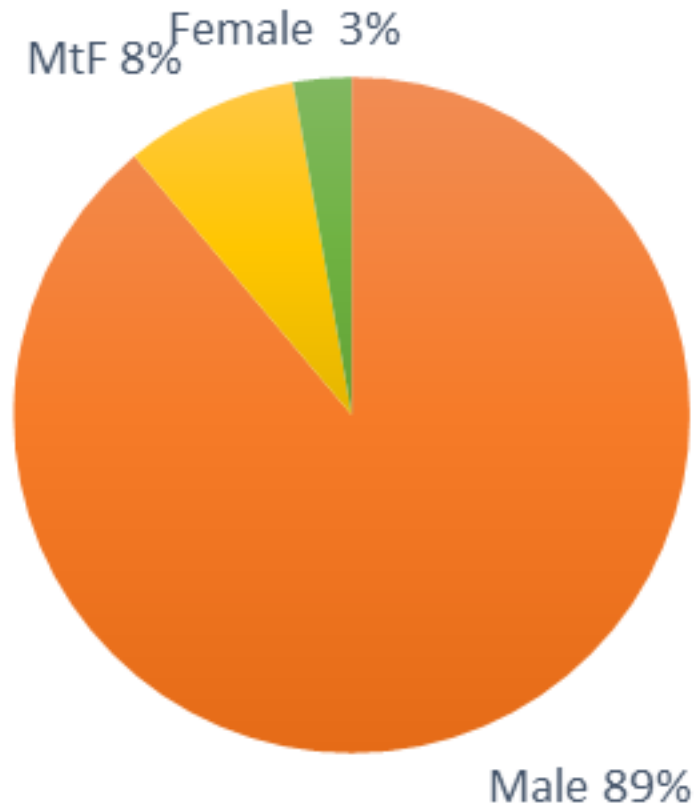




Gender

Count of Gender

Gender



Gender ▾

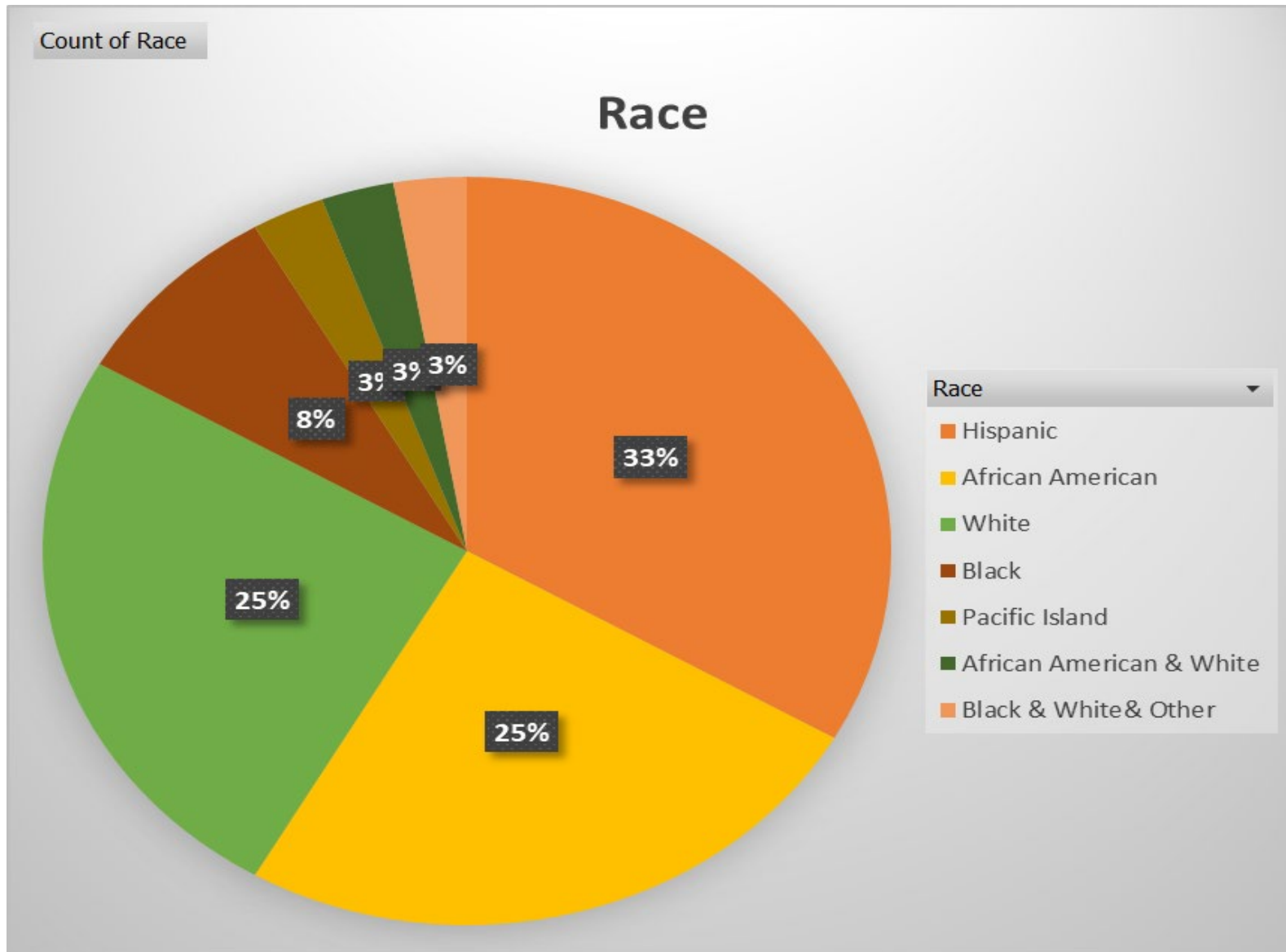
Male

Trans-Women

Female

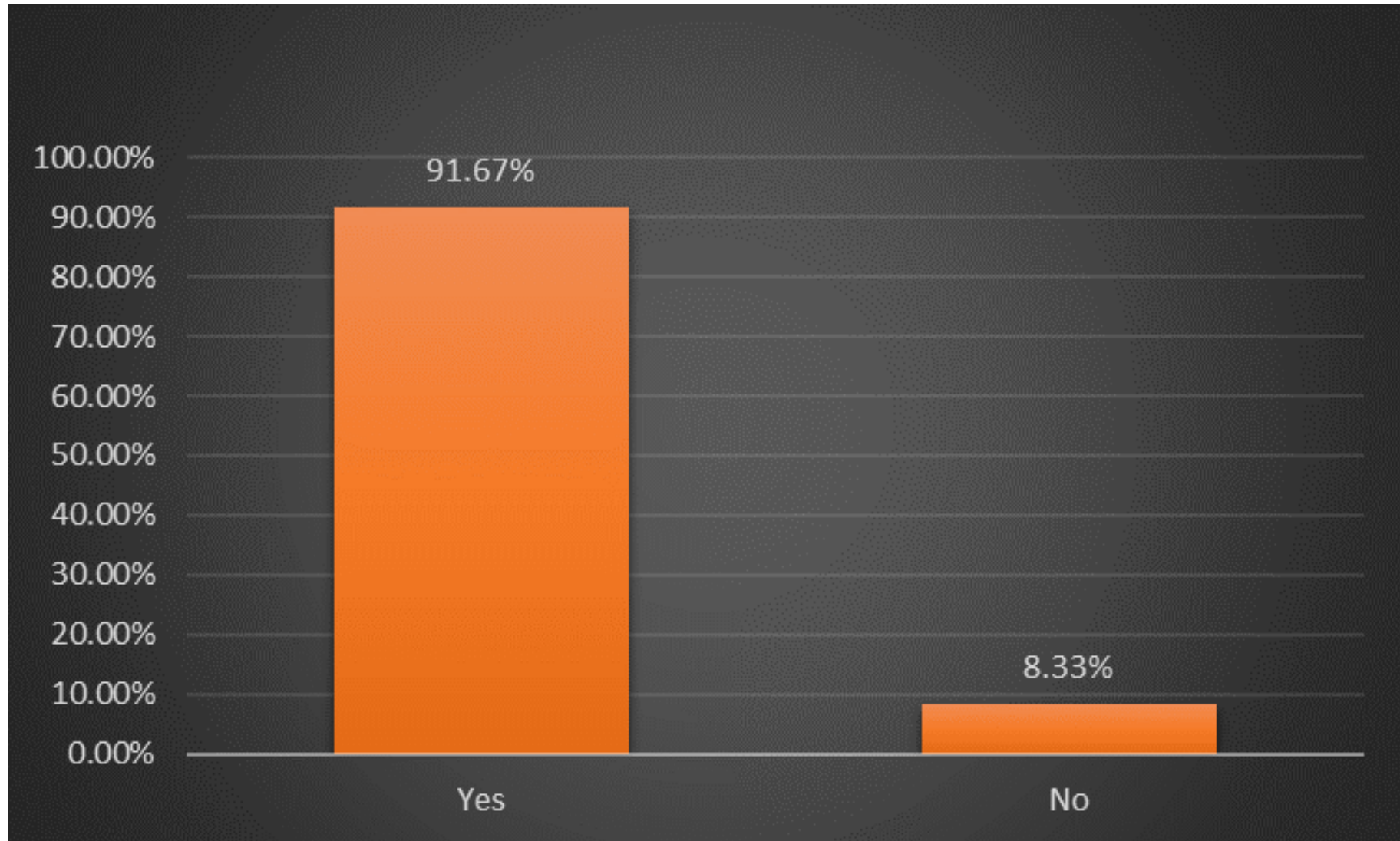


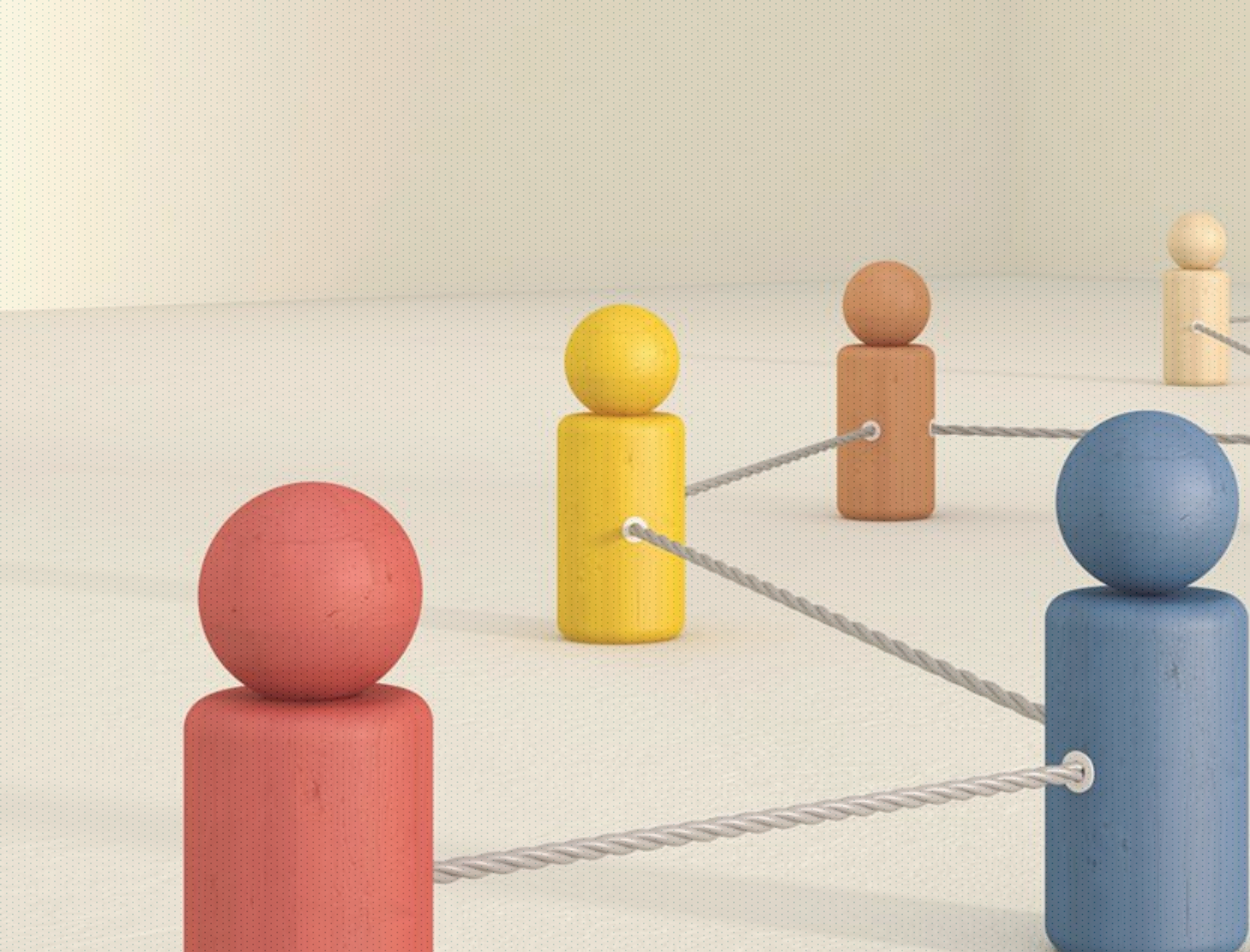
Race





Same Day Start





Summary:

Make it happen.

Figure out what processes works for your site, re-evaluate and revise.

Make it simple.



Poll #4

Our program is most interested in ____:

- a. Learning more about Rapid ART strategies
- b. Expanding/enhancing our existing rapid ART program
- c. Reducing our current time to ART
- d. Utilizing EHE funds for rapid ART
- e. Other (put into the Chat)



Panel Discussion Q & A





TAP-in Provides TA for Rapid ART

- TAP-in is working with 7 EHE jurisdictions on Rapid ART TA.
- TA tailored to meet the needs and context of the jurisdiction.
- Examples of TA include:
 - Development and review of Rapid ART protocols in Emergency Departments and community clinics
 - Curriculum development for HIV care providers
 - Grand rounds with Emergency Departments and HIV clinicians
 - Development of RFP for community-based Rapid ART implementation



What We Can Do For You

- Develop a tailored jurisdictional TA plan
- Provide on demand technical assistance
- Assist in the development of a data dashboard
- Provide access to a pool TA providers
- Link to regional and national resources
- Facilitate peer to peer expert consultation
- Link you to additional training and resources



How to Request TA

Ending
the
HIV
Epidemic



Technical Assistance Provider
innovation network

A Project of



CAI

For all TA needs and requests,
email: tap-in@caiglobal.org



Closing and Evaluation

WE WANT TO HEAR FROM YOU!

In order to complete our evaluation, you must be registered for this webinar. If you have not registered, please register using the link in the chat. Thank you!

