Development and Implementation of a Rapid ART Start Program: Best Practices & Lessons Learned

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Learning Objectives

- Describe at least 3 practice actions to consider when implementing a Rapid Start program
- Understand how all clinic role groups are critical to and participate in a successful Rapid Start program
- Recognize the potential impact of Rapid Start on linkage, engagement, and viral suppression

Presenters

Claire Contreras, ACRN
(she/her)
Community Health Nurse

Elwood, LCSW
(they/them)
Intake Coordinator

Emily Borke, LCSW
(she/her)
Program Supervisor

Multnomah County HIV Health Services Center

Overview

HIV Health Services Center (HSC)

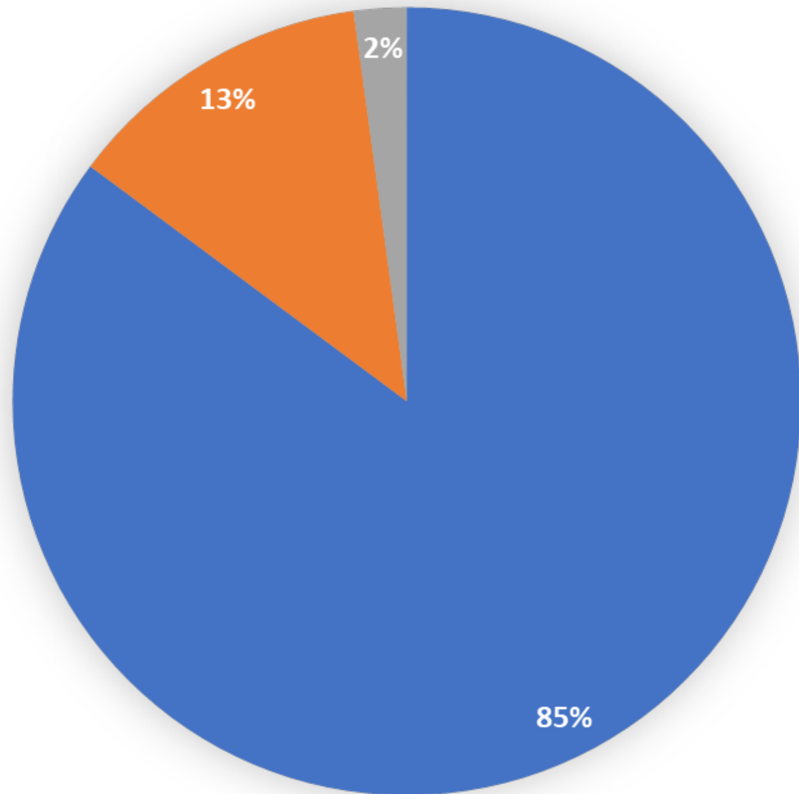
- Located downtown Portland, Oregon
- Opened in 1990
- Federally Qualified Health Center
- Ryan White Part A/B/C/D
- AIDS Education and Training Center preceptorship site
- Serve ~1400 patients

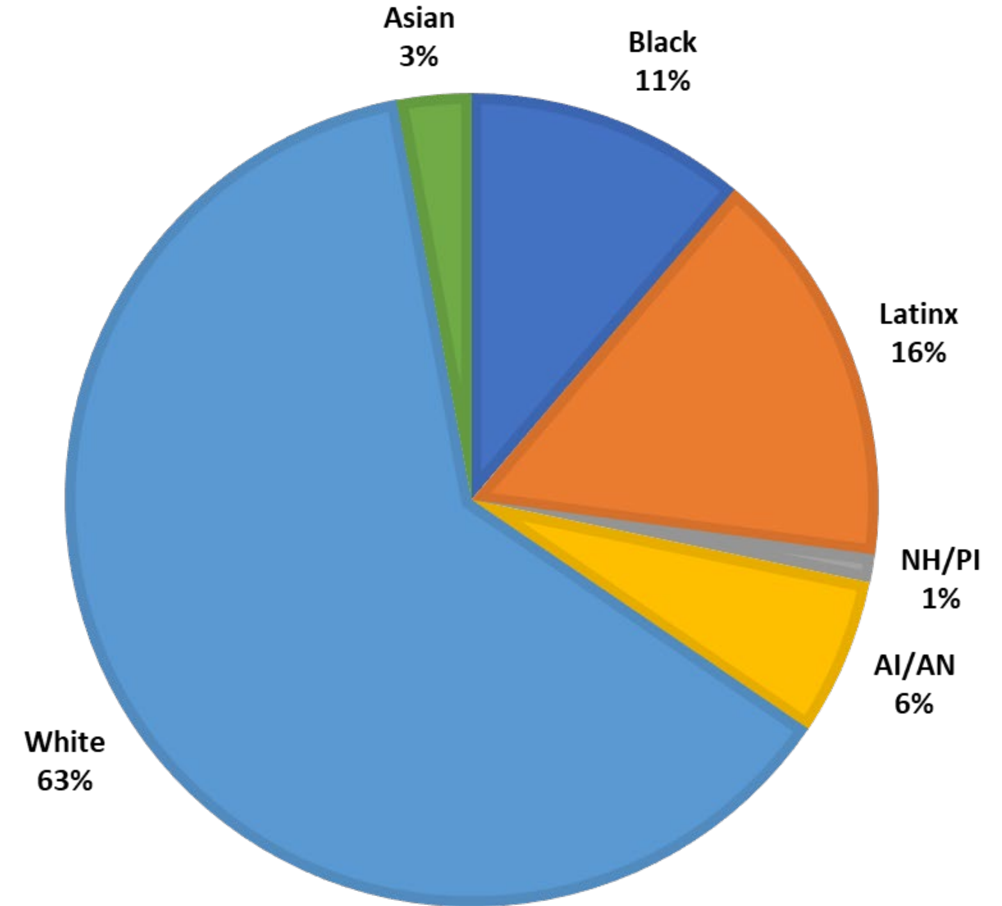
Our Services

AIDSWALK
PORTLAND

- Full range of primary and HIV care services provided by a medical team
- Comprehensive and integrated on-site medical case management
- Intensive patient navigation services
- Mental health services
- Medication Supported Recovery
- Clinical pharmacist
- Art therapy
- Open access, low barrier model

Our Patients





Our Patients

- More than half of our clients live at or below 100% FPL
- At end of 2019, 17% were homeless or in unstable/temporary housing
- Nearly 2/3 are living with a mental health diagnosis
- 1/3 have a substance use disorder
- 97% had an annual lab
- 89% virally suppressed

HIV Data

Oregon & the Part A Transitional Grant Area (TGA)

HIV Data

$330 IN COUPON SAVINGS! $3 SUNDAY, NOVEMBER 10, 2019 ALWAYS ON OREGONLIVE.COM

The Sunday Oregonian

HIV cases surge among homeless

Multnomah County: Number of new cases has tripled since start of 2018

VETERANS DAY

LIFE & CULTURE

- About 6 out of 10 Oregonians have never been tested
- Approximately 200 people are diagnosed with HIV in Oregon each year
    - 1 in 4 are diagnosed with AIDS
    - 9% of newly diagnosed were Black (<2% total population in Oregon)
    - Over ½ were under 35
- Continue to see viral suppression disparities among priority populations in Portland TGA

https://aidsvu.org/local-data/united-states/west/oregon/

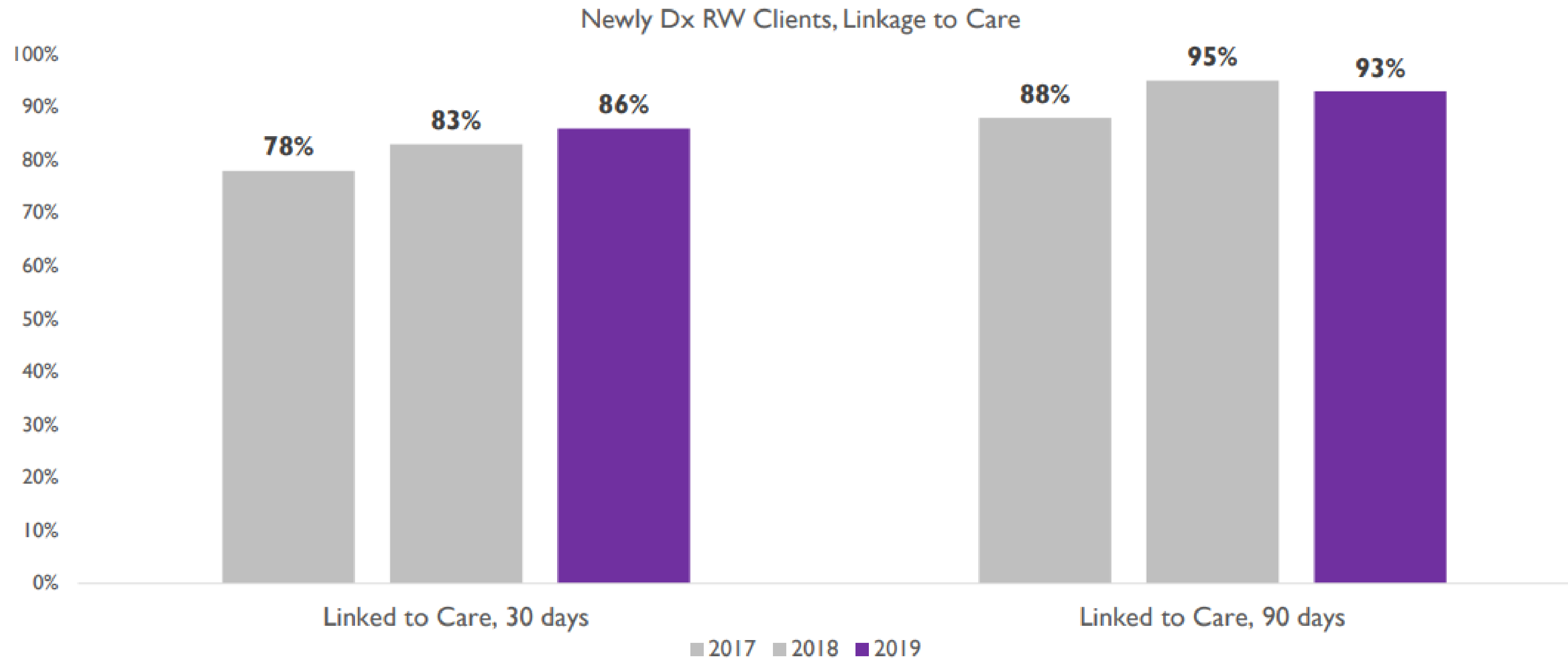
https://www.endhivoregon.org/#testing1

https://www.oregonlive.com/health/2019/11/homeless-with-hiv-a-lack-of-housing-makes-a-preventable-disease-deadly-in-oregon.html

VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

TGA RW NEWLY DIAGNOSED CLIENTS

- Average number of days to care for newly diagnosed RW clients was 19.3 days. VSSP baseline (mid 2018 – mid 2019) was 23 days, while 2018 was 25 day average.



Historical Process for ART Initiation

Brief History of ART Initiation

- Historical delay between HIV diagnosis and ART start
  - Concern for drug resistance if ARTs started too quickly
  - 2004 - 2009 median time to ART start was 10 months
  - 2010 federal treatment guidelines did not recommend offering ARTs to all newly diagnosed
  - Waited for immune decline to start ARTs
- Structural barriers
  - Insurance / ADAP program
  - Discordance between testing sites and treatment sites
  - Need for large number of labs, excluding viral hepatitis, drug resistance and +HLA
  - Drug procurement
- Clinical barriers
  - Provider acceptance
  - Patient readiness

Intake Process

- Intake process for all patients newly diagnosed and previously in HIV care occurs over the course of approximately 1 month
  - Day 1: Phone or in person screening with eligibility specialist
  - Days 7 - 14: Medical Case Manager, nurse and lab visit
  - Days 14-28: Provider visit and ART prescription
- Median length of time from eligibility screening to ART start = 28 days
- Median length of time to viral suppression = 50.5 days

Intake Process

- Intake Coordinator position added in November 2018
- Intake within 1-2 weeks
    - Psychosocial assessment
    - New patient labs
    - Nurse visit
- Appointment with PCP 2 weeks later
- Up to 4 weeks to get ART prescription

- 158 new patients in 2018 (45 newly diagnosed)

FY19 Quality Improvement Project

Rapid ART Start

Why Rapid Start?

- Low barrier, open access model of care
- Newly diagnosed clients achieve viral suppression earlier (if ill, symptoms improve earlier)
- May limit viral reservoir (if acutely infected)
- Studies show increased retention in care
- Undetectable = Untransmittable (U=U)
- Strengthen community partnerships

Rapid ART Workgroup

- Jan/Feb 2019
- All role groups represented
- Definitions
- Created workflows and clinical protocol
- Collaboration with CAREAssist

Rapid Start Pilot

- March 1, 2019
- Intake Coordinator as lead
- Part A providing data support
- Coordination with community partners

Ongoing Workgroup meetings

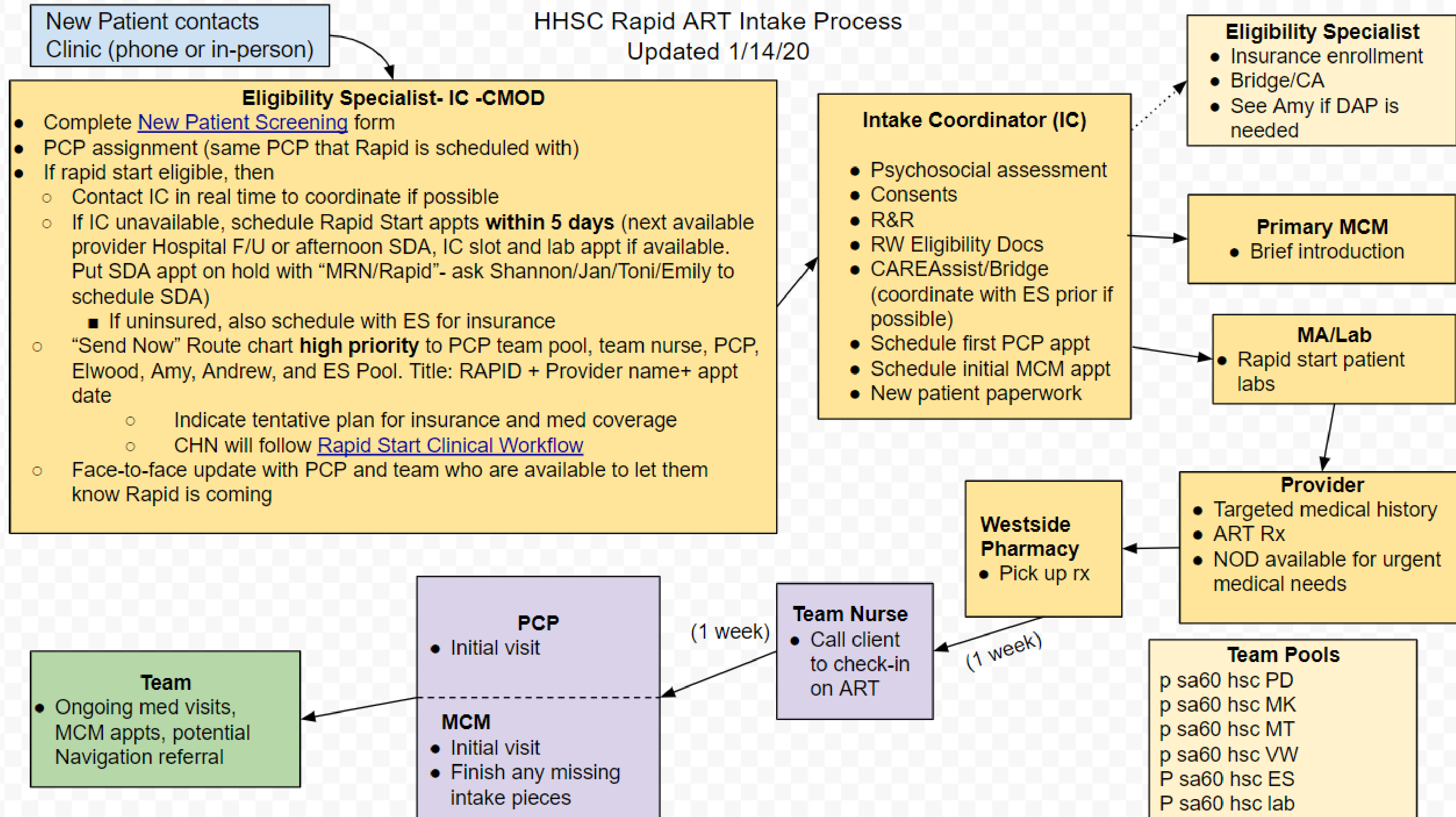
- Discussed what was working and what needed to be improved
- Reviewed data

Rapid Start Workgroup

- Reviewed literature and best practices
- Created definitions
  - "Newly diagnosed" is anyone diagnosed with HIV in the previous 12 months who is ART naïve
  - "Rapid" is within five days of first contact with clinic
- Developed workflows and clinical protocol
- Informed community testing partners
- Coordination with ADAP

Rapid ART Workflow

30 YEARS VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



HSC Staff Video

[Rapid Start at an FQHC in Portland!]

Community Partnerships

"The rapid start program has been incredibly valuable to expediting linkage to care for newly diagnosed residents, as well as those who are identified through our Data to Care work as having fallen out of care since their diagnosis."
-Jaxon Mitchell (DIS Program Supervisor)

AIDS Drug Assistance Program

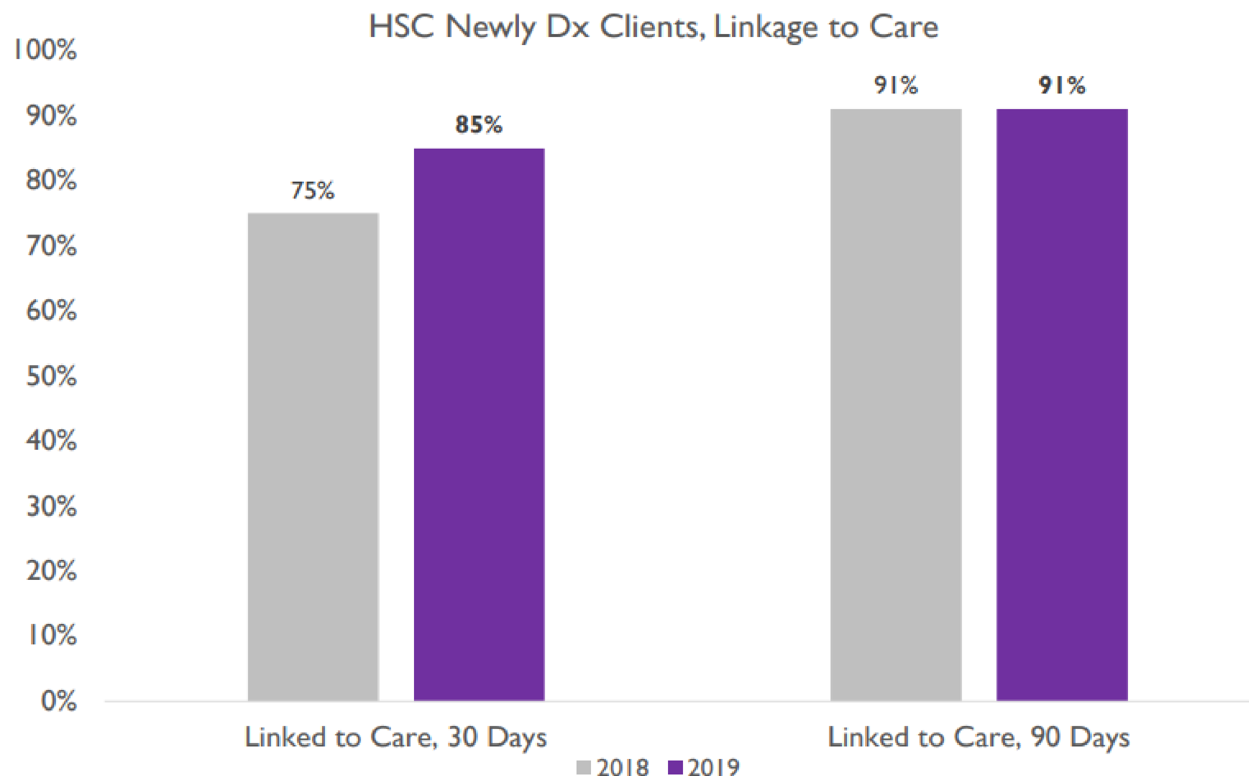
- Collaborated with Oregon ADAP (CAREAssist)
- Creation and pilot of Rapid Bridge program
- Expedited processing

Rapid Start Pilot

- 2-8 Rapid Starts a month
- 53 newly diagnosed clients screened
  - Age: Over half under 35 years old
  - Risk factor: 72% MSM, 11% PWID, 24% Hetero
  - Status: 9% diagnosed with AIDS
  - Race/Ethnicity: 57% BIPOC
- 38 with ART prescription within 0-5 days of screening
- 83% virally suppressed at last test (FY19)

HSC RW NEWLY DIAGNOSED CLIENTS

- Average number of days from diagnosis to first lab for HSC clients was 21 days in 2019 (2018 was 31 days)
- 91% of clients in Rapid ART received ART within 5 days of initial contact. Average # of days from HIV dx date to first screening was 22 days for Rapid ART.



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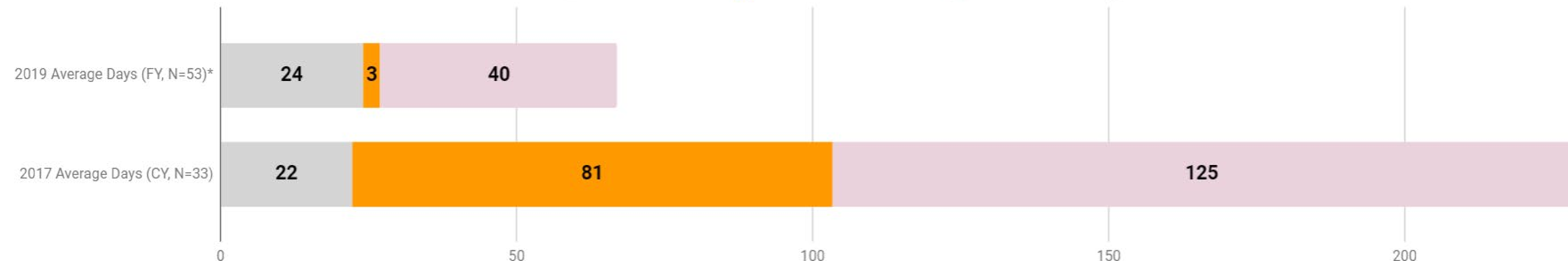
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT



Patient Engagement Tool

- Rewrites Narrative: Clients are worthy of immediate, high quality/best practice medical care
- Responsive and Flexible
- Demonstrates investment in health outcomes
- Feedback from Rapid ART participants

Patient Feedback

"I went from a really bad place to feeling super supported... I don't remember the exact time line but it was within a week that I was on the antivirals. I remember distinctly that it was fast. I was in the middle of tumultuous life stuff going on all at once not the least of which was the diagnosis. I was a wreck, and I felt really supported. Just a lot of tolerance and clear explanations and caring that felt genuine. I've been undetectable since October and sober since then too."

"The bottom line is, the support was there and the communication was there too."

Rapid ART during COVID-19

- Maintained offering intake and provider appointment within 5 days
- Team commitment and buy-in critical
- Remaining flexible and a willingness to change flow, process completed over a couple of days both on phone and in clinic
- Lack of testing decreased new diagnoses

Challenges & Lessons Learned

- Client readiness
- Barriers to care: homelessness, incarceration, substance use
- Careful not to minimize impact of HIV diagnosis
- Decrease in initial connection to MCM and RN
- Time intensive
- Buy-in is necessary (from everyone)
- Flexibility is critical

Next Steps

- Review data and identify disparities
- Exploring funding opportunities
- Expand definition of “newly diagnosed”
- Integrate as a standard of practice
- Qualitative data
- Rapid Start Navigator