

Ending  
the  
HIV  
Epidemic



Technical Assistance Provider  
innovation network

# Rapid ART: An Essential Strategy to End the HIV Epidemic

Insights from the Field and How to Access TA and Training  
Funded by the Ending the HIV Epidemic Initiative

Thursday, November 19, 2020

1:30-3:30 pm ET – 12:30-2:30 pm - CT – 11:30-1:30 MT – 10:30-12:30 PT

A Project of  CAI

Ending  
the  
HIV  
Epidemic



Technical Assistance Provider  
innovation network

## Cooperative Agreement Award # U69HA33964

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$3,750,000 with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

A Project of  CAI

# Learning Objectives, Agenda & Panel

# Learning Objectives

Help you create/strengthen rapid ART activities in your jurisdictions by:

- Communicating the benefits of rapid ART to promote its adoption
- Identifying jurisdictional strengths and training/TA needs to implement or expand rapid ART.
- Describing components of a rapid ART plan



# Agenda & Panel

- **Moderator** – Tom Donohoe, UCLA
- **HRSA HIV/AIDS Bureau Update** – Laura Cheever, MD, ScM
- **Science & Guidelines** – Susa Coffey, MD, UCSF
- **How Jurisdictions Decide & Rapid ART Components** – Susa Coffey, MD, UCSF; Leandro A. Mena, MD, University of Mississippi Medical Center; & Rapid ART Sites
- **TAP-in TA/Training** – Will Murphy, Project Director, CAI TAP-in

## Case: DeWayne

Two years ago, DeWayne came to the ABC Clinic for an STD test. He was 25. Angela, the nurse, told him she was ordering an HIV test as well because it was the clinic protocol to do so. DeWayne agreed. DeWayne's STD test came back negative. But the HIV test came back positive. He was shocked. The nurse started to tell DeWayne about how he could get specialty care at their HIV clinic. But DeWayne said he had to catch a ride and left the clinic. The next day, the case manager called. And called again. His cellphone never answered.

## **Poll Question**

What do you  
think?

Would this situation be improved if  
ABC Clinic had a rapid ART protocol?

- 1) Yes
- 2) No
- 3) Not sure

# What Rapid ART Can Do for Patients

- Gets ART medications sooner—ideally the same day; viral load is suppressed more quickly
- Reduce client doubts about ability to get medications
- More likely to hear U=U messaging as more immediate and meaningful
- More likely to make his first HIV specialty care appointment and build a trusting relationship with the clinic

# What Rapid ART Can Do: For Clinics & Jurisdictions

- **For the Clinic**

- Better patient outcomes, more empowered patients and staff
- Potential efficiency of clinic operations (e.g., making use of no-show slots)
- Potential cost-effectiveness
- Clinic staff enjoy adding a new service to their skill set
- Fewer visits to initiate someone on ART

- **For the EHE Jurisdiction**

- Helps meet the Pillar 2 goal of promptly linking individuals newly diagnosed with HIV to care and treatment. Proactively addresses health disparities

# HRSA Commitment to Rapid ART

# HIV/AIDS Bureau Vision and Mission

---



## Vision

Optimal HIV/AIDS care and treatment for all.

## Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV and their families.



# Four Pillars of Ending the HIV Epidemic

**75%**  
reduction in  
new HIV  
diagnoses  
in 5 years  
and a  
**90%**  
reduction  
in 10 years.



## Diagnose

All people with HIV as early as possible.



## Treat

People with HIV rapidly and effectively to reach sustained viral suppression.



## Prevent

New HIV transmissions by using using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).



## Respond

Quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



# Achieving Ending the Epidemic Goals

## People with HIV in care

- Improve viral suppression rates
- Decrease disparities

## People newly diagnosed with HIV

- Enhance linkage to care
- Enhance engagement in care

## People with HIV out of care

- Expand re-engagement in care
- Improve retention in care



# Barriers to Care

---

- Untreated or undertreated substance use and/or mental disorders
- Poverty, food insecurity
- Lack of transportation to medical appointments or pharmacies
- Disruptions in care due to incarceration, homelessness
- Stigma, discrimination, homophobia
- Institutional barriers, such as cumbersome entry criteria and limited appointment availability



## HRSA HAB: SPNS Rapid ART Initiative (2020-23)

Building Capacity to Implement Rapid ART Initiation for Improved Care Engagement (2020-2023)

- Minority HIV/AIDS Fund Evaluation & TA Center: UCSF
- 15 Demonstration Sites

## HRSA HAB: SPNS Rapid ART Dissemination Assistance Provider (DAP) (2020-2023)

- Goal: develop Rapid ART compendium of evidence-based/promising practices
- Collect insights
- Disseminate results online, via networks and events

### DAP Team

- CAI, Mission Analytics, UCLA/DFM
- Point of Contact: Sara Friedman, CAI, Evaluation Associate - [sfriedman@caiglobal.org](mailto:sfriedman@caiglobal.org)

# Additional FY 2020 New Initiatives to Support EHE

## Reducing Stigma at Systems, Organizational, and Individual Client Levels in the Ryan White HIV/AIDS Program

- Minority HIV/AIDS Fund Awarded to: NMAC
- ESCALATE – Ending Stigma through Collaboration And Lifting All To Empowerment

## Improving Care and Treatment Coordination: Focusing on Black Women with HIV

- Minority HIV/AIDS Fund Evaluation & TA Center Awarded to: University of Massachusetts
- 12 Demonstration Sites

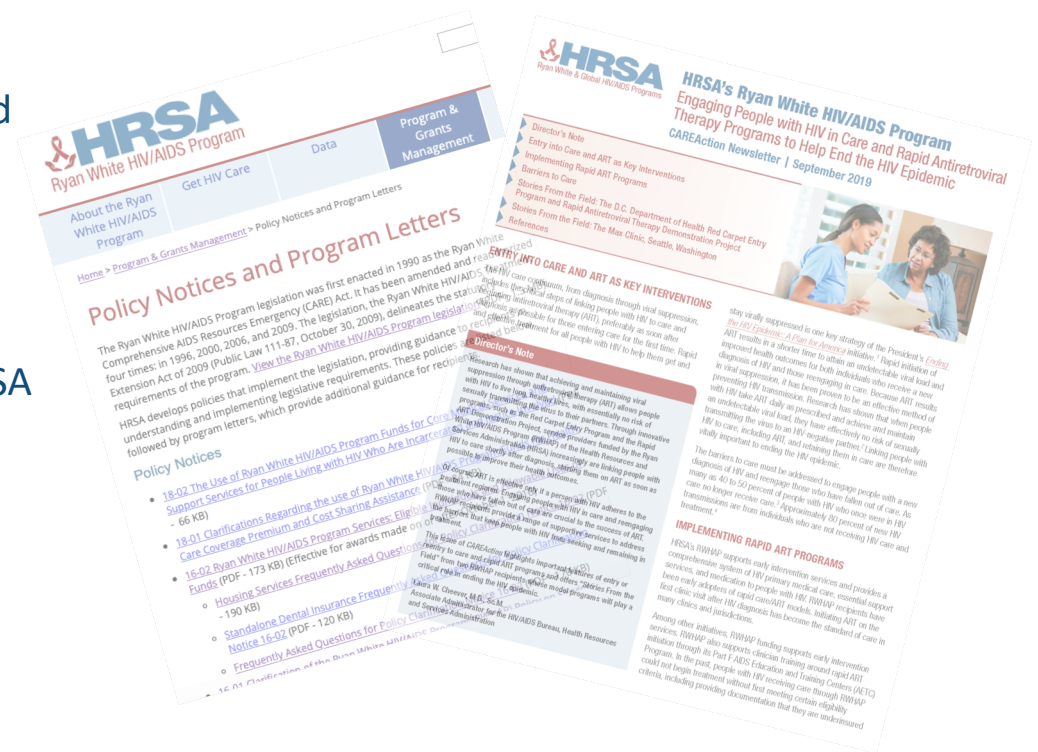
## Enhancing Engagement of People with HIV through Organizational Capacity Development and Leadership Training

- Awarded to NMAC
- ELEVATE – Engage Leadership through Employment, Validation, and Advancing Transformation and Equity for People Living with HIV



# HRSA HAB's Commitment to Rapid ART

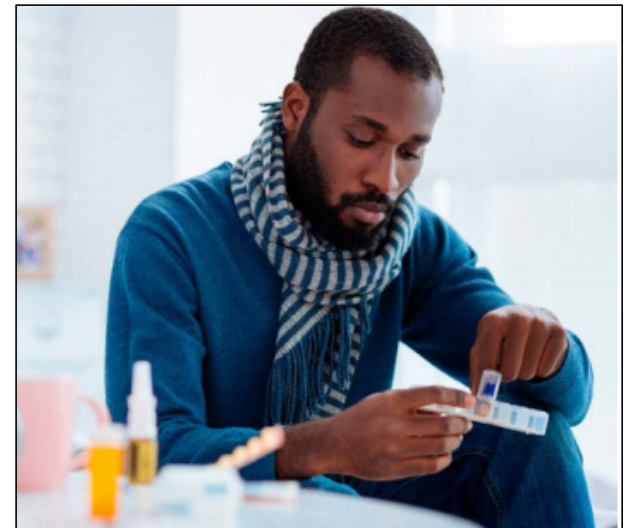
- PCN 13-02 - Clarifications on Ryan White Program Client Eligibility Determinations and Recertifications Requirements (Revised 5/1/2019)
- “Rapid ART Eligibility and Determinations.” Letter from the Associate Administrator, HRSA HIV/AIDS Bureau, May 2, 2019
- Engaging People with HIV in Care and Rapid Antiretroviral Therapy Programs to Help End the HIV Epidemic CAREAction Newsletter, September 2019



# Best Practices for Implementing Rapid ART Programs

---

- Develop a referral system, ideally with warm hand offs
- Mobilize a multidisciplinary team to see the client on a same-day basis, if possible
- Ensure follow-up care
- Engage patients through high-intensity support



# Stories from the Field: Washington, DC

---

## The D.C. Department of Health Red Carpet Entry Program and Rapid Antiretroviral Therapy Demonstration Project

- Goal: To get 90 percent of HIV-positive District residents into treatment
- 10-year-old Red Carpet Entry (RCE) program to connect people with a new diagnosis of HIV with a provider within 48 hours.
- Patients start ART within seven days of diagnosis so they can reach viral suppression within 60 days of starting ART.
- “We’ve learned that clients gain a sense of empowerment when they are actually handed the medication after diagnosis and before they leave the clinic.”

-Ms. Lena Lago, Deputy Chief for the Care and Treatment Division





# Stories from the Field: Seattle, Washington

---

## The Max Clinic

- Provides a walk-in, incentivized care intervention designed to engage the hardest-to-reach people with HIV for whom traditional HIV care models have not been effective.
- Clients are eligible if they were not virally suppressed at the time of their last viral load measurement or they are no longer taking ART and have failed to engage in care through traditional HIV programs.
- Approach includes three elements:
  - Walk-in access to HIV primary care physicians and medical and nonmedical case managers, eliminating the need to plan for and schedule an appointment
  - Incentives funded by non-RWHAP resources to increase the priority of clinic visits in the face of competing needs and help ensure that clients complete laboratory tests
    - Meal vouchers, cell phones, bus passes, etc.
  - Intensive case management to provide personalized support



# COVID-19 Lessons to Accelerate EHE Response

---

- **Adoption of telemedicine**
  - Reaching those out of care
  - Improving retention rates
  - Concerns about the “digital divide”
- **Extension of medication refills**
  - 90-day fills
  - Increased home delivery
- **Self Testing**
  - HIV, STIs
- **Reassess processes**
  - Eligibility and recertification



# Contact Information

---

Laura Cheever, MD, ScM  
Associate Administrator  
HIV/AIDS Bureau (HAB)  
Health Resources and Services  
Administration (HRSA)  
[Lcheever@hrsa.gov](mailto:Lcheever@hrsa.gov)  
301-443-1993  
[hab.hrsa.gov](http://hab.hrsa.gov)

## Connect with HRSA

Learn more about our agency at:

[www.HRSA.gov](http://www.HRSA.gov)



[Sign up for the HRSA eNews](#)

FOLLOW US:



Who Are You?

## Poll Question

Where You Are

# Where do you work?

1. **Region 1** (CT, ME, MA, NH, RI, VT)
2. **Region 2** (NJ, NY, PR, US Virgin Islands)
3. **Region 3** (DE, DC, MD, PA, VA, WV)
4. **Region 4** (AL, FL, GA, KY, MS, NC, SC, TN)
5. **Region 5** (IL, IN, MI, MN, OH, WI)
6. **Region 6** (AR, LA, NM, OK, TX)
7. **Region 7** (IA, KS, MO, NE)
8. **Region 8** (CO, MT, ND, SD, UT, WY)
9. **Region 9** (AZ, CA, HI, NV, Pacific Jurisdictions)
10. **Region 10** (AK, ID, OR, WA)

## Poll Question

Rapid ART in  
Your EHE  
Plan?

Were rapid ART-related services included in your final EHE jurisdiction plan?

- 1) Yes
- 2) No
- 3) I'm not sure – Add to Chat Box

## Poll Question

Where You Are

Which best describes your **#1** HIV-related work role (choose one only)?

1. Health department
2. Ryan White planning council/planning body member
3. Clinician
4. Case manager
5. Linkage/navigator
6. Social worker
7. Administrator
8. Federal government staff (e.g., HRSA)
9. Other (write into chat)

# About Rapid ART

Susa Coffey, MD



## Rapid ART Defined

“[S]tarting treatment as soon as possible after the diagnosis of HIV infection, preferably on the first clinic visit (and even on the same day as diagnosis).”

*Immediate ART Initiation: Guide for Clinicians*  
AETC NCRC

**Tip: Rapid ART goal:  
provide ART same day but  
within 7 days in special circumstances**

Participants:  
What's your  
definition?

Add it to the Chat

# Goals of Rapid ART

- Provide immediate linkage to care
- Decrease attrition from care (improve care cascade outcomes)
- Shorter time to virologic suppression, higher rates of retention with viral suppression
- Decrease HIV transmission
- Address disparities (access to immediate ART for all)
- Potential psychological benefit: patient empowerment and trust

## Research: Clinical Trials & Pilot Studies Set the Stage

- Randomized trials in resource-limited settings, 2013-15
- Pilot study at Ward 86, UCSF/San Francisco General Hospital, 2013
- Standard of care in San Francisco (through Getting to Zero initiative), 2014
- Many novel programs in various U.S. cities and states, e.g., New Orleans/CrescentCare, Atlanta/Grady, UAB, Washington D.C. (Whitman Walker, others), NYC DOH, FL, AZ.

Pilcher, JAIDS 2017. Coffey, JAIDS 2019. Colasanti, OFID 2018. Halpirin, OFID 2019.

# Research: Rapid ART

## Consistent findings:

- *Reduces time* to 1st care visit, to viral suppression (VS)
- *Decreases barriers* to ongoing care
- *Reduces disparities* by offering immediate ART to all with new HIV diagnoses
- High rates of viral suppression (VS)
- Meets "consumer demand"

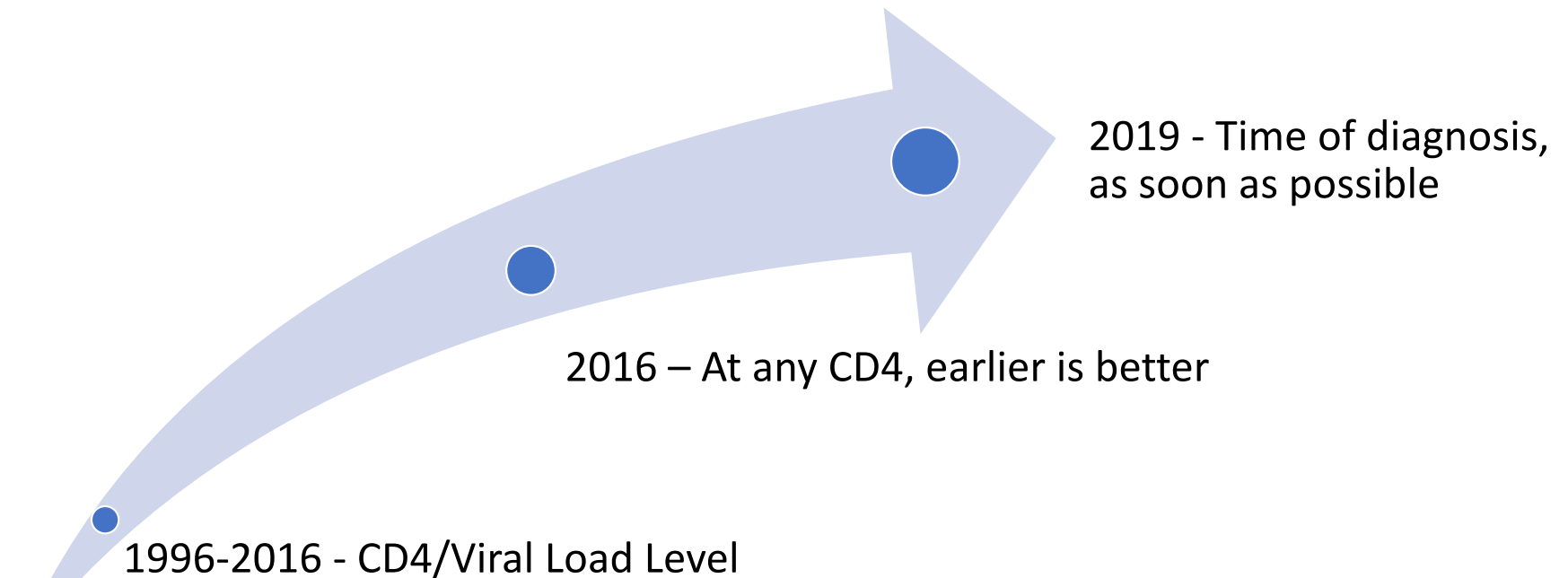
## Expected benefits:

- Reduced HIV transmission to others
- Improved long-term retention in care

**Note: There are limited data on the efficacy of rapid re-start for patients re-engaging in care.**

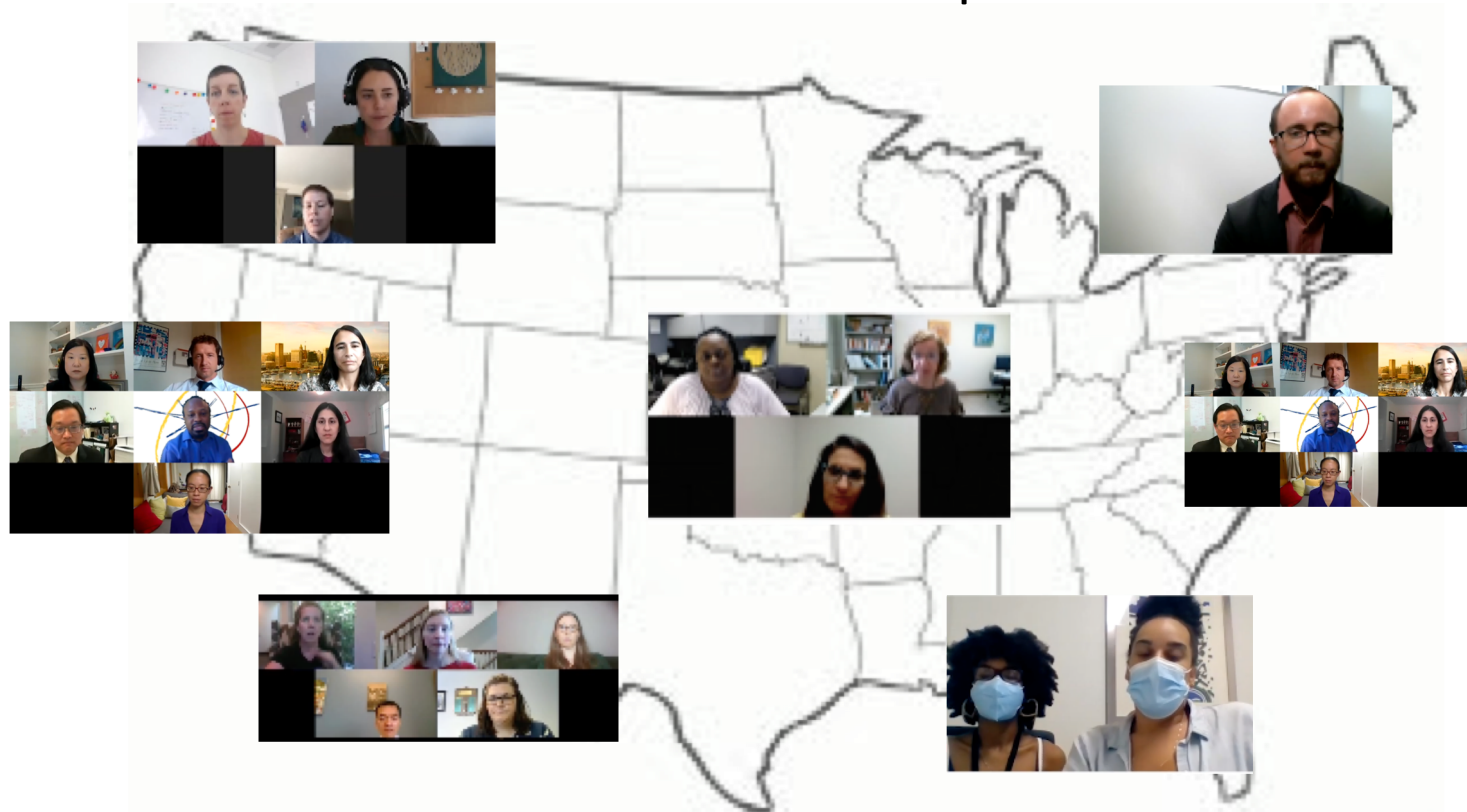
Pilcher, JAIDS 2017. Coffey, JAIDS 2019.  
Colasanti, OFID 2018. Halperin, OFID 2019.  
Bacon, CID 2020. Christopoulos, AIDS 2020  
Conference.

# HHS Guidelines: Evolution to Rapid ART



# Rapid ART in the Field

# RWHAP 2020 Rapid ART Sessions



**Tip: Coming Soon: Find these resources on [targethiv.org](https://targethiv.org)**

*A Project of*



## Poll Question

### Rapid ART Barriers

What do you feel is **#1** barrier to rapid ART in your area?

- 1) Funding for staff/operational expenses
- 2) Funding to pay for medications
- 3) Linkage from testing sites
- 4) Provider resistance (i.e., lab work prerequisite for ARTs)
- 5) Provider capacity (i.e., no experience with ARTs)
- 6) Patient unwillingness (“not ready”)
- 7) Need for new/changed policies
- 8) Other



## Poll Question

### Rapid ART Motivations

What do you think is the #1 motivator for taking on rapid ART?

- 1) HHS guidelines and other guidelines
- 2) Champions/leadership
- 3) Consumer interest
- 4) Community planning priorities
- 5) Desire to improve existing rapid care engagement activities
- 6) Other

## Poll Question

TA Needs for  
Rapid ART

What do you feel is the #1 training/TA need for rapid ART in your jurisdiction?

- 1) Provider trainings
- 2) TA on policies/protocols
- 3) TA on clinic flow models
- 4) TA on obtaining ARTs immediately (e.g., starter packs, insurance)
- 5) TA on community engagement
- 6) Other training/TA (write into chat)

# How Jurisdictions/Sites Prioritize Rapid ART

Leandro A. Mena, MD



## In Prioritizing Rapid ART, Many Sites Are:

- Following the science
- Being driven by champions
- Responding to patient interests and demand
- Implementing plans that prioritize rapid ART
- Acting upon community feedback



## Most Important in Prioritizing Rapid ART: Your Local HIV Data

- Who is getting tested but not linked to care?
- Who is falling out of care?
- Where are you now with viral suppression?
- What's your room for improvement?

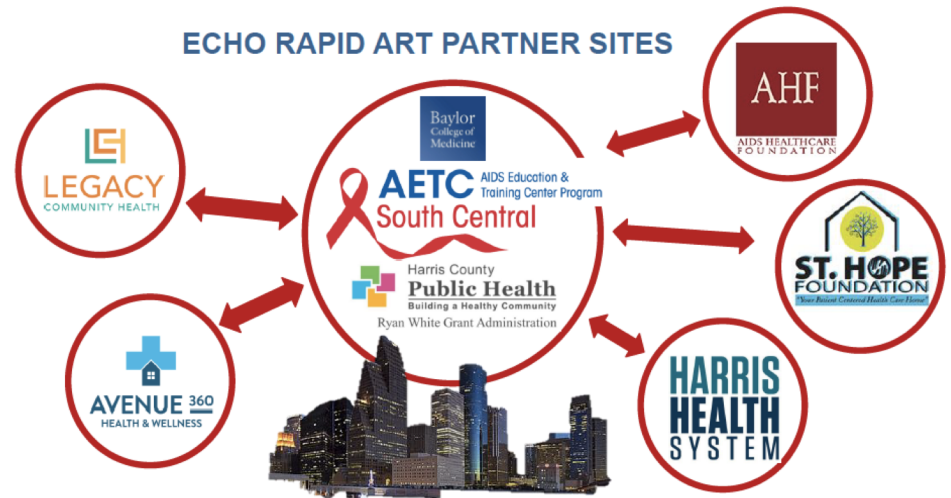
**Tip: Set goals/metrics for your rapid ART program using local HIV data.**



# Community-wide Rapid ART: Examples

- San Francisco Bay Area
- Baltimore
- District of Columbia
- Houston/Harris County TX
- North Carolina (in process)
- Dallas (Future)

## ECHO RAPID ART PARTNER SITES



# Setting Up Rapid ART

Susa Coffey, MD & Leandro A. Mena, MD

# What's in a Rapid ART Model?

- Testing and Linkage
- Rapid Champion/Dedicated Rapid Team
- Workflows
- Protocols
- Staff Buy-In and Training
- Insurance and Medication Access
- Support for Patients
- Retention in Care
- Data to Support Patients & Track Outcomes
- Quality Improvement

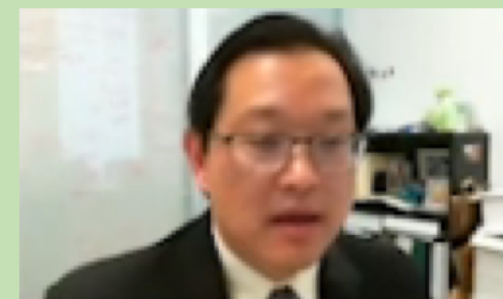


# Rapid ART: Testing and Linkage

- New HIV Diagnoses
  - Close links with testing sites
  - Established referral process
  - Single point of contact with the rapid team/clinic
- Persons Not on ART (off ART or fell out of care)
  - Methods for identifying persons off ART or out of care

**Tip: With both types of clients, you need a single point of contact for referrals.**

# San Francisco Bay Area Workflow: A Single Point of Contact



Albert Liu, SFPD & UCSF



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



**HIVReConnect**  
Increasing retention and re-engagement

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)	

SF has prepared a list of clinical sites in SF that can offer HIV medication to everyone within 0-5 days of HIV diagnosis regardless of insurance status

<https://www.gettingtozerosf.org/rapid-care-options-in-sf/>



# Rapid ART: Rapid Champion, Dedicated Team

- Rapid programs often build upon existing successful clinical programs
  - HIV clinic, PrEP program, STI clinic
  - Leverage expertise and passion of existing staff
- Often, an individual acts as a Rapid Champion
- Dedicated Rapid team (multidisciplinary)

**Tip: Build upon an existing successful linkage program.**

# Baltimore Rapid ART Setting

STI/HIV care site:  
An “ideal setting for rapid ART”



Amanda Rosencrans, Baltimore City Health Dept.

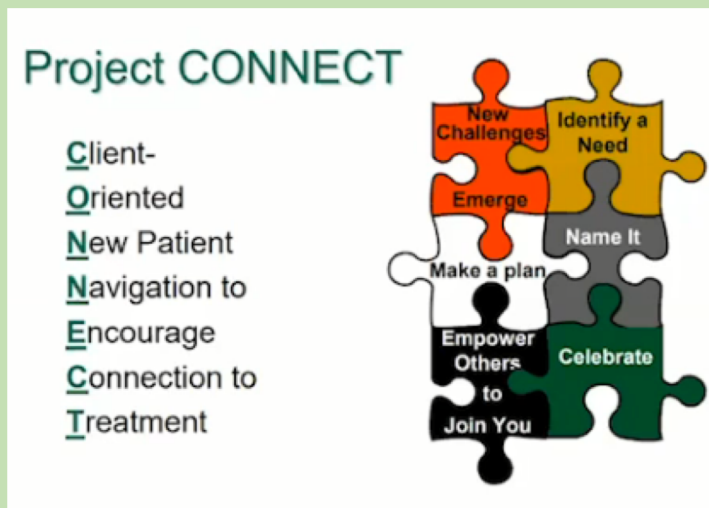


# Birmingham Building Upon an Existing Linkage to Care Program

“...how to make it more rapid”



Kelly Ross-Davis, 1917 Clinic

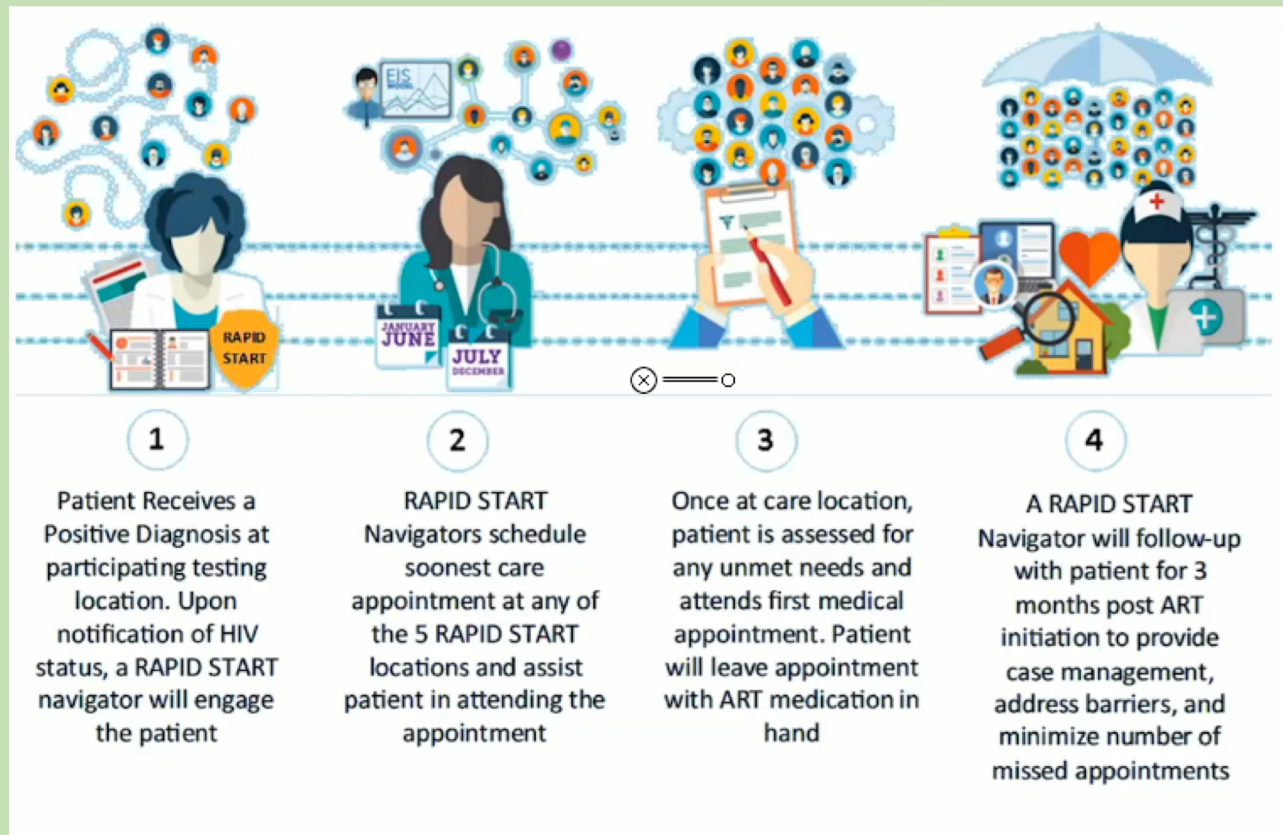


# Rapid ART: Workflow-Staffing

Availability and Roles (in-house [clinic staff] and outside [e.g., DOH navigators])

- Activation of rapid team/process
- Steps may include eligibility/benefits worker, social worker and/or case manager, nurse, laboratory staff, clinician, pharmacist, navigator
- Minimize the number of people interacting with new patient; warm handoffs

# San Antonio Workflow



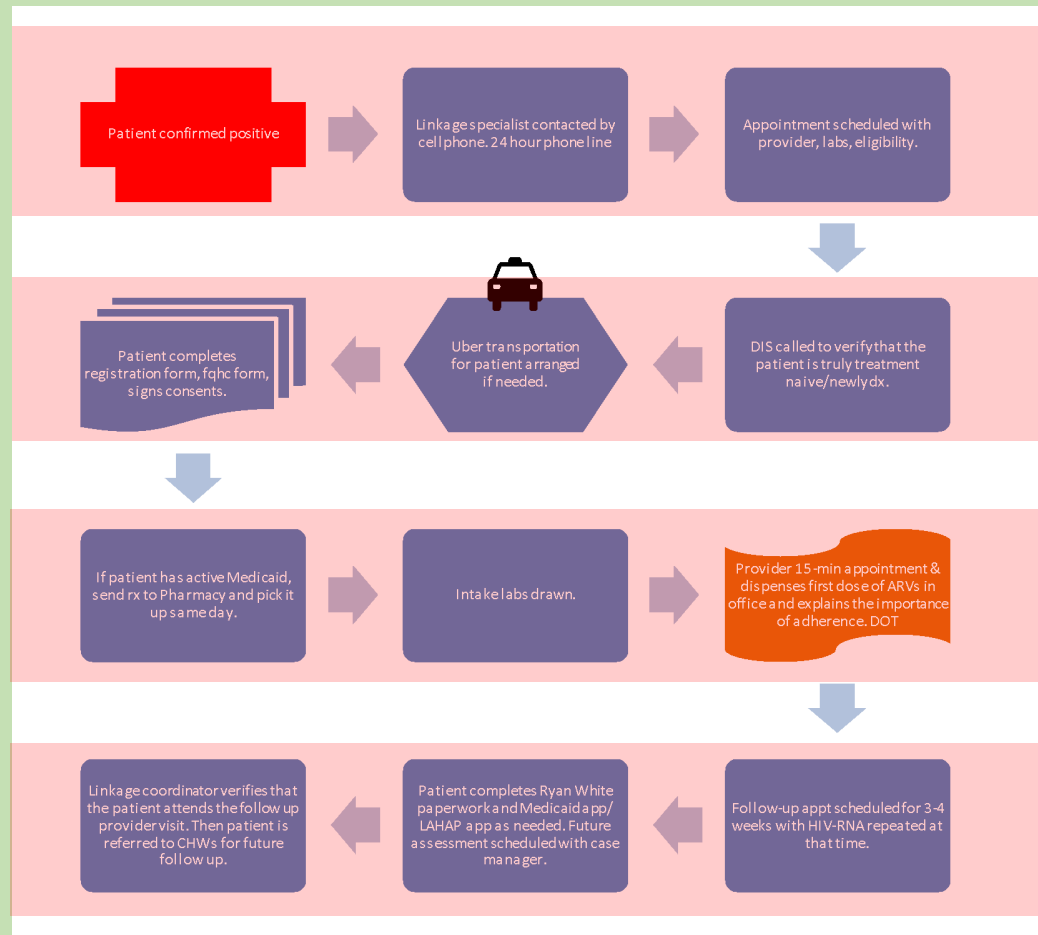
Andrew McCracken – University of Texas San Antonio



# New Orleans Workflow



Jamanii Brown, & Celeste Onujiogu  
CrescentCare Linkage Coordinators





# Rapid ART: Protocols

- Develop Protocols Tailored to Your Specific Circumstances
- Roles of Staff Members
- Steps in the Initial Rapid Visit: Insurance/benefits enrollment/optimization - Patient screening, including medical history and physical exam - Laboratory work - Support/education - Prescription
- Pre-selected ART Regimens - Prescription, +/- starter pack
- Plan for Patient Follow-up - Frequency
- Expert Consultation (e.g., for interpretation of confusing test results, medical/psychiatric comorbidities, individualized ART selection)

# Rapid ART: Staff Buy-In & Training

- Buy-in (from clinic leadership is essential, and all staff should know the program)
- Educate All Staff Who Deal with Rapid Patients—and Supervisors
- Formats
  - Staff trainings
  - Brochures/flyers for staff—placed in staff areas
  - Meet individually with staff in huddles for Q/A
  - Repeat training given staff turnover
  - Data visualization
- Training Topics
  - Efficacy data
  - Patient interest and acceptance
  - Starting ART before baseline lab results are available

**Tip: Contact TAP-in and the AETC Network for training on rapid ART.**



*A Project of*



# New York City Provider Training



Finn David Schubert  
Family Health Centers, NYU Langone

**NYU Langone Health**

## ENDING THE EPIDEMIC HIV CARE AND PREVENTION IN THE FHCS

- 1. Test routinely**  
Offer HIV testing annually to all patients ages 13 and over.  
Consider testing on an opt-out basis—inform the patient that you plan to add HIV testing to lab orders.
- 2. Link to care immediately**  
**For a positive result on a rapid HIV test:**
  1. Inform the patient, “Your test result is reactive, or what’s known as preliminary positive. We cannot be sure of your HIV status based on this result; the result does not yet mean that you are HIV-positive. We do need to conduct another test today to confirm your HIV status.”
  2. A coordinator will contact you ASAP to discuss the patient case and will assist with recalling the patient, if needed.
  3. A patient navigator will be assigned who will be present with you when you inform the patient of their positive result. The patient navigator will assist with linking the patient to an HIV specialist—sometimes on the same day.
  4. The patient navigator will continue to follow up with the patient to ensure that the patient is in care with an HIV specialist, and will assist with ADAP or other benefits enrollment as needed.
- 3. Offer PrEP (Pre-Exposure Prophylaxis)**  
**Discuss PrEP with all patients of any gender/sexual orientation who:**
  - Have condomless sex with more than one partner
  - Had a positive STI result in the past 6 months
  - Are in a sexual relationship with an HIV-positive partner
  - Have injected illicit drugs in the past 6 months or been in drug treatment for injection drug use in the past 6 monthsUninsured patients may be eligible for PrEP Assistance Program (PrEP-AP), a limited insurance option that pays for PrEP-related visits and labs. Patients may also be eligible for co-pay assistance or medication assistance.  
Call **718-431-2667** to speak with a prevention navigator who can assist patients with any PrEP-related navigation.

### For a positive result on a laboratory-based HIV blood test:

1. Contact HIV navigation staff immediately: Email **#HIV Navigation** (preferred) and/or call **718-431-2667**.



# Rapid ART: Insurance & Medication Access

## Need Access to ARVs on Day 1

- Streamlined application process for rapid access to ADAP, emergency Medicaid
- Ryan White vouchers (uninsured)
- Starter Packs, "sample" packs (purchased by clinic or donated by pharmaceuticals)
- Challenges
  - Prohibitions on Pharma donations
  - Over-reliance on starter packs
  - Covering costs not covered by ADAP/insurance



## Baltimore Medication Starter Packs

“The benefits of the starter pack...It’s really nice to have someone leave with something in their hand....”



Sara Rives, Baltimore City

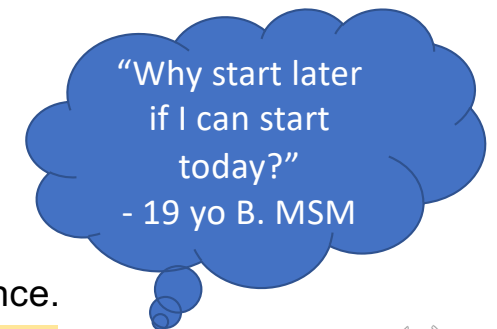
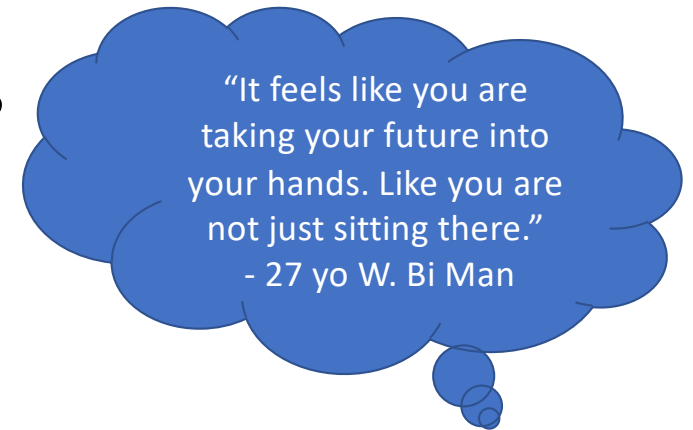


# Rapid ART: Support for Patients

- Various Staff Provide Support
  - Clinicians - Patient Navigators – Linkage/retention coordinator
- The First Care Appointment
  - Meet care team
  - Establish or optimize insurance benefits/medication access
  - Create an initial care plan (based on needs/acuity assessment)
  - As relevant, determine why person dropped out of care, entered care late
  - Obtain ART (optimally, same day)
  - Receive counseling
  - Linkage/referrals to additional services needed
- Start retention efforts right away!

Christopoulos, AIDS 2020 Conference.

**Tip: One goal of 1<sup>st</sup> appointment: get the person to return for 2<sup>nd</sup> appointment.**



*A Project of*

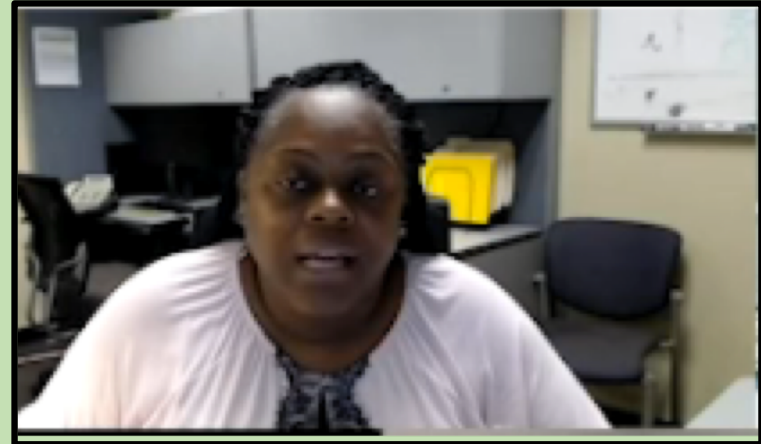


# Rapid ART: Retention in Care

- Ultimate Goal
  - Lifelong HIV care, with viral suppression
- Ongoing Appointments are Critical
  - Support patients in attending follow-up appointments
  - Focus on patients who *don't* show up

# Birmingham Patient Support

Linkage Coordinators: “We  
are their point of contact.”



Harriett Reed-Pickens 1917 Clinic





## **Poll Question**

### Access to Medications

What means does your clinic / jurisdiction have in getting ART medications to patients on their first clinic visits? Check all that apply.

- 1) Starter packs
- 2) Emergency RWHAP ADAP
- 3) Other medication/insurance assistance program
- 4) In-house pharmacy
- 5) Commercial pharmacy
- 6) Other (put in chat box)

## Rapid ART: Data to Support Patients & Track Outcomes

- Establish Goals and Metrics and Track Data Related to (e.g.)
  - Demographics; Days from diagnosis to 1st visit, to ART start, to viral suppression; Viral suppression rates; Retention rates
- What to Do with Data (e.g.)
  - Analyze for trends, variations, Track disparities, Identify loss to follow-up
- How
  - Engagement-in-care form within EMR; Data sharing platform across jurisdictions; Use of CAREWare; Chart reviews

**Tip: Data visualization helps communicate challenges, successes.**

## Rapid ART: San Francisco Citywide RAPID Metrics

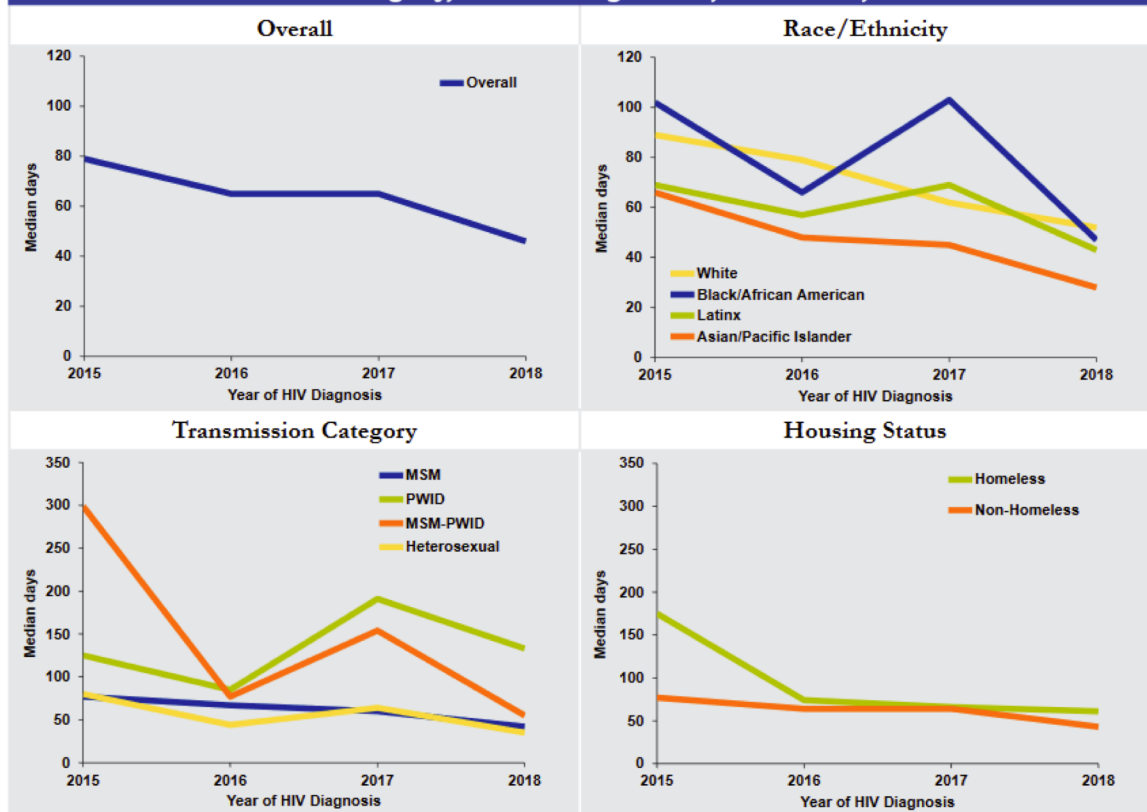
Metric	2013	2014	2015	2016	2017	2018
<b>Median Days</b>						
<b>HIV diagnosis to 1<sup>st</sup> care visit</b>	8	7	7	5	4	2
<b>1<sup>st</sup> care visit to ART start</b>	27	17	7	1	0	0
<b>ART to VL &lt;200</b>	70	53	54	42	46	35

SFDPH HIV Epi. Annual Report 2019. Bacon CID 2020.

# Rapid ART: San Francisco Viral Suppression Data

Focus on Disparities

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



SFDPH HIV Epi. Annual Report 2019.

# Rapid ART: Quality Improvement

Determine Baseline > Identify Actions for Improvement > Assess Results

## Rapid Access of Initial HIV Appointment and ART Prescription

*Michelle Shearer, MSW; Suzanne Lavoie, MD; Susan Jonte, RN; Ryan White Programs and Infectious Disease Clinic, Virginia Commonwealth University*



### LESSONS LEARNED

- Teams are an effective way of testing small change
- Teams need to meet frequently to discuss challenges, successes, and develop strong communication
- Strong relationships with testing sites are needed for quick referrals
- There is an opportunity to expand RA to patients diagnosed >30 days that have never been in care

## New York City Quality Improvement

Set quality goal to improve 3-day and 7-day linkage to care and implemented it by:

- Generating a daily report of network-wide HIV results (reviewed by Quality Manager)
- Establishing a rapid-rapid testing protocol to confirm test results with a different rapid test so that patients could immediately be linked to care
- Conducted provider education



Finn David Schubert  
Family Health Centers,  
NYU Langone



## Site Insights: Challenges

- Funding for and access to medications for uninsured and underinsured (e.g., no pharmacy on site, prohibitions on use of starter packs)
- Buy-in from providers (rapid ART may ask providers to add to their schedules)
- Finding time to spend with patients
- Addressing immediate needs of patients
- Retention of patients lost to follow-up
- Staff turnover: ongoing training and buy-in
- Necessary expertise is not always available

# Lessons Learned: Patients and Resources

## Patient Support

- Patients generally welcome rapid start
- Central point of contact for patients
- Value of observing the first ART dose in the clinic
- Rapid ART enhances health equity
- Follow-up visits often require high level of support until patients are into routine care
- Set expectations: Patients not in care/fallen out are likely to require significant support

## Resources

- Medications: Starter packs that can get reimbursed later by Ryan White



# Lessons Learned: Administrative/Operational

- Buy-In from administrators, others
- Build time for emergent appointments into provider schedules
- Flexibility in appointments and provider availability—for initial and going visits
- Department teamwork
- Communications within agency and among providers
- Operating procedures
- Make adjustments (e.g., QI Reviews)
- Municipal/regional planning, collaboration, supports

# New Orleans Health Equity

Rapid ART Supports  
Health Equity



Katie Conner, CrescentCare



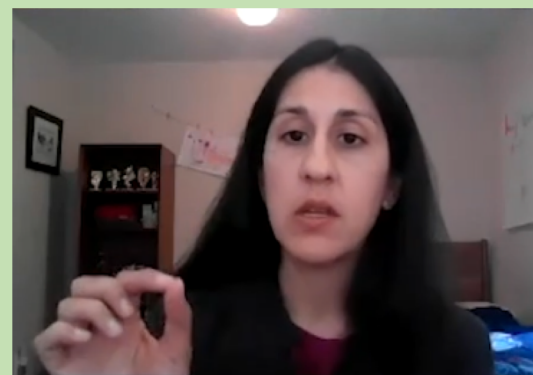
# Impact of COVID-19

# Dealing with COVID-19

- Telehealth/Telemedicine
- Home delivery of medications
- Decreases in HIV testing and rebounds

# Washington, DC COVID-19

## Telehealth Can Broaden Access for Clients



Rupali Doshi, GWU



Darryl Moch, Community Consultant



# Technical Assistance and Training

# Who We Are



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

**Tip: Get TAP-in TA and Training by Contacting [TAP-in@caiglobal.org](mailto:TAP-in@caiglobal.org)**

# Your EHE Plans




**Treat** HIV quickly  
and effectively

Pillar 2

Purpose: rapid infusion of additional resources, expertise, technology to **develop and implement locally tailored EHE plans**

HRSA funded 47 jurisdictions to develop & implement EHE Plans that focus on  
**TREAT AND RESPOND**



**Respond** quickly  
to clusters of  
new cases

Pillar 4



## Purpose of TAP-in Review of Your Plans

- Determine to what extent the proposed plan will achieve goals to reduce new HIV infections by 75% in 5 years
  - Describe target population, methods, partnerships, jurisdiction capacity, community engagement
  - Identify strengths
  - Identify gaps
  - Make recommendations for improvement
  - Identify opportunities for TA and training

## TAP-in Review of EHE Rapid ART Plans

- Was rapid ART in the EHE proposal? In the final workplan?
- Was there community input on rapid ART plans?
- Was the rapid plan new or an enhancement of existing rapid ART activities?
- What technical assistance, training, and/or resources might be helpful for implementation?

# Case: Getting TA From TAP-in on Rapid ART

## Houston/Harris County

- Formulating rapid ART in 5 clinic sites
- Their initial steps
- TA interactions with TAP-in to date



## Recap: How TAP-in Can Help

- 1) Help site clarify goals given likely changes since writing the proposal (e.g., budget, dealing with COVID-19/telehealth, partnerships).
- 2) Review strengths of proposal and how to leverage them for implementation.
- 3) Identify implementation approach and how TA can help.
- 4) Provide menu of TA options (e.g., coaching from rapid ART expert).
- 5) Create brief, focused implementation “playbooks” for national use.

## Technical Resources

- AETC NCRC - Immediate ART Initiation: Guide for Clinicians (2/19, updated 2/20)\*
- TAP-in Rapid ART Playbook (future)
- Rapid ART Compendium (future)
- TAP-in TA and Training (now)

\*<https://aidsaetc.org/resource/immediate-art-initiation-guide-clinicians>

**Tip: Get TAP-in TA: [TAP-in@caiglobal.org](mailto:TAP-in@caiglobal.org)**

### Immediate ART: Quick Guide for Clinicians

Starting antiretroviral therapy (ART) immediately after HIV diagnosis is recommended by HHS guidelines.

Immediate ART can improve retention in care and result in earlier HIV viral suppression.



# Audience Q/A



Technical Assistance Provider  
innovation network

Ending  
the  
HIV  
Epidemic

## Conclusion, Next Steps and Evaluation

Email TAP-in to Request TA/Training

**[TAP-in@caiglobal.org](mailto:TAP-in@caiglobal.org)**

Email DAP for Best Practice Programs

**[Sfriedman@caiglobal.org](mailto:Sfriedman@caiglobal.org)**

A Project of  CAI