Compendium of Best Practices in Provision of Rapid Start Services for People with HIV

For Ryan White HIV/AIDS Program Funded Providers

RapidART
Dissemination Assistance Provider

A Project of CAI

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- Borinquen Medical Centers (Miami, FL)
- CareSouth Medical and Dental (Baton Rouge, LA)
- Equitas Health (Ohio)
- Hennepin Healthcare's Positive Care Center (Minneapolis, MN)
- Howard Brown Health (HBH) (Chicago, IL)
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Introduction

Hopes for ending the HIV epidemic depend in large measure on maximizing the prevention benefits of ART. For people with HIV, delayed initiation of ART is associated with increased risk of HIV-related morbidity and mortality and risk of community-level transmission. The National Institutes of Health, International Antiviral Society - USA, and the World Health Organization strongly recommend ***early initiation of ART, or Rapid Start, ideally on the same day as a new HIV diagnosis or re-engagement in care but in all cases within 7 days.***[1]

Initially piloted in low- and middle-income country settings, Rapid Start has been taken up in settings across the U.S. including among Ryan White HIV/AIDS Program (RWHAP)-funded programs.[2,3] Their experience has demonstrated that Rapid Start, compared to later initiation of ART, increases rates of medication uptake, viral suppression, and retention in care; markedly reduces the time from diagnosis to viral suppression; and is well received by clients.[4,5]

Compendium Background

Under this funding opportunity, HRSA HAB aims to conduct a comprehensive environmental scan to identify facilitators, or best practices, associated with provision of effective Rapid Start services, unique Rapid Start service delivery models, and promote widespread dissemination and replication of identified best practices and models throughout RWHAP-funded programs.

Consisting of more than 500 Part A-D funded recipients who represent a range of states, cities, counties, and organizations, RWHAP recipients subsequently fund more than 2,000 subrecipients. Identification and dissemination of Rapid Start models and making these available to RWHAP providers interested in their replication can result in significant improvements in clinical outcomes for people with HIV, especially for those who experience challenges engaging in care between initial HIV diagnosis and the time ART is prescribed.

The best practices that follow are a compilation of environmental scan results including key informant interviews with 12 clients who received Rapid Start services and with 147 staff, including clinicians, pharmacists, social workers, administrators, and case managers from 16 RWHAP-funded recipients and subrecipients from across the nation who successfully planned, implemented and sustained Rapid Start services, for at least three years, with demonstrated improvement in HIV care continuum outcomes for the clients they serve.

Identification of best practices was guided by the Consolidated Framework for Implementation Research (CFIR), which helped create a framework for identifying facilitators of implementing sustained and impactful Rapid Start services. This framework is described in detail in Appendix B.

Compendium Purpose

Just as HIV providers are unique in their locations, service delivery models, and populations served, there is no "one size fits all" approach to the provision of Rapid Start services. This Compendium aims to showcase a range of best practices, and program models, that were identified across the providers we interviewed that facilitated the delivery of effective Rapid Start services in diverse RWHAP provider settings.

Each section of the Compendium describes best practices and key considerations for providers who wish to adopt Rapid Start as a standard of care or improve existing Rapid Start processes. Though not all best practices will be applicable to all providers, the contents and examples given here can be adapted for use in diverse settings.

How to Use this Compendium

The best practices included in the Compendium are categorized into seven core components: Rapid Start Service Workflow, Planning, Organizational Culture, Payment for Rapid Start Services, Jurisdiction Support, Performance Measurement and Continuous Quality Improvement, and Client Needs. For each core component, facilitators (or best practices), associated with fostering implementation of each component are described. The best practices offer key insights into what providers must consider when planning, providing, and sustaining Rapid Start services.

Throughout, real-life experiences of RWHAP providers are highlighted, including staff quotes, and tips for implementation. The Compendium concludes with a high-level summary of eight RWHAP-funded provider sites that are intended to highlight the diversity of settings and models for providing Rapid Start services.

For each site listed a link to an expanded "Site Profile" detailing the site's approach to the provision of Rapid Start services is provided that includes a description of an individual provider's approach to planning, providing, and sustaining Rapid. Start services, process map, brief animated video providing an overview of how the site provides Rapid Start services, and site specific job aids and resources.

Target Audience

This Compendium is designed for all people working in the HIV care field, regardless of background or role. All staff, including but not limited to, administrators, managers, ART prescribers, pharmacists, social workers, navigators, linkage coordinators, case managers and other service delivery staff may benefit from the best practices identified.

Some topics will be more applicable to certain roles, for example a fiscal officer or program administrator may be able to apply more lessons from the Payment for Rapid Start Services section of the Compendium, and a case manager may benefit most from reading about lessons from the Health Education sub-section. Providers are encouraged to review this document and identify which core components and best practices are most relevant for their facility based on their capacity, client volume, staffing, jurisdiction support, culture, client needs, etc.

Terms Used in Compendium

The following is a list of terms, and their definitions, used throughout the Compendium.

Antiretroviral Therapy (ART)
A combination of drugs with activity against HIV that reduce viral load to undetectable levels.

ART Starter Pack
An initial course of 7-14 days of antiretroviral therapy (ART) medication.

Annual Retention
In the past 12 months, clients have attended at least 1 outpatient ambulatory health services visit with a second visit at least 90 days after.

Baseline Labs
Standard lab work (e.g., confirmatory testing, viral load, blood work to establish baseline health) completed during the Rapid Start visit. Typically, staff members will complete the client's blood draw onsite, and will either send the labs for processing to an offsite lab facility, or onsite lab facility if available.

Client
A person who has tested positive for HIV and is being connected to Rapid Start services at a provider site.

Client Care Staff
Staff working at a provider site to provide support for intake and insurance eligibility, patient navigation, and referrals to client support services. These staff members may include patient navigators, case managers, social workers (including licensed clinical social workers), and peer navigators. Once ART is prescribed, they may pick up and provide the medication to the client.

Clinical Services
Services provided during Rapid Start to prescribe and provide HIV medication to the client including the clinician exam, ordering baseline labs, assessing for contraindications, establishing a treatment plan, and prescribing ART.

Clinician Exam
The portion of the Rapid Start visit in which the clinician meets with the client to provide HIV education, perform a physical exam, and prescribe ART.

Clinicians
Clinical staff members who deliver medical care to clients. This may include medical doctors, nurse practitioners, and pharmacists.

Follow-Up Care
Services provided after the client's Rapid Start visit, including subsequent clinician exams to review viral load and bloodwork and support services (e.g. mental health, transportation, housing). Providers will establish a follow-up care plan for each client until the client is established in care.

HIV Test
An antigen/antibody test used to detect the presence of human immunodeficiency virus (HIV).

Insurance Eligibility Enrollment
The process of enrolling a client into the Ryan White HIV/AIDS Program, Ryan White HIV/AIDS Program AIDS Drug Assistance Program (ADAP), Medicaid, or any additional insurance avenues to cover payment and receive treatment for HIV.

Linkage Coordination
The process by which a person who has tested newly positive for HIV or is re-engaging in care, either from an external testing site or internal testing, is connected to the provider. This role includes arranging transportation (if needed) for the client to visit the provider site, scheduling the first appointment, and accompanying the client to the Rapid Start visit. The staff member in charge of this role (e.g., linkage coordinator, nurse, patient navigator) is the first touchpoint for clients in the Rapid Start process.

Provider
An organization funded by RWHAP to deliver care to people with HIV, also known as a subrecipient. Providers offer a wide range of services and present varying facility types, including community health centers (CHCs) and federally qualified CHCs (FQHCs), community-based clinics, health departments,sexual health clinics, and more.

Rapid Start
When ART is provided to a person within seven days of the person testing newly positive for HIV or re-engaging in care.

Rapid Start Medication Provision
When a client receives ART medication (either via starter pack or prescription) from a pharmacist or licensed clinician.

Rapid Start Protocol
An agency-based written document that delineates staff responsibilities and outlines the steps involved in the provision of Rapid Start services. The process begins with an HIV diagnosis, either through testing on-site or referral from another program and proceeds to the point where the client is transitioned to routine, ongoing HIV care. The steps are visually depicted in a process map.

Rapid Start Visit Workflow
The steps that must be completed to deliver Rapid Start services from beginning to end, including linkage coordination, intake and insurance eligibility enrollment, clinician exam and ART prescription, ordering baseline labs, providing referrals to support services, ART medication provision, and providing information about follow-up care.

Recipient
Also known as “Jurisdiction” and is a state or city health department that receives Ryan White HIV/AIDS Program Part (A, B, C, D, or F), including Ryan White HIV/AIDS Program ADAP, funding to provide a range of Rapid Start services. Some recipients allocate funds to providers, who are subrecipients.

Re-engagement in Care
A client who has been out of contact with a provider and has not received HIV treatment in several months and is returning to care at the provider site.

Staff Champion
Staff members who are dedicated to supporting, advocating for, and spearheading the planning, implementation, and continuous improvement of Rapid Start services; providing vigorous and enthusiastic attention and support throughout the implementation process.

Support Services
Services provided to clients to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV, such as transportation, housing, food assistance, and mental health/behavioral health services.

Transition to Ongoing HIV Care
The point in the process where the client has initiated ART, has engaged in care and is ready for ongoing, routine HIV care. Depending on how HIV services are delivered at the provider site, the client may continue to receive care within the same provider site, or they may be referred to another provider. The length of time a client stays in care at the original provider site varies. Some sites will also keep track of specific milestones, such as documenting the number of medical appointments a client attends with the new HIV care provider for a certain number of months to ensure the transition holds.

Viral Load
In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

Viral Suppression
When a client's lab results reveal they have less than 200 copies of HIV/mL of blood.

Warm Handoffs
The process of staff members accompanying clients to the next step of Rapid Start service delivery, where they will introduce the client to the next staff member.

Rapid Start Service Workflow

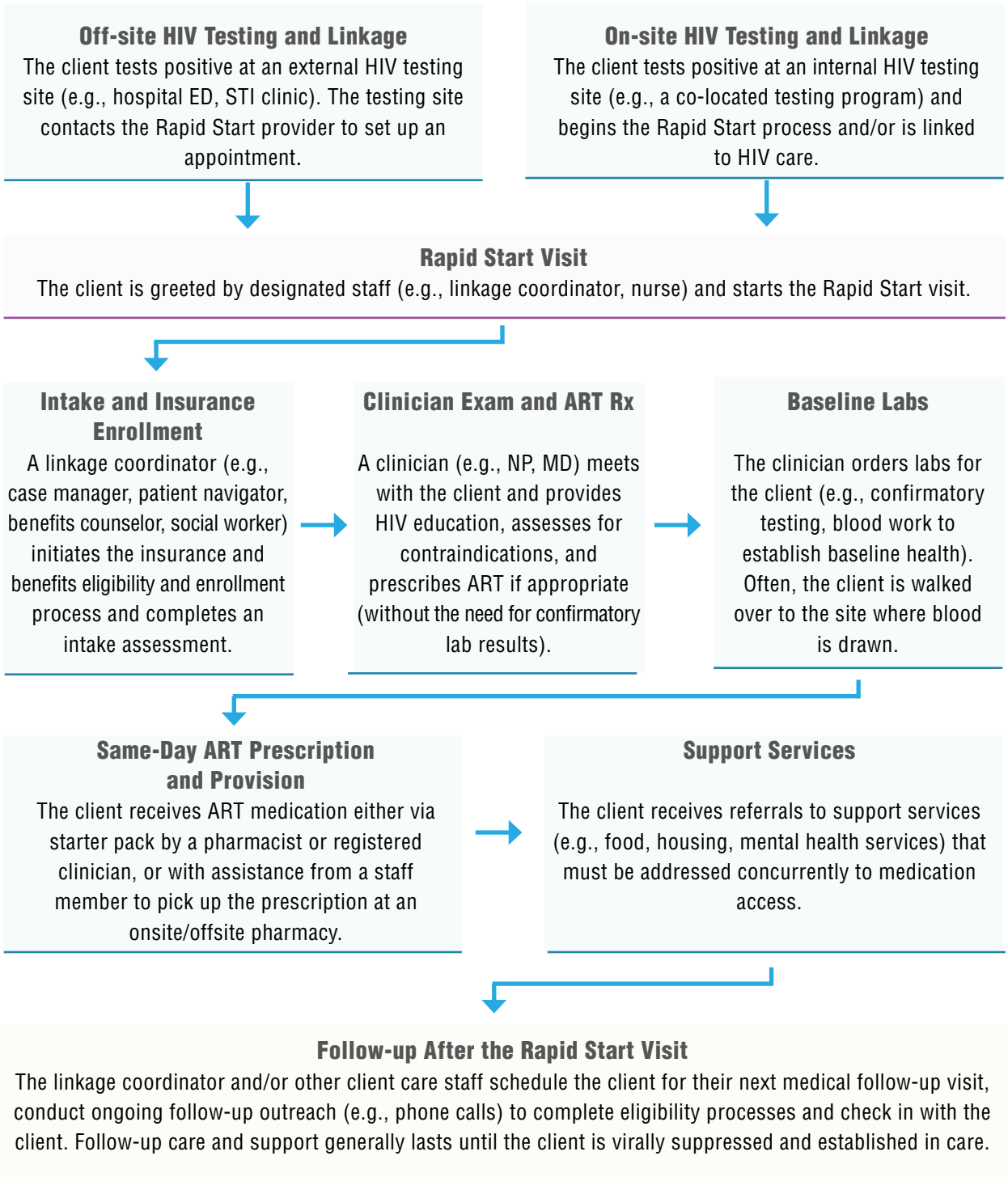
This section provides an overview of Rapid Start service delivery structures and practices that were identified as key facilitators in providing effective Rapid Start services. It begins by describing the key steps involved in the Rapid Start visit workflow and then introduces the staff roles and structures typically included in Rapid Start service delivery models.

The sub-sections that follow provide additional detail about each step of the Rapid Start visit workflow, including HIV testing, referral and linkage, scheduling the clinic appointment, insurance eligibility assessment and enrollment, clinician exam, same-day medication prescription and provision, referral to support services, health education, and follow-up after the Rapid Start visit. Though the exact processes adopted by providers varied based on capacity and structure, this section highlights key similarities observed across the sites.

Overview of Rapid Start Visit Workflow

The Rapid Start visit usually does not include a full physical exam but can take several hours from start to finish. The workflow and order must be adapted for each provider but generally includes the elements depicted in Diagram 1. below.

Diagram 1. Typical Rapid Start Workflow



For detailed information about each step of the Rapid Start workflow, refer to the relevant sections in this document.

A number of best practices are associated with an efficient and effective Rapid Start visit workflow including **warm handoffs,** flexibility, and communication. Throughout the Rapid Start visit, including the initial step of linking a client into care after testing newly HIV positive or being re-engaged in care, staff members facilitated warm handoffs between each step in the visit workflow. That means a staff member accompanies the client between each step of the Rapid Start visit workflow, while introducing the client to the next relevant staff member (e.g. patient navigator will walk the client to the clinical exam and introduce the client to the clinician).

Benefits of integrating warm handoffs into the clinic workflow included reducing anxiety the client may be feeling, particularly after receiving a newly positive HIV diagnosis, creating a supportive environment, and supporting the client in completion of each step in the visit workflow and ensuring receipt of ART medication same-day. The need for the healthcare team to remain **flexible** during a client's Rapid Start visit was essential. This included reducing the time clients spent in the clinic (as identified) by focusing on immediate needs and prioritizing ART prescription same-day, modifying the first visit schedule, and scheduling a second appointment for additional needs not addressed during the Rapid Start visit.

In addition, **communication,** between the HIV testing site, or staff providing HIV testing, and the Rapid Start clinical and care team and between Rapid Start care team members was essential to making sure the client was linked to care, the team was aware of a client in need of Rapid Start services, and their progress through each step in the workflow.

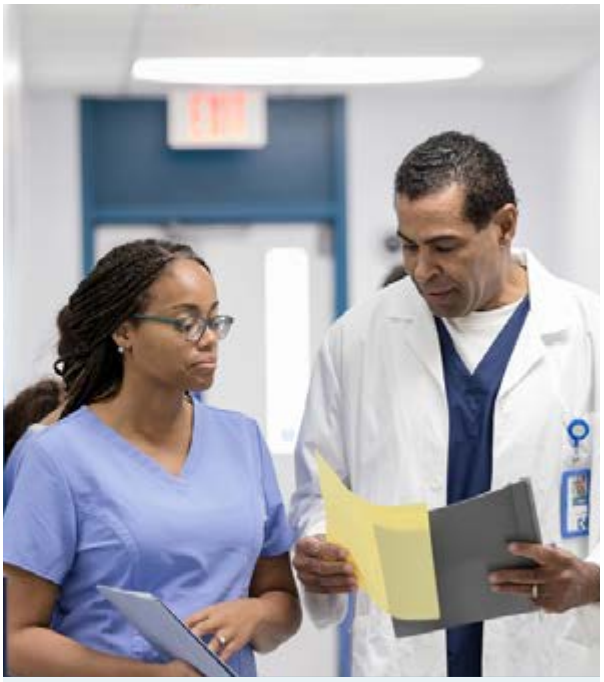
Staff Roles and Structure

Rapid Start service delivery requires the expertise of a multidisciplinary team, including clinicians and other client care staff (e.g., social workers, linkage navigators, peers), who work together to provide Rapid Start and HIV primary care services. While there are variations in staffing structure across providers, core staff roles, common to all providers, are described below.

LINKAGE COORDINATION

Sites identified a key staff member (e.g. nurse, linkage coordinator, etc.) who receives the initial referral into the Rapid Start process (linkage), schedules the client appointment, and guides the client through each step of the Rapid Start visit. This includes designating an "on-call" staff person to facilitate linkage from an off-site HIV testing provider.

They offer emotional support, assess needs for support services (e.g., housing, transportation), and may also initiate insurance eligibility enrollment processes. When possible, they will also facilitate warm handoffs to other team members throughout the visit by introducing the client to each member of the care team as they move through the Rapid Start visit.



"Our Linkage to Care folks meet with every new diagnosis [person who tests newly HIV positive] or diagnosis that's been out of care for 24 months or longer [re-engaged client]. They meet with them, assess any other needs besides potentially insurance. And then while they're meeting, the providers are able to speak with our pharmacist to make sure we're able to get them their medicines, either covered under a copay program or under vouchering, or we have samples in clinic as well that we're able to give to folks."

INSURANCE ELIGIBILITY ASSESSMENT AND ENROLLMENT

This role includes assessment of client insurance status, assisting clients with completing RWHAP and ADAP applications, and working closely with pharmacists on the team or on-site or external pharmacies to secure same-day access to medication.

Most providers incorporated the insurance benefit navigation role into either the patient navigator or social worker's staff responsibilities. It is important to note that this role is key to ensuring clients have access to Rapid Start treatment and services.

CLINICAL SERVICES

Clinical services, including prescribing and providing same-day ART medication, drawing labs, providing HIV education, and establishing an ongoing treatment plan, are provided by a team of clinicians. This includes clinicians who are HIV specialists and clinicians with no prior experience with HIV who have been trained to provide this service.

Clinicians can include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), Physician Assistants (PAs), and Nurse Practitioners (NPs). While the number of clinicians required for Rapid Start will depend on the clinic and its capacity, Asian Health Services recommends having multiple part-time and full-time clinicians who can prescribe Rapid Start at any time.

They have three HIV specialists and have also trained two additional, part-time clinicians who can prescribe Rapid Start when needed. Providers also reported that NPs were the predominant clinicians providing Rapid Start services. If possible, providers assign the same clinician to the client for the Rapid Start visit and follow-up visits. Clinicians will also order baseline labs during the Rapid Start visit. Prescribing and providing Rapid Start medication to the client the same day is usually overseen by a pharmacist or other licensed health professional. Having close relationships with pharmacists either as part of the healthcare team, or through an onsite or offsite pharmacy who are included in the Rapid Start service delivery team, was key to facilitating access to same-day medication.

Almost all providers indicated that these strong relationships with the pharmacists are critical to ensuring same-day access to medication, because they prioritize providing ART medication once they receive an indication that a new Rapid Start client is being seen at the provider site. Positive Care Center has pharmacists embedded within the core Rapid Start staffing model. Pharmacists sit in the same exam room as the prescribers to support medication adherence by providing medication counseling, answering client questions, and sharing tips on medication adherence.

"We don't work in the pharmacy, so it's not a pharmacy window. We [pharmacists] are in the exams with the patient, so we really are just right there with the clinicians. The pharmacist becomes one of the highest touch points of any member of our team throughout that early process."

Other providers employ clinical pharmacists to not only dispense medication but also deliver medication counseling, assist with the insurance eligibility process, and assist with treatment regimen changes if clients are experiencing side effects or resistance to certain medications. Many pharmacies that are dispensing ART medication will also conduct follow-up on their end, in addition to other Rapid Start staff, to ensure the client is coming back for their medication refills.

SUPPORT SERVICES

An essential role in the Rapid Start workflow is providing client support and connecting clients to necessary support services during and after the Rapid Start visit. This role can be completed by different staff members, including case managers, social workers, patient navigators, peer navigators, and other staff who provide support services.

This role is essential because it offers the client additional support with navigating their diagnosis, accessing health care coverage, picking up medication, and addressing social determinants of health (e.g., transportation, housing). In addition, these staff members may be designated to manage all follow-up with clients, foster ongoing relationships and promote retention in care. For more information on connecting clients to support services, see Referral to Support Services (pg. 25).

> "Navigators are the backbone of Rapid Start and HIV prevention."

To oversee client treatment adherence, many providers hired either clinical social workers or nonmedical and medical case managers. Asian Health Services has a robust case management team that are in constant contact with clients, who feel very supported by their case managers and can text them when needed.

Another provider, Howard Brown Health, has a Linkage to Care short-term case management team that follows up with clients for the first four visits after diagnosis or re-engagement, after which clients are referred to long-term case management. And San Francisco's Ward 86 clinic emphasizes that social workers go above and beyond for each client to ensure they are retained in care and remain adherent to their medication.

> "Really, it's the social workers' job to ensure that everything's in place in terms of insurance and accessing meds….it's like assessing what's your situation? What's your housing situation?... So like how to really track folks and make sure they're engaged or know where they are. Have they moved? Are they connected? Because that's the other thing that we do. Folks do move if they let us know, then we can connect them to clinics somewhere else."

Lastly, some providers incorporated peer positions so that current or former clients can act as peers, reaching out to newly diagnosed or re-engaging clients to provide them with additional support during or after the Rapid Start visit.

> "The benefit is that the patients will have somebody [a peer] who can relate to what they're going through, or can help them with navigating through the process of being in the clinic. They educate them on the importance of taking their meds and so forth."

> "Rapid Start isn't just about the person getting medications, it's about them staying on medication. And so, creating those [peer] support systems and keeping that retention plan in place is also very important."

HIV Testing, Referral and Linkage

Providers receive referrals for Rapid Start services internally through their own HIV testing programs and externally through testing done by community partners. Providers may receive both internal and external referrals and have developed processes for each, though the Rapid Start visit generally looks the same once clients have scheduled their appointment. With the support of RWHAP recipients, communities have also established centralized referral and linkage systems.

For example, RWHAP providers in Arizona refer clients to services through a Central Eligibility office. Learn more about how recipients support testing, referral and linkage services in Jurisdiction and State Support (pg. 49).

COMMUNICATION BETWEEN THE PROVIDER AND EXTERNAL TESTING SITES

External client referrals are initiated using a number of strategies. Once a client tests positive for HIV at an external testing site, staff members will work with the client to identify a Rapid Start provider that meets their needs (e.g., location, provider type) and contact the Rapid Start provider site the client has selected to initiate scheduling of the Rapid Start appointment.

Strong relationships between HIV testing site (e.g., HIV testing sites from across the community including local emergency departments (EDs)) and Rapid Start provider staff allows for a very fluid workflow and facilitates rapid linkage to care. This includes identifying "go-to" contact people at the HIV testing site to help streamline the linkage to care process.

This person usually communicates with the designated staff member at the Rapid Start provider site (e.g., linkage coordinator) about the client's testing status and other important health information. There may be a phone number or email address to reach a designated staff member at the Rapid Start site or a staff member from the HIV testing site may conduct a warm handoff (meaning walk, drive, or accompany the client to the Rapid Start site) and introducing the client to support their journey in receiving ART medication.

In all cases, RWHAP providers have worked to establish and maintain formal and informal referral relationships and processes to foster communication with HIV testing sites that serve to facilitate comfortable and timely referral and linkage to Rapid Start services for clients.

Positive Care Center has a years-long relationship with Red Door Clinic, Minnesota's largest STD/HIV Clinic, from whom they receive most of their external referrals. Red Door Clinic uses a pager that connects them directly with the nurses at Positive Care Center, who will then respond and schedule an appointment with the client.

This includes providing select external HIV testing staff access to a provider's electronic health record (EHR) system to stay up-to-date with referrals.

COMMUNICATION FOR INTERNAL REFERRALS WITHIN THE PROVIDER SITE

When a client tests newly positive for HIV at a site that provides Rapid Start services, providers generally designate a staff person, such as a linkage coordinator, to schedule the appointment. In addition, the linkage coordinator may be brought in directly by the HIV testing team for sites with co-located services to disclose results and begin the Rapid Start process immediately.

Providers facilitate internal communication with the care team either through notes in their EHR system, through email, hallway conversation, or any combination of these strategies. One provider programmed a "bright red R" to appear on the EHR triage page for new clients to help facilitate quick communication to the Rapid Start team and initiate care.

Other communication strategies used to communicate via technology are:

- **EHR systems:** used as a chat function where clinicians can directly message testing partners and other client care staff.

- **Calling by phone:** to provide a direct form of communication. Howard Brown Health uses an internal communication system to allow staff members to not only discuss client information but to also give notice of changes in staffing schedules and new client updates.

- **Message by email or Instant Messaging System (IMS):** to communicate directly with other staff members or to follow up on in-person conversations. This includes using the IMS Microsoft Teams to communicate and enhance coordination between team members (e.g., nurse practitioners and patient navigators). Instant messaging services (e.g. Jabber) can be used as an extra line of communication so that staff can have different communication options.

Scheduling the Rapid Start Visit

A key facilitator of providing Rapid Start services is access to same-day or next day clinic appointments. At the same time, unexpected appointments for Rapid Start services can disrupt busy clinical practice. Various strategies have been used by providers to facilitate immediate access to a prescribing clinician without creating a chaotic work environment.

"Being able to build the flexibility into the schedule was essential. Just consistency, stability, and doing anything you can to prevent clinic from being unpredictable and chaotic. It is just hard when you're doing your day-to-day job to have stuff added right on top of it."

Strategies to schedule unpredictable clinic appointments included: blocked times, walk-ins readily accepted, shortened visit, clinician willingness to see extra clients, and other creative strategies described below.

Blocked times: Most providers block time slots on clinician schedules for Rapid Start clients to ensure immediate access to an appointment and eliminate the time-intensive process of checking with clinicians to see who might have availability or be able to squeeze a Rapid Start client into their busy schedules. The number of blocked time slots depends on expected use.

For example: Asian Health Services sets aside a handful of slots in the afternoon for one clinician, while Whitman-Walker Health blocks the time of multiple clinicians throughout the day. Similarly, UAB 1917 Clinic makes slots available all day to give clients flexibility, which helps promote their "readiness to engage into care." Borinquen Medical Centers uses same-day appointments, set aside as Patient-Centered Medical Home (PCMH) requirements, to serve Rapid Start clients.

Providers reported that these slots do not place financial pressure on clinics because they are easily filled by Rapid Start clients or those with other acute needs. If slots are not taken, clinicians use the time to catch up on charting or other administrative duties.

TIP:
Hard code blocked appointment slots into clinic scheduling templates and train staff on using these slots only for Rapid Start appointments to ensure they are available for Rapid Start clients when needed

"We [started] informally…whoever had a visit available in that timeframe. And now we have very formal and protected templates with available [appointment] slots throughout the week."

Walk-ins readily accepted: As part of provider regular clinical practice. The Max Clinic is a walk-in only model that allows them to serve people who might face barriers to scheduling and keeping appointments or who have urgent health needs.

Shortened visit: This strategy not only helps the provider maintain patient flow, but also reduces the time the client spends at the clinic during an emotional time in their lives. A clinician at Asian Health Services reported that he saves the detailed physical examination and education on the "science" behind HIV disease progression for later appointments.

Clinician willingness to see extra clients (within reason): Regardless of strategy, all providers reported the need for clinician flexibility and dedication. Providers emphasized their commitment to treating people newly diagnosed with HIV immediately. While this may mean they have to hustle to fit an extra client in or stay late occasionally, they feel the benefits outweigh the drawbacks.

Other strategies: No shows and cancellations may also create schedule openings. In addition, clinicians who are new to the practice and may not yet have full patient panels and could take on the bulk of Rapid Start clients with sufficient training and experience. That said, it is important to check in with client care staff to assess workload and burn out. If staff are constantly struggling to fit people into already busy schedules, providers may consider hiring more staff and/or blocking off additional slots. Also, clients who are diagnosed late in the afternoon may have to wait until the following day for their appointment, so all components of the Rapid Start visit can be completed without staff having to stay late.

Insurance Eligibility Assessment and Enrollment

Client care staff, such as insurance benefit coordinators and social workers, help clients enroll in insurance, including Ryan White HIV/AIDS Program ADAP and Medicaid, to ensure clients can quickly receive prescriptions and easily access ART services in the future.

Providers start by confirming the client's insurance status (e.g., whether they have existing coverage through private insurance or Medicaid). Staff will enroll the client in coverage if needed, commonly through Ryan White HIV/AIDS Program ADAP or Medicaid. Many providers will begin these processes and request the client return with documentation later. This is a critical step in the Rapid Start service delivery workflow, and all providers prioritize obtaining health care coverage for the client as soon as possible, whether it is on the same-day as the Rapid Start visit or before the client's first ART starter pack sample is finished, and putting into place systems to make sure cost is not a barrier to receipt of care (for more information see Payment for Rapid Start Services, pg. 45).

"The insurance does not have to be a barrier today. We're going to help. We have people that can help work on that."

"Because of our ability to remove barriers such as costs, this is the first time the client is even able to prioritize their healthcare."

Clinician Exam

Timely access to a prescribing clinician, ideally on the same day as diagnosis, is essential to the provision of same-day ART. Appointments with the clinician range from 20 minutes to one hour depending on clinic protocol and client and clinician preference. Some clinicians prefer to streamline the visit to focus on the most important aspect of HIV care, which is the same-day provision of ART medication. Others may take up to an hour to fully address client health concerns.

"We would spend probably an hour…with a new patient sometimes even more, if they're on board with…that. [However, with] some people…it's very clear, they're going to give you almost no time. In which case you have to prioritize. So…antiretrovirals is very high on the list."

TIP:
When deciding on the typical length of the clinical appointment, consider clinic capacity and client and clinician preference. A shorter clinical appointment might work better if clients are already spending a long time at the clinic addressing benefits eligibility and social support needs

Regardless of length, the clinician exam typically consists of the following:

Patient exam: The clinician takes a medical history, identifies acute health care needs that need to be addressed, and reviews medications to identify possible contraindications. A comprehensive physical exam can be performed during the Rapid Start visit or during a later visit at the discretion of the clinician, depending on the client's availability and preference.

Building trust for ongoing care: Providers also mentioned the importance of using the clinical appointment to establish trust with the client to promote ongoing engagement in care. Asian Health Services spends a considerable amount of time discussing potential medication side effects with the client to provide transparency and ensure the client receives accurate information on the process of beginning treatment. Many providers also use this as an opportunity to reinforce HIV education.

> "A lot of that hour is just getting to know the person and making sure that they feel very warm and welcome in this clinic, because if nothing else is accomplished, my goal is just that they keep coming back to clinic."

Baseline Labs

The clinician will order a set of baseline labs for the client. This typically includes a panel of lab tests to inform HIV treatment (e.g., confirmatory, CD4 count, viral load, and HIV genotype tests) and treatment for other conditions (e.g., STIs, hepatitis B and C, liver and kidney function).

Many providers have onsite lab testing facilities, which facilitates quick access to completing blood draws during the Rapid Start visit. In this case, a staff member will often accompany the client to the designated area to complete their blood draw.

Once the blood draw is complete, the staff member (e.g. lab technician) will either send the labs for processing to an offsite lab facility, or onsite facility if available.

TIPS:

- Develop standing Rapid Start lab test orders (e.g. CD4 count, viral load, HIV genotype) to streamline the visit. This helps with processing if the lab draw occurs before the clinical appointment
- Have the linkage coordinator or other client care staff accompany the client to the onsite lab, or lab draw room, to help put them at ease and ensure connection to the next step in the visit

Same-Day ART Prescription and Provision

Immediate access to ART is central to providing Rapid Start services. Providers are committed to dispensing ART to clients during the Rapid Start visit, as soon after diagnosis as possible.

Processes for ensuring same-day access to medication must be in place to provide and sustain Rapid Start services.

> "We give medications in the patient's hand when they walk out the clinic because [we] believe this is the most effective way the patient will take the medication and complete the treatment."

MEDICATION ACCESS

Providers facilitate same-day access to ART using starter packs and/or by dispensing medications through onsite or partner pharmacies. Providers often use a combination of approaches based on client insurance status or preference.

ART Starter Packs

Providers often use drug manufacturer donations to serve as a client's first provision of ART. These "starter packs" are typically reserved for clients who are uninsured until they gain access to insurance coverage. Most starter packs contain a 30-day supply, but even the ones with just seven to 14 days of medication still allow the client to leave with medications in hand until a long-term funding option is in place. Starter packs are dispensed by a licensed staff person through multiple avenues, including by clinicians in the examination room, nurses who serve as linkage coordinators throughout the Rapid Start visit, and pharmacists. Refer to Payment for Rapid Start Services (pg. 45) for more information.

"They'll walk out of the clinic with two sample pill bottles of seven days each. And then they also have a three-month medication prescription faxed over to their preferred pharmacy. If their insurance is good, they can get medication right away. So, we are trying to balance out because we don't have that luxury of having a lot of samples to give to patients."

Pharmacy Dispensing

Onsite pharmacies facilitate clients' ability to fill medication prescriptions immediately. Equitas Health attributes the success of its Rapid Start services to the seamless coordination and client convenience afforded by its onsite pharmacy.

Similarly, Howard Brown Health reported, "the fact that I can walk out of an exam room, and then take 30 seconds to walk the other side of the building and talk to the pharmacist in-person is a huge, huge benefit." Onsite pharmacists may also play a role in adherence by counseling and alerting clinics if clients do not pick up their medications.

Relationships with external pharmacies to facilitate Rapid Start medication provision was also a strategy used by providers to facilitate same-day provision of ART. In this case, providers seek out certain types of pharmacies based on considerations such as client convenience and whether medication adherence support is available.

Close communication is essential regardless of where the pharmacy is located. Asian Health Services case managers are in continuous contact with its external partner pharmacy to ensure medication is in stock.

TIPS:

Leverage technology to communicate with pharmacies in order to monitor prescription information, including:

- Send electronic prescriptions to pharmacies
- Send electronic flags to the pharmacy's system to indicate the client is a Rapid Start client and should be prioritized
- Utilize electronic flags in the EHR for pharmacies to indicate whether the client filled the prescription or not

> "We make sure that the pharmacy has all the information that they need to pay for the meds. We're on the phone with the pharmacist. We make sure that they run those meds, and they're basically in a bag and waiting for that client to just come in and pick it up. That warm hand off is a really important piece."

PRESCRIPTION CONSIDERATIONS

Clinicians emphasized that ART prescription is relatively straightforward because current medications are "very well tolerated" and "treatment naïve" clients have less concern for drug resistance. Other than rare contraindications, such as tuberculosis, clinicians consider a range of factors including availability of starter packs, insurance coverage, pill size, pill count, client preference to be on the same medication as a partner, and potential adherence issues when prescribing ART.

For example, Kern County HOC has multiple types of starter packs, but they give 30-day supply starter packs to clients who may have a hard time accessing insurance or coming back immediately for a second appointment. If a client was previously diagnosed, but out of care, clinicians try to prescribe the medication that the client was previously taking. Genotype testing helps them determine whether the client developed a resistance and needs to switch. Providers may hold off on prescribing ART only in the case of opportunistic infections being present, in which case they will prescribe ART once the infection has been treated. For detailed prescription guidance, please see up-to-date guidance at https://www.hivguidelines.org/antiretroviral-therapy/when-to-start-plus-rapid-start/.

> "If they've fallen on harder times, we pick a different medication where we have samples that lasts about 30 days. So if they have big issues with housing, they have [a] lot of no-show appointments. We at least cover them for 30 days in hopes that they do show back up in that 30-day time frame."

Referral to Support Services

Beyond having clients meet with a clinician to receive medications, providers who have effectively provided Rapid Start services also take time during the Rapid Start visit to identify and address other client needs, which in turn helps clients adhere to medication.

The healthcare team typically plays several roles in providing support services to clients that includes: identifying psychosocial needs (e.g., mental health, transportation, housing) immediately and addressing those needs by connecting clients to additional services as described below.

ASSESSING CLIENT NEEDS

In their initial conversation with a client, staff look beyond diagnosis to identify other needs that could be addressed to better help the client adhere to medication in the long term. Providers typically used formal needs assessments, including checklists, screens for depression, anxiety, trauma and substance use, and/or care planning tools.

Providers administered these tools using a conversational style to learn more about a client as a whole person and to understand what barriers they may face to being retained in care and adhering to medication. Informal conversations also allowed client care staff to develop a rapport with the client while learning about needs that should be addressed.

> "Over the conversation, we go over any kind of social barriers or barriers to care, like transportation, housing or insurance maybe even some medication adherence if they haven't already been on a medication."

> "I'm a friendly face, I'm someone in your corner and we're going to talk more, but right now I just want you to know that I'm Kim with the funny glasses and we're going to talk more."

TYPES OF SUPPORT SERVICES

Once identified, immediately working to connect clients to support services within the organization or through community partners is key to effective provision of Rapid Start services. Commonly identified needs for support services, many of which are accessible through RWHAP funds, include:

- **Mental/Behavioral Health:** Which were often offered onsite at the provider or within the health network. For example, San Francisco's RAPID services has a "Positive Force" initiative to specifically deliver mental health support and HIV education. This also commonly includes connection to substance use disorder services.
- **Transportation:** including connecting clients to transportation services and enhancing access to transportation options. This might include giving free bus passes, having agreements with Lyft or Uber (e.g., UberHealth), or using vehicles owned by the provider or jurisdiction to drive clients to appointments.
- **Housing:** including housing or rental assistance provided during the first visit and connecting clients to housing assistance through a partner clinic or the Housing Opportunities for people living with AIDS (HOPWA) program.
- **Other Services:** offered as part of Rapid Start services including: food assistance, financial assistance, and referrals to other health services available onsite. The Max Clinic has leveraged non-RWHAP resources to give monetary incentives for people each time they receive care.

Health Education

When a client is diagnosed with HIV, it is important to provide them with information about their diagnosis and treatment in a client-centered manner.

PROVIDE ESSENTIAL HEALTH INFORMATION

It can be difficult to know what information is most important to share during the first clinic visit as every client's knowledge level will be different. For example, Positive Care Center reported that clients who are newly diagnosed with HIV have varied levels of knowledge about the illness. Using a client-centered approach to make sure clients have accurate information, are empowered, but not overburdened, is key.

Initially, providers recommended focusing on key messages tailored to each client, including:

- **You Can Do Something Today to Take Control of Your Health** and we can provide you with the services and access to ART to make that happen.
- **HIV 101** including the basics of CD4 and viral load, transmission, and treatment (including the benefits of Rapid Start). Use a variety of tools (e.g. flipchart, videos, pamphlets) to depict the virus, its impact, and how CD4 count and viral load change over time with treatment.
- **Reassurance** that while HIV is serious, it is a manageable chronic disease, not the 'death sentence' that it once was. Some providers found it effective to compare HIV with other manageable chronic conditions; with treatment, clients can live long and healthy lives.
- **Treatment Adherence** counseling on the importance of taking ART as prescribed. Review expectations for ongoing care, including immunizations and the role of various clinicians and client care staff they may work with.
- **U=U** which means that achieving sustained viral suppression eliminates the risk that the client will transmit HIV to someone else. Clients are often relieved to hear that their partners are not at risk of contracting HIV once they are undetectable for at least six months.

Providers believed that U=U messaging was an important and powerful method to achieve this and should be included at the time of the Rapid Start visit.

> "My goal when I meet with patients is simplicity. I try not to throw too many things at them, especially during the first visit. So, I think U=U is a very good thing. And I think a lot of patients remember that."

Client education does not stop after the first clinic visit and is incorporated at every stage of care as well as being offered in a variety of settings. Not only does this break up information into manageable 'chunks', but it allows clients to learn at their own pace and by their preferred method.

Some clients may absorb information best by reading it, whereas others may prefer to learn in interactive, conversational settings. Providers used a variety of tools such as books, websites with written and video content, information starter packs including pamphlets and other resources, and one-on-one conversations. Providers recognized that clients might not be able to fully absorb the information given and thus adjust messaging based on client state of mind.

"Some people, they really are like auditory learners. And so it's a lot more of talking, having them come back on a frequent basis. Some of them like using technology. So we'll give them some websites."

Follow-Up After the Rapid Start Visit

Providers must think beyond the Rapid Start visit and put into place processes to follow up on identified client needs and support medication adherence and retention in care. The goals of follow-up activities include to:

- Closely monitor viral load until the client is undetectable
- Quickly meet the client's needs for additional support services
- Encourage medication adherence through outreach, tools, and pharmacy partnerships
- Help the client transition to long-term HIV primary care (if necessary)
- Track retention to care throughout the process and re-engage if needed

In addition to these goals, both clinicians and client care staff emphasized the importance of establishing trust and rapport with the client throughout the process, building the foundation for the client to willingly return to visits in the long run.

CLINICAL FOLLOW-UP

Both clinicians and client care staff were in contact with clients soon after the Rapid Start visit. All providers scheduled a follow-up visit with the clinician, generally either two weeks or a month after the Rapid Start visit. Clinicians also often called the client to discuss lab results before the follow-up visit. Providers offered telehealth as an option for this follow-up visit, though follow-up visits need to be in person to allow for blood work when viral load is being monitored.

Providers were flexible in establishing the frequency that the client would come back for lab testing. Typically, clinicians started by meeting with the client frequently (e.g., monthly or every two months) for about a year or until the client's viral load is undetectable, and then shifted to less frequent visits (e.g., quarterly). Most clinicians indicated that the frequency depended on the individual client's needs and progress towards viral suppression. For example, if someone was having trouble adhering to medication, they may be seen more frequently for a longer period of time.

SUPPORT SERVICES FOLLOW-UP

In addition to clinical follow-up, client care staff (e.g., case managers, patient navigators, social workers) typically reached out within 1-2 weeks of the Rapid Start visit to check in with the client. Staff members may even reach out as early as the day after the visit to see how the client is feeling. Client care staff stay in contact with clients, calling them regularly to check in and before each clinician visit. CareSouth Medical and Dental's navigator would even go with a new client to the first few appointments, especially helping clients that may not understand medical jargon. Providers also discussed how they offer support groups for clients.

Client care staff continue to address the support service needs identified during the Rapid Start visit by ensuring that clients are aware of and have access to additional services. Staff also used these follow-up check-ins to encourage clients to bring back the necessary documentation to complete benefits enrollment (e.g., into RWHAP and Ryan White HIV/AIDS Program ADAP) after the Rapid Start visit.

ENCOURAGING MEDICATION ADHERENCE

Client care staff and some clinicians continue the clients' care by encouraging long-term medication adherence using a number of strategies described below.

Consistent Communication with the Client

Providers kept in contact with clients in whatever way they could, deferring to the client's preferences so staff could reach them in whatever way was most convenient for the client.

This contact might include phone calls, emails, texts, and even video-chatting. Some providers also leveraged patient portals like MyChart to stay in touch with clients.

Tools for Medication Adherence

In addition to medication counseling during the Rapid Start visit, staff continue to counsel clients on how to adhere to their medication, including connecting clients to tools to help them manage their medications. Common tools included:

- **Physical:** including pill boxes, calendars, or keychain pill carriers.
- **Digital:** including the use of smartphone apps, alarms, or other reminders. Whitman-Walker Health uses the platform MedActionPlan PRO with clients.
- **Literature:** providing key information about strategies for remembering to take medication, common questions, and key facts. Valleywise Health gives clients a book that has answers to many common questions about living with HIV.

Pharmacy Involvement in Follow-Up Care

Pharmacists can play a key role in follow-up and encouraging medication adherence. Providers with onsite pharmacies had protocols for the pharmacist to reach out to check on how clients are doing taking their medication soon after the Rapid Start visit. Providers also shared that the pharmacies could make medication more convenient through services such as at-home delivery and auto-filling prescriptions.

"Pharmacists are the most accessible member of the healthcare team. We're at the window, we're there. They can come to see us at any point in time. That's easier than making a call to see your provider or see your nurse."

TRANSITION TO ONGOING HIV PRIMARY CARE

Some providers offer intensive linkage services for a duration of time after diagnosis or re-engagement but must transition clients into long-term HIV primary care once they are provided Rapid Start services and are established and undetectable.

Although this transition can widen the potential gap for a client to fall out of care, these providers had a plan to effectively bridge the client. Strategies used included:

- Making sure that clients were aware of this eventual change from the beginning and staying in touch with clients even after they transitioned to long-term care
- Clients being given the option to stay with their clinician regardless of changes to other client care staff (e.g., transition from a linkage coordinator to case management)
- Providers engaging case management in a client's care early before transition to ongoing primary care.

Planning for Rapid Start Provision and Sustainment

This section describes best practices for providers to consider when preparing to provide and sustain Rapid Start services, including: ways to approach the planning process, building buy-in from organizational leadership, staff champions, staff competency, external partnerships, and cost considerations for Rapid Start implementation and sustainment.

Planning for Rapid Start Implementation

Planning for Rapid Start implementation begins with sites deciding to adopt Rapid Start as standard of care. Providers we interviewed typically started providing Rapid Start in 2018 and 2019 after the earliest adopters began sharing outcomes and lessons learned from their experiences.

RWHAP-sponsored Rapid Start trainings highlighted these early efforts and motivated other providers to develop their own Rapid Start service processes to be on the cutting edge of service delivery.

> "We were simply becoming aware that this was the new national and international standard. We had seen the data and just felt that clinically it was the correct thing to do. So, we just jumped in."

THE PLANNING PROCESS

Many providers already had components of Rapid Start in place, so adoption did not involve major system transformation. Whitman-Walker Health, had been implementing "Red Carpet" since 2008.

They prioritized care for people who were newly diagnosed and expedited medication access to approximately a week from diagnosis. Rapid Start took the process a step further by promoting treatment ideally on the same day as diagnosis. UAB 1917 Clinic started their Rapid Start services without large system transformation using a Plan-Do-Study-Act (PDSA) approach with just a handful of clients.

The clinic later expanded their services to serve all newly diagnosed clients after the initial pilot stage.

"We're a pretty large clinic and just logistically how it could all work. But we were like, "Let's just try." We really started small, with five patients to see if we can make it work. That's how it started".

Other providers needed to make more significant changes before launching Rapid Start efforts. Howard Brown Health had detailed discussions with staff on how their job responsibilities would change to play key roles in the delivery of Rapid Start services.

The scope of the needed changes and existing clinic culture often drove the planning process. Providers that needed to implement significant changes and/or are part of large systems of care have relied on longer, more formal planning processes.

Howard Brown Health needed five months and a team of 20 to plan its Rapid Start initiative. For other sites, the planning process was extensive, involving a core group of clinic leaders to discuss high-level decisions, an implementation team to develop the finer details, and larger meetings with more client care staff to gain feedback and buy-in. Borinquen Medical Centers, whose Rapid Start services were part of a large jurisdictional effort, developed structured protocols in collaboration with the state and Miami-Dade County. These protocols were then more widely shared throughout Florida to support replication.

Providers found formal protocols to be helpful in standardizing the provision of Rapid Start services and in guiding staff on how to handle different client scenarios, especially related to health insurance status.

Tips for Planning Teams

- Engage a core team who meets frequently to iron out Rapid Start service delivery details (e.g., workflow) and then share with a larger group for input and to finalize.
- Recognize the need to balance efficient decision-making with the time it takes to engage staff and build buy-in and ownership for the change in practice.

Some providers invested less time in pre-planning and gradually launched components of Rapid Start services, learning through implementation, and improving over time. For example, the Max Clinic informally met "in the hallway" to discuss issues, jointly decide on next steps, and then raise the suggestion with leadership for approval. Similarly, Valleywise Health took a just "get started and figure it out as we go" approach.

Other providers used a fluid planning process, noting that clinic operations may be "a little scattered some days," but staff generally feel the approach to continuously implement, learn, and modify fit the clinic culture. Regardless of the planning approach, providers found it helpful to document processes through protocols and continuously assess to identify gaps and improve.

> "We're always planning. It feels like that just because of the CQI process is just so continuous and iterative."

Building Buy-In from Organizational Leadership

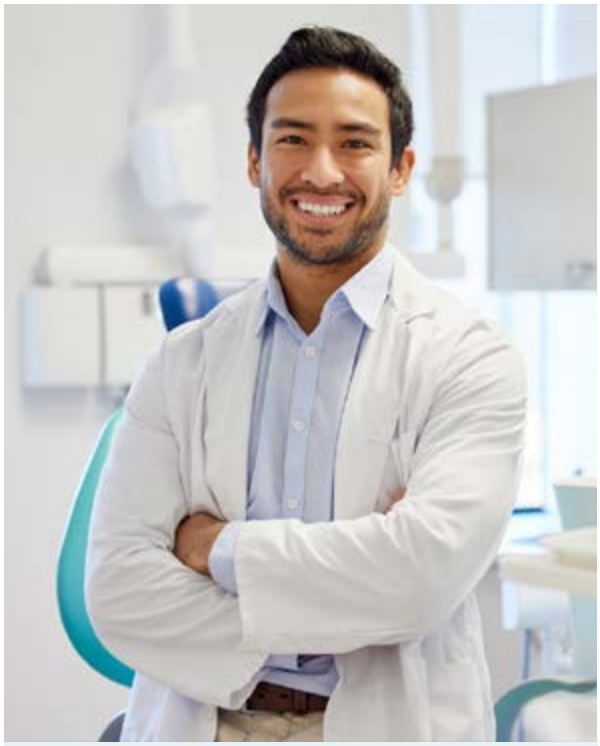
Rapid Start may be labor-intensive and take planning to implement successfully, so organizational leadership (e.g., the provider's board of directors) may hesitate and view Rapid Start as disruptive, especially if they are not aware of the benefits.

Almost all providers noted that organizational leadership buy-in (or lack of resistance) was an important part of implementing Rapid Start and their strategies to working with leadership varied between two main approaches:

- **Top-Down Approach:** Organizational leadership actively implements Rapid Start.
- **Bottom-Up Approaches:** Non-leadership advocates or works with leadership to implement Rapid Start. This may include:
  - Identifying a champion to advocate for Rapid Start
  - Presenting the idea and working with innovative leadership to move forward
  - Moving forward with more "hands-off" approach from leaders

TIPS:

- Providers likely already have components of Rapid Start in place, such as partnerships with testing sites, access to starter packs, and prioritization of clients who are newly diagnosed
- Planning approaches may depend on the scope of needed changes and existing clinic culture. There are two main approaches to planning:
  - Extensive pre-planning to define all aspects of the Rapid Start services prior to launch
  - "Learn as you go," with gradual adoption of Rapid Start components
- Protocols can be developed at any time during planning or implementation to help formalize processes and guide staff on care provision
- It may be necessary to adjust plans based on lessons learned from rollout



"When you have all the people in power who support something, things happen."

TOP-DOWN APPROACH

Organizational leadership or a state or city government initiated and fostered implementation of Rapid Start services as standard of care at some provider sites. For example, the Virginia Department of Health is working with various providers in different regions to implement Rapid Start and to share their experience and data in a statewide learning collaborative. Florida's Department of Health piloted Rapid Start in Miami-Dade County, with Borinquen as a care provider and model for other counties to implement Rapid Start across the state.

BOTTOM-UP APPROACHES

If provider staff were interested in implementing Rapid Start, they may need to initiate the conversation with leadership in a "bottom-up" approach. Three strategies are listed below, starting with the most active approach.

Identifying a Champion

TIP:

If staff is interested in implementing Rapid Start, the most successful action they can take is to identify (or become!) a champion of Rapid Start for the site. A champion is someone who advocates for Rapid Start implementation, providing vigorous and enthusiastic attention and support throughout the implementation process

A Rapid Start champion can come from any team member, from an organizational leader to a clinician to other client care staff. Some actions that champions can take to advocate for Rapid Start implementation and provide attention and support to it include:

- Learn about Rapid Start to fully understand the benefits and changes involved
- Contact and learn from other similar providers that have implemented Rapid Start and could be a model (e.g., same state, similar size or type of provider)
- Talk to coworkers and organizational leadership about how Rapid Start may benefit clients and how it might be implemented

Some providers also found that having a Rapid Start champion helped organizational leadership understand the benefits of Rapid Start and secure their buy-in to begin implementation. For example, at Asian Health Services, the champion clinician had a "doctor-to-doctor" discussion to get buy-in from the Chief Medical Officer. San Francisco RAPID noted that their clinical champions were helpful in securing support from two respected HIV institutions and their state's Department of Health and noted that their champion's enthusiasm for Rapid Start services was helpful in securing their provider's external collaborations. Asian Health Services noted that their clinical champion had previously implemented Rapid Start at another clinic and used their experience and enthusiasm for the services offered to gain support for Rapid Start within their clinic.

Overall, the clinical champions were able to garner outside support for Rapid Start while inspiring others within the clinic as well. Most providers trained all clinicians to deliver Rapid Start.

However, University of Alabama – Birmingham's (UAB) 1917 Clinic, indicated that they implemented Rapid Start services with just a few champion clinicians who were on board with the new process. This helped to address clinician hesitancy or pushback at the early stages of implementation.

"Our engagement in care meetings, which dealt with a lot of different interventions, focused primarily on this "Fast Track [Rapid Start]" program. Any intervention you want to bring in, we had to get champions from each of the different departments. We ended up having two nurses who are identified as the Fast Track nurses, in addition to the social workers, and of course, the physicians.

Initially, there was a lot of pushback. And so myself and maybe two other physicians at that time were like, 'Carte blanche. Book all the Fast Track patients with us.' There was a lot of communication among providers to see who would be willing to take on these patients."

Working with Innovative Leadership

Many of the providers noted that their organization's leadership focused on innovation and delivering the best possible care, naturally leading them to consider Rapid Start.

These providers found that enthusiasm and support for the process needed to come not only from the clinicians providing the care but also from the organization's leadership.

For example, Whitman-Walker Health leadership hosted an optional presentation to provide all types of staff (including billing and administrative staff who typically wouldn't be invited to such presentations) with more information about innovative HIV care including Rapid Start.

> "Having leadership, influential important people in HIV care and in public health in San Francisco saying, 'This is important and we're going to figure out a way to do this,' and then having passionate providers who just are going to make this happen by hook or crook."

Working with "Hands-Off" Leadership

Some providers, particularly those working within a larger healthcare system, found that they were able to implement Rapid Start without much leadership support, providing organizational leadership did not show resistance to the idea. With this kind of "hands-off" leadership, the providers were able to move forward with developing processes if they yielded good results and did not disrupt other care.

> "I think that from the leadership level, they're mostly interested in outcomes. And if we're continuing to have good outcomes, then we're doing the work that needs to be done. And so there hasn't been a lot of pushback or resistance to the way that the departments have been working collaboratively."

Staff Champions

Identification and engagement of a champion to support integration of Rapid Start services as standard of care was essential to successful implementation. Provider champions played the role of advocates for Rapid Start implementation, providing vigorous and enthusiastic attention and support throughout the implementation process.

> "It's so important to identify that champion, the person that believes in [Rapid Start], and the one that is going to be championing the initiative within the organization. He is very passionate about the program. Anything, any little bump in the process, I call [our chief quality officer] and I say - I have an issue - and he will immediately figure it out."

ESTABLISHING CLINIC WORKFLOW AND DATA COLLECTION

Champions aid in establishing and monitoring Rapid Start service delivery clinic workflows and in use of data and information to continuously improve. This includes establishing data collection and reporting processes and supporting review of data and information describing Rapid Start service implementation and client outcomes to help identify themes, ways to improve, and act as a general consultant to the Rapid Start service provision.

Champions keep track of client retention rates and prioritize discussion around improving client retention and viral suppression rates. Champions stay up to date with the research, literature, and best practices associated with providing Rapid Start services and shares with their colleagues to motivate and foster improvement at their own clinic.

"Yeah, so our [Rapid Start champion] is always going to cite literature. He stays on the forefront of what's going on. And HIV care space, he's just our quality and development guy. He's always looking for ways that we can improve our viral retention and viral load suppression and patient engagement and retention metrics."

CREATING A COMFORTABLE CLINIC ENVIRONMENT

Staff champions often rallied support for implementing Rapid Start services internally and helped other staff members become more comfortable with implementing Rapid Start through informal mentoring and coaching relationships. Some champions act as liaisons between the administrative team and clinicians to share progress and rapidly address challenges. Borinquen Health Care Center reported that they have two champions who are willing to work at multiple clinics and help staff members become acclimated to the Rapid Start process.

> "We already had two other HIV providers in the clinic who were easily engaged, and they were willing to do it at the other locations, even though they weren't very privy about the Rapid Access and how it would work. They're still nervous, but now that they're seeing how it works, they're becoming those champions in those locations where they can easily guide the other ones to feel comfortable."

Staff Competency

As providers planned for Rapid Start implementation, they worked to establish a team of staff members who were committed to, and understood the importance of, providing Rapid Start services to their clients. Two key considerations in the process of establishing these teams included: staff training and staff hiring.

STAFF TRAINING

For existing and new staff, it was important for providers to educate the entire healthcare team on the benefits of Rapid Start with specific training available for team members directly involved in the provision of Rapid Start services.

"We needed to train anyone involved, our community health and our outreach team, because we wanted them to be able to tell someone, if you test positive today, we're going to work to get you on medication today. Small things, but it helped. We did some U=U training at this time to help solidify that work…I coordinated for the person who came up with U=U to come to speak to Whitman-Walker staff."

Cross-Training: Many providers cross-trained their staff on multiple roles to avoid any gaps in care if staff members were busy or not available in clinic. Most cross-training occurs with the client care team.

For example, some providers chose to cross-train social workers and patient navigators on assessing clients' needs, providing HIV education, and scheduling to make sure a staff member can see the client immediately after diagnosis. Other providers, especially those located within sexual health clinics, cross-train their case managers and patient navigators on insurance navigation to ensure staff members can successfully enroll clients into RWHAP and other insurance programs, depending on the state.

"About cross training, it's extremely important because it really does help expedite the linkage to care process. And whether that's on the clinical end or on the support services end, I think it's key to have those folks cross-trained so regardless of when this person tests positive, there's going to be someone there on site that can expedite eligibility that could go ahead and do an insurance enrollment, get the intake done. And then there's no barriers to that same day linkage...And it can save costs, too, because you have people that are cross-trained, and you don't have to rely on four different positions to have some kind of interaction for that linkage to care process."

Staying Up to Date: It is also a priority to keep staff members updated on the latest evidence for HIV care and Rapid Start. Many providers spoke of the importance of providing training to their staff, with some providers participating in regular RWHAP clinical conferences, and others setting aside time every month to keep up to date on medical education practices.

This kind of training is especially important prior to implementation, if staff members are not aware of the benefits of Rapid Start.

STAFF HIRING PRACTICES

Most providers incorporated Rapid Start service responsibilities into existing staff positions, but some providers hired additional staff members if possible. Providers indicated that in addition to professional experience, hiring should focus on people with lived experience with HIV. Staff members who have lived experience are able to empower the clients during the Rapid Start visit, incorporate their own experience into health education, and help the client feel more comfortable.

> "I think I've always been really transparent with my intention to hire people with an emphasis on lived experience over professional experience. Which is not to say that we're not looking for people with professional experience. But it's to say that lived experience is perhaps just as important, if not more so, depending on the position and the candidate. Then, professional experience is also dependent upon the current makeup of your team."

Other providers preferred staff members to have HIV knowledge and training, along with enthusiasm and compassion for providing treatment and navigation services for people with HIV. With insurance eligibility and navigation being a crucial component of the Rapid Start visit, providers emphasized hiring navigators that have experience working with insurance programs and applying for health care coverage to help clients access medication.

External Partnerships

Whether it is to increase the scope of services available to clients, expand clinician education opportunities, or collectively advocate for policy change - partnerships and collaboration between providers is a common facilitator to the success of Rapid Start services identified by providers. Some partnerships were supported by formal contracts or memoranda of understanding (MOU), while many were more informal and had developed over time. Opportunities for collaboration fell into three general categories: Developing community networks, learning collaboratives, and expert support.

"If a newer agency were trying to implement [Rapid Start] … [I would say] use your community. Use your resources like your health departments. Build relationships with them. …because not one agency can do everything. But they can also refer to us, we can refer to them, so just build great rapport."

DEVELOPING COMMUNITY NETWORKS

Many providers rely on partnerships with community organizations that focus on HIV testing and linkage. For example, Asian Health Services partners with Planned Parenthood and the Berkeley Free Clinic to coordinate rapid referrals to care. Other providers partner with local hospitals to ensure that clients with HIV are swiftly connected to outpatient services upon discharge. In Kern County HOC, HIV specialists prescribe Rapid Start in hospital emergency rooms and coordinate referrals to ongoing medical care.

Providers also discussed the importance of working closely with their local health department, which in many locations is the highest volume HIV tester. The establishment of robust data sharing agreements is often critical to the success of provider-health department partnerships.

Several sites are working closely with local homeless service organizations to facilitate timely testing and referrals to HIV care. For example, Positive Care Center partners with Healthcare for the Homeless, completing baseline bloodwork and enrollment forms at homeless encampments, greatly reducing the burden on the day of the Rapid Start visit.

Both San Francisco RAPID and Borinquen Medical Center use case conferencing to coordinate care across agencies. This process involves multi-agency teams reviewing information on clients they share in common. This also requires the development of data sharing agreements in accordance with state law but can be instrumental in ensuring that services are not duplicated and that clients receive coordinated care and supportive services across multiple agencies.

> "…they called over here and found out they had a partner, someone that they could refer the patient to on the same day. We were partners for the practice as well as partners for the patient to make sure they understood the diagnosis."

Providers reported the importance of including support services in successful Rapid Start models. Many RWHAP providers strive to co-locate as many clinical and support services as they can – creating the familiar 'one-stop-shop' model. This approach, however, is not feasible for all providers. Some hospital-based HIV clinics may lack the infrastructure to incorporate services such as food pantries or housing and employment services, and some smaller community-based organizations may not have the capacity to offer clinical services.

For these providers, collaboration is essential in offering a broad array of services to their clients, and for locating services closest to where clients live. Several providers reported strategic partnerships that maximized the availability of support services such as housing, insurance and benefits navigation, peer support services, legal assistance, and medical transportation.

"We interact [with Las Vegas LGBT Center] not just in the office, but we interact outside of that, keeping in touch and everything. It's like a family and very close-knit in that sense. Everyone really tries to help encourage each other."

LEARNING COLLABORATIVES

Learning collaboratives come in many forms. Some are formally organized with charters, appointed positions, and independent funding. Others developed more organically and have remained more loosely affiliated. Whatever their structure, learning collaboratives provide members with opportunities to learn from each other through sharing best practices, lessons learned, and resources that may benefit the clients they serve. Performance data is often shared between members. Howard Brown Health Center and UAB 1917 Clinic described the benefits of engaging in learning collaboratives to improve Rapid Start services.

EXPERT SUPPORT

A commonly referenced resource was the local AIDS Training and Education Center (AETC), with providers reporting partnerships with local AETC's or adoption of training curricula developed by AETC's to support staff training activities.

Other providers noted opportunities to join forums or interest groups focused on Rapid Start initiation to support continuous learning. Borinquen Medical Center participates in 'share and learn meetings' which bring together agencies from the community and occasionally guest speakers from further afield.

Cost Considerations for Rapid Start Planning, Implementation, and Sustainment

Organizations need to know how much it will cost to plan, provide and sustain Rapid Start services. Below is a summary of the key considerations for estimating costs of providing Rapid Start services. In addition, case studies describing the range of effort and costs for Rapid Start service provision that take into account the unique setting and context of Ryan White-funded providers are presented.

WHAT TO CONSIDER WHEN ESTIMATING COSTS

Three Time Periods

Completing a cost estimate for providing Rapid Start services should be grounded in an understanding of level of staff effort and resources required to plan, provide and manage Rapid Start services during three time periods:

1) The year prior to implementation
2) The first year of implementation
3) During sustained implementation

It is easy to forget that expenditure of resources starts well before providing Rapid Start services, making it important to understand the time and resources required to plan new services. The first year of implementation frequently requires more time and higher costs due to the need to train staff, support clients, and provide oversight as the clinic integrates new services into existing services, making it important to understand the additional time and resources required during the first year of implementation.

Sustained implementation is generally a period when initial kinks have been worked out and implementation is running smoothly. This period often requires fewer resources than the first year of implementation. Therefore, estimating costs during sustained implementation helps with long-term planning.

Staff Time

The primary driver of the cost of implementation of Rapid Start services is the cost of staff time required to plan, implement and manage Rapid Start services. This includes estimating the number of hours that staff spent on activities related to planning, implementation, and management of Rapid Start services. Planning activities typically include: stakeholder engagement, protocol development or revision, establishing systems to collect and report data for continuous quality improvement (CQI), and staff hiring and training. Implementation of Rapid Start often requires less provider time due to the consolidation of client visits, but often additional staff time to facilitate same-day linkage to care, facilitate benefits enrollment, case management, and referral to additional support services.

Management of Rapid Start services includes supervision of staff, using data for monitoring service provision and CQI, and program oversight (human resources, finance, and project administration).

Additional Costs

In addition to staff time, additional cost considerations include provision of incentives to facilitate client engagement in care (e.g., food and transportation) and payment for medical visits and/or medications if a client does not have appropriate coverage.

INSIGHTS ON VARIABILITY IN COSTS

The costs of planning, providing, and managing Rapid Start services can vary substantially across RWHAP-funded provider sites. For example, sites that can engage and focus on working with site-level management (i.e., one or a few engaged providers) may require less dedicated time toward planning than sites with more levels of bureaucracy.

Sites that already have well-established Rapid Start and support services are likely to require fewer changes to staffing and workflow and thus have lower costs than sites that did not previously provide Rapid Start services or sites that had few support services providers (i.e., linkage coordinator, benefits, counselor, case manager).

Finally, sites that have more clients who are eligible for Rapid Start services are likely to have lower costs per client compared to smaller sites as planning costs are likely to remain relatively stable regardless of the number of clients engaged in Rapid Start services.

SITE CASE STUDIES

To illustrate key considerations for RWHAP-funded sites as they seek to integrate or strengthen the provision of Rapid Start services as standard of care, "case studies" for three RWHAP-funded sites that have been providing Rapid Start services for two or more years, are provided below. Each case study describes the unique care setting context and very different approaches to planning, implementing and sustaining their Rapid Start service delivery model that draw out key considerations for providers.

Site A is a small HIV clinic with 5 newly diagnosed or re-engaged clients who received ART medication during the year prior to implementation of Rapid Start services. The site conducted very little planning prior to implementation ($8,833) and started provision of Rapid Start services with a single case. During the first year of implementation, Site A incurred substantially more costs to plan Rapid Start services.

The site hired a Linkage Specialist and Case Manager and invested more time into Care Coordination. This allowed providers to spend less time with clients as medical care for Rapid Start services was consolidated into a single visit, but required more provider time for ongoing planning and to manage the new staff hired to support Rapid Start services. Overall, Site A spent 100 additional hours and an additional $7653 per client to plan, provide and manage Rapid Start services for 9 clients during the first year of implementation of Rapid Start services. During the sustained implementation year, Site A continued to scale up planning and implementation of their Rapid Start services. During this year, the site hired a Program

Manager, four additional Linkage Specialists and four additional Case Managers. However, the site only provided Rapid Start services to 22 clients. This means that compared to services provided before implementation of Rapid Start services, Site A was able to dedicate 236 additional hours per client at a cost of an additional $10,406 per client to provide and manage Rapid Start services during the sustained implementation year.

Site B is a large multi-disciplinary HIV clinic led by a single provider champion and had 130 newly diagnosed or re-engaged clients who received ART medication during the year prior to implementation of Rapid Start services. Site B conducted a moderate amount of planning ($13,704) prior to implementing Rapid Start services.

The site had a full complement of support services providers prior to implementation of Rapid Start Services, so did not have to hire additional staff. Costs associated with planning remained relatively stable. Implementation required only implementation of open scheduling and modest increases in some staff time (e.g., nurses, social worker, mental health provider, and pharmacist). They were also able to reduce time required for management of clinical services.

Overall, Site B spent 2 additional hours and an additional $217 per client to provide Rapid Start services to 130 clients during the first year of implementation. During the sustained implementation year, the number of clients served by the site increased, but program implementation remained relatively stable. Staff time dedicated to clients increased incrementally, while management costs decreased incrementally. The site spent an additional 3.1 hours per client at a cost of an additional $266 per client to provide and manage Rapid Start services during the sustained implementation year.

Site C is a community-based HIV clinic and had 18 newly diagnosed and re-engaged clients who received ART medication during the year prior to implementation of Rapid Start services. The site conducted substantial planning ($24,061) during the year prior to implementation. Similar to Site B, Site C did not have to hire additional staff to implement Rapid Start services. During the first year of implementation of Rapid Start services, costs associated with planning declined relative to the pre-implementation year, but remained substantial compared to other sites. Provider time declined due to consolidation of effort toward Rapid Start service provision into a single medical visit, while select staff time (e.g., front desk staff, medical assistants, pharmacist) increased incrementally to support management of Rapid Start services.

Overall, Site C spent 4.5 fewer hours at a cost of $175 more per client to provide Rapid Start services to 30 clients during the first year of implementation. During the sustained year of implementation, Rapid Start services continued to expand. Planning costs increased somewhat due to increased community outreach, but the number clients served by the site also increased. Compared to services provided prior to implementation of Rapid Start services, Site C spent 2.1 fewer hours at a savings of $9 per client to support provision and management of Rapid Start services for 58 clients during the sustained implementation year.

Organizational Culture

Providers reported that certain aspects of their clinic's organizational culture have facilitated the successful implementation of Rapid Start, including staff knowledge and beliefs, flexibility and fluid staff coordination, and open communication to foster a client-centered environment.

Staff Knowledge and Beliefs

Most clinicians and client care staff now support Rapid Start given considerable evidence and overwhelming consensus among experts, in addition to official guidance recommending it. Providers identified minimal resistance to Rapid Start among their clinicians or other staff members. They reported that clinician acceptance was influenced by reviewing data presented at national conferences and published in medical journals. They also described the importance of support services available within their clinics.

Clinicians feel more comfortable initiating Rapid Start knowing that their clients have adequate support. However, some clinicians and client care staff may hold beliefs and attitudes that foster resistance to Rapid Start. These beliefs may be the result of personal biases, perceived readiness of the client, or adherence to outdated guidelines. Successful implementation of Rapid Start depends on understanding and addressing hesitancy or resistance among clinicians and client care staff and ensuring staff members are aware of the latest ART initiation guidelines.

WHAT CAUSES HESITANCY TO RAPID START?

Many providers reported no resistance or hesitation among their clinicians or clinical care staff, though some providers did report some minor resistance. Clinicians may wish to review baseline labs, including resistance profiling, immune function tests, and confirmatory testing, before prescribing. LGBT Life Center discussed the use of in-clinic fourth-generation rapid tests to confirm HIV diagnosis which allows the clinician to confidently begin ART.

> "They really want the fourth generation [test], because that's what the guidelines say…we do have a rapid fourth generation for the people who need this rapid initiation with a provider and just kind of give them the next level of comfort."

Other providers raised concerns over the potential for medication resistance if clients were started on ART before they were ready to commit to daily medications. Another provider discussed similar concerns about clients being initiated on ART then becoming lost to follow up, with particular wariness reported in regard to beginning ART among people with active substance use disorders.

OVERCOMING HESITANCY TO RAPID START

The most cited antidotes to hesitancy among clinicians and staff were **training and education**. From formal conferences to casual conversations in clinic breakrooms, sharing published data and anecdotal stories about Rapid Start helps dispel inaccurate and outdated beliefs and reassure clinicians that the practice is safe, effective, and widely applied.

Many new medical graduates are also being educated on Rapid Start as part of their HIV and primary care training, prompting wide adoption of the practice among newer clinicians.

> "…our residents are also being trained on HIV as part of their primary care training. They're trained on Rapid Start. Their preceptors are making sure that they teach them why it's important to start antiretroviral therapy, ASAP. It became a movement."

Early adopters can become champions of Rapid Start, helping to educate and encourage their peers to adopt new practices. Champions are particularly effective when they are locally or regionally renowned and/or their opinions are respected.

> "…now that they're seeing how it works, they're becoming champions in those locations where they can easily guide others to feel comfortable."

Providers highlighted the importance of teamwork in overcoming Rapid Start hesitancy. Clinicians understand that clients are more likely to succeed when they are provided with adequate support from a multidisciplinary team of case managers, peer navigators, pharmacists, and others. Ensuring that clients have the resources they need to stay engaged in care, access medications, and feel supported may help alleviate clinician and client care staff hesitancy when initiating Rapid Start.

"I think over time, she (our primary clinician) realized our staff is so competent and so good at the way they engage people, she became much more confident that, this person's not going to disappear off the face of the earth. So, when everybody worked as a team, a lot of her fears alleviated."

Flexibility and Fluid Staff Coordination

Providers do not always know when someone who is newly diagnosed will present to the clinic and must often adjust their clinic schedule to accommodate clients. Howard Brown Health indicated that if clients must wait to see a clinician, a behavioral health specialist or case manager can use the time to provide additional support.

San Francisco RAPID staff are constantly "problem solving"; for example, a clinician who is out of the office may "jump on a phone visit" to accommodate a newly diagnosed client.

The way in which staff work together to support Rapid Start clients was described by Positive Care Center as a "dance" with "flexibility, fluidness, and rolling with what happens." While staff have formal ways to communicate client needs and services through EHR prompts and team meetings, they recognize that Rapid Start also requires constant and informal coordination. Linkage coordinators may help clients transition from one activity to another, but all staff members need to work together to ensure the components of the Rapid Start visit are accomplished without the client feeling overwhelmed or unsupported.

Staff Communication

Providers used informal "huddles" as a method for communicating within their team. Sites may meet with their teams right after the client leaves to debrief on their intake process and discuss what next steps may be needed for the client's care. Others have one-on-one huddles with staff who are at the site that day. Teams may huddle every morning, and these huddles usually go over clients for the day, reiterate their team process map, and highlight open appointment scheduling slots for Rapid Start services. Other providers have weekly huddles.

These methods allow time to reinforce Rapid Start protocols and processes, foster effective communication between staff members, and create an environment where staff members across all levels feel comfortable sharing client information regardless of position.

> "Everyone calls each other by first name, and so there's no title like doctor, there's no formality. It's more of like, everyone is treated on that same level playing field."

Additionally, staff across all levels stressed that having a culture of open communication among one another is one of the most important components of client workflow given the complexity of the Rapid Start visit. Communication also ensures that every staff member is aware of the financial and social barriers clients face that could hinder their engagement in care, and many providers reported that open communication allows them to track information so that the client is not overburdened with the same questions.

Client-Centered Environment

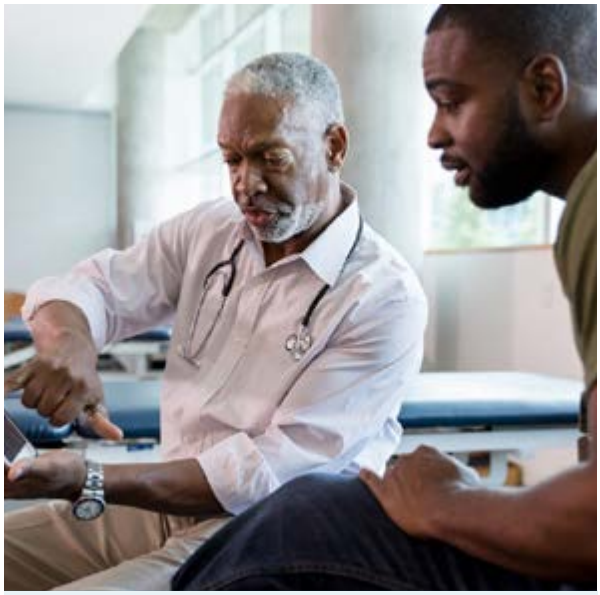
HIV diagnosis can often be a traumatizing experience which triggers feelings of isolation, shame, and fear. Clients may feel very overwhelmed, and they may not be in the state of mind to listen to and process important information related to their diagnosis and health. Throughout the visit, the healthcare team must use client-centered communication, which means to tailor what they communicate to each client to meet each person's needs. This means providing health education messages while ensuring that clients are not overwhelmed with new information.

> "Some patients are very well versed in HIV and have friends, partners, family members who have HIV or are living with HIV. Others have really no idea and are really scared about this diagnosis."

Providers expressed clients' needs for non-judgmental support within provider settings that meet clients where they are and honors their choice. Clients may not know basic information about HIV and the importance of medication adherence and may not feel ready to engage in HIV treatment immediately after the diagnosis. It is important not to assume what a client's understanding or attitudes are.

A San Francisco RAPID clinician said, "A lot of that first conversation is led by the patient. What are their questions? What is their reaction? What do they want to know?"

To establish immediate rapport with clients and encourage them to fully engage in care, providers overwhelmingly reported they "meet the clients where they're at" and establish a judgment-free environment. The Max Clinic, which serves many people who are unstably housed, allows people to bring their dogs and "stuff" into the clinic. Roper St. Francis clinicians make themselves available to clients to answer questions and provide follow up support.



"And I always tell them as well, 'Hey, I know this is a lot of information, and I don't expect you to remember everything. So, if you wake up tomorrow and you're like, "What was the thing he said?" Feel free to call me and I can go over the same information again.'"

Payment for Rapid Start Services

A key facilitator of successful provision of Rapid Start services in making sure that cost is not a barrier to receipt of care. This section highlights how providers leveraged RWHAP and non-RWHAP funds to secure payment for Rapid Start services, including: medication starter packs/samples, expedited eligibility for coverage, clinical staff time and services, and patient navigation and support services.

Medication Starter Packs/ Samples

Many providers offer a first fill of medication through an ART starter pack or sample. These are seven to 30 days of medications which are often given to providers by pharmaceutical companies. This allows enough time for clients to become approved for health care coverage, including Medicaid and Ryan White HIV/AIDS Program ADAP, after the initial dispense. Short medication starter packs or samples are generally reserved as a "last resort" if providers are unable to connect clients to more complete pharmaceutical benefits during the Rapid Start visit. Pharmaceutical companies also offer Patient Assistance Programs that providers leverage to cover the first 30 days of medication as well as copay support for clients who have healthcare coverage but need assistance with cost sharing responsibilities.

Max Clinic clinicians and onsite pharmacists coordinate with insurance programs and manufacturer pharmaceutical assistance programs (PAPs) to guarantee same-day medication. However, not all pharmacies carry ART medication given the high cost, so providers need to ensure that pharmacies are consistently fully stocked. Many are "specialty pharmacies" with supports for people with HIV and 340B status for shared rebates.

> "Our strong belief is that when somebody both gets the rapid visit, and they see the provider and we do labs, and they get medications on the same day, all of those are factors for really anchoring a patient into care and improving the likelihood that they both return and that they stay in care. Starter packs are really critical, we need the starter pack to bridge that gap until they're approved [for other coverage]."

Some providers indicated that they are unable to accept free samples from pharmaceutical companies because of their organization's policy. Many providers leveraged other funding opportunities to stock medications onsite.

Common options for stocking medication included RWHAP-funded emergency financial assistance (EFA), 340B discounts and program income, and other grant funding (such as non-RWHAP state grants hospital foundation grants).

Expedited Eligibility for Coverage

Providers often connect clients to state Ryan White HIV/AIDS Program ADAP and Medicaid to cover ART medication on the first and subsequent dispenses. Providers using this approach described two main strategies to quickly connect clients to benefits: expedited enrollment and presumptive eligibility. In some states, Ryan White HIV/AIDS Program ADAP can almost immediately (within minutes) approve coverage for clients receiving Rapid Start services - meaning a member of the healthcare team (e.g., social worker, benefits coordinator) can submit an application (through fax or an online portal) to Ryan White HIV/AIDS Program ADAP, receive approval and have the medication prescribed and/or provided before the client's Rapid Start visit is complete.

Ryan White HIV/AIDS Program ADAPs may develop procedures to "pre-approve" Rapid Start clients. Providers, especially those in Medicaid expansion states, may similarly be able to quickly enroll clients in Medicaid. Finally, Ending the HIV Epidemic (EHE) funding may be used to provide services before RWHAP eligibility determinations are completed. In some cases, this includes using EHE funds to expand access to Rapid Start services to clients who are not eligible for RWHAP services.

TIP:

- Work with RWHAP Part A and Part B program(s), EHE, Ryan White HIV/AIDS Program ADAP, and other coverage sources, such as Medicaid, to identify ways to streamline applications and eligibility processes
- For clients who are not eligible for RWHAP, identify other funding sources, such as grant programs, to engage clients

"People who were Medi-Cal [California Medicaid] eligible, but didn't yet have Medi-Cal could get emergency or presumptive Medi-Cal for 30 to 60 days. And so get their first month or two of ART paid for while they got their paperwork together and worked with the navigators to get full Medi-Cal."

Clinical Staff Time and Services

In addition to funding for medication, providers must consider how to be reimbursed for other clinical services and staff time. Lab costs, particularly for providers who do not have expedited enrollment into healthcare coverage, can be expensive.

Providers rely on RWHAP funding to cover labs and initial medical appointments, which can be challenging before eligibility is established. Providers reported that they also need to absorb some lab costs. Some pay for any outstanding lab costs on a monthly basis which allowed them time to identify a funding source. Others are able to "write off" uncovered labs because of their large client population and strong working relationship with LabCorp. There are also options to use 340B program income to cover clinical costs.

Clinical staff time can also be challenging to cover, especially if appointments are held open on a provider's schedule for Rapid Start clients. Some providers have strict staff productivity requirements that detail expectations about the number of clients they must see in any given day. To allow greater flexibility, providers have used RHWAP funding to pay for clinical staff salaries in part or full, with the tradeoff being unable to bill Medicaid or health insurance for services provided during the appointment. This allows clinicians some flexibility to have unreimbursed time in case appointment slots are not filled.

"[If clinicians have an appointment] that is not used, you're wasting 400, 500 or more dollars and that's not ideal. That's why also it's nice if you do have a grant to be able to say, 3% of every medical provider's time making this up is covered up by this grant. The next 3% of that block time could be at least that cost neutral to their salary."

TIP:
Use non-RWHAP funding, such as state grant funding, for administration and staff time

Patient Navigation and Support Services

Providers leveraged and re-aligned roles of existing staff to facilitate the provision of Rapid Start services, especially related to tasks such as insurance eligibility enrollment, intake, clinical visit services and HIV education. RWHAP often funds medical and non-medical case management services that can be extended to cover navigation through the first appointment.

In this case providers designate one (or more) staff (e.g., case managers, linkage coordinators) to guide the client throughout each step of the Rapid Start visit, while others train their entire team to manage the process as clients come in. See Staff Roles and Structure (pg. 16) for more information.

> "[RWHAP funding] really helps support the costs of having a social worker and then a little bit of time just overseeing Rapid Access and the reporting that is necessary… All of our case managers are grant funded through both RWHAP Part A and Part B."

Finally, providers often draw on a mix of funding sources to cover support services for clients' Rapid Start visit. Providers leverage RWHAP and EHE regularly to fund supports like transportation assistance to get to the appointment, as well as food bank, mental health, and housing services. See the Referral to Support Services (pg. 25) for more information.

Jurisdiction and State Support

RWHAP recipients are key players in making Rapid Start interventions feasible for providers to implement. Many RWHAP recipients support Rapid Start through funding for direct services and infrastructure development.

This section describes the best practices at the jurisdiction-level that facilitate the implementation of Rapid Start services at a provider site, including: RWHAP eligibility, jurisdictional funding, establishing Rapid Start as a standard of care, jurisdictional support for provider collaboration, and state policies and procedures.

RWHAP Eligibility

Several providers indicated that RWHAP eligibility assessment was one of the biggest barriers to accessing Rapid Start services. Many recipients have developed approaches to streamline application processes and reduce the burden on clients to facilitate Rapid Start.

RWHAP eligibility assessment can be particularly challenging for providers who receive multiple RWHAP Part funding. For example, sometimes clients must complete separate applications for RWHAP Part A and Part B. To address this issue, some recipients have developed **cross-Part eligibility** agreements so that clients do not have to complete multiple submissions. Another indicated that they were considering adopting **reciprocal eligibility** with the other RWHAP Part A-funded jurisdictions in their state, meaning that clients approved for RWHAP can receive services anywhere in the state without having to resubmit an application.

Recipients also described updates to eligibility processes to support faster approvals. Several providers offer **expedited review** of applications for Rapid Start clients. The Max Clinic developed a "rapid eligibility determination cover sheet" to accompany applications that signals the need for quick review.

This reduced the Ryan White HIV/AIDS Program ADAP approval time to around 48 hours compared to two weeks prior to implementation. Valleywise Health created a separate approval queue for newly diagnosed clients. This shorter approval process means that providers can rely on short-term solutions like starter packs until RWHAP eligibility is established.

TIP:

- If you are a jurisdiction recipient, differentiate Rapid Start applications for expedited review and approval
- Create communication channels with providers to coordinate when expedited review is needed

"We were able to place ourselves so that [the state] would prioritize some of those applications. Our contacts [could] reach out or if we were to reach out and say, 'Hey, this is the challenge. Can you help?'"

Recipients have also transitioned to **electronic applications** that similarly expedite the approval process. This includes options to utilize the MyChart program for clients to submit paystubs online (a requirement of the RWHAP eligibility assessment), which can then be transmitted easily with their RWHAP application. Providers not authorized to do eligibility determination onsite worked with their state Part B to set up a zoom option to complete the application. Clients are given access to a laptop that they can use to complete the application during their Rapid Start visit.

Jurisdictional Funding

Recipients have made funding available to support Rapid Start services. These often build on existing infrastructure: for example, a Part A recipient that funds case management services encourages their funded providers to designate a Rapid Start linkage person from the case management team.

Several jurisdictions also indicated that they purchased medications to dispense in the first visit, though this strategy was too expensive to be sustainable. Recipients may wish to develop an approved formulary of medications that includes standard medications used for Rapid Start initiation. See Payment for Rapid Start Services (pg. 45) for more information on how recipients have supported medication access and services.

Establish Rapid Start as a Standard of Care

Several providers indicated that recognition of Rapid Start at the jurisdiction level was essential to getting Rapid Start service provision buy-in and launching their interventions.

Most jurisdictions endorsed Rapid Start as a best clinical practice and relied on providers to develop their own specific approaches. As put by one jurisdiction, "nobody wants to be behind the standard of care." Providers indicated that this support from the jurisdiction level helped highlight the need for Rapid Start, create accountability for clinicians and providers, and enforce monitoring and oversight to keep services on track. Several jurisdictions indicated that they started Rapid Start as pilot services, which were scaled up over time as the successes and improved outcomes became evident.

Few jurisdictions developed specific clinical protocols for their providers to implement across the board. However, jurisdictions can offer support by reviewing protocols and setting clear expectations, such as the number of days in which linkage is considered "rapid." Jurisdictions commonly reviewed and signed off on protocols to ensure that they met expectations communicated approval.

TIP:

- If you are a jurisdiction recipient, formally endorse Rapid Start

"Something that was very important for our providers was that the Health Department was comfortable with our approach because clinicians are licensed individually. They would get a little nervous, like 'what if I give someone same day ART and it turns out they've got a type of HIV that's resistant to the drug that I gave? Am I going to be held responsible?' It's important for some folks to know that there is some sort of oversight clinically, locally, or whoever that person is for you. For our medical providers, they actually asked the Health Department to put in writing that they were comfortable with our approach."

Jurisdictional Support for Provider Collaboration

Several recipients also supported their providers in implementing Rapid Start services by creating communities of practice and encouraging collaboration. One recipient who started with a Rapid Start pilot model established a funding stream for one of the initial implementers to provide training and technical assistance to other providers in the state. Providers who receive Rapid Start funding participate in monthly calls to discuss progress, challenges, and best practices.

These spaces help providers anticipate barriers and learn from their peers' experiences. Several providers indicated that this also helped to hold them accountable in implementing their Rapid Start services. Some ways that providers have worked with one another to develop Rapid Start processes are discussed in Developing Community Networks (pg. 36).

TIP:

- If you are a jurisdiction recipient, support collaboration and peer learning across funded providers. Learn from other providers who have already implemented Rapid Start services

"We use the learning model and improvement method, which is to meet at the first month with define small work plan objectives. We ask the site to work on three months and we meet three months after had big group to meet and to share achievement challenges, best practices. And then we'll resume with some redefining of the intervention for three other months."

State Policies and Procedures

Providers also rely on **non-RWHAP funding** and policies to connect clients to Rapid Start services. Jurisdictions, especially those at the state level, have leveraged other funding to support activities that are outside the scope of the RWHAP.

Several states have grants specifically for Rapid Start. Though these tend to mirror or run parallel to RWHAP-funded Rapid Start interventions, they can cover clients who are not eligible for the RWHAP (or who have not yet been approved for services). For example, Mary Washington Healthcare has two budget line items: one will cover clients who can provide documentation for eligibility, and the other category can be used for everyone until eligibility is established.

These programs often include provider collaboration as described in the previous section. Additionally, some states may offer presumptive Medicaid coverage that can be used for the Rapid Start visit, as described in Payment for Rapid Start Services (pg. 45).

"With the funding that's provided through [the state, we have] financial assistance for those labs, appointments, for the office visit or the medication if it's needed, and the transportation needs are all addressed, taking away those barriers that the patient doesn't have to think, 'Okay. Well, I can't pay for this.' We can get you started. We can get you in. Let us help you."

Another state, Arizona, identified that communication barriers between HIV testing sites and medical providers was the primary cause of delays in ART initiation.

The state purchased phones for their providers to "bypass all the phone trees" and foster enhanced, direct communication when a client needed to access services. The state also developed protocols for phone use to ensure that a staff person would always be available to connect a new client to Rapid Start. The state also indicated that they would cover unreimbursed costs (e.g., in false positive cases) as needed.

Providers also creatively leverage funding for other initiatives to support implementing Rapid Start services. One, for example, received funding for a U=U informational campaign that they leveraged for client education in the Rapid Start visit. Others used funding for "participant incentives" to purchase food cards and hygiene items to distribute to clients as a part of their participation in receiving Rapid Start services. Finally, many providers indicated that funding for program administration (i.e., administrative staff time) alongside RWHAP funding for direct client services helped them launch their Rapid Start services.

> "It didn't pay for the medication itself. It didn't pay for the clinician time itself. It was really the thought leadership behind doing the work, and then committing to [it]."

Performance Measurement and Continuous Quality Improvement

Providers implement data collection, analysis, and evaluation processes to track the effectiveness of their Rapid Start services. Additionally, providers used data to better inform clinic practices.

This section describes the data collection methods and continuous quality improvement (CQI) best practices used by providers to routinely monitor the successes of their Rapid Start services.

Data Collection and Reporting Systems

All providers used EHR systems to keep track of client visits, labs, and additional relevant medical information for clinic appointments. This was the predominant source of data collection for many sites, although many used an additional case management software to keep track of clients and additional data. For example, clinicians may use Epic for their EHR system and CAREWare for case management. Additionally, to accurately keep track of information related to Rapid Start intervention processes, many providers chose to modify their EHR system.

Some providers decided to add a "flagging" function to label Rapid Start clients and then use the flag to pull information on clinic appointment attendance. This is especially useful to track which clients are showing up for their follow-up appointments. Other sites added additional fields into their EHR system, such as HIV diagnosis or viral load. This may require the assistance of a technical support team.

Suggested fields to include in EHR system modifications and/or Excel spreadsheet are:

- Demographic data (age, gender identity, sexual orientation, race, ethnicity, % of poverty limit, zip code, housing status, socioeconomic information)
- Risk factors
- Initial HIV lab results and initial viral load
- Dates of: referral, linkage to care, first in take appointment, ART prescription written and picked up by client

> "When Epic was undergoing an overhaul, I asked the Epic team to include the viral load as an ability to track patients by viral load"

Further, many providers utilize CAREWare to input data specific to the HIV performance measures that have already been configured in the system. While some providers have assigned a team to document all client encounters into CAREWare as the first step, most providers manually enter data into CAREWare from an existing report.

In fact, most providers track data in a standalone Excel spreadsheet in addition to the EHR and case management software to confirm the data based off chart reviews, and to keep track of clients' clinic appointments and time-to-ART prescription. Some providers also found it useful to have a back-up data source in case they need to switch EHR systems at any point in the future.

"The spreadsheet was created back when we were building the [program]. We were finding that we needed a way for all of us to get a bird's-eye view of these patients, but at the same time, I'm thinking we were also responsible for reporting certain metrics, and so I took some of those metrics and put them in this tracker spreadsheet because I knew that I needed these in a place where we can easily go retrieve them for reporting… It was just a great bird's-eye view of the data that we could use that everybody could see."

Performance Measures

Providers used performance measures, including process measures and outcomes measures, to measure the effectiveness of the Rapid Start services implemented within their site and client outcomes related to Rapid Start. Specific data examples for each measure are included below.

PROCESS MEASURES

Process measures are measures that indicate what a provider or intervention does to maintain or improve health status. Providers had a variety of process measures they collected data on, typically including the:

- Number of clients diagnosed with HIV
- Number of referrals received from external clinics
- Date of diagnosis
- Date client was linked to the Rapid Start visit
- Date client is prescribed ART
- Date client picks up ART
- Date of viral suppression

Tracking dates is an important tool to help providers determine the length of time between the date a client was diagnosed to the date they were seen by a clinician, the date they were prescribed ART, and the date they ultimately picked up their prescription. Based on this time range, they can determine how effective Rapid Start was in achieving viral suppression.

> "What we're tracking is...when they achieve viral suppression, when they achieved undetectable status, their initial labs, what they were prescribed. The things that we focus on particularly are diagnosis to intake, so the number of calendar days from HIV positive diagnosis until the first medical visit, and the number of calendar days from the Rapid Start visit until the first dose of ART is taken, and then diagnosis to suppression."

> "We also collect data on what date they are prescribed ART medications, as well as what date they pick up their medications. We calculate the time between diagnosis and initiation of ART medications. We also collect data on, when they pick up the medication...I'd say about 90% of the time, if not higher, it is the same day."

OUTCOME MEASURES

Outcome measures reflect the impact of the intervention on the health status of clients. By tracking retention to care, providers could more easily spot and address when a client may be falling out of care or require re-engagement. For most providers, outcomes were measured by the number of clients who achieved viral suppression after being prescribed ART. They broke this data down into the number of days it took clients to achieve viral suppression, and for how long clients remained virally suppressed.

"And we have 90 days [allotted] for that person to reach viral suppression, we do it in less than 60. To say that and create that impact and put it… It's reality, right? These are our outcomes, and this is why we do a good job and this is why the staff that have this service delivery component and have this expertise, they are the gold stars."

Most providers saw notable benefits with implementing Rapid Start, and observed their clients being virally suppressed within two (2) months after beginning ART.

> "Anecdotally, most were virally suppressed by the second or third visit. They were reaching viral suppression really, within weeks versus months. It was quite rapid, which was reassuring."

Continuous Quality Improvement Efforts

For all providers, creating and distributing CQI reports is essential to ensure the Rapid Start services are achieving the designated goals and to be aware of any gaps in care, disparities, or opportunities for program improvement.

Many providers are part of a training network, such as their regional AETC, which requires them to submit quarterly reports and work on specific goals for improvement within their Rapid Start service provision.

> "We submit a QI report every quarter, and we also see included Rapid Start data within that, to encourage people to keep doing for that program. But it's not grant requirement or anything...So it's data that the case managers track, and the administrative team will track. And then I think we submit it quarterly to HIV Access, which is the consortium that runs the Ryan White funds for the county. I'll look at it when it's time to turn in to see kind of how we did the last three months."

As the Rapid Start models grow and mature, many providers use CQI reporting as an opportunity to address gaps in care based on demographic data, and to confirm if support services are meeting clients' needs as well.

> **"All RWHAP Clinics and most clinics in general have CQI projects, we've formalized that into a program evaluation unit where every intervention that we include or implement into our program, we are now looking at direct outcomes. We have housing programs, substance, youth support programs, food insecurity programs. We've now developed a unit to evaluate the outcomes of those programs as well."**

Additional CQI efforts include streamlining communication among the Rapid Start provider team to improve client care and Rapid Start provision, including weekly huddles where they discuss social issues as well as programming and policy process concerns.

Client Needs and Perceptions

Providers implemented practices that would focus on client needs and prioritize their comfort and ease of access to treatment. This section offers testimonials from clients and provider team members to provide additional insight into the experiences a clinic provides when implementing Rapid Start services.

Barriers to Care

Providers worked diligently to address the social and economic barriers many clients encounter when receiving HIV care. Some of these barriers included lack of transportation, lack of childcare, inability to take time off work, language barriers, homelessness, financial concerns, and stigma.

Providers who planned for these barriers had support services in place and the ability to provide referrals to needed services. See Referral to Support Services (pg. 25) for more information. It is vital for providers to be prepared for the complex conditions of client's lives and to work to deliver or coordinate support services to ensure clients are set up for successful adherence to treatment.

> "I would add that kind of, I think a lot of HIV diagnoses occur with other comorbidities and not just physical. They might have substance abuse backgrounds, they have comorbid psychiatric conditions. There's obviously a social stigma, sometimes they don't want to come and get care, they would rather do something else or they want to be discreet about it. So they have a hard time arranging it in her life. I think those things make ... rarely you're getting a very just simple case, 'Oh I got HIV one time, this just happened,' they're always occurring in some complex circumstance most of the time. And they still kind of live in that reality as well."
>
> **– Clinician (MD)**

> "They gave me a bunch of food and then they gave me my blood, did my blood samples, got me on my medicine right away…..they were quick and I'm thankful for them. They pointed me into the direction of their drug, I want to say, it's like a drug counselor. And she's great, her name was Britt. She got me into crisis centers, and I would just walk in there and I wouldn't have to really wait at all. I would immediately be able to see a doctor, which was convenient because I noticed most people, their whole thing is that whole process. And when you're able to just walk in and get that help, there is no time to like worry and kind of back out. it's pretty cool, the convenience."
>
> **– Rapid Start Client**

> "Well, so they gave me a two-week supply until all the paperwork had gone through where I could get it through CVS. And, frankly, I was worried about the price because I was told, "Oh, this is like a $3,000 medication". But they were very good about keeping things away from my insurance so that it wouldn't cost me an arm and a leg and that I could get my medication for free. So I was able to get my medication quickly and start treatment immediately and then within two months I was undetectable."
>
> **– Rapid Start Client**

Experiences at the Provider Site

For many clients, what they remembered and valued about provider experiences are the empathetic and supportive interactions with staff members and helpful guidance throughout the many steps of the Rapid Start process (see Overview of Rapid Start Visit Workflow, pg. 14).

> "And I mean, it definitely wasn't scary to me. So I had that comfortableness to where, so I knew that I was safe there. I knew that my information wasn't getting put out. I didn't feel embarrassed. They made me feel comfortable."
>
> **– Rapid Start Client**

> "The first time I got treatment. Okay. I, when I went, I was very shaken up, confused, I was lost. They treated me like family. They didn't make me feel any different. They answered most of my questions that I had, even though I had some that they couldn't really answer. Anthony was great. He was, I saw him first. And then I saw a couple other people. Everybody gave me a hug. Everybody was really nice. They didn't treat me any different, like what I thought it would be. But when I go, I'm very comfortable."
>
> **– Rapid Start Client**

Clients Want Rapid Start

Provider hesitancy for implementing Rapid Start often revolves around the assumption that clients may not be ready or willing to start ART immediately. However, after the initial trauma of diagnosis, most clients reported feeling empowered and ready to begin treatment when given the option

Several themes emerged as to why clients were interested in Rapid Start, including: having the belief that same-day start is standard of care, wanting to address HIV right away, and feeling relieved to be able to begin the journey of HIV treatment and take control of their health.

Provision of ART on the same day of diagnosis, to clients, felt like an expected standard of care. Clients expressed that other medical conditions can be treated on the same day, and HIV does not need to be any different.

Additionally, a common sentiment for clients is the desire to address their HIV right away, especially if they have already been feeling sick due to HIV.

"[Picking up the medication the same day] was actually the best part for me, because my one thing, my one concern was how long should I wait before where I start treating and how detrimental would that be to my body and everything. So yeah, it helped me a lot that I got it the same day."

In fact, clients feel more confident being able to leave the clinic with a prescription and are eager to start their medication. Rapid Start is acceptable to clients because they want to address their HIV right away.

In addition to setting expectations that Rapid Start should be a standard of care, and being eager to address their HIV diagnosis promptly, clients also expressed feelings of relief after learning they could start ART within seven days of their diagnosis. Given the stressful and emotional nature of receiving an HIV diagnosis, the ability to start medication right away can be a relief.

"Once they told me that they're going to start the medication that day, that was relieving. Because like I said, I'm just two days in of even knowing that I have it, so it's still scary."

For some clients, there are rare hesitations to starting ART. These occasional hesitations are due to misinformation, such as having outdated knowledge of ART drugs and treatment guidelines, experiencing denial about their HIV diagnosis, or problems related to social determinants of health, in which case starting ART may not be the biggest priority in their life.

However, these instances are rare in practice and most clients accept Rapid Start services without expressing any hesitations.

Models for Rapid Start

The DAP Compendium includes best practices gathered from 16 RWHAP provider sites that have implemented and sustained Rapid Start services. After reviewing all 16 provider sites, 8 sites were selected to be featured as models of interest for Rapid Start implementation and provision. Information on these 8 sites is included in the table below.

The sites featured as models of interest were selected based on several key characteristics to ensure representation across location/region, state Medicaid expansion status, urban-rural classification, jurisdiction or individual clinic implementation, care setting, population size, priority populations served, and any unique features that helped the provider site implement Rapid Start services successfully. Each of these sites has a comprehensive description of how Rapid Start services are provided, a process map diagram, and brief animated video providing an overview of the site's Rapid Start service provision.

Description of 8 Provider Sites Featured as Models for Provision of Rapid Start Services

Asian Health Services (AHS) (Oakland, CA)

is a community health center providing medical, dental, and mental health services for all ages in English and 14 other languages. Their HIV clinic provides comprehensive HIV treatment and prevention services, including Rapid Start services. Their population focus is medically underserved, immigrant, and refugee Asian clients.

Howard Brown Health (Chicago, IL)

is an FQHC and provides Rapid Start services in all nine of their clinics throughout Chicago. They are one of the largest LGBTQ+ organizations in the United States. They provide Rapid Start services with the help of two dedicated linkage to care teams, who manage clients' Rapid Start visit and deliver follow-up services until clients are established in care and transition into ongoing case management.

Borinquen Health Care Center (Miami, FL)

is an FQHC and began providing Rapid Start services as part of the Miami-Dade Count RWHAP Part A initiative to pilot Rapid Start services throughout medical centers in the county. They provide Rapid Start services in all nine of their locations throughout the Miami, Florida area, and serve Hispanic and Haitian populations. They benefit from a strong partnership between the Miami-Dade County RWHAP Part A and the Florida Department of Health RWHAP Part B to provide ART medication to their clients.

Kern County Health Officers Clinic (HOC) (Bakersfield, CA)

is a health department-based clinic, located within Kern County Department of Public Health, and serves a rural and suburban population in California. They offer STI testing, PrEP/PEP services, and Rapid Start services. They have a partnership with two local hospital emergency departments (EDs) and link clients to care at Kern County HOC. After clients receive Rapid Start services, Kern County HOC refers clients to other community clinics for ongoing HIV care.

LGBT Life Center & CAN Community Health (Norfolk, VA)

is a community health center, part of the Virginia Department of Health's statewide initiative to adopt Rapid Start as standard of care in Ryan White funded program settings in various regions throughout the state. LGBT Life Center is an LGBTQ+ organization partnering with CAN Community Health, a private, not-for-profit organization, to provide comprehensive HIV care and Rapid Start services to their clients.

Positive Care Center (Minneapolis, MN)

is an HIV primary care clinic, located within Hennepin Healthcare, a large, multi-tiered health care system with locations in Minneapolis and the surrounding Hennepin County. The clinic provides comprehensive health and psychosocial services to people with HIV. Pharmacists are embedded within their core staffing model, which offers clients the benefit of establishing a close relationship in the first visit with a pharmacist.

The Max Clinic (Seattle, WA)

is a community health center, established in partnership with staff at the Madison Clinic, an HIV specialty treatment care center, and the Public Health Sexual Health Clinic, a walk-in STI clinic with comprehensive sexual health services. The Max Clinic supports clients who have complex medical and social needs, and who are not well-engaged in HIV care. They utilize a unique, incentivized approach to keep clients engaged in care.

University of Alabama–Birmingham's (UAB)1917 Clinic (Birmingham, AL)

is a community health center that provides comprehensive HIV care as a part of UAB's Heersink School of Medicine, and is the largest HIV health care provider in Alabama. Their population focus is adults diagnosed with HIV who are low-income, uninsured, or under-insured. Their onsite pharmacy plays an integral role in providing clients with access to ART on the same day they are seen in the clinic.

Table 1. *Models for Provision of Rapid Start Services by Key Characteristics*

Provider	Location	Region	Medicaid Expansion State	Urban-Rural Classification	Implementation Level	Care Setting	Population Size	Priority Populations (if any)	Rapid Start Implementation Date	Unique Features
Positive Care Center-Hennepin Healthcare	Minneapolis, MN	Midwest	Expansion state	Urban	Clinic/ Individual	Hospital-based clinic	2, 228	Homeless populations	2018	• Pharmacy-embedded staffing structure (provide medication counseling and support treatment adherence efforts)
Howard Brown Health	Chicago, IL	Midwest	Expansion state	Urban	Clinic/Individual	Community Health Center (FQHC)	4,471	LGBTQ+ and youth populations	2018	• Established a dedicated linkage-to-care navigation team that stays with client for first 4 medical appointments • Recognized as an FQHC focused on the health needs of the LGBTQ+ population
Borinquen Health Care Center in Miami-Dade County	Miami, FL	South	Non expansion state	Urban	City/State/ County	Health Department/ Hospital-based clinic (FQHC)	929	Hispanic, Latinx, Haitian, homeless, and uninsured populations	2016	• Provides representation for a non-Medicaid expansion state • Provides representation as a site that is part of a jurisdiction effort to implement Rapid Start • They are a unique "one stop shop" clinic and provide testing, medical treatment, referrals for support services, and medical care
LGBT Life Center & CAN Community Health	Norfolk, VA	South	Expansion state	Rural	Clinic/Individual	Community Health Center	641	LGBTQ+ populations	2019	• Established partnership with CAN community health for medical services • Serves a rural community

Provider	Location	Region	Medicaid Expansion State	Urban-Rural Classification	Implementation Level	Care Setting	Population Size	Priority Populations (if any)	Rapid Start Implementation Date	Unique Features
University of Alabama, Birminghams 1917 Clinic	Birmingham, AL	South	Non expansion state	Urban	Clinic/Individual	Community Health Center	3,854	No specified priority populations	2018	• Large Ryan White clinic, serves 3,600 patients • Provide representation for a rapid Start program located in a non-Medicaid expansion state
Asian Health Services	Oakland, CA	West	Expansion state	Urban	Clinic/Individual	Community Health Center (FQHC)	89	Low-in-come and immigrant populations	2016	• Developed stronger community partnerships with clinics in their area Planned Parenthood, Berkeley Free Clinic, Alameda County Public Health Dept.) and conduct warm handoffs to bring clients into clinic
Kern County Health Officers Clinic	Bakersfield, CA	West	Expansion state	Rural	City/State/ County	Health Department	74	Low-income, homeless, and rural populations	2019	• Developed a partnership with an ED (Dignity Health) to implement routine opt-out testing and then provide rapid Start at Kern County public health dept • Serve as a linkage site and refer clients to ongoing HIV primary care at separate clinics • Serves a rural population
The Max Clinic	Seattle, WA	West	Expansion state	Urban	Clinic/Individual	Hospital-based clinic	95	Homeless and re-engaging in care populations	2015	• Primarily focuses on re-engaged clients • Created a low-barrier clinic with services to keep clients engaged using monetary incentives

Appendices

Appendix A:

Description of 16 Provider Sites Included in Compendium

Asian Health Services (AHS) (Oakland, CA) is a community health center providing medical, dental, and mental health services for all ages in English and 14 other languages. Their HIV clinic provides comprehensive HIV treatment and prevention services, including Rapid Start services. Their population focus is medically underserved, immigrant, and refugee Asian clients.

Borinquen Health Care Center (Miami, FL) is a Federally Qualified Health Center (FQHC) and began providing Rapid Start services as part of the Miami-Dade Count RWHAP Part A initiative to pilot Rapid Start services throughout medical centers in the county. They provide Rapid Start services in all nine of their locations throughout the Miami, Florida area, and serve Hispanic and Haitian populations. They benefit from a strong partnership between the Miami-Dade County RWHAP Part A and the Florida Department of Health RWHAP Part B to provide ART medication to their clients.

CareSouth Medical and Dental (Baton Rouge, LA) is an FQHC providing community-based medical, dental, and behavioral health services.

Equitas Health (Ohio) is a community health center located across several cities in Ohio as one of the largest LGBTQ+ and HIV/AIDS serving healthcare organizations in the United States.

Hennepin Healthcare's Positive Care Center (Minneapolis, MN) is located within the Hennepin County Medical Center. The clinic provides health and psychosocial services to people living with HIV.

Howard Brown Health (Chicago, IL) is an FQHC and provides Rapid Start services in all nine of their clinics throughout Chicago. They are one of the largest LGBTQ+ organizations in the United States. They provide Rapid Start services with the help of two dedicated linkage to care teams, who manage clients' Rapid Start visit and deliver follow-up services until clients

Jeffrey Goodman Special Care Clinic (Los Angeles, CA) is a community health center located within the Los Angeles LGBT Center, an FQHC specializing in primary care for lesbian, gay, bisexual, and transgender people and people with HIV. The Jeffrey Goodman Special Care Clinic focuses on HIV care.

Kern County Health Officers Clinic (HOC) (Bakersfield, CA) is a health department-based clinic, located within Kern County Department of Public Health, and serves a rural and suburban population in California. They offer STI testing, PrEP/PEP services, and Rapid Start services. They have a partnership with two local hospital emergency departments (EDs) and link clients to care at Kern County HOC. After clients receive Rapid Start services, Kern County HOC refers clients to other community clinics for ongoing HIV care.

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Mary Washington Healthcare (MWHC) (Fredericksburg, VA) is a regional healthcare system, and one of the sites participating in the Virginia Department of Health's statewide program to provide Rapid Start in various regions.

Positive Care Center (Minneapolis, MN) is an HIV primary care clinic, located within Hennepin Healthcare, a large, multi-tiered health care system with locations in Minneapolis and the surrounding Hennepin County. The clinic provides comprehensive health and psychosocial services to people with HIV. Pharmacists are embedded within their core staffing model, which offers clients the benefit of establishing a close relationship in the first visit with a pharmacist.

Roper St. Francis Healthcare's (RSFH) Ryan White Wellness Center (Charleston, SC) is a sexual health center providing comprehensive HIV care and treatment.

San Francisco RAPID (Rapid Art Program Initiative for HIV Diagnoses) has been implemented throughout San Francisco, California, as part of San Francisco's Getting to Zero (GTZ) initiative. The city-wide RAPID initiative builds upon the San Francisco General Hospital (SFGH) RAPID program, initially implemented in 2013 at Ward 86, the HIV clinic at SFGH.

The Max Clinic (Seattle, WA) is a community health center, established in partnership from staff at the Madison Clinic, an HIV specialty treatment care center, and the Public Health Sexual Health Clinic, a walk-in STI clinic with comprehensive sexual health services. The Max Clinic supports clients who have complex medical and social needs, and who are not well-engaged in HIV care. They utilize a unique, incentivized approach to keep clients engaged in care.

University of Alabama – Birmingham's (UAB) 1917 Clinic (Birmingham, AL) is a community health center, and provides comprehensive HIV care as a part of UAB's Heersink School of Medicine, and is the largest HIV health care provider in Alabama. Their population focus is adults diagnosed with HIV who are low-income, uninsured, or under-insured. Their onsite pharmacy plays an integral role in providing clients with access to ART on the same day they are seen in the clinic.

Valleywise Health (Phoenix, AZ) is a health network with locations providing comprehensive health services in Maricopa County. They work with the County's Central Eligibility Office (CEO) to connect individuals to HIV care after diagnosis.

Whitman-Walker Health (Washington, DC) is a health network with various locations in, providing community-based health and wellness services to all with a special expertise in LGBTQ and HIV care.

Appendix B:

The Consolidated Framework for Implementation Research

It is essential to consider contextual factors at multiple levels required for successful implementation of Rapid Start. Therefore, the DAP team employed a well-known implementation science framework, the Consolidated Framework for Implementation Research (CFIR) to guide the analysis of multi-level virtual field visits with sixteen (16) RWHAP Rapid Start providers. The CFIR framework was adapted to identify and evaluate key implementation facilitators and barriers, and describe the variety of approaches in implementation and provision of Rapid Start, from each Rapid Start intervention site across four broad areas: intervention characteristics inner setting, outer setting, and process of implementation.

Information from the intervention characteristics domain, found in the Rapid Start Service Delivery Workflow and Payment for Rapid Start Services sections, describes provider characteristics, staffing model, and key components of the workflow associated with implementation of Rapid Start at the clinic-level. Information from the inner setting domain, found in the Organizational Culture section, consists of characteristics of the provider site such as leadership, team culture and characteristics of individuals domain, which focuses on staff perceptions on the value of Rapid Start. Information from the outer setting domain, found in the Jurisdiction and State Support and Client Needs and Perceptions sections, describes implementation supports related to external partners, policies, and resources, as well as client needs. Lastly, information from the process domain, found in the Planning for Rapid Start Provision and Sustainment and Performance Measurement and Continuous Quality Improvement sections, describes the planning process for Rapid Start service provision, cost considerations, and use of data, evaluation, and CQI.

The information presented in the Compendium does not use the same terminology provided in the CFIR framework, however, it is important to note that the CFIR framework was ultimately used to guide the identification and description of key facilitators and best practices used in implementation of Rapid Start services in diverse settings across the U.S.

Resources:

1. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Department of Health and Human Services. Available at http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf.

2. Jonathan Colasanti, Jeri Sumitani, C Christina Mehta, Yiran Zhang, Minh Ly Nguyen, Carlos del Rio, Wendy S Armstrong. (2018). Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States. Open Forum Infectious Diseases, 5(6), 104. https://doi.org/10.1093/ofid/ofy104

3. Halperin, J., Butler, I., Conner, K., Myers, L., Holm, P., Bartram, L., & Van Sickels, N. (2018). Linkage and antiretroviral therapy within 72 hours at a federally qualified health center in New Orleans. AIDS Patient Care and STDs, 32(2), 39-41.

4. Ford N, Migone C, Calmy A, et al. (2018). Benefits and risks of rapid initiation of antiretroviral therapy. AIDS (London, Eng), 32(1), 17–23.

5. Pilcher CD, Ospina-Norvell C, Dasgupta A., et al. (2017). The Effect of Same-Day Observed Initiation of Antiretroviral Therapy on HIV Viral Load and Treatment Outcomes in a US Public Health Setting. Journal of acquired immune deficiency syndromes (1999), 74(1), 44–51.