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Why Wait? Start Now!
What Jurisdictions Can Do to Support Adoption of Rapid Start

July 19, 2023

12:00 PM – 1:30 PM EST
11:00 AM – 12:30 PM CST
10:00 AM – 11:30 AM MST
9:00 AM – 10:30 AM PST

Ending The HIV Epidemic

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Strengthen & support implementation of jurisdiction Ending the HIV Epidemic in the U.S. (EHE) Plans to contribute to the achievement of a reduction in new reported HIV cases by 90% by 2030

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

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Agenda

1. What is Rapid Start and Why Rapid Start?
2. DAP Project Goals and Activities
3. Jurisdiction-level Facilitators of Rapid Start
4. DAP Jurisdiction Learning Community Overview
5. Ryan White HIV/AIDS Program-Funded Jurisdiction Panel and Q&A
6. DAP Resources Available
7. Evaluation & Closing

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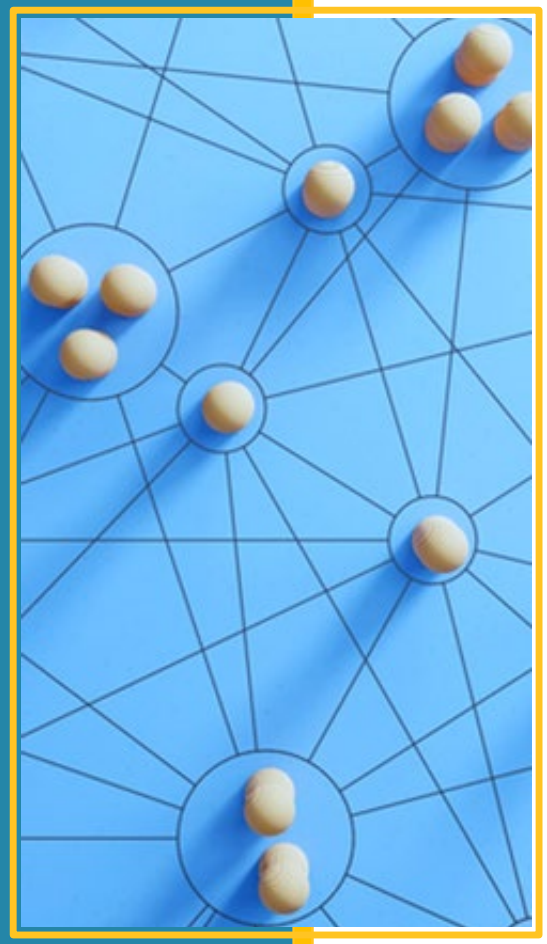

Moderators

Dawn Middleton
Senior Vice President, CAI

Kendall Brooks, MSW
Rapid ART DAP Project Manager

Speakers

Portland Jurisdiction

City of Austin Public Health

Columbus Public Health & Ohio Department of Health

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Learning Objectives

1. Define rapid antiretroviral therapy (Rapid Start), its importance for clients, and the Ending the HIV Epidemic in the U.S. (EHE) initiative.
2. Identify what Ryan White HIV/AIDS Program (RWHAP) funded Jurisdictions can do to promote the adoption of Rapid Start throughout their service area.
3. Explore Jurisdiction experiences in taking steps to support the adoption of Rapid Start as a standard of care.

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What is Rapid Start?

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What is Rapid Start?

- Health and Human Services (HHS) ARV guidelines recommend antiretroviral therapy (ART) for all people with HIV, including those with early HIV infection, as soon as possible after HIV diagnosis
- For this initiative, Rapid Start is defined as the provision of antiretroviral therapy to persons with HIV within 7 days of diagnosis or re-engagement in car

Reference: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/early-acute-and-recent-hiv-infection?view=full

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Client's Perception of Rapid Start

To view/hear this video on YouTube visit:

Rapid ART: Ramirez Brown - Patient Perspective on Rapid START

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Dissemination Assistance Provider (DAP) Initiative

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Rapid ART DAP Partners

Cicatelli Associates Inc. (CAI)

Mission Analytics Group

University of California, Los Angeles (UCLA)

National Association of County and City Health Officials (NACCHO)

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Project Goals & Objectives

Goal:

To make Rapid Start the standard of care in RWHAP provider settings across the U.S.

Objectives:

- Identify effective Rapid Start models in a variety of settings in the U.S.
- Develop and disseminate a compendium of these models
- Support replication of effective Rapid Start models by developing materials and resources, and delivering training and technical assistance

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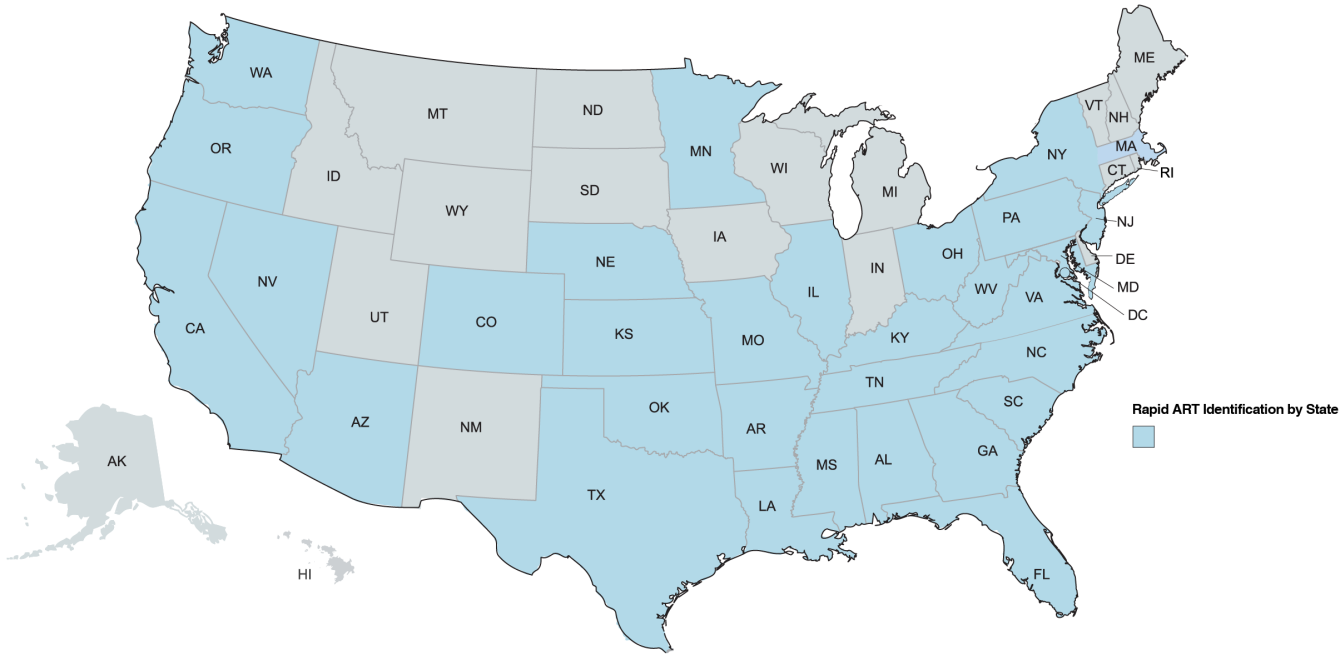
Methods



- Comprehensive environmental scan to identify a range of Rapid Start practices and models (**128** Rapid Start programs in **32** states)
- 18 virtual field visits with Rapid Start provider sites demonstrating positive client outcomes
- Included speaking to 159 staff members in total, and 12 Rapid Start clients

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Our Findings

Rapid Start has been shown to improve HIV outcomes across the care continuum, including:

- Reduces time to linkage to care
- Reduces time to viral suppression
- Improves viral suppression rates 12 months post-HIV diagnosis
- Improves retention in care

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Jurisdiction-Level Facilitators of Rapid Start Provision

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Jurisdiction Leadership to Establish Rapid Start as Standard of Care

- Vision and Goals for Rapid Start Services
- Administrative Practices
- Financing
- Medication Access
- Rapid Referral and Linkage Systems
- Trained Workforce

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Jurisdiction Leadership to Establish Rapid Start as Standard of Care

- Follow-up and Supportive Services
- Monitoring and Evaluation
- Communication
- Community and Stakeholder Engagement

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Learning Community Overview

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Learning Community Goal

Strengthen Ryan White HIV/AIDS Program (RWHAP)-funded Jurisdictions' capacity to create a context that promotes and sustains rapid initiation of HIV antiretroviral medications (Rapid Start) as the standard of care throughout their service area.

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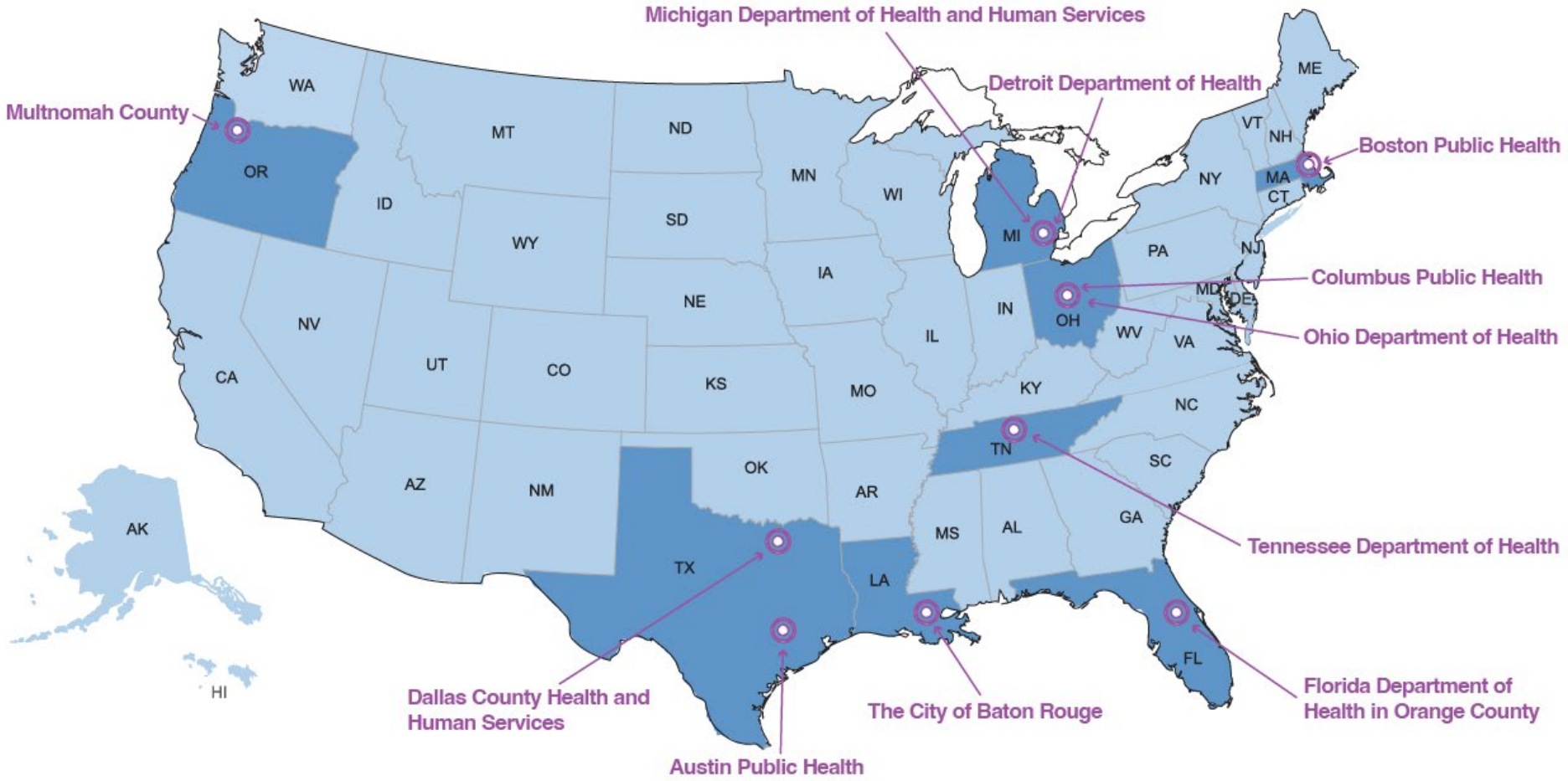
Jurisdiction Learning Community Teams



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Jurisdiction Learning Community Timeline

Activity	Month
Learning Community Orientation Webinar	January 12, 2023
Learning Session #1	February 14-15, 2023
Action Period Webinar #1	March 30, 2023
Learning Session #2	April 2023
Action Period Webinar #2	May 2023
Learning Session #3	June 2023
Action Period Webinar #3	July 2023
Learning Community Closing Session	August 2023
Monthly Pro-active TA Coaching Calls	January – August 2023

We Are Here

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Jurisdiction Learning Community: Panel Presentation

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Portland Jurisdiction

Multnomah County
Health Department

Portland TGA Ryan White Part A:
Amanda Hurley

Oregon Health & Sciences University (OHSU):
Chris Evans, MD/MPH AAHIVS
Devon Flynn, Pharm D, MPH, BCPS, AAHIVP

OHSU Partnership Project:
Julia Lager-Mesulam, LCSW
Lauren Nathe, RN, BSN, MNE, HIV Grant

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Rapid Start Minimum Standards

- **Stakeholder Engagement**: Worked with RWHAP Part C/D Clinic, and other clinics that provide HIV treatment services to review their Rapid Start policies and procedures
- **Jurisdiction Rapid Start Minimum Standards** will include:
  - Definition and goal of Rapid Start **(completed)**
  - Standards for RWHAP Part A funded entities (**in process)**
  - Recommendations for non-funded entities **(in process)**
  - Performance measures/evaluation aligned with statewide efforts **(in process)**

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Access to ART Medication

- **Pharma**: Oregon Health and Science University (OHSU) have partnered with pharmaceutical representatives to ensure access to ART medication
  - Currently OHSU-specific, working to expand to additional providers
- **ADAP**: Strengthening relationship with Oregon ADAP
  - Working to remove every 6-month re-eligibility screening for ADAP
  - Working to identify “who” cannot immediately access ADAP and “what” barriers exist
- **Part A:** Use of carryover to pay for meds

Statewide Integrated Plan

- Presenting at the Statewide Integrated Planning Group meeting
  - Buy-in from consumers, providers, and momentum to move toward statewide efforts
  - Follow up meeting with State HIV/STD Director to discuss real or perceived challenges
- Participating in Statewide Quality Management Committee
  - Align performance measures across RWHAP Part A, B, C, and D
  - Consistent evaluation

Adoption of Rapid ART in the Austin Area

Kim Nguyen, EHE Grants Coordinator

Raju Ghimire, EHE Research Analyst

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Rapid Start Minimum Standards

Stakeholder Engagement:

- Review of providers' Rapid Start policies and procedures
- Presentation at the sub-recipient meeting
- Community Advisory Board (CAB)

Rapid Start Minimum Standards

APH Rapid Start Minimum Standards include:

- Reaching the goal of 95% of the priority population
- 90% of newly diagnosed clients will be linked to Rapid ART medication within 72 hours of HIV diagnosis
- 90% of those diagnosed with HIV will be linked to long-term care within 30 days
- Displaying Rapid ART Best-practices and/or Process Map in a visible place
- Appointing a designated Rapid Linkage Coordinator/Champion
- Establishing a designated Rapid ART phone line
- Conducting client follow-up

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Access to ART Medication

- **Pharma and ADAP**
  - Partnerships with pharmaceutical companies: Gilead, Jansen & ViiV
  - Engaging ADAP representatives
  - The Fast-Track Cities' Testing and Rapid Linkage Workgroup has documented local organizations' Rapid ART protocols and working on providing a best-practice document for all HIV-testing facilities regarding access to ART starter packs

HIV Testing and Rapid Start

- Identifying and working to standardize HIV confirmatory testing requirements before the provision of ART
- Linkage to Care Process

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Columbus Public Health & Ohio Department of Health

Marc D. McPherson

Program Manager, Columbus Public Health

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Rapid Start Minimum Standards

Stakeholder Engagement:

- Working with providers to identify who is providing Rapid Start and gathering Rapid Start policies and protocols
- Working with academic institutions that are providing Rapid Start and have excellent protocols
- State and Columbus TGA Part A are working collaboratively to foster alignment with information that is being distributed on a state-wide and jurisdiction-level

Access to ART Medication

Pharma: Met with Gilead to discuss distributing ART starter packs to partners and providers

- Determining what is allowable
- Not all providers can accept and/or store meds on-site (e.g., starter packs)
- Still exploring a “Rapid” Ohio HIV Drug Assistance Program (OHDAP) application process.

Leveraging Funding and Other Initiatives

- Exploring opportunity to leverage existing Syphilis "Warmline" to facilitate Rapid Start linkage to care
  - Run out of the University of Toledo
- Leveraging prevention funding and staff to implement Rapid Start
  - For example, linkage to care staff and DIS staff

Questions?

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What's Next?

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Kerry Kay Video

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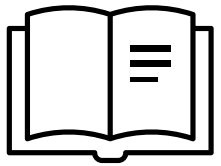
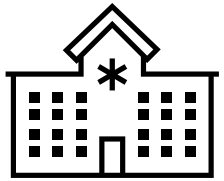
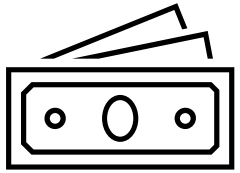
DAP Resources Available



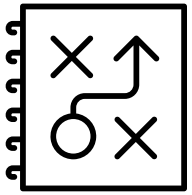
Rapid Start Compendium of Best Practices



Rapid Start Model Site Profiles



Rapid Start Cost Estimation Tools



Rapid Start Jurisdiction Playbook *(Coming Soon)*

For more information on the DAP initiative, please visit:
https://targethiv.org/ta-org/rapid-art-dap

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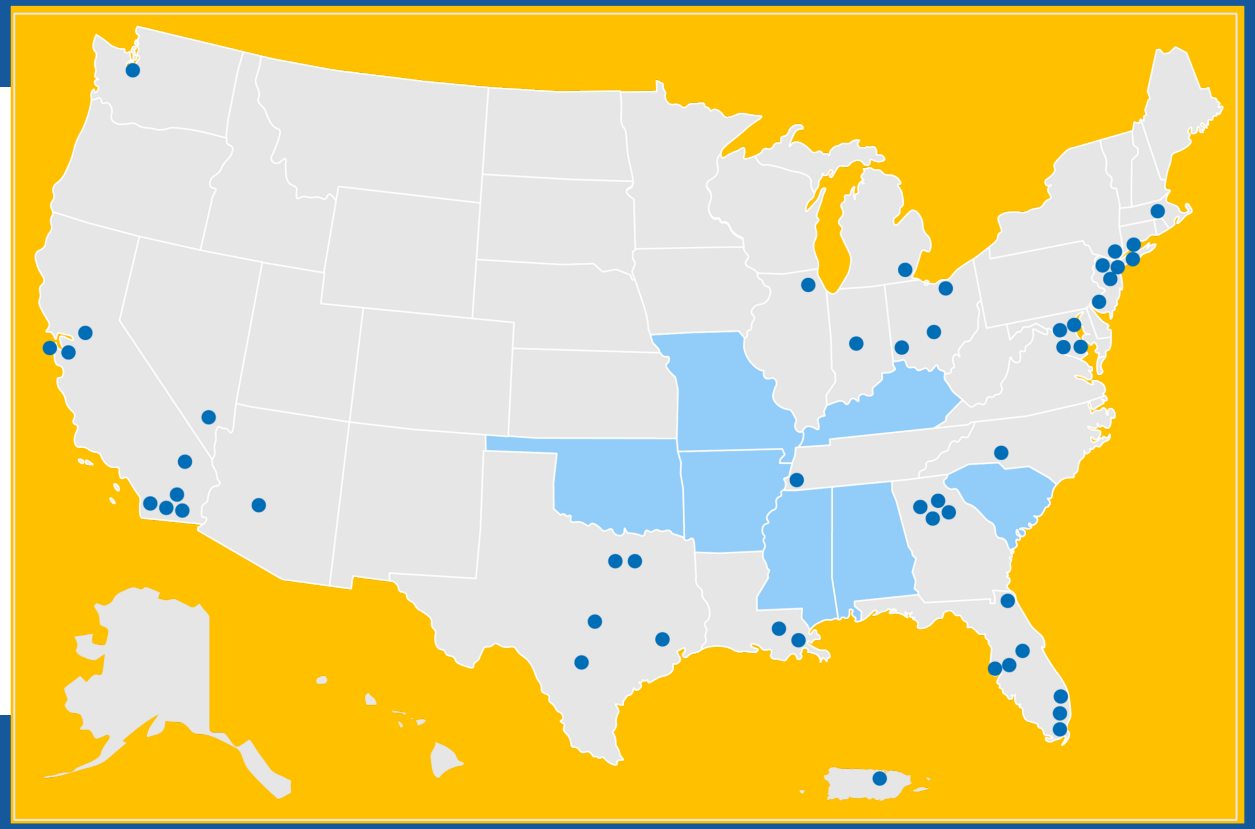

What We Can Do For You
TA for Rapid Start

- Review and offer ways to strengthen your Rapid Start Plan
- Facilitate understanding of staff roles
- Provide tools
  - *Rapid ART: An Essential Strategy for EHE available on https://targethiv.org/tap-in*
- Support Learning Collaboratives

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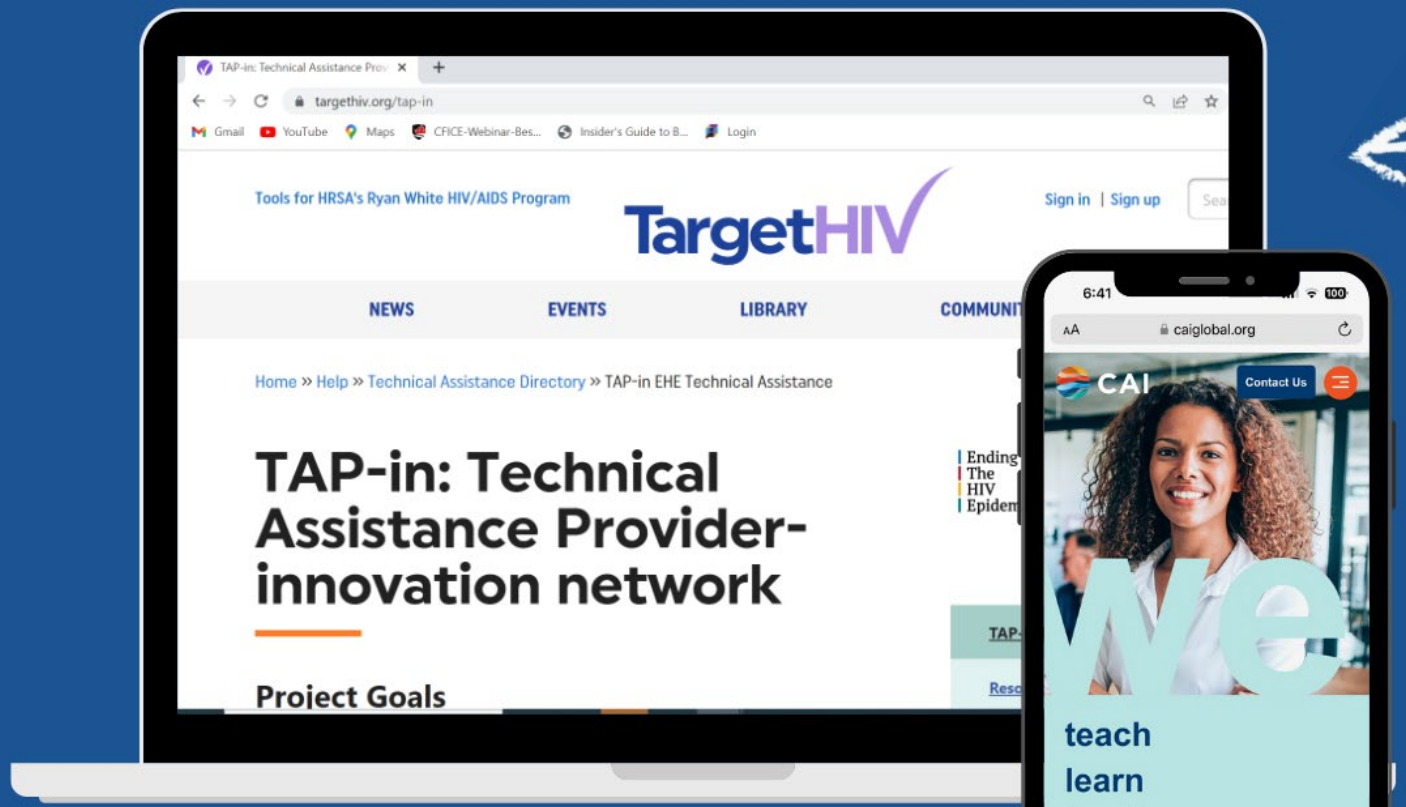

Check us out!

How to Request TA

Email: TAP-in@caiglobal.org

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Thank You

WE WANT TO HEAR FROM YOU!

To complete our evaluation, you must be registered for this webinar.

If you have not registered, please register using the link in the chat.

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