Asian Health Services

Rapid Start Site Profile

RapidART
Dissemination Assistance Provider

A Project of CAI

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Asian Health Services At-A-Glance

Asian Health Services (AHS) is a Federally Qualified Health Center (FQHC) that specializes in serving medically underserved, immigrant, and refugee Asian clients in Oakland, California. Though the overall FQHC serves over 25,000 people, a small HIV clinic within its community services program provides comprehensive treatment and prevention services. As a "one-stop-shop" model, AHS also offers comprehensive services including primary care, mental and behavioral health, dental care, and case management services.

AHS began implementing Rapid Start as a pilot in 2016. While AHS conducts HIV onsite testing, the agency partners with multiple community-based testing sites to bring clients newly diagnosed with HIV into care.

Key Rapid Start Service Characteristics

Urban-Rural Classification Urban
Care Setting FQHC located in Oakland
RHWAP Funding Parts A and C
Population Size Approximately 100 clients with HIV and 1 newly diagnosed client a month
Clients Served Newly diagnosed and re-engaging in care

Priority Population Asian people with HIV
Medicaid Expansion State (Yes/No) Yes
ART Starter Packs Available (Yes/No) Yes
Onsite Pharmacy (Yes/No) No*
Onsite Lab Draws (Yes/No) No*
Onsite HIV Testing (Yes/No) Yes

**The lab and pharmacy are located in the same business center as the HIV clinic.*

Unique Features of Asian Health Services' Rapid Start Program

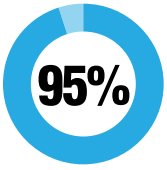
Case managers are comprehensively cross-trained to provide both prevention and treatment services, linkage coordination, benefits enrollment, and follow-up support services. They accompany clients through every step of the Rapid Start visit.

AHS works closely with community HIV testing sites and will even pick clients up many counties away to facilitate linkage to Rapid Start services.

Hires staff with lived experience and offers services in many different languages to best engage their client population in care.

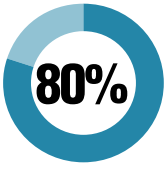
HIV specialist clinicians provide most Rapid Start clinical services but **all primary care physicians are trained** to provide Rapid Start.

Client Outcomes (January 2021 – December 2021)



of Rapid Start clients received medication within 3 days of diagnosis

of Rapid Start clients received medication on the same day they were connected to AHS



of Rapid Start clients were virally suppressed within 3 months and 100% within 12 months*

Rapid Start clients were virally suppressed in a median of

79 days*

**Data are only available for clients who receive continued medical care at AHS.*

$ Cost Estimate per Client

Additional $2,690 per client during sustained implementation **(see page 16 for details)**

Intervention Characteristics

This section describes the core components of the Rapid Start service delivery model at AHS, specifically: staff roles and structure, Rapid Start workflow, clinical appointment availability, same-day medication, and health education and client communication.

Staff Roles & Structure

Key roles and responsibilities associated with providing Rapid Start are described below, along with staff that fulfill these responsibilities.

- **Linkage Coordination:**
  - A team of seven **case managers** are available to coordinate service delivery for clients receiving Rapid Start services. A case manager is assigned to each client going through the Rapid Start process and accompanies them throughout the visit, including walking the client to the closely located lab and pharmacy, and follow-up outreach. AHS focuses on hiring case managers who have lived experience and who speak language(s) that best meet client needs.

"When [case managers] have that lived experience, it not only allows them to bring a certain type of passion to the work and a certain self-motivation, it allows them also to act as a peer and as a leader for their patients in a different way than somebody who doesn't come from any of those experiences could."

– AHS Program Administrator

- **Clinical Services:**
  - Three **HIV specialist clinicians** serve the majority of Rapid Start clients, though other primary care providers have also been trained to step in if needed. Clinicians provide a physical exam, provide basic information about HIV, order lab work, and prescribe ART.
  - **Pharmacists** will dispense ART medication, however, clinicians may dispense a sample pack of 1-2 weeks of medications if the client does not yet have access to benefits.
- **Patient Care Support Services:**
  - **Medical case managers** are cross-trained to provide prevention, treatment services, and linkage to support services. Case managers may also deliver medications to clients and host support groups, and all have work cell phones to call and text clients to facilitate follow-up.
  - AHS has an on-site **behavioral health team** that the case managers can refer to for more intensive counseling and/or substance use disorder (SUD) treatment.
- **Benefits Enrollment:**
  - **Case managers** also facilitate benefits enrollment including enrolling clients in Ryan White HIV/AIDS Program (RWHAP), Ryan White HIV/AIDS Program ADAP and California's Medicaid program Medi-Cal.
  - If needed, **patient navigators** assist with complex benefits enrollment issues.

Rapid Start Workflow

AHS aims to connect people to ART within eight business hours of the time they learn of their positive HIV test result. The general process for the Rapid Start visit includes the following components:

- **HIV Testing**
  About 40% of AHS' Rapid Start clients come through internal HIV testing done as a part of routine care. The other 60% come from external testing sites including: other STI care providers, clinics, and community spaces including a local bath house. Once a client tests newly positive for HIV, a referral will be made to the AHS case managers either by phone or email.

- **Linkage to Care**
  Once the AHS case manager receives a referral via phone or email, they will reach out to clients to schedule a Rapid Start visit, often the same day as diagnosis. For external referrals, staff may also go meet the client to escort them into the clinic. Transportation resources (including payment for public transportation or ride shares) are also available.

> "You can't have same day ART unless you bring that patient to you."
>
> **– AHS Clinician**

- **Intake and Insurance Enrollment**
  The Rapid Start visit begins when the client arrives at the clinic and meets with a case manager – who is the first point of contact. They facilitate benefits enrollment, including RWHAP, Ryan White HIV/AIDS Program ADAP, Medi-Cal, Covered California, and/or pharmaceutical patient assistance programs. Patient navigators are available to assist with complex benefits enrollment issues if needed. The case managers provide high level information about medication but mostly focus on checking in with the client to see how they're doing:

> "Instead of just going straight to treatment, [we] talk to the patient, get to know them, spend that time with them."
>
> **– AHS Case Manager**

Early relationship-building helps to build rapport and make the process more "human" and "easier to connect" to. The case manager is also responsible for identifying any immediate needs the client has and referring them to support services as needed. Prior to, or during intake, the case manager may meet with the clinician briefly or send a note through the electronic health record (EHR) to coordinate the clinician exam. After intake, the case manager accompanies the client throughout the rest of the Rapid Start visit.

- **Clinician Exam and ART Rx**
  Next, the case manager will escort the client to the clinician exam. The clinician will meet with the client to order any needed labs, which vary based on where the referral came from (for example, a client referred from Planned Parenthood would not have additional STI testing ordered). The clinician will perform a physical exam and also provide basic information about HIV, viral load, and HIV care. Information is generally kept at a high level to avoid overwhelming the client, as detailed information can be shared in later visits. The clinician prescribes ART, and also focuses on medication side effects, which is a common client concern, and the importance of taking medications every day to lead a normal, healthy life and reduce transmission risk. The length of the visit varies. If available, multiple slots on a clinician's schedule may be booked for that client, so the clinician can go over as much as possible, but the visit may be as short as 15 minutes.

- **Baseline Labs**
  The case manager usually walks the client over to the lab after the clinician exam to complete their blood draw. The lab is located in the same complex as AHS.

Multiple staff noted that accompanying the client to the lab and pharmacy is key because that is often where clients drop out.

- **Medication Dispensing**
  The case manager will walk the client over to the pharmacy after completing lab work, or alternatively, may pick up medications on behalf of the client during the clinician exam. Medications are primarily dispensed through a pharmacy located in the same complex as AHS. The pharmacy carries a stock of medications specifically for AHS and can order next-day medications, if needed. If a client is not able to enroll in benefits during the Rapid Start visit, the clinician can provide a one-to-two-week ART starter pack until a longer-term solution is identified.

> "The great thing about Rapid Start is that you don't really let people have time to think too much about not being on meds. Once you let them go home, they start thinking about it and they either get into denial or for whatever reason they decide not to take meds."
>
> **– AHS Clinician**

- **Follow-up Care**
  Case managers provide ongoing care to clients after the Rapid Start visit and stay with the client indefinitely. The day after the Rapid Start visit, the case manager calls to see how the client is doing and to offer an in-person follow-up visit. Clients return for visits with the case manager and clinician at least at 1, 3, 6 and 12 months after the Rapid Start visit.

Re-Engaged Clients

The same processes are in place for clients who are re-engaging in care, with a slightly altered protocol. During the visit with case management and the clinician, more time is spent on identifying barriers to care and what supports the client needs to stay engaged.

Clinical Appointment Availability

Due to the small volume of clients provided Rapid Start services (typically about one a month), clinician capacity has not been a barrier for AHS. Daily time slots are available for each of the three HIV specialists to see same-day patients, including Rapid Start clients.

Multiple non-consecutive slots on the clinician's schedule may be blocked for the same client to allow them more time for the clinician exam. If all the HIV specialists are busy during the time a Rapid Start client comes in, primary care physicians at AHS are also trained to step in as needed.

Same-Day Medication Prescription & Provision

Almost all of AHS' clients are provided medication on the same day as their Rapid Start visit. This is primarily done through a partner pharmacy that is in the same complex as AHS.

The case management team either collects the medication for the client and brings it to them or walks them over to the pharmacy at the end of the appointment. If a medication coverage source is not identified during the intake, AHS clinicians provide the client an ART starter pack, with 7-14 days of medication, during the clinical visit until a longer-term solution is identified.

Health Education & Client Communication

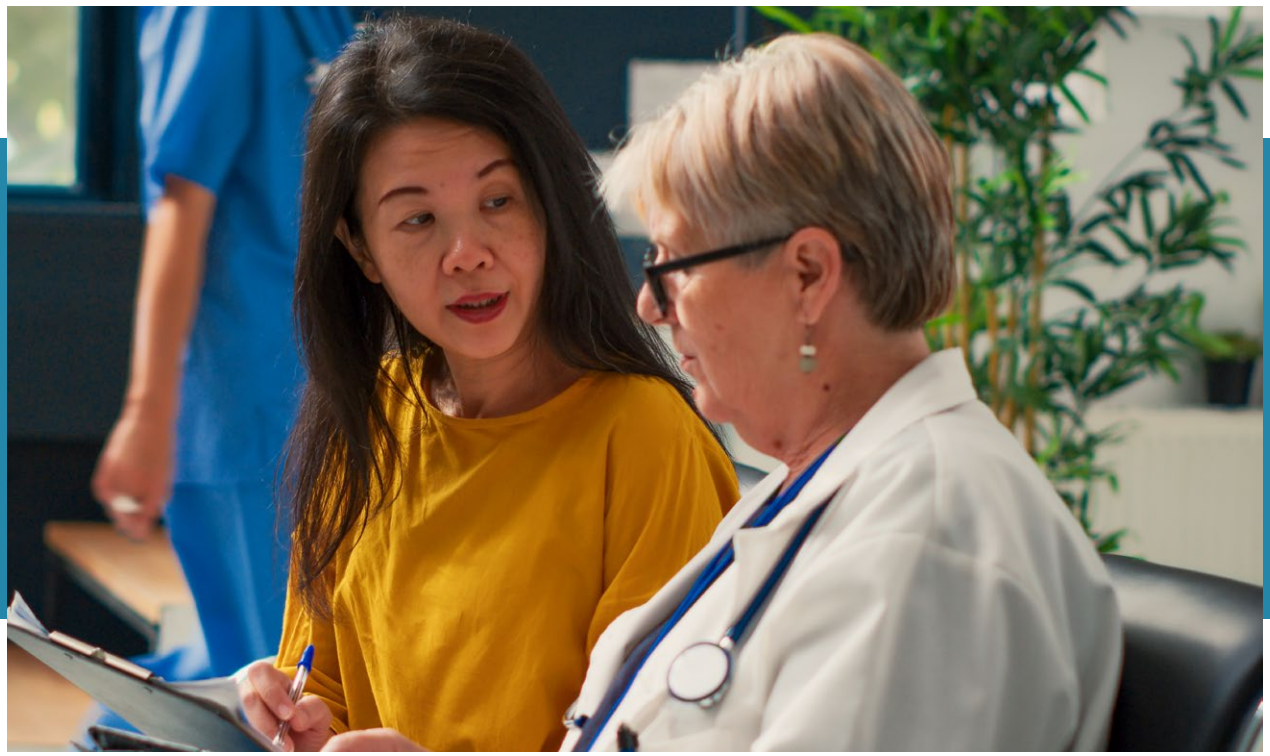
A case manager is usually the client's first point of contact. During intake, case managers focus on building rapport, communicating basic information about HIV, and assessing client needs. If appropriate, they may discuss disclosure. Case managers reported using motivational interviewing and having the client "teach back" information to make sure they understand it. Though providing ART is the goal of the first visit, case managers indicated that relationship building with the client is essential.

> "Because we [meet them where they are and check in] as a foundation, they're more likely to engage with us and open up to us about the things that they need."
>
> **– AHS Case Manager**

By the time the client is in the clinical visit, they are already familiar with basic information and the Rapid Start process. The clinician can then focus on basic information about HIV and treatment adherence, and reinforce that people who are adherent to medication live normal, healthy lives and do not transmit HIV to others. U=U is used by both case management and clinicians to communicate the importance of adherence.

Organizational Culture

This section describes the facilitators that support implementation of the Rapid Start service delivery model including: leadership, staff knowledge and beliefs, and communication strategies among the healthcare team.



Leadership

Alameda County has an "HIV Access" program and the counties medical director spearheaded Rapid Start in the county based on San Francisco General Hospital's program (SF RAPID). The medical director was also a clinical provider at AHS at the time the Alameda County program rolled out, and guided adoption at AHS. Another onsite HIV specialist also helped develop AHS specific protocols. These staff helped communicate the importance of Rapid Start to improving client outcomes and to get buy-in from AHS leadership.

"Doctor to doctor communication made it easier to convince all clinicians of the need for and value of the program (Rapid Start services)."

– AHS Clinician

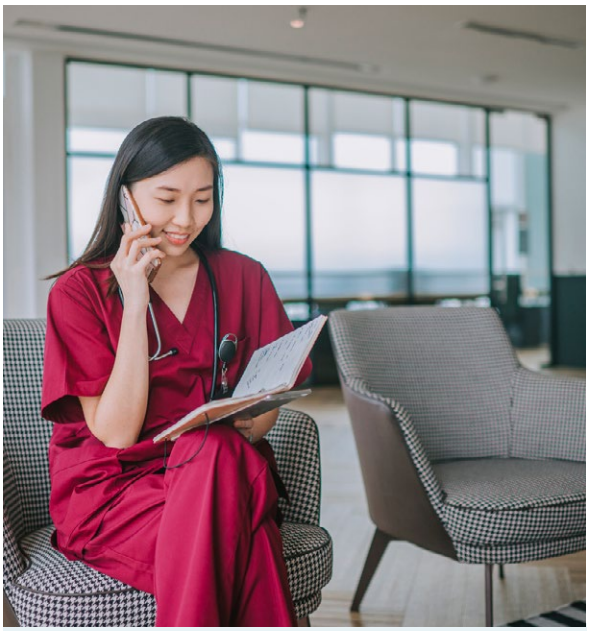
Staff Knowledge & Beliefs

Given that staff helped to plan and pilot the overall Rapid Start initiative in the county, staff were ready to implement Rapid Start without pushback. Education helped to cement staff buy-in, particularly related to the improved client outcomes associated with SF Rapid, which is closely located to AHS. Training was primarily needed in early implementation for clinicians who were not as familiar with HIV (e.g., primary care providers) and might need to step in.

Flexibility of the staff was noted as a key to the success of Rapid Start service provision. For example, clinicians are willing to "stay after 5:00" to accommodate a Rapid Start client after-hours, and one staff person went to a neighboring county on a Saturday to meet with a client and begin the Rapid Start process.

Communication Strategies

AHS has a small client population that makes communication easier and more frequent. Behavioral health, case management and clinical staff have case conferences to discuss in depth client needs and clinic processes. The case management team and the clinicians have a very close working relationship. During visits, case managers often meet informally with clinicians to brief them on the client. Staff also communicate through EHR messages and phone as needed.



"[Clinicians are] extremely responsive, whether that be Epic chat, sending a message through Epic, or just typing a full note. Our [clinicians] are also available by cell phone, so we can actually call them on their off days or off hours and about the patient, as well. [They are] very, very easy to access. Everyone calls each other by first name, everyone is treated on that same level playing field."

– AHS Case Manager

External Influences

This section describes external factors that informed the design and implementation of the Rapid Start service delivery model at AHS, including: jurisdiction supports and policy landscape, payment for Rapid Start, collaboration with other providers, and client needs and perceptions.

Jurisdiction Supports & Policy Landscape

As described in the Leadership section, Alameda County, played a key role in spearheading the planning and roll-out of Rapid Start services (e.g., "HIV Access" program) throughout their provider network in 2016 with Part C funding.

This included significant leadership from AHS's Medical Director who also worked as Alameda County's Medical Director. Since that time, the state of California has also funded AHS for Rapid Start through a non-RWHAP grant program. These funds, along with expansive access to coverage through Covered California and Medi-Cal, mean that clients have many options to connect to services.

Payment for Rapid Start

Two-thirds of clients already have healthcare coverage or are able to provide eligibility documentation to enroll in RWHAP, Ryan White HIV/AIDS Program ADAP or another coverage source during their first visit. Case managers are trained to enroll clients in these programs as well as Covered California and Medi-Cal. An additional team of patient navigators is also available onsite to assist with complex benefits navigation as needed. The remaining third of Rapid Start clients do not have eligibility documentation and therefore, receive a starter pack, donated by a pharmaceutical company, during their first visit.

> "I recently had a positive patient come through and once all that documentation was set, ADAP almost instantaneously activated his [coverage]."
>
> **– AHS Case Manager**

AHS also leverages other funding for Rapid Start services, including grant funding from the state and pharmaceutical company patient assistance programs. They generally work with two local pharmacies (one that they contract with and a community Walgreens) that offer a sliding fee scale for medications. Clients are connected to a patient assistance program if needed to help with copay costs.

Collaboration with Other Providers

AHS has close relationships with testing providers to manage incoming referrals for Rapid Start services. AHS solidified some of these relationships by providing funding available through the state grant.

> "We thought it would be good to strengthen that relationship by making the Berkeley Free Clinic an official subcontractor, and it's just a really simple small contract with an MOU [memorandum of understanding]. It just states that the Berkeley Free Clinic will send their Rapid Start cases and PrEP cases to us."
>
> **– AHS Program Administrator**

AHS also works closely with other RWHAP clinics funded by the Alameda County HIV Access program, which manages Part C grants in Alameda County. HIV Access hosts quarterly meetings, during which providers share best practices and coordinate services.

Client Needs & Perceptions

AHS has found that almost all clients are ready to get started on ART the same day that they are diagnosed. The few exceptions tend to be atypical cases, such as one client with good viral load outcomes despite not being on medication (referred to as an "elite controller"). One clinician indicated that clients who are not ready for medication at the first visit are usually ready by the second.

> "[I've] never had anyone that wasn't ready to get started. I don't know if it's because the case managers that do the intake and bring them in have already gave them a little spiel already. But I haven't had anyone had any reluctance with starting medication."
>
> **– AHS Clinician**

Process

This section explores the approach and process of implementing and evaluating Rapid Start services at AHS, including: planning, champions, and data monitoring and evaluation. The section ends with a discussion about costs associated with planning, implementing, and sustaining Rapid Start services at AHS.

Planning for Rapid Start Implementation

AHS' Rapid Start services began in 2016 and has scaled up significantly over time. AHS, with guidance from HIV Access, established a goal for Rapid Start service provision that aimed to connect people to medications within three days of new HIV diagnosis. After establishing this goal, AHS worked backwards to develop protocols that would make rapid linkage feasible, and eventually revised the goal to connect clients within one business day of receiving the referral.

Rapid Start services became more structured in 2019 when AHS received funding from the state. This grant required AHS to develop a flow chart and regularly report data back to the state. Leadership with administrative time dedicated to Rapid Start was essential for the growth of the service provision.

" [We] got guidance, and then we got money, and then we started building the program out. Then we applied for another grant. In order to apply for that grant, we have to go back to our protocol and restructure it, or make sure that it is good to be presented. It all just builds on top of each other as the program continues to grow."

– AHS Program Administrator

"These kinds of grants actually give us more structure and push [us to a] new, innovative way to do it. It's really supportive for us to get that grant."

– AHS Program Administrator

Staff Champions

See the Leadership section for more information on early champions that helped build the protocols for Rapid Start service provision. In addition to these champions, staff noted that a grants manager has been essential to identifying additional funding opportunities to grow the services and develop more formalized structures as it scales up.

Data Monitoring & Evaluation

AHS tracks data on its Rapid Start service provision in an Excel spreadsheet. While the spreadsheet requires manual data entry, it has built in formulas that automatically calculate outcomes. These data may also be populated by pulling appointment data from their EHR. Overall, data are tracked manually because it is difficult to calculate metrics in AHS' EHR solely for Rapid Start clients.

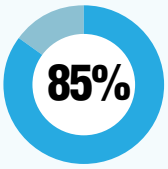
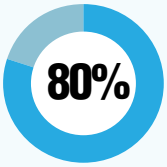
Data elements collected include key dates along the Rapid Start process:

- ✓ Diagnosis day
- ✓ Referral day
- ✓ Intake day
- ✓ First medical appointment day
- ✓ ART day

AHS focuses most on reducing the time from the date of referral to the date the client is prescribed ART given there are occasionally delays between a positive HIV diagnosis and the referral. AHS has several goals based on these dates, including: 30 days diagnosis to ART, 1 day from diagnosis to intake, and 3 days from diagnosis to ART. AHS strives to get the intake, first clinician exam, and ART on the same day whenever possible.

A total of 20 clients, both newly diagnosed and re-engaged, were seen at AHS for Rapid Start services from January to December 2021.

Clients Newly Diagnosed with HIV and Re-engaged in Care

MEASURE	OUTCOMES ACHIEVED
Percent (number) of clients who received ART medication on the same day	 (17/20)
Percent (number) of clients who were virally suppressed within 3 months*	 (8/10)
Median number of days to viral suppression for clients	

* This data is only for those who have been staying at AHS for their care

Cost for Rapid Start Implementation & Sustainment

We estimated the costs of planning, implementation, and management of Rapid Start during the year prior to implementation (pre-implementation), during the first year of implementation (initial implementation) and during the most recent year of implementation (sustained implementation). Overall, costs associated with Rapid Start increased over time as follows:

- Planning costs increased from $8,833 during pre-implementation, to $31,775 during initial implementation, and to $44,194 during sustained implementation
- The additional costs to plan, implement and manage Rapid Start services amounted to $3,215 per client during initial implementation and $2,690 per client during sustained implementation

These increasing costs reflect the expansion of planning, services, and staff devoted to Rapid Start. This relatively small HIV program increased the number of clients served from 5 to 22 across the 3 periods, while adding new staff roles to support linkage to ART, case management, and program management.

These investments in the coordination of care allowed medical services providers to spend less time with clients as providing ART medication 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.