






Borinquen Health Care Center

Rapid Start Site Profile



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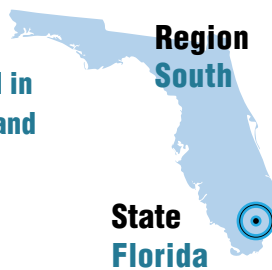
Borinquen Health Care Center At-A-Glance

Borinquen Health Care Center, Inc. is a Federally Qualified Health Center (FQHC) with nine locations throughout the Miami, Florida area. Borinquen largely serves Hispanic and Haitian populations. HIV services were initially offered by a single Borinquen specialty care clinic, but have gradually expanded to additional clinics. Borinquen has increased access and helped “destigmatize HIV” by “making [HIV care] more of a primary care function than a specialized function.” Borinquen has implemented their Rapid Start services, termed the Rapid Access program, in partnership with the Miami-Dade Part A and Florida Part B programs since 2016.

Borinquen serves approximately 1,000 clients with HIV and provides Rapid Start to 80 newly diagnosed and re-engaged clients a year.

Key Rapid Start Service Characteristics

Urban-Rural Classification Urban
Care Setting Large FQHC network located in Miami, FL; Rapid Start services implemented in partnership with the Florida Part B program and the Miami-Dade Part A program
RHWAP Funding Parts A, B and C
Population Size Approximately 1,000 clients with HIV and 80 newly diagnosed clients a year



Clients Served Newly diagnosed and re-engaging in care
Priority Population People with HIV
Medicaid Expansion State (Yes/No) No
ART Starter Packs Available (Yes/No) Yes
Onsite Pharmacy (Yes/No) Yes
Onsite Lab Draws (Yes/No) Yes
Onsite HIV Testing (Yes/No) Yes

Unique Features of Borinquen Health Services' Rapid Start Program

There are Rapid Start **clinical champions** across all Borinquen sites, and they act as mentors to help their colleagues provide Rapid Start services – even for those who were hesitant at first..

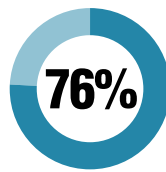
Borinquen has a **single patient navigator**, who is crucial to the Rapid Access program. The navigator links clients to care, navigates them through the first Rapid Access visit, and follow up with them for one year.

Rapid Start was spearheaded by the Miami-Dade Ryan White Part A and Florida Department of Health Part B programs by **reducing cost barriers associated with access to same-day medication**. Thirty-day starter packs, covered by the Part B program, are available to all clients regardless of insurance and Ryan White HIV/AIDS Program eligibility status.

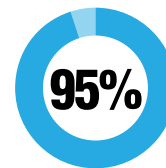
Client Outcomes (January 2021 – December 2021)



newly diagnosed and re-engaged clients received Rapid Start within 24 hours of diagnosis or re-engagement in care



of Rapid Access clients were virally suppressed within 90 days



of Rapid Access clients were retained in care during this time range



Cost Estimate per Client

Add (see page 17 for details)



Intervention Characteristics

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



Staff Roles & Structure

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

● Linkage Coordination:

- ▶ A single **patient navigator**, solely dedicated to the Rapid Access program, accepts referrals from testing sites and connects clients to medical care, benefits enrollment, and case management within 24 hours of diagnosis. The patient navigator is responsible for scheduling the Rapid Start appointment and walking the client through the various components of the Rapid Start visit, including the clinician exam, lab draw, benefits enrollment, and case management.
- ▶ A **case manager** is available to receive referrals after business hours to help coordinate activities for the following day.

The patient navigator expedites the registration process and accompanies the client to various aspects of the Rapid Start visit, so the patient feels less overwhelmed. By accompanying the client throughout the visit, the patient navigator helps generate trust and promotes retention. This personal connection is especially important within a large medical facility where clients could easily feel intimidated and overwhelmed. In addition, all clinic staff are aware of the patient navigator's role, so when they see him, they know to be prepared to provide Rapid Access support.

● Clinical Services:

- ▶ Eight **clinicians**, in addition to residents, perform a physical exam and actively prescribe ART through the Rapid Access program. Each clinic typically has a clinical champion to provide guidance. In some cases, they do the initial prescription and refer the client to a colleague for ongoing care.
- ▶ Onsite **pharmacies** dispense ART medication after receiving the prescriptions

● Patient Care Support Services:

- ▶ **Case managers** meet with Rapid Access clients on the first day to assess needs and regularly thereafter to connect them to services. They are responsible for ensuring the client comes back in for care at least every six months. Case managers may be assigned to clients based on their gender, race/ethnicity, and language spoken.
- ▶ The case management team includes two **peers**, people with HIV, who provide support services.
- ▶ Borinquen also employs **psychiatrists and therapists** who meet with Rapid Access clients within 30 days of diagnosis.

● Benefits Enrollment:

- ▶ The **patient navigator** introduces the need for ongoing coverage of HIV treatment and helps clients complete a form, consenting to Ryan White HIV/AIDS Program (RWHAP) enrollment.
- ▶ **Case managers** help clients access needed paperwork and fill out the applications for the RWHAP and Ryan White HIV/AIDS Program ADAP programs or gather documents on existing **private health insurance**.

“HIV treatment is extremely, extremely expensive, from the medication to the doctor visits or labs. Even with insurance, there will be some money out of pocket. That is the job of the case manager, making sure that the patient will follow the treatment for the rest of their life. So, they make sure that the patient qualifies for some sort of a program to continue treatment.”

– Borinquen Patient Navigator

Rapid Start Workflow

Borinquen aims to connect people to treatment within 24 hours of their diagnosis. The general process for the Rapid Start visit includes the following components:

▶ HIV Testing

Borinquen tests everyone over age 13 annually for HIV. The state and county have also increased testing efforts, including in hospital emergency departments. As a result, Borinquen receives referrals from sites across the city. People who test positive through external testing are provided a brochure on the providers in the Miami area, so they can choose where to receive their care based on location, insurance coverage, and language. If the individual chooses Borinquen, the testing site then contacts the Borinquen team, including the patient navigator, clinicians, pharmacy, and case managers, through a Rapid Access email address.

▶ Linkage to Care and Intake

After the patient navigator receives the referral, they contact the Borinquen clinic manager to assess clinician availability and schedule the clinician exam. The patient navigator often meets clients at the testing site to bring them to the clinic, or staff from the testing site escorts the client to Borinquen. If the email comes in after hours, a case management team supervisor responds and helps coordinate the process for the next day.

Once the client meets the patient navigator, who is the first point of contact at Borinquen, the patient navigator provides a Rapid Start visit overview, provide HIV education, conduct the initial client intake assessment, and assure the client that they will get the care they need that same day. Then, the patient navigator accompanies the client throughout the remainder of the Rapid Start visit.

“It is a little hand holding to take the patient and put them in a car and drive them over to their first appointment. But that relationship that you build up with the patient is transferred to the case manager whom you’re introducing the patient to.”

– Miami-Dade Part A Representative

▶ Clinician Exam and ART Rx

The patient navigator briefly meets with the clinician prior to the clinician exam to provide an overview of the client’s situation, needs, and strengths. Then, the patient navigator escorts the client to the clinician exam. During the clinician exam, the clinician assesses HIV risk factors, conducts a physical exam to check for any opportunistic infections, prescribes ART, and requests baseline labs. Also, during the clinician exam, the patient navigator coordinates with the pharmacy to prepare a 30-day ART starter pack for the client.

▶ Baseline Labs

The patient navigator then walks the client to a clinic room to complete their blood draw for labs.

▶ **Intake and Insurance Enrollment**

After the clinician exam and blood draw, the patient navigator offers the client a consent form to cover the initial cost of medication and Rapid Access care through Ryan White Part A and B funding. The patient navigator then assigns the client to a case manager, who works with the client on obtaining eligibility for the RWHAP Part A and B programs and Ryan White HIV/AIDS Program ADAP if they are uninsured. Ryan White HIV/AIDS Program ADAP covers the cost of premiums, so insurance can pay for ongoing treatment. Borinquen aims to obtain paperwork from clients (e.g., proof of residency and income) and submit the application within two weeks of diagnosis.

▶ **Medication Dispensing**

After completing insurance eligibility processes, the patient navigator either picks up the medication for the client or walks the client to the pharmacy, depending on the client preference. A 30-day starter pack is dispensed by Borinquen’s onsite pharmacies. Clients who come in after hours (4pm) receive a seven-day starter pack, and the pharmacy delivers 30-day supply to their home next day.

▶ **Support Services**

After the Rapid Start visit, the patient navigator and case manager work together to ensure the client receives a mental health appointment within the first 30 days of diagnosis. The patient navigator plays a crucial role in identifying client needs and making initial referrals to any needed services. Borinquen offers a host of services, including nutrition, mental health (e.g., therapy and psychiatry), and dental care.

▶ **Follow-up Care**

The clinician sees the client within two weeks of the Rapid Start visit after labs are back and every three months thereafter. The patient navigator contacts the client within a week of the Rapid Start visit to inquire about medication adherence and side effects. The patient navigator then contacts the client monthly to check in and provide reminders about upcoming lab draws and appointments, and follows the client for one year. If the client is exhibiting concerning symptoms, the patient navigator immediately contacts the clinician and arranges for a telehealth or in-person visit. Other members of the care team may also follow up with clients, including case managers, clinicians, and pharmacy staff.

Re-Engaged Clients

The same processes and funding sources apply to people being re-engaged in care. Clients are eligible for Rapid Access if they have had no medication in the last 30 days, have not been in care for at least three months, or have recently moved. Borinquen emphasizes that because the medications are so safe, it “makes no sense to differentiate [between] a linkage to care and lost to care [client].” Case managers aim to identify why the client fell out of care and develop an “action plan” for better outcomes.

If the patient navigator is unable to reach a client, he contacts the local health department, which has more resources to investigate the client’s potential whereabouts and engagement in care.

Clinical Appointment Availability

Borinquen blocks same-day appointment slots and has expanded the number of clinics and clinicians that provide Rapid Start to ensure availability of appointments to provide Rapid Start services. Decentralizing HIV care, ongoing training, and the use of residents and clinical champions have facilitated access to a prescribing clinician within 24 hours of diagnosis.

If all clinicians are busy when a Rapid Access client arrives, the patient navigator addresses other components of the Rapid Start visit first, such as benefits enrollment or case management, until a clinician becomes available.

Same-Day Medication Prescription & Provision

Thirty-day starter packs, covered by the Part B program, are available to all clients regardless of insurance and RWHAP eligibility status. This ensures that clients can leave Borinquen with medication in-hand while benefits coordinators work to enroll the client in the RWHAP program, including Ryan White HIV/AIDS Program ADAP, or to facilitate prior authorization with existing insurance.

Borinquen has an onsite pharmacy that dispenses the medication and then invoices the Part B program for the cost. Borinquen also has seven-day starter packs donated by manufacturers for insured clients to provide access to treatment while they wait for prior authorization to process.

Health Education & Client Communication

The patient navigator is the first to provide education and counseling to the client. This initial conversation aims to assure the client about the effectiveness of treatment, that Borinquen can take care of all the client's medical and support service needs, and that financial resources are available to cover the cost of care. The patient navigator also emphasizes the importance of medication adherence and the goal of reaching viral suppression within three months. A peer or a case manager with specific expertise that relates to the client's situation may join the conversation to help alleviate fear and anxiety. The patient navigator tries to conduct these conversations in private settings (e.g., room with no windows), so the client feels comfortable expressing concerns.

Clinicians also provide education to clients on the importance of medication adherence in promoting health and wellbeing. Multiple members of Borinquen staff discuss disclosure and assess the client's natural supports, which can help promote ongoing treatment.

“Some [clients] feel guilty. Some of them feel victimized. We have to be very careful...and let them understand this has happened for no reason. And try to get to the point of how they're feeling, why they're crying, why they're afraid, why they're not talking, why they're so quiet, because that patient is holding in something and we try to open up that to see what's going on.”

– Borinquen Patient Navigator

One clinician uses videos from the Stop the Virus website while educating clients. It visually depicts HIV progression and the role of medication in controlling the virus.



Organizational Culture

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



Leadership

While Rapid Access was initially spearheaded by the RWHAP Miami-Dade Part A and Part B programs, strong leadership within Borinquen has facilitated local implementation. Clinical and administrative leadership teams at Borinquen are “very passionate” about Rapid Start and have been invaluable resources for other staff members. Clinical and administrative teams not only support activities to work out “kinks” in the process, but also help individual clients access the care they need.

The Chief Quality Officer plays a key role in helping the team address challenges in providing Rapid Start services and staff have noted that they are “grateful” that he will “deliver” in any emergency.

Staff Knowledge & Beliefs

Most staff at Borinquen were in favor of providing Rapid Start due to the agency’s long history in HIV care innovations. Given the expansion of HIV services from a single specialty care clinic to all clinics, Borinquen offers multiple training opportunities to prepare staff. First, the ongoing partnership with the Part B program supports regular presentations on HIV care and Rapid Start to staff at Borinquen and other Part B-funded clinics throughout the state.

Borinquen also trains clinicians through the University of Washington CORE Curriculum for HIV. Clinicians can also contact an infectious disease provider within the Borinquen system through a feature of its electronic health record (EHR) system, AthenaText, to receive treatment advice.

Initially, the Part B program presented data on the SF Rapid program, demonstrating positive outcomes from San Francisco, California. However, many Florida agencies were wary given they operate in a much different context. Staff were uncertain about Rapid Access because they did not want to provide medication without the full panel of labs, did not think that their systems could accommodate a new diagnosis on such short notice, thought clients would not be ready for treatment, or simply did not want to deviate from the status quo. Data from the Jackson Medical Center pilot and continual state training helped alleviate these concerns.

Communication Strategies

The patient navigator serves as the liaison across Borinquen staff involved with Rapid Access clients, communicating via phone, email, and hallway discussions. His presence alerts staff that a Rapid Access client is receiving care at Borinquen, so they can prepare to take part in the process. The Borinquen EHR, AthenaText, also facilitates communication across staff.



External Influences

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



Jurisdiction Supports & Policy Landscape

The close collaboration between the RWHAP Miami-Dade Part A and Part B programs has facilitated the provision of Rapid Start. The Rapid Access program at Borinquen started as the Part B Test and Treat initiative. Part B partnered with the Miami-Dade Part A program to pilot Rapid Start services at Jackson Medical Center, demonstrating that linkage to treatment the same date as diagnosis is feasible, and retention rates are higher for people who started treatment earlier. Based on findings, Miami-Dade Part A required all subrecipients to implement Rapid Start.



“The county level Part A and the Part B within the Department of Health are in sync in wanting to make things happen. It allows us to deliver the care without having [to think about] what [resources] the patient has access to.”

– **Borinquen Chief Quality Officer**

The Part B program aimed to strike a balance in equipping providers with Test and Treat guidance and resources while giving them flexibility and autonomy. Part B staff recognize that each agency has its own internal processes and context that need to be considered to foster integration of Rapid Start services. Therefore, the Part B program developed a Test and Treat protocol to guide provision of Rapid Start services and set the goal of having clients on treatment within seven days of new HIV diagnosis. Providers were then asked to tailor the protocol to determine how the goal could be achieved in their setting. The Part A and B programs have also dedicated funds to medication and treatment to ensure quick access given Florida is a non-Medicaid expansion state.

“[The Part B medical director] put together a basic set of guidelines for [providers] to follow in their own Rapid Start programs. I would say we achieved a really good balance in directing them. This is a good thing to be doing for your patients, but we’re not going to step in and micromanage you to death.”

– **Part A Representative**

Payment for Rapid Start

Florida is a non-Medicaid expansion state, making RWHAP an essential payor of Rapid Access. The Borinquen RWHAP Part C grant funds the patient navigator. The Part B program dedicates emergency financial assistance (EFA) dollars to pay for medications for the first 30 days of treatment. Providers purchase medications based on client need and the state reimburses them at the 340B price. Borinquen set up a process to ensure that the five medications on the state formulary are tracked for Rapid Access clients and billed accordingly to the state.

The Miami-Dade Part A program covers the cost of medical care for people who are uninsured. The Miami-Dade Part A program also includes mental health and counseling services as part of its benefit to ensure people newly diagnosed can access those services. Medical and mental health services are accessible to everyone enrolled in the Rapid Access program for 30 days, regardless of their initial eligibility status.

During the 30-day window, Borinquen staff work to enroll clients in insurance, the RWHAP Part A and B programs, and/or the state Ryan White HIV/AIDS Program ADAP program, to cover ongoing costs of treatment and medication.



“We just fast track everyone getting into treatment and then worry about the paperwork and enrollment and all of that red tape stuff afterwards. We have a 30-day window to get that done, but we really try to get it all done within two weeks so that we can get enrollment into ADAP ready before the client runs out of that 30-day supply of medication. It’s really a concerted effort amongst a lot of different parties and making sure that happens.”

– **Part A Representative**

The Part A and B programs have had to develop payment policy for clients who are insured, a population that has been growing over time. RWHAP Part A and B funding is available to them during the time it takes to secure prior authorization for the costly medications.

“In the pilot project, almost all the clients we were seeing were uninsured... and it was a very smooth process. I remember the first insured patient we had, you could almost hear the wheels of bureaucracy grind to a stop. Nobody knew what to do. But now what we’re seeing is almost half the patients coming in have insurance.”

– **Part A Representative**

Collaboration with Other Providers

Borinquen has worked closely with the Rapid Start pilot site, Jackson Medical Center, to integrate Rapid Start services. Jackson Medical Center provided Borinquen their Rapid Start workflow and conducted staff trainings. The two health care systems continue to meet monthly with the Miami-Dade Part A program to discuss clients who have been diagnosed in the last month and linkage outcomes and needs, especially related to insurance and receipt of Rapid Start services.

“We initiated the training with [Jackson Medical Center] and they gave us their workflow... how their process works, how they enroll them, how they make them eligible.”

– **Borinquen Chief Quality Officer**

Client Needs & Perceptions

Staff from Borinquen, the Part A program, and the B program find that clients have generally been receptive to treatment, and their concerns are typically assuaged with messages about the positive impacts of medication on health, wellbeing, and transmission. A small percentage of client would like to wait for the confirmatory test results. Borinquen’s staff are primarily Hispanic and Haitian, which helps them serve these populations and address cultural beliefs around HIV. Transportation and immigration issues continue to pose challenges for this population.

“What we found is that you don’t need to do tons of counseling. It’s just this is what’s suggested, as if you’re diabetic. This is the treatment, and this is what we need to start today because that’s the best thing we can do. We can arrange for therapy. But let’s start treating as soon as we can.”

– **Borinquen Chief Quality Officer**



Process

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



Planning for Rapid Start Implementation

See the Jurisdiction Supports and Policy Landscape section for details.

Staff Champions

Each Borinquen clinic has a Rapid Access clinical champion, selected based on interest in supporting provision of Rapid Start services among their colleagues. These individuals not only treat Rapid Start clients, but also serve as mentors to other clinicians who may have greater hesitancy. Continual trainings from the Part B program encouraged champions to take on this role despite initial reluctance.


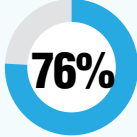

Data Monitoring & Evaluation

Borinquen tracks Rapid Access clients in an Excel spreadsheet, which allows for flexibility and detail in documenting steps in medication and treatment. While the EHR, Athena, has the richest data related to care delivery and health outcomes, it cannot easily differentiate Rapid Access clients from other clients. Provide Enterprise, the system required by the Miami-Dade Part A program, also does not produce the reports needed to manage Rapid Start client care and track performance measures.

Initially, Borinquen calculated average time from diagnosis to treatment. Over time, Borinquen has experienced a decline from around 10 days to 24 hours. Given the Rapid Access process is solidly in place and Borinquen has reached its target, it no longer calculates this performance measure on a regular basis. However, Borinquen continues to use its data to assess long-term health outcomes, reasons why clients may fall out of care, and the supports provided that help retain clients in care (e.g., nutrition, mental health). In addition, the HIV Quality Committee brings staff together monthly to discuss process issues with Rapid Start and individual client cases.

Borinquen also uses data to change Part A and B policy. For example, urine analyses were not initially allowable to be covered by Part A dollars during the Rapid Start visit unless the client had symptoms. Borinquen conducted a two-month data project to demonstrate to the jurisdiction that many newly diagnosed people suffered from urinary tract infections. Based on findings, the Part A program updated its policy to cover this service for all newly diagnosed clients.

From January to December 2021, 108 newly diagnosed and re-engaged clients were seen at Borinquen Health Care Center.

Clients Newly Diagnosed with HIV and Re-engaged in Care	
MEASURE	OUTCOMES ACHIEVED
Percent (number) of clients who received ART medication within 24 hours of their first visit in the clinic	 108/108)
Percent (number) of clients virally suppressed within 3 months	 (82/108)
Percent (number) of clients retained in care for 12 months	 (103/108)

Cost for Rapid Start Implementation & Sustainment

We estimated the costs of planning, implementation, and management of Rapid Start services 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):

- ▶ In the pre-implementation year, Borinquen spent \$32,452 on planning for Rapid Start. Rapid Start services were distributed across multiple clinics with 3 medical service providers and no mental health services or navigator to support linkage to care. Rapid Start service provision involved multiple clinical and laboratory visits to provide Rapid Start services. During this year, 26 clients received Rapid Start services at a cost of \$10,008 per client.
- ▶ Costs associated with planning activities increased significantly to \$63,422 during the initial implementation year. Rapid Start services were consolidated to one site and one clinical provider. The clinic added a mental health provider and a care coordinator to facilitate linkage to care and support services. Overall, 67 clients received Rapid Start services during this year at a cost of \$4,909 per client (a cost savings of \$5,099 per client).
- ▶ Costs associated with planning remained similar during sustained implementation, at \$55,028. The clinic returned to a distributed model of Rapid Start service provision at multiple sites with 5 clinical providers and 5 mental health workers. This streamlined Rapid Start delivery and 137 clients received Rapid Start services in the sustained year at a cost of \$2,671 per client (a cost savings of \$7,337 over the pre-implementation year).