





University of Alabama at Birmingham's (UAB) 1917 Clinic Rapid Start Site Profile



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UAB 1917 Clinic At-A-Glance

The 1917 Clinic at University of Alabama at Birmingham (UAB) is the largest health care provider for people living with HIV in Alabama. As part of UAB's Heersink School of Medicine, the clinic provides HIV care, primary health care, and other services to adults diagnosed with HIV who are typically low-income, uninsured, or under-insured.

The provision of Rapid Start services, called the "Fast Track" program at the 1917 Clinic, aims to connect newly diagnosed clients to care and a 30-day prescription of ART within five days of referral to the clinic.

Key Rapid Start Service Characteristics

Urban-Rural Classification Urban

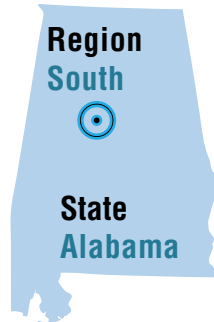
Care Setting Academic Medical Center

RHWAP Funding Parts B, C, and D

Population Size 3,600 clients

Clients Served Newly diagnosed clients

Priority Population Low-income, uninsured, or under-insured adults



Medicaid Expansion State (Yes/No) No

ART Starter Packs Available (Yes/No) No

Onsite Pharmacy (Yes/No) Yes

Onsite Lab Draws (Yes/No) Yes

Onsite HIV Testing (Yes/No) Yes, but most clients who are newly diagnosed are referred

Unique Features of UAB 1917 Clinic's Rapid Start Program

Linkage and Retention Coordinators (LRCs) serve as initial point of contact

when a client is first referred to the UAB 1917 Clinic for Fast Track, introducing the client to the clinic and coordinating the Rapid Start visit

A **New Patient Orientation (NPO)** is part of the Rapid Start visit, which is between the client and social worker and includes a psychosocial assessment, review of services to be provided, and supports relationship building with the client and occurs prior to the clinician exam.

Opportunities to participate in relevant **clinical trials** are offered to clients

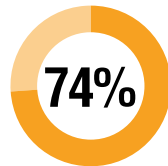
An **onsite pharmacy** plays an integral role in providing ART and ongoing medication counseling to clients.

Support groups for newly diagnosed clients are offered to provide a way for clients to connect and relate to one another as they navigate living with and managing HIV

Client Outcomes (January 2021 – December 2021)

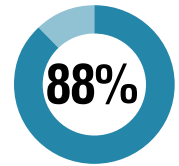


diagnosed clients received Rapid Start services



of newly diagnosed Rapid Start clients were virally suppressed in **3 months**

On average, newly diagnosed Rapid Start clients achieved viral suppression in



of newly diagnosed Rapid Start clients were retained in care 6 months after their first Rapid Start visit

\$ Cost Estimate per Client
Additional \$616 per client during sustained implementation (see page 17 for details)



Intervention Characteristics

This section describes the core components of the Fast Track service delivery model at the UAB 1917 Clinic, specifically: staff roles and structure, Rapid Start workflow, clinical appointment availability, same-day medication, and health education and client communication.



Staff Roles & Structure

Fast Track is provided employing an interdisciplinary team-based model. Key roles and responsibilities associated with providing Rapid Start are described below, along with staff that fulfill these responsibilities.

● Linkage Coordination:

- ▶ **Linkage and Retention Coordinators (LRCs)** are the first points of contact at the UAB 1917 Clinic for all clients who are referred to the clinic when they test newly HIV positive at external testing sites. In an LRC's initial contact with a client, they schedule the clinician exam and New Patient Orientation (NPO), answer questions about the visit, and go over what documentation the client should bring to the NPO. They begin to build a relationship with the client, identify any initial barriers to the client's care, and use motivational interviewing techniques to strive to get the client into care quickly.

● Clinical Services:

- ▶ During the clinician exam, a **clinician** meets with the client to review their HIV diagnosis, discuss their medical and sexual history, conduct a physical exam, prescribe ART, and explain how the medication works.
- ▶ **Research team members** may talk with a client regarding clinical trials for treatment-naïve clients as well as other future research opportunities.
- ▶ **Certified Medical Assistants (CMAs)** complete the client's Fast Track lab work after the clinician exam.
- ▶ **Pharmacists** provide the client a 30-day prescription of ART onsite at the clinic, counsel the client on medication adherence and potential side effects and offer to have the client take their first dose with them.

● Patient Care Support Services:

- ▶ **Medical social workers** assess for barriers to care such as transportation and arrange

services to address those needs. Once the client is assigned to a team, the same social worker will continue to follow the client.

- ▶ **Staff with lived experience** may be called on to provide their unique expertise and support to the client.

● Benefits Enrollment:

- ▶ **LRCs** also verify the client's insurance status during their first contact, while they collect other information from the client.
- ▶ Medical social workers conduct the NPO, during which they complete a psychosocial assessment, assess eligibility for Ryan White services, refer to clinic and community resources, and review the clinic process including the client's specific healthcare team. The NPO also includes Patient Reported Outcomes (PROs) to screen for depression, anxiety, substance use, interpersonal violence, etc.

Rapid Start Workflow

The UAB 1917 Clinic aims to have newly diagnosed clients seen by a clinician and prescribed ART within five days of referral for HIV care. Warm handoffs are used throughout the process. Every client at the clinic is assigned a healthcare team including an attending physician, ID fellow/nurse practitioner, nurse, social worker, dietitian, and LRC. The general process for the Rapid Start visit includes the following components:

▶ HIV Testing

Most clients in the Fast Track program have tested positive for HIV externally and are linked to care at UAB 1917 Clinic. Many referrals come from Disease Intervention Specialists (DIS) at the Jefferson County Department of Health and other hospitals and clinics. In addition, the Alabama Department of Public Health (ADPH) funds the provision of opt-out HIV testing at UAB emergency departments and linkage to care at UAB 1917 Clinic and offers at-home HIV testing. About a tenth of clients are tested at the UAB 1917 Clinic through walk-in testing or a mobile van. The UAB 1917 testing team conducts two different point of care tests and coordinates same day linkage.

▶ Linkage to Care

LRCs play a key role getting clients into care after a positive test. LRCs work closely with health department DIS and other referring sites to receive confirmatory lab work and contact information for the client. DIS provide initial information on HIV, get to know client needs, and then link them to care by calling the LRCs. Usually, the UAB 1917 Clinic can link new clients to care within five days of diagnosis.

LRCs have built a rapport with DIS at Jefferson County Department of Health to facilitate communication and referrals.

▶ Intake and Insurance Enrollment

In their contact with clients, LRCs may provide post-test counseling, collect all necessary demographic information, verify insurance, review the process of how the clinic works, and provide other options for care (due to perceived barriers such as age or distance from the clinic). LRCs also schedule a NPO and a clinician exam. They may visit clients diagnosed in the UAB emergency department or hospital to provide face-to-face connection. Once the NPO and clinician exam are scheduled, the social worker will reach out to the client to begin insurance eligibility processes.

▶ New Patient Orientation (NPO)

During the NPO, which can occur by phone or in-person, the social worker assesses the client's insurance status. If clients do not have insurance, the social worker signs the client up for Ryan White HIV/AIDS Program ADAP, which covers the cost of insurance premiums, or for HealthPLUS Alabama, a health plan that is federally funded and managed by ADPH and Blue Cross/United Way. The NPO occurs on the same day as the clinician exam or one or two days before.

▶ Clinician Exam and ART Rx

The social worker walks the client to the clinician exam. The clinician exam is scheduled for a 60-minute "sick call" slot, or 30-minute clinician slot. The clinician discusses the client's medical and sexual history, a brief overview of HIV ("HIV 101" including U=U), and what to expect with medications. The clinician performs a physical exam, and prescribe ART. The clinician also lets the client know that ADPH may contact them to offer partner services.

▶ **Research Option**

If available, a research team member may come into the clinician exam room and speak with a client regarding clinical trials, as well as other future research opportunities.

▶ **Baseline Labs**

The clinician also orders baseline labs to check the client's liver, kidneys, and CD4 viral load, and to test for hepatitis and syphilis. Lab results usually come back within 48 hours. If labs are drawn during the NPO on a previous day, the clinician goes over the lab results during the clinician exam. Otherwise, CMAs will come into the room after the clinician exam to complete the blood draw for the baseline labs.

▶ **Medication Dispensing**

Next, the social worker walks the client to pick up their medication. The UAB 1917 Clinic uses an onsite pharmacy to provide medication to clients after the clinician exam. The pharmacist provides additional medication counseling, and the client can even take the first dose onsite with the pharmacist in the pharmacy consultation room. The pharmacist also provides a welcome bag with information about the clinic and pharmacy, “swag” items, and a water bottle to make it convenient for the client to take their first dose at the visit. After the first 30 days, clients who live outside the area may use the onsite pharmacy or another contract pharmacy to enroll in mail order services. The pharmacy is seen as an extension of the clinic's care, rather than a separate entity.

“We make it very, very easy to get their medicine. If they don't have insurance, we get them insurance... So that doesn't have to be one of the barriers or one of the things that they have to stress about.”

– UAB 1917 Clinic Clinician

▶ **Support Services**

After the client receives their medication, the social worker provides, as needed, referral and linkage to mental health, oral health services, and specialty care, such as dermatology, nephrology, neurology, endocrinology, and office-based opioid treatment (OBOT) all located onsite. They can also arrange transportation via UberHealth, gas vouchers, or medical transport services. The clinic contracts using 340b funds with AIDS Service Organizations (Birmingham AIDS Outreach, AIDS Alabama, and Aletheia House) to provide clients with other services, such as housing and food assistance. Clinic dietitians are also part of the UAB 1917 Clinic team and work closely with ASOs with the B-FED program to ensure quality standards.

UAB 1917 Clinic has used the NPO structure for more than 10 years, since the implementation of Project CONNECT, an initiative to connect clients to care within five days.

▶ **Follow-up Care**

The pharmacist who dispensed the medication follows up with the client by phone within a week to check to discuss side effects, adherence challenges, or outstanding questions. The clinician may also follow up with the client within a week particularly if any lab work reflects the need for more immediate follow-up. Clients typically come in for a follow-up visit within four to six weeks after the first visit. When possible, the UAB 1917 Clinic aims to have the client interact with the same clinician and social worker for follow-up visits as they did in the Rapid Start visit or provides a warm handoff to another team member. When clients become virally suppressed (around six months after the Rapid Start visit), they usually transition from intensive case management—meeting with their social worker monthly—to intermediate case management—meeting with their social worker quarterly and eventually every six months

Re-Engaged Clients

The UAB 1917 Clinic currently focuses only on newly diagnosed clients. When possible, UAB 1917 Clinic supports clients in reengaging in care to reconnect with their previous clinical provider to provide continuity.

Clinical Appointment Availability

UAB 1917 Clinic uses 60-minute “sick call” or urgent care appointment slots to get Fast Track clients into care quickly. The number of clinicians who provide Fast Track services to clients has grown over time as Rapid Start service provision has matured and become standard of care. If slots for a regular 30-minute “clinician appointment” are available, the UAB 1917 Clinic can use those slots for Fast Track clients, particularly for those who have fewer initial health issues beyond the HIV diagnosis. LRCs schedule new clients early in the day for an NPO and clinician exam (no later than 10am for morning clinic or 3pm for afternoon clinic) to allow time if any part of the workflow is running behind. Clients scheduled later in the day may only have an NPO and return for the clinician exam within the next one or two days.

Same-Day Medication Prescription & Provision

Most clients receive a 30-day prescription of ART after the clinician exam at the onsite pharmacy.

Health Education & Client Communication

Staff provide education to clients throughout each step in the Rapid Start visit. In particular, LRCs use motivational interviewing, meeting clients “where they are,” and provide counseling to build motivation for clients to engage in care. The pharmacist also plays a key role in counseling new clients on medications when they pick up the prescription. Pharmacists are the first to follow up with the client, calling about a week after the Rapid Start visit. Pharmacists at UAB 1917 Clinic emphasized the importance of being accessible for clients to approach with questions.

“Pharmacists are the most accessible member of the healthcare team. . . [Clients] 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. We’re just accessible in general as part of the healthcare team.”

– UAB 1917 Clinic Pharmacist

In providing ongoing care, the client’s social worker and Health Education team members are in frequent contact with clients. These staff at UAB 1917 Clinic host support groups for newly diagnosed clients, providing a way for clients to connect and relate to one another as they navigate living with and managing HIV. Health Education staff also created a manual to help individuals share their stories with one another. UAB 1917 Clinic has found that offering peer support was very helpful in communicating with clients.

Various staff types can communicate with clients to ease them into HIV care. At UAB 1917 Clinic, they have multiple roles with this focus in mind, including pharmacists, social workers, Health Education staff, and Linkage and Retention Coordinators.



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

The UAB 1917 Clinic's Education Director led the planning team to initially pilot and later fully implement Fast Track in 2018. Leadership at the UAB 1917 Clinic is focused on continuity of care, meaning that staff aim for clients to be seen by the same clinician and social worker from their Rapid Start visit in their ongoing care.

The UAB 1917 Engagement in Care team meets regularly to discuss possible interventions to improve care the clinic provides. This team developed Fast Track as a way for UAB 1917 Clinic to provide Rapid Start, and the Engagement in Care team still discusses how to strengthen Rapid Start during these regular meetings.

Staff Knowledge & Beliefs

UAB 1917 Clinic staff are focused on providing high-quality care and services to clients in the Fast Track program. When UAB 1917 Clinic first began the Fast Track program, there was significant resistance among clinicians. They were concerned with starting clients on medications without labs and disrupting the client-clinician relationship if the clinician who prescribed ART initially did not provide ongoing care. When clinic leadership framed Fast Track as a pilot focused on gathering data and assessing initial outcomes before a full launch, clinicians increasingly became comfortable with the workflow.

In the first few months, UAB 1917 Clinic also focused on staff training and gathered feedback from all team members on how to roll-out services. Staff informed the development of workflows and staff roles and responsibilities and aided in building buy-in and ownership for Rapid Start as standard of care.

Communication Strategies

Communication has been integral to a successful Fast Track experience. When a new client is referred for Fast Track, the LRC sends a communication over the electronic health record (EHR) to alert the entire team involved in the workflow, including the clinician, social worker, and pharmacy. The LRC also adds an "Engagement in Care" note in the EMR to begin tracking the dates of diagnosis, referral, and the receipt of a confirmatory test.



External Influences

This section describes external factors that informed the design and implementation of Fast Track at the UAB 1917 Clinic, including: jurisdiction supports and policy landscape, payment for Rapid Start, collaboration with other providers, and client needs and perceptions.



Jurisdiction Supports & Policy Landscape

Alabama has not expanded Medicaid but offers HealthPLUSAlabama, a health plan that is federally funded and managed by ADPH and Blue Cross/United Way. The UAB 1917 Clinic works with other Ryan White HIV/AIDS Program (RWHAP)-funded clinics in the state as part of the Alabama Quality Management Group and has a strong relationship with the Jefferson County Department of Health, which conducts HIV testing and refers newly diagnosed people to UAB 1917 Clinic.

Payment for Rapid Start

ART is covered by insurance if available. The social workers apply for co-pay assistance through the pharmaceutical company and provide this information to the client during their orientation. If a Prior Authorization (PA) is required or there is a challenge with the insurance a seven-day ART Starter Pack will be provided to the client using Ryan White Part C/340b program income. This allows time to submit the PA and receive approval and/or resolve the issue with the insurance company.

If the client does not have insurance, the social worker will apply for 30-day immediate access voucher through the pharmaceutical company by completing a Patient Assistance Program application. The social workers also submit a Ryan White HIV/AIDS Program ADAP/Health-Plus Alabama application to ADPH on the same day. This approval process takes approximately 2-3 weeks and allows the client to receive future refills for their medication. Support services, such as transportation, are covered by the Ryan White/340b program income.

Collaboration with Other Providers

The UAB 1917 Clinic has a strong partnership with the Jefferson County Department of Health DIS Team and leadership, which refers many people newly diagnosed with HIV to the clinic and helped develop the Fast Track rapid referral process that allows for EHR-to-EHR communication.

UAB 1917 Clinic leadership also helps lead the Rapid Start Consortium with other Rapid providers, including providers such as CrescentCare, Grady Health Care, and Spectrum Medical Care as well as CDC and HRSA representation. Collaborating with other providers that are also navigating how to provide Rapid Start has helped the UAB 1917 Clinic learn from other models and encourage their own clinicians to embrace Rapid Start. After these meetings, UAB 1917 Clinic staff meet internally to discuss how they can use lessons learned from these providers to further improve Fast Track.

More locally, the UAB 1917 Clinic also participates in the Alabama Quality Management Group, which is a collaboration among RWHAP-funded clinics in Alabama that meets quarterly to discuss HIV care, including how to prioritize and effectively implement Rapid Start.

Client Needs & Perceptions

The UAB 1917 Clinic Rapid Start pilot found that when given the option of linking to care sooner, most clients chose this option. In addition, interviews with clients revealed that the majority of clients were unaware of their risk for HIV, but still eager to enter care. Clients who are aware of the U=U concept prior to entering care, or once new clients do, are also eager to begin treatment immediately.

Some clients may find the one-day visit overwhelming or may have scheduling conflicts, in which case UAB 1917 Clinic offers clients a “two-day rapid start” by doing the NPO the first day and having the clinician exam on a subsequent day. Many clients come in with medication-related questions or without experience taking daily medication; the pharmacists take care to answer questions and to provide counseling. Finally, clients experiencing stigma may be cautious to engage in care if they live locally and know that the clinic is HIV-focused.

“I do think there’s a balance between our strong desire now to help people get into care sooner with still being patient centered.”

– **UAB 1917 Clinic Leadership**

“Not so much concerns as just questions. Well, how big is the pill? How many pills do I have to take? Do I have to take it with food? You know, it’s really kind of normal stuff. I’ve not had anybody say, ‘Oh, let me hold off on this and let me do my own research.’ I’ve had one person say, ‘Well, I want to try this herbal regimen first,’ But overall in general, almost across the board, everyone is ready to walk out and take that medicine and get started.”

– **UAB 1917 Clinic Clinician**

In conversations with clients, UAB 1917 Clinic has found that transportation, lack of insurance, mental health, substance use, and lack of phones pose the biggest barriers to care. In 2021-22, UAB 1917 Clinic collaborated with the Research Informatics Service Center (RISC) team to develop a Patient Interview.

The RISC team approached clients at their follow-up visits to participate. Results strongly indicated that clients felt like the healthcare team cared about them, spent time with them, and helped to address concerns and barriers.



Process

This section explores the approach and process of implementing and evaluating Rapid Start services at UAB 1917 Clinic, 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 the 1917 Clinic.



Planning for Rapid Start Implementation

In 2017, after Rapid Start was discussed during internal Engagement in Care meetings, the UAB 1917 Clinic started planning the Fast Track program. Fast Track was seen as a next step from Project CONNECT (Client-Center New Patient Navigation to Encourage Connect to Treatment), a previous initiative that established the initial NPO within five days of referral.

The UAB 1917 Clinic identified champions across different teams (e.g., LRCs, clinicians, social workers, pharmacists) and involved all relevant staff types in the planning. Leadership sent an outline of the Rapid Start protocol for all clinicians to review and feedback to ensure they were part of designing how services are provided.

Some clinicians were hesitant to prescribe ART so quickly without lab results. Instead of a full launch with all clinicians providing Fast Track, UAB 1917 Clinic began with a pilot process in 2018, starting small with just a handful of clients and two clinicians. As the Fast Track program expanded with more clinicians providing ART rapidly, UAB 1917 Clinic has revised the protocol to incorporate lessons learned along the way.

Staff Champions

Two UAB 1917 clinicians served as champions, piloting Fast Track and then encouraging expanded adoption. Leadership also identified champions from other teams, including LRCs, nurses, and social workers, to support the process at the onset.

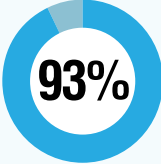
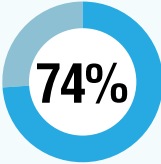


Data Monitoring & Evaluation

The UAB 1917 Clinic uses its EHR to track data on timeliness of care and viral suppression. For continuous quality improvement, the UAB 1917 Clinic has a Program Evaluation Unit to assess the outcomes from various interventions at the clinic, including Fast Track, housing, substance use, and food insecurity programs. The Unit uses EHR data to track time from diagnosis to clinician exam, first ART prescription, and viral suppression.

UAB 1917 Clinic also conducted 15 structured interviews to better understand Fast Track clients' experiences and barriers. Through these interviews, the Clinic found a high level of satisfaction among Fast Track clients. A majority of the clients had their NPO and clinician exam within five days of their diagnosis. Most clients were eager to find a clinician when they were diagnosed, and only a few experienced anxiety about the first appointment. Fast Track clients generally did not face barriers to access and felt more in control of their health after receiving medication during their Rapid Start visit.

Most clients took their first dose at home, though a few took it with a pharmacist, and all respondents took the first dose during the day of the Rapid Start visit or the next day.

The following table provides an overview of key outcomes for 107 newly diagnosed clients who were seen for Rapid Start services from January through December 2021 at UAB 1917 Clinic as part of their Fast Track program.

Clients Newly Diagnosed with HIV	
MEASURE	OUTCOMES ACHIEVED
Percent (number) of Fast Track clients who received ART medication same day	 93% (100/107)
Percent (number) of Fast Track clients virally suppressed within 3 months	 74% (74/100)
Average number of days from date of diagnosis to viral suppression for Fast Track clients	 64 days
Percent (number) of Fast Track clients retained in care 6 months after first visit	 88% (88/100)

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), as follows:

- ▶ In the pre-implementation year, UAB spent \$13,144 on planning for Rapid Start. Planning activities ramped up during the initial implementation to \$50,893 and continued at that level (\$51,533) during the sustained implementation year.
- ▶ The costs to plan, implement and manage Rapid Start services amounted to an additional \$871 per client during initial implementation and an additional \$616 per client during sustained implementation.

At UAB 1917 Clinic, planning activities continued throughout implementation as Rapid Start was gradually rolled out and the service model was iteratively adapted over time. Across planning, initial, and sustained implementation years, UAB 1917 clinic maintained a steady staff of 90 individuals contributing to Rapid Start planning, implementation, or management, including 18 medical service providers and 14 social workers.

Across the 3 years, 129, 102, and 111 clients received Rapid Start services, respectively. Per client time spent on linkage to care and Rapid Start visits declined modestly from the initial implementation year to the sustained implementation year, while time spent on follow up HIV care modestly increased during this period.