



VIRTUAL  
**2020 NATIONAL**  
**RYAN WHITE**  
**CONFERENCE ON**  
HIV CARE & TREATMENT

# Rapid Start Efforts in 2020

Rapid Start in the time of COVID-19

University Health System

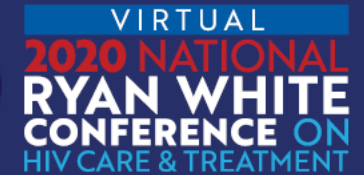
# Bexar County Hospital District dba University Health System



- South Texas' only safety net health system
- Texas' 3<sup>rd</sup> largest health system
- 28 County Service Region across South Texas
- More than 8,800 employees
- Level 1 Trauma Center
- South Texas' first and only health system to earn Magnet status from the American Nurses Credentialing Center



# Family Focused AIDS Clinical Treatment Services clinic (FFACTS)

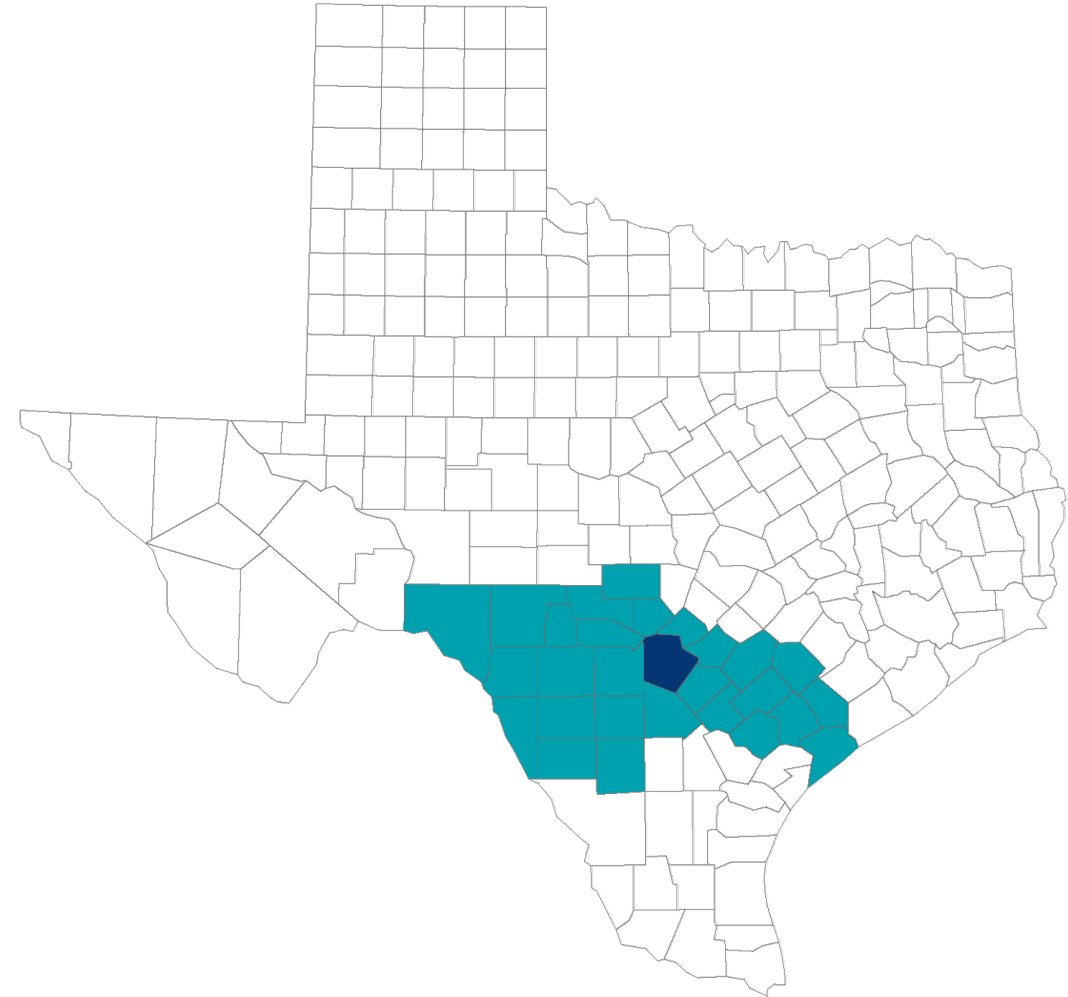


- A University Health System outpatient HIV/AIDS clinic funded in part by the Ryan White Program
- Strives to improve the health and well-being of PWH in San Antonio and South Texas by continuously providing the highest quality care
- Partners with UT Health San Antonio to offer comprehensive services



# Bexar County, TX

- Home to San Antonio, 7<sup>th</sup> largest city in the U.S.
- 94% of the region's PWH can be found in the San Antonio metropolitan region
- Bexar County has a majority Hispanic population (60.5%)

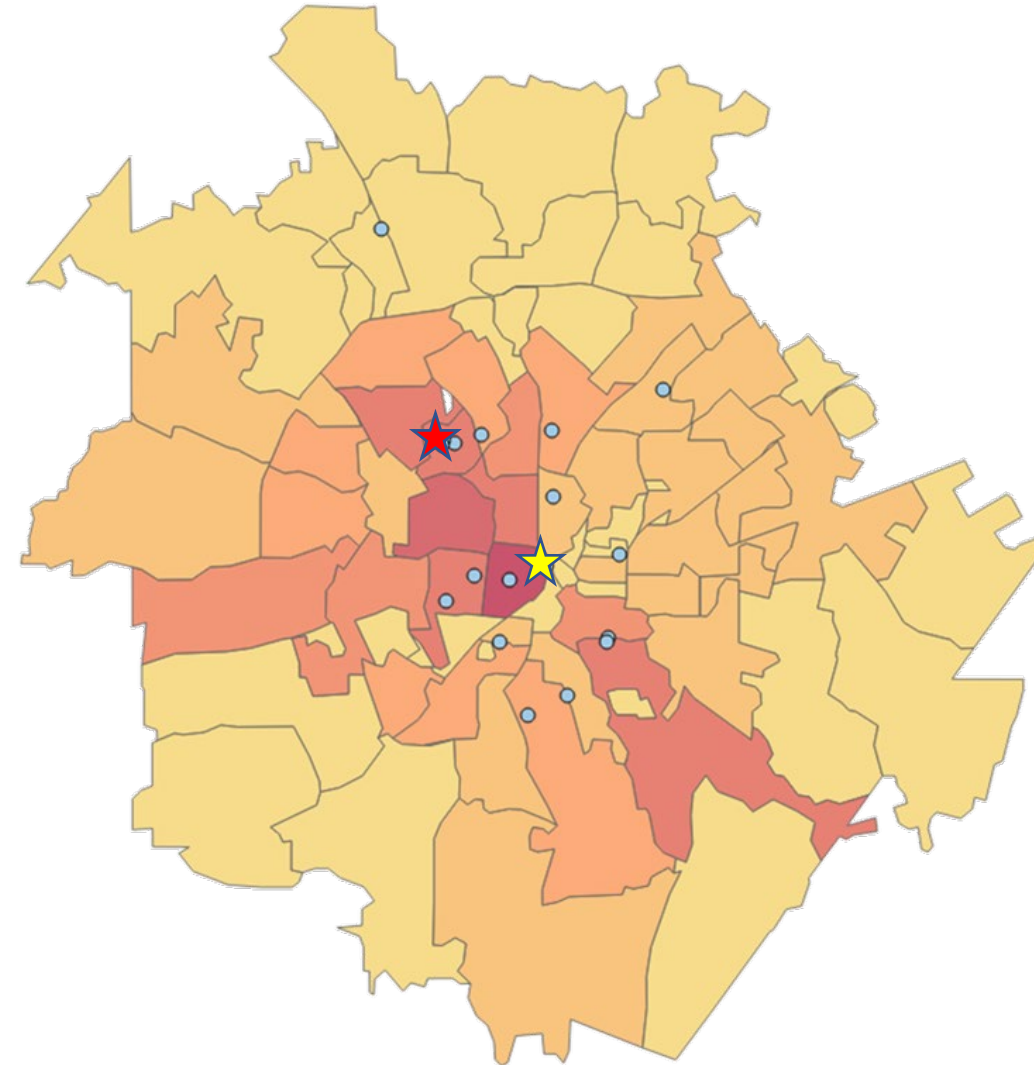


# Bexar County Hospital District dba University Health System



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- ★ University Health Hospital
- Ambulatory and urgent care locations
- ★ Family Focused AIDS Clinical Treatment Services clinic (FFACTS)

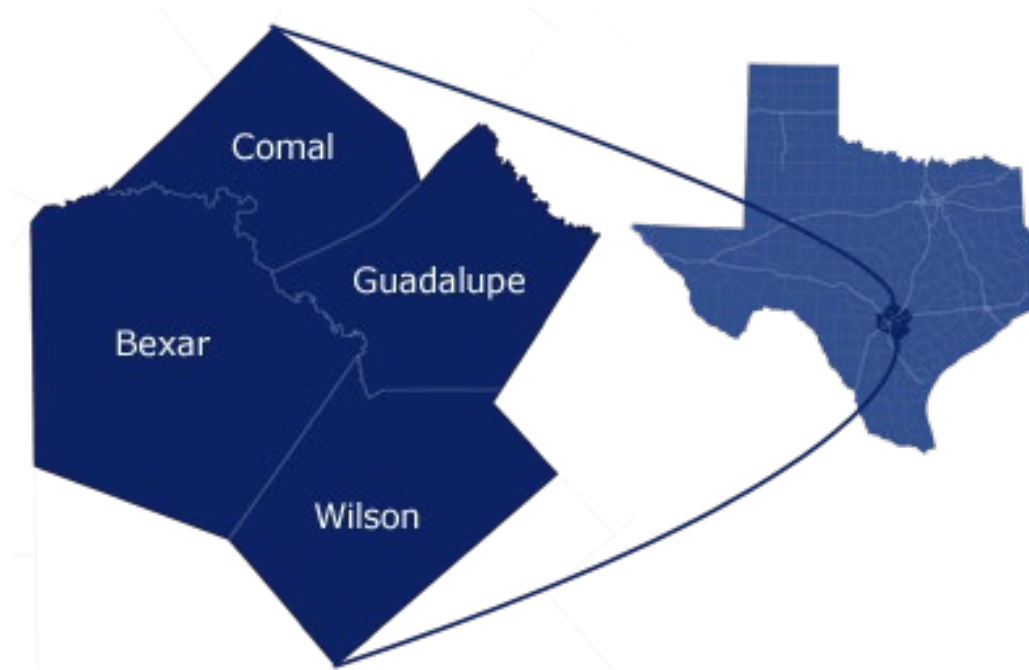


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- Ryan White Administrative Agency for Parts A, B, D, and F (SPNS)
  - Serves over 6,000 low-income, uninsured and under-insured people
  - Primarily serves the San Antonio Transitional Grant Area (SATGA)
    - Bexar, Comal, Guadalupe, and Wilson Counties



# Ryan White Partners



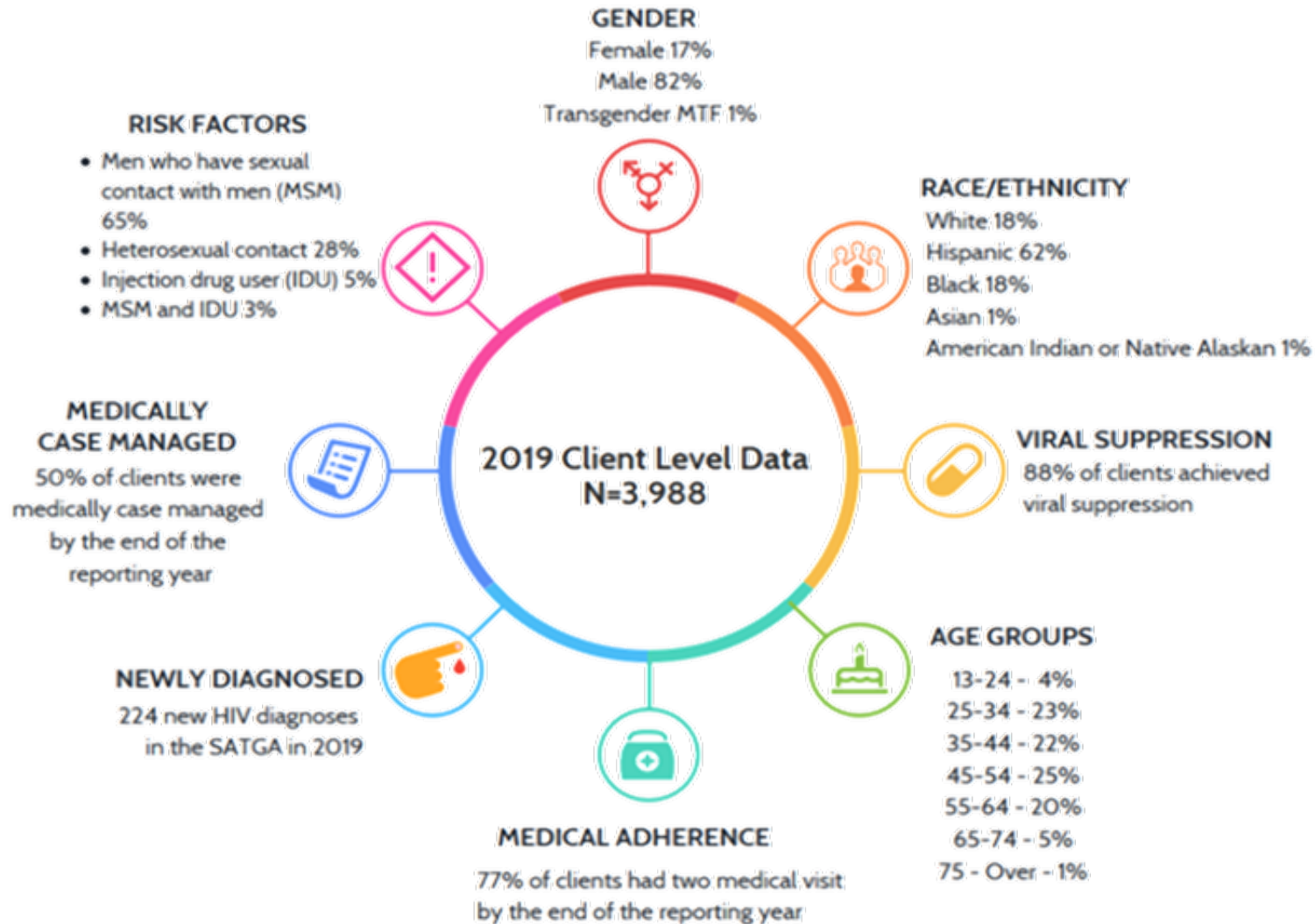
As Ryan White Administrative Agency, University Health System partners with multiple community agencies for service provision



Thinking beyond



# 2019 SATGA Ryan White Clients



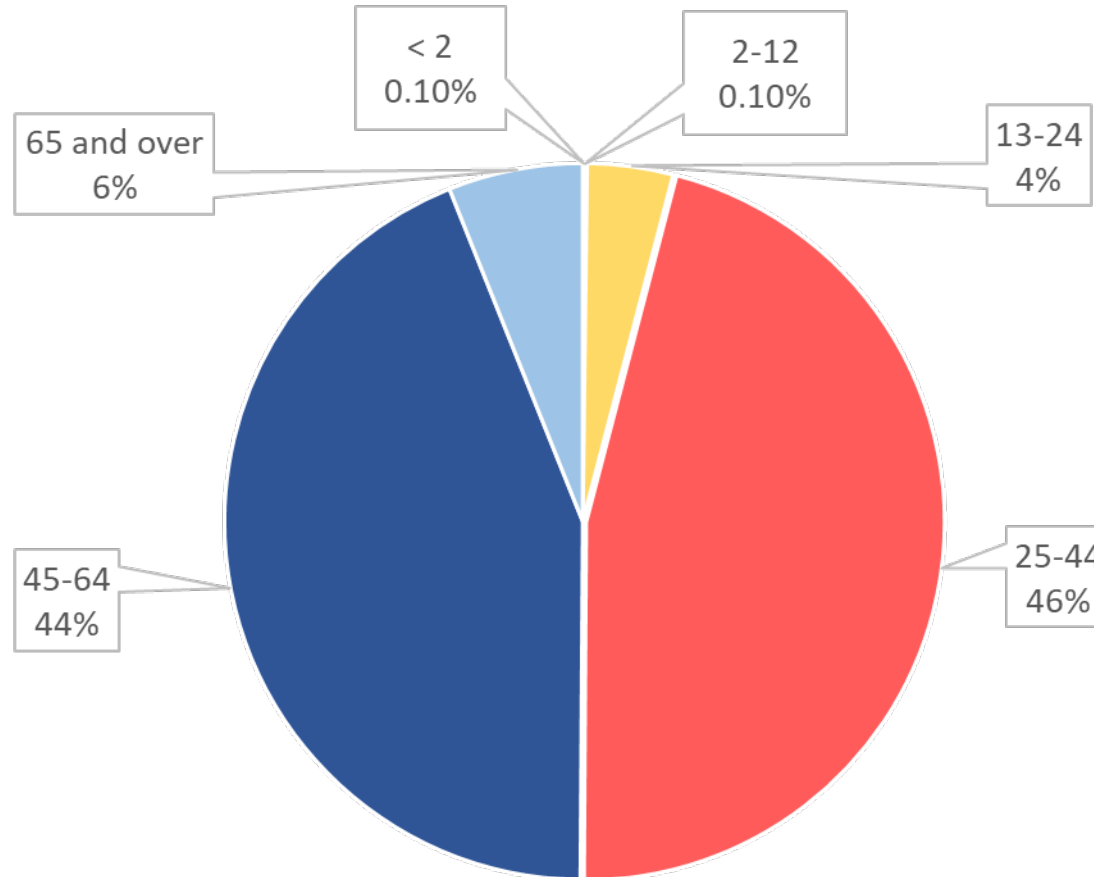


# SATGA PWH Population by Age (years) 2019



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Age Group	# Clients
< 2	4
2-12	4
13-24	154
25-44	1836
45-64	1748
65 and over	242
Grand Total	3988



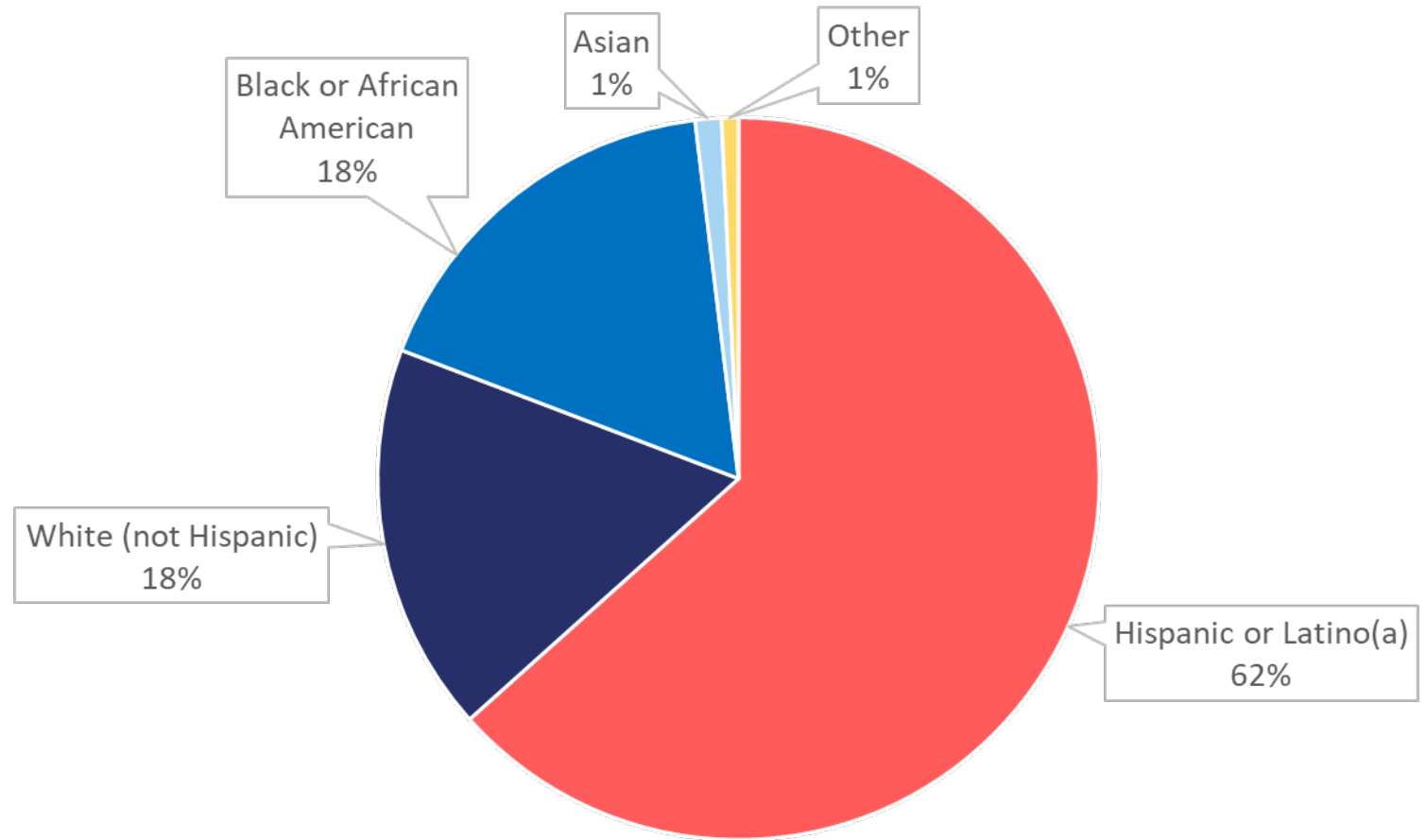
\*ARIES Data Source

# SATGA PWH Population by Race/Ethnicity 2019



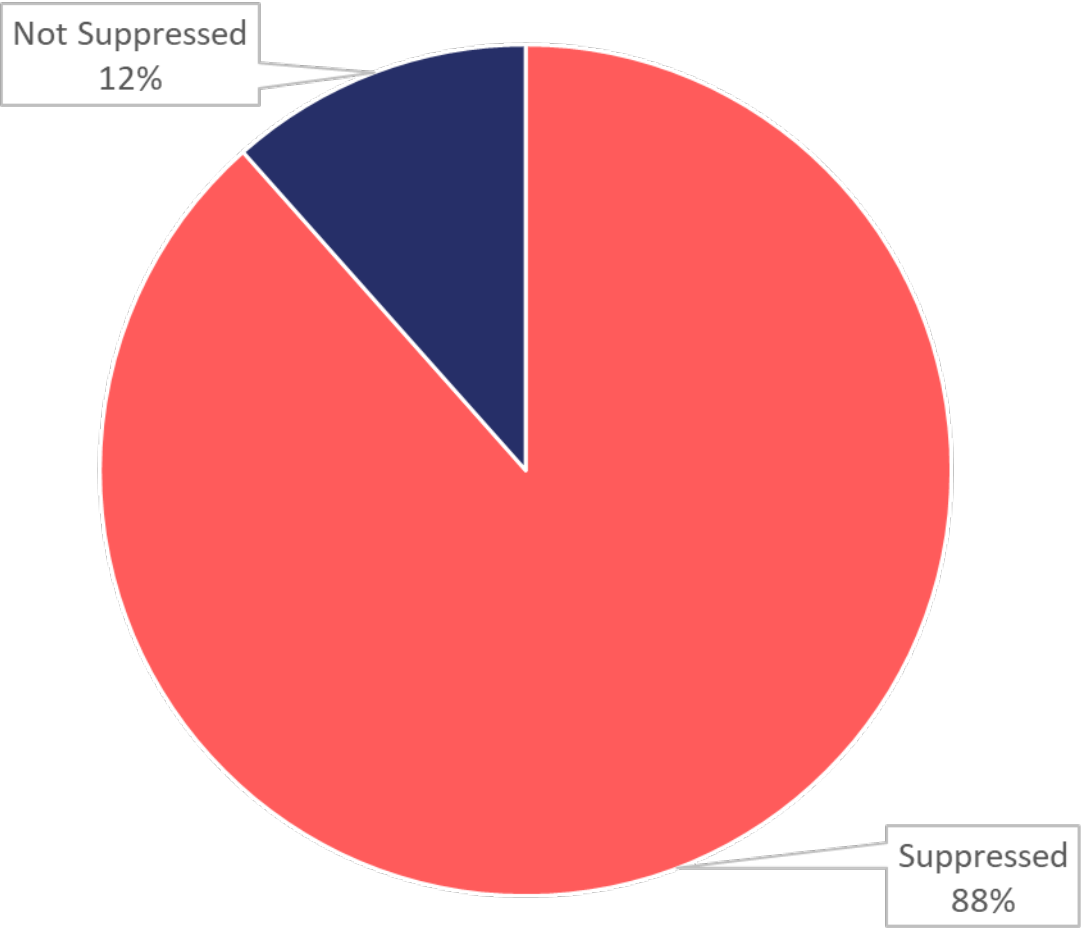
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Race/Ethnicity	# Clients
Hispanic or Latino(a)	2528
White (not Hispanic)	694
Black or African American	689
Asian	47
Other	30
Grand Total	3988

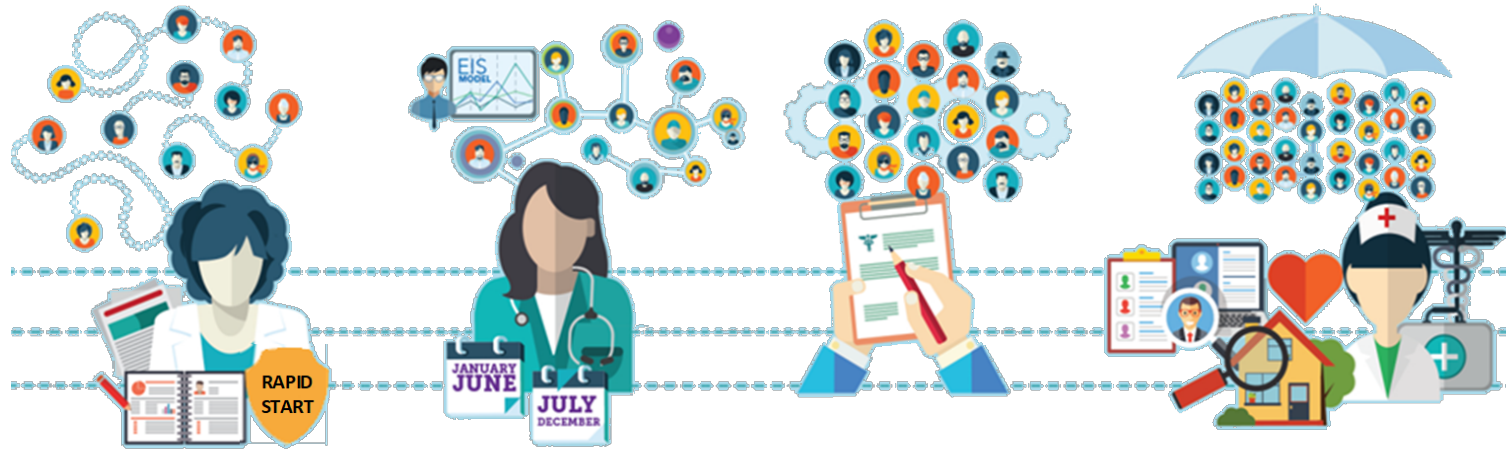


# SATGA PWH Population Viral Suppression Rate 2019

Virally Suppressed	# Clients
Suppressed	3527
Not Suppressed	461



# Overview



1

Patient Receives a Positive Diagnosis at participating testing location. Upon notification of HIV status, a RAPID START navigator will engage the patient

2

**RAPID START**  
Navigators schedule soonest care appointment at any of the 5 RAPID START locations and assist patient in attending the appointment

3

Once at care location, patient is assessed for any unmet needs and attends first medical appointment. Patient will leave appointment with ART medication in hand

4

A RAPID START Navigator will follow-up with patient for 3 months post ART initiation to provide case management, address barriers, and minimize number of missed appointments

# Pre-Implementation



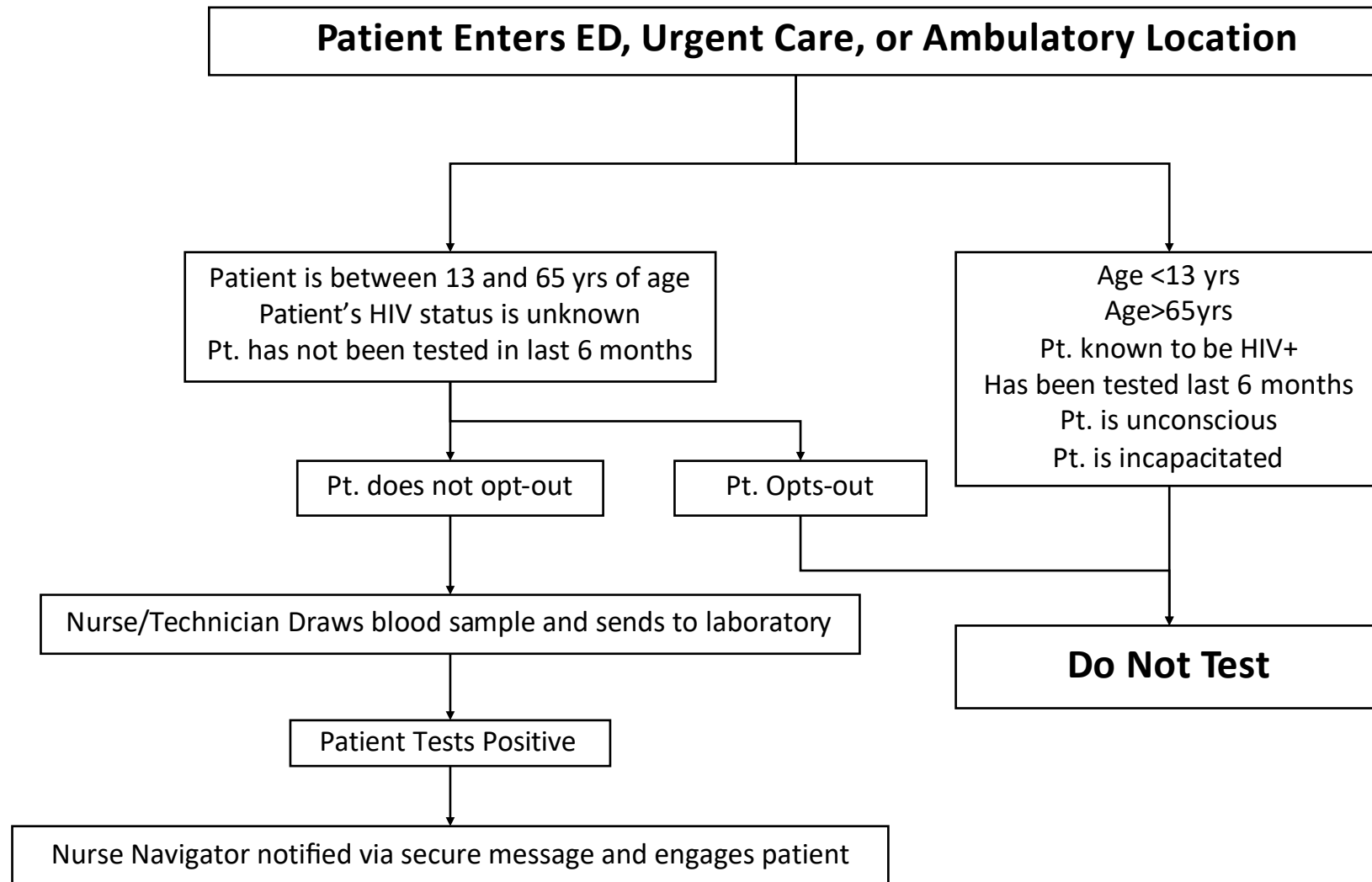
- Education for staff at point of diagnosis
  - Providers, nursing staff, supervisors
- Build laboratory protocols to ensure efficient reporting of results
- Create workflow to establish notification of results and navigation team

# Place of Testing

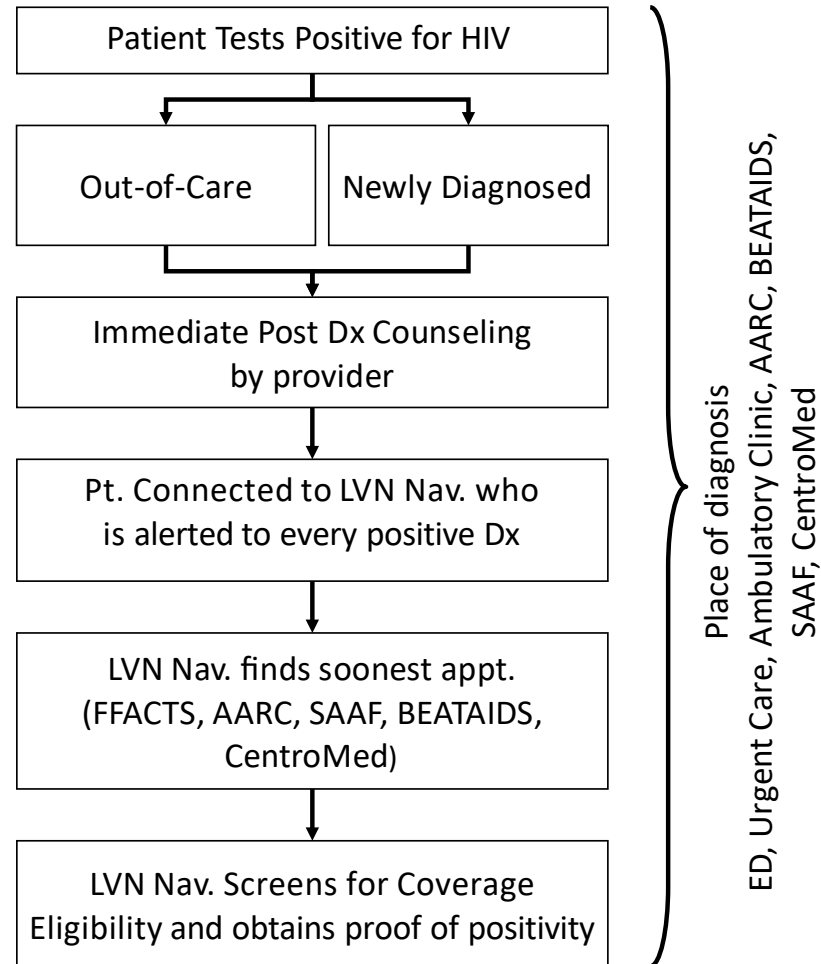


- ED HIV Routine Testing
  - We capture new diagnoses and out-of-care as they are identified via opt-out routine testing
- University Health System Urgent Care
- University Health System Ambulatory Locations
- Community partners

# BRAVE START Testing



# BRAVE START Navigation



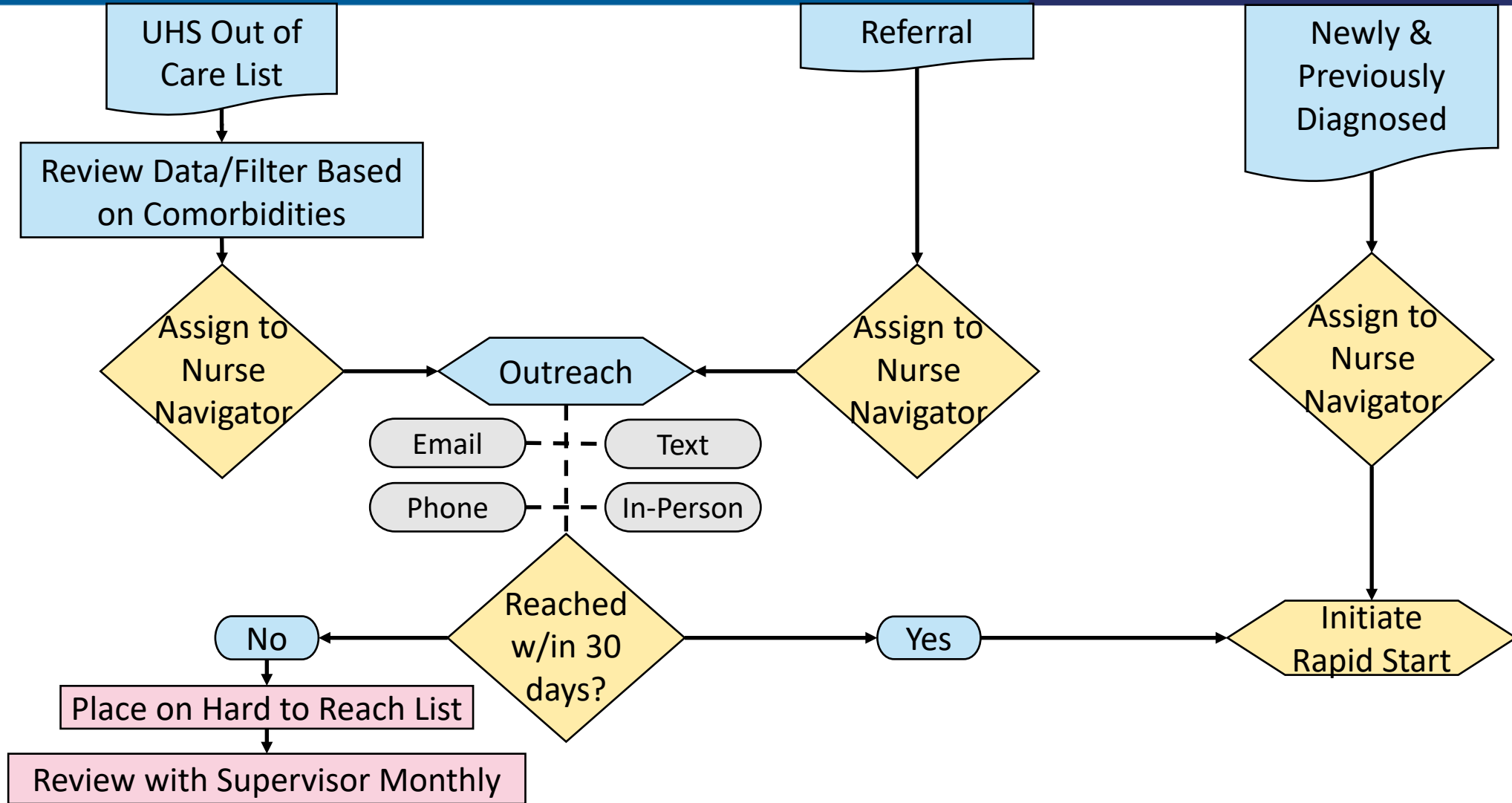


# Linkage to Place of Treatment



- Newly Diagnosed
  - Navigator at place of testing engages patient
- Referrals and Out-of-Care
  - Once engaged, navigator at place of treatment engages patient
- Warm hand-off to Navigator/Case Manager at place of testing
  - Schedules soonest available appointment
  - Each location has reserved appointments for new patients on different days of the week

# Navigation Workflow



# Initial Visit

Within 1 week if same day is not possible



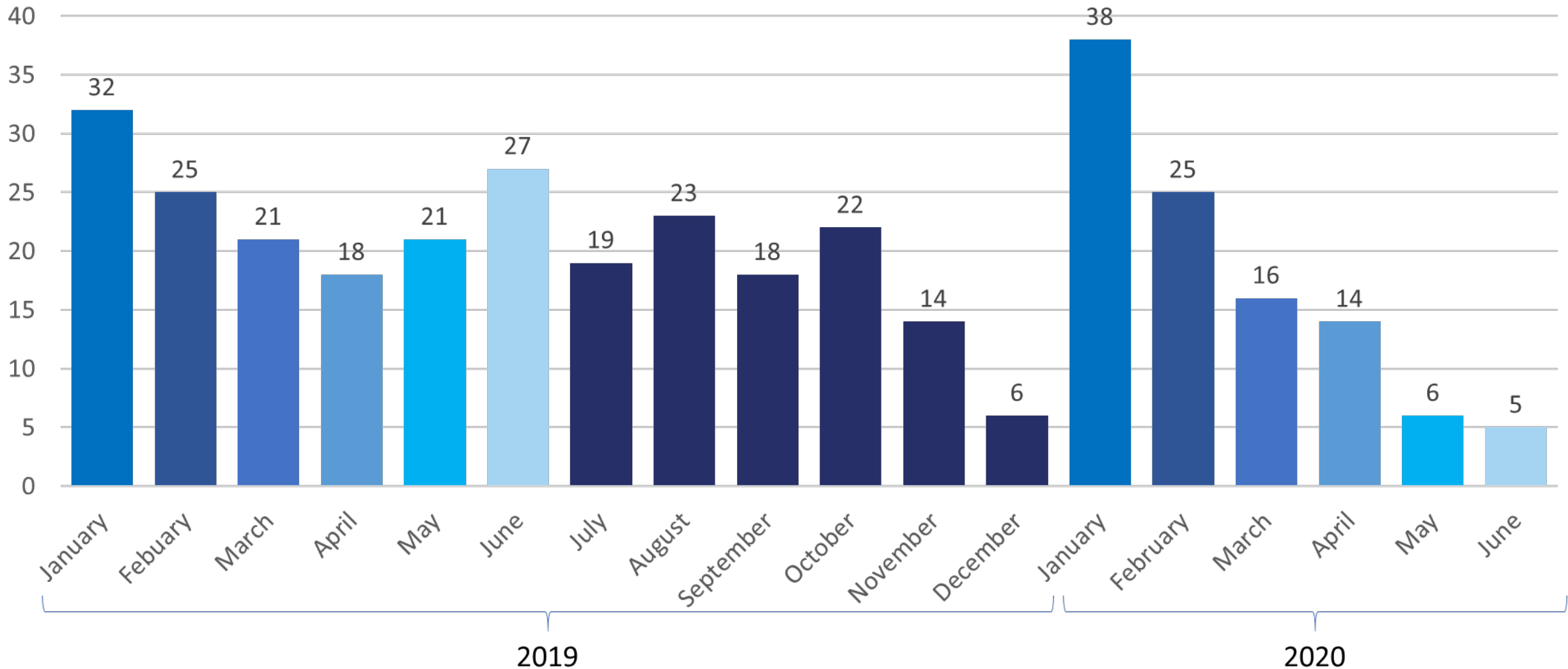
- During initial care appointment
  - Meet care team
  - Create a care plan
  - Obtain ART
  - Receive counseling

# Linkage to Additional Services



- Case management
  - Medical
  - Non-medical
- Assessment for
  - Food insecurity
  - Housing needs
  - Employment assistance
  - Financial assistance
  - Coverage options
  - Mental health care

# New Diagnoses 2019-2020



# Results

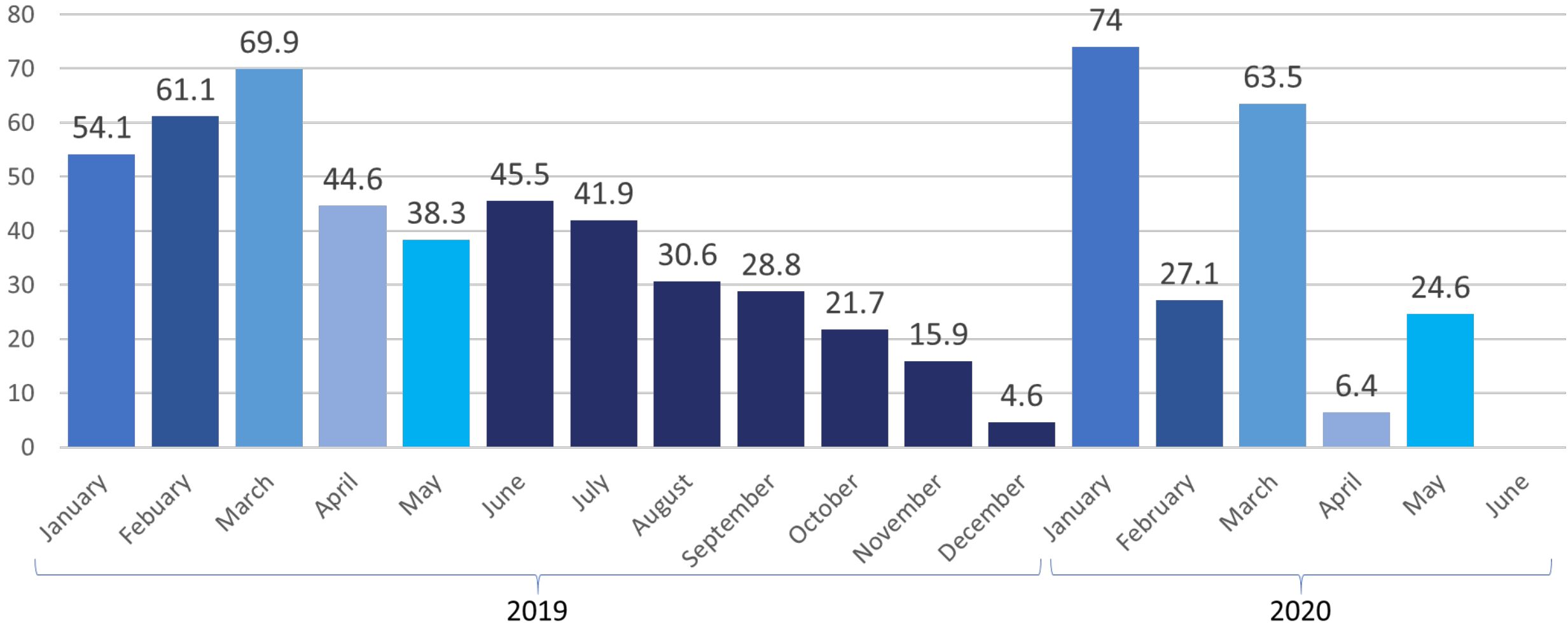


- 224 Newly Diagnosed in 2019
- Concern on COVID-19 impact
  - Potentially suppressed the number of people being tested and, subsequently, new diagnoses

# Avg. Days from Dx to 1<sup>st</sup> Outpatient/Ambulatory Appointment



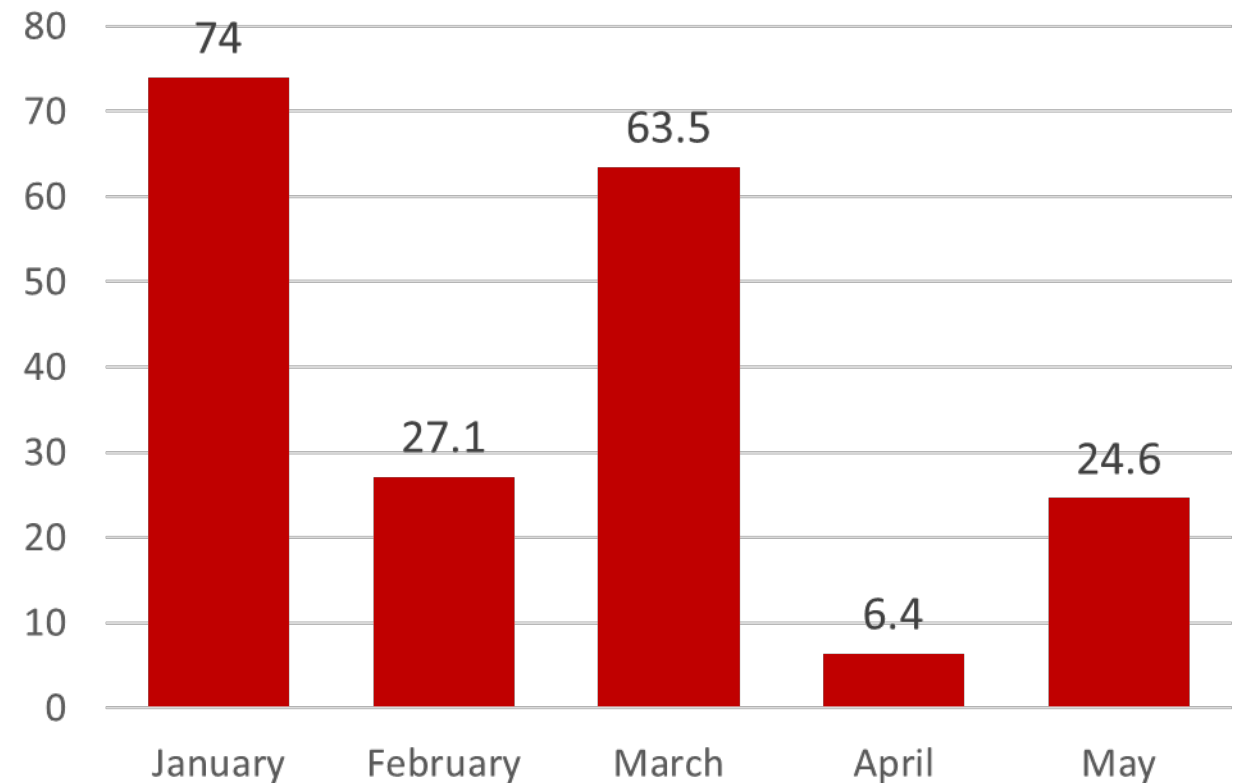
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# COVID-19 impact reflected in the data

- Fluctuation in numbers reflect overall trend of decreased healthcare utilization, which coincides with stay home orders
- Our belief is that COVID-19 has suppressed the number of people being tested and, subsequently, new diagnoses
- Texas partially re-opened on May 18

UHS - Avg. Days from Dx to 1st Outpatient Ambulatory Appointment





- COVID-19 has exposed medical and structural vulnerabilities which have historically undermined individual- and system-level HIV prevention

## These impacts are not unique to our Health System

- From March to April 2020
  - shelter-in-place orders accelerated
  - community-based organizations (CBOs) closed
  - medical offices cut hours
  - personnel shifted from primary care to hospital units
- Disruptions surfaced as CBOs implemented online platforms and telephones to communicate with clients
  - Reliability issues with some platforms
  - Clients and providers encountered difficulties navigating new processes
  - Some clients may have limited internet or cellular data access

# A Syndemic Perspective



- Shiau et al. (2020) define a syndemic as two or more epidemics interacting synergistically to produce an increased burden of disease in a population
  - Resultantly, PWH face even more burdens
    - accessing care
    - detrimental effects on physical, emotional, and social well-being
  - In times of crisis, adherence to ART may be severely compromised
- Yet to be seen if telemedicine will positively or negatively affect viral suppression

# Next Steps



- This has become a story about initiating ART in the time of COVID
- Opportunity to navigate an unprecedented and changing landscape and pioneer best practices
- Shifting Services:
  1. Telemedicine used for appointments with clinicians and mental health professionals
  2. Medications available by home delivery or at neighborhood pharmacies
- Maintain continuity of care and use a proactive approach to engaging clients

# References



- Pinto, R.M., Park, S. COVID-19 Pandemic Disrupts HIV Continuum of Care and Prevention: Implications for Research and Practice Concerning Community-Based Organizations and Frontline Providers. *AIDS Behav* (2020). <https://doi.org/10.1007/s10461-020-02893-3>
- Shiau, S., Krause, K. D., Valera, P., Swaminathan, S., & Halkitis, P. N. (2020). The Burden of COVID-19 in People Living with HIV: A Syndemic Perspective. *AIDS and behavior*, 1–6. Advance online publication. <https://doi.org/10.1007/s10461-020-02871-9>

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