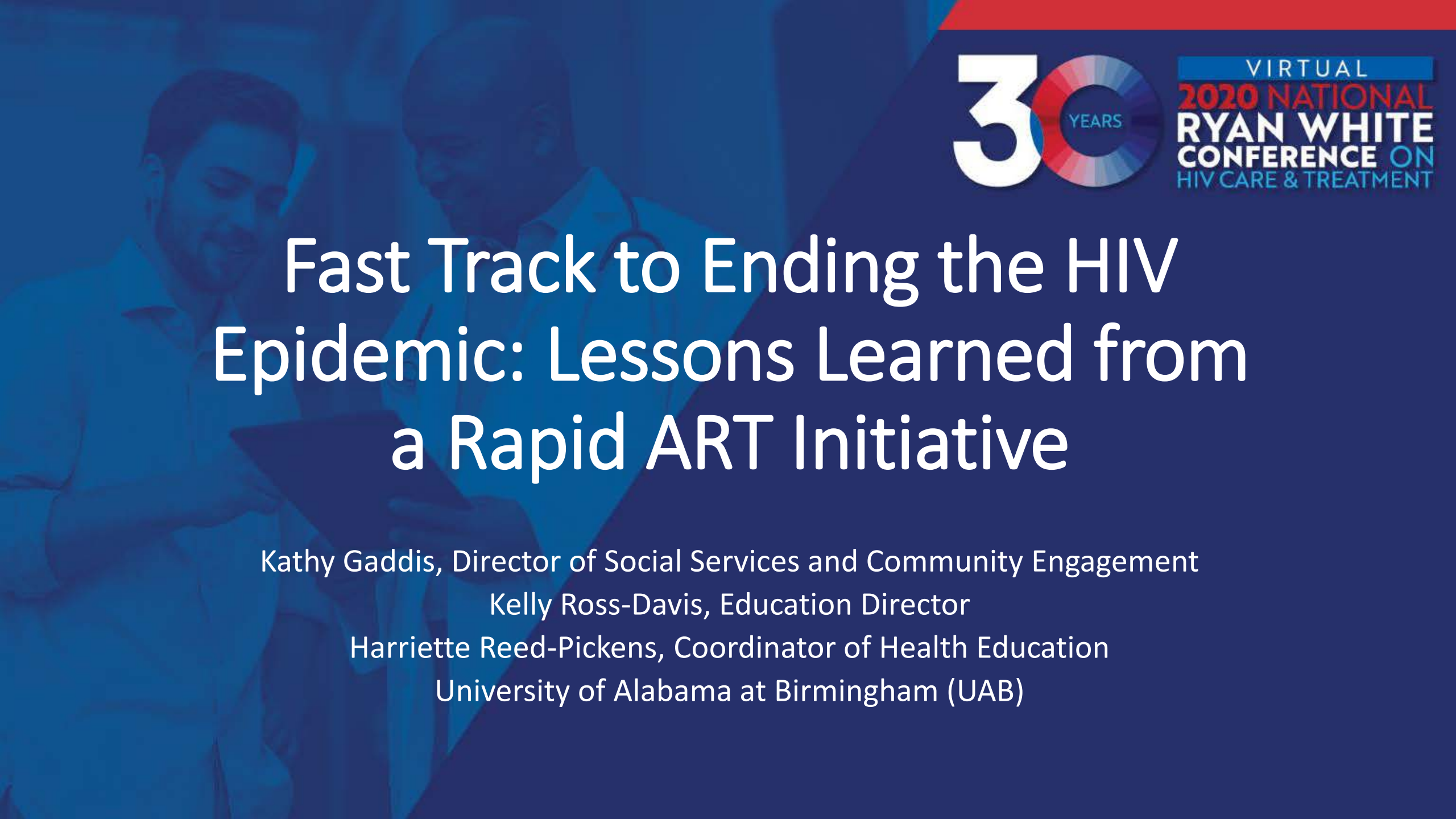

Fast Track to Ending the HIV Epidemic: Lessons Learned from a Rapid ART Initiative

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Objectives

- Review benefits of providing rapid ART initiation in a clinic setting
- Share key lessons learned including addressing systemic barriers
- Understand the importance of teamwork and partnerships in planning, coordinating, and evaluating rapid ART
- Explore the importance of addressing health equity through universal access to rapid ART

Services Provided at UAB 1917 Clinic

Medical Services

- HIV Primary Care
- Women's Health
- Psychiatry
- Neurology
- Nephrology
- Dermatology
- Chronic Pain Management
- OBOT (Office-based Opioid Treatment)

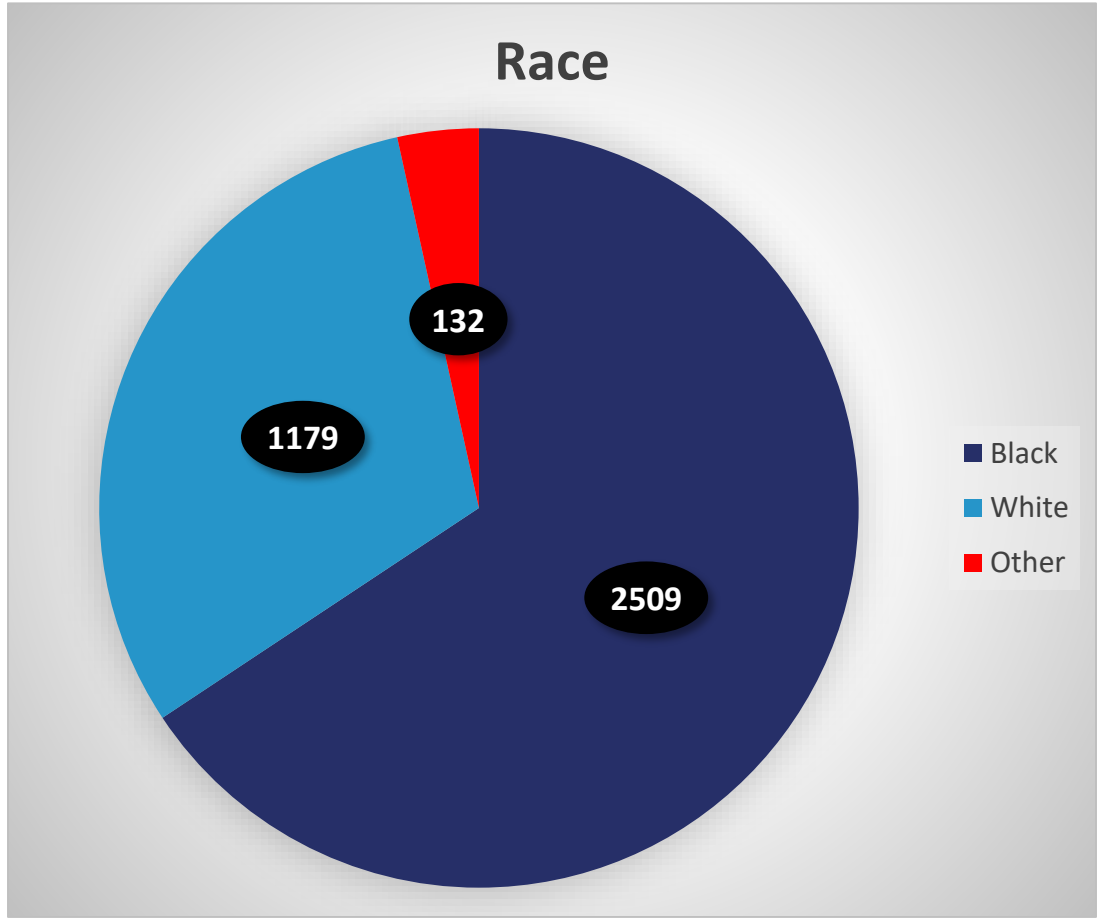
Comprehensive Services

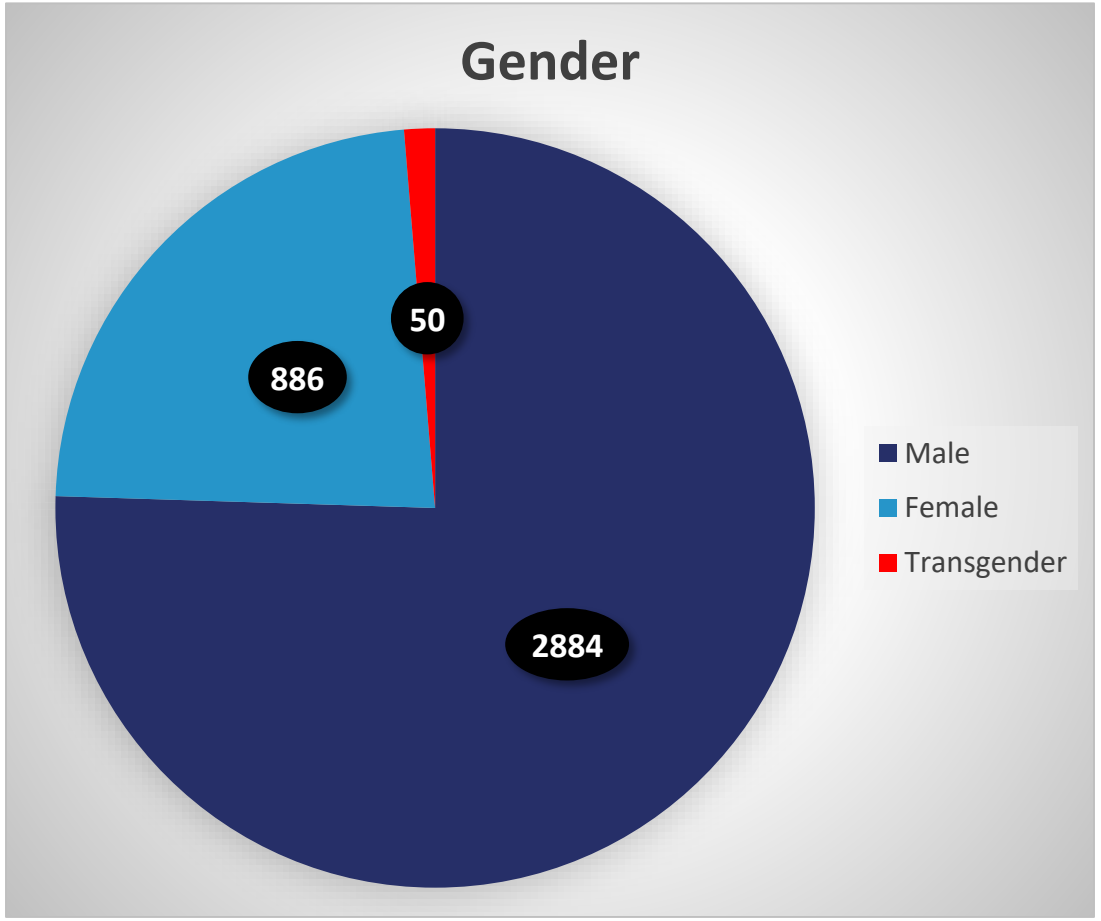
- Pharmacy & Medication Education
- Social Work
- Mental Health
- Nutrition
- Support Groups
- HIV Testing
- Health Education/Risk Reduction/ Outreach
- Volunteer Opportunities & Advisory Boards

UAB 1917 Clinic Demographics

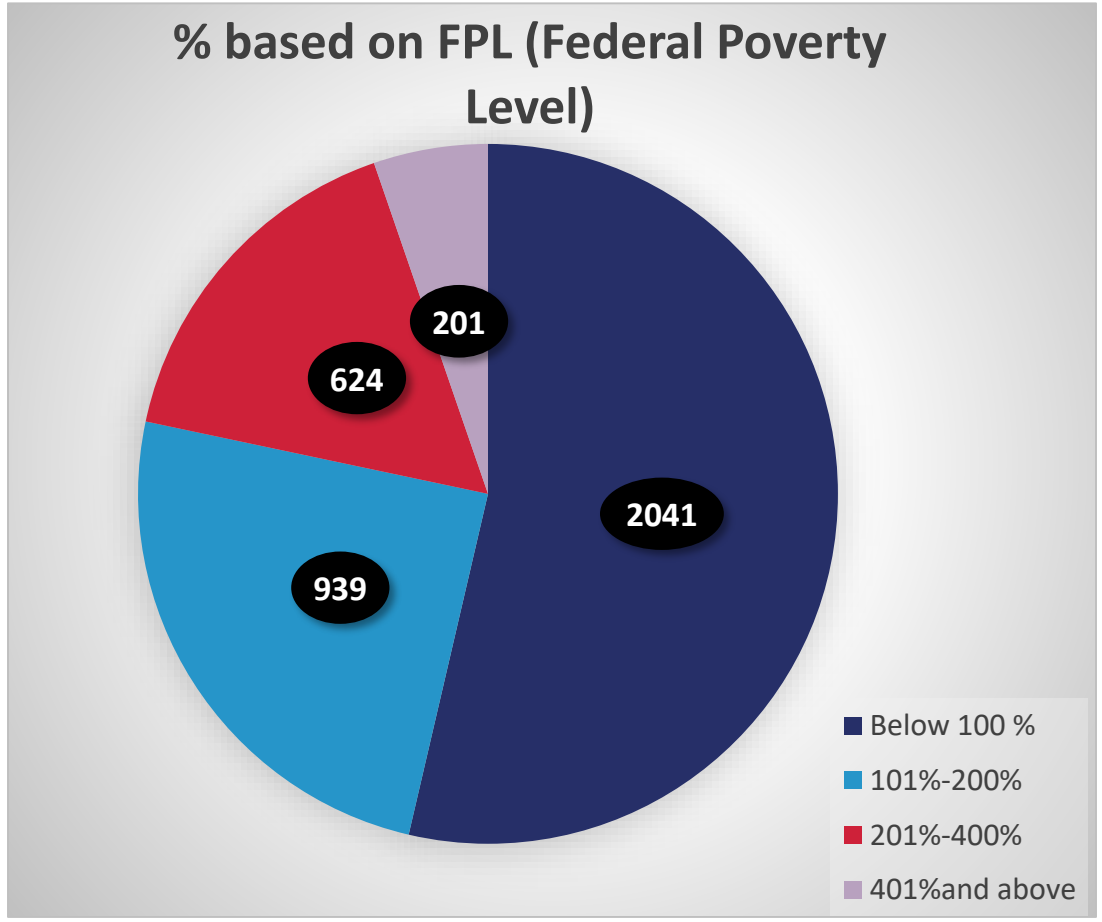
VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

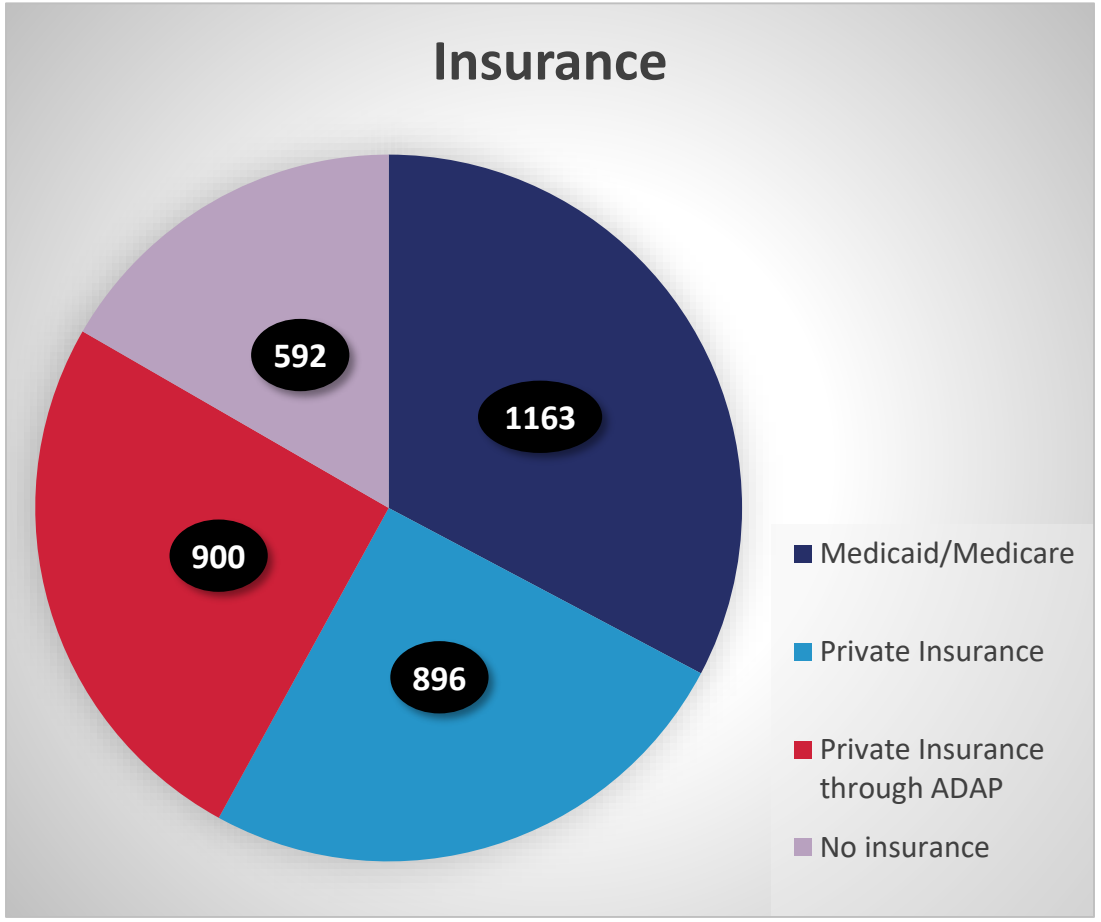
Clinic Patients = 3820





Income and Insurance





Rapid ART Initiative

- "Fast Track" (Birmingham is a fast track city committed to ending the HIV epidemic)
- Pilot started March 2018 with limited buy-in, but a small group of champions
- Focus on patients newly diagnosed in past 90 days who are treatment naïve
- Goal: Link patients to care within five days of referral with confirmatory test.

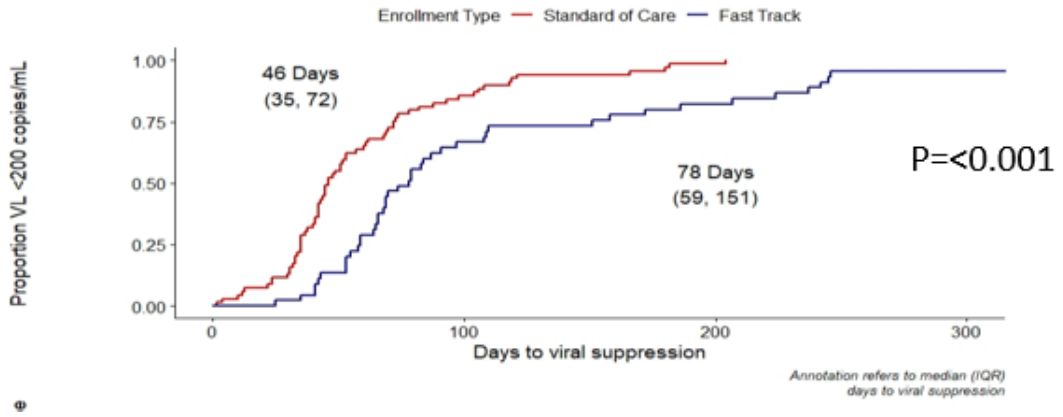
Fast Track Visit(s)

- Linkage and Retention Coordinator (LRC) serves as “buddy”
- New Patient Orientation (NPO) / Project CONNECT visit with Social Worker
- Provider Visit (most often scheduled as a Sick Call visit, most patients start ART)
- Research Options
- Lab Work
- Pharmacy – education and ART
- Check out – schedule next visit based on provider recommendation
- Additional resources:
  - Partner HIV Testing
  - Mental Health / Counseling Services
  - Peer Support

Benefits of Rapid ART

- Rapid access to comprehensive care and treatment
- Decreased time to VL suppression
- Decreased barriers to care
- In line with 90-90-90 Campaign, National HIV/AIDS Strategy, Ending the HIV Epidemic

Median Time to Viral Suppression from HIV Diagnosis Date



Treat the infection rapidly and effectively to achieve sustained viral suppression.

Lessons Learned

- Reframing a traditional model
- Forming an Interdisciplinary Planning Team within the clinic
- Partnering with community partners, in particular, our county health department
- Building relationships with new patients at initial point of entry to the clinic (Linkage & Retention Coordinators)
- Communicating between each team caring for a new patient in real time
- Ongoing evaluation and adaptation

Reframing Traditional Model

- Comprehensive evidence-informed intake model (Project CONNECT)
  - New Patient Orientation - NPO (Social Work intake visit, labs) within five days of referral
    - Assigned social worker would follow patient (continuity of care)
  - Provider Visit (first available based on clinic and patient's schedule)
    - All labs available at time of visit
    - Assigned to ongoing provider (continuity of care)
  - Time to provider visit 2-4 weeks following NPO
  - ART 2-4 weeks (or longer) following NPO
  - Methodical, patient centered, team approach

Project CONNECT

Client-
Oriented
New Patient
Navigation to
Encourage
Connection to
Treatment

Interdisciplinary Planning Team

- Team Approach
  - Providers, Nurses, Social Workers, Linkage & Retention Coordinators, Pharmacists, Researchers, Education Director
- Met monthly or bi-monthly, communicated daily
- Developed a Fast Track Working Protocol
  - Updated regularly as we learned by doing
  - Filled in the details
  - Expanded as more providers came on board

Working Protocol … details

LRC schedules Fast Track Sick Call/Provider Appointment

No more than one Fast Track Sick Call visit will be scheduled per clinic (provider must approve any exceptions)

LRC checks Provider Schedule for provider availability. (LRC should consult monthly Provider Schedule to be aware of anyone filling in for another provider.)

LRC schedules in IDX and notes Fast Track

LRC provides Fast Track RN with lab work from any non UAB clinic

LRC faxes non UAB lab work to Medical Records

Fast Track RN adds to clinic white board and notes Fast Track

Fast Track RN completes genotype form with research RN

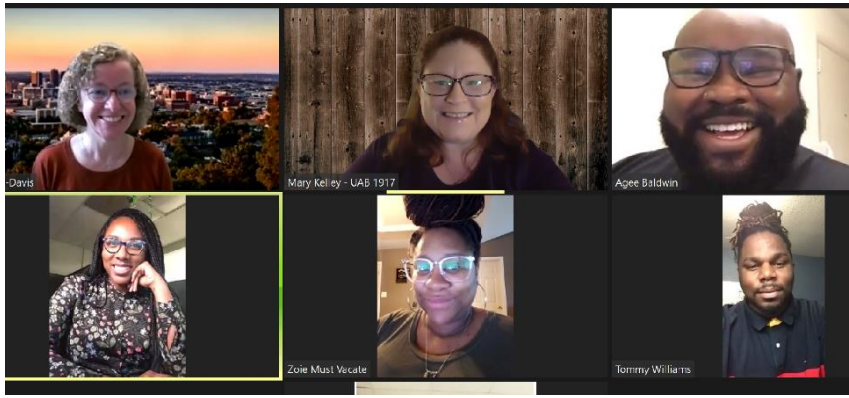
LRC sends Impact Message and email to team: Attending, ID Fellow/NP, SW, plus ***Fast Track Distribution List***

Partnership with County Health Department

- Meet routinely with Disease Intervention Staff (DIS) staff and leaders who refer newly diagnosed patients to 1917 Clinic
- Build a shared goal of serving patients rapidly and effectively
- Discover optimal communication protocols
- Streamline methods for receipt of confirmatory test with Release of Information (ROI) office

Role of Linkage & Retention Coordinators

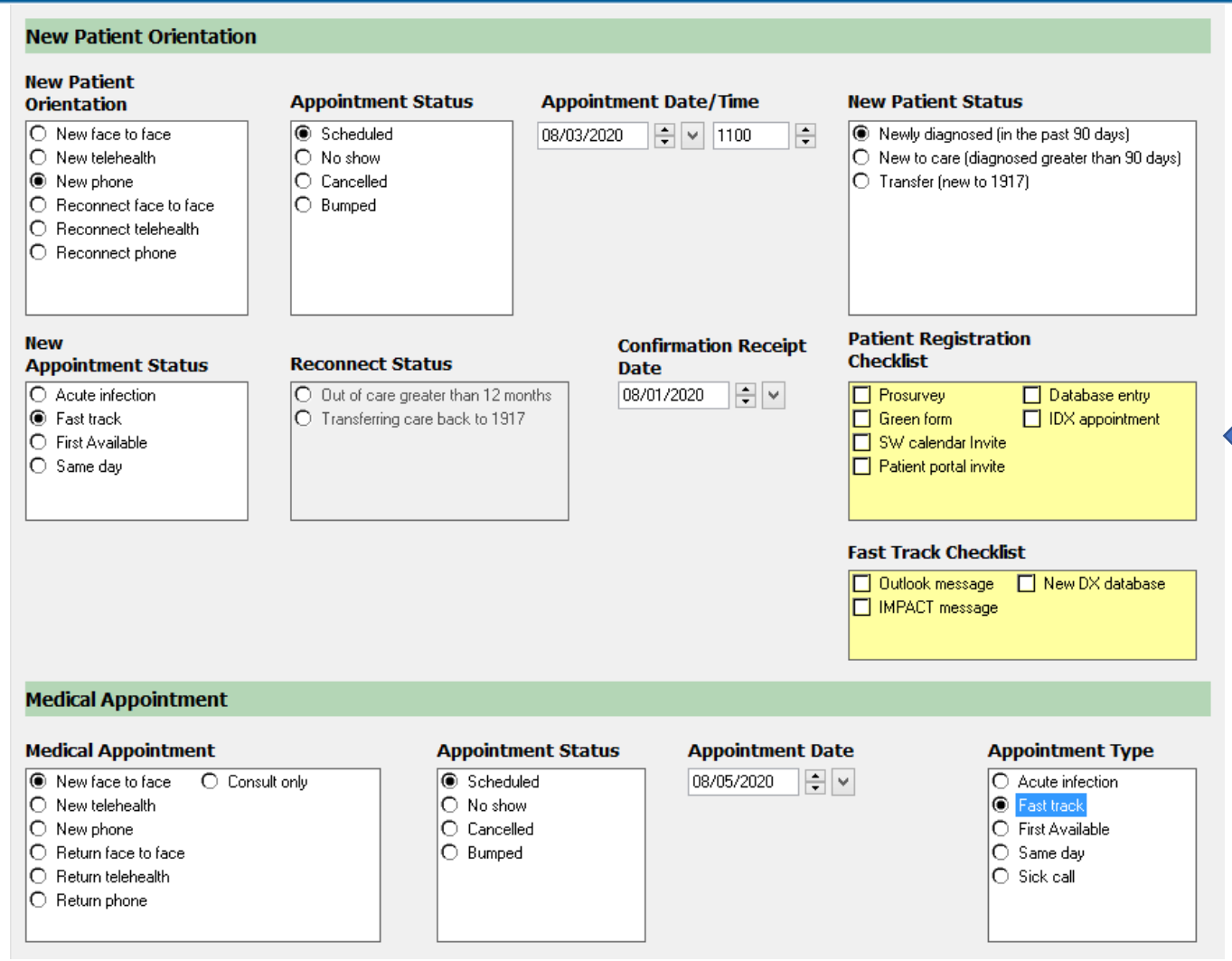
- Provide initial point of contact – direct linkage phone line
- Build initial relationship with new patients
- Outline shared goals of providing rapid access to care between patient and clinic
- Explain what to expect at initial visit and with ongoing care
- Schedule appointments
- Notify specific team involved with each Fast Track patient
- Provide Enhanced Personal Contacts with patient regarding specific concerns, appointment reminders, follow-up



Feedback & Evaluation

- Real time communication with clinic team for problem solving
- Establishing an openness to learning / hearing feedback
  - How can we move quickly and avoid errors / confusion?
  - How can we set up best systems / checklists?
- Evolving protocol with planning team
- Regular updates to clinic staff, providers, community partners
- Patient Satisfaction Survey (in progress)

1917 Engagement in Care Form within EMR



New Patient Orientation

New Patient Orientation
- ○ New face to face
- ○ New telehealth
- ◉ New phone
- ○ Reconnect face to face
- ○ Reconnect telehealth
- ○ Reconnect phone

Appointment Status
- ◉ Scheduled
- ○ No show
- ○ Cancelled
- ○ Bumped

Appointment Date/Time
08/03/2020 1100

New Patient Status
- ◉ Newly diagnosed (in the past 90 days)
- ○ New to care (diagnosed greater than 90 days)
- ○ Transfer (new to 1917)

New Appointment Status
- ○ Acute infection
- ◉ Fast track
- ○ First Available
- ○ Same day

Reconnect Status
- ○ Out of care greater than 12 months
- ○ Transferring care back to 1917

Confirmation Receipt Date
08/01/2020

Patient Registration Checklist
- ☐ Prosurvey
- ☐ Green form
- ☐ SW calendar Invite
- ☐ Patient portal invite
- ☐ Database entry
- ☐ IDX appointment

Fast Track Checklist
- ☐ Outlook message
- ☐ IMPACT message
- ☐ New DX database

Medical Appointment

Medical Appointment
- ◉ New face to face
- ○ Consult only
- ○ New telehealth
- ○ New phone
- ○ Return face to face
- ○ Return telehealth
- ○ Return phone

Appointment Status
- ◉ Scheduled
- ○ No show
- ○ Cancelled
- ○ Bumped

Appointment Date
08/05/2020

Appointment Type
- ○ Acute infection
- ◉ Fast track
- ○ First Available
- ○ Same day
- ○ Sick call

Checklist helps to ensure accuracy and proper documentation

Access to Rapid ART to promote Health Equity

- Provide rapid and compassionate services at point of entry to clinic in partnership with each patient
- Respond to individuals eager to start ART
- Help reduce barriers to care for all
  - Individual (address concerns with cultural humility, access to additional resources – counseling, food, housing)
  - Clinic (optimize team approach, open some sick call appointments for fast track patients)
  - Insurance (patients with and without insurance can start ART at first provider appointment)

Rapid ART during COVID-19

- University Limited Business Model – March 2020
  - More clinic staff working remotely
  - Relatively quick ability to gain secure remote access to scheduling / medical record systems
  - Stopped in clinic HIV testing, but restarted early May
- Initial decrease in community HIV testing / diagnosing, but has since increased
- Continue with goal to link within five days
- Most New Patient Orientations completed via phone (exceptions made as needed)
- Face to Face Provider Visit
- Pharmacy has remained opened (ART education & receipt)
- Fast Track process taught us how to adapt as our model evolved

Thank you!

- Testing Team
- Linkage & Retention Coordinators
- Social Workers
- Fast Track Nurses
- Fast Track Providers
- Fast Track Champions, Drs. Sonya Heath and Aadia Rana
- Research & Informatics Team, Former LRC – Harriette Reed-Pickens
- Dr. James Raper, Clinic Director
- Engagement in Care Planning Team
- Community Partners – Jefferson County Department of Health
- Rapid Start Consortium

Questions & Contact Information

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UAB MEDICINE

The University of Alabama at Birmingham