Implementing Rapid Antiretroviral Therapy Initiation in a Federally Qualified Health Center Setting

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Disclosures

- Presenter
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    - Non-financial – no non-financial disclosures to report
- Contributors
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Overview

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- Goals
- Results
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- Lessons Learned
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Definitions

What is Rapid Initiation?

- Starting HIV treatment **as soon as possible** after the diagnosis of HIV infection, preferably on the first clinic visit
- Also known as: rapid start, rapid ART, same-day ART, or test-and-treat
- This generally involves starting ARV treatment before genotype/resistance test results are available

Operational Definitions

- **Rapid Initiation**: beginning antiretroviral therapy within 7 days of HIV diagnosis
- **Rapid Re-Entry**: (re-)starting antiretroviral therapy within 7 days of returning to HIV care
- **Treatment-naive**: someone who has never taken any antiretroviral therapy for HIV treatment purposes

Goals

1. Decrease in time between date of diagnosis and date of entry into care

2. Decrease in time between date of diagnosis and date of viral load suppression

3. Increase in rate of patients retained in care

Results

CSMD Rapid Initiation Linkage to Care
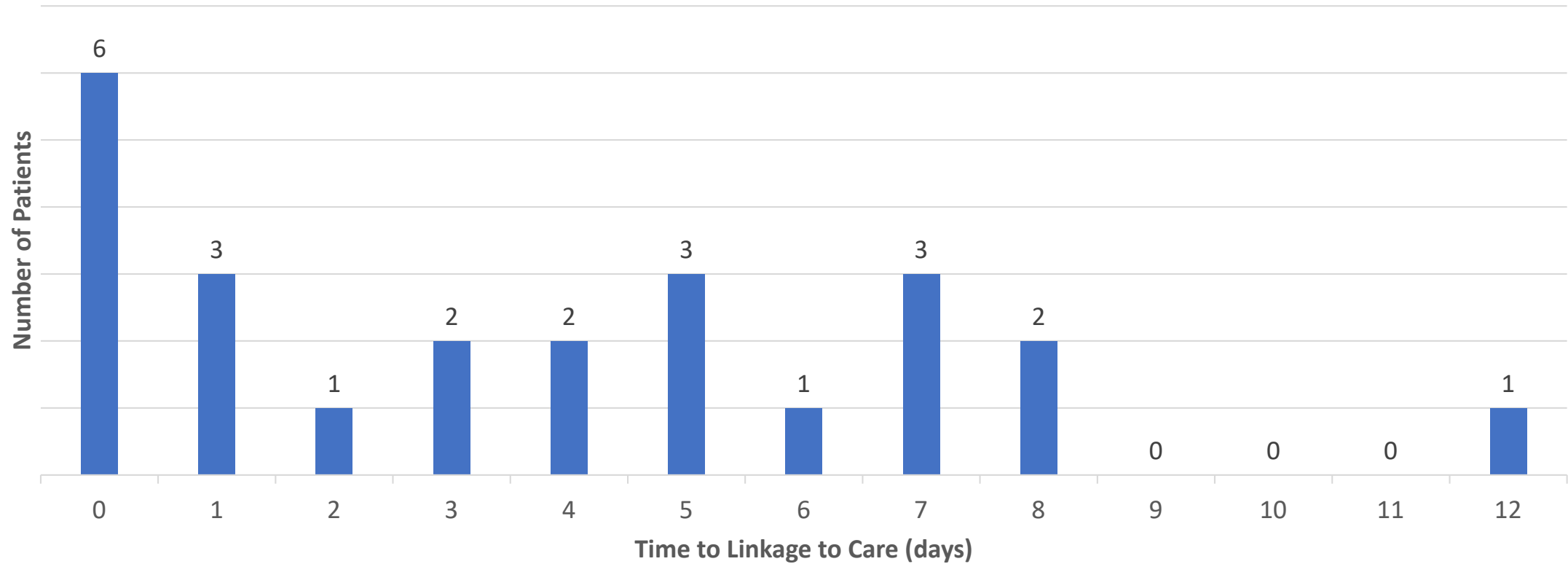
Results (cont.)

Linkage to Care

Average Time to Linkage to Care (days)

- CSMD Rapid Initiation: 4
- Baton Rouge TGA: 19.5
- Louisiana: 20.9
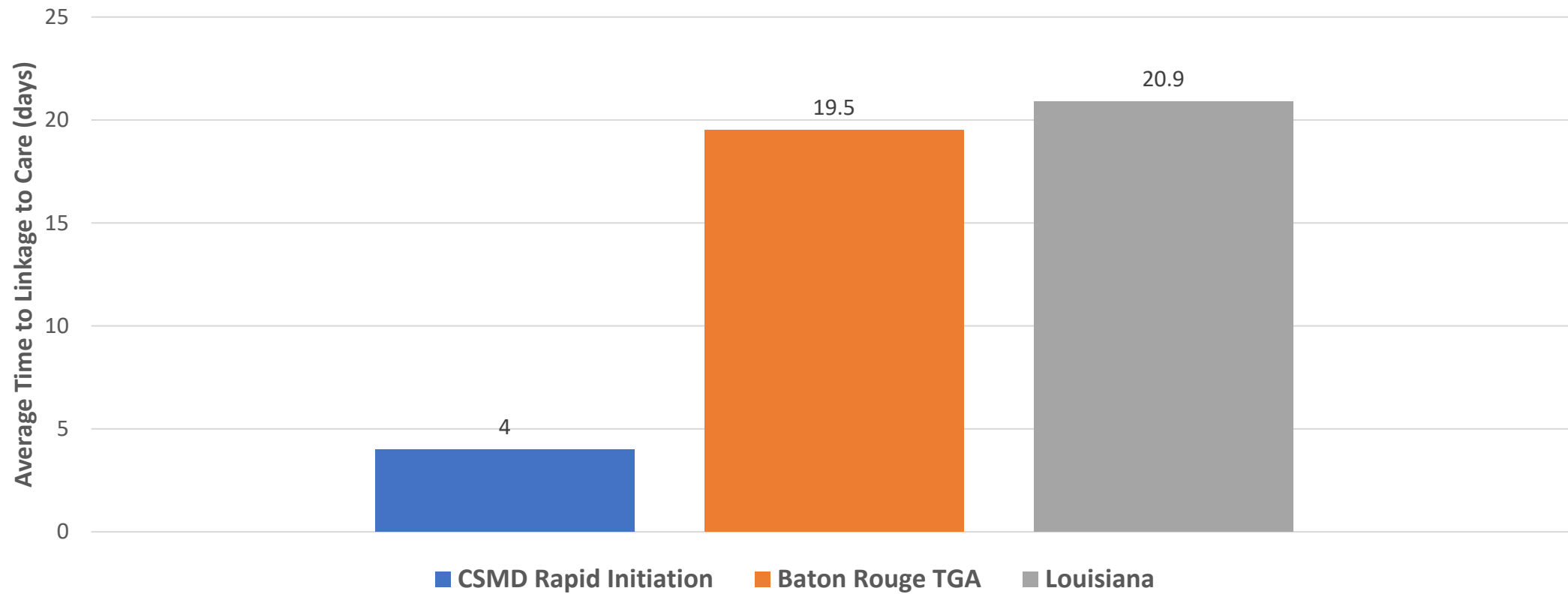
Results (cont.)

Viral Load Suppression

Bar chart showing Average Time to Viral Load Suppression (days):
- CSMD Rapid Initiation: 46
- Baton Rouge TGA: 125.4
- Louisiana: 131.4
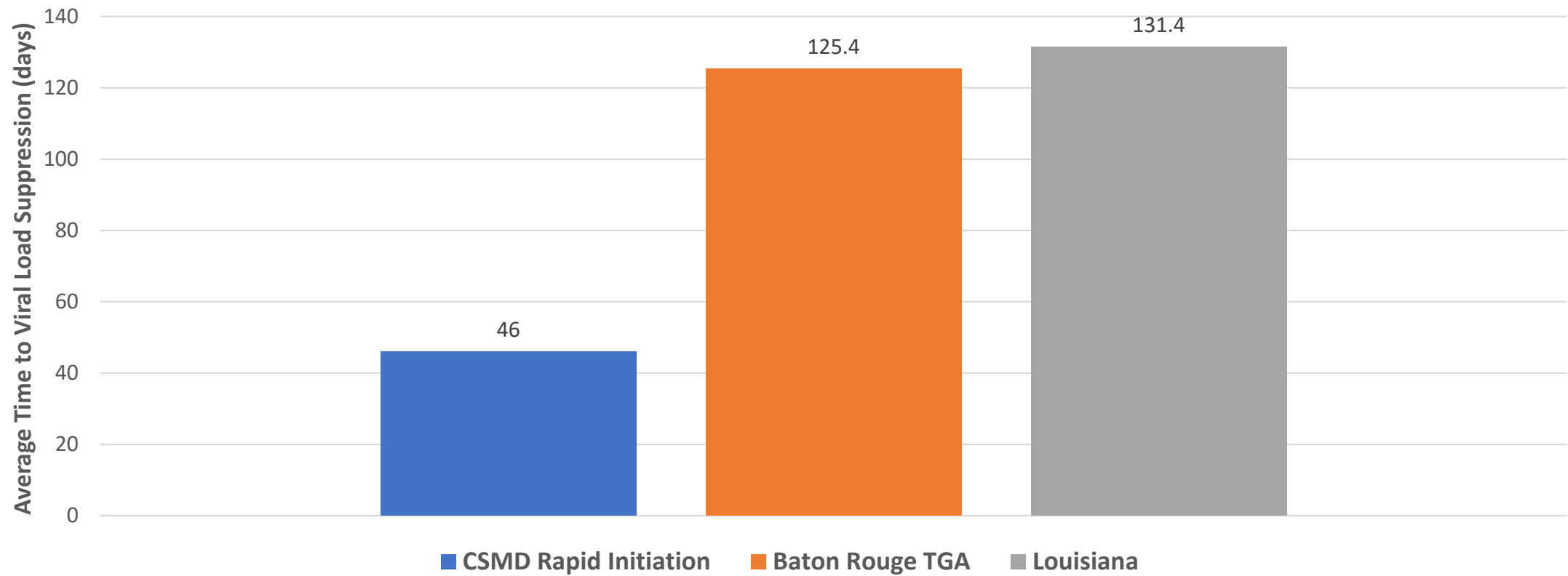
Results (cont.)

Retention in Care

Bar chart showing "Patients Retained in Care (percent)" on the y-axis (0% to 100%):
- CSMD Rapid Initiation: 95%
- Baton Rouge TGA: 83%
- Louisiana: 73%

The Model

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┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐      ┌─────────────────────┐
│ Referral received    │      │ Provider notified of │      │ Patient arrives for  │      │ Enrollment Specialist│
│ for patient          │ ───► │ incoming referral    │ ───► │ appointment and      │ ───► │ conducts intake,     │
│ newly diagnosed      │      │ and patient scheduled│      │ completes new patient│      │ brief benefits       │
│ HIV +                │      │ for back-to-back     │      │ registration         │      │ assessment, and      │
│                      │      │ intake and provider  │      │                      │      │ provides HIV         │
│                      │      │ appointments within 7│      │                      │      │ education and post-  │
│                      │      │ days of diagnosis    │      │                      │      │ diagnosis counseling │
└─────────────────────┘      └─────────────────────┘      └─────────────────────┘      └─────────────────────┘
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- Referral received for patient newly diagnosed HIV +
- Provider notified of incoming referral and patient scheduled for back-to-back intake and provider appointments within 7 days of diagnosis
- Patient arrives for appointment and completes new patient registration
- Enrollment Specialist conducts intake, brief benefits assessment, and provides HIV education and post-diagnosis counseling
- Provider appointment to assess for contraindications to and readiness for immediate ART
- If appropriate for immediate ART, provider prescribes 30-day supply and gives starter pack (if needed); follow-up within 3 weeks
- Lab visit to complete baseline labs (e.g. HIV viral load, CD4, HIV genotype, CBC, CMP, etc.)
- Patient scheduled for follow-up medical appointment per provider instructions and behavioral health follow-up if indicated

Intake Assessment

Mental Health Assessment
- Brief mental health status check
- Post-diagnosis counseling
- Depression, anxiety, and substance abuse screenings

HIV Education
- What is HIV?
- Methods of transmission
- DIS/Partner Services

Benefits Navigation
- Current insurance status
- Income-based eligibility screening
- Medicaid/ADAP applications as needed

Referrals
- Ryan White medical case management (unless declined)
- Behavioral health (if indicated)
- Harm-reduction services (if indicated)

Provider Visit

Medical History
- Rule out possible contraindicated OI (e.g. cryptococcal meningitis and CNS tuberculosis)
- Attempt to determine likely infection timeframe (e.g. last negative test, recent flu-like symptoms)
- History of ARV use (e.g. PEP, PrEP, previous treatment)
- Discuss possibility of pregnancy (when applicable) When was last menstrual period?
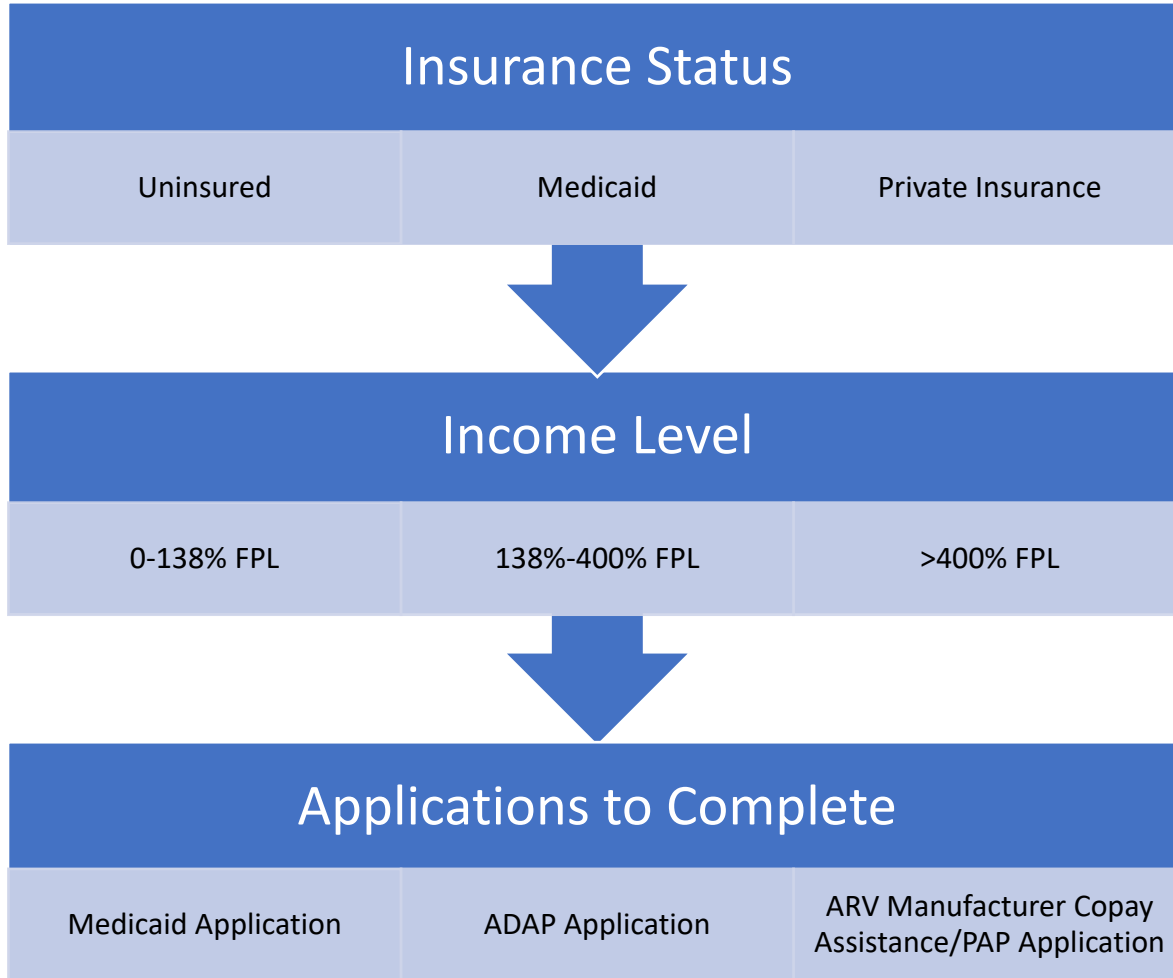
HIV Education
- What is HIV? How does it affect the body?
- How is HIV transmitted? How is it not transmitted?
- How is HIV treated? How do medications work?
- Identify partners who may need to be tested/notified

Adherence Discussion
- Discuss medication adherence, possible side effects, and antiretroviral resistance
- Decision of which antiretroviral to prescribe based upon patient's situation (e.g. risk of non-adherence, risk of medication interactions, etc.)
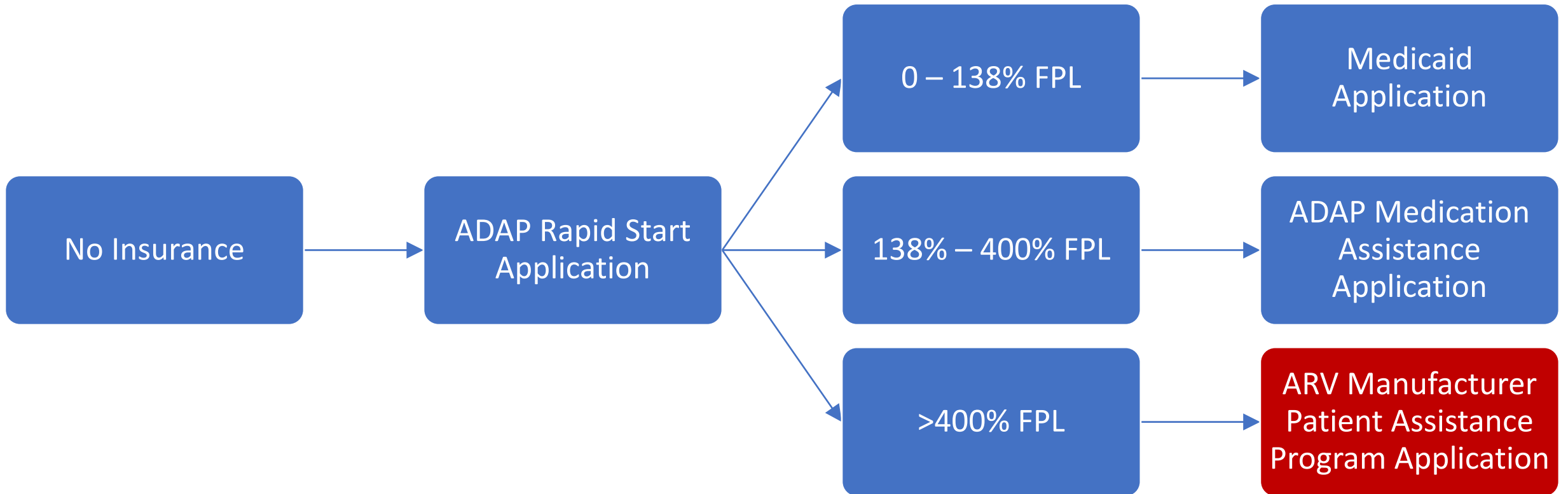
Benefits Navigation

Insurance Status

Uninsured	Medicaid	Private Insurance

Income Level

0-138% FPL	138%-400% FPL	>400% FPL

Applications to Complete

Medicaid Application	ADAP Application	ARV Manufacturer Copay Assistance/PAP Application

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For LA HAP Staff Use Only

Reviewer's Initials _____
Date Complete Application Received: _____
Application Type: New Enrollment / Recertification / Returning

Data Entry's Initials _____
Date of Application Determination: _____
Application Determination: Approved / Denied

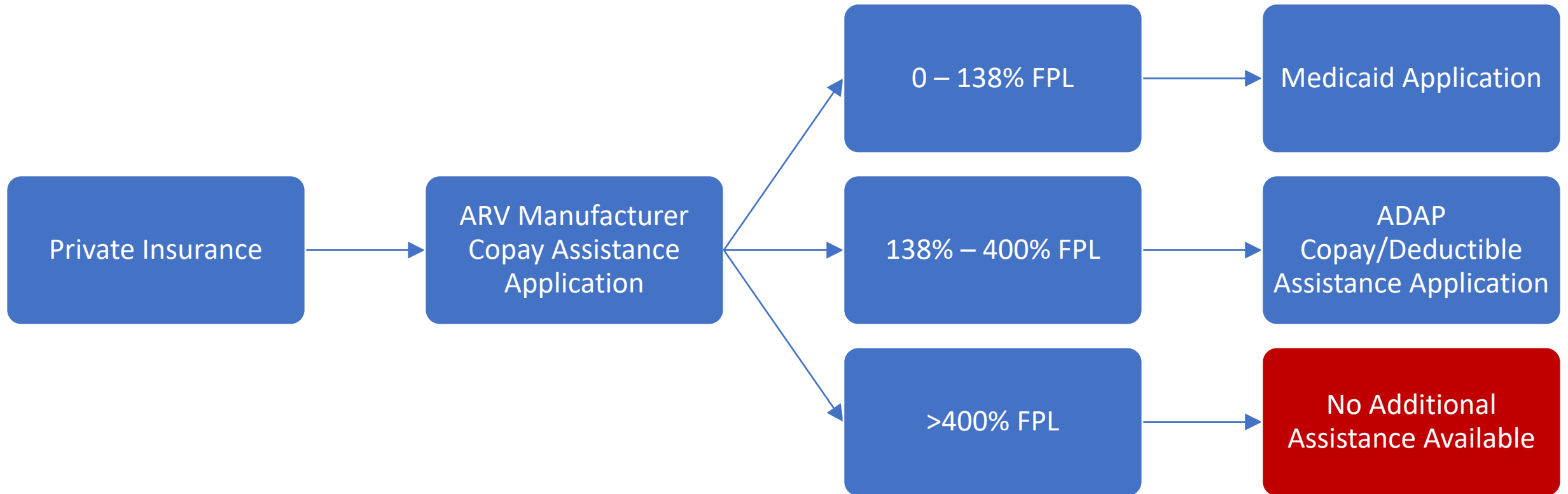## LOUISIANA HEALTH ACCESS PROGRAM (LA HAP) APPLICATION: RAPID START

Please print clearly. If you need assistance completing this application, please contact LA HAP at 504-568-7474. The application may be mailed to 1450 Poydras St, Suite 2136, New Orleans, LA 70112 or faxed to 504-568-3157. Income documentation is NOT required.

SECTION 1: GENERAL ELIGIBILITY INFORMATION

1. Please check to indicate that the following are true. **ALL** must be true in order to be approved for expedited medication services.

☐ I have been diagnosed with HIV in the last 30 days.
☐ I understand that with this application, I am applying for LA HAP assistance with a 30 day supply of HIV medications ONLY.
☐ If my household income is between 0-138% of the FPIG and I am not Medicare eligible, I will apply for Medicaid.
☐ I understand that this there will be no extensions of my 30-day eligibility and I must complete the full LA HAP application if I wish to continue services after these 30 days.

SECTION 2: CONTACT INFORMATION

1. First Name	2. Middle Initial	3. Last Name and Suffix	4. Maiden Name (if applicable)
5. Have you had a name change within the last 12 months? ☐ Yes ☐ No. **Skip** to question 7.		6. What was your former or old name? (first and last name)	
7. Date of Birth (MM/DD/YYYY)	8. Social Security Number (SSN) ☐ I do not have a SSN		
9. Language Preference (if not English)	10. Are you currently homeless? (residential address and mailing address still required) ☐ Yes ☐ No		
11. Residential Address (where you sleep; no PO Boxes) REQUIRED			12. Apartment/Unit #
13. City		14. State	15. ZIP Code

Benefits Navigation (cont.)

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No Insurance  →  ADAP Rapid Start Application
                         ├──→  0 – 138% FPL        →  Medicaid Application
                         ├──→  138% – 400% FPL     →  ADAP Medication Assistance Application
                         └──→  >400% FPL           →  ARV Manufacturer Patient Assistance Program Application
```

Benefits Navigation (cont.)

```
Private Insurance  →  ARV Manufacturer        ┌→  0 – 138% FPL        →  Medicaid Application
                       Copay Assistance        │
                       Application             ├→  138% – 400% FPL     →  ADAP
                                               │                          Copay/Deductible
                                               │                          Assistance Application
                                               └→  >400% FPL           →  No Additional
                                                                          Assistance Available
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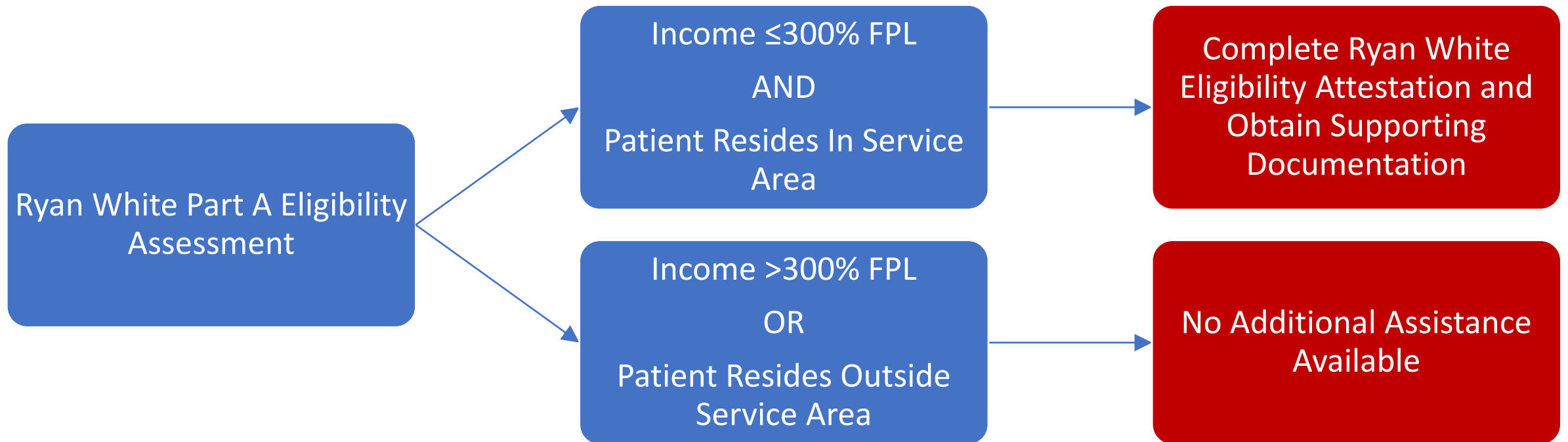# Benefits Navigation (cont.)

Medicaid → Proceed Directly to Ryan White Part A Eligibility Assessment

Benefits Navigation (cont.)

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┌─────────────────────────┐        ┌─────────────────────────┐        ┌─────────────────────────┐
│                         │   ──▶  │   Income ≤300% FPL      │   ──▶  │  Complete Ryan White    │
│                         │        │                         │        │  Eligibility Attestation│
│ Ryan White Part A       │        │   AND                   │        │  and Obtain Supporting  │
│ Eligibility Assessment  │        │   Patient Resides In    │        │  Documentation          │
│                         │        │   Service Area          │        │                         │
│                         │        └─────────────────────────┘        └─────────────────────────┘
│                         │
│                         │   ──▶  ┌─────────────────────────┐   ──▶  ┌─────────────────────────┐
│                         │        │   Income >300% FPL      │        │  No Additional          │
└─────────────────────────┘        │                         │        │  Assistance Available   │
                                    │   OR                    │        │                         │
                                    │   Patient Resides       │        └─────────────────────────┘
                                    │   Outside Service Area  │
                                    └─────────────────────────┘
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Lessons Learned

1. The greatest challenge is **time**.
   - Maximize effectiveness of time spent with the patient.
   - Anything that can be done before or after the patient's appointment should be.
   - Build time for emergent appointments into provider schedules.

2. Communication is essential.
   - Maintain open lines of communication between referral sources, provider, clinic support staff, and supportive services.

Q & A

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