Ending the HIV Epidemic through Rapid stART Community-Wide Implementation and Beyond

Presented By: Vanessa Cruz | Ricardo Fernandez | Julie Young

20

22

RYANWHITE CONFERENCE ON HIV CARE & TREATMENT

Disclosure – Clark County Social Service, Office of HIV



This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,577,515.00 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit <u>HRSA.gov</u>.

Disclosure – Arizona Department of Health Services



This presentation is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$16,683,256.00 with zero percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit <u>HRSA.gov</u>.





Clark County Social Service, Office of HIV

Vanessa Cruz Management Analyst II/Ending the HIV Epidemic Coordinator

Arizona Department of Health Services





Ricardo Fernandez, MPA HIV Care & Viral Hepatitis Program Director



Julie Young President/Network and Database Consultant

Learning Objectives



- Engage all HIV service providers in implementing a community wide Rapid stART protocol.
- Extend CAREWare data beyond Ryan White providers.
- Address the Ending the HIV Epidemic initiative by implementing a Rapid stART community wide protocol.
- Facilitate Rapid stART standard data reporting for both RW and non-RW providers.
- Implement standard Rapid stART monthly reporting for Clinical Quality Management.





- Las Vegas Background & Priority Areas
- Southern Nevada Rapid stART Learning Collaborative Overview
- Rapid stART Module Development Process
- TriYoung Overview
- Rapid Start Fundamentals and Interface
- Clark County Standard Data Reporting
- Arizona Department of Health Services Background & Priority Areas
- AZDHS Rapid Start
- AZDHS Results
- Lessons Learned
- Q & A

Las Vegas Background & Priority Areas



Background:

- Las Vegas had three rapid linkage and ART programs offered to persons newly diagnosed with (HIV Rapid stART) when the Southern Nevada Rapid stART Learning Collaborative was formed.
 - O University Medical Center initiated in 2018
 - Southern Nevada Community Health Clinic initiated in 2019
 - Huntridge Family Clinic initiated in 2018

Goal:

 Increase and improve access to Rapid stART initiation for persons newly diagnosed with HIV in Southern Nevada.

Southern Nevada Rapid stART Learning Collaborative

RYANWHITE CONFERENCE ON HIV CARE & TREATMENT

Leadership

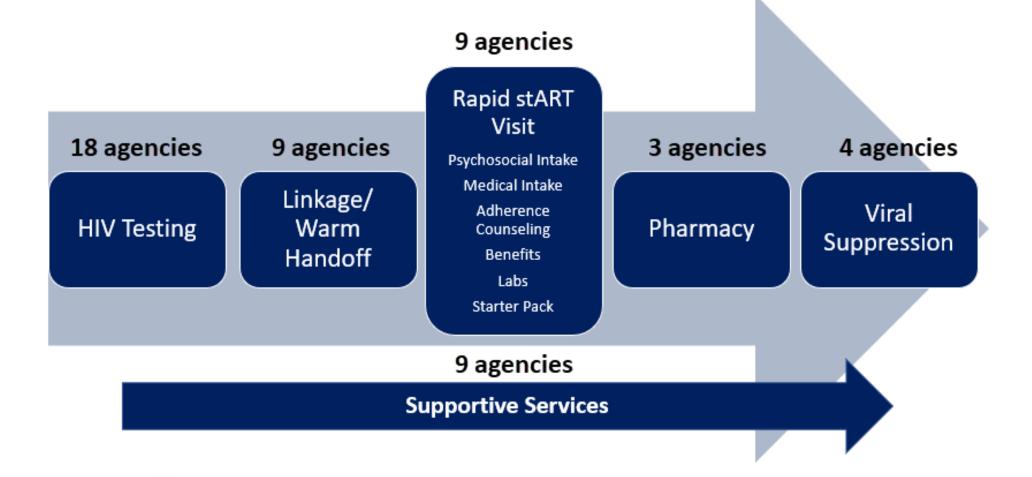
- Clark County Social Service, Office of HIV, Ryan White Part A Recipient
- Pacific AETC-NV
- University of California San Francisco (UCSF)

Community/Service Based Organizations

- Access to Healthcare Network
- Carson City Health & Human Services
- Dignity Health
- First Med Health & Wellness Center
- Huntridge Family Clinic
- Southern Nevada Health District (SNHD) Annex A/Sexual Health Clinic
- Southern Nevada Health District (SNHD) Community Health Center
- Trac-B/NARES
- University Medical Center (UMC) Wellness Center

Southern Nevada Rapid stART Service Continuum





Data Development Process



• UCSF

- Funding source
- Rapid stART Performance Measures Guidelines
- Coaching and support for Rapid stART intervention

• TriYoung Inc.

- Program development
- o Data migration
- Technical support
- Clark County Social Service, Office of HIV
 - Lead agency for the Learning Collaborative
 - Coordination of agency technical assistance
 - Project management and implementation

Rapid stART Module



- Connected directly and posts within CAREWare
- Uses the data that is required for RSR reporting
- Looking at clinical services and data
- Data Required Demographics **OHIV** Date • Referral Date – To indicate when the clinic became aware of client OMedical Visits **OViral Load Lab Results Data OART** Medication – Starter **Packs and Prescriptions**

What are the desired outcomes?

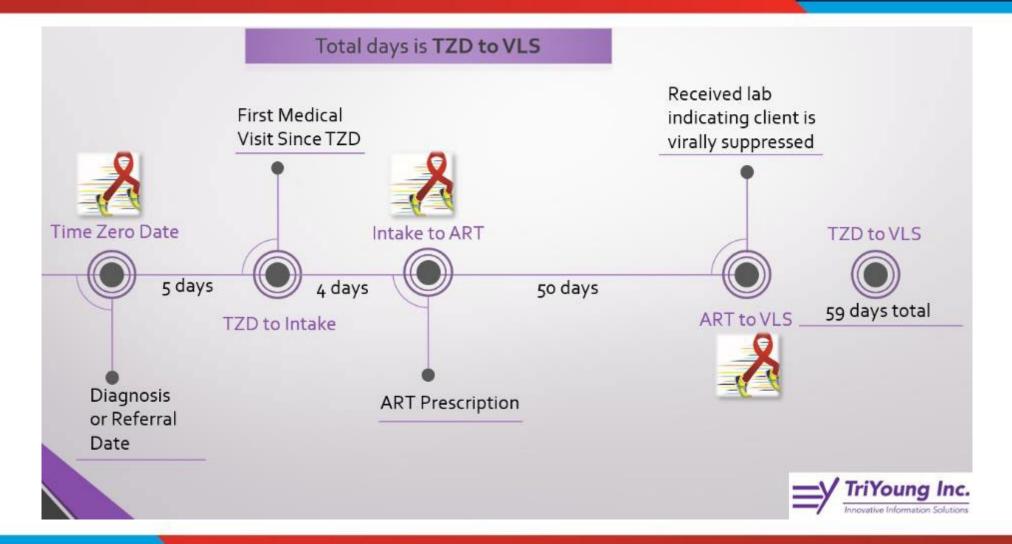


- **PM1**: Linkage to HIV medical care within 7 days of TZD
- PM2: Initiation of ART within 7 days
- PM3: Median days to Initiation of ART
- PM4: Viral load suppression within 60 days of ART
- **PM5**: Retention in care (two medical visits within the reporting period 90 days apart)

Note: Time Zero Date (TZD): Diagnosis date or referral source date. First date provider is aware of client.

Client Journey





2022 National Ryan White Conference on HIV Care & Treatment

Training Needs



- Program overview and data entry training conducted 30 days prior to launch
- User guides were distributed to agencies and users
- Instructional videos were implemented
- Continued one-on-one technical assistance to each agency
- On-going data team meetings are conducted monthly for troubleshooting and planning to onboard new agencies
- Dedicated ticket submission system for agency inquiries and/or troubleshooting needs

TriYoung



Background

- Founded in 1999 Phoenix, Arizona
- Information Technology Consultant
- Support of the Ryan White Program since 2000
 - Workflow Processes
 - CAREWare
 - Implementations
 - Integrations
 - Reporting
 - Web Application Extensions



TriYoung



Rapid Start Fundamentals

- **One Database**
- **o Secure client PII and PHI data**
- **O** Reduce training time
- o Increase accuracy and Data Completeness
- **o Minimize New Data Entry Requirements**

Solution

• Utilize CAREWare with a Rapid Start Web Application



https://simplebooklet.com/triyoungrapidstartbrochure

Rapid Start Interface



CAREWare Obscure PII Fields - Privacy

Find Client > Search Result	5	
View Details Custom Form	ns Back Print or Export	
Search Result	5	
Search:		
Last Name	First Name	DOB
XXQZSPWOVHZUEG	XXQZSP	1/1/2000
XXPFL	XXPFLGY	1/1/1990
XUVGPFCJ	XUVGPFCJHCFDJWKEQ	10/1/1980

Clinic Level Interface

- Aggregate Summary
- Simple to Review / Update Details

	Me	<u>asure</u>	In Numerator	Not	In Numerator	Perce	<u>nt In Nun</u>	<u>nerator</u>							
<u>Select</u>	VIEW ALL		25	N/A		N/A		<u>Olassa</u>							
<u>Select</u>	Linkage to HI	V Medical Care	9	16		36%		Close	Decel	Ethnicity	Diserseis	Laba	Comisso	Medications	
<u>Select</u>	Initiation of A	RT	9	16		36%		Demographics	Race/E	thnicity	Diagnosis	Labs	Services	Medications	
<u>Select</u>	Retention In	Care	7	18		28%		URN		0110					
<u>Select</u>	Viral Load Su	pression	2	23		8%		Client First Name		0110	Middle	e Name			٦La
<u>Select</u>	Exclusions		5	N/A		N/A		Gender	Male	~	Vital S		Alive	~	
								Language	English				~		
	Last Name	First Name	URN		Patient Cate	<u>gory</u>	TZD								
Select				110	ewly Diagnos	ed	10/22/20	Residence City		State		Zip 54401		_	
Select				20	ewly Diagnos	ed	02/11/20			Kentucky	× ×	54401			
Select				4U	ewly Diagnos	ed	03/01/20	· · · · · · · · · · · · · · · · · · ·							
Select				-2U	ewly Diagnos	ed	11/15/20	Rapid Start Refer	rral Sour	се		Referra	I Source Da	ate 🔤 🗍	
Select				10	ewly Diagnos	ed	09/30/20								
Select				12U	ew to Care		05/24/20					22/2020			
Select				1U	ewly Diagnos	ed	03/17/20	Intake Date ART Start Date				22/2020			
Select				10	ewly Diagnos	ed	10/26/20					15/2020			
								Number of days f			0				

Rapid Start Jurisdictional Reporting



Real-Time Aggregate Reporting By Provider or County

	Denominator	TZD to Intake Numerator	TZD to Intake Percent	Intake to ART Numerator	Intake to ART Percent	Retention In Care Numerator	Retention In Care Percent	ART to VLS Numerator	ART to VLS Percent
Summary	22	8	36.36%	7	31.82%	7	31.82%	6	27.27%
County	Denominator	TZD to Intake Numerator	TZD to Intake Percent	Intake to ART Numerator	Intake to ART Percent	Retention In Care Numerator	Retention In Care Percent	ART to VLS Numerator	ART to VLS Percent
Unavailab	le 5	3	60%	3	60%	2	40%	3	60%
Boone	12	2	16.67%	2	16.67%	3	25%	1	8.33%
Brown	1	0	0%	0	0%	0	0%	0	0%
Marion	2	1	50%	1	50%	0	0%	1	50%
Putnam	1	1	100%	0	0%	1	100%	0	0%
St Joseph	1	1	100%	1	100%	1	100%	1	100%
Union	0	0	0%	0	0%	0	0%	0	0%

FAQs And Tips (TECH)



Benefits of using the same Performance Measures throughout the jurisdiction.

- Accuracy and Standardization
- System Calculated Measures
- Integrated with CAREWare
- Ease of Use for all clinics

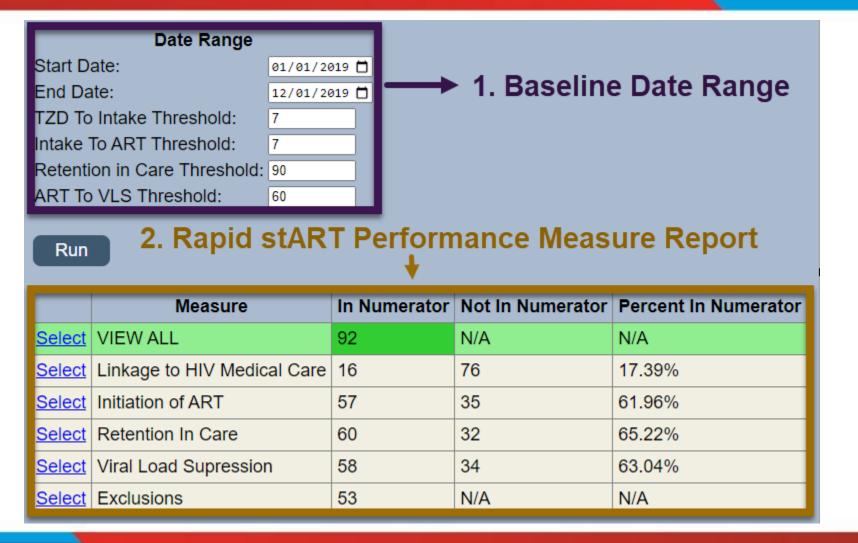
 Funded with Ryan White
 Private Clinics without Ryan White Funding

How do you use this data to advance your programs and Ending the HIV Epidemic goals?

- Codified reporting for all clinics
- Reporting detail and aggregate
- Real Time Analysis "Getting to Zero"
- Standard and focused CQM PDSA cycles

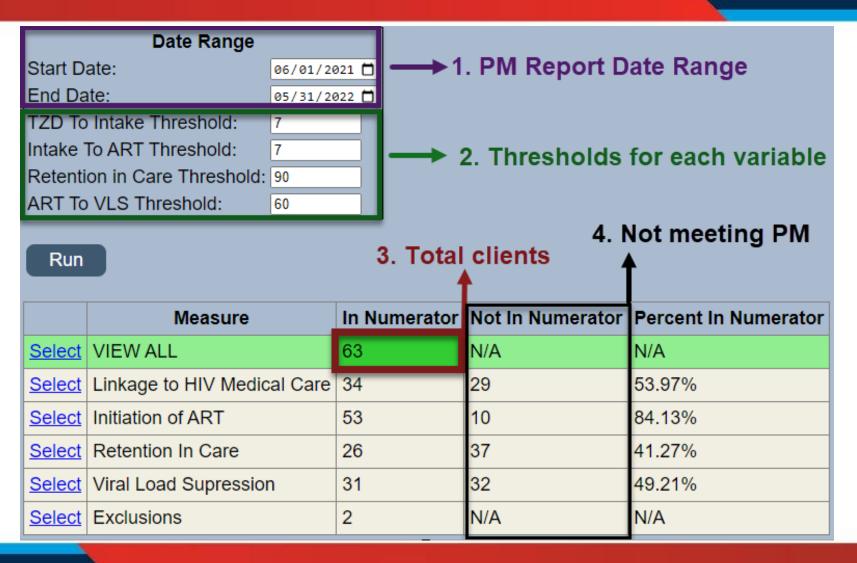
Clark County Standard Data Reporting – Baseline Data





Clark County Rapid stART Clinical Quality Measurement





Performance Measures Reporting Timeline



Timeline for Rapid stART Reporting



Reporting Period	Data Entry/Import	Data Review	Data Reporting
December (1/1/2021-12/31/2021)	January 10 th	Jan 15 - Jan 31 st	February 10 th
January (2/1/2021-1/31/2022)	February 10 th	Feb 15 – Feb 28 th	March 10 th
February (3/1/2021-2/28/2022)	March 10 th	March 15 -March 31 st	April 10 th
March (4/1/2021-3/31/2022)	April 10 th	April 15 – April 30 th	May 10 th
April (5/1/2021- 4/30/2022)	May 10 th	May 15 – May 31 st	June 10 th
May (6/1/2021-5/31/2022)	June 10 th	June 15 – June 30 th	July 10 th
June (7/1/2021-6/30/2022)	July 10 th	July 15 – July 31 st	August 10 th
July (8/1/2021- 7/31/2022)	August 10 th	Aug 15 – Aug 31 st	September 10 th
August (9/1/2021-8/31/2022)	September 10 th	Sept 15 – Sept 30 th	October 10 th
September (10/1/2021-9/30/2022)	October 10 th	Oct 15 – Oct 31 st	November 10 th
October (11/1/2021-10/31/2022)	November 10 th	Nov 15 – Nov 30 th	December 10 th
November (12/1/2021-11/30/2022)	December 10 th	Dec 15 – Dec 31st	January 10 th
December (01/01/2022-12/31/2022)	January 10th	Jan 15 – Jan 31 st	February 10 th

Clark County Rapid stART Clinical Quality Management Tool



Data Entry/Import by Date: June 10th								
Data Review: June 15 to June 30								
Data Reporting Date: July 10th								
Report Date:								
Report Done By:								
Reporting Period: 6/1/2021 to 5/	31/2022			EHE Goal:	EHE Goal: 90%			
Measure	In Numerator	Not In Numerator	% In Numerator	% Difference vs. Baseline	% Difference vs. EHE Goal	Baseline		
View All	63	N/A	N/A	N/A	N/A	N/A		
Performance Measure 1 (PM1): Linkage to Medical Care	34	29	53.97%	187.84%	36.03%	18.75%		
Performance Measure 2 (PM2): Initiation of ART	53	10	84.13%	36.89%	5.87%	61.46%		
Performance Measure 5 (PM5): Retention In Care	26	37	41.27%	-39.97%	48.73%	68.75%		
Performance Measure 4 (PM4): Viral Load Suppression	31	32	49.21%	-23.80%	40.79%	64.58%		
Exclusions	2	N/A	N/A	N/A	N/A	N/A		
Performance Measure 3 (PM3): Median Intake to ART*	0	N/A	N/A	N/A	N/A	N/A		

AZDHS – Rapid Start



• Overview of Rapid Start in Maricopa County, AZ

- Goal is to link newly diagnosed persons with HIV to HIV treatment within five calendar days of their HIV diagnosis.
- Network of medical clinics, HIV service providers, and Maricopa Department of Public Health support the project.

AZDHS Results (1 of 3)



Rapid Start 2019

Performance Measures	Results
Total Clients Served	319
Average Diagnosis to Intake (In Days)	7.5 days
Average Intake To ART (In Days)	3.5 days
Average ART to Viral Suppression (In Days)	36 days
Average Diagnosis to Viral Suppression (In Days)	69 days

AZDHS Results (2 of 3)



Rapid Start 2020

Performance Measures	Results
Total Clients Served	262
Average Diagnosis to Intake (In Days)	7 days
Average Intake To ART (In Days)	1.4 days
Average ART to Viral Suppression (In Days)	51 days
Average Diagnosis to Viral Suppression (In Days)	77 days

AZDHS Results (3 of 3)

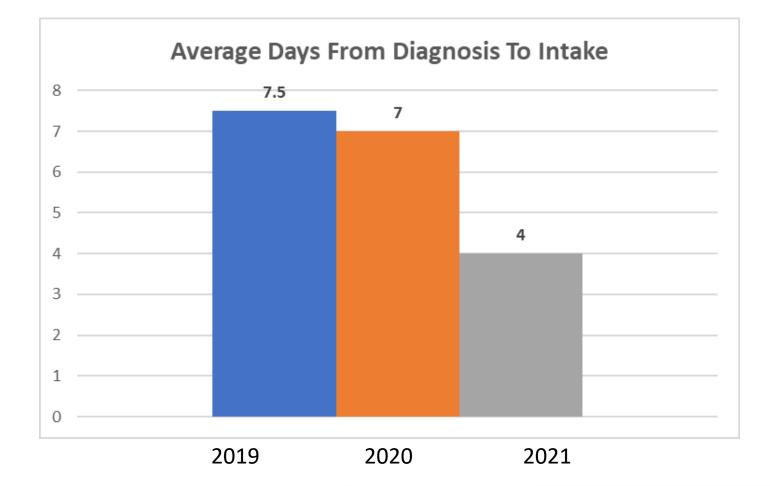


Rapid Start 2021

Performance Measures	Results
Total Clients Served	259
Average Diagnosis to Intake (In Days)	4 days
Average Intake To ART (In Days)	4.4 days
Average ART to Viral Suppression (In Days)	24.8 days
Average Diagnosis to Viral Suppression (In Days)	38.6 days

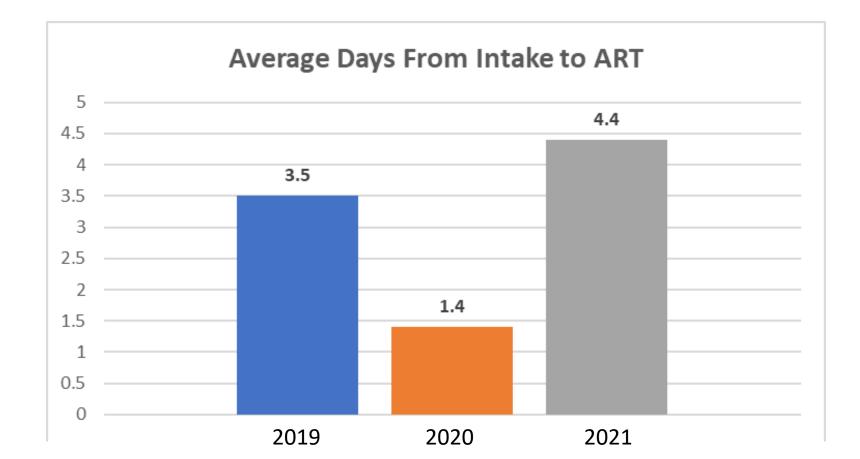
Days From HIV Diagnosis To Intake





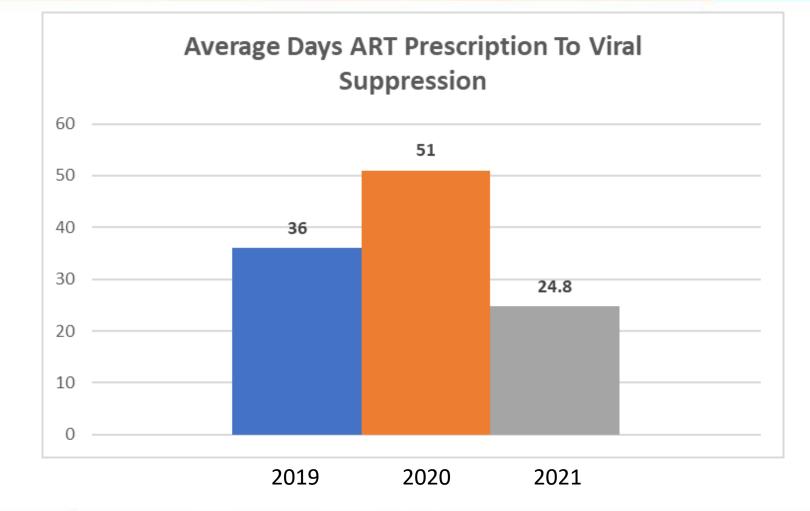
Average Days From Intake To ART





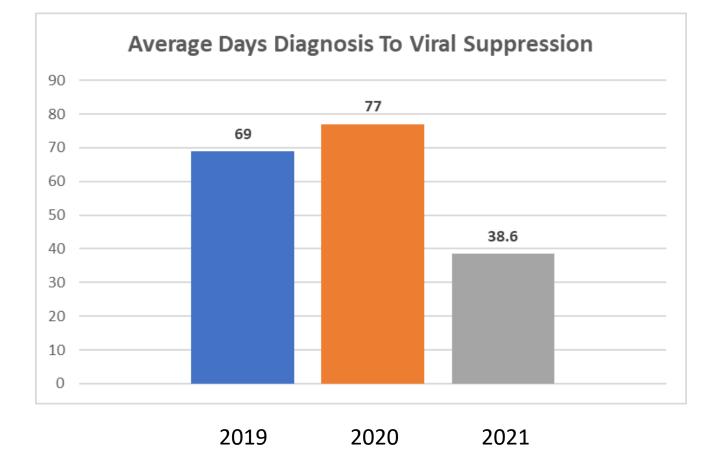
Days From ART Prescription To Viral Suppression





Days From Diagnosis To Viral Suppression





Lessons Learned



Clark County Social Service, Office of HIV

- Define desired outcomes
 = Performance Measures
- Provide continuous technical assistance & support
- Budget for monthly data team meetings with consultants

Arizona Department of Health Services

- Strong collaborative approach with community partners
- Systemic approach and focusing on processes between partners in the system.

TriYoung Inc.

- Integrated Systems
- Ease of Use
- Focus on End User Engagement
- Continuous Change

Contact Information



Clark County Social Service, Office of HIV

Vanessa Cruz | Management Analyst II/EHE Coordinator Gender Pronouns | she/her/hers Telephone: 702.455.0043 Email:

vanessa.cruz@clarkcountynv.gov

Arizona Department of Health Services

Ricardo Fernandez, MPA | HIV Care & Viral Hepatitis Program Director Gender Pronouns | he/him Telephone: 602.527.7923 Email: <u>ricardo.fernandez@azdhs.gov</u>

TriYoung Inc.

Julie Young | President/Network and Database Consultant Gender Pronouns | she/her/hers Telephone: 602.424.1703 Email: julie@triyoung.com



Thank you!