

# Howard Brown Health

## Rapid Start Site Profile



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# Howard Brown Health At-A-Glance

Howard Brown Health is a Federally Qualified Health Center (FQHC) that provides comprehensive services to LGBTQ+ people in Chicago, Illinois. Howard Brown Health began providing Rapid Start services through the Same Day Start program in early 2018.

Rapid Start services are provided at all nine Howard Brown Health locations throughout Chicago. Through a partnership with Walgreens, pharmacies are embedded at clinic sites to facilitate quick access to ART.

## Key Rapid Start Service Characteristics

**Urban-Rural Classification** Urban  
**Care Setting** FQHC located in Chicago, IL  
**RHWAP Funding** Parts A, C and D  
**Population Size** Approximately 5,500 clients with HIV  
**Clients Served** Newly diagnosed and re-engaging in care



**Priority Population** LGBTQ+ people  
**Medicaid Expansion State (Yes/No)** Yes  
**ART Starter Packs Available (Yes/No)** Yes  
**Onsite Pharmacy (Yes/No)** Yes  
**Onsite Lab Draws (Yes/No)** Yes  
**Onsite HIV Testing (Yes/No)** Yes

## Unique Features of Howard Brown Health Services' Rapid Start Program

**A linkage to care navigation team** is dedicated to providing Rapid Start services and follows clients for four medical appointments before transitioning to regular care

**A partnership with Walgreens supports embedding pharmacies** into each clinical site to connect clients to medication rapidly

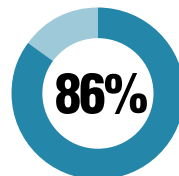
**Pharmacists** are part of the healthcare team and essential to ensuring access to same-day medication

The **entire healthcare** team, including primary care providers, at walk-in HIV testing sites are **trained on Rapid Start**

## Client Outcomes (January 2021 – December 2021)



newly diagnosed and re-engaged clients received Rapid Start services



of newly diagnosed Rapid Start clients were virally suppressed in 6 months

On average, newly diagnosed Rapid Start clients achieved viral suppression





## Intervention Characteristics

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



## Staff Roles & Structure

Key roles and responsibilities associated with providing Rapid Start are described below, along with staff that fulfill these responsibilities.

### ● Linkage Coordination:

- ▶ Howard Brown Health has two linkage to care teams who are responsible for working with clients after their diagnosis (one is specific to the Ryan White HIV/AIDS Program (RWHAP) Part D program). The linkage to care teams are responsible for accompanying clients throughout their Rapid Start visit and continue to work with them through their first four medical visits, which is generally six months to a year after diagnosis. These teams have a shared on-call phone to facilitate quick access. Because linkage team members are specifically dedicated to Rapid Start, they participate in an extensive training on the process that includes shadowing other staff.

“Linkage to Care [team members], of everyone involved in the process, is going to spend more time attending to that person on [the first] day... anywhere from an hour to two hours.”

– Howard Brown Health Program Administrator

**Managing the handoff between the linkage to care team and case management team can be challenging, and a place clients may fall out of care. Ensure the clients are repeatedly reminded of and prepared for staff transitions.**

### ● Clinical Services:

- ▶ “Every single” Howard Brown Health **primary care provider** is trained to deliver Rapid Start services, including staff (e.g., nurses and health educators) at walk-in testing sites. Some clinic locations also have infectious disease specialists onsite with dedicated Rapid Start appointment slots on their calendar.

Providers at walk-in clinics initiate a majority of visits, and then share client information with the **clinician** who will perform a physical exam and prescribe ART.

- ▶ **Clinical pharmacists** are employed by Walgreens and work out of pharmacies embedded in Howard Brown Health clinic locations. They are responsible for dispensing medication during the Rapid Start visit, either directly to the client or to a linkage to care staff person. If dispensing directly to the client, the pharmacist also provides medication counseling. The pharmacist-client relationship is particularly important because the pharmacist will likely continue seeing the client after the linkage to care period has ended.



“Ideally, I want folks leaving the clinic with pills in hand, even opening the bottle [to show] them the pill size, if not even taking the first medicine while they’re in clinic.”

– Howard Brown Health Clinician

### ● Patient Care Support Services:

- ▶ Howard Brown Health sites also have **case managers** who provide similar services to the linkage to care team, on a longer-term basis. Clients often transition into case management after the linkage to care period has ended.



Both linkage and case management are responsible for linking clients to needed support services, such as housing and transportation assistance.

### ● **Benefits Enrollment:**

- ▶ **Linkage to care** staff are responsible for assisting clients in enrolling in RWHAP, Medicaid, Ryan White HIV/AIDS Program ADAP, and patient assistance programs as needed to cover costs.
- ▶ Occasionally, such as instances where the client is enrolled in Medicare Part D and needs donut hole coverage or the linkage team is “backed up,” the **pharmacy team** also assists in signing clients up for foundation assistance.
- ▶ For under-insured or undocumented clients who may need to enroll in other types of insurance (e.g. Marketplace plans), a separate **insurance enrollment team** is available to assist.

## **Rapid Start Workflow**

Howard Brown Health aims to provide ART to clients the same day that they are connected to the clinic. The exact flow is tailored to each clinic location, and there are multiple protocols that the team may follow depending on staff availability. The flow is tailored to reduce the amount of time clients are “idle” during the Rapid Start visit. The general process for the Rapid Start visits includes the following components:

### ▶ **HIV Testing**

Referrals come into Howard Brown Health externally from community partners, hospitals, emergency departments, the Chicago Department of Health, rural community health agencies, through routine testing done onsite as a part of ongoing primary care, and through walk-in STI testing. Walk-in testing is the most common referral source. If the client is referred from walk-in testing, the nurses and/or health educators explain the details of the Rapid Start visit and contact the linkage to care team to schedule the clinician exam. External agencies contact the Howard Brown Health linkage to care team via phone to refer clients for Rapid Start services.

### ▶ **Linkage to Care**

Internal and external referrals reach out to the Howard Brown Health’s dedicated linkage to care teams. Once the linkage to care teams receive the referral, they will reach out to the client to schedule the Rapid Start visit and confirm their transportation to the designated clinic, where they will be there to greet them as the first point of contact. The linkage to care teams are responsible for guiding clients through the Rapid Start visit and their first four medical appointments.

### ▶ **Intake and Insurance Enrollment**

Linkage to care team members will first assist clients in enrolling in benefits, which is often an initial application to a patient assistance program for the first dispense of ART and a Ryan White HIV/AIDS Program ADAP application for ongoing coverage “beyond just HIV medication.” For complex benefits enrollment, clients will work with the insurance enrollment team at Howard Brown Health. They will also complete a psych socio-economic assessment.

“Anytime there was a transition of the patient to any other pass off, every one of those are little micro-moments where the patient can disengage and having someone be that courier through the entire medical visit process I think was really important.”

– **Howard Brown Health Pharmacist**

“The ability to provide wraparound services is critical. So, linkage to housing resources, linkage to food banks, [public transportation] cards, pantries, insurance enrollment, [and] insurance counseling is hugely important.”

– **Howard Brown Health Clinician**

#### ▶ **Clinician Exam and ART Rx**

The linkage to care team member then walks the client to the clinician exam. A clinician meets with the client for about 20 to 40 minutes and performs a physical exam. Clinicians order a standard set of labs (including a fourth generation HIV rapid test, viral load and CD4 count labs, and testing for co-infections) as well as genotype testing. They also talk to clients about medications, including education about adherence and single tablet regimens, and same-day ART. Many clients, especially those diagnosed outside of Howard Brown Health, have basic information about HIV before they come in for the first visit. Clinicians then prescribe ART. During or prior to the clinician exam, a linkage to care team member communicates with the pharmacy via electronic health record (EHR) to set expectations on filling an ART prescription.

“My ideal encounter is that they don’t even have to go to the pharmacy, that we’re able to bring that bottle to that person before they even leave our clinic.”

– **Howard Brown Health Clinician**

#### ▶ **Baseline Labs**

Next, the linkage to care team member walks the client to the designated clinic room to complete their blood draw for labs.

#### ▶ **Medication Dispensing**

After the clinician exam and baseline labs, oftentimes, a linkage to care team member picks up medications on behalf of the client from the onsite pharmacy. Clients may also pick up medication directly from the pharmacy after they have completed their Rapid Start visit, typically with a linkage to care team member escort (the strategy used to dispense ART is based on which method will minimize the time that the client is waiting). Clients who have health care coverage are generally prescribed 30 days of medication with five refills, or six months of medication; samples for three to four weeks may be given if needed to bridge the gap for Ryan White HIV/AIDS Program ADAP eligibility to be completed.

“If they leave the building and have to go somewhere else to get their medications and there’s a gap in the continuity, the drop off it happens pretty quickly.”

– Howard Brown Health Pharmacist

**Multiple staff indicated that getting same day medication is “probably the easiest” part of their Same Day Start program with the availability of starter packs and Ryan White HIV/AIDS Program ADAP; the biggest obstacles are around longer-term engagement.**

#### ▶ **Follow-up Care**

At the end of the Rapid Start visit, linkage to care team members complete an intake form and refer clients to needed support services. The linkage to care team schedules the client for their first follow-up visit at the end of their Rapid Start visit. They will contact the client 24 to 48 hours after the Rapid Start visit to assess for medication side effects, and to answer any questions the client may have. Linkage to care team members and pharmacists follow up with clients at least monthly to remind them to pick up medications. Contact attempts are recorded in the pharmacy system, and the clinician is alerted if the client is not reached after several attempts. Clients come back for a clinic appointment about four weeks after the Rapid Start visit, which is “more of a social than a medical visit” to check in with the client to see how they are doing and whether they have any issues with adherence. After their first follow-up visit, clinicians will schedule clients for follow-up visits every 3 months. Clinicians may schedule an earlier appointment if a client wants to come back sooner. Once clients are virally suppressed, they may come in every six months to a year for a medical visit, though clinicians recommend more routine visits for STI screenings. After the fourth visit, linkage to care team members refer clients to long-term case management services.

### **Re-Engaged Clients**

Clients may go through similar processes if they are re-engaging in care, though they are not tracked as Same Day Start clients. Staff who meet with re-engaging clients focus more to identify and overcome barriers to care. Clinicians indicated that they are more likely to prescribe Symtuza for reengaging clients given its higher barrier for resistance. In addition, the first visit may occur via telehealth with the lab work completed later for client re-engaging in care.

“We try to delineate what the reasons were for giving additional support that they may need. A lot of disengagement in care is around social determinants or [if there were] side effects or adverse events for something with the medication. If everything it seems appropriate, we would just restart right away.”

– Howard Brown Health Pharmacist



## Clinical Appointment Availability

Same Day Start appointment slots are reserved on primary care provider schedules. Because Howard Brown Health does not have a dedicated infectious disease department, all staff are trained to provide Rapid Start services. For external referrals, the linkage to care team usually receives a call and schedules the appointment during the next available slot, aiming for the same-day, but no later than 72 hours from diagnosis.

“Reserving time in clinic schedules was a really big part of how we were able to make sure that folks are able to move through the process quickly.”

– Howard Brown Health Clinician

## Same-Day Medication Prescription & Provision

Almost all of Howard Brown Health’s Rapid Start clients are given medication on the same day that they have their Rapid Start visit at the clinic. Clients are connected to an embedded pharmacy to receive their first fill of medication.

The linkage to care team either picks up medication from the pharmacy, or escorts the client to the pharmacy for the first pickup. Clients that go in person meet with the clinical pharmacist. Clients may also be offered a starter pack, donated by a pharmaceutical manufacturer, if insurance coverage is not available on the first day.

## Health Education & Client Communication

Health education is provided by multiple staff during the Rapid Start visit, including linkage to care, clinical providers, the clinical pharmacist, as well as health educators and/or nurses at walk-in testing sites. Repetition across multiple staff members helps to reinforce key messages.

The level of education provided is tailored to clients’ “baseline knowledge” about HIV and concerns; staff tend to focus on “HIV 101” and simple messages during the Rapid Start visit. A pharmacist will also distribute pill boxes or key chain bobs to promote medication adherence.



“I frame it in two ways: that viral suppression helps maintain their immune system and CD4 count, and then also really stress the messaging of U=U. So, not only does being on ART protect themselves, but then it protects the network around them simultaneously...[We try] to keep things in perspective that the actual medical treatment for HIV is so easy.”

– Howard Brown Health Clinician



# Organizational Culture

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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 Chief Medical Officer at Howard Brown Health was the initial champion for adopting the Same Day Start program. However, staff who helped with the implementation of the program noted that outside of “one or two meetings where someone from senior leadership was there,” the program “was designed by folks who do the work.” Relying on people who would be actively involved in the day-to-day operations of the program, with prior approval from leadership, helped to make the implementation and adoption of Rapid Start as standard of care process smoother.

## Staff Knowledge & Beliefs

Most staff were on board for Rapid Start early in the process once they realized the benefits of connecting clients to medication quickly. Some prescribers were hesitant at first to give medication without baseline genotype labs and had a tendency to “overprescribe” regimens (e.g., prescribing Symtuza plus Tivicay) to “overcompensate” for not having baseline labs. To mitigate these concerns, Howard Brown Health staff added ART prescription guidance to their protocols. Other staff were concerned that trying to implement Same Day Start would introduce payment problems for clients.

These concerns were also addressed by incorporating benefits information into protocols. Multiple staff noted that buy-in was quickly achieved once staff realized the benefits of offering a “solution” to clients during the Rapid Start visit.

**Staff were quick to adopt Same Day Start when they realized the benefits of being able to offer an immediate solution to clients with their diagnosis. Interviews with clients reinforced that they wanted to start immediately.**

“The buy-in we needed to get wasn’t from an organizational level, it was from on the ground level people doing the work. The majority of our [need for] buy-in was people who thought ‘Hey, I don’t get it. I don’t understand. This feels like it’s going to make my job harder.’”

– **Howard Brown Health Program Administrator**

“Folks hadn’t thought about how good it would feel as a staff member or provider being able to say, “Okay. You’ve got this diagnosis. Here are some meds.” You see someone in an uncomfortable situation [and] you want to help reduce that discomfort. It’s easy for our own internal selves to sit with discomfort when we know we have a solution waiting in the wings.”

– **Howard Brown Health Program Administrator**

## Communication Strategies

Howard Brown Health staff members communicate using an internal communication system, which offers instant messaging. Staff members appreciate the flexibility of this system. It can be used through phone or online web portal to communicate with clients and to chat informally (i.e. text) with other staff members during the day about client updates. The system has been useful for the transition to remote services during the COVID-19 pandemic when in-person communication was a challenge. Given that many clinic locations deliver Rapid Start services, some have developed additional communication strategies such as regular team meetings. The linkage to care team is generally responsible for coordination and facilitating communication across teams.



# External Influences

This section describes external factors that informed the design and implementation of the Rapid Start service delivery model at Howard Brown Health, including: jurisdiction supports and policy landscape, payment for Rapid Start, collaboration with other providers, and client needs and perceptions.





## Jurisdiction Supports & Policy Landscape

The state's Ryan White HIV/AIDS Program ADAP has streamlined the application process, and Howard Brown Health staff are able to contact the state to expedite enrollment for new clients. The Ryan White HIV/AIDS Program ADAP has also contracted with Walgreens, and have established 21 preferred pharmacies, which has significantly improved accessibility of medications for clients. These pharmacies have been trained on Ryan White HIV/AIDS Program ADAP and prioritizing filling ART prescriptions for clients.

Outside of RWHAP, the Illinois Medicaid program removed prior authorization requirements for some HIV medications, which also helped facilitate quicker connections.



“When [ADAP] saw applications coming from our agency, I felt like we were able to place ourselves so that they would prioritize those applications. [We could] reach out and say, “Hey, this is the challenge. Can you help?” I feel like they were on board to assist us in making this journey.”

– **Howard Brown Health Program Administrator**

## Payment for Rapid Start

Most clients are connected to medication through Ryan White HIV/AIDS Program ADAP. Clients apply to the program during the Rapid Start visit with the support of linkage to care staff, and the application is typically approved within 2 weeks.

Illinois has also expanded Medicaid and lifted restrictions requiring prior authorizations for some HIV medications. Some clients, such as those who were already receiving services at Howard Brown Health and were tested internally, already have insurance coverage during the Rapid Start visit. Additionally, linkage to care staff will assist clients with receiving a copay card for medications, which can be used on the first visit. When clients do not have coverage available for the first dispense, Howard Brown Health can dispense a starter pack until a longer-term solution is identified.

## Collaboration with Other Providers

Though not active when Howard Brown Health launched the Same Day Start program, a learning collaborative with providers in Chicago is supporting the adoption of Rapid Start across the city. Howard Brown Health participates in the collaborative to share experiences and lessons learned.

“The idea is to get everybody in this city offering rapid start. The idea behind this is that we have some folks locally who have been doing it for a while, and their experience can be translated or applied to folks who are less experienced with it.”

– **Howard Brown Health Program Administrator**

## Client Needs & Perceptions

Howard Brown Health has found that almost all clients are ready to start ART the same that they are newly diagnosed with HIV. Occasionally, clients become overwhelmed and leave during the Rapid Start visit. To address this, staff try to limit the time that clients are alone and “idle” during the visit.

“The majority of patients that I see are not really aware that that same day ART is that easily done. They're pleasantly surprised if that's the option.”

– **Howard Brown Health Clinician**



# Process

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This section explores the approach and process of implementing and evaluating Rapid Start services at Howard Brown Health, including: planning, champions, and data monitoring and evaluation. The section ends with a discussion about costs associated with planning, implementing, and sustaining Rapid ART services at Howard Brown Health.





## Planning for Rapid Start Implementation

The Chief Medical Officer at Howard Brown Health was an early champion of Rapid Start. They leveraged a connection at San Francisco to set up a conference call in Fall 2016 to learn about San Francisco's Rapid Start service provision. After the call they used San Francisco's protocols and online resources as a starting place to build out the Howard Brown Health model. They also reviewed other Rapid Start service provision service delivery models, though the focus was less on processes and "more who were the key players" in successful Rapid Start service provision.

Internal representatives from multiple Howard Brown Health teams were brought in to assist in the planning, as well as a clinical pharmacist who works for a Walgreens location embedded in a Howard Brown Health clinic. They first identified goals and worked backwards to build out step-by-step processes to connect clients coming in from both internal and external referrals. During the early stages of implementation, the team met weekly to iron out processes, ensure the needs of each department were represented, and to "map out the patient experience" as they move through the service provision.

"We identified the key pieces that we absolutely wanted to have before we started working on what it would look like. We wanted to design the procedure so that we met goals rather than trying to build the procedure and then later fit goals into that."

– Howard Brown Health Program Administrator

"If I was to give advice, I would say find someone who's been doing it for a while. Find someone who you know does it well. Chat with them, figure out where they started and go from there."

– Howard Brown Health Program Administrator

## Staff Champions

Implementation of Same Day Start was spearheaded by the Howard Brown Health Chief Medical Officer with support from a manager on the linkage to care team and involvement from many departments within Howard Brown Health. See the Planning and Implementation Rollout section for more information on early champions.

"We committed early on to having a very representative group of people involved in designing it. We were getting feedback from everyone from phlebotomy in the lab, to linkage to care and case management, to our Walgreens pharmacists. Even beyond that, we had representation from many of our sites and regions."

– Howard Brown Health Program Administrator

## Data Monitoring & Evaluation

Howard Brown Health tracks data on its Same Day Start program in an Excel spreadsheet. There is one client on each row and columns for demographic information (including age, income, and insurance status), where the client was diagnosed, and key dates that track progress through Same Day Start. Formulas automatically calculate the time between key dates:

- ▶ Diagnosis date
- ▶ Disclosure date, which maybe be after diagnosis date
- ▶ First office visit date
- ▶ First ART prescription date


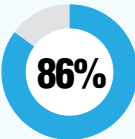

Howard Brown Health tracks outcomes related to the rapid process, including time from diagnosis to ART, as well as longer term outcomes like time to viral suppression. They currently track linkage as the time from disclosure of status but are considering using diagnosis date to “hold their feet to the fire” to minimize the time from diagnosis to ART prescription. Staff use manual chart review and information pulled from reports generated from the EHR to populate the Excel spreadsheet. The biggest challenge in tracking these outcomes stems from the review of EHR case notes, which is a time-consuming process.

“Plan early, way earlier than you expect, for how you’re going to collect outcomes data. Especially if your EMR is not on point, which it probably is not... Thinking about how you’re going to collect data, and your capacity and capability for automating that process as much as possible is a really important piece to consider.”


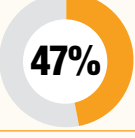

– **Howard Brown Health Program Administrator**

The following tables provide an overview of key outcomes for 381 clients, who were either newly diagnosed or re-engaged in care, that received Rapid Start services from January through September 2021 at Howard Brown Health as part of their Same Day Start services.

### Clients Newly Diagnosed with HIV

MEASURE	OUTCOMES ACHIEVED
Percent (number) of newly diagnosed Same Day Start clients who received ART medication same day	 (119/119)
Percent (number) of newly diagnosed Same Day Start clients virally suppressed within 6 months	 (102/119)
Average number of days from date of diagnosis to viral suppression for newly diagnosed Same Day Start clients	 <b>71 days</b>

### Clients Re-engaged in Care

MEASURE	OUTCOMES ACHIEVED
Percent (number) of re-engaged Same Day Start clients who received ART medication same day	 (262/262)
Percent (number) of re-engaged Same Day Start clients virally suppressed within 6 months	 (124/262)
Average number of days from date of diagnosis to viral suppression for re-engaged Same Day Start clients	 <b>131 days</b>