

Positive Care Center

Rapid Start Site Profile



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Positive Care Center At-A-Glance

Hennepin Healthcare is a large, multi-tiered healthcare system with locations in Minneapolis and the surrounding Hennepin County. The system is owned by Hennepin Healthcare System, Inc., a corporation of Hennepin County, and includes a level 1 trauma center, acute hospital, and an array of outpatient primary and specialty care clinics, including a large psychiatric program. **HIV services provided at the Positive Care Center, located in downtown Minneapolis, include:** primary health care, PEP and PrEP, supportive services, case management, HIV specialty pharmacy, transportation services, and access to research and clinical trials.

Positive Care Center formally implemented the Rapid Access program in 2018. The center cares for around 2,600 clients per year and provides Rapid Start to almost 200 newly HIV diagnosed and reengaged clients each year.

Key Rapid Start Service Characteristics

Year of Implementation 2018

Urban-Rural Classification Urban

Care Setting Hospital-based clinic

RHWAP Funding Parts A, B, C, and D

Population Size 2,600 people with HIV

Clients Served Newly diagnosed and re-engaging in care

Priority Population People who are unstably housed



Population Description Newly diagnosed and clients re-engaging in care

Medicaid Expansion State (Yes/No) Yes

ART Starter Packs Available (Yes/No) Yes

Onsite Pharmacy (Yes/No) Yes

Onsite Lab Draws (Yes/No) Yes

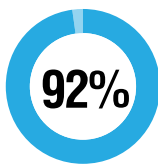
Onsite HIV Testing (Yes/No) Yes (within Hennepin Healthcare hospital campus)

Unique Features of Positive Care Center's Rapid Start Program

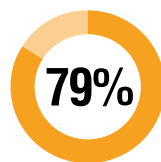
The clinic shares a medical director with a neighboring public health STD clinic, Red Door Clinic, that provides HIV testing services and has established a strong referral system to rapidly link people to Rapid Start services.

Pharmacists are embedded within the core staffing model, which offers clients the benefit of establishing a close relationship in the first visit with a pharmacist, and who helps clients with adjusting their treatment plan and with strategies for adherence to care.

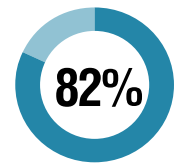
Client Outcomes (January 2021 – December 2021)



of newly diagnosed clients **received Rapid Start on same day** as diagnosis



of newly diagnosed Rapid Access clients were **virally suppressed** within 6 months



Rapid Access clients were **retained in care** and attended follow-up appointments within the first 6 months



Cost Estimate per Client

Additional \$91 per client during sustained implementation (see page 20 for details)



Intervention Characteristics

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



Staff Roles & Structure

The Positive Care Center is staffed by a multidisciplinary team, designed to meet the needs of clients in one convenient location. Medical providers, nurses, pharmacists, a dietician, mental health providers, case managers and others work together to provide comprehensive HIV primary care and supportive services which are ideal for the provision of Rapid Start. Key staff roles and responsibilities are described below, along with staff positions that fulfill these responsibilities.

● Linkage Coordination:

- ▶ **Nurses** are involved in the Rapid Start workflow from the initial referral of a client, either through a phone call or a pager alert. They work closely with HIV testing site staff to deliver HIV results and connect the client to a care navigator to coordinate the first clinician exam and arrange transportation if necessary. The clinic blocks off “Rapid Start” slots, and nurses schedule clients for an appointment the same day, if possible, or within 72 hours.

● Clinical Services:

- ▶ **Clinicians**, including **infectious disease doctors** and **nurse practitioners**, perform a physical exam, prescribe ART, order labs, and provide follow up clinical care. In the first visit, they provide HIV education, assess for contraindications, and establish a treatment plan for the client.
- ▶ **Medical assistants and nurses** complete the blood draw for the client in clinic and then send the bloodwork to the onsite lab for testing and results. Baseline lab tests include viral load, CD4 count, renal and liver function, and screening for co-infections.
- ▶ **Pharmacists** are embedded in the clinic and play a key role in coordinating benefits to secure coverage of ART and providing adherence support. They meet with the client on the first day and observe them take their medication, if the client prefers.

● Patient Care Support Services:

- ▶ A designated **Rapid Access social worker** meets with all new clients to ensure appropriate linkages to ongoing case management and other Ryan White HIV/ AIDS Program (RWHAP) services.

This individual works closely with clients through the first three visits and refers to client to ongoing case management should they have continuing needs beyond that time.

- ▶ **Medical case managers** are available for long-term case management services and are paired with clients within a few weeks of the first Rapid Start visit.
- ▶ **Licensed alcohol and drug counselors** are onsite for referrals as needed.

● Benefits Enrollment:

- ▶ **A benefits navigator** meets with new clients in the clinic, and assists the client with insurance eligibility paperwork, including RWHAP applications. They also work closely with the pharmacists to ensure access to same day medications.



“People really like the fact that we’re a one-stop shop. We have doctors, nurses, we have drug and alcohol counselors, we have social workers, we have therapists, and we’re located within this broader medical campus.”

- **Positive Care Center Staff Member**

Rapid Start Workflow

The Positive Care Center aims to link have newly diagnosed clients to a clinician and prescribed ART within five days of referral for HIV care. The general process for the Rapid Start visit includes the following components:

▶ **HIV Testing**

Approximately 99% of Rapid Start clients are tested at community partner HIV testing sites, including neighboring public health STD clinic, Red Door Clinic, as well as the Hennepin County Health Care for the Homeless (HCH), and The Aliveness Project. Community partners within Hennepin County have been critical sources for testing and linkage to care at Positive Care Center, especially for clients who are homeless and need access to care immediately.

▶ **Linkage to Care**

Testing partners call a designated nurses' line at Positive Care Center when clients test positive. The nurses then schedule the client for a same-day clinician exam, if possible, or within 72 hours of diagnosis. The social worker is also proactive in communicating with community partners (e.g. Hennepin County HCH, The Aliveness Project) to keep an eye out for clients who have been identified in homeless encampments and need assistance getting to the clinic.

“When somebody tests positive, the testing sites have the nurses' direct line. They make that initial call to the nurses, and basically from that point, it alerts all the next things we'll put in place.”

– **Positive Care Center Staff Member**

▶ **Intake and Insurance Enrollment**

In preparation for the visit, the social worker meets with the client over the phone, if possible, to discuss barriers to care and basic needs such as transportation access. This helps increase the likelihood that the client will attend the first appointment. In addition, staff from the testing agency may also accompany the client to the clinic to provide reassurance to the client and a 'warm handoff' to clinic staff. The social worker then guides the client through the Rapid Start visit and provides warm handoffs where necessary. First, the social worker escorts the client to meet with the benefits coordinator. The benefits coordinator determines insurance coverage for the client, or connects the client to Ryan White HIV/AIDS Program ADAP, MinnesotaCare (Medicaid), or other assistance. This information is immediately shared by with the pharmacy to allow for same day medication access.

▶ **Clinician Exam and ART Rx**

Then, the benefits coordinator takes the client to the clinician exam. During the clinician exam, the clinician spends a considerable amount of time performing a physical exam, providing HIV education, and prescribing ART, all in a supportive manner that is tailored to the client's level of understanding and/or needs in the moment. The nurse also comes in during the exam to draw blood for baseline labs. Lastly, the pharmacist comes into the room towards the end of the clinician exam and sits with the client to provide medication counseling.

“When they come in to see me, then I have an hour, and a lot of that hour is just sitting down and getting to know the person and making sure that they feel very warm and welcome in this clinic, because if nothing else at accomplished my goal is just that they keep coming back to clinic.”

- **Positive Care Center Clinician**

▶ **Medication Dispensing**

The pharmacist works with the onsite pharmacy at Positive Care center to dispense medications and bring it with them to the clinician exam room. The pharmacist will then discuss medication safety, storage, adherence, and potential side effects with the client. They will observe the client take the first dose of medication in the room if the client prefers.

▶ **Support Services**

Then, the pharmacist walks the client back to the social worker. The social worker provides referrals to RWHAP support services as needed, such as housing, mental health services, etc. The social worker works closely with clients through the first three follow-up visits and will refer the client to ongoing case management should they have continuing needs beyond that time.

▶ **Follow-up Care**

After beginning ART, the client and the pharmacist make contact every two weeks to ensure continued adherence and monitor any side effects the client may be experiencing. These contacts may happen in person, or via telehealth. One month after beginning ART, the client and the clinician meet again to review labs and discuss any concerns. If the client comes in to have labs drawn, the visit with the clinician could occur via telehealth, based on client preference.

The next two visits with the clinician are scheduled at monthly intervals. Clients who are responding well to medications and are otherwise clinically stable then transition to visits every three to six months. Clinic staff report that many clients reach undetectable viral load levels within one month.

Re-engaged Clients

Besides newly diagnosed clients, there have been significant increase in the number of clients who are re-engaging in care. Although these clients may have had a previous relationship with the clinic, including previous ART use, they are candidates for rapid initiation of ART upon re-entry as described above.

Clinical Appointment Availability

At the Positive Care Center, flexibility is intentionally built into the clinic schedule to allow for walk-in appointments and for newly diagnosed clients to be worked into the schedule quickly. Up to 10 slots a week are reserved for walk-ins or Rapid Start clients and generally allow a Rapid Start visit to occur within one to two business days after diagnosis.

The clinic is generously staffed by physicians and four nurse practitioners who also provide Rapid Start. This allows several slots to remain open each day. The center's high no-show rate also allows staff to double-book in certain circumstances to accommodate a newly diagnosed individual to start Rapid Start.

“I think being able to build the flexibility into the schedule was essential. Just consistency, stability, and doing anything you can to prevent clinic from being unpredictable and chaotic.”

– **Positive Care Center Medical Director**

Same-Day Medication Prescription & Provision

An onsite pharmacy allows clients of the Positive Care Center to access medication on the same day as their Rapid Start visit. Clients may receive their first dose of medication in one of two ways: from the onsite pharmacy, or in the exam room during their Rapid Start visit.

When the client picks up their medication from the onsite pharmacy, they have the option to take their first dose immediately, under direct observation of the pharmacist.

Alternatively, to avoid overwhelming or confusing the client, medication may be delivered directly to the clinic during the first visit, allowing the pharmacist to meet with the client in the exam room alongside the clinician with medication in hand.

Timely benefits navigation is also critical to ensuring access to medications, and the onsite benefits navigator works closely with the client and the pharmacy staff to secure a payment source for ART. A two-week supply of medications is provided to clients who do not have immediate coverage.

Health Education & Client Communication

Much of the Rapid Start visit is dedicated to client education, and this continues in subsequent visits. Important information such as treatment adherence, risk reduction counseling, and HIV health education may be relayed to the client by multiple people including the provider, rapid access social worker, nurse, and pharmacist. Hearing the same information from multiple sources may help clients understand the importance of the message and encourage them to adhere closely to medical care.

Using a conversational approach, the clinicians discuss the benefits of providing ART medication as soon as possible and let the client know they can choose to start ART that day. Staff report that a majority of their clients want to begin ART at the time of their Rapid Start visit.

During the early stages of care, clinic staff also take steps to determine the health literacy of their client. Although not a formal assessment process, the multidisciplinary team works together to determine health literacy and provide support where needed. For example, the pharmacist may work with the client to ensure that they can accurately read a prescription label.

Social workers and case managers work in tandem with medical providers to ensure that clients understand directions and have a solid comprehension of the information presented to them.



“...the first visit is a lot for patients. And it can be really overwhelming. So, I gauge the level of engagement and involvement that I have at that first visit based on how the visit is going, what doctor or nurse say how they’re doing.”

– Rapid Access Social Worker

Staff are in the process of developing a packet of printed educational materials that new clients can take with them after the first visit. This will allow clients to read through information at their own pace and may reduce the risk of information bombardment at the first visit.

Streamlining the Rapid Start Visit

Clinic staff at Positive Care Center are still working to streamline the Rapid Start visit, which can last for over two hours due to the education and counseling that are delivered and the clinical and supportive services that must be coordinated. Some clients are unaccustomed to receiving medical care or navigating large medical facilities, so the lengthy and in depth Rapid Start visit can be off putting or overwhelming and may even trigger deep-seated trauma.

Efforts are being made to complete some of the clinical and supportive tasks prior to the Rapid Start visit. For example, partners at the Hennepin County Health Care for the Homeless may draw baseline labs at the homeless encampment where the client is living and provide comprehensive HIV education in preparation for the first clinic visit, reducing the length of that first visit.



Although the onsite pharmacy is located just down the hall from the Positive Care Center, two pharmacists are embedded within the clinic which allows for real time consultation and collaborative decision between the care team and the client.

A Rapid Start social worker and benefits navigator meet with new clients during their first visit to the clinic to help ensure they have access to medications and other services.



Organizational Culture

This section describes the facilitators that support implementation of the Rapid Start service delivery model at Positive Care Center including: leadership, staff knowledge and beliefs, and communication strategies among the healthcare team.



Leadership

During the early developmental stages, Rapid Start was championed by a Positive Care Center physician. They were central in building flexibility into the clinic schedule, making changes and accommodations to allow for walk-ins, and designating daily open slots for Rapid Start. The two primary physicians at the Positive Care Center are also medical directors at two neighboring public health STD clinics, both of which are high volume HIV testers. These key leadership connections have facilitated rapid referrals for clients who may have been tested for HIV outside of the Positive Care Center.

Staff Knowledge & Beliefs

As treatment guidelines and recommendations for Rapid Start have evolved, staff have adopted new processes without significant hesitation. Strong clinical leadership and the ease of access to an onsite pharmacy have helped reassure staff that Rapid Start is feasible, readily accepted by clients, and clinically beneficial. Staff at the Positive Care Center are expected to receive HIV training and attend regional and national conferences.

Communication Strategies

The Positive Care Center uses EPIC as their electronic health record (EHR) which allows two-way communication between providers and clients. Staff use this mechanism to share lab results, send reminders, and send letters.

Conversely, clients can raise concerns by messaging clinic staff directly. Case managers at the center use My Chart to collect necessary paperwork and eligibility documentation from clients. This helps rapid eligibility and prompts clients and staff with reminders of outstanding documents and allows for secure sharing of information without the need for in person interaction.



External Influences

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



Jurisdiction Supports & Policy Landscape

Minnesota expanded Medicaid in 2013 under the Affordable Care Act (ACA), increasing enrollment by 39%. Under the expansion, income thresholds for Medicaid eligibility increased to 138% of the federal poverty level (FPL), but Minnesota has further expanded Medicaid with its state-supported Minnesota Care (MNCare) program to include residents with incomes up to 200%. Enrollment for both Medicaid and MNCare can be completed online and is open year-round. In 2019 almost 95% of Minnesotans had health insurance coverage¹ (*News Release: Minnesota's Uninsured Rate Held Steady in First Half of 2020, 2021*).

Individuals with incomes up to 400% of FPL are eligible for Ryan White services in Hennepin County. Hennepin County administers the RWHAP Part A grant, while the Part B Grant is administered by the Minnesota Department of Health. Hennepin Healthcare System is the single Ryan White Part C and D recipient in the state.

A 2020 HIV Comprehensive Needs Assessment survey, administered by Hennepin County, found that racial disparities were persistent, transgender respondents reported less favorable outcomes, and that respondents often lacked basic resources to advance along the HIV care continuum. 1 in 5 respondents delayed or did not receive HIV medical care due to lack of transportation, lack of appointment availability, or concerns about cost. Client needs have informed how Positive Care Clinic approaches the provision of Rapid Start services. This includes prioritizing access to a wide array of on-site supportive services, centralized rapid eligibility services, and strategies to back-bill for the provision of HIV services.

The RWHAP Part B program played a critical role in establishing and maintaining a system to quickly determine RWHAP eligibility called Provide Enterprise. Positive Care Center uses the Provide Enterprise system to quickly determine client RWHAP eligibility, whether clients have already received services at other RWHAP providers, and to apply for Ryan White HIV/AIDS Program ADAP.

This helps connect the center to other RWHAP programs across the state and allows the rapid provision of RWHAP services to clients.

Minnesota also uses a statewide CAREWare system to coordinate and document services for RWHAP clients. CAREWare is administered by the MN Department of Health and provides staff at the Positive Care Clinic access to client record to help quickly link them to care.

Payment for Rapid Start

A benefits navigator works closely with clients before and during their Rapid Start visit to establish eligibility for Medicaid, Ryan White, or other funding sources for Rapid Start. While benefits eligibility is being determined, a two-week supply of medications is provided so the client can begin right away. In most cases, the pharmacy can retroactively bill for those medications once the client is approved for coverage. Other Rapid Start services, including case management support, are funded with RWHAP Part A and B funds.

Collaboration with Other Providers

The largest provider of HIV testing in the area is the public health STD clinic, the Red Door Clinic. This clinic is located in an adjoining building to the Positive Care Center which allows for clients to receive their Rapid Start visit and Rapid Start on the same day as their positive HIV test. The center also partners with the Hennepin County Health Care for the Homeless, a community-based organization that provides services at homeless encampments and locations which have experienced a rapid rise in new HIV diagnoses, as well as with The Aliveness Project, a community center that provides HIV testing, nutrition and wellness services, and additional resources to help people with HIV lead healthy and fulfilling lives.

Community partners have been essential in the linkage to care process, and often try to complete other tasks, such as drawing blood for lab testing and initiating insurance eligibility paperwork, before they bring a client to Positive Care Center to receive the remaining Rapid Start services.

Client Needs & Perceptions

Positive Care Center has not only helped link clients to care, but has also supported their journey to stay in care. Clients who have received Rapid Start services are able to speak with a social worker and receive referrals to additional, wrap-around services as needed. One client, who was unstably housed and experiencing barriers to care, shared the experience of receiving Rapid Start at Positive Care Center:



“So, I was told that I had HIV and then pretty much I was aware of the treatment for it and that it’s manageable. And they kind of, they immediately reached out their hand and said, “We have a great staff and all that. And I was literally just welcomed with open arms.”

– Client



My whole thing was I was using drugs and I was homeless. So, it was really hard to get serious about that stuff [getting on treatment], because I was kind of hopeless at the time. I was just kind of like, “F*** it.” But they were really uplifting, and they made me... I don’t know, they just were good. And I mean, it definitely wasn’t scary to me. So, I had that comfortableness to where, so I knew that I was safe there. I knew that my information wasn’t getting put out. I didn’t feel embarrassed. They made me feel comfortable.

– Client

Some of the clients who are seen at Positive Care Center are unstably housed and need additional resources to support their adherence and retention in care.

Staff at Positive Care Center work to address these barriers, and also make the client feel comfortable and cared for. The same client shared their impression about how the staff made them feel:



“They pointed me in the right direction, and I wasn’t ready at first, but they were still cool every time I came back and within a month period, I went back there twice, but I was scared to do the blood drawing. But they were patient with me.....They pointed me into the direction of their drug, I want to say, it’s like a drug counselor. And she’s great... She got me into crisis centers, and I would just walk in there and I wouldn’t have to really wait at all. I would immediately be able to see a doctor, which was convenient because I noticed most people, their whole thing is that whole process. And when you’re able to just walk in and get that help, there is no time to like worry and kind of back out. it’s pretty cool, the convenience.”

– Client

One of the main priorities of the initial Rapid Start visit is to ensure the client receives their medication on the same day. The client also explained the efficient and simple process of receiving medication at Positive Care Center:

It was on-site. They actually brought it to me to the waiting room. They do have an onsite pharmacy you can walk to, which I’ve also popped up on, because I lost my pills one time and I just walked in, and they refilled them. It was pretty cool. They were not pushing it on me, but they were making me aware that the sooner I get on it, the sooner I can be undetectable, because my levels were... I was in pretty good shape. And they said that from the results, it looks like they caught it fairly early. So, the sooner I got on it, the better I would be. And they were right, because I feel amazing. I’m healthier than I ever been.

– Client



Process

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



Planning for Rapid Start Implementation

The Positive Care Center had an informal Rapid Start process in place for over ten years, providing newly diagnosed and re-engaging clients with access to immediate treatment. As a public safety net hospital-affiliated clinic, the center worked to link clients within the Hennepin Healthcare system to care as soon as possible, however, it often resulted in a chaotic clinic schedule. In 2018 a surge in new HIV diagnoses in the area prompted the clinic staff to formalize the Rapid Start process and seek grant funding to support it. Financial support came from the Minnesota Department of Health Services in the form of RWHAP Part B funds specifically for Rapid Start.

The additional funding supported the role of a Rapid Start social worker who meets with every single client, as well as an opportunity for the program manager to oversee provision of Rapid Start services and report on its outcomes.

The medical director and program manager worked with staff members during the implementation phase to finalize Rapid Start protocols, while maintaining flexibility and open communication to improve protocols as needed.

They worked to incorporate the Rapid Start services within the clinic, instead of restricting appointments within a particular timeframe.

As the clinic schedule became more flexible, and more walk-in slots were offered, clinic administration had to ensure that the center was adequately staffed with nurses, physicians, and pharmacy staff to accommodate the more unpredictable schedule.

Communicating with staff members in the clinic throughout the planning and implementation process was essential to the success of the Rapid Start service provision, and allowed staff members to relay concerns throughout implementation to help make the service provision manageable for staff and effective for clients.

Designation First Point of Contact

An important facilitator for implementation at Positive Care Center was identifying the first point-of-contact for the Rapid Start process.

The nurses became the first point-of-contact for internal and external referrals, because they had firsthand knowledge of clinic workflow and were efficient with communication. Reinforcing this primary contact became essential when linking clients into the Rapid Access program.

Staff Champions

Rapid Start has been championed at Hennepin's Positive Care Center by its medical director, an infectious disease physician who specializes in HIV care. As part of a large public safety net health system, the Positive Care Center is often the first destination for individuals newly diagnosed with HIV at the local public health testing site, the Red Door Clinic. Under the leadership of their medical director, the clinic transformed an informal process of rapid referrals and linkage into structured Rapid Start service provision with written policies, funding, and designated roles and responsibilities.

Data Monitoring & Evaluation

The close partnership between the Positive Care Center and the Red Door Clinic expands beyond referrals and care coordination; the two clinics share a common electronic health record. This allows clinic staff to evaluate how quickly clients are referred, contacted, and prescribed ART and their initial HIV positive test result. Although the partnership between the two clinics provides rich data, a mechanism for mapping and displaying longitudinal data has yet to be developed.

Data specialists are in the process of developing a Rapid Start dashboard that would meet this goal by showcasing key Rapid Start measures, but also include long-term viral suppression data for clients receiving Rapid Start.

IT staff have also built queries to move data between the EHR (EPIC) and Provide Enterprise. This data bridge is critical in documenting and analyzing data related to Rapid Start and allows for program evaluation, reporting, and greater coordination of client service delivery.

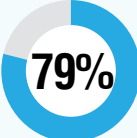


“And we knew people who were doing it around the country, we tried to figure out what the problems were in the way we were doing it and how we could find some institutional and outside funding to better structure it.”



– **Positive Care Center Medical Director**

The following table provides an overview of key outcomes for 172 clients, who were either newly diagnosed or re-engaged in care, that received Rapid Start services from January through December 2021 at Positive Care Center as part of their Rapid Access services.

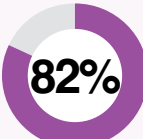
Clients Newly Diagnosed with HIV

MEASURE	OUTCOMES ACHIEVED
Percent (number) of newly diagnosed clients who received Rapid Start same day	 (66/72)
Percent (number) of newly diagnosed Rapid Access clients virally suppressed within 6 months	 (57/72)

Clients Re-engaged in Care

MEASURE	OUTCOMES ACHIEVED
Percent (number) of re-engaged clients who received Rapid Start same day	 (99/100)
Percent (number) of re-engaged Rapid Access clients virally suppressed within 6 months	 (81/100)

Clients Newly Diagnosed with HIV and Re-engaged in Care

MEASURE	OUTCOMES ACHIEVED
Percent (number) of newly diagnosed and re-engaged Rapid Access clients retained in care within first 6 months	 (157/172)

Cost for Rapid Start Implementation & Sustainment

We estimated the costs of planning, implementation, and management of providing Rapid Start services during the year prior to implementation of ART (pre-implementation), during the first year of implementation (initial implementation) and during the most recent year of implementation (sustained implementation). Overall, costs associated with Rapid Start declined over time as follows:

- ▶ Planning for Rapid Start declined from \$13,704 during pre-implementation, to \$12,594 during initial implementation, and \$10,784 during sustained implementation
- ▶ Implementation and management of Rapid Start declined from \$109 per person in additional costs during initial implementation to \$91 per client in additional costs during sustained implementation

Declining costs over time reflect the fact that Positive Care Center was able to integrate Rapid Start into routine services and expand Rapid Start to two additional clinics in their network. Thus, Positive Care Center was able to achieve efficiency and economy of scale during sustained implementation.

Resources

1. News release: Minnesota's uninsured rate held steady in first half of 2020. (2021, February 2). <https://www.health.state.mn.us/news/pressrel/2021/uninsured020221.html>