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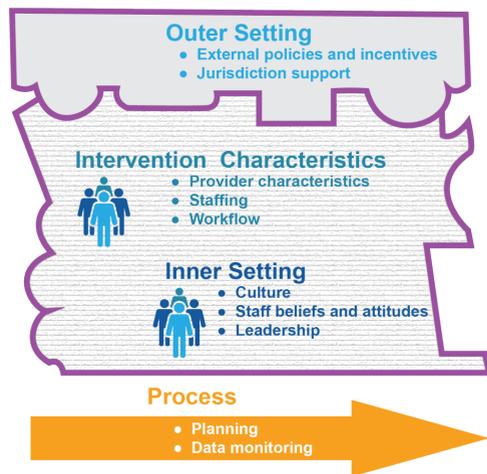
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Background

The Rapid ART Dissemination Assistance Provider (DAP) is a 3-year project funded by HRSA's HIV/AIDS Bureau and administered by Cicitelli Associates Inc (CAI), in partnership with UCLA, National Association of City and County Health Officials (NACCHO), and Mission Analytics Group to identify and describe core components of Rapid Start service delivery models across the country and foster dissemination and replication of effective and representative Rapid Start models throughout Ryan White HIV/AIDS Program (RWHAP) settings.

Methods

Adapted CFIR Framework to Organize Environmental Scan Findings*



- Completed **comprehensive environmental scan** of literature to identify Rapid Start interventions implemented since 2015
- Conducted **in-depth virtual field visits** with 18 sites that had positive client outcomes
- Interview recordings with 159 key informants uploaded to MAXQDA for **qualitative analysis**

- Utilized the **Consolidated Framework for Implementation Research (CFIR)** and categorized findings in **4 domains**: Intervention Characteristics, Inner Setting, Outer Setting, and Process

*The Consolidated Framework for Implementation Research, CFIR Research Team-Center for Clinical Management Research, <https://cfirguide.org/>

Findings

Key Facilitators for Rapid Start Service Provision Identified by CFIR Domains

Intervention Characteristics

- Implemented common components of Rapid Start workflows (*see Fig. 1*)
- Ensured access to same-day ART during Rapid Start visit through onsite pharmacy, ART starter packs, or linkage to offsite pharmacy
- Agencies incorporated same-day appointment slots for clients during clinic sessions

“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”

Outer Setting

- Leveraged existing federal, state, and pharmaceutical industry funding reduced cost barriers and facilitated access to same-day ART medication and Rapid Start services

“With the funding that’s provided through [the state], we have financial assistance for those labs, appointments, for the office visit or the medication if it’s needed...taking away those barriers that the patient doesn’t have to think, ‘Okay. Well, I can’t pay for this.’ We can get you started. We can get you in. Let us help you.”

Inner Setting

- “Warm-hand offs” among the healthcare team facilitated access to same-day services
- Rapid Start service provision required flexible and enhanced coordination and communication between the healthcare team

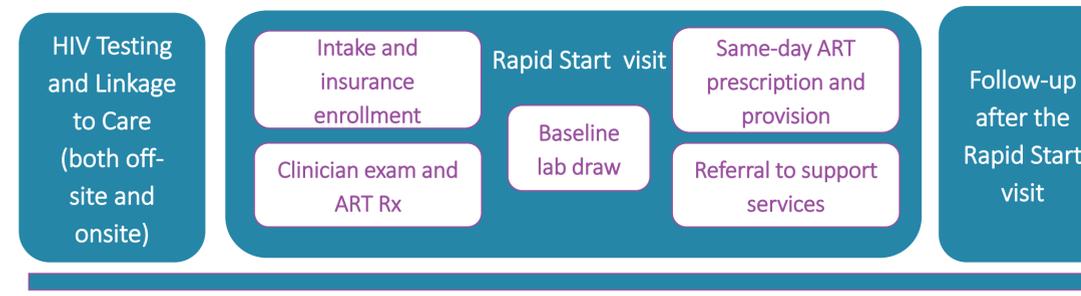
“I think the warm handoff piece is really super important. Not only just in the linkage to care to another provider, but to all the pieces that are supporting a client.”

Process

- Staff champions led efforts to adopt Rapid Start
- Champions were influenced by clinical research noting Rapid Start effectiveness

“It’s so important to identify that champion, the person that believes in [Rapid Start], and the one that is going to be championing the initiative within the organization”

Fig. 1 Intervention Characteristics: Typical Rapid Start Workflow



To be notified about Rapid Start resources coming soon, please scan this QR code:

For more information on the DAP initiative, Rapid Start resources, and Rapid Start Learning Community, please visit: <https://targethiv.org/ta-org/rapid-art-dap>



Implications

- The **CFIR framework** is useful in guiding collection, organization and analysis of data describing facilitators of Rapid Start adoption and sustainability in diverse settings.
- Using an **implementation science framework** is helpful in identifying and describing components of an intervention to support development of materials that will aid in **effective replication** of the intervention in the field.

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