

Centering Patient Voices to Implement Rapid Start in RWHAP-Funded Clinical Settings 2022 United States Conference on HIV/AIDS

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Funding Announcement

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Cicatelli Associates Inc.

- National public health capacitybuilding nonprofit organization founded in 1979
 - Began efforts to use education, training, and technical assistance (TA) to build broad-based capacity to respond to HIV/AIDS epidemic
- Currently leading 3 national Ending the HIV Epidemic (EHE) initiatives



INTRODUCTIONS



Where you are from

Title/Position/Role

What year did you begin working in HIV?

Objectives

- Describe a rationale for providing Rapid Start services
- Share client experiences in receipt of Rapid Start services in Ryan White funded clinical settings
- Explore potential barriers and strategies that might impact clients' and providers' decisions to adopt Rapid Start as a standard of care







Carousel

- 1. What is Rapid Start?
- 2. What is important about Rapid Start?
- 3. Why is it important to incorporate patient voices in Rapid Start implementation?



What is Rapid Start?



What is Rapid Start?

• Most recent clinical guidance recommends antiretroviral therapy (ART) for all people with HIV, including those with early HIV infection, as soon as possible after HIV diagnosis

• For this initiative, Rapid Start is defined as the provision of antiretroviral therapy to persons with HIV within 7 days of diagnosis or re-engagement in care

Reference: https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/early-acute-and-recent-hiv-infection?view=full

Why is Rapid Start Important?



Why is Rapid Start Important?

- Rapid Start, compared to later initiation of ART, increases rates of medication uptake, viral suppression, and retention in care
- Markedly reduces the time from diagnosis to viral suppression
- Shown to substantially reduce the risk of transmission during early HIV infection

Why is it Important to Incorporate Client Voices in Rapid Start Implementation?



Why incorporate client voices?

- Make sure services are responsive to client needs
 - Availability
 - Accessibility
 - Acceptability
- Realize full benefits of Rapid Start services to improve client outcomes

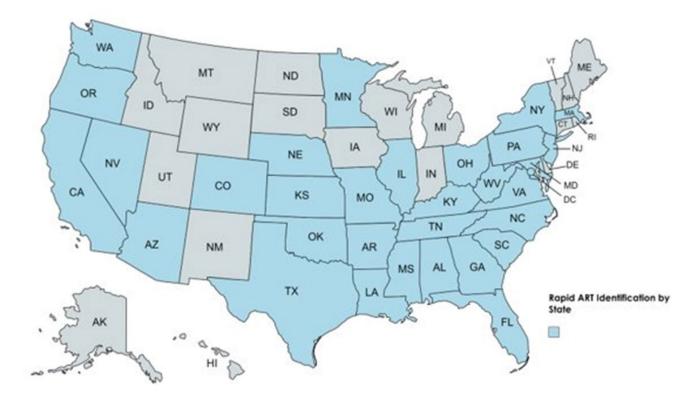
• Motivate the healthcare team to adopt Rapid Start

Dissemination Assistance Provider (DAP) Project

Project Goals & Objectives

- **Goal:** To make Rapid Start the standard of care in RWHAP provider settings across the U.S.
- Objectives:
 - Identify effective Rapid Start models in a variety of settings in the U.S.
 - Develop and disseminate a compendium of these models
 - Support replication of effective Rapid Start models by developing materials and resources, and delivering training and technical assistance

Methods



- Comprehensive environmental scan to identify range of Rapid Start practices and models (128 Rapid Start programs in 32 states)
- 18 virtual field visits with Rapid Start provider sites demonstrating positive client outcomes
- This effort included speaking to 159 staff members in total, and 12 Rapid Start clients

Acknowledgements

- Asian Health Services (AHS) (Oakland, CA)
- Borinquen Medical Centers (Miami, FL)
- CareSouth Medical and Dental (Baton Rouge, LA)
- Equitas Health (Columbus, Ohio)
- Hennepin Healthcare's Positive Care Center (Minneapolis, MN)
- Howard Brown Health (HBH) (Chicago, IL)
- Jeffrey Goodman Special Care Clinic (Los Angeles, CA)
- Kern County Health Officers Clinic (Bakersfield, CA)

- LGBT Life Center & CAN Community Health (Norfolk, VA)
- Mary Washington Healthcare (MWHC) (Fredericksburg, VA)
- Roper St. Francis Healthcare's (RSFH) Ryan
 White Wellness Center (Charleston, SC)
- San Francisco RAPID (San Francisco, CA)
- The Max Clinic (Seattle, WA)
- University of Alabama, Birmingham's 1917 Clinic (Birmingham, AL)
- Valleywise Health (Phoenix, AZ)
- Whitman-Walker Health (Washington, DC)

Our Findings

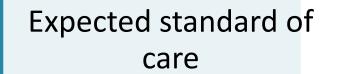
Rapid Start has been shown to improve HIV outcomes across the care continuum, including:

- Reduces time to linkage to care
- Reduces time to viral suppression
- Improves viral suppression rates 12 months post-HIV diagnosis
- Improves retention in care



Theme 1: Clients Want Rapid Start

Sub-themes:



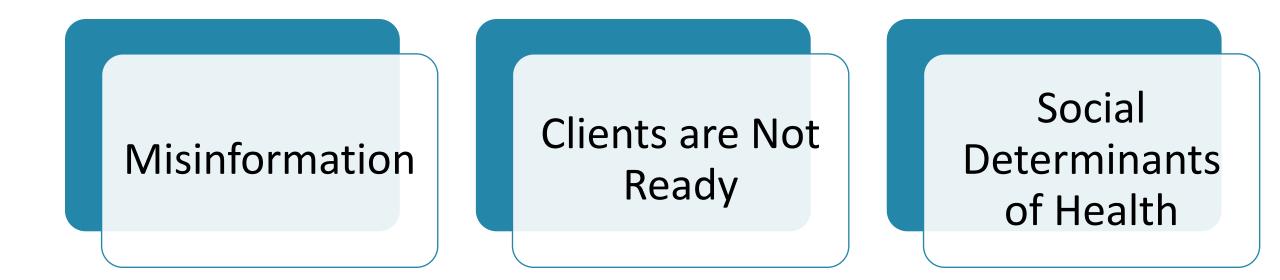
Clients want to address their HIV diagnosis right away Clients felt relief when they learned that they were able to start ART same-day

'I've never had someone not want to start." -- Clinician



Theme 2: Clients Have Rare Hesitation

Sub-themes: Client Reasons for Hesitation



Source: 12 client interviews from DAP



Why Wait? StART Now!



Ramirez

Los Angeles, CA

Myth vs. Fact



Clinics must administer a Rapid Start needs assessment with each client before providing Rapid Start services to see if they are ready to receive same-day ART



Clinicians rarely conduct formal assessments. In fact, most of these assessments are more likely to be stigmatizing and biased based on clinician preconceptions than to generate useful information.

Clinician quote:

"Every single implicit bias that has led to disparities in medicine are framed in readiness."







Myth or Fact?

Clients are too overwhelmed by a new HIV positive test result to receive ART same-day



The majority of clients want Rapid Start services and are eager to start treatment after learning about their diagnosis.

Clinician quote: "I've never had someone not want to start."







Myth or Fact?

Clients do not mind coming back for another visit to get their Rx for ART

<u>MYTH</u>

Clients expressed relief and positive sentiments when being given ART the same day, instead of waiting a few more days.

Client quote:

"[Picking up the medication the same day] was actually the best part for me, because my one thing, my one concern was how long should I wait before where I start treating and how detrimental would that be to my body and everything. So yeah, it helped me a lot that I got it the same day."







Clients believe Rapid Start should be the standard of care



Clients expect Rapid Start to be a standard of care.

Clinician administrator quote:

"Essentially what we found both with patients here and other patients [who] were interviewed was that, it was the idea of not being offered medication that felt weird. It felt like almost sort of like a, 'How could you possibly not offer me medication?' type of thing."







Myth or Fact?

Clients feel supported when staff check in on them after the Rapid Start visit and provide consistent reminders about picking up medication



Clients feel motivated to stay in care when staff members reach out to them and establish a supportive relationship with clients.

Client quote:

"They suggested everything they could have possibly suggested, from using a daily pill box, to having a reminder on my phone, to actually giving me a phone and giving me the pill boxes and sending me emails to remind me, "Hey, it's time to take your meds. Did you take your meds today?" They did everything they possibly could have ever even thought of doing."





Challenges to Rapid Start Implementation Group Activity



GROUP #1: Client-Level Challenges to Implementation of Rapid Start

In implementation, we anticipate some client-level challenges

• In your group, list barriers to implementation of Rapid Start that relate to the client



GROUP #2: Systems-Level Or Provider-Level Challenges to Implementation of Rapid Start

In implementation we anticipate some systemslevel/provider-level challenges

• In your group, list barriers to implementation of Rapid Start that relate to the provider



Discuss solutions or strategies that will offset the barriers you previously discussed in your group



COMING SOON IN FALL 2022!!



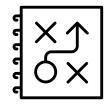
Rapid Start Compendium of Best Practices



Rapid Start Site Profiles



Rapid Start Cost Estimation Tools



Rapid Start Jurisdiction Playbook

For more information on the DAP initiative, please visit: <u>https://targethiv.org/ta-org/rapid-art-dap</u>