



Rapid ART

Implementation in an Emergency Department
to End the HIV Epidemic

Case Study: Tarrant County, TX

Introduction

The federal, multi-agency Ending the HIV Epidemic in the U.S. (EHE) initiative, which began in 2020, is an ongoing effort to reduce the number of new HIV infections in the United States by at least 90 percent. CAI's Technical Assistance Provider-innovation network (TAP-in), funded by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB), provides technical assistance (TA) to the 47 HRSA-funded EHE jurisdictions to help them achieve this goal.

To end the HIV epidemic, people with HIV who are not being served by current systems of care must be reached. Partnering with Emergency Departments (EDs) is an innovative way to identify, treat, and link people with HIV we have not yet reached in HIV care. Recognizing this opportunity to improve the system of care and services for people with HIV, the Tarrant County HIV Administrative Agency (TC AA) – the HAB EHE-funded jurisdiction in Fort Worth, TX – approached TAP-in. The idea was to support a collaboration with the JPS Health System Emergency Department, a safety net hospital serving over two million residents, and the JPS Healing Wings Clinic to prescribe antiretroviral therapy (ART) as rapidly as possible to newly diagnosed and out-of-care people with HIV.

This case study explores the methods and outcomes of this program, and how it fits into the overall strategy of the EHE initiative.



Challenge

In 2021, the Tarrant County HIV Administrative Agency (TC AA) established a Rapid ART Work Group, which includes physicians and support staff from the JPS ED, the JPS Healing Wings clinic, and the TC AA with support from TAP-in to explore ways to implement Rapid ART in the Emergency Department (ED). At the time, the JPS ED was conducting routine opt-out testing for HIV.

The TC AA wanted to expand on HIV testing by starting treatment for those who tested positive before they were discharged from the ED. Before the partnership, data from Tarrant County indicated that the average time across the county from diagnosis to the first medical appointment was about 45 days.

Emergency departments see people most in need of care who could benefit from engaging in a system of care. People with HIV are three times more likely to visit an ED and are often uninsured, experience housing insecurity, or have substance use disorder. Half of HIV clients screened in an ED are not in any type of regular HIV medical care. (Rothman et al. Acad Emerg Med, 14(7), 653. Lyons et al. Public Health Rep, 120(3), 259.)

Annually, the JPS ED has the highest number of HIV-positive tests and identifies a high percentage of individuals who are out of care in Tarrant County. A clear need existed to implement Rapid ART to reduce barriers to care as well as eliminate any gaps in the HIV care continuum.

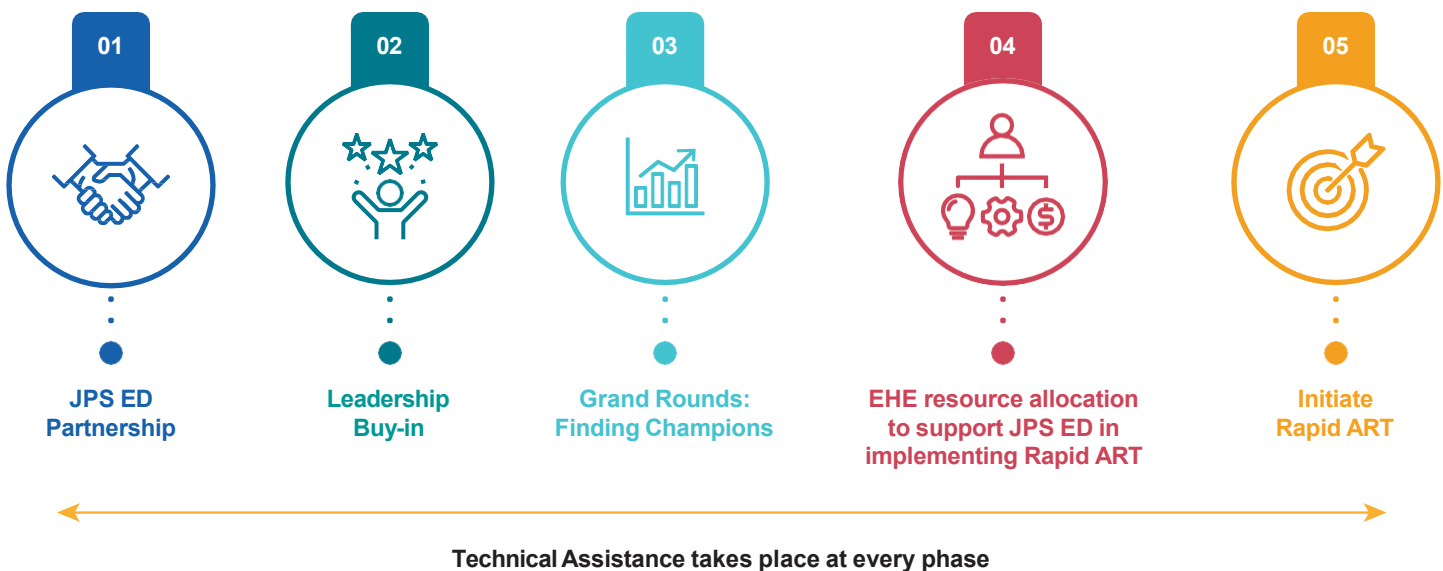
“The emergency department is the front door to public health.”

— JPS Emergency Medicine Chief of Research and Knowledge Translation

Methods

To make this new standard of care a reality, TAP-in provided technical assistance to the JPS ED, JPS Healing Wings, and the TC AA through a multi-prong approach. Initial stages included establishing a work group among TAP-in, the JPS ED, and the TC AA to learn more about their context, including how HIV screening and referral were taking place, and to ensure appropriate leadership buy-in. This work group determined that a Grand Rounds session would be a good approach to raise awareness, knowledge, and motivation, with the goal of finding champions who wanted to spearhead this effort. As TAP-in's partner, the UCLA Department of Family Medicine recruited an emergency medicine physician who is an expert in routine, opt-out HIV testing and Rapid ART in the ED to talk about the implementation of Rapid ART in their ED during a Grand Rounds presentation in August 2021. EDs have a unique culture and having an experienced peer introduce the topic was key.

TARRANT COUNTY AA RAPID ART IN THE ED EHE STRATEGY



Following Grand Rounds, the JPS Emergency Medicine Chief of Research and Knowledge Translation, and others from JPS, including the Healing Wings Clinic (a Ryan White HIV/AIDS Program-funded HIV primary care clinic) joined the Rapid ART Work Group. As an initial strategy, the work group planned to start those who tested positive for HIV on ART as rapidly as possible. The pilot implementation began in September 2022, and the team set out to build systems that facilitated data collection, training, and modification of electronic health records to reduce the HIV diagnosis to treatment window to three days.

Outcomes

The partnership started small by piloting Rapid ART as the standard of care. People were provided with routine opt-out testing for HIV with the ultimate goal of better linkage to care. Between September 2022 and March 2024, the JPS ED and JPS Healing Wings have provided Rapid ART services to 57 clients, who have been prescribed ART as soon as possible after their diagnoses.

As the program was being implemented, the Project Manager responsible for leading clinical quality management at JPS Healing Wings started tracking data for the Rapid ART clients. Although preliminary, the results are promising. As of March 31, 2024, 60% of Rapid ART clients initiated ART within three days of diagnosis.

Before the Rapid ART pilot, the average time from HIV diagnosis to viral suppression was seven months. With the initiation of Rapid ART in the ED, people with HIV are now achieving viral suppression within 46 days, on average, of their diagnosis.

While there was no standard across the clinic as to when labs would be drawn after ART initiation, the practice is now standardized. Of the pilot clients enrolled for six months or more, 93% have been retained in HIV medical care at JPS Healing Wings.

“The HIV Administrative Agency believed the key to decreasing new HIV transmissions and re-engaging clients in care was to implement a Rapid ART program as part of the routine opt-out screening in the Tarrant County Hospital District Emergency Department. Rapid ART implementation has been transformative.”

— HIV Grants Manager, TC AA

Implications and Next Steps

The Grand Rounds approach has created buy-in from current and future physicians and normalized Rapid ART within EDs. To expand routine, opt-out testing and the potential implementation of Rapid ART, JPS engaged with multiple hospitals that showed interest. A second, in-person Grand Rounds was hosted in February 2024, aimed specifically at supporting the implementation process. On the same day, two community meetings brought together local Emergency Departments, experienced Community-Based Organizations (CBOs), and outpatient clinics already delivering Rapid ART. These gatherings served as a platform for ED representatives to connect with established providers, facilitating the exchange of insights on caring for individuals living with HIV to achieve sustained viral suppression. The primary aim of these meetings was to identify an ED ready to initiate Rapid ART, a goal that was achieved with more than one ED demonstrating significant interest. Additional activities are being considered, including future Grand Rounds, the development of a Rapid Start Coalition, and other collaborations to support the implementation of Rapid ART. In an exciting demonstration of cross-jurisdictional collaboration, a hospital and a CBO from the Dallas EHE jurisdiction participated with the Tarrant County providers.

The effort's success is due to leadership buy-in, as demonstrated by the Rapid ART champions at the JPS ED, JPS Healing Wings, and the TC AA. Technical assistance is also essential.

TAP-in employed a structured process to support the jurisdiction in moving through the phases of implementation from the diagnosis of HIV to starting treatment and establishing care protocols before individuals left the ED. The JPS Emergency Medicine Chief of Research and Knowledge Translation referred to the technical assistance as “transformative” for their ED.

The staff at JPS Healing Wings are highly involved in linking HIV clients to ART and following up on their long-term care. The team was also focused on raising awareness about HIV and Rapid ART throughout the JPS Family Medicine and Emergency Medicine Departments. JPS also hired a Patient Navigator, embedded in the ED, to help link HIV-positive patients, both the newly diagnosed and the out-of-care, to outpatient care as quickly as possible.

Another key player is the JPS Pharmacy. JPS operates a 24/7 pharmacy across the street from their ED. The ED and the Pharmacy agreed that, when there is a newly HIV-diagnosed patient in the ED, the Pharmacy will deliver a 30-day supply of Biktarvy to the ED independent of the patient's insurance status. The medication is delivered to the nurse who confirms with the provider and then administers the first dose before the patient is discharged. For uninsured patients, the Patient Navigator enrolls the patient into the patient assistance program to get a 30-day voucher to cover the first fill. If that option is unsuccessful, the pharmacy is reimbursed by the TC AA using EHE funds. Involving the pharmacy upfront has helped ensure Rapid ART implementation in the ED.

By syncing rapid HIV screening, Rapid ART prescribing, and patient navigation services for the hardest-to-reach people with HIV, EDs can establish themselves as essential partners in reaching the goals of the EHE initiative.

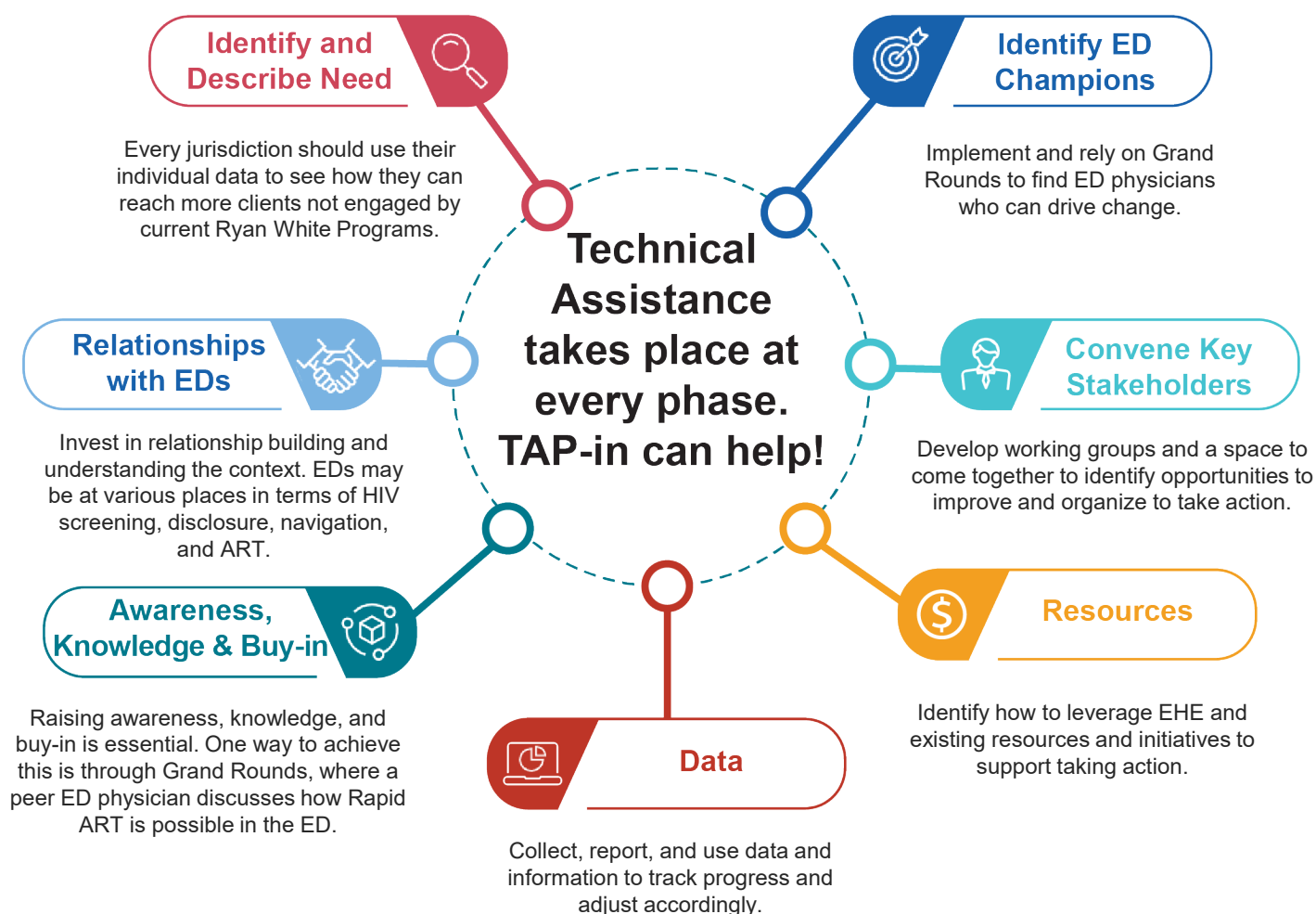
Most ED HIV testing programs can expand their range of services to continue holistic care for people with HIV by providing STI testing, by providing PrEP to HIV-negative clients, and other services for all individuals. Well-supported programs can reduce the rate of HIV infections and ultimately help address specific community needs and reduce health disparities.

How Technical Assistance Can Help

Tarrant County's initiative demonstrates the role that emergency departments can play in making HIV care accessible to disproportionately affected populations, specifically those living with HIV and currently out of care. Importantly, it was built on a model that can be replicated in other jurisdictions. Currently, TAP-in provides technical assistance and capacity building to all HRSA-funded EHE jurisdictions considering the implementation of Rapid ART using an approach like the one deployed in Tarrant County.

How Your EHE Jurisdiction Can Start Rapid ART in the ED

This example from Tarrant County is one that can be replicated and is grounded in some key steps:



Ending
The
HIV
Epidemic



Technical Assistance Provider
innovation network

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