What Works in HIV Care & Services Podcast Transcript

Episode 3 – Rapid stART

Narrator (00:01): You're listening to What Works in HIV Care & Services, a podcast by the Ryan White HIV/AIDS Program Best Practices Compilation. This podcast and the Best Practices Compilation are supported by the Health Resources and Services Administration's HIV/AIDS Bureau. HRSA's HIV/AIDS Bureau funds the Ryan White HIV/AIDS program, which provides a comprehensive system of HIV primary medical care, medications, and essential support service for low-income people with HIV. Join us to hear success stories from leaders implementing best practices in HIV care and services across the nation.

Ellie (00:45): Hello and welcome to today's episode of What Works in HIV Care & Services. I'm Ellie Coombs, I'm a content developer for the Ryan White HIV/AIDS Program Best Practices Compilation. The Compilation is an online collection of established and emerging approaches that improve care and services for people with HIV. Today's episode will focus on *Rapid stART*, a project implemented by the Clark County Las Vegas TGA, as part of a Special Projects of National Significance initiative. So quick overview, through this work, Clark County collaborated with 28 sites to implement protocols to link people to ART within seven days of diagnosis, and they also implemented a county-wide Response Team to support people throughout that process. Joining me today from Clark County are Heather Shoop, the HRSA Grants Project Director, and Julie Young, Founder and President of TriYoung, which developed the *Rapid stART* interface in CAREWare. Today, Heather and Julie will be providing detail on Clark County's *Rapid stART* approach and how it has improved client outcomes over time. And we'll also talk about how our team collaborated with Heather to spotlight Clark County's work on the Best Practices Compilation. Hi, Heather and Julie, welcome. Heather, please give us a background of your agency and jurisdiction.

Heather (02:12): Sure. So, I work for the Clark County Social Service Office of HIV. We cross over three counties, so Clark County, which is where Las Vegas sits, our TGA covers Nye County, which is also in Nevada, and we cover Mojave County in Arizona. I would say a majority of our folks with HIV live in the Nevada area, in particular Clark County. We have about 11,000 people living with HIV in Nevada, and again, the majority of those are in the Las Vegas area.

Ellie (02:48): Great, thank you for that background. And Julie, could you please introduce yourself and the role of TriYoung?

Julie (02:55): Yeah, Julie Young here, President/Founder TriYoung. We're a information technology firm that, since the year 2000, has helped folks use CAREWare. So, our role is really just to help make the technology make sense and work for the folks that are trying to use CAREWare. Sometimes we just put a interface in front of CAREWare so that it works the way those folks work. Since CAREWare's really a data collection tool, we try to make those systems work better for the folks.

Ellie (03:24): All right, let's dive into the *Rapid stART* approach. So one of the aspects that makes your program unique is the *Rapid stART* Response Team. What is the role of that team?

Heather (03:38): Sure a great question. So, the *Rapid stART* Response Team really has three primary roles. The first is to support agencies with linking their patients to care. For example, if we have a patient that tests positive at one of our UMC Quick Care Centers, or at a blood bank or at a plasma bank, that

agency, once they know about the *Rapid stART* Response Team, can call them and then the *Rapid stART* Response Team would be responsible for linking that patient to care. They're also responsible for building capacity for the *Rapid stART* system of care.

Heather (04:16): So, what they currently have for this fiscal year is to bring 12 new agencies or clinics into the *Rapid stART* continuum. We're really focusing this year on areas that appear to be medically underserved. So, we recently had an opportunity to look at an ArcGIS map that shows where all of our FQHCs, Ryan White funded medical providers, and EHE funded medical providers are. And so we're really concentrating on developing relationships with medical providers in areas that we're not seeing being served appropriately so that people can get healthcare close to home. So, that's one of the biggest parts of the *Rapid stART* Response Team's role is to bring new agencies into the system of care. And then the third role that they fulfill is provider education. So they really do a lot of capacity building around helping new providers and existing providers understand HIV care, understand *Rapid stART*, and why *Rapid stART* is important.

Ellie (05:21): It sounds like these folks, they're not just helping people connect with a medical provider and medication, but they're doing a lot of work in terms of capacity building of providers in your area.

Heather (05:36): Absolutely.

Ellie (05:37): Are there any other pros or cons that you want to talk about in terms of having this centralized response team versus having a patient navigator embedded within the clinic to provide that linkage to care?

Heather (05:50): Sure, yeah. So many of our locations that are doing *Rapid stART* services do you have patient navigators on site, but some don't, right? And so if we're going to end the HIV epidemic, we have to bring in folks that don't normally provide HIV services or maybe doing testing but don't know how to link people. So, it's an opportunity for, let's say, a doctor that maybe doesn't know a lot about HIV, to be able to call somebody and say, I really need to connect my patient into specialized HIV medical care. Can you help connect them? We also have a lot of testing centers that don't provide medical care on site. So, for example, talent testing centers for like sex workers and porn stars, those types of places they don't normally connect to medical care. So, the *Rapid stART* Response Team really serves to take the pressure off of medical providers and testing sites to figure out linkage and to get those patients connected to care quickly.

Ellie (06:50): We recognize that you all really aim to connect people to insurance, like Medicaid, to help cover the cost of that medical care and that medication. What about the folks who are uninsured? How do you get them access to meds right away?

Heather (07:04): Many of our medical providers, in the *Rapid stART* system, have relationships with pharmaceutical companies, and so they may have starter packs. Some of our clinics do have pharmacies on site. They may have a 340B program that can help with that. One of the things that we're potentially looking at, that other jurisdictions have done successfully, is to provide EHE dollars to the state's ADAP program, to help provide medication to people who may not have other resources, and before they become Ryan White eligible.

Ellie (07:36): Really important aspect of ending the HIV epidemic, getting folks their access to meds right away before that eligibility kicks in. So, you work with 28 sites, how does this Rapid Response Team collaborate with staff at all of those sites to make sure they can get that medical appointment and get the medication as soon as possible?

Heather (07:57): So, in some cases, the *Rapid stART* Response Team isn't needed. I would say quite a lot of those sites are primary care and quick care clinics connected to the University Medical Center. University Medical Center also has a wellness center that has been a Ryan White and EHE funded provider for quite some time. So, in an agency like that—let's say at the UMC Quick Care Center, where testing is now offered to anybody over the age of 15—if they have a positive test, they would connect to

the UMC Wellness Center to get that patient connected to care. So, in some cases, it's already kind of baked in to that clinic's repertoire of services. Where *Rapid stART* Response Team is really, really helpful is when we don't have a place that a testing center is connected to.

Heather (08:51): And so oftentimes they may get a call from a physician's office. Recently, there was a call that went to our local health department, and the health department was able to get that person then connected with the *Rapid stART* Response Team to get them connected to care.

Heather (09:07): So, there are multiple ways that people can get connected, and the *Rapid stART* Response Team is just one of those.

Ellie (09:13): Yeah, it sounds like you're definitely allowing flexibility on the ground in terms of how exactly the process is getting implemented. Are you doing anything to establish some kind of standard protocol across the 28 sites, or any kind of strategy to help train them up? A learning collaborative, for example?

Heather (09:34): So, I would say right now, a majority of the sites that are involved were in some way connected with the learning collaborative that we completed in 2023. So in 2020, we became a part of SPNS project through University of California, San Francisco to support us with standing up *Rapid stART* in our community. So, with that, we had nine organizations that were a part of that, and a majority of those organizations continue to be involved in the *Rapid stART* world today. We have seen an increase in the number of testing sites due to a Senate bill that was passed in the state of Nevada in 2021, which mandated emergency departments and primary care providers to offer HIV testing to anyone 15 years of age and older. And so UMC, as a hospital organization, has really embraced that and put HIV testing into all of its primary care and quick care centers. So that's, I think, some of the ways that we're making sure that that happens. We also have the manuals, that we do have a *Rapid stART* manual, and this was the piece that I think really got us into the Best Practices Compilation, so we do have a manual that is utilized any time we have a new provider or somebody that is interested in coming into the *Rapid stART* system of care, that really helps to create a standard across the jurisdiction.

Ellie (11:07): So, helpful to have that manual available to everyone and also the learning collaborative supported through SPNS. So we know that the *Rapid stART* is not just about that medical visit and getting access to meds that people often have a lot of psychosocial needs that need to be addressed. So, my understanding is that in 2023, you all added psychosocial support services and mental health services so people with HIV could get access to those services right away prior to going through the Ryan White eligibility process.

Heather (11:40): Mm-hmm [affirmative].

Ellie (11:41): Could you talk a little bit more about that?

Heather (11:44): Sure. You know, it's really important that people with HIV have access to mental health services and to peer support early on in their journey. And whether they're returning to care or they're recently diagnosed, we want them to have access to those services. That, to me, is not something that people should have to qualify for in terms of eligibility to be able to receive. So we did a small pilot around mental health and psychosocial support services. I would say it was not utilized to the level that we would have expected. But also, I don't know that everybody knows about it yet. So again, this was kind of like a mid-year pilot project that we embarked on that we're going to continue in this next year. In the future, one of the things that I'm looking at is pulling psychosocial support out of our Part A program altogether and putting that under EHE. What that will do is gives us an opportunity to really expand that program, to make sure that there's a comprehensive list of support groups that people can attend, and also a specialized peer support component where when a person does test positive, they can be linked to medical care, but also a peer can be deployed to that medical appointment with them.

Ellie (13:03): Okay, yeah. So just a quick definition of EHE, that's the Ending the HIV Epidemic, and so you all are recipients of that funding and EHE funding doesn't have as strict of eligibility requirements as the regular Ryan White program. Yeah.

Heather (13:17): Yes. One of the many beauties of EHE is knowing that a person doesn't have to have a residency requirement or an income threshold, that all they have to have is a positive HIV diagnosis, and they can receive those services.

Ellie (13:32): Well, thank you. Really helpful to learn more about your model. Julie, let's turn to you to talk about client outcomes. Can you describe the *Rapid stART* tool that you developed to help Clark County track those outcomes?

Julie (13:46): Sure, yes. Thank you, Ellie. So, the whole idea behind data collection, just a little bigger picture, is Heather's dream was not to just have Ryan White funded medical providers being able to be a part of *Rapid stART*, she wanted it to be impactful across any provider that served HIV patients. And so, we had to think about that. And so that's why the *Rapid stART* tool really kind of fits into the mix. It is designed to give a dashboard-type reporting so that end user can quickly assert how many clients do they have coming through the system, what's their data kind of showing, and be able to quickly add data, clean up data, fix it, all those things that are a part of doing good reporting. But the key was to make sure that we didn't, like, throw a new system in the mix and have all of our Ryan White providers frustrated because they not only have to get all their data up in CAREWare, but now they got to do it in another system? We should be pushing data and reading data from that system, the same data you already have to report, but maybe it's showing it to you differently or giving you a better interface to manage it. The three main components then it comes down is going to be that they have an HIV diagnosis and when was that? And then are they in care or out of care, was it years ago and now they're coming back? So there's some triggers to help identify returning into the system. And then of course medical appointments and lab results, those three things along with demographic data to kind of know who are we serving, who are we impacting? It truly is a *Rapid stART* driven interface that keys in on these core concepts and allows for rapid data entry, rapid data fixing, and rapid reporting with dashboards. Maybe we've got ten clients that their data just doesn't make sense, so we throw those into an exception pool and allow somebody to do the data review and clean up quickly, efficiently, and then boom, they can get reporting done.

Ellie (15:46): Nice, really nice to leverage the existing data management system, the data already being collected, so folks can spend their time providing care instead of doing double data entry. So you mentioned some dashboards that summarize that existing data. What are the kind of outcomes that you're using to track the success of the program?

Heather (16:07): So, some of the things that we look at is the amount of time that it takes to get from that diagnosis or that referral to medical intake, and so the performance measure there that we're aiming for is seven days or less. We're also looking at the number of days that it takes to get from that diagnosis to ART initiation, so that, again, is seven days. And then the amount of time that it takes to get to viral load suppression. And we're aiming for 60 days there. So, I recently ran some data for our previous grant years. So March 1st, 2023, through February 29th, 2024, we had 274 people enter through the *Rapid stART* program, and those were people that were either newly diagnosed or returning to care. The median number of days that it took to get from that diagnosis or that referral to medical intake was seven. And then to get from that medical intake to ART initiation was zero. So what that means is that people were getting connected and initiated on ART on the same day that they were receiving their first medical appointment. And then the median number of days to get to viral load suppression was 51.

Ellie (17:26): So, given you've been working at this for several years now, you have a robust model, what advice would you give other providers who are interested in implementing a *Rapid stART* model as well?

Heather (17:37): So, a few things. I would definitely say, you know, one of the things that we found really helpful is driving this from the recipient level has really helped to create community buy-in, you know, for us just on a regular basis outside of *Rapid stART*, but really in everything that we do, the real key is

relationship building. Many of us focused on grant management, kind of as the primary goal, but really for us, relationship development is the most important thing, and it makes grant management and program development even easier. So really focus on developing relationships with other people in your community that may touch people who are living with HIV and maybe doing some of that testing.

Heather (18:22): It's really, I think, the most important thing is that we can't continue to stay in this silo of HIV care and services. We really have to branch out and get to know other organizations, other physicians' offices that may touch our clients so that we can really work on ending the HIV epidemic truly. We have to get outside of the barriers that we've created. Co-creating with community is always the way to go and having people with HIV at the table to help create those programs is going to be the best way to do that. We can't create programs for people without involving the people that may engage with those programs at the table, it's very much that "nothing about us, without us" mentality of the disabilities movement that came out of the 1990s. It's really important to have people with lived experience at the table.

Julie (19:20): I was just going to add from the data perspective, everybody saw all the system stuff behind the scenes connected and working well, and everybody uses the same reporting model, not their own offshoot of that. So it makes the... When Heather gives statistics, they're valid statistics because it's the same model of reporting, same data set. So, I just wanted to add that component to it.

Ellie (19:44): Yeah. Really important that jurisdiction role in identifying all the stakeholders and getting them engaged and then providing them support throughout the process. Heather, you mentioned early on that you are bringing new providers into this project using mapping software, how is it working with non-Ryan White providers? What kind of tips would you give our audience out there if they want to engage those types of providers in their work?

Heather (20:15): Sure, so I think starting with FQHCs and FQHC-like organizations is really helpful. They already have sort of a mandate to provide whole-person care, and so that's a really great place to start. One of the first agencies that we brought into this system was an FQHC. It never received Ryan White funding before, but they were they were doing the testing, they were doing HIV care in some cases, and so bringing them into that system just helped to create more of a structure for them. We also have a new organization that was previously not a Ryan White recipient, it has since become a Ryan White Part C recipient for mental health services, but they were one of the first other organizations that we brought into the *Rapid stART* continuum. They were also a medical clinic that was doing testing and had the capacity to do medical care. And so, bringing them into the system has just helped them to increase their capacity, but also to increase the capacity of the community.

Ellie (21:19): Thank you for that. And just to end our podcast today, you know, one of the goals of the podcast is get the word out about these best practices to encourage other jurisdictions or providers and implementing these processes, but we also want to plug the Best Practices Compilation. We want you all to submit your own best practices to include for other folks to learn about what you're doing out there. So, Heather, what was the process like for collaborating with the Best Practices Team to get your profile included?

Heather (21:49): So, one of my previous staff members, Vanessa Cruz, who really was the person that made all of this possible, she was the first person in our team to really engage with the Best Practices Team. It's been nothing but positive from her perspective and from mine. I know there's been a couple of edits that have gone back and forth, but really being approached to include our program in the Best Practices Compilation is a huge win for us, and we just really hope that other jurisdictions will be able to take some of our lessons learned and wisdom to be able to stand this up in their community as well. So thank you to JSI and to the Best Practices Compilation Team for helping us to do that.

Ellie (22:38): Well, thank you so much for collaborating with us and participating in this podcast. I hope folks learned something out there that they can apply to their own work.

Heather (22:49): Thank you.

Julie (22:50): Thank you.

Narrator (22:53): That's it for today's episode of What Works in HIV Care & Services. We encourage you to check out the Best Practices Compilation at TargetHIV.org/bestpractices.