Center for AIDS Prevention Studies
Prevention Research Center
Division of Prevention Science

Southern Nevada Rapid stART Learning Collaborative Overview

Implementing A Community-Wide Rapid stART Initiative in Southern Nevada

SPNS Initiative Overview

- This project builds the capacity of RWHAP recipients and subrecipients to replicate effective models of care in four RWHAP jurisdictions disproportionately affected by HIV

- 3-year HRSA Initiative

- Participating jurisdictions include Atlanta, Las Vegas, Jackson & New Orleans

- University of California, San Francisco (UCSF) provides capacity building assistance and evaluation and technical support

- The project uses a Learning Collaborative approach to promote peer-to-peer learning and facilitate implementation of evidence-informed interventions

Las Vegas
Learning Collaborative:
Purpose and Goals

Alisha Barrett

Heather Shoop

Purpose and Goals

Purpose

UNDECTECTABLE = UNTRANSMITTABLE

Long Term Goals

Reduce New HIV Infections while also Decreasing Community Viral Load

Medical Care is Available Same Day as Diagnosis

Medications are Prescribed within 48 hours of Diagnosis

Short Term Goals

Medical care and medications are available as soon as possible to a newly diagnosed individual

Community Partners working together to develop road map for successful implementation of long term goals

Lori DeLorenzo

Learning Collaborative Consultant

What is a Learning Collaborative?

What is a Collaborative?

A quality improvement methodology that…

"…brings together **groups of practitioners from different healthcare organizations** to work in a structured way to improve one aspect of the quality of their service. It involves a **series of meetings** [with content and QI experts] to learn about best practice in the area chosen, about **quality methods** and change ideas, and to share their experiences of making changes in their own local settings."

Ovretveit et al. (2002)

Key Features of a Collaborative

- Focus on a specific area of care or service delivery
  - Rapid stART
- Community of learning
- Acceleration of improvement
- Smaller cycles of tests and measurements
- Power of peer learning
- Support provided via coaching, content experts, webinars, etc.

Adapted from HEALTHQUAL International

Involvement

- Planning Group members (e.g., jurisdiction leaders and other representatives who work to design and facilitate the Learning Collaborative)

- Representatives from clinics/agencies involved in delivering the interventions (implementing agencies)

- Content experts (e.g., intervention trainers, data experts)

- Key stakeholders (e.g., consumers) and policy makers

UCSF Team

Faculty
- Dr. Greg Rebchook, Principal Investigator (PI)
- Dr. Wayne Steward, Co-PI
- Dr. Janet Myers, Senior Implementation Scientist
- Dr. Susan Kegeles, Senior Intervention Scientist
- Dr. Starley Shade, Quantitative Evaluator
- **Dr. Kim Koester, Qualitative Evaluator, Faculty Liaison**
- Dr. Bruce Agins, Learning Collaborative Specialist
- Dr. Kelly Taylor, Faculty Liaison

Staff
- **Shawn Demmons, Coach**
- Robert Williams, Coach
- Shannon Fuller, Coach & Qualitative Researcher
- Andres Maiorana, Qualitative Researcher
- Ben Zovod, Project Coordinator
- Mary Guzé, Data Analyst

Consultants
Lori DeLorenzo, Learning Collaboratives
Jessica Xavier, Quality Assurance

UCSF Center for AIDS Prevention Studies
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Las Vegas Learning Collaborative Team

Planning Team

- Clark County Social Service
- State of NV Office of HIV
- UMC
- Southern Nevada Health District
- Walgreens Specialty Pharmacy
- Huntridge Family Clinic

Participants

- AIDS Healthcare Foundation (AHF)
- Carson City Health & Human Services
- Dignity
- First Med Health & Wellness
- Optum Specialty Pharmacy
- Planned Parenthood
- Southern Nevada Health District
- Trac-B Exchange
- UMC Wellness Center

Learning Sessions

- Forum for networking and peer exchange
  - In-person or virtual
- Presentations on subject matter content & QI methods
- Team presentations & storyboards
- Interactive exercises and/or small group work
- Exploration of challenges & successes
- Action planning in preparation for Action Periods

- Frequency: Typically occur every 3-4 months

Action Periods

- Teams test changes & measure progress
- Apply QI methodology and processes
  - Complete key action items & deliverables
- Network with peers and exchange information
- Prepare for next Learning Session
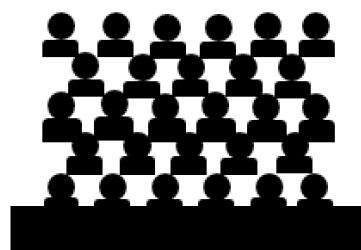- Coaches assess progress, provide feedback and technical assistance

Collaborative Improvement Guide

Identify Collaborative Topic

✓ Partner with and engage the Ministry of Health, local stakeholders and implementing partners

Design Meeting

Develop Collaborative terms of reference

✓ Define the Collaborative Aim Statement, and Measures
✓ Finalize site selection
✓ Decide on faculty composition, Collaborative leaders and managementt team
✓ Draft the driver diagram
✓ Compile a list of change ideas
✓ Agree on a timeline for implementation

Pre-work

✓ Develop Readiness Assessment Tool
✓ Finalize data collection strategy
✓ Conduct initial site visits and assessments
✓ Identify site QI teams
✓ Identify QI focal person at each site
✓ Finalize the Collaborative terms of Reference
✓ Collect baseline performance data
✓ Sign the Collaborative engagement letter
✓ Finalize the driver diagram
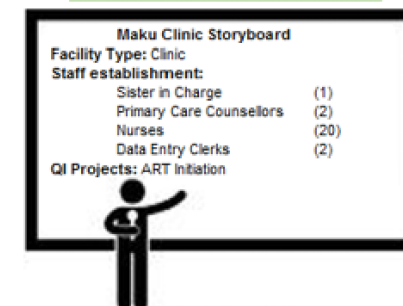✓ Site construction of QI storyboards

Learning Session 1

Number of HIV+ Clients still in PreART
Cummulative Number of PreART Clients Initiated on ART
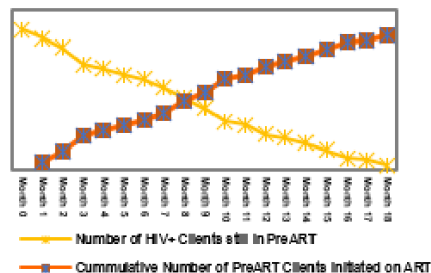
✓ Review the scope and methodology of the Collaborative
✓ Discuss the technical content
✓ Summarize pre-work data
✓ Discuss the measurement strategy and data collection tools
✓ Story board exhibit and peer exchange
✓ Develop action plan
✓ Set expectations for the Action Period and coaching

Action Period 1
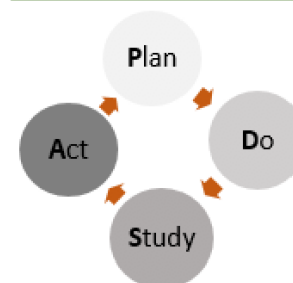
Plan — Do — Study — Act

✓ Facilities test and document changes
✓ Conduct on site coaching visits
✓ Track changes, measures and progress
✓ Conduct interim network discussions to accelerate peer exchange
✓ Repeat monthly
✓ Carry out knowledge management and knowledge content quality activities

Learning Session 2

Maku Clinic Storyboard
Facility Type: Clinic
Staff establishment:
  Sister in Charge (1)
  Primary Care Counsellors (2)
  Nurses (20)
  Data Entry Clerks (2)
QI Projects: ART Initiation

✓ Team story boards and sharing
✓ Discuss progress of the Collaborative
✓ Assess and benchmark results
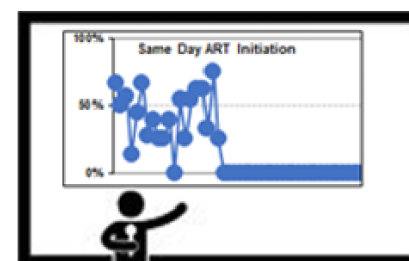✓ Develop action plan

Capturing and Disseminating Learning

✓ Share and spread what was learned
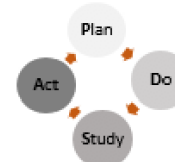✓ Complete change package

Action Period 3

Plan — Do — Study — Act

✓ Facilities test and document changes
✓ Conduct on site coaching visits
✓ Track changes, measures and progress
✓ Conduct interim network discussions to accelerate peer exchange
✓ Repeat monthly
✓ Carry out knowledge management and knowledge content quality activities

Learning Session 3

Same Day ART Initiation

✓ Team story boards and sharing
✓ Discuss progress of the Collaborative
✓ Assess and benchmark results
✓ Develop action plan

Action Period 2

Plan — Do — Study — Act

✓ Facilities test and document changes
✓ Conduct on site coaching visits
✓ Track changes, measures and progress
✓ Conduct interim network discussions to accelerate peer exchange
✓ Repeat monthly
✓ Carry out knowledge management and knowledge content quality activities

HEALTHQUAL INTERNATIONAL
A PUBLIC HEALTH APPROACH TO QUALITY MANAGEMENT

Site Expectations

- Participate in Learning Sessions
- Implement interventions & tests of change
- Utilize QI methodology & processes
- Measure progress
- Share experiences, challenges & lessons learned
- Engage with coach and content experts

Timeline: Las Vegas

Timeframe	Major Activities
January 2020	Convene & conduct 1st Planning Group meeting
February-May 2020	Conduct Planning Group meetings, plan initial LC meeting, identify LC meeting participants, develop draft charter
June 2020	Implement Design Meeting
July-Oct 2020	Conduct Planning Group meetings, plan LS1, identify LS participants, finalize charter
November 2020	Implement LS1
November 2020-May 2022	Weekly Planning Group meetings Learning Sessions every 3-4 months TA provided during Action Periods Submission & review of performance data Monthly calls/TA webinars

HRSA SPNS Capacity Building in the Ryan White HIV/AIDS Program Southern Nevada Rapid stART Learning Collaborative

Overview of Rapid stART

Kim Koester

What is Rapid Start?

- Strategy to offer and initiate HIV treatment as soon as an HIV diagnosis is made preferably on the day of diagnosis

- Commonly referred to as: ”Rapid ART," "same-day ART," and "treatment upon diagnosis” or “test and be treated”

The Las Vegas brand is called *“Rapid stART”*

Rationale for **Rapid stART**

- Potential for individual-level health benefits i.e., becoming viral suppressed soon after dx

- Potential for public health benefit with reduced risk of onward transmission of HIV

- Among individuals with acute infection, Rapid stART may limit the HIV viral reservoir

Recent history of ART guideline changes

- 2017, World Health Organization recommended rapid initiation of ART "whenever feasible'

- 2018, International AIDS Society- US start ART as soon as possible, including immediately after dx, if patient is ready

- 2019, the Department of Health and Human Services endorsed immediate initiation of ART or as soon as possible after diagnosis for all individuals. ("A" rating)

Current State of the Field

- No uniform agreement on definition of "rapid" or "same day start"
  - Wide variation including within 72 hours, 5 days, 7 days, 30 days
- No uniform standards on what is entailed in a "rapid" or "same day start" encounter
  - In addition to the prescribing provider, the care team might include a social worker, case manager, benefits counselor, nurse, peer navigator

Common Rapid stART Components

- Site of diagnosis kicks off the rapid encounter - HIV testing facility
  - Testing facility must be aware of/trained on Rapid stART protocol
- Clinic providing rapid services accommodates drop-in visits
  - Rapid stART team ready to drop everything
- Baseline labs: CD4 and HIV RNA level, renal and liver function tests, hepatitis serologies, HLA B5701 testing, HIV-genotyping
- Accelerated insurance approval process
- ART regimens preapproved by a local expert committee & starter packs available

Key Program Elements

- Single point of contact

- Warm-hand off & Rolling out the Red Carpet Attitude

- Flexibility and ability to accommodate drop-in visits

- Ensure all clinic staff are aware of Rapid Program including front desk, phlebotomy, pharmacy

- Visits can be long – try to keep 2-3 hours

- Medication is one piece – many more issues to address – interdisciplinary team-based care is crucial

- Starter packs
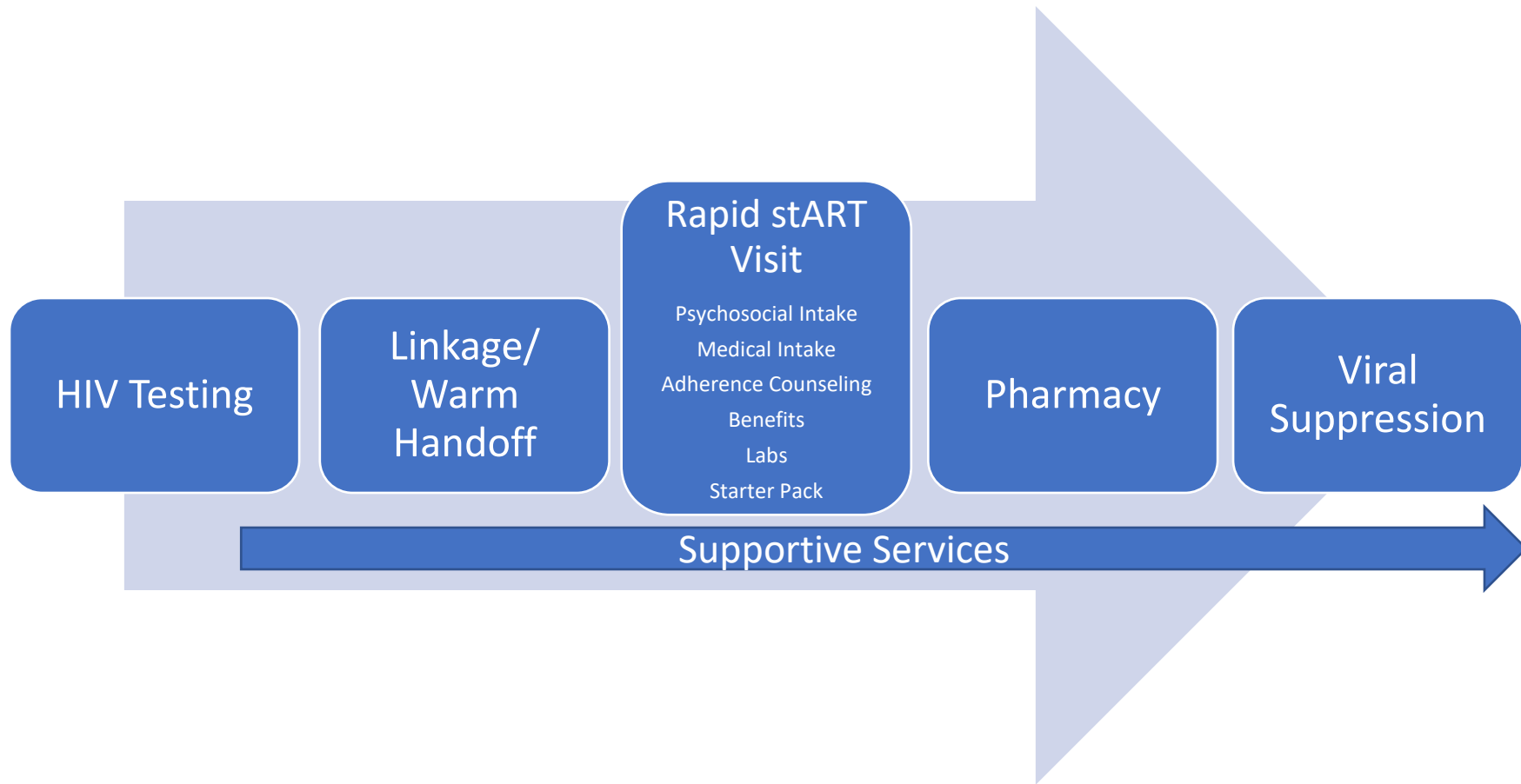
Measuring Progress

Alisha Barrett

Heather Shoop

Measuring Progress

- Rationale
- Potential measures:
    - Patient demographics and insurance
    - Date / location of HIV diagnosis / program setting
    - Care site program funding type (RWHAP, FQHC, PHC)
    - Date of ART offer
    - Date of ART initiation
    - Duration of starter pack
    - Date of intake visit
    - Date of 1st scheduled provider visit
    - Missed and kept visits
    - Date of viral suppression achievement
    - Time to viral suppression
    - Viral rebound date