

Jurisdiction Roles and Systems to Promote Adoption of Rapid Start: Learning Community



RapidART

Dissemination Assistance Provider

A Project of



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What is the Opportunity?

Rapid Start is the administration of antiretroviral therapy (ART) as soon as possible after the diagnosis of HIV infection, preferably on the same day or within 7 days of a new HIV diagnosis or re-engagement in care. Rapid Start is now the standard of care for people with new diagnoses of HIV, based on persuasive data on its efficacy. Evidence demonstrates decreases in time from HIV diagnosis to HIV care, to ART start, and to viral suppression; increased uptake of ART; high rates of viral suppression; and excellent patient acceptability.

Rapid Start is an essential tool in achieving the nation's goal to End the HIV Epidemic and, in fact, Ryan White funded Jurisdictions and their subrecipients have been innovating to adopt Rapid Start as standard of care for years. How did they do it? To find out how, Ciatelli Associates Inc. (CAI) in partnership with National Association of County and City Health Officials (NACCHO), Mission Analytics, and UCLA, with funding from HRSA-HAB, surveyed and conducted a focus group among Jurisdictions to identify challenges and what is needed to overcome those challenges and interviewed over 140 staff and clients from 18 Ryan White-funded Jurisdictions and subrecipients who had implemented Rapid Start services with dramatically improved client outcomes, to gather best practices and lessons learned (for more information about the project visit, please visit our project website). These best practices and lessons learned have informed the development of a "Jurisdiction Rapid Start Playbook" that describes the role and outlines key systems changes Jurisdictions can make to create an environment that promotes adoption of Rapid Start among their provider networks.

Invitation

Ryan White funded Jurisdictions are invited to join a select group of similarly motivated jurisdictions to participate in a virtual Learning Community to reflect on identified best practices and lessons learned and, using the Playbook, identify and implement (as feasible) actions that create an environment that promotes adoption of Rapid Start among their provider networks. For more details about the Learning Community goals, objectives, benefits and commitments see the pages that follow.

How to Apply

Complete the brief application using [this link](#) or download and complete the application attached and return via email to HIV@naccho.org by December 15, 2022. The application should take no more than 15 minutes to complete. For questions, please contact jzigman@naccho.org or kbrooks@caiglobal.org.



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How will the Learning Community support development of Rapid Start strategies?

Goal: Strengthen Ryan White Funded Jurisdiction's capacity to create a context that promotes and sustains Rapid Start as standard of care throughout their provider network.

By the end of the Learning Community, jurisdiction teams will be able to:

- Describe facilitators (or drivers) of adoption of Rapid Start as standard of care at the Jurisdiction and Sub-recipient level
- Identify Jurisdiction-level strategies to create a context that promotes Rapid Start as standard of care throughout their provider network
- Implement at least one Jurisdiction-level strategy to promote Rapid Start as standard of care throughout their provider network
- Inform the improvement of existing and development of new resources and tools to support Jurisdictions in promoting adoption of Rapid Start as standard of care throughout their provider network

Who should participate?

An ideal participant for this Rapid Start DAP Jurisdiction Learning Community is a Ryan White Funded Jurisdiction, and

- Resources a network of providers to deliver evidence-based and innovative HIV linkage to care and treatment services
- Has attempted to, is currently, or planning to support adoption of Rapid Start services as a pilot or throughout their provider network
- Ability to bring together a core team of 3-5 Jurisdiction staff - including key partners as identified (e.g., external training providers, ADAP, planning council leadership, provider/CBO champions) to participate in Learning Community activities
- Leadership buy-in and commitment

Note: we expect each jurisdiction registering to participate in this Learning Community will be in different places in adoption of Rapid Start as a practice across their jurisdiction. Some may have already piloted the approach in select facilities. Others may have begun discussion about this on their local Ryan White Planning Council or Ending the HIV Epidemic planning/implementation committee. And each jurisdictional team may be different. Some may want to have the local lead staff from Ryan White Parts A (local) and Parts B (state) on their JLC team. Others may include a representative from the Ryan White CQM team, the HIV Care Data Analyst or Epidemiologist. And for other they will want the local EHE Coordinator, and CBO/health facility care manager. You do not want to include your entire planning/implementation workgroup. It should just be the key work leads for initiating and implementing this change across your respective jurisdiction.

Benefits of Participation

Participants will:

- Establish a network of peers across the country implementing Rapid Start for experience sharing
- Free access to both Subject Matter (SMEs) and Process Management Experts (PMEs) in monthly coaching, and other direct technical assistance in implementing Rapid Start rollout
- Acquire relevant knowledge to understand the major drivers required to assess readiness and implement rollout of Rapid Start across jurisdiction
- Early access to tools, resources to support adoption of Rapid Start, including promotion of health equity and meaningful community engagement
- Be featured in HRSA/HAB, National Coordinating Center for AETCs, DAP as part of the dissemination strategies to foster nation-wide adoption of Rapid Start as the standard of care

Learning Community Expectations

- Assemble a jurisdiction team to participate in Learning Community activities
- Full team participation at first In-Person Learning Session, over two days, in February
- Full team participate in 3 Virtual Learning Sessions
- Participation in 3 Action Period Webinars (representative(s) from the Jurisdiction team)
- Participation in regularly scheduled Pro-active TA Coaching calls (representative(s) from the Jurisdiction team)
- Develop and actively implement plan to promote adoption of Rapid Start as standard of care throughout their provider networks, recognizing that people will be starting at different places, and will be at different places at the end of the Learning Community.

Timeline of Key Activities

	Activity	Months
	Application Deadline	December 15, 2022
	Brief Interview & Selection of Participants Announced	December 2022
Virtual	Learning Community Orientation Webinar	January 12, 2023
<u>In-Person</u>	Learning Session #1 HRSA Conference Room, Rockville, MD	February 14-15, 2023
<u>Virtual</u>	Action Period Webinar #1	March 2023
Virtual	Learning Session #2	April 2023
Virtual	Action Period Webinar #1	May 2023
Virtual	Learning Session #3	June 2023
Virtual	Action Period Webinar #3	July 2023
Virtual	Learning Community Closing Session	August 2023
Virtual	Monthly Pro-active TA Coaching Calls	January – August 2023



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