



COLLAPSING THE CARE CONTINUUM

Updates on a Community-Based Approach to Rapid HIV Treatment

John Bosco, RN
Nursing Department


Gary Jimenez & Megan McKnight, MSW
Care Coordination Department

Callen-Lorde Community Health Center

CALLEN-LORDE

CALLEN-LORDE: OUR HISTORY

- LGBT community health center
- Originated from time of Stonewall uprising in 1969
- Formed one of first community-based medical clinics in response to AIDS in 1983
- Started women’s and transgender health programs in the 1990s
- Opened dental clinic, behavioral health center and Bronx site since year 2000
- Currently planning expansion to Brooklyn



John

Namesakes Michael Callen & Audre Lorde

CONCERNS THAT LED TO PILOT PROGRAM

In San Francisco

- Concerns about linkage to care
- Public health concerns about unsuppressed viral loads
- Looking for way to empower patients

Jbhn

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RAPID TREATMENT: PROJECT BACKGROUND & GOALS

Patients are given the option of initiating ART the day of their reactive HIV test.

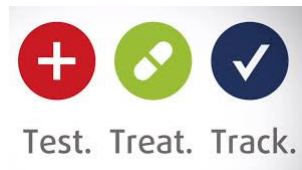
Aims to Reduce Time to Viral Suppression

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BENEFITS OF RAPID TREATMENT

- Improves morbidity and mortality in all stages of infection
- In acute HIV infection limits reservoirs and hyper-infectivity
- Reduces transmission



John

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RAPID TREATMENT COMES TO CALLEN-LORDE

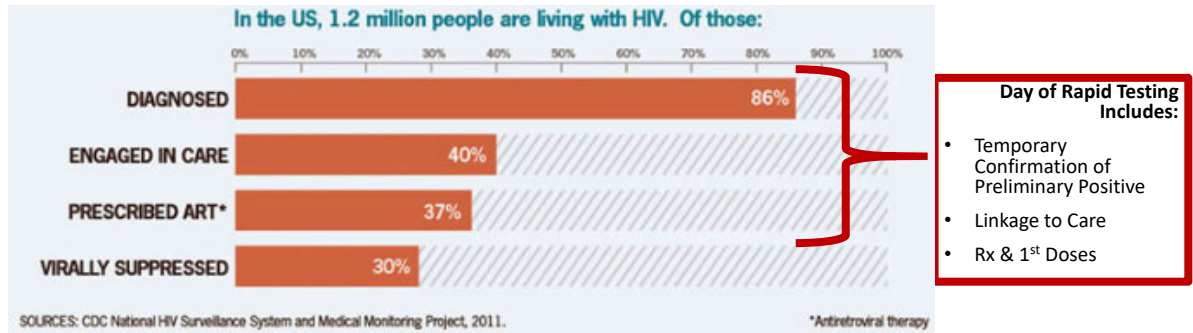
- **January 2016:** NYC DOH considering rolling out Rapid Treatment at all STI Clinics across city.
- **August 2016:** Callen-Lorde launched NY's first pilot of Rapid Treatment
- **August 2017:** Callen-Lorde had initiated Rapid Treatment with 51 patients who had tested positive for the first time.

John

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RAPID TREATMENT ACCELERATES VIRAL SUPPRESSION

Collapses First 3 of 4 Steps of Treatment Cascade into 1 Day



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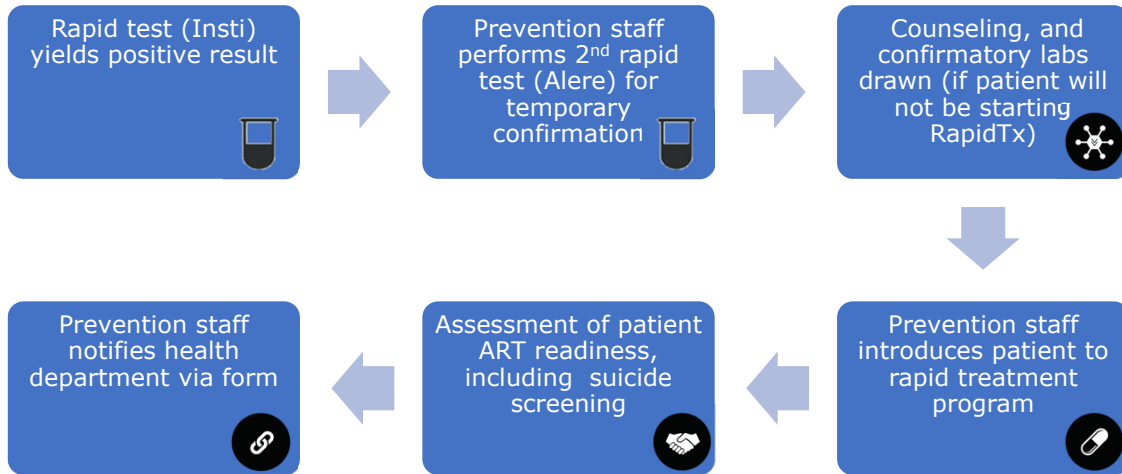
Gary

RAPID TREATMENT: METHODS

The Patient Process

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STEP 1: REACTIVE HIV TEST



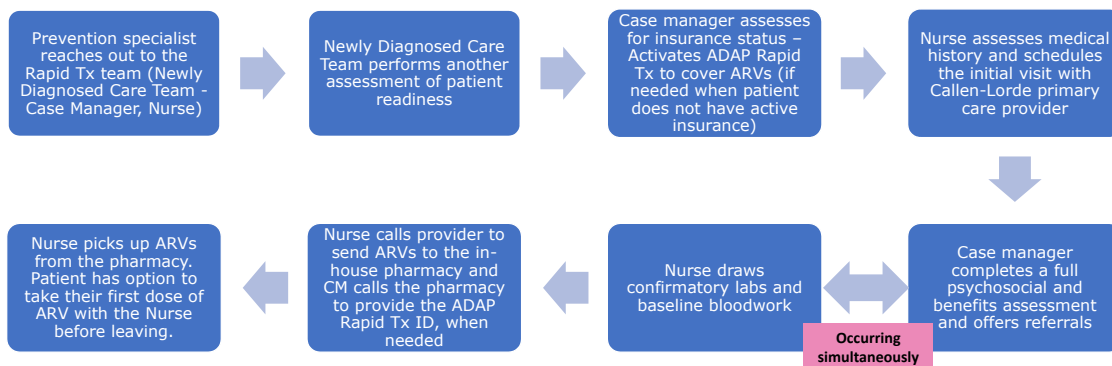
Gary

Creative Stall, Ryan Dell, Vicons Design, Nathan Diesel, Dina Lagumov, Derrick Miller-Handley, and Anna Lattanzio contributed to the logos and design elements of this slide.

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STEP 2: MEETING WITH CARE TEAM FOR NEWLY DIAGNOSED

Nursing and Case Management



Gary

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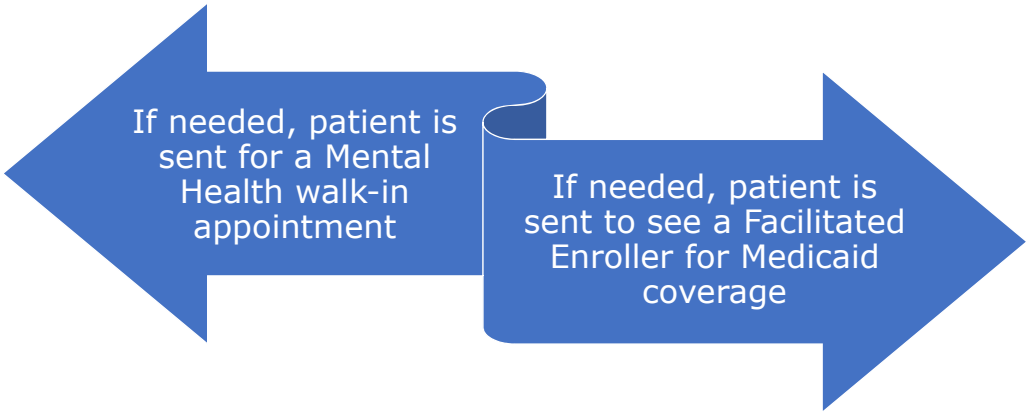
RAPID Tx CARD PROCESS

1. Case Manager signs Rapid Tx card out on the sign-out form from locked cabinet
2. Case Manager enters Rapid Tx card on Excel Tracker with Patient Information
3. Case Manager completes Rapid Tx card form, obtains Patient Signature, and faxes form
4. Case Manager notifies Pharmacy of ADAP Information

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STEP 3: REFERRALS



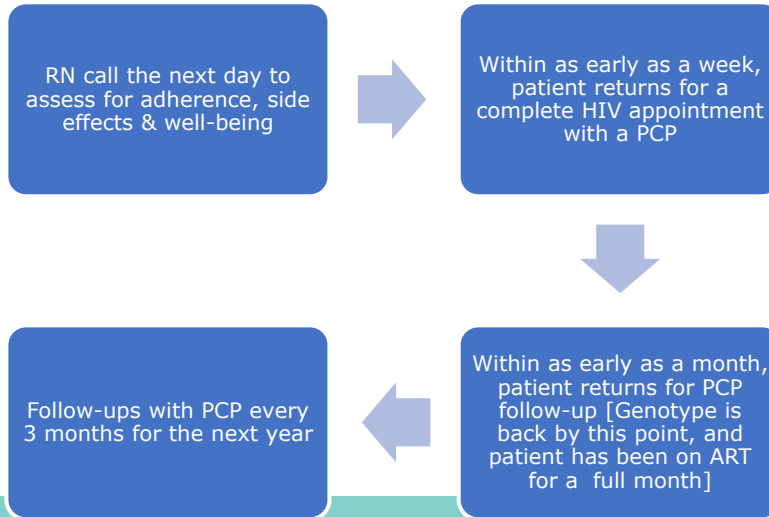
If needed, patient is sent for a Mental Health walk-in appointment

If needed, patient is sent to see a Facilitated Enroller for Medicaid coverage

Gary

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STEP 4: FOLLOW UP



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RESULTS: DOES RAPID TREATMENT WORK?

Evaluating Effectiveness of Rapid Treatment at our Community Health Center


- Approximately **75%** of all newly diagnosed HIV patients opted into Rapid Treatment at time of their positive rapid tests in 2017.
- August 2016 – October 2018:

103 Rapid Treatment Participants



Megan

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AVERAGE TIME TO FIRST PCP VISIT

In just over 2 years:
17 days → 10 days → 6 days

- Prior to Rapid Treatment, average of **17** days from reactive test to first comprehensive HIV PCP visit
 - As of November 2017, average of **10** days
- UPDATE: As of November 2018, average of **6** days

Megan

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WHAT ABOUT FALSE POSITIVES & RESISTANCE TO ART?

In over 2 years of operation of Rapid Treatment...

0 false positives & only **1** patient known to have needed to change initial ART regimen due to resistance

Megan

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**WE DECREASED TIME TO
VIRAL SUPPRESSION BY 48%**

That means people get healthier faster and are less likely to pass the virus to others in the meantime.

We decreased the average time it takes patients newly diagnosed with HIV to achieve viral suppression, from 89 to 46 days.

That's a 48% decrease.



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**UNDETECTABLE
MEANS
UNTRANSMITTABLE**

If you are HIV+ and undetectable, you cannot pass HIV through sex. It's that simple!

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Megan

WHAT DOES THIS LOOK LIKE IN REAL LIFE?

Connecting the Numbers to People's Stories

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RAPID TREATMENT EMPOWERS PEOPLE

In the words of a consumer...

“With Rapid Treatment, you feel like you’ll be taken care of immediately. I started taking my HIV meds the next day. I would’ve freaked out if I had had to wait.”

-Callen-Lorde patient

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CASE STUDY

- Patient presented to initiate PrEP
 - Rapid Testing was Non-Reactive
 - Confirmatory Testing came back Reactive
- Clinic attempted outreach for 17 days to alert him to his HIV status, but patient did not respond to outreach
- Patient met with RAP Specialist that day & was initially resistant to starting on ART
 - RAP Specialist validated patient's concerns & connected their homeopathic and "natural" practices to potential ART as another tool in their wellness toolbox.
- Patient ultimately decided to start Rapid Treatment THAT DAY.

John

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CASE STUDY, CONTINUED

- Patient missed first regular appointment with medical provider, initial labs showed very low CD4 & very high VL – Case manager again began outreach.
 - Outreach continued, with no response, for **30 days**.
- Patient self-presented at front desk again, when he was out of ARVs.
- Despite showing no outward "signs" that he was "adherent," patient had clearly committed to his care and treatment.
- Patient has since been active in Medical and Case Management care and obtained Insurance, Housing, Mental Health services, and become Virally Suppressed.

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LESSONS LEARNED

Our success was supported by:

- Encouragement and assistance from NYSDOH
 - Relationship with in-house pharmacy
- Access to Rapid Treatment Cards (Contact ADAP for details.)

John

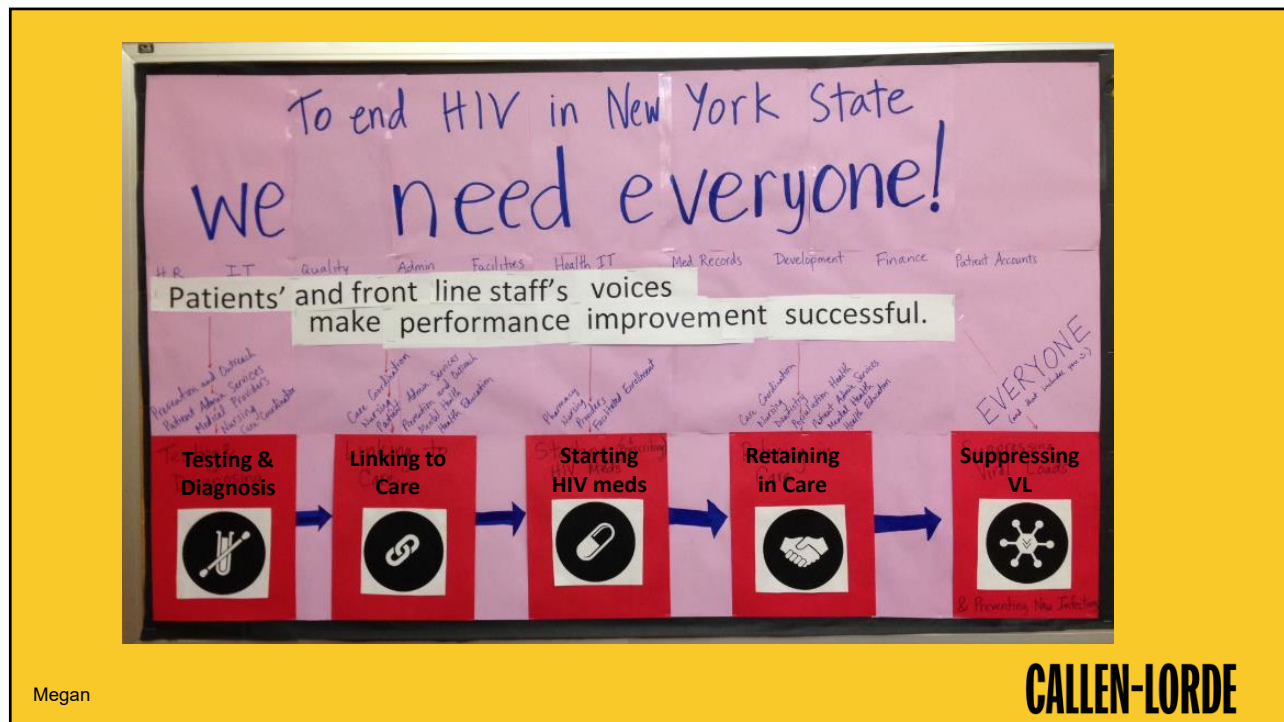
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WHAT'S NEXT FOR RAPID TREATMENT?

Opportunities at Callen-Lorde

We would like to expand this program to our Bronx site and eventually our future Brooklyn site.

John



ADVICE FOR IMPLEMENTING RAPID TREATMENT

To increase your chance of success:

- Create an interdisciplinary approach from the beginning.
- Start talking with your colleagues today. It takes time to build buy-in.
- Bring in frontline staff in project early on to build investment and ownership.



Megan

SPREADING THE MODEL

How can we support you with implementing Rapid Treatment at your organization?

PLEASE CONTACT US

We would like to hear from you!

John Bosco (Nursing):
jbosco@callen-lorde.org

Gary Jimenez (Care Coordination):
gjimenez@callen-lorde.org

Megan McKnight (Care Coordination):
mmcknight@callen-lorde.org

Megan

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