

**Austin Public Health**  
**HIV Resources Administration Unit (HRAU)**  
Ending the HIV Epidemic (EHE) Initiative

## **Rapid ART Service Standards**

### **Rationale for Rapid Start:**

Starting antiretroviral therapy (ART) immediately after HIV diagnosis is recommended by U.S.A. federal guidelines. Immediate ART (aka Rapid ART) can result in earlier HIV viral suppression, improved retention in care, and reduced HIV transmission. Timely treatment reduces community spread and minimizes progression of HIV in those recently diagnosed. Those who are undiagnosed or untreated are much more likely to transmit HIV to others. Rapid ART initiation may improve the equity and accessibility of ART for people who may otherwise be lost to follow-up during ART preparation sessions.

### **Rapid Start Definition:**

Rapid ART is the identification, linkage and provision of outpatient HIV care and treatment for newly diagnosed individuals within 72 hours and for individuals not engaged in care. Outpatient HIV care and treatment includes diagnostic and therapeutic services provided directly to a client by a licensed healthcare provider in an outpatient medical setting.

### **Program Goals:**

The goal of the Rapid ART program is to provide medications to newly diagnosed individuals within 72 hours of their HIV diagnosis, so they may have access to antiretroviral medication, treatment, care, and benefit their health.

### **Program Objectives:**

The Program will link 95% of newly diagnosed clients including priority population (i.e., Black MSM, Latinx MSM, Black women, and Transgender populations) to Rapid ART within 72 hours and achieve 95% Viral Load suppression by February 2025.

### **Persons Appropriate for Rapid ART:**

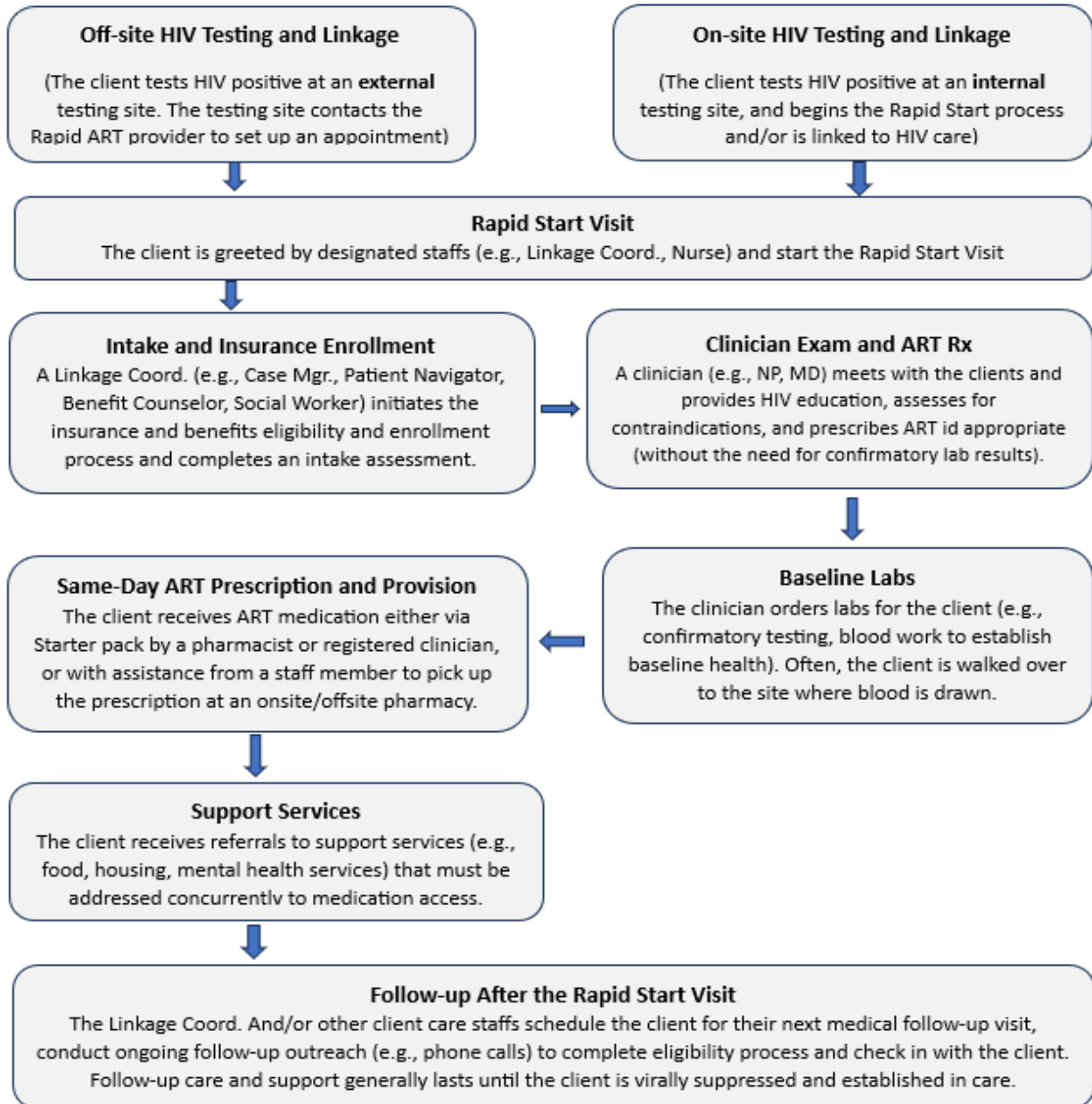
- Nearly all individuals with a confirmed new diagnosis of HIV (i.e., HIV Ag/Ab, and/or HIV RNA viral load).
- Persons with positive results of rapid HIV antibody tests, before confirmatory test results are available, if the concern for HIV infection is high (after counseling, immediate ART can be offered with the understanding that if confirmatory tests are negative, the patient would stop ART).

**Rapid ART is NOT appropriate for:** Persons with certain untreated opportunistic infections (OI) - e.g., cryptococcal or TB meningitis; begin OI treatment before starting ART (consult with experts/physicians/nurse practitioners)

## Intake and Eligibility:

Any individual with a preliminary HIV positive test result is eligible to receive Rapid ART services. The **only** eligibility criteria for clients to receive Rapid ART services through EHE is a preliminary positive HIV test result. There is no requirement that individuals meet the eligibility for Ryan White HIV AIDS Program (RWHAP) to receive EHE services. There are no jurisdictional restrictions for EHE eligibility.

## Rapid ART Workflows:



*Source: Adopted from "Compendium of Best Practices in Provision of Rapid Start Services for People with HIV For Ryan White HIV/AIDS Program Funded Providers", CAI Global, 2023.*

For an efficient and effective Rapid Start visit workflow, warm handoffs, flexibility, and communication are essential for the healthcare team. Throughout the Rapid Start visit, including the initial step of linking a client into care after testing newly HIV positive or being re-engaged in care, staff members facilitate warm handoffs between each step in the visit workflow. That means a staff member accompanies the client between each step of the Rapid Start visit workflow, while introducing the client to the next relevant staff member (e.g., patient navigator will walk the client to the clinical exam and introduce the client to the clinician).

Integrating warm handoffs into the clinic workflow have several benefits such as reducing anxiety the client may be feeling, particularly after receiving a newly positive HIV diagnosis, creating a supportive environment, and supporting the client in completion of each step in the visit workflow and ensuring receipt of ART medication same day.

#### **Use of ART Starter Packs:**

- While awaiting confirmatory test results, provide 7-day ART starter packs.
- After HIV diagnosis is confirmed, dispense a Rapid ART with a 30-day prescription, until eligibility for other program(s) is determined.

#### **ART Prescribing Practices & Process for ART re-start:**

- If the patient agrees and there are no contraindications, prescribe 30-day supply, give starter pack if available.
- Conduct client follow-up contact within 7 days of ART initiation.
- If patient declines immediate ART, follow up within 1-2 weeks, re-offer ART, continue HIV education.
- **ART re-start:** for client who fallen out of care and are re-engaged in care.

#### **Linkage to Care Process:**

- After enrollment in Rapid ART, individuals will be screened for eligibility of other resources, Ryan White HIV/AIDS Program or otherwise, by an intake and assessment specialist. Individuals deemed eligible for other resources will be linked to long term resources within 30 days.
- Make warm referrals to providers offering Continual HIV care if necessary.
- If the client is not linked to long-term care within a 30-day period, providers work with the pharmaceutical companies to request another 30-day sample ART or 30-day trial card for the ART prescription.

#### **Key Services Components and Activities**

Rapid ART program activities for implementation of Rapid ART services include:

- **Develop and implement Rapid ART Program's Standard of Care:** Each sub-recipients will develop and implement Rapid ART policy guidelines, protocols, best-practices, process MAP for linking client to ART within 72 hours (3 days) of new dx and achieving viral load suppression.
- **Display Rapid ART Best-practices and/or Process Map** in a visible place (Hallway, wait room or some other designated place where maximum number of people can see it).
- Appointing a designated **Rapid Linkage Coordinator/Champion.**

- **Establishing a designated Rapid ART Program phone line**, with after business hours availability, for referrals. Voicemails will be returned within one business day. If the designated person for the phone line is off work, alternate staff must be assigned.
- **Providers must specify the designated staff** for receiving phone calls, make appointments, and provide necessary information during the phone call with clients.
- Utilize case managers/navigators (particularly those who reflect the community they serve) and their role in the interdisciplinary team to support rapid linkage to care and help clients navigate the HIV system to support future retention in care.
- **Counseling session** (or referral for counseling/Mental Health Services), health education, health and wellness engagement of the clients will **be provided during the first Rapid ART visit.**

### **Personnel Qualifications (including licensure)**

- Providers will hire, train, and develop mechanisms to retain diverse health care professionals and clinic staff who reflect the community they serve.
- All program staff should meet the Texas Department of State Health Services (DSHS) Standards of Care requirements for staff qualifications, training, licensure, and job performance.

### **Monitoring and Measurement**

#### **Monitoring:**

- Service category specific service delivery requirements.
- Health Resources and Services Administration, HIV/AIDS Bureau (HRSA/HAB), Programmatic, and Universal Monitoring standards.

#### **Measures:**

- EHE Goal: Achieve 95% Viral Load suppression by 2030. Reduce new HIV infection by 75% in five years (2025) and by 90% in 10 years (2030)
- By February 2025:
  - 90% of newly diagnosed clients linked to Rapid ART within 72 hours and 90% of clients in HIV medical care achieved viral load suppression.
  - 90% of clients retained in care (have at least 2 medical visits or labs, at least 3 months apart) during the 12-month measurement period).
  - 90% of clients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year.
  - 90% of those diagnosed with HIV will be linked to long-term care within 30 days.

#### **Reporting Requirements:**

- All subrecipients will data enter or import their EHE and Rapid ART client and units of service data into TCT (or other database designated by HRAU).
- All subrecipients will report Rapid ART monthly status report via PartnerGrants including priority population tracking data.
- Outcomes measures/Performance measures will be reported on quarterly basis in PartnerGrants system.