FACTSHEET

RapidART Dissemination Assistance Provider

A Project of CAI

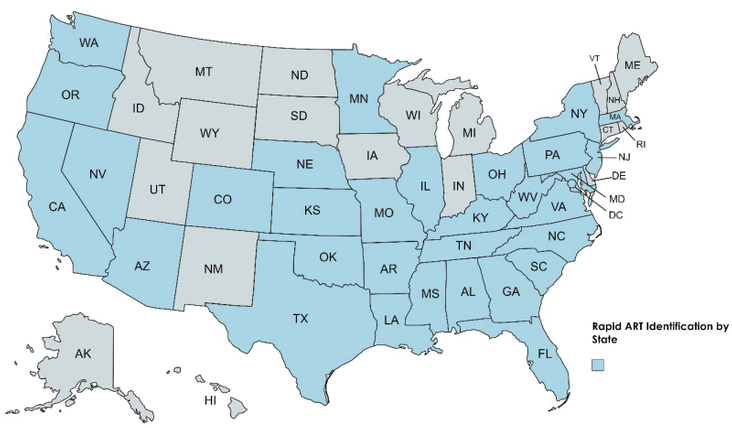
We Have an Unprecedented Opportunity to End the HIV Epidemic in America

Almost four decades after the start of the HIV epidemic, we have a historic opportunity for the U.S. to reduce new HIV infections by 90% by 2030. Hopes for ending the HIV epidemic depend in large measure on maximizing the prevention benefits of ART, which has been shown to reduce HIV transmission by as much as 96%. It is critical to enable swift replication of these approaches more broadly, at the point of care, as part of the nation's plan to end the HIV epidemic.

The DAP Initiative – Disseminating and Replicating Best and Promising Practices

Starting in September of 2020, Cicatelli Associates (CAI), with funding from HRSA HAB, and in partnership with The Regents of the University of California, Los Angeles (UCLA), National Association of City and County Health Officials (NACCHO), and Mission Analytics, will work over three years to:

- Identify Ryan White provider model rapid ART programs and best practices from across the country
- Collate and disseminate best practices and model programs in a Compendium
- Foster replication of identified best practices and model programs through the development and dissemination of implementation guides and resources
- Provide training and technical assistance to the Ryan White provider community to support implementation of rapid ART services



Key Findings to Date – Rapid ART has Been Implemented Broadly Across the US

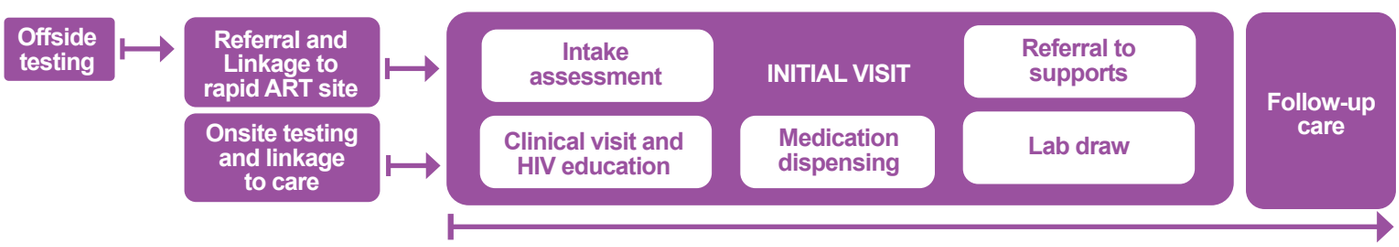
Through a comprehensive environmental scan we identified 128 Ryan White providers offering rapid ART services throughout the US. Rapid ART services were found in both Medicaid expansion and non-expansion states, diverse service settings, including community-based clinics, and serving diverse populations, including clients facing homelessness.

Key Themes in Provision of Rapid ART Services Identified Through Environmental Scan

- **Onsite HIV testing quickens linkage to care process:** Over two-thirds of agencies provide onsite HIV testing and have created workflows to provide ART the same day a person newly tests positive for HIV.
- **Warm handoffs increase access to treatment:** Staff identified in clinic to provide education and escort clients through each step of the clinic visit leading to ART initiation were present in 51% of models identified.
- **Use of ART "Starter Packs":** Many providers have in stock ART "Starter Packs" to provide up to 14 days of ART until regular source of insurance coverage is identified so the client can walk out with medication the same day.
- **Rapid ADAP Eligibility or Insurance Eligibility:** Several agencies offer streamlined enrollment into ADAP, which funds medication access through direct purchase and insurance support, so clients will immediately receive coverage for expensive medications.

7 Major Components of Rapid ART Programs

While there was great variation in care setting, staffing structure, and access to resources , all rapid ART services identified through the environmental scan included seven major components, shown in the figure below. Optimally, each of these steps, excluding follow-up care, are completed the same day, or within 7 days, of new HIV diagnosis or being re-engaged in care.



Contact Information

Project Manager: Kendall Brooks, MSW, CAI | kbrooks@caiglobal.org. **Project Period:** September, 2020 to September, 2023

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,000,000.00 with 100 percentage funded by HRSA/HHS and $0 amount and 0 percentage funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA/HHS, or the U.S. Government.