

2023 ANNUAL MEETING

ACCESS

engage

& **ACTIVATE**

RECENTERING
KEY POPULATIONS



Building Trust Among Stakeholders

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Disclosure



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Ending the HIV Epidemic Goal

Ending the HIV Epidemic: A Plan for America

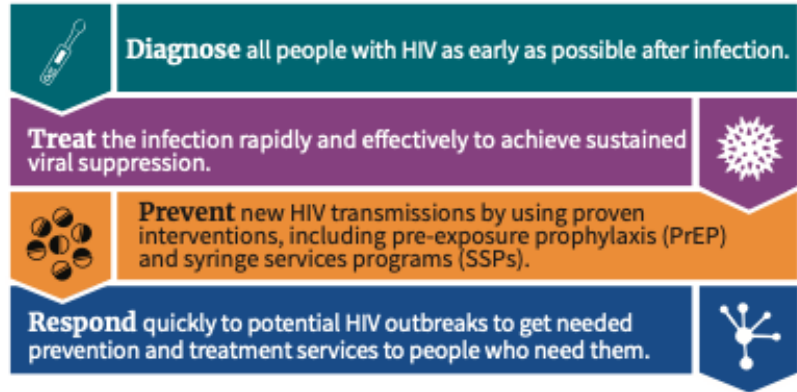
The U.S. Department of Health and Human Services (HHS) has launched Ending the HIV Epidemic: A Plan for America. The cross-agency initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices.

GOAL:

reaching
75%
reduction
in new HIV
infections
by 2025
and at least
90%
reduction
by 2030.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:

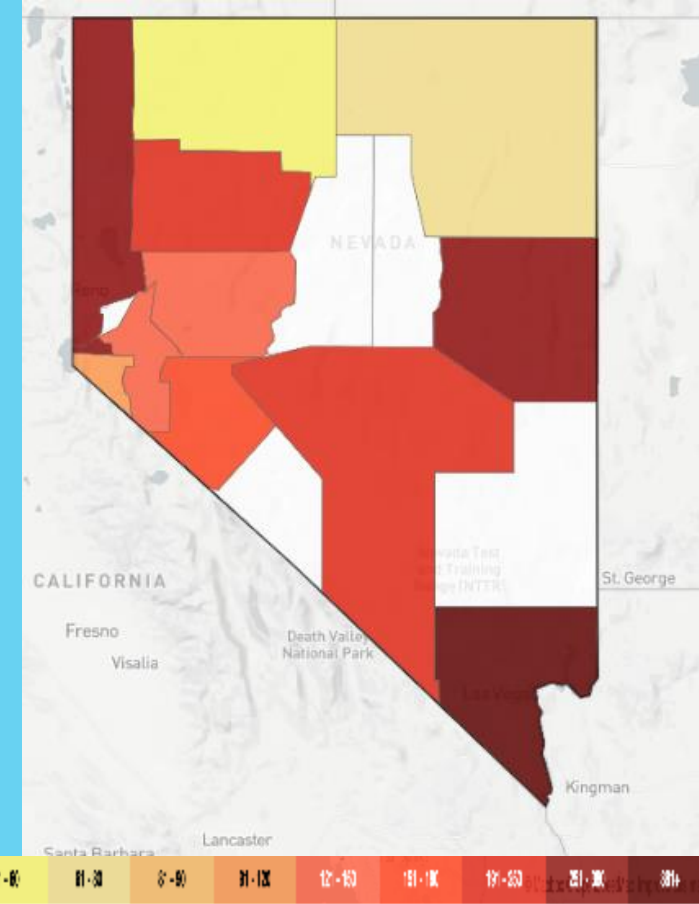


HIV in Clark County

- Since 2012, Nevada has experienced a continuous increase in both the number of new HIV diagnoses and in the number of people living with HIV (NDPBH, 2015) (NDPBH, 2017-2020). Clark County contains approximately 87% of the HIV burden in Nevada. (NDPBH, 2017-2020).
- In 2021, there were 11,132 person living with HIV (PLWH) and there were 441 persons newly diagnosed with HIV (NDPBH, 2022).
- Nevada has the highest rate (20 per 100,000) of new HIV infections in the Western U.S. (9.2 per 100,000) (CAR, 2020).
- The CDC estimates that just 79.6% of those living with HIV infection in Clark County have been diagnosed (CDC, 2020).
- 1 in 5 people living with HIV in Clark County are unaware of their status. For comparison, 1 in 7 people living with HIV in the U.S. are unaware of their status (CDC, 2020).

“Approximately 87 percent of new HIV infections are transmitted by people who do not know they are infected or are not retained in care”

-Robert R. Redfield, M.D., (Former)
CDC Director

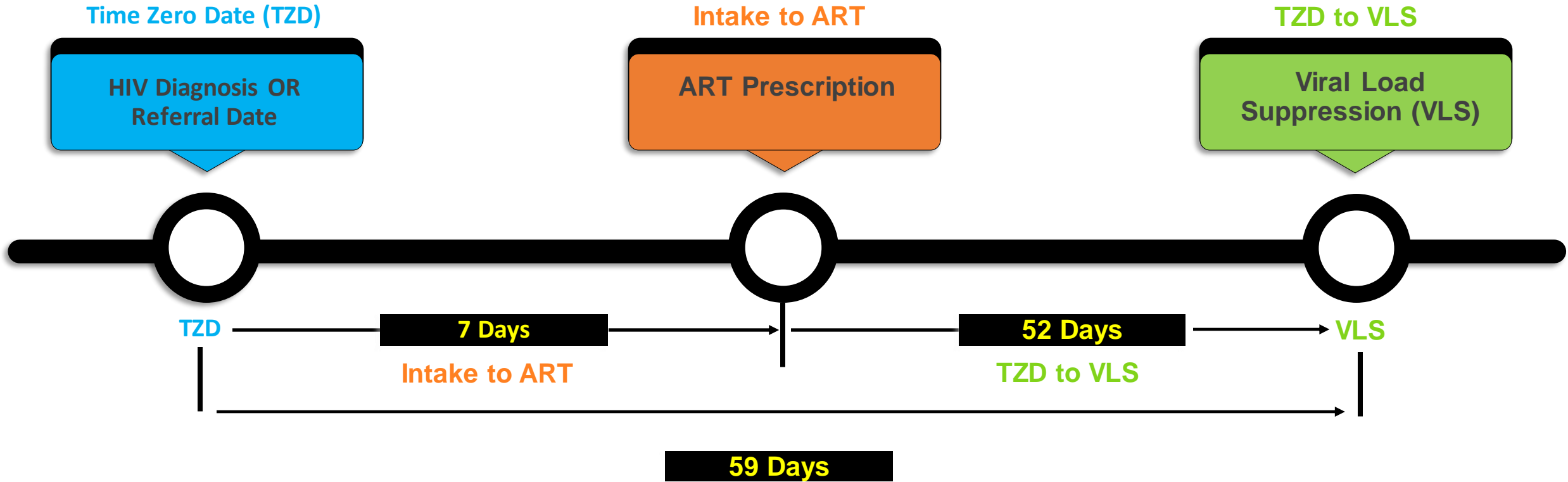


HIV Prevalence Map from AIDSvu

Rapid stART Learning Collaborative Model

RAPID stART

What is Rapid stART?



Starting a patient on HIV antiretroviral therapy (ART) treatment within 7 days after the diagnosis of HIV infection, preferably on the first clinic visit (and even on the same day the HIV diagnosis is made).

RAPID stART

Southern Nevada Rapid stART Learning Collaborative



Leadership

- Clark County Social Service, Office of HIV, Ryan White Part A Recipient
- Pacific AIDS Education & Training Center – Nevada (PAETC-NV)
- University of California San Francisco (UCSF)

Community/Service Based Organizations

- Access to Healthcare Network
- Carson City Health & Human Services
- Dignity Health Neighborhood Hospital Wellness Center
- FirstMed Health & Wellness Center
- Huntridge Family Clinic
- Southern Nevada Health District (SNHD)
 - Annex A/Sexual Health Clinic
 - Community Health Center
- Trac-B Exchange
- University Medical Center (UMC) Wellness Center

Background & Priority Area

Background:

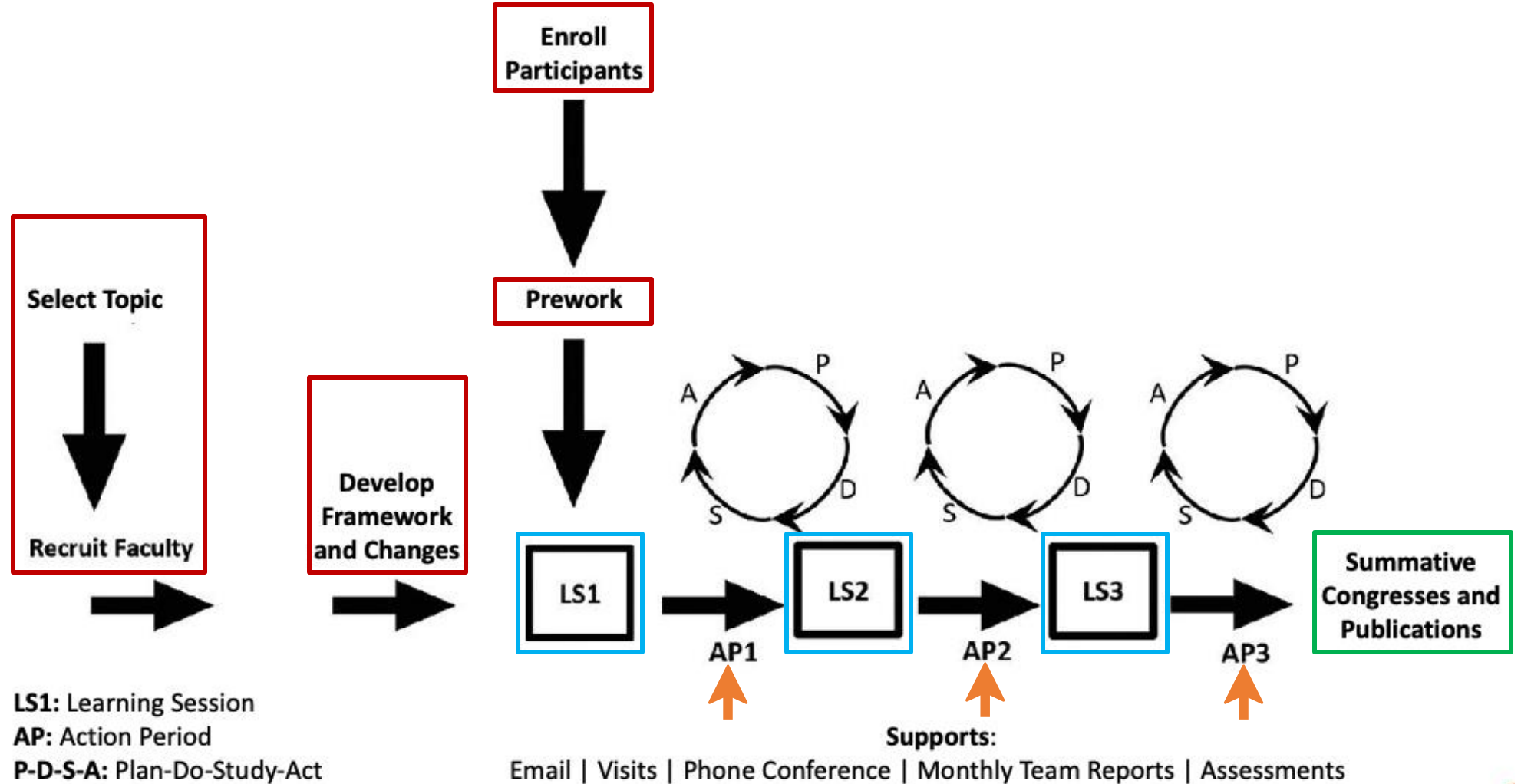
- Las Vegas had three rapid linkage and ART programs offered to persons newly diagnosed with (HIV Rapid stART) when the Southern Nevada Rapid stART Learning Collaborative was formed.
 - University Medical Center – initiated in 2018
 - Huntridge Family Clinic – initiated in 2018
 - Southern Nevada Health District Community Health Center – initiated in 2019

Learning Collaborative Goal:

- Increase and improve access to Rapid stART initiation for persons newly diagnosed with HIV in Southern Nevada

- The development of a regional Rapid stART implementation manual and toolkit.
- A growing system of care that is increasingly nimble and responsive to the needs of individuals newly diagnosed with HIV.
- Strengthened partnerships in Southern Nevada as evidenced by established communication strategies for the purpose of collaboration for implementation and ongoing operation of Rapid stART.

Institute for Healthcare Improvement (IHI) Collaborative Model Process



Building Trust Among Stakeholders

Rapid stART Initiative Introduction at Annual Autumn Update.

2019

RWPA awarded EHE funding.
Recruitment of LC agencies.
Finalized LC Charter.
Learning Session 1 completed.

2021

Agency Action Plans 4-5 completed.
Learning Session 5-6 completed with LS6 being in person.
Rapid stART Response Team Selected.
Development of Community-wide Rapid stART Manual.

2018

RWPA joins UCSF for the HRSA SPNS Capacity Building Assistance Project.
Community meetings commenced.
Learning Collaborative (LC) planning group was assembled.

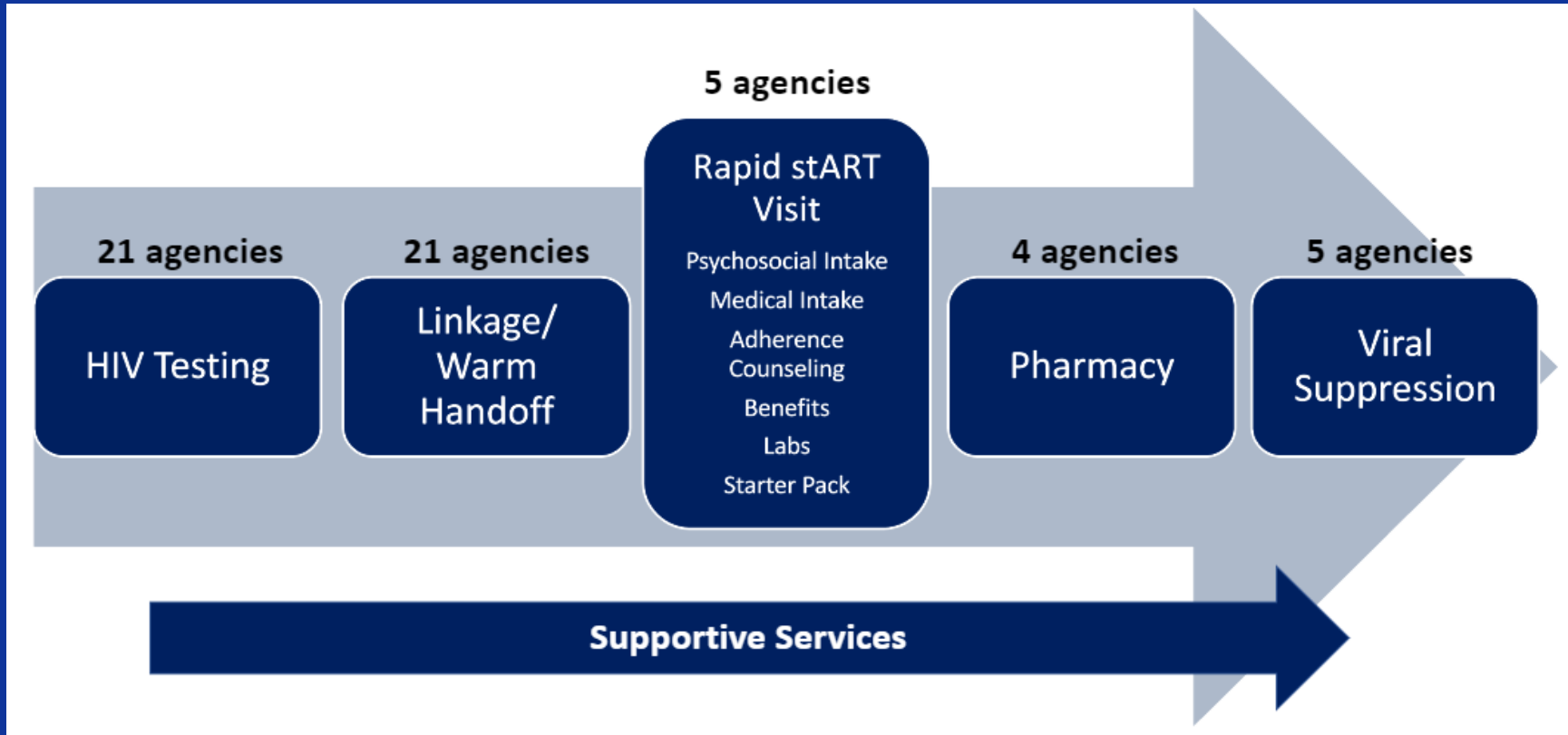
2020

First dedicated LC Rapid stART Coordinator hired.
Learning Sessions 2-4 completed.
Agency Action Plans 2-3 completed.
Launched Rapid stART Module.

2022

RAPID stART

Rapid stART Service Continuum



HIV Care Continuum



Learning Collaborative Structure

- Six Learning Sessions to date
- Weekly Leadership Meetings
- Bi-weekly Data/Performance Measures Team Meeting
- Monthly Planning Team Meeting
- Monthly Technical Assistance (TA) Webinar/Call
 - Coordinated by Pacific AETC - Nevada
 - 1.5 hours set aside monthly
 - 15 Webinars to date
- Agency 1:1 TA with Coordinator/Coach
 - 161 TA Sessions (3/1/2021 – 2/15/23)
- Meet, Greet, and Collaborations among agencies

Learning Collaborative Outcomes

- Expansion of Rapid HIV testing from 3 to 21 facilities across the jurisdiction
 - University Medical Center Quick Cares and Primary Cares -15 facilities
 - 2 non-funded medical clinics
 - 1 Ryan White Part A funded agency
- Funding of the Rapid stART Rideshare for medical transportation
- Development of the Rapid stART Manual for agencies who want to be part of the Rapid stART Continuum of Care
- Development and implementation of the Rapid stART Module to track Rapid stART performance measures
- Community-wide engagement, buy-in and collaboration leading to system level change
- Development and implementation of the Rapid stART Response Team

Planning for Sustainability

Building infrastructure for the Rapid stART Jurisdiction

- Rapid stART Module - reporting tool
- Increasing Rapid HIV Testing Sites
- Passing of SB211, new state legislation that passed in 2021
- Engaging non-funded agencies to the Rapid stART Continuum of Care



Creating a community-wide plan

- Request for Proposal
- Rapid stART Response Team
- Rapid stART Manual
- Community Engagement

RAPID stART

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Rapid stART Performance Measures

Data Development Process

- UCSF
 - Funding source
 - Rapid stART Performance Measures Guidelines
 - Coaching and support for Rapid stART intervention
- TriYoung Inc.
 - Program development
 - Data migration
 - Technical support
- Clark County Social Service, Office of HIV
 - Lead agency for the Learning Collaborative
 - Coordination of agency technical assistance
 - Project management and implementation

Rapid stART Module

- Connected **directly** and posts within CAREWare
 - Uses the data that is required for RSR reporting
 - Looking at clinical services and data
- **Data Required**
 - Demographics
 - HIV Date
 - Referral Date – To indicate when the clinic became aware of client
 - Medical Visits
 - Viral Load Lab Results Data
 - ART Medication – Starter Packs and Prescriptions

What are the desired outcomes?

PM1: Linkage to HIV medical care within 7 days of TZD

PM2: Initiation of ART within 7 days

PM3: Median days to Initiation of ART

PM4: Viral load suppression within 60 days of ART

PM5: Retention in care (two medical visits within the reporting period 90 days apart)

Note: Time Zero Date (TZD) = Diagnosis date or referral source date.
First date provider is aware of client.

Clark County Rapid stART Clinical Quality Measurement

Date Range

Start Date:

End Date:

→ **1. PM Report Date Range**

TZD To Intake Threshold:

Intake To ART Threshold:

Retention in Care Threshold:

ART To VLS Threshold:

→ **2. Thresholds for each variable**

Run

3. Total clients

4. Not meeting PM

	Measure	In Numerator	Not In Numerator	Percent In Numerator
Select	VIEW ALL	63	N/A	N/A
Select	Linkage to HIV Medical Care	34	29	53.97%
Select	Initiation of ART	53	10	84.13%
Select	Retention In Care	26	37	41.27%
Select	Viral Load Supression	31	32	49.21%
Select	Exclusions	2	N/A	N/A

Clark County Rapid stART Clinical Quality Management Tool

Data Entry/Import by Date: June 10th						
Data Review: June 15 to June 30						
Data Reporting Date: July 10th						
Report Date:						
Report Done By:						
Reporting Period: 6/1/2021 to 5/31/2022				EHE Goal: 90%		Baseline
Measure	In Numerator	Not In Numerator	% In Numerator	% Difference vs. Baseline	% Difference vs. EHE Goal	
View All	63	N/A	N/A	N/A	N/A	N/A
Performance Measure 1 (PM1): Linkage to Medical Care	34	29	53.97%	187.84%	36.03%	18.75%
Performance Measure 2 (PM2): Initiation of ART	53	10	84.13%	36.89%	5.87%	61.46%
Performance Measure 5 (PM5): Retention In Care	26	37	41.27%	-39.97%	48.73%	68.75%
Performance Measure 4 (PM4): Viral Load Suppression	31	32	49.21%	-23.80%	40.79%	64.58%
Exclusions	2	N/A	N/A	N/A	N/A	N/A
Performance Measure 3 (PM3): Median Intake to ART*	0	N/A	N/A	N/A	N/A	N/A

A

B

C

D

RAPID stART

Recipe for Learning Collaborative Success in Jurisdiction

- Transparency
- Nurturing a safe sharing space to learn together
- Consistent and timely communication
- Supporting opportunities to collaborate
- Planning TA around agency deliverables and needs
- Providing creative/innovative solutions to barriers
- Partnering with colleagues to provide TA
- Creating helpful tutorial videos as supplements to TA
- Cultivating relationships with agency partners
- Creating helpful materials to supplement TAs

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