HAB You Heard Webinar

March 24, 2021

2:00-3:00 PM ET

>> Good afternoon everyone and thank you for joining us for the webinar. A HAB You Heard webinar: A monthly update from the HIV/AIDS bureau. Today's meetings is request recorded. If you object I can close out. If you need closed captioning you'll see the CC button on the bottom of your screen and you can click on that to access closed captioning, technical problems you may enter into the Q&A pod. I'd like to introduce Dr. Laura Cheever .the associated administrator of the HIV/AIDS bureau

>> LAURA CHEEVER: Great. Thank you, good afternoon and welcome to the HRSA health resources and services add am IP registration had HAB You Heard webinar. I'm the HAB from HAB you heard and I'm joined by Heather Hauck, Kristy and metropolitan HIV/AIDS program and senior advisor and Stacy, the branch chief for HAB division of policy and data. We're so glad you could join us this afternoon and my computer just told me it wants to reboot so hopefully it won't. Next slide, please. So we once again have a full agenda for you today including reflections for me following the past year of COVID. And we're going to have several updates around COVID 19 to share including new guidance regarding waiving penalties and administrative requirements for the Ryan White HIV/AIDS, update on CDC HRSA guidance as well as information on the COVID 19 vaccination, we will also share HIV/AIDS updates highlighting ending the HIV epidemic updates and we're excited to have a recipient spotlight presentation today highlighting the the ending HIV epidemic rapid start collaboration from Houston Harris county public health and Baylor college of med son Houston AETC. To shine a spotlight on the rapid start collaboration, so let's get started. First I just wanted to cautionary a little bit of time this morning/afternoon depending where you are to share some thoughts with all of you. It's really been hard for me to believe it's been a year since everything began to shut down as a result of the COVID 19 public health emergency. For

me to think about and reflect on all the incredible work that's taken place in the 12 months it's really inspirational for me and I want to thank all of you for your commitment and hard work over the past year. It's been an unprecedented time in our history for many reasons and the fact that you Ryan White recipients, subrecipients and stakeholders have persevered and continued to deliver services to clients and communities is incredible. People have consistently gone above and beyond. Listening to you share your stories about the work taking place in your communities is truly amazing. And we hope that you'll continue to do so as we move forward during this next phase of the COVID 19 pandemic and support the vaccination efforts around the country hopefully bringing an end to this phase of the COVID response. We know this has ban challenging for Ryan White recipients and survivors and we want to thank you in meeting the dedication of meeting challenges, COVID 19 affected all our lives, our communities, our friends, our patients and loved ones many of us have had tremendous losses. We at HRSA recognize the profound impact of the public health crisis had on recipients and organizations that partner with HRSA to serve the communities we're all dedicated to. We've found new ways to do work this forces innovation that is leading us to new and better ways of doing the work when we gain a foothold outside of the pandemic. Some find themselves delivering more and different services for people with HIV during this time particularly around food bank home delivered meal and emergency assistance and housing and we're pro founding new ways to provide HIV r HIV care and treatment and we're looking for ways to reach people. We've not yet reached. As we do our work in ending the HIV epidemic initiative. Specifically focusing on doing things differently to reach people out of care.

During the pandemic, what had previously seemed impossible suddenly was made possible literally overnight and chronic rough spots have really been smoothed out. Some innovations include things like increasing self testing, the adoption of telehealth extension of medication refills and revisiting processes such as in person recertification and eligibility. Really taking that down to bare bones of what needs to get done and allowing people to do that work as easily as possible. We have and will continue to leverage innovations in our work around ending the HIV epidemic. And as in the Ryan White program at large. In addition to these innovative models that have come out of the pandemic, this

last year really helped us think about what we need to do and frameworks to build a better to better prepare ourselves to respond in the future. Please know that we are starting to have those discussions in depth within HRSA and we also want to make sure that we hear from you as you're thinking about what do we need to put in place and what lessons have we learned to help shape the future.

The public health emergency helps shed light on the critical importance of health equity, social determinants of health and meeting people where they are which we we know are important areas of focus for the new administration. Many things have been guiding principles of the Ryan White HIV program and we will continue to have a major par as we move beyond pandemic. I would also like to give our continued precious to each of you for unwavering efforts for care and treatment during these trying times, your dedication into the COVID 19 emergency especially as we head into spring tips to inspire me.

So moving on now to COVID 19 updates. We want to begin with an important update of the Ryan White HIV/AIDS program recipients about penalty waivers and administrative requirements. Tipping our discussion from the last HAB You Heard. At this time I'll turn it over to Heather Hauck, HAB's deputy administrator.

>> HEATHER HAUCK: So as Dr. Cheever just indicated the HIV/AIDS bureau has posed significant challenges for recipients and clients in providing access and care. So over the past several months you all are recipients have shared feedback with our HAB program officers about these challenges, based on that feedback and using authority provided by Congress in the FY21 appropriations, HRSA HAB as reviewed and carefully considered Ryan White program provisions in order to identify opportunities that allow greater flexibility or administrative relief from penalties that would otherwise be applicable. And last month we released a letter outlining the specific Ryan White HIV/AIDS requirement programs and penalties that are waived for FY2020 and FY2021. You can access that letter by visiting the policy notices and program letters web page on the HAB Web site.

As we talked about last month, there are two buckets of these waivers. Automatic and nonautomatic. And a summary of the penalties that are waived

under those buckets are listed on this slide. Automatic waivers apply to penalties that will be waived for all applicable recipients for FY2020 and FY2021 the Ryan White funding as it pertains to whine white provision and funding limitations. Nonautomatic waivers apply to penalties that may be waived if specifically requested by recipients. Today we're going to provide additional guidance detailing how to a nonautomatic waiver and when to submit a request. Next slide. To submit a waiver request for nonautomatic waiver, Ryan White program recipients should first notify their HRSA HAB program officer of their intention to request a nonautomatic waiver. Recipients will then submit a request for nonautomatic waiver for FY2020 and FY21 through HRSA's electronic handbooks or what we call EHB prior approval module. The recipient will select the prior approval request to type other, other to submit their waiver request in the EHBs. I want to be clear that I did on purpose say other twice because that's awe very specific type of prior approval request that would essentially be the portal you would submit your waiver request through. Next slide.

to support Ryan White program recipients submitting a request HRSA HAB has developed a sample attestation format for recipients to request nonautomatic waivers. You may also alternatively submit to HRSA HAB a brief explanation regarding your inability to meet those statutory and administrative requirements due to the impact of the COVID public health emergency. Recipients should submit nonautomatic waiver requests either before or at the time you submit your annual expenditure report to HRSA HAB. And it's important to note that recipients will be notified via the issuance of a Notice of Award that the penalties associated with the requirement or requirements that you are specifically requesting waivers for are waived for the applicable fiscal year in which the waiver would be imposed. So that's a very complicated set of instructions so please do refer to the slides and also talk with your project officer about the process of submitting these nonautomatic waiver requests through the Electronic Handbook in the prior approval portal under the other other type of request. And as always we appreciate your dedication and really remain committed to working with you to reduce the burden in accordance with applicable laws and regulations. Next as follow up from discussion a few months ago on FY2020 CARES Act funded recipients who may have requested or who are considering requesting a no cost extension.

So several of you asked about the impact of a no cost extension on data reporting specifically.

So as you know, COVID 19 data reports or what we call CDR on clients using CARES Act funding specifically are required to be submitted each month. And therefore, if your agency receives a no cost extension for CARES Act funding, a COVID 19 data report a CDR report will be required for each additional month until the end of the no cost extension. So for example if your agency receives a no cost extension through say August 31, 2021, you will submit additional monthly COVID 19 data reports for April, May, June, July, and August. It's important to note that recipients that receive no cost exceptions will need to also update contracts in the GCMS module in order to include the new end date for activities in the in order for the system to correctly update your GCMS section. Once the contracts are updated in GCMS, then the system will generate the additional necessary monthly CDRs for you to complete. At this point I'm now going to turn it over to Chrissy Abrams who is director of division of metropolitan HIV programs. Chrissy? .

>> Thank you, Heather. So last summer HRSA HAB and Centers for Disease Control and Prevention, CDC division of HIV/AIDS prevention which we call updated recipients that the care plan guidance and care submission for calendar years 2022 to 2027 was postponed due to the unprecedented COVID 19 pandemic, this allowed recipients to focus on the work to address the COVID 19 pandemic and to consider how HIV prevention and planning may need to evolve going forward. On February 26th, CDC, DP AC and HRSA HAB notified recipients that the updated integrated revision guidance released plan for June 2021 with submission of the plans targeted for December 2022. Allowing for sufficient time for the grant recipients to develop their plans. Now next we'll turn our attention to COVID 19 vaccinations for that I'll turn it back over to Dr. Cheever. Laura you're on mute.

>> My computer keeps trying to turn itself off, of course.

>> LAURA CHEEVER: As we shared during last month's HAB You Heard we're continuing to develop new resources for Ryan White HIV/AIDS recipients in the COVID 19 process especially how HRSA HAB can support Ryan White clients to get vaccinated we released a new FAQ to address COVID 19 vaccination

administrative costs. Hesitancy and use of funds related to vaccinations. As many of you know, we're distributing and providing vaccines for the prevention of COVID 19 at no cost to providers of clients. Vaccine providers may charge a fee to administer COVID 19 vaccinations authorized by the FDA under emergency use authorization. Ryan White HIV/AIDS program advisors may be reimbursed for this vaccine administration registration fee by the patients public or private healthcare coverage or utilize Ryan White ending HIV epidemic or FY2020 CARES Act funding to cover this fee. COVID 19 vaccination administration fees may be covered using Ryan White HIV I'm sorry using the Ryan White CARES Act fund allocated to outpatient ambulatory healthcare services, home community based healthcare service or home healthcare categories as described in our HRSA HAB with 1702. Recipients may also use funds covered under the COVID 19 administration fee where administering COVID 19 vaccines are part of an innovative strategy to engage or reengage people into HIV care. Non Ryan White recipients vaccine providers can also get the fee reimbursed using for uninsured or underinsured patients through the COVID 19 reimbursement healthcare provider facilities for testing treatment and vaccine administration under the uninsured program. Next slide.

As a reminder, the Ryan White HIV/AIDS recipients and subrecipients continue to have a critical role administering COVID 19 vaccines addressing vaccine hesitancy and distributing information about local access to vaccines, as trusted healthcare a trusted sources of healthcare information in your communities please continue to support clients and encourage them to get vaccinated when they're able to do so. I have to say just personally none of my patients have gotten a vaccine without first talking to me about it first. Next I'd like to turn to our HIV/AIDS bureau update. To begin we'd like to share important updates on ending the HIV epidemic I'd like to turn it over to ending the HAB ending the epidemic advisor.

>> Thank you, I'm happy to join you today to share important updates about the ending the HIV epidemic initiative. In March 2021, HRSA awarded near 99 million to 61 Ryan White HIV aide program recipients to expand access to HIV care, treatment, medication, and essential support services. This investment is a critical component of the U.S. Department of Health and Human Services ending the HIV epidemic. As many of you know, ending the HIV epidemic also

known AETC ends at ending new infections by 90% by 2030 with a goal of ending the number of new HIV infections to fewer than 3,000 per year. This year investment builds on more than $2 billion in grant awarded through the Ryan White HIV/AIDS program in fiscal year 2020. To break down the year 2 investment $87 million was awarded to the wine white HIV/AIDS parts A and B, $8 million was awarded to the technical assistant providers and the system coordination providers. And 3 million was awarded to the AIDS education training center for the AETC programs or workforce capacity development. Recipients will continue to link people with HIV to essential HIV care and treatment and supportive services as well as to provide workforce training and technical assistance. EHC funded recipients will continue evidence informed practices focused on those not yet diagnosed, those diagnosed but not in HIV care and those who are in HIV care but not yet virally suppressed we'll hear from one of our collaborative efforts during recipient spotlight presentation. Next slide, please. An update from earlier this week on March 22nd HRSA HAB released a new program letter to provide clarification on client transition from ending the HIV epidemic funding to Ryan White program funding including the AIDS drug assistant program or ADAP. HRSA HAB recommends that clients identify through the EHE initiative who are eligible for Ryan White program be referred to an integrated into existing Ryan White program services including ADAP as soon as possible. This approach leverages the EHE funds by maximizing their impact for those individuals who would not otherwise be eligible for Ryan White program services including ADAP. The flexibilities provided through the EHE initiative such as minimal eligibility requirements, exemption from recertification, and expanded services option are only available when EHE funds are being used. To read the full program letter, we encourage you to visit the policy notice and program letter web page on the HAB Web site. Now I'd like to turn it over to the division of policy and data branch chief Stacy Cohen. Stacy.

>> Thanks. I'm excited to be here today to present some of the early evaluation results compiled by the HAB EHE evaluation team. This summarizes accomplishments and activities the 47 Ryan White HIV/AIDS program EHE grant recipients from the first eight months of the EHE implementation so March through October 202. Presented here are results of a thematic analysis of activities and accomplishments as reported by the 47 recipients in their

noncompeting continuation or MNCC progress reports. As next step we are currently conducting an analysis of barriers and challenges faced by the EHE recipients both COVID related and nonCOVID related and how recipients are addressing barriers and challenges. On the left hand the slide you can see that over all despite challenges by COVID 19 Ryan White EHE grant recipients made significant progress towards implementing their EHE work plans, this progress included develop administrative and service delivery infrastructure, engaging with community members and new partners, and delivering services to clients. On the right side of the screen we highlighted the way they differentiated EHE activities from Ryan White program activities. So those included leveraging new technologies such as telehealth and mobile apps. Developing and implementing new service delivery models and programs such as rapid start, community health workers and peer navigators, differentiated service delivery. And mobile care and outreach. Then finally, supporting new infrastructure development such as hiring staff and executing contracts conducting data to care activities and building relationships with new partners. Now I'll turn it back over to Dr. Cheever to highlight an essential element of HRSA HAB's updating the work community and engagement. Dr. Cheever.

>> LAURA CHEEVER: Great, thank you, Stacy, I want to reflect on how amazing it is that people have gotten so much done with so many people really having to focus extensively on COVID that they're still able to do this work around EHE. So thank you for that. Turning to community engagement, community engagement is a critical element of ending HIV epidemic initiative. With renewed focus on community engagement to meet the goals of the HIV epidemic the bureau believes that our collective success depends on how well communities are involved in the planning, development, implementation, of HIV care treatment. As we move forward with our efforts, we've identified five guiding principles for our community engagement. Our efforts will be intentional, committed, sustainable, flexible and tailored and transformational. They also expect that our recipients work with people with lived experience in communities will engage them keeping these guiding principles in mind. HRSA will host virtual learning sessions by region in FY2021. Public health listener sessions that took place in 2020. The first took place last week in the Mid Atlantic region. The purpose of these sessions are to allow HRSA leadership to

learn about the challenges and successes to support the, EHE effort to allow us to provide EHE updates directly to the community and foster new alliances and bring new voices to the table. The sessions will include leaders from HRSA's Bureau of Primary HAB and CDC's division of HIV/AIDS prevention. We're conducting these listening sessions through two 90 minute sessions per region. The first is a public health leader roundtable that will be smaller including representatives from the EHE funded local and state health department in the regional AIDS education and training center. The second session is the community member listening sessions. Community organizations serving people with HIV community health centers, primary care offices, AIDS education and training centers and most importantly people with lived experience are invited to participate in the community member sessions. Discussions topics include barriers to HIV prevention and treatment in the region. Any unique circumstances in the region that HRSA should be aware of. Sectors outside of the medical or public health community that should be engaged, any nonmonetary resources that are needed, and innovative approaches that have worked in the region. The next will be in the week of April 13th in Pacific region I want to thank the people in the Mid Atlantic last week we got a tremendous amount of information. Please be on the lookout for upcoming sections and how your organizations can participate. I'm going to turn now back to Heather.

>> HEATHER HAUCK: Thank you. So in January 2021 the FDA approved the first HRSA HAB issued a program letter in December of 2019 with guidance for Ryan White HIV/AIDS program recipients on long acting i medication, the letter is available on pot policy notice and program letter web page we encourage you to refer back to that through the link on the slide. HRSA HAB encourages each to make decisions about your formulary based on your available resources and in consulttation with your ADAP advisory group and the same is true for any other Ryan White resources that will be used including Part B and those of you who are Part C or D who also may be considering how to operationalize the availability of the long acting treatment medication, we understand that clinics and jurisdictions are learning as you go about setting up work close and best practices and we'll certainly be gathering those and sharing those best practices and work flows as they're developed, we would refer you to additional information via targeted HIV again through the link on the slide and at that link

you'll also find a resource that HCMA and NSDA put together that we encourage you to check out that is about operationalizing long acting retroviral medication. And then just one last announcement before we turn it over to our recipient spotlight. On March 10th HRSA HAB this is a critical opportunity to talk about impact of HIV on women and girls and to encourage discussions about HIV testing, sexuality you'll health and availability of HIV prevention or as needed care and treatment services. In honor, HRSA's Office of Women's health or OWH and HAB are partnering to invite you to join the webinar titled addressing the unique needs of black women with HIV. This webinar will take place tomorrow March 25th from 1 to 2:00 eastern standard time. We think this webinar is incredibly important because we know HIV disproportionally impacts black women in the United States and women often face stigmas related to HIV status, gender and ethnicity. This is the second installment and in this particular webinar speakers will highlight data and findings from our HAB technical expert panel which focused on preventing HIV treatment services for black women specifically. On the webinar there will be a person who will share stories from the perspective of her lived experience. And in the panelists will discuss interventions for black women with HIV developed through the Ryan White HIV/AIDS program part of special projects of national significance program or SPINS program. We hope you will consider registering to participate it should be a good panel on the webinar tomorrow I'd like to turn it back over to Chrissy. Director for policy for HIV/AIDS which houses the and HIV epidemic EHE and I'm so excited to introduce today's featured presentation. And this is ending HIV epidemic effort supporting rapid start in Houston. Education and training center program. Please help me welcome from the Ryan White grant administration and Harris County public health and Carrie Martin clinical manager and Heather project coordinator for clinical quality improvement. Also from the Baylor college of medicine Houston AIDS education and training center we have Dr. Patel, assistant professor infectious disease director and Natalia Rodriguez program manager infectious diseases. I'd like to now turn it over to Karen to begin a presentation.

>> Good afternoon. I'm Karen Martin. Public health and I am the ripe White program manager for the Ryan White part A program and house tan AMA and the Harris County ending HIV epidemic initiative treatment pillar. I'm joined by

a few of my colleagues today to discuss our implementation of community wide rapid initiation of HIV antiretroviral therapy. I'll start with an overview of Houston area Ryan White and EHE system of care and pass the presentation over to my colleagues to discuss the framework and some initial outcomes for our rapid start collaboration. Next slide.

Houston was one of the original part A eligible metropolitan areas in 1 non-automatic waivers 91. The Houston AMA includes a 6 county region with over 6 million residents. Harris County is the most populous county in our EMA and also the most populous county in the state. The I of Houston sits in Harris county and is the most populous city in Texas and fourth most populous city in the country. Harris County is large geographically. 1700 square miles with less than ideal public transportation system. 91% of people living with HIV in our AME reside in Harris County, 79% of people living with HIV in the EMA reside in the City of house top. Next slide.

Last year our Ryan White and EHE program saw over 15,000 people which is about half the nearly 30,000 people living with HIV estimated to reside in Houston EMA. Historically about 20 25% of people we serve annually are new or return to care patients. Return to care patients provide Ryan White services and prior plans. The total number of clients served in this is comparable to what we typically see. But the new and returning clients is lower than usual. This is related to HIV testing conducted in 2020 due to COVID. As is typical in many areas of the country, the population reserve is largely male and overrepresented for people of color. Texas has not expanded Medicaid and has the most people without health insurance in the nation. Over 60% of Houston EMA clients report being uninsured. Next slide.

Because so many are without health insurance we support medical care with comparatively smaller allocations to services that might support attention to care such as transportation, nonmedical case management and outpatient disorder treatment. We have five primary care providers. All knifed are also CDC funded HIV prevention and testing providers through our local health department colleagues at Houston health department. Or they're directly funded by CDC. Two have the highest HIV positivity numbers in the state. This is very The majority of HIV surveillance and prevention activities are

conducted through a separate local health department at the City of Houston with two different large entities funding HIV treatment and testing services, even within the same clinic, the journey from HIV diagnosis to treatment can be a long trip. Though some were quick it was often dependent on a particular prescriber or availability of medications samples. Next slide. In addition to the siloed nature subrecipients reported that administrative burden of eligibility determination was a barrier to quickly moving someone from HIV diagnosis into treatment. So our goal was to take advantage of the less restrictive eligibility requirements that EHE funding and encourage initiation of viral load expression at all Ryan White funded providers. We set a rapid start benchmark of is 72 hours from the time diagnosis and worked with Houston health department to get better realtime HIV diagnosis information. In addition to newly diagnosed people living with HIV we also made return to care patients eligible for rapid start services. Also with the 72 hour benchmark beginning with the patient presenting at the clinic. Year one ending HIV epidemic services included the first medical appointment, the first treatment prescription, and the sharing transportation to and from clinic pharmacy, et cetera through Lyft. In addition to patient services we also entered into local AETC partner site for subrecipient assistance in the development and implementation of practicing protocols around the county. I will now turn over to Dr. Patel.

>> Hello, everyone. I'm Dr. Patel infect infectious disease provider and also clinical director of the Baylor college of medicine Houston AIDS local partner South Central here in 2020 we set out to set up a collaboration between the Ryan White grant administration and the AETC to develop a community of practice around rapid start. And the goals included to facilitate the development and review of HIV rapid anti retroviral therapy initiation protocols. To provide technical assistance during development and clinical implementation of these protocols and to assess and share lessons learned and implementing rapid ART to increase capacity and sustainability. Next slide, please. So this slide depicts the EHE timeline of the program in 2020. Once subcontracts are finalized we held our first rapid start collaboration kickoff meeting including the Houston AETC, the Ryan White grant administration officer and the rapid start teams of the five Ryan White part A clinics across the Houston Harris County area. And the meeting was to set up to develop and

discuss the goals of the community of practice around rapid start initiation and protocol development. Once the meeting was established in September 2020, over the last quarter of 2020, the Baylor college of medicine Houston AETC developed a rapid start protocol template guidance shared with each of the Ryan White part A clinics. We held a 1:1 session with each of the clinics to do a baseline assessment on their program. Each clinic submitted their first draft of the rapid start protocol that they would plan to implement and subsequently we held one on one sessions again with each of the clinics to review the protocol to provide feedback on their written rapid start protocols. Next slide. This helped them guide rapid start. The slide also depicts our Houston Harris County EHE community of practice program that includes the (Zoom ended) the Zoom link says this meeting has been ended by host. I'll start the recordings one more time, apologies for that inconvenience.

>> Apologies to everyone.

>> No worries, I thought I hit something while I was speaking.

>> So did I!

>> You're not responsible. I'll just pick back up on this slide and this depicts the critical template guidance that was developed for implementation and then the diagram there of the Ryan White clinics and the practice that we're trying to develop here in the Houston Harris County area with collaborations between the Houston AETC, Harris County public health grant administration office and the five Ryan White part A clinic partner sites. Now I'll turn it over to Natalia Rodriguez, program manager for the Baylor college medicine Houston AETC hand she'll go over the goals of the collaborative.

>> Thank you, Dr. Patel. I'm program manager for the ho us ton AETC, Dr. Patel did a great job of summarizing collaborative work in year one and now I want to share year two goals of implementation with community of practice we'll leverage the ECHO model to formally establish our community of practice ECHO which will meet once a month. Our ECHO sessions will include local Ryan White part A partners, it will grow each month as we foster an environment around barriers, solutions and lessons learned. This model will help standardize care and promote best practices across our EHE collaborative network. The diagram on this slide more closely defines how we adopted the ECHO model for rapid

ERT initiation goals. Next slide. Building upon the goals accomplished last year, the first two months of 2021 were focused on the development of our EHE community of practice. Our Ryan White part A subrecipient partners were asked to complete a needs assessment which helped guide the curriculum development for ECHO sessions as well as baseline assessment. Tomorrow we will formally kick off our EHE community of practice ECHO with our first visual session. It's been six months since our IRS fir meeting and we're excited to meet new partners as well as rapid start community of practice. Next month partners will share their updated rap it start protocols and in September we'll have a mid year check into assess 12 month outcomes of EHE work as a result of protocol implementation. Next slide. And finally the vision of our Houston Harris County EHE community of practice and the inner red circle are five Ryan White part A subrecipient partners who form part of our community of practice, by engaging a diverse health professional network involved around the care continuum we will work to meet the goals of the Houston Harris County ending HIV epidemic plan. Curriculum we have developed will provide a framework for dialogue and discussion to promote best practices within our community of practice and across Houston Harris County and with that I'll turn it over to Heather who will share outcomes from year one. Thank you.

>> Thanks Natalia. I'm Heather Keizman for clinical quality at Ryan White grant administration and I'll be presenting outcomes for the Ryan White initiative. It began on March 1st, 2020 when we looked at data we decided to end the time period for EHE encounters on November 30th 2020 in order to ensure enough time to get the viral load data into our data system for those who were seen at the end of this time period. So while the last EHE encounter is November 30th, we assessed viral load suppression which went through the end of January 2021. We compared the outcomes for clients who accessed the EHE rapid start contract with the same population who accessed Ryan White part A under the EHE contract we served 107 clients, 55 being newly diagnosed defined as diagnosed after March 1st 2020 and 55 return to care clients defined as not having receive any Ryan White services at all in the previous year in our comparison group 1,144 clients were served. Including 364 newly diagnosed and 938 return to care clients. You can see that a greater percentage of newly diagnosed clients were served in the EHE contract. Next slide. One thing to

keep in mind regarding these outcomes is that EHE contract was underutilized for a few COVID 19 pandemic related reasons. First, agencies had to prioritize all the pandemic related changes which slowed down efforts to low down protocols while all 5 have now developed protocols the vast majority of this data came from one agency and already initiated rapid start as pilot project one of the rather advantage was that clients do not have to go through typical eligibility process however, relaxed part A eligibility reduced the need for new out of care patients and finally due to associated penalties they were a priority over EHE. On this slide you can see that bore viral load suppression rates were higher 68 compared to 64. It was a much greater difference for newly diagnosed clients. EHE was 81% compared to 69%. On the other hand, EHE return to care clients had a lower viral load suppression rate of 57% compared to 63. This is something we'll need to investigate further but one accomplishment factor would be the EHE is very small sample. In Texas it generally takes a couple months to access through ADAP so we offer emergency financial assistance or EFA as a way to begin ART immediately while awaiting ADAP approval. Fifty six% of EHE clients accessed EF compared to non-EHE clients. There were more virally suppressed and that is because in addition to EFA our agencies also use pharmaceutical company patient assistance programs to access medications prior to ADAP approval. However, this is not something we currently capture in our data system. Of those clients who accessed EFA it took significantly fewer days to obtain ART for new clients we measured the time from diagnosis to EFA encounter and the time decreased from median of 50 days to nine days for return to care clients we measured from their first return to care visit to EFA encounter and that too decreased from median of six days to zero days. While we did not meet our goal within 72 hours for newly diagnosed clients we have shrunk the time significantly and found the data encouraging, with FY21 projected to look different from FY20 we anticipate substantially ramping up with the new grant year. Next slide. Our contact information is included in the slide deck, please feel free to reach out to us if you have any questions about the rapid start initiative. Thank you.

>> Great.

>> LAURA CHEEVER: Great, thank you so much to Karen, Heather are, Dr. Patel and Natalia. That's really actually super exciting for me to see what you've been

able to do during this incredibly complicated time in this Houston Harris County collaborative with AETCs, so thank you so much for that. Just really briefly in closing I wanted to share that we continue to update next slide our frequently asked questions web page as new information becomes available.

And also please do tip to visit our COVID 19 web page which is listed on this slide.

Also there are several other web pages including the vaccination Web site. Next slide. Also mark your calendars for the next HAB You Heard is going to be on April 27th from 2:00 to 3:00 p.m. be on the lookout for save your dates being sent out soon. Next slide. I want do remind you to take care of families, patients and communities and also take time to take care of yourself, we all need grace, I think we saw that today in our own technical foibles here so please remember to shower yourself with kindness and grace and please strongly consider getting COVID 19 vaccination when you're able to do so in your community and to encourage all of your patients friends and family to get vaccinated. Thank you very much. This will end today's HAB webinar. The recordings for this event will be posted on HAB's COVID 19 web page. Thank you once again for all the important work you continue to do every day throughout this pandemic year and beyond. Thank you.

>> This webinar is now concluded. You may disconnect.