



# BE FASTER Community of Practice for Increasing Rapid ART in Houston: A Qualitative, Longitudinal Study

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# Conflict of Interest Disclosure

- Speakers have no conflicts of interests
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# Background

- Rapid ART\* is key for Ending the HIV Epidemic
- Houston ranks #9 in rate of new HIV diagnoses in the US
- In Houston, 75% of PWH\* receive care at 1 of 5 Ryan White Part A agencies
- Ending the HIV Epidemic in Houston will require a coordinated effort among these agencies

# Background

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- We evaluated the acceptability and feasibility of the **Baylor College of Medicine ECHO Facilitating Antiretroviral StART Earlier (BE FASTER)** program
- BE FASTER used the ECHO\* model to establish a community of practice to initiate Rapid ART



# Our Community of Practice

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- Baylor College of Medicine-Houston AETC (*Hub*)
- EHE RW Part A Clinics (*Spokes*)
  - AIDS Healthcare Foundation
  - Avenue 360
  - Legacy Community Health
  - St. Hope Foundation
  - Harris Health System/Thomas Street Health Center



# BE FASTER Program

Monthly 1 hour virtual Zoom sessions

## Session Topics\*

- 15 min didactic by *Hub team*
- 45 min case presentation by a spoke clinic with discussion

Cognitive Support	Mental Health
Transgender Care	Transportation
Reproductive Health	Patient Readiness
Journey Mapping	Medication Access
Monkeypox	Eligibility
Telehealth	Billing

\*12 sessions; 71 unique participants;  
Average attendance: 24 participants/session



# Methods

- BE FASTER: January 2022 - January 2023
- Semi-structured interviews:
  - 2 healthcare professionals from the Rapid StART team at each clinic
  - baseline, 3-months, and 9-months
- Data analyzed using rapid qualitative methods



# Analyses Revealed 5 Themes

- Variability in Rapid ART protocols
- Participants had little to no prior interactions with other agencies
- Case presentations were most useful
- Intake processes were streamlined, but long-term retention remained a challenge
- Participants reported an improved sense of community





## *Variability in Rapid ART protocols*

"...Our providers give them a 30-day access with a three-month refill"

"The patient normally is given 14-day supply..."



*Participants had  
little to no prior  
interactions  
with other agencies*

"... I'm not sure who I would call... they're not people that I know, or that I feel comfortable asking any questions..."



*Case presentations  
were most useful*

"So I do always love the  
case presentations for sure  
... we all just  
hypothesize and provide  
solutions..."



*Intake processes were streamlined, but long-term retention remained a challenge*

"Of course, we have patients who are homeless. It's very hard to get them to comply with taking medicine and coming in because they don't have a stable living situation or transportation."





*Participants reported  
an improved sense of  
community*

"It's an excellent program to educate people, and to connect...they make you feel maybe a little bit more comfortable reaching out."



# Conclusion

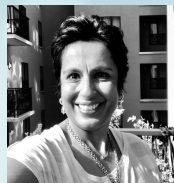
- Participants found the BE FASTER Program valuable and reported a positive impact on their cross-agency interactions
- ECHO can be an effective tool in creating cross organizational networks for Rapid ART programs
- This model can be useful in other *Ending the HIV Epidemic* initiatives

# Acknowledgements

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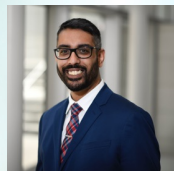
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**THANK YOU!**