Section 5.3 – Primary Medical Care SOP CrescentCare Start Initiative HIV Treatment	12/01/2016-Effective <mark>04/24/2018-Revised</mark> Departments: PMC Prevention Patient Access

Procedure Title: CrescentCare Start Initiative (CCSI)Standard Operating Procedure at CrescentCare (CC)

Purpose: To facilitate the rapid initiation of antiretroviral therapy following a positive HIV test to support higher rates of treatment uptake and viral suppression.

Procedure(s)	Method(s)
Identification of Referral Sources	Referrals for CCSI will come from the CC Sexual Health Center, Healthcare for the Homeless, CC C&T Program, and from the community.

Linkage to Medical Care	The first component of the CCSI visit is linkage to medical care by the Patient Navigator (PN) or patient in clinic for medical visit.
	1. Contact is made from referral source i.e. CTR counselor, STI clinic, Healthcare for Homeless clinic to PN via text or phone call;
	  a. If referral is coming from Sexual Health Center or CTR and patient/client information is in EHR, PN puts new patient on provider schedule, lab schedule, and schedule for eligibility counselor (EC)
	  b. If appointment is happening within 72 hrs (3 business days) of diagnosis appointment type is CCSI NP (15 min lab) (30 min provider). If there are no open provider appointments- overbooking is permitted after consulting with provider and patient may proceed to lab or Eligibility Specialist while waiting on Provider to become available
	  c. If on-site and available, PN will escort patient through registration & attestation (signing of Privacy Practice, Consent to Treat);
	  d. If available and able, PN encouraged to stay with client in waiting room, until warm handoff with nursing/provider can occur;
	  e. Patient/client's registration and attestation form are given to PARs to enter including medical insurance information. The PAR will verify the client has an appointment set up with the eligibility counselor for that day.

	2. If patient already being seen in clinic for a visit and at the time of visit receives new HIV diagnosis. If patient already being seen in clinic, Telephone Encounter is sent to PN to inform, but PN is not expected to attend the visit unless requested by the Provider
	   a. If diagnosis happens at time of visit, patient visit type is switched by nurse or provider to CCSI NP
	   b. Nurse or provider alerts PAR to create RW account
	   c. Nurse notifies and schedules same-day appointment with Eligibility Counselor

Entry into Medical Care: provider (30-minute visit)	The second component of the CCSI visit is the provider visit. 1. Nursing performs a limited (vitals and brief assessment) intake with the client 2. A rapid iSTAT creatinine is performed to ensure acceptable kidney function. 3. If the client does not have acceptable proof of diagnosis, PN and/or Nursing should contact OPH to try and confirm HIV diagnosis. If this cannot be done, two different types of rapid HIV tests will be performed at the beginning of the visit to ensure client is HIV positive. Nurse/MA/Provider will list "Unknown" for Previous HIV Test. 4. Provider meets with patient/client for a brief focused visit, assesses for ART readiness, and conducts brief mental health status assessment/check-in; 5. During initial nursing intake or provider visit, if the client is expressing significant distress, the Integrated Behavioral Health Social Worker will be called to do an assessment before the visit is complete 6. A standardized consent and discussion of risks with medication administration will be performed (see Appendix) 7. For Insured Patients (exception of Medicaid) or Uninsured Patients, Provider provides client with 30-day supply of medication. Descovy (tenofovir alafenamide fumarate + emtricitabine) and Tivicay (dolutegravir) will be stocked on the clinic floor* Pre-made labels will be affixed to each bottle, with name and date written by Provider on each during the visit, and provider will have client take one dose of each medication during the visit.

	8. Provider and nurse document the dispersal of medications in the log
	 9. For Medicaid Insured Patients, follow Avita Protocol – Expediting ARV Prescriptions for Newly Diagnosed Patients.
	     a. Provider/Clinic alerts pharmacy via phone of newly diagnosed Medicaid patient needing expedited ARV therapy and provides call back point of contact
	     b. Provider/Clinic completes new enrollment sheet (face sheet) with demographics and insurance information.
	     c. Provider/Clinic faxes new enrollment form and Rx to the pharmacy
	     d. Pharmacy fills the new Rx immediately upon receipt (Goal is to complete within 15 minutes of receipt)
	     e. Pharmacy contacts point of contact given in number 1 above when Rx is ready for pick-up
	     f. Provider sends designated agent to retrieve and sign for the prescription on behalf of the patient.
	
	 10. Nurse completes discharge including scheduling of follow appointment with an HIV Provider; Nurse notifies eligibility counselor that provider has finished the visit, so client can meet with them for limited eligibility visit (minimum completion requirement: CERV).
	 11. Nurse completes CCSI Medication Approval Form and scans & sends to Medication Coordinator by the end of the clinic day in order to ensure timely resupply of medication.
	
	 *Providers have option to deviate from this ART regimen based on clinical judgement.

Entry into Medical Care: lab visit (15-minute visit)	The third component of the CCSI visit is the lab visit: 1. Phlebotomist draws new patient/client HIV lab panel (has been modified to include pregnancy test). 2. Designated CCSI Providers (Dr. Halperin- Tulane Tower, Dr. Butler – CCHWC, Dr. Van Sickels backup if either/both are out) will review LabCorp Beacon the day

	after the CCSI visit, to ensure client's glomerular filtration rate is >30mL/min (cutoff for Descovy use) and urine pregnancy test results (if indicated). 3. At end of visit, provider seeing the patient will send a Action to PN when a RAPID client has labs drawn, to serve as a reminder to check LabCorp Beacon. 4. Client will be called immediately if any laboratory contraindications to either medication are found, with documentation in the EHR.

Linkage to Benefits & Social Services (30-minute visit)	The next component of the CCSI visit is an appointment with the Eligibility Specialist/ES at CCSC or CCHWC immediately following the medical visit. The eligibility visit can be limited- i.e. just the CERV completed if the client is not able to stay for a lengthy eligibility visit. If the ES staff are unavailable for the CCSI appointment, or if the client is not able to meet with them same-day, the nurse/provider should schedule a follow-up visit with the eligibility specialist within 7-days, with a task message sent to the eligibility specialist for notification.

1. ES staff is alerted by the nurse that the patient/client is ready for his/her appointment;
2. ES staff conducts brief check-in with patient
3. ES staff conducts 3rd party payor screening and initiates the appropriate application
   a. Medicaid (and LA HAP as needed)
   b. Marketplace (and LA HAP as needed)
   c. LA HAP
4. ES staff schedules the soonest available CM/SS intake visit and provides an appointment card to the patient/client at the end of the visit.
5. RW CERV should be completed at the time of the RAPID visit unless the client is unable to stay or no eligibility specialists are able to meet with them that day. CERV must be completed within 30 days of CCSI NP appointment.
6. RW CERV should be completed at the time of the RAPID visit unless the client is unable to stay or no eligibility specialists are able to meet with them that day. CERV must be completed within 30 days of CCSI NP appointment.
   a. For patients not being seen same-day for CERV, the nurse, MA, or Provider will scheduled the patient on the ES schedule and send an Action to the ES alerting of the appointment. Once CERV is completed, the ES will scan it and send a copy to the Patient Access Manager for upload into patient's EHR.
   b. Nurse, MA, or provider will also place patient on their Social Service team member's schedule for follow-up assessments.

Community Health Workers	See Community Health Worker (CHW) Standard Operating Procedure at CrescentCare (CC)on appropriate referral to Community Health Worker.
Appendix	

Consent for CCSI and contact information	1. The medications used in CCSI are, in general, very safe and effective. If a client had severe pre-existing kidney disease, however, alternate choices for treatment of HIV might be indicated. Additionally, if a client was pregnant, we would also choose a different regimen, based on established guidelines. 2. Clients might not always have continuous access to phone services, and if laboratory abnormalities are found, we want to ensure the providers, case managers, and Navigator can contact them promptly to return to the clinic. 3. Procedure: 4. Providers will discuss low, but possible risks associated with Descovy/Tivicay with each RAPID client, re-enforcing need to possibly contact them with results 5. If abnormalities arise, providers, nurses, or the navigator can contact the client by phone, or, if the client is unable to talk (due to lack of minutes) can send a **generic** text message advising the client to call or come in to the clinic, which will be documented in a note in the EHR.

Disciplinary Action	Violation of this policy may result in corrective action.
Supporting Information	
Reference Internal	- CHW SOP - Avita Protocol – Expediting ARV Prescriptions for Newly Diagnosed HIV Patients Who Have Medicaid
References External	_____