Network for Implementation Science in HIV (NISH)

3rd National Ending the HIV Epidemic Partnerships for Research Meeting
April 15-16, 2024 I Los Angeles, CA

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Co-Director, MACC+ IS Hub
Johns Hopkins CFAR
Disclosures

• None
Acknowledgments

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• Community collaborators and participants
• Coordinating Center and IS Hubs’ Investigators and Administrative Staff

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Jessica Kassanits
Jill Blumenthal
Joseph “Greg” Rosen
Joseph Kenny
Joyce Jones
LaRon Nelson
Latesha Elopre
Laura Beres
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Morgan Purrier
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Sung-Jae Lee
Tequetta Valeriano
Tongying Zhao
Uyen Kao
Victor Wang
Wilson Gomez
Outline

• Introduction to NISH
  • Overview of structure & ongoing studies

• Potential for NISH multi-site research to support EHE goals & advance implementation science
  • Generalizability vs. Context
  • Power in numbers
  • Developing & testing implementation strategies to advance effectiveness & equity

• Conclusions
## Pilot of a National Network for Implementation Science in HIV

<table>
<thead>
<tr>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage local partners at each IS Hub to identify common HIV implementation priorities and define the scope of the study</td>
</tr>
<tr>
<td>Collectively develop a shared protocol, including recruitment materials and data collection tools</td>
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<tr>
<td>Shared protocol oversite with sub-team Cores (e.g. site engagement, quantitative methods, qualitative methods)</td>
</tr>
<tr>
<td>Analyze findings of implementation determinants, strategies, outcomes, and process indicators, such as research milestones and evidence of collaborative decision-making as proof of concept. Feedback to local stakeholders / health departments</td>
</tr>
<tr>
<td>Develop Manual of Operation to facilitate replication of future multisite HIV IR</td>
</tr>
</tbody>
</table>
NISH Network Map

Key:
★ = Multi-Site (ISCI 001)
★ = Project RISE (ISCI 002)
★ = Pharmacy PrEP & Pathways (ISCI 003)

RAISE IS Hub (UW)
Pi: Kenneth Sherr

ISCI (Northwestern)
Pls: Brian Mustanski & Nanette Benbow

R3EDI Hub (Yale)
Pi: Debbie Humphries

MACC+ Hub (JHU)
Pls: Sheree Schwartz & Stefan Baral

3R IS Hub (UCLA)
Pi: Alison Hamilton

Tennessee CFAR IS Hub
Pls: Carolyn Audet & April Petit

Emory IS Hub
Pi: Jessica Sales

DISC Hub (UCSD)
Pls: Borska Rabin & Nicole Stadnick

Texas IS Hub
Pi: Chris Markham

UAB CFAR IS Hub
Pls: Robin Lanzi & Michael Mugavero

3rd National Ending the HIV Epidemic Partnerships for Research Meeting
Ongoing Multisite Projects

001  Identifying Optimal Rapid START Implementation Strategies to End the HIV Epidemic in the U.S: A Preparatory Study

*PI: Sheree Schwartz (JHU)*

Collaborator (Site) PIs: Joyce Jones (Hopkins); Aadia Rana (UAB); Jill Blumenthal (UCSD), Russell Brewer (Third Coast CFAR, U of C), Sung-Jae Lee (UCLA), LaRon Nelson (Yale)

002  Project RISE: Relevant Implementation Strategies to Enhance (RISE)

*PI: Brewer (TC-CFAR)*

Collaborator PIs: Laramie Smith (UCSD), Sarah Chrestman (Louisiana Public Health Institute)

RISE (AL-MO)

*PI: Donna Spiegelman, Debbie Humphries (Yale)*

Collaborator PIs: Marotta (Wash U), Lanzi (UAB)

003  Identifying Capacity and Strategies for Community Pharmacy PrEP Implementation

*PI: Christopher Kemp, Sheree Schwartz (JHU)*

Collaborator PIs: Gabriel Wagner (UCSD)


*Pls: Latesha Elopre (UAB)*

Collaborator PIs: Russell Brewer (TC-CFAR), LaRon Nelson (Yale)
Research and Community Network Building
Identifying Optimal Rapid START Implementation Strategies (001)

- Protocol Chair – Sheree Schwartz
- EHE Jurisdictions/Sites & Site PIs:
  - Alabama – Aadia Rana (UAB)
  - Baltimore – Joyce Jones (JHU)
  - Chicago – Russell Brewer (UC)
  - Dallas/Fort Worth – LaRon Nelson (Yale)
  - Los Angeles – Sung-Jae Lee (UCLA)
  - San Diego – Jill Blumenthal (UCSD)
- Sub teams
  - Site engagement Team (Nanette Benbow)
  - Qual Team (Laura Beres)
  - Quant Team (Sung-Jae Lee/Donna Spiegelman Debbie Humphries)
Project RISE Team (002)

**Cook County, IL**
- Russell Brewer, DrPH
  - University of Chicago
  - Chicago Community Collaboration Board

**East Baton Rouge Parish, LA**
- Louisiana Public Health Institute (LPHI)
  - Capitol Area Reentry Program (CARP)
- Alicia Dawdani
- Darja Payne

**San Diego County**
- UCSD
  - San Diego EHE Scientific Working Group
- Sarah Chrestman, MP
- Gjvar Payne
- Laramie Smith, PhD
- Rebecca Fowler, MPH

**Missouri**
- Donna Spiegelman, ScD
  - Yale University
- Debbie Humphries, PhD
  - Yale University
- Novus Health

**Washington University in Saint Louis**

**Alabama**
- UAB
- Birmingham AIDS Outreach (BAO)

**3rd National Ending the HIV Epidemic Partnerships for Research Meeting**

- Philip Marotta, PhD
- Amanda Williams
- Dale Wrigley
- Robin Lanzi, PhD
- Emma Kay, PhD
- Karen Musgrove
Identifying Capacity and Strategies for Community PrEP & Pharmacy PrEP Implementation (003)

Alabama (FQHCs)

**Team Members**
- Latesha Elopre
- Larry Herald
- Michael Mugavero
- Samantha Hill
- Mariel Parman

**Collaborating Sites**
- Christ Center Health - FQHC
- AIDS Alabama South - CBO

Dallas, TX (FQHCs)

**Team Members**
- LaRon Nelson
- Drew Cameron

**Collaborating Sites**
- Abounding Prosperity - CBO

Cook County, IL (FQHCs)

**Team Members**
- Russell Brewer

**Collaborating Sites**
- Howard Brown Health Center - FQHC
- AIDS Foundation of Chicago

San Diego, CA (Pharmacies)

**Team Members**
- Nicole Carter
- Shanaya Sidhu
- Cheryl Dullano

Team Members
- Christopher Kemp
- Sheree Schwartz
- Anna Katomski
- Lipin Lukose

Collaborating Sites
- Amanda Rosecrans – BCHD

Baltimore, MD (Pharmacies)
What NISH is now

- **Manual of Procedures**: Completed and approved
- **Leadership**: 
  - **Network Chair**: Sten Vermund
  - ISCI
  - Nanette Benbow
  - Brian Mustanski
- **Protocol Chairs**: 
  - Site PIs
  - Sub-team Chairs
- **Funding**: 
  - Leveraged ISCI and Hub resources
  - (NIH approved allocation for multi-site)
  - Late nights :)
- **Sites**: 
  - Up to 10 Sites nationally
  - (map on prior slides)
- **Studies**: 
  - 3 studies
  - -2 with shared protocol & 2 with a sister protocol (003)
- **Research Dissemination**: 
  - 4 Conference presentations
  - 1 submitted paper
  - 6 papers in process
Structure

Network Chair

ISCI Exec Committee

Protocol Chairs

Site PIs and Sub-team Chairs

Single IRB, Data MOU

Site Engagement Team: Meets bi-weekly

Qualitative Research Team: Meets bi-weekly

Quantitative Research Team: Meets bi-weekly

Infrastructure to share expertise & technical skills

Infrastructure to share data

Created clinic and community relationships
Potential for multi-site research to support EHE goals & advance implementation science

What can we achieve with NISH?
Context versus Generalizability

• Context plays a critical role in implementation, but measuring the context and understanding how it influences implementation and effectiveness outcomes is an ongoing discussion in the field and critical to get buy-in and move evidence-based interventions (EBIs) forward.

• Generalizable knowledge can improve speed of evidence translation across contexts & thus support reaching EHE goals by 2030.

• NISH can increase our understanding of both context & generalizability → improved EBI transportability & efficiency.
### Project RISE: Implementation Strategies Shared across Sites

<table>
<thead>
<tr>
<th>Location</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>San Diego</td>
<td>Funding-focused strategies: increased organization funding and fair compensation for CHWs. CHW-focused strategies: intentional CHW hiring from the community and increased investment in CHW training.</td>
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<tr>
<td>Chicago</td>
<td>“Having a fair compensation structure is really important.” “Easy but funding.” “We want to hire people who are sensitive to people’s feelings…sensitive to the needs of other people, especially the community we serve.”</td>
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<td>Louisiana</td>
<td>“I do feel like we do need workers that can relate to the populations that we serve.” “I think the training would be, well, of course, helping them what status-neutral is, helping them to understand the different approaches when it comes to status-neutral…”</td>
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<td>Missouri</td>
<td>“I really think that some of our community organizations are ones that are honestly typically doing so much work. But they’re so underfunded.” “build out those roles and making sure that they’re [CHWs] paid, and they’re supported.” “training workshops, time, role playing, doing some exercises. I think those things are needed…”</td>
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<td>Alabama</td>
<td>“I think cross-training in several different types of, um, like, - different programs would be helpful to kind of understand what everybody else does. I think that’s helpful for anyone”</td>
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*NISH 002 - Brewer & Humphries et al.*
Context versus Generalizability

Project RISE: Implementation Strategies Shared across Sites

‘Fair funding for Community Health Workers is essential’ [to getting community-based status neutral approaches to work]

This theme was the same and strong ACROSS all 5 settings

who are sensitive to people’s feelings…sensitive to the needs of other people, especially the community we serve.”

having more policy conversations about increasing public health funding”

“I think for the type sort of in order to involve the people that are most affected by HIV, you really have to hire from black and brown communities..”

helping them what status-neutral is, helping them to understand the different approaches when it comes to status-neutral…”

“build out those roles and making sure that they’re [CHWs] paid, and they’re supported.”

“training workshops, time, role playing, doing some exercises. I think those things are needed…”

NISH 002 - Brewer & Humphries et al.
**Context versus Generalizability**

**Project RISE: Implementation Strategies that vary Across Sites**

### San Diego
**Limit caseloads**
“led by peer navigators with max caseload of 35.”

### Missouri
**Using emerging technologies**
"And a plus for us is that we offer Telehealth as well. So that's a big plus for us and so I think that is something also that we offer that others don't.

### Chicago
**Need for data informed work and systems**
"I think that there should be better tracking mechanism in place not only for [Organization] but all these CBOs where, one, you collect accurate, quality data so that the data can be assessed to prove that there is a need for the services.

### Alabama
**Prioritizing the client’s perspective**
"It's kinda takin' that – that servant's heart, um, and – and – and being like 'What else do you need"“Our clients really deserve to have people around them that are knowledgeable about HIV and knowledgeable about community risk."

*NISH 002 - Brewer & Humphries et al.*
### Landscape of Rapid Implementation by Jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Definition of Rapid</th>
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<tr>
<td><strong>Alabama</strong></td>
<td>Rapid ART is defined as medication initiation <em>within 7 days diagnosis</em>. No standard rapid PrEP definition.</td>
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<td><strong>Chicago</strong></td>
<td>No standard rapid ART definition.</td>
</tr>
<tr>
<td><strong>Dallas/Fort Worth</strong></td>
<td>Rapid ART is defined as medication initiation <em>within 72 hours by 2023 and same day by 2025</em>. Rapid PrEP is defined as same day.</td>
</tr>
<tr>
<td><strong>LA</strong></td>
<td>Rapid ART is defined as medication <em>initiation in 0-7 days</em>. Rapid/Same-day PrEP is unknown.</td>
</tr>
<tr>
<td><strong>San Diego</strong></td>
<td>Rapid ART is defined as medication initiation <em>within 7 days</em>, with the goal of same day. Rapid PrEP is defined as initiation within 0-7 days with the goal of same day delivery.</td>
</tr>
<tr>
<td><strong>Tarrant County</strong></td>
<td>No standard definition but aim is ART initiation <em>within +/- 7 days</em>. No standard definition of rapid PrEP.</td>
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*NISH 001: Zamantakis et al.*
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                        | **No standard definition** of rapid PrEP.                 |
| Chicago               | No standard rapid ART definition.                         |
                        | **No standard definition** of rapid PrEP.                 |
| Dallas/Fort Worth     | Rapid ART is defined as medication initiation within 72 hours by 2023 and same day by 2025.  
                        | Rapid PrEP is defined as **same day**.                     |
| LA                    | Rapid ART is defined as medication initiation in 0-7 days.  
                        | Rapid PrEP is **not part of plan/defined**.                |
| San Diego             | Rapid ART is defined as medication initiation within 7 days, with the goal of same day.  
                        | Rapid PrEP is defined as **initiation within 0-7 days** with the goal of same day delivery. |
| Tarrant County        | No standard definition but aim is ART initiation within +/- 7 days.  
                        | **No standard definition** of rapid PrEP.                 |

*NISH 001: Zamantakis et al.*
Context versus Generalizability

HIV Services: Proportion of Healthcare Organizations within Sites Implementing Approaches

- Rapid ART
  - All
  - Alabama
  - Dallas Fort Worth
  - Chicago

- Rapid PrEP
  - Los Angeles
  - Baltimore

- Status neutral
  - San Diego
Power in numbers

• If strategies will be targeting providers, representation of individuals from one or a few clinic(s)/CBO(s) is often insufficient.

• As such, in implementation research designs which test strategies targeting implementors, we often need multiple counties (clusters) to study them.

• Representation of multiple jurisdictions can increase representation across groups which is important for equity.

• Harnessing the NISH multi-site work and routine service settings can expand possibilities for reaching implementors and can lead to opportunities for testing strategies rigorously in future cluster randomized trials.
### Power in numbers

<table>
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<tr>
<th>Heterogeneity in implementation of intervention</th>
<th>Jurisdiction</th>
</tr>
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<tbody>
<tr>
<td>Rapid PrEP: Happening within well-resourced clinics / Health Dept clinics</td>
<td>A</td>
</tr>
<tr>
<td>Rapid PrEP: Not happening</td>
<td></td>
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<table>
<thead>
<tr>
<th>Generalizable barrier across contexts</th>
<th>Jurisdiction</th>
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<tbody>
<tr>
<td>Key Barrier: Financing and insurance delays</td>
<td>A</td>
</tr>
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</table>

<table>
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<tr>
<th>Context-specific facilitator</th>
<th>Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Facilitator: State / County-level mandate, policy, funding</td>
<td>A</td>
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</table>

<table>
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<tr>
<th>Heterogeneity in strategies to similar barrier</th>
<th>Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy to overcome medical mistrust: Patient Navigators</td>
<td>A</td>
</tr>
<tr>
<td>Strategy to overcome medical mistrust: Peer Specialists</td>
<td></td>
</tr>
<tr>
<td>Strategy to overcome medical mistrust: Champions</td>
<td></td>
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</tbody>
</table>

**Sufficient sample of different contexts supports generalizability and transportability of findings**

**Critical context-specific consideration:**
- States with medicaid expansion had more options for rapid PrEP provision than those without

**Generalizable across contexts:**
"So, you've got kind of the administrative piece, which is, how do you make this happen in a clinic workflow?" - KI, Jurisdiction F

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Key Informant Interviews, NISH 001
**Power in numbers**

**NISH 001: Characteristics of patient population among represented healthcare organizations (n=38)**  
AL=7; LA=8; SD=7; Dallas/Fort Worth=3; Chicago=5; Baltimore=5
Power in numbers

### NISH 001: Characteristics of patient population among represented healthcare organizations (n=38)

AL=7; LA=8; SD=7; Dallas/Fort Worth=3; Chicago=5; Baltimore=5
Power in numbers

HIV Services: Implementation by Clinic Type

Proportion of Clinics Implementing

Clinic Type

- Rapid PrEP
- Rapid ART
- Status Neutral
Power in numbers

38 CLINICAL ORGANIZATIONS

52 CLINICS

28,679 HIV PREVENTION CLIENTS

48,945 PLHV

*NISH 001: Clinic survey*
Preliminary Results

Utilized 64 zip codes
- Twenty-six from Los Angeles, CA
- Sixteen from Cook County, IL
- Ten from Baltimore County, MD
- Nine from San Diego, CA.

The mean percentage of PLWH who were virally suppressed is 60.3%
- Neighborhood variability ranging from 33% to 79%.
Power in numbers

Preliminary Results

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The mean percentage of PLWH who were virally suppressed is 60.3%
- Neighborhood variability ranging from 33% to 79%.

Rezai, et al.

Auxiliary Neighborhood-level Data

Walkability

Public transportation

Health insurance

Employment

Education
Power in numbers

Project RISE (NISH 002)

- Identify and prioritize implementation strategies for a status neutral community health worker program in CBOs in 5 EHE jurisdictions (Baton Rouge Louisiana, Chicago Illinois, San Diego California, St. Louis Missouri, Birmingham Alabama)

Methods:
IDIs (n=10 per site, 50 total) with frontline CBO staff
Focus groups (1 per site, ~35-50 participants total) with CBO leadership
Implementation Strategies Prioritization Survey distributed to all interview and focus group participants (~20 per site; ~100 total)

NISH 002 - Brewer & Humphries et al.
Community Engaged Research Survey of EHE awardees (community & academic partners)

- Surveys Completed, n=82
  - Academic Partner: n=55
  - Community Partner: n=27

Data from 57 / 102 possible 2021-2022 supplement awards (56%)

Datar, et al.
Power in numbers

EHE
Supplement
Paired
Community-Academic
Partner Data: Perceptions of Community Partner Involvement

Datar, et al.
Developing & testing implementation strategies to advance effectiveness & equity

- By understanding **prioritization across contexts**, we can identify promising implementation strategies that may be **broadly recommended**.

- Conversely, **when priorities differ** – **tailoring services** to the needs of those historically disenfranchised from services is critical.

- **Emphasizes providers’ / health systems’ role in production of equitable health outcomes** – not just patient outcomes and responsibility.
Developing & testing implementation strategies for effectiveness & equity

Goal – Understand key determinants to implementation of same-day PrEP in Medicaid expanded and unexpanded states

Aim 1a – Interviewed (N=24) key informants at CBOs and FQHCs in Alabama, Dallas, and Chicago

Interviews explored implementation strategies for same-day PrEP

Aim 2 – Focus Groups with ASO (AL, N = 25) – Rank ordering Process of most effective strategies to support same day PrEP

NISH 003 - Elopre et al.
Developing & testing implementation strategies for effectiveness & equity

**Goal** – Understand key determinants to implementation of same-day PrEP in Medicaid expanded and unexpanded states

**Aim 1a** – Interviewed (N=24) key informants at CBOs and FQHCs in Alabama, Dallas, and Chicago. Interviews explored implementation strategies for same-day PrEP.

**Aim 2** – Focus Groups with ASO (AL, N = 25) – Rank ordering Process of most effective strategies to support same day PrEP.

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<table>
<thead>
<tr>
<th>Rank</th>
<th>Strategy Description</th>
</tr>
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<tbody>
<tr>
<td>1st</td>
<td>Leadership by-in</td>
</tr>
<tr>
<td>2nd</td>
<td>PrEP champion</td>
</tr>
<tr>
<td>3rd</td>
<td>Use 340B resources to pay for medicines</td>
</tr>
<tr>
<td>4th</td>
<td>PrEP navigators</td>
</tr>
<tr>
<td>5th</td>
<td>Consumer outreach</td>
</tr>
<tr>
<td>6th</td>
<td>Build relationships with pharmaceutical reps</td>
</tr>
<tr>
<td>7th</td>
<td>Starter packs</td>
</tr>
<tr>
<td>8th</td>
<td>Adaptation STI and HIV clinic workflows</td>
</tr>
<tr>
<td>9th</td>
<td>Medication co-pay programs</td>
</tr>
<tr>
<td>10th</td>
<td>Co-locate clinics within Ryan White clinics to share personnel, protocols, equipment</td>
</tr>
<tr>
<td>11th</td>
<td>Mobile units- Units doing testing in the community/ units prescribing PrEP out in the community</td>
</tr>
<tr>
<td>12th</td>
<td>Telehealth – assist with collecting lab samples, delivering results, and prescribing PrEP on same day</td>
</tr>
</tbody>
</table>

*NISH 003 - Elopre et al.*

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3rd National Ending the HIV Epidemic Partnerships for Research Meeting
Clinic Survey Results

Top Barriers to Rapid ART

- No on-site phlebotomy and/or laboratory
- No on-site medications available and/or no collaborating pharmacy
- Lack of protocols or guidelines
- Insurance coverage for provision of rapid ART same-day
- Competing priorities at the agency
- Systems to rapidly apply for and secure health insurance
- Lack of provider interest
- Leadership buy-in and support
- Insufficient support for patient psychosocial needs/competing priorities
- Lack of patient interest
- Systems to rapidly apply for and secure ADAP
- Staff awareness, knowledge, and training on rapid ART
- Existing clinic workflows
- Availability of staffing resources
- Clinicians’ comfort providing ART w/o full lab results

Top Barriers to Rapid PrEP Implementation

- No on-site phlebotomy and/or laboratory
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NISH 001
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**Clinic Survey Results**

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<td>Insurance coverage for provision of rapid ART same-day</td>
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<td>Competing priorities at the agency</td>
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<td>Availability of staffing resources</td>
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<td>Insurance coverage for provision of same-day PrEP</td>
<td>20</td>
</tr>
<tr>
<td>Competing priorities at the agency</td>
<td>25</td>
</tr>
<tr>
<td>Systems to rapidly apply for and secure health insurance</td>
<td>30</td>
</tr>
<tr>
<td>Lack of provider interest</td>
<td>0</td>
</tr>
<tr>
<td>Leadership buy-in and support</td>
<td>5</td>
</tr>
<tr>
<td>Insufficient support for patient psychosocial needs/competencies</td>
<td>10</td>
</tr>
<tr>
<td>Lack of patient interest</td>
<td>15</td>
</tr>
<tr>
<td>Systems to rapidly apply for and secure ADAP</td>
<td>20</td>
</tr>
<tr>
<td>Staff awareness, knowledge, and training on same-day PrEP</td>
<td>25</td>
</tr>
<tr>
<td>Existing clinic workflows</td>
<td>30</td>
</tr>
<tr>
<td>Availability of staffing resources</td>
<td>0</td>
</tr>
<tr>
<td>Clinicians’ comfort providing PrEP w/o full lab results</td>
<td>5</td>
</tr>
</tbody>
</table>
The data can defy expectations and unpack mechanisms

- Because implementation of PrEP within Ryan White Clinics is less common, we believed advocating for PrEP integration would be needed to advance status neutral implementation
  - But KIIIs have helped us to understand that this is not always the case

- Other assumptions about the universal ‘good’ of status neutral approaches have been uncovered – chiefly concern from PLWH around threat to limited resources

Rare or inconsistent within-site findings achieved prominence across sites

KII examples:
- 3 jurisdictions identified a lack of wrap-around services and holistic approaches for priority populations as barriers.
- 2 jurisdictions found that individual needs impede rapid ART initiation: lack of stable housing, additional medications, healthcare deserts, transportation systems, general access medical care, and no coverage for uninsured individuals.
- 1 jurisdiction stated that provider experience with specific populations hindered willingness for rapid ART.

Across sites, understanding barriers within sub-populations including system supports and provider approaches may be a key set of strategies.
Conclusions
Value of NISH/Recommendations

- **Framework and infrastructure** for how we can conduct implementation research at a **national scale**
  - Including approach to IRB for multi-site implementation research studies

- **Support** CDC, NIH, local Health Departments in **guideline development and research prioritization** – when to generalize, when to tailor

- **Shared tools & data harmonization**

- **Shared expertise**

- Ability to work across settings and **nimble adjust** research questions (e.g. response to status neutral findings)
NISH Next: Operationalizing the vision by leveraging existing investment with strategic new investments

Network PIs  Leadership and Operations  Data Access, Harmonization, and Coordination Center  Implementer and Community Engagement  Executive Committee

Opportunities for ESIs & mid-career professionals – not just researchers with the most trial experience or publications, but those with strong ties to Health Departments / implementors / communities

Efficient model to conduct multi-site research – harnessing local connections, expertise & commitment to the last mile of implementation
The EHE Initiative has identified:
- Our nation faces an unprecedented opportunity once thought impossible.
- The most powerful HIV prevention and treatment tools in history are now available.
- By deploying those tools swiftly and to greatest effect, the HIV epidemic in America can end.
- The time to act is now.

To realize this opportunity, the Network for Implementation Science in HIV offers:

- Increased opportunities for generalizable knowledge and reach
- Speed
- Experience
- Technical expertise