



RN-Led Clinic Models

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BCHD Sexual Health Clinics

Disclosures

- None



Objectives

- Describe the role of standing orders and what should be included in a standing order
- Describe the evidence for RN-led clinical models
- Understand the BCHD RN-led PrEP model

Nursing Fun Facts

- 4,319,250 RNs in the USA¹
- In 2020 Nurses were voted the #1 most trustworthy profession... for the 18th year in a row¹
- 39% of nurses work in non-hospital settings²
 - there are over 100 nursing specialties



¹ <https://www.ncsbn.org/Aggregate-RNActiveLicensesTable.pdf> -

² <https://www.bls.gov/ooh/healthcare/registered-nurses.htm>

Nursing scope of practice

- Per ANA:
 - Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations.
- Specifics vary by state
- Standing order rules vary by state
 - Who can delegate tasks
 - What tasks can be delegated
- RNs CAN: perform assessments, implement plans based on assessments, provide education, administer medications
- RNs CAN'T: diagnose, prescribe medications under their own NPI

Standing Orders

- Definition: defined protocols that allow patient care to be delegated to appropriate care team members and for team members to function at the top of their licensures
- What to include:
 - Clear instructions/ procedures
 - Clear responsibilities
 - Clear indications and contraindications
 - What to do if these are not met
- Resources:
 - <https://cepc.ucsf.edu/standing-orders>
 - <https://www.aafp.org/fpm/2018/0500/p13.html>

Evidence for RN Lead Care

- Lots of literature demonstrating effective RN led care across multiple disciplines:
 - Cardiovascular disease¹
 - Favorable effects on mortality, major adverse cardiac events, and medication adherence
 - Cancer ²
 - Improved distress levels, satisfaction, quality of life, depression, other symptoms
 - Diabetes ³
 - Improvements in HgA1C, cholesterol reduction, patient satisfaction, confidence in ability to self-manage diabetes
 - Many more (asthma, mental health, eczema, etc.)
- A systemic review ⁴ of 15 nurse- led clinic studies showed:
 - Positive impact on patient outcomes
 - Increased patient satisfaction
 - Increased access to care

¹Mouza et al. (2016). The impact of nurse-led clinics on mortality and morbidity of patients with cardiovascular diseases a systemic review and meta analysis. *The Journal of Cardiovascular Nursing*, 31(1): 89-95

² Molassiotis et al. (2020). Impact of advanced nursing practice through nurse-led clinics in the care of cancer patients: a scoping review. *European Journal of Cancer Care*, 30(e13358)

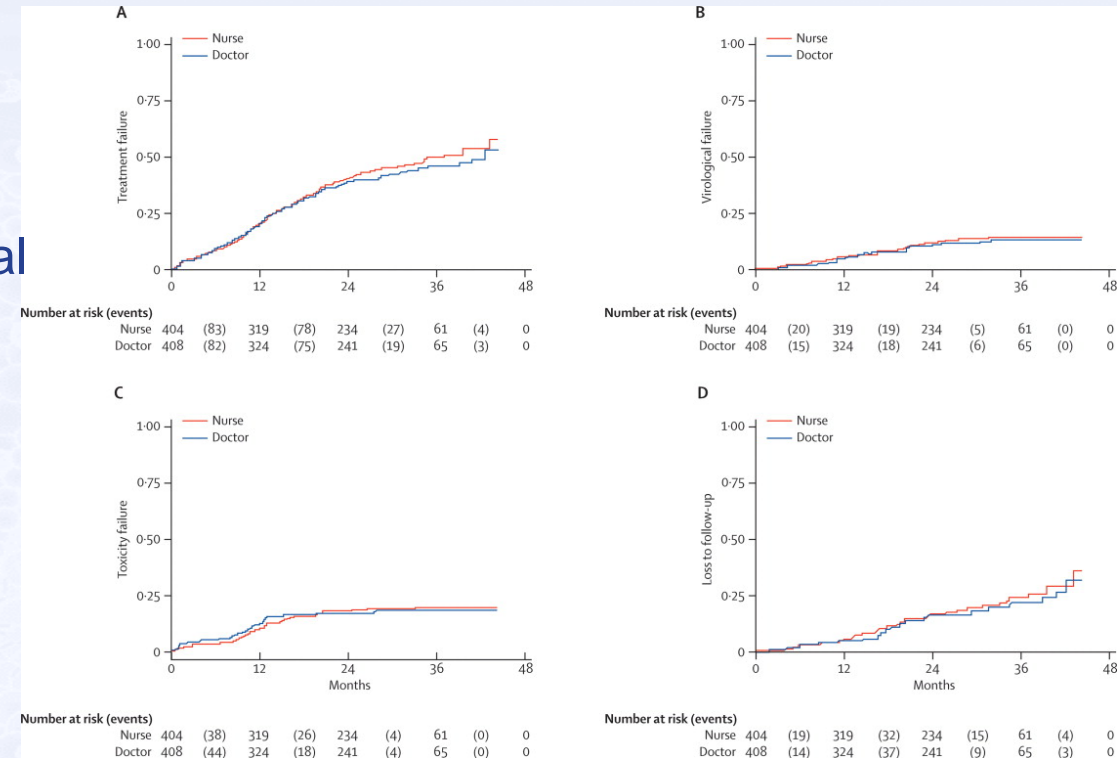
³ Hicks et al. (2011). Audit of the effectiveness of nurse consultant led intermediate diabetes care services in England. *Practical Diabetes*, 29(3).

⁴ Randall et al. (2017). Impact of community based nurse-led clinic on patient outcomes, patient satisfaction, patient access, and cost effectiveness: a systematic review. *International Journal of Nursing Studies*, 73: 24-33



Evidence for RN-Led HIV and PrEP

- RN-led HIV care models:
 - RN monitored ART in South Africa similar outcomes to MD monitored ART (image) ¹
 - Systemic review of 23 journal articles found nurse-led models had positive effects on ART adherence and viral outcomes. ²
- RN-led PrEP care models:
 - Canadian clinic has published many articles:
 - O'Byrne et al. ³ prospective cohort study on a nurse-led PrEP model showed care adhered to clinical guidelines and no severe side effects were experienced
 - Dean St. Clinic in UK ⁴:
 - PrEPxpress- After initiating Nurse model, able to enroll 1700 people in 4 months



¹ Sanne et al. (2010). Nurses versus doctor management of HIV-infected patients receiving antiretroviral therapy (CIPRA-SA): a randomized noninferiority trial. *The Lancet*, 376(9734)

² Lambert et al. (2021). A systematic review of nurse-led antiretroviral medication adherence intervention trials: how nurses have advanced the science. *The Journal of the Association of Nurses in AIDS Care*, 32(3)

³ O'Byrne, P., Vandyk, A., Orser, L., & Haines, M. (2021). Nurse-led PrEP-RN clinic: a prospective cohort study exploring task-shifting HIV prevention to public health nurses. *BMJ Open*, 11(1).

⁴ Girometti et al. (2018). Evolution of a pre-exposure prophylaxis (PrEP) service in a community-located sexual health clinic: concise report of the PrEPxpress. *Sexual Health*, 15.



The BCHD Sexual Health Clinics and Programs

- Programs:
 - Sexual Health
 - EII (HIV program)
 - PrEP
- Locations:
 - Eastern Health District Clinic- 1200 E. Fayette St
 - Druid Health Clinic- 1515 W. North Ave
- Staff:
 - Medical directors
 - Providers (NPs, MDs, PAs)
 - RNs (2 for PrEP, 2 for EII)
 - MA
 - Phlebotomists (BCHD and LabCorp)
 - Registration staff
 - DIS
 - Peer Navigators (PrEP and EII)
 - Social workers
 - Other support staff



Current BCHD PrEP Team

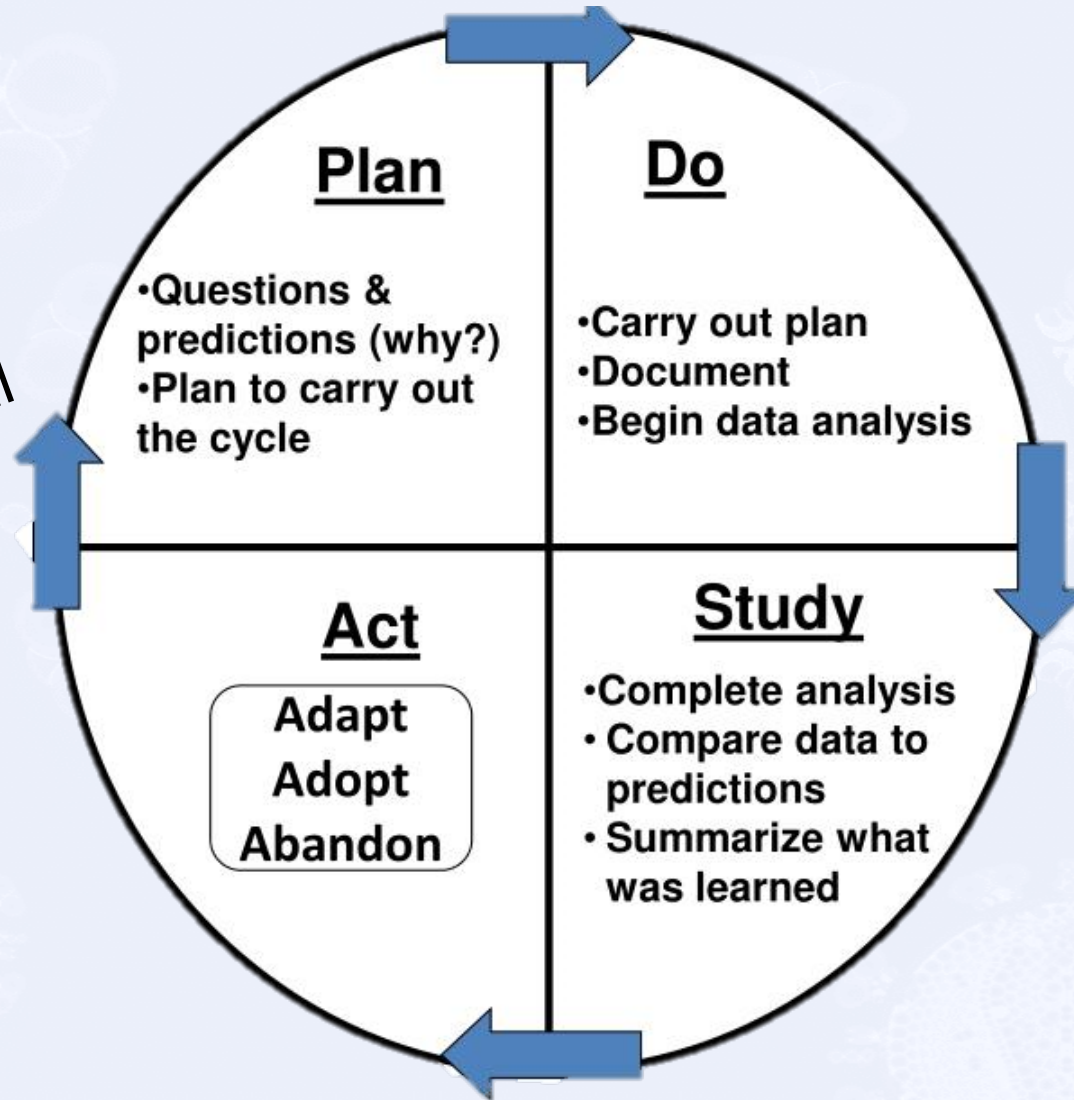
- Medical Director (also for EII program)
- Nurse Manager
- Druid Clinic
 - 1 RN
 - 1 Peer Navigator
 - 1 NP (works across multiple programs)
 - 1 PA (works across multiple programs)
- Eastern Clinic
 - 1 RN
 - 1 Social Worker
 - Can also assist with needs of Druid Clinic Patients
 - 2 NPs (work across multiple programs)

BCHD PrEP Patients

- ~ 230 active patients
- Most between 25-34 y/o
- Majority male
- Majority Black/AA
- Majority indications for PrEP:
 - Multiple/ anonymous partners
 - Inconsistent condom use
 - MSM

PDSA- Process to implement QI

“Perfection is the enemy of progress”
Winston Churchill



Steps to implementation (ideal)

- Plan:
 - Meetings meetings meetings
 - Include as many stakeholders as possible
 - Develop protocols/standing orders
 - Team effort
 - Develop roll-out plan
 - Education
 - Communication
- Do
 - Roll out
 - Implement
- Study
 - Qualitative and quantitative measures
 - Solicit feedback
 - Patient satisfaction
 - Pain points
- Act
 - Make changes based on feedback

Simultaneously based on
need/feedback

BCHD PrEP Clinic Model- RN Lead PrEP

- RNs manage PrEP panels using standing orders
- RNs initiate PrEP and provide routine continuity care under standing orders
 - Care provided via in-person, telephonic telehealth, and video telehealth
- Pts. See a provider (PrEP PA, or NP) for first visit after initiation and at least annually
 - RN refers for provider visit PRN symptoms, abnormal labs, by clinical discretion
- Peer navigator (PN) assists with insurance and medication coverage issues
- RNs ensure pts. see providers, PN, and social works as needed
- Biweekly meetings with PrEP team led by PrEP RN



Patient interested in starting PrEP- Clinic Referral

PrEP RN available
AND
Rapid HIV Test available

PrEP RN unavailable
OR
Rapid HIV Test unavailable

Rapid HIV +

Rapid HIV -

Order labs/ Schedule RN
Appt

Refer to HIV
Program

Refer to RN for Rapid PrEP initiation

Conventional PrEP initiation

1. Education & Counseling

2. Labs

3. Insurance considerations

4. Prescribe

5. Documentation

1. Education & Counseling

2. Insurance considerations

3. Prescribe

4. Documentation

KEY
[Blue Box] REQUIRES
STANDING
ORDER



Patient interested in starting PrEP- Self/External Referral

Schedule appt with RN

Rapid HIV Test available

Rapid HIV Test unavailable

Rapid HIV +

Rapid HIV -

Rapid PrEP initiation

Conventional PrEP initiation

Refer to HIV Program

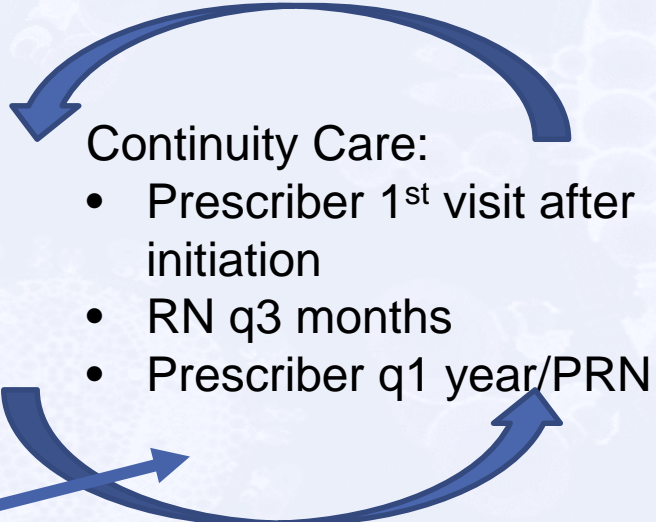
1. Education & Counseling

2. Labs


3. Insurance considerations

4. Prescribe

5. Documentation



KEY

 **REQUIRES STANDING ORDER**



Future of RN-led PrEP at BCHD

- Working towards all STI providers becoming “PrEP providers”
 - Able to initiate and do annual continuity visits
 - No longer have specific PrEP providers
- Partnership with MICA Human Design Class
 - Develop visuals/ resources for providers and patients
- 2-1-1 dosing?
- Already planning for long-acting injectables

Other non-prescriber models

- Pharmacy-led PrEP
- Express STI testing (RN or MA)
- RN-led HIV rapid start
- RN-led nPEP
 - Also do at BCHD

Resources

- Current PrEP guidelines (stay tuned for the 2021 update)
 - <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>
- Current nPEP guidelines
 - <https://stacks.cdc.gov/view/cdc/38856>
- New York State clinical guidelines, includes HIV, PEP and PrEP
 - <https://www.hivguidelines.org/>
- Paying for PrEP
 - <https://www.nastad.org/prep-access/prep-assistance-programs>
 - <https://www.nastad.org/sites/default/files/resources/docs/nastad-prep-coverage-brief-on-prep-services.pdf> -
- Warm line consultation from UCSF, also great resources
 - <https://nccc.ucsf.edu/>
 - (855) 448-7737 or (855) HIV-PrEP; Monday – Friday, 9 a.m. – 8 p.m. ET
- Aids Education and Training Center Program (AETC)
 - <https://aidsetc.org/>
 - Local: <https://aidsetc.org/aetc-program/johns-hopkins-university>
- National Network of Clinical Prevention Training Center (NNPTC)
 - National: <https://nnptc.org/>
 - Local: <https://www.stdpreventiontraining.com/about-us/>
- IAS-USA (good resource for free webinars, classes, conferences, etc)
 - <https://www.iasusa.org/>



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SO...ANY QUESTIONS?

