

Normalizing the Test: Effective, High-Quality Opt-Out HIV Testing Program in a Community Health Center Setting

Kristin Keglovitz-Baker¹ and Daniel Pohl¹

¹Howard Brown Health Center, Chicago, Illinois, United States of America

Objective:

¹Routine opt out conventional HIV testing in community health centers has historically been challenging.

² Difficulty contacting patients for results, reimbursement, lack of time, and competing priorities have resulted in low yield of patients being tested on a routine basis in many community health settings.

Methods:

The core of the program developed methods that included routine testing, training, EHRs integration, and seamless linkage to care.

The project utilized Medical Assistants, trained through scripts, to introduce routine rapid HIV testing as a standard of care for eligible patients presenting for a range of health concerns at the time of rooming/vitaling the patient.

A point-of-care (or “rapid”) HIV test, initiated by the MA, saves time for the patient as well as opens up a dialogue about sexual risk at the time of giving the patient the rapid test result.

A custom, specially-designed screen served as a reminder in the Electronic Health Records System (General Electric’s Centricity Practice Solution) to offer HIV testing to patients automatically designated as “eligible” and to assist them in documenting consent/refusal, reason for refusal, and rapid HIV test results, as applicable.

Immediate Linkage to Care and connection to LTC support staff for patients testing preliminary positive on the rapid test was made available.

Results:

1,865 patients were offered the HIV test during the project period and 1,709 tests were conducted resulting in only 8.4% of patients refusing the test. The reasons for refusal were captured in the EHRs. 19 new positives were identified, of which 3 were acute HIV.

100% were linked to care the same day at the time of the visit.

A survey was also conducted at to gather feedback from the staff involved in the project. The feedback was overwhelmingly positive. The medical assistants felt proud to work at the top of their license and providers gave positive feedback having the test result upon entering the room. It was an effective bridge to discuss sexual health and helped improve patient/provider lines of communication.

Conclusions:

¹ Normalizing HIV testing at the beginning of the clinic visit eased the conversation around sexual health between the provider/patient and increased awareness and opportunities to educate around prevention.

Patients testing positive at the time of the rapid test were seamlessly linked to care and were able to be in a supportive environment.

² For FQHC’s receiving flat encounter rates, further analysis needs to be done in the area of reimbursement for the point of care test.

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