Routine HIV screening in an urban, federally qualified healthcare center: easy as 1-2-3-4

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OBJECTIVE

Among all US cities, Atlanta's ranking for new HIV diagnoses is the fifth highest (CDC 2013). Furthermore, related to AIDS diagnoses, one-third of individuals in Georgia who discover their HIV positive status are simultaneously diagnosed with AIDS (AIDSVu 2011).

Mercy Care (MC) is a federally-qualified healthcare center in Atlanta, Georgia, which implemented routine opt-out screening at 15 primary care sites. MCS piloted routine HIV testing at 5 clinical sites. With established support from senior stakeholders, customizations to electronic medical records, staff training and quality improvement measures, screening was easily incorporated into the clinical workflow. Mercy Care followed the Four Pillars model for Routine Screening to inform best practices in HIV screening and linkage to care.

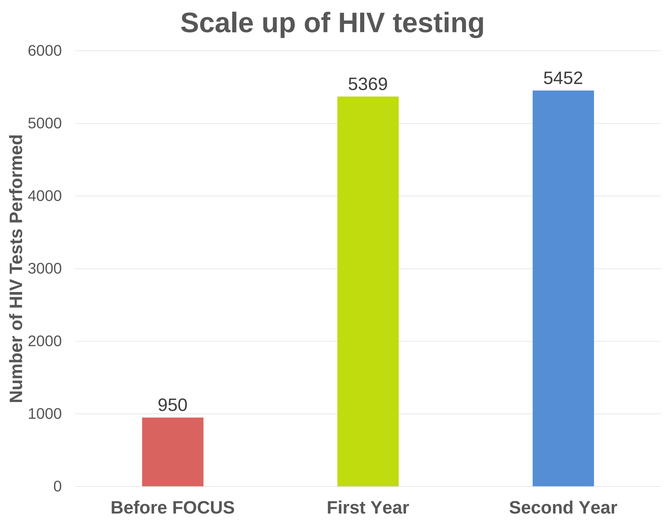
METHODS

DRESS REHEARSAL (Pre-Implementation)

1. Needs Assessment: pre-implementation survey developed and disseminated to staff to measure attitudes about HIV testing. Staff perceived work burden and perceived consequences of HIV testing in their clinical setting.
2. Staff Engagement: small group discussions were had, to address ambivalence and identify gaps in the work flow. Staff trainings provided by our local AIDS Education and Training Center (AETC).
3. Senior stakeholders: re-emphasized "buy-in" and support. They also identified team leads for each of the sites to serve as liaisons between their site and the coordinator.
4. EMR customization: developed pop up to prompt CMAs to initiate the process by "offering" the opt-out screening.

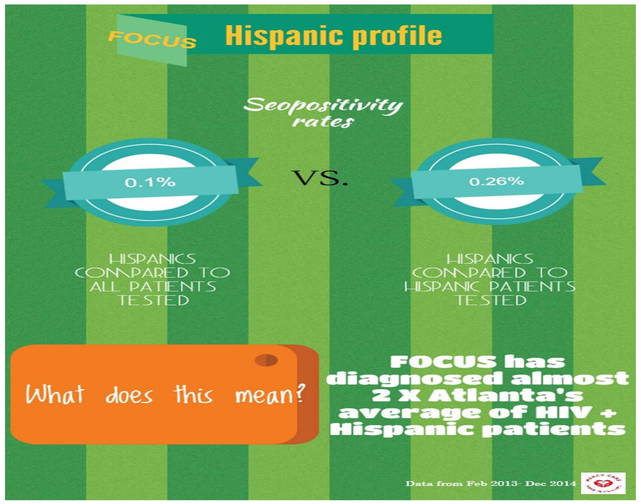
Go Live! (Implementation stage)

1. Clinicians initiate process: deliver brief messaging on the importance of HIV screening using a brochure and answer any questions or concerns
2. Sero-positive patients: provided with post-test counseling, and linked to our Early Intervention Clinic.
3. Quality Improvement: Monitoring of data and linkage-to-care informed continuous quality improvement.
4. Clinicians updated: QI data quarterly in their regular meeting but also on an "as needed" basis for coaching sessions.



Case highlighting the importance of routine HIV screening

- 30 year old woman, mother of 2, presents for back pain
- Offered routine HIV screen
- Diagnosed with HIV, CD4 count of 97



RESULTS

2012: 950 patients were screened across 13 sites. The screening was primarily risk-based and yield 42 positives.

2013: 5,369 patients were screened at the 5 pilot sites. 96% of patient visits met the screening eligibility. 37 positive were identified (.70 seropositivity rate). Linkage to care was achieved with 65%. 16% of newly identified patients were diagnosed with CD4's under 200 (primarily patients who identified as Hispanic). 32% of newly identified patients had at least one prior medical visit with our primary care sites.

2014: 5,452 patients were screened at 15 sites. 39 positives were identified. Linkage to care was achieved at 58%. 20% of newly identified patients were diagnosed with CD4's under 200. 12% of newly identified patients had one prior medical visit with our primary sites.

Pre-implementation Survey: 50 surveys were completed. Overall, 76% of those surveyed thought that HIV screening was important. 47% of providers (nurses or doctors) expressed concern regarding their level of comfort.

CONCLUSIONS

Following the Four Pillars of Routine Screening:

- Allows workflows that support screening
- Addresses staff ambivalence
- Decreases ↓ stigma associated with HIV screening
- Increases ↑ the skills of the primary care workforce to respond adequately as biomedical research translates to best practices

As more programs begin to adopt the HIV testing guidelines, public health professionals will need to respond rapidly and retool primary care staff to respond. However, Routine Screening can be implemented with ease when structuring screening based on the Four Pillars: implementing testing into normal, system policy changes, EMR customizations and CQI.

LITERATURE CITED

AIDSVu. Rollins School of Public Health, Emory University. 2011. http://aidsvu.org/ [5/20/2015]

Four Pillars .MMWR. 2003 Apr 18;52(15):329-32. Advancing HIV prevention: new strategies for a changing epidemic--United States, 2003. CDC. [5/20/2015]

Mercy Care is a network of community clinics and outreach programs bringing excellent primary healthcare and support services to uninsured and indigent clients in Atlanta, Georgia. Since 1985, Mercy Care has been a healing presence among Atlanta's homeless and uninsured populations by being a reliable provider of high quality integrated care. In the tradition of the Sisters of Mercy, care reflects an understanding of and respect for vulnerable patients.