

# Dual Routine HCV and HIV Testing as a Method to Improve Detection and Linkage to Care of HCV and HIV-Positive Patients at a Network of Community Health Centers in Philadelphia, PA.



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## ISSUE

- Approximately 1.1 million Americans are infected with HCV and 18% are unaware of their seropositive status
- HCV is the most common blood-borne virus. Roughly 3.2 million Americans are currently infected with HCV and most are unaware of their infection
- Despite the 2006 CDC recommendation to integrate routine, opt-out HIV testing in primary care and the 2012 CDC recommendations to one-time test all baby boomers (born 1945-1965), routine HIV and HCV testing are not commonly practiced

## METHODS

- September 2013- NNCC integrated dual routine HCV/HIV testing and linkage to care into 4 Philadelphia FQHCs. Replacing routine HCV/opt-in HIV testing with routine HCV/opt-out HIV testing
- Mary Howard Health Center: entirely homeless patient population
- Health Connection and Rising Sun Health Center: family medicine to public housing residents
- Care Clinic: treats HCV, HIV, co-infected on-site

## DUAL TESTING MODEL

- Medical assistant initiated opt-out
- Laboratory-based reflex testing technology
  - HCV-antibody with reflex to HCV-RNA confirmatory test
  - 4<sup>th</sup> generation HIV test
- EMR modifications
  - Prompt testing and linkage services
  - Monitor and report project progress
  - Track patient through care continuums
  - Facilitate payment of HCV and HIV tests on uninsured patients
  - Identify patients needing confirmatory test
  - Program evaluation
- Testing eligibility
  - HCV:
    - Baby Boomer Birth Year Cohort
    - Traditional CDC risk factors
    - Homeless (past/current)
  - HIV:
    - Annual test for all patients 13 years or older without an HIV diagnosis
- Linkage to Care Coordinator
  - Helps patients transition from primary to HCV/HIV care
  - Example services include:
    - Patient escorts to appointments
    - Public transportation tokens
    - Contacts patients who are no shows

## STEPS FOR IMPLEMENTATION

- Work with existing clinic infrastructure
- Standing orders for medical assistants
- Know your patient population
  - Risk-based versus universal testing
- Trainings are important
  - All staff versus staff specific training
- Negotiate with commercial laboratories for cost of HCV/HIV tests performed on uninsured patients
  - Grant funding to cover those tests

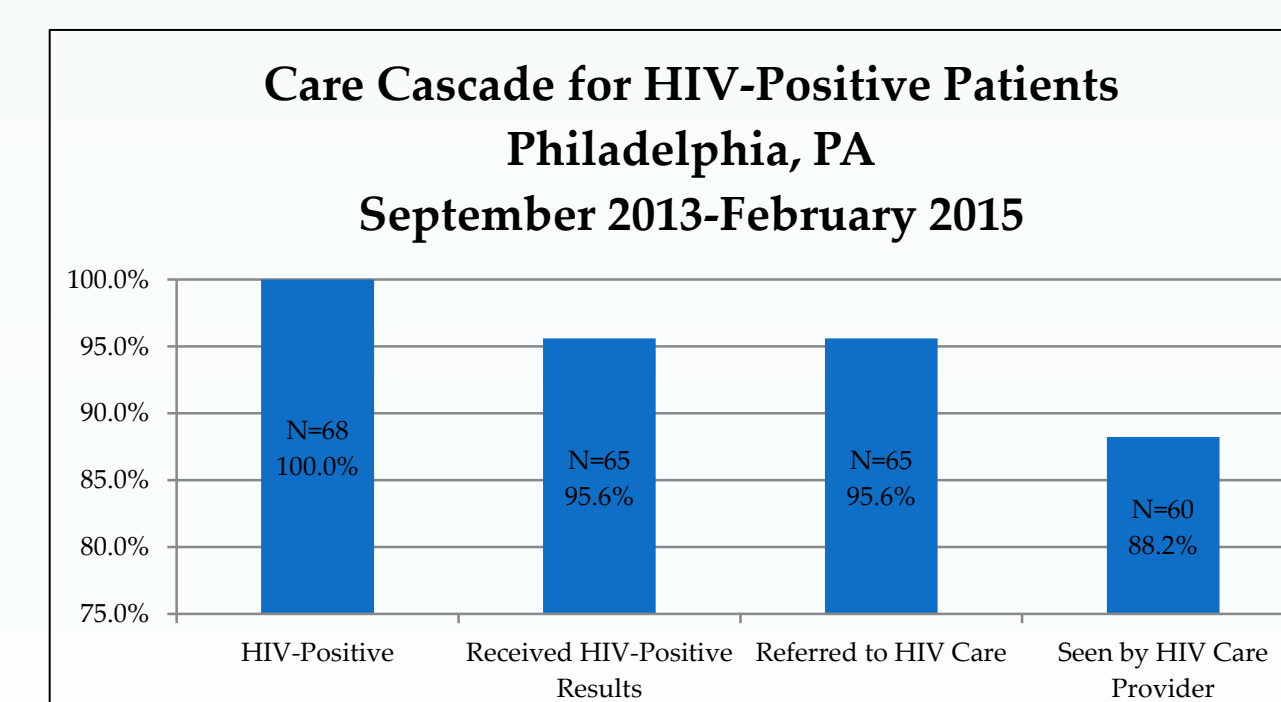
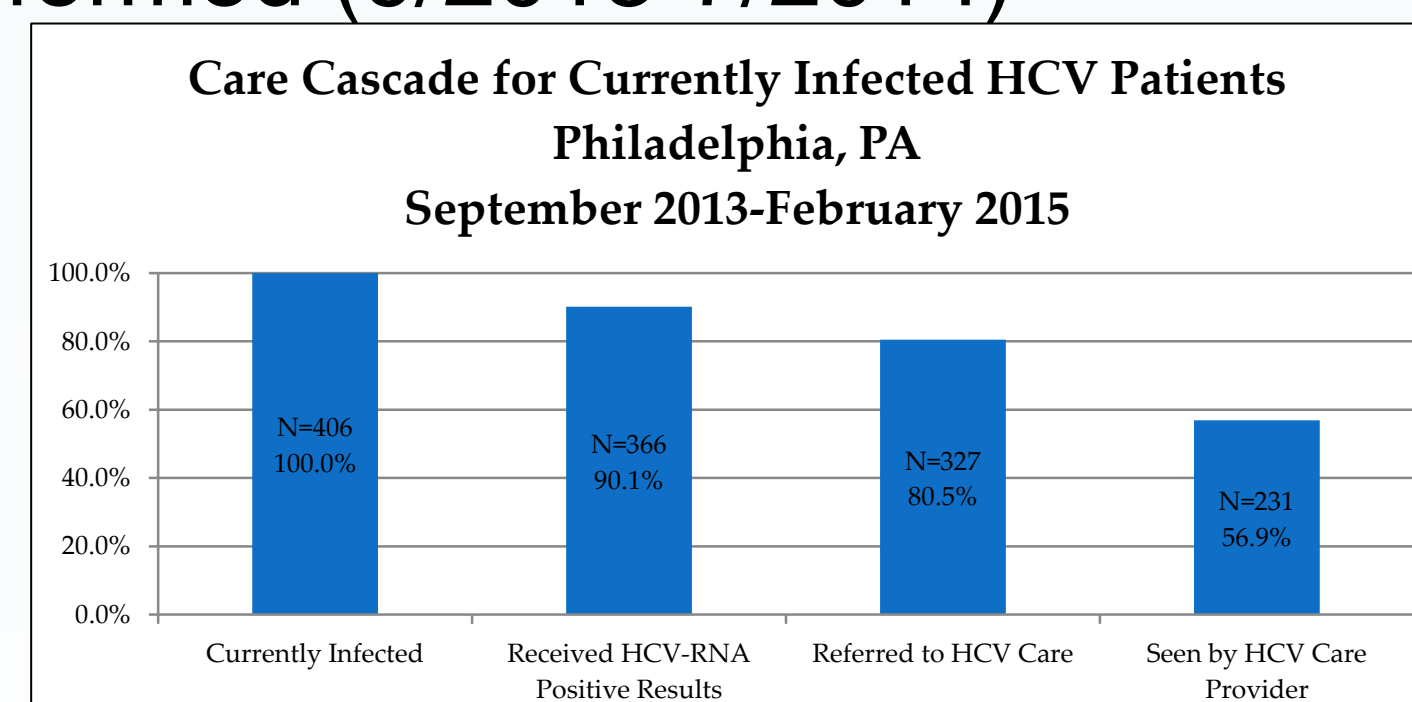
## MID-COURSE ADJUSTMENTS

- March 2014: 5<sup>th</sup> health center began dual testing
  - Congreso health center: primarily Hispanic patient population, treats HIV on-site
- June 2014: All health centers adopt universal HCV testing
  - One time test: 18 years or older
  - Subsequent risk-based testing

## RESULTS

September 2013-February 2015 :

- 4,893 patients tested for HCV, 601 (12.3%) HCV-antibody positive test results, 584 (96.6%) received HCV-RNA test, 406 (69.5%) patients were identified with current HCV infection (overall prevalence=8.3%)
- 8,809 patients tested for HIV, 68 (0.8%) HIV-positive test results
- Bundled testing increased the number of HCV tests that were performed by 52.7%: 1,786 HCV tests performed (12/2012-8/2013) to 2,728 HCV tests performed (9/2013-7/2014)



## CONCLUSION

- Dual routine integrated HCV/HIV testing improves patient care by diagnosing more HCV and HIV cases that would have gone undiagnosed until later and linking them to speciality care
- The successful model is a replicable template for many settings, particularly ambulatory primary care ambulatory, and has high acceptance rates