# Changing HIV testing habits at community health centers: the impact of strategies from trainings to EHR tools

Megan Crowley, MPH and Sophy S. Wong, MD • The Get East Bay Tested! Program - Alameda Health Consortium in Alameda County, California

## Objectives

In 2014, four Federally Qualified Health Centers (FQHCs) in a large metropolitan area implemented routine, opt-out universal HIV screening as part of an initiative to improve HIV testing rates and address the limitations of risk-based testing. In its first year, the project resulted in a 107% increase in HIV testing, with 21,934 tests completed in the first 12 months.

#### Methods

All health centers updated their HIV screening policies to align with CDC and USPSTF guidelines, and implemented one or more of the following interventions:

- Informational sessions: info on project, guidelines, goals
- Trainings: provider/staff buy-in, work-flow, skill-building
- EHR\* huddle report: listing patients who need tests
- EHR 2-click ordering: simplified EHR ordering
- Chart preparation: highlighting patients who need tests
- Provider report cards: testing rates compared to others \*EHR= Electronic Health Record system

The timing and type of strategies implemented were determined by individual health centers.

#### Results

Analysis of monthly testing data consistently revealed increases in HIV testing rates in the 2 months following each intervention to widely varying levels of impact:

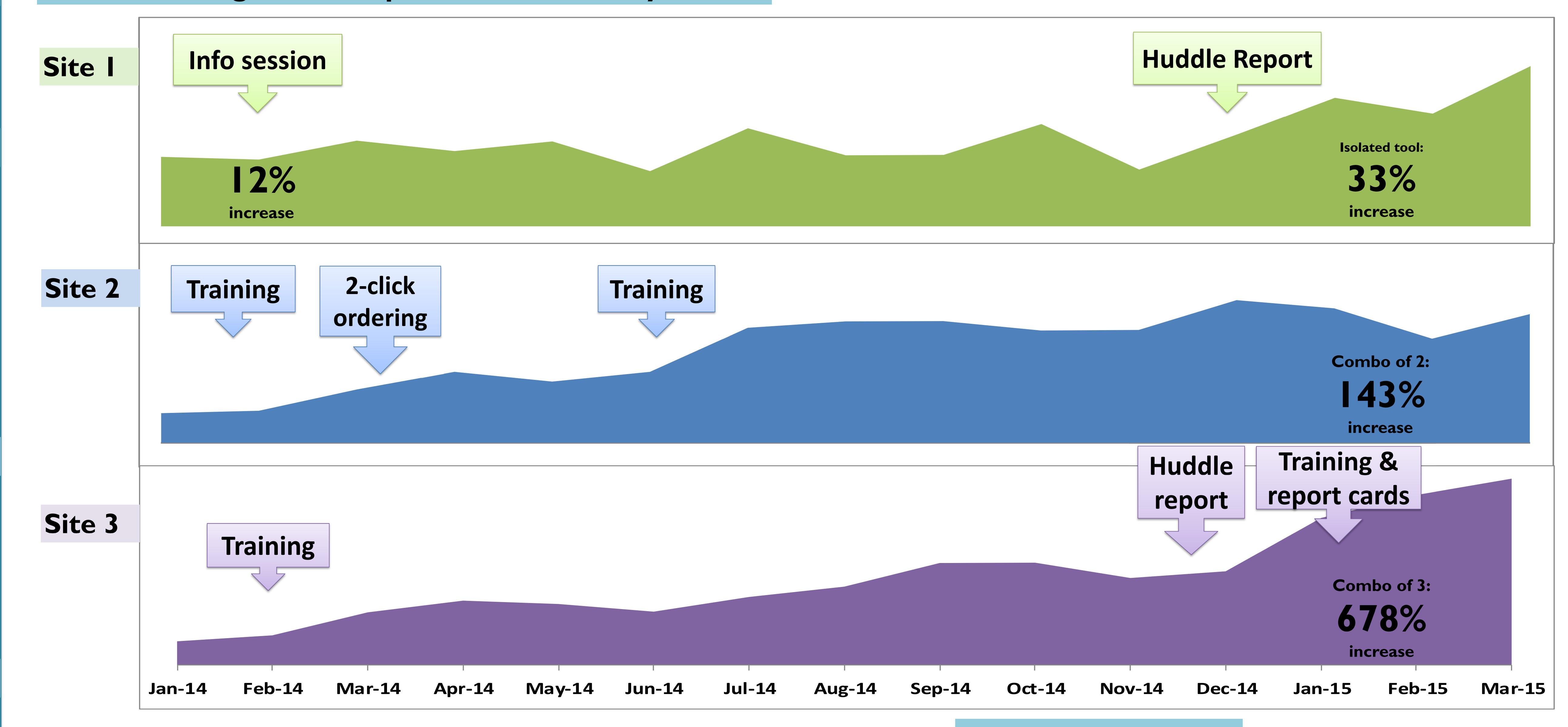
- Informational sessions yielded a 12% increase.
- EHR huddle report alone yielded a 33% increase.
- Trainings averaged a 116% increase.
- The combination of EHR tools and work-flow trainings achieved an average 247% increase.

#### Conclusions & lessons learned

The combination of strategies including staff trainings, easy-to-use EHR tools and testing report cards can effectively facilitate habit-change and significant increases in HIV testing at community health centers.

In our program, isolated informational sessions had little impact on testing rates, and introducing EHR tools without buy-in trainings was only marginally effective. The greatest increases in HIV testing (average 2.5-fold increase) followed a staff work-flow training done in conjunction with the introduction of an EHR tool, such as a daily huddle report identifying patients due for HIV tests. Regularly providing staff report cards closed the habit-changing feedback loop for the biggest overall impact. \*

### Results: strategies and impact on HIV tests by site



#### Results: HIV tests by site

		Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	Site 1	480	473	522	495	520	443	554	484	485	565	447	538	633	592	715
	Site 2	197	205	275	333	301	333	478	499	500	469	471	569	542	442	523
	Site 3	72	90	159	194	184	161	205	236	307	308	262	282	442	511	560
	Site 4**	620	630	772	664	803	702	849	741	824	843	663	727	725	917	814
	Site 5													267	400	485
	All sites (average)	342	350	432	422	452	410	522	490	529	546	461	529	522	572	619

# Participating sites

Care



<sup>\*\*</sup>Site 4 is not represented graphically because their interventions preceded 2014.