

Facilitating change in the integration of routine HIV and HCV screening at a Federally Qualified Health Center in Atlanta, Georgia



Natasha Crumby, MHA Clinical Coordinator
Angela Brazzeal, RN, MS Informatics Nurse



BACKGROUND

The CDC estimates that 14% of the nation's estimated 1,201,100 people aged 13 and older with HIV are still unaware of their status. Federal guidelines now recommend that opt-out HIV screenings occur in all health care settings unless the patient declines, and screening should not require a separate consent or prevention counseling. In 2013, the state of Georgia was ranked number five in the country for highest number of HIV diagnosis and Atlanta was ranked 7th of all metropolitan areas for reported cases of HIV diagnoses.

The CDC estimates that 2.9-3.9 million chronic Hepatitis C cases in the United States, with new cases of HCV increasing yearly. The hepatitis C prevalence is most prevalent among those born during 1945-1965. The state of Georgia reported rates of acute hepatitis C increase by 150% which most do not know they are infected. Southside Medical Center is a federally qualified health center that provides medical care to residents of the greater metropolitan Atlanta area. The TEST four pillar model was utilized to align current clinical practice with federal recommendations regarding HIV and HCV screening.

OBJECTIVE

1. Utilize the EMR to implement, monitor, and sustain routine HIV and HCV screenings within clinical flow
2. Identify HIV and HCV positive clients that would normally be missed
3. Provide a patient centered medical home for HIV and HCV infected patients
4. Successfully link clients to care

TEST: FOUR PILLARS OF ROUTINE SCREENING

TESTING INTEGRATED INTO NORMAL CLINICAL FLOW
To promote the normalization and sustainability of testing.

ELECTRONIC MEDICAL RECORD MODIFICATION
To prompt testing, automate processes, populate lab orders and track performance.

SYSTEMIC POLICY CHANGE
A multi-level, organization-wide commitment to implement routine testing and linkage to care.

TRAINING, FEEDBACK & QUALITY IMPROVEMENT
To identify best practices and motivate staff.

FOCUS FOUR PILLARS, GILEAD SCIENCES, 2014

METHODS

Opt-out serum HIV screening was offered to all patient over age 13 that presented at a Southside Medical clinic from June 1, 2012 to December 30, 2014. Hepatitis C screening was routinely offered to patients born between 1945 and 1965 from March 1 2014 to November 30, 2014.

RESULTS

During the two years sited, 19,293 serum HIV screens were performed with additional testing to confirm positive screens. One hundred nine of the individuals tested (0.60%) were found to be HIV positive. Ninety-five percent of all the HIV diagnosed identified as African American, 57% were male, and 27% were between the ages of 23 and 30. Of the 109 individuals who tested positive for HIV, seventy-two (66%) did not know they were HIV positive. All one hundred nine (100%) of these individuals, regardless of newly or previously determined HIV positive status, were linked to care by completing at least one visit with a medical care provider.

During the timeframe referenced for hepatitis C screening, 1,471 serum HCV tests were performed, with additional tests to confirm the diagnosis. Twenty-one (1.0%) of the individuals tested were confirmed RNA positive. Ninety-five percent of those individuals found positive were African American, 85% were male, and 15% were female. Twenty percent of patients with a confirmed HCV RNA did not know they were HCV positive. Sixteen (80%) of the individuals found to be positive were linked to treatment.

CONCLUSIONS

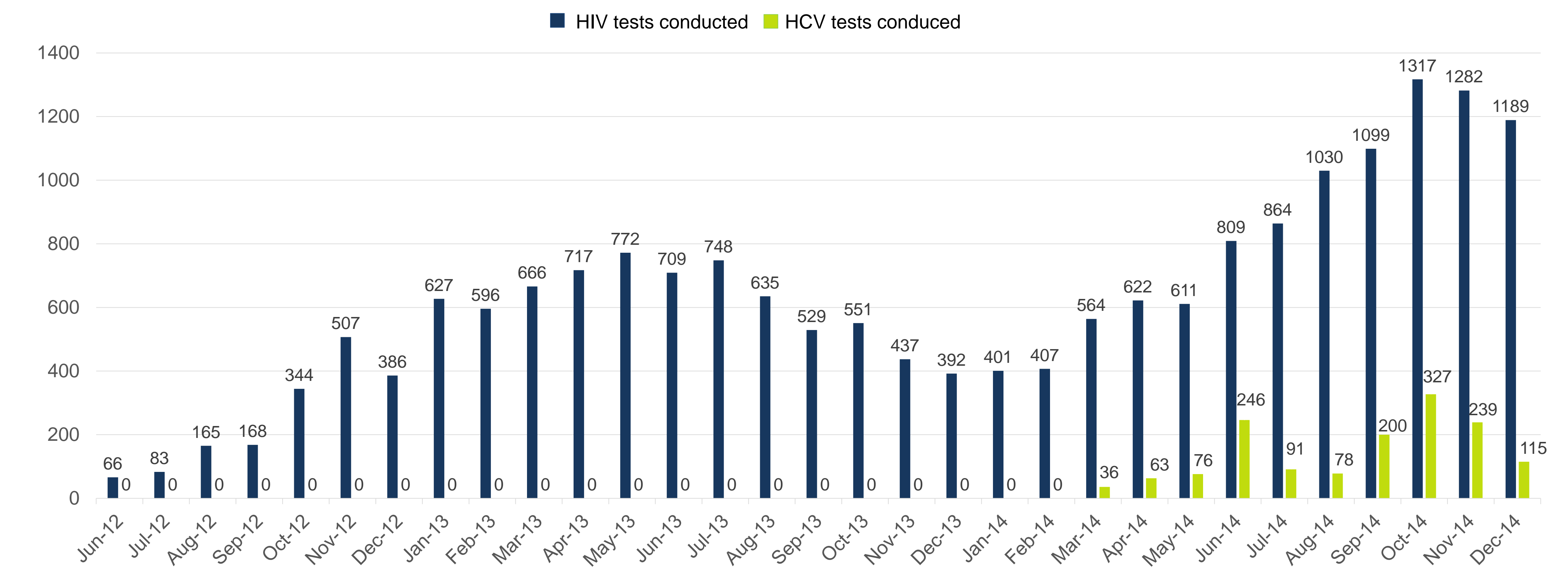
Successful integration and sustainability of routine HIV and HCV screening hinges on policy-driven efforts, ongoing quality improvements, staff buy-in, and EMR modifications. Alignment with federal guidelines has resulted in the diagnosis of Southside patients that were not presenting with symptoms and might have otherwise been diagnosed much later in the disease process. Routine screening identified that 66% of newly HIV diagnosed patients were established Southside patients and had not previously been offered a test. Institution wide implementation of routine HIV and HCV increases the opportunity to make an early diagnosis and link patients to care.

Southside Medical Center continues to help fill the gap of testing and linkage in Georgia. Through identification of HIV positive individuals who were previously unaware of their status, we have found the average CD4 of newly diagnosed clients to be 376 – a testament to the need for continued testing for earlier detection.

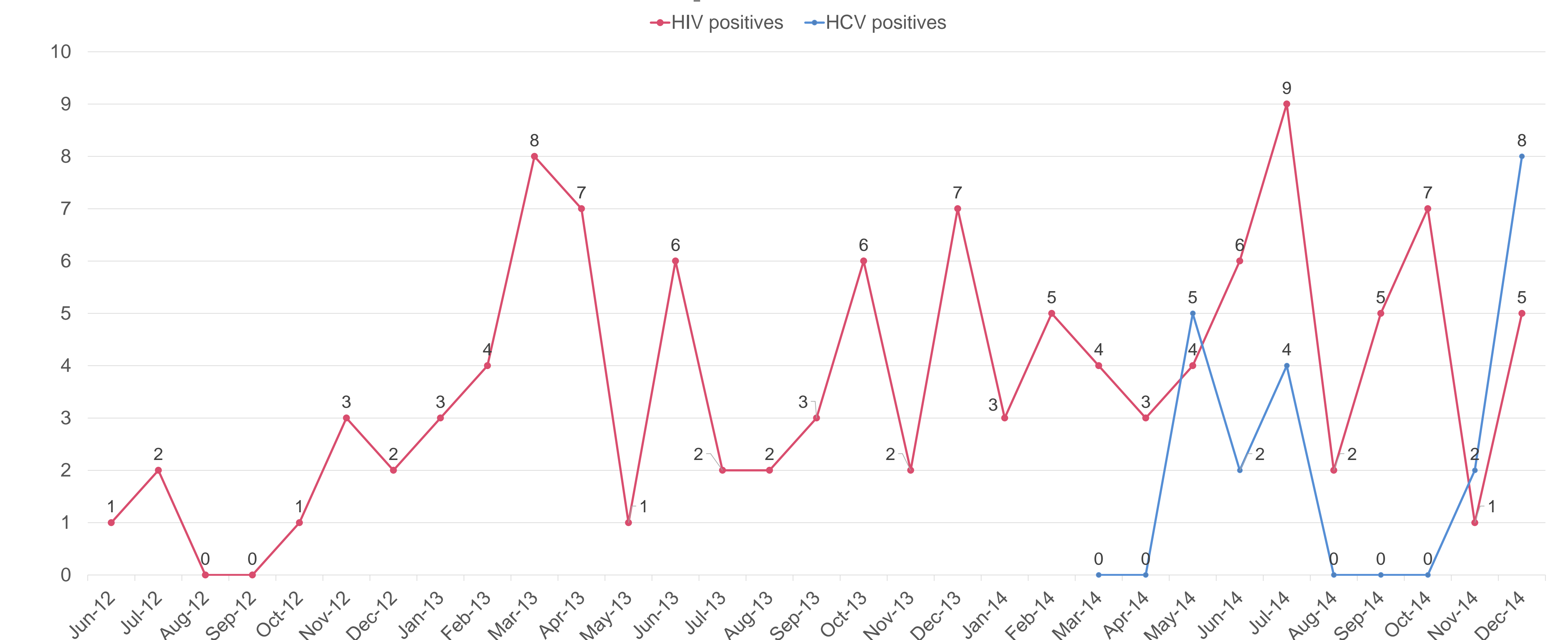
ACKNOWLEDGEMENTS

Supported by a FOCUS Grant from Gilead Sciences, Inc.

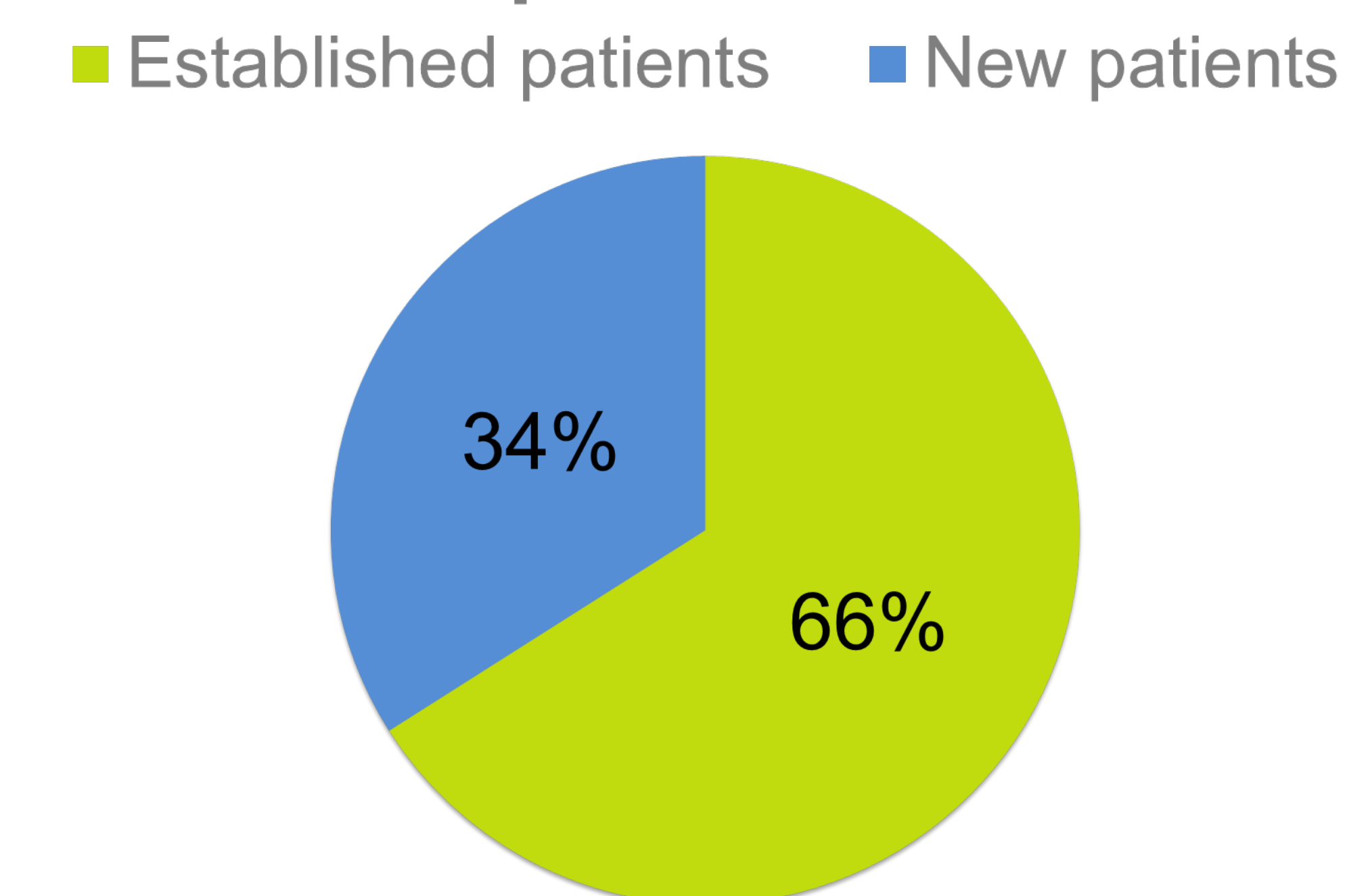
HIV/HCV tests conducted



HIV/HCV positives identified



Client status of HIV/HCV positives



HIV/HCV demographics

