

Implementing and Tracking Progress Toward Routine HIV Testing in a Large Hospital Outpatient Department

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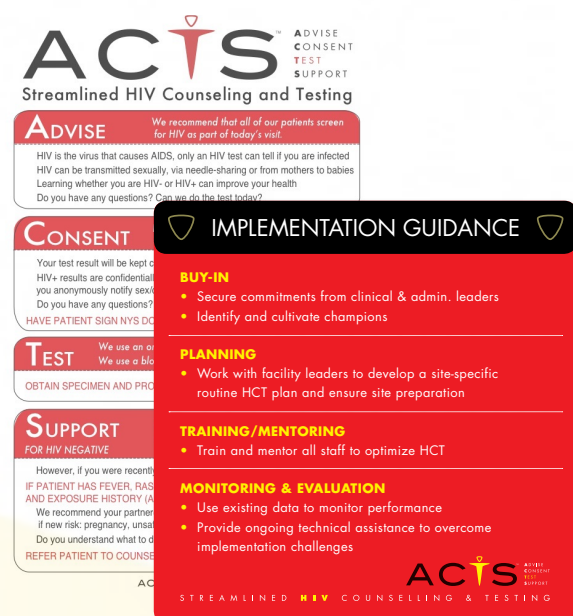


Objective

The routine offer of HIV testing (HT) in medical settings has been recommended by the CDC since 2003 and was mandated by New York State in 2010.

Like other hospitals, Montefiore Medical Center (MMC) in the Bronx, NY has improved HIV testing rates but has not yet achieved the goal of testing all eligible patients (13-64). For more than a decade, MMC has worked to routinize HT in its outpatient clinics, which have a relatively stable patient population. To determine more accurate HT saturation levels, we monitored not only annual testing rates but also percent of patients seen in one year who were ever tested.

We report on eight years of work to “routinize” HT throughout MMC’s outpatient department with analysis of annual HT among eligible patients and HT saturation at the sites over time.



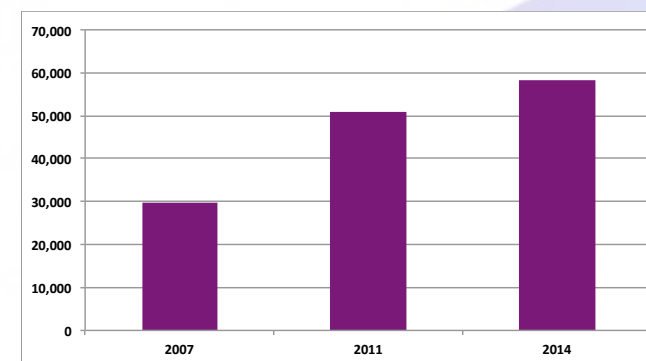
Methods

Since 2004, the Adolescent AIDS Program (AAP) at MMC has implemented ACTS (Advise, Consent, Test, Support) to overcome routine HT challenges in MMC’s outpatient settings. Since 2011, this effort has been supplemented with support from Gilead’s FOCUS program.

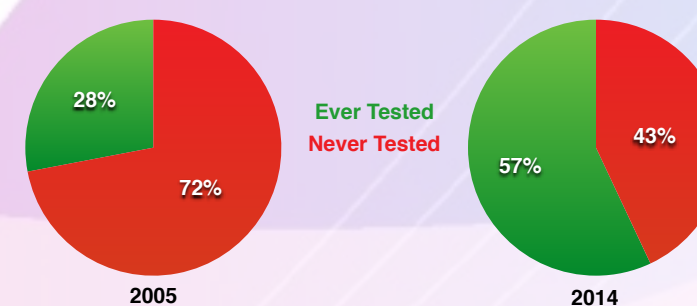
ACTS uses existing clinical staff for testing and existing data resources, employs a streamlined HT method and follows a practice change process comprised of Buy-in, Implementation Planning, Training and Mentoring, and Monitoring and Evaluation. FOCUS added TEST, a four-pillar complementary practice change framework, and technical assistance support and materials.



Annual HIV Testing Performance
MMC Outpatient Department



Improvement in HT Saturation
10 High Volume Outpatient Community Health Centers



Results

By 2007, routine HT was being adopted by MMC outpatient sites and that year 29,706 patients were tested. Annual testing continued to improve and with the addition of FOCUS support in 2011, the number tested rose to 50,921 and continued to increase annually with 58,288 tested in 2014.

Analysis of HT saturation over time at 10 high volume community-based outpatient sites found that at baseline (2005) 28% of clients seen that year had evidence of ever testing for HIV, a figure that more than doubled by 2014 when 57% of patients that year had evidence of HT.



Conclusions

Implementation of ACTS and Gilead’s FOCUS program resulted in a significant increase in HT in a complex hospital outpatient department. This work revealed lessons for other outpatient departments considering or implementing routine HT, including:

- laws and policies alone do not change practice;
- streamlined, provider-delivered HT is feasible;
- following the principles of practice change is crucial but requires perseverance;
- improvements to policies and IT can enhance routine testing; and
- TO TRULY IMPLEMENT ROUTINE HIV TESTING (LIKE HCV SCREENING), ADVOCACY IS NEEDED TO REMOVE ANY CONSENT REQUIREMENTS.