

Using agency policy and the EMR to expand HIV/HCV screening



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OBJECTIVE

Horizon Health Center is a FQHC operating in Jersey City, Hudson County, New Jersey, offering primary care services at two separate locations in Jersey City. We serve a diverse population, more than 85% minority, 41% with no health insurance, and 77% of Horizon clients have incomes at or below 150% of poverty level. Horizon saw over 5000 new patients in 2013 due to the Affordable Care Act.

Of the 38,075 people living with HIV/AIDS in NJ, 8,362 live in Hudson County, and 5,116 of those reside in Jersey City¹. Current initiatives target high risk populations for testing, particularly MSM and IDU's, however this overlooks a significant number of residents. Horizon committed to incorporating universal (opt-out only) HIV and HCV screenings utilizing agency policy and the electronic medical record (EMR).

We have identified the following goals as key in helping us meet our objective and realize the entire benefits of our project

- Increase the number of HIV tests conducted by 600% from 1,200 to 8,000 in the project period
- Link at least 95% of those identified as HIV positive to care in the project period
- Submit at least two abstracts for local and/or national conferences and at least two articles/studies for publication in the project period

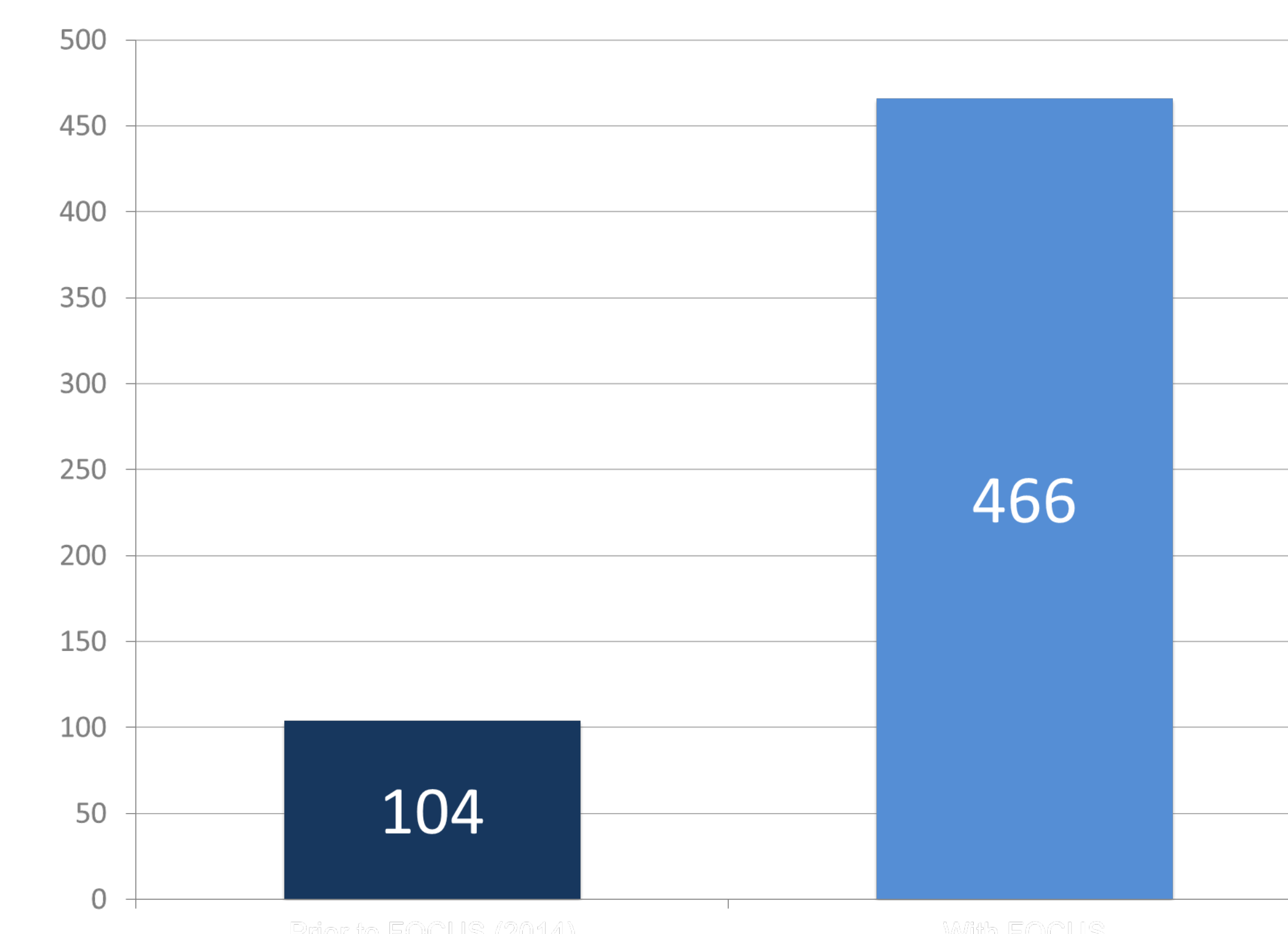
METHODS

In order to capture the patients who may appear to be low risk and are currently asymptomatic, we implemented the following changes, which are in line with FOCUS' TEST: The Four Pillars of routine screening:

1. We modified our standing Consent for Treatment policy to include "opt-out only" language for HIV/HCV testing.
2. We have collaborated with our in-house labs to identify and incorporate correct test codes to be used with the EMR templates. In addition the standard tests used in the template will reflex to a viral load level when a test is positive.
3. Our EMR was modified to create new patient visit types that trigger the automatic population of templates that include standing orders for HIV/HCV testing for all new patients and initial patient visits for the calendar year. Our IT staff runs weekly and quarterly reports to track implementation of our policy changes.
4. We have educated our front desk, medical assistants, nurses, providers, and support staff on our changes and why they are important.

Important in meeting our institutional mission, we have the ability to link all are patients who test HIV and/or HCV positive to appropriate resources. All patients HIV positive patients are linked to our Ryan White program located on the same clinic floor, to our medical case management, and to psycho-social services as needed. Furthermore, we have multiple providers who provide HIV and hepatitis C care, in addition to meeting the primary care needs of those patients.

Patients tested for HIV by month



■ Prior to FOCUS (2014) ■ With FOCUS

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

RESULTS

Within the first month of implementation (prior to agency wide implementation) 150 patients were screened for HIV/HCV. Of these 150 patients, 3 tested positive for HIV and 1 tested positive for HCV.

During the first 4 months of the program, 1 Acute HIV infection was discovered and 5 patients who would not have normally been tested for HCV as they fell outside of the "at-risk" categories were discovered to be positive. 1,400 patients have been tested in the initial quarter of the program.

In 2013, before FOCUS, HHC saw 11,730 unique patients, of which 8211 were eligible for HIV testing as per CDC guidelines. A total of 1253 HIV tests were conducted, and 13 positive cases were identified, all of whom were linked to care.

CONCLUSIONS

Adapting policy to include "opt-out only" language for HIV and HCV testing along with EMR modifications to trigger standing orders for HIV/HCV testing appears to successfully allow for the identification and screening of patients who would not otherwise have been tested.

Our project is on-going and we are pleased with our results so far and look forward to continue improving the health of our community members.

LITERATURE CITED (IF APPLICABLE)

1. Prevalence Rate by County of Persons Living with HIV/AIDS (2014, December 31). Retrieved May 15, 2015, from <http://www.state.nj.us/health/aids/repa/aidsdata.shtml>

ACKNOWLEDGEMENTS

We would like thank Gilead Sciences for the their generous grant to help us implement our policy changes.

We also acknowledge the hard work of our entire clinical and support staff since the implementation of our policy changes.