

Title: HIV Accessible Testing: Implementation of Routine HIV Testing within A Large Urban County Health System.

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Introduction

In September 2006, the US Centers for Disease Control and Prevention (CDC) released new guidelines calling for routine, voluntary HIV testing for all persons aged 13-64 years in health care settings [1].

Several key revisions were included with the published guidelines [1]:

- For patients in all health-care settings HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (Opt-Out screening).
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

In response to these guidelines the Cook County Health and Hospital Systems (CCHHS) adopted three initiatives to increase HIV screening and testing in its hospital system.

- Developed HIV testing policy that recommends providers regularly screen their patients every two years for HIV.
- Adopted Opt-out HIV screening and integrated the "Opt-out" ability into the standard Consent to Treat document.
- Developed Electronic Medical Record (EMR) prompt to remind providers when ordering any blood test that patient has not been tested for HIV within the last two years.

Objectives

Project HIV Accessible Testing (HAT), is a grant secured through Gilead Sciences by the Prevention and Education Department at the Ruth M. Rothstein CORE Center in Chicago IL.

The goals of Project HAT are to:

- Support staff knowledge development about CCHHS HIV Testing Policy.
- Facilitate routine testing through technical assistance, and
- Increase the number of patients tested and linked to care.

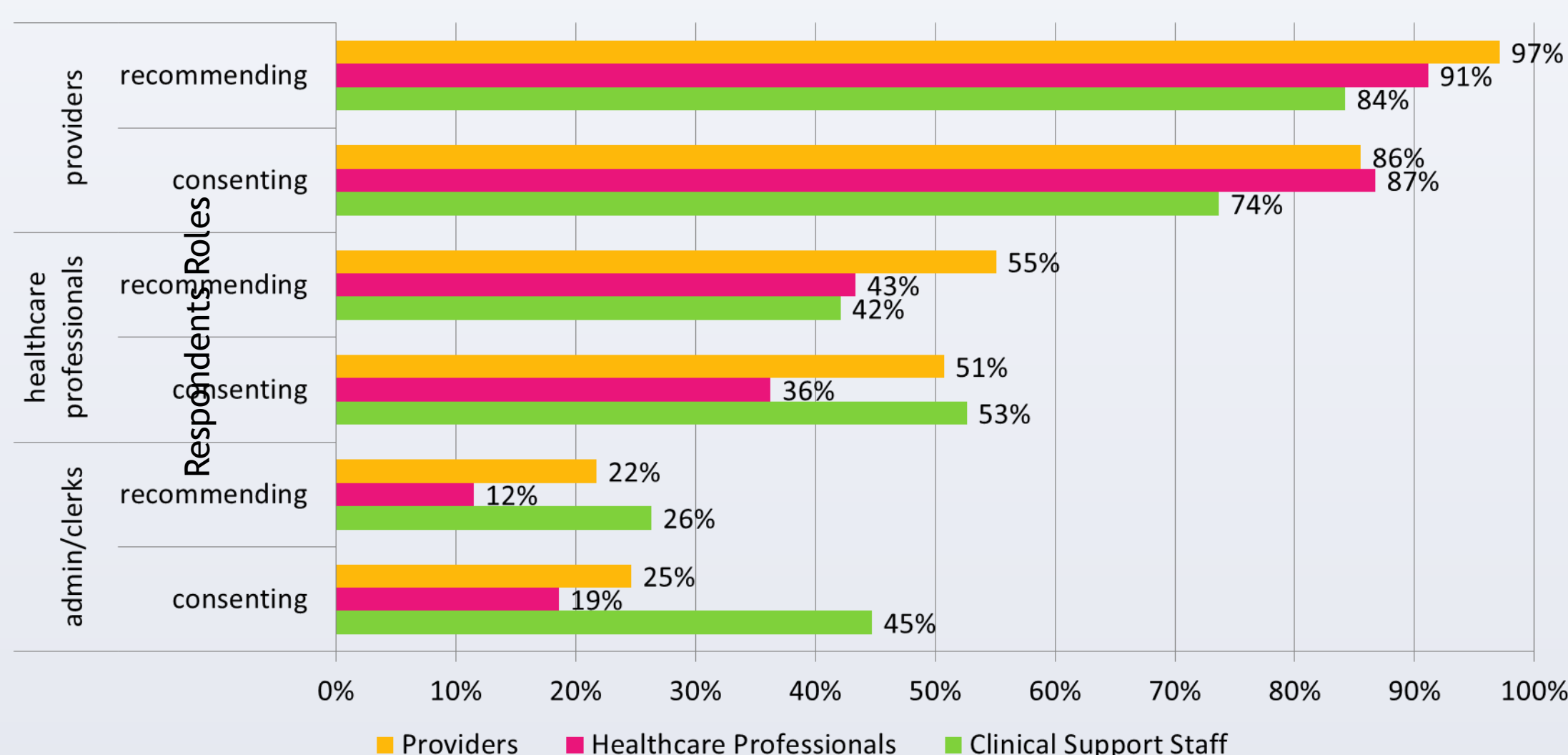
Evaluation

From 2011 - 2012 process evaluations were conducted in two community clinics Logan Square and Woodlawn as well as the Ambulatory Screening Clinic (ASC), and the John H. Stroger Hospital of Cook County Emergency Department

The evaluation process included both structured observations and surveys. The observations reviewed patient flow from registration through discharge. The baseline survey included questions regarding current clinic roles, processes associated with HIV testing, staff and provider attitudes and their perceptions of HIV screenings. Other questions assessed clinic resources, staff knowledge and training needs.

Summary of Survey Data

Whose role is it to recommend HIV test to patients?
Whose role is it to consent patients for HIV testing?



Providers and Midlevel Providers Include:

- Medical Doctor
- Nurse Practitioner
- Physician Assistant
- Pharm D

Health Care Professionals Include:

- Medical Assistant
- Lab Tech
- Registered Nurse
- Licensed Practical Nurse
- Social Worker
- Case Manager
- Emergency Medicine Tech (EMT)

Clinic Support Staff Include:

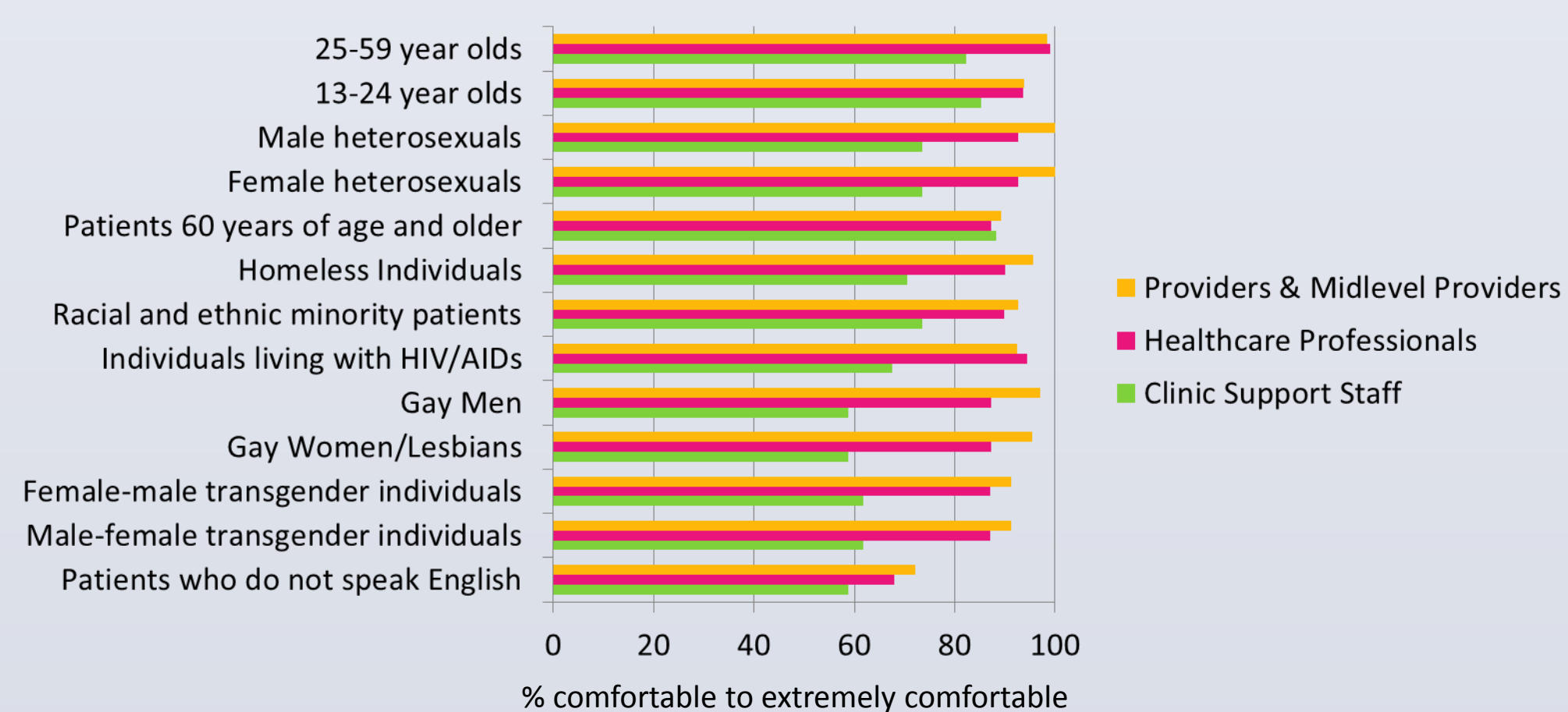
- Administration
- Clerical Staff
- Housekeeping
- Security

Statistical analyses suggest that after controlling for:

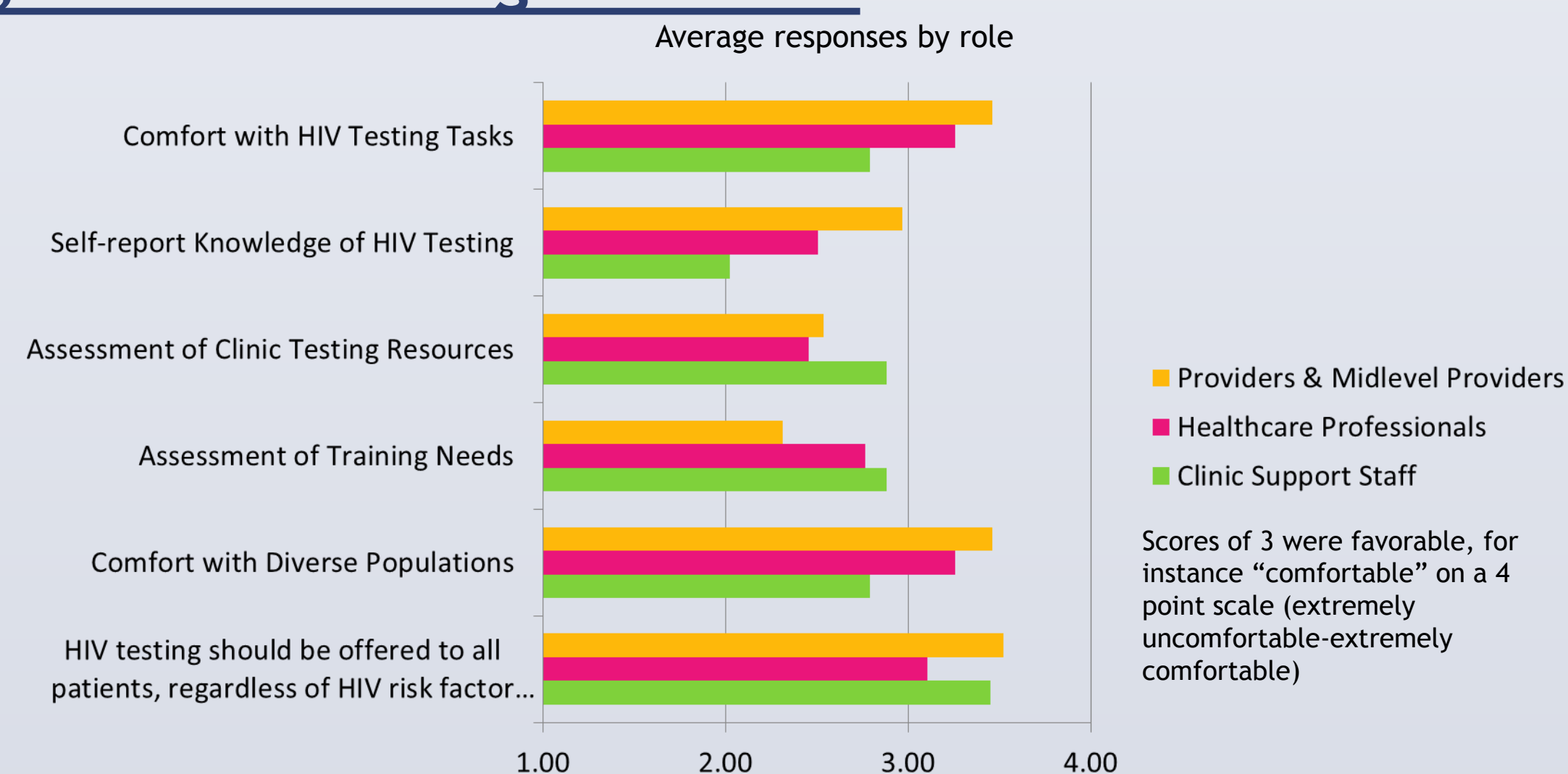
- role
- self-report knowledge
- assessment of clinic resources
- and assessment of training needs—

THE MORE COMFORTABLE ONE IS WITH DIVERSE POPULATIONS THE MORE COMFORTABLE ONE IS WITH HIV PREVENTION, TESTING AND CARE TASKS

Comfort with specific patient populations, staff knowledge & needs



- Overall the majority of respondents reported comfort with all patient groups.
- A slightly lower majority of respondents across all roles reported comfort with patients who do not speak English (66% on average).
- Providers and healthcare professionals reported more comfort with most patient groups when compared to clinical support staff.
- Fewer clinic support staff reported comfort with Gays, Lesbians, Transgender individuals when compared to other respondents.



Scores of 3 were favorable, for instance "comfortable" on a 4 point scale (extremely uncomfortable-extremely comfortable)

Intervention

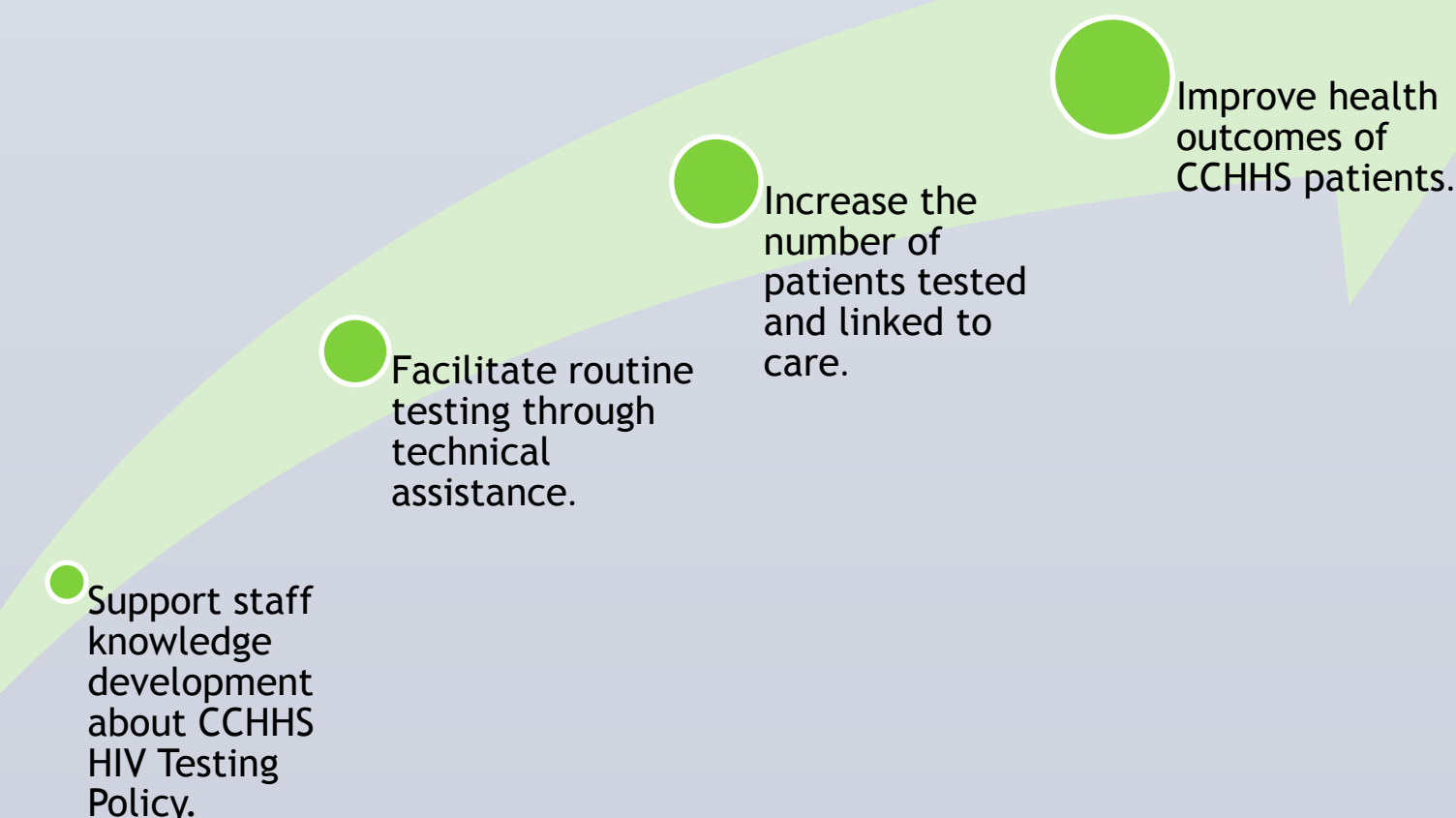
Project HAT Intervention Highlights

Educational materials on HIV testing

- Palm Card
- Pamphlets
- Posters

Staff Development

- Formal Trainings
- Informal Presence (clinic-based support)

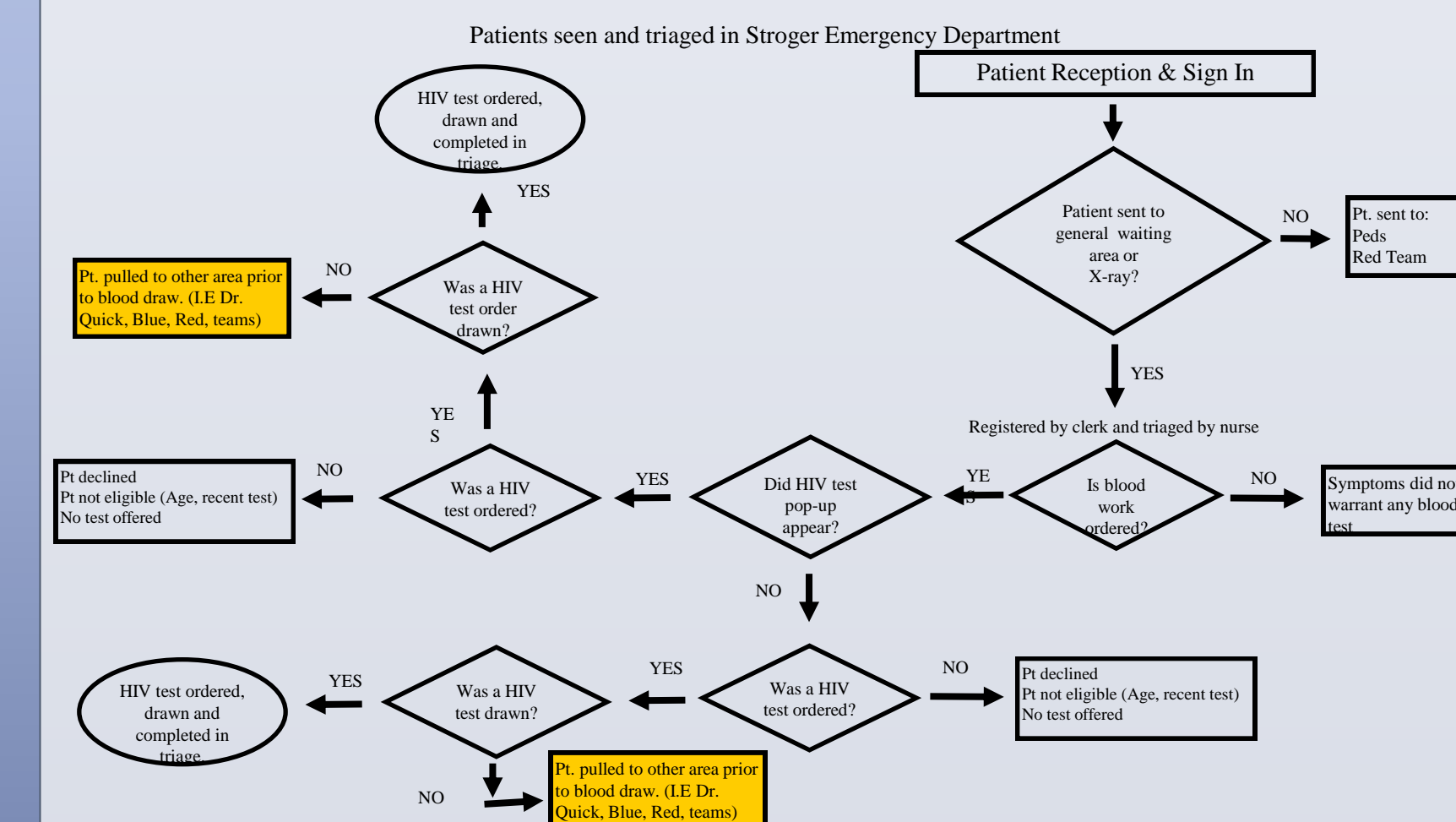


Results

- Testing has increased across multiple clinic settings.
- Within community settings, HIV testing rates increased from 10-20% at baseline to 32-49%.
- Within acute care settings, testing rates grew from <1%-24% to 28-44%.
- Across all acute care settings 26% of all patients seen within the CCHHS have been tested for HIV.
- When you look at the selected community based clinics, the percentage of patients who have been tested for HIV is an average of 40% of the clinic population.

Lessons Learned

- More education and training around CCHHS Opt-out policy were required.
- Clarification of Routine HIV testing procedures needed.
- Increased education on the utilization of the EMR hard stop and how to incorporate it as part of routine clinical care.
- Increased discussions about gaps in HIV screening and recommended solutions were needed, from registration to discharge.
- Development of a flow diagram that can identify gaps in services as shown below (yellow represented gaps).



References

- Centers for Disease Control and Prevention. Revised recommendation for HIV testing of adults, adolescents, and pregnant women in health-care settings. MMWR Recomm Rep. 2006;55(RR14):1-17.

Acknowledgments

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