


**Normalizing the Test:**  
Effective, High-Quality, Opt-Out  
HIV Testing Program in a  
Community Health Center Setting



*2015 National Summit on HCV and HIV  
Diagnosis, Prevention and Access to Care  
~ Friday, June 5, 2015 ~*

**Daniel Pohl**  
Director of HIV/STI Prevention  
Howard Brown Health Center



# 6 Slides Left! (cutting room floor)

1. Reimbursement
2. Post-period outcomes & comparison
3. Case studies – newly diagnosed persons
4. Provider/MA surveys & feedback
5. Entertaining anecdotes & photos
6. More info: HIV positivity, HIVSTI programs
7. Who is Daniel Pohl?

*But those are all really interesting!!! ☹️*

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***Come see me today 5—6pm! Poster #3***

# HBHC in ONE MINUTE

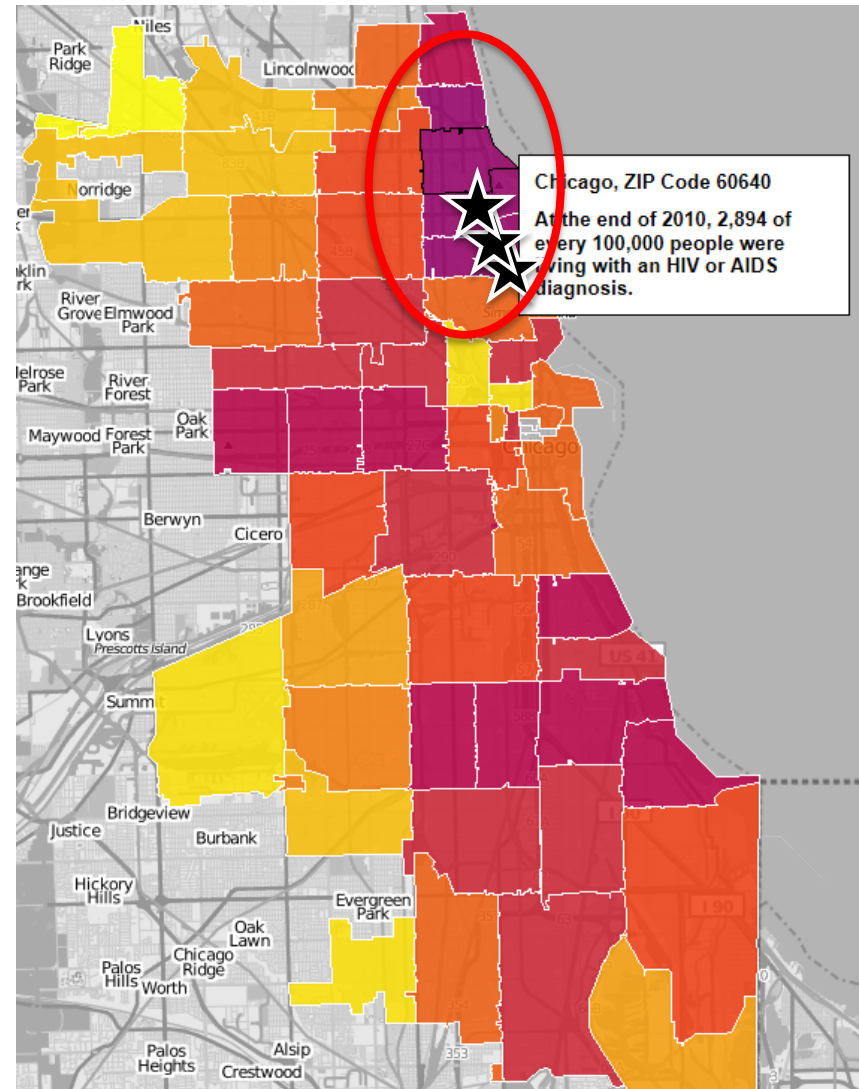
- Chicago LGBTQ / TGNC CHC founded 1974 (VD clinic)
- FQHC Look-Alike; 3 sites; PCHM Level 2
- Publicly-insured growing; about 40% currently
- 16 PCPs, 8 MAs, 8 RNs, 5 LTC\* (PSS);
- CY2014: 8,074 unique, 20,768 visits (↑24%)
- CY2013 Patient Profile
  - 95.7% 13—64 (avg 39, median 36)
  - 32% PLWHIV (CHC approach to HIV/HCV care)
  - 48% GBQ cis-men; 17% TGNC
  - 3% API, 18% Af-Am/Black, 18% Latino/a, 51% white, 10% all other

## HIV Prevalence in Chicago, Courtesy of AIDSvu

★ HBHC 3 clinical care sites in  
**60613** and **60657**

Four zip codes with highest  
HIV prevalence in Chicago

- 60660: 2.6% prevalence
- 60640: 2.9% prevalence
- **60613**: 2.8% prevalence
- **60657**: 2.1% prevalence



Chicago - Persons Living with an HIV or AIDS Diagnosis, 2010

# Opt-out Approach at HBHC

- **January 2013 started at Sheridan Road**
  - April 2013 started at TRIAD (now, Aris)
- **Medical Assistants (MAs) trained to implement**
  - MA training: HIV 101, consent, administering test, reading test results
  - Provider training (and feedback on flow): giving reactive results
- **Point-of-care (15 minute rapid) test chosen**
  - Alere™ Clearview® COMPLETE HIV 1/2
- **EHRs helped determine eligibility, prompted MAs, data extraction**
  - GE Centricity® Practice Solution 10
  - Exclusion criteria: HIV diagnosis, negative test in the last 12 months, age (under 13 or over 65)
  - First window in visit
  - Documenting consent, reason for refusal, result of test
  - Data quality monitored by Data Manager (by provider, MA, location)

# What is Opt-out Testing?

- Goal is to ***normalize*** HIV testing

“Before you see your provider, we’re going to weigh you, take your vitals, and talk about HIV testing”

“We do routine HIV testing with all our patients”

# Opt-out HIV Testing at HBHC: EHRS

Summary: Annual Physical Exam << + Order + Medication + Problem

Interactions: No

Forms Text

Forms Add...

- Rapid HIV Testing
- Vital Signs
- PHQ9
- Initial Intake
- Adult CC/HPI
- Adult ROS
- Patient History
- Adult HM & Ed
- Cancer Screening
- Hepatitis C Screening
- Menstrual History
- Disease Management Adviso
- Physical Exam
- Process Lab Orders
- Assessment & Plan
- E&M Advisor
- Meaningful Use Checklist

**Rapid HIV Testing**    DOB: 01/01/1995    Patient Age: 18 Years Old

HIV Status on Problem List    No diagnosis of HIV/AIDS on his/her Problem List. ?

HIV Results    add all results to note

Results: none in chart.

Eligibility for Testing    **Eligible**

Patient Consent    Patient Response:  Consented  Refused

Patient Refusal    Reason:

Comments: does not want to know status  
not ready for results  
states "not at risk" - monogamous relationship  
states "not at risk" - no risk activities  
uncomfortable with finger prick  
other

Rapid HIV Test

Date/Time Collected = Now    Date/Time Collected:

Date/Time Received = Now    Date/Time Received:

Result:  Non-Reactive  Reactive  Invalid    Reference Range: Non-Reactive

Sign    Performed by:

Comments:

Problems    Orders    HIV Management



HBHC Opt-Out HIV Testing Outcomes	Project Period #1, Jan 2013—Feb 2014
Unique # of Patients served in project period	7,503
Unique # Patients eligible for HIV testing <ul style="list-style-type: none"> <li>• 13-64 y/o</li> <li>• HIV negative / unknown status</li> <li>• No HIV test in last 12 months</li> </ul>	2,059
HIV Tests Offered	1,865
Offer Rate (= Offered / Eligible)	90.6%
Tests Accepted	1,709
Acceptance Rate (= Accepted / Offered)	91.6%
Tests Refused	156
Refusal Rate (= Refused / Offered)	8.4%
Test Rate (= Accepted / Eligible)	83.0%
Reactive Rapid Tests	21
Newly Diagnosed, Confirmed Positives	16
Previously Diagnosed, Re-engaged in Care	2
False Positive Rapid Tests	3
New HIV Positives, Rapid Testing	16
HIV Positivity, Rapid Testing	0.9%
Linked to Care	16 (100%)

# Newly Diagnosed Clients (n = 16)

- 10/16 ages 19—24
- 11/16 Black, Hispanic, and/or Multiracial, including all 6 women (5 trans, one cis)
- 1 cis-woman, 10 MSM (10), 5 transgender women who have sex with men
- Half (8/16) not tested for HIV in last 12 months, anywhere
- One patient concurrently diagnosed with HIV and AIDS (CD4 value: 68)
- If her CD4 value is excluded, the CD4 range was 296—1,140
- Excluding one “elite controller,” viral load range at Dx 1,940—214,740 copies/mL (average 70,678)
- 100% met LTC staff within 2 weeks; 12/16 at same visit where rapid HIV test was reactive
- 8/15 (one care transfer) started HAART within 3 months of the diagnosis
- 13/16 (including all 6 women) were (re)establishing care with HBHC when they tested reactive
- 5/5 transwomen sought care for prescribed Hormone Replacement Therapy (HRT)

## Case Studies: Reactive #3

23 year old, cis male, Af-Am, gay identified  
History at HBHC

- 2008, urogenital Chlamydia @ BYC
- 8/12: Early Latent syphilis @ SR (HIV neg)
- 9/12: First care visit, SR (anorectal HPV, cryo)
- 11/12: HPV f/u, anal pap ASCUS
- 1/13: HRA (AIN 1 – mild dysplasia)
- 3/13: Infrared Coagulation (IRC)
  - Opt-out HIV reactive (Keglovitz-Baker, SR)

# Future Directions

- Better, more scientifically rigorous data/evaluation (no assumptions)
  - “Opt-out testing eased sexual health convo:” improved STI screening rates?
  - “Testing rates improved:” prior denominator of “eligible” ?
  - “Linkage to care improved:” comparing time to second appt, viral suppression?
  - Offered/refused; examine total picture (rapid and/or lab-based HIV diagnostics)
- Identify/prioritize opportunities for QI; CQM committee
  - Offer rate, refusal (covariates?)
- Identifying/mentoring new champions
- Data/performance feedback loop (providers, MAs; care teams)
- EHR form improvement/modification
- Testing technology & reimbursement
- Reimbursement: routine analysis, opportunities to maximize revenue, reimbursement with public insurance
- Patient feedback/survey
- MA training curriculum

# Acknowledgements

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Daniel Pohl, [DanielP@howardbrown.org](mailto:DanielP@howardbrown.org)

Phone: (773) 572-6976, [www.howardbrown.org](http://www.howardbrown.org)

Poster #3, today 5—6pm