

Successful integration of rapid HIV screening into an urban women's care specialty clinic

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Introduction

- ❑ Heterosexual HIV transmission now accounts for 80% of new infections in women in the U.S.
-CDC Fact Sheet: A Glance at the HIV/AIDS Epidemic. Jun 2007.
- ❑ It is critical that family planning (FP) and OB/GYN clinics offer HIV screening as part of routine care (CDC 2006).
- ❑ FP clinic staff needs training and a streamlined consent/counseling model to successfully integrate routine screening.

Objectives

- ❑ Identify HIV+ individuals and link into care
- ❑ Identify HIV+ women early in pregnancy; provide interventions to reduce mother-to-child transmission
- ❑ Reduce behavioral risks of HIV transmission through safer sex and risk reduction counseling
- ❑ Prevent secondary HIV transmission

HIV testing before transition

- In 2003, an HIV clinic embedded a full time dedicated HIV counselor in an OB/GYN/FP clinic (Women's Care Center-WCC), to provide rapid HIV testing to patients and partners
- From 2003-2007 2,533 total rapid HIV tests.
 - ~60-80/month tested

HIV testing after transition

- ❑ In April 2007, opt out HIV screening transferred to clinic staff
 - Consent and information sheet given to all patients during registration
 - Oral HIV test performed by medical assistants during triage
 - Rapid test performed in lab
 - Results provided by physicians and NPs
- ❑ **Avg of 130/month**
 - Doubled monthly average tested compared to one HIV counselor

What changed?

	Old way	New way
Who offers HIV test?	Dedicated HIV counselor or clinicians	Clinic staff
Where is test offered?	Waiting room, or exam room	Triage room
Consent	Special HIV-only consent	HIV integrated into general clinic consent for services
Who performs tests?	Dedicated HIV counselor	Medical assistants
Counseling model	20-30 minutes risk-reduction counseling	Streamlined counseling avg 3-5 mins
Results location	Private office	Lab/ exam room
Who gives results?	HIV counselor	Clinicians (MDs and NPs)

Current Patient Flow

Patient given HIV consent and education materials during registration



Oral swab HIV rapid test performed by medical assistant with BP and weight.



Test kit brought to lab.



Test results recorded in medical chart.
Medical assistant informs clinician of result.



Results are given to patient in private exam room by clinician.
Clinician provides risk reduction counseling.

Progress report

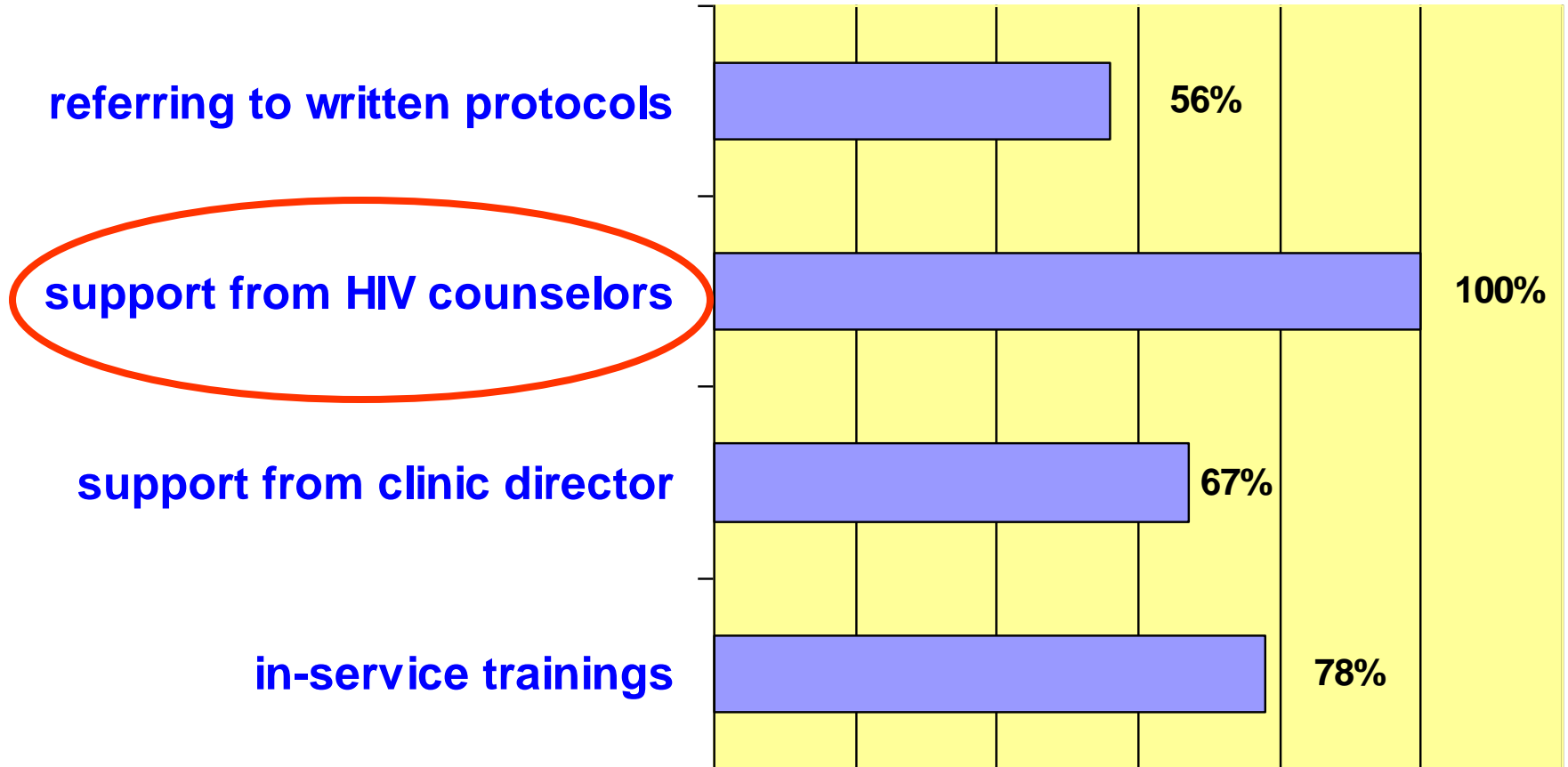
- ❑ Between 2003-2008 >4,100 patients were screened for HIV
- ❑ 37 positive results
 - 15 were pregnant women
 - ❑ 0% MTCT transmission rate
 - Seropositivity rate: 0.8%
 - 100% linked to care
- ❑ Acceptance rates
 - before transition= 76%
 - after transition= 89% (17% increase)
- ❑ HIV screening rate increase:
 - 34% tested in 2003
 - 65% tested in 2007
 - 2007 - 97% prenatal patients tested

Staff survey results

70% of staff responded to a survey regarding attitudes and practices related to opt out rapid HIV testing

- Importance of offering routine HIV screening to all patients:
 - 100% VERY IMPORTANT
- Rate the success of integration of HIV testing:
 - 78% VERY or SOMEWHAT SUCCESSFUL
- Are you performing HIV testing in the clinic
 - 56% answered yes

What helped the transition?



Successful Sustainability: Challenges and Solutions

Challenges

1. Lack of time to consent and perform HIV testing
2. Training needs
3. Fears of giving positive results
4. Billing
5. Need protocol to test male partners of patients

Solution

1. Support from Clinic Director: consent integrated into standard forms and triage protocol. Lab system was set up to handle multiple tests at once.
2. Partnered with local AETC and FP Council
3. Medical assistants perform test, MD staff trained in giving results. HIV clinic on call for back-up.
4. Tests covered through CDC grant, FP billing, and insurance billing codes.
5. Local Family Planning Council offers support and education on offering male services

Helpful elements of transition

- ❑ Multiple in-service trainings to ALL STAFF (front desk, MAs, clinicians, nutritionist)
- ❑ Designate a project leader –champion of HIV testing
- ❑ Demonstration of clear support from clinic director
- ❑ Collaborative relationship with HIV staff
- ❑ Clear written protocols and logbook
- ❑ Allow adequate time for staff to shadow experienced HIV counselor to improve comfort level
- ❑ Incentives to reward staff for testing
- ❑ Review protocol regularly to troubleshoot

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