

ACTS

Advise | Consent | Test | Support

A Successful Model for Routinizing HIV Testing in Clinical and Community Settings Using Existing Resources

Donna Futterman, MD¹, Stephen Stafford¹, Michelle Lyle, MPH¹, Paul Meissner, MSPH²,

1. Adolescent AIDS Program, Children's Hospital at Montefiore Medical Center; 2. Department of Family Medicine, Montefiore Medical Center

Background

The Evolution of a Paradigm Shift in HIV Testing

2002	2003	2004	2005	2006	2007	2008
Adolescent AIDS Program at Montefiore (AAP) conducts a survey in the Bronx and learns that providers don't offer HIV testing because they don't have time, don't have the counseling experience they think is required and don't believe their clients are at risk.	CDC recommends routine HIV testing in health care settings with pretest counseling. AAP develops the ACTS system and begins a randomized trial in the Bronx, NY to test how well it scales up routine testing in clinical settings.	The ACTS system is introduced as new C&T practice in the 5 pilot intervention clinics.	ACTS clinics significantly improve their HIV testing practice compared to control clinics.	CDC recommends routine HIV testing in health care settings and endorses opt-out testing, rapid tests and ending separate written consent and pre-test counseling. ACTS intervention clinics continue to show modest increases in HIV testing. ACTS is introduced in the 5 pilot control clinics.	Montefiore Medical Center commits to routinized testing hospital-wide. ACTS is adopted by numerous health care systems in the US and abroad including the NYC DOH Bronx-wide Initiative, PEPFAR (South Africa) and the Botswana Health Ministry.	The New York City Department of Health and Mental Hygiene launches the largest municipal scale-up of routine HIV testing in the Bronx. Montefiore Medical Center launches routine HIV testing in its Emergency Department

Missed Opportunities

Approximately 25% (250,000) of HIV+ Americans have not been tested and thus do not benefit from life-saving treatment and prevention services.

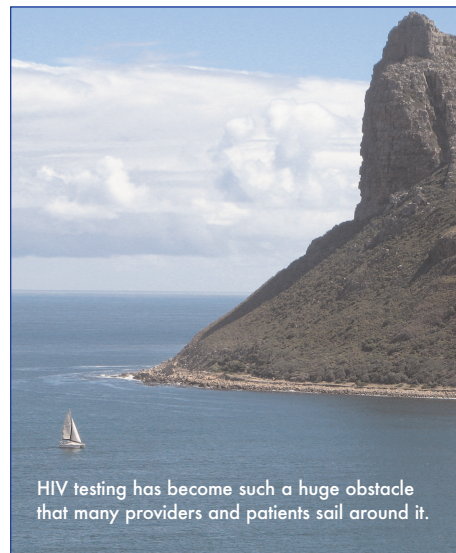
Up to 40% of HIV+ patients (in NY and elsewhere) receive an HIV and AIDS diagnosis at the same time or within one year.

The Wrong Tool for the Job

The 45-minute harm-reduction focus of conventional HIV counseling and testing (C&T) is a significant barrier for many health care providers, who could offer C&T themselves if it was streamlined like other diagnostic tests.

Using conventional C&T, counselors can only test a fraction of the patients who access care and are at risk for HIV.

One conventional C&T session has not been proven effective at reducing high risk behaviors among HIV-negative clients.



HIV testing has become such a huge obstacle that many providers and patients sail around it.

Time for A Paradigm Shift

HIV+ people who learn their status can access treatment that improves health and prolongs life; and they are more successful at preventing transmission as ARVs lower viral load and half report reducing their high risk sexual behaviors.

A program of streamlined routine testing by health care systems that identifies undiagnosed HIV+ clients and links them to care **could be achieved now** without new science, and would have a tremendous impact on the epidemic.

Methods

The Right Tool for the Job

ACTS is a streamlined HIV C&T system that reorganizes existing personnel so that providers and C&T staff work together to offer testing more routinely to clients:

- Provides implementation guidance for making operational & clinical practice changes
- Streamlines the conventional 45-minute pre-test counseling process to 5+ minutes
- Meets CDC and local department of health testing requirements
- Improves allocation of counseling resources to support HIV+ clients

ACTS Intervention

Implementation Guidance

Planning

- Address philosophical barriers to routine testing and obtain buy in from key staff
- Survey personnel and operations capacities and develop a site specific routine testing implementation plan

Training

- Teach clinic staff at all levels how routine testing will be offered at their site
- Teach providers and other testing staff how to administer ACTS streamlined pre-test counseling

Support

- Distribute ACTS provider and patient materials to facilitate the offer of HIV testing by clinicians and the uptake of HIV testing by patients
- Provide clinics with routine data reports to monitor progress toward the routine offer of testing among eligible clients and provide technical assistance to overcome barriers

Streamlined Pre-test Counseling

ACTS

ADVISE
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TEST
SUPPORT

Streamlined HIV Counseling and Testing

ADVISE Routine HIV testing is for all patients.

- HIV is the virus that causes AIDS, only an HIV test can detect infection
- Testing benefits HIV+ patients' health and improves prevention for all
- HIV can be transmitted sexually, via needle-sharing or perinatally

CONSENT Use NYS DOH form Part B.

- Testing is voluntary and can be confidential or anonymous
- For patients who test HIV+, NY protects confidentiality and requires partner notification and name reporting
- Obtain signature on consent form

TEST Use rapid or conventional test with blood or oral fluid.

- Rapid tests: have patient wait for results
- Conventional tests: verify contact information and make plans to deliver results later, in same manner you deliver other test results

SUPPORT Give results and allow time to process.

- HIV-negative:**
 - Explain the test by itself is not prevention and discuss staying negative
 - Encourage partner testing and annual testing; retest sooner if new risk: pregnancy, unsafe sex, STD, new partner, IV drug use or sexuality
 - Clarify if client needs to retest in three months (window period)
- HIV-positive:**
 - Coping: Ask about/respond to patient's concerns, call counselor if needed
 - Treatment: Link patient to care, emphasize benefits of treatment, support
 - Prevention: Discuss prevention and partner disclosure
 - Review DOH reporting, partner notification and domestic violence laws

ACTSHIVTest.org

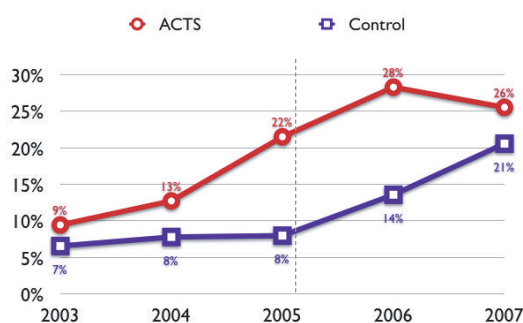
ACTS Clinical Trial

- In 2003, 10 community health clinics in the Bronx, New York that served a total of 50,000 - 60,000 unique patients/year were randomized for a trial that tested the efficacy of ACTS.
- 5 of the clinics received the ACTS intervention (planning, training and support) and 5 served as lagged controls.
- Patients eligible for ACTS included those between the ages of 15-64. Maternity patients were excluded since the vast majority receive C&T as a routine part of prenatal care.
- By 2004, all 5 intervention clinics were implementing ACTS.
- Intervention clinics' testing rates were monitored monthly and problem clinics were supported with technical assistance through 2006.
- Control clinics received the ACTS intervention in 2006 but did not receive ongoing technical assistance.
- Automated data systems allow for ongoing collection of each clinic's HIV testing numbers and patient demographic data to track trends.

Results

ACTS More than Doubles HIV Testing in Two-year Trial

From 2003 to 2005, ACTS intervention clinics increased their HIV testing by an average of 133%. During this same period, ACTS control clinics increased their HIV testing by 25% (p=0.03).



- At baseline (2003), all clinics tested less than 10% of eligible patients.
- By the end of the trial (2005), ACTS clinics were testing 22% of eligible patients while control clinics had only increased to 8%.
- After the '03 - '05 trial of ACTS, intervention clinics were provided ongoing technical assistance for an additional year (2006). Testing continued to increase to 28% in ACTS clinics vs. 14% in control clinics.
- In 2006, control sites were trained to implement ACTS and in one year's time (2007) increased their testing by 50%, from 14% to 21%.
- Without the ongoing support of technical assistance in 2007, HIV testing declined at the intervention sites from 28% to 26%
- No significant change noted in the number of HIV+ patients identified.

Discussion

Improvement Achieved Using Existing Resources

Without additional funds or new staff, ACTS successfully reorganized existing personnel resources to improve the offer and uptake of HIV testing.

Provider-delivered HIV Testing Strengthens & Integrates Care

Doctors, nurses and other health care providers reported that ACTS allowed them to offer a more comprehensive package of routine care, which was worth the extra time added to their clinical encounters.

Practice Change Advances HIV Testing Policies & Procedures

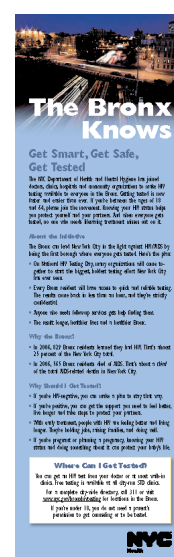
The operations challenges of routinely implementing C&T in clinical settings motivated providers to address philosophical and logistical barriers.

Sustainability is a Challenge

Sustained practice change required intensive support via monthly data reports, site-specific technical assistance and training of new staff

Case Finding is Uneven

ACTS in Action



The Bronx Knows HIV Testing Initiative New York City Department of Health and Mental Hygiene

ACTS is being used by clinical and community partners in the largest municipal scale up of routine HIV testing in the US.

Additionally, the DOHs in Washington, DC, Oakland and Pennsylvania use ACTS as well as prominent care organizations.

ACTS, South Africa President's Emergency Plan for AIDS Relief (PEPFAR)

ACTS is being used in clinic and community settings to scale up HIV diagnosis and linkage to care among South African youth.

Tebelopele Botswana Ministry of Health

ACTS formed the basis of the Botswana Ministry of Health's national policy on routine provider-delivered HIV testing.

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