

From Recommendation to Implementation: The Long Road to Routine HIV Screening

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Background:

“Pennsylvania’s Confidentiality of HIV-Related Information Act” (Act 148), enacted in 1988, intended to protect the confidentiality of HIV positive patients, as well as prevent involuntary HIV testing. An amendment went into effect on 9/6/2011 to alleviate barriers caused by laborious HIV consent processes.

The amendment (Act 59) includes the following legislative changes.

- **Verbal informed consent can be documented in medical records.**
- **Pre-test counseling provisions are removed. The test’s purpose, potential uses, limitations, and meaning of results must be reviewed.**
- **Negative results do not require face-to-face delivery.**
- **Opt-out HIV testing may be implemented.**

The Pennsylvania/ MidAtlantic AIDS Education and Training Center’s (PA/MA AETC’s) Philadelphia performance site at the Health Federation of Philadelphia supports capacity-building, provider education, and technical assistance on HIV-related services and topics. The PA/MA AETC initiated a Routine HIV Testing Project to disseminate information on Act 59 and assist healthcare facilities to align their testing policies with the new legislation.

Objective:

To reduce systems barriers to routine, opt-out HIV testing in Philadelphia’s healthcare settings through capacity building activities, including skill building workshops, development of provider materials, and on-site consultations.

Methods:

The PA/MA AETC identified and engaged local HIV testing champions in Philadelphia’s healthcare settings.

Targeted disciplines include:

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| • Physicians | • Healthcare lawyers | • Electronic medical record system consultants |
| • Physician assistants | • Risk managers | • Managed care organizations |
| • Nurse practitioners | • State and local policy makers | • Medical billing administrators |
| • Nurses | • Healthcare administrators | |
| • Medical assistants | | |
| • Lab personnel | | |

Local champions, as well as colleagues they identified as HIV champions, were invited to meet with the PA/MA AETC about HIV testing at their institutions. Needs assessments were performed with healthcare facilities to identify each site’s HIV testing methodology and logistics, testing technology, patient flow strategy, criteria to test, linkage to care plan, and sustainability plan. Through needs assessments, the PA/MA AETC identified successes and challenges of the current HIV testing programs utilized in Philadelphia. Themes were extracted to further define the climate of HIV testing in Philadelphia and determine how the PA/MA AETC could best provide capacity building activities to healthcare organizations.

Results:

Local HIV champions in Philadelphia’s healthcare systems were contacted, representing ten hospital systems, eleven Federally Qualified Health Centers (FQHCs), and eight FQHC look-alikes.

Successes:

- Modified HIV consent protocols
 - Four large hospital systems require no written patient consent
 - Three large hospital systems in the process of modifying protocols
- Expanded HIV testing programs
 - Five hospital systems have expanded their HIV testing programs
 - One hospital system is in the process of expansion
 - Two FQHCs preparing to expand their testing programs
- Opt-out testing programs
 - Two FQHCs have implemented opt-out testing
- Increased resources for training and technical assistance
 - Webinar entitled “Act 59: New Legislation in PA and its Implications for HIV Testing Consent in Health Care Settings,” accredited with CLE and targeting healthcare lawyers
 - Webinar entitled “HIV Screening for Patients 13-64 Years: A Guide for Primary Care Providers”
 - Evening program entitled “Incorporating Routine HIV Testing into Practice: An Evening with the Health Commissioner for Primary Care Physicians”
 - Development and dissemination of “Frequently Asked Questions Regarding Changes to Act 148” and “Professional Medical Associations’ Statements on Routine HIV Testing”
 - City-wide mailing of resources to Philadelphia’s primary care providers (n=3883)
 - Approximately 24 individualized technical assistance and trainings on routine testing delivered to Philadelphia’s healthcare facilities

Challenges:

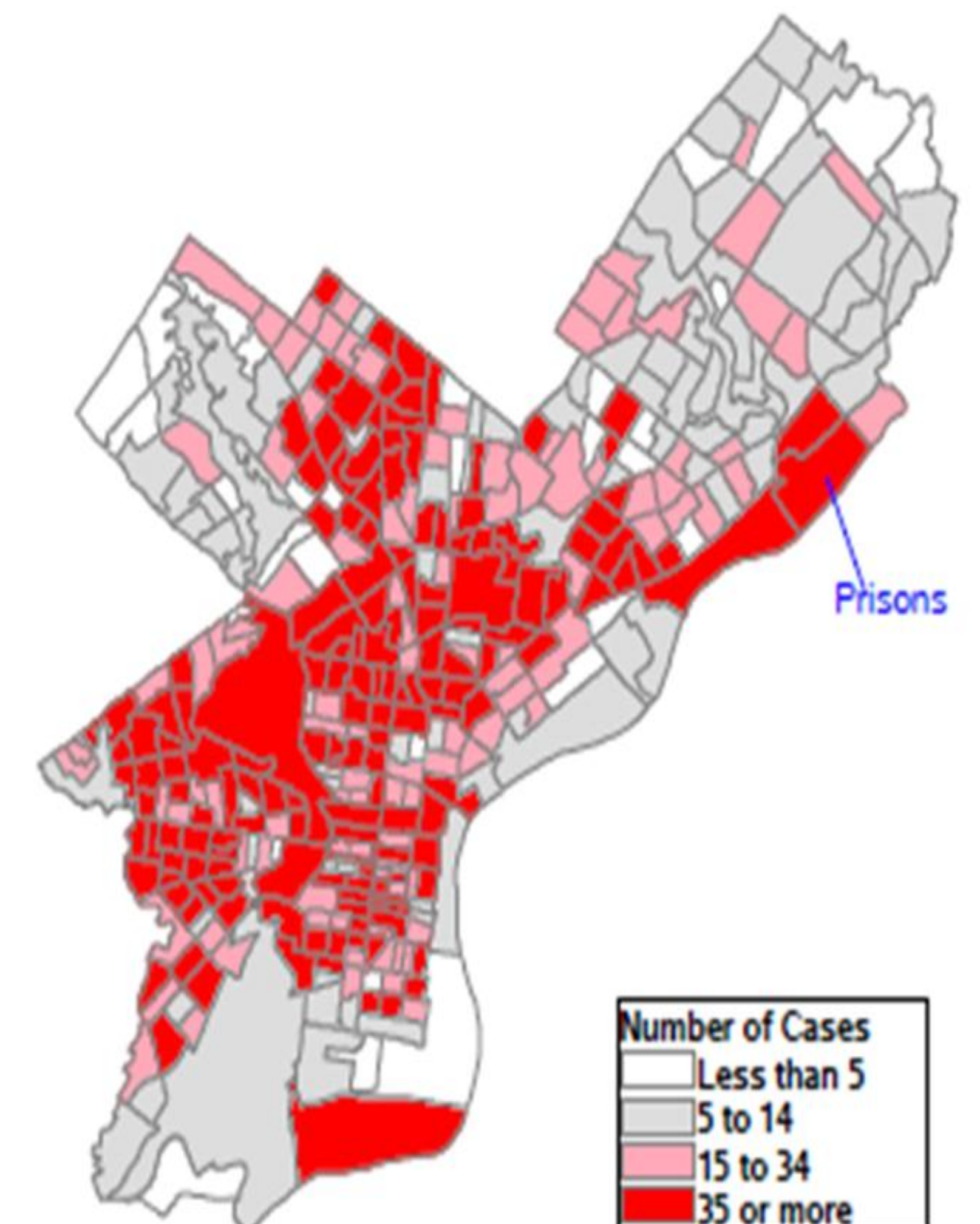
- Provider attitudes toward HIV testing
 - Primary vs. acute care settings
 - Low risk patient population(s)
 - Burdensome processes of HIV testing
 - Not a standard of care according to USPSTF
- Parallel testing models (dedicated testers vs. clinical staff) and lack of staff time to perform HIV tests
- Changes to healthcare operations and logistics
 - Training testers and/ or medical staff
 - New/ modified patient flow structure
 - Permanent personnel responsible for testing programs
 - Laboratory requirements
- Varying reimbursement for HIV tests and related services by third party payers
 - Inconsistent billing procedures and coding
 - Complex coding system
 - Bundled payments for patient visits/ services
 - Capitation
 - Variations between healthcare facilities, private and public insurance companies, and state Medicaid policies on HIV test coverage

Conclusions:

Philadelphia’s healthcare settings have made significant improvements in their policies and practices to make routine, opt-out HIV testing a standard of care. With the capacity building activities and technical assistance provided by the PA/MA AETC, barriers to routine testing related to written consent were eliminated by four large hospital systems and are pending at three additional Philadelphia hospitals. Routine HIV testing is performed at two FQHCs, while others are expanding upon their programs with the assistance of the PA/MA AETC. Education on routine HIV testing is offered by the PA/MA AETC in many formats to accommodate providers in diverse settings.

Despite our successes, the barriers to routine HIV testing in Philadelphia’s healthcare settings are complex. Engaging and supporting local champions to identify barriers and promote institutional change is essential. As standards of care and institutional climates change, provider support of HIV testing in various healthcare settings is anticipated to rise. The sustainability of HIV testing programs is a challenge that must be addressed through both the integration of HIV testing into staff-provided services and reformation of the reimbursement structure for routine HIV tests by third party payers. Positive changes to USPSTF recommendations on routine HIV screening will address many of the barriers originating from standards of care and reimbursement.

Map 1. Persons Living With HIV/AIDS by Census Tract, Philadelphia, 2011



Source: AIDS Activities Coordinating Office, Philadelphia Department of Public Health