

Integrating Routine HIV Testing in Primary Care

Vanessa Rodriguez – HIV Testing Coordinator

Vanessa.rodriquez@urbanhealthplan.org

Urban Health Plan, Inc. Bronx, New York (718) 589-2440 Ext. 3264

BACKGROUND

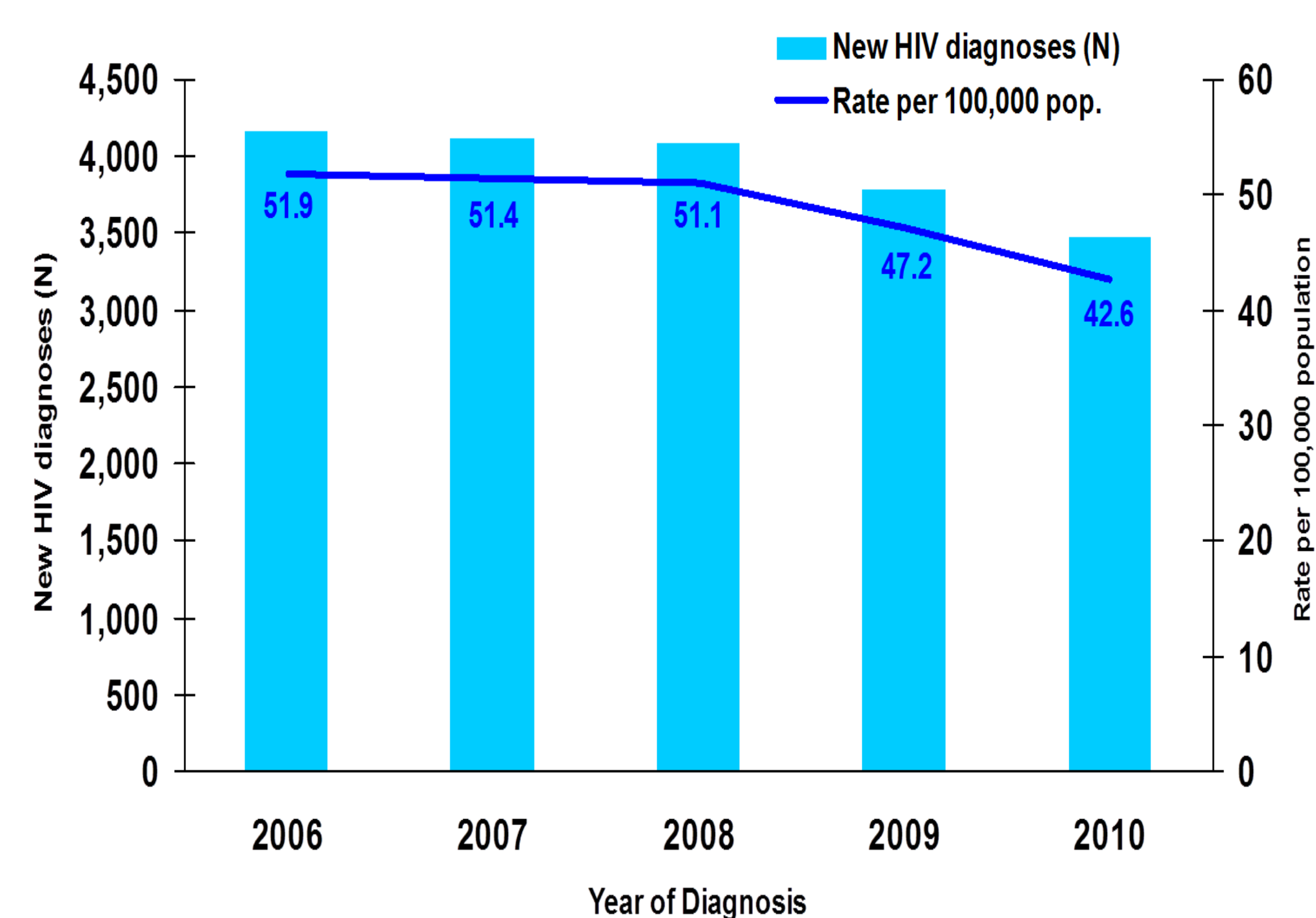
Urban Health Plan, Inc. (UHP) is a network of Federally Qualified Health Centers (FQHC) serving the South Bronx and Corona Queens, New York. UHP's mission is to provide affordable, culturally proficient primary and specialty medical care to underserved communities. In January 2011 UHP shifted from counselor-based HIV testing to a screening model that successfully integrated HIV testing into routine care.

To support this shift, a learning collaborative was convened, UHP's electronic medical record (EHR) was modified to simplify HIV screening, and systems were put in place to track provider level HIV test offer and HIV testing rates.

The model implemented by UHP supports the 2006 CDC recommendations for routine HIV screening and the New York State HIV testing legislation of 2010, which calls for mandatory offer of HIV testing to patients 13-64 years old in health care settings.

NYC HIV STATISTICS

New HIV Diagnoses, NYC 2006-2010



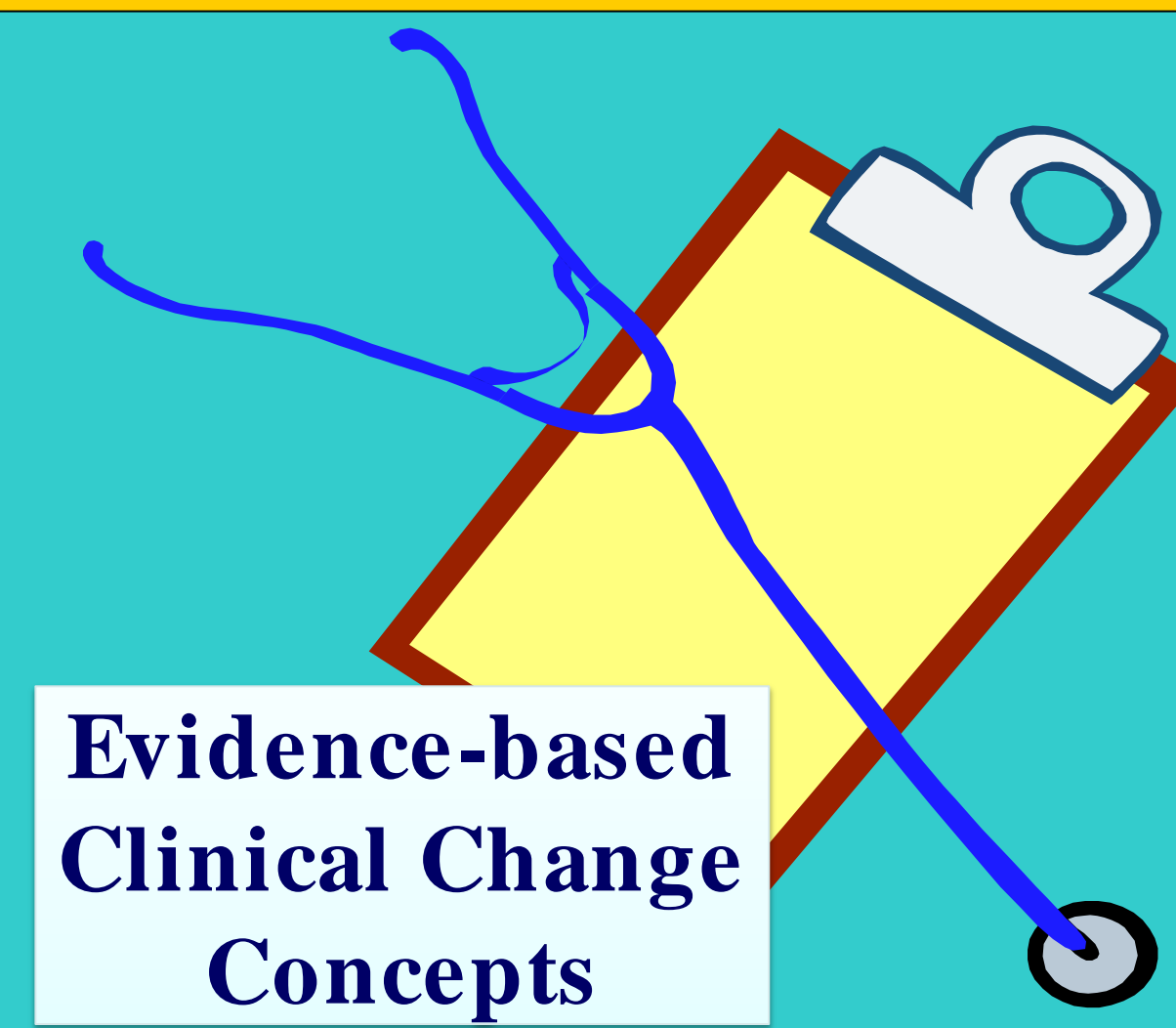
The number of new HIV diagnoses has been decreasing from 2006 to 2010 but is still over 3,400 each year.

2006-2009 rates based on 2000 Census population, and 2010 rate based on 2010 Census population. As reported to the New York City Department of Health and Mental Hygiene by September 30, 2011. NYC New York: New York City Department of Health and Mental Hygiene, 2010. Updated March 2012. Accessed on October 26, 2012 at HIV Epidemiology and Field Services Surveillance Slide Sets.

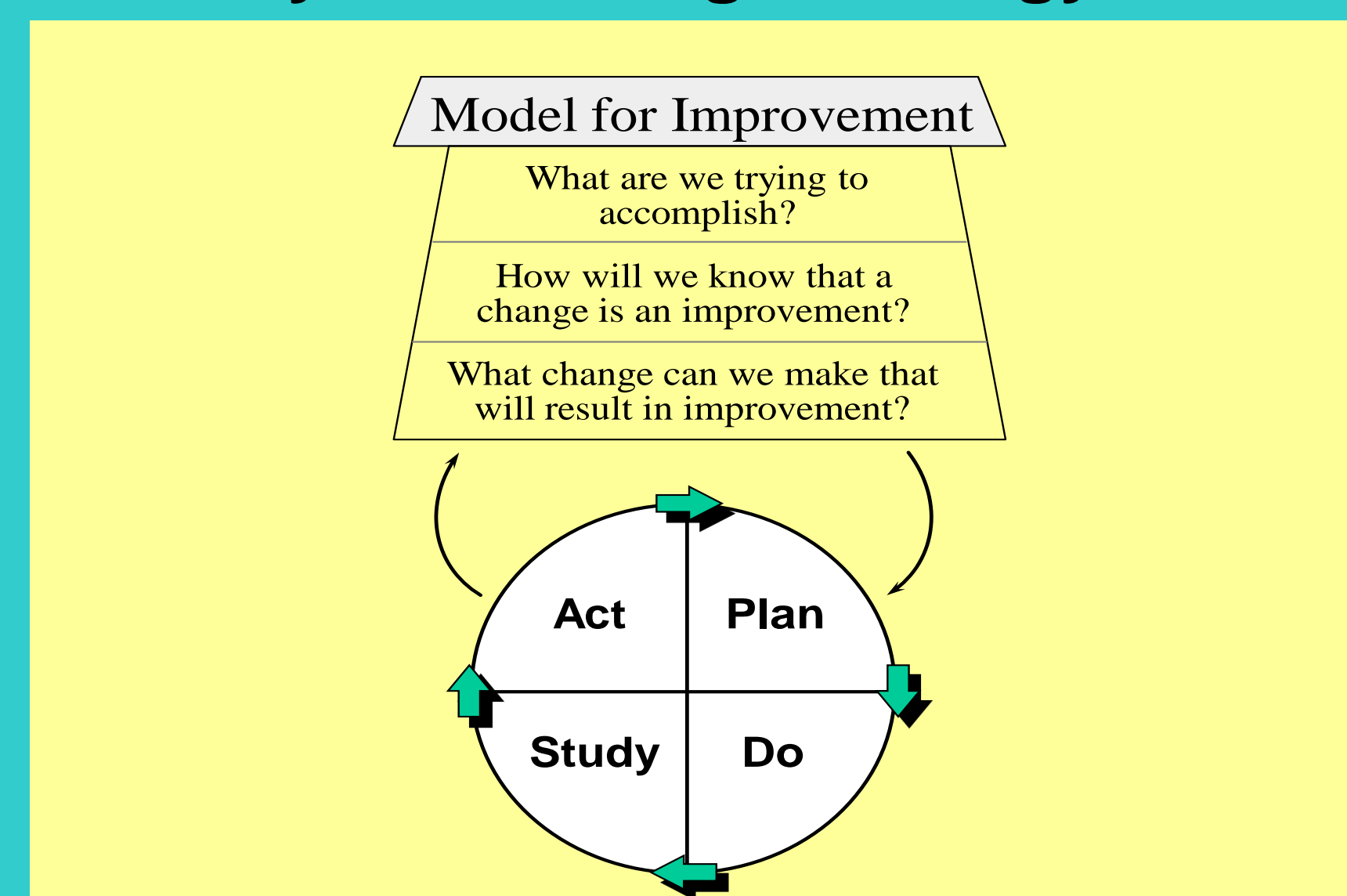
METHODOLOGY

Urban Health Plan utilized evidence-based quality improvement methods that have been successfully implemented.

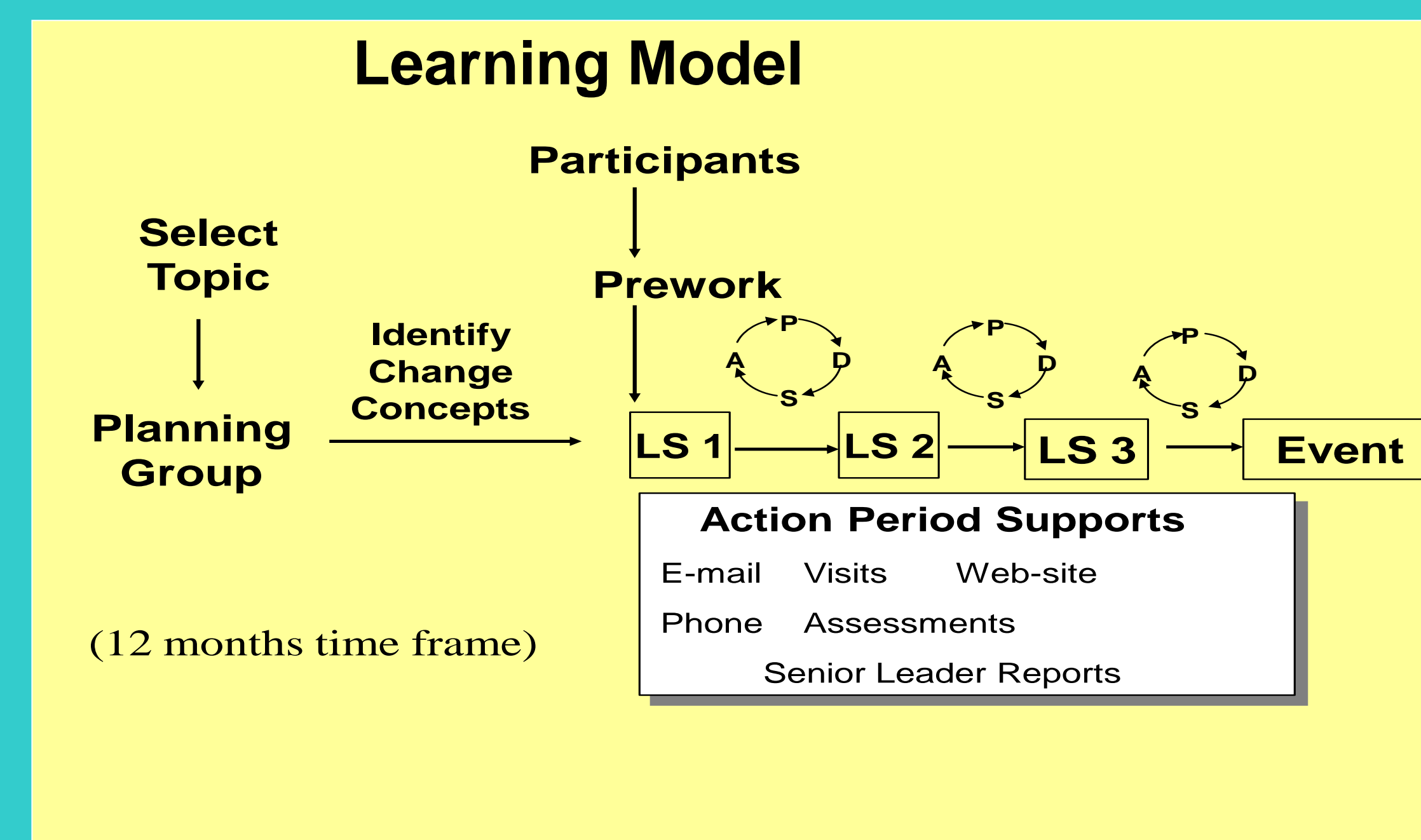
A Recipe for Improving Outcomes



System change strategy



System Change Concepts



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CHANGE SYSTEM IMPLEMENTED

EXPERT PANEL:

- Senior Leaders: CEO and Chief Medical Officer
- Chief Technology Officer
- Clinical Systems Administrator (EHR)
- Director of Nursing
- Section Head of Adult Medicine/ID Specialist
- Director of the UHP Institute for the Advancement of Community Health (Internal Quality Institute)
- HIV Testing Coordinator

- Develops protocols and EHR templates
- Selects/trains testing teams at each site/department

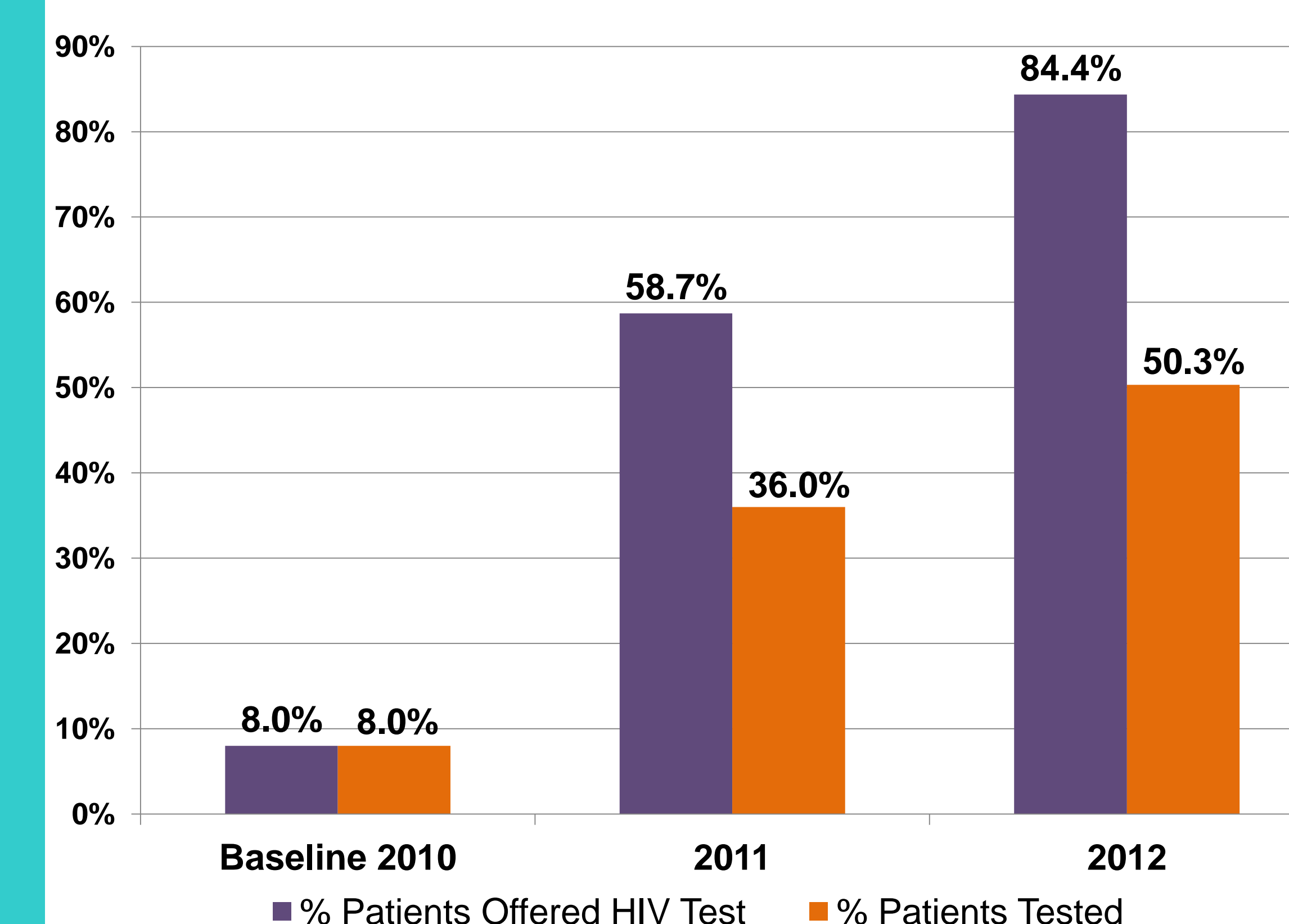
TESTING TEAMS:

- Provider Champion
- Medical Assistants
- Site Director or Department Coordinator

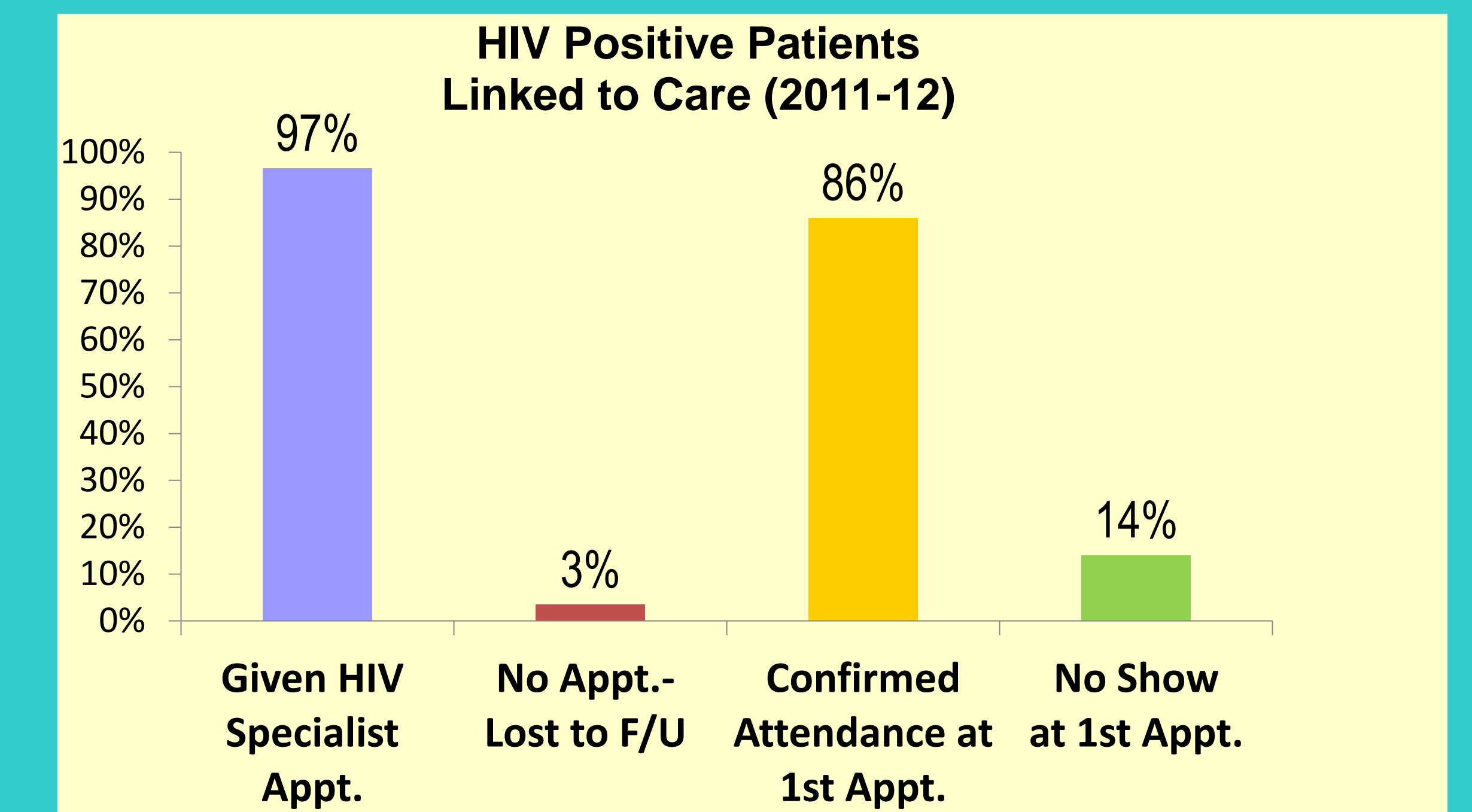
- Tests new protocols through PDSA cycles
- Weekly team meetings
- Weekly provider and site level data given to teams to drive improvement

RESULTS

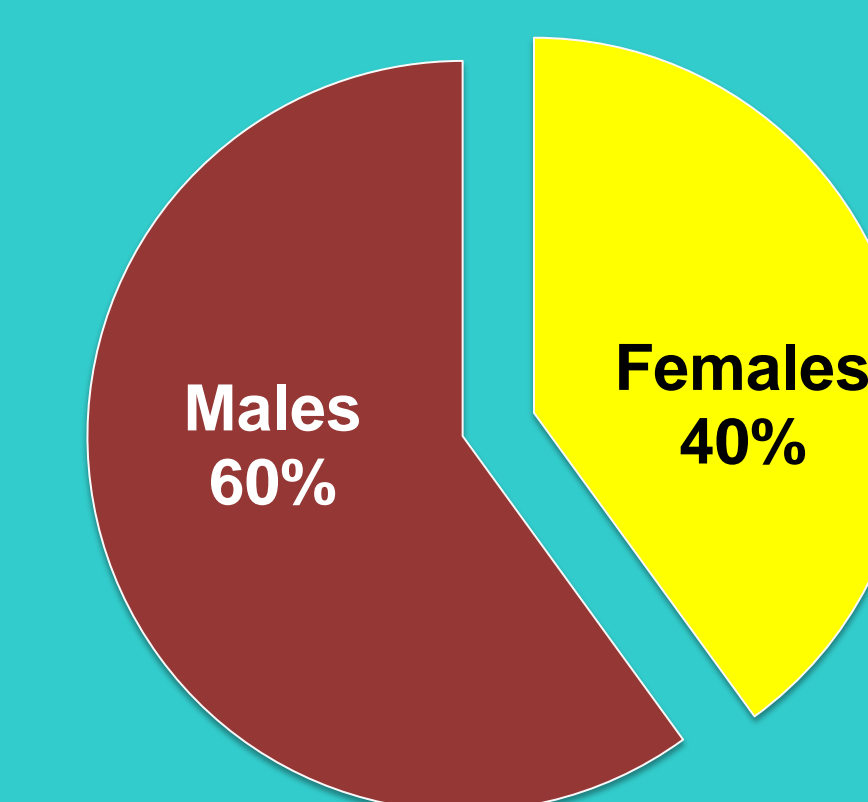
HIV Testing Offered and HIV Tested: Organization Wide



RESULTS

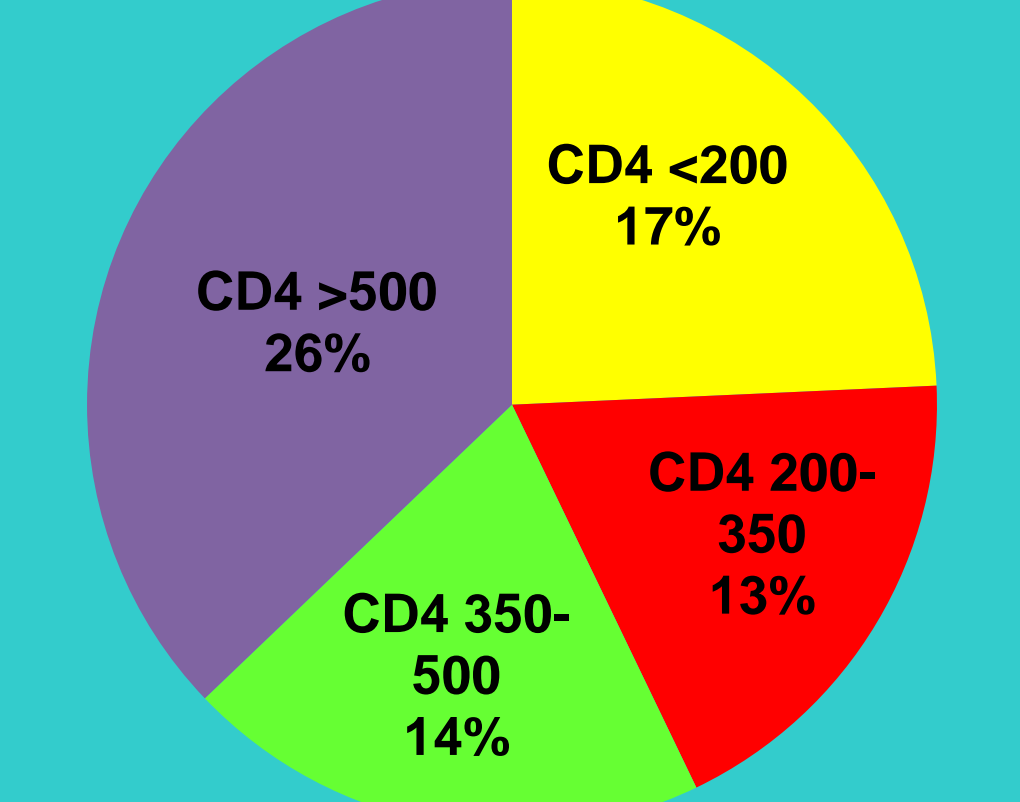


Total Patients Diagnosed HIV Positive 2011-12 n= 87 patients



*UHP is finding a significantly higher percentage of women (40%) when compared to NYC citywide average (23%)

CD4 Count Initial Visit HIV Positive 2011-12 N=61**



**CD4 is known for 61 patients tested; CD4 is unknown for 24 of them are linked to care at other facilities.

CONCLUSIONS

- Routine offering in the primary care setting may help to normalize and de-stigmatize screening in impoverished communities.
- Senior leadership commitment and continuous quality improvement are key in changing systems to support routine HIV screening.
- Awareness of HIV status provides an opportunity for engagement in care.
- The ultimate public health benefit of routine HIV screening is early treatment and reduction of HIV transmission.

SPREADING MODEL TO OTHER COMMUNITY HEALTH CENTERS

- UHP has successfully applied evidence-based quality improvement models to HIV testing routinization and plans to spread this emerging best practice to Federally Qualified Health Centers (FQHCs) in New York City in 2012.
- Participating FQHCs will be identified through an invitation process. In order to be eligible to participate, the health center must have senior leadership commitment; be located in and/or serve residents of NYC's poorest communities with high prevalence of HIV/AIDS; and have EHR capability. A financial incentive to support scale-up of routine HIV screening will be provided to each participating health center.