PROMISING PROGRAM SERIES:

Routine HIV Testing in Healthcare Settings: Findings from Project HAT

A Case Study from Project HAT

Developed by CBA CENTER High-Impact HIV Prevention Capacity Building Assistance for Healthcare Organizations

A CAI Center of Excellence

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Introduction

Routine opt-out testing has been established by the Centers for Disease Control and Prevention as a key tool in the fight against HIV.[1] This case study provides an example of opt-out testing along with best practices for implementing an effective model. Ruth M. Rothstein CORE Center (CORE), a leader in the field of HIV care and treatment, has been on the front lines of implementing new testing recommendations through Project HAT (HIV Accessible Testing). This resource describes the importance of implementing opt-out testing and provides tools and easy to follow recommendations for interested healthcare organizations.

If your healthcare organization wants to implement routine opt-out testing, please utilize the recommendations provided in this tool. Additionally, CAI is available to provide free training and technical assistance to support your efforts. Our trained staff can provide tailored training and TA to help your organization achieve its HIV testing goals and work toward meeting the national HIV care standards.

Please visit HIVCBAcenter.org to learn more about these free services.

To request training and technical assistance on how to increase HIV testing efforts at your Healthcare Organization visit: HIVCBACenter.org.

Overview

The implementation of routine opt-out HIV testing and screening in community health centers plays a significant role in HIV prevention because the patients who receive care are often members of groups that may be at high risk for HIV infection. The Centers for Disease Control and Prevention (CDC) estimates that roughly 20 percent of people infected with HIV in the United States are unaware of their infection and may be unknowingly transmitting the virus to others.[2]

Those with HIV who are diagnosed via risk- or symptom-based testing strategies are often identified late in the course of their illness. Early identification and treatment can significantly improve the prognosis of patients infected with HIV and persons who learn they are HIV infected usually take steps to reduce their risk for transmitting the virus, thus leading to fewer instances of HIV transmission.[3]

The rationale above led the CDC to revise the HIV testing recommendations in 2006. The Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings aim to make HIV testing a routine part of medical care in addition to expanding the gains made in diagnosing HIV infection among pregnant women.[4]

In June 2008, the Illinois AIDS Confidentiality Act[5] was revised in response to the CDC's new HIV testing recommendations. This revision instituted a change in its requirements for counseling and specified that pretest information must be made available to the person tested. Illinois also changed its requirement of prior written informed consent to documented informed consent. This allowed the dialog between the patient and staff to focus more on counseling and questions about HIV during the patient–provider encounter, as compared to a separate preconsenting process.

To examine the implementation of these new testing recommendations, Project HAT (HIV Accessible Testing) was funded in 2011 by Gilead Sciences' HIV FOCUS (HIV on the Frontlines of Communities in the United States) program. FOCUS began in 2010 and partnered with healthcare providers, government agencies, and community organizations with the goals to (1) demonstrate best practices for integrating routine HIV screening into healthcare, (2) reduce the number of undiagnosed individuals – including the number who are diagnosed late, (3) ensure that people with HIV are linked to treatment and care, (4) change public perceptions about HIV testing, and (5) overcome HIV-related stigma that may discourage testing.[6] The following model comes from Project HAT implementation.

Program Model Description

In an effort to augment and improve existing HIV screening and linkage efforts throughout the Illinois Cook County Health and Hospitals System (CCHHS), the Ruth M. Rothstein CORE Center (CORE) became a primary partner in Project HAT. Founded in 1998, CORE is one of seven entities comprising the CCHHS and has the largest HIV program in the Midwest – providing more than 40,000 ambulatory care visits to more than 5,400 unduplicated patients in 2013. As a public health safety-net institution, CORE primarily serves an ethnic minority population that includes those who are uninsured, those who are homeless, undocumented immigrants, drug users, sex workers, men who have sex with men (MSM), and at-risk heterosexual males and females aged 12 and older.

CORE has provided technical assistance through Project HAT to support the implementation of routine HIV testing. Initially, the program was piloted in Ambulatory and Community Health Network (ACHN) clinics with the primary objective of increasing routine HIV testing. Later expansion led to services offered in the Adult Emergency Department (ED), Pediatric Emergency Department, the Trauma Unit of the John H. Stroger campus, and five of the eight ACHN clinics.

To facilitate the implementation of routine HIV opt-out testing in line with the revised CDC recommendations, the CORE Center's medical director, in conjunction with CCHHS administration developed and adopted a system-wide HIV Testing Policy in 2008. The policy states that "CCHHS will provide routine HIV testing to patients in compliance with state law (410 ILCS 305) AIDS Confidentiality Act effective June 2, 2008." HIV testing services were then integrated into CCHHS through the use of the patient Consent for Diagnosis, Care, and Treatment Form (developed in August 2011), which incorporates opt-out HIV testing and an electronic medical record (EMR) reminder prompt to offer HIV testing to all patients 13 years of age or older who have no documented history of an HIV test within the last two years.

Procedure

The opt-out HIV testing initiative has been implemented at CORE according to the following procedures:

- At the time of registration in the ED, the staff reviews the Consent for Diagnosis, Care, and Treatment Form with the patient and discusses the opt-out HIV testing clause. The electronic medical record (EMR) system includes an electronic ordering reminder prompt for routine HIV testing. This electronic prompt encourages providers to test individuals who are13 years of age or older who have no documented history of an HIV test within the last two years.

    a. Patients opting out will go on to receive only the services they requested

    b. Those opting to receive the test will continue with the clinic visit and have the test integrated into their visit

- For those who are tested on that visit, all labs are processed in-house within two hours of the test, allowing for preliminary positive results to be delivered prior to patient discharge. A reactive test is confirmed at CCHHS lab and available within 24 hours.

- For preliminary positives, a medical provider or the Linkage to Care Manager discusses the results with patients and makes “new HIV patient” appointments for them within thirty days. When patients are not given an immediate appointment at the time of diagnosis, some fail to engage in HIV care for months or years; in these situations, CORE’s Disease Intervention Specialists are notified to locate the patient, deliver results, provide an HIV primary care appointment, and begin partner notification services.

Training

In an effort to implement this policy change throughout the healthcare system, Project HAT conducted monthly trainings as needed for medical directors and staff of selected clinic sites; the Ambulatory Screening Clinic (ASC); and emergency department medical residents in family practice, internal medicine, and emergency medicine.

The training included information and education related to the HIV testing policy, EMR prompt, consent, and linkage to HIV care, as needed. Repetitive trainings have provided residents with the necessary skills and comfort level to order HIV tests and have also encouraged providers to deliver results to their positive patients themselves. Since training is critical to the succesful implementation of this program, the HIV CBA Center can provide capacity building assistance tailored to your organization's needs in the area of training (HIVCBACenter.org).

In addition to the monthly trainings, informational cards were developed and distributed to all patients by either the registration staff or nursing staff. Before staff members lead patients to their exam rooms, staff gives the informational cards to the patients to read as preparation for addressing any questions with the provider.

Informational posters also provided education on HIV testing. A large poster with the informational card content and CDC recommendation related to routine HIV testing was on display in all exam rooms as well as in the patient waiting areas and labs. An informational "STD Facts" poster was displayed in all patient exam rooms. A third poster explaining the simplicity and routineness of the HIV test was on display to encourage patients to be more assertive regarding their medical care.

To request training and technical assistance on how to increase HIV testing efforts at your Healthcare Organization visit: HIVCBACenter.org.

Data Collection and Monitoring

Monthly Continuous Quality Input (CQI) reports from Project HAT included aggregate data that was disseminated to appropriate clinic leaders. These reports were sent in an effort to help improve, monitor, and increase HIV testing at each site. The total number of visits was collected to measure the volume of patients who visit each site, and the total number of unique visits was measured in order to count unduplicated patients via their unique EMR identification number. The count of the total number of patients that are eligible according to the EMR prompt is compared to the total number tested for HIV to determine the success rate of the intervention. The CQI reports continue to track measures across the system, allow for real-time modifications as needed, and are monitored by Project HAT staff and reported to the clinical team.

Supporting Outcomes

Through implementing the routine opt-out HIV testing model from 2011 to 2014, HIV testing rates have increased across the five CCHHS clinical settings. Rates increased across all clinic settings and varied by type of setting in the following ways:

- Within community settings, testing rates rose from 10%–20% in 2011 to 32%–49% in 2013, depending on the site
- Within acute care settings, testing rates grew from <1%–24% in 2011 to 28%–44% in 2013, depending on the site
- Overall, in acute care settings such as the ED and ASC, the percentage of patients who have been tested for HIV within CCHHS is 26%
- At the outpatient ACHN sites, this percentage reaches 40% of the clinic population having been tested
- From October 2011 to October 2014, opt-out HIV testing identified 210 new positives in the ED alone
- From January to December 2014, 51 new HIV infections were identified in the Adult ED
- Seropositivity rates of the opt-out testing varied by site and by department comparable to other opt-out testing initiatives

Recommendations and Best Practices

Designing opt-out routine HIV testing programs that take into account the lessons learned from Project HAT can help avoid pitfalls and lead to more successful programs. Based on Project HAT findings, successful tools and recommendations to increase routine HIV testing rates include having:

- an opt-out HIV consent statement within the Consent for Diagnosis, Care, and Treatment Form that incorporates opt-out HIV testing as one of the regular blood events provided to all patients accessing care and treatment clinic- or system-wide
- an EMR pop-up reminder for patients 13 years of age or older who have not had an HIV test in the last two years
- a CQI process that examines HIV testing rates per site and/or provider
- a system of monthly, quarterly, and yearly trainings related to the HIV testing process within the healthcare center or system – the frequency of which is directly related to the number of new providers and residents per year (catering to the residents' rotation schedules)
- a Linkage to Care Manager per site or region to manage newly diagnosed patients and to secure strong working relationships with providers and other clinic staff
- a system for engaging infectious disease providers for after-hours delivery of HIV results and linkage to care – for example, the provider who is treating the patient should be able to contact the on-call infectious disease provider and have the patient linked to care when the HIV Linkage to Care Manager is not available
- current, up-to-date HIV testing educational materials and posters in the waiting areas and exam rooms

- staff presence with consistent routine testing messages to help destigmatize HIV testing (for example, making patients aware of routine testing as a CDC recommendation nationwide and not one based on risk factors)

- an HIV testing informational card given to patients at registration or as they are directed to exam rooms so they can review information while waiting to see the provider. This facilitates the routine HIV testing conversation for the provider and meets the requirements of local laws for opt-out informed consent. It is recommended that healthcare organizations review the CDC's website for information about state and local laws concerning opt-out consent requirements related to HIV testing.[7]

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References

[1]Centers for Disease Control and Prevention. HIV prevalence estimates — United States, 2006. Morbidity and Mortality Weekly Report; October 3, 2008; 57(39):1073-76.

[2]Centers for Disease Control and Prevention. HIV prevalence estimates — United States, 2006. Morbidity and Mortality Weekly Report; October 3, 2008; 57(39):1073-76.

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