Welcome

Integrating Routine HIV Testing into Primary Care: Strategies for Improvement and Partnership

Wednesday, June 24, 2015
We will begin promptly at 1 p.m. Eastern.

Moderator
Molly Meinbresse

Moderator
Patrina Twilley

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Integrating Routine HIV Testing into Primary Care: Strategies for Improvement and Partnership

June 24, 2015
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HIV Testing in Homeless Care Organizations

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JUNE 25, 2015
Clinical Quality of Care Performance Measure

Percentage of newly diagnosed HIV patients who had a medical visit for HIV care within 90 days of first ever HIV diagnosis.
In 2013, 851,641 patients served. 740,828 (87%) of these patients were 13-64, only 81,869 of all patients (9.6%) received an HIV test.

An unknown if patients who received HIV tests were between the ages of 13-64 as recommended by CDC.

An unknown, the number of patients tested for HIV returned for their results.

The Main Goals of the Survey

Assess HIV testing practices at HCH health centers.

Explore health provider behavior-specific cognitions and affects as they relate to HIV testing.

Identify best practices around HIV testing including routine and rapid implementation.
Key Findings

- HIV testing and additional preventive health screens are common practices.
- Inconsistencies in HIV testing practices.
- Support the value of routine and rapid HIV testing for all patients.
- Willingness to be trained to administer the test.
HIV Report

Homeless Care Providers and Rapid HIV Testing

National Health Care for the Homeless Council
April 2015
Email:  djenkins@nhchc.org

National HCH Council Website:  www.nhchc.org
Implementing Routine HIV Testing in Clinical Settings

Health Care for the Homeless Webinar
June 24, 2015

Philip J. Peters, MD

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Disclaimer: The findings and conclusions in this presentation are those of the author and do not necessarily represent the views of the Centers for Disease Control and Prevention

Disclosure: No relevant financial relationships
HIV SCREENING RECOMMENDATIONS
Which of these people should get an HIV test?
Which of these people should get an HIV test?

All of them

HIV testing can save your life.

Take control. Ask your provider for the test.
CDC’s Recommendations - 2006

- HIV screening for all patients aged 13 to 64 years
  - *Opt-out screening*: patients should be told screening will be performed but may decline testing
- Written consent and prevention counseling not required
- Annual HIV screening for those at high risk for HIV
- Prompt clinical care for HIV-infected persons

### USPSTF Recommends Routine HIV Screening - 2013

**Population** | **Recommendation** | **Grade (What's This?)**
---|---|---
Adolescents and Adults 15-65 Years Old | The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened. Go to the Clinical Considerations for more information about screening intervals. | A

Pregnant Women | The USPSTF recommends that clinicians screen all pregnant women for HIV, including those who present in labor who are untested and whose HIV status is unknown. | A

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RATIONALE FOR HIV SCREENING RECOMMENDATIONS
Criteria that Justify Routine Screening

1. Serious health disorder that can be detected before symptoms develop
2. Treatment more beneficial when begun before symptoms develop
3. Reliable, inexpensive, acceptable screening test
4. Costs of screening reasonable in relation to anticipated benefits

Desired Outcome of Routine HIV Screening

1. HIV Screening
2. HIV Diagnosis
3. Link to Care

- Improve Survival and Quality of Life
- Prevent New HIV Infections
Why Routine Screening?

- Risk-based screening has not been successful.
- Risk assessment and prevention counseling are resource intensive.
- The HIV/AIDS epidemic affects all populations, and risk-based testing can fail to identify HIV in some patients.

Why Routine Screening?

• Patients do not always disclose or may not be aware of their risk.\(^1\)
  – 39% of men who had sex with a man within the past year did not disclose to their health care provider\(^2\)
  – 51% of rapid test positive patients identified in Emergency Department (ED) screening had no identified risk\(^3\)

Why Routine Screening in Homeless Settings?

• Patients without stable housing are more likely to be HIV-infected

DOI: (10.1016/S1473-3099(12)70177-9)
IMPORTANCE OF SCREENING, EARLY DIAGNOSIS, AND TREATMENT
Role of the Awareness of HIV Status in the Sexual Transmission of HIV in the United States

• Approximately 14% of people with HIV (1 in 7) are unaware of their HIV status.¹

• Among those with HIV:
  – Persons unaware are 3.5 times as likely to transmit.²
  – Those aware, change behaviors that transmit.²

Sources:
ART, Serodiscordant Couples, and HIV Transmission: Study Results

- ART initiation substantially protected HIV-negative sexual partners from acquiring HIV infection
  - **Group 1:** Early treatment group—only 1 partner infected by the HIV-infected participant, with a 96% reduction in risk of HIV infection
  - **Group 2:** Late treatment group—27 partners infected by the HIV-infected participant

- The difference was statistically significant (P<0.0001)

Probability Curve of Survival According to Baseline CD4 Cell Count

Strategic Timing of AntiRetroviral Treatment

53 percent reduction in risk of developing serious illness or death with early treatment (> 500 cells/mm$^3$)

APPLICATION AND APPROACH FOR SIMPLIFYING ROUTINE HIV SCREENING IN PRACTICE
Establishing HIV Screening as Standard Care

- Offer routine HIV screening in conjunction with other standard preventive screenings
  - Cholesterol
  - Blood glucose

- Regardless of a patient’s
  - Race/ethnicity
  - Sexual orientation
  - Sex
  - Relationship status
  - Socioeconomic status
Implementing HIV Screening

**Integrating HIV Screening into Practice**

- Train staff to perform HIV opt-out screening
- Instruct nurses and physician assistants to review the wellness visit checklist
- Provide easily understood patient informational materials
- Include testing reminders in patient’s electronic medical record

**Address Patients’ Misperceptions**

- Your patients may not know the basic facts about HIV
- Many patients believe they were previously tested for HIV, particularly if blood was drawn
- Many patients assume an HIV test was performed and if they didn’t receive a call from the doctor, that they do not have HIV
Perceived Barriers to Routine HIV Testing

Patient refusal

Lack of funding

Limited staff time

Limited staff size

FOCUS Program Protocol and Early Results: 2010 - 2013

Ref: Sanchez et al. JMIR Res Protoc 2014;3(3):e39
Communicating the Negative HIV Test Result

- Does not require direct personal contact

- Discuss how high-risk negative patients can remain HIV-negative
  - Periodic retesting for persons at high risk
  - Prevention measures

Repeat HIV Screening

1. Treatment for an sexually transmitted infection (STI)
   • Test at every STI-related visit regardless of other risk

2. Patients at high risk for HIV
   • Assess for pre-exposure prophylaxis (PrEP); if not indicated then at least annual
   • Offer

3. Initiating new sexual relationship
   • Test regardless of other risk

4. Clinical judgment
   • Test at or before treatment initiation

5. Tuberculosis treatment
Pre-exposure Prophylaxis (PrEP) for Prevention of HIV Infection

**INDICATIONS FOR PREP USE BY MSM**

- Male sex partners in past 6 months
- Not in a monogamous partnership with HIV-negative man (recent test)

AND at least one of the following:

- Any anal sex without condoms in past 6 months
- Any STI diagnosed or reported in past 6 months
- Ongoing sexual relationship with HIV-positive partner
Communicating Positive HIV Test Result

- Provide result by direct personal contact
- Provide result confidentially
- Ensure patient understands test result
- Connect to services

Reimbursement for HIV Testing
Implications of the Affordable Care Act (ACA)

“most new health insurance plans must cover ... HIV testing for everyone ages 15 to 65 ... without additional cost-sharing, such as copays or deductibles”

HIV Testing Coverage with ACA

- Private Insurance – covered for non-grandfathered plans after Apr 30, 2014
- Medicaid (Traditional) – routine testing an option
- Medicaid (Expanded) – covered beginning Jan 1, 2014
- Medicare – covered with a new coverage determination
• A program developed to help physicians establish HIV screening as a routine part of medical care

• Download at http://www.cdc.gov/actagainstaids/campaigns/hssc/index.html
Case Study: Early P4C Experiences

Chuck Amos, MBA
Director of Performance Improvement
Health Care for the Homeless
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Focus on work that is replicable in other health centers
Smart investments in quality pay for themselves
P4C aligns well with our quality improvement goals

1. Manage population health
2. Measure clinical quality
3. Improve chronic disease care
4. Share clinical quality measures
Quality improvement goal #1: Manage population health
Manage population health

• What is population health?
  – Many definitions
  – IHI definition: “the health outcomes of a group of individuals, including the distribution of such outcomes within the group”
  – Baltimore’s CMO: “how we take care of all of our patients, including the ones who aren’t in front of us”
Manage population health

What is a population health management system? Is that an EHR?
Manage population health

• HCH uses Azara DRVS as our “checkout desk”
• Other options:
  – Vendors like i2i, Phytel, Wellcentive
  – Networks like Alliance of Chicago, OCHIN
  – “Homegrown” reporting
Population health enables us to know who our HIV patients are ...

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... how well we’re caring for them as individuals ...

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... and how well we’re caring for them as a population.

Newly Diagnosed HIV

- 71%
- 29%
Quality improvement goal #2: Measure clinical quality
Measure clinical quality

• What clinical measures are important?
  – Internally identified 32 measures during 2014
  – 15 measures align with UDS
  – 17 measures look to other evidence & guidelines
Measure clinical quality

• Measures include
  – Patients with undetectable viral load
  – Newly diagnosed HIV patients with medical f/u
  – Re-engagement after missed HIV appointment(s)
Measure clinical quality

- P4C improvement opportunities include
  - Patients with 1 or more lifetime HIV tests
  - STD screening
  - ART prescriptions
Quality improvement goal #3: Improve chronic disease care
Improve chronic disease care

HIV is one of many chronic diseases that our patients face

- 8% of our HIV patients are diabetic
- 40% are hypertensive
Improve chronic disease care

P4C is opportunity to improve chronic disease care for:

- HIV positive patients
- HIV positive patients with chronic comorbidities
- Chronically ill patients who are HIV negative
Improve chronic disease care

• Relationships with specialists
  – Identify potential partners by networking
  – Attend CE seminars by specialists
  – Invite specialists to teach lunch & learns at HCH
  – Use challenges as chances to connect with experts
  – Create formal relationships through MOUs
  – Maintain informal relationships
Improve chronic disease care

Workflows

• P4C project lead: RN with QI experience
• Identify / address workflow issues in HIV care
• Apply improvements to other areas
  – HIV testing improvements: HCV testing
  – Increased use of 4th generation HIV test: increased HgbA1c testing
Improve chronic disease care

Partnerships

• With other Maryland health centers to improve how we prevent HIV patients from disengaging in care
• With our health department to improve how we use data to drive quality
• With national health centers to discuss problems and identify best practices
Quality improvement goal #4: Share clinical quality measures
Share clinical quality measures

- Transparency with patients, staff, Board, and community partners
- Creates new ways to engage patients in care and conversations
Smart investments in quality pay for themselves
Q & A

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Thank you for your participation.