Routine, Opt-Out HIV Testing in a rural emergency department

Ciarra JM Dortche
East Carolina University, dortche16@ecu.edu

Follow this and additional works at: https://digitalcommons.georgiasouthern.edu/ruralhiv

Part of the Virus Diseases Commons

Recommended Citation

This presentation (open access) is brought to you for free and open access by the Conferences & Events at Digital Commons@Georgia Southern. It has been accepted for inclusion in 6th Annual Rural HIV Research and Training Conference by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.
Routine, Opt-Out HIV Testing in a Rural Emergency Department

Ciarra Dortche, MPH
East Carolina University
Department of Internal Medicine
Adult Specialty Care Clinic
I have received grant/research support from Gilead Sciences, Inc. I do not intend to discuss off label use of any drug or treatment during this discussion.
Review rationale for routine HIV testing in various healthcare settings

Implementation processes using 4 pillars:
- Routinize HIV screening into normal clinic flow
- Integrate automated testing with other diagnostic screens
- Change systemic policies that normalize routine testing and linkage
- Collect information related to quality improvement and best practices to motivate staff

Describe lessons learned and review testing results of Vidant Medical Center’s Emergency Department & East Carolina University’s routine HIV testing program
WHO Screening Test Criteria

- Important health problem for individual & community
- Natural history of disease understood
- Latent or early symptomatic stage
- Acceptable screening test
- Treatment exists & more beneficial if started earlier
- Facilities for diagnosis and treatment available
- Agreed policy on whom to treat
- Cost economically balanced vs. other medical expenditures
- Continuing process
Expanded Screening for HIV in the United States — An Analysis of Cost-Effectiveness


Routine HIV Screening in the Emergency Department Using the New US Centers for Disease Control and Prevention Guidelines: Results From a High-Prevalence Area

Brown, Jeremy MD*; Shesser, Robert†; Simon, Gary MD†; Bahn, Maria*; Czarnogorski, Maggie MD†; Kuo, Irene PhD‡; Magnus, Manya PhD‡; Sikka, Neal MD*

Routine human immunodeficiency virus testing: An economic evaluation of current guidelines

Rochelle P. Walensky MD, MPH *, b, d, e, Milton C. Weinstein PhD d, April D. Kimmel *, George R. Seage III ScD, MPH *, Elena Losina PhD *, Paul E. Sax MD b, Hong Zhang SM *, Heather E. Smith *, Kenneth A. Freedberg MD, MSc *, A. David Paltiel PhD f
2006 CDC Recommendations

- Routine, opt-out HIV testing of all persons 13-64 years of age in various healthcare settings
- Repeat HIV screening of persons at least annually
- Opt-out HIV screening with opportunity for patient to decline testing
- Include HIV consent with general medical consent for care
- Communicate tests results in similar way as other diagnostic tests
- Prevention counseling not required
Almost half of all new HIV infections are found in the Southern U.S.¹

Lack of timely testing is a significant contributing factor to the HIV spread and lower quality of healthcare¹,²

Routine testing reduces missed opportunities for diagnosis and timely treatment into HIV care and supportive services²
Newly Diagnosed HIV Rates by County, 2016

Rate per 100,000 population

- 0.0
- 0.1 - 10
- 10.1 - 20
- 20.1 - 25
- >25
ECU and VMC-ED have been implementing routine testing since 2015.

2015 cross-sectional survey among 72 ED providers found:
- 51 physicians agreed that HIV screening in EDs would benefit patients
- 46 never discussed HIV screening with patient in last 6 months

EDs used as primary source of healthcare
Program Development
Key Ingredients for Success:

- Working within a multidisciplinary team
- Develop EMR best practice alert or algorithm
- HIV Consenting Process and opt-out language
- Automate Testing
- Seamless Linkage to Care Process
Develop a working group

Medical Directors, ED Directors, and/or Department Chairs
Nursing Directors
Laboratory Directors or Managers and/or pathologists
HIV Clinics
Health Department Directors
Sponsored Programs/Grants’ Directors and/or Departments
Ryan White stakeholders
Be prepared to write proposals/letters:

- Insurance Companies
- Public Health Departments
- Private Sectors
- HIV FOCUS Program
- Centers for Disease Control and Prevention
Protocol Development / Consent / Disclosure

- Develop a testing protocol

- Consent Issues
  - Review state laws as they may apply
  - Be wary of hospital policies that differ from state laws

- Create a script for medical providers who obtain consent

- Disclose test results and develop sustainable process
HIV Testing Script for Staff

- “As part of our routine blood work, an HIV test will be done during your visit today.”
- “Everyone who comes into the ED will be tested for HIV regardless of reason for visit.”
- “I see you’re having some blood work done today. An HIV test will be done as part of that blood work.”

*Before blood is drawn, the medical provider informs patients they will be tested unless they decline*
Patient has not had a HIV Test in the past 12 months. As part of your care, we will test you for HIV. Please let us know if you do not want to be tested.

Order | Do Not Order

HIV 1/2-FOCUS Grant

Acknowledgement Reason

Declines

Accept
Linkage to Care

► How to do it
  ► Prior planning
  ► Tight communication system between all stakeholders
  ► Close tracking of patient

► Successful Linkage included:
  ► Prior planning
  ► Stakeholder involvement (e.g., state bridge counselors or disease intervention specialists)
  ► HIV provider visits at or near time of diagnosis
  ► Close tracking
  ► Multiple phone calls and potential home visits
Key Components for Program Implementation

- Project Lead
- Knowing your data – patient demographics and prevalence
- Buy-in from key personnel
- Staff Education
- Funding
- Consent to test using Opt-Out language
- Testing and disclosure
- Linkage to care
Patient triaged to ED

Eligibility Reviewed

Unknown HIV

Patient consented

Patient Declines

Physician notes reason for decline

No Further HIV-specific Management

Patient Accepts

4th gen HIV Screening Test Performed

Negative Screen

• Patient informed of negative result

No Further HIV-specific Management

Positive Prelim. Screen

• Blood sent to lab for repeat rapid test and confirmation of HIV positivity
  • Result documented in EPIC system
  • Linkage Coordinator receives alert in EMR and contacts patient to link to care appointment
  • Linkage Coordinator initiates intake process and documents linkage

Known HIV +

In HIV Care (visit within 6 mos)

• Linkage Coordinator contacts patient to discuss visit to ED and to re-assess barriers to care
  • HIV physician notified & sees patient in ED if possible

Out of HIV Care (no visit in past 6 mos)

No Further HIV-specific Management

Slide Source: The Pacific AIDS Education and Training Center FOCUS Program
HIV testing has increased exponentially due to routine testing compared to total tests provided prior to implementing routine screening program.

- 8,365 total tests performed over first 16 months
- An average of 523 tests/month
Impact on Linkage to Care

Average of 1-2 new HIV diagnoses/month

Total HIV+ tests in first 16 months = 51

- Total newly diagnosed in first 16 months = 20
  - Linked to care = 19 or 95%

Total previously diagnosed in first 16 months = 31

- Total already in care = 26
- Total out-of-care = 5
  - Total linked = 2 or 40%
  - Reasons patients not linked:
    - 1 refused to be linked
    - 1 hx of not fully engaging into care once linked
    - 1 incarcerated
Implementation Challenges

- Making HIV matter to everyone
  - Identify a champion team
  - “Train the Trainer” (Champion)
  - Add HIV on grand rounds/medical staff meetings
  - Anticipate debate
Routine HIV testing is feasible using 2006 CDC guidelines

Linkage to care is an essential component of a testing program
Next Steps...

- Continue to provide routine HIV testing with necessary changes
  - E.g., our program expanding testing to people as young as 16 years and as mature as 74 years

- Continue to monitor testing throughout program

- Determining the cost-effectiveness of our program is pending

- Add HCV testing
Champions for Success

• Dr. Timothy Reeder – ED Director
• Dr. Nada Fadul – PI/Ryan White Program Director
• Dr. Diane Campbell – Ryan White Program Administrator
• Kirby Elmore – Linkage Coordinator
• Todd Stroud – IT Lead
• Barry White – Data Manager
• Richard Baltaro – Pathology Lab Director
• Chris Miller – Pathology Lab Manager
• Tina Dixon – Vidant Grants Administrator
• Ella Arnette-Barret – ECU Grants Administrator
• Ryan White Program

Thank you! I am forever grateful!!
Questions / Answers
Thank You!

Ciarra Dortche, MPH
East Carolina University
Department of Internal Medicine
Adult Specialty Care Clinic

Ph: (252) 744-5396
E-mail: dortchec16@ecu.edu