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

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Routine, Opt-Out HIV Testing in a Rural Emergency Department

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Disclosure Information

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.

Presentation Objectives

- ▶ 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

Multiple Studies Agree Routine Screening is Cost-Effective

Expanded Screening for HIV in the United States — An Analysis of Cost-Effectiveness

A. David Paltiel, Ph.D., Milton C. Weinstein, Ph.D., April D. Kimmel, M.Sc., George R. Seage, III, Sc.D., M.P.H., [et al.](#)

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^{*}

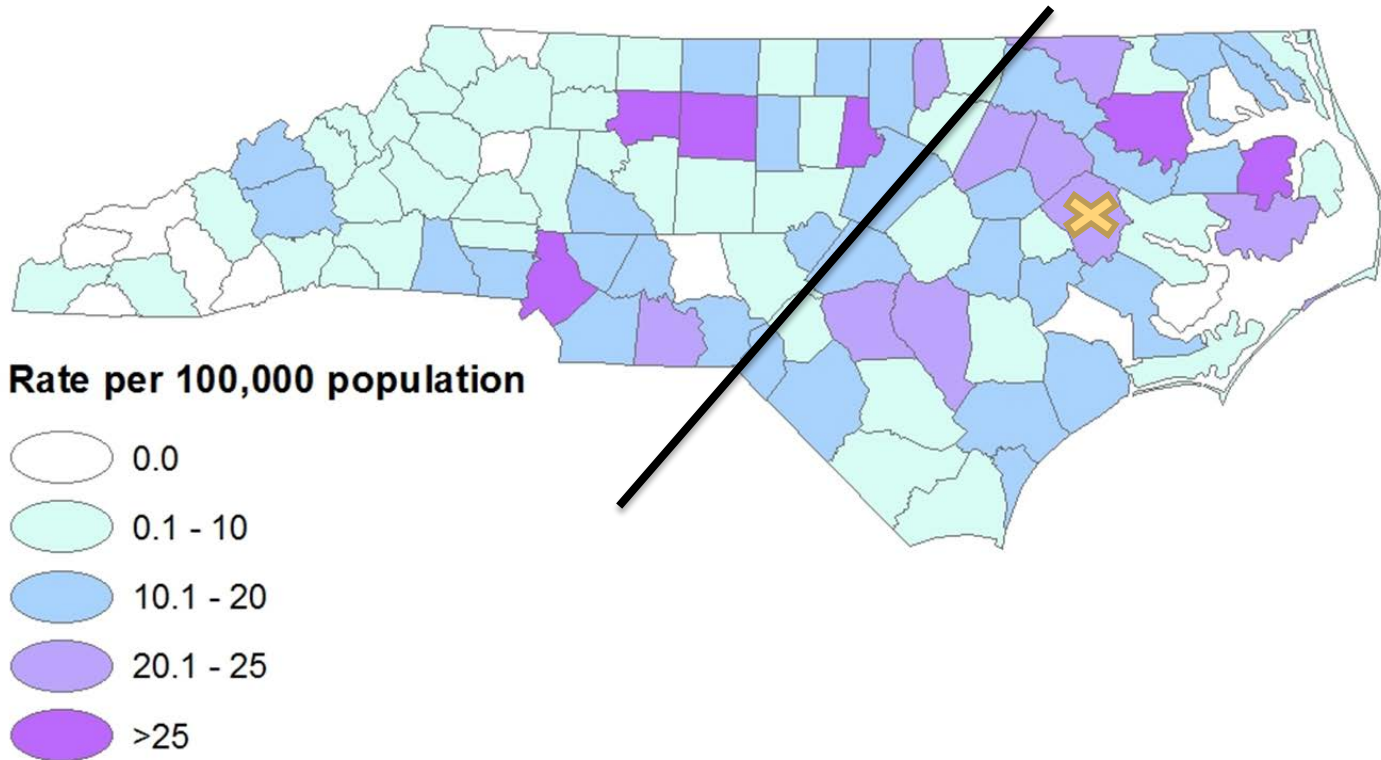
Routine human immunodeficiency virus testing: An economic evaluation of current guidelines

Rochelle P. Walensky MD, MPH ^{a, b} ✉, Milton C. Weinstein PhD ^d, April D. Kimmel ^a, George R. Seage III ScD, MPH ^c, Elena Losina PhD ^e, Paul E. Sax MD ^b, Hong Zhang SM ^a, Heather E. Smith ^a, Kenneth A. Freedberg MD, MSc ^a, 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

Newly Diagnosed HIV Rates by County, 2016



Routine Testing

- ▶ 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

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

Key Personnel Buy-in

- ▶ 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

Funding

- ▶ 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

Script for Testing

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


Automated HIV Screen EMR Order

BestPractice Advisory - Testing,Focus

ⓘ 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

Acknowledge Reason _____

Declines

 Accept

Linkage to Care

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

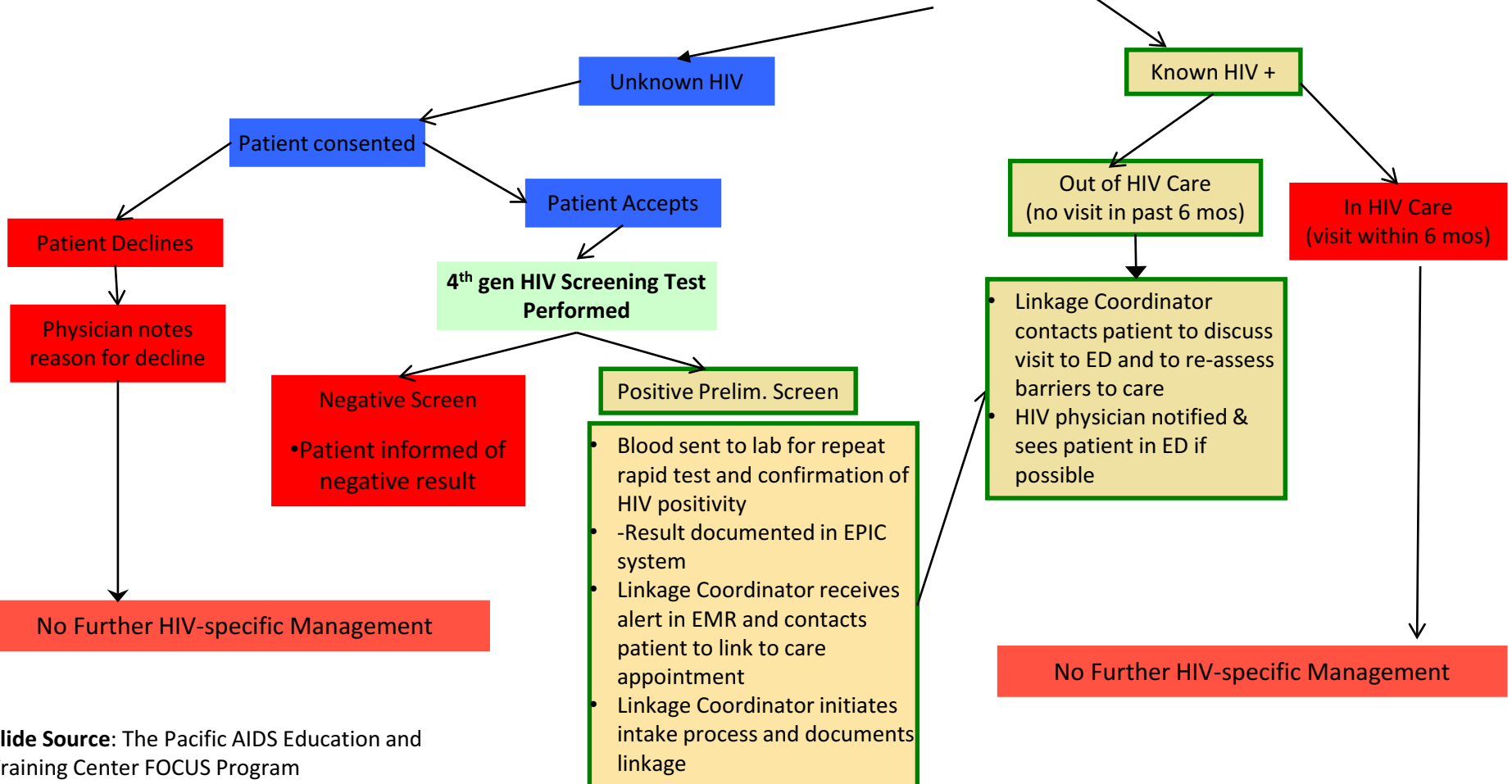
- ▶ Successful Linkage included:
 - ▶ Prior planning
 - ▶ Stakeholder involvement (e.g., state bridge counselors or disease intervention specialists)
 - ▶ HIV provider visits at or near time of diagnosis
 - ▶ Close tracking
 - ▶ Multiple phone calls and potential home visits

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

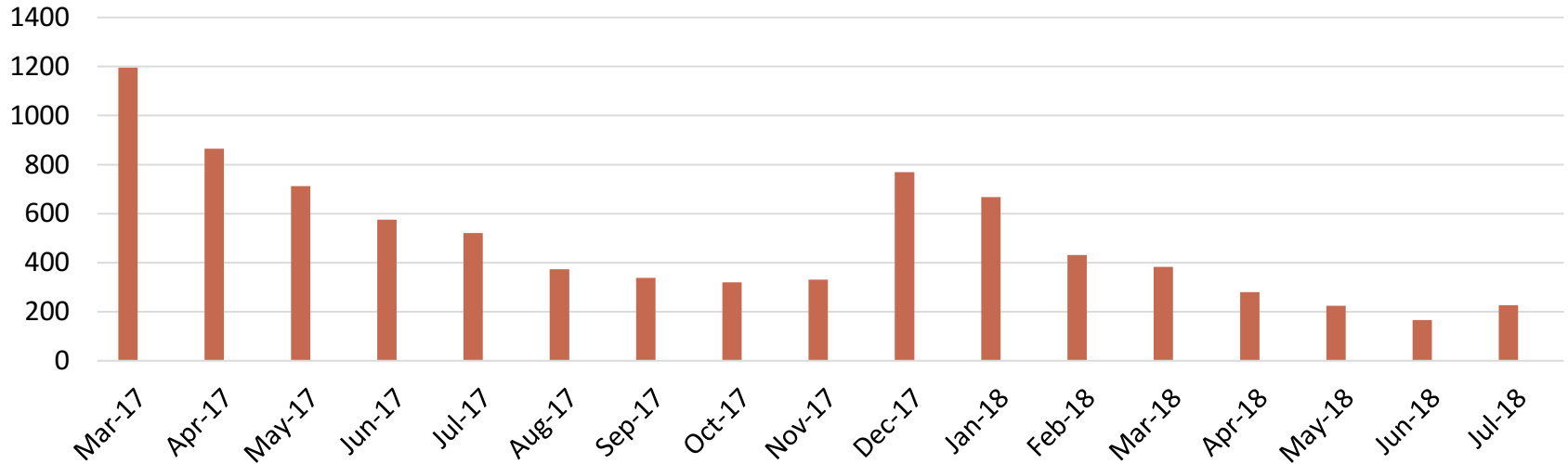
Patient triaged to ED

Eligibility Reviewed



Impact on ED HIV Screening

- ▶ 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

Conclusions

- ▶ 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!!

Resources

1. Reif S, et al. State of HIV in the US Deep South. *J Community Health*;2006.
2. Branson BM, et al. Revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings. *MMWR*;2006.

Questions / Answers

Thank You!

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