

# Integration of Clinic-Based, Opt-out Testing for HCV Into an Existing HIV Testing Framework at a Community Health Center in Chicago

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# Objectives

## Learn About:

1. Importance of Opt-out testing versus Opt-in testing for HIV and HCV
2. The steps taken to increase routine opt-out HIV and HCV testing at a large community health center
3. The methods used to evaluate and refine the initiative
4. The quantitative increases in HIV and HCV opt-out testing offers and uptake

# Outline

- **About** Howard Brown Health
- **Importance** of Opt-Out Testing
- **Completed Project Period**
  - Steps Taken
  - Sustainability
  - Procedure & Flow
- **Results**
  - Demographics
  - HIV/HCV outcomes
- **Challenges**
- **Lessons Learned**
- **Continuation Project Period**

# About Howard Brown Health (HBH)

- **HBH** is one of the nation's largest LGBTQ organizations
- **Patient centered** medical-home
- Offer nearly **20,000** youth and adults diverse health and social services focused around **seven** major divisions:
  1. Primary care
  2. Behavioral health
  3. Research
  4. HIV/STI prevention
  5. Youth services
  6. Elder services
  7. Community initiatives

# About HBH



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\(AI\) Program](#)

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## HIV/AIDS Services

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[Community Testing Sites  
& Outreach Services](#)

[Linkage To Care](#)

[Testing Together](#)

[Services for HIV+ Women  
and Youth](#)

[PEP](#)

[PrEP](#)

## Counseling

[Behavioral Health  
Providers](#)

[Violence Recovery  
Project](#)

[Smoking Cessation](#)

[Substance Use and  
Abuse](#)

[Support Groups and  
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## GED Program

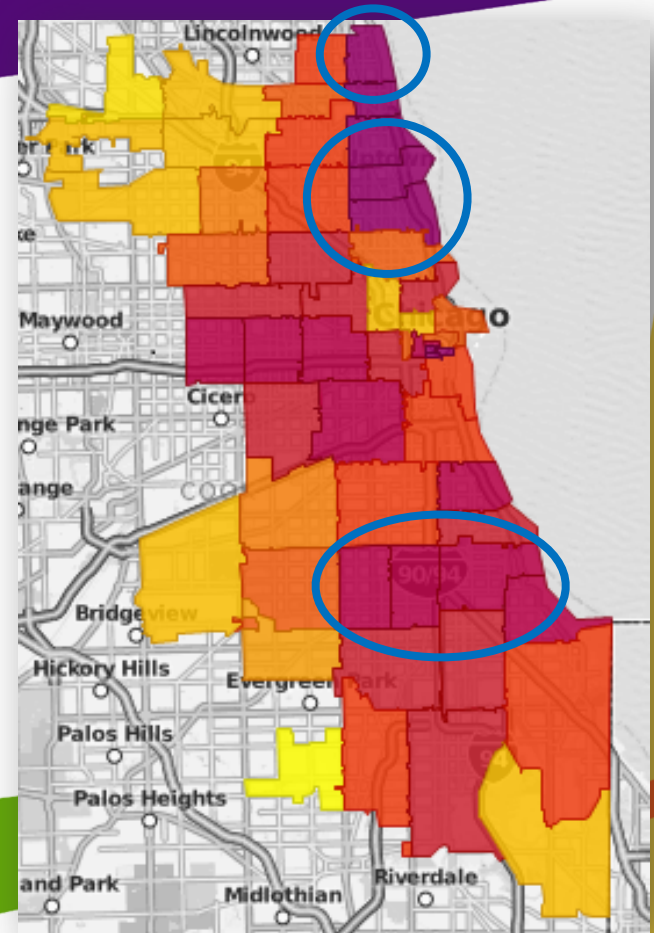
[Broadway Youth Center](#)

[In-Person Insurance  
Enrollment Assistance](#)

# About HBH

Zip codes with highest prevalence (infections / 100,000):

1. 60640: 2,996
2. **60613: 2,780**
3. 60660: 2,695
4. **60657: 2,235**
5. **60626: 2,118**



Chicago - Rates of Persons Living with Diagnosed HIV, 2013

# Importance of Opt-Out Testing

- **Among the 1.2 million PLWHIV in the U.S. in 2014, an estimated 13% were undiagnosed.**
  - Young people most likely to be unaware (44% of PLWHIV ages 13-24)
  - 83% of newly detected infections were in MSM
- **Estimated 2.7-3.9 million people living with HCV infections in the U.S.**
  - Estimated 3 out of 4 people with HCV don't know they are infected
  - People born between 1945-65 are most at-risk

# Importance of Opt-Out Testing

- Routine testing **reduces stigma** around HIV/HCV testing
- Testing everyone ensures that even **lower risk people** get screened
- Lessens **risk of differential testing**, provider stigmatization, need for sexual orientation/ gender identity disclosure
- Opens a door for **conversations about sexual health** and drug use risks, easier to talk about other screenings that may need performed
- Can help identify patients who already know positive HIV status, **re-link them into care**



# Steps Taken

- **2013**: routine, clinic-based HIV opt-out testing implemented
- **1/2015-5/2015**: integration of HBV/HCV testing
  - HBV/HCV labs added to standing orders for many visit types
  - Prompts for testing in EHRS
  - Briefly switched to 4<sup>th</sup> generation rapid HIV test, reverted to 3<sup>rd</sup> generation
- **5/2015**: MA training
  - Use a script while rooming/taking vitals for patients
  - Addressing refusal (eg. no perceived risk, visit for acute reason)
  - Other barriers (eg. short staffed during busy hours)

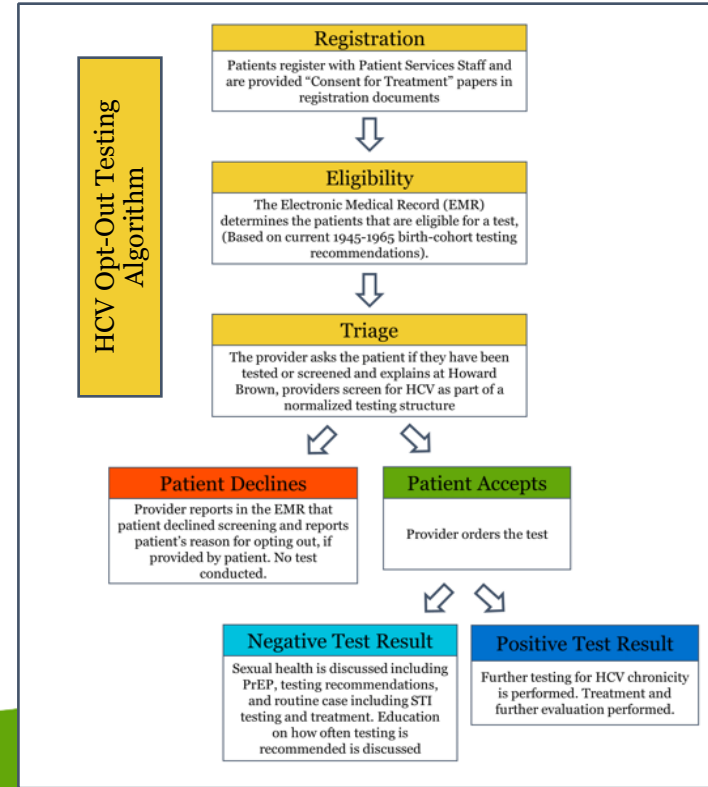
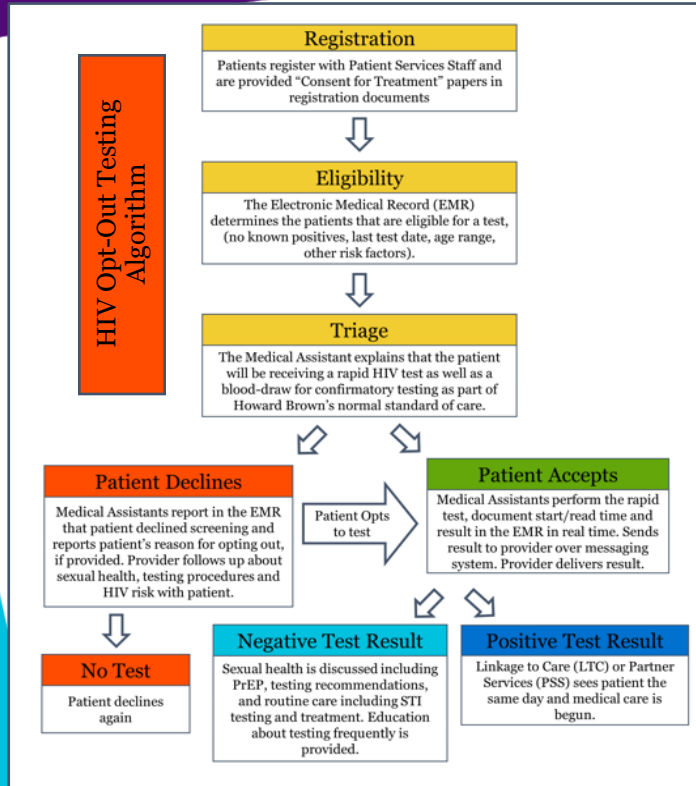
# Steps Taken

- **5/2015:** Hired HIV/STI Evaluator to oversee FOCUS monitoring and reporting
- **6/2015:**
  - Refresher on importance of testing at MA meeting
  - Email blast to patients/supporters about hepatitis risks
  - HCV posters in walk-in counseling rooms

# Sustainability

- **Billing Manager** now monitors orders for rapid tests to ensure maximum reimbursement
- **Reimbursement** will increase as more patients become insured through Medicaid expansion and the ACA
  - 3 counselors to assist with enrollment
  - Medicaid pays **per encounter**, not for rapid tests directly, still supports overall sustainability

# Procedure and Flow



# Demographics

	Overall (%)	Eligible for HIV Test	Eligible for HCV Test
<b>Total (n)</b>	6961	2982	593
<b>Gender</b>			
<i>Cis-Male</i>	4719 (67.8)	2029 (68.0)	373 (62.9)
<i>Cis-Female</i>	1041 (15.0)	427 (14.3)	146 (24.6)
<i>Transgender MTF</i>	764 (11.0)	339 (11.4)	61 (10.3)
<i>Transgender FTM</i>	427 (6.1)	183 (6.1)	11 (1.9)
<i>Unknown</i>	10 (0.1)	4 (0.1)	2 (0.3)
<b>Race</b>			
<i>White</i>	3837 (55.1)	1718 (57.6)	360 (60.7)
<i>Black</i>	1304 (18.7)	468 (15.7)	120 (20.2)
<i>Hispanic</i>	1386 (19.9)	597 (20.0)	83 (14.0)
<i>Asian</i>	306 (4.4)	144 (4.8)	18 (3.0)
<i>Unknown</i>	128 (1.8)	55 (1.8)	12 (2.0)

# Demographics

	<u>Overall (%)</u>	<u>Eligible for HIV Test</u>	<u>Eligible for HCV Test</u>
<b>Total (n)</b>	6961	2982	593
<b>MSM Status</b>			
<i>MSM</i>	4000 (57.5)	1742 (58.4)	245 (41.3)
<i>Not MSM</i>	2961 (42.5)	1240 (41.6)	348 (58.7)
<b>Age</b>			
<= 25	1445 (20.8)	665 (22.3)	0 (0.0)
26-30	1579 (22.7)	786 (26.4)	0 (0.0)
31-40	1777 (25.5)	828 (27.8)	0 (0.0)
41-50	1026 (14.7)	393 (13.2)	33 (5.6)
>50	1134 (16.3)	310 (10.4)	560 (94.4)

# Results

HIV	Initial Implementation Year (January 2013-December 2013)	HCV Integration Year (January 2015-December 2015)	Change from Previous Year
# Unique Patients Served	6,458	6,961	7.8% increase
# Eligible Patients	1,772	2,982	68.3% increase
# HIV Tests Conducted	1,605 testing events; 1,471 patients tested (8.3% refusal)	3,544 testing events; 2,667 patients tested (10.6% refusal)	120.8% more offers 81.3% more tests
# HIV Positives Identified	13	28 patients (1.05% positivity)	115.4% increase
# Acute HIV Cases Identified	2	3	50% increase
# of HIV+ Linked to Care	13 (100%)	28 (100%)	115.4% increase

# Results

HCV	Proposed	Overall	Birth Cohort
# Reached	1,500	4558 patients screened for HCV	593
# HCV Tests Conducted	1,425		282
# HCV AB+/RNA+ Identified	8	82/4,558 (1.8% positivity)	18/282 (6.4% positivity)
# HCV RNA+ LTC	8 (100%)	21/21 (100%) RNA+ linked among all patients	10/10 (100%) RNA+ linked eligible patients



# Challenges

- Challenges in increasing HCV testing **due to cost**
  - After analysis by data and CQM teams, redoubled efforts to **expand testing**, especially groups such as HIV- MSM
  - Now **automatically include** HCV Ab test in HIV return panel
- Many groups at risk for HBV/HCV **don't disclose risk** because not aware (lack of LGBTQ marketing). Current materials from CDC focus on age cohort.

# Challenges

- Takes **time** to work with Alliance of Chicago to expand testing algorithm to prompt for **more frequent testing** based on risk
- 4<sup>th</sup> generation rapid test presented significant challenges compared to 3<sup>rd</sup> generation
  - High **false positivity**
  - **Less forgiving** of mistakes
  - Requires **more blood**

# Lessons Learned

- Providers said opt-out testing for HIV transitions smoothly into conversation about **sexual health** and other primary care issues
- Providers said that HCV posters were **good conversation starters**
- Educating providers is **not enough**; MAs are integral to the front end of the testing opportunity
- **Specified champion** is necessary at each site

# Lessons Learned

- Both site-specific and **agency wide trainings** and reminders need to occur repeatedly to ensure opt-out testing becomes a routine
- Learned to allow project to **evolve** alongside provider, patient, and agency needs
  - Determined 4<sup>th</sup> gen test **didn't fit** in clinic flow, reverted back to 3<sup>rd</sup> gen test
  - Providers need discretion to use **lab-based tests** instead of rapid

# Lessons Learned

- MAs **increase offer** and acceptance rates with reminders on Outlook calendars and incentives for success
- Sharing data frequently with staff **sustains buy-in**
- Crucial need to target **outside of age cohort**
- MAs found “**morning huddles**” with providers are successful in addressing foreseeable issues
  - MAs feel the **process** has been “going great” and that working daily with providers has “made them **more aware of patient needs and tests.**”

# Proposed Reach of the Continuation Project

HIV	Proposed Reach (April 2016-May 2017)	Prior Year's Reach (January 2015-December 2015)
# Unique Patients Served	9,000 across all sites	6,961 unique pts over 11,489 visits
# Eligible Patients	3,242 unique patients	2,982 unique eligible pts over 3,997 visits
# HIV Tests Conducted	4,066 tests completed	3,544 testing events; 2,667 patients (10.5% refusal)
# HIV Positives Identified	32 identified HIV+ patients	28 patients (1.05% positivity)
# Acute HIV Cases Identified	4 acute HIV+ identified	3 patients
# of HIV+ Linked to Care	32 HIV+ patients linked	28 patients (100%)

# Proposed Reach of the Continuation Project

HCV	Proposed Reach (April 2016-May 2017)	Prior Year's Reach (January 2015-December 2015)
<i># Eligible Patients</i>	963	<i>593 unique birth cohort patients w/ no prior HepC Ab test at HBH, over 754 visits</i>
<i># HCV Tests Conducted</i>	785	<i>285/754 (38%) HCV Ab tests conducted at 6,417; 282/593 (48%) eligible patients. 4,558 unique</i>
<i># HCV AB+ Identified</i>	32	<i>18/282 (6.4%) eligible patients</i>
<i># HCV RNA+ Identified</i>	19	<i>82/4,558 (1.8%) patients overall</i>
<i># HCV RNA+ LTC</i>	19	<i>10/10 (100%) RNA+ linked among newly identified eligible patients; 21/21 (100%) RNA+ linked among all</i>

# Continuation Project

- **Retraining MAs**
  - Tailor procedure to site-specific populations/clinical flow
  - Expansion to 2 new clinics
- **Track tests offered/accepted/refused by MA**
  - Ability to intervene with specific information for specific MAs
  - Reward MAs who are doing particularly well
- Determine new **strategies for incentivization** and **timing of reminders** to reduce fatigue, keep intervention active in the clinic
- **Meet testing goals**



# Questions?

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## Thank You!



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