

# Successful integration of rapid HIV screening into an urban family planning/OB/GYN clinic



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# Program background

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- **The Partnership Comprehensive Care Practice (PCCP)** is the largest comprehensive adult HIV care clinic in the Philadelphia area.
- **Partnership Plus** clinic provides co-managed prenatal care for HIV-infected women in the **Women's Care Center**, an urban family planning/OB/GYN clinic.

# Women's Care Center

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- ❑ Located in center city Philadelphia, the WCC provides family planning, obstetric, gynecology services to ~ 3,000 each year.
- ❑ In 2003, a grant-funded HIV counselor was embedded in the clinic full-time to provide rapid HIV testing to clients and walk-ins.
- ❑ Testing was offered in waiting room by HIV counselor; referrals also made by clinicians for high-risk patients.

# Introduction

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Heterosexual HIV transmission now accounts for 80% of new infections in women in the U.S.

-CDC Fact Sheet: A Glance at the HIV/AIDS Epidemic. Jun 2007.

It is critical that family planning (FP) and OB/GYN clinics offer HIV screening as part of routine care (CDC 2006).

FP clinic staff needs training and a streamlined consent/counseling model to successfully integrate routine screening.

# Women's Care Center

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## Objectives for HIV testing in this setting:

- identifying HIV+ individuals and getting them into care
- reducing mother-to-child HIV transmission
- prevention of HIV infections through safer sex and risk reduction counseling
- prevention of secondary transmission

# Women's Care Center

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- HIV testing has been presented as standard of care for all prenatal patients in 1<sup>st</sup> trimester and repeated in 3<sup>rd</sup> tri (95% acceptance)
- Routinized: All patients are offered voluntary HIV testing regardless of risk and informed that it is part of the clinic's standard care for all patients

# HIV testing before transition

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- From 2003-2007, a full-time HIV counselor performed 2,533 total rapid HIV tests.
  - 91% women, 9% men (partner and walk-in testing)
  - Avg age= 28
  - 39% tested are pregnant
  - 13 pregnant HIV+ identified and MTCT averted
  - Seropositivity ~ 1.5% of total tested
    - 7.5% walk-ins
    - 0.5% for clinic patients

# After transition to in-house staff

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- In April 2007, responsibility for routine HIV screening of all WCC patients was transferred to in-house clinic staff (medical assistants & nurses)
  - Offered to all patients during triage
  - Performed by medical assistants in triage
  - Results recorded in logbook in lab
  - Results provided by physicians and NPs



# Transition process

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- ❑ Months of planning transition w/ clinic manager
- ❑ Three in-service trainings provided information on HIV testing to clinic staff
- ❑ Timers, log book, and written protocol in lab
- ❑ Key staff were identified and tasked with overseeing the new process
- ❑ HIV counselor shadowed MAs during transition
- ❑ Assistance from Family Planning Council and local AIDS Educational Training Center

# Normalizing HIV testing

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- Distribute information to all patients
- Display posters at eye level around clinic
- Display testing kits in lab or exam rooms
- Use language to normalize
  - “We offer HIV testing to all our patients.”
  - “HIV testing is part of our total care package.”

# Transition progress report

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- 4/16-9/30 – 693 rapid HIV tests performed by clinic staff
- Avg of 128/month (after 2-week start-up period)
  - Doubled monthly average tested compared to one HIV counselor
- 4 positive results
  - 2 prenatal patients, 2 family planning patients
  - Seropositivity of ~ 0.5%
- Acceptance rates
  - before transition= 76%
  - after transition= 89% (17% increase)

# What changed?

	<b>Old way</b>	<b>New way</b>
<b>Who offers HIV test?</b>	Dedicated HIV counselor or clinicians	In-house medical assistants
<b>Where is test offered?</b>	Waiting room, or exam room	Triage room
<b>Consent</b>	Special HIV-only consent	HIV integrated into general clinic consent for services
<b>Who performs tests?</b>	Dedicated HIV counselor	Medical assistants
<b>Counseling model</b>	20-30 minutes risk-reduction counseling	Streamlined counseling avg 3-5 mins
<b>Testing location</b>	Private office	Clinic lab
<b>Who gives results?</b>	HIV counselor	Clinicians (MDs and NPs)

# Patient Flow

Patient given HIV education materials and offered HIV test in triage.  
Patient signs HIV consent (required in our state).



Oral swab HIV rapid test performed by  
medical assistant in triage room. Test kit brought to lab.



Patient enters exam room and completes exam.



Test results are recorded in lab logbook  
and patient medical chart.  
Medical assistant informs clinician of result.



Results are given to patient in private exam room by clinician.  
Clinician provides risk reduction counseling.

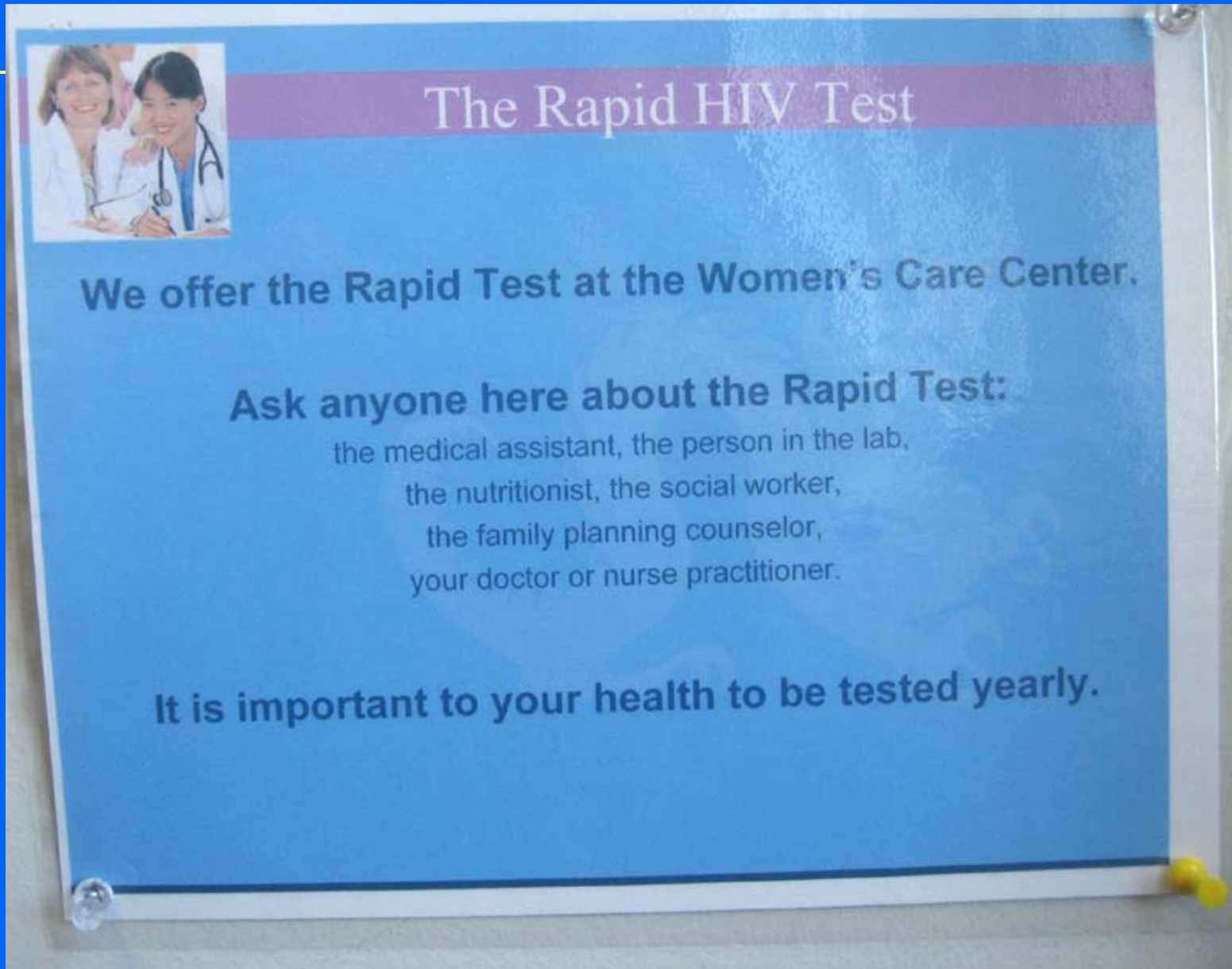
# Obtaining HIV consent in PA

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PA Act 148 requires:

- 1. No HIV-related test can be performed without written consent of the subject, including an explanation of the test, its purpose, potential uses, limitations, and the meaning of results.**
- 2. All tests require pre-test counseling. No test can be determined or reported positive without a confirmatory test. No test results (positive or negative) can be revealed without immediate face-to-face counseling.**

## Triage Sign (posted at eye level)



**The Rapid HIV Test**

**We offer the Rapid Test at the Women's Care Center.**

**Ask anyone here about the Rapid Test:**  
the medical assistant, the person in the lab,  
the nutritionist, the social worker,  
the family planning counselor,  
your doctor or nurse practitioner.

**It is important to your health to be tested yearly.**

## Test kit holders and timers in lab





## Rapid HIV Testing Information

### What is HIV?

HIV stands for Human Immunodeficiency Virus. HIV is the virus that causes AIDS. AIDS is a condition in humans in which the immune system begins to fail and leads to life-threatening infections.

### How does someone get HIV?

You can get HIV through:

- Unprotected vaginal, oral, or anal sex with someone who has HIV
- Using needles for intravenous drugs, steroids, or tattoos
- Babies can get HIV from their mother during childbirth or by breastfeeding

### What can I do to prevent HIV transmission?

- Practice continuous abstinence – no vaginal, oral, or anal sex, but foreplay OK
- If you have sex, use male or female condoms every time, and only use water-based lubricants. Oil-based lubes may break down condoms.
- If you have unprotected sex or are trying to get pregnant, make sure you are having sex with only one person who is having sex with only you and that both of you are HIV negative
- Do not share needles or “works” for drugs, steroids, or tattoos

### Is HIV treatable?

There is no vaccine or cure for HIV, but it is treatable. Treatment can prolong life and prevent transmission to your baby or partner.

### What if I am pregnant and find out I have HIV?

If you are HIV positive, and you are pregnant, you can get treatment immediately to prevent transmission to your baby.

Experts recommend that all pregnant women get tested early in pregnancy and repeat the test in the third trimester.

### Do I have to get an HIV test?

You have the right to refuse testing and will not be denied care. HIV testing is voluntary and requires consent in writing.

In this clinic, we offer routine HIV testing to all patients. We can also test your partners or walk-ins during walk-in hours.

Knowing your HIV status is important and may help you take steps to protect both yourself and others. If you are negative, you can learn ways to prevent getting the infection in the future.

### Is HIV testing confidential?

The law protects people with HIV from discrimination. This test is a confidential test; the result will be placed in the medical record. This will allow you to be referred for medical care and other helpful services.

If the HIV test is positive, the result will be reported to the State and local Health Departments as required by law. Pennsylvania State Law protects the confidentiality of HIV test results.

## Patient information

# Chart Slip



## WOMEN'S CARE CENTER

1427 Vine Street  
Philadelphia, PA 19102  
(215) 762-7824

### RAPID TEST AND COUNSELING NOTE

Date: \_\_\_\_\_

Patient Name and SS# or DOB:

HIV Testing Offered:  Yes  No

Test:  Accept  Declined

If Refused - Reason? \_\_\_\_\_

Result: \_\_\_R \_\_\_NR \_\_\_I

HIV Results Given:  Yes  No

Results Given By: PRINT \_\_\_\_\_

HIV Prevention Provided

Signature: \_\_\_\_\_

STD Prevention Provided

# Lab Logbook

## WCC Rapid Testing Log

DATE	Pt. NAME and ID	FP	OB	Gyn	Signature - person starting test.	RESULT	Signature - person reading the test result.
		✓	✓	✓		R = reactive NR = non-reactive I = indeterminate	
10/24/07	[REDACTED]			✓	(CB)	NR	(MS)
10/24/07	[REDACTED]	✓	✓		(CB)	NR	(MS)
10/25/07	[REDACTED]	✓			(CB)	NR	(MS)
10/25/07	[REDACTED]	✓			(CB)	NR	(MS)
10/26/07	[REDACTED]				(MS)	NR	(MS)
10/26/07	[REDACTED]		✓		(MS)	NR	(MS)
10/26/07	[REDACTED]	✓			(MS)	NR	(MS)
10/27/07	[REDACTED]	✓			(MS)	NR	(MS)

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**Clinic  
Manual**

# Video of rapid HIV consent process

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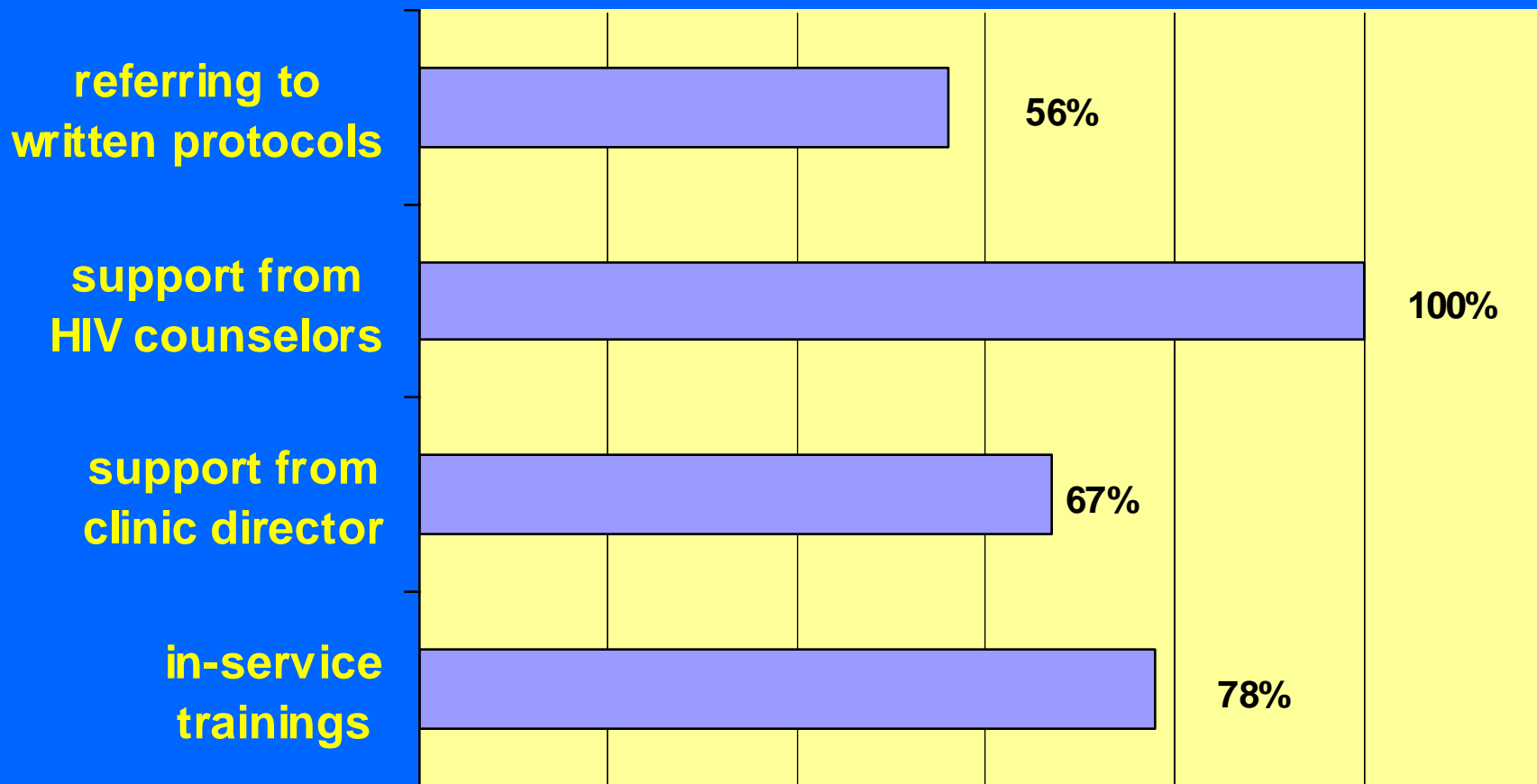
# WCC staff survey results

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9 clinic staff completed the survey (~70% of all)

- 100% viewed offering routine HIV screening to all patients as **VERY IMPORTANT**
- 78% rated the integration of HIV testing as **VERY** or **SOMEWHAT SUCCESSFUL**
- 56% reported performing HIV testing in the clinic

# What helped the transition?



# Staff survey results

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- All clinic staff rated as most helpful: support from experienced HIV counselors – the “experts.”
- If you are a stand-alone clinic, solicit assistance from your referral HIV site. Allow shadowing. Ask them to observe your staff until they feel confident. Arrange for referral clinic to be on-call for continuing support for positive results.



# Challenges and solutions

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## 1. Lack of time to consent and perform testing

Clinic director integrated consent/testing process into standard forms and triage protocol. Lab system is set up to handle multiple patient tests at once. **\*still the biggest challenge\***

## 2. Fear of giving positive results

At our site, medical assistants perform test, but **do not** give results. Doctors and residents were trained in giving results. HIV clinic is on call for back-up.

# Challenges and solutions

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## 3. Cost of HIV test kits

Initial test kits were provided free by the CDC. Process for billing patients' insurance for future kits is being implemented. Also, reimbursement offered through local Family Planning Council.

## 4. Maintaining confidentiality in small, crowded clinic space

Testing is done in an open lab, so that patients can see it is normalized and routine. However, individualized risk counseling and results are only given in private exam rooms with closed doors to maintain patient confidentiality.

# Billing

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## Medicaid Reimbursement

	CPT Code	Avg Reimbursement*
HIV-1 antibody test CLIA-waived HIV-1 antibody test	86701	\$12.41
HIV-1/2 antibody test (single test)	86701QW	\$12.41
	86703	\$19.17

**\*Note:** Medicaid reimbursements are determined by states, so amounts may vary

- "Rapid HIV-1 Testing for Women in Labor with Unknown HIV Status: Translating Research & Policy into Practice. Margaret Lampe, CDC, January 20, 2005.

# Feedback from staff

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## Corinne, medical assistant & transition leader

1. Have proper trainings for staff before you start.
2. Have a clear system on how to offer the test and where it is performed.
3. Make sure the testing area is well-lit. Sometimes the lines of a positive result are faint!
4. Have a simple logbook accessible to testers. (Don't ask testers to record too many questions.)

# Feedback from staff

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## Beverly, medical assistant

1. Have an experienced HIV counselor on-site, especially in the beginning.
2. Have resources on-site so patients who test positive have immediate access to counseling, information, and medical care appointments.
3. Have a support system available to help staff deal with positive results.

# Feedback from staff

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## Sharon, family planning counselor

1. Maintain a normal approach to testing, and offer it as part of the total care package.
2. Be sensitive to clients' fears and concerns.
3. Maintain appropriate educational materials for clients and staff.
4. Communicate client and staff concerns to team leader and/or clinic director in a timely manner.

# Feedback from staff

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## Sandra Wolf, MD – Medical Director

1. Understand that it really is extra work for the staff.
2. Reinforce the importance of testing, but be flexible (letting med assistants know that if too busy or short staff can decrease testing on a particular day)
3. Prepare! Develop written materials, such as talking points and workflows. Perform practice runs. Discuss follow-up procedures when glitches occur.
4. Have an administrative / champion point person.
5. Plan ongoing follow-up meetings as issues arise.

# Helpful elements of transition

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- Provide multiple in-service trainings to ALL STAFF (front desk, MAs, clinicians, nutritionist)
- Designate a project leader
- Demonstrate clear support from clinic director
- Demonstrate support from HIV staff
- Provide clear written protocols and logbook
- Allow shadowing of staff to get comfortable
- Use incentives to reward staff for testing
- Review regularly to troubleshoot



# Acknowledgements

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