

# Routine, Opt-Out HIV Testing in VMC EDs

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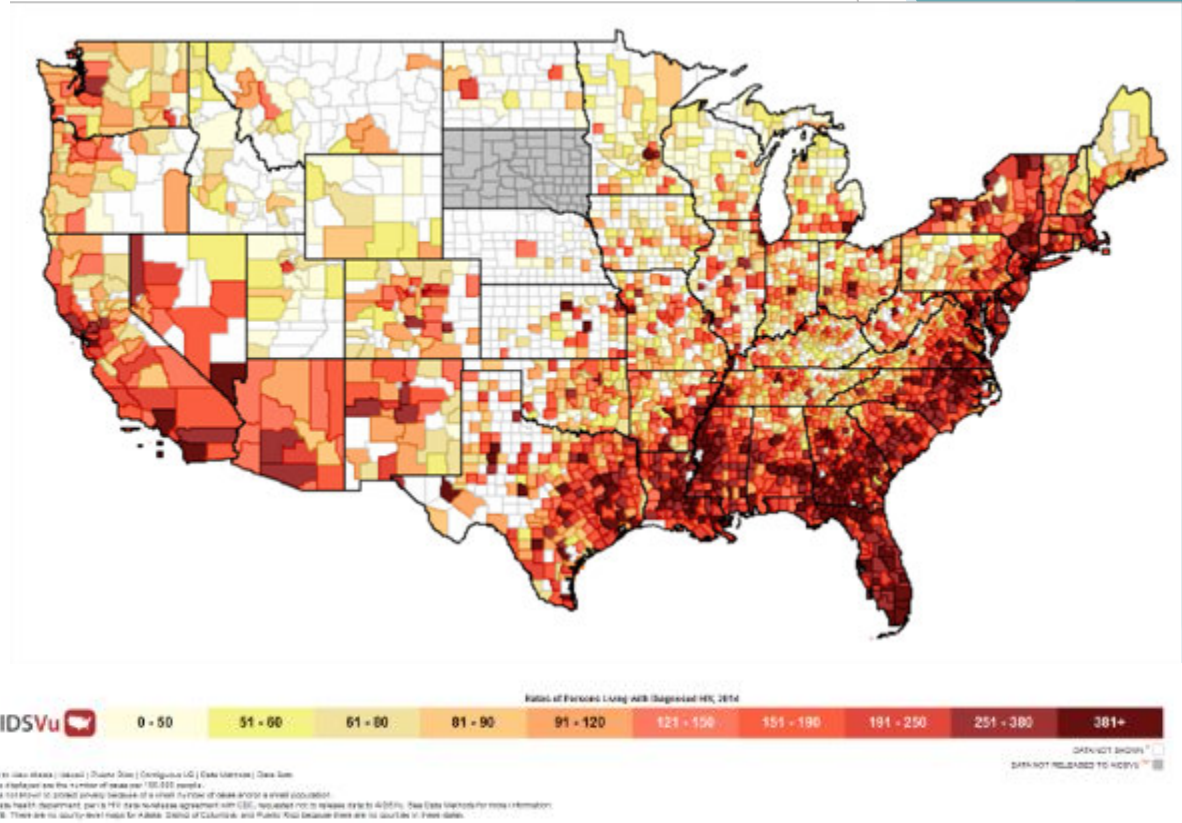
Unified Quality Improvement Symposium

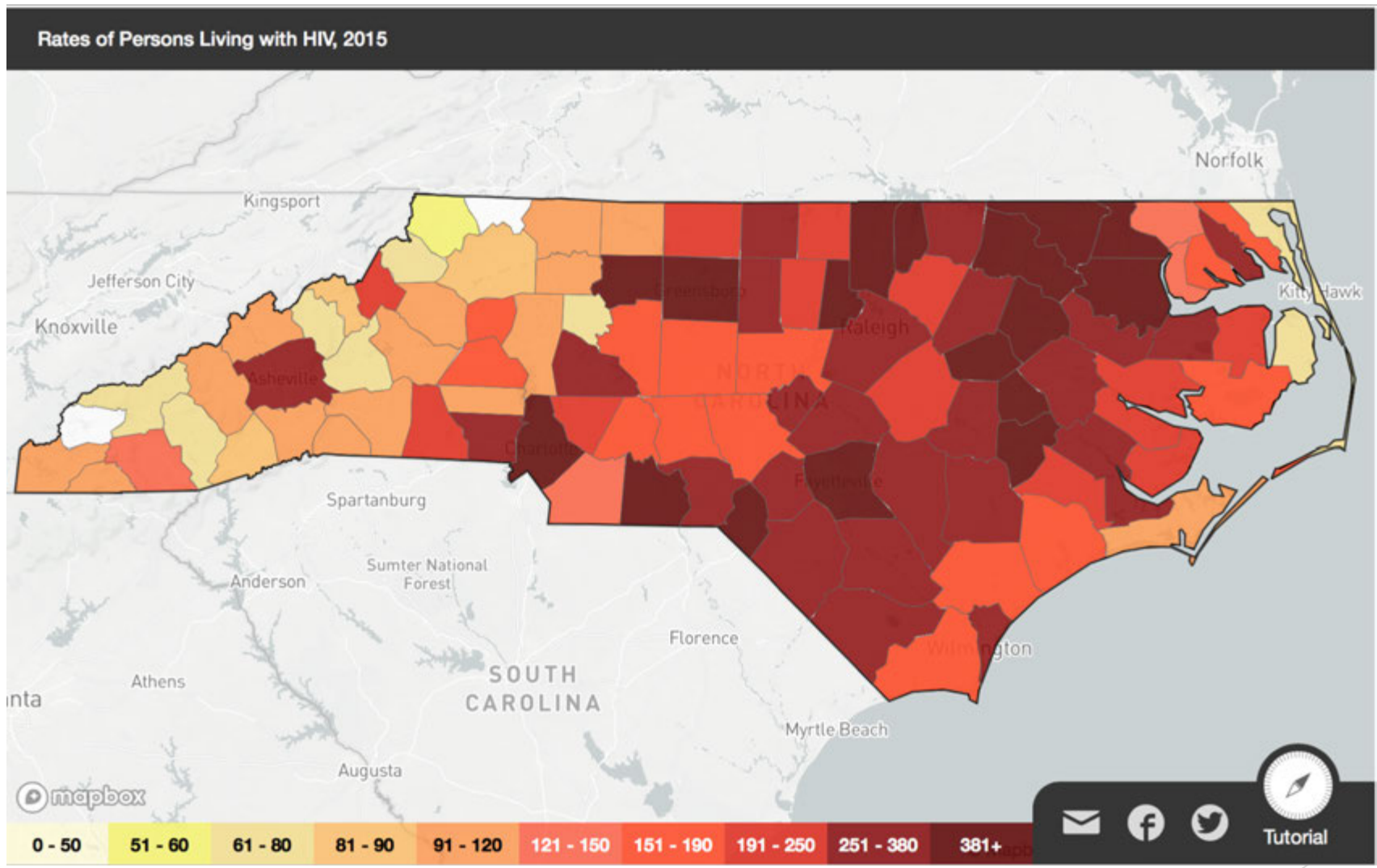
February 6, 2019

- This QI project has been made possible by a grant funded by Gilead Sciences Inc. Their contributions include the following:
  - Payment of HIV tests for uninsured patients
  - Faculty financial support
  - Salary of linkage coordinator
  - VMC services - IT and lab

# Background: HIV in the U.S.

- There are approximately 1.2 million people living with HIV infection in the U.S.; estimates project 18% are unaware of their HIV infection (~ 50,000 new infections annually).
- Lack of timely testing is a significant contributing factor to the HIV spread and lower quality of healthcare.
- Almost **half** of all new HIV infections are found in the Southern U.S.
- Routine testing reduces missed opportunities for diagnosis and timely treatment into HIV care and supportive services.





121 stat HIV tests total performed in the ED in 2015 at VMC.

## Published Guidelines: Adults and Adolescents

- Routine, opt-out HIV testing of all persons 13-64 years of age in various healthcare settings, not based on risk\*
- Repeat HIV screening of persons at least annually
- Opt-out HIV screening with opportunity for questions and option to decline testing
- Include HIV consent with general medical consent for care; no separate signed consent
- Communicate tests results in similar way as other diagnostic tests
- Prevention counseling not required

 Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People.™

Morbidity and Mortality Weekly Report (MMWR)

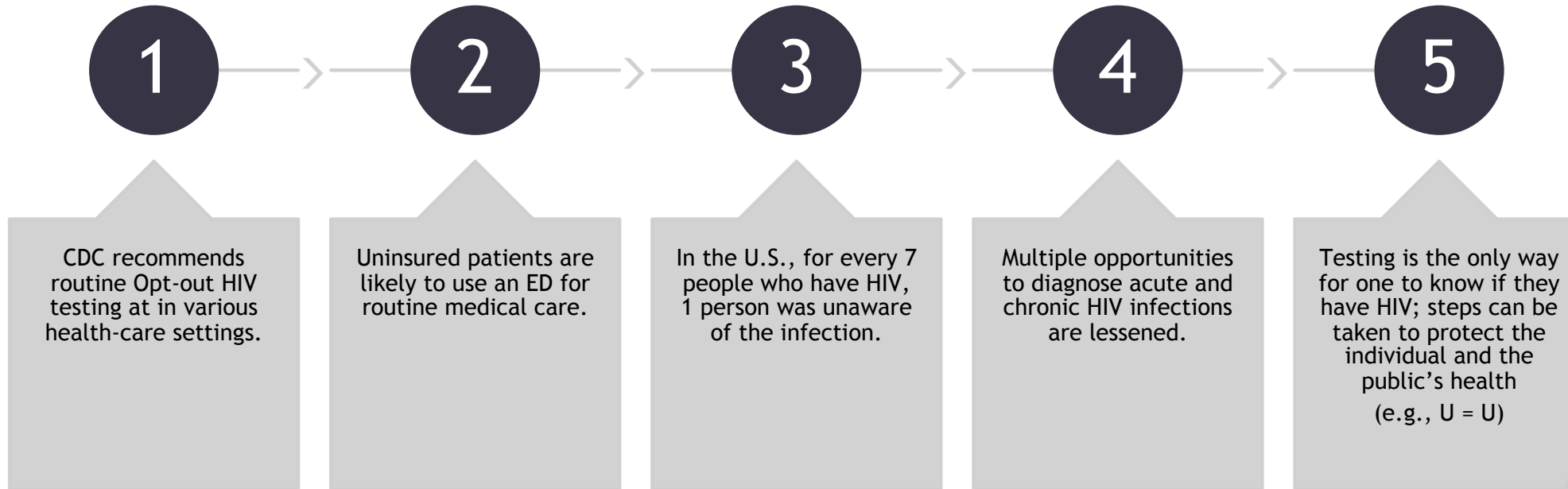
Revised Recommendations for HIV Testing of Adults,  
Adolescents, and Pregnant Women in Health-Care Settings

*Recommendations and Reports* <http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>

September 22, 2006 / 55(RR14);1-17

\*If undiagnosed prevalence of HIV is > 1/1000 people.

# Rationale: Why the ED?



## NC HIV Law - Most Routine Tests\*

Before 2006 Recommendations	After Amendments (November 1, 2017)
Pre-test and post-test counseling required.	Pre-test and post-test counseling <i>not</i> required.
Some form of informed consent not addressed.	Allows testing so long as the patient is notified that they are being tested for HIV and given the opportunity to refuse.
Individualized post-test counseling required.	Individualized post-test counseling required <i>if the test is positive</i> , and includes referrals and delivery of NC HIV Control Measures (Public Health Law).

\*There are separate guidelines for pregnant women and newborns.

# Cost Effectiveness

- Medical Cost of HIV Infected Individual infected at age 35:
  - \$326,500
  - \$1854-4545 / month
- Saving of \$229,800 by avoiding infection
- Cost saved would reach \$338,400 if all HIV-infected individuals presented early and remained in care
- Medical Cost of Non-HIV Infected Individual at age 35:
  - \$96,700
  - \$73-\$628 / month





## AIM Statement

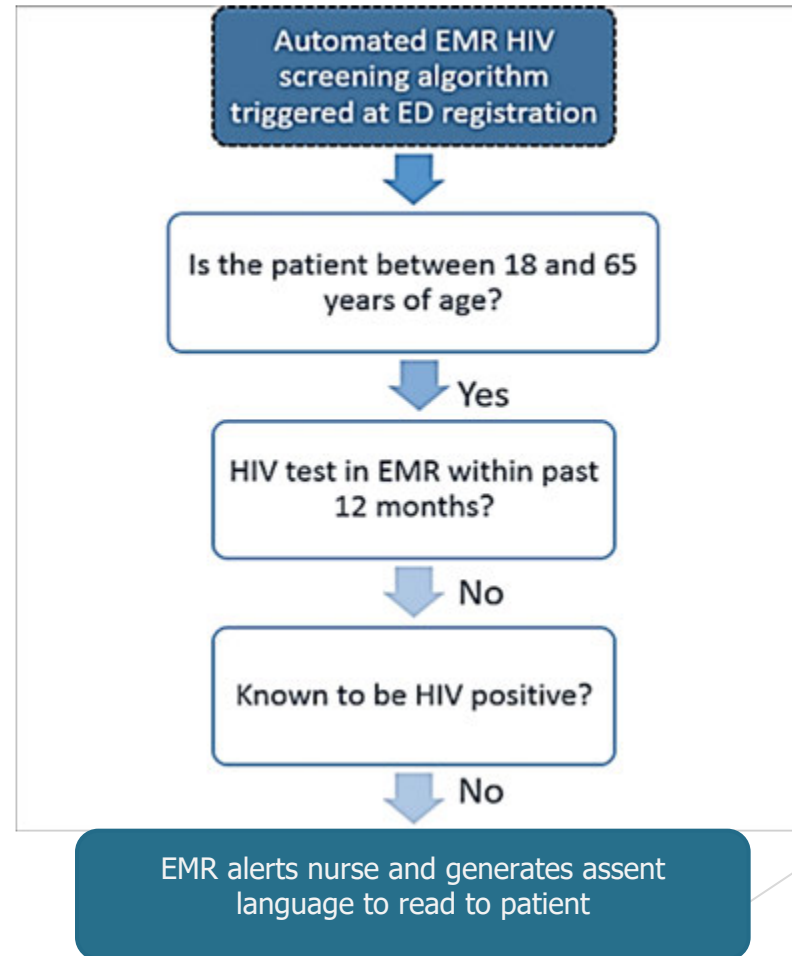
To improve routine, opt-out HIV Screening in all three of the Vidant Medical Center Emergency Departments (Adult, Children's (CED), Minor (MED)) for people age 18-64 who will have blood work done in the ED and have not had an HIV test documented in the electronic medical record (EMR) in the past year by 20% within 4 months. To successfully link all HIV-positive patients to HIV care at the ECU-HIV Program and other HIV clinics in the region.

## Collaborative Team Members

- Testing Director: Timothy Reeder, MD
- FOCUS HIV/HCV Testing Administrator: Ciarra Dortche, MPH
- Nursing Champions: Julia Cantor, RN, Jodie Rouse, RN, Ashley Watson, RN
- HIV/HCV Link-to-Care Coordinator: Kirby Elmore
- Medical Student: Valencia Quiett
- Gilead Sciences Inc. FOCUS HIV/HCV/HBV Testing Program

# Algorithm Logic: EMR and Linkage

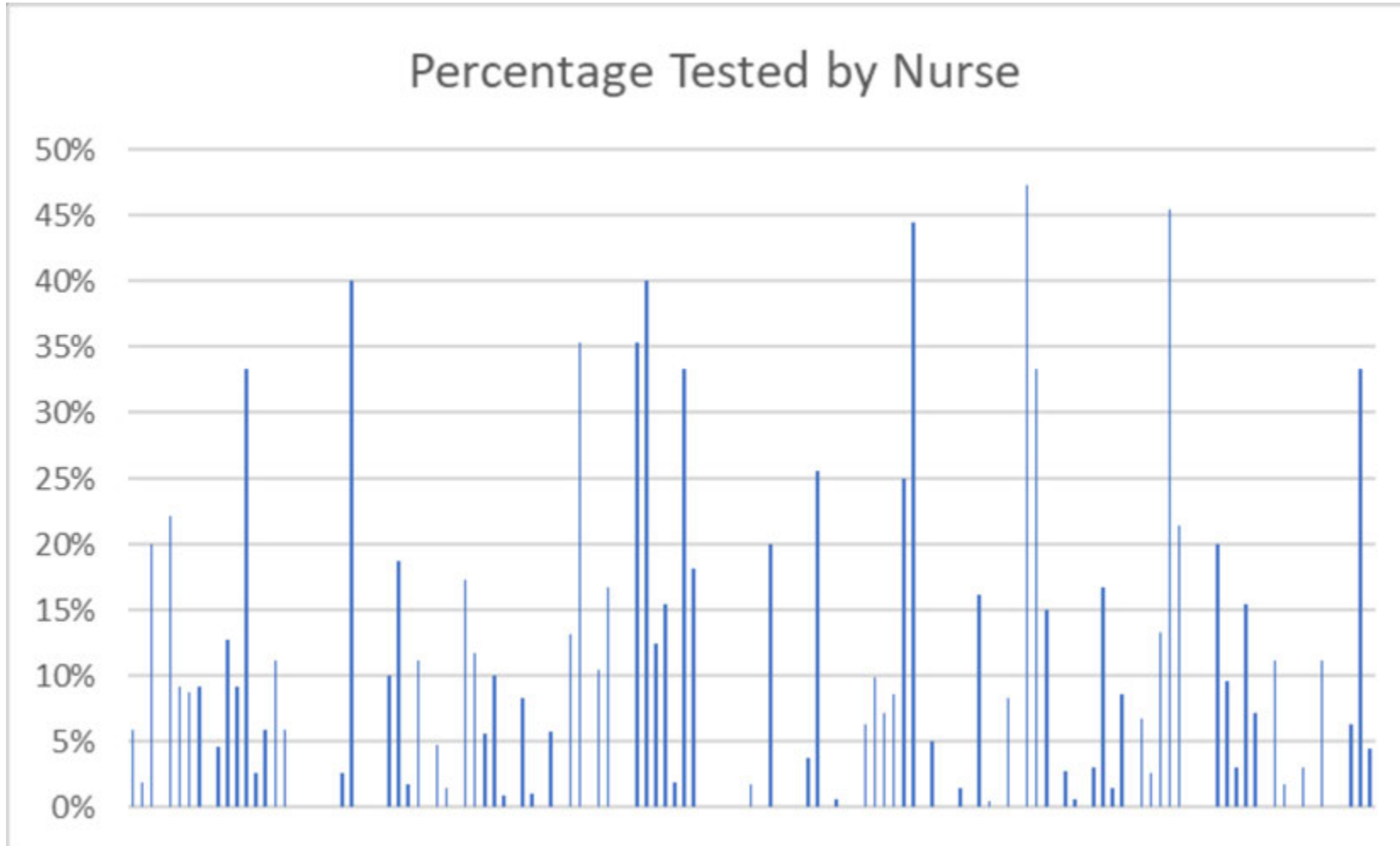
- EMR algorithm automatically identifies patients who are eligible for testing
- Upon patient registration, an EMR algorithm automatically screens patients presenting to the ED for HIV screening eligibility
- Eligibility Criteria:
  - Ages between 18-65 years
  - Not known to be HIV positive via VMC system
  - No history of HIV test documented in EMR within the past 12 months
  - Bloodwork necessary as part of evaluation



## Measures:

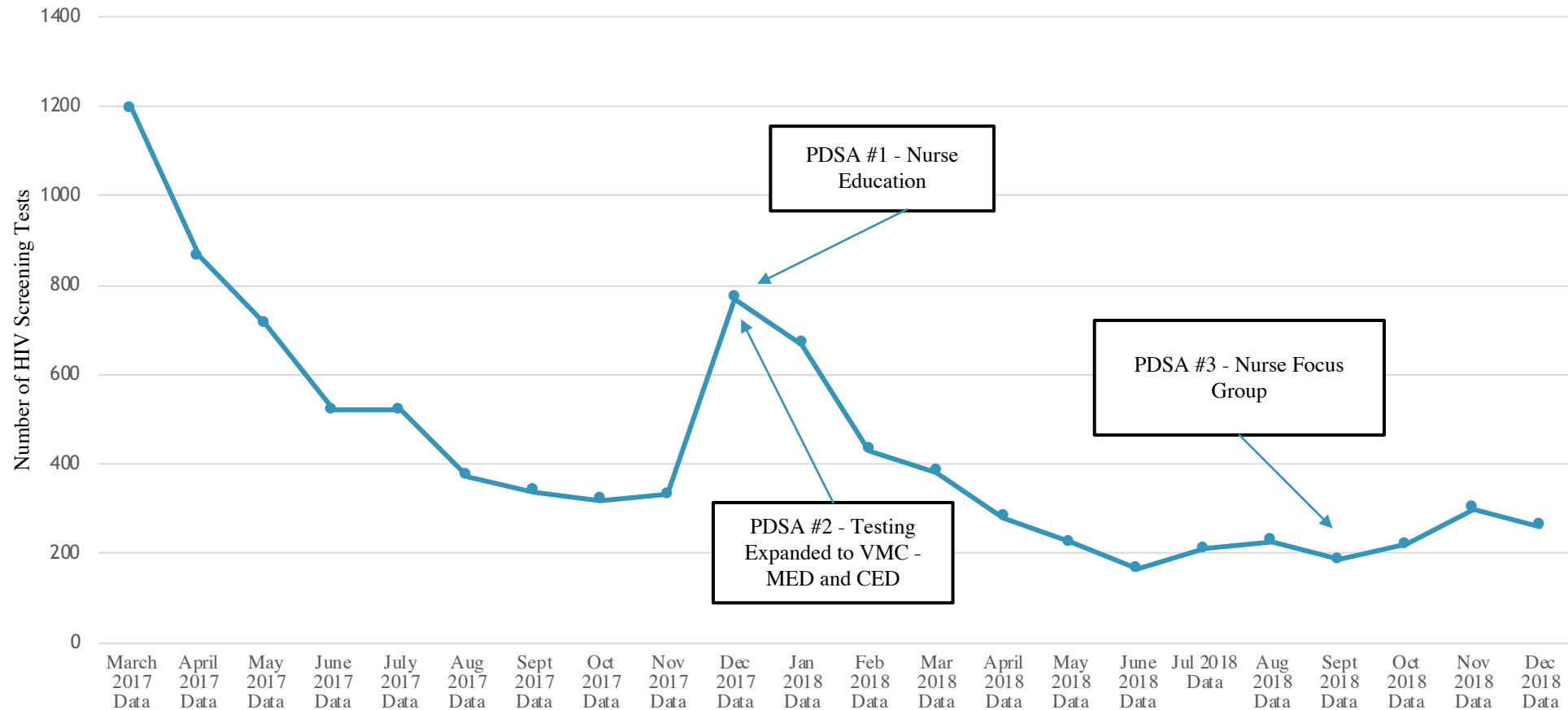
- Number of individuals tested
- Assess the number of individuals identified as positive and further linked to care

# Improvement Strategies Employed



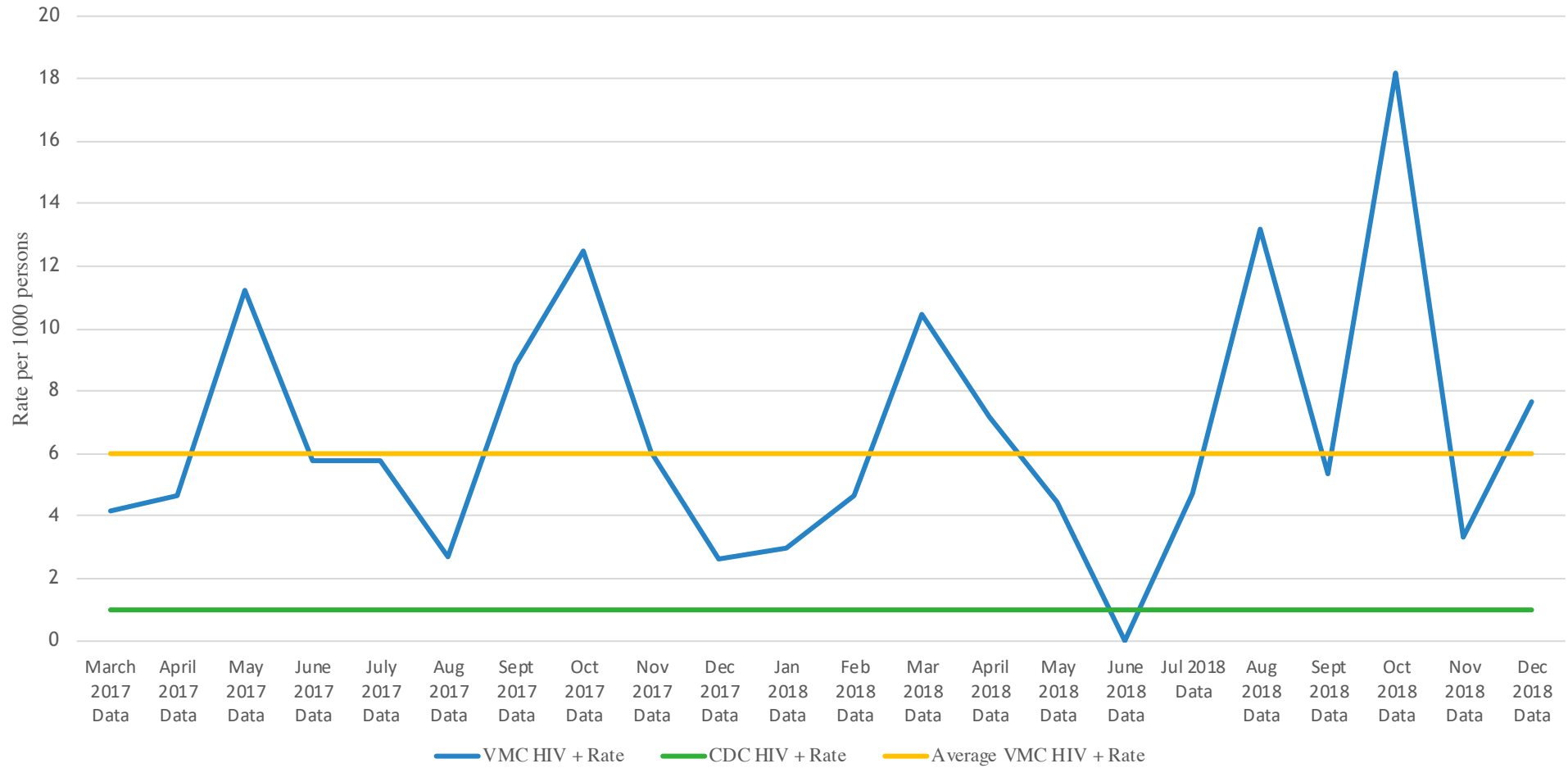
# Outcomes

HIV Screening Tests At VMC



# Outcomes

Rate of Tests Identified as HIV positive per 1000 persons



# Challenges Encountered in QI Process

- Maintaining timelines
- Buy in from individuals directly involved with testing
- Understanding of opt-out language when informing patients about HIV testing during their ED visit



## Next Steps

- Continue to routinely test of HIV between 18-64 years of age; extend minimum to 16 years of age and maximum age of 74 years in February 2019
- Increase number of HIV tests performed for eligible individuals
- EMR update to add “DEFER and REMIND LATER” capability
  - provide data collection on deferment and reason for it.
- Add routine Hepatitis C testing in February 2019

# Lessons Learned Through QI Efforts

- The Efforts are only as successful as the buy in from individuals participating
- Your timeline in mind does not always mean the actual timeline for the project at hand.
  - Elements out of our control e.g. EMR update and BPA build
- Education in the realm of QI is important but not sustainable
  - There should be hard stops in the system that force the desired result (e.g. BPA)
- Friendly competition gets results!

# Sources

- Schackman, Bruce R et al. “The lifetime medical cost savings from preventing HIV in the United States” *Medical care* vol. 53,4 (2015): 293-301.
- Centers for Disease Control and Prevention. Recommendations for Adults and Adults. MMWR 2006;55(No. RR-14):7-8.
- <https://aidsvu.org/state/north-carolina/>
- <https://images.pexels.com/photos/9660/business-money-pink-coins.jpg?auto=compress&cs=tinysrgb&dpr=1&w=500>

Questions?