

Using Educational Resources and Collaboration to Facilitate Routine HIV Testing in Health Care Settings

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Workshop Objectives

- Discuss the role and benefit of educational resources for the implementation of routine HIV testing.
- Summarize strategies for collaborating and networking with health care organizations to increase HIV testing.
- Identify approaches to link patients to a continuum of HIV care.

Agenda

- Role of the AETCs in Advancing the CDC Recommendations for HIV Testing in all Health Care Settings
- Use of Educational Resources and Collaboration for Implementation of Routine HIV Testing in an Emergency Department
- Implementation of Routine HIV Testing in a Safety Net Hospital Emergency Services Department

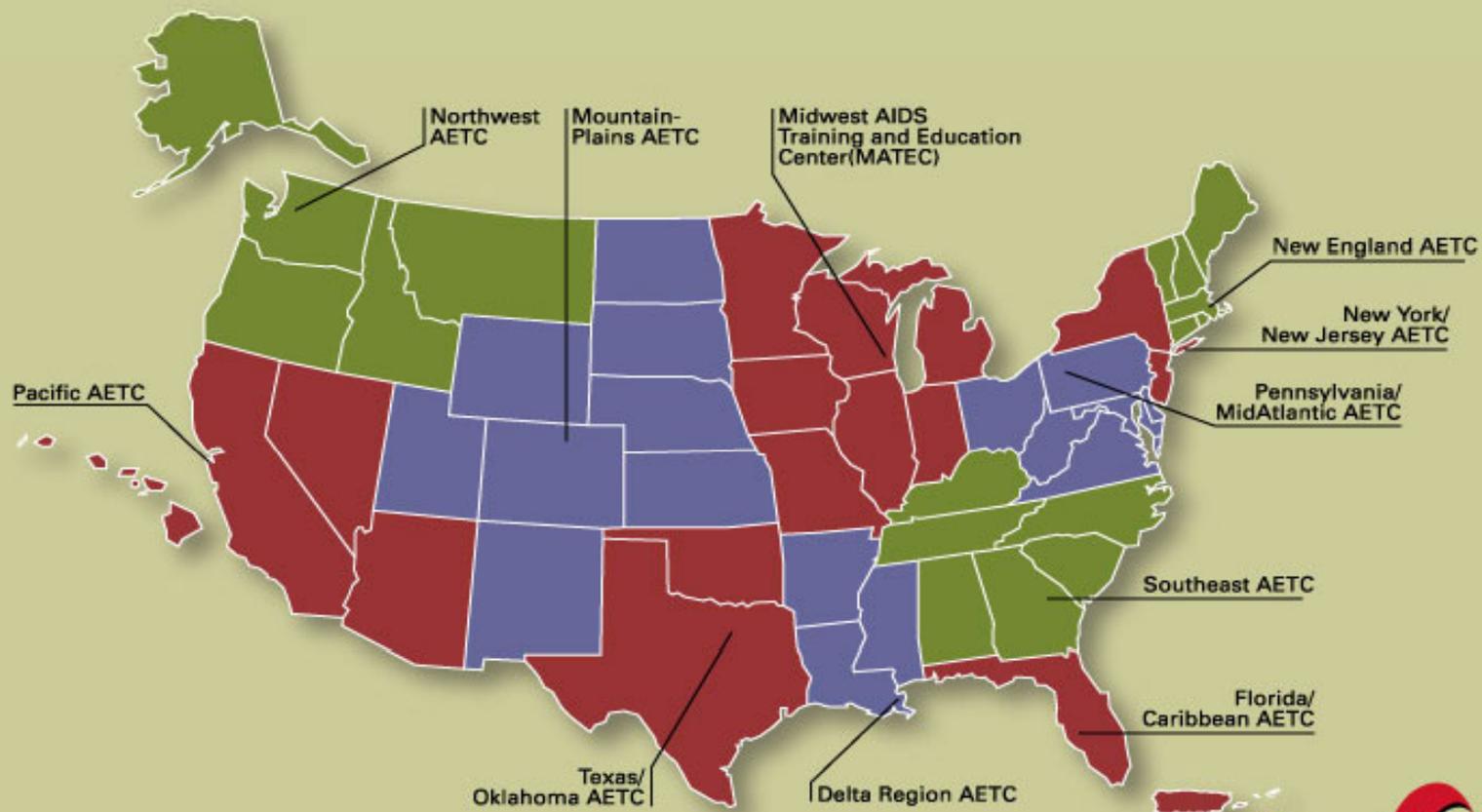
Role of the AETCs in Advancing the CDC Recommendations for HIV Testing in all Health Care Settings

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Disclosure

- The author has no financial interest or other conflicts of interest to disclose
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AIDS Education and Training Centers



NATIONAL

AETC National Resource Center
National HIV/AIDS Clinicians' Consultation Center

National Evaluation AETC
National Minority AETC



AETC
NATIONAL
RESOURCE
CENTER

www.aids-etc.org/

20 Years of Leadership
A LEGACY OF CARE



2018 RYAN WHITE HIV GRANTS MEETING AND 17TH ANNUAL CLINICAL CONFERENCE

TX/OK AETC Partners

U. of Oklahoma Health Science Center
Special Health Resources of Texas
Panhandle AIDS Support Organization

Oklahoma
Longview
Amarillo

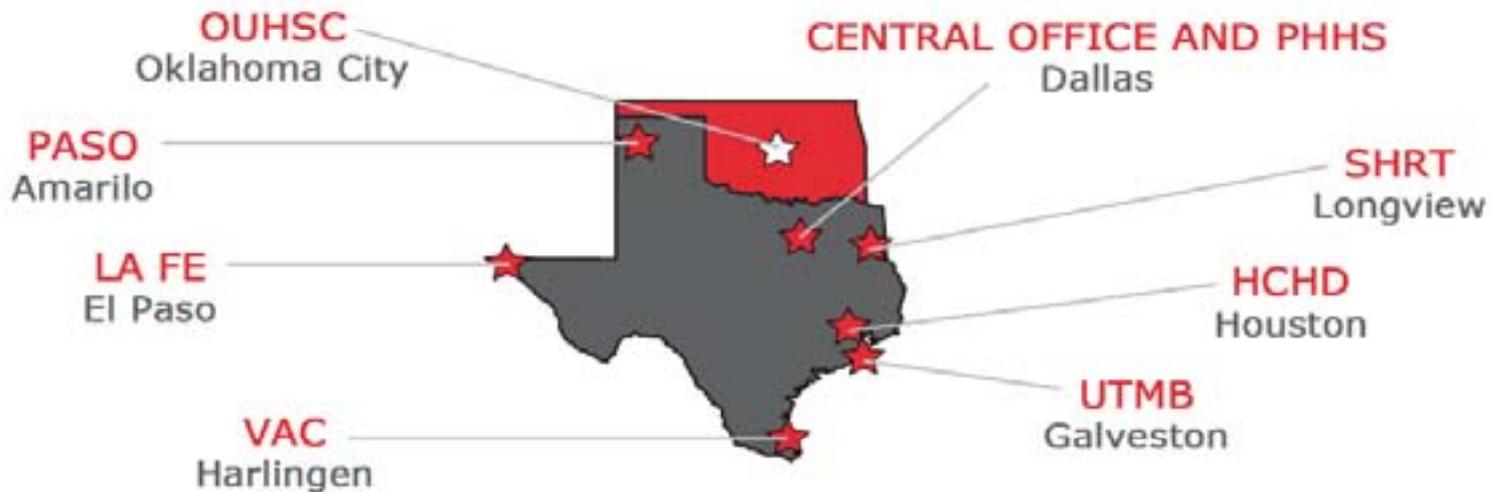
University of Texas Medical Branch
La Fe C.A.R.E. Center
Valley AIDS Council
Harris County Hospital District
Parkland Health & Hospital System

Galveston
El Paso
Harlingen
Houston
Dallas



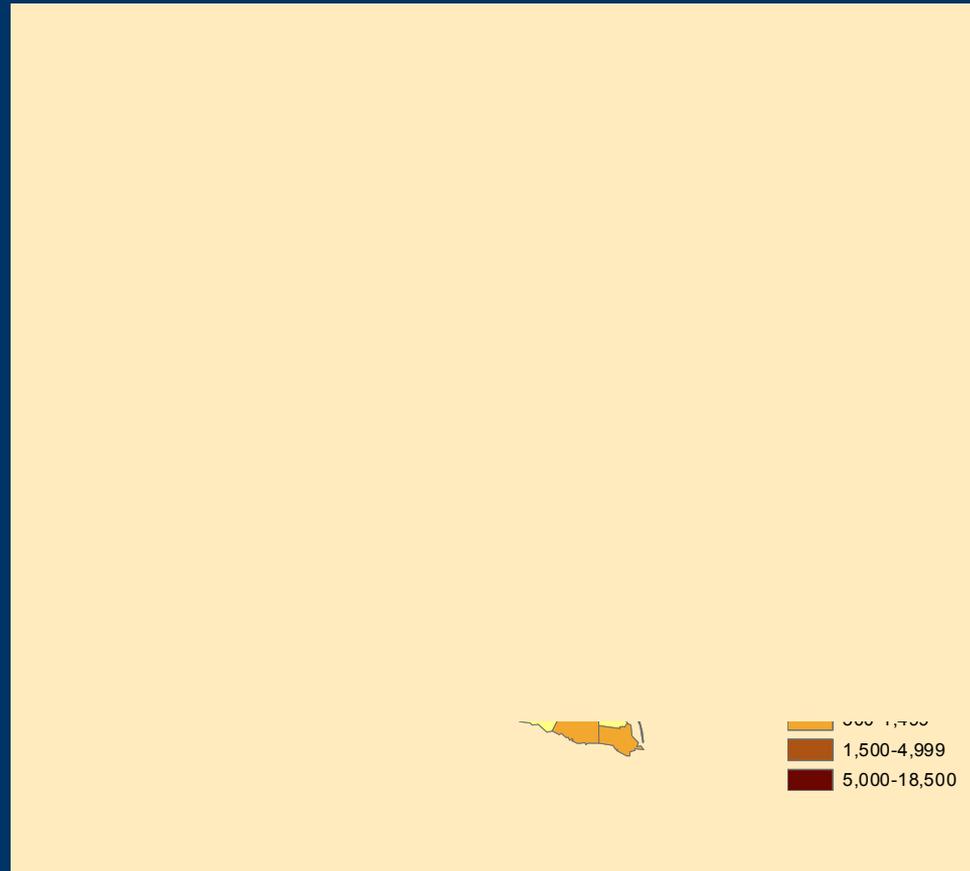
TX/OK AETC Partners

LOCAL PERFORMANCE SITES



HIV Prevalence in Texas (2007)

- 62,014 persons reported living with HIV
- Over half cases in Dallas and Houston areas



1 in 3 Texans with HIV was
diagnosed with AIDS within 1
year of first HIV+ test

Who do the AETCs serve?

- Physicians
- Nurses
- Physician Assistants
- Advanced Practice Nurses
- Pharmacists
- Oral Health Professionals

TX/OK AETC HIV Testing Project

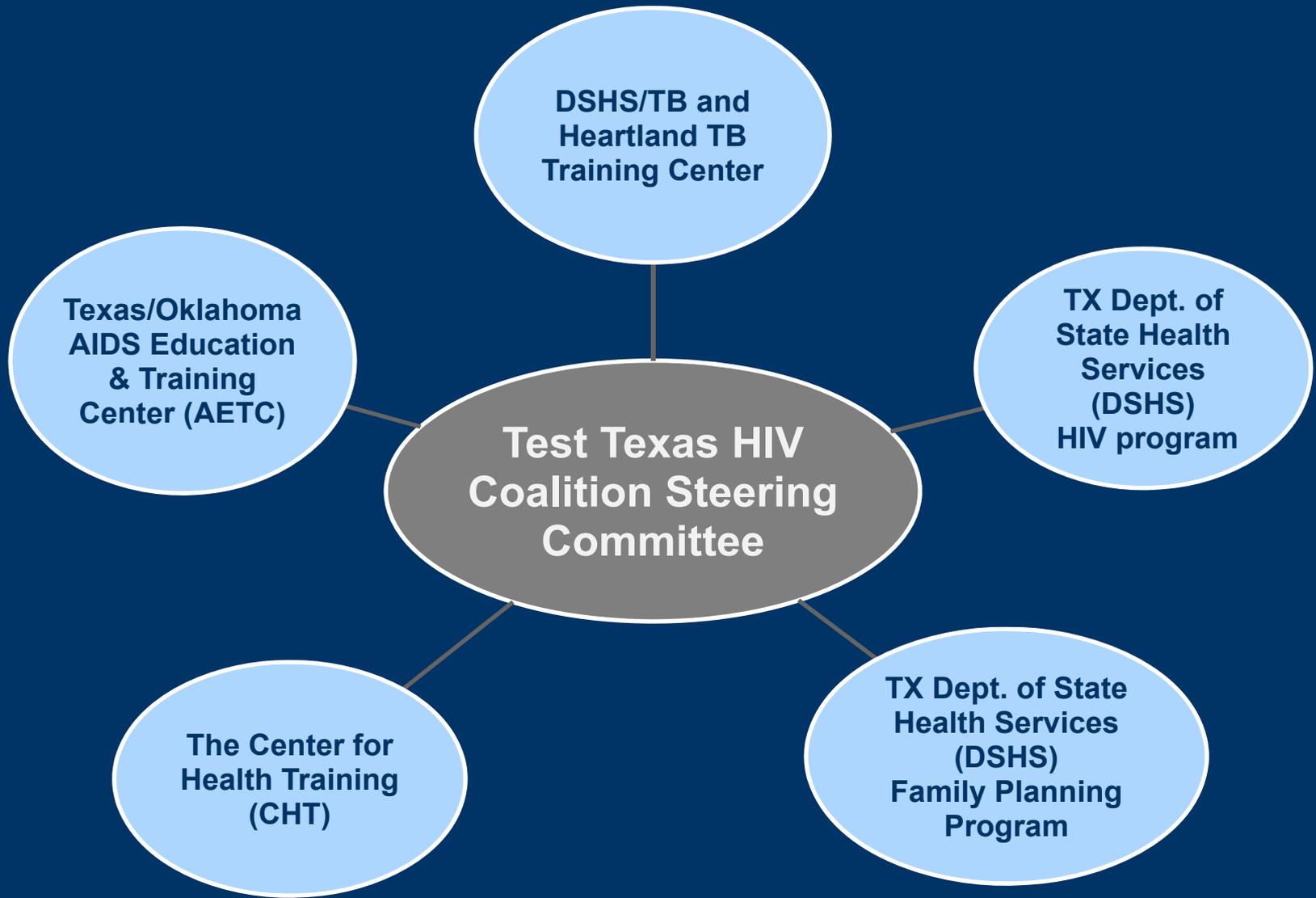
- Dissemination of the CDC HIV Testing recommendations
- Targeted Centers
 - Public Hospitals (ER, Ambulatory, L&D)
 - Community Health Centers
 - Other non-HIV health care providers

TX/OK AETC HIV Testing Project

- Project Components:
 - Develop Clinician Training Curriculum
 - HIV Testing Resources and Reference Compendium
 - Develop organizational assessments
 - Organize training workshops
 - Provide Technical Assistance
 - Establish an Evaluation plan to measure outcomes

Local and Statewide Collaborations

- Test Texas HIV Coalition
- HOPE Coalition of Dallas
- Texas Consortium for Perinatal HIV Prevention
- Other training centers (4TC's)



Test Texas HIV website



testTEXAS
HIV Coalition

Routine HIV Testing in Texas

HOME
BACKGROUND
ABOUT US
RESOURCES

The Test Texas HIV Coalition is dedicated to encouraging the implementation of **routine opt-out HIV testing** in medical settings across the state and to help address barriers to that process. This website is a growing and changing mechanism for obtaining information about this innovation in health care delivery.

For more information about why routine HIV testing is important in Texas, keep reading below.

The CDC estimates that 1 in 5 persons living with HIV do not know they are infected.

Applied to Texas, this means that about 15,675 Texans are infected with HIV, but do not know it.

Upcoming Events

Test Texas HIV Coalition Summit
December 3-4, 2009
Austin, TX
Austin Marriott South
More information about this event and registration will be coming soon.

Breaking News

New Texas law for HIV testing pregnant women and infants
[\(PDF 164KB\)](#)

Challenges

■ Knowledge Gap

- Public knowledge of HIV infection and treatment
- CDC Recommendations
- Texas “opt-out” consent policy
- Health care staff training

Challenges

■ System Barriers

- Stakeholders buy in and support is variable
- HIV screening seen as added burden
- HIV not seen as a priority
- Insufficient reimbursement and/or funding for testing
- Referral networks for follow-up HIV care not well established
- Concerns with sustainability

Use of Educational Resources and Collaboration for Implementation of Routine HIV Testing

Ken Malone

HIV Testing Project Coordinator

Harris County Hospital District

August 25, 2010

Ryan White Grantees Meeting

Disclosure

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Ben Taub General Hospital



Key Elements of the RUSH Program

(Routine Universal Screening for HIV)

- Routine HIV testing is Opt-Out
- Routine testing at HCHD applies to patients age 16-64
- Dedicated Service Linkage Workers to follow-up with positive patients and linkage to care

How did we begin?

- Solicited Management Support
- Researched existing program structures
- Decided on the testing technology
- Decided on Plan of Attack
- Devised our training model
- Leveraged funding from other sources

Routine Universal Screening for HIV (RUSH) Program

Ben Taub General Hospital

August 04, 2008 – July 15, 2010

▪ Total Tests	61,320
▪ New Positives	331
▪ Prevalence	0.54%
▪ Previous Positives	911
▪ Overall Prevalence	1.49%
▪ Total Positives	1242

Lessons Learned

- Training is continuous
- Keeping up with the economic climate
- Culture Change of an existing department
- Building a network of colleagues that do the same thing
- Promote your successes

Challenges

- Data Issues—Collection, Assimilation, and Analysis
- Charge Capture/Billing
- Laboratory goodwill
- Economic Conditions
- Collaboration with the City of Houston
- Provider buy-in

IMPLEMENTATION OF ROUTINE HIV TESTING IN A SAFETY NET HOSPITAL EMERGENCY SERVICES DEPARTMENT

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Disclosure

The author has no financial interest or other conflicts of interest to disclose.

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Dallas County Hospital District



Facilitators

- *Systems and Processes*

- *Executive Sponsorship*
- *Access to Lab Data*
- *HIV Case Manager*
- *Enhanced Protocols*

- *Staff Buy-in*

- *Training of ED attending and residents*
- *Training of ED nurses*
- *Training of Urgent Clinic staff*

Opt- Out Testing

- ❑ Consent for HIV testing
- ❑ *Signage in the Emergency Department*
- ❑ *Emergency Department - blood draws include HIV screening unless patient **opts-outs***
- ❑ *Urgent Care Clinic - HIV tester collects rapid HIV test unless patient **opts-outs***

25% of people with HIV
DO NOT know they are infected...
...and they contribute
52%
of new infections

Technology

□ Venipuncture

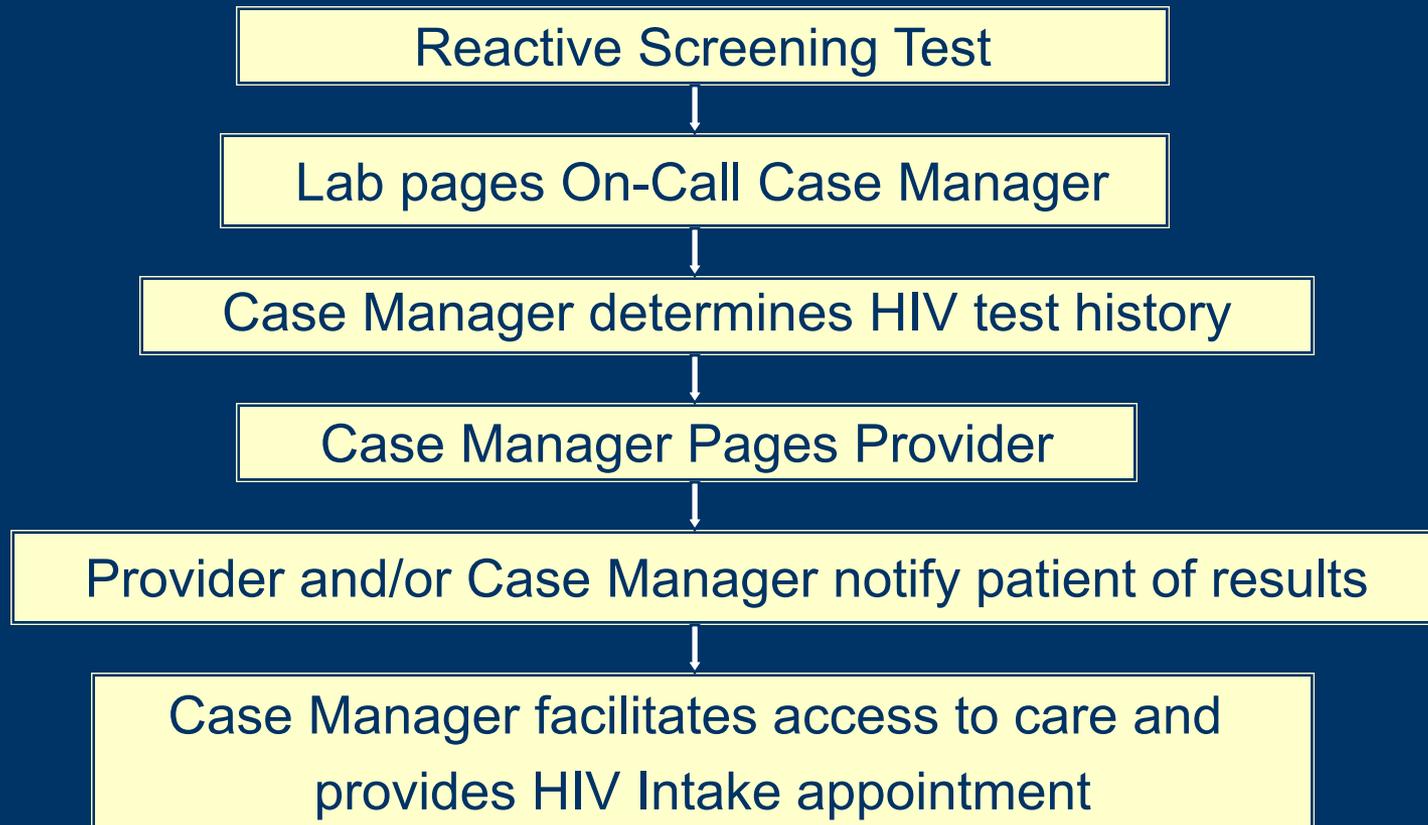
- ELISA followed by IFA and Western Blot, as needed
- Analyzer – Ortho Vitros

□ Rapid HIV Test

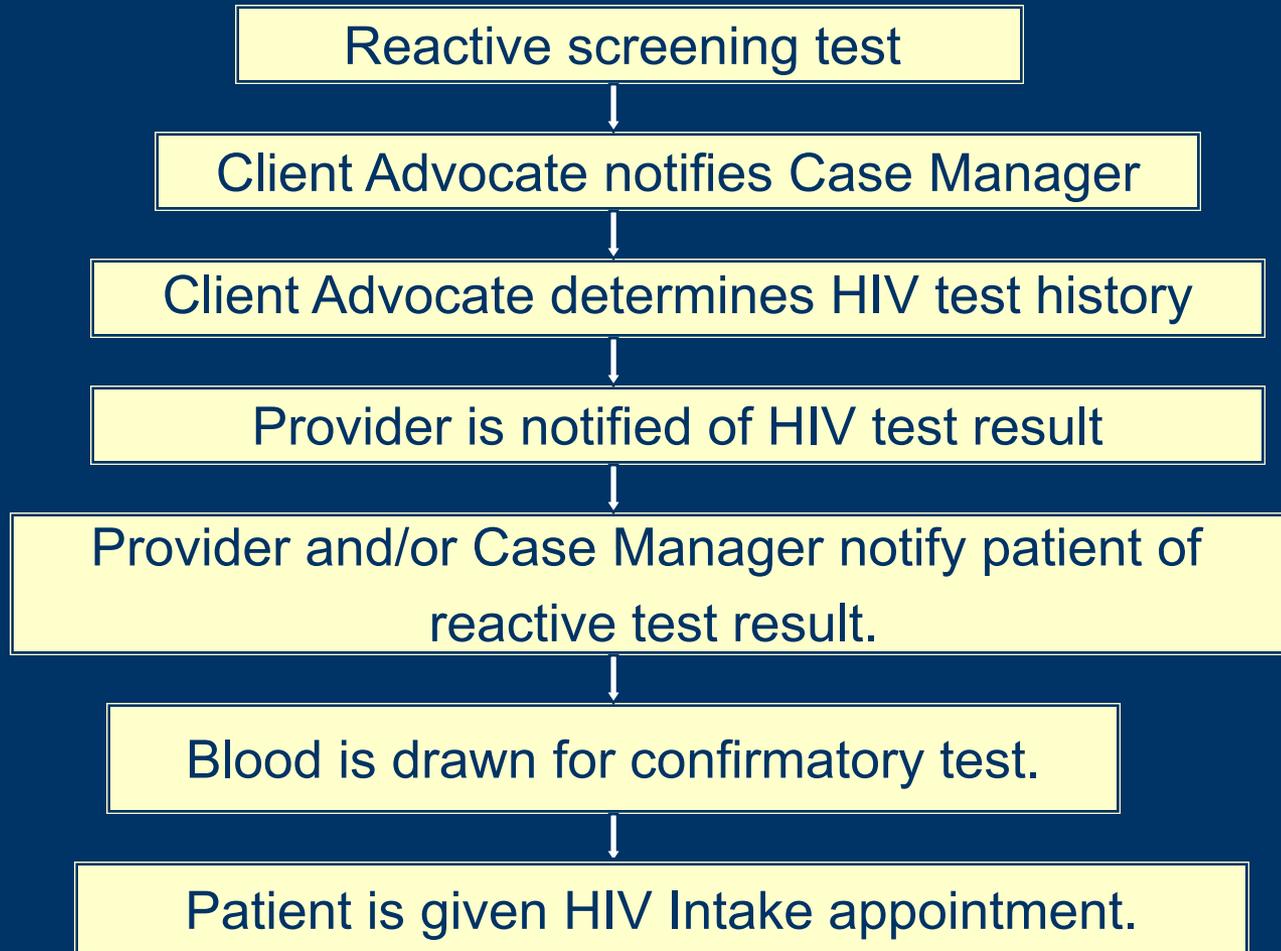
- OraQuick Advance Rapid HIV-1/2 Antibody test, followed by confirmatory test



Delivering Routine HIV Test Results



Delivering HIV Rapid Test Results



Delivering Results

- Patients who leave without being notified of positive test result are contacted by HIV Services and asked to come in for an appointment to get test result.

Test results are not given over the phone.

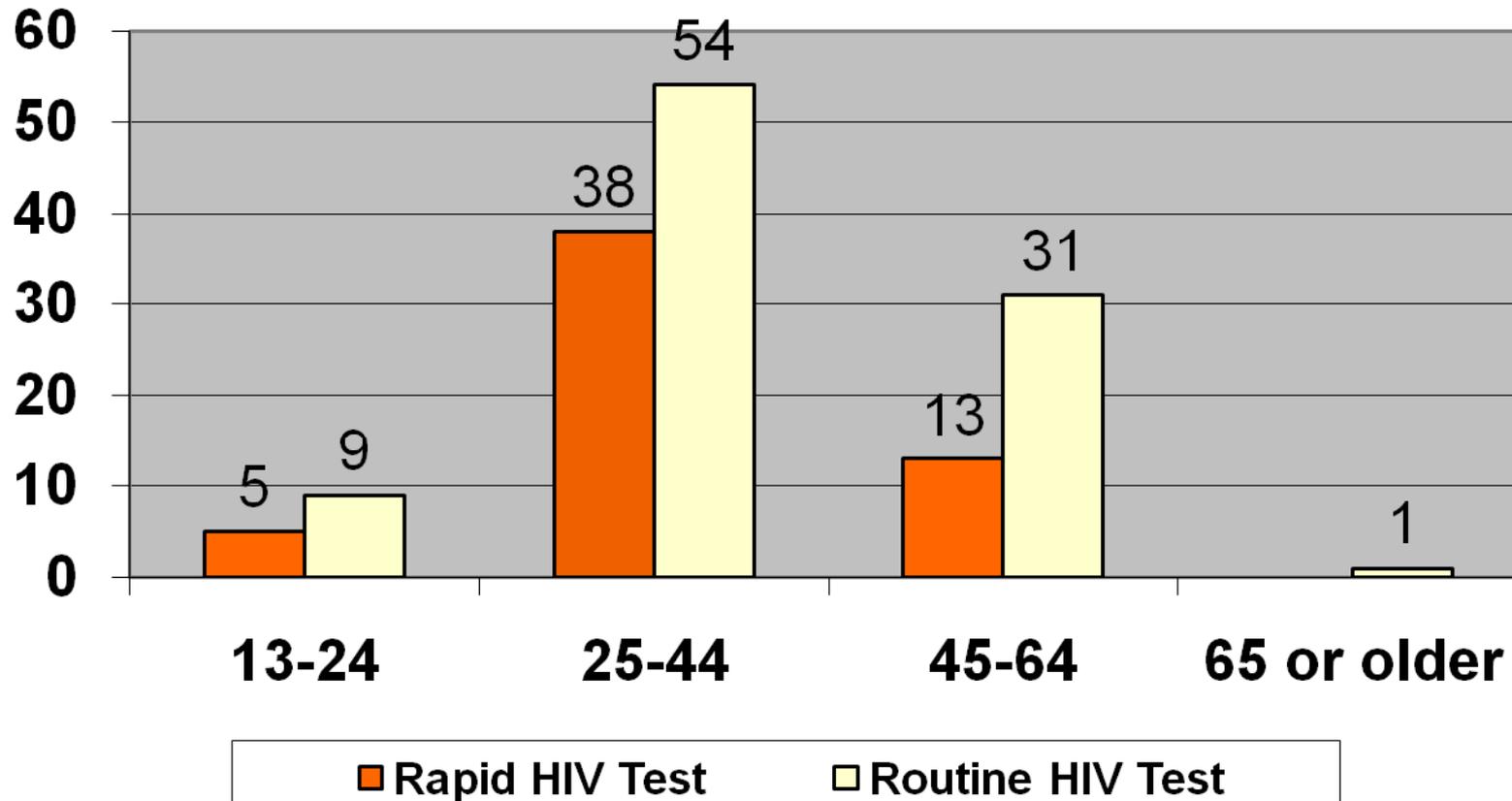
- If unable to locate, referred to Dallas County Health and Human Services Department

HIV Tests

January 2009- April 2010

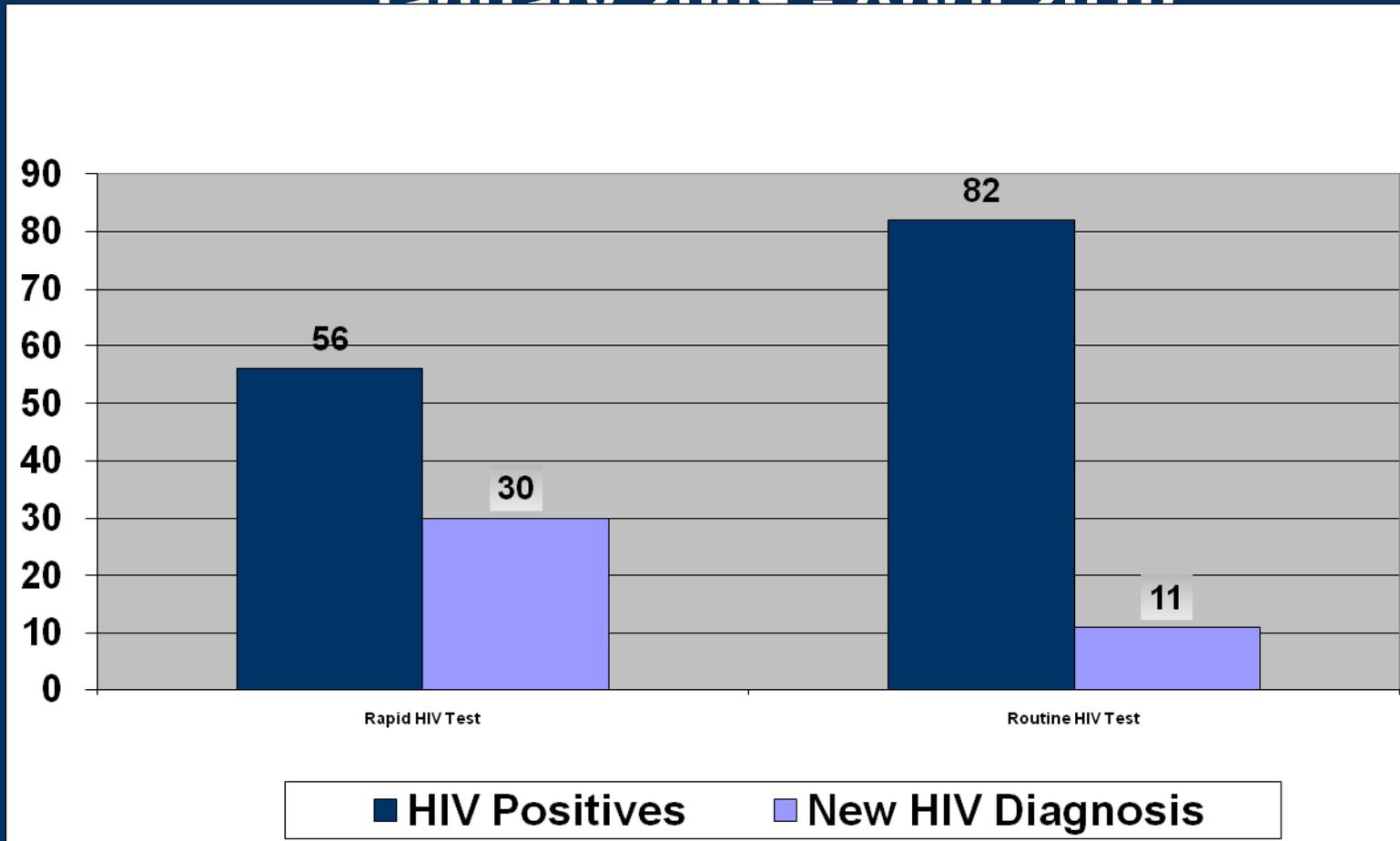
	Rapid	Routine
Negative	6290	2802
Positive	56	82
TOTAL	6346	2884

HIV Positives by Age January 2009 - April 2010

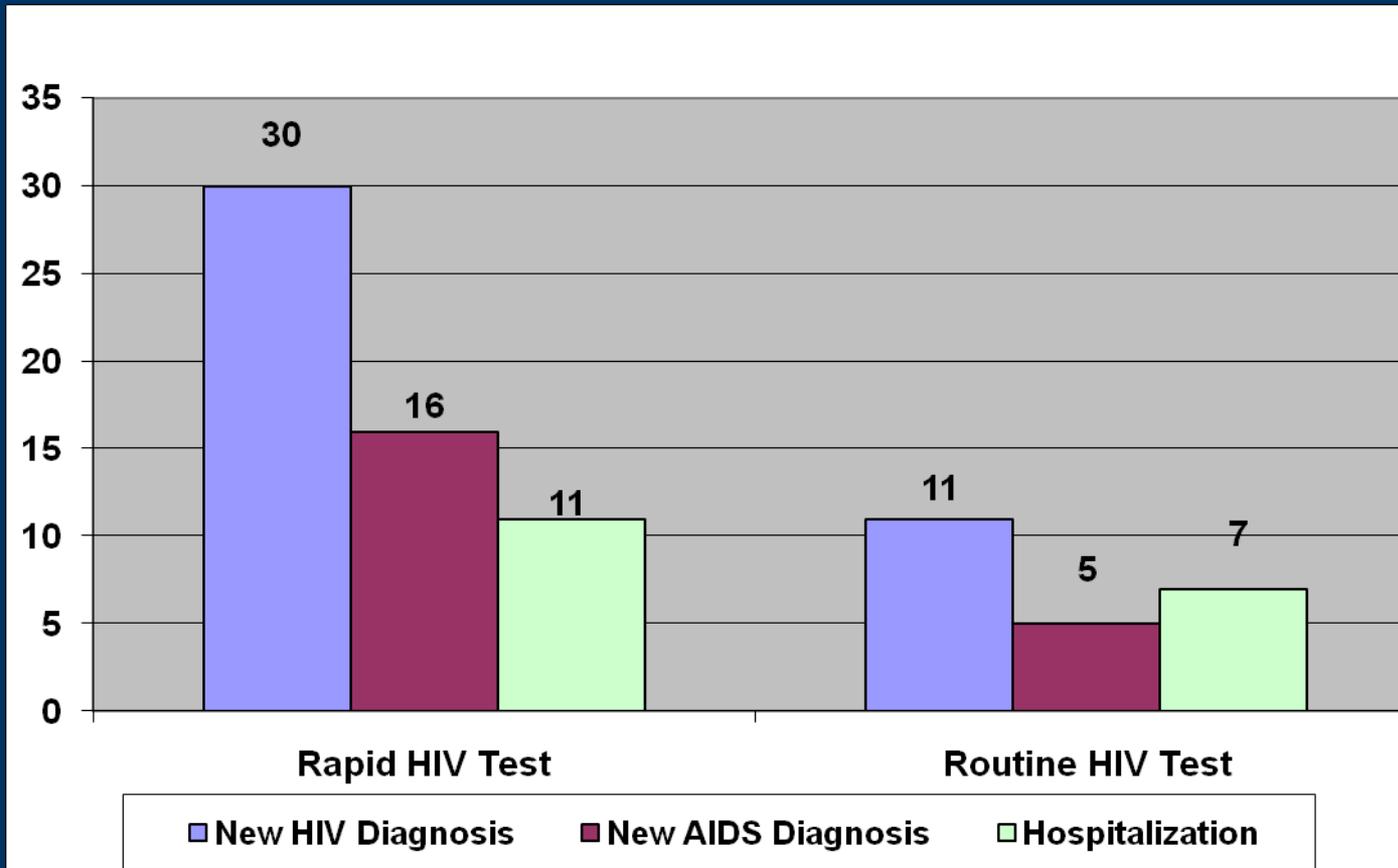


New HIV Diagnosis by Testing Technology

January 2009 - April 2010



Hospitalizations and AIDS Diagnosis of Newly Diagnosed HIV Positive Patients January 2009 - April 2010



Barriers to Routine Testing

Resources – Limited and/or unfunded

- Implementation of HIV testing orders in electronic medical records
- Testing supplies and staff
- Giving the results
- Case management staff to connect to care
- Data Management and documentation
- Follow-up of non-complaint patients
- Treatment capacity

Barriers to Routine Testing

Reimbursement - Limited

- Medicare
 - ✓ under certain risk factors and if patient requests it
- EPSDT pays for HIV test once per year

Facilitating Access to Care

- Increased number of individuals know their HIV serostatus
- More than 70% of all newly identified HIV positive patients at Parkland were identified through rapid testing

Capacity Building through AETC Training



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