Routine HIV Testing
@ BCFHC’s Primary Care Centers

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Key Discussion Topics

1. Overview of BCFHC
2. Routine HIV Testing & Patient Flow
3. Related HIT/EHR Promising Practices
4. BCFHC’s Response to Key Challenges
Who is BCFHC?

- Established in 1998 in Broward County, FL
- Mission: “To provide accessible comprehensive high quality primary care services to all persons with dignity and respect.”
- 4 Primary Care Centers
- 1 Dental Center *(Opening 2016)*
- 83 Employees
- 47% Federally Funded
BCFHC Patients Demographics

Total Patient Population\(^1\): 8,000

PLWHA\(^2\): 321

Patients by Race

- Black/African American, 49%
- White, 34%
- Unreported/Refused, 14%
- Hawaiian/Pacific Islander, <1%
- Asian, 2%
- Amer. Indian/Alask. Native, <1%
- More than One Race, <1%

Patients by Ethnicity

- Non-Hispanic, 77%
- Hispanic, 22%
- Unreported/Refused, 1%

\(^1\) Patient with at least one visit between 01/01/15 and 11/30/15

\(^2\) Patient with HIV diagnosis and at least one visit during same period.
Integration of Routine HIV Testing

Routine HIV testing introduced by Primary Care Provider

TO WHO:

- All new health center patients ages 15 – 65
- Any established patients ages 15 – 65 with no documented HIV test or decline
- Any teens (<15) and older adults (>65) with increased risk for HIV
- All pregnant women with unknown status
Integration of Routine HIV Testing

- **Testing conducted by MA along with other labs**
  - Lab based blood test (4th Generation Testing)

- **Results delivered by PCP along with other labs**
  - Results usually back in 2 – 5 days
  - Results reviewed during next primary care medical visit
  - All normal (negative) results also available via MyChart
MA collects and documents testing history and **HIV risk data** along with other risk information in the H&P form **(INTAKE)**

PCP introduces test, educates pts, documents consent/decline, and adds test to lab order. If pt. identified as "high risk," provider to task to MCM to schedule risk reduction intervention appt. within 2 weeks **(EXAM ROOM)**

Lab MA **conducts HIV test** (blood-based) along with any other labwork. **(LAB)**

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**Negative Lab Results**

- **NO RISK Pts.**
  - PCP provides results along w/ other labs. No Re-test unless risk identified

- **HIGH RISK HIV- Pts.**
  - PCP tasks MCM for RRI appt. typically within 2 weeks
  - MCM recommends **repeat testing** and links to external HIP provider for additional enabling services

**Positive Lab Results**

- PCP reviews results and tasks **MA or PSR** to contact pt. for F/U appt. Staff schedule next available appt.

  - At next visit, **PCP** delivers HIV test results, and orders baseline labs

**Patient Services Coordinator (PSC)** submits HIV+ tests and required info to DOH Surveillance.

**PCP** refers all new HIV+ pts to Patient Services Coordinator for HIV Services Initial Intake/Assessment

- **PSC assigns a MCM to all new HIV+ patients.**
- **PSC assigns a CM to patients needing enabling services.**

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**HIV Service Areas**

- Routine HIV Testing
- Prevention Services (for HIV+ or High Risk HIV-)
- Linkage to Care
- HIV Medical Care (including MCM)
- Enabling Services
Integration of Routine HIV Testing

- All Clinical Support Staff (Staff Nurses, Medical Assistants, Patient Care Navigators) receiving additional HIV specific trainings
  - Becoming certified HIV Counselor through Florida DOH to increase knowledge base and assist with pre/post test counseling
  - Complete in-house HIV C&T practicum
  - Access to all P4C trainings/webinars
Routine HIV Testing Outcomes

- **2,065 Routine HIV tests** conducted since P4C
- Monthly Average: **147 tests**
Routine HIV Testing Outcomes

- 35% of patients aged 15-65 years in need of HIV testing were tested for HIV

![Pie chart showing:
- 65% No HIV Test
- 18% Tested During Medical Visit
- 17% Testing During Non-Medical Encounter]
What HIT/EHR features does BCFHC use to support implementation of routine HIV testing?
New HIT/EHR Practices

- Promising Practice #1: Tracking “decliners”

  - Declination Checkbox in EHR Form
  - Declination language in corresponding note
New HIT/EHR Practices

Promising Practice #2: Standing Orders for HIV labs

- All established PLWHA receiving primary care from BCFHC have a set of **Annual Labs** to be conducted as a part of their routine medical care.
- Also have the **Follow-up Labs** conducted every three (3) to six (6) months as determined by their PCP.

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Test Code</th>
<th>CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep Panel (HEP A/B/C &amp; Antibodies)</td>
<td>6462</td>
<td>80074</td>
</tr>
<tr>
<td>*CMP (Complete Metabolic Panel)</td>
<td>10231</td>
<td>80053</td>
</tr>
<tr>
<td>*CD4</td>
<td>8360</td>
<td>86361</td>
</tr>
<tr>
<td>*U/A (Urinalysis)</td>
<td>5463</td>
<td>80061</td>
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<td>RPR (Rapid Plasma Reagin- Non-Specific Syphilis Antibody)</td>
<td>36126</td>
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<tr>
<td>*HIV Viral Load</td>
<td>40485</td>
<td>87536</td>
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<tr>
<td>TSH (Thyroid Stimulating Hormone)</td>
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<td>84443</td>
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<td>Chlamydia/N. Gon Urine.</td>
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<td>TB Gold Quantiferron</td>
<td>19453</td>
<td>86480</td>
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<tr>
<td>*CBC (DIFF/PLT)</td>
<td>6399</td>
<td>85025</td>
</tr>
<tr>
<td>*Lipid Panel</td>
<td>7600</td>
<td>80061</td>
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</tbody>
</table>

*Tests marked with an asterisk (*) are recommended for all PLWHA.
BCFHC’s Response to Challenges
Key Challenges and Responses

- **Challenge #1: Addressing Provider Anxiety**
  
  *Some providers expressed concern about managing complex PLWHA cases...*
  
  ✓ Established plan to cross train all PCPs in basic HIV
  ✓ Partnered with external providers of Clinical Consultation
  ✓ Introduced an HIV Care Team (HCT) offering clinical and operational support
BCFHC’s HIV Care Team (HCT)

- Two (2) HIV Providers
  - Physician Assistant (Team Lead)
  - ARNP
- Two (2) Medical Case Managers
- Two (2) Case Managers
- Medical Assistant
- Patient Services Coordinator
- Medical Director
- Ryan White Program Manager
- P4C Program Lead
Key Challenges and Responses

- **Challenge #2: Avoiding EHR “Flag/Alert” Overload**

  EMR system has programmed flags/alerts and ability to add/create alerts...

  - Made performance based decisions to determine which alerts to turn on or off;
  - Used “huddlelist” to highlight established pt. alerts
Key Challenges and Responses

- Challenge #3: Selecting Appropriate Testing Technology
  BCFHC is a state funded testing site offering rapid HIV tests (Clearview Complete) at no cost...
  - Continue offering rapid testing to community members;
  - Use lab based testing for routine testing of patients; and
  - Use grant funding to cover cost of lab based test
Key Challenges and Responses

- **Challenge #4: Managing Linkage to Care Across Sites**
  
  *Routine testing is offered at all BCFHC sites. HIV Care Team is located at one site. Additionally, Ryan White funding is site based.*

  - All Primary Care Providers are being cross-trained;
  - Received approval for Ryan White Providers to offer services at additional sites; and
  - Established flexible schedule for HIV Care Team
Next Steps for Routine HIV Testing @ BCFHC

- Create additional EHR based documentation tools
- Utilize EHR based outcome monitoring reports for performance improvement
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