

# ROUTINE HIV SCREENING PROGRAM: CENTRAL CARE

## Evidence-Informed Structural Intervention

### INTERVENTION DESCRIPTION

#### Goal of Intervention

- Improve routine HIV screening and linkage to HIV care

#### Target Population

- Clinic patients

#### Brief Description

*Routine HIV Screening Program: Central Care* provides routine, opt-out HIV screening to patients at the Central Care Community Health Center, a federally qualified health center (FQHC) serving the southeast area of Houston, Texas. Implementation of routine, opt-out HIV screening included developing a new policy to offer annual HIV screening to all patients, designing a consent form for all treatment that included HIV testing, updating the existing electronic medical record (EMR) to generate alerts for patients eligible for an HIV test, educating and training staff, and hiring specialized staff to prepare for an increase in new HIV-infected patients. At the initial check-in, patients are informed about routine HIV screening and sign a consent form. An alert for the clinical team is triggered when the consent form is signed. The triage nurse conducts a point-of-care, rapid HIV test during the normal intake process. One-week follow-up appointments for additional testing are made for patients with a reactive rapid test and a case manager is assigned.

#### Intervention Duration

- Ongoing

#### Intervention Setting

- Federally qualified health center (FQHC)

#### Deliverer

- Health care staff
- Electronic medical record (EMR) system

#### Structural Components

- Access
  - Increased access to HIV testing and linkage to HIV medical care
- Capacity building – Hiring staff
  - Hired additional specialized staff, including patient care technicians, case manager, and additional providers to prepare for an increase of new HIV-infected patients after implementation of routine HIV screening.
- Capacity building – Provider/supervisor training

- Trained staff on EMR documentation, cultural sensitivity, HIV infection basics, HIV testing, and diagnosing and treating HIV infection
- Capacity building – Technology
  - Modified existing EMR system to generate alerts to staff for patient eligible for an HIV test
- Policy/Procedure – Institutional policy/procedure
  - Developed and implemented annual HIV screening policy to all patients

## INTERVENTION PACKAGE INFORMATION

**For intervention materials, please contact Natasha S. Crumby, Southside Medical Center, Inc., 1046 Ridge Ave. SW, Atlanta, GA 30315.**

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## EVALUATION STUDY AND RESULTS

### Study Location Information

The original evaluation study was conducted in Houston, Texas between July 2012 and April 2014.

### Study Sample

Participants in the post-implementation cohort (i.e., individuals who received an HIV test after implementation of routine HIV screening) (n = 9,909) had the following characteristics:

- 63.0% black or African American, 16.9% Hispanic/Latino, 4.8% white, 5.7% other/multiracial
- 36.8% male, 61.2% female
- 22.7% 13-22 years old, 24.5% 23-30 years old, 20.5% 31-40 years old, 16.1% 41-50 years old, 16.3% ≥51 years old

### Recruitment Settings

Federally qualified health center (FQHC)

### Eligibility Criteria

Persons aged 13 – 64 years who had not previously been diagnosed with HIV and did not have an HIV test documented in the EMR were eligible.

### Comparison Group

The comparison group included participants in the pre-implementation cohort (i.e., individuals who received risk-based HIV testing or testing by patient request in the 12-month period prior to the implementation of routine HIV screening).

### Relevant Outcomes Measured

- HIV testing was measured as the number of HIV tests conducted during 12 months before and 12 months after the new procedure was introduced.
- HIV incidence was measured as the number of positive HIV tests conducted during 12 months before and 12 months after the new procedure was introduced.

- Linkage to care was measured as the number or proportion of HIV positive patients linked to HIV care defined as keeping first HIV medical care appointment within 90 days after HIV diagnosis.

### Significant Findings on Relevant Outcomes

- There was a 618% increase in the annual number of HIV tests from pre- to post-implementation (number of HIV tests pre-implementation=738, number of HIV tests post-implementation=5297;  $z=58.69$ ,  $p<0.001$ ).<sup>o</sup>
- There was a 600% increase in the annual number of positive HIV tests from pre-to post-implementation (number of positive HIV tests pre-implementation=6; number of positive HIV tests post-implementation=42;  $z=5.20$ ,  $p<0.001$ ).<sup>o</sup>

### Considerations

- The linkage to care outcome cannot be evaluated using evidence-informed criteria because there is no pre-implementation data available.

### Funding

Gilead Science, Inc.

<sup>o</sup>Poisson regression analysis was conducted by a CDC statistician.

## REFERENCES AND CONTACT INFORMATION

Crumby, N. S., Arrezola, E., Brown, E. H., Brazzeal, A., & Sanchez, T. H. (2016). [Experiences implementing a routine HIV screening program in two federally qualified health centers in the southern United States](#). *Public Health Reports*, 131, 21-29.

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