Successfully Implementing Routine HIV Screening in an FQHC

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Family First Health
Family First Health

- Five-site FQHC in south-central Pennsylvania
- 2 urban and 3 rural sites
- 2009 UDS users: 20,068 (59,408 encounters)
- Ryan White-funded HIV care program with 525 clients
Family First Health: Patient Demographics (2009 UDS)

Race
- Asian/Pacific Islander: 1%
- Black/African American: 24%
- White: 55%
- More than one race: 1%
- Unreported: 1%

Poverty Level
- <100%: 43%
- 101-150%: 2%
- 151-200%: 4%
- 200%+: 11%
- Unknown: 40%

Ethnicity
- Hispanic: 31%
- Non-Hispanic: 69%
Family First Health: Patient Insurance Status (2009 UDS)

0-19 Years Old

- Uninsured: 0.1%
- Medicaid: 13.1%
- CHIP: 10.5%
- Other Public: 3.6%
- Medicare: 72.7%

20 and Older

- Uninsured: 0.9%
- Medicaid: 14.8%
- Medicare: 38.4%
- Other Public: 33.0%
- Private: 12.9%
Family First Health Uninsured Patient Growth 2009-10

- In the last fiscal year, 36% of new medical patients were uninsured
- In the current fiscal year, 45% of new medical patients lack insurance
- Reduced fee amount is currently at 210% of the 330 grant
2006-07

- Attended CDC presentation on newly released routine HIV screening guidelines
- Read and distributed article in *Community Health Forum* about routine HIV screening at FQHCs
- HIV testing at Family First Health at that time was:
  - Limited and risk-based in clinical setting; utilized traditional testing technologies
  - Augmented by an additional 300 walk-in tests per year in social services department using rapid test
  - Funded by Ryan White program in social services department
Organizational strengths related to proposed HIV screening program

- Strong management, Medical Director, and BOD support
- Seamless linkage to in-house HIV care program for patients testing positive
- First-hand knowledge of impact of HIV/AIDS diagnosis late in course of disease
- Experience with HIV testing in department of social services
2007

- Routine screening “champion” emerged (me…)
- Presented proposed testing program to management group, which expressed strong support for initiative
- Medical Director was HIV provider and was very supportive
- Began exploring funding opportunities to support testing
- Contacted Kathy McNamara @ NACHC about FQHC pilot experience
Late 2007

- Received Office of Population Affairs (OPA) funding to implement routine HIV screening in Family Planning Program patients
  - $100,000 (program funded) to develop infrastructure, fund training, and implement program
  - Capacity to test approximately 1700 patients per year
  - Utilized OPA technical assistance to maximize use of best practices
- Presented proposed program to staff…
The patients will freak out!

NO TIME!

You can't give a positive result on a Friday!

Too much to do in an appointment already.

What if someone tests positive?

It will make us run late!!!
Early program development:

- Chose to utilize rapid testing to ensure delivery of results
- Considered the needs of a busy primary care setting when choosing test
  - Assessed processing time, storage of tests, ease of use, and reliability

Basic parameters:

- Determined that all clinical support staff (MAs and LPNs) would perform testing
- Providers would deliver results
2007-08: Early Program Development

- Utilized AETC training and paperwork to ensure compliance with stringent PA HIV testing laws
- Determined that routine screening would be rolled out one site at a time
- Developed protocol for managing reactive HIV test results (HIV program staff would meet immediately with patient to answer questions and obtain confirmatory blood sample)
- Elicited staff feedback about proposed program
2008—Training (3 months)

- Training
  - Providers:
    - Providers were given information about late testers and their multiple documented contacts with the health care system prior to diagnosis (South Carolina study)
  - Clinical support staff
    - Received training on the test itself from manufacturer’s representative
    - Trained on “HIV 101” and pre- and post-test counseling
Policies/Protocols, Data, and Licenses (3 months)

- Policies/Protocols
  - Testing/controls/other recordkeeping
  - Data collection
  - Billing
- Upgraded lab licenses to designation required to run rapid HIV tests
- Created database for test tracking and process for collecting and entering information
Protocol for Managing Reactive Tests

- HIV program staff members are contacted in event of reactive or positive test; staff member travels to site to talk to patient
- Blood drawn for confirmatory testing *before the patient leaves the building*
- HIV program staff ensures follow-up and transition to HIV care
- Partner services coordinated by HIV program staff
- No need for patients to transfer to a different medical office to receive HIV care
- Confidentiality maintained in FQHC setting; no designated “HIV clinic”
Forms

- Data collection/consent form
- Consents, test information sheets, and reactive or negative information sheets developed by AETC to ensure compliance with PA law
- Patient forms translated into Spanish
- Test log/control log
Billing

- Family First Health bills insurance companies for test
- Patients are not charged any extra for testing; if insurance company denies reimbursement, cost of test is supported by grant dollars
- Did not want cost to patients to be a barrier to testing
- Private insurers have been reimbursing the organization at the rate of $18-22 per test
Routine Screening Begins!

- Began routine HIV screening in Family Planning Program patients at the highest volume site
- MUCH easier than we had anticipated
- A provider champion emerges…
- Patient acceptance of routine screening is high
Summer 2009

- Routine HIV screening was going so well that Family First Health wanted to expand the program to cover all patients
- Contacted the PA Department of Health to inquire about possible funding
  - PA had received ETI funds but the program was encountering barriers to widespread testing
  - Family First Health had an existing successful model
  - Conference calls, contracts, funding!
Expanded Testing Initiative

- Late summer 2009—
  - All patients being approached about routine screening, rolling out one site at a time
  - Goal is to test each patient once a year
  - All types of visits present an opportunity for testing—two newly identified HIV positive patients were at the health center for immunizations
  - If a client refuses, they are asked again at each subsequent visit
Present day…

- Testing spread to all sites
- Provider champion (now Medical Director) refers to HIV screening as the “sixth vital sign”
- In recent program audit at three sites, over 90% of people in the recommended groups were offered testing*
# Planned Patient Care Form

<table>
<thead>
<tr>
<th>Patient Information (place sticker here)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Gender:</td>
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</tbody>
</table>
- Female
- Male

<table>
<thead>
<tr>
<th>Type of Results:</th>
<th>N=Normal</th>
<th>A=Abnormal</th>
<th>R=Refused</th>
<th>P=Pending</th>
<th>Y=Yes</th>
<th>N=No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Male/Female Screening</th>
<th>Date</th>
<th>Result</th>
<th>Date</th>
<th>Result</th>
<th>Date</th>
<th>Result</th>
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<th>Result</th>
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<tbody>
<tr>
<td>Cholesterol</td>
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<td>Colorectal Cancer</td>
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<tr>
<td>Rapid HIV Test</td>
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<td>Hearing</td>
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<td>Vision</td>
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<td>Smoking/Tobacco use</td>
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<tr>
<td>Smoking Cessation</td>
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<table>
<thead>
<tr>
<th>Female Screening Only</th>
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</thead>
<tbody>
<tr>
<td>Bone Density (Age &gt;60)</td>
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<tr>
<td>Mammogram (Age&gt;40)</td>
</tr>
<tr>
<td>Chlamydia (Age &lt;25)</td>
</tr>
<tr>
<td>GC</td>
</tr>
<tr>
<td>Pelvic/Pap (Ages 18-65)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Male Screening Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
</tr>
<tr>
<td>GC</td>
</tr>
<tr>
<td>Abd. Aortic Aneurysm (Age &gt;65)</td>
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<tr>
<td>PSA (Age &gt;45)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Immunizations</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Hepatitis A</td>
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<tr>
<td>(2 doses)</td>
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<td>Hepatitis B</td>
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<td>(3 doses)</td>
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<td>HPV (3 doses)</td>
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<td>Age 26</td>
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<td>&lt; Age 26</td>
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<td>Influenza</td>
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<td>(Annually)</td>
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<td>Meningococcal</td>
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<td>(1-2 doses)</td>
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<td>MMR</td>
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<td>(1-2 doses)</td>
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<td>Pneumococcal</td>
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<td>(1-2 doses)</td>
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<tr>
<td>Tetanus/Diphtheria (Every 10 Years)</td>
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<tr>
<td>Varicella</td>
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<tr>
<td>(2 doses)</td>
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</tbody>
</table>
What We Track—HIV Testing

- Tests by race, ethnicity, gender, age, provider
- Tests and refusals
- Refusal reasons
- Previous HIV testing?
- Confirmatory testing and results
- Linkage to HIV care for positive results
- All of the above can be cross-referenced with any of the demographic elements
Financial Sustainability

- Negotiated lower test price (from $10 to $8)
- 340B pricing available on some tests
- No longer receiving funding stream designated for Family Planning Program patients
- Expanded Testing Initiative funding increased; unit cost covers tests, controls, staff time, administrative costs
- Reimbursement from third-party payers minimal for FQHCs due to Medicaid reimbursement system and high number of self-pay patients
Interesting Facts…

- Youngest person tested—11 years old
- Oldest person—100 years old
- Youngest person testing positive—14 years old
- Highest HIV testing acceptance rate is among Hispanic/Latino patients
- As the testing volume increased, the acceptance rate decreased
- Seven transgender clients were tested during year
- Females and males have identical acceptance rates
Critical Partners

- David Korman of the PA AETC—legal advice and enthusiasm
- NACHC/PACHC
- Local public health entities for partner services and client linkages
- PA Department of Health/Penn State
Outcomes: July 1, 2009-June 30, 2010

- From July 1, 2009-June 30, 2010, 7,296 people were offered routine HIV screening
- 68% of clients offered testing have accepted
- Seven positive test results, all newly identified patients are receiving HIV care
- Sites were phased in to HIV screening program during this period
Routine HIV Screening

Testing Acceptance Rate by Age

<table>
<thead>
<tr>
<th>Age 15-17</th>
<th>Age 18-19</th>
<th>Age 20-24</th>
<th>Age 25-29</th>
<th>Age 30-34</th>
<th>Age 35-39</th>
<th>Age 40-44</th>
<th>Age 45+</th>
</tr>
</thead>
<tbody>
<tr>
<td>56%</td>
<td>58%</td>
<td>60%</td>
<td>62%</td>
<td>64%</td>
<td>66%</td>
<td>68%</td>
<td>70%</td>
</tr>
</tbody>
</table>

Chart illustrating the testing acceptance rate by age, showing a peak at Age 18-19 and a decline thereafter.
Lessons Learned

- Routine HIV screening did not disrupt the clinic flow
- Routine HIV screening is helping reduce stigma around HIV testing
- Linkage to care is critical
- Clinical staff buy-in increased dramatically once the first positive test occurred
- The most commonly cited refusal reason was, “I don’t think I am at risk.”
All of the people Family First Health has newly identified as being HIV positive were already patients of our health center prior to being tested.
Contact Information

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