Applying Strategies from Universal HIV Screening to Birth-Cohort HCV Screening:

Lessons Learned in an Urban Federally Qualified Health Center (FQHC) Network

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Conflict of Interest Disclosure

Melissa Kraus Schwarz

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

- Industry-sponsored grant: a Gilead FOCUS grant supports a portion of my salary.

Learning Objectives

- Understand the application of the TEST model to expand HIV and HCV screening.
- Identify barriers in HIV and HCV screening/treatment and strategies to overcome them.
- Discuss the use of data to inform quality improvement.
- Apply lessons learned from ACCESS' testing expansion initiatives to their own projects.

Presentation Overview

Presentation

- ACCESS background
- TEST Model
- HIV testing expansion
  - Implementation chronology
  - Lessons learned
- HCV testing expansion

Discussion

- Strategies to overcome barriers to testing expansion
- Using data for quality improvement

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About ACCESS

- Network of 35 health centers serving Chicago and surrounding area
- Recognized Patient-Centered Medical Home offering comprehensive health care and wraparound services
- Serves predominantly low-income minority communities with high HIV prevalence
- Ryan White CARE Act-funded HIV services provider for more than 20 years

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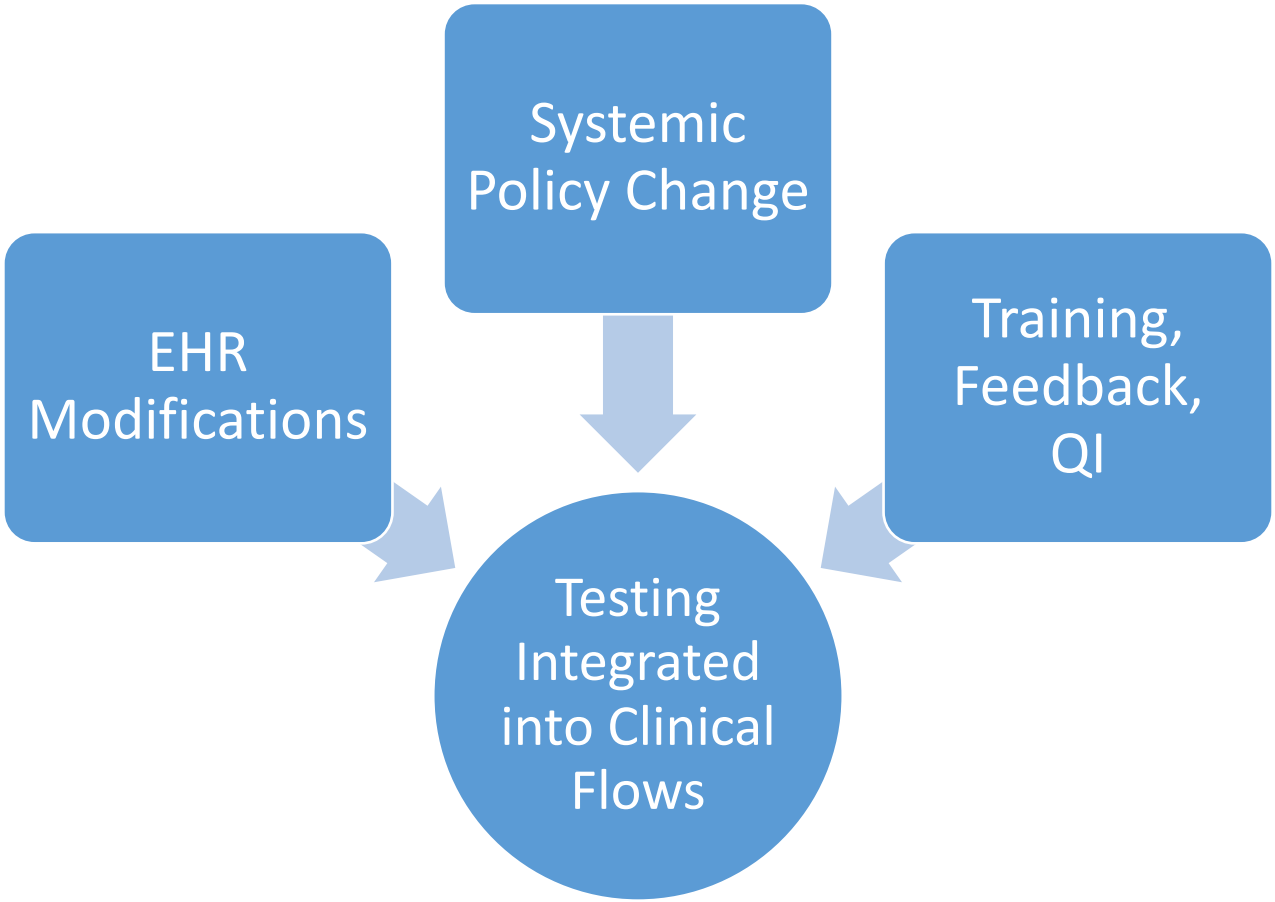
TEST Model



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Testing Integrated in Clinical Workflows

- This is the desired endpoint
- Maximize sustainability
  - Employ regular staff rather than dedicated testers
  - Adapt workflows to make testing routine
  - Minimize stigma
- Supported by EHR Modifications, Systemic Policy Change, and Training/Feedback/QI

EHR Modifications – Best Practice Advisories

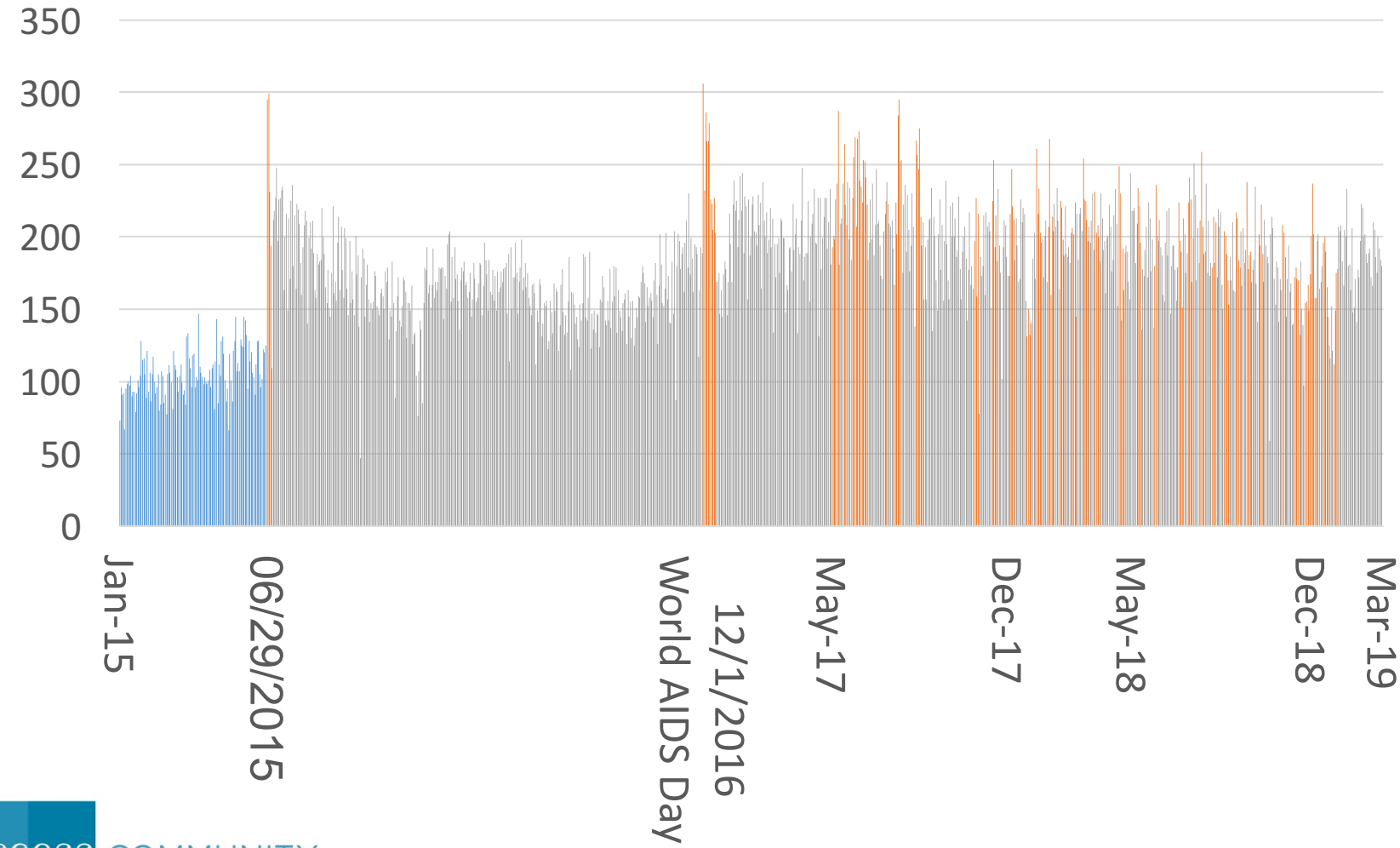
HIV

- Alert provider to need for screening
  - Annual for ages 13-64
  - One time age 65+
- SmartSet to simplify ordering
  - Document consent
  - Order test/link diagnosis
  - Add testing information to After Visit Summary

HCV

- Alert provider to need for screening
  - One time for patients born 1945-1965
  - People who inject drugs (PWID)

Number of HIV Tested Ordered by Day by BPA Status



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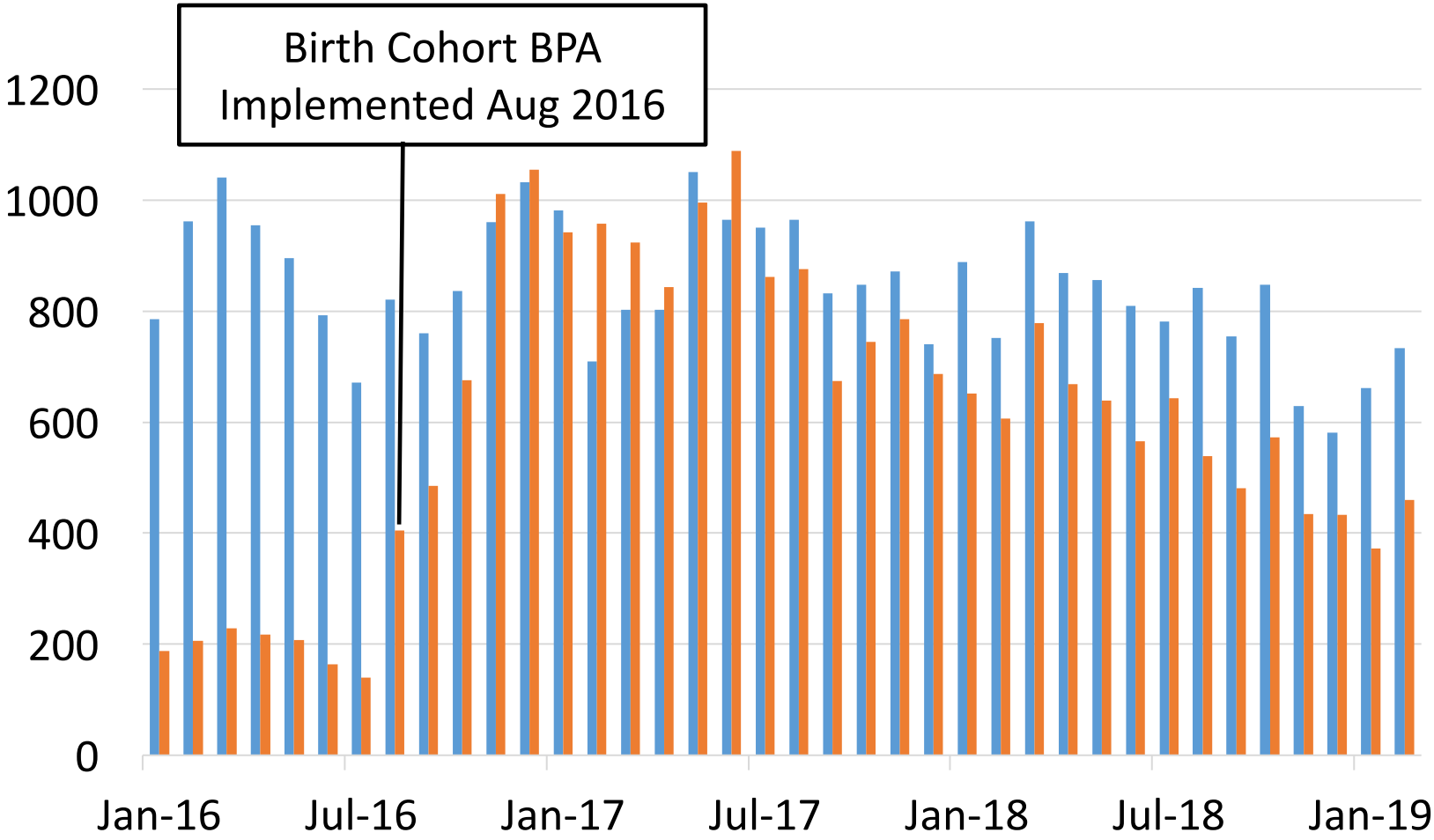
Number of HIV Tested Ordered by Day by BPA Status

- Graph shows the impact of “Hard Stop” BPA implemented to mark the expansion of universal HIV screening
  - Hard stop required clinicians to address BPA immediately
  - Very unpopular and in place for very short time
  - Replaced by “Soft” BPA that did not have to be addressed during encounter
- Less disruptive Hard Stop activated for World AIDS Day
  - Hard stop required to be addressed before closing encounter
  - Less disruptive
- Hard Stop activated intermittently to maintain awareness but impact diminishing

HCV Screening by Month by Birth Cohort



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HCV Screening by Month by Birth Cohort

- Graph shows impact of implementation of Birth Cohort BPA implemented August 2016
- Marked increase over a few months in number of patients born 1945-1965 screened for HCV
  - July 2016: 140
  - August 2016: 405
  - September 2016: 485
  - October 2016: 676
  - November 2016: **1,011**
- Soft BPA caused a less dramatic increase in screening than the Hard Stop HIV BPA but less disruptive and no pushback from clinicians

Systemic Policy Change

- BPAs most powerful tool but not sufficient without systemic policy change and leadership support
- Leadership support for lengthy process of integrating testing and linkage to care
  - 2012 HIV pilot at 7 sites
  - Universal HIV testing expansion with Hard Stop BPA June 2015
  - HCV Birth Cohort BPA August 2016
- Modification to general consent to treatment to include HIV screening
- Regional Medical Directors track HIV testing rates by health center, and provider testing rates included in quality metrics

HIV/HCV Testing Expansion Chronology

AUGUST 2013 MILESTONE:
Systemwide Epic rollout complete

JUNE 2015 MILESTONE:
Hard Stop HIV Testing BPA

Deploy Hard Stop HIV Screening BPA for patients age 13-64 not tested for HIV in the prior year or age 65+ never tested

Hard stop soon removed due to severe disruption to workflows; "soft" BPA remains in place

AUGUST 2016 MILESTONE:
Birth Cohort HCV BPA

December 2016
Temporarily reestablish Hard Stop HIV BPA in observance of World AIDS Day

January 2012-June 2014: 7-SITE HIV PILOT

- Assessment of existing HIV testing practices, linkage to care procedures and reporting capabilities
- Identifying barriers to routine universal screening
- Building Epic reports to capture HIV and STI testing data
- Providing training to providers and staff to overcome barriers to screening and linkage to care
- Produce communication materials for patients

July 2014-October 2015: EXPANSION OF ROUTINE UNIVERSAL HIV SCREENING

- Education and outreach to providers and staff on rationale for universal testing and new procedures for documenting consent
- Strengthening linkage to care processes
- Promote 4th Generation HIV test as the preferred test and add it to system wide favorites list

November 2015-January 2018: HCV TESTING AND LINKAGE TO CARE EXPANSION

- Continue monitoring HIV testing rates
- BPA modifications to simplify consent and reduce required number of clicks for HIV testing
- Education and outreach to providers on recommended HCV screening for 1945-1965 birth cohort

January-December 2017

- Experiment with sporadic implementation of Hard Stop HIV BPA
- Refinements to HCV Birth Cohort BPA - quantitative RNA reflex testing
- Establishment of Hepatitis C workgroup to develop and refine workflows
- Collaboration with onsite Walgreens pharmacists to assist in completing prior authorization paperwork for HCV treatment
- Partnership with CORE Center to reserve appointment block for Fibroscans for ACCESS patients
- Modifications to reports to facilitate HIV and HCV linkage to care workflows and track HCV patients through diagnosis, staging, treatment and cure
- Primary care providers trained through Project ECHO to treat HCV

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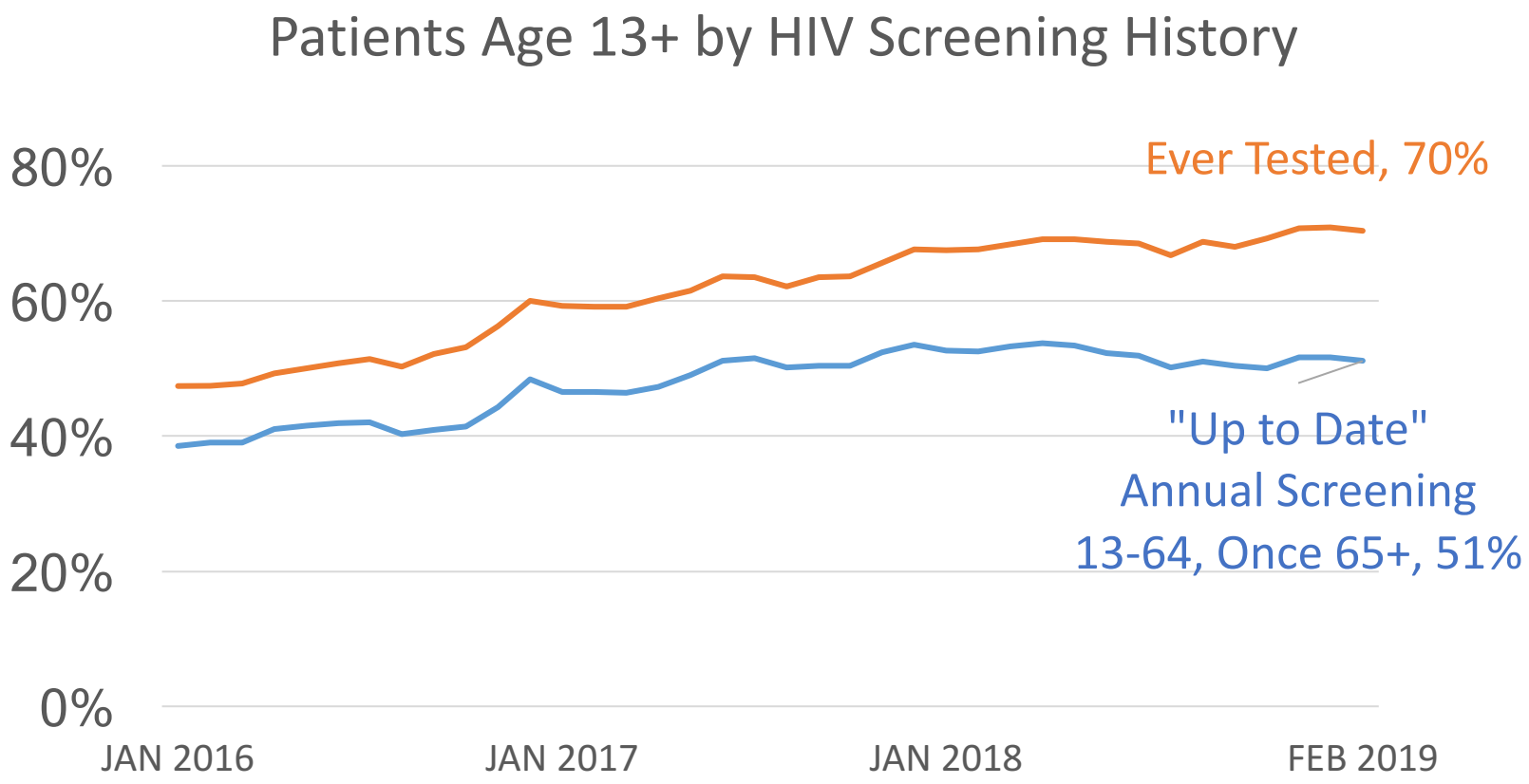
Lessons Learned from HIV Testing Expansion

- EHR modifications are a powerful tool to encourage routine screening
- Gain provider support to communicate the importance of testing within the context of primary care
- Changing testing rates at a population level takes sustained effort and attention over time
- Incorporate monitoring of testing rates into ongoing clinical quality measurement and improvement processes
- Assess and address barriers to testing and linkage to care and provide ongoing training and resources to address those barriers

Training/Feedback/QI

- Initial training for providers on universal HIV screening
  - Recommended by CDC
  - Some providers uncomfortable discussing risk behaviors
  - Information on internal HIV treatment resources and procedures for linkage to care
- Information on HIV BPA
- Monthly feedback for Regional Medical Directors on HIV and STI testing numbers and rates
- Monthly review of HIV and HCV testing metrics by ACCESS' Infectious Disease Quality Committee

Increasing Screening Rates a Long-Term Process



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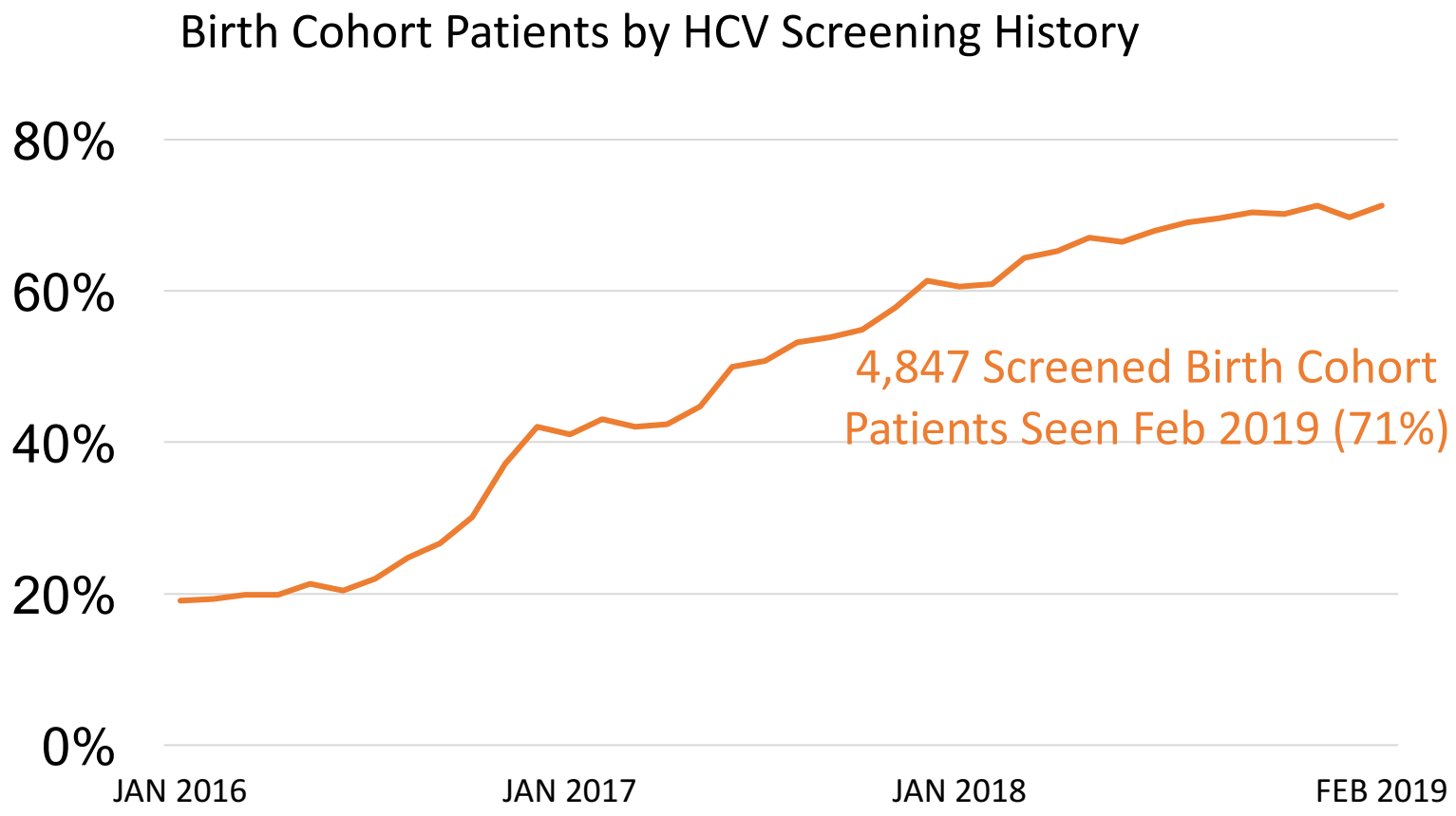
Increasing Screening Rates a Long-Term Process



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Increasing Screening Rates a Long-Term Process

Patients Age 13+ by HIV Screening History

- Upward trend lines for percent ever tested for HIV and percent "Up to Date" with recommended annual screening for ages 13-64 and onetime screening for age 65+
  - Ever Tested: 48% in January 2016 to **70%** in February 2019
  - Up to Date: 38% in January 2016 to **51%** in February 2019

Birth Cohort Patients by HCV Screening History

- Upward trend in percent of Birth Cohort ever tested for HCV
  - Started at 19% for birth cohort patients seen in January 2016
  - Reached **71%** (4,847) for birth cohort patients seen in February 2019

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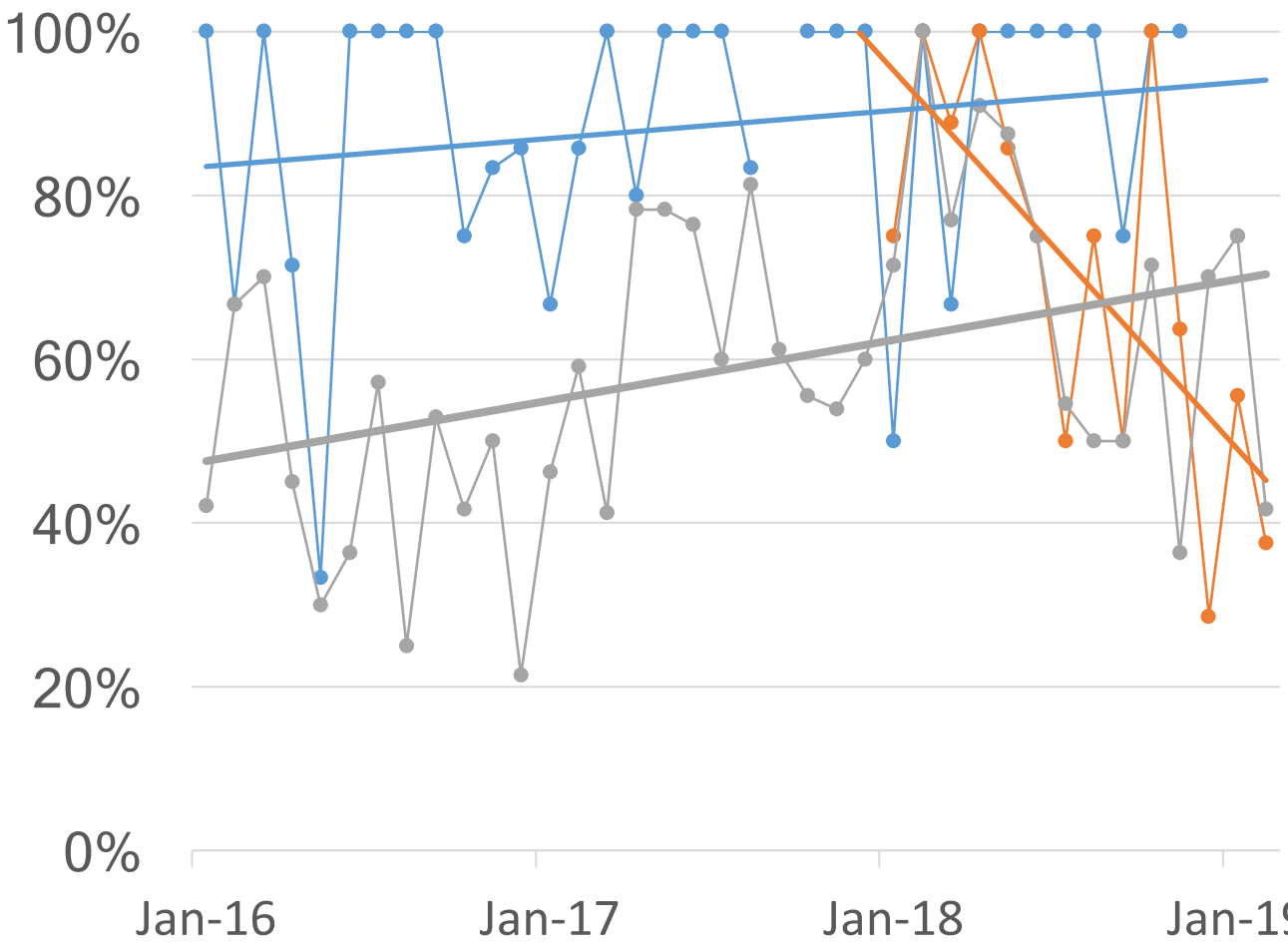
HCV Linkage Rates by Pilot Site



Linkage Navigation Initial 2 Pilot Sites

Non-Pilot Sites

Linkage Navigation Pilot Expansion 3 More Sites February 2018

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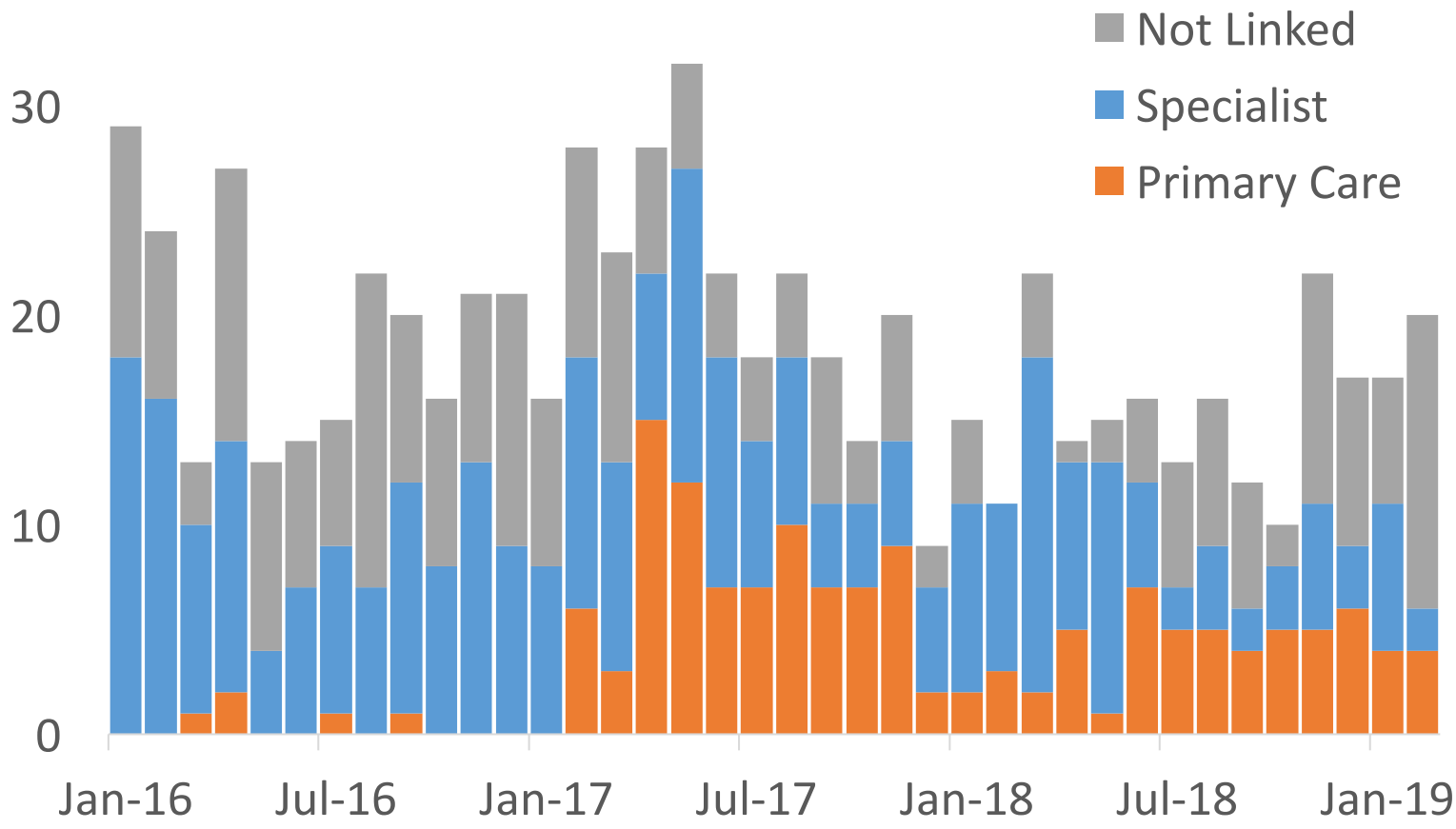
HCV Linkage Rates by Pilot Site

- At two initial pilot sites for linkage navigation 141 of 166 (85%) HCV RNA+ patients linked to care January 2016-February 2019
- At remaining sites 347 of 580 (60%) HCV RNA+ patients linked to care January 2016-February 2019
- Linkage Navigation expanded to 3 more sites in February 2018, linking 21 of 32 (66%) HCV RNA+ patients, about the same as the 64% linked at non-pilot sites during that time

- Overall upward trends for linking HCV RNA+ patients to appointment to initiate staging
- Linkage rates highest at two initial pilot sites with Linkage Navigators
- Linkage Navigators' reach expanded to 3 more sites in 2018
- Linkage rates declined overall in 2018

HCV Linkage by Provider Type



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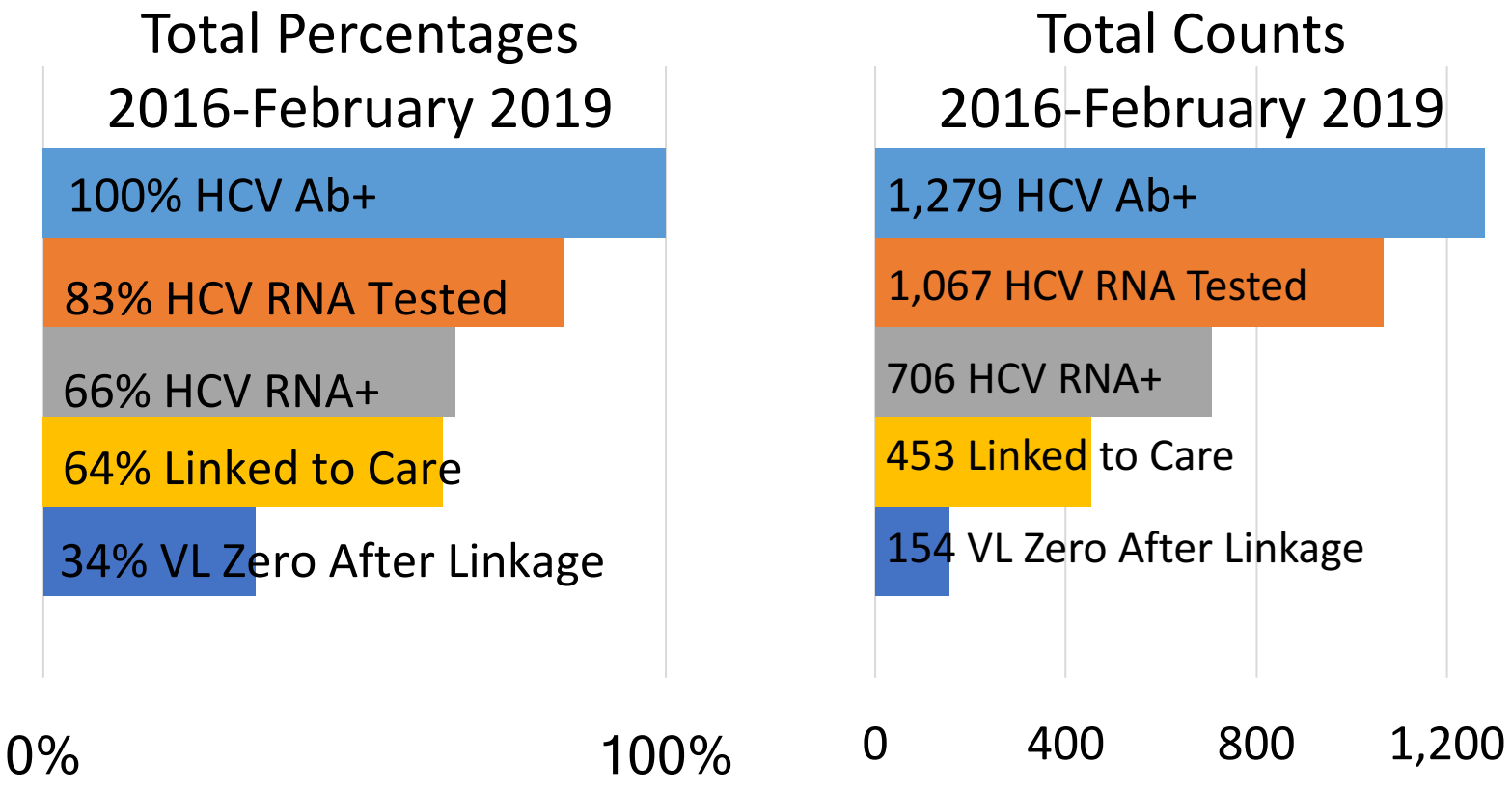
HCV Linkage by Provider Type

- Shows counts of patients testing HCV RNA+ each month who eventually linked with a primary care provider or specialist to initiate HCV staging for treatment
- Substantial fluctuation from month to month
- A number of PCPs completed Project ECHO HCV Treatment Training in 2017, and an increasing number of patients linked with PCP in 2017; that number decreased in 2018 as some trained providers left the organization
- Total **705** HCV RNA+ patients, January 2016 – February 2019
  - 305 Specialist (avg 8.0/month)
  - 148 to PCP (avg 5.1/month)
  - 252 Remained unlinked (avg 6.8/month)

Screening, Diagnosis, and Treatment
Stepwise Cascade Percentages and Counts



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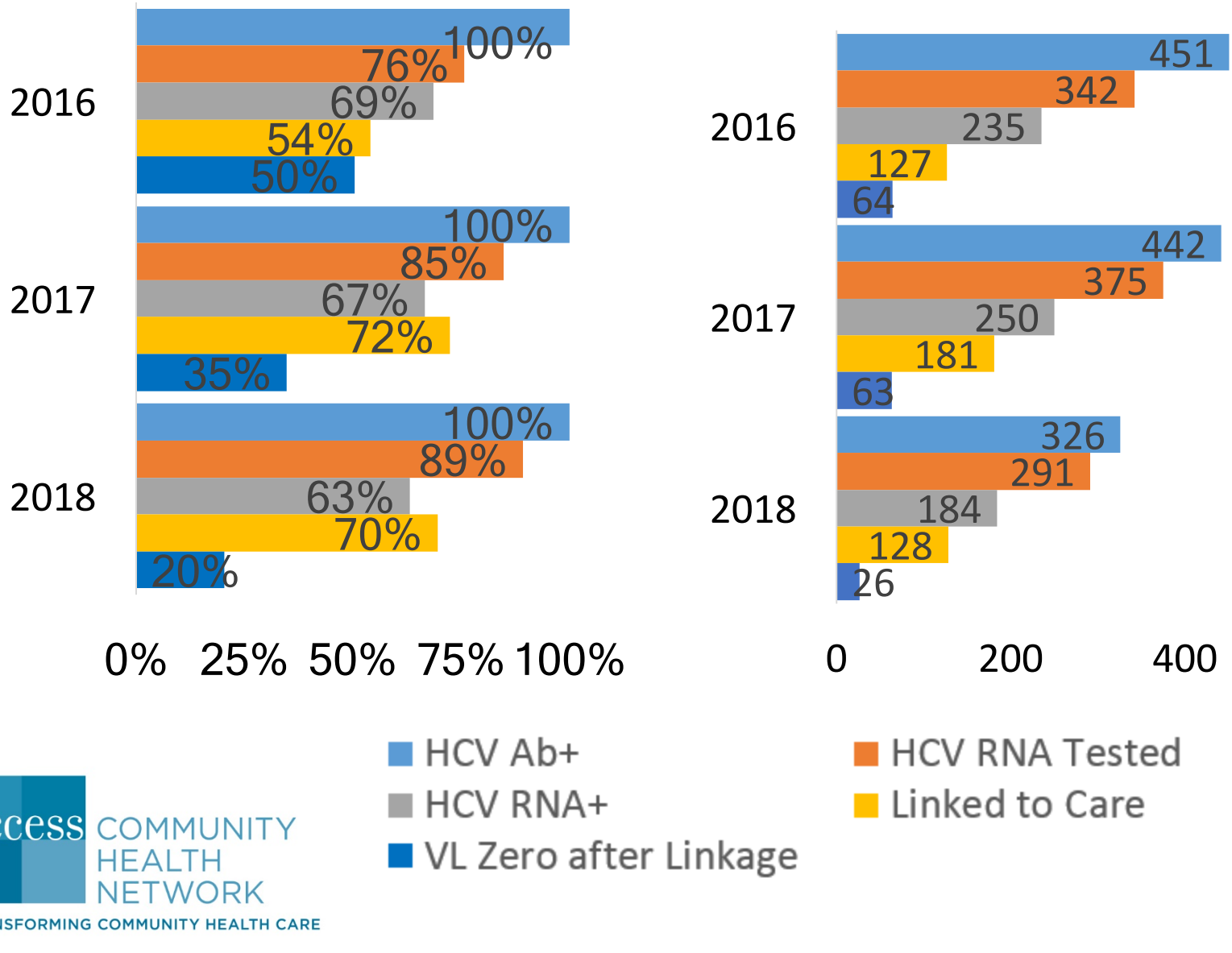
Screening, Diagnosis, and Treatment
Stepwise Cascade Percentages and Counts by Year



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Screening, Diagnosis and Treatment

- Two sets of graphs showing overall and year-by-year numbers and percentages for the cascade through screening, diagnosis, and treatment.
- Totals: **1,279** HCV Ab+, 1067 (83%) completed RNA test, of whom 706 (66%) were HCV RNA+. Of the RNA+ 453 (64%) linked to care, completing an appointment with an specifically trained PCP or Infectious Disease specialist to initiate staging for HCV. Of those positive, 154 (34% of linked) had one or more subsequent negative HCV RNA tests
- All numbers lowered in 2018 and in previous years reflecting progress in screening the birth cohort.

Discussion

- What are the barriers your organization faces in expanding HIV or HCV screening?
- What strategies can you think of to address them?
- What data do you feel are most valuable for monitoring your HIV or HCV testing efforts?

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