Increasing Access to HIV Testing, Quality Care and Prevention Education:

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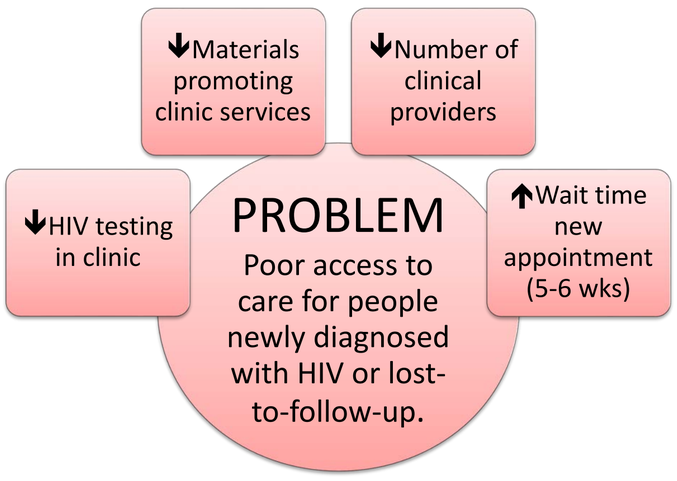
Algerina Perna. (2012). *Patrice Henry*.

1 Background

Nationwide, one in six infected people are currently unaware of their HIV status and Baltimore City was fifth in HIV incidence as of 2010 (CDC, 2013). The Moore Clinic (MC) of the Johns Hopkins Hospital (JHH) currently follows over 2,500 clients in various stages of HIV infection. Delays in care have been identified as a major challenge for the safety of patients and the community: there is a 5-6 week wait for a new HIV patient provider visit; a 35% missed visit rate; free HIV testing on-site at the clinic tests about 2-4 people monthly. A multidisciplinary approach to identify new cases and facilitate early access to MC was undertaken.

"Increasing access to care and optimizing health outcomes for people living with HIV" is one of the main goals of the White House's National HIV/AIDS Strategy (ONAP, 2010). Project goals were determined with this strategy and broader clinic goals in mind:

- Reduce delays in care for new and lost-to-follow-up HIV patients
- Diagnose HIV early before symptoms begin
- Strengthen partner testing in clinic
- Increase visibility of MC as a JHH resource for comprehensive HIV testing and care.



2 Objectives

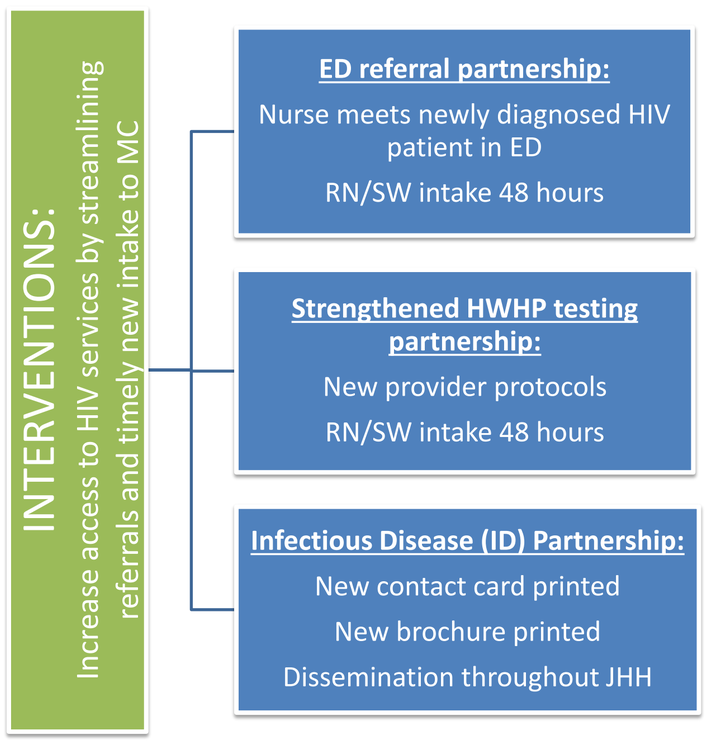
- Decrease time that new patients wait to engage with MC.
- Create a sustainable referral process with JHH Emergency Department (ED) for newly diagnosed and lost-to-follow-up patients to engage with MC.
- Reintroduce the free on-site HIV testing program in MC funded by the Johns Hopkins HIV Women's Health Program (HWHP).
- Create a protocol between MC and HWHP for referral and walk-in HIV test requests.
- Evaluate the volume of testing, new diagnoses, retention and staff capacity.

3 Methods

Activities using the Plan-Do-Check-Act (PDCA) (Seidl, 2012) methodology for quality improvement include:

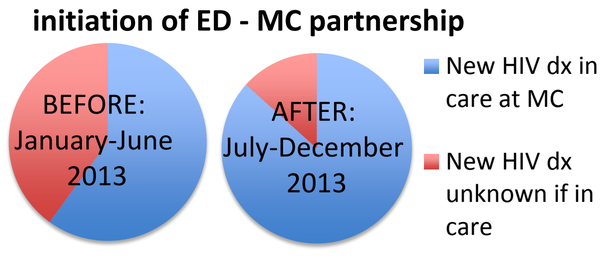
- **Revision of Protocols**: Guidelines for nurse (RN) or social worker (SW) intake within 48 hours of referral from ED or on-site HIV testing; processes for HWHP and MC providers/staff to test directly at MC.
- **Nurse-led Intervention with ED:** Communication between ED and MC to introduce RN to newly diagnosed patients.
- **Creation of Materials**: MC brochure, contact card, flyers to promote HIV testing.
- **Communication and Collaboration:** Dissemination notices and meetings with MC, HWHP, ED and nurse managers on JHH units and departments.
- **Evaluation:** Tracking of RN intakes; provider appointments; monthly test reporting between HWHP and MC. Plans for MC provider survey regarding experiences with RN/SW intake and HIV testing resources.

4 Results



ED referral partnership: A renewed RN-led intervention with the ED and MC was started in July 2013. Now, when a patient tests HIV positive in the ED, a MC RN meets that patient face to face in the ED. The patient has a RN/SW appointment within 48 hours. Of the 15 people referred through this partnership, 87% were successfully linked to care at the MC.

Linkage to care BEFORE vs. AFTER initiation of ED - MC partnership



HWHP testing partnership: Initially, many providers were unaware of HIV testing directly in MC. Providers have now been updated on the revised protocol.

<u>Before intervention:</u>

March: 3 appointments; no tests.

<u>First month of intervention:</u>

April: 2 appointments; 2 tests.

5 Conclusions

ED Referral Partnership: It is hypothesized that a early RN/SW intake appointment strengthens the relationship of the patient to the clinic, leading to the 87% retention following the ED partnership. This result helps support proof of concept that the RN-led initiative at MC may improve access to care. It is thought that improved access to care and adherence with HIV treatment decreases the spread of the virus, thus increasing the safety of the community.

HWHP Testing Partnership: Increased testing directly in MC builds on this model to streamline diagnosis and linkage to care, however, the strengthened partnership has not been implemented long enough early to draw conclusions. Communication gaps between departments remain a challenge. The referral process from the ED to MC and between MC and HWHP relies on phone calls, but the HWHP outgoing phone message for HIV testing does not directly reference testing due to concerns for HIV status disclosure. This process will need to be systematized for sustainability.

ID Partnership: A business card-sized contact card was printed as a discrete resource to connect people to MC from the ED, JHH or the community. A brochure is also being printed.

6 Future Directions

ED Referral Partnership: Strengthening resources for MC to conduct RN/SW intake for all new patients is needed.

HWHP Testing Partnership: Training certified medical assistants (CMAs) at MC as HIV testers under the HWHP grant has been identified as an ideal way to expand testing capacity. As patients are familiar with the CMAs, this enhancement may contribute to an improved new patient visit adherence rate. To further raise awareness of HIV services in MC, HIV testing will be promoted in JHH for National HIV Testing Day.

ID Partnership: Ultimately, HIV testing at MC could increase access to resources on prevention issues for HIV positive patients including: pre-exposure prophylaxis (PrEP), treatment as prevention, safer sex to prevent other STIs and healthy relationships.

7 References

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