

Changing HIV testing habits at FQHCs serving an urban population: effective strategies for sustaining change

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Purpose

In 2014, four Federally Qualified Health Centers (FQHCs) in a large metropolitan area implemented routine, opt-out universal HIV screening as part of an initiative to improve HIV testing rates and address the limitations of risk-based testing. In its first 18 months, the project resulted in a 190% increase in HIV testing, with 39,488 tests completed January 2014 through June 2015.

Steps for implementation

All health centers updated their HIV screening policies to align with CDC and USPSTF guidelines, and implemented one or more of the following interventions:

- Informational sessions: info on project, guidelines, goals
- Trainings: provider and staff buy-in, work-flow, skill-building
- EHR* huddle report: listing patients who need tests
- EHR 2-click ordering: simplified EHR ordering
- Chart preparation: highlighting patients who need tests
- Provider report cards: testing rates compared to others

*EHR= Electronic Health Record system

The timing and type of strategies implemented were determined by individual health centers.

Benchmarks for monitoring results

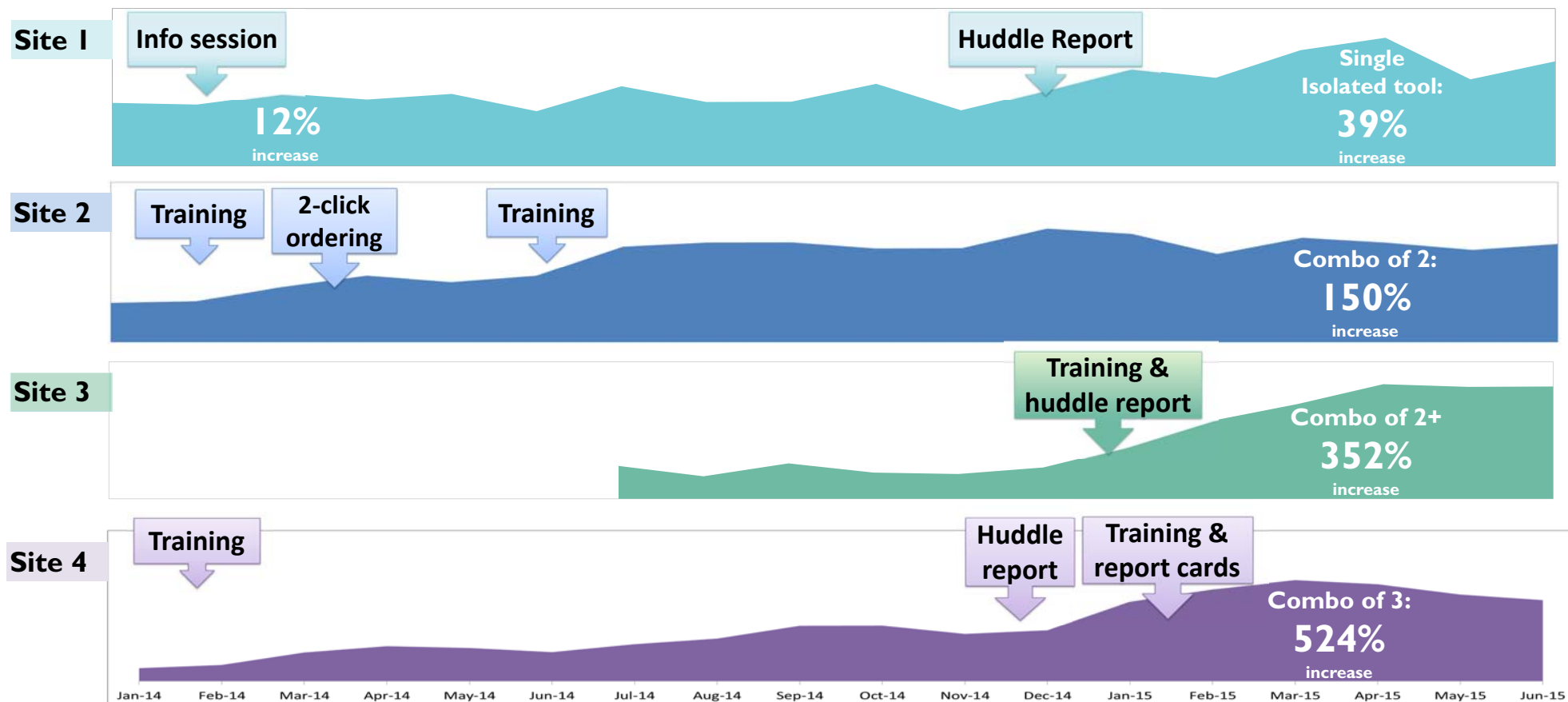
Analysis of monthly testing data consistently revealed increases in HIV testing rates in the 2 months following each intervention to widely varying levels of impact:

- Informational sessions yielded a 12% increase.
- EHR huddle report alone yielded a 39% increase.
- Trainings averaged a 117% increase.
- The combination of 2 interventions, a single EHR tool and work-flow trainings, achieved an average 261% increase.
- The combination of 3 interventions, 2 EHR tools (huddle report and report cards) and work-flow trainings, achieved a 524% increase.

Conclusions & lessons learned

The combination of strategies including staff trainings, easy-to-use EHR tools and testing report cards can effectively facilitate habit-change and significant increases in HIV testing at community health centers. In our program, isolated informational sessions had little impact on testing rates, and introducing EHR tools without buy-in trainings was only marginally effective. The greatest increases in HIV testing (average 2.5-fold increase) followed a staff work-flow training done in conjunction with the introduction of an EHR tool, such as a daily huddle report identifying patients due for HIV tests. Regularly monitoring monthly testing data effectively closes the habit-changing feedback loop for the biggest overall impact. ★

Results: strategies and impact on HIV tests by site



Results: HIV tests by site

	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Site 1	480	473	522	495	520	443	554	484	485	565	447	538	633	592	715	770	585	665
Site 2	197	205	275	333	301	333	478	499	500	469	471	569	542	442	523	498	462	492
Site 3**							168	115	181	134	127	160	267	400	485	586	572	574
Site 4	72	90	159	194	184	161	205	236	307	308	262	282	442	511	560	537	480	449
Site 5**	620	630	772	664	803	702	849	741	824	843	663	727	725	917	814	639	988	689
All sites	1369	1398	1728	1686	1808	1639	2254	2075	2297	2319	1970	2276	2609	2862	3097	3030	3087	2869

**Site 3 began their testing program and interventions in January 2015. Site 5 is not represented graphically because their interventions preceded 2014.

Participating sites



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