

## ***Title:***

Routine HIV testing in community health centers should include models for post test counseling and linkage to HIV care while also gathering important outcome data

## ***Authors:***

Cheryl Modica, PhD, MPH, BSN

Janet Myers, PhD

Kathy McNamara

**National Association of Community Health Centers, Inc**



---

# National Association of Community Health Centers (NACHC)

## Who We Are

NACHC is a non-profit organization that represents the interests of America's community health centers

## Our Mission

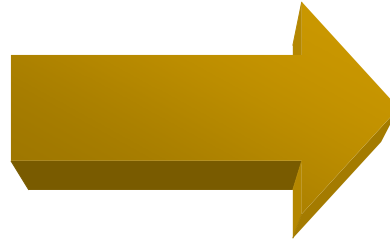
To promote the provision of high quality, comprehensive health care that is accessible, coordinated, culturally and linguistically competent, and community directed for all underserved populations.



---

Who We Are...

**COMMUNITY  
HEALTH CENTERS**



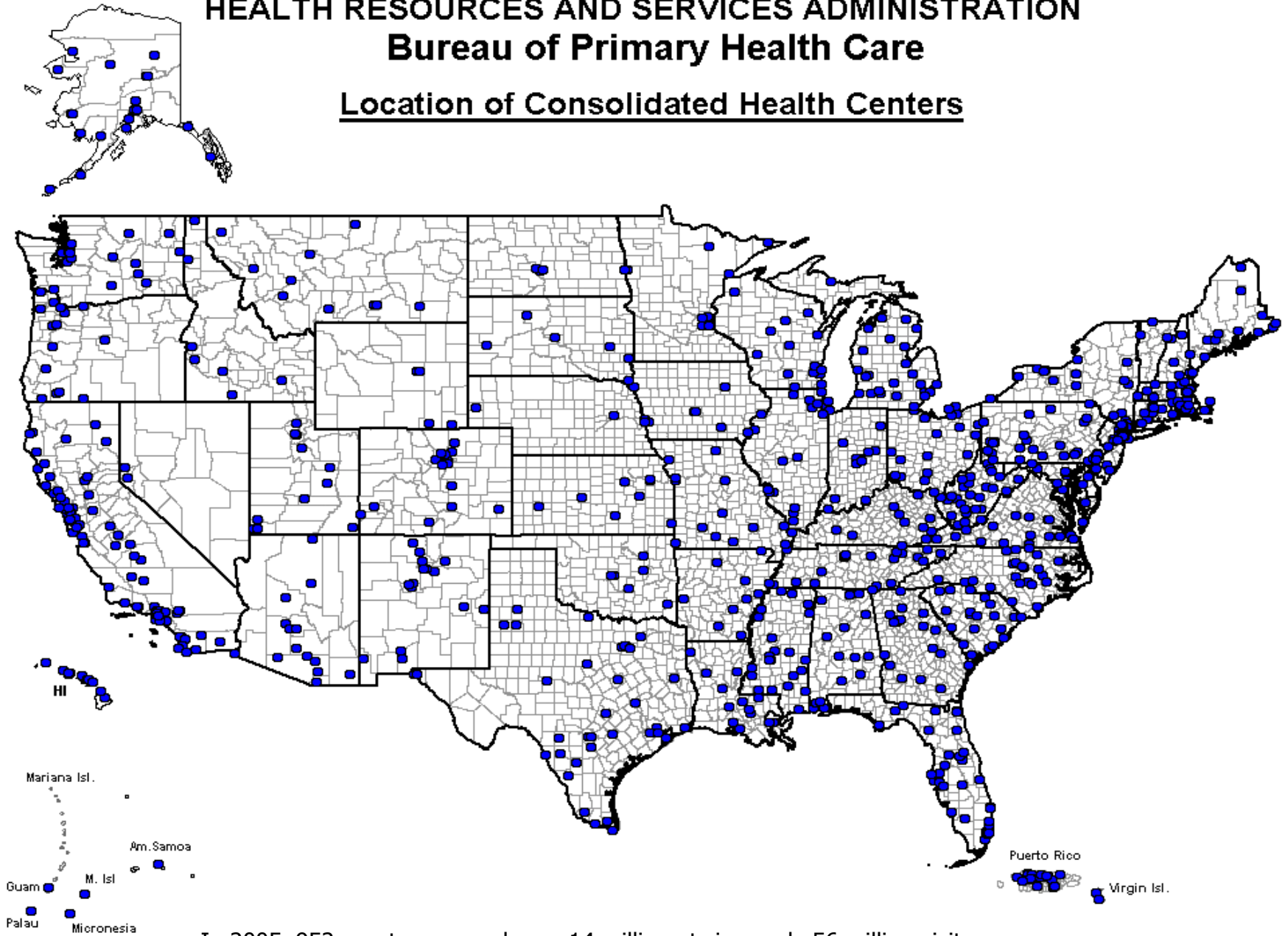
**Also known as  
Federally Qualified  
Health Centers or  
FQHCs**

**Include:**

- **Community Health Centers**
- **Health Care for the Homeless Centers**
- **Migrant Health Centers**
- **Primary Care Programs in Public Housing**

# HEALTH RESOURCES AND SERVICES ADMINISTRATION Bureau of Primary Health Care

## Location of Consolidated Health Centers



In 2005, 952 grantees served over 14 million pts in nearly 56 million visits

# Health Centers

## *Patient Profile*

- 1 in 7 minorities
- 1 in 10 rural Americans
- 1 in 9 Medicaid beneficiaries
- 1 in 8 uninsured persons, including
- 1 in 5 low income uninsured
- 1 in 4 people in poverty
- *800,000 Farmworkers, 800,000 Homeless Persons*

---

# Routine HIV Screening Project

## Objective:

To develop a model for the integration of HIV testing into routine primary care at **Non-Ryan White** funded health centers along with a model for post test counseling and referral to specialty care

## Target States

- Mississippi
- North Carolina
- South Carolina

---

# Implementation Model

(2006-07)

## ■ Pre-Pilot

- Assess current model of delivering primary care and HIV testing; design routine HIV screening model
- Create data collection system and tool
- Build partnerships with DIS and other community entities
- Enhance/build referral arrangements

## ■ Kick-off

- Host an all staff workshop and educational forum
- Train staff in HIV Rapid Test and routine screening process
- Institute process for data collection

---

# Implementation Model

(2006-07)

## ■ Launch

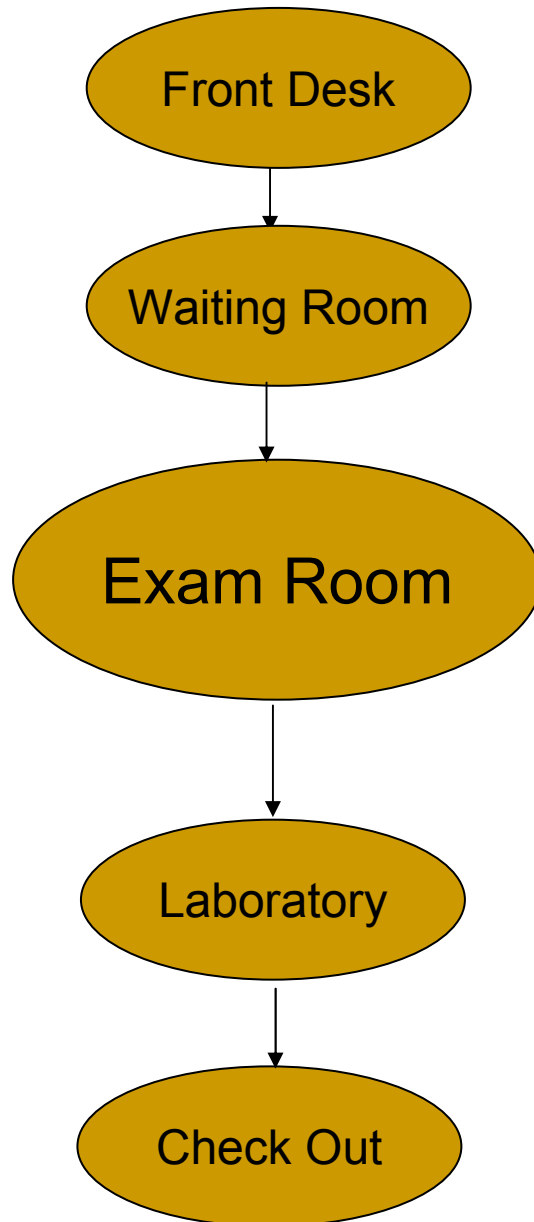
- Implement Routine HIV screening and data collection

## ■ Maintenance

- Conduct periodic site visits
- Provide ongoing coaching via phone and email
- Link to local/state training and support
- Review data, provide feedback, and correct errors



# Patient Care Model with Integrated Rapid HIV Testing



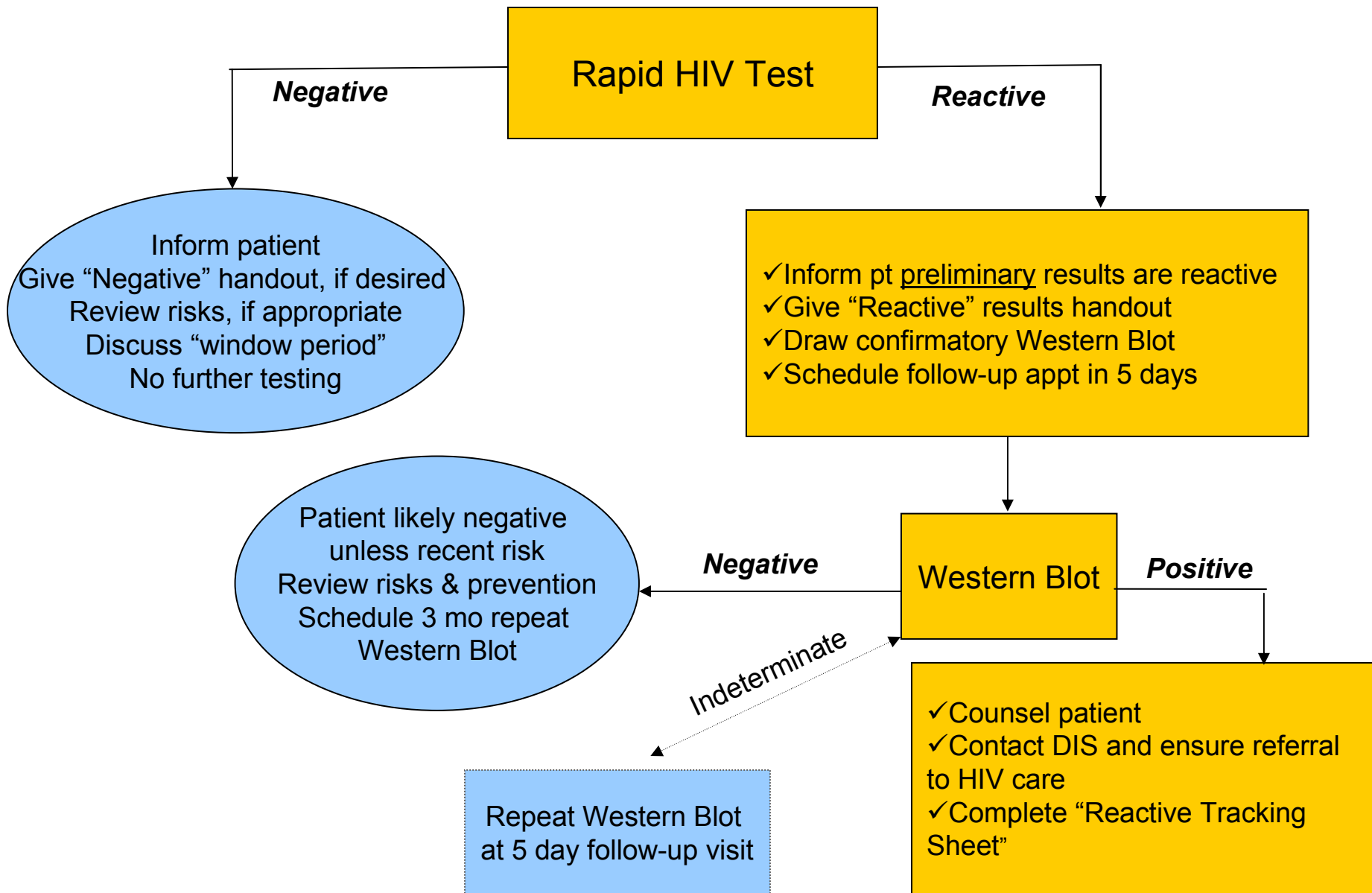
Patient signs in. Encounter form printed and, together with ROUTINE SCREENING FLOW SHEET, placed in bin for pick-up by nurse/MA.

- Nurse/MA escorts patient to exam room.
- During intake process (which may occur in a “vitals area” in some centers), nurse/MA offers RAPID HIV SCREENING** in addition to blood pressure, temperature, etc.
- Patient signs consent if accepting HIV test.
  - If accepted, sample obtained and transported to lab for processing.
- Provider performs exam; orders necessary follow-up visits and/or referrals.
- Nurse/MA enters results on Routine Screening Form.
  - Negative results given by nurse/MA
  - Reactive results given by provider

If blood work necessary, provider writes an order. Patient directed to laboratory for blood draw.

Patient takes encounter form and proceeds to check out area for scheduling of next visit.

# Health Center HIV Screening Algorithm



# Post Test Counseling & Referral

Rapid HIV Test

*Reactive*

**CHC\* Notifies DIS of Reactive result**

- CHC informs pt preliminary results reactive
- CHC provides written "Reactive" results handout
- CHC draws confirmatory Western Blot
- CHC schedules follow-up appt in 5 days

DIS may come to CHC to counsel pt regarding results, window period, risk reduction; if not CHC does counseling

Western Blot

*Negative*

*Positive*

*Indeterminate*

DIS comes to CHC to counsel pt and Western Blot redrawn

- DIS performs post-test counseling
- DIS completes CDC data form
- DIS refers to HIV specialty care and case management
- DIS addresses partners notification

# Results

- 10 health centers (26 clinical sites) in four states\* have successfully applied this model.
- As of March 31, 2008, 16,291 patients were offered testing, with 11,309 (69%) accepting;
- 17 (.15%) new cases of HIV were identified;
- 16 of the newly diagnosed cases of HIV were successfully linked to care or in contact with DIS or health center staff regarding decision to refuse care;
- Fifty-six percent (56%) of patients tested through this pilot project were tested for the first time.

# Results

- **African Americans** and **Latinos** were significantly *more* likely to test than were Whites.
- **Women** were *more* likely to test than were men.
- **Uninsured patients** were *more* likely to test.
- Patients insured under **Medicare** or **Medicaid** were *less* likely to test.
- Patient **age** was not associated

---

# For More Information

- National Association of Community Health Centers (NACHC) [www.NACHC.com](http://www.NACHC.com)
  - Kathy McNamara 301 347 0400
    - Email: [kmcnamara@NACHC.com](mailto:kmcnamara@NACHC.com)
  - Cheryl Modica 631.757.6375
    - Email: [camodica@optonline.net](mailto:camodica@optonline.net)