

HIV TESTING EXPANSION INITIATIVE

The First Year

Presentation to the AIDS Advisory Council
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NYC Health and Hospitals Corp

- Public Benefit Corporation created in 1969
- Largest municipal hospital system in US
 - 11 acute care hospitals
 - 6 diagnostic and treatment centers
 - 4 long term care hospitals
 - 95 extension clinics
 - MetroPlus (health maintenance organization)
 - Partnership in Care (HIV SNP)
 - Home care agency



NYCHHC, continued

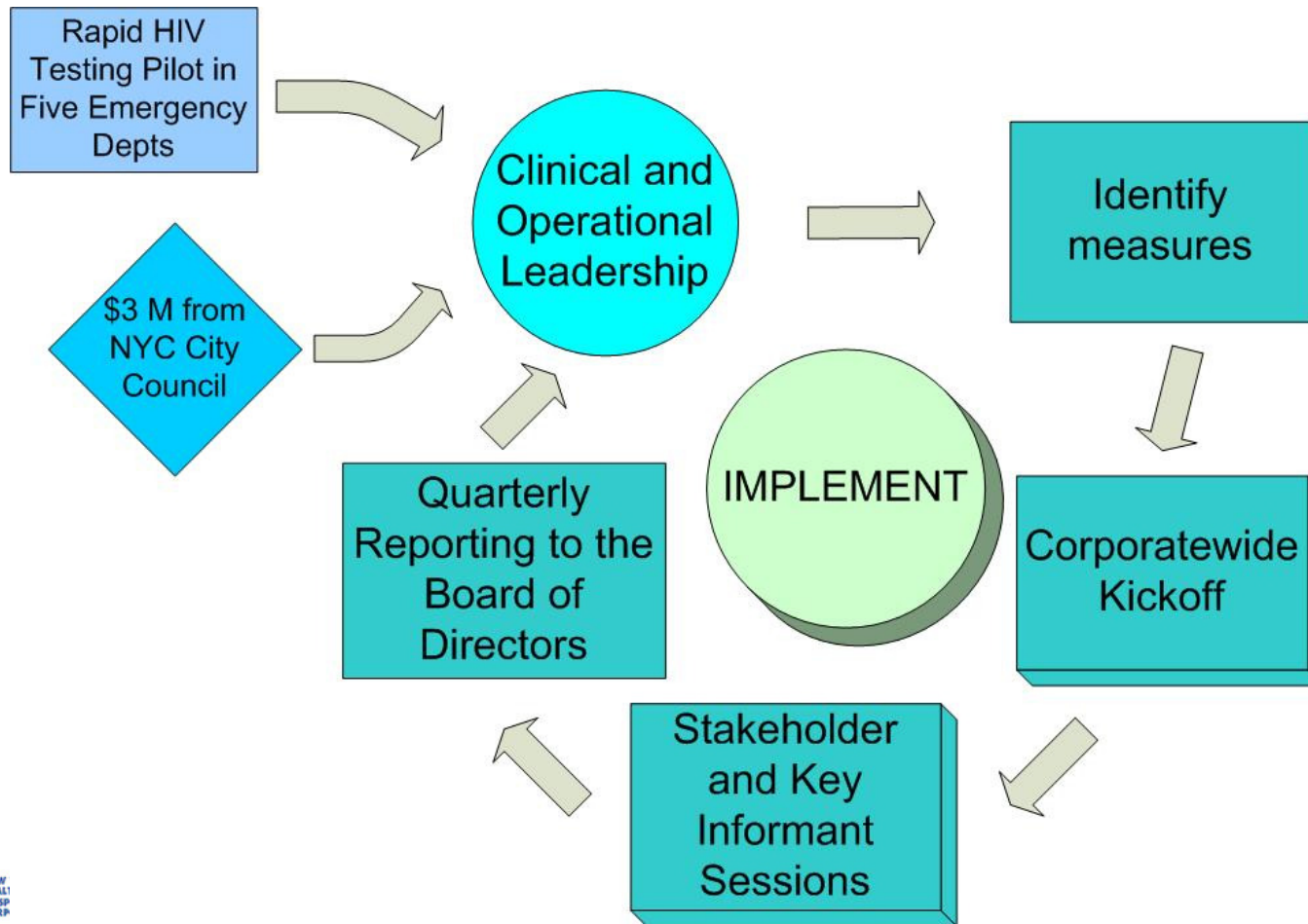
- Serve 1.3 million New Yorkers
- 218,300 discharges
- 5,800,000 visits
- \$5.5 B operating budget
- 19,000 HIV/AIDS patients



HIV Testing Expansion Initiative

- Increase the number of patients who know their HIV status -- ***test 100,000 patients***
- Increase the proportion of patients who enter care early -- ***reduce the number of concurrent AIDS diagnoses***
- Once in care, retain patients in care -- ***≥80% of patients will have 2 medical visits in the last 12 months, with at least one visit in the last 6 months***

HIV Testing Expansion Plan





Year One Summary Results

- Testing increased by 57% (from 58,785* in FY05 to 92,123 in FY06)
- 76% of newly positive** patients received and kept their first appointment for primary HIV care (589/774)
- Retention data is pending (lagging indicator)

*Includes some individuals who were tested at more than one facility.

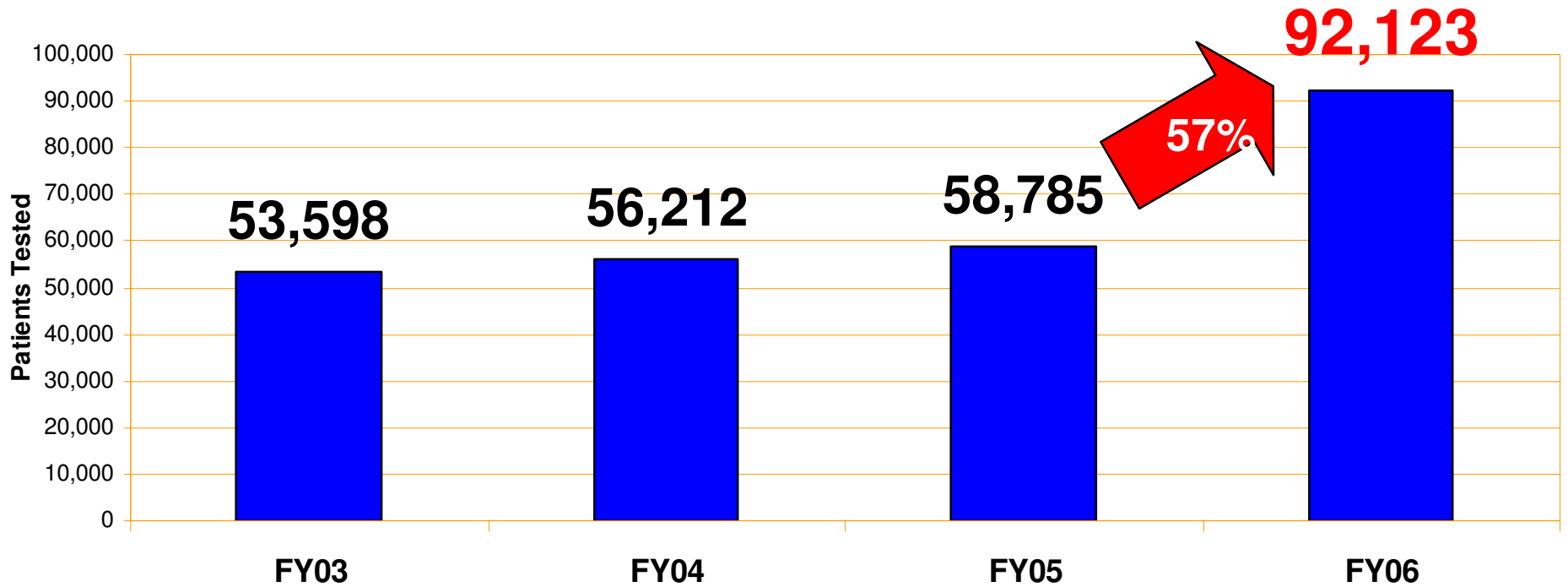
**Newly positive = patients who reported no prior positive test and for whom no prior positive test was documented at the facility



Results, continued:

- Largest and best structured hospital-based rapid HIV testing program in the country
- Rapid HIV testing is now available at all HHC acute care hospitals and D&TCs
- All HHC acute hospitals now offer HIV testing in multiple venues: ED, inpatient services and at least three outpatient clinics (including Dental, Medicine, Women's Health Services, Adolescent Health Services, Chemical Dependency and extension clinics)

FY06 Represents a 72 Percent Increase over FY03



FY03 – FY05 Outpatient Only (Source: PLM)

FY06 Outpatient, Inpatient and ED (Source: Facility Reports)



Variables

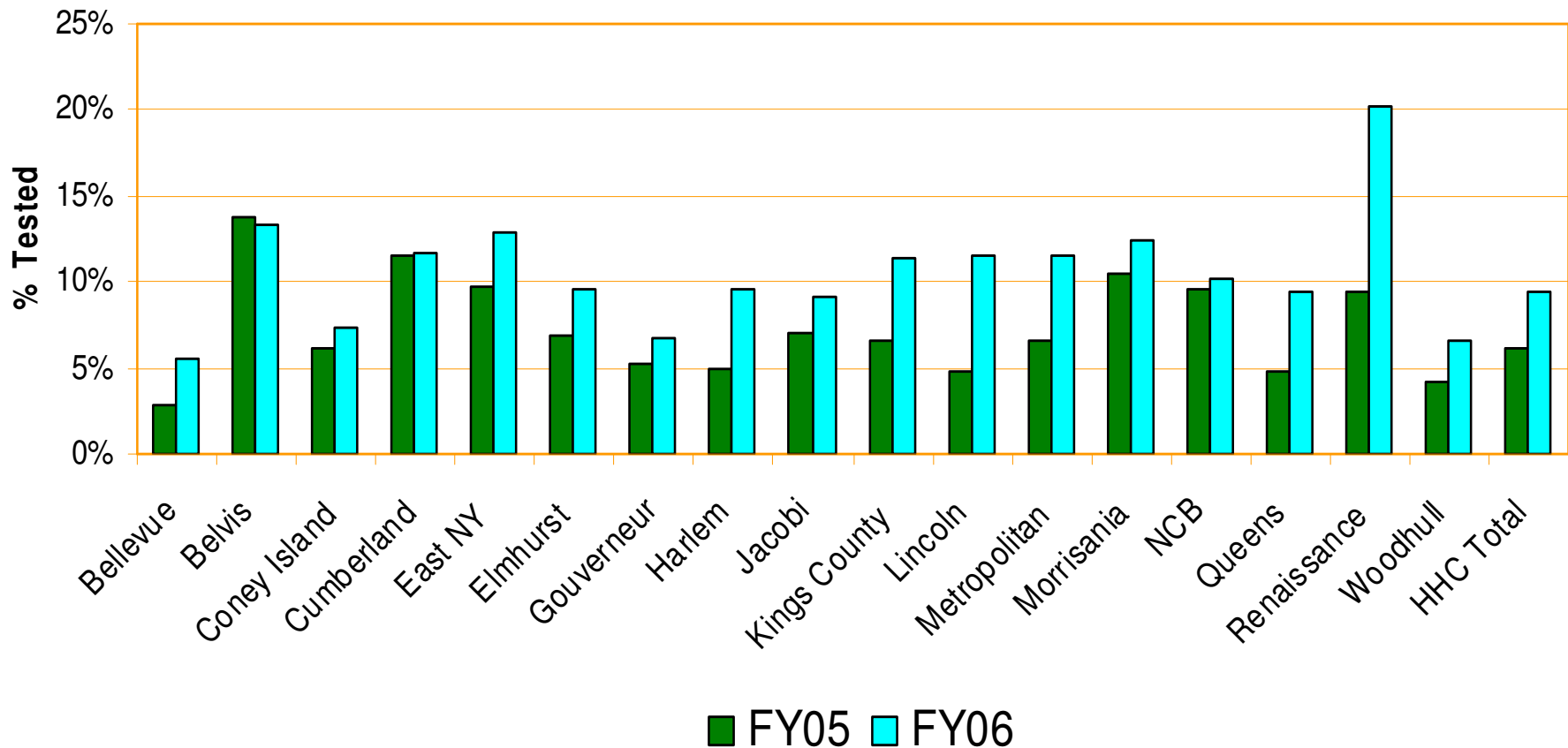
- Venue – inpatient, outpatient, emergency department
- When – time of day, day of week, tour/shift
- Process – how patients know testing is available, how testing is introduced
- Provider – who approaches, who tests
- When program started
- Role of leadership



Challenges and Considerations

- Patient education
- Provider education
- Linkage to care
- Departmental ownership
- Additive tasks
- Demand management in clinics and ED
- Documentation
- Cost

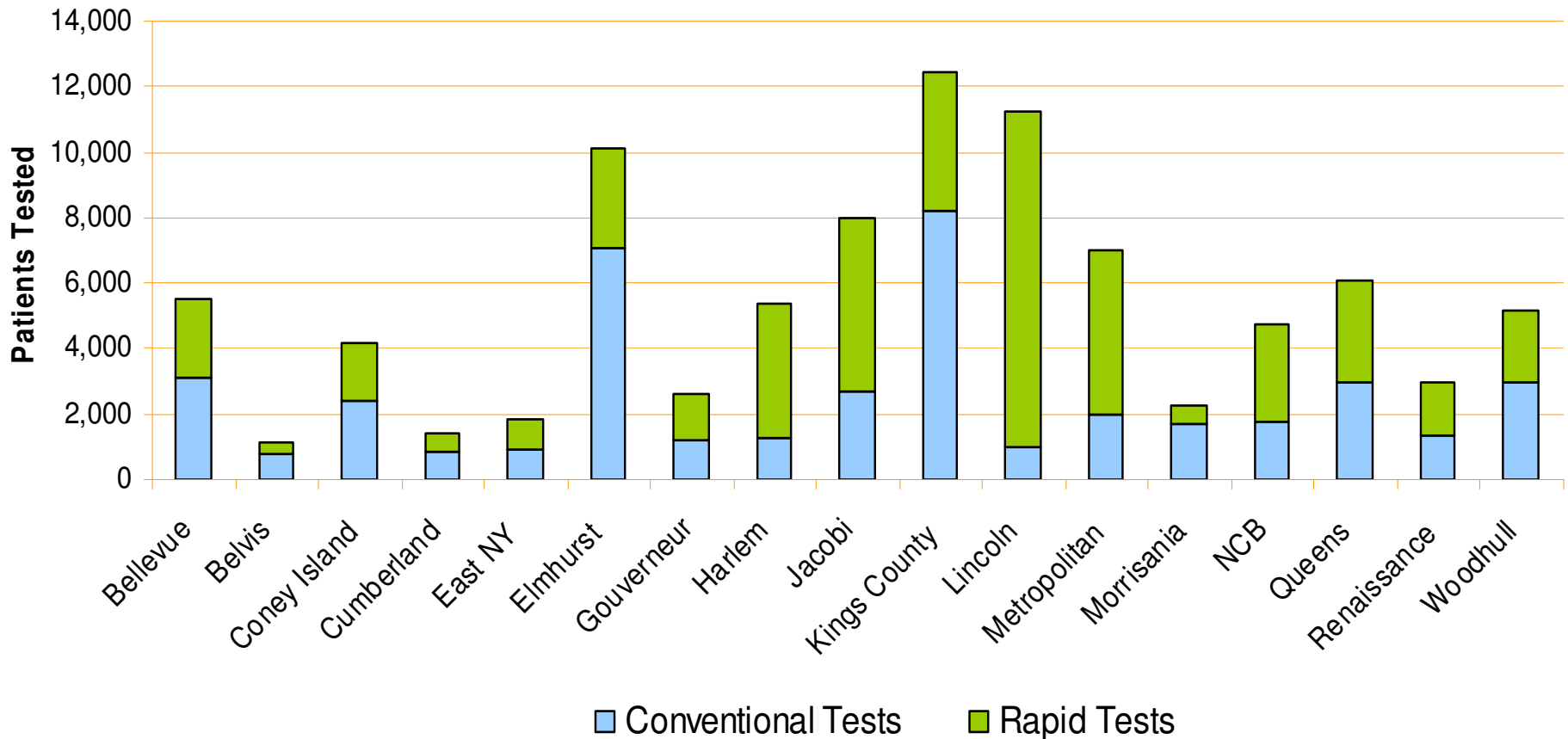
Almost 10% of Total Patients Age ≥ 13 were Tested for HIV



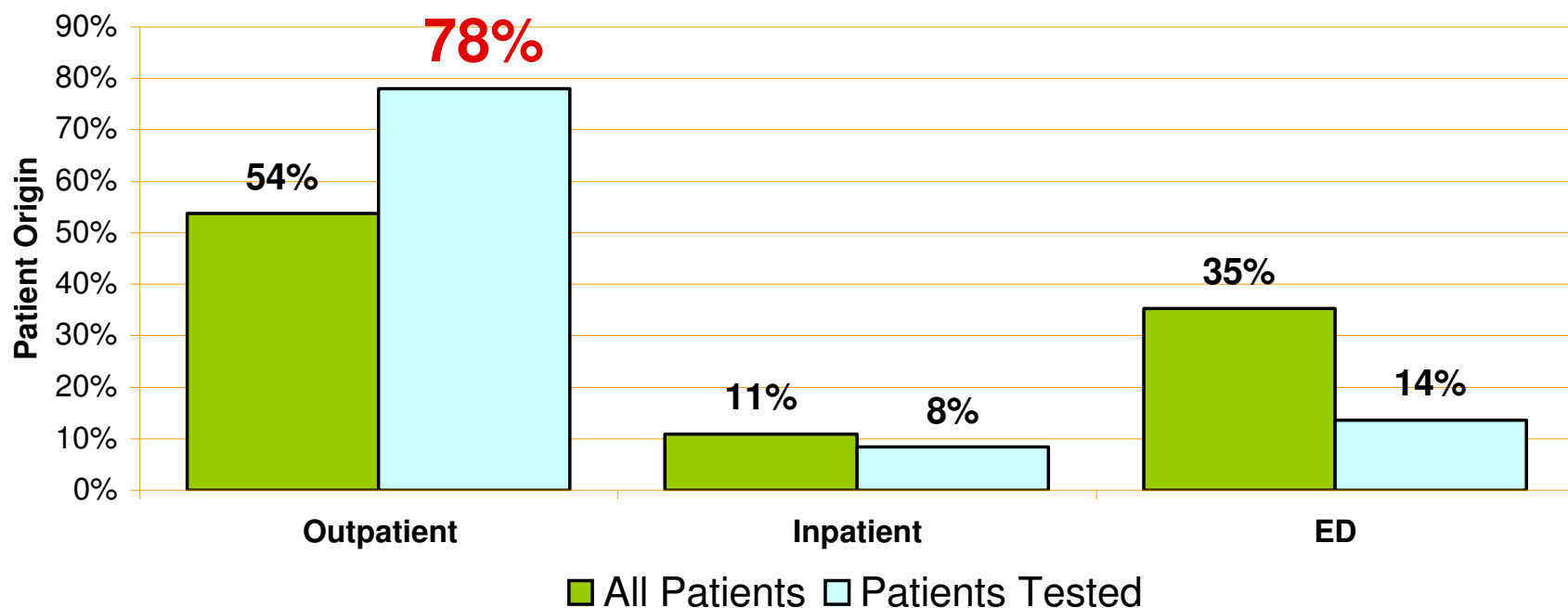
FY05 Outpatient and ED Pilot Sites Only (Source: PLM and RHT in ED Pilot Project Reports)

FY06 Outpatient, Inpatient and ED (Source: Facility Reports)

Kings County, Lincoln and Elmhurst Tested the Largest Number of Patients



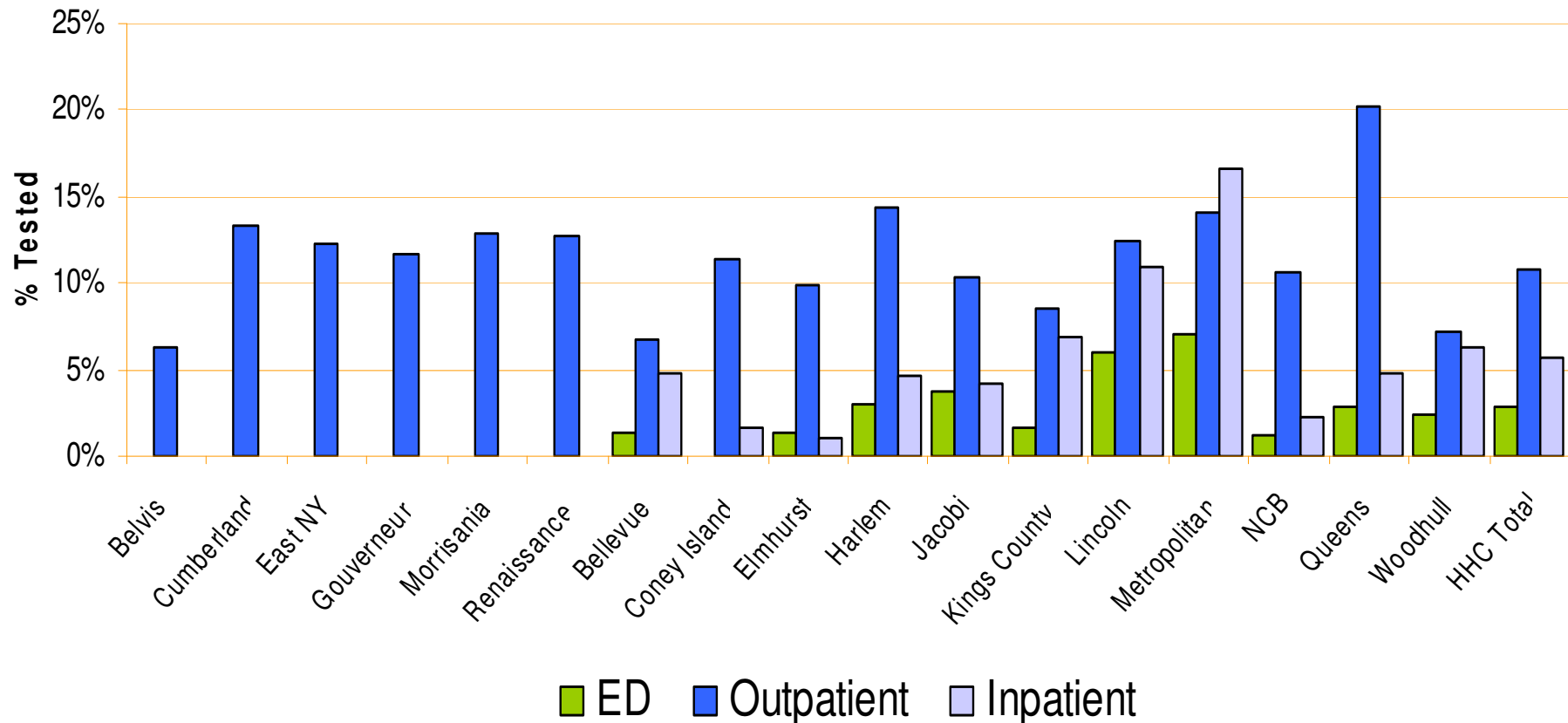
The Greatest Number and Proportion of Testing Occurred in Outpatient Clinics*



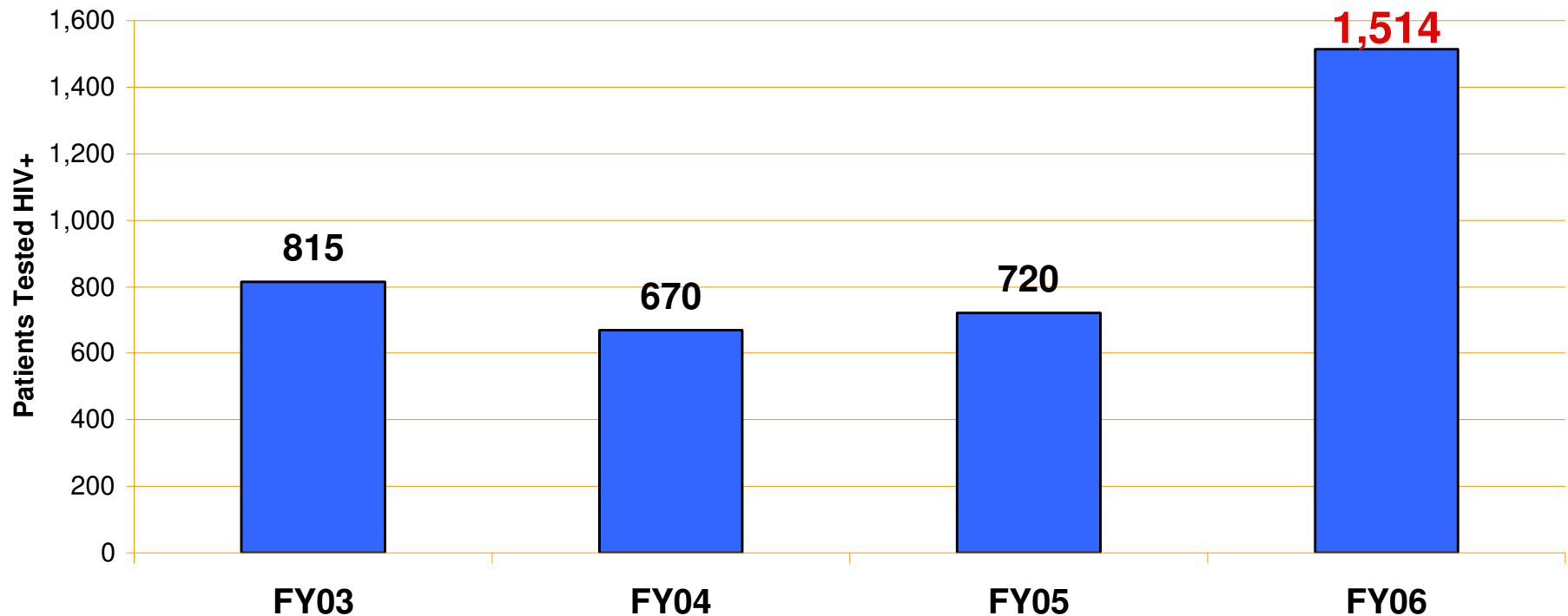
*On average, Prenatal Testing represents 38% (28,194/71,900) of Outpatient testing and 31% (28,194/92,123) of total HIV testing in FY06.

FY06 All Patients (Source: PLM)
 FY06 Patients Tested (Source: Facility Reports)

Venues for Testing Varied Across Facilities



The Number of HIV Positive Individuals More than Doubled in FY06



FY03 – FY04 Outpatient Only (Source: PLM)

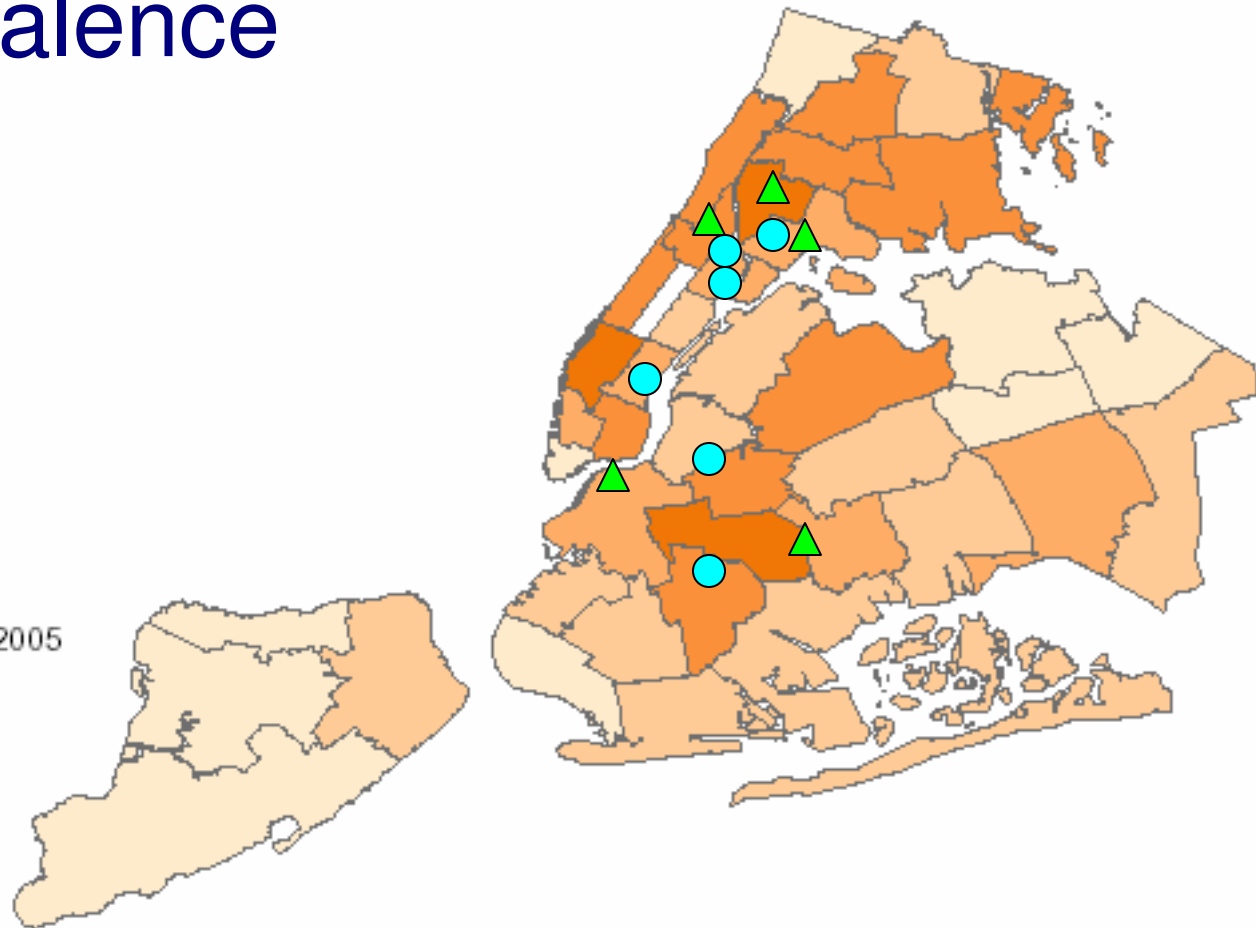
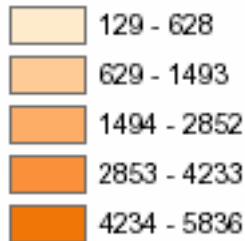
FY05 Outpatient and ED Pilot Sites Only (Source: PLM and RHT in ED Pilot Project Reports)

FY06 Outpatient, Inpatient and ED (Source: Facility Reports)

Select HHC Facilities and HIV Seroprevalence

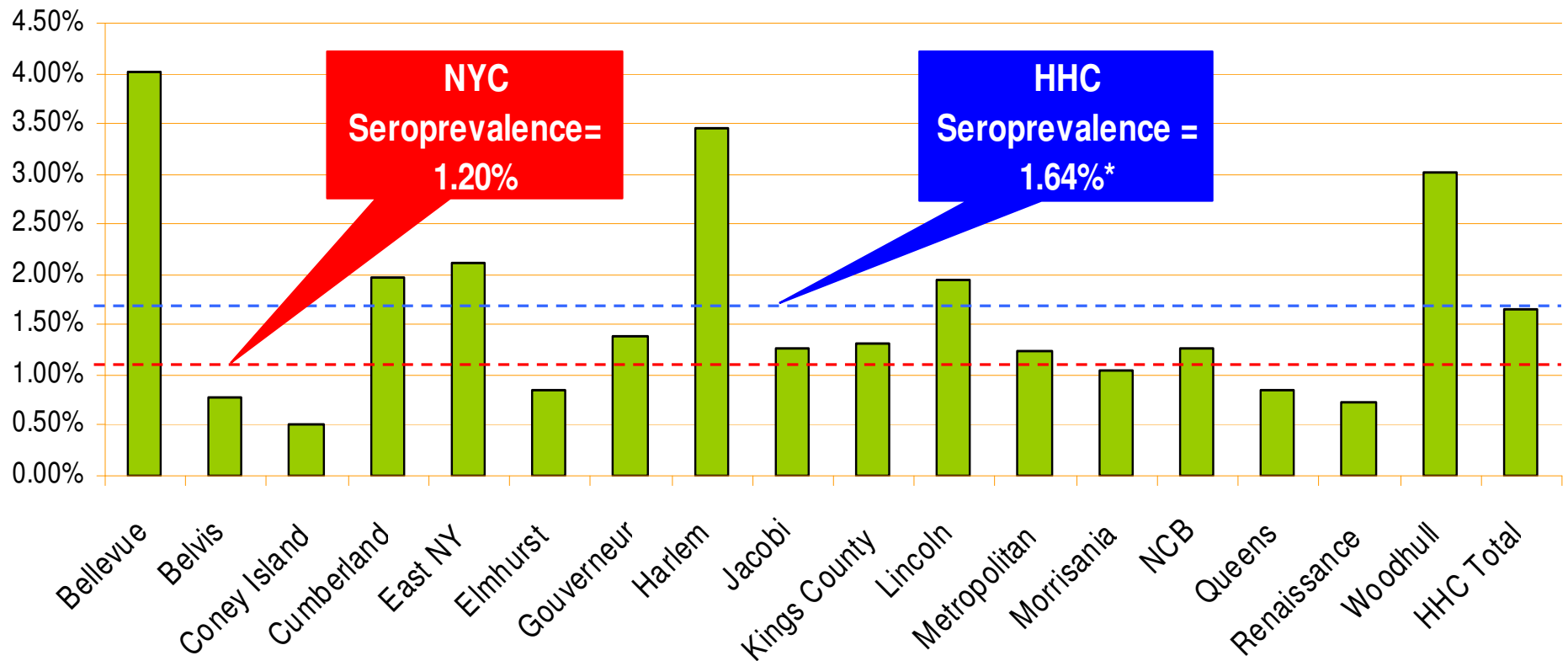
D&TC ▲
Acute ●

PWHA as of 30 June 2005



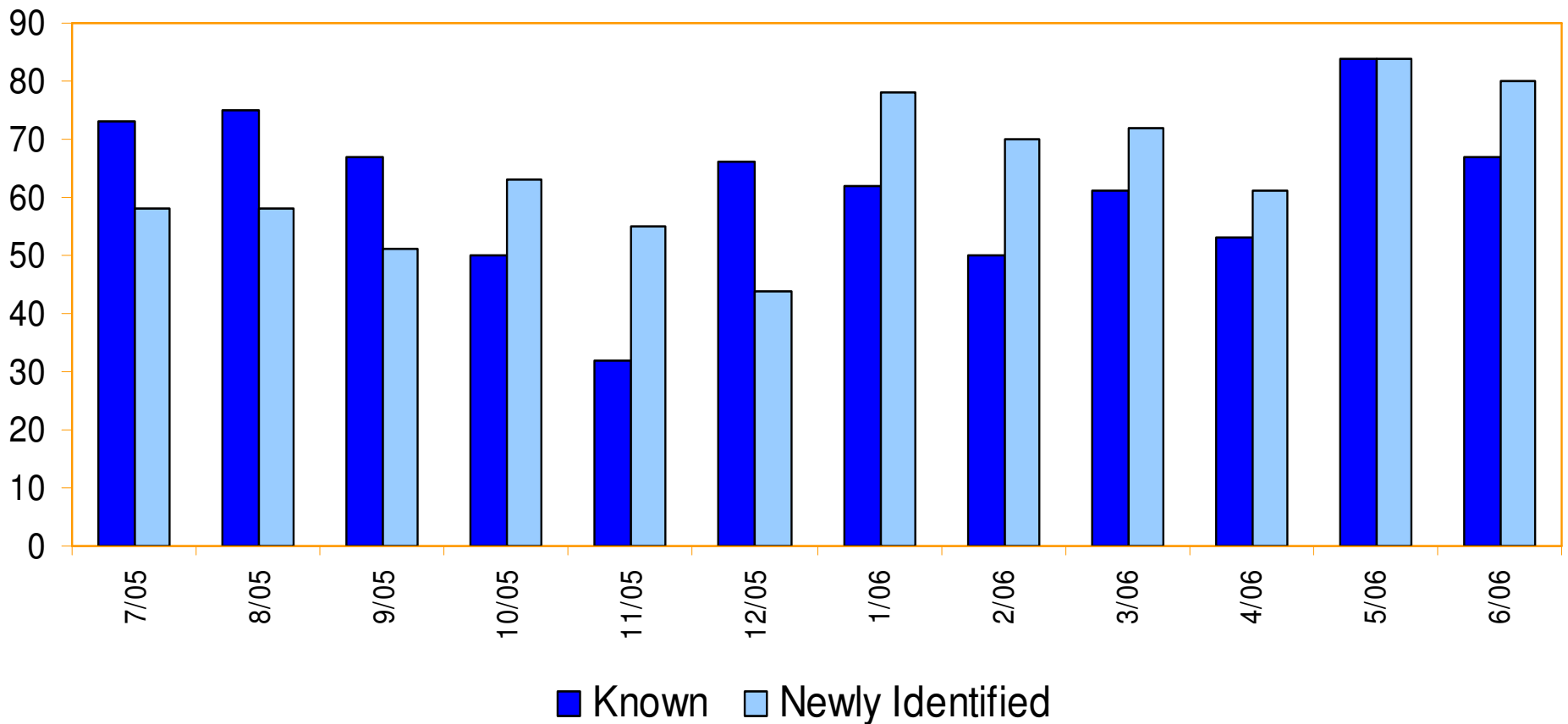
As reported to the New York City Department of Health and Mental Hygiene by September 30, 2005.

Rates of Seropositivity Varied by Facility*



* This data should be interpreted with caution: data includes a significant proportion of individuals already known to themselves or the facility as positive.

A Greater Proportion of “Newly Diagnosed” HIV Positive Patients were Identified as the Year Progressed





Promotion

- Site-specific brochures
- Interior signage
- During triage
- During nursing assessment



Strategies

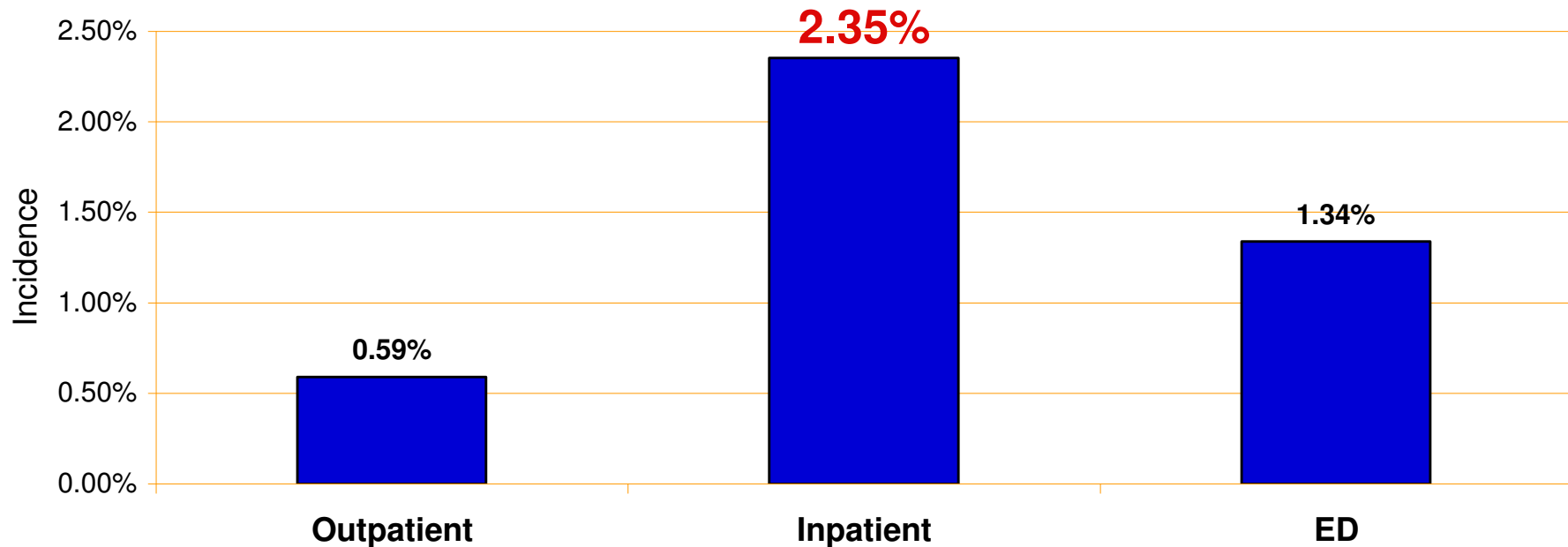
- **Kings County Hospital Center** centralized testing in phlebotomy
- **Coney Island Hospital** incorporated HIV status questions into new and annual outpatient nursing assessments
- **Harlem Hospital Center** implemented a provider-driven rapid program in the Dental Clinic
- **Renaissance D&TC** developed a brochure that elicits a self-assessment of HIV risks for patients before they see their provider; the self-assessment is collected by providers and the test is offered
- **Lincoln Medical and Mental Health Center** attending and resident providers offered testing to all inpatients



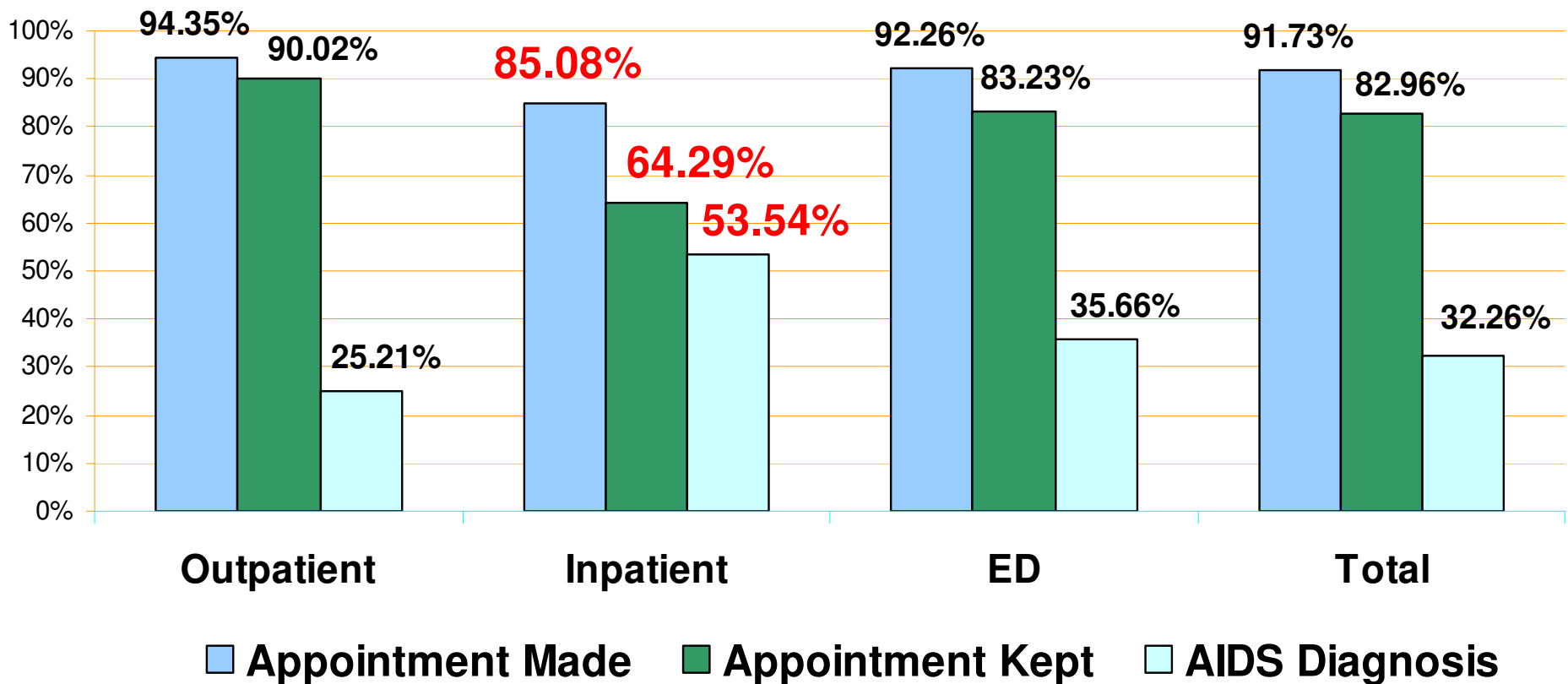
Consent Processes

- “We now offer HIV tests in this (clinic) as a routine part of care. Would you like to be tested for HIV?”
- DOH forms provided at intake, consent obtained at triage, during or post provider exam
- Consent forms in admission package
- Dedicated counselors available for patients who need additional information

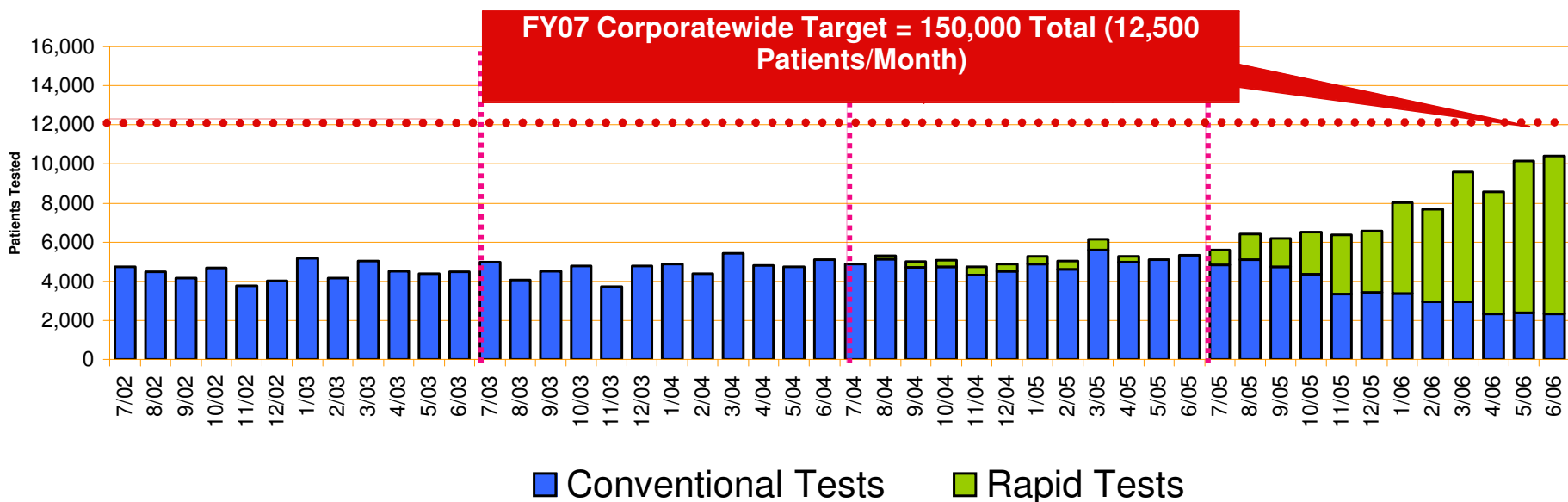
The Greatest Proportion of “Newly Diagnosed” Positive Patients were Identified in Inpatient Locations



“Newly Diagnosed” HIV Positive Clinic and ED Patients Were More Likely to Obtain and Keep Initial Appointments for Care



Testing is Increasingly Conducted Using 'Rapid' Tests



FY03 – FY04 Outpatient Only (Source: PLM)

FY05 Outpatient and ED Pilot Sites Only (Source: PLM and RHT in ED Pilot Project Reports)

FY06 Outpatient, Inpatient and ED (Source: Facility Reports)



Findings

- Clinical leadership and provider buy-in is crucial for successful implementation of the service
- Clinician involvement in the offering of an HIV test results in greater acceptance by patients
- Expansion of HIV testing proved most successful in locations in which the lead physician “owned” the process and required residents to incorporate it as part of their training
- The availability of HIV testing with rapidly available results should be advertised throughout facilities to prompt patients to ask about testing



Findings, continued

- The scale of change over from conventional to rapid testing technology affected the rate of testing expansion
- Initial reports of problems with false positives with oral swabs for *OraQuick Advance*® prompted hesitation of its use among Pathology Directors and providers



Year Two: Next Steps

- Reaching the FY07 goal of 150,000 patients tested will require a substantial increase in funding due to the added cost for rapid HIV testing supplies
- Evaluate FY06 data
- Corporatewide HIV testing conference
- Identify barriers to and solutions for further expansion



Next Steps, continued:

- Train more providers to conduct testing
- Maximize billing and revenue in areas where the service is reimbursable
- Further routinize the service through clinicians' participation in the offering of the service
- Make electronic documentation of the service easier