November 4th, 2019

HIV Testing Program & PrEP Management

Redwood Community Health Coalition
Promising Practice

PROMISING PRACTICE OVERVIEW

From 2015-2017, Santa Rosa Community Health (SRCH) implemented universal/opt-out HIV testing at nine clinic sites with funding from the California Department of Public Health's Office of AIDS. In two years, they nearly doubled the percentage of patients tested, improving from 26% to 51%. When the funding ended in 2017, combined with the Santa Rosa wildfires, SRCH was forced to put this HIV work on hold. During their funding period, they created significant infrastructure for HIV work, including a project website, standing orders, templates, order sets, and more. In late 2018 they were able to start prioritizing HIV and Pre-exposure Prophylaxis (PrEP) initiatives again.

The infrastructure built during the funding period allowed staff and providers to be retrained on testing and procedures, add Relevant care gaps, create bundled screening tests, and an online HIV testing toolkit.

AIM

To increase screening of patients for HIV and improve both PrEP utilization and adherence among eligible patients

MEASURES

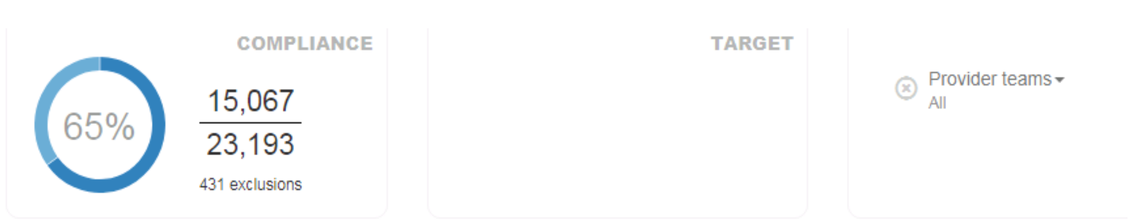
HIV Screening Measure Description: Active patients between 15-65 years who have had an HIV test

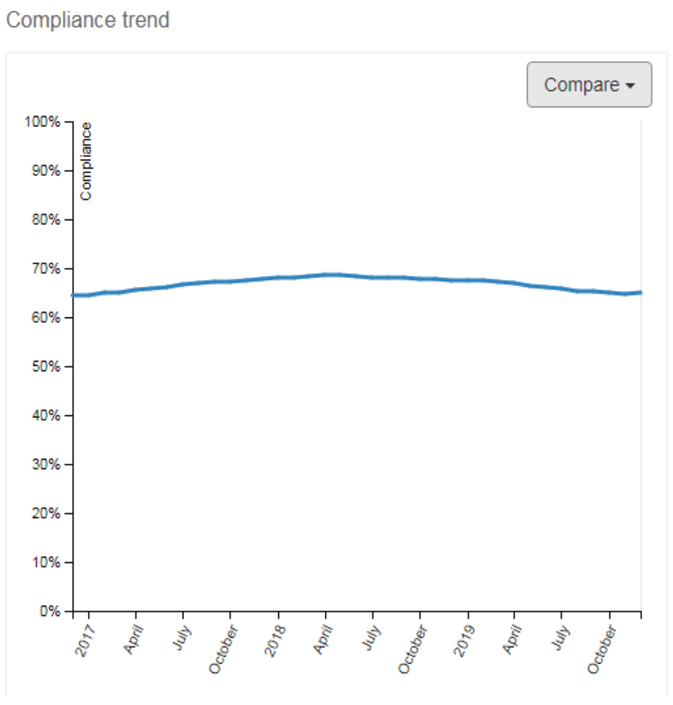
Denominator: All patients (excluding inactive or deceased) 15 to 65 years (at the beginning of the measurement period) who have had a medical visit in the measurement period.

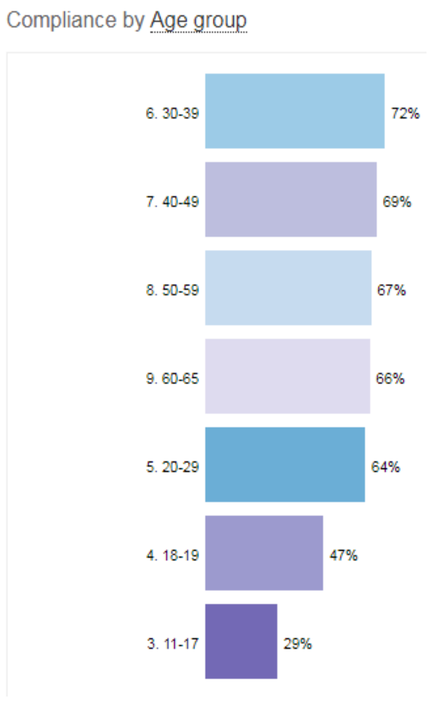
Numerator: Patients with any resulted HIV test with LOINC codes 56888-1 or 31201-7 ever (excluding tests with the result 'test not done').

Exclusions: Patients with a diagnosis of HIV via ICD category B20.

HIV Screening



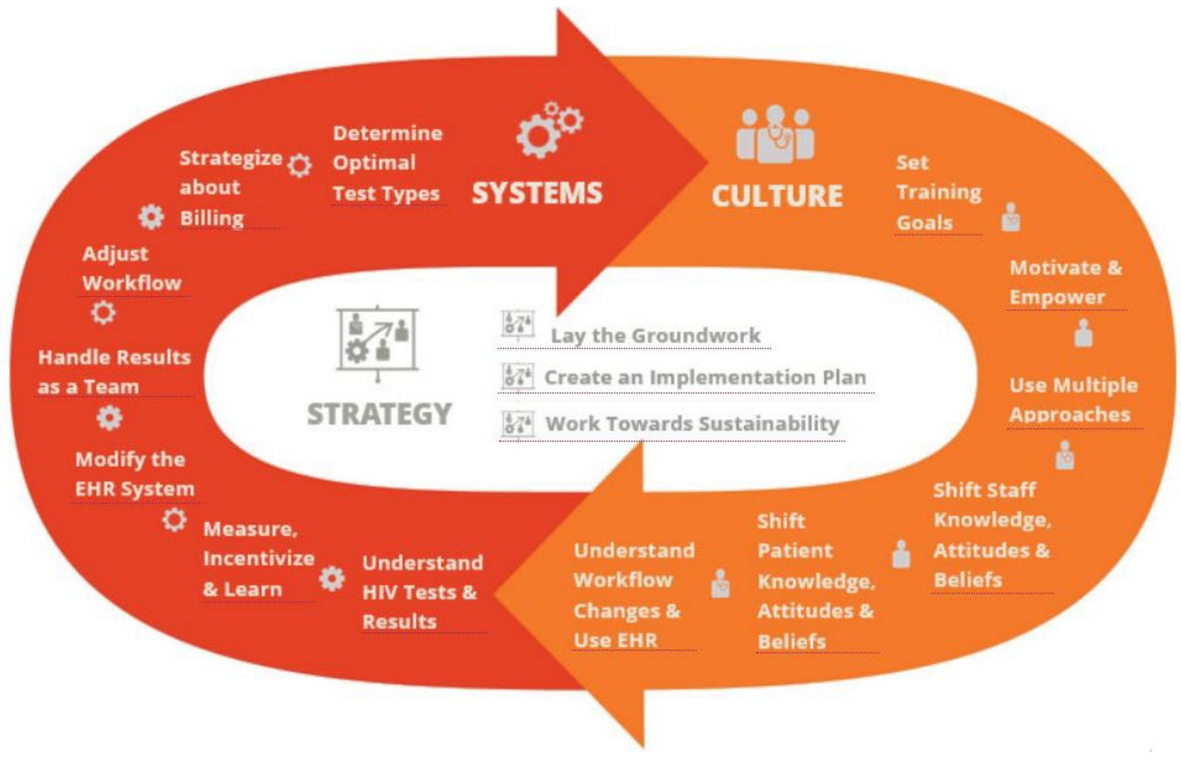




ACTIONS TAKEN

1. Established basic infrastructure for HIV testing and PrEP management
2. Hired a PrEP Navigator to manage patients eligible for PrEP
3. Began using bundled screening testing Nov 2018 to encourage annual HIV screening for patients experiencing homelessness
4. Created an online "HIV Testing Toolkit" including the systems, culture, and strategies needed to implement an HIV testing program
5. Built an "HIV Testing" care gap in Relevant to proactively get patients on PrEP (e.g. asking pts with an STD if they are interested in PrEP)
6. Built relationships with community organizations, such as Face-to-Face, to create linkages to care and a pathway for patients to establish a medical home
7. Shifted the culture at clinic sites to make huddles with Relevant and the use of the available clinical decision support (CDSS) the norm (specifically at newly opened Vista Campus)

WORKFLOW



RESULTS TO DATE

HIV screening did not increase significantly since the 2017 wildfires, but the foundational work on HIV testing and PrEP management allowed SRCH to build an HIV Testing Toolkit, hire a PrEP navigator, create Relevant care gaps, and more. The PrEP navigator role has been particularly successful in engaging patients.

NEXT STEPS

SRCH is now using Relevant care gaps to track and manage HIV testing. This data will allow more patients to be screened. They will continue to build new care gaps to better understand PrEP utilization.