

ROUTINE HIV SCREENING PROGRAM: SOUTHSIDE

Evidence-Informed Structural Intervention

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve routine HIV screening and linkage to HIV care

Target Population

- Clinic patients

Brief Description

Routine HIV Screening Program: Southside provides routine, opt-out HIV screening for all patients at Southside Medical Care Services, a private, nonprofit federally qualified health center in Atlanta, Georgia. Implementation of routine, opt-out HIV screening includes developing a new organizational policy and standing order to offer HIV screening to all patients. Updating the existing electronic medical record (EMR) system with an HIV testing template that reminds providers to offer HIV tests is also included in the new policy. Staff are trained on HIV care and prevention, and are rewarded with a certificate and free lunch for achievements in routine HIV screening. At check-in, patients received an information sheet that explained routine, opt-out HIV screening. An alert in the EMR remind staff to notify patients of the opt-out policy. Unless the patient declines, HIV testing is conducted, and patients return to Southside within a week to learn results. Nursing staff send certified letters to patients who do not come in for results and make referrals to the local health department.

Intervention Duration

- Ongoing

Intervention Setting

- Federally qualified health center (FQHC)

Deliverer

- Health care staff
- Electronic medical record (EMR) system

Structural Components

- Access
 - Increased access to HIV testing and linkage to HIV medical care
- Capacity Building – Provider/supervisor training
 - Provided five staff trainings on HIV care and prevention
- Capacity Building – Staff incentives
 - Rewarded staff person a certificate and free lunch for achievements in routine HIV screening

- Capacity Building – Technology
 - Upgraded EMR system to include an HIV testing template that reminded providers to talk with patients about HIV testing and was set to automatically order an HIV test unless documented that the patient declined
- Policy/Procedure – Institutional policy/procedure
 - Developed and implemented a policy and standing order for routine, opt-out HIV screening for all patients

INTERVENTION PACKAGE INFORMATION

For intervention materials, please contact Natasha S. Crumby, Southside Medical Center, Inc., 1046 Ridge Ave. SW, Atlanta, GA 30315.

Email: nray@smcmed.com for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in Atlanta, Georgia between July 2012 and April 2014.

Study Sample

Participants in the post-implementation cohort (i.e., individuals who received an HIV test after implementation of routine HIV screening) (n = 11,092) had the following characteristics:

- 83.2% black or African American, 7.5% Hispanic/Latino, 11.4% white, 2.9% other/multiracial
- 29.6% male, 70.4% female
- 13.6% 13-22 years old, 25.2% 23-30 years old, 24.9% 31-40 years old, 18.6% 41-50 years old, 17.7% ≥51 years old

Recruitment Settings

Federally qualified health center (FQHC)

Eligibility Criteria

Persons aged 13 – 64 years who had not previously been diagnosed with HIV and did not have an HIV test documented in the EMR were eligible.

Comparison Group

The comparison group included participants in the pre-implementation cohort (i.e., individuals who received HIV testing in the women's health clinic or in the behavioral health clinic in the 12-month period prior to the implementation of routine HIV screening).

Relevant Outcomes Measured

- HIV testing was measured as the number or proportion of HIV tests conducted.
- HIV incidence was measured as the number or proportion of positive HIV tests.

- Linkage to care was measured as the number or proportion of HIV positive patients linked to HIV care defined as keeping first HIV medical care appointment within 90 days of HIV diagnosis.

Significant Findings on Relevant Outcomes

- There was a 733% increase in the annual number of HIV tests from pre- to post-implementation (HIV tests pre-implementation=812; HIV tests post-implementation=6767; $z=68.4$, $p<0.001$).^o
- There was a 238% increase in the annual number of positive HIV tests from pre-to post-implementation (13 positive HIV tests pre-implementation; 44 positive HIV tests post-implementation; $z=4.11$, $p<0.001$).^o

Considerations

- The linkage to care outcome cannot be evaluated using evidence-informed criteria because there is no pre-implementation data available.

Funding

Gilead Science, Inc.

^oPoisson regression analysis was conducted by a CDC statistician.

REFERENCES AND CONTACT INFORMATION

Crumby, N. S., Arrezola, E., Brown, E. H., Brazzeal, A., & Sanchez, T. H. (2016). [Experiences implementing a routine HIV screening program in two federally qualified health centers in the southern United States](#). *Public Health Reports*, 131, 21-29.

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