

EXPANDED HIV TESTING AND LINKAGE TO CARE (X-TLC) IN HEALTHCARE SETTINGS ON THE SOUTH SIDE OF CHICAGO

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HIV Prevention Priorities

- The Chicago Department of Public Health (CDPH) has aligned its prevention strategy to follow CDC's High Impact Prevention Approach
- Testing both in clinical and non-clinical settings is an integral part of this approach
- In 2012, 26% of CDPH's HIV prevention dollars funded by CDC went towards HIV testing
- Of the 64,000 HIV tests performed in 2012
 - ▣ 20% in non-clinical settings
 - ▣ 80% were tests performed in clinical settings
 - Over 50% of tests in clinical settings are performed as part of the University of Chicago (U of C) Expanded HIV Testing and Linkage to Care Program

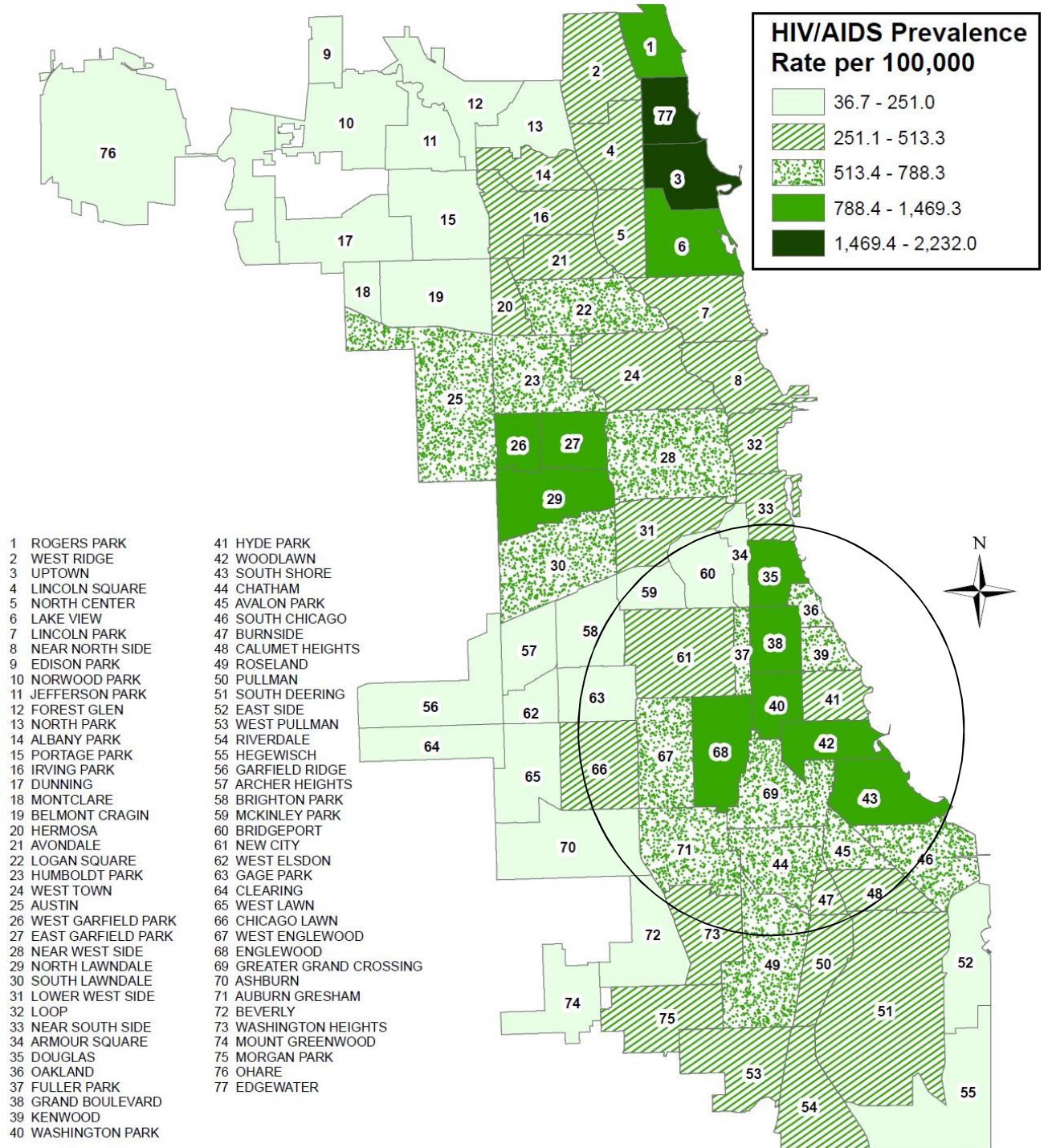
U of C Expanded HIV Testing and Linkage to Care (X-TLC)

- In November 2011 CDPH funded U of C as the lead agency for the *Expanded HIV Testing for Disproportionately Affected Populations* grant and awarded additional funding to incorporate a Linkage to Care program
- They were funded to implement HIV screening according to CDC guidelines in healthcare settings, at University of Chicago Hospitals (UCH) and affiliated sites within the South Side Health Collaborative (SSHC). These sites are located in communities of color with high rates of STIs and HIV infection, and high mortality due to HIV/AIDS
- HIV screening is performed in Emergency Departments, Urgent Care Clinics, Inpatient Facilities, and Primary Care facilities. The Primary Care settings include primary care clinics, community health centers, family planning and reproductive health clinics, and a university student health center

X-TLC Goals

- Develop a UCH policy for opt-out HIV testing that is consistent with CDC testing recommendations and state statutes
- Perform HIV testing by standard EIA with reflex Western blot rather than rapid testing
- Educational program to promote HIV screening in healthcare settings
- Partner with Community Health Centers to promote routine HIV testing and cover the cost of tests for uninsured clients
- Develop and implement IT solutions to operationalize testing and data collection
- Conduct cost-effectiveness analysis that also assesses the sustainability of the approach after program funding ceases
- Ensure linkage to care for newly identified HIV-infected clients

People Living with HIV in Chicago in 2010



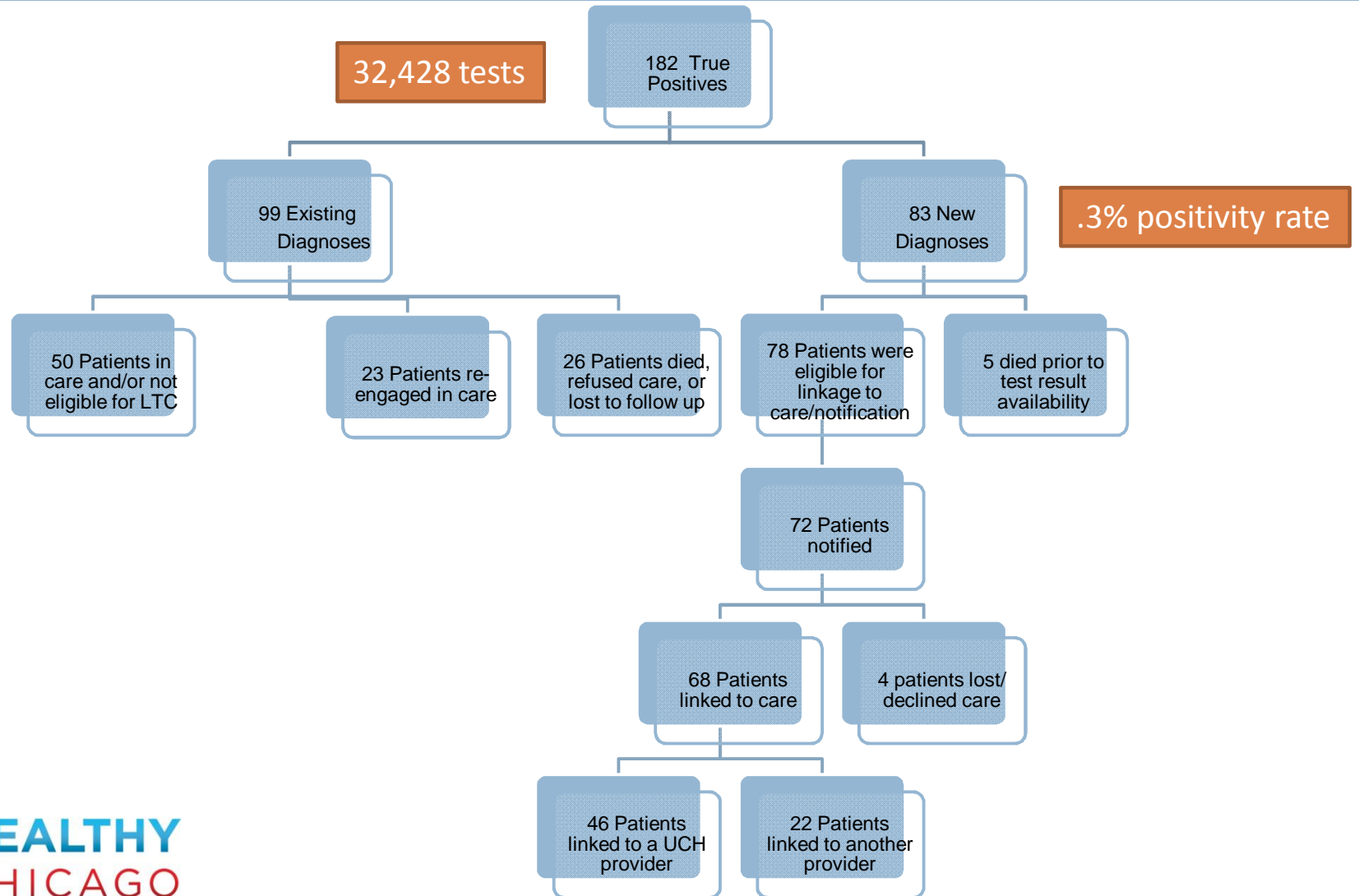
Expanded HIV Testing Sites and Process

- Funding for participating sites is used to pay for HIV tests for uninsured patients and fund coordinators to promote testing, collect data, and oversee test notification and linkage to care
- Clients are tested as part of routine care at participating sites, and results are given by the ordering physician or HIV Care Team
- HIV linkage to care agreements are developed to allow for HIV-positive patients to be linked to care by the U of C coordinators
- Patients are linked to care with an experienced HIV care provider at the ID Clinic at UCH or Access Grand Blvd., or with a provider at the affiliated site if available
- Linkage and retention in care are tracked by the U of C linkage to care coordinator and the PI

IT Solutions

- The following IT solutions were implemented at UCH and select members of the SSHC:
 - ▣ Electronic HIV Ab testing orders were developed that are part of other routine order sets
 - ▣ The order includes a link to an information sheet for the patient
 - ▣ A checkbox is included to document that the patient gave verbal consent. The order does not go through unless the box is checked
 - ▣ If the patient does not have a previous HIV Ab test in the electronic medical record, an prompt comes up to alert staff that the patient should be tested for HIV according to CDC guidelines

Results (1) :



Results (2) :

- Of the 32,428 people tested for HIV between 1/1/11 and 12/31/12, 182 were confirmed positives (.6%) and 83 were new diagnoses (.3%)
- 5 people (6 %) died prior to test results being available, and 72 of the remaining 78 patients (94%) received their results.
- Of those 72 notified, 68 (94%) were linked to care (median time to first visit 10 days)
- For the 99 patients with a prior HIV diagnosis, 50 (51 %) were confirmed to be in care and 23 (23 %) were re-linked to care, while 26 (26 %) had died, refused care, or were lost to follow up

Results (3) : Demographics of 83 Patients with New HIV Diagnosis

□ Sex

■ Male	67 %
■ Female	33 %

□ Race

■ African American	87 %
■ White	5 %
■ Hispanic	5 %
■ Other	3 %

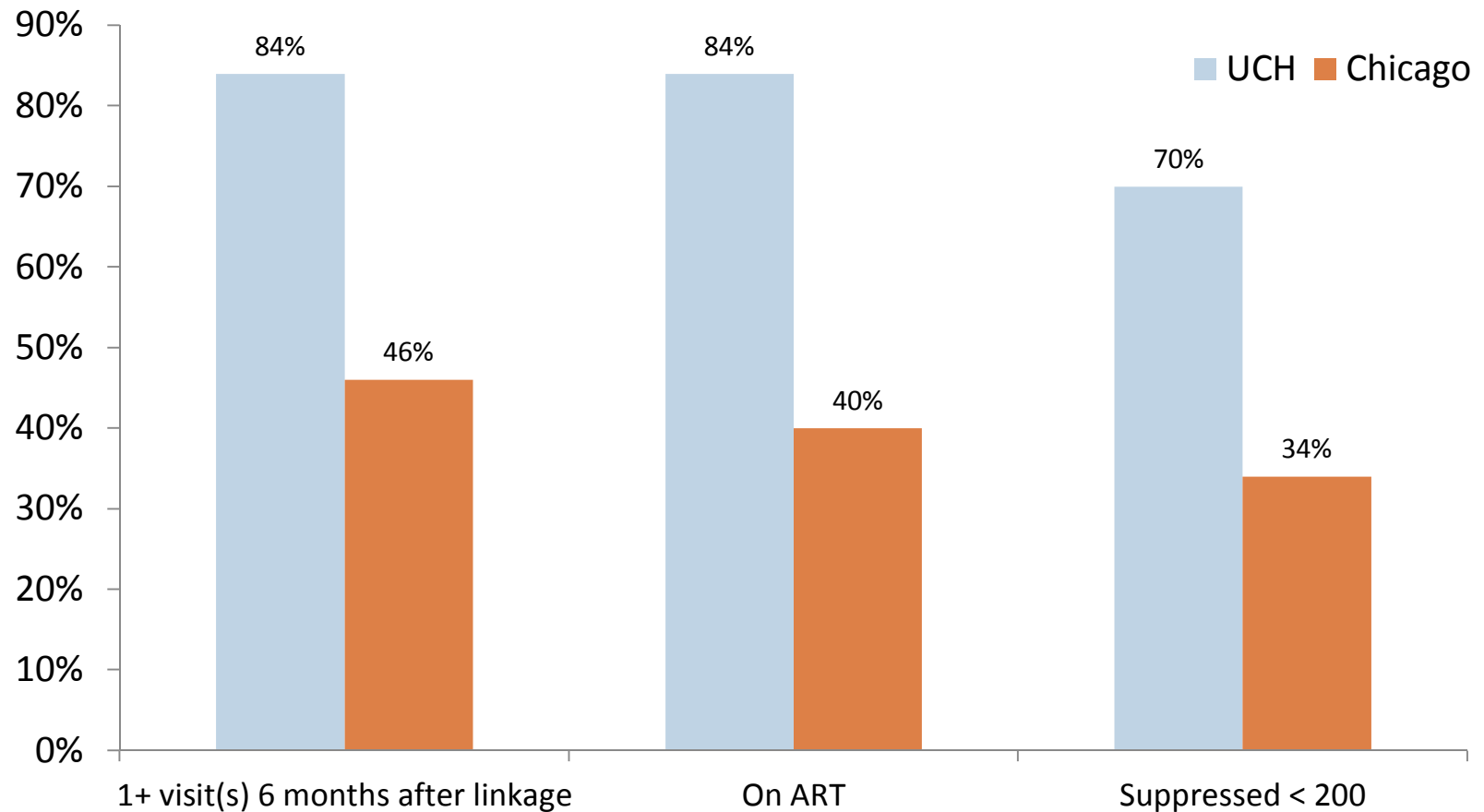
□ Age

■ ≤ 15 years	0 %
■ 16-24 yrs	25 %
■ 25-44 yrs	45 %
■ ≥ 45 yrs	30 %

□ Major risk factor

■ Heterosexual	37 %
■ MSM	31 %
■ IVDU	4 %
■ Unknown/undisclosed	28 %

Results (4) : Among those linked to care



Baseline Characteristics of New Patients Linked to UCH Providers

- **Baseline Viral Load**
 - Median 31,243 copies/mL, range 63-10,000,000
- **Baseline CD4+ count**
 - Median 281/mm³, range 2-1,238
 - Mean 335 +/- 290
- **Baseline CD4+ counts have increased at UCH***
 - Mean baseline CD4 + was 175/mm³ 2004-2007
 - 65 % of patients had a baseline < 200/mm³
 - 29 % had a baseline < 50/mm³

*Pittrak, et. Al. Benefits of HAART in a Minority, Urban Clinic Compared to a Published Randomized, Controlled Trial,, 2007 IAS Meeting, July 22-25, Sydney, Australia, CD ROM Abstract A-042-0100-02681.

Summary

- A central public health strategy for HIV prevention is routine HIV screening in healthcare settings and linkage to care
- Screening with routine blood-based testing is more efficient than rapid testing, allows testing of greater numbers of patients, and is easily incorporated into standard practices. However, 6 patients (7.7 %, all screened in ED) who tested positive did not receive their results
- Linkage and retention in care is more effective when screening is part of routine health care and an HIV care program is responsible for test notification and LTC
- The success of the regional collaborative approach can be easily adopted under the ACA
- Funding was used as start-up and provides a small proportion of funding for site LTC coordinators. Activities can continue as part of routine healthcare with minimal investment in linkage to care coordinators