

## **Routine HIV Screening in Primary Care Settings: Evaluation Results from Six Community Health Centers**

### **Preliminary Executive Summary (November 25, 2008)**

**Overview:** As many as one-quarter of people with HIV are unaware of their infection. To increase opportunities for patients to become aware of their HIV status, in 2006, the Centers for Disease Control and Prevention released updated guidelines for routine, opt-out HIV screening of adults, adolescents, and pregnant women in healthcare settings. In response to the recommendations, the National Association of Community Health Centers initiated a pilot project to implement routine HIV testing in health centers in the Southeastern US which did not receive categorical HIV funding. NACHC also initiated an evaluation to measure the impact of application of guidelines for routine rapid screening in communities with projected high HIV prevalence. This summary describes the results this evaluation.

**Participating Health Centers:** Participation was open to all health centers not receiving categorical HIV-funding (Ryan White Program) in North Carolina, South Carolina and Mississippi. With the assistance of the primary care associations in each state, six organizations (19 clinics) identified themselves as prepared to move forward with routine HIV screening. Participating centers did not receive any additional funding to support their transition to routine HIV testing, although rapid test kits were donated, and later in the project year, a small stipend from NACHC was provided to support confirmatory testing. Health centers began routine testing between February and April 2007 and submitted test documentation data through March 31, 2008. Institutional Review Board approval for the analysis was obtained from the University of California, San Francisco.

The main findings from this project are as follows:

**The number of tests increased substantially after new procedures were implemented:**

Compared to approximately 3,000 patients in the year prior to applying new procedures, 16,291 patients were offered testing with 11,309 tested, a 73% increase.

**The effort resulted in identification of HIV-infection previously unknown to patients:** Of 39 rapid tests resulting in preliminary positives, 17 were newly-detected infections.

**The implementation of routine screening was successful:** Of the 58,619 unduplicated patients seen during the year of the pilot project, 16,291 (28%) were offered a test. Of these patients, almost 70% were tested (11,309).

**Patients newly aware of their status were linked to care:** Of the 17 patients with newly identified HIV-infections, 16 were linked to HIV care. Although linkage to care was challenging because of system-associated barriers such as the rural nature of the settings and patient-associated barriers, such as lack of medical insurance or lack of interest in follow-up, by working closely with patients, health center staff were able to ensure that patients learning of their infections were able to access care.

## **Demographic differences in patients offered tests and those receiving tests provide clues to barriers to making testing more routine and to training opportunities:**

**Patients Offered Testing:** Patients under 55, particularly those under 18 were less likely to be offered testing. Compared to patients with all other insurance types, uninsured patients were more likely to be offered testing. Compared to Whites, Latinos and patients of other races/ethnicities were less likely to be offered testing. Women were no more or less likely to be offered testing than men.

**Patients Receiving Testing:** When testing was offered, women were more likely to be tested than men. This difference remained after adjusting for age, insurance status and race/ethnicity. Among men and women, patients offered testing aged 54 and younger – and especially those aged 18 to 34 – were significantly more likely to test compared to those 55 and over. Non-white women and men were significantly more likely to test than whites. Regardless of age and insurance status, compared to white men, Latino men were almost 3 times more likely to receive testing when offered Latinas were over twice as likely to receive testing as their white counterparts. After controlling for other factors, insurance status was not associated with testing.

**More information is needed to understand why patients opt out:** Testing providers were asked to indicate reasons for why a patient opted out of testing when it was offered. Although providers indicated the main reason patients opted-out or declined testing was that they did not perceive they were at risk (69%), it is unclear if risk as actually assessed in the encounter. The second most often given reason for not testing was that patients indicated they were recently tested (26%).

**False positives were an unanticipated challenge.** Of the 11,309 tests performed, 39 resulted in reactive, or preliminary positive, results. After confirmatory testing, nineteen were shown to be false positives. Although the rate of false positives is within manufacturer's specifications for test performance in low prevalence populations, the occurrence of false positives caused some providers to lose confidence. There is some evidence that the rate of false positives declined over time, which is perhaps indicative of improving capacity among staff providing the test to use rapid test kits effectively.

Conclusions. By integrating CDC-recommended guidelines and applying rapid test technology, health centers were able to provide critical new access to HIV testing. Health centers can provide important new access to HIV screening for their patients, but implementers of widespread routine screening should provide the highest quality testing procedures, including education regarding test performance and false positive results. This project demonstrates that primary care settings can adopt routine HIV screening procedures with the right mix of technical assistance, funding and commitment by clinic leadership. Lessons from this project will help others to implement procedures ensuring equal access for all patients and ensuring referrals to care for those newly found to be infected with HIV.