Routine offering of HIV testing for individuals admitted to acute care in Northwestern BC: *a quality improvement initiative*

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Faculty/Presenter Disclosures

Nothing to disclose

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Universities Without Walls

PQI PHYSICIAN QUALITY IMPROVEMENT An SSC Initiative

CIHR IRSC Canadian Institutes of Health Research / Instituts de recherche en santé du Canada

cip Clinician Investigator Program

UBC

In Memory of

UNAIDS Targets: By 2020…

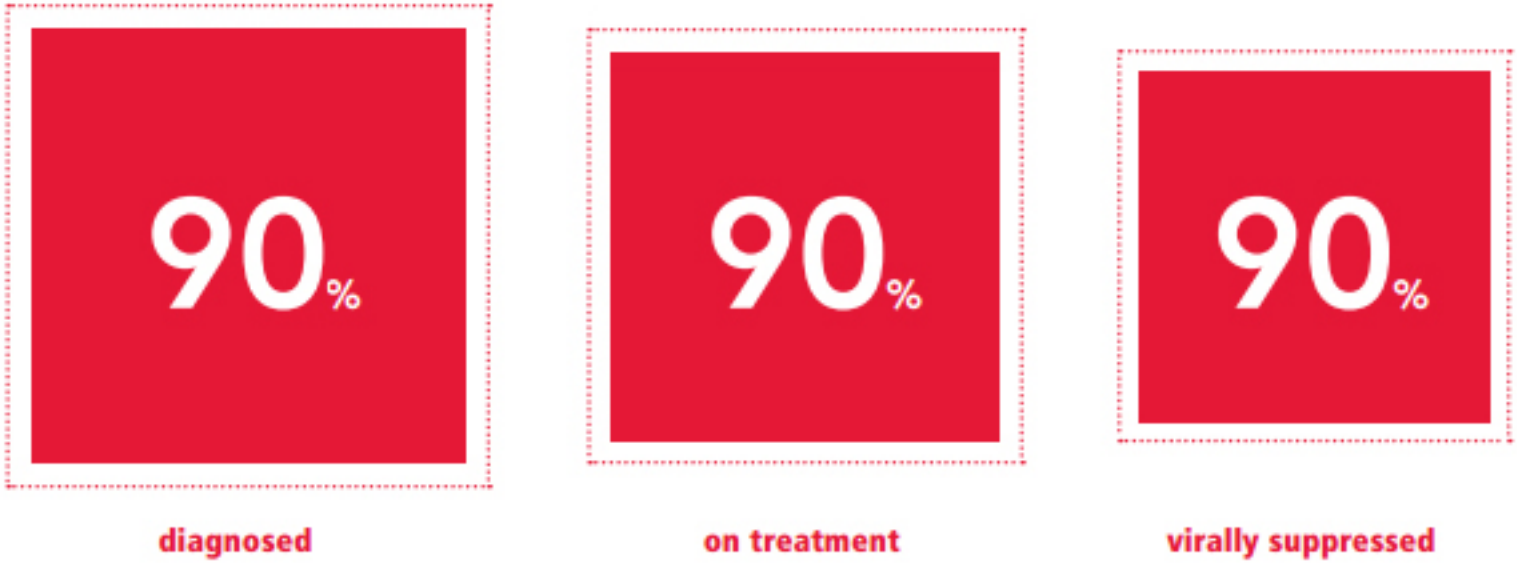
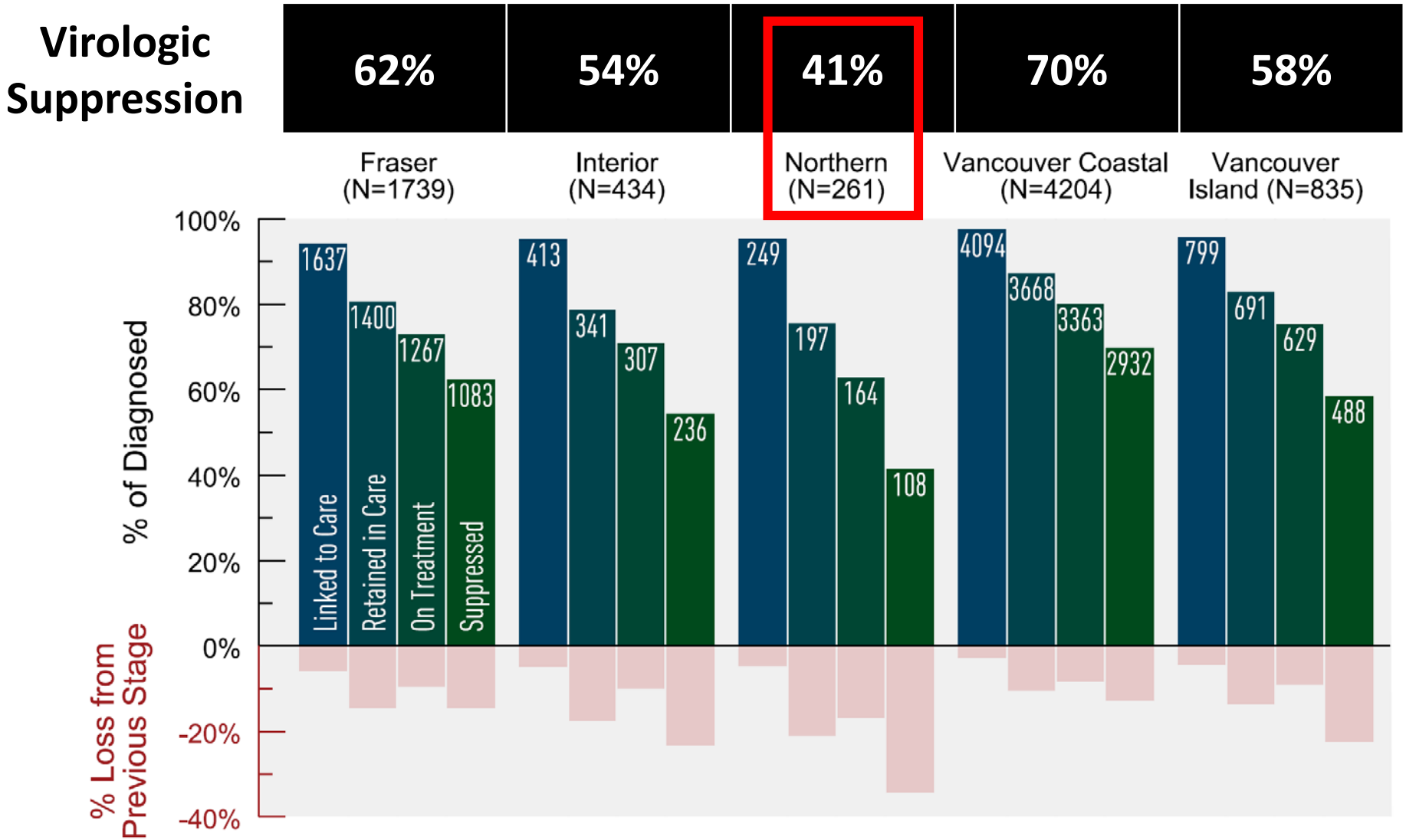


Photo: http://www.unaids.org/sites/default/files/media_asset/90-90-90_en.pdf

Where are we at in BC



Lourenco L, et al. *PLoS One* 9(12): e115277

Rationale: Routine (Offering of) HIV Testing

HIV is usually asymptomatic until advanced

HIV treatment works:

- Effective
- Tolerable
- Free (in BC)
- Treatment as Prevention

Risk-based testing misses too many cases

- Late diagnosis

BC HIV Testing Guidelines (2014)

RECOMMENDATIONS FOR TESTING [13]

We recommend that health care providers know the HIV status of all patients under their care.

Specifically, we recommend that providers offer an HIV test,

- **Routinely,** every five years, to all patients aged 18-70 years
- **Routinely,** every year, to all patients aged 18-70 years who belong to populations with a higher burden of HIV infection
- **Once** at age 70 or older if the patient's HIV status is not known

AND offer an HIV test to patients including adults 18-70, youth and the elderly, whenever

- They present with a new or worsening medical condition that warrants laboratory investigation
- They present with symptoms of HIV infection or advanced HIV disease
- They or their providers identify a risk for HIV acquisition
- They request an HIV test
- They are pregnant

https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/hiv-testing-guidelines-bc.pdf

The Vancouver Experience

Routine (offering of) HIV testing at 3 hospitals

Acceptable: 4935 (97%) of patients accepted a test when offered.

Admitted Patients: Increased from 3.3% to 19.2% of patients.

106 patients were diagnosed as part of the intervention.

Slide adapted with permission from those of Dr. Andrew Gray, Medical Health Officer, Northern Health

Methods – Aim Statement

Aim Statement

20% of people admitted to acute care (medicine, surgery, ICU) at MMH will have an HIV test performed during that admission

Methods – Quantitative Measures

- Primary quality improvement measure:
  - Proportion of individuals admitted to acute care at Mills Memorial Hospital who received an HIV test
  - Data source: Health Information Management Services (Northern Health)
- Secondary measure:
  - Change in HIV-related stigma among healthcare providers
  - Healthcare Provider HIV/AIDS Stigma Scale
    - 30 items
    - 3 domains: stereotyping, discrimination, prejudice

Wagner AC, Hart TA, McShane KE, Margolese S, Girard TA. Health care provider attitudes and beliefs about people living with HIV: Initial validation of the Health Care Provider HIV/AIDS Stigma Scale (HPASS). AIDS Behav. 2014;18(12):2397-408.

Process – Main Steps

1. Develop process of delegated follow-up
2. Formation of stakeholder advisory group
3. Build local HIV capacity and education
4. Implement routine offering of testing
5. Evaluation

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Local delegation of care

New positive test:
- Public health nurse assigned to case
- *Automatic referral to internal medicine*

Ordering health care provider contacted:
- Determine if patient aware of diagnosis
- Public health supports offered
- Liaise with primary care provider

No GP:
Delegated local family physicians to assume care

Delegation of responsibilities between public health nurse and ordering health care provider

Public Health Nurse services:
- Delivery of diagnosis
- Linkage to care
- Partner notification
- Connection to supports
- Education on transmission

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Community Advisory Group

- Patient partner
- Health directors – multi-nation representation
- Community service providers
- Public health nurses
- Community research associate
- Family physician
- Internal medicine

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Building Capacity

- AIDS service organization site visits
- HIV in-service presentations in health centres and community organizations
- Intensive training of primary care providers
- Community education posters
- Physician newsletter on HIV disclosure
- HIV resource board for ward nurses
- Northern Realities 2018: RN education day

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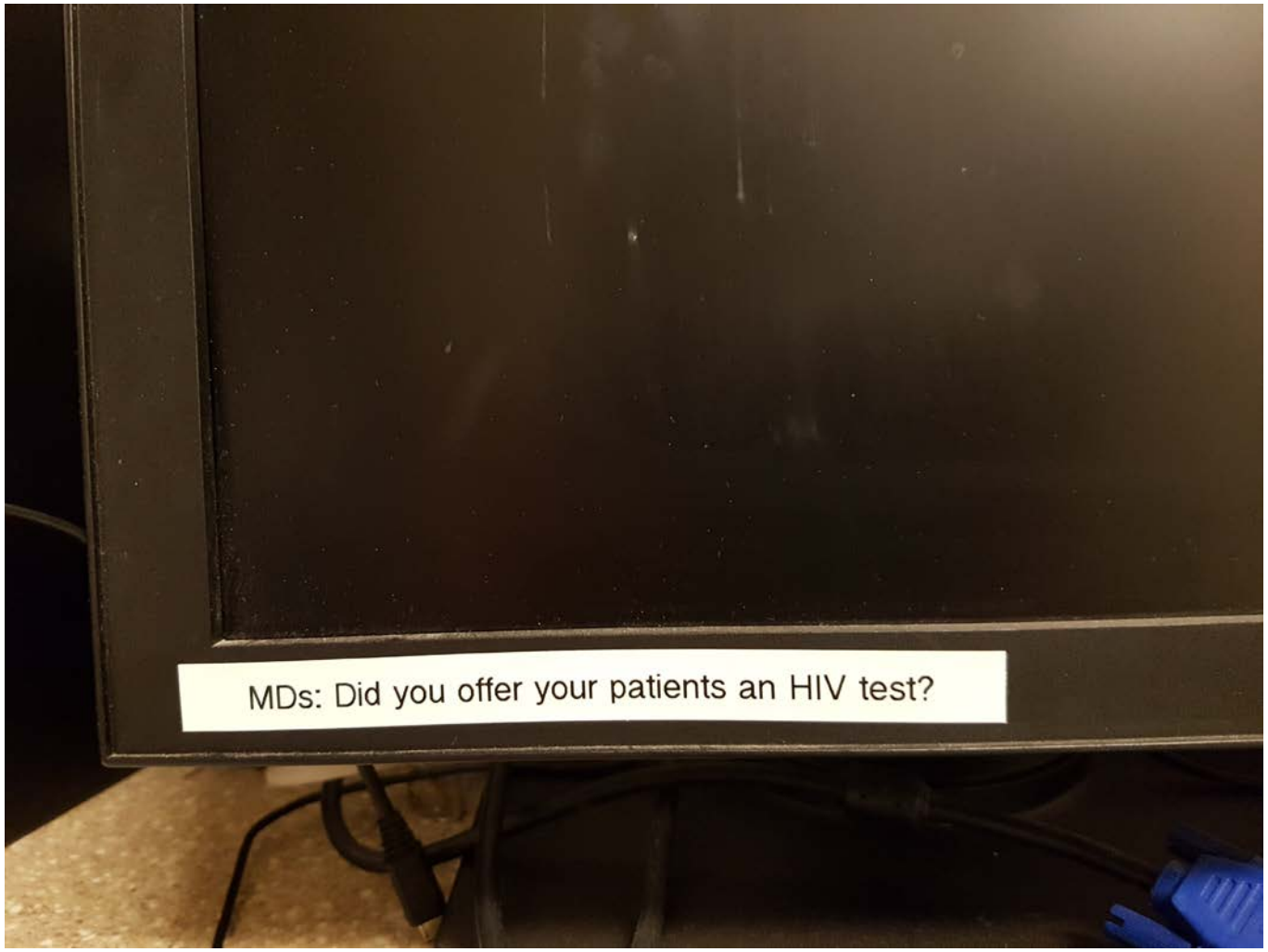
Implementation

- Administrative approval
- Messages targeted to physicians
  - Medical Advisory Board Presentation
  - Reminder email
  - HIV grand rounds
  - Reminder notes on computers

Reminder Notes on Computers



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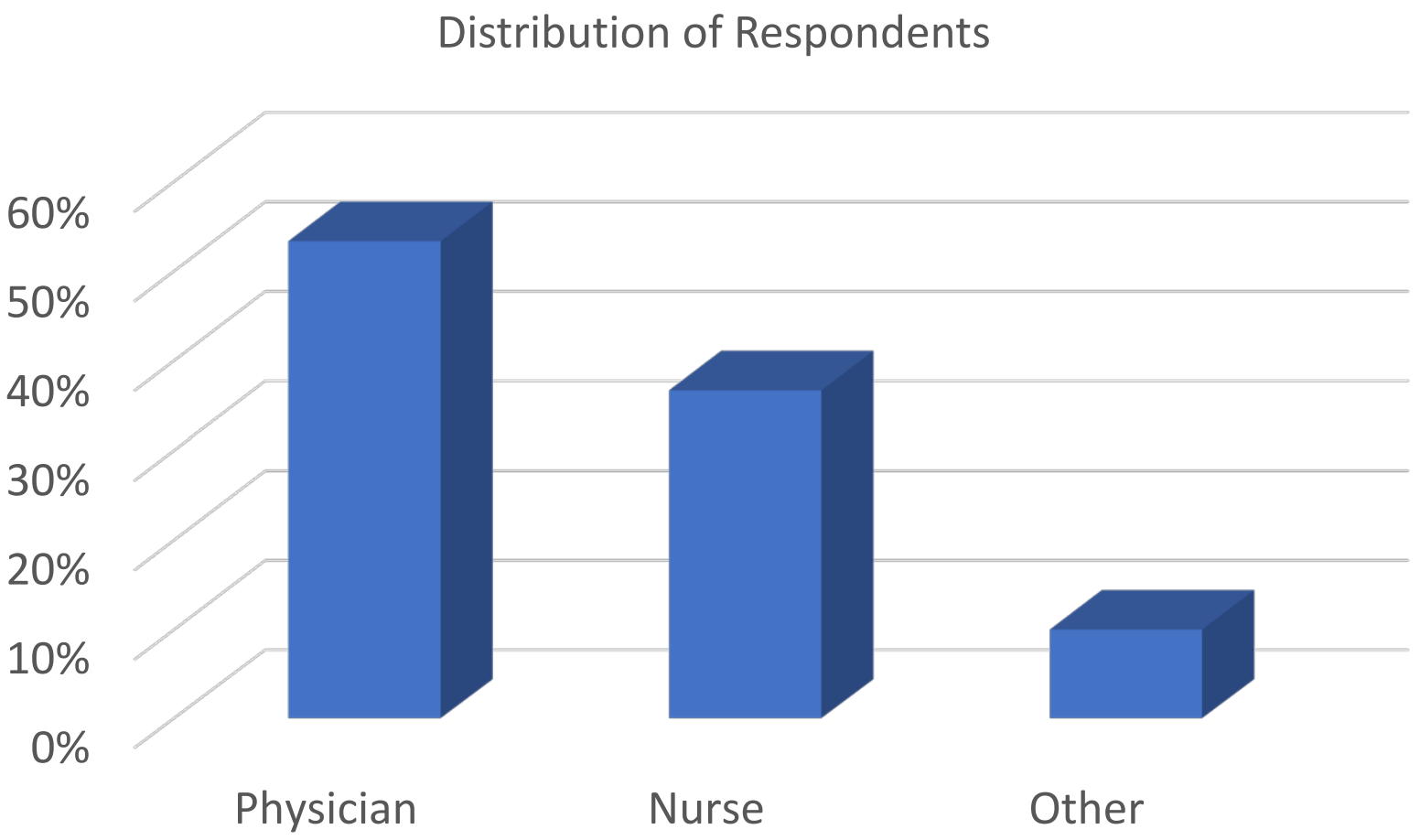
Results: Baseline Attitudes (N=30)



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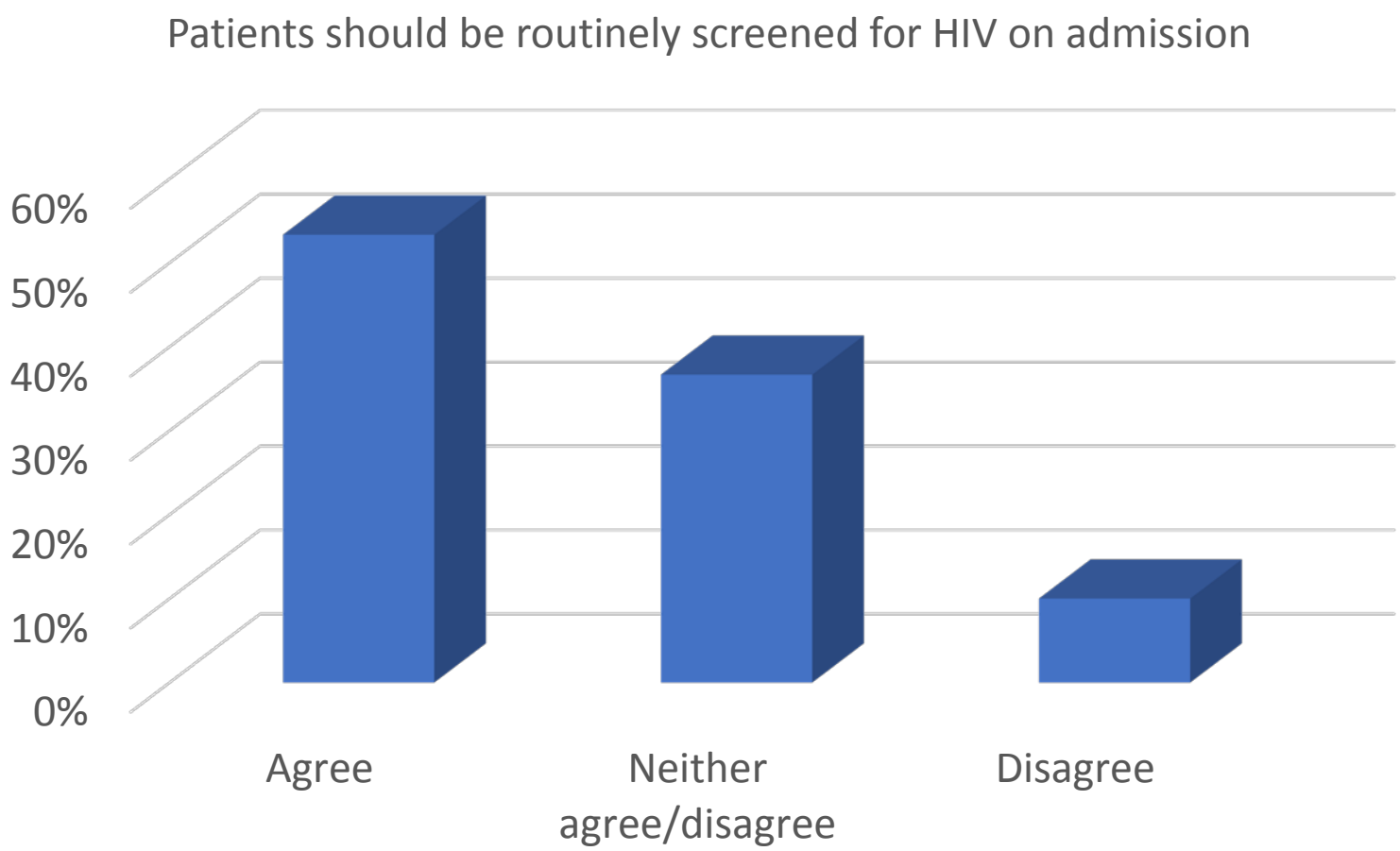


Results: Baseline HPASS Score (N=23)

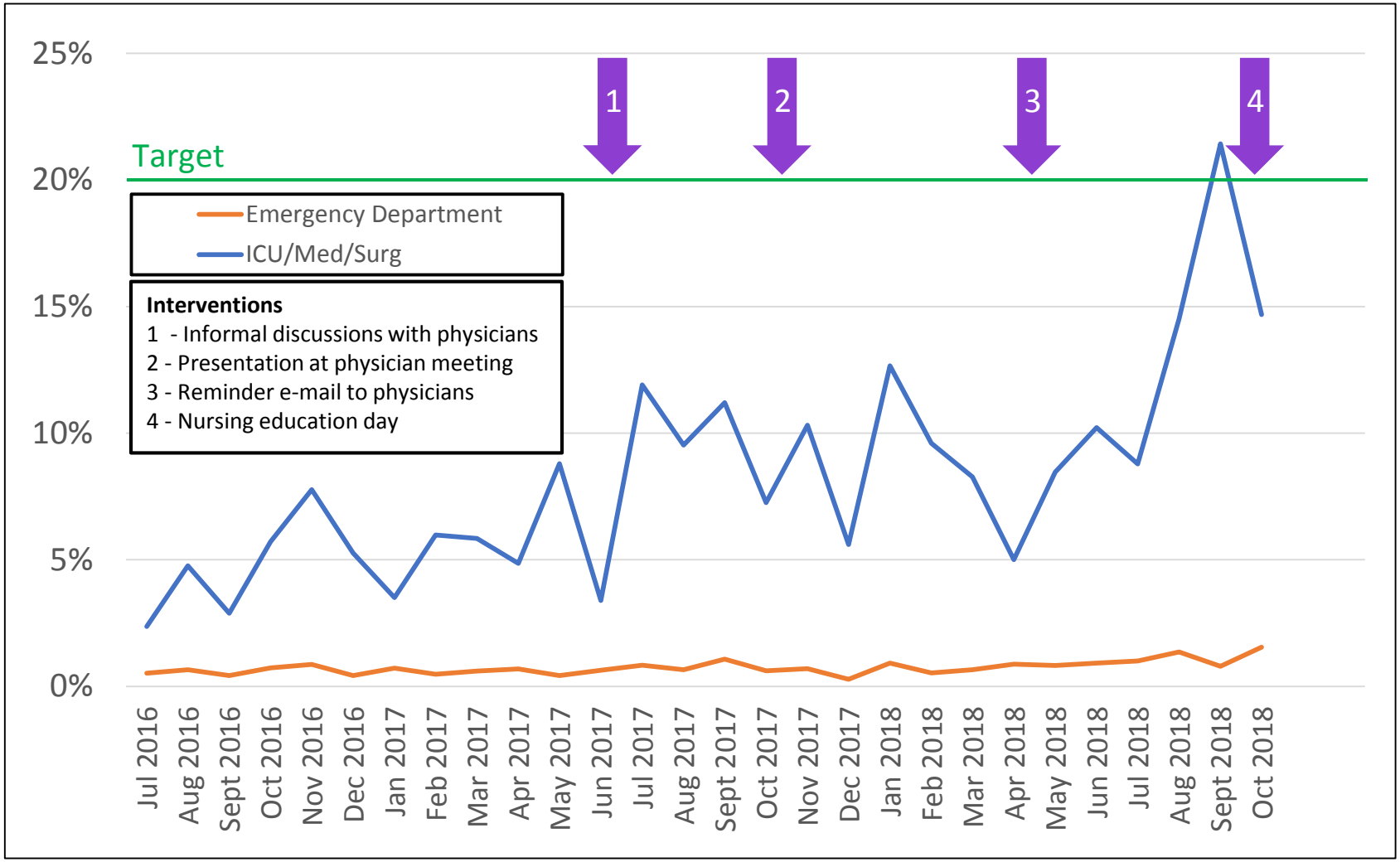
	Mean Score	Standard Deviation	Range
Total HPASS	68.1	16.7	30-180
Stereotyping Subscale	30.2	7.3	11-66
Discrimination Subscale	12.8	5.6	6-36
Prejudice Subscale	25.1	7.2	13-78

	Current Study	UofT Med Students[1]	Instrument Validation[2]
Total HPASS	68.1	68.7	72.2
Stereotyping Subscale	30.2	27.6	
Discrimination Subscale	12.8	13.6	
Prejudice Subscale	25.1	27.5	

[1]Jaworsky D, Gardner S, Thorne JG, Sharma M, McNaughton N, Paddock S, Chew D, Lees R, Makuwaza T, Wagner A, Rachlis A, CHIME Research Group. The role of people living with HIV as patient instructors – reducing stigma and improving interest around HIV care among medical students. *AIDS Care.* 2017. 29(4):524-531.

[2]Wagner AC, Hart TA, McShane KE, Margolese S, Girard TA. Health care provider attitudes and beliefs about people living with HIV: Initial validation of the Health Care Provider HIV/AIDS Stigma Scale (HPASS). *AIDS Behav.* 2014. 18(12):2397-408

Results: HIV Testing Rates at Mills Memorial Hospital



The Rural Context

- Facilitators
  - Administrative support
  - Small medical community
- Challenges
  - Lack of resources
  - No CTU residents
  - No local AIDS Service Organization
  - No peer support
  - High HIV-related stigma
- Unexpected outcomes
  - Rapid mobilization of stakeholders
  - Reducing lab barriers
  - Stronger communication among providers

Thank you!