

BACKGROUND

Florida has one of the highest rates of new HIV infection diagnoses in the country (22.9 per 100,000 people), and the Miami metro area has the highest rate of new infections of any US city. The infection rate in the Miami metro area in 2016 was twice that of Los Angeles, San Francisco, or New York City. Two contributing factors in the Miami metro area include tourism, which leads to unprotected sex, and vibrant South Florida (CDC, 2018). The LGBTQ+/LGBTQQAAP (lesbian, gay, bisexual, transgender, transsexual, queer, questioning, intersex, asexual, ally, pansexual) community, which includes Men Who Have Sex with Men (MSM) (OK2BME, n.d), is one of the main populations affected.

Early detection and treatment of HIV is a critical measure to control HIV transmission. Community Health Centers, our nation's primary care safety-net, are at the forefront of detection and treatment in partnership with the Florida Department of Health efforts. After recognizing opportunities to improve access to HIV providers for newly diagnosed patients, a Teaching Health Center resident physician initiated a quality improvement project to streamline the treatment process and improve access and linkages to care.

OBJECTIVE

Use Quality Improvement (QI) methodology to improve the implementation of the Florida Department of Health's Test & Treat program which includes the following components: Routine Testing in the health care setting and targeted testing in non-healthcare settings; Pre-Exposure Prophylaxis and Post-Exposure Prophylaxis; Test and Treat (T&T), and community outreach at Community Health of South Florida, Inc. (CHI).

Objective 1: Streamline HIV routine testing in the primary care setting for those infected with HIV or high-risk of becoming infected.

Objective 2: To ensure that the Test & Treat HIV program implementation is streamlined to reduce testing to treatment time and ensure that patients are not falling through the gaps.

Objective 3: To ensure that HIV caregivers, community leaders, and other community members, including 90% of persons living with HIV in the community, have been reached by HIV prevention programs provided at the Community Health of South Florida Inc. (CHI).

METHOD

The PDSA model of Quality Improvement (QI) will be used to guide this quality improvement project. In the first phase (PLAN), the QI team conducted a series of interviews with key stakeholders and providers to map the current process of HIV testing. Results from the PLAN phase will guide the DO phase.

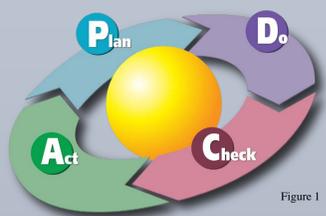
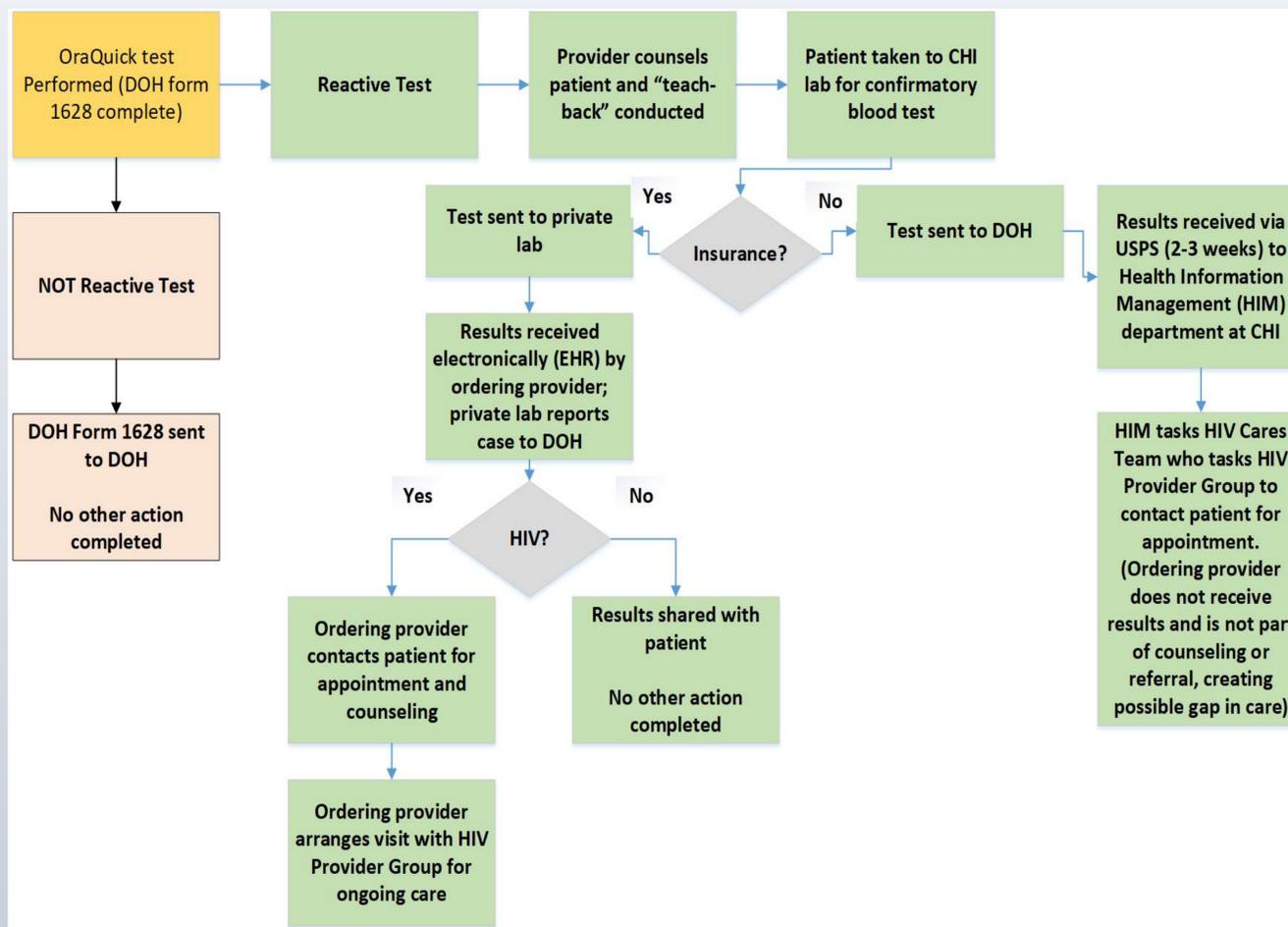


Figure 1

RESULTS

The process flow activity identified inconsistencies with the program's implementation. Different sites within the organization are screening using the OraQuick™ (Rapid HIV test) differently. Some sites are using Oral Fluid, while other sites are using Fingerstick. However, it is unclear if all sites were properly trained on both methods of screening.



Opportunity for Improvement #1:

The OraQuick™ fingerstick should be implemented consistently across all CHI sites as this screening test includes Hepatitis C, in addition to HIV. (Currently, some sites are doing the oral swab which does not include Hepatitis C).

Opportunity for Improvement #2:

Implement receipt of electronic results from FDOH for confirmatory tests conducted at CHI. (Currently, uninsured patients with reactive screening tests have blood for confirmatory testing processed at the FDOH lab. Results are received via USPS, which adds 1-2 weeks on top of the timeframe to receive positive tests and initiate treatment. Insured patients who have their labs processed by Quest, LabCorp, and other private labs receive results electronically, eliminating USPS delivery time. Furthermore, results received by FDOH labs via USPS are received by CHI's centralized Health Information Management (HIM) department. HIM, scan results, and electronically task providers in the HIV provider group to contact the patient to initiate HIV treatment. If the ordering provider is not part of the HIV pool, they are bypassed, creating a care gap. In contrast, results received from private labs are sent to the ordering provider, who counsels the patient on their results and facilitates a warm "hand-off" to the HIV Provider group, facilitating care coordination and reducing gaps in care).

NEXT STEPS

In the Do and Check phase, the QI team will conduct two major activities.

QI Activity 1:

Collaborate with stakeholders to implement adequate training across all sites to ensure a smooth transition to OraQuick™ fingerstick to help capture patients at risk of Hepatitis C.

QI Activity 2:

Coordinate with the HIM and HIV care team to implement a process to ensure that continuity of care takes place and that, in the case of a reactive OraQuick™ test, the referring provider will be the first to receive results, and they will provide initial counseling, treatment, and referrals to an HIV treating provider.

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• Figure 1. Bulsuk, Karn. Taking the First Step with the PDCA (Plan-Do-Check-Act) Cycle. Retrieved from <https://www.bulsuk.com/2009/02/taking-first-step-with-pdca.html>