

High-Impact HIV Prevention: A Step-By-Step Implementation Approach

Hildi Hagedorn, PhD
Center for Chronic Disease Outcomes Research
Minneapolis VA Health Care System
&
Department of Psychiatry
University of Minnesota School of Medicine

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What is your role in your clinic?

1. Clinic Leadership
2. Medical Provider, e.g., MD, LPN, PA
3. Ancillary Provider, e.g., nurse, psychologist, social worker
4. Support Staff
5. Other



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What is your experience with QI or Implementation?

1. Have designed and conducted a QI/Implementation project
2. Have participated in a QI/Implementation project
3. Have some training or education but no direct experience
4. None



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Step-By-Step Implementation Approach

- **STEP 1:** Develop a stake holder's group.
- **STEP 2:** Assess current clinic functioning.
- **STEP 3:** Develop care improvement goals.
- **STEP 4:** Use stake holder's group to negotiate a plan for meeting improvement goals.
- **STEP 5:** Implement changes to clinic practices.
- **STEP 6:** EVALUATE and REVISE
(e.g., return to STEP 2 and repeat)



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Walk-Through Example: The Liver Health Initiative

- Promote the following best practices within SUD treatment clinics:
 - **Goal 1:** Testing for HCV/HBV infection and HAV/HBV immunity at intake,
 - **Goal 2:** Comprehensive, structured education on liver health,
 - **Goal 3:** Access to HAV/HBV immunizations, and
 - **Goal 4:** Referral to GI/liver clinic for HCV and HBV positive patients.



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Word Cloud:

What HIV Prevention Goals are You Considering for Your Clinic?

- Please use one word answers - e.g. screening, testing, education, retention, adherence, PrEP
- Submit as many responses as you like through the chatbox



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STEP 1

Develop a stakeholder's group

Word Cloud:

- Who would you include in your stakeholder's group?
 - Please use one word answers, you may submit as many answers as you like
 - Please type in your responses into the chatbox



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STEP 1

Develop a stakeholder's group

- Most important points:
 - Include infectious disease clinic personnel
 - Try to recruit a representative from all levels of clinic staff, e.g., administration/leadership, providers, nursing, psychiatry, social work, support staff.
 - Strongly consider including a patient representative.
 - Keep the rest of the clinic informed of progress and solicit opinions/suggestions through staff meetings, email announcement, trainings, etc.



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Liver Health Initiative: Stakeholder Group

- Stakeholder group included SUD and GI/liver clinic staff, and quality improvement consultants
- Group met on a weekly basis to:
 - Determine current clinic practices through review of clinic policies and patient chart audit,
 - Agree on practice improvement goals, and
 - Design an intervention to address practice improvement goals



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STEP 2

Assess Current Clinic Functioning

- Most important point:
 - What clinic policy states should be happening and what is actually happening can be different.
 - Select a sample of patients and review their charts to find out what is actually happening.



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Liver Health Initiative: Review of Clinic Policies

- **Goal 1:** All patients are tested for HCV/HBV infection and HAV/HBV immunity at intake.
- **Current Policy:**
 - All incoming patients are tested for HCV infection.
 - No procedures in place to test for HBV or HAV/HBV immunity at intake.



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Liver Health Initiative

Review of Clinic Policies

- **Goal 2:** All patients receive structured, comprehensive education on liver health.
- **Current Policy:**
 - Patients entering intensive outpatient treatment receive one hour education on HCV.
 - Patients entering less intense treatment are not targeted for education.



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Liver Health Initiative: Review of Clinic Policies

- **Goal 3:** Access to HAV/HBV immunizations in the SUD clinic.
- Current policy:
 - No procedures in place for providing immunizations.



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Liver Health Initiative

Review of Clinic Policies

- **Goal 4:** Referral to GI/liver clinic for HCV and HBV positive patients.
- **Current Policy:**
 - No consistent policy/procedures in place to ensure feedback to patients of test results or referral of HCV and HBV positive patients to the GI/liver clinic.



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Baseline Patient Chart Audit

	N	%
Tested for HCV infection at intake	75/104	72.1
Exposure to hepatitis C (HCV Ab positive)	17/75	22.7
Chronic hepatitis C (HCV PCR positive)	10/75	13.2*
Received feedback and referral to GI/liver clinic	5/10	50.0

*General population rate = 1.8%, Rate among VA patients = 6%



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Liver Health Initiative

Baseline Patient Chart Audit

- Conclusions:
 - Patients entering SUD treatment are at high risk for HCV.
 - Testing for HCV is not universal and can be improved.
 - Developing consistent feedback and referral procedures for HCV positive patients must be a top priority!



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What might you find in your clinic?

- Universal testing for HIV and screening for on-going high risk behavior may be policy
- Actual rate of testing and screening may be lower than expected
- Patients may be at higher risk than anticipated
- Connection to treatment may be lacking



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Step 3

Develop Care Improvement Goals

- Use findings from review of current clinic practices to identify gaps in care where substantial improvement is possible.



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Liver Health Initiative

Practice Improvement Goals

1. Improve percentage tested for HCV at intake.
2. Implement testing for HBV and HAV/HBV immunity.
3. Develop standardized procedures to ensure feedback of test results and referral to GI/liver clinic for all HCV + and HBV + patients.
4. Develop a liver health education program available to all entering patients.
5. Develop procedures for providing HAV/HBV vaccinations within the SUD clinic.



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What goals might you set for your clinic?

1. Improve percentage tested for HIV.
2. Implement rapid HIV testing.
3. Improve screening for on-going HIV risk.
4. Standardize procedures to ensure feedback of test results and referral for treatment.
5. Implement HIV prevention education program.
6. Implement PrEP for patients with on-going high risk behaviors.



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Step 4

Negotiate a Plan for Meeting Goals

- Important Point:
 - Implementing change has the potential to impact everyone's work processes.
 - Make sure stake holders from all areas of the clinic are involved in evaluating potential plans and identifying potential barriers.



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Liver Health Initiative: Planning an Intervention

- Sample plan developed based on literature review of similar interventions.
- Develop tools to simplify implementation:
 - Algorithm for interpretation of lab results,
 - Standing order for RNs to administer vaccines,
 - EMR note template.
- Once plan was developed, it was presented during an in-service to entire staff to solicit comments, suggestions, etc.



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Step 5

Implement Changes to Clinic Practice



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Liver Health Initiative: Practice Improvement Plan

- Testing for HCV/HBV infection and HAV/HBV immunity added to standard labs drawn at intake.
- At intake, patients scheduled to return for a “Healthy Liver” group appointment.
 - 60 minute intervention staffed by RN, with assistance from an LPN for larger groups.
 - 30 min. group educational component followed by brief individual appointments with RN



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Group Educational Component

- 15 min. video presentation followed by 15 min. Q&A session covering:
 - What are HCV, HBV and HAV infections?
 - How are hepatitis infections transmitted?
 - How can I protect myself from hepatitis infections?
 - How does alcohol use effect the health of my liver?
 - If I have HCV, what can I do to maintain my health and protect others from infections?



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Brief Individual Appointments

- Review patient's lab results and make vaccine recommendation.
- Begin vaccinations for HAV/HBV and schedule follow-up appointments for boosters as appropriate.
- Enter referral to GI/liver intake clinic as appropriate.



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Healthy Liver Group cont.

- RN can provide education, review lab results, provide vaccinations (with assistance from LPN), and schedule appropriate follow-up appointments and referrals for up to 12 patients in 60 minutes.



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What might a “best-practice” HIV program look like?

- Rapid HIV test and screening for on-going risk behavior at intake
- HIV+: Warm hand off or rapid scheduling with infectious disease, emergency counseling available
- HIV- with on-going risk: Prevention education group and access to PrEP



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Step 6

EVALUATE and REVISE

- Important point:
 - Don't assume that everything is going along as planned, CHECK TO MAKE SURE!



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Liver Health Initiative: Evaluation 1

Screening	
Tested for HCV	79.8% (83/104)
Chronic HCV	15.7% (13/83)
Tested for HBV	76.0% (79/104)
Chronic HBV	1.3% (1/79)
Tested for HAV immunity	76.9% (80/104)
Immunity to HAV	17.5% (14/80)
Tested for HBV immunity	76.9% (80/104)
Immunity to HBV	21.3% (17/80)



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Liver Health Initiative: Evaluation 1

Healthy Liver Group	
Received appointment	38.5% (40/104)
Attended	77.5% (31/40)
Started vaccination	87.1% (27/31)
Declined vaccination	3.2% (1/31)
Returned for 1 st booster	92.6% (25/27)
Returned for 2 nd booster	57.1% (12/21)



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Liver Health Initiative: Evaluation 1

Hepatitis C Positive Patients	
Newly Diagnosed	6 patients
Received Referral to GI/Liver Clinic	33.3% (2/6)
Attended GI/Liver Clinic Intake	100% (2/2)



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Progress on Goals

- **Goal 1:** All patients are tested for HCV/HBV infection and HAV/HBV immunity at intake.
 - Testing for HCV infection improved from 72% to 80%.
 - Testing for HBV infection and HAV/HBV immunity successfully added to intake labs.



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Progress on Goals

- **Goal 2:** All patients receive structured, comprehensive education on liver health.
 - Structured, comprehensive education group developed,
 - **BUT**....Only 38.5% of patients were actually scheduled into the group!



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Progress on Goals

- **Goal 3:** Access to HAV/HBV immunizations in the SUD clinic.
 - Procedure for offering vaccinations in place.
 - Patients highly accepting of vaccinations.
 - Impressive return rate for booster shots.



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Progress on Goals

- **Goal 4:** Referral to GI/liver clinic for HCV and HBV positive patients.
 - HCV + patients who were scheduled and attended a Healthy Liver group received a referral and attended appointment.
 - **BUT**...4 newly diagnosed patients were missed because they were never scheduled into the Healthy Liver Group.



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REVISE

- Stake holder group needed to determine why scheduling rate was so low and make a change to remedy the situation.
- Importance of involving staff at all levels:
 - Stake holder group did not know that support staff were asking patients to “check-out” after completing their intake at which time they were scheduled into the group. Clearly, patients were not completing the “check-out”.



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Simple Solution Makes Big Difference

- Revise procedures to schedule patients into Healthy Liver Group at check-in for intake rather than requiring patients to check-out.



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Liver Health Initiative: Evaluation 2

Healthy Liver Group	Eval #1	Eval #2
Received appointment	38.5%	63.6% (133/209)
Attended	77.5%	63.9% (85/133)
Started vaccination	87.1%	81.2% (69/85)
Declined vaccination	3.2%	5.9% (5/85)
Returned for 1 st booster	92.6%	80.3% (53/66)
Returned for 2 nd booster	57.1%	73.3% (11/15)



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Liver Health Initiative: Evaluation 2

Hepatitis C Positive Patients

Newly Diagnosed

9 patients

Received Referral to
GI/Liver Clinic

77.8% (7/9)

Attended GI/Liver Clinic
Intake

71.5% (5/7)



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Progress on Goals

- Scheduling rate into Healthy Liver group and rate of referral of HCV + patients to GI/Liver clinic greatly improved.
- **BUT**...scheduling rate still not optimal.



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REVISE

- What did we learn this time around?
 - Patients not being scheduled were consistently “in house” intakes (e.g., from inpatient, partial hospitalization program, mental health clinics).
 - Miscommunication with support staff regarding scheduling of these patients.



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Another Simple Solution

- Clarify for staff that ALL intakes should receive a Healthy Liver group appointment
- Implemented once a week scheduling check to make sure all new intakes had Healthy Liver group appointments in EMR.
- Preliminary checks indicated 90% + scheduled.



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Key Take Homes

- Involve staff from all levels (and ideally patient representation) in stakeholder group.
- Make sure you understand what actually happens in the clinic, not just what policy says.
- Don't overwhelm yourselves: Choose one or two changes to start.
- Don't let perfect be the enemy of the good: Just get started!!
- EVALUTE!!



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Q&A and Learning Collaborative Discussion



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What are the high-impact HIV prevention strategies that your clinic is considering implementing?

Easy access to PrEP

Maintain patients virally suppress

Data to PrEP, HIV Cluster Response,

Hep C projects

1.) Expanded access to PrEP

2.) Develop new links between prevention, care, substance abuse, and other services that can reduce new HIV infections in women of child-bearing age using opiates.



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In general, how has your clinic approached implementing changes in the past?

Top-down approaches mostly

Committees and lots of meetings

CQI

- 1.) Identify problem**
- 2.) Identify stakeholders**
- 3.) Discuss strategies to effectuate change with stakeholders.**
- 4.) Devise plan. Implement plan. Evaluate plan. Make changes based on data. Re-evaluate.**



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What has been most successful about your previous efforts to implement practice change?

staff compromised with change

Buy in at all levels.

looking at barriers

using Lean, PDSA, team based approach to the implementation

Great strides have been made with Clinical indicators identified as needing improvement once a Quality plan was established to implement needed changes.



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What has been the most difficult about your previous efforts to implement practice change?

complain with timeframe

Lack of follow through from leadership

lack of buy-in from the entire team.

Getting staff buy in up front was usually fairly easy- getting staff to change their practice (especially if those changes increased the staff member's work burden)was more challenging.



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Who will you need to involve, both within your clinic and outside of your clinic, to implement high-impact HIV prevention strategies?

executive and middle management

Community/clients/patients, staff, leadership, community organizations

stakeholders

n/a not at a clinic right now, hard to answer this question.

Medical Director

Program Manager

Program staff

Admin over our program



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