



# Adopting Routine Opt-out HIV Testing in a Children's Hospital to Reach an Adolescent Population

Tricia A. Smallwood, MPH; Teresa Courville, RN, MN; Ann Petru, MD

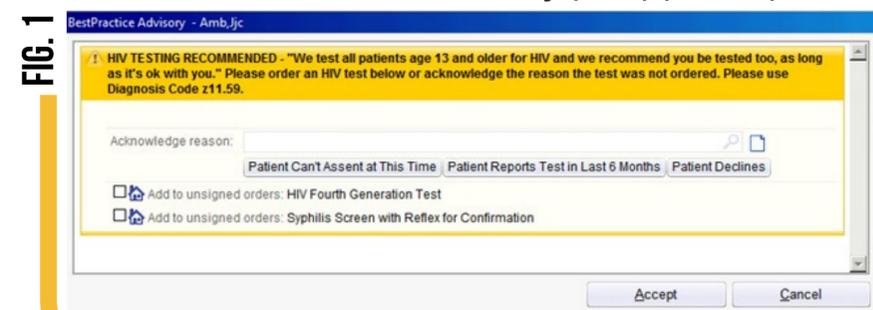
## INTRODUCTION

The CDC estimates that youth account for 25% of all new HIV infections in the United States, while HIV testing remains low among adolescents, with only 22% of sexually active high school students reporting having ever been tested. Despite CDC guidelines for routine HIV testing of patients 13-64 years, pediatricians have not adopted routine opt-out testing protocols as best practice. UCSF Benioff Children's Hospital Oakland (UBCHO), a teaching hospital with 90 pediatric residents, is one of only two pediatric institutions with such a protocol.

## METHODS

Routine opt-out testing was implemented at UBCHO utilizing Abbott® 3rd and 4th generation tests in January 2014. A Best Practice Advisory (BPA) (fig.1) alert was incorporated in the electronic medical record (EMR) to prompt clinicians to include opt-out HIV testing for eligible patients. The BPA determines eligibility based on the following algorithm: patient is ≥ 13 years old, has not had an HIV test in the past 6 or 12 months, and is not known to be HIV infected. Over 3 years, the BPA has been streamlined to optimize offering and testing of our patients. Data was extracted from the EMR for demographics, offer rates and testing rates.

### EPIC EMR Best Practice Advisory (BPA) (v. 2016)



#### Benefits of BPA :

- Determines who is **eligible**
  - 13 years or older
  - no HIV screen in the last 12 months
  - is not known to be HIV infected
- Provides a ready visible **opt-out script**
- Two-Clicks to order HIV screening test

FIG. 2 Total # of Tests Conducted by FOCUS Year

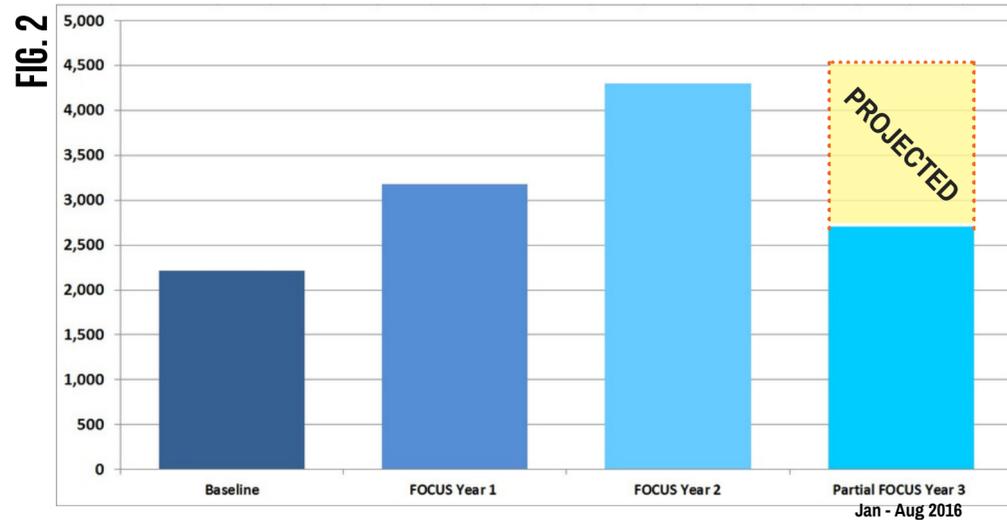
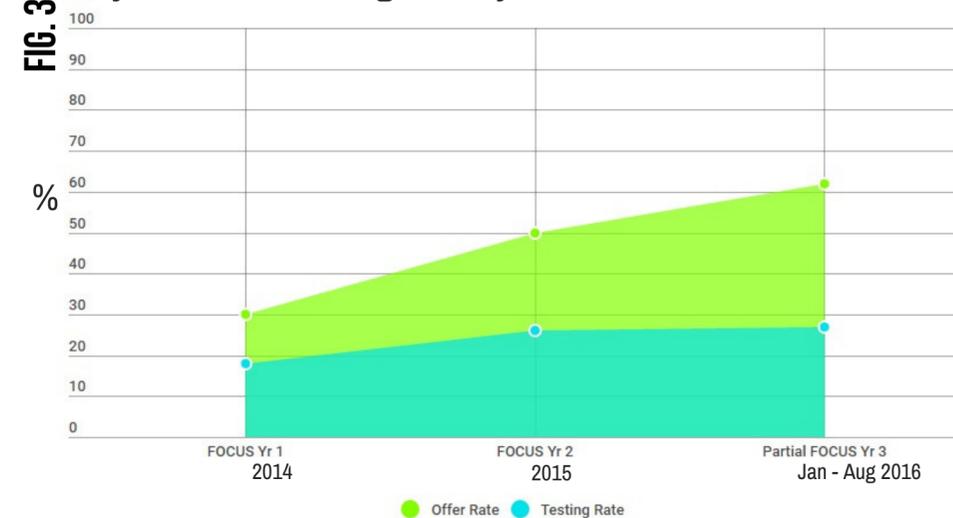


FIG. 3 Project Offer & Testing Rate by FOCUS Year



## RESULTS

- From Jan 2014 - Aug 2016 : a total of **10,255 HIV tests** have been performed
- Routine opt-out testing increased the number of adolescent patients tested from **2,213 at baseline in 2013 to 3,176 and 4,302 in 2014 and 2015** respectively. Jan to August 2016, 2,705 have been tested. (fig. 2)
- Overall project testing rates increased** from 19% (3,176 of 16,966 eligible patients), in 2014 to 27% (4,302 of 15,562) tested in 2015, and remained stable at 27% in 2016. (fig. 3)
- Overall project offer rate doubled** from 30% in 2014 to 62% in 2016. (fig. 3)
- New Infections identified by year:**
  - In 2014, 4 new infections were identified (seroprevalence rate of 0.13%), followed by 1 new infection in 2015 (0.07%), and 2 new infections have been identified between Jan - August 2016 (0.07%).

Overall, testing has resulted in **23 screen positives:**

**7 true positives (5 AHI) & 16 false positive.**

\*AHI = Acute HIV Infection

## CONCLUSIONS

Routine opt-out testing of adolescents is feasible in a children's hospital. Implementation of a BPA has increased offer and testing rates and has enabled identification of undiagnosed and often recently infected youth. Physician-initiated testing produced sub-optimal offer and testing rates in this teaching hospital. A future direction of opt-out testing should include nurse-initiated offering and testing. Routine testing presents a unique opportunity for early intervention, identification of HIV infected youth, and initiation of antiretroviral therapy (ART).

This work was supported by a FOCUS Grant from Gilead Sciences, Inc.

### Examples of Promotional Materials Aimed at Patients & Providers

