

Grant Outcomes Report

New York City Health and Hospitals Corporation Evaluation of HIV Testing

The Problem:

More than 95,000 residents of New York City had been diagnosed with HIV/AIDS in March 2005, according to estimates from the New York City Department of Health and Mental Hygiene. An additional 25% of people who were infected were unaware of their status because they had not been tested.

With funds from the New York City Council, in July 2005 New York City's Health and Hospitals Corporation (HHC) implemented an HIV Testing Expansion Initiative in 17 facilities. The Initiative uses a new protocol that provides HIV test results within 20 minutes, usually before the patient leaves the facility. Conventional tests typically require two weeks to determine results.

The goals of the Initiative were to integrate HIV testing into non HIV-related visits to three care settings—inpatient, outpatient, and emergency departments—to increase the:

- number of patients who know their HIV status;
- proportion of patients who tested positive who enter care early; and
- proportion of patients who tested positive who remain in care.

Grant Activities and Outcomes:

In November 2006, the New York State Health Foundation (NYSHealth) awarded HHC a grant to evaluate the Initiative. The evaluation sought to answer five questions:

- Were more people tested for HIV?
- Were new cases of HIV infection detected?

KEY INFORMATION:

GRANTEE

New York City Health and Hospitals Corporation

GRANT TITLE

New York City Health and Hospitals Corporation Evaluation of HIV Testing

DATES

January 1, 2007–September 2, 2009

GRANT AMOUNT

\$56,640

FUNDING

2006 Special Opportunity Grant

- Was the testing efficient? Efficiency is the ratio of tests conducted that yield positive diagnoses.
- Were more HIV-positive patients linked to health care services?
- Were new HIV patients drawn into care earlier in the disease, before the onset of AIDS?
- HHC contracted with three evaluators: Peter Arno, Ph.D., Pallavi Govil, Ph.D., and Clyde Schechter, M.D., M.A., to analyze administrative data generated by participating facilities over three years.

Evaluators reported the following outcomes across HHC as a whole:

- The number of patients tested rose from approximately 5,000 to nearly 15,000 per month, with the fastest rate of growth occurring in the first year.
- The number of new HIV diagnoses per month rose rapidly in the first year as the number of patients tested rose, but then peaked and declined in the following two years.
- The percentage of HIV-positive patients who were linked to care fluctuated from month to month, but was more or less constant when examined over the full three years.
- The percentage of patients diagnosed with AIDS declined significantly during the first year and then remained close to that level for the remaining two years.
- Use of rapid testing methods expanded and use of conventional tests dropped during the first year. Thereafter, the use of conventional tests remained steady and the use of rapid tests increased, although there was considerable variability across facilities.

Evaluators reported differences in the outcomes across the three care settings:

- The monthly rate of testing increased by 15.7% in emergency departments, 2.8% in inpatient settings, and 3.6% in outpatient settings. Most growth occurred during the first year.
- The number of new HIV diagnoses was higher in inpatient and emergency departments than in outpatient clinics, but over time, new diagnoses dropped in all settings.
- Linkage to care rates were highest among outpatients, who are more likely to have ongoing relationships with the clinic. The stable level of linkage overall results from offsetting fluctuations in linkage rates for inpatient and emergency department patients.
- The proportion of patients diagnosed with AIDS fluctuated in all settings. AIDS diagnoses among emergency department patients rose, fell, and rose again, but not significantly. AIDS diagnoses among inpatients fell for two years and then rose. AIDS diagnoses among outpatients fell the first year, rose, and then fell slightly in the third year.

- Use of the rapid tests increased across all three settings: from 90% to 98% in emergency departments; from 51% to 88% in inpatient units; and from 3% to 78% in outpatient clinics.

Evaluators offered several conclusions and recommendations from the study:

- Increases in HIV testing were most pronounced in outpatient clinics. Therefore, HHC should focus future efforts in inpatient and emergency departments, where there is greater room for expansion.
- HHC has successfully expanded HIV testing beyond people who demonstrate risk for infection.
- Despite nearly tripling the number of tests over three years, the monthly number of new diagnoses remained nearly the same. Because more people were tested without a comparable increase in diagnosis, the efficiency of the tests declined.
- The decrease in the proportion of patients diagnosed with AIDS suggests that more people entered care at earlier stages of infection, before HIV escalated to AIDS.
- There are understandable reasons why people already diagnosed with HIV are retested, but reducing repeat tests would enhance the efficiency of the testing program and allow resources to be targeted more directly to health services.

The Future:

HHC plans to allocate internal funds to continue expanding HIV testing, using an electronic HIV clinical visit documentation screening tool to collect and analyze testing data.

BACKGROUND INFORMATION:

ABOUT THE GRANTEE

HHC, the largest municipal hospital and health care system in the country, is a \$6.7 billion public healthcare delivery system serving 1.3 million New Yorkers. HHC provides medical, mental health, and substance abuse services through 11 acute care hospitals, four skilled nursing facilities, six diagnostic and treatment centers, and more than 80 community-based clinics. It maintains nearly 7,500 beds and sees more than 1 million emergency room visits and almost 5 million outpatient visits per year.

HHC undertook to expand HIV testing at its facilities in response to a growing body of literature suggesting that approximately 25% of people with HIV were unaware of their status, and that a number of patients with newly diagnosed AIDS had episodes of contact in the health care system but were never tested.

GRANTEE CONTACT

Terry Hamilton, Director HIV Services
New York City Health and Hospitals Corporation
CPHIVS, 125 Worth Street, Room 405
New York, NY 10013

Phone: (212) 788-3604

e-mail: terry.hamilton@nychhc.org

Website: <http://www.nyc.gov/html/hhc/html/home/home.shtml>

NYSHEALTH CONTACT

Kelly Hunt

GRANT ID

1601111