



# HIV Testing Improvement in Primary Care Through OptTEST's Indicator Condition-Guided Testing: The Tool-1 and Plan-Do-Study-Act Experience in Catalonia, 2016

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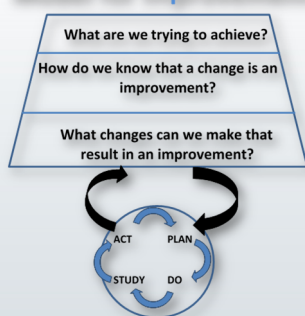
## BACKGROUND AND OBJECTIVE

The Optimising testing and linkage to care for HIV across Europe project (OptTEST) was co-funded by the EU 2nd Health Programme in 2013 to provide tools and assessment methods to reduce HIV infection late diagnosis and timely linkage to care and treatment throughout Europe. One of the sub-projects focuses on developing and implementing four tools for HIV indicator conditions (IC) guided HIV testing at healthcare settings. Catalonia participates in this work with three primary care sites. The aim of this communication is to describe the Catalan experience using Tool-1 through the Plan-Do-Study-Act (PDSA) methodology. The objective of the PDSA was to increase the number of HIV test performed in Gran Sol Primary Care Centre.

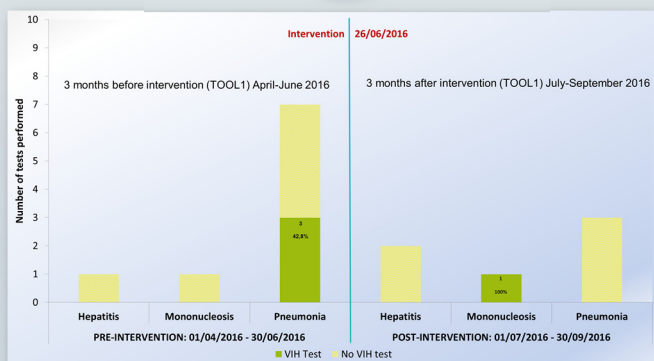
## METHODS

Tool-1 is a strategic presentation tool developed by the OptTEST IC-guided HIV testing working group and used at the Catalan site of Badalona-Gran Sol during June 2016. This centre is participating in the IC-guided HIV testing of patients presenting with severe/recurrent pneumonia and hepatitis B/C since July 2015. Intervention was planned using PDSA methodology: 1) Plan a talk using Tool-1 adapted to the Catalan region, 2) Do or perform adapted Tool-1 talk during a staff's continuing education session, 3) Study what we learned and needed to improve or modify, 4) Actions planned: measurement of impact in testing; follow-up meeting if testing is not achieved to 90% by October 2016; modify Tool-1 to include information on barriers and; to find alternative to data collection to increase quality of testing.

### Model for improvement



## RESULTS



## CONCLUSIONS

- Opt-TEST Tool-1 is a useful tool with capability to be adapted to a country/public's profile.
- Tool-1 increased family physicians' (FP) willingness to increase quality of IC-guided HIV testing to reduce late diagnosis and linkage to care. Tool-1 had added value to FP by receiving talk during continuing education session.
- Further actions: sites' training in 6 months; FP personal incentive and; calculation of quality indicator.
- The PDSA methodology helped to plan and carry out a small intervention which can be easily modified to improve quality of HIV testing. As for the Catalan experience, we were not able to achieve 90% compliance, indicating the need more PDSA runs to improve and reach the expected outcome.

**REFERENCES:** A Sullivan, D Raben, J Reekie et. Feasibility and effectiveness of indicator condition-guided testing for HIV: results from HIDES I (HIV indicator diseases across Europe study). PLoS One. 2013; 8(1):e52845. L Cayuelas-Redondo, I Menacho-Pascual, P Noguera-Sánchez et al. [Indicator condition-guided human immunodeficiency virus requesting in primary health care: results of a collaboration]. Enferm Infecc Microbiol Clin. 2015 Dec; 33(10):656-62. GL Langley GL, R Moen R, KM Nolan et al. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance* (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

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## PLAN-DO-STUDY-ACT EXPERIENCE

PDSA	Question	Task	Experience
Plan	Objective: To increase number of HIV test performed in Gran Sol Primary Care Centre.	1. Adapt and use the Opt-TEST TOOL1 to Catalan epidemiology and public.	1.Tool 1 from Opt-TEST project is an useful tool to be adapted to countries' profile. 2.A review of Opt-TEST objectives and procedures were added at the end of the talk.
	Was the test carried out as planned? Any deviation?	1. Carry out informative session with GP's from Gran Sol Primary care centre.	1. A total of 12 physicians out of 28 staff invited (there were people on sick leave or holidays)
Study	Did the results match your predictions?	1. Limit to schedule time	1.Presentation of Tool1 must stay a 20-30 minutes' talk to be effective and obtain the expected results.
	What did you learn?	2.Possibility to make few adaptations to TOOL1 3.Increase willingness to improve testing. 4.Opportunity to convince or increase interest of GPs to testing by IC.	2.The slides were easy to modify. 3.After talk, GPs refreshed the objective of the project, to increase HIV testing and showed willingness to improve testing. 4.One GP, asked to start testing and fill out the weekly reporting.
	Do you need to modify this cycle and re-run it?	<b>Need to modify next cycle:</b>	1. Modify Tool1 to include barriers data and site's quality of data indicator in the follow-up meeting (December 2016)
Act	Do you need to expanded it to more targets/settings?	1.Modify Tool1 and perform session a second session 2.Give feedback from first post-intervention data. <b>Further actions:</b> 1.Opt-TEST staff training in 6 months	2. Include slides on barriers and preliminary Opt-TEST's data. 3. Centres with less than 90% testing targeted IC, should receive TOOL1 talk. 4. To carry out a global training session to all sites together in six months.

## LIMITATIONS

- Intervention was carried out in June 2016, just before summer holidays which affected the continuity of the expected effect post holidays.
- Difficulties to discriminate only on severe pneumonias since most come to emergency room first. Offering to community-acquired pneumonia might help to increase HIV testing.
- Some primary care centres in Catalonia have high turnover rate, which make it difficult to keep staff updated on HIV testing by indicator conditions.
- We were not able to carry out run-charts analysis because of the small numbers and way data was collected.

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