



NJCRI

FOCUS: Integrating Routine HIV and HCV Testing

Corey L. DeStefano

AGENCY OVERVIEW

NJCRI, founded in 1988, is one of Newark's and New Jersey's largest Community Based Organizations, offering a "one-stop shopping" model of care to over 11,000 clients by providing care and treatment, prevention services and promoting health education. Through the FOCUS Program, NJCRI offers routine testing for HIV/HCV.

Our Mission:

To empower our clients by reducing social and health disparities in the greater Newark area. We accomplish this through increased access to medical care and other concrete services including psychosocial support, practical skills building and knowledge dissemination.

FOCUS TESTING PROGRAM

- ▶ At Baseline, NJCRI provided opt-in testing in our programs throughout the building in our counseling and testing department and our primary care clinic through rapid testing and blood draws.
- ▶ As part of the FOCUS Project NJCRI made HIV and HCV testing opt out and routine while also integrating HIV/HCV tests with other health screenings.
- ▶ Our goal is to normalize attitudes to de-stigmatize HIV/HCV screenings. To accomplish these goals, NJCRI incorporated laboratory based testing, for both HIV and HCV with an emphasis on participants of the agency's primary care clinic patients. By making testing routine, NJCRI is introducing a new and innovative model that will result in increased awareness, diagnoses, and access to care and treatment.
- ▶ Through the FOCUS program NJCRI made an institutional policy change to support routine screening for HIV and HCV. Through this project, NJCRI developed systems for interdepartmental collaboration within the agency—specifically between the syringe exchange/drop-in center and primary care clinic—that will result in routine screening of clients for HIV and HCV.
- ▶ NJCRI also made changes in our Electronic Medical Record -- EMR will prompt providers to screen clients for HIV and HCV. The EMR will prompt providers to screen all new clients over the age of 13 in the medical clinic and on an annual basis for HIV. The EMR will prompt providers to screen all new clients over the age of 13 and any client that does not have a documented HCV-RNA laboratory result in the system for HCV.

NJCRI

● NORTH JERSEY COMMUNITY RESEARCH INITIATIVE

Integrating HIV/HCV Screening Results/Lessons Learned

Newark, NJ

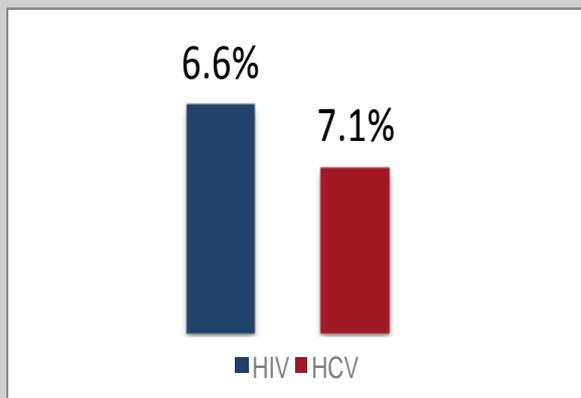
NORTH JERSEY COMMUNITY RESEARCH INITIATIVE

- North Jersey Community Research Initiative (NJCRI) is Newark's and one of New Jersey's largest community-based HIV organizations, offering a one-stop shopping model of care for approximately 11, 000 clients.
- Through FOCUS, NJCRI offers routine HIV and HCV screening in agency's syringe exchange/drop-in center and primary care clinic.
- All positive clients are engaged through navigators and linked to care both within the organization and through affiliated specialists in the community.

QUICK FACTS

- Through Nov of 2015, conducted 224 HIV tests and identified 15 HIV positive clients.
- Through Nov of 2015, conducted 271 HCV tests and identified 38 HCV RNA+ clients.
- Majority of positive clients are substance users

Seroprevalence across Integrated Screening Program



RESULTS

- Integrated screening across the needle exchange/drop-in center and primary care clinic has resulted in HIV seroprevalence of 6.6% and HCV RNA seroprevalence of 7.1%
- 85% of all positive clients are substance users
- Of all positive clients, 10 were co-infected with HIV and HCV
- 100% of HIV positive clients and 97% of HCV RNA positive clients were linked to care.

CONCLUSION/Lessons Learned

- Substance use population is notoriously difficult to link to care, but through our skilled navigators we have robust linkage to care results.
- Linkage to care was also enhanced by the one-stop shopping model of care offered by our agency.

Lessons Learned/Next Steps

- ▶ Delays in project start up around policy and electronic medical record changes to meet program needs and staff training. NJCRI provided in-depth staff training on documenting lessons learned in order to integrate findings on effective service approaches and staffing patterns, optimize performance indicators, and utilize appropriate data collection and analysis techniques.
- ▶ Substance use population difficult to link to care, but through our skilled navigators we have robust linkage to care results. We are currently at a 100% linkage to care rate for HIV positive clients and 97% for HCV RNA+ clients.
- ▶ Linkage to care was also enhanced by the one-stop shopping model of care offered by our agency.
- ▶ FOCUS has allowed us to create outcome indicators through the modification of our EMR. Some examples include: Improvement in health outcomes for HIV positive participants, as measured by increased CD4 counts and reduced viral loads; % of eligible patients screened and linked for HIV and HCV.
- ▶ NJCRI plans on expanding the program for Year 2 by incorporating testing at another academic site and collaborating with other organizations to provide testing for their clients.

Project Team:

Project Coordinator:

Corey DeStefano 973-483-8008 c.destefano@njcri.org

Vieshia Morales 973-558-5041 v.morales@njcri.org

Juan Torres 973-558-5042 j.torres@njcri.org

Candace Tobin 973-483-3444 x 203 c.tobin@njcri.org

Project Evaluator:

Dr. Liliane Cambraia Windsor (217) 300-1782 / (201) 310-2766

lwindsor@illinois.edu