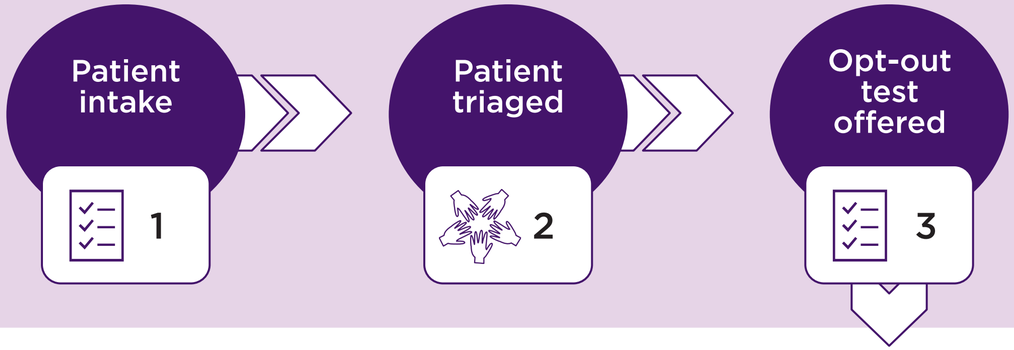
Community Health Clinic HIV Workflow Solutions

AMA AMERICAN MEDICAL ASSOCIATION

PRE-ROUTINE SCREENING: Patient engagement and screening preparedness



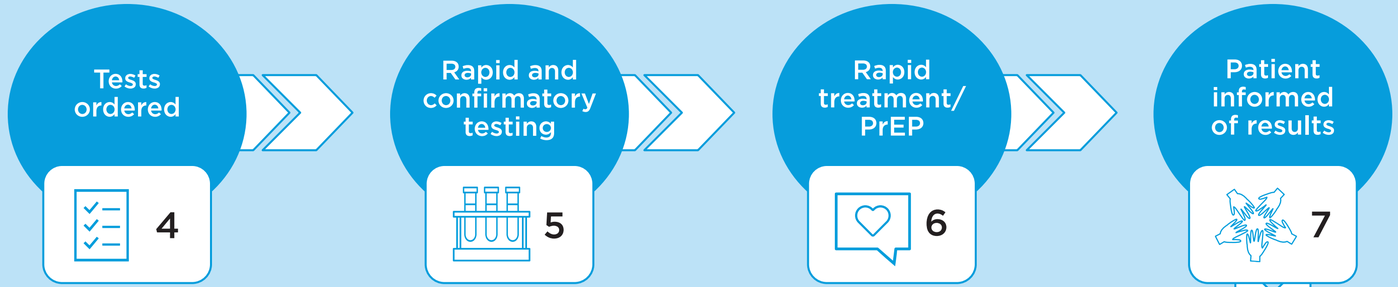
OPPORTUNITIES TO OPTIMIZE

1. **Link self-risk assessment to EHR** which helps reduce care team member discomfort in asking sexual history or drug use questions, as well as patient discomfort with privacy. Self-risk assessment provides efficiency in obtaining information that will help determine what type of testing should be offered and what intervention or referral the patient may need to support health maintenance.
2. **Leverage patient navigator** as a non-clinical care team member role to ensure follow-through of testing process (results, linkage to care, etc.). They can also conduct pre-test counseling if mandated by state.
3. **Employ EHR pop-up reminders** for provider to order test during visit with patient. A hard-stop reminder ensures they cannot continue without ordering.

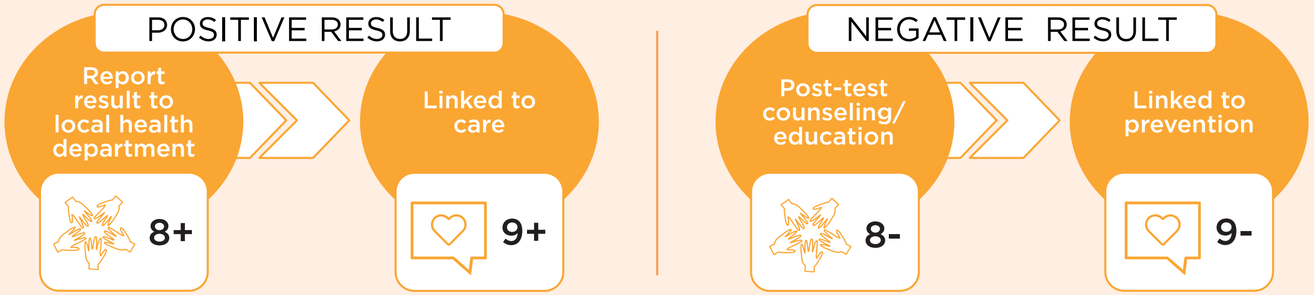
OPPORTUNITIES TO OPTIMIZE

4. **Bundle tests,** as patients who qualify for routine screening for HIV may also need other routine tests. Order sets useful at this stage to easily identify which tests should be bundled.
5. **Order rapid and confirmatory tests together** so patient doesn't need to come in twice, reducing burden on care team and patient.
6. **Initiate rapid ART if new infection is assumed,** or same-day/rapid-start ART or PrEP if patient meets certain risk criteria to minimize loss to follow-up
7. **Outline clear delineation of care team role in delivering result.** Locations where providers lack time can have patient navigators take on this role.

Routine Screening: Test performed and results communicated



FOLLOWING UP: Confirmatory testing and linkage to care, treatment and prevention



OPPORTUNITIES TO OPTIMIZE

8+. **Report to local health department** if confirmatory test is positive

9+. **Use Anti-Retroviral Treatment and Access to Services (ARTAS)** to link client care, aiming to encourage establishment of an effective working relationship with a care Linkage Coordinator.

8-. **Engage in post-test counseling and education** with negative patient, led by Patient Navigator.

9-. **Link patient** to appropriate prevention services