

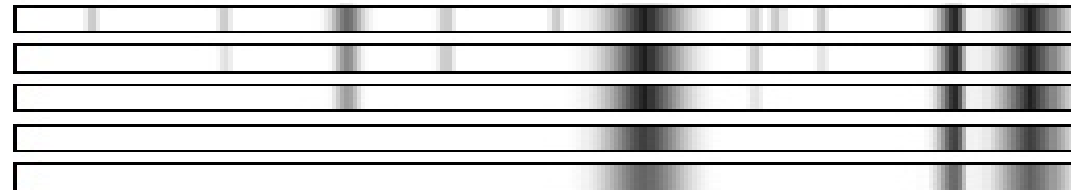


Government of **Western Australia**
Department of **Health**



**TESTING &
DIAGNOSIS**

Evaluation of the 'Time of Diagnosis Protocol'



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The *Time of Diagnosis Protocol (TODx)* aims to provide a point of intervention at the time when a general practitioner (GP) is informed that they have a confirmed HIV-positive diagnosis to give to a patient.

The intervention is the linkage of the GP to an HIV clinician/nurse, who can provide the GP with information on HIV and referral processes for the patient, prior to the GP delivering a new HIV-positive diagnosis.



Links to WA HIV Strategy 2015-2018



TESTING &
DIAGNOSIS



DISEASE MANAGEMENT
& CLINICAL CARE

- *Educating and supporting general practitioners (GPs), and other healthcare providers, to provide opportunistic testing for HIV, as part of a comprehensive screening of blood-borne viruses (BBVs) and sexually transmitted infections (STIs)*
- *Ensuring GPs have appropriate support structures when required to give a positive HIV diagnosis to a patient*
- *Continuing to provide guidance and support to GPs who manage the day-to-day health of people living with HIV*
- *Investigating opportunities to increase the number of HIV s100 prescribers in WA*

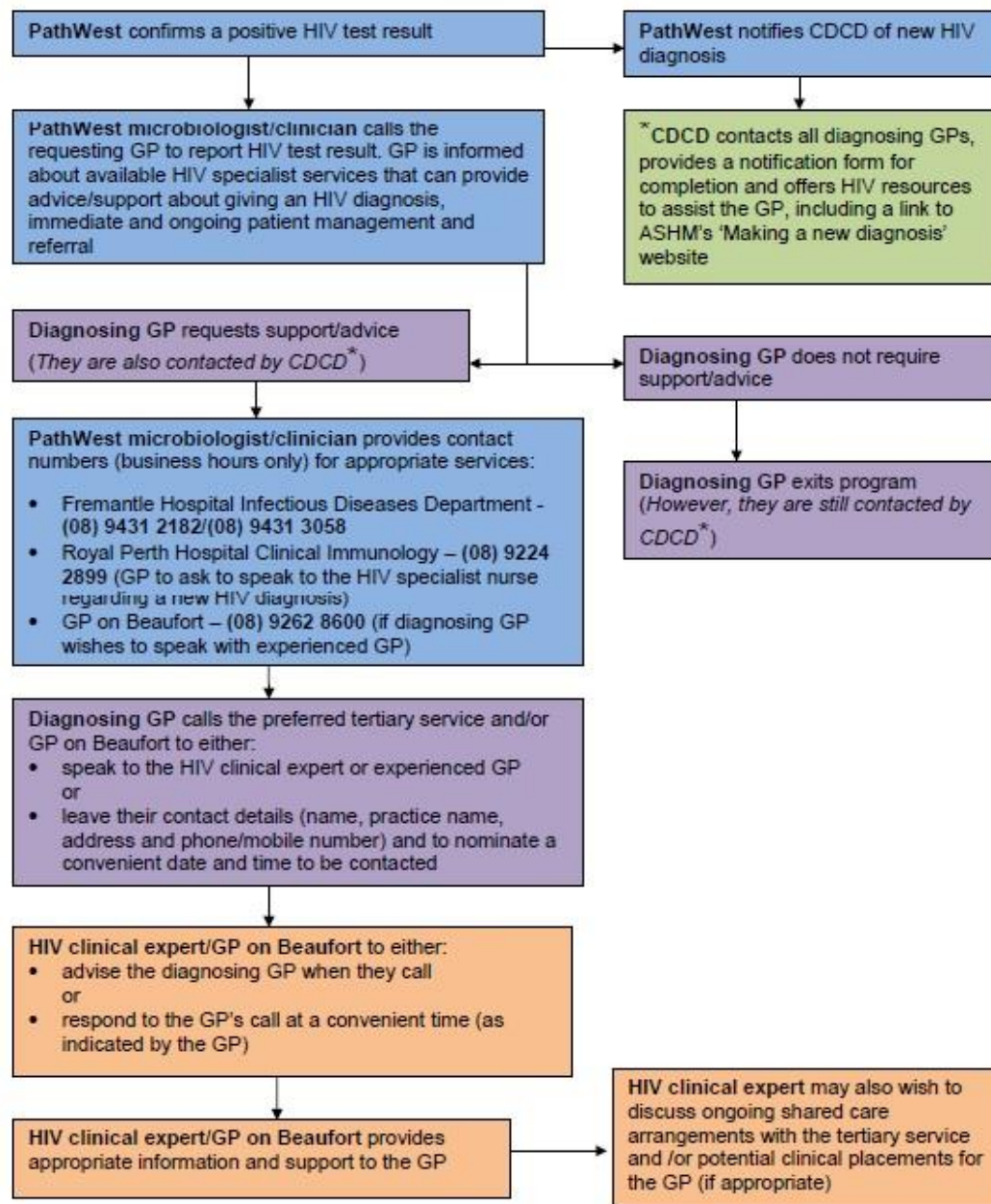
http://ww2.health.wa.gov.au/Articles/U_Z/WA-Sexual-Health-and-Blood-borne-Virus-Strategy-2015-2018



Background.....

- Since 2013, GPs have been notifying 47% of all new HIV notifications in WA
- Before 2009, an informal referral process existed between PathWest Laboratory Medicine (PathWest) and HIV clinics
- In 2009, this process was formalised and involved the Communicable Disease Control Directorate (CDCD), PathWest, and HIV clinicians and nurses from Fremantle Hospital, Royal Perth Hospital, GP on Beaufort, and the Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM)
- After an evaluation by ASHM, the protocol was amended in 2013 which removed the 'safety net' role which ASHM had
- Why this evaluation? To see how TODx has been functioning since the change in protocol

PROJECT PROTOCOL - WA GP SUPPORT AT TIME OF HIV DIAGNOSIS
JULY 2013



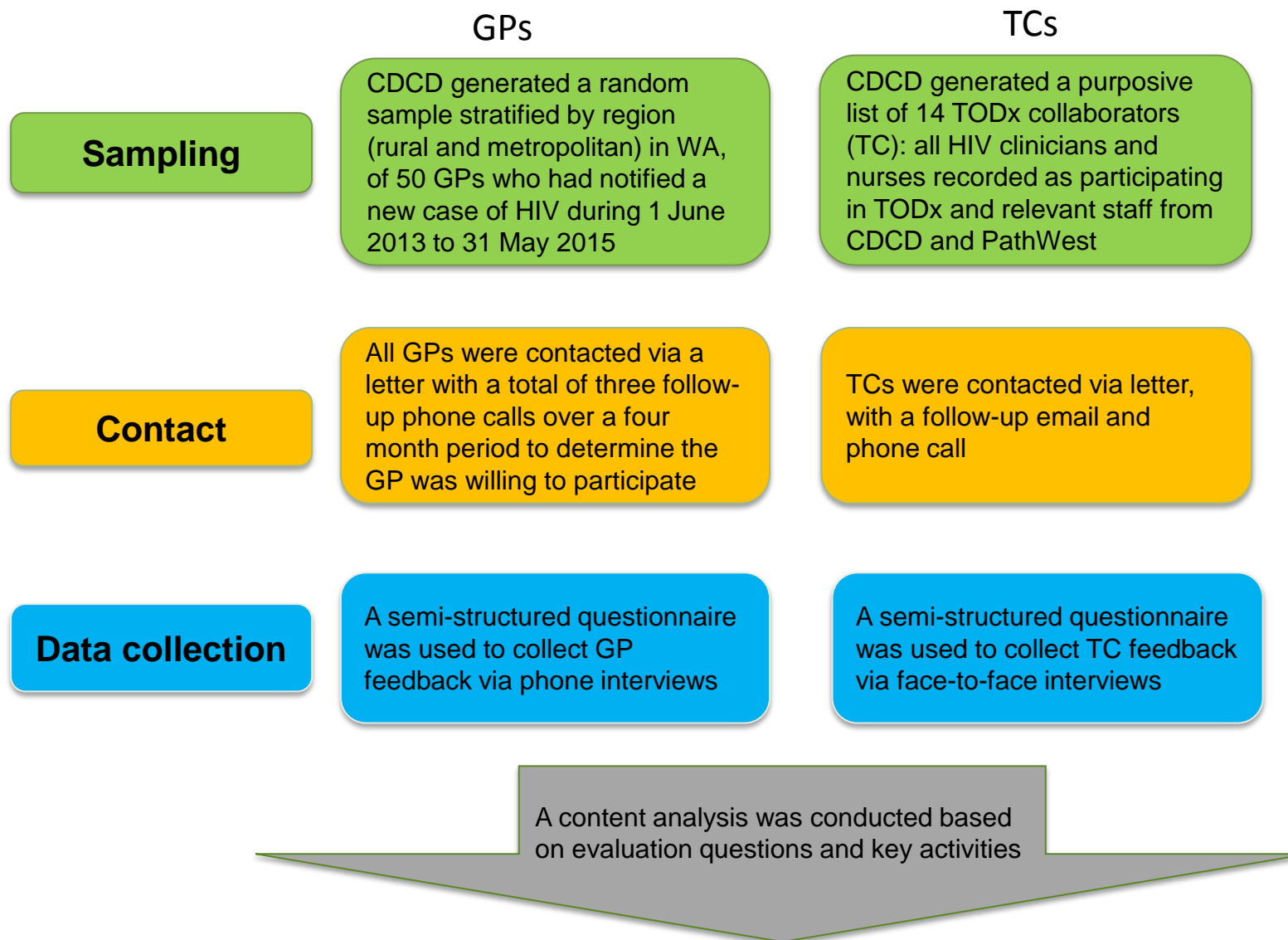
2015-2016 TODx evaluation questions



- 1. Is TODx meeting the needs of key stakeholders?**
 - a. Which activities/processes need to be changed within TODx to make it more effective?
 - b. How should these amendments be made?
- 2. To what extent are the key activities/processes within TODx functioning according to the program plan?**
 - a. What are the mechanisms (barriers/enablers) influencing key activities/processes?
- 3. Has TODx met the needs of diagnosing GPs?**
 - a. What are the circumstances in which TODx has met/not met their needs?
- 4. To what extent are GPs continuing to engage/participate:**
 - a. In their patients' care (shared care arrangements)?
 - b. In HIV issues/training/initiatives?
- 5. What have been some of the positive/negative experiences or outcomes with TODx?**
- 6. Are TODx processes and activities sustainable?**
 - a. What are the perspectives from each stakeholder on the continuing value of TODx?
 - b. What is the potential for other health/community organization/expert involvement?
- 7. What are the hard-to-measure outcomes of TODx?**
 - a. How can these be documented/ acknowledged?



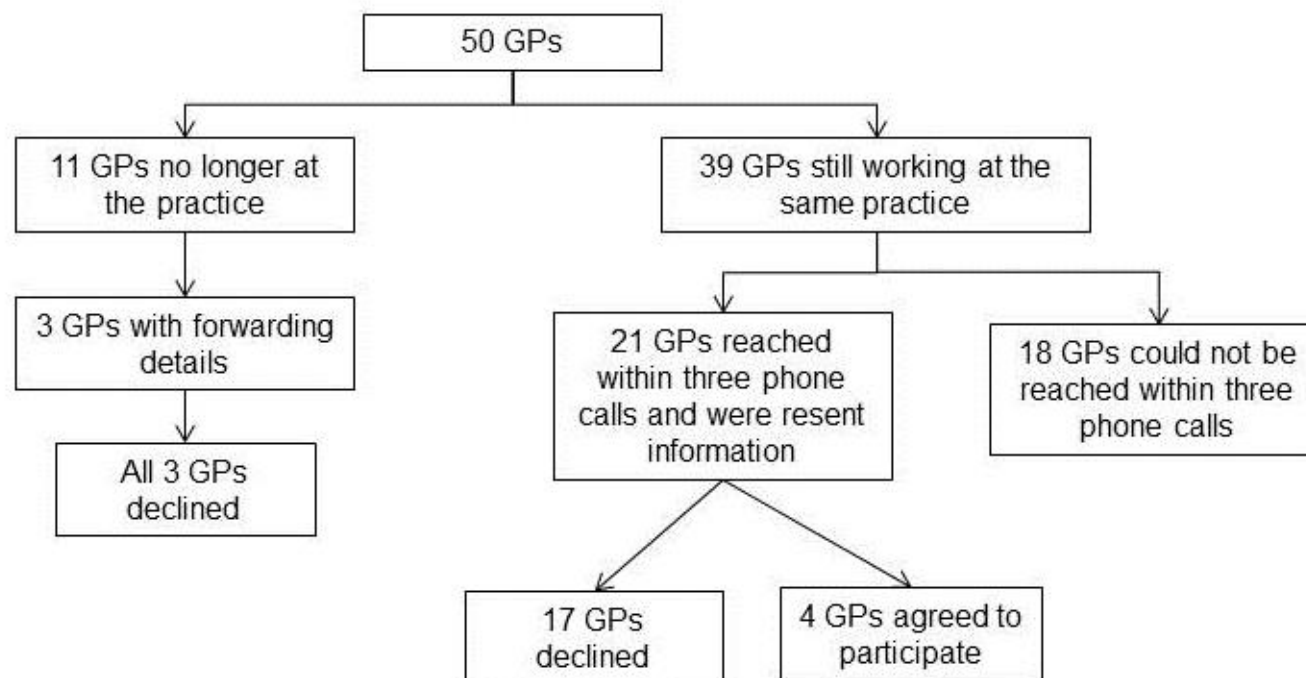
2015-2016 TODx evaluation methods





Results

GPs: n= 4



TODx collaborators: n= 8

Two HIV clinicians; four HIV nurses; the Clinical Microbiologist at PathWest; and an Epidemiologist at CDCD



Results cont....

GP results

- All had diagnosed 1-2 patients in the previous 2 years
- All had spoken to HIV clinician/nurse (50% before delivering diagnosis)
- Key information discussed was related to:
 - test results
 - immediate clinical management
 - referral pathways
 - contact tracing
- All experienced general satisfaction with TODx

TODx collaborator results

- Communication with GPs is via phone with conversations lasting a few minutes
- Conversations are predominantly based on patient referral
- GP knowledge on HIV is variable- knowledge that HIV can be treated
- All expressed satisfaction with TODx, and that the protocol is working without the involvement of other organisations



Results cont....

Suggested improvements to TODx

Guidance for GPs on
the CRS with the
emphasis on bypassing
the system

Standard HIV
information/protocol
sheet at PathWest

Hyperlink to a page of
HIV information on
PathWest report for
GPs

Mechanism for
engaging GPs with a
special interest in HIV



Discussion

Limited GP participation means all evaluation results are not generalizable, and raises some thoughts on how we engage with GPs.

Engaging GPs in research:

- Other studies have found GPs have competing practice priorities and time constraints
- Previous ASHM evaluation had 7 GPs (sampling unknown)
- Phone tag to reach GPs, with mail also not being received
- With time limitations, how do we engage GPs in specialist conditions such as HIV if their learning is focussed on health priority areas
- Approaches moving forward could range from general awareness raising, ensuring the medical curriculum contains relevant HIV information, and targeted engagement for GPs with a special interest in HIV



Discussion cont.....

WA HIV diagnoses from diagnosis to first CD4 count: 1/1/13 to 1/1/15

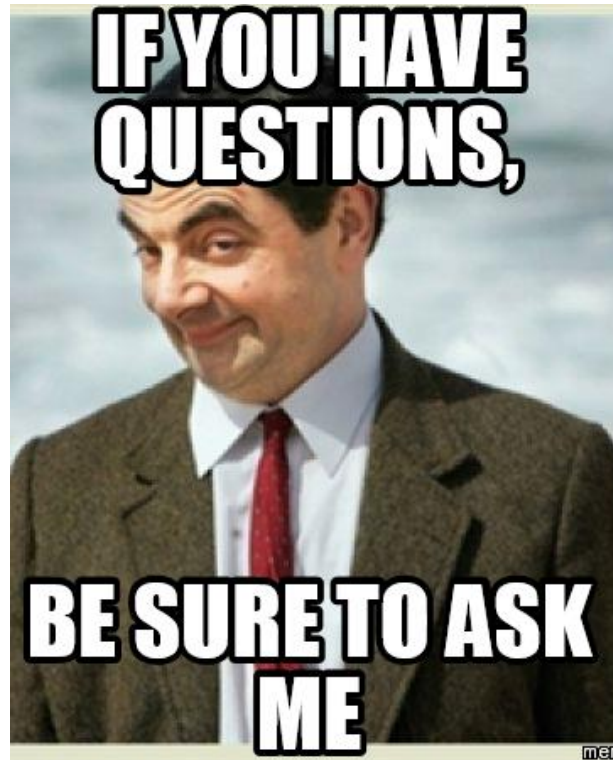
Time to first CD4 count	Number	%
Same day	23	12%
1 day	7	4%
2 days	7	4%
3 days	5	3%
4 days	10	5%
5 days	15	8%
6 days	14	7%
7 days	11	6%
8 days	5	3%
9 days	5	3%
10 days to 2 weeks	30	16%
> 2 weeks to 1 month	27	14%
> 1 month to 2 months	16	8%
> 2 months to 6 months	7	4%
> 6 months to 12 months	2	1%
> 12 months	1	1%
Left WA	3	2%
Lost to follow up	2	1%
Not reported	1	1%
Total	191	100%

20% within 2 days

49% within 7 days

71% within 14 days

93% within 2 months



Questions?