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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.

RESULTS

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

REFERENCES:

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CONCLUSIONS

1. Opt-TEST Tool-1 is a useful tool with capability to be adapted to a country/public’s profile.
2. 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.
3. Further actions: sites’ training in 6 months; FP personal incentive and; calculation of quality indicator.
4. 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.

LIMITATIONS

1. 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.
2. Tool-1 increased family physicians’ (FP) willingness to increase quality of IC-guided HIV testing to reduce late diagnosis and linkage to care.
3. Further actions: sites’ training in 6 months; FP personal incentive and; calculation of quality indicator.
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