

**Getting Current: Updating
pathology requests in HIV and
the financial reward to be
gained.**

Wilson M¹ Bird R¹, Dyer J¹, Kerth J¹, Libertino S¹

*¹Infection and Immunity Team, Infectious Disease
Department, Fiona Stanley Hospital*

Aim / Goals

- To review previously standardised pathology requests and update them based on the changes in HIV management.
- The goals were also :-
 - To reduce pathology expenditure on patients attending outpatient clinics
 - To reduce the frequency of unnecessary investigations
 - To develop a list of tests for baseline, routine and yearly visits

Method

- Standardised baseline, routine and yearly pathology tests were benchmarked against the British HIV Association and the USA Department of Health and Human Services guidelines.
- Discussed in team meetings to determine the final decision for the three categories
 - Baseline (New patients)
 - Routine (3/4/6 monthly)
 - Yearly

Baseline

Current costings based on 1 patient per annum	Revised costings based on 1 patient per annum	Cost Savings based on 1 patient per annum
\$ 1234.92	\$1167.38	\$67.54

Minimum Baseline tests	Test removed from routine testing
HAVab, HBVsAg, HBVsAb, HBVcAB HCVab	HLAB5701 (if not considering ABC)
TB QuantiFERON gold, FBC,LFTs,	HSV (both 1 & 2)
Treponemal serology, U/E T-Cell Subsets	Toxo IgG
HIV viral load, HIV resistance genotype,	CMV IgG
Lipids(non- fasting), Glucose, HbA1c,	
Urine PCR for gonorrhoea and chlamydia	

Routine 3/4/6 monthly

Current costings based on 1 patient x 1 routine pathology request per annum	Revised costings based on 1 patient x 1 routine pathology request per annum	Cost Savings based on 1 patient x 1 routine pathology request per annum
\$303.00	\$194.09	\$108.91

Minimum Routine tests	Test removed from routine testing
HIV viral load, LFT's, U&E's	T cell subsets
	Calcium
	Phosphate
	Urine for PCR CT/GONO
	Urine for creatinine /protein ratio
	HCV Ab, HBV sAb
	Vit D

Yearly

Current costings based on 1 patient per annum	Revised costings based on 1 patient per annum	Cost Savings based on 1 patient per annum
\$ 485.06	\$233.03	\$252.03

Minimum Routine tests	Test removed from routine testing
HIV viral Load, FBC, LFT's,	T cell subsets (see criteria)
U&E's, HBA1c,	Calcium
Treponemal serology,	Phosphate
Lipids (non fasting)	Urine for PCR CT/GONO
	Urine for creatinine /protein ratio
	HCV Ab, HBV sAb/sAg
	Vit D

Some Additional tests added to routine

Laboratory Test	Entry into care	Every 3-6 months	Every 12 months
HIV Serology	If no confirmed written evidence		
T- Cell subsets	√	During first 2 years of ART, or if viremia develops while patient is on ART, or CD4 count <300 cells/mm ³	After 2 years on ART with consistently suppressed viral load; <ul style="list-style-type: none"> • Repeat if CD4 count between 300-500 cells/mm³ yearly. • If CD4 above 500 test no longer required unless clinically indicated.
HLA B57	If considering Abacavir		
Hepatitis B serology	√		If non immune and does not have chronic HBV infection
Hepatitis C serology	√		Repeat screening based on risk assessment
Pregnancy test	Women of child bearing age starting on Dolutegravir		
Sexual health screening	√	Repeat screening based on risk assessment	

Evaluation

- To evaluate the success of this project we will initially audit T cell subsets as it is one of the major changes to pathology requests
- Current cost of T cell subsets \$93.64

References

- <https://www.bhiva.org/file/DqZbRxfzLYtLg/Monitoring-Guidelines.pdf>
- <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/3/tests-for-initial-assessment-and-follow-up>
- <https://aidsinfo.nih.gov/guidelines/html/tables/1/6341>