

Grantee TA Enrichment Call
Promising Practices for
Putting the 'Routine' into
HIV Testing at Health Centers

Thursday, October 11, 2012

1:00–2:30 PM EST



Learning Objectives

- Increase understanding of Routine HIV Testing Guidelines issued by the CDC
- Highlight promising practices in implementing HIV testing in health center
- Identify resources to support implementation and improvement of HIV testing programs

Agenda

- Opening Remarks by Jim Macrae
- Overview of CDC Guidelines for Routine HIV Screening
- Q&A Session #1 (via Adobe)
- Promising Practices from three Health Centers
- Q&A Session #2 (via Adobe and Phone)

Jim Macrae

Associate Administrator, BPHC

- Welcome
- BPHC and the National HIV/AIDS Strategy
- HIV Testing and the Health Center Program
- Partnership and Collaboration is Key to HIV Service Delivery Expansion
- Thank you

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Routine HIV Testing



HIV Screening in Health-Care Settings: New Approaches and New Paradigms

Pascale Wortley, M.D., M.P.H.

Senior Advisor for Prevention Through Healthcare
Division of HIV/AIDS Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Centers for Disease Control and Prevention



Awareness of HIV Status among Persons with HIV, United States, 2009

Number living with HIV	1,148,200
Number unaware of their HIV infection	207,600 (18 %)
Estimated new infections annually	50,000

Source: HIV Surveillance Supplemental Report, 2012

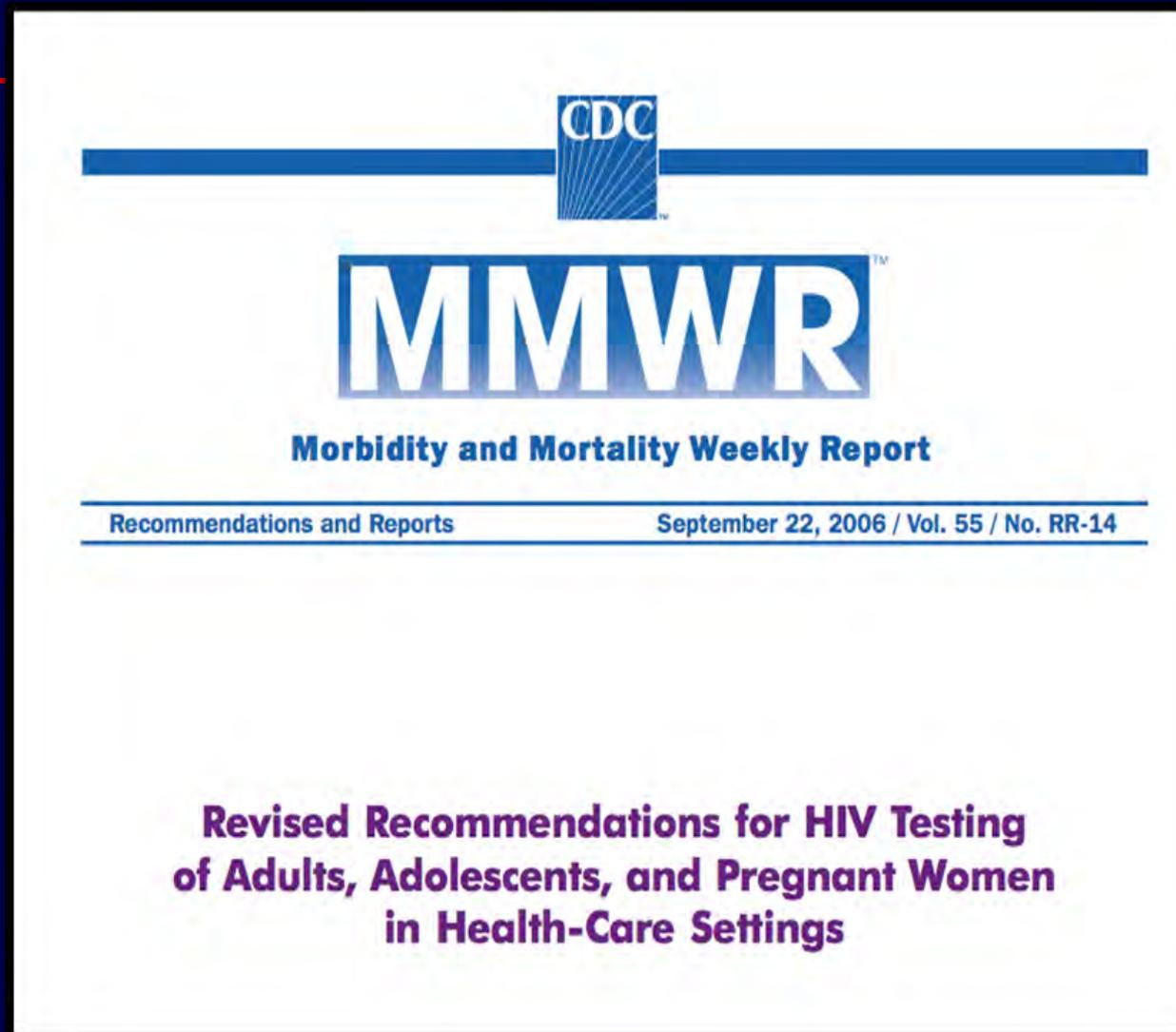


Terminology

- *Diagnostic testing:* performing an HIV test based on clinical signs or symptoms
- *Targeted testing:* performing an HIV test on subpopulations of persons at higher risk based on behavioral, clinical or demographic characteristics
- *Screening:* performing an HIV test for all persons in a defined population
- *Opt-out screening:* performing an HIV test after notifying the patient that the test will be done; consent is inferred unless the patient declines



Published Guidelines



<http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>



Revised Recommendations Adults and Adolescents - I

- Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk*
- All patients with TB or seeking treatment for STDs should be screened for HIV
- Repeat HIV screening of persons with known risk at least annually

*If undiagnosed prevalence of HIV is
>1/1000



Revised Recommendations Adults and Adolescents - II

- Settings with low or unknown prevalence:
 - Initiate screening
 - If yield from screening is less than 1 per 1000, continued screening is not warranted, but targeted testing should continue

Note: Number of patients a facility needs to test to determine if their prevalence of undiagnosed infection is $<1/1000$: 4000 patients*



*American College of Physicians , Ann Int Med
2009;150(2):125-131



Revised Recommendations Adults and Adolescents - III

- When acute retroviral infection is a possibility, use an RNA test in conjunction with an HIV antibody test



Revised Recommendations Adults and Adolescents - IV

- Opt-out HIV screening with the opportunity to ask questions and the option to decline testing
- Separate signed informed consent should not be required
- Prevention counseling in conjunction with HIV screening in health care settings should not be required



Revised Recommendations Pregnant Women

- Universal opt-out HIV screening during each pregnancy
 - Include HIV in routine panel of prenatal screening tests
 - Consent for prenatal care includes HIV testing
 - Notification and option to decline testing
- Second test in 3rd trimester for pregnant women:
 - Known to be at risk for HIV
 - In jurisdictions with elevated HIV incidence
 - In high HIV prevalence health care facilities



Why Routine Screening?

- Risk-based screening fails to identify many infected persons.
- Risk assessment and prevention counseling takes time and limits the number of people who can be screened.



Why Routine Screening? cont.

- Patients do not always disclose or may not be aware of their risk.¹
 - 39% of men who had sex with a man within the past year did not disclose to their health care provider²
 - 51% of rapid test positive patients identified in Emergency Department (ED) screening had no identified risk³

1. Chou R, et al. *Ann Intern Med.* 2005;143:55-73.

2. Bernstein KT, et al. *Arch Intern Med.* 2008;168(13):1458-1464.

3. Lyss SB, et al. *J Acquir Immune Defic Syndr.* 2007;44(4): 435-442.



Criteria that Justify Routine Screening

1. Serious health disorder that can be detected before symptoms develop
2. Treatment is more beneficial when begun before symptoms develop
3. Reliable, inexpensive, acceptable screening test
4. Costs of screening are reasonable in relation to anticipated benefits
5. Treatment must be accessible



WHO Public Health Paper, 1968
Principles and Practice of Screening for Disease



Awareness of HIV Infection Prevents Transmission

- After people become aware they are HIV-positive, the prevalence of high-risk sexual behavior is reduced substantially¹.
 - 68% reduction in unprotected anal or vaginal intercourse with HIV-neg partners for HIV-pos aware vs. HIV-pos unaware
- Persons taking ART are 96% less likely to transmit HIV to sexual partners²
 - DHHS Guidelines now recommend ART for all HIV-infected patients regardless of CD4 count

Marks G, et al. JAIDS. 2005;39:446
Cohen MS, et al. NEJM 2011;365:



Legal Barriers Disappearing

- Review of state laws conducted in 2011¹:
 - Laws compatible with CDC recommendations in all but 5 states (MA, NE, NY, PA, RI)
- Update since 2011
 - 4/5 states have taken steps to become more compatible (MA, NY, PA, RI)

1. Neff S, JAMA 2011;305:1767



What Test to Use?

- Rapid test or lab test?
 - Lab tests for patients with established relationship
 - Rapid tests for patients who present for episodic care, who may not return for their result



When to Screen for HIV?

- Integrating HIV testing into the clinic flow
 - For all patients getting blood drawn for other labs, testing can be integrated at that time.
 - For patients not getting blood drawn: include in next set of routine labs, or perform test at that visit, depending on patient circumstances.



Making HIV Screening Work

- Social marketing for patients and clinic staff
- Communication channels and referral networks for rapid linkage to HIV care
- Technical assistance and training: contact health department or AETC



Technical Assistance & Support for Routine HIV Testing



HIV Screening. Standard Care.™

UCSF Email Inquiry Program

Richard Aranow, MD

Professor of Clinical Family and Community Medicine

Halley Cornell

Communications Specialist

National HIV/AIDS Clinicians' Consultation Center (NCCC)

San Francisco General Hospital (UCSF)

San Francisco, CA



National HIV/AIDS Clinicians' Consultation Center (NCCC)

<http://www.nccc.ucsf.edu>

Warmline: 800-933-3413

National HIV Telephone Consultation Service
All aspects of HIV testing and clinical care

PEPline: 888-448-4911

National Clinicians' Post-Exposure Prophylaxis Hotline
Occupational and non-occupational exposures to HIV and
hepatitis B & C

Perinatal Hotline: 888-448-8765

National Perinatal HIV Consultation and Referral Service
Advice on preventing mother-to-child transmission of HIV

NCCC, <http://www.nccc.ucsf.edu>, Accessed 5/4/2012.



HIV Email Inquiry

Provides email response to HIV testing and linkage-to-care questions

Daily (weekday) review of inquiries

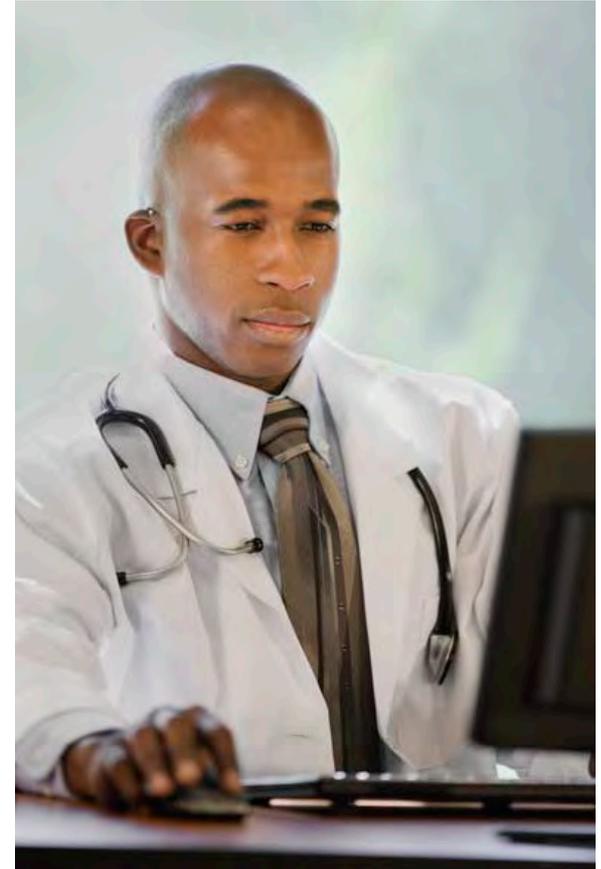
Same-day response to urgent/emergent inquiries

Two business-day response for most inquiries

HIVtesting@nccc.ucsf.edu



**NATIONAL HIV/AIDS
CLINICIANS' CONSULTATION CENTER**



HIV e-Inquiry Website Activity

6/26 – 8/22

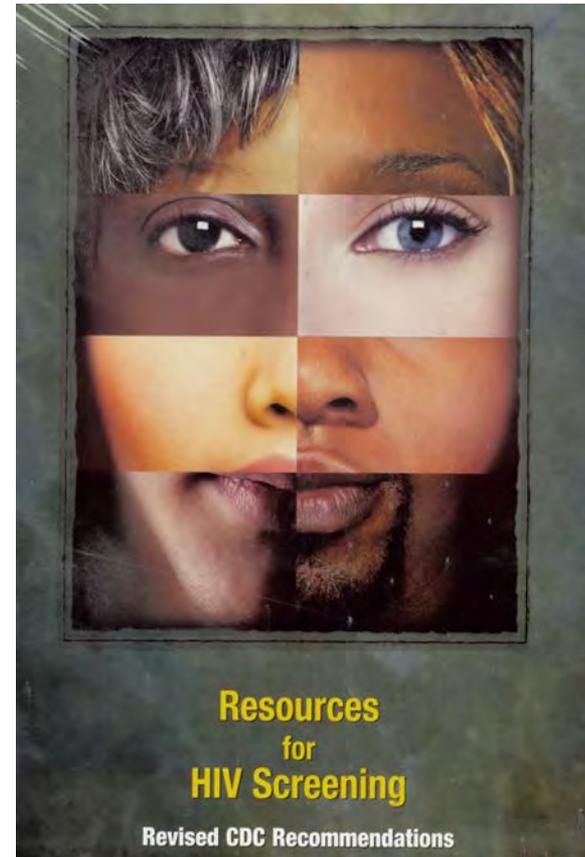
- 180 hits received
- 39% of visitors access the email link
- Top referring traffic sources: search engines (68), direct (45), CDC.gov (39)
- Top visits by region: CA (30), FL (21), MD (13), GA (12), NY, NJ, and PA (10 each)

*HIV in Primary Care:
Routine Screening, Earlier Treatment*
Accredited CME Program
Featured on Primary Care Spotlight on MEDSCAPE



HIV Screening. Standard Care.™

- Free materials for providers
 - Annotated Guide to CDC Recommendations
 - Resource Guide
 - AMA/AAHIVM CPT Coding Guide
 - ACP Guidance Statements
 - National HIV/AIDS Clinicians Consultation Center fact sheet
- Free patient materials (available in English and Spanish)
 - Brochure
 - Poster



Download at <http://www.cdc.gov/HIVStandardCare>

HIV Screening. Standard Care.™

Contact Information

- Warmline: 800-933-3413
 - National HIV Telephone Consultation Service
 - All aspects of HIV testing and clinical care
 - Ronald Goldschmidt, MD Director RGoldschmidt@nccc.ucsf.edu
 - Halley Cornell AETC liaison HCornell@nccc.ucsf.edu
- *HIV Screening. Standard Care.*
 - Judith Griffith, RN, MS jgriffith1@cdc.gov
 - Tanesha Tutt, DHEd, MS ttutt@cdc.gov

Question and Answer Session # 1

Please type your questions
into the Chat Box



Health Center Presenter 1 of 3

Family First Health



Developing Sustainable* Approaches to Routine HIV Screening

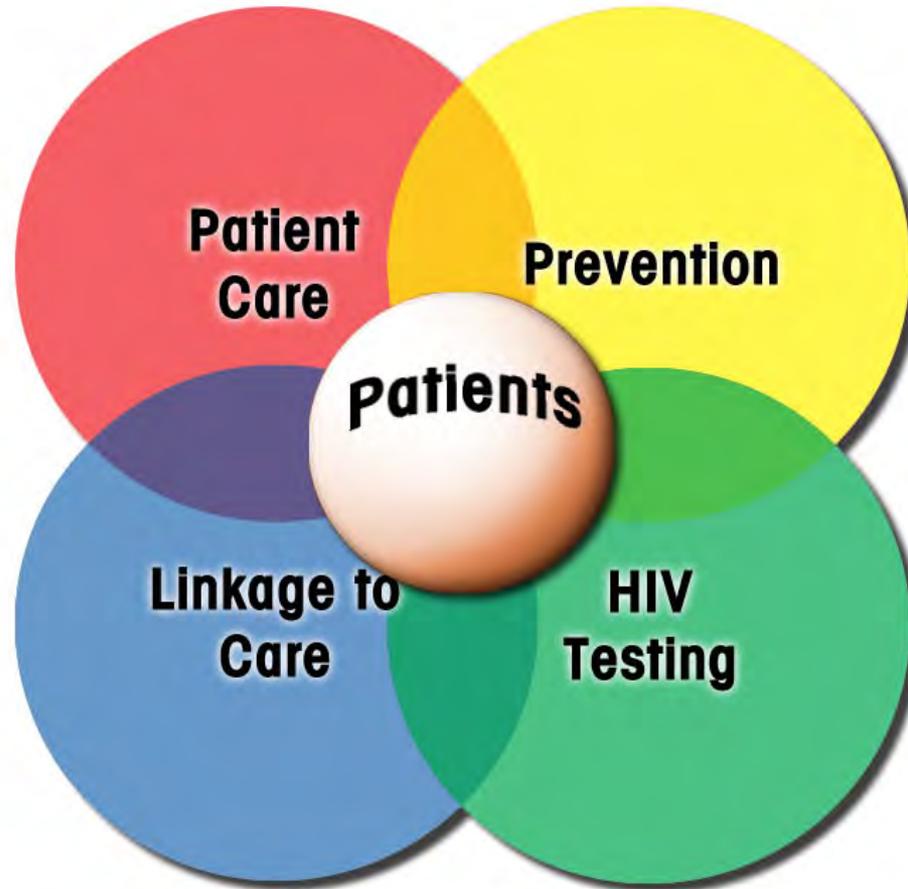
*Operationally and fiscally

Karen McCraw
Chief Program Officer
Family First Health

Family First Health

- ▶ Five-site FQHC in south-central Pennsylvania
 - ▶ 2 urban and 3 rural sites
 - ▶ 2011 UDS users: 19,759 (54,773 encounters)
 - ▶ Ryan White-funded HIV care program with 550 clients
 - ▶ Current ratio of uncompensated care to grant dollars: 202%
 - ▶ Completed electronic health record implementation in 2012
- 

HIV Services at Family First Health



HIV Screening–The FFH Story

- ▶ Until early 2008, HIV testing at Family First Health was risk–based (based on previous CDC guidelines)
 - 2007 medical patients: 14,295
 - 2007 HIV tests: Less than 200
- ▶ People were entering Family First Health’s HIV program late in the course of the disease
- ▶ Organization identified opportunity to improve clinical outcomes and reduce transmission by helping ensure everyone has the opportunity to know their HIV status

Organizational Challenges

- ▶ No electronic health record at the time
 - ▶ No money for routine screening
 - ▶ Provider and staff resistance
 - ▶ Fast-paced practice
 - ▶ Payer mix would result in limited reimbursement for HIV screening
 - ▶ Restrictive PA law governing HIV testing
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Late 2007

- ▶ Received Office of Population Affairs (OPA) funding to implement routine HIV screening in Family Planning Program patients
 - Grant funds to develop infrastructure, support training, and implement program
 - Capacity to test approximately 1700 patients per year
 - Utilized OPA technical assistance to maximize use of best practices
 - ▶ Presented proposed program to staff...
- 

The patients will freak out!

NO TIME!

You can't give a positive result on a Friday!

What if someone tests positive?

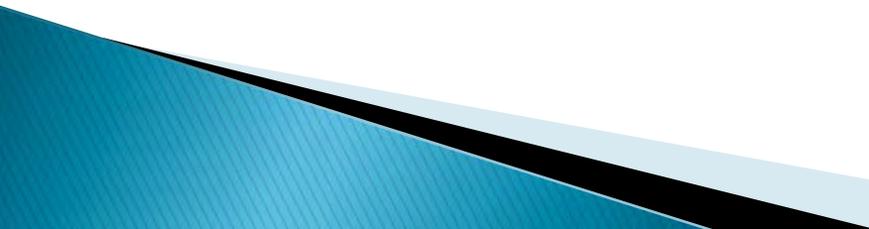
Too much to do in an appointment already

It will make us run late!!!

2007–early 2008

- ▶ Early program development:
 - Chose to utilize rapid testing to ensure delivery of results
 - Considered the needs of a busy primary care setting when choosing test
 - Assessed **processing time**, storage of tests, ease of use, cost, and reliability
 - Basic parameters:
 - Determined that all clinical support staff (MAs and LPNs) would offer and perform testing when rooming patients—no designated testing staff
 - Providers would deliver results

Summer 2009

- ▶ Routine HIV screening was going so well that Family First Health wanted to expand the program to cover all patients
 - ▶ Contacted the PA Department of Health to inquire about possible funding
 - PA had received CDC ETI funds but the program was encountering barriers to widespread testing
 - Family First Health had an existing successful model
 - Conference calls, contracts, funding!
- 

FFH Routine HIV Screening

- ▶ Simplified goal to “screen all patients who are 13 years of age or older once per year”
 - ▶ No risk assessment questions unless needed for visit
 - ▶ Any type of visit can accommodate screening
 - ▶ Supported by CDC Expanded HIV Testing Initiative dollars, through partnership with PA Department of Health
 - ▶ Screening program has also identified people who have dropped out of HIV care
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The Approach

- ▶ “Dr. _____ recommends HIV testing for all of her patients. We will do the test today unless you tell us you don’t want it.”

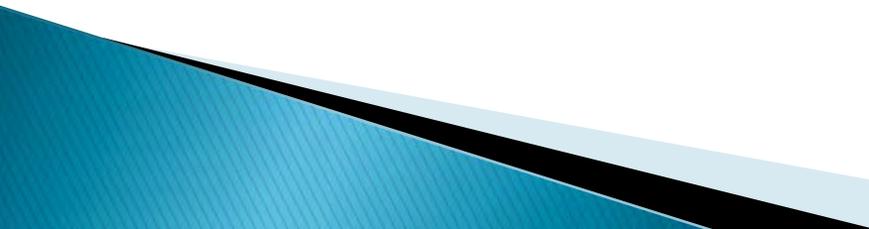
Linkage to Care

- ▶ Giving the positive result is only the first step
 - Newly diagnosed people might be in denial and may be difficult to contact
 - Testing provider is responsible for ensuring linkage to care
- ▶ No HIV care in-house?
 - Contact Ryan White grantees to assist with linkage to care
 - Health Department?
 - AIDS Service Organizations?
 - Who best helps patient decide where to go to get medical care?

Reimbursement

- ▶ Family First Health is being reimbursed ~\$18–\$21 for \$8 test
- ▶ As of August 1, 2012, ACA mandates that insurance plans cover annual HIV screening for sexually active women without coinsurance or deductibles
- ▶ Family First Health determined that any cost to the patient would be a barrier to testing
 - Insurance denials and self-pay patient costs are written off
- ▶ PPS reimbursement issues

Operational Sustainability

- ▶ **Test must fit into primary care visit and cannot disrupt patient flow in health center**
 - ▶ Needs to be routine part of primary care; the “sixth vital sign”
 - ▶ Linkage to care services for those testing positive is critical
 - ▶ Ongoing staff education and monitoring of testing rates; new staff buy in
- 

Fiscal Sustainability

- ▶ Negotiate lower test price (FFH went from \$10–\$8 per test)
 - ▶ Explore grant funding (CDC, Gilead)
 - ▶ Capitalize on existing HIV service system to ensure you don't have to “do it all”
- 

Lessons Learned

- ▶ **Routine HIV screening did not disrupt the clinic flow**
 - ▶ Routine HIV screening is helping reduce stigma around HIV testing
 - ▶ Clinical staff buy-in increased dramatically once the first positive test occurred
 - ▶ The first people newly diagnosed as HIV positive through this program were existing health center patients
 - ▶ There is still a role for testing outside the primary care setting
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Contact Information

- ▶ Karen McCraw
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Health Center Presenter 2 of 3

East Valley Community Health Center



Complementing Routine HIV Testing with Targeted HIV Testing

Vicki Ashley-Johnson
HIV Counseling and Testing Coordinator
East Valley Community Health Center, Inc.



Routine HIV Screening at East Valley

- Screen patients: 19 years of age and older
 - Primary Care/Family Planning
- Opt-out option during intake/medical visit
- Offer Conventional Testing (blood draw) or Rapid Testing (oral or finger stick)
- Confirmatory Testing (ClearView)
- Supported by County or State funding



Benefits of Routine HIV Testing

- Cast wider net
- Identify higher number of HIV positive individuals that do not know their HIV status
- Ability to test individuals who may be uninsured and have a low income level (high risk population)



Targeted HIV Testing at East Valley

- Focus on gay and bisexual men, transgender individuals, injection drug users sharing works, women and youth
- Utilize mobile van targeting San Gabriel Valley, Pomona Valley, and East LA County
- Offer tests where people are congregating – “Spot Testing”



Benefits of Targeted HIV Testing

- Go beyond established patients & into the community
- Address needs of disproportionately impacted
- Cost Effective
 - Limited funds
 - Larger geographic area
- Higher utilization of Rapid Testing, which increases the disclosure rate
- HIV Testing Counselor can spend additional time with patient to focus on risk behaviors



Key Strategies & Partnerships

- Building a strong working relationship between the HIV counselors and the clinic staff
 - Front desk/Support staff
 - Triage/Lab
 - Medical Assistants
 - Medical Providers
- Offer HIV 101 classes to clinic staff



Key Strategies & Partnerships cont.

- Enforcing agreed upon referral protocols
 - Internal: Patient flow within the clinic (e.g., separate routes for conventional vs rapid testing)
 - External: Written and informal agreements for referrals
- Collaborating with providers and other agencies in community to bring in clients
 - In-patient drug treatment facilities
 - Dual-diagnosis facilities for substance use/mental health
 - Department of Corrections
 - Colleges and Universities



Contact Information I

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Health Center Presenter 3 of 3

Greater Philadelphia Health Action





Road To Rapid Testing

Aramide Ayorinde, MPA
Early Intervention Quality Manager
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Philadelphia, PA



Our Locations:

- | | |
|------------------------------------|--|
| 1.) Southeast Health Center | 6.) 4th Street Behavioral Healthcare |
| 2.) Wilson Park Medical Center | 7.) Woodland Academy Child Development Center |
| 3.) Frankford Avenue Health Center | 8.) Chinatown Medical Services |
| 4.) Woodland Avenue Health Center | 9.) Snyder Avenue Dental Center |
| 5.) Hunting Park Health Center | 10.) GPHA, Inc. Dental and Behavioral Healthcare |

GPHA's Current HIV Testing Process

- Routine integrated process
 - HIV counseling and testing services offered within Primary Care and Behavioral Health settings
 - Offered as stand alone or preventive care service
- Use of conventional method (blood draw and Orasure)
- Testing in health centers and targeted community based organizations
- HIV counseling and testing services provided by Clinicians, Medical Case Managers, and Medical Assistants
- Funding Sources
 - RW Part C Grant
 - Indirect funding from Philadelphia Department of Public Health

GPHA HIV Testing Trend

2006 CDC recommendation for HIV testing as part of routine care

	2006	2007	2008	2009	2010	2011	2012*
# of HIV test	3201	3431	3047	4067	6519	6991	3000*
Post test counseling rate	62%	58%	61%	46%	55%	60%	50%*

*2012 figures represent 6 month's of testing data

Why Rapid Testing

- Increase the number of individuals tested
- Rapid time frame for test result
- Increase post test counseling rates

Why Now

- Changes to PA laboratory requirements
 - Previous barrier for GPHA due to cost and administrative procedures
 - No longer requires classifying tests under levels and no longer requires proficiency testing for CLIA waved tests

Action Steps for Implementation

- Staff Training
- Collaborative agreement with Health Department
- Programming of rapid test in EHR system
- Developing work flows
 - i.e., insured v. uninsured patients

Impact on GPHA and Philadelphia Area

- More individuals aware of their HIV status
- Rapid test results as opposed to wait time associated with conventional testing methods
- Increased linkages to primary medical care for individuals testing positive
- Enrollment of newly diagnosed patients in GPHA's Early Intervention Program

Contact Information II

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Question and Answer Session # 2

Please type your questions into the Chat Box
or follow instructions provided by our
operator to ask a question



Closing Remarks

- **Special thanks** to our speakers
- Link to recording and materials will be added to BPHC's **Technical Assistance Catalog for Grantees** (see BPHC Training Page)
- Additional resources for HIV Testing



Reminder

Thank you for joining today's call!
Your feedback is important to us

Please complete our evaluation form
Survey Monkey Evaluation Form

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