

Updates and Looking Forward

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DSHS HIV/STD Web Page Routine Testing Link

www.dshs.state.tx.us/hivstd

- Healthcare Providers
- HIV Prevention / Contractors

Direct link -

www.dshs.state.tx.us/hivstd/contractor/routine.shtm

OIG Report - January 2013

The OIG conducted a survey to learn if HRSA-funded sites have adopted 4 of the CDC recommendations for HIV testing:

- 1) Test all patients 13-64 years of age;
- 2) Eliminate prevention counseling as a part of HIV testing;
- 3) Obtain patient consent for the HIV test in the same way as for other screening and diagnostic tests, i.e., do not require a separate consent for HIV testing;
- 4) Provide HIV tests as a standard practice, unless the patient opts-out or declines.

<https://oig.hhs.gov/oei/reports/oei-06-10-00290.asp>

OIG Findings

- 1) 20% tested all patients 13 to 64,
1% tested all adults, but not teens, and
55% tested high-risk patients.
- 2) 29% did not require prevention counseling prior to testing.
- 3) 27% adopted CDC recommendations regarding consent for the HIV test.
- 4) 15% adopted HIV testing as a standard, opt-out test.

Factors that Affected Adoption of Routine HIV Testing

- Financial resources of sites and patients
- Partnerships with community organizations
- Patient and staff perceptions about patient risk of contracting HIV
- Patient discomfort associated with HIV testing

Financial resources of sites and patients

- 43% of health care centers that received specific funding for HIV testing (CDC, state or RW) more likely to adopt 2 out of the 4 recommendations.
- 32% able to offer only a limited number of free or reduced-cost tests
- 24% reported patients could not afford to pay for testing themselves

Partnerships with community organizations

- 43% of HC sites work with other organizations to combat HIV including State/Local HDs, RW programs, universities, churches, homeless clinics
- Testing, community awareness campaigns, community planning for HIV prevention
- National Testing Day, local health fairs, long-term community planning task forces

Patient and staff perceptions about patient risk of contracting HIV

- 60% of HC sites reported their staff did not believe their patients were at high risk
- Perceptions attributed to:
 - Lack of education about HIV
 - Lack of awareness of the effectiveness of testing on the based on risk factors has diminished - the demographics is changing

Patient discomfort associated with HIV testing

- 38% reported patients were uncomfortable requesting an HIV test & patients were concerned about confidentiality
- 20% patients were not willing to wait or return for test results
 - they are afraid to learn they are infected
 - unaware of the treatments available and the extended life expectancy once treatment begins

HRSA Recommendations

Require grantees to establish and report to HRSA two HIV testing metrics:

- 1) Grantees should establish and **report prevalence of undiagnosed HIV** among their patient population, and
- 2) **Report HIV positivity rate**, the proportion of patients who test positive among those tested.

Challenges

- Exceptionalism
- Establishing policies, consent, SDOs
- Staff training and maintenance of practice
- Billing/Coding
- Reimbursement
- Link to Care
- Public Health Follow up

Charge Capture

- AMA billing guidance
- Medicaid Manual
- USPSTF - **Grade: A**

U.S. Preventive Services Task Force HIV Screening Recommendation

Clinicians should screen for HIV infection in:

- Adolescents and adults aged 15 to 65 years
- Younger adolescents and older adults who are at increased risk
- All pregnant women including those who present at labor who are untested and whose HIV status is unknown

USPSTF Grade A Definition

- The USPSTF recommends the service.
- There is high certainty that the net benefit is substantial - the available evidence includes consistent results from well-designed studies in representative primary care populations. These studies assess the effects of the preventive service on health outcomes.
- **This conclusion is therefore unlikely to be strongly affected by the results of future studies.**

Benefits

The USPSTF found convincing evidence that identification & treatment of HIV infection is associated with:

- a markedly reduced risk for progression to AIDS,
- AIDS -related events, and
- death in individuals with advanced disease, CD4 count < 200 cells/mm³

Normal CD4 count = 500 - 1,000 cells/mm³

Screening Intervals*

- 1-time screen of adolescent and adult patients to ID persons who are HIV+
- Repeat screening of those known to be at risk for HIV infection (multiple partners, MSM, IDU)
- Rescreen annually groups at very high risk
- Rescreen every 3 - 5 years groups at increased risk (1% prevalence)

*Insufficient evidence to determine optimum time intervals for HIV screening

Implications - How will HIV be Financed

Moving HIV testing into routine care affects:

- Resources for HIV treatment
- Public and private payers

New federal rules require that private insurance and Medicare plans offer their enrollees all preventive services that receive a grade A or B recommendation w/o requiring a co-payment or other out-of-pocket payments from enrollees.

National Strategy: Increase Access to Care and Improve Health Outcomes for PLWH

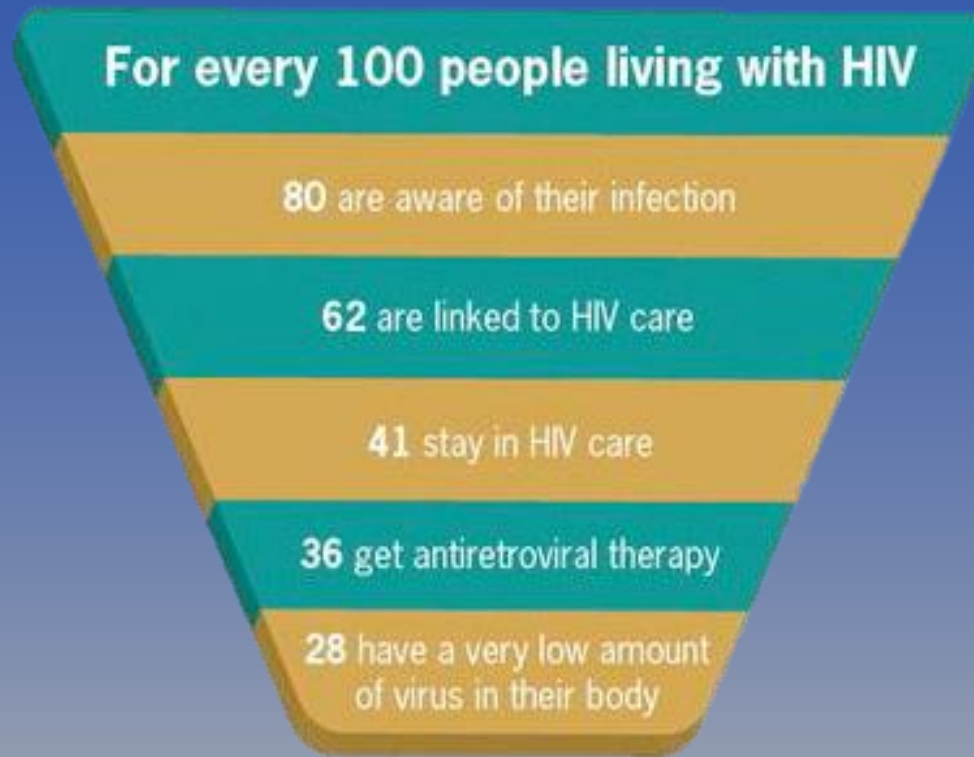
2015 Goal: Increase the proportion of newly diagnosed patients linked to care within three months of their diagnosis.

Action Steps

- Establish a seamless system to immediately link people to continuous and coordinated quality care when they learn they are infected with HIV.

Challenges

Linkage and maintenance in care
all HIV positive patients



Never in Care (NIC) Pilot Project

- 5 Health Dept (IN, NJ, WA, NYC, PA)
- 42 respondents (71% male, 64% Black, 45% \leq 30 yo, 50% earned $<$ \$15,000/yr)
- Sites included: hospitals, STD clinics, other medical settings - community clinics, infectious disease clinics, prenatal/family planning, private doctor, health departments, HIV CTR sites, jails, blood banks, research and drug tx facilities

Garland et al. (2011) *AIDS Education and Prevention* 23S(3), 117-127.

NIC Findings - Barriers

- Individual-level barriers
 - Fear of disclosure, desire for privacy, distrust of medical providers, negative experience w/testor or counselor, lack of motivation, co-morbidities, feelings of shame, continually entering/exiting jail
 - **Most common barrier** - *needing more time to accept their diagnosis*
- System-level barriers
 - Complication of HIV care system, lack of access to case management, criminal justice system, health insurance system.

Garland et al. (2011) *AIDS Education and Prevention* 23S(3), 117-127.

NIC - Failure to Link to Care

- Perceived lack of counseling
- Insufficient counseling
- Poor quality of counseling

“I basically had to counsel myself and thank God that I have friends, and a brother and like family that was there for me.” 21 yo male

Garland et al. (2011) *AIDS Education and Prevention* 23S(3), 117-127.

Functional Cure

A “cure” implies the removal of all virus from the body, an eradication cure.

A “functional cure for HIV” implies the elimination of the HIV virus from the body and any negative effects of HIV on the body, i.e., prevent the development of AIDS.

News of the Functional Cure of a Mississippi Infant

- Presumptive functional cure was the result of:
 - Knowing when the infant was infected
 - Diagnostic viral load testing was available
 - Immediate treatment

Barriers to a Functional Cure in Adults

- Education - community and providers not aware or vigilant of early HIV infection symptoms (vague and flu-like symptoms)
- Diagnostics - Inability to diagnosis acute cases during the “window period” when the traditional HIV test is negative*
- Transmission - Undiagnosed HIV contributes to continued transmission due to high-risk behavior, especially during the early stages of infection when viral loads are extremely high

Since the first cases were diagnosed 30 years ago -

- Over 650,000 Americans have lost their lives to AIDS
- More than 50,000 people in the US become infected with HIV each year
- There are more than 1.1 million Americans living with HIV (70,000 in TX)
 - 1 in 5 are unaware of their infection
- Almost half of all Americans know someone living with HIV

Vision – National HIV/AIDS Strategy

“The United States will become a place where new HIV infections are rare and when they do occur, *every person*, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have *unfettered access* to high quality, life-extending care, free from stigma and discrimination.”

Looking Forward....

“I was there when...”

- HIV testing became a standard of care
- HIV testing was able to identify HIV positives during the earliest stage of infection
- We were able to prevent AIDS
- We cured HIV



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Expanded Testing Project

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