



HIV in Europe 2007

Working Together for
Optimal Testing and Earlier Care
25 - 27 November 2007, Brussels

One Nation's Approach: Routine testing in the United States

Kevin Fenton, MD, PhD, FFPH

Director, National Center for HIV/AIDS, Viral Hepatitis, STD,
and TB Prevention

Centers for Disease Control and Prevention

Overview

- Brief review of key events timeline
- Reflections on the first year of implementation of routine HIV testing in U.S. health care settings
- Emerging lessons learned and strategies for moving forward

Timeline of key events

September 2006	CDC Publishes new recommendations on HIV testing in MMWR
November 2006	Opportunities for Improving HIV Diagnosis, Prevention & Access to Care in the US, Meeting, Washington DC
March 2007	CDC participated in SAMHSA* grantee meeting to discuss implications of HIV screening in substance abuse centers
March 2007	Consultation with NASTAD** and AHA to review issues and challenges to HIV screening in Emergency Departments
April 2007	Office of Population Affairs develops announcement to fund 70-80 agencies to conduct HIV screening consistent with CDC's recommendations
May 2007	CDC realigns \$45 million in FY2007 to support and implement HIV testing, training and mobilization nationally
September 2007	CDC awards grants totaling \$35 million to support HIV testing in 23 state and local health departments

* Substance Abuse and Mental Health Services Administration, DHHS

** National Alliance of State and Territorial AIDS Directors

Overview of activities to foster adoption of the Recommendations

- **Strategic planning workshops** to promote HIV screening in emergency departments
- **Collaborations** with professional medical associations, state and federal partners, and other stakeholders
- **Training** of Healthcare Providers
- **Support** to professional organizations
- **Social marketing** to professionals and patients
- **Funds** to state and local health departments for screening via the HIV Testing Initiative

Strategic Planning Workshops

- Regional strategic planning workshops aim to promote HIV screening in emergency departments
 - Held in West, Southeast, Midwest, Northeast and mid-Atlantic regions
 - 10 more workshops planned for grantees of other federal agencies
- Hospital teams recruited to plan for HIV screening
- Format:
 - Rationale for screening and “Lessons from the field”
 - Practical “nuts and bolts” workshops
 - Participants work to develop individual strategic plan
 - Follow-up at 6 and 12 months

Collaborations with partners

- CDC has collaborated with other HHS Divisions (e.g., HRSA*, SAMHSA**) to discuss implementation of the recommendations; train grantees; and identify and fund new collaborations
- CDC has co-hosted consultations on HIV screening with various partners to promote activities in EDs
- CDC and our partners have held stakeholder meetings and provider trainings in Baltimore and Philadelphia
- Many jurisdictions have requested technical assistance from CDC to initiate HIV screening

*Health Resources Services Administration, DHHS

**Substance Abuse and Mental Health Administration



HIV in Europe 2007

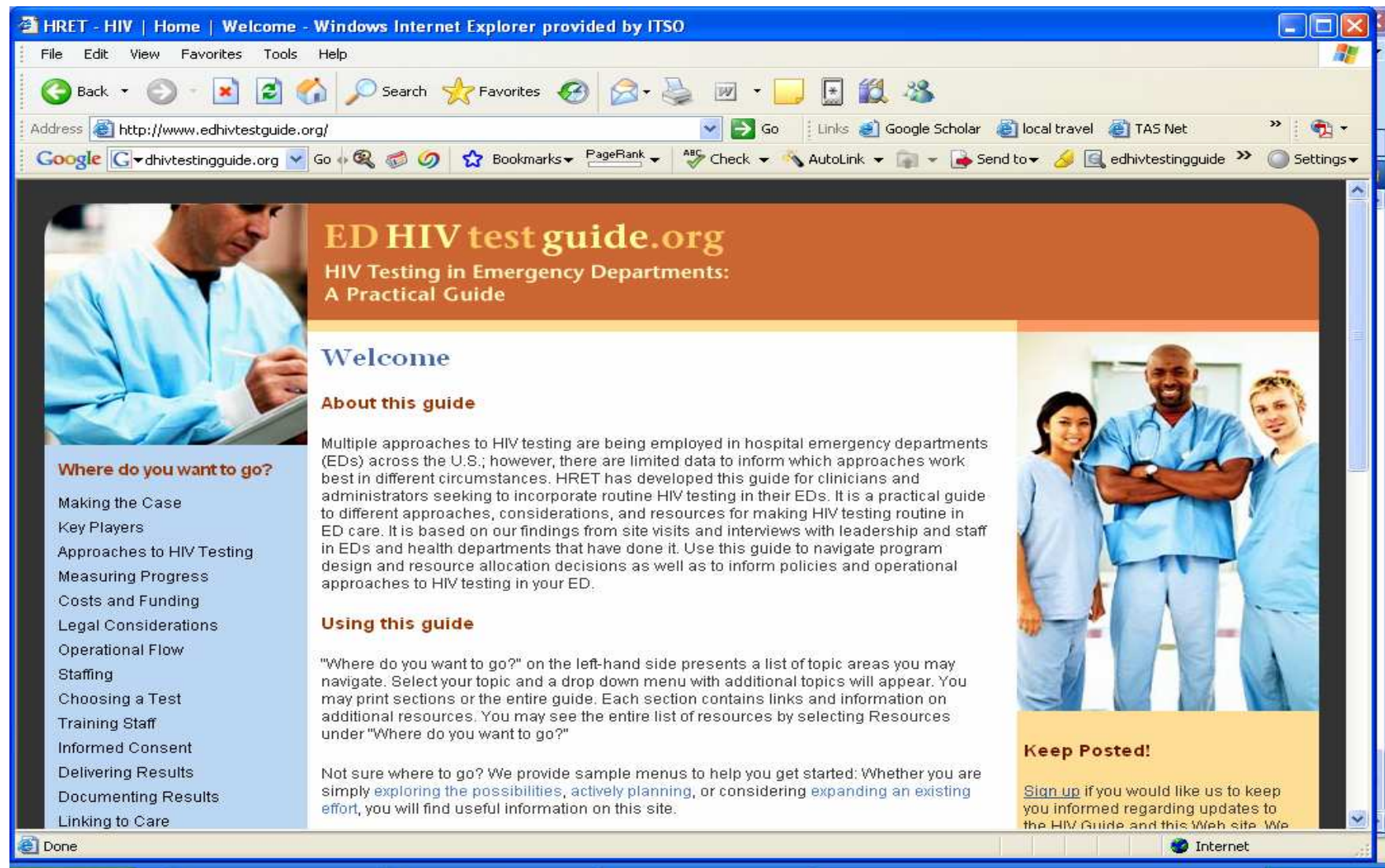
Working Together for
Optimal Testing and Earlier Care

Training of Healthcare Providers

- Regional workshops to promote HIV screening in EDs are underway.
- Additional collaboration and workshops planned for grantees of HHS Office of Population Affairs and members of the National Family Planning and Reproductive Health Association
- CDC has established an **internal HIV Testing Executive Committee**
 - Aims to provide implementation guidance for specific settings, educational materials, implementation tools for providers, and a comprehensive evaluation strategy.



Support to professional organizations



The screenshot shows a Windows Internet Explorer browser window with the address bar displaying <http://www.edhivtestguide.org/>. The page content includes:

- Header:** ED HIV test guide.org
HIV Testing in Emergency Departments: A Practical Guide
- Image:** A photograph of a healthcare professional in blue scrubs writing on a clipboard.
- Section: Welcome**
- Section: About this guide**

Multiple approaches to HIV testing are being employed in hospital emergency departments (EDs) across the U.S.; however, there are limited data to inform which approaches work best in different circumstances. HRET has developed this guide for clinicians and administrators seeking to incorporate routine HIV testing in their EDs. It is a practical guide to different approaches, considerations, and resources for making HIV testing routine in ED care. It is based on our findings from site visits and interviews with leadership and staff in EDs and health departments that have done it. Use this guide to navigate program design and resource allocation decisions as well as to inform policies and operational approaches to HIV testing in your ED.
- Section: Using this guide**

"Where do you want to go?" on the left-hand side presents a list of topic areas you may navigate. Select your topic and a drop down menu with additional topics will appear. You may print sections or the entire guide. Each section contains links and information on additional resources. You may see the entire list of resources by selecting Resources under "Where do you want to go?"

Not sure where to go? We provide sample menus to help you get started: Whether you are simply exploring the possibilities, actively planning, or considering expanding an existing effort, you will find useful information on this site.
- Section: Where do you want to go?**
 - Making the Case
 - Key Players
 - Approaches to HIV Testing
 - Measuring Progress
 - Costs and Funding
 - Legal Considerations
 - Operational Flow
 - Staffing
 - Choosing a Test
 - Training Staff
 - Informed Consent
 - Delivering Results
 - Documenting Results
 - Linking to Care
- Section: Keep Posted!**

Sign up if you would like us to keep you informed regarding updates to the HIV Guide and this Web site. We

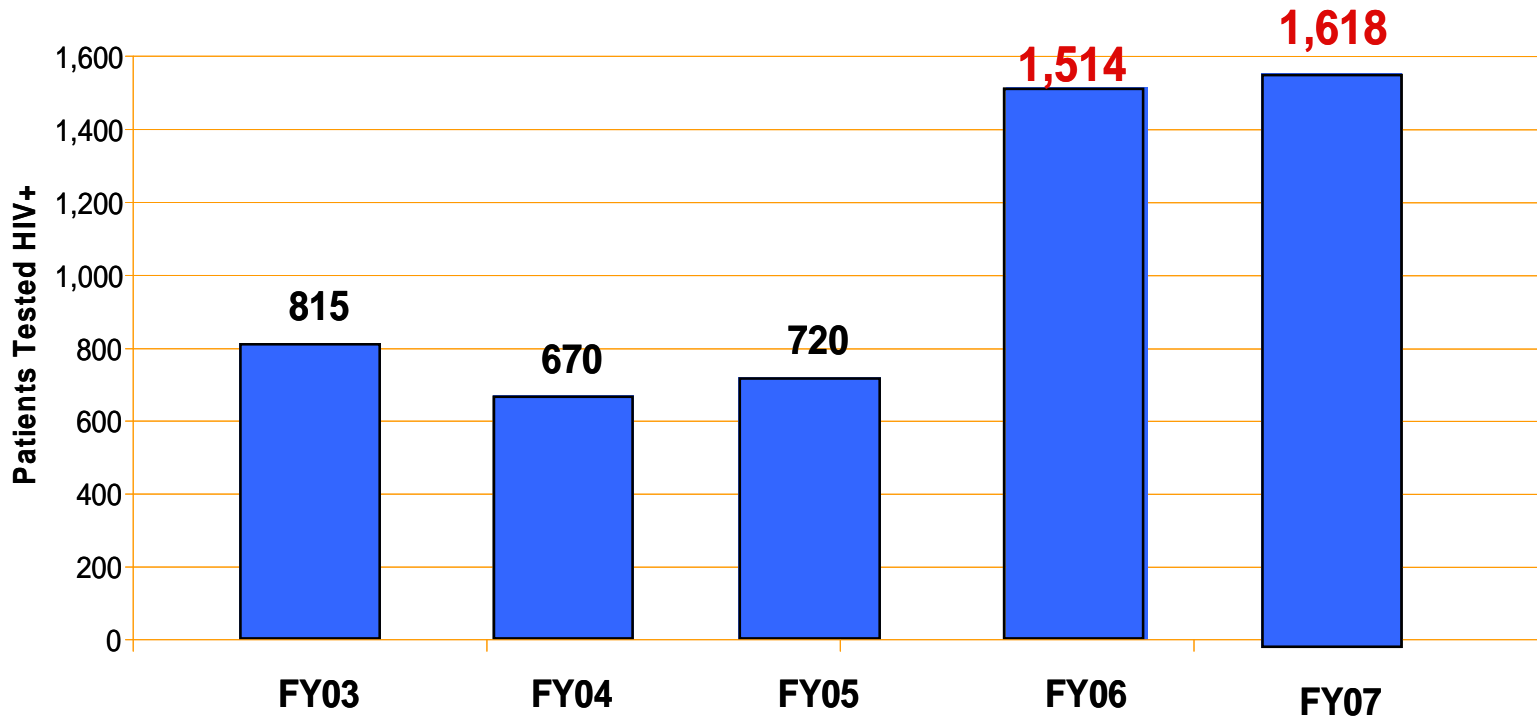
Funding health departments via the CDC 2007 HIV Testing Initiative

- \$45 million realigned by CDC in FY2007 to support HIV testing as outlined in CDC's revised HIV testing Recommendations
 - Majority of funds awarded to 23 health departments to increase HIV testing opportunities for populations disproportionately affected by HIV – primarily African Americans unaware of their HIV status
- HIV screening will be focused primarily in clinical settings – emergency departments, community health centers, STD clinics, and correctional health facilities
- Remaining funds being used to fund other allied initiatives e.g. training, mobilization etc.

Encouraging progress in adopting CDC Recommendations

- Major city-wide testing initiatives have been launched
 - New York City, Washington, D.C., Oakland, Los Angeles
- A number of emergency departments, health systems are now making HIV screening routine
- Policy support from professional organizations has helped greatly. Most recently the AMA.
- Some states have changed laws
 - 8 states have removed separate written consent
 - 7 states have implemented opt-out prenatal testing

New York City



Unpublished data

FY03 – FY04 Outpatient Only (Source: PLM)

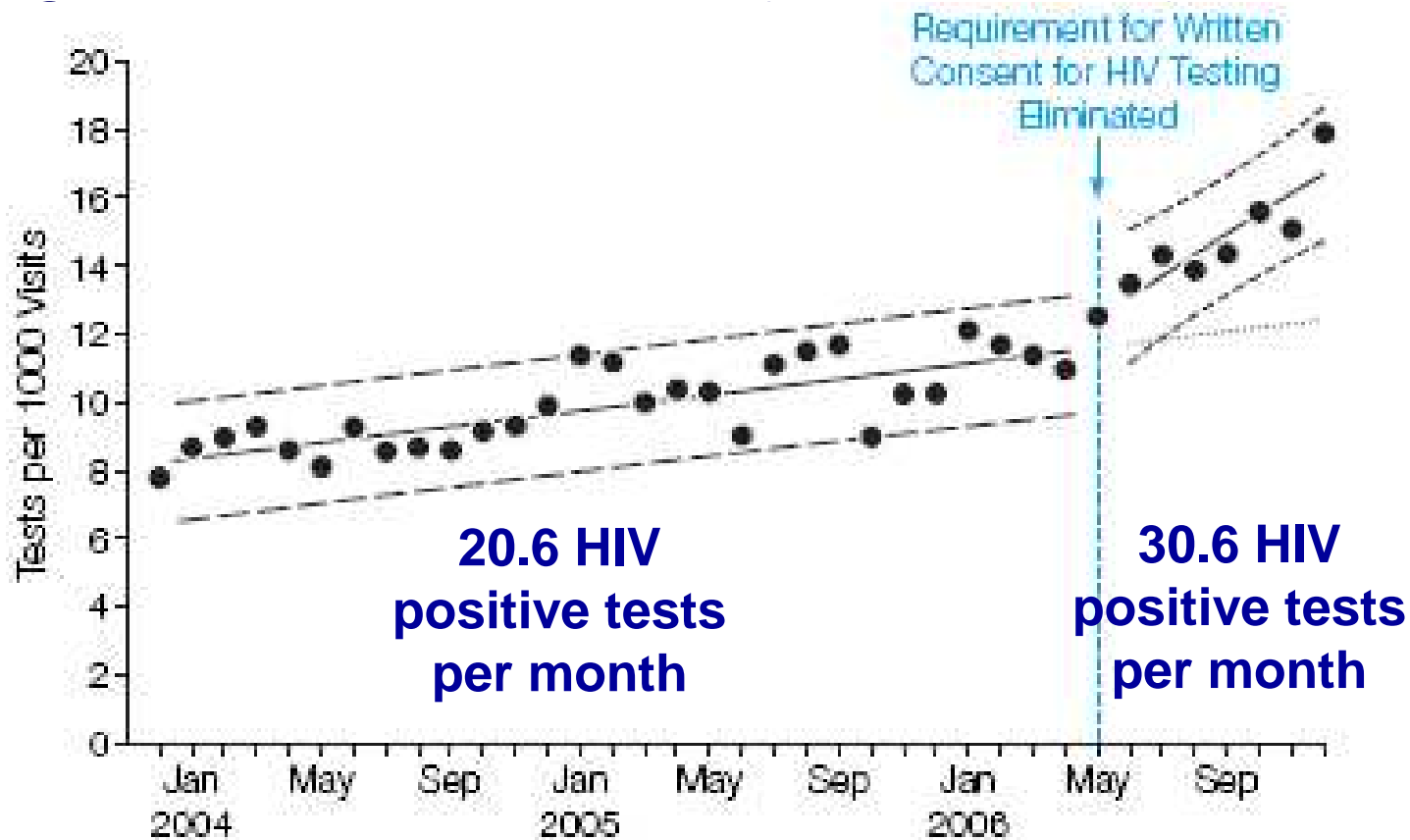
FY05 Outpatient and ED Pilot Sites Only (Source: PLM and RHT in ED Pilot Project Reports)

FY06-07 Outpatient, Inpatient and ED (Source: Facility Reports)

New Jersey

- New Jersey implemented HIV screening in Emergency Departments (EDs) with rapid HIV tests
- The state health department provides counselors and HIV test kits
- 23 EDs now conduct HIV screening
- Through Nov 2006 >10,000 persons had been screened and 274 (2.6%) were found to be HIV positive

San Francisco



Zetola et al, JAMA March, 2007

New Mexico and Illinois

- In March 2007 **New Mexico** amended its statutes to allow for HIV testing during routine medical care in accordance with the revised recommendations
- The state of **Illinois** passed House Bill (HB980) which would make Illinois state law consistent with the revised recommendations.
 - The language was influenced by a wide range of prevention stakeholders including the IDPH*, ACLU**, AIDS Foundation of Chicago and others

* Illinois Department of Public Health

** American Civil Liberties Union

Implementing routine HIV testing: Lessons Learned and Next Steps

Lessons Learned

1. Have realistic expectations for incremental adoption in high volume health care settings
2. Legislative changes facilitate implementation
3. Sustainability (reimbursement an issue in U.S.)
4. Collaboration with federal partners, professional associations and community advocates critical
5. Patients approve of routine screening

Moving forward...

1. Endorsement by professional associations
2. Address 3rd-party reimbursement
3. Develop practical materials for providers
4. Evaluation of adoption of the recommendations and impact on HIV risk behaviors and HIV transmission
5. Evaluation of whether screening facilitates entry to care

Summary

- Testing is an important HIV prevention strategy
- CDC has issued revised recommendations for HIV testing of adults, adolescents and pregnant women in health care settings
- We have seen a surprising rapid progress in adoption of routine screening by diverse health care settings, challenges to fully implementing the recommendations remain

Routine HIV Testing In The U.S: A Clinician's Perspective



Kenneth H. Mayer, M.D.

Brown University/Miriam Hospital

Fenway Community Health

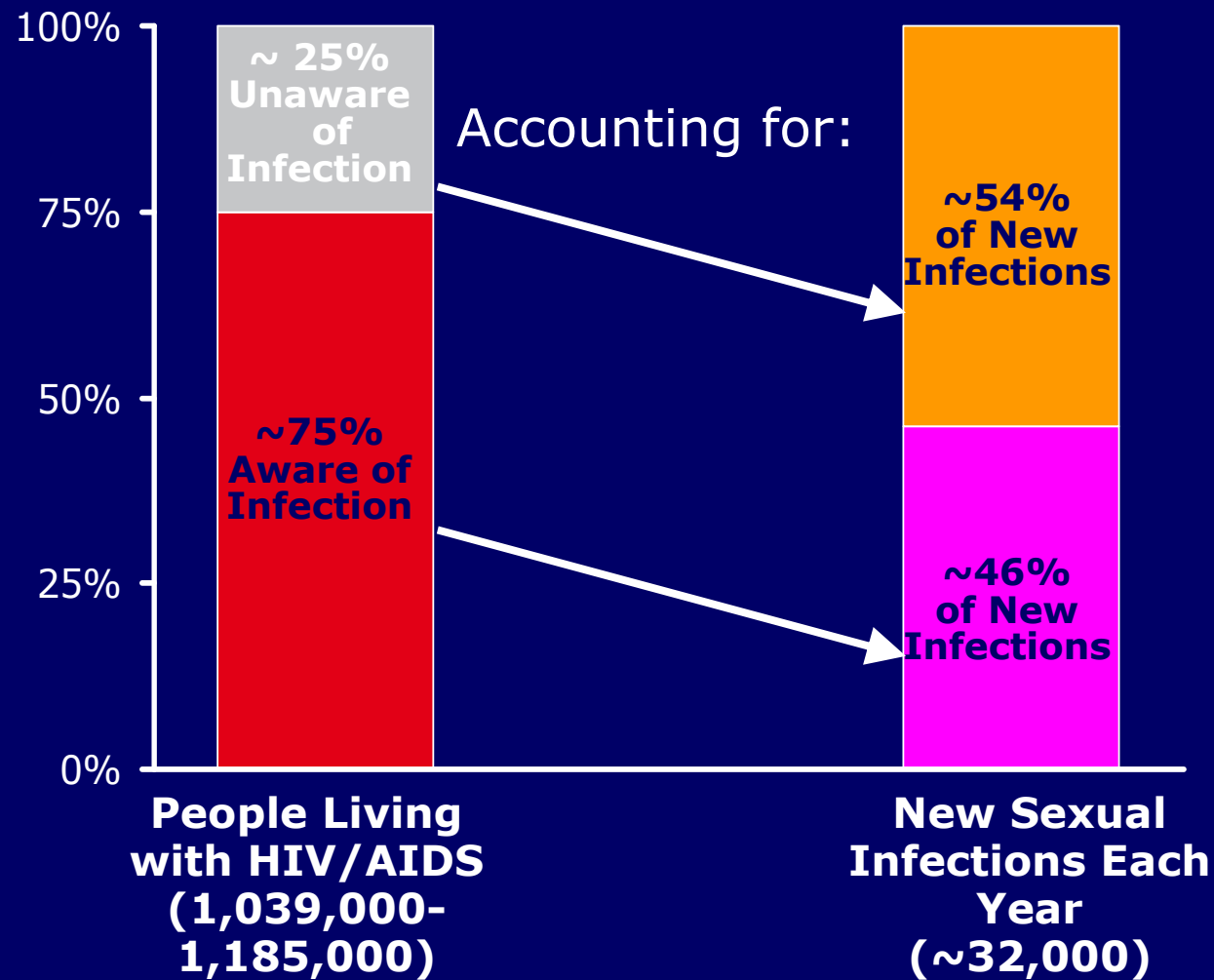


Missed Opportunities for HIV Diagnosis and Care

- 41% of 4,315 South Carolina AIDS cases diagnosed within 12 months of 1st HIV test
 - 73% of late testers had at least one health care visit prior to 1st HIV test
 - 79% of visit diagnoses would not have prompted an HIV test
 - **Median of 4 visits prior to 1st HIV test**
 - Visit locations 79% ER, 12% inpatient, 7% outpatient, 1% free clinic
 - 36% heterosexual, 26% MSM, 7.8% IDU

* *Dufus, MMWR, December 1, 2006*

Awareness of Serostatus Among People With HIV and Estimates of Transmission



Cost-Effectiveness: HIV Screening

Screen	Cost/QALY	Reference
Hospital admissions	\$38,800	Walensky R. <i>AJM</i> . 2005;118:292
Screen all patients, 1% prevalence	\$15,078	Sanders G. <i>N Engl J Med</i> . 2005;352:570
>0.05% prevalence	\$50,000	
Annual mammogram, 50-69 years	\$57,500	Salzmann P. <i>Ann Intern Med</i> . 1997;127:955
Colonoscopy, 50-80 years	\$57,700	Frazier AL. <i>JAMA</i> . 2000;284:1954

Opt-Out HIV Testing: Challenges

- Required counseling eliminated
 - But can be beneficial for specific cases
- Legal issues: State laws analogous to EU
 - Changes necessary state by state
- Disincentive for payers to identify infections:
→ defer expenses
- Access to care: Enough providers?
 - 2,800 U.S. MDs write 80% of HAART scripts
- Number of HIV providers is not increasing
- Lingering “AIDS exceptionalism” and stigma

HIV Infection: Economic and Demographic Realities

- PLWHIV compared to general US population
 - Unemployed 62% vs 5%
 - Income < \$10,000/yr 45% vs 8%
- Source of insurance for PLWHIV
 - Medicaid or Medicare 50%
 - Uninsured 20%
- Demographics of new infections
 - African Americans, MSM, young people
 - Ryan-White CARES Act supports many services

State Policies and HIV Testing

www.ucsf.edu/hivcntr

NCCC :: National HIV/AIDS Clinicians' Consultation Center - Windows Internet Explorer

http://www.ucsf.edu/hivcntr/StateLaws/Index.html

File Edit View Favorites Tools Help Links Citgo Delta Dom's Router Scholar

NCCC :: National HIV/AIDS Clinicians' Cons...

The *Wamline*, *PEPline*, and *Perinatal Hotline* are part of the *National HIV/AIDS Clinicians' Consultation Center* (NCCC) based at San Francisco General Hospital. The NCCC is a component of the *AIDS Education and Training Centers* (AETC) Program funded by the *Ryan White CARE Act* of the *Health Resources and Services Administration* (HRSA) HIV/AIDS Bureau in partnership with the *Centers for Disease Control and Prevention* (CDC) and the *University of California San Francisco*.

Contents

- [Definitions and Helpful Resources](#)
- [Quick Reference Guide](#)
- [Individual States - Click map →](#)
- [US Complete plus Puerto Rico](#)

Guidelines


- [2006 CDC Testing Recommendations](#)
- [CDC Testing Home Page](#)

Links

- [Health Resources and Services Administration \(HRSA\)](#)
- [Centers for Disease Control and Prevention \(CDC\)](#)
- [UCSF](#)

Tools

- [Adobe Acrobat Reader](#)



Back to Top ▲

Last updated: September 7, 2007
The University of California, San Francisco, CA 94143; 415/476-9000
© 2007 The Regents of the University of California. All rights reserved.

Opt-Out and Informed Consent

- Written informed consent is a legal process
- Patient education is an ethical and clinical responsibility
- Locally specific training needed for HCW to adapt new testing and consent requirements
- Informed consent can be secured in a number of ways, with modest time investment
- Chart documentation can be helpful

“Do you know about rapid HIV testing?”

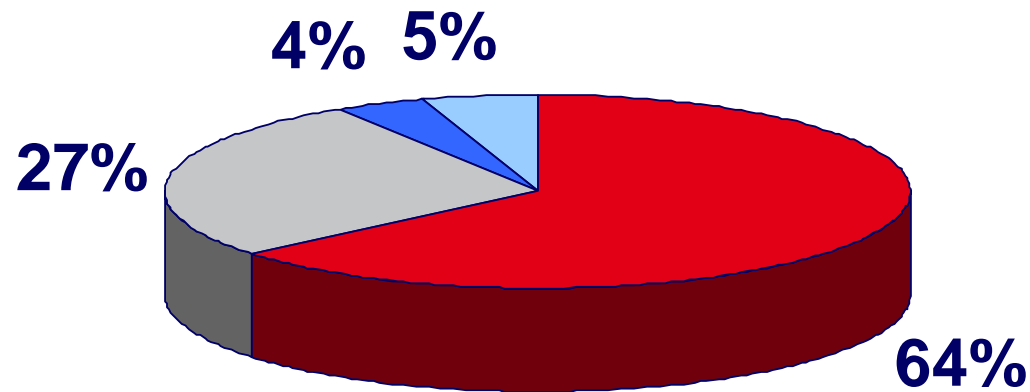
Animated 9.5-minute educational film

- Based on CDC 2001 guidelines
 - HIV/AIDS description
 - HIV transmission
 - HIV prevention
 - HIV testing
 - Rapid HIV testing with OraQuick
- Cognitive-assessments; intensive interviews
- Video available from www.brown.edu/BRUNAP
BMC Public Health (an open access online journal)
 - www.biomedcentral.com/1471-2458/7/238





Routine HIV Testing: What Do Americans Think?



- **Should be treated like any other test & included in routine check-ups**
- **It is different from other tests and should require special procedure such as written consent**
- **No clear answer**
- **Do not know**

Optimizing HIV Prevention Interventions

- **Individual, small group, and community based interventions decrease HIV risk behavior¹**
- **HIV risk behavior and infection occurs in a context of other psychosocial problems²**
- **To be maximally effective, interventions should address substance use, depression, past abuse, and violence**

1 <http://www.cdc.gov/hiv/projects/rep>

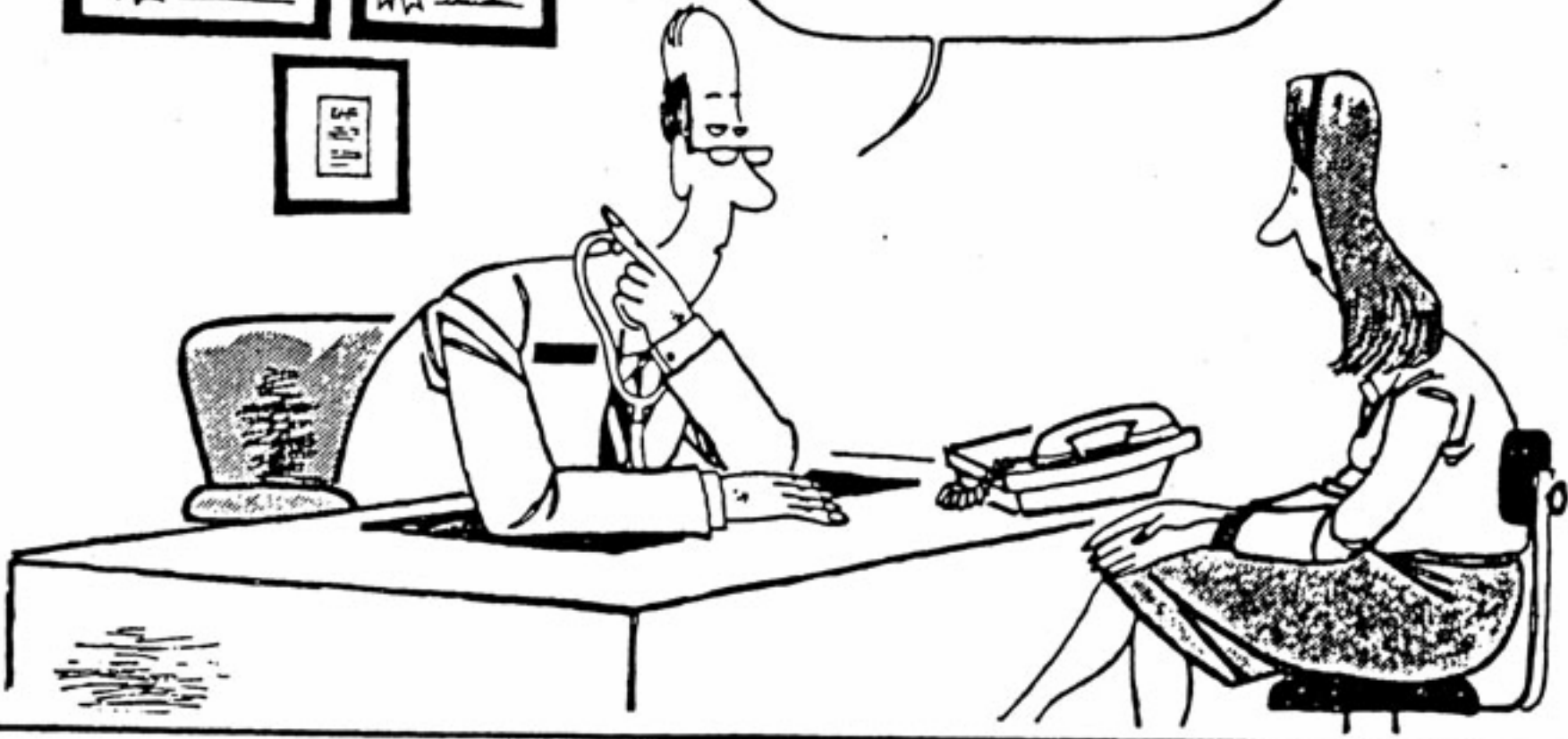
2 Stall, R. et al (2003) AJPH, 93, 939-942

Conclusions about Routine HIV Testing

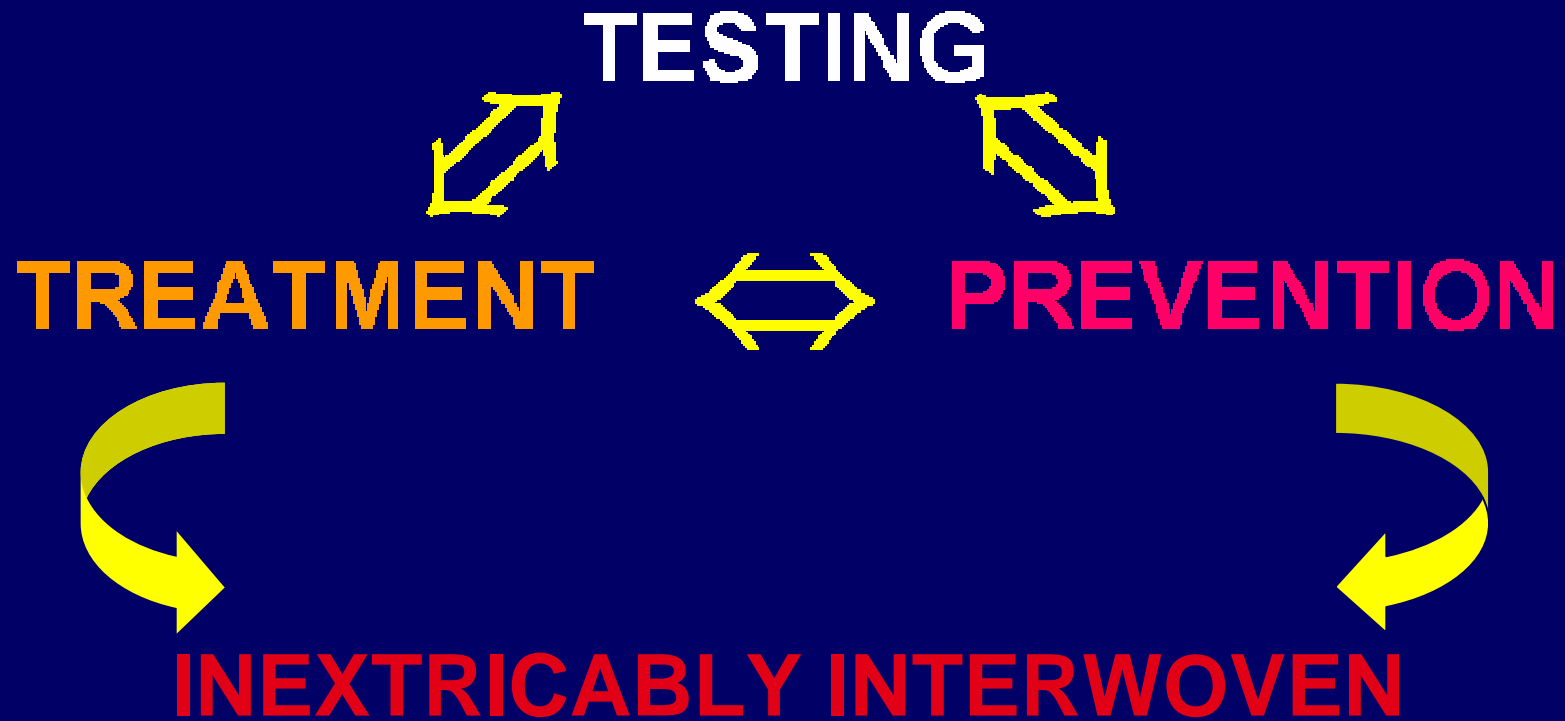
- **Need for expanded HIV testing to:**
 - **Prevent transmission**
 - **Prevent late presentation**
- **Rapid tests offer new opportunities**
- **Trend towards increased testing**
- **Testing is cost-effective**
- **Testing stigma/legal barriers still exist**
- **Reimbursement for testing still an issue**
- **Limited number of trained providers**
- **Work in progress**



ON THE WALL
YOU SEE MY
COLLEGE DIPLOMA,
MY MEDICAL SCHOOL
CREDENTIALS, AND MY
HIV TEST RESULTS...



The New Paradigm



<http://www.journals.uchicago.edu/CID/home.html>