

HIV TESTING IS FOR EVERYONE

From Pilots to Programs to Public Health Victory

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On HIV Diagnosis, Prevention & Access to Care

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Hoped For Victories in HIV

 ■ A Vaccine

Hoped For Victories in HIV

- ■ A Vaccine
- A Microbicide

Hoped For Victories in HIV

- ■ A vaccine
- ★ A microbicide
- Scalable behavioral prevention

Our Next Winnable Victory ...

- A vaccine
- A microbicide
- Scalable behavioral prevention
- ☑ Routinized HIV screening that identifies and links to care the ±250K undiagnosed HIV+ Americans

Old Ideas that Thwart Routine HIV Testing

- HIV testing doesn't belong in routine or ED care
 - It's a disease. It's a test. It's a medical sector duty.
- HIV prevention counseling is integral to testing
- Only counselors know how to counsel patients
- Providers lack time & experience for HIV testing
 - Fear of giving HIV+ results and clinicians overextended
 - But, providers DO know how to give serious medical results

New Ideas that Demand Routine HIV Testing

- HIV C&T hasn't evolved as treatments have
- CDC recommends routine testing in 2003 & 2006
- Unacceptable disparities in HIV among minorities
- Routine testing found cost/care effective in settings with ≥ .1% HIV prevalence
- Routine prenatal testing has virtually eliminated pediatric AIDS and is a successful model for all pts.



We must stop sailing around HIV testing obstacles.

The real mountain of work begins when patients learn they are HIV-positive.

In the new testing paradigm, resources are shifted...

From	То
Emphasizing the decision to test	Diagnosing HIV & providing care
Patient initiated testing	Routinely recommended by HCWs
Testing as prevention strategy	Normalized health screening





Do the Math...

Old Paradigm

- Counselor can test 10 pts/day
- 2 counselors per clinic can test 20 pts/day

New Paradigm

- Clinician sees 30 pts/day
- 5 clinicians can test 150 pts/day
- Eliminates missed opportunities

Pilots & Programs for Scaling Up Routine Testing

- Medical Sector: EDs, hospitals and clinics
- Municipal and International Scale-ups
 DC, Oakland, The Bronx
 Botswana, Lesotho, Uganda, Cape Town
- Legislative & Funding Support
 Most states now allow opt-out
 More insurers paying for screening
 Planning for a doubling of HIV case load
- New Testing Tools
 Rapid HIV Tests / ACTS Routine Testing System

ACTS Streamlined C&T



Streamlined HIV Counseling and Testing

ADVISE

TEST

DVISE Routine HIV testing is for all patients.

- HIV is the virus that causes AIDS, only an HIV test can detect infection
- Testing benefits HIV+ patients' health and improves prevention for all
- HIV can be transmitted sexually, via needle-sharing or perinatally

ONSENT Use NYS DOH form Part B.

- Testing is voluntary and can be confidential or anonymous
- For patients who test HIV+, NY protects confidentiality and requires partner notification and name reporting
- Obtain signature on consent form

Use rapid or conventional test with blood or oral fluid.

- Rapid tests: have patient wait for results
- Conventional tests: verify contact information and make plans to deliver results later, in same manner you deliver other test results

SUPPORT Give results and allow time to process.

- HIV-negative:
 - Explain the test by itself is not prevention and discuss staying negative
 - Encourage partner testing and annual testing; retest sooner if new risk: pregnancy, unsafe sex, STD, new partner, IV drug use or acutely ill
 - Clarify if client needs to retest in three months (window period)

HIV-positive:

- Coping: Ask about/respond to patient's concerns, call counselor if needed
- Treatment: Link patient to care, emphasize benefits of treatment, support
- Prevention: Discuss prevention and partner disclosure
- Review DOH reporting, partner notification and domestic violence laws

ACTS Implementation Plan

Buy-in

Work with leadership to prioritize routine testing

Implementation Planning

Patient flow, staffing, which test, billing, documentation, linkage to care

Training

Teach clinic staff how to routinely test pts in clinics

Materials

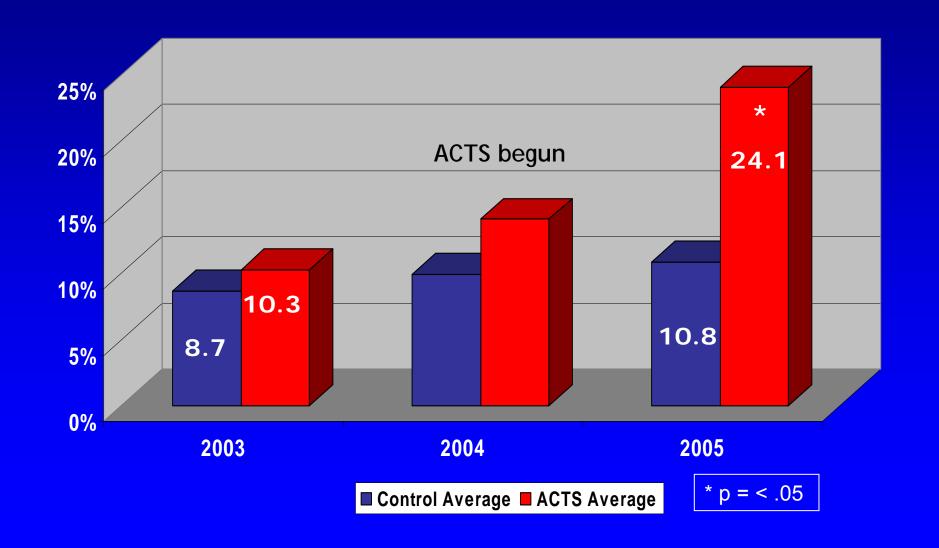
Distribute resources for clinicians & patients

Monitoring / QA

Focus on percentage of eligible patients

ACTS in ACTION

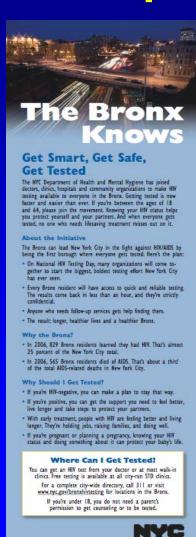
5 Bronx CHCs Double HIV Testing Rates with ACTS



Municipal Scale-ups Better Match the Scale of the Epidemic







Successes & Lessons Learned

- Routine testing = fewer missed HIV diagnoses
- Simplified counseling shown to improve HIV offering & testing uptake but "Opt-out" has an even greater effect
- Logistics preparation/problem-solving crucial
- Diffusion of Innovation theory predictive of challenges/success: early & late adopters
- Routinization depends on new thinking & leadership of providers. Can we do it?

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