

Expanding Our Reach: State and Local Health Department Efforts to Increase Access to and Utilization of HIV and HCV Testing

Liisa M. Randall, PhD, Consultant
Chris Taylor, Associate Director, Viral Hepatitis

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BRIDGING SCIENCE, POLICY AND PUBLIC HEALTH

Mission

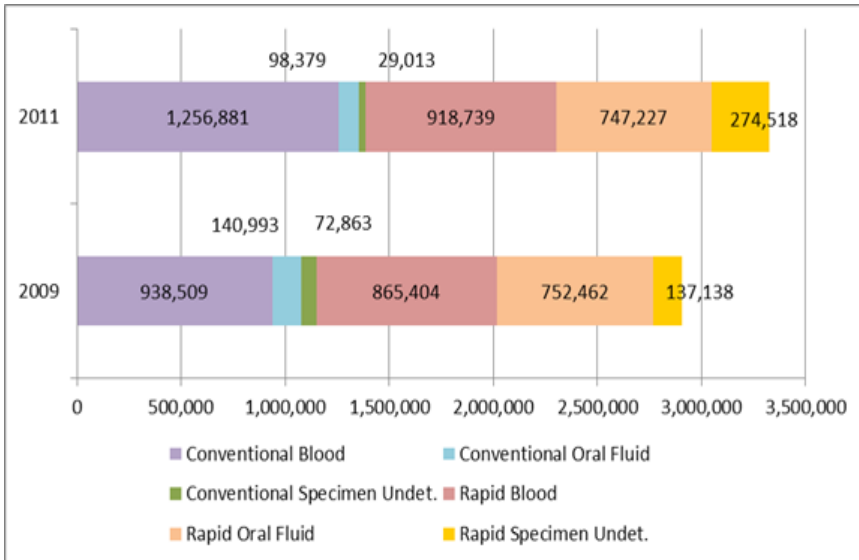
NASTAD strengthens state and territory-based leadership, expertise and advocacy and brings them to bear on reducing the incidence of HIV and viral hepatitis infections and on providing care and support to all who live with HIV/AIDS and viral hepatitis

Vision

NASTAD's vision is a world free of HIV/AIDS and viral hepatitis

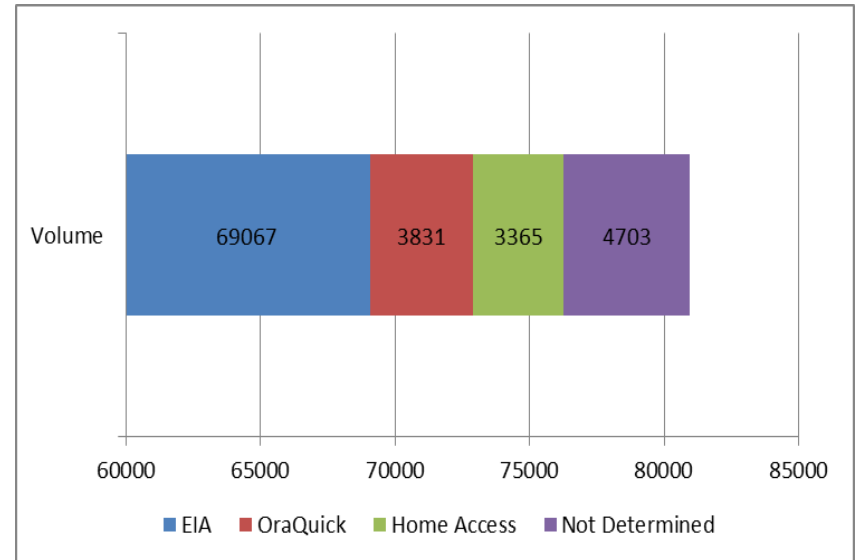
HIV and HCV Testing Volume

HIV Testing Volume by Test and Specimen Type, 2009 and 2011 (N=55)



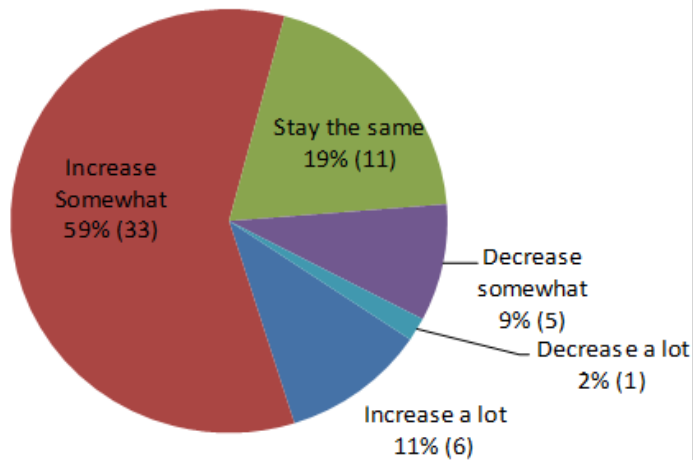
Total= 3,324,689 (2011); 2,977,369 (2009)
12% increase in test volume
67% of increase conventional tests
56% of tests were rapid HIV tests

HCV Testing Volume by Test Type, 2011 (N=32)



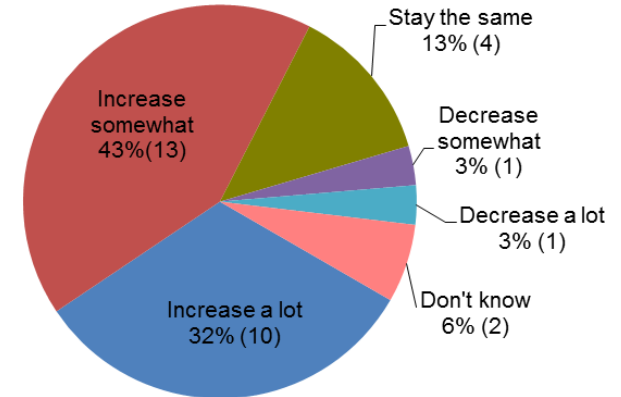
Total = 80,966
5% of tests were rapid HCV tests,
55% report using rapid HCV tests
NAT performed for 2853 EIA+, 569 NAT+ (20%)

2012 Projected Volume HIV Screening in Clinical Settings (N=56)



70% project increase routine HIV testing in clinical settings
27% project decrease targeted HIV testing all settings
Reasons: state and federal funding; federal funding requirements

2012 Projected Volume HCV Testing (N=31)



75% project increase HCV testing
Reasons: Rapid tests; one-time CF funds; service integration; federal funding

Testing provided in wide range of settings (Top 6):

- **HIV Screening in HC Settings:**
 - STD clinics 61%
 - CHCs 54%
 - ED's 52%
 - Corrections 50%
 - FP clinics 45%
 - SA Trx 36%

- **Targeted HIV Testing:**
 - CBOs 96%
 - Outreach 93%
 - Mobile Van 66%
 - STD clinics 61%
 - Corrections 55%
 - SAPs 50%

- **HCV Testing:**
 - CBOs 72%
 - STD clinics 66%
 - Corrections 59%
 - HD clinics 59%
 - Outreach 53%
 - SAPs 47%

<i>Settings in Which the Health Department Supports Integrated HIV and HCV Testing</i>	<i>Percent (Number) (N=56)</i>
Sexually transmitted disease clinics	45% (25)
Community-based organizations	39% (22)
Syringe access programs	36% (20)
Community health centers	30% (17)
Correctional settings	30% (17)
Substance abuse treatment centers	30% (17)
Outreach (e.g., bars, health fairs)	18% (10)
Mobile van	16% (9)
Partner services	16% (9)
Family planning clinics	9% (5)
TB clinics	7% (4)
Hospital emergency departments	5% (3)
Hospital outpatient settings	4% (2)
Urgent care clinics	2% (1)
Dental care settings	0% (0)
Hospital inpatient settings	0% (0)
Labor and delivery settings	0% (0)
Prenatal/obstetrical clinics	0% (0)
Primary care settings	0% (0)
Other	14% (8)

- **Federal policy/funding substantially driving program**
 - Diminishing state funding
 - Emphasis on health care settings, screening
- **HIV funding leveraged to support HCV testing**
 - Integration prioritized
- **Advances in technologies impact program (e.g., RT)**
 - Implications for funding
 - Referral and linkage
- **Financing is single most important challenge to sustaining/expansion**
 - 3rd party reimbursement:
 - 37% HDs report routine HIV testing not reimbursable
 - Policy barriers must be addressed (e.g., rating by USPSTF, payer of last resort)
 - Capacity issues substantial (e.g., EHRs, IT infrastructure)
- **Maintaining funding for highly targeted, community-based testing; selected clinical settings?**

National Alliance of State & Territorial AIDS Directors (NASTAD)
444 North Capitol Street NW, Suite 339
Washington, DC 20001
Phone: 202.434.8090
www.NASTAD.org

For more information download: *National HIV Prevention Inventory: HIV Testing Survey Report, October 2012.*