

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



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INTRODUCTION

The release of the National HIV/AIDS Strategy (NHAS), the National Viral Hepatitis Action Plan (VHAP), and implementation of the Affordable Care Act (ACA) are reshaping health department HIV and HCV portfolios. Throughout 2012 and 2013, NASTAD will assess health department HIV and HCV testing programs. Assessment activities will address: the impact of federal policy and funding; adoption of new testing strategies; efforts to participate in third-party billing to enhance revenue; and efforts to improve linkage to and retention in care. Structural and operational challenges and opportunities associated with expansion of testing and improved access to care will also be examined.

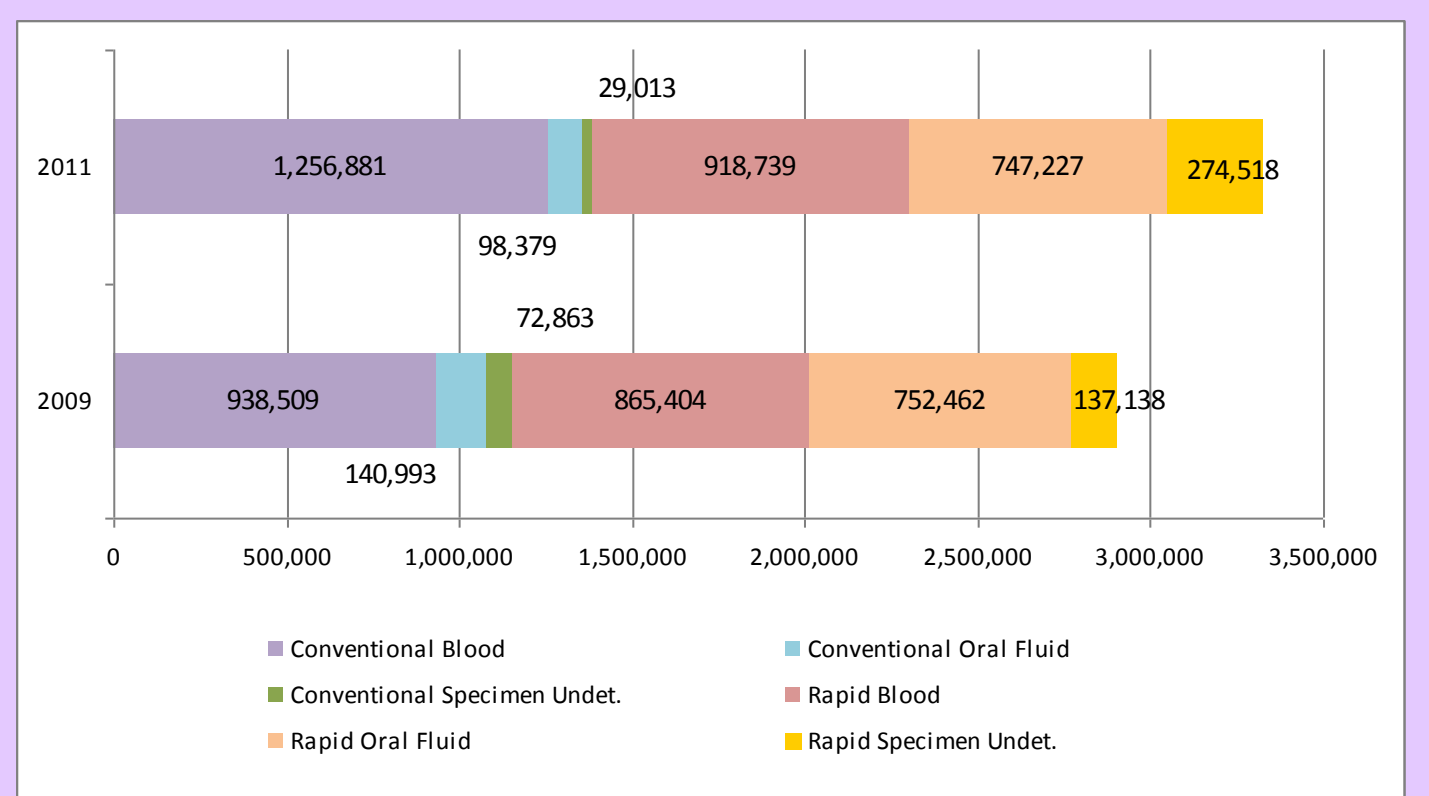
PURPOSE/ METHODOLOGY

To date, NASTAD has surveyed 67 state and local health department HIV prevention program managers and Adult Viral Hepatitis Prevention Coordinators. Two surveys were fielded, with data collected online. Active follow-up was conducted with non-responders to boost the response rate.

- HIV Testing:** This survey, conducted in May 2012, addressed HIV testing including trends in testing, current implementation practices and issues, test technologies, integration of services, financing and linkage to care. The response rate was 84% (49 states, DC, PR and 5 of 7 CDC directly-funded cities responded).
- HCV Testing:** This survey, conducted in October 2012, addressed HCV testing, including implementation practices and issues, integration of services, test technologies, financing and linkage to care. Follow-up is ongoing, provisional data are presented. The interim response rate is 55% (37 states, PR and 2 cities).

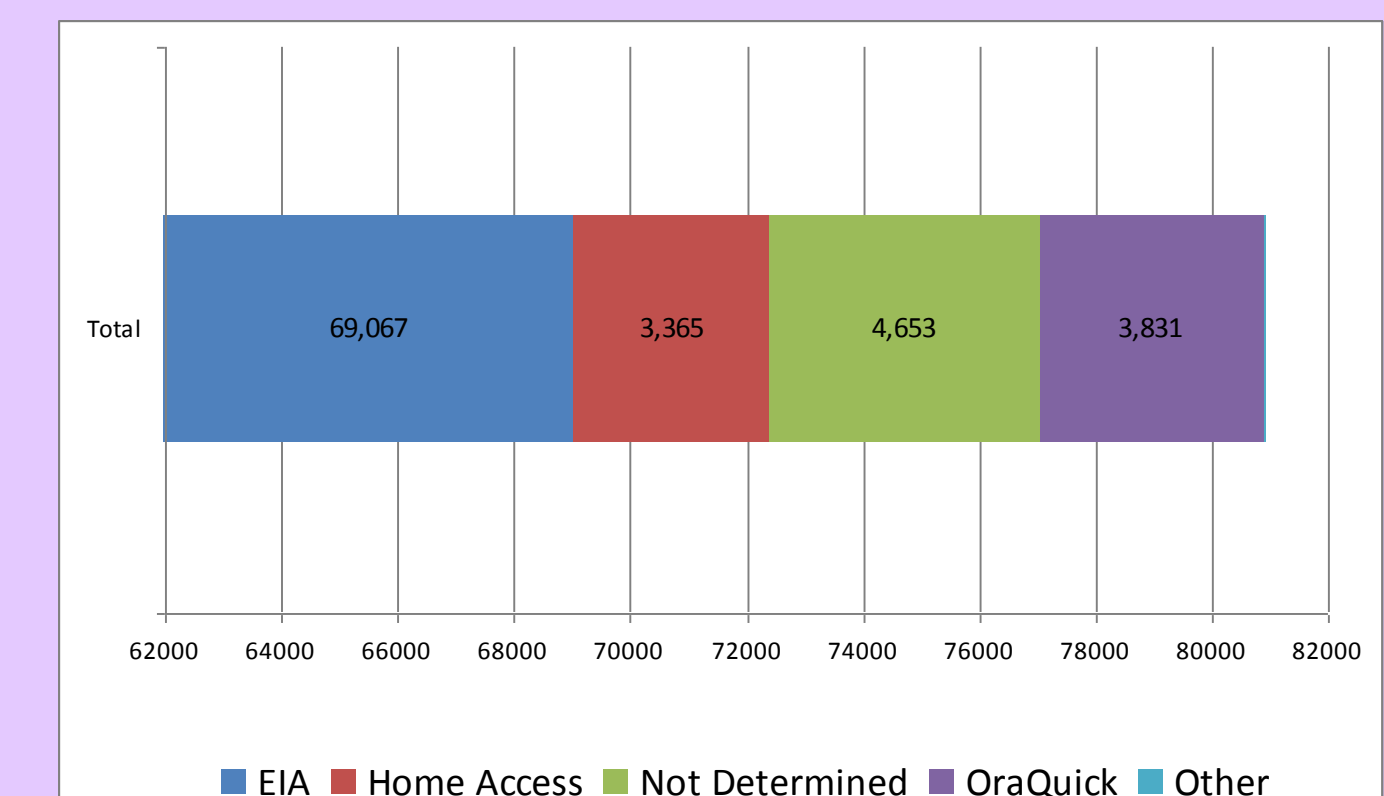
FINDINGS

HIV Test Volume, 2009 and 2011 (N=55)



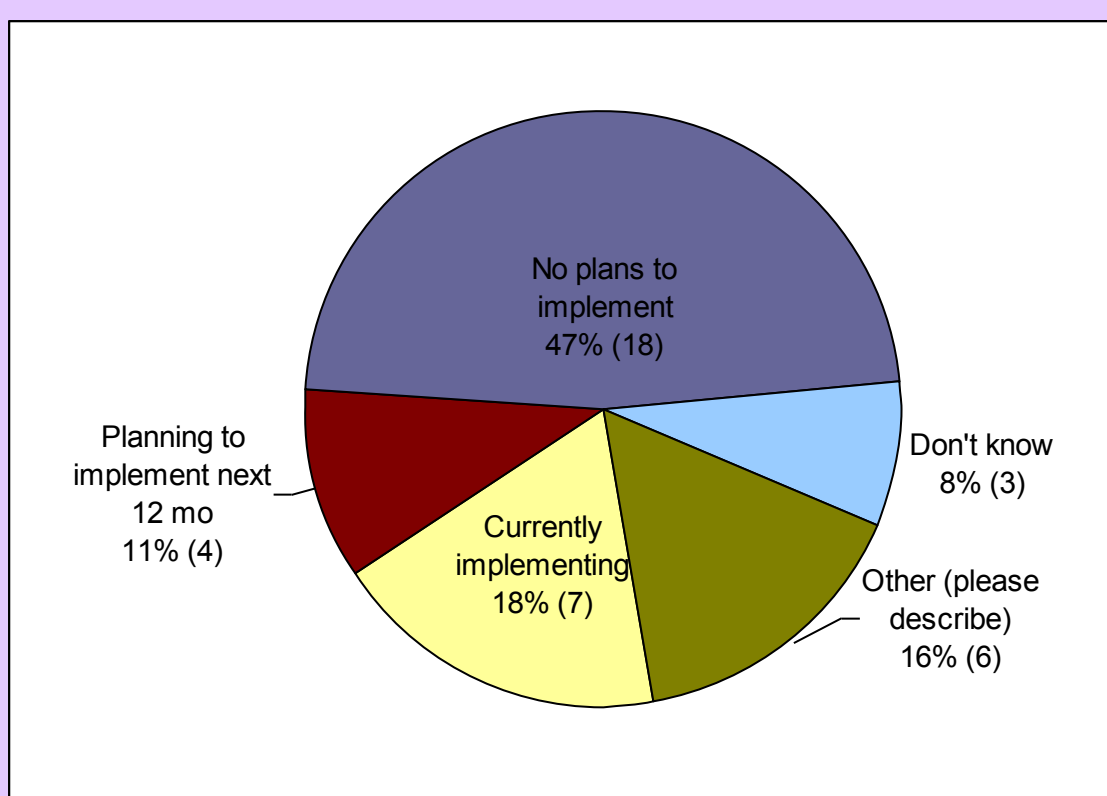
12% increase in test volume 2009—2011
67% of increase b/c of conventional tests
58% of all tests in 2011 were rapid HIV tests

HCV Test Volume 2011 (N=32)



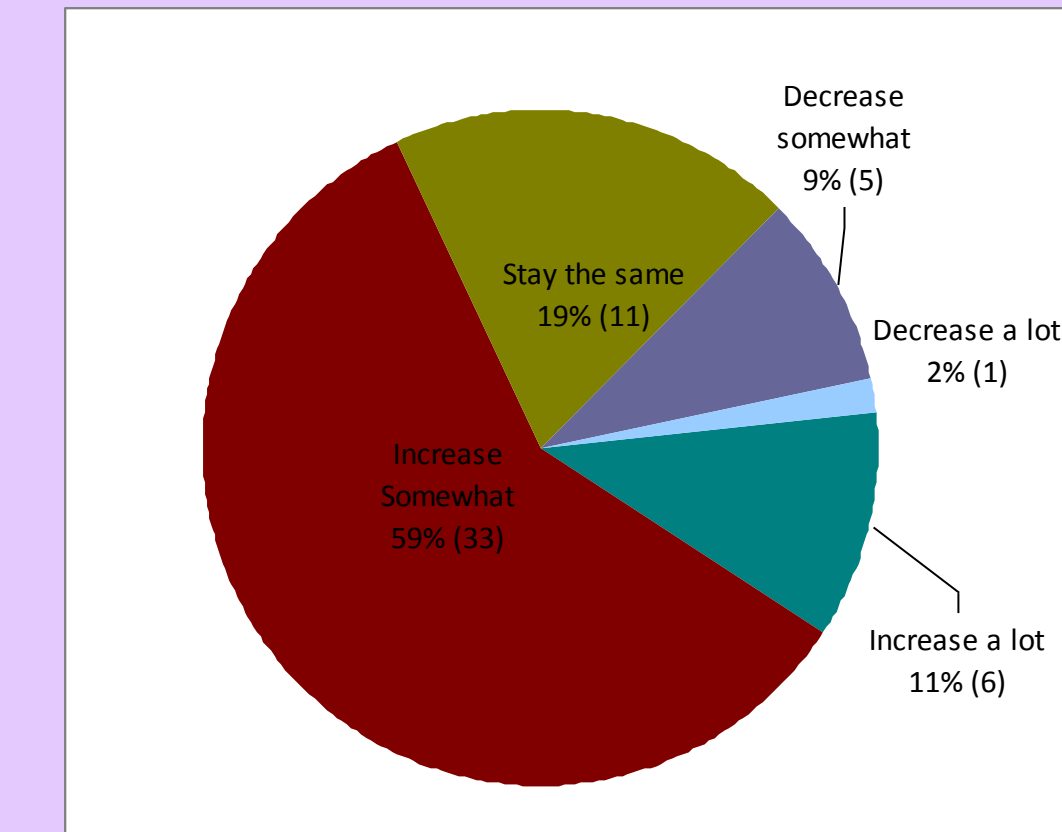
55% of HDs report using rapid HCV tests
30% plan to in next 12 mos.
5% all tests were rapid HCV tests
NAT performed for 2,853 EIA+; 569 NAT+ (20%)

HCV Birth Cohort Screening (N=38)



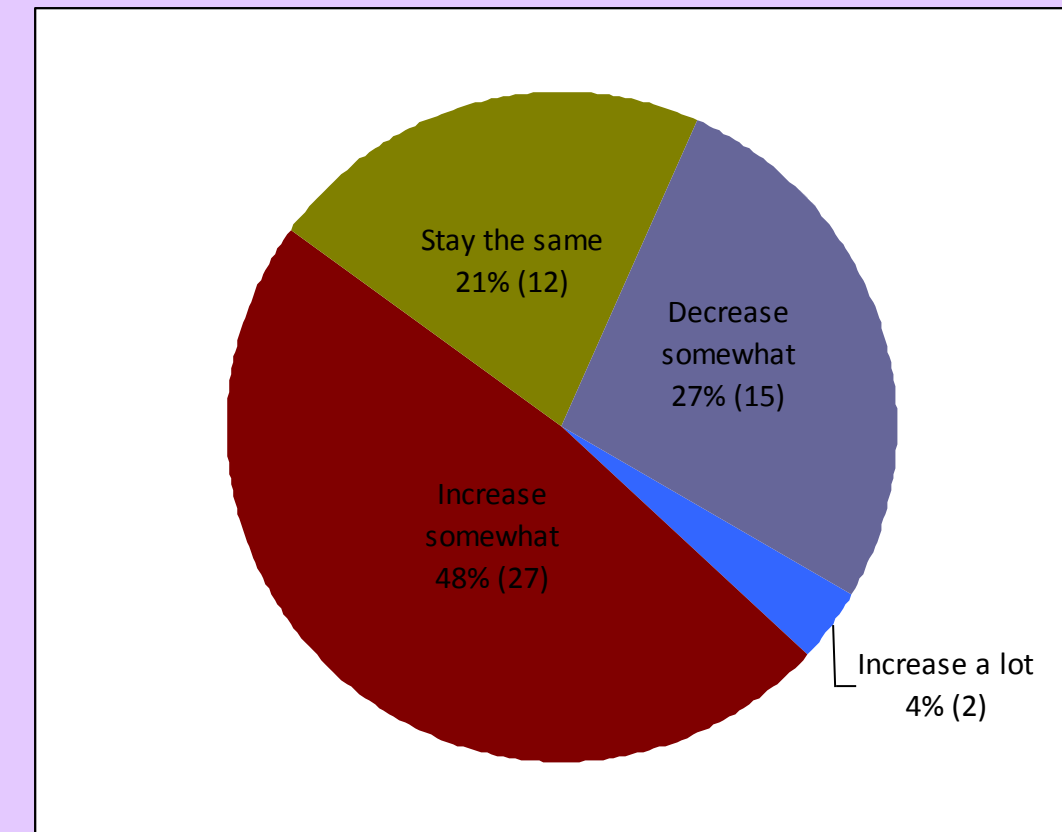
55% plan provider ed to support uptake
53% plan public awareness activities
50% plan provider training/TA

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



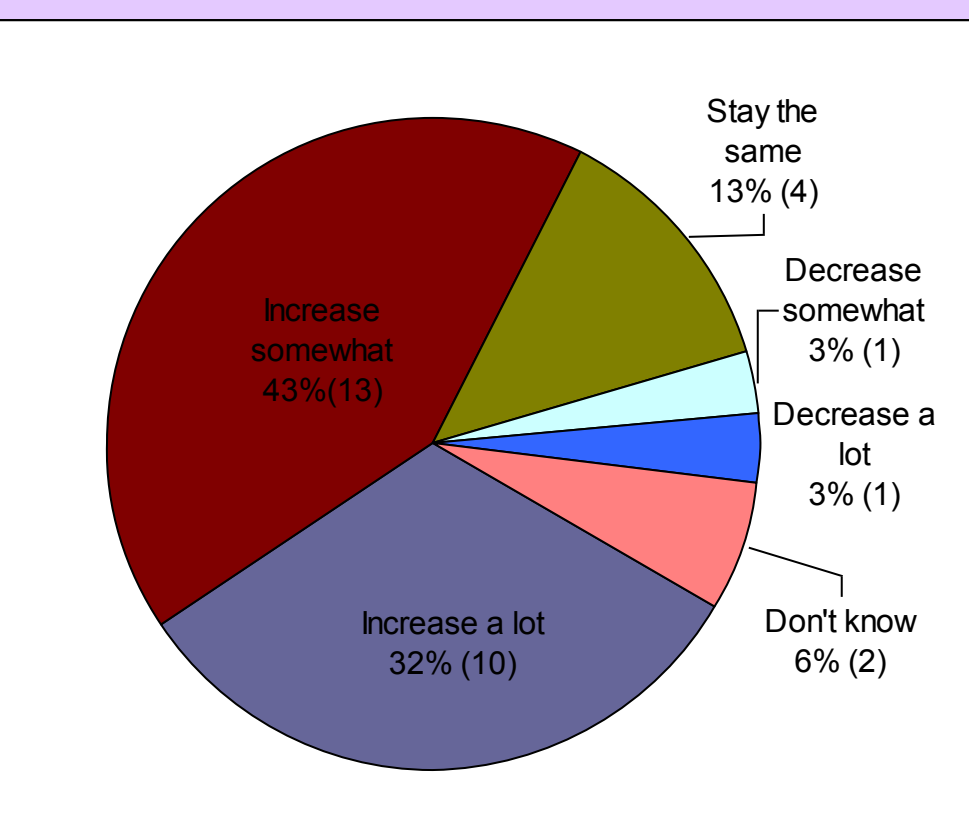
70% project increase in screening
11% project decrease in screening
Reasons: federal funding requirements; yield of new diagnosis

2012 Projected Volume Targeted HIV Testing (N=56)



52% project increase in targeted testing
27% project decrease in targeted testing
Reasons: federal funding requirements; loss of state/federal funding

2012 Projected Volume HCV Testing (N=31)



75% project increase in HCV testing
6% project decrease in HCV testing
Reasons: rapid tests; increases in federal funds; one-time carry-over funds; service integration

Venues: HIV Screening

Health Care Settings in Which Health Departments Support Routine HIV Testing	Percent (Number) (N=56)
Sexually transmitted disease clinics	61% (34)
Community health centers	54% (30)
Hospital emergency departments	52% (29)
Correctional settings	50% (28)
Family planning clinics	45% (25)
Substance abuse treatment centers	36% (20)
TB clinics	34% (19)
Prenatal/obstetrical clinics	25% (14)
Labor and delivery settings	25% (14)
Primary care settings	23% (13)
Urgent care clinics	20% (11)
Dental care settings	16% (9)
Hospital inpatient settings	14% (8)
Hospital outpatient settings	14% (8)
Other	7% (4)

Venues: HCV Testing

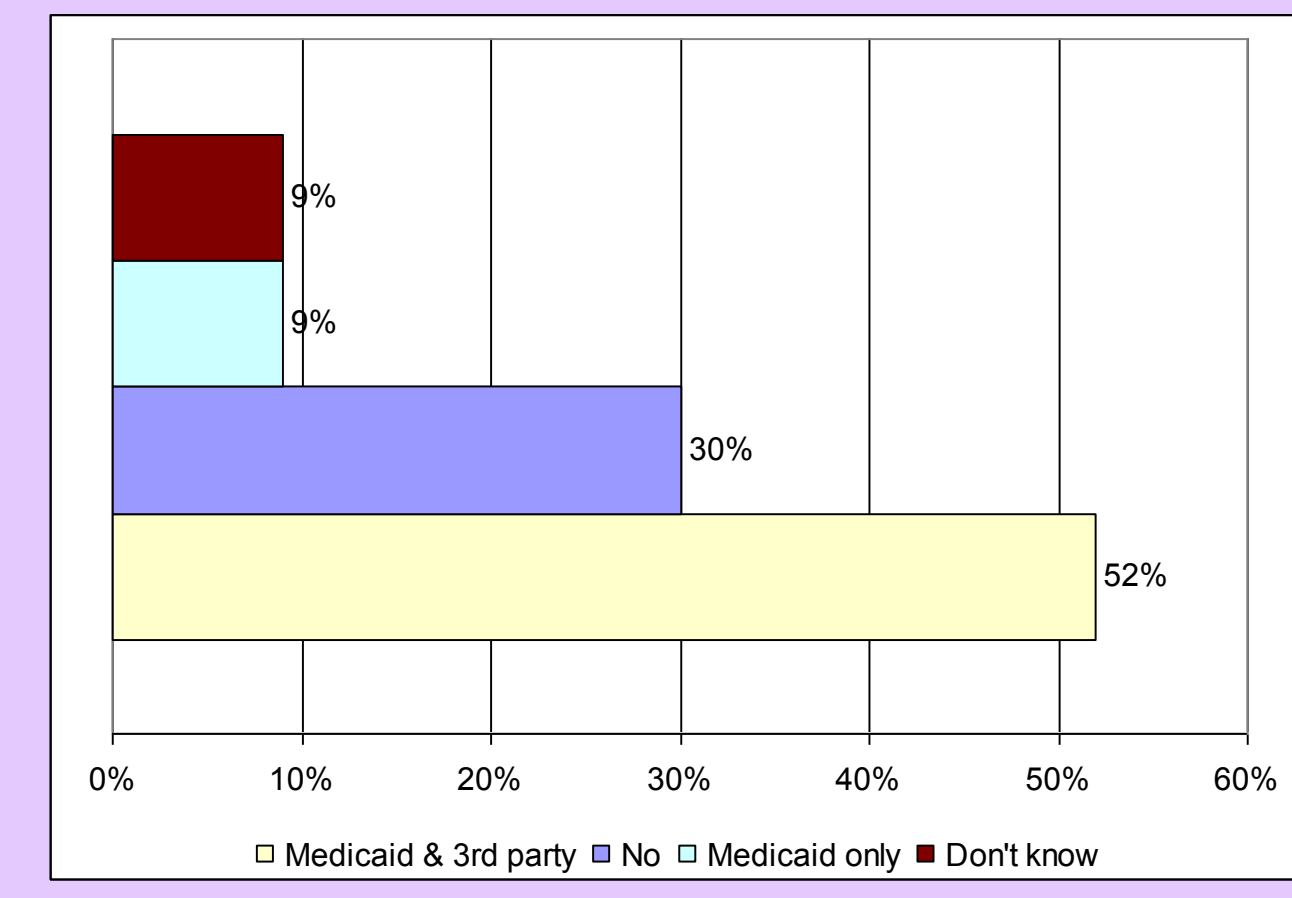
Settings in Which Health Department Supports HCV Testing	Percent (Number) (N=32)
Community-based organizations	72% (23)
Sexually transmitted disease clinics	66% (21)
Correctional facilities	59% (19)
Other health department clinics	56% (18)
Outreach (e.g., bars, health fairs)	53% (17)
Substance abuse treatment centers	53% (17)
Community health centers (including FQHCs)	47% (15)
Syringe access program	47% (15)
Family planning clinics	38% (12)
Mobile van	34% (11)
Methadone clinic	28% (9)
Partner services	19% (6)
Primary care clinics (other than CHC/FQHCs)	19% (6)
TB clinics	16% (5)
Refugee and immigrant health centers	13% (4)
Hospital emergency departments	6% (2)
Other	6% (2)
Hospital inpatient settings	3% (1)
Hospital outpatient settings	3% (1)
Reservation/Indian health center	3% (1)
Dental, dialysis, L&D, OB, UCC	0%

Venues: Integrated HIV & HCV

Settings in Which the Health Department Supports Integrated HIV and STD Testing	Percent (Number) (N=56)
Sexually transmitted disease clinics	89% (50)
Community-based organizations	63% (35)
Community health centers	50% (28)
Partner services	48% (27)
Family planning clinics	45% (25)
Outreach (e.g., bars, health fairs)	41% (23)
Correctional settings	34% (19)
Mobile van	34% (19)
Substance abuse treatment centers	21% (12)
Prenatal/obstetrical clinics	14% (8)
Syringe access programs	14% (8)
TB clinics	14% (8)
Hospital emergency departments	9% (5)
Hospital outpatient settings	7% (4)
Primary care settings	7% (4)
Urgent care clinics	5% (3)
Labor and delivery settings	4% (2)
Dental care settings	2% (1)
Hospital inpatient settings	0% (0)
Other	12% (7)

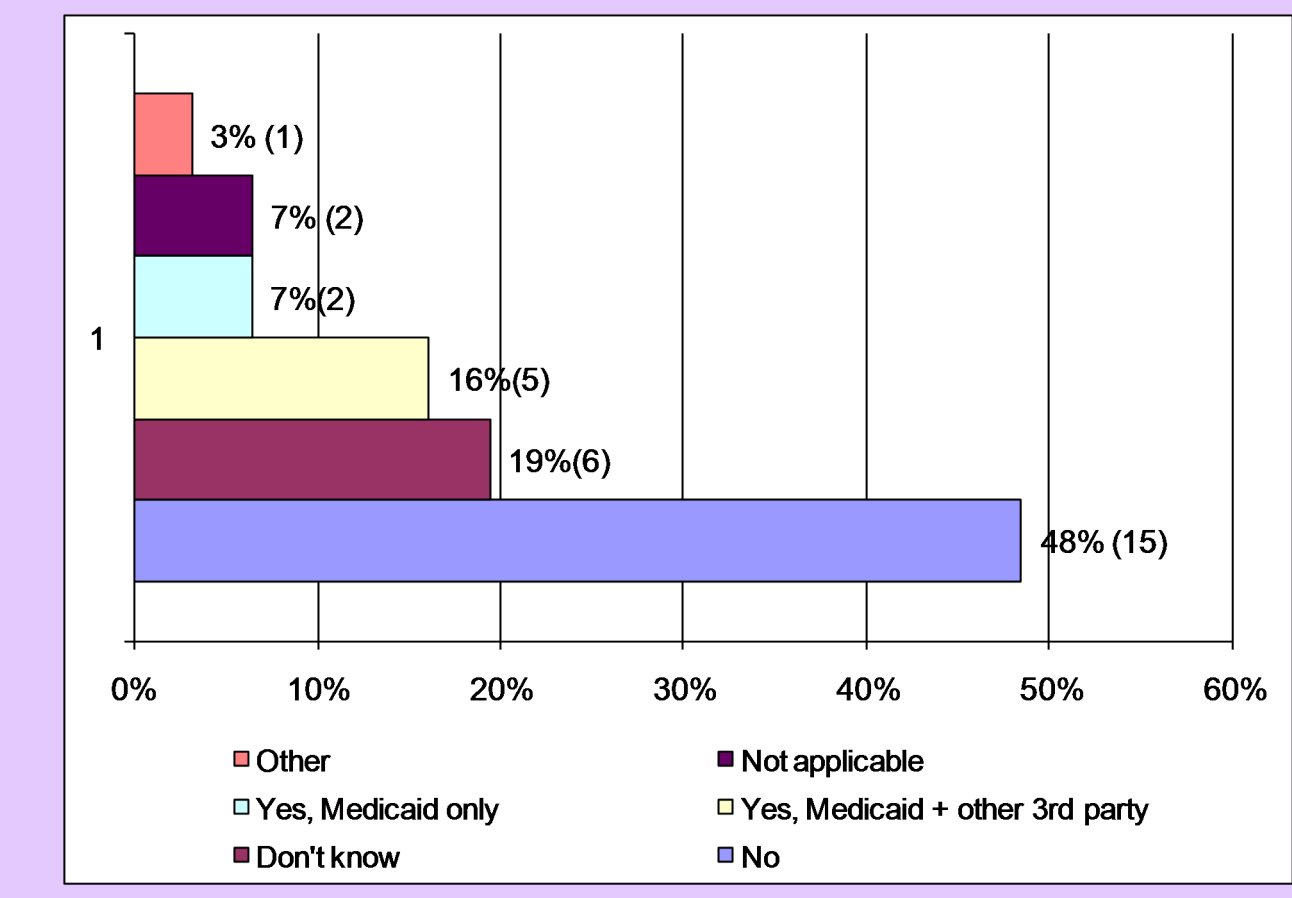
HDs support HIV and HCV testing in wide variety of settings, ensuring access across priority populations. HDs prioritize integrated testing services, ensuring access to services for priority populations; leveraging scarce resources.

3rd Party Billing: HIV Testing



37% report HIV screening not reimbursed by Medicaid
73% do not require providers to seek reimbursement

3rd Party Billing: HCV Testing



34% fund local providers for HCV testing
63% provide indirect support (e.g., lab services)

DISCUSSION

Expansion of HIV testing is attributable in part to federal HIV policy and associated funding for HIV testing. Health departments have prioritized integration of HIV and HCV testing and have done so in a variety of settings. Funding for HIV testing has been leveraged to support HCV testing. Reductions in both federal and state funds are likely to substantially impact HIV testing efforts. In particular, highly-targeted community-based testing efforts may be negatively impacted. Because HIV funds have been leveraged to support HCV testing, reductions in HIV funds will likely have a negative impact on HCV testing sustainability and expansion.

The availability of rapid HIV testing has facilitated expansion of testing services. Recent approval of a rapid HCV test may assist in expansion of HCV testing. There are advances in both HIV and HCV testing technologies that can assist with earlier diagnoses. This makes support for adoption of these technologies more important than ever before. It also necessitates strong referral and linkage services to facilitate access to needed medical care for individuals diagnosed with HIV or HCV.

Financing was identified as the most important challenge to sustaining and/or expanding HIV and HCV testing. In particular, developing capacity to participate in third-party billing and reimbursement is critical. Health department HIV and viral hepatitis programs have limited experience with participation in third-party billing and reimbursement, and the associated issues are complex. This complexity is compounded by the range of settings and providers engaged in HIV and HCV testing. There are also critical policy barriers to be addressed. Importantly, Medicaid and other 3rd party payers must reimburse, and do so at acceptable rates and, HIV and HCV testing provided on a routine basis, pursuant to CDC recommendations. Obtaining an A or B rating from the USPSTF for both HIV and HCV routine testing is critical to this end because provisions of the ACA require new insurance plans to fully cover preventive services that receive an A or B rating and eliminate client cost-sharing under Medicare.

ABOUT NASTAD

The National Alliance of State and Territorial AIDS Directors (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 on providing care and support to all who live with HIV/AIDS and viral hepatitis. NASTAD's vision is a world free of HIV/AIDS and viral hepatitis.