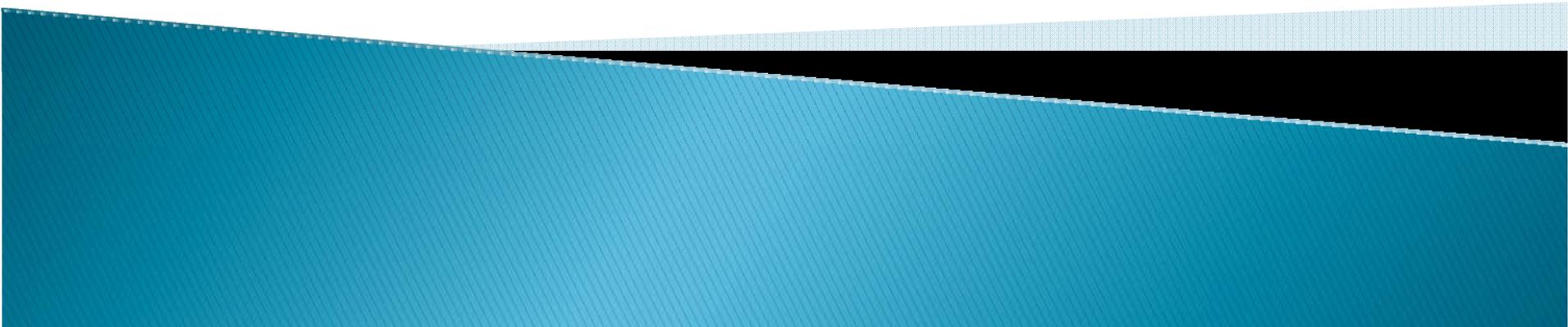


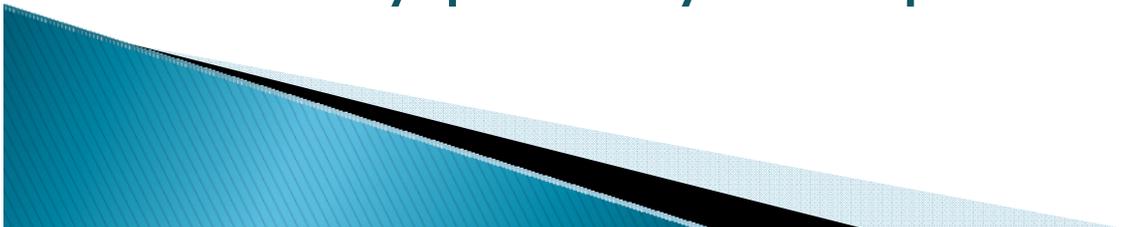
# A Place To Call Home: Integrated HIV Testing In Primary Care Setting

Sophia McIntyre, MD, MPH  
Associate Medical Director  
Hudson River Health Incorporated



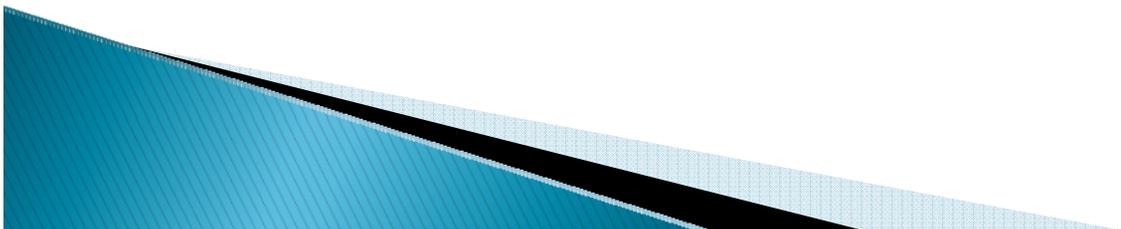
# Objectives

- ▶ Identify CDC 2006 guidelines for HIV Screening
- ▶ Identify importance of integrated HIV screening in Primary Setting
- ▶ Identify and overcome barriers to integrated HIV screening
- ▶ Establish plan for implementation of HIV screening in primary care setting
- ▶ Describe Implementation of HIV Screening in a busy primary care practice



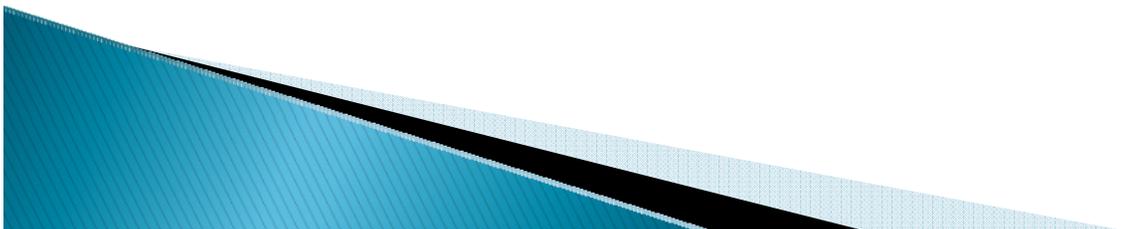
# CDC Revised HIV Testing Recommendations in Healthcare Setting

- ▶ Sept 2006
- ▶ Aim to make HIV testing a routine part of medical care.
- ▶ Expanding the gains made in diagnosing HIV infection among pregnant women
- ▶ Replaced 1993 Recommendations for HIV testing



# Rationale for Revisions

- ▶ An estimated 250,000 individuals in US who are living with HIV do not know they are infected **(1 / 4 of all cases)**.
- ▶ People living with HIV can receive effective treatment, resulting in improved health and extended life.
- ▶ Reduction of HIV transmission to partners.



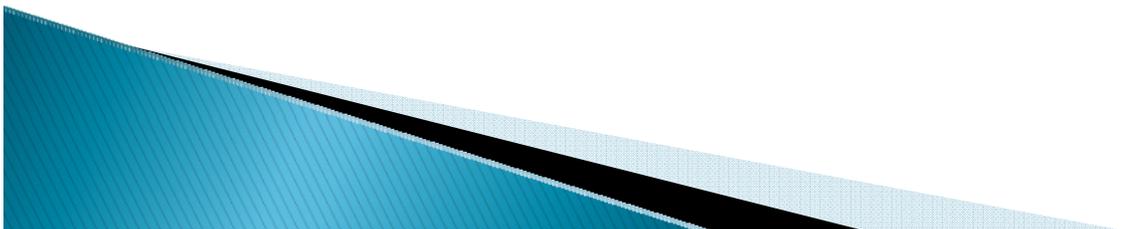
# Rationale for Revision

- ▶ **Reduction of more than 30% per year** if all HIV-infected persons knew of their infection and adopted changes in behavior similar to those of persons already aware of their status.
- ▶ Routine HIV testing may **reduce the stigma** associated with an HIV test offered based on the healthcare provider's perception (or knowledge) of risk.

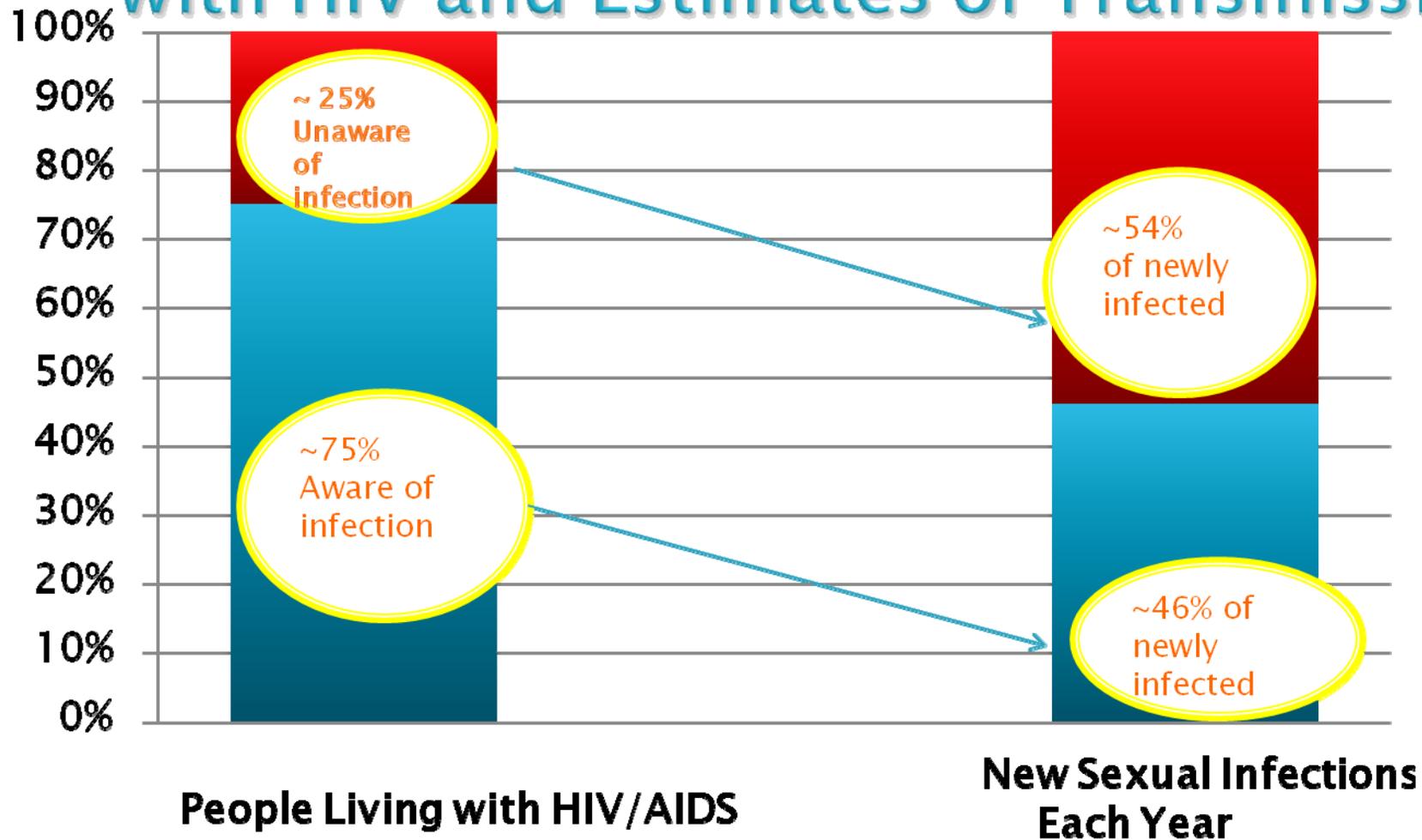


# Rationale for Revision

- ▶ Over 41 000 person with AIDS, 45% were first diagnosed as HIV-positive within 12 months of AIDS diagnosis (“late testers”)
- ▶ Late testers when compared to those tested early (> 5 yrs before AIDS diagnosis) were more likely to be:
  - ❖ Younger (18–29 yrs)
  - ❖ Heterosexual
  - ❖ Less Educated
  - ❖ African American or Latino



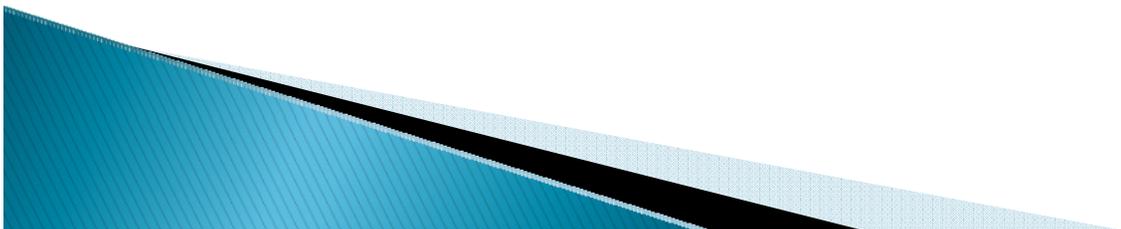
# Awareness of Serostatus Among People with HIV and Estimates of Transmission



**Marks G, et al AIDS 2006; 20:1447-1450.**

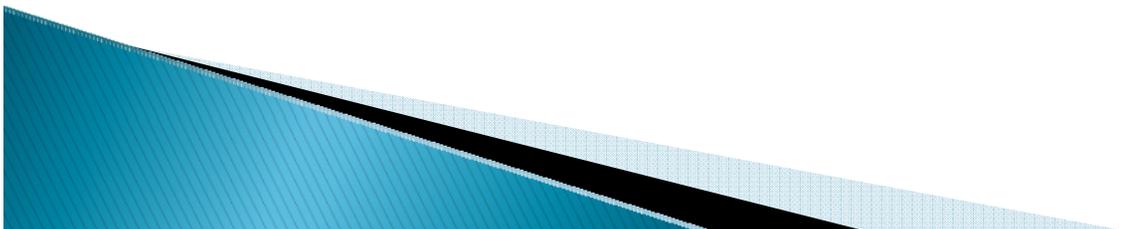
# Types of HIV Testing

- ▶ *Diagnostic testing*: performing an HIV test based on clinical signs or symptoms
- ▶ *Targeted testing*: performing an HIV test on subpopulations of persons at higher risk based on behavioral, clinical or demographic characteristics
- ▶ *Screening*: performing an HIV test for all persons in a defined population



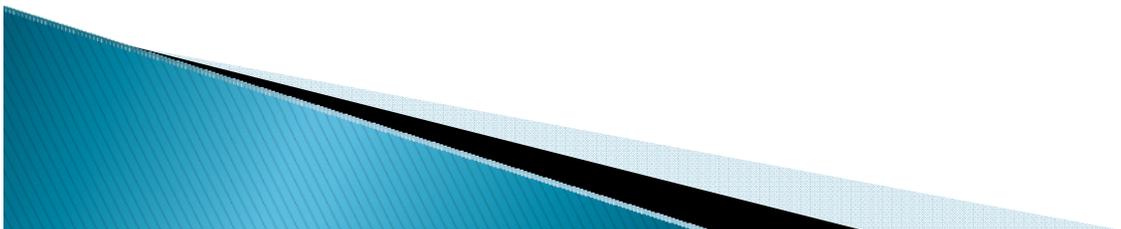
# Perceived Barriers to Integrated Testing

- ▶ It will take too much time.
- ▶ Who is going to train my staff?
- ▶ My staff has enough to do with our recent designation as a Medical Home.
- ▶ I don't have enough staff to do testing.
- ▶ What do I do when someone is positive?
- ▶ My patients are low risk for HIV and they are not going to want to be tested.



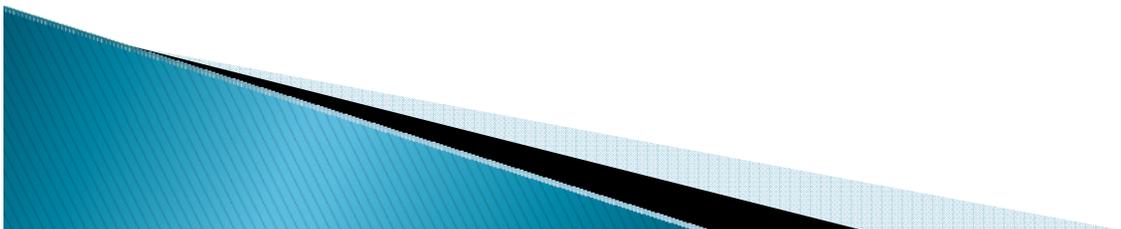
# Training of Staff for HIV testing

- ▶ All staff perform integrated testing must attend rapid HIV testing training
- ▶ Competency assessed annually and upon hire
- ▶ Competency Testing:
  - ❖ Knowledge Assessment (Written test)
  - ❖ Skills Assessment ( Performance of test)
  - ❖ Visual Assessment (Identify photos of 15 rapid HIV test)
- ▶ 100% Required to Pass Skills & Visual Assessment

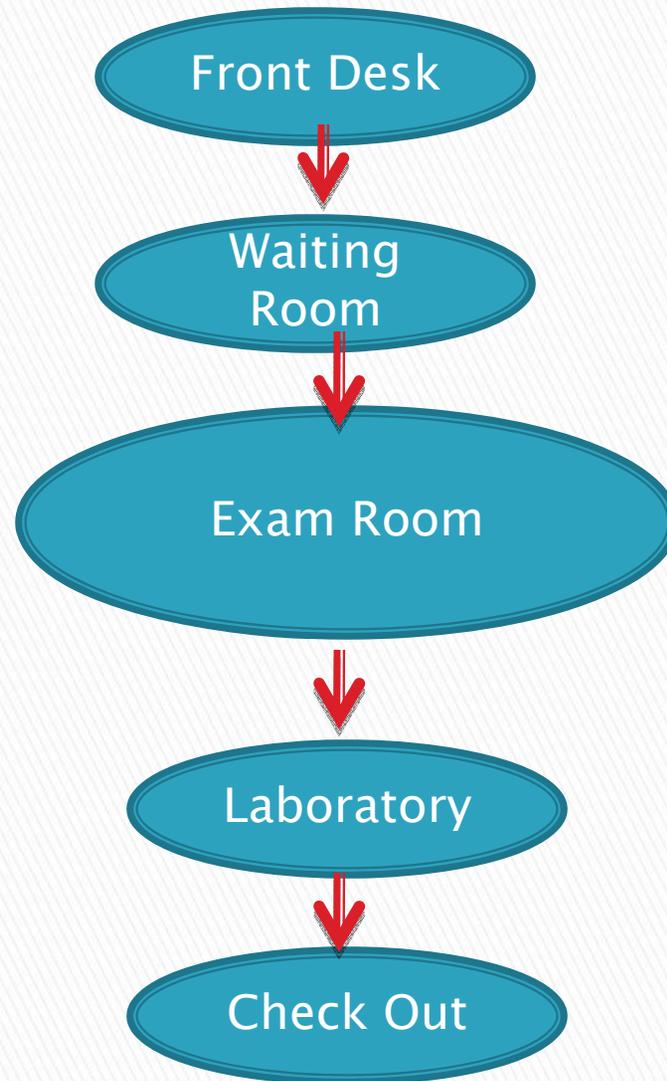


# Who were the patients that met the criteria for integrated HIV testing?

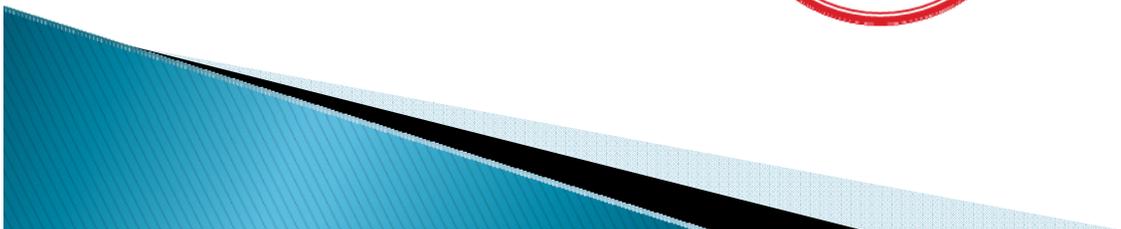
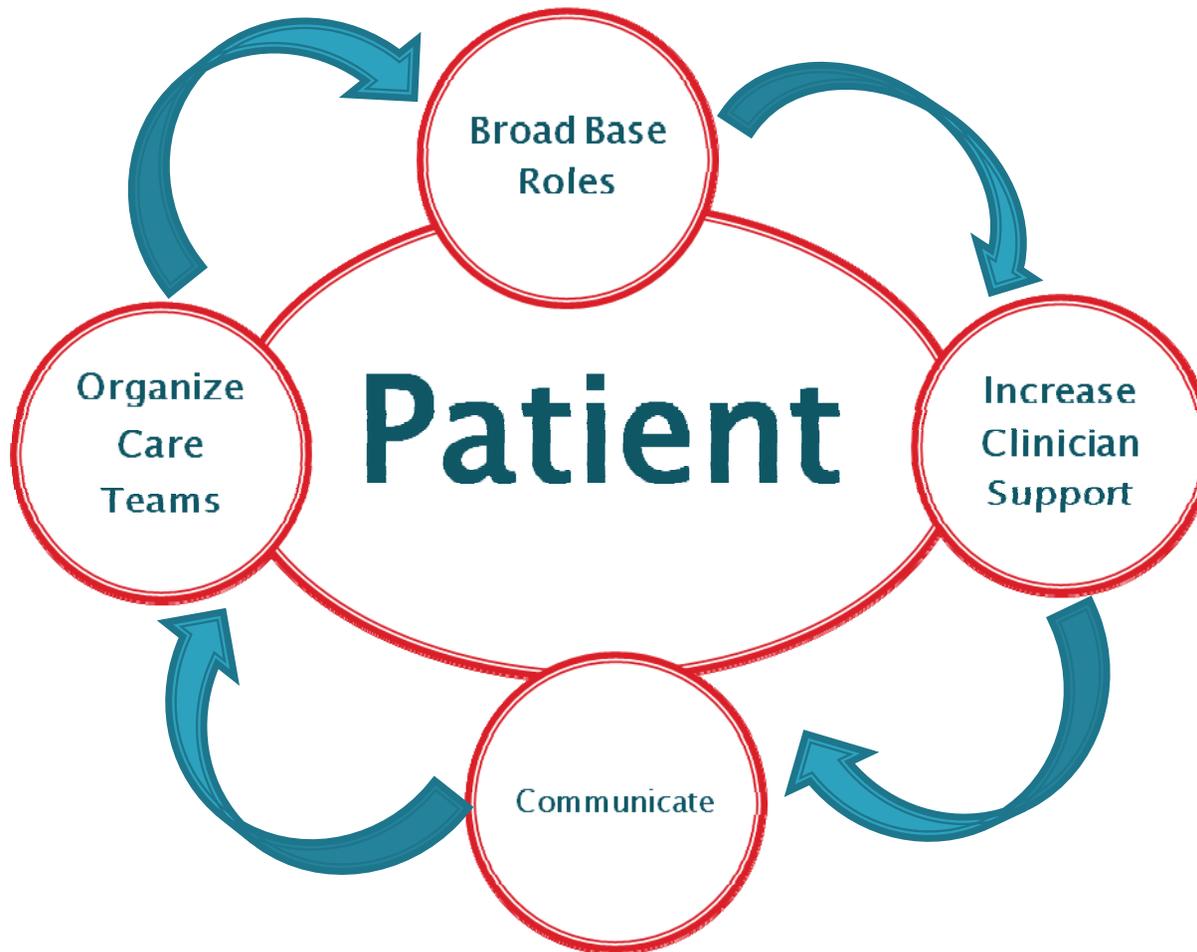
- ▶ All new patients and physicals (16–64 yrs old)
- ▶ Annual pap smears.
- ▶ Patients presented with chief complaint of a STI or known contact.
- ▶ For established patients that have not been in office in three months or since implementation of integrated testing.
- ▶ Continued testing of patients at high risk.



# Patient Care Model for Integrated Testing In Primary Care Setting



# Redesign Principles



# Systemic Approach to Integrated HIV Testing in Primary Care Setting

- ▶ **Educate staff** on importance of testing
- ▶ **Train staff** in testing technique
- ▶ **Implement procedure for testing** of patients
- ▶ **Establish referral mechanism** for individuals with positive results
- ▶ **Coordinate care** of HIV positive patients
- ▶ **Consistent communication** of primary care providers and HIV specialists.



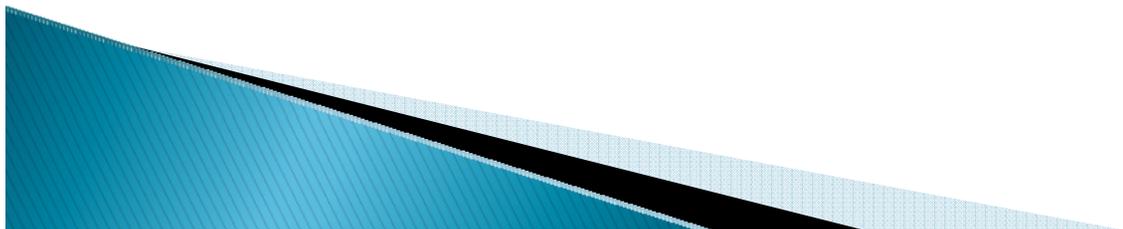
# Results of Integration of HIV Testing In Primary Care Setting

- 2154 Tested one yr prior to start of Integrated Testing (July 2007–June 2008)
- 8123 Tested– June 2008– Sept 2010
- 21 positive test
- 19 confirmed positive test
- 22.4 days average time to visit HIV specialist after confirmatory test (median time 9 days)
- 3 patients lost to follow up
- Average CD4 count 297 at diagnosis (range 12–590)



# Special Thanks to Colleagues Hudson River Health Care, Inc.

- ▶ **Ann Hinson, MT (ASCP)**– Coordinator for Rapid HIV Oraquick Testing & Counseling
- ▶ **Carmen Chinaea, MD, MPH**– Chief Medical Officer
- ▶ **Christine Kerr, MD**– Infectious Disease Clinical Director
- ▶ **Catherine Grimes, NP**– Genesis Provider Monticello



# Questions??????

[smcintyre@hrhcare.org](mailto:smcintyre@hrhcare.org)

