HIV Screening and Linkage to Care: Capacity Building Opportunities for Community Health Centers

Primary Care Development Corporation
HIP in Health Care

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About the Primary Care Development Corporation (PCDC)

Founded in 1993, PCDC is a nonprofit organization dedicated to expanding and transforming primary care in underserved communities to improve health outcomes, lower health costs and reduce disparities

• Certified as a Community Development Financial Institution (CDFI) by the U.S. Treasury
• Offices in New York City and Los Angeles County
• Three Programs:
  – Capital Investment
  – Performance Improvement
  – Policy & Advocacy
About HIP in Health Care

• PCDC's HIP in Health Care program is funded by the U.S. Centers for Disease Control and Prevention (CDC) to build the capacity of healthcare organizations to deliver HIV prevention services and strategies within clinical settings.

• We provide training and technical assistance at no cost to healthcare organizations (i.e., direct service providers) across the United States and its affiliated territories.

• In support of the National HIV/AIDS Strategy (NHAS) and CDC’s High-Impact Prevention approach, our capacity building assistance (CBA) is focused on:
  – HIV Testing
  – Prevention with Positives
  – Prevention with High-Risk Negatives
About the CPN

• HIP in Health Care is part of the Capacity Building Provider Network (CPN)

• The CPN is a network of 22 organizations that are funded by CDC to build the capacity of the nation’s HIV prevention workforce in 3 settings:
  – Health Departments
  – Community-Based Organizations
  – Health Care Organizations

• CPN providers provide CBA in the following areas:
  – HIV testing
  – Prevention with HIV-positive persons
  – Prevention with high risk HIV-negative persons
  – Condom distribution
  – Organizational development & management
  – Policy

http://www.cbap provid ers.org
Learning Objectives for Today’s Session

• Understand the role of community health centers in the National HIV/AIDS Strategy

• Increase understanding of best practices for HIV screening and linkage to care

• Understand opportunities for national HIV prevention capacity building assistance
THE ROLE OF COMMUNITY HEALTH CENTERS
IN THE NATIONAL HIV/AIDS STRATEGY
NATIONAL HIV/AIDS STRATEGY: UPDATED TO 2020
WHAT YOU NEED TO KNOW

THE VISION
The United States will become a place where new HIV infections are rare, and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity, or socio-economic circumstance will have unfettered access to high quality, life-extending care, free from stigma and discrimination.

THE GOALS
- Reducing new HIV infections
- Improving access to care and health outcomes
- Reducing HIV-related health disparities
- Achieving a more coordinated national response

OUR STRATEGY
This is a national Strategy, not just a Federal one. Everyone is needed to put this Strategy into action and end the HIV epidemic. The updated Strategy calls for coordinated efforts from all sectors of society. The many Federal agencies and offices engaged in HIV activities will develop a Federal Action Plan to guide implementation of the Strategy across the U.S. government.

High Impact HIV Prevention

• Primary goal is to prevent largest possible number of new HIV infections and reduce disparities

• Framework for using data to maximize impact of available resources and technologies

• Direct effort and resources to the right places, populations, and strategies

www.cdc.gov/hiv/policies/hip.html
Treatment as Prevention

Advances in HIV treatment have positioned community health centers at the epicenter of HIV prevention.
Community Health Centers

Community health centers are important sites for:

• Providing access to HIV testing and prevention messages
• Finding new infections
• Linking individuals who test positive into HIV care
• Treating individuals living with HIV
• Preventing new infections
Treatment as Prevention (TasP)

• Utilizing HIV treatment, or antiretroviral therapy (ART), in individuals living with HIV to decrease risk of transmitting HIV to HIV-negative partners

• Reducing viral load to “undetectable” level significantly reduces transmission risk

• A 2011 study showed a 96% reduction in transmission of HIV to HIV-negative partners\(^1\)

• Studies have continued to support TasP as an effective HIV prevention strategy

• Rapid linkage to care remains key in TasP effectiveness

Continuum of Care

HIV STAGES OF CARE

There is an urgent need to reach more people with testing and make sure those with the virus receive prompt, ongoing care and treatment.

- Diagnosed: 86%
- Engaged in Care: 40%
- Prescribed ART*: 37%
- Virally Suppressed: 30%


*Antiretroviral therapy
The “Neutral Continuum of Care”

HIV CARE AND PREVENTION ARE THE SAME = GETTING TO HIV NEUTRAL
Potential Impact of Expanded Testing

Four Scenarios of the Potential Impact of Expanded HIV Testing, Treatment and PrEP in the United States, 2015-2020

- New infections
- HIV Infections prevented due to expanded testing and treatment
- HIV Infections prevented due to PrEP (assumes PrEP use among high-risk populations = 40% MSM; 10% PWID; 10% HET)

Total number of new HIV infections, 2015-2020

Scenario 1: Projected new infections by 2020 at current testing and treatment rates

- 265,330

Scenario 2: If PrEP use increases among high-risk populations at current testing and treatment rates

- 217,109

Scenario 3: If 85% of people diagnosed are linked to care, 60% achieve viral suppression, plus PrEP use

- 144,434

Scenario 4: Achieving NHAS goals – if 85% of people diagnosed are linked to care, 80% achieve viral suppression, plus PrEP use

- 80,270

168,132 infections prevented through PrEP

88,908 infections prevented through testing and treatment

80,270 infections prevented through PrEP

16,928 infections prevented through testing and treatment

185,000 New Infections Prevented

Source: Centers for Disease Control and Prevention
Current State of Affairs

H.I.V. Rates Among Gay Men Are Higher in South, Study Finds


More Than Half of Gay and Bisexual Men Say a Doctor Has Never Suggested H.I.V. Testing

New York Times, October 2015
In Mississippi, it is estimated that 1 in 85 people will be diagnosed with HIV.
BEST PRACTICES FOR HIV PREVENTION
What does HIV prevention look like in health care settings?

• Assessing HIV risk
• HIV testing
• Prevention counseling; access to PrEP and PEP
• Screening and treating patients for alcohol and drug abuse and sexually transmitted infections (STIs)
• Providing the best possible care to HIV-infected individuals, including:
  – Access to anti-retroviral therapy (ARVs)
  – Adherence counseling
  – Disclosure and partner services
https://effectiveinterventions.cdc.gov/en

This website is designed to support High Impact Prevention (HIP) - using interventions with demonstrated potential to reduce new infections to yield a major impact on the HIV epidemic
What are effective models for use in health care settings?

HIV Testing

- Opt-out Testing
- Couples HIV Testing and Counseling (CHTC)

Linkage to Care

Prevention Counseling

Medication Adherence

Engagement, Retention in Care
What is “Opt-out” Testing?

“Performing HIV screening after notifying the patient that 1) the test will be performed and 2) the patient may elect to decline or defer testing. Assent is inferred unless the patient declines testing.”

Provider: As part of our routine labs, we are going to test you for HIV today.  
Patient: Ok.
Universal (Opt-out) testing

• Recommended by the Centers for Disease Control and Prevention (CDC) since 2006

• Healthcare providers should test all patients between the ages of 13 and 64 years at least annually

• Frequency of testing depends on clinical judgment and individual level of risk
  – Individuals at high risk of infection should be tested more than once a year
  – Repeat screening depends on the provider's best judgment for each case
Testing Recommendations, USPSTF

- U.S. Preventive Services Task Force (USPSTF) provides evidence-based recommendations
- Significant role in coverage and reimbursement for HIV testing service
- Affordable Care Act (ACA) mandates that private insurers must cover all services given a Grade A or B by the USPSTF without cost-sharing
- USPSTF recommended that routine HIV screening for all adolescents and adults ages 15 through 65 as Grade A (formerly grade C)

What are effective models for use in health care settings?

HIV Testing

- **Couples HIV Testing and Counseling (CHTC)**
  - When 2 or more persons in (or planning to be in) a sexual relationship receive all elements of HIV testing and counseling together
  - Includes:
    - HIV prevention counseling
    - Receipt of test results
    - Linkage to follow-up services
What are effective models for use in health care settings?

HIV Testing

Linkage to Care

- Anti-Retroviral Treatment and Access to Services (ARTAS)

Prevention Counseling

Medication Adherence

Engagement, Retention in Care
What are effective models for use in health care settings?

Linkage to Care:

- **Anti-Retroviral Treatment and Access to Services (ARTAS)**
  - Individual-level, multi-session, time-limited intervention
  - Goal to link individuals recently diagnosed with HIV to medical care soon after receiving positive test result
  - Based on Strengths-based Case Management (SBCM) model
    - Rooted in Social Cognitive Theory (particularly self-efficacy) and Humanistic Psychology
UDS and linkage to care

• 2015 UDS (Uniform Data System) guidelines currently specify:
  – “HIV linkage to care: if patients found to be HIV positive are seen for follow-up care within 90 days of initial HIV diagnosis, then the probability of HIV-related complications and transmission of disease are reduced”

• Linkage to care is beneficial to patient and public health
• Recommendations will likely move to 30 days
• Benefits of improving linkages ahead of recommendation
• Connection with reimbursement

What are effective models for use in health care settings?

HIV Testing
Linkage to Care

Prevention Counseling
- Positive STEPs
- Partnership for Health – Safer Sex

Medication Adherence
Engagement, Retention in Care
What are effective models for use in health care settings?

Prevention Counseling

- Positive STEPs
  - Training intervention to help HIV care providers deliver prevention counseling to their patients
  - Model was effective in improving:
    - Provider attitudes
    - Comfort
    - Self-efficacy
    - Frequency of delivering prevention counseling
What are effective models for use in health care settings?

**Prevention Counseling**

- **Partnership for Health – Safer Sex**
  - Medical providers trained to deliver brief risk-reduction counseling to patients
  - All clinic staff trained to integrate prevention messages into the clinic setting
  - Counseling supplemented with written information for all patients
  - Intervention was effective in reducing unprotected intercourse by 38% among patients who had two or more sexual partners
What are effective models for use in health care settings?

- HIV Testing
- Linkage to Care
- Prevention Counseling

- **Medication Adherence**
  - Partnership for Health – Medication Adherence
- Engagement, Retention in Care
What are effective models for use in health care settings?

Medication Adherence

- Partnership for Health – Medication Adherence
  - Brief (3-5 minutes) clinic-based, individual-level, provider-administered intervention
  - Emphasizes importance of patient-provider relationship to promote patient’s healthful behavior
  - Includes:
    - Adherence messages delivered to patient during routine medical visits
    - Use of posters and brochures conveying the partnership theme and ART adherence messages
What are effective models for use in health care settings?

HIV Testing
Linkage to Care
Prevention Counseling
Medication Adherence

Engagement and Retention in Care

- HIV Patient Navigation
What are effective models for use in health care settings?

**Engagement and Retention in Care**

- **HIV Patient Navigation**
  - Services aimed to help patient obtain timely, essential and appropriate HIV-related medical and social services
  - Goal to optimize health and prevent HIV transmission and acquisition
  - Includes:
    - Linking persons to health care systems
    - Assisting with health insurance and transportation
    - Identifying and reducing barriers to care
    - Tailoring health education to influence health-related attitudes and behaviors
OPPORTUNITIES FOR NATIONAL HIV PREVENTION CAPACITY BUILDING ASSISTANCE
How can HIV prevention capacity be increased in health care settings?

- Risk assessment
- Written protocols
- Leadership
- Training
National HIV Prevention
Capacity Building Assistance

The Capacity Building Assistance (CBA) Network
http://www.cbaproviders.org/

- Network is part of the Capacity Building Branch within CDC's Division of HIV/AIDS Prevention
- National CBA and related resources for High-Impact HIV Prevention
- Includes funding 21 CBA providers who comprise the network
- Free training, technical assistance (TA) and technology transfer
- Provided to health departments, community-based organizations and health care organizations
The Capacity Building Assistance (CBA) Network

- HIV Testing
- Prevention with Positives
- Prevention with High-risk Negative Persons
- Condom Distribution
- Organizational Development and Policy

CBA Network
# Health Department CBA Providers

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<th>Provider</th>
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<tr>
<td>AIDS Project Los Angeles (APLA)</td>
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<tr>
<td>Asian and Pacific Islander American Health Forum (APIAHF)</td>
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<tr>
<td>City and County of San Francisco</td>
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<tr>
<td>National Alliance of State and Territorial AIDS Directors (NASTAD)</td>
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<tr>
<td>New York City Department of Health and Mental Hygiene</td>
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<tr>
<td>The California Prevention Training Center (CA PTC)/PHFE</td>
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<td>University of Rochester</td>
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<td>University of Washington</td>
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# Community Based Organization CBA Providers

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<th>Provider</th>
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<tbody>
<tr>
<td>AIDS United</td>
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<tr>
<td>Asian and Pacific Islander American Health Forum (APIAHF)</td>
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<tr>
<td>Asian and Pacific Islander Wellness Center</td>
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<td>ETR</td>
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<tr>
<td>JSI Research &amp; Training Institute, Inc.</td>
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<td>Latino Commission on AIDS (LCOA)</td>
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<td>National Community Health Partners (NCHP)</td>
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<td>National Minority AIDS Council (NMAC)</td>
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<td>New York City Department of Health and Mental Hygiene</td>
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<tr>
<td>PROCEED, Inc.-National Center for Training, Support and Technical Assistance (NCTSTA)</td>
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<tr>
<td>UCSF Capacity Building Assistance Partnership (CAPS, CoE, and AHP)</td>
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# Health Care Organization CBA Providers

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<th>Provider Name</th>
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<tr>
<td>Cicatelli Associates Inc. (CAI)</td>
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<td>Denver Prevention and Training Center (DPTC)</td>
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<td>Primary Care Development Corporation (PCDC)</td>
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The Capacity Building Assistance (CBA) Network

- Health centers that receive CDC funding can request free CBA services through the online CDC “CRIS” system.

- Health centers without CDC funding can request free CBA services through the following organizations:
  - Primary Care Development Corporation (PCDC)
  - Denver Prevention and Training Center (DPTC)
  - Cicatelli Associates, Inc. (CAI)
National HIV Prevention Capacity Building Assistance

The AIDS Education and Training Center Program
http://aidsetc.org/

• Training arm of the Ryan White HIV/AIDS Program

• National network of leading HIV experts

• Provide education, clinical consultation and TA to health care professionals and organizations
  – Locally-based and tailored to individual HCO needs

• Goal to integrate high quality, comprehensive care for those living with or affected by HIV
The SE AETC
Southeast AIDS Education & Training Center

Learn More About Us  Meet our Partners
National HIV Prevention Capacity Building Assistance

National Center for Innovation in HIV Care

https://careacttarget.org/hiv-care-innovation

• Free training and TA to Ryan White-funded AIDS service organizations and community-based organizations

• Aim to help organizations navigate the changing health care landscape

• Help develop strategies to improve operational effectiveness

• Provide assistance implementing best practices to optimize outcomes along the continuum of HIV care
National HIV Prevention Capacity Building Assistance

The Clinician Consultation Center
http://nccc.ucsf.edu/

• Provide timely and appropriate responses to clinical questions related to:
  – Treatment of persons with HIV infection
  – Possible health care worker exposure to HIV and other blood-borne pathogens
National HIV Prevention Capacity Building Assistance

The National LGBT Health Education Center
http://www.lgbthealtheducation.org/

• Provides educational programs, resources, and consultation to health care organizations

• Goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people

• The Fenway Institute
  – Research, training, and health policy division of Fenway Health
  – Fenway Health is an FQHC and one of the world’s largest LGBT-focused health centers
National HIV Prevention Capacity Building Assistance

TARGET Center
(technical Assistance Resources, Guidance, Education & Training)
https://careacttarget.org/

• Resource library with hundreds of practical tools
• Primarily for Ryan White providers, but is a great resource for all community health centers
• Funded by HHS, HRSA, HIV/AIDS Bureau
National HIV Prevention Capacity Building Assistance

National Quality Center

http://nationalqualitycenter.org/about-nqc/

• Work in conjunction with HRSA HIV/AIDS Bureau

• Provide no-cost, state-of the-art technical assistance for all Ryan White funded grantees

• Goal to improve the quality of HIV care nationwide
THANK YOU!

For more information about PCDC's HIP in Health Care capacity building assistance services, contact us at:

T: (212) 437-3970
E: hip@pcdc.org
W: www.pcdc.org/hipinhealthcare