Realizing Universal HIV Testing & LTC: Lessons from the Bronx

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The Power of Universal Testing & Linkage to Care

Prolongs Life
- HIV treatment can improve quality of life and increase survival by many years/normal life span

Reduces HIV Transmission
- Lower viral loads from ARV reduce transmission (96%)
- HIV+ people who know their status reduce high-risk sex by about 50-65%

Preserves Resources
- Successful ARV reduces overall care costs for HIV+
Universal Testing: The Challenges

First step on the HIV Care Continuum but success relies on non-HIV care system

- In 2011, only 7.4% of eligible patients tested among the 17M treated at HRSA CHCs

Persistence of provider resistance to testing

- Risk-based testing works; HCT doesn’t belong in routine care
- Prevention counseling integral to testing
- Only counselors/SWs know how to counsel pts
- Providers lack time and experience for testing
  - Fear of giving HIV+ results
  - Current staff already overextended
Why The Bronx?

**Epidemiologic**
- Bronx pop. 1.3 million, larger than Boston, SF, DC
- HIV death rate higher in Bronx than Citywide
- 40% first diagnosed with AIDS

**Public Health**
- CDC: Routine testing if HIV prevalence is >1%
- Bronx prevalence is 1.3% (.2-2.7%)
- Leadership opportunity: Bronx has strong network of collaborative health and community providers
- Montefiore learning lab: provides care for 1/3 of Bronx
AAP/MMC: A Decade of Work Moving HIV Testing Forward

- Successful trial of ACTS at 10 MMG clinics (2003-8)
- CDC/PEPFAR funding for Province-wide scale up in South Africa (2007-now)
- Initiation of “The Bronx Knows” with DOH (2008-now)
- NIH Test and Treat Trial: Bronx and DC (2010-now)
- Montefiore scale up after NY State law (2011-now)
  - Outpatient, Inpatient, Emergency
Managed Practice Change

- Buy-in
- Implementation Planning
- Training & Mentoring
- Monitoring & Evaluation

Streamlined C&T

- Advise
- Consent
- Test
- Support

AdolescentAIDS.org
ACTS
Streamlined HIV Counseling and Testing

**Advising (Advise)**
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.

**Consenting (Consent)**
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.

**Testing (Test)**
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.

**Supporting (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.

ACTSHIVTest.org
Streamlines pre-test counseling to as little as 2 minutes

Integrates C&T into routine services by health care providers utilizing existing staff & data resources

Improves clinic and community testing rates as well as uptake into HIV care programs

Facilitates earlier diagnosis of HIV, improves linkage to care and reduces the overall burden on health services
ACTS Success in 10 Bronx CHCs

Percent of Patients Tested for HIV from 2003-2010

<table>
<thead>
<tr>
<th>Year</th>
<th>ACTS</th>
<th>Control</th>
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</thead>
<tbody>
<tr>
<td>2003</td>
<td>9.5%</td>
<td>6.6%</td>
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<tr>
<td>2004</td>
<td>12.8%</td>
<td>7.8%</td>
</tr>
<tr>
<td>2005</td>
<td>21.6%</td>
<td>8.0%</td>
</tr>
<tr>
<td>2006</td>
<td>22.4%</td>
<td>12.9%</td>
</tr>
<tr>
<td>2007</td>
<td>24.6%</td>
<td>16.4%</td>
</tr>
<tr>
<td>2008</td>
<td>24.4%</td>
<td>17.3%</td>
</tr>
<tr>
<td>2009</td>
<td>25.4%</td>
<td>20.3%</td>
</tr>
<tr>
<td>2010</td>
<td>28.0%</td>
<td>19.9%</td>
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</table>
2007: AAP/MMC awarded 5yr grant to scale up routine testing in Western Cape’s 400+ DoH clinics

19% HIV prevalence in Western Cape

ACTS trained & mentored 4500 nurses/doctors

ACTS significantly increased monthly HIV testing in all 6 districts: from 31,000 to 47,000 tests/month (>50% gain)

ACTS South Africa now expanding into two new provinces
the BRONX KNOWS

WHAT'S YOUR HIV STATUS?

stay safe  get care  get tested
Increase voluntary HIV testing, so that every Bronx resident learns his/her HIV status and has access to quality care and prevention.
## 1 Million Tests
7,400 Diagnosed HIV+

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<tbody>
<tr>
<td>TOTAL</td>
<td>607,570</td>
<td>4,820 (0.8%)</td>
<td>415,718</td>
<td>2,693 (0.6%)</td>
</tr>
<tr>
<td>Hospitals</td>
<td>277,391</td>
<td>2,317 (0.8%)</td>
<td>216,359</td>
<td>1,575 (0.7%)</td>
</tr>
<tr>
<td>CHCs</td>
<td>275,531</td>
<td>1,690 (0.6%)</td>
<td>176,503</td>
<td>1,007 (0.6%)</td>
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<tr>
<td>CBOs</td>
<td>54,648</td>
<td>813 (1.5%)</td>
<td>22,856</td>
<td>111 (0.5%)</td>
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### Improved Linkage to Care

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<thead>
<tr>
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<th>Years 1-3</th>
<th>Years 4-5</th>
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<tbody>
<tr>
<td># Tested</td>
<td>607,570</td>
<td>415,718</td>
</tr>
<tr>
<td>Newly Diagnosed</td>
<td>1,731</td>
<td>606</td>
</tr>
<tr>
<td># New HIV+ Linked†</td>
<td>1,323</td>
<td>497</td>
</tr>
<tr>
<td>% New HIV+ Linked†</td>
<td>76%</td>
<td>82%</td>
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† New positive by self report
Montefiore Routine Testing

- 2010 NYS HIV Testing Law
  - Mandated routine offer of HCT in HC settings
  - Galvanized commitment to routine testing from highest level of MMC
  - HIV Testing Taskforce led by Medical Director

- MMC-wide Roll out of Routine HIV Testing
  - Sector-specific plans: ED, OPD, INPT
  - Modifications to sectors’ workflow
  - EMR Changes
  - Communications campaign: providers & patients
LESSONS LEARNED

• Strong leadership commitment with clearly defined expectations and accountability are key

• Involve the staff who will be expected to offer HIV testing in the Implementation Planning phase

• Modify policies and protocols to reflect new work flow

• Utilize technology (EMR) to facilitate routine offer

• Ensure that all staff are trained in the new systems

• Streamlined counselling significantly increases HIV testing by providers and counsellors and uptake by patients

• Ongoing efforts needed to sustain increases in routine testing