

Issues Surrounding Routine HIV Testing Implementation



New Emphasis on Prevention and Testing

- o Responding to the continued pace of new infections, CDC issued “Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings” in September 2006
- o Prevention and testing remain significant concerns for HIV providers
- o AAHIVM strongly supports the expansion of HIV testing to identify new infections and link new positives into care
- o The Academy works with CDC and others on ways to expand rapid testing and widespread HIV screening

Routine HIV Testing Advisory Panel Meeting

- **AAHIVM and American Medical Association co-convened advisory panel meeting (October 16, 2006) to discuss implementation of routine HIV testing guidelines**

- **Participating organizations include:**
 - **American Academy of Family Physicians**
 - **American Academy of Pediatrics**
 - **American College of Emergency Physicians**
 - **American College of Obstetricians and Gynecologists**
 - **American College of Physicians**
 - **America's Health Insurance Plans**
 - **American Hospital Association/HRET**
 - **Council of State Governments**
 - **HIV Medicine Association**
 - **National Association of Social Workers**
 - **National Medical Association**
 - **Society of General Internal Medicine**

Identifying the Issues

- Panel addressed several major issues related to routinized HIV testing, including:
 - Developing and disseminating tools and resources to assist health care providers;
 - Identifying other organizations that could be instrumental to the implementation process; and
 - Devising next steps for creating an ongoing process to support routine HIV testing in all health care settings
- Panel formed six working groups to address implementation specifics

Policy

Corrections

Educational
Materials

Ensuring
Follow-up

Reimbursement

Scientific Review
And Evaluation
Studies



Policy / State-by-State Advocacy Workgroup

- **Developing strategies to address the legislative/regulatory barriers to implementing the recommendations at the state and local level.**
- **Pursuing advocacy work at the state level to implement the recommendations.**
- **Identifying potential liability issues for health care providers (e.g., failure to offer testing, failure to notify partners).**

HIV Clinician Workforce/Capacity Survey*

- **851 total respondents (48% ID, 24% IM, 17% family meds, 3% pediatrics, 1% OB/GYN, 7% Other)**
- **Nearly 40% had difficulty hiring or retaining staff in the last year**
- **Of those, 70% viewed this as more difficult than five years ago**
- **Pay scale/reimbursement is #1 reason (72%)**
- **Avg waiting time for new appointments:**
 - 2-4 weeks (32%);**
 - 4 weeks or longer (14%)**

***Raw data -- still being analyzed**

Educational/Implementation Materials Workgroup

- **Identifying and assessing the utility of existing resources (for providers, patients, and to guide implementation).**
- **Identifying informational gaps and additional partner organizations that may be interested in supporting the development of materials.**
- **Determining strategies for dissemination of tools and/or making them accessible to providers (e.g., website, clearinghouse).**
- **Determining strategies for “marketing” routine HIV testing to the general public and to providers.**

Reimbursement/Quality Initiatives Workgroup

- Raising with appropriate parties the need for adequate reimbursement for both testing and related counseling.
- Exploring strategies to reduce cost burden, especially for rapid tests (e.g., shifting testing resources from other venues).
- Developing strategies to inform providers on how to get reimbursed (e.g., publicizing CPT codes).
- Linking our efforts to broader health care improvement initiatives.

Corrections Workgroup

- **Working in conjunction with CDC to develop strategies for implementing routine testing in correctional settings.**
- **Identifying best practices for screening in correctional facilities.**
- **Assisting with CDC pamphlet on identifying challenges to routine testing in correctional settings and how to overcome them.**

Ensuring Follow-up to Testing Workgroup

- **Developing materials for providers (referral steps, how to identify treatment providers).**
 - “Find a provider” at www.aahivm.org
- **Identifying models that improve referrals and linkage to care services.**
- **Identifying strategies for disseminating materials.**

Scientific Review and Evaluation Studies Workgroup

- **Identifying strategies to disseminate existing research that supports the recommendations to providers.**
- **Developing possible evaluation studies of implementation models (e.g. pre-testing, disclosure, and referral protocols).**



To join workgroups and/or AAHIVM:

Brian Hujdich

Interim Executive Director

brian@aahivm.org

Greg Smiley

Director of Public Policy

greg@aahivm.org