State Health Department Efforts to Increase HIV Testing

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CDC Funding Support of HIV Testing Recommendations from September 2006

- PS 07-768 – Funding to encourage routine, opt-out HIV testing in healthcare/clinical settings as allowed by state law. Allocation determined by number of African American AIDS cases.

- PS 10-10138 – Continuation of 07-768 with change in allocation to include number of Latino AIDS cases as well and required focus on sustainability.

- PS 12-1201 Category B – Continuation of 10-10138 with five years of funding and folded into CDC HIV Prevention base grant for State Health Departments.
## HIV Screening in Three California Emergency Departments 07-768

### 3 Bay Area Emergency Departments ($723,00/year)

<table>
<thead>
<tr>
<th>Hospital Type</th>
<th>Visits/Year (2008)</th>
<th>Type of HIV Screening</th>
<th>Type of Test / Processing Location</th>
<th>HIV Screening Goal (3 years)</th>
<th>HIV Screening Actual (3 years)</th>
<th>HIV Positivity</th>
<th>New HIV Positivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda County Medical Center - Highland Hospital</td>
<td>Public</td>
<td>70,279</td>
<td>Opt-out at admissions / HIV tester</td>
<td>Orasure - Oral / POC</td>
<td>36,000</td>
<td>28,353</td>
<td>0.55%</td>
</tr>
<tr>
<td>Alta Bates Regional Medical Center - Summit Hospital</td>
<td>Private/Non-Profit</td>
<td>39,132</td>
<td>Offer by HIV tester to eligible patients</td>
<td>Orasure - Oral / POC</td>
<td>36,000</td>
<td>23,571</td>
<td>0.44%</td>
</tr>
<tr>
<td>San Francisco General Hospital</td>
<td>Public</td>
<td>21,678</td>
<td>Targeted offer by Attending ED Provider based on symptoms, demographics</td>
<td>Trinity / Lab</td>
<td>18,000</td>
<td>6,155</td>
<td>2.57%</td>
</tr>
</tbody>
</table>
CA eliminated written consent for HIV testing in healthcare settings in Jan 2008 making routine, opt-out testing possible.

- 7768 Emergency Department integrated rapid HIV testing into their settings.
  - Tested three models
  - Met 75% of testing goals
Successes (cont’d.)

- Better understanding of hospital billing that will assist with sustainability for PS 12-1201 Cat B.
- Increased training and technical assistance capacity
- Increased interest from other healthcare settings for HIV screening
Challenges and Lessons Learned

- Changing health care settings (HCS) / emergency departments (ED) culture is more difficult than changing the law.

- Vestiges of HIV exceptionalism
  - Provider concern about discussing HIV, sex, drug use with patients.
  - Medical provider concerns about providing HIV positive test results.
Challenges and Lessons Learned (cont’d.)

- Reliance on HIV testers and OA-provided HIV rapid test kits is problematic with declining and uncertain funding.
- Start up time in best case was 5 months from decision to start testing to first test (worst case, 11 months)
Challenges and Lessons Learned (cont’d.)

- Rapid HIV testing is not always the best testing methodology.
- Conventional testing is appropriate and considerably cheaper in settings that have long term relationships with their clients, i.e. community health clinics.
  - It can also work in EDs, i.e. Santa Clara Valley Medical Center, UC Davis Medical Center and Houston hospitals.
Challenges and Lessons Learned (cont’d.)

- Rapid HIV testing can be useful diagnostically in EDs

- Concerns about reimbursement strategies create barriers to implementation
Expanded HIV Testing in Healthcare Settings

- PS 12-1201 Category B - $2.2 million
  - Does not include Los Angeles or San Francisco which receive their own 12-1201 Cat B funding

- Used RFA to choose 5 Grantees that represent:
  - 4 counties (55% of living HIV/AIDS cases in California Project Area (CPA))
  - 1 ED
  - 8 jail sites
  - 8 Planned Parenthood clinics
  - 65 community health clinics (all FQHCs)
Expected Numbers of HIV Tests

- PS07-768 Funding $730,000 = Avg of 19,300 HIV tests per year.

- PS12-1201 Cat B = 59,500 HIV tests

Funding can be used for:
  - Coordination at state, LHJ, local and facility level

Funding cannot be used for:
  - HIV test kits, HIV testing personnel
Reimbursement for HIV Testing in Healthcare Settings / California

- Statute requires private health insurers to reimburse for routine HIV screening regardless of diagnosis
  - Does not include MediCal (Medicaid)
- Concerns about implementation without assurance of reimbursement
  - Uninsured patients charged for HIV test
  - Experiment with submission to determine what will be paid.
New York – Evaluating healthcare settings’ use of Medicaid reimbursement to increase HIV testing.

Houston, TX – Providing lab analyzers to hospitals for HIV testing of all blood draws.
### ACTUAL YTD YEAR TWO TESTING
September 29, 2008 through August 30, 2009

<table>
<thead>
<tr>
<th>AGENCY</th>
<th>TESTS</th>
<th>NEW (+)S</th>
<th>PRE (+)S</th>
<th>+ RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCHD-BTGH</td>
<td>28,656</td>
<td>178</td>
<td>346</td>
<td>1.83%</td>
</tr>
<tr>
<td>HCHD-LBJ</td>
<td>7,283</td>
<td>65</td>
<td>84</td>
<td>2.05%</td>
</tr>
<tr>
<td>LEGACY 215</td>
<td>1,446</td>
<td>66</td>
<td>17</td>
<td>5.74%</td>
</tr>
<tr>
<td>LEGACY LYONS</td>
<td>1,072</td>
<td>57</td>
<td>9</td>
<td>6.16%</td>
</tr>
<tr>
<td>MEM-HER - TMC</td>
<td>13,227</td>
<td>112</td>
<td>214</td>
<td>2.46%</td>
</tr>
<tr>
<td>MEM-HER - SW</td>
<td>614</td>
<td>11</td>
<td>2</td>
<td>2.12%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>52,298</td>
<td>489</td>
<td>672</td>
<td>2.22%</td>
</tr>
</tbody>
</table>

Realizing a 3.92% opt-out rate
Cost Analysis – Per HIV Test
Houston/Harris County, Texas
June 2008 – September 2009

Cost Per HIV Test in Dollars
Number of HIV Tests

Month and Year

Cost Per HIV Test in Dollars
Number of HIV Tests Conducted

Jun-08 Jul-08 Aug-08 Sep-08 Oct-08 Nov-08 Dec-08 Jan-09 Feb-09 Mar-09 Apr-09 May-09 Jun-09 Jul-09 Aug-09 Sep-09