



**THE AIDS INSTITUTE**

# Paying for Routine HIV Testing

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# Why Reimbursement is Important

- Estimated 21 percent, or 231,000 people who are living with HIV do not know it
- CDC recommended routine HIV testing in 2006
- Reimbursement has been a barrier to implementation

# Presentation Outline

- Examine the Current State of Reimbursement & Opportunities for the Future
- Health Care Reform
- National HIV/AIDS Strategy



# Payers of HIV Testing

- CDC Appropriated Dollars
- Private Insurance
- Medicaid
- Medicare

# US Preventive Services Task Force

- Sponsored by Agency for Healthcare Research and Quality (AHRQ)
- Leading independent panel of private-sector experts in prevention and primary care
- Conducts rigorous, impartial assessments of scientific evidence for effectiveness of clinical preventive services, including screening, counseling, and preventive medications

# US Preventive Services Task Force

- Recommendations are considered the "gold standard" for clinical preventive services
- Key to coverage determinations, particularly in health reform implementation

# July 2005 Review

- Strongly recommends that clinicians screen for HIV in all adolescents and adults at increased risk for HIV infection.
- Grade A Recommendation

# July 2005 Review

- Recommends that clinicians screen all pregnant women for HIV
- Grade A Recommendation



# July 2005 Review

- No recommendation for or against routinely screening for HIV adolescents and adults who are not at increased risk for HIV infection
- Grade C Recommendation
- Reconfirmed in 2007

# Clinical Considerations

A person is considered at increased risk for HIV infection (and thus should be offered HIV testing) if he or she reports 1 or more individual risk factors or receives health care in a high-prevalence or high-risk clinical setting

# Persons at higher risk for HIV infection

- Those seeking treatment for STDs;
- Men who have had sex with men;
- Past or present injection drug users;
- Persons who exchange sex for money or drugs, and their sex partners;
- Persons who request a test;
- Women and men whose past or present sex partners were HIV-infected, bisexual individuals, or injection drug users;
- Persons with a history of transfusion between 1978 and 1985;
- Persons who themselves or whose sex partners have had more than one sex partner since their most recent HIV test.

# High Risk Settings

- High-risk settings include STD clinics, correctional facilities, homeless shelters, tuberculosis clinics, clinics serving men who have sex with men, and adolescent health clinics with a high prevalence of STDs
- High-prevalence settings are defined by the CDC as those known to have a 1% or greater prevalence of infection

# 2007 Focused Evidence Update by USPSTF

- Found insufficient evidence to change the main conclusions of our 2005 evidence synthesis.
- Specifically, the 2005 evidence synthesis found no direct evidence on the effects of HIV screening on clinical outcomes.
- There remains no direct evidence on benefits of screening for HIV infection in the general population

# Time for Another Review?

- Many new studies since 2007
  - Cost effectiveness of routine testing in lower prevalence areas
  - Clinical benefits improved, treatment recommendations changed
  - New studies on reduced transmission when treatment begins
  - New perceptions on the absence of harm of routine testing
- Begin process to review in late 2010

# Health Reform

- Includes Prevention, not just care and treatment
- Coverage for Preventive Services
  - Primarily for Grade A & B Services
- Should be able to Greatly Expand HIV Testing
  - But not routine testing

# National HIV/AIDS Strategy

- Acknowledges High Number of Undiagnosed, prevention benefits of knowing status, and late diagnoses
- Goal: by 2015, increase from 79 percent to 90 percent the percentage of people living with HIV who know their serostatus (from 948,000 to 1,080,000)



# National HIV/AIDS Strategy

- Lack of detail on how that will be achieved
  - Mention of CDC Routine Testing Recommendations
- Major focus on targeting resources on populations and areas most affected by HIV
- Agency Implementation Plans Due December 2010

# National HIV/AIDS Strategy

- Cross Agency collaboration and coordination key
- HIV Reimbursement Workgroup will offer suggestions
- CDC officials have stated in order to achieve goals, must implement routine HIV testing
- Paying for those tests will be critical



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**THANK YOU**

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