## Panel #1

**Test and Treat/Routine Screening in Health Care Settings**

<table>
<thead>
<tr>
<th>Jeffrey Beal, M.D, A.A.H.I.V.S.</th>
<th>Statewide Expansion of Test and Treat</th>
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<tbody>
<tr>
<td>Medical Director, HIV/AIDS Section</td>
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<tr>
<th>Mara Michniewicz, M.P.H.</th>
<th>Routine HIV Screening in Health Care Settings</th>
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<td>Prevention Program Manager</td>
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<tr>
<th>Kira Villamizar, M.P.H.</th>
<th>Local Area Highlight: Results from Miami-Dade County’s Test and Treat Pilot Program and Updates on Current Progress (Area 11A)</th>
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<tbody>
<tr>
<td>PCPG DOH Co-Chair</td>
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<tr>
<td>Area 11A HIV/AIDS Program Coordinator</td>
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State of Florida Integrated Plan: Objectives and Strategies

• Objectives: 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 3.1, 3.2, 3.3, and 3.4

Florida’s Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths and What’s new in HIV

Jeffrey A. Beal, MD
HIV/AIDS Section, Medical Director

The Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Communicable Diseases
HIV/AIDS Section
Prepared by HIV/AIDS Medical Section April 2017
CROI 2017 CDC Data: US New HIV Infections Decline 18%
Florida Test and Treat Program
Discussion of Medication Options (30 day starter packs)

- Dolutegravir + tenofovir alafenamide/emtricitabine (Tivicay®/Descovy®).
- Darunavir/cobicistat + tenofovir alafenamide/emtricitabine (Prezcobix®/Descovy®).
- Elvitegravir + tenofovir alafenamide + emtricitabine + cobicistat (Genvoya®).

Assess Readiness to accept treatment
   Lab → case management/education → follow up
Florida’s Test and Treat Initiative

• 1st phase launch in Eligible Metropolitan Areas (EMA’s) and County Health Department (CHD) clinics that have an on-site HIV care and treatment program
  ▪ All CHD’s welcome to participate (Family Planning; STD)

• 2nd phase expansion to CHD contracted community HIV clinics

• Test and Treat guidance available to all clinics

• Goal – reduce time from HIV diagnosis or returning to care to initiation of cART and achievement of an undetectable HIV viral load.
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Florida’s Plan to Eliminate HIV Transmission and Reduce HIV-related Deaths

Four Key Components

• Test and rapid access to treatment (Test and Treat)
• Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) initiatives
• **Routine HIV and sexually transmitted disease (STD) screening in health care settings/targeted testing in non-health care settings**
• Community outreach, engagement, and messaging

<table>
<thead>
<tr>
<th>CDC PS-12-1201 HIV Prevention Grant</th>
<th>Total Tests</th>
<th>All Positives (% seropositivity)</th>
<th>New Positives (% seropositivity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Categories A(^1) and B(^2), Health Care and Non-Health Care Settings</td>
<td>1,918,054</td>
<td>19,424 (1.01%)</td>
<td>12,177 (0.64%)</td>
</tr>
<tr>
<td>Categories A and B, Health Care Settings Only</td>
<td>1,347,237</td>
<td>11,675 (0.87%)</td>
<td>6,621 (0.50%)</td>
</tr>
<tr>
<td>Category B, Health Care Settings</td>
<td>469,353</td>
<td>2,922 (0.62%)</td>
<td>1,719 (0.37%)</td>
</tr>
<tr>
<td>Category B, Non-Health Care Settings</td>
<td>252,474</td>
<td>1,744 (0.69%)</td>
<td>1,236 (0.49%)</td>
</tr>
</tbody>
</table>

\(^1\) Category A- Core Prevention

\(^2\) Category B- Expanded Testing Initiative (ETI), Health Care and Non-Health Care Settings
Policy Change:
Section 381.004, Florida Statutes, Opt-Out HIV Screening Notification

Notify patient, verbally or in writing, that:
• The test is planned
• They have the right to decline
• Positive HIV test result will be reported to the Florida Department of Health (FDOH)
• Availability and location of anonymous HIV testing
Section 381.004, Florida Statutes
Examples of Notification

- Signage
- Patient brochure
- Information on HIV screening in general medical consent
- Verbally inform the patient that an HIV test will be performed

HIV testing is included in our routine lab work provided during your health care visit.

As recommended by the U.S. Centers of Disease Control and Prevention (CDC) in its 2006 Revised Recommendations for HIV Testing and as provided for in Florida Statute 381.004(2)(a)(1).

Division of Disease Control and Health Protection
Training and Capacity Building

• Dissemination of routine HIV screening recommendations
  • Department of Health and external providers

• Monthly billing and reimbursement calls (health department and community providers)

• AIDS Education and Training Center (AETC) webinars, updated billing guides
Training and Capacity Building, continued

• Dissemination of perinatal HIV prevention materials through detailing by CHDs to local birthing hospitals, labor and delivery units

• Plans for Dear Colleague letter to address Florida’s HIV/STD testing laws for pregnant women
  • Address HIV/STD screening in 1st and 3rd trimesters
  • Collaboration with STD and Viral Hepatitis Section (congenital syphilis)
Billing and Reimbursement

• Coordination with DOH Public Health Laboratory and Health Management System (HMS) staff
  • DH1628 HIV testing data collection form and processes
  • Public Health Laboratory billing and data collection processes; FDOH HMS Billing Specialist
Public/Private Partnerships

• Collaboration with Gilead’s Frontlines of Communities in the United States (FOCUS) initiative

• Partnership with FOCUS through embedded/on-call health department linkage/re-engagement specialists and disease intervention specialists (DIS)
Public/Private Partnerships, continued

- Currently, 8 Florida FOCUS sites implementing routine, opt-out HIV/HCV screening; includes 3 hospitals and 5 community health centers

- To date, Florida FOCUS partners have conducted over 67,063 HIV (1.3% seropositivity) and 44,688 HCV tests (3.5% seropositivity)
Public/Private Partnerships, continued

Current FOCUS Partners:

1. Borinquen Medical Centers of Miami (3 locations)
2. Care Resource/Community AIDS Resource (3 locations in Miami, 1 location in Ft. Lauderdale)
3. Homestead Hospital
4. Tampa General Hospital
5. Metro Health, Wellness and Community (Tampa and St. Petersburg)
6. Genesis Community Health (Boynton Beach and Boca Raton)
7. Jackson Memorial Hospital (Miami)
8. FoundCare (West Palm Beach)
Public/Private Partnerships, continued

• Plans to expand FOCUS sites to other locations

• Lessons learned from CDC PS14-1410 (Partnerships for Care [P4C]) demonstration project
  • Collaborations with community health centers to implement routine HIV screening
Contact Information

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Test and Treat Miami

A collaborative project between:

- FDOH Miami-Dade County
- Jackson Memorial Hospital / Jackson Health System
- South Florida AIDS Network and
- University of Miami Miller School of Medicine- Special Immunology

Kira Villamizar, BS, MPH
David Rigg, MA, CAP
Eligibility for Test and Treat

- Newly diagnosed, acute or recent infection.
- Or previously diagnosed within past 6 months and no history of treatment.
- Or a chronic infection with no prior history of ART.
Referral and Linkage Process

Before TNT
- Pt. tests for HIV
- Returns in 10 days for results.
- Referred to provider agency.
- Case management appointment given 2 weeks (or more) away.
- Case manager assesses for financial eligibility & ADAP; refers to Doctor; appointment given for 2 weeks (or more) away.
- Doctor orders labs, patient is scheduled for return appointment in 2 weeks.
- Doctor writes script at return appt.
- Pt. takes script to pharmacy.

After TNT
- Pt. tests for HIV; preliminary results positive.
- Pt accepts Test and Treat.
- Pt. is escorted to case management agency where eligibility is established.
- Pt. is seen by doctor and labs done.
- Doctor writes script.
- Medical case manager escorts Pt. to on site pharmacy to obtain 30 day supply of medication.

Up to 3 months < 7 days (most same or next day)
PTs recruited from FDOH clinics and Field Testing

Alert notification emailed to the TNT Team

PT is escorted to SFAN and meets MCM. Eligibility for RW services

PT receives financial assessment and receives Jackson Card and PT number

During next 30 days PT works with MCM toward obtaining ART on long term basis and developing the Care Plan

MCM takes PT to Jackson Pharmacy and PT receives 30 day supply of ART.

Doctor provides physical exam writes prescription and gives to PT

PT Navigator arranges for patient to see the doctor and get labs.
**Indicators**

**Viral Suppression:**
Avg. 58 days - From baseline to 1st undetectable VL <200 copies/ml. Range: 14 - 179 days

38 of 50 Pts. Suppressed

10 waiting for 2nd VL.

2 not suppressed but show decreasing VL.

**Retention Rate:**
97%

**Rapid Test to Script:** 9 days

**Script to Dispense:** 2 days

**SFAN to Provider:** 1 day

**FDOH to SFAN:** 3 days

5 acute cases identified (10%) and now have suppressed viral load.
**Demographics**

**Patients**

- # Enrolled: 50
  - New: 48
  - Previous: 02

- Lost to F/U: 1

- Avg Time in Care: 193 Days
  (From 1st visit through 5/1/17. Ranging from 4 to 425 days)

- Viral Suppression: 38
- Waiting for 2nd VL: 10
**Successes**

- Finding cases with Partner notification.
- 5 acute cases identified and now with suppressed viral load.
- Viral suppression in patients.
- Reduced time from test to ARVs.
- Patient retention.
- Expanded to include all FDOH clinic testing sites (TB, Family Planning, Refugee Assistance Program) and DIS field testing
- Reducing time frames from start of project.
Successes (cont’d)

Female Patient

- Presented for STD check
- New diagnosis
- Enrolled day of test
- Admitted to hospital with CD4 of 2 and Viral Load close to 7 million
- Dx with CMV retinitis
- Pt has stayed in treatment, VL continues to decrease. Most recent VL was 48,000 and expected to continue to decrease.

Couple

- Partner 1 tested at local urgent care center; results were positive
- He was referred to FDOH-STD clinic
- He brought his boyfriend of 1 year with him to also be tested. His test was also positive.
- Both had tested negative the year before.
- Both were enrolled in Test and Treat and today have undetectable viral loads.
Challenges

- **Time:**
  - Process basically takes 3 - 6 hours; Some patients not prepared to spend extra time and need to request time from work or to take time on the next day off.
  - If patient comes late in the afternoon, there is not enough time to complete the visit and the patient must return the following day or even following week.

- **Meals:** depending on when patient has appointment - lunch break is needed

- **Tracking:** Use of multiple databases required to get the necessary information
  - HARS
  - PRISM
  - HMS
  - CareWare (FDOH & SFAN)
  - CaseWatch
  - Cerner

  This is time consuming when trying to gather information

- Co-morbid conditions.

- Documenting pharmacy medication pick-ups

- As number of patients increases - so does the time to track them.

- Planning for the TNT patient is complicated by not being able to predict how many patients will be newly diagnosed at any given time and on what days. We average between 15 and 20 newly diagnosed positives per quarter in our STD unit.
Next Steps

- Expansion
  - In partnership with Ryan White Part A
    - Borinquen Health Center - July 1, 2017
    - Jackson Memorial Hospital ER/ SFAN - July 1, 2017
    - Other FQHCs
    - Other Hospitals

- Monitoring
  - Refining data gathering methods
Questions/ Discussion