HIV for PCAs Office Hours Series

Office Hours 2: Routine HIV Screening (December 18, 2014)

Faculty

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Key Points

- **CDC has recommended routine HIV screening for adults 13-64 since 2006.** Over time, the message of HIV/AIDS advocates transitioned from "Silence = Death" to "Silence = Infection", meaning that now, when people who are HIV+ are not diagnosed, there is a missed opportunity for people to change their behaviors, reduce their viral load, or otherwise reduce the likelihood of transmitting their infection to other people. The CDC guidelines, National HIV/AIDS Strategy, and USPSTF recommendations all reflect the recommended role of primary care providers in breaking this silence: providing routine HIV screening for patients.
- **Integrating routine HIV screening results in improved patient health outcomes and reduced costs**. Later diagnosis of HIV means people are sicker and more people are sick than would be in the case of earlier diagnosis. There are many missed opportunities for people to know their status. Newer 4th generation HIV tests can identify HIV positivity as early as 14 days from infection. Routine HIV screening supports health and well-being of both the patient and the patient population and can reduce costs to the healthcare system.
- **The Texas Model**. Texas Department of State Health Services (DSHS) supports routine HIV screening as an integrated clinical service that is treated as any other diagnostic test provided at the health center. Through some of their programs, the Texas DSHS provides training and technical assistance as well as reimbursement for routine HIV screening.
- **Critical components of a successful screening system.** Staff training (including the clinical and front desk team members), champions who can lead the change, supportive EHR workflows, communication to patients prior to and after screening, data report cards, integration into the QI plan, and partnerships within and outside of the health center are all key components of a system that routinely screens patients 13-64 for HIV.

Takeaways

- *Normalization is key*. Consider routine HIV screening as any other screening; for example, colorectal cancer screening. "Hardwire" routine screening into the primary care model. Identify and use codes for reimbursement; negotiate rates with the lab; replicate systems that support screening in the workflow; to the extent your state laws allow, provide results for HIV screening as you would for other screenings.
- *Communication is vital*. This includes providers and nurses communicating to the patient that routine HIV screening is provided (not "offered") at the health center as well as health center leadership communicating to staff the what, why, and how of routine HIV screening. Routine screening can also reveal to a provider a patient's HIV+ status; if the patient feels well, or if the patient hasn't been directly asked about their HIV status, they may not otherwise reveal it.
- *EHR and data are critical*. In order for routine HIV screening to occur, the health center's EHR must be designed to accurately prompt providers and capture data. Provider report cards on clinical metrics can identify areas for improvement in the system. With the new UDS measures regarding HIV, data capture and reporting will be critical.

Additional Resources

- CDC HIV Screening Recommendation
- USPSTF HIV Screening Recommendation
- Compendium of State HIV Testing Laws (UCSF)
- Routine HIV Screening model (NACHC)
- Taking Routine Histories of Sexual Health: A System-wide Approach for Health Centers (NLGBTHEC/NACHC)
- Partnerships between FQHCs and Local Health Departments for Engaging in the Development of a Community-Based System of Care (NACHC)
- Texas Department of State Health Services HIV Resources
- Coding guide for routine HIV testing in health care settings (AMA, AAHIVM) (Not updated to include 4th gen)

Questions? For more information, contact Ashley Barrington at abarrington@nachc.com