



EXPANDED TESTING PROJECT DSHS

- 49,614 HIV tests performed
- 556 confirmed positives
- 1.1% positivity rate

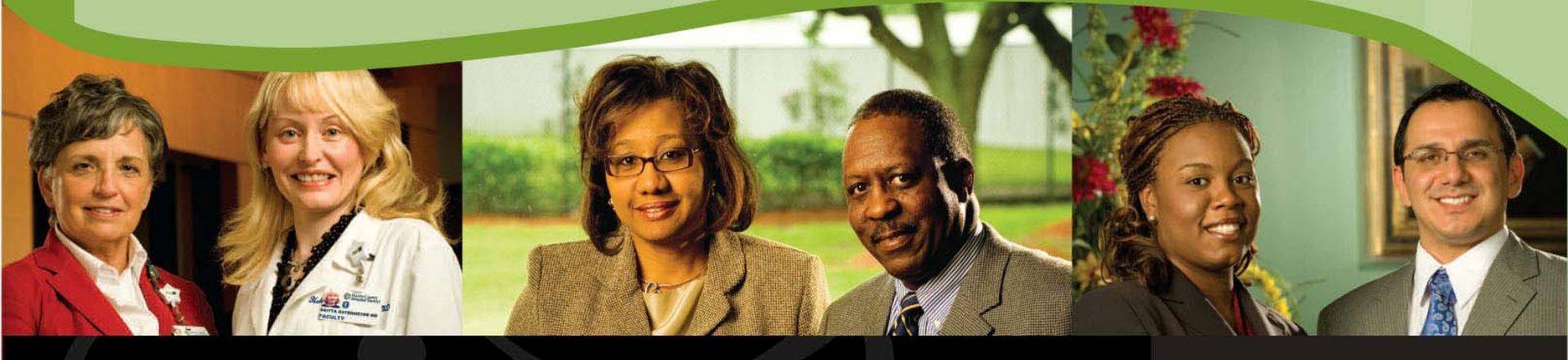
October 1, 2008 – July 31, 2009



HOUSTON ROUTINE, OPT-OUT HIV SCREENING PROJECT

- 48,039 HIV tests performed
- 556 confirmed positives
- .92% positivity rate

October 1, 2008 – September 31, 2009



Essential Elements of a Routine Screening for HIV Program

Ken Malone, Project Coordinator

Michael Ruggerio, Operations Manager



Who Are We?

Harris County Hospital District

- **Ben Taub General Hospital**
- **Lyndon B. Johnson General Hospital**
- **Quentin Mease Community Hospital**
- **13 Community Health Centers**

Emergency Centers

- **Ben Taub General Hospital**
Level 1 Trauma Center
86,904 Unduplicated EC Visits
- **Lyndon B. Johnson General Hospital**
Level 3 Trauma Center
63,743 Unduplicated EC Visits

Thomas Street Health Center

A Freestanding HIV/AIDS Treatment Facility

- 4,800 unduplicated patients per year
- Primary Care
- Endocrinology
- Hepatitis Clinic
- Comprehensive Women's Care
- Case Management
- Full Pharmacy
- Chemotherapy
- Dermatology
- IV therapy
- Pentamidine clinic
- Physical rehabilitation
- Extensive HIV health education curriculum

Why Are We Screening?

56,000

**New HIV Cases Annually
(Nationally)**

Why Are We Screening?

Public Health Benefit

- **25% of people infected do not know their status**
- **That 25% responsible for 52% of new infections**
- **Almost half of new HIV positive diagnoses progress to AIDS within 12 months**

Why Are We Screening? Public Health

- **An analysis of patients in our EC during year 1 showed they visited the EC an average of 4.5 times in the prior year without receiving an HIV test**

Why Are We Screening?

Cost Effectiveness

- Patients using the EC for primary healthcare can be referred to our Thomas Street Health center and covered under appropriate funding
- Research shows - preventative healthcare is always more cost effective

Why Are We Screening?

Enhanced Care

- Our newly diagnosed population of 177 had an average T-Cell count of 180
- Recent data shows that a patient entering treatment with 200 or less T-Cells has a 5 year reduction in life expectancy compared to a patient who enters treatment with at least 300 T-Cells.
- Identifying patients earlier in their disease could result in prolonged life

Why Are We Screening? Clinical Benefit

- **Diagnosis via expanded screening expedites access to appropriate treatment and improves the quality of care for infected patients**

Why Are We Screening? CDC Recommendations

- **In 2006, the CDC recommended that HIV screening should be a routine part of care in all healthcare settings**

Make Your Case

- **Public Health Benefit**
- **Cost Effectiveness**
- **Enhanced Care**
- **Clinical Benefit**
- **CDC Said So!**

Legal Considerations

- **Consult State Laws**
- **Review Hospital / Organization policies**
- **Review Hospital / Organization Consent for Services Document(s)**
- **<http://www.nccc.ucsf.edu>**

Do We Have Your Attention?



Key Players

- **Assemble a Steering Committee which reflects all the key disciplines to be involved – secure high-ranking staff**
 - Administration
 - EC Medical Director
 - Lab Services
 - Admissions
 - Nursing Services
 - Corporate Communications
- **Identify a champion for the project**

Our Approach

Structured Phased Approach

- **Began with one EC**
- **All patients 18 - 64 already receiving blood draw**
- **Expanded to second EC**
- Will expand to Urgent Care area(s) & pedi
- Will expand to Community Health Centers
- Will expand to non-blood draw patients

Testing Options

- **Rapid testing – oral swab**
- **Rapid testing – finger stick**
- **Conventional testing – ELISA / WB**

Testing Options

Challenges

- **Rapid testing is expensive compared to conventional test**
- **Rapid test requires large investment of staff time per test**
- **Positive rapid test requires confirmatory test processed through offsite lab**
- **Conventional testing - takes too long to receive results – patients are lost**

Testing Options Solutions

- HCHD is utilizing conventional Chemiluminescence testing as a rapid test
- Specimens are batched and run every hour providing a two-hour turnaround
- Make sure you have involvement from your Lab expert(s)

Testing Options

Benefits

- Chemi-luminescence testing as a rapid test has resulted in cost avoidance of \$194,280 over 10 months

<u>Test</u>	<u>Unit Cost</u>	<u># of Tests</u>	<u>Total</u>
OraQuick	\$ 11.50	25,904	\$ 297,896
C-L	4.00	25,904	\$ <u>103,616</u>
Cost Avoidance			\$ 194,280

Testing Options

Benefits

- Preliminary results are received and available for presentation to patient within 2 hours – most patients are still onsite
- If patients leave the EC – Service Linkage Workers collect names and make contact
- Right or wrong, public perception is that a blood test is more reliable
- Tests are batched – no need for staff to perform individual, labor-intensive tests

Required Staff

- **Admissions Staff – initial notice of screening (Opt-Out Form presented)**
- **EC Nursing – conducts blood draws**
- **Service Linkage Staff – delivers (+) results and links or reconnects patients into appropriate care**

Staff Training

- **EC Staff - Train, train, and re-train!**
Anticipate the need for multiple trainings due to rotation of fellows and multiple shifts of hospital personnel
- **Reminder notices in staff areas to screen patients**
- **Service Linkage and appropriate counseling training for staff designated to deliver test results**
- **Doughnuts are essential!**

Informed Consent

- **State of Texas allows for an Opt-Out screening program with verbal notification**
- **Signage in appropriate areas of facility notifying patient of screening**
- **Opt-Out document**
- **Notice of possible HIV screening is covered in General Consent for Service document**

Delivering Results

- HIV + results are sent from the Lab to our Service Linkage Workers (SLW)
- SLW locates patient and delivers results, provides post test counseling and links patient into care
- Patients who have left or are discharged are contacted and asked to come in – test results are not given over the phone
- Those we are unable to contact are handed over to the City of Houston DIS for locating

Linking to Care

- Trained staff to deliver results and assist patients with accessing care services
- Standardized techniques of delivery of results – Ex: Protocol Based Counseling and Motivational Interviewing are essential
- SLW follows patient until linkage to care occurs

Ben Taub General Hospital Routine Universal Screening for HIV Current Stats through 08/04/09

■ Total Tested:	26,112
■ New Positives:	177
■ Existing Positives:	329
■ Opt Outs:	132

* All but 18 new positives linked into care

Can I Go Now?



What about the Legal Issues?

Jenny McFarlane, B.A.

Test Texas Coalition Meeting
September 2009

The Status Quo

- Has brought us a long way, but we are currently stalled
- Late diagnosis is frequent, especially of socio-economically disadvantaged persons
- Numerous missed opportunities for earlier diagnosis, treatment, and prevention

We miss opportunities to diagnose HIV earlier by testing only those who say they have risks or symptoms for HIV infection

- 4,315 reported HIV cases in South Carolina between 2001-2005
 - 3,157 (73%) made 20,271 health-care visits prior to their first positive HIV test
- Diagnosis codes at 15,648 (77%) of prior visits would not have prompted an HIV test

MMWR 55:47, December 1, 2006

Attitudes, Opinions, Knowledge, and Experience

Kaiser Family Foundation
2009 Survey of Americans on HIV/AIDS: Summary of
finding on the Domestic Epidemic

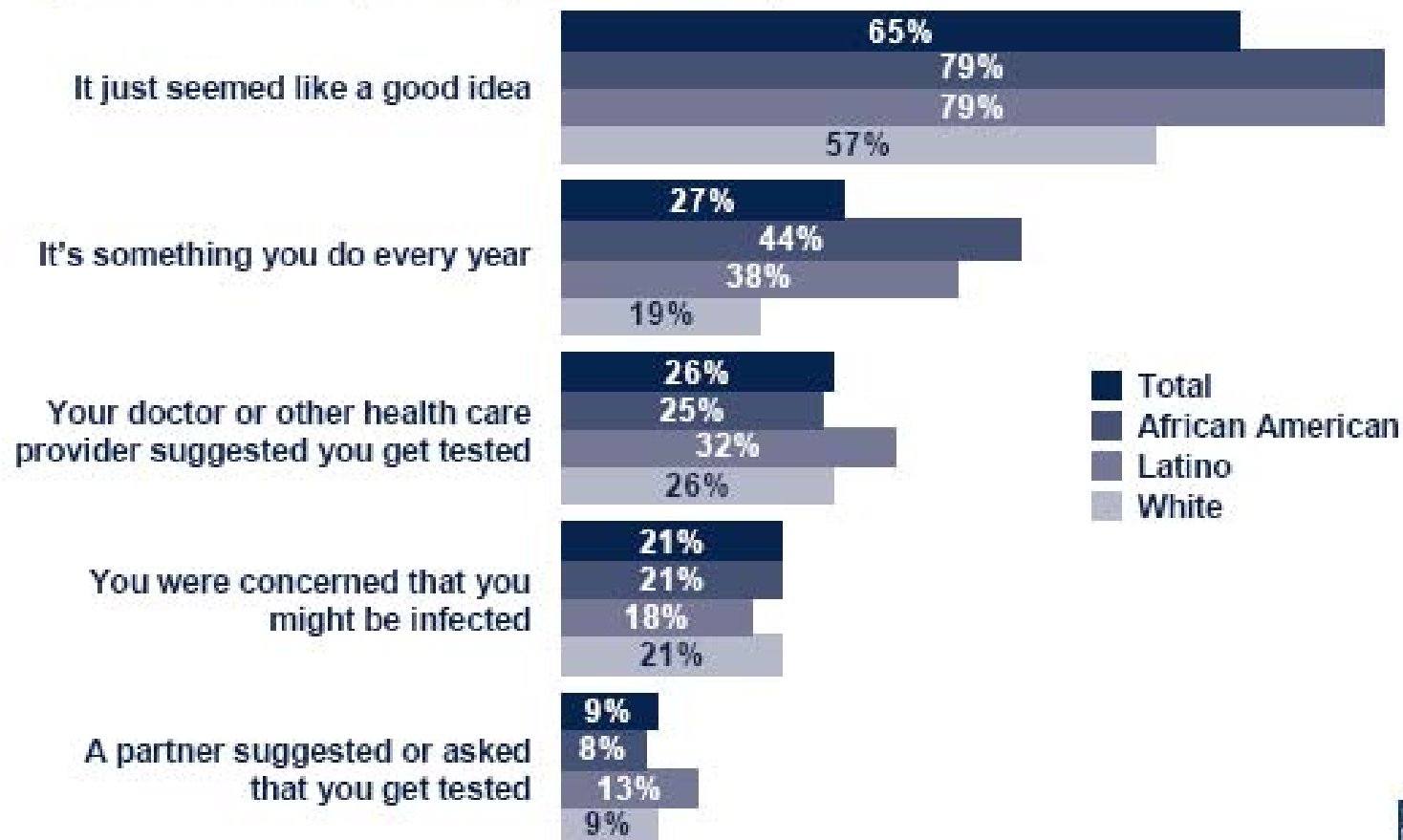
<http://www.kff.org/kaiserpolls/posr042809pkg.cfm>

Acceptance

- 69% say that their peers would not think differently about them if they knew they had been tested for HIV.
- This has slightly increased from 2006 at 62%
- Decline from the negative – people would think negatively 21% to 16%

Reported Reasons for Being Tested by Race/Ethnicity

Percent saying each of the following is a reason they got tested for HIV
(Among the 47% who report being tested for HIV)

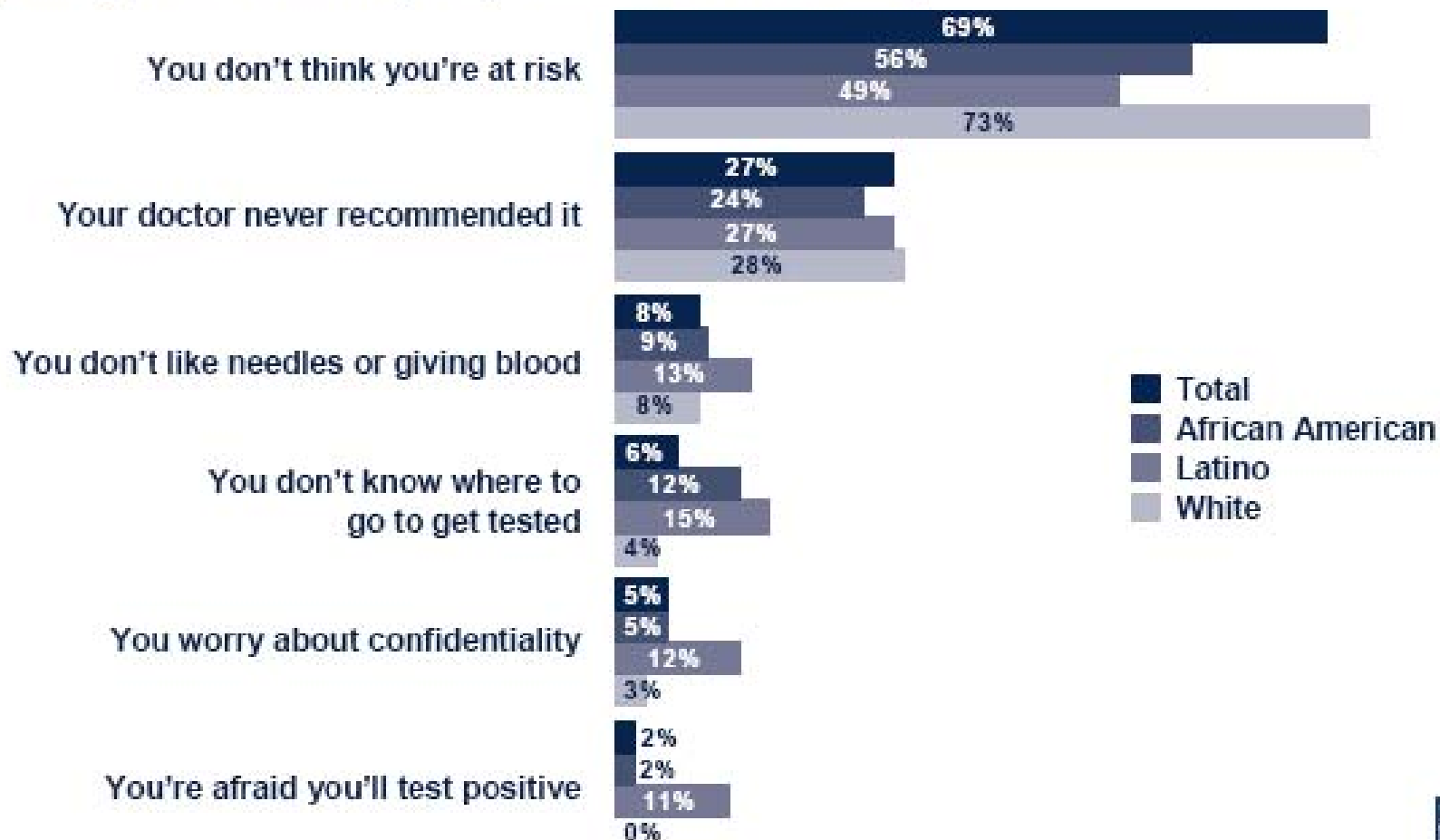


Source: Kaiser Family Foundation *Survey of Americans on HIV/AIDS* (conducted Jan. 26-March 8, 2009)



Reported Reasons for Not Being Tested by Race/Ethnicity

Percent saying each of the following is a reason they haven't been tested for HIV
(Among the 51% who say they have never been tested)



Source: Kaiser Family Foundation. Survey of Americans on HIV/AIDS (conducted Jan. 26-March 8, 2009)



What does Texas Law have to
say about it?

Texas Informed Consent Law

- Sec. 81.105. Informed Consent.
 - (a) Except as otherwise provided by law, a person may not perform a test designed to identify HIV antibody without first obtaining the informed consent of the person to be tested.

Texas General Consent Law

- Sec. 81.106. General Consent.
 - (a) A person who has signed a general consent form for the performance of medical tests is not required to also sign a specific consent form relating to medical tests to determine HIV infection that will be performed on the person during the time in which the general consent form is in effect.

HIV + Results

- **§ 81.109. COUNSELING REQUIRED FOR POSITIVE TEST RESULTS.**
- (a) A positive test result may not be revealed to the person tested without giving that person the immediate opportunity for individual, face-to-face post-test counseling about:
 - (1) the meaning of the test result;
 - (2) the possible need for additional testing;
 - (3) measures to prevent the transmission of HIV;
 - (4) the availability of appropriate health care services, including mental health care, and appropriate social and support services in the geographic area of the person's residence;
 - (5) the benefits of partner notification;
 - (6) the availability of partner notification programs.

Testing Minors

- Texas Family Code Sec. 32.003 allows a “child” to consent to “diagnosis.....of an infectious, contagious, or communicable disease that is required by law or rule to be reported by the licensed physician or dentist to a local health officer or the Texas Department of Health, including all diseases within the scope of Sec. 81.041, Health and Safety Code.”
- Texas Family Code Sec. 101.033(a): “Child” or “minor” means a person under 18 years of age, who is not and has not been married or who has not had the disabilities of minority removed for general purposes.

What is being done?

Texas HIV Expanded Testing Project

- DSHS Began October 1, 2008.
- CDC funded
- Provide technical assistance and guidance to support **Routine, Integrated and Sustainable** HIV testing in health care settings.

Performance

- Houston successes with 24/7 testing in ED labs
- Corrections and Community Clinic testing increasing
- EDs added in 2008 – 2009 are ramping up.

Summary

- There is an urgent need to increase the proportion of persons who are aware of their HIV-infection status
- Expanded, routine, voluntary, opt-out screening in health care settings is needed
- Such screening is cost-effective
- Revised recommendations: September 2006
- Several jurisdictions have already begun

What are the concerns?

- Negligence
- Cost
- Linkage to care
- _____
- _____
- _____
- _____



TEST TEXAS HIV COALITION QUARTERLY MEETING

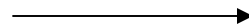
SEPTEMBER 22, 2009

AUSTIN, TEXAS



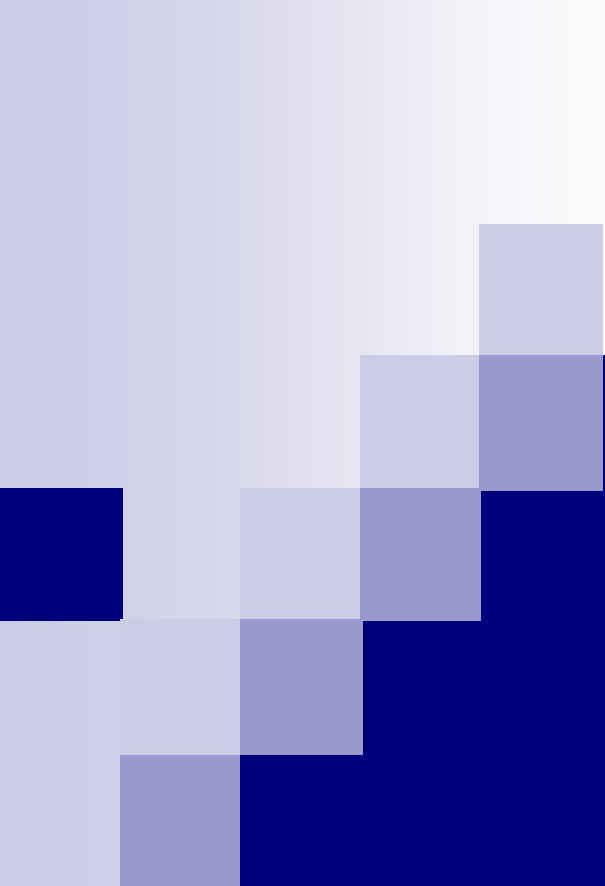


May 7, 2008



Sept 16, 2008

How it all began...



“Texas, a state where people know their HIV status free of stigma and with access to care.”

Test Texas
HIV Coalition
Vision

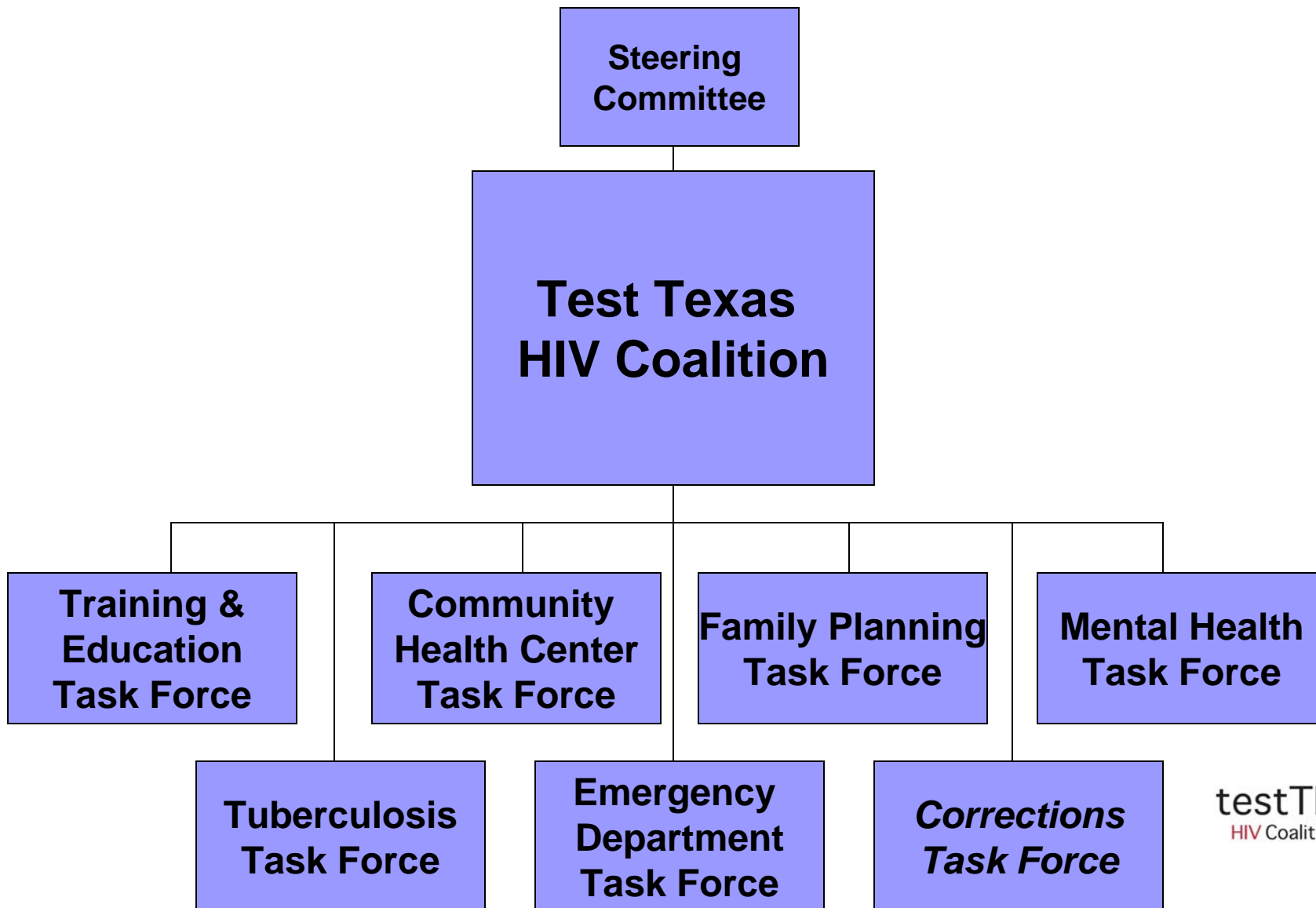


“To build the capacity of Texas health care providers to make HIV testing routine.”

Test Texas
HIV Coalition
Mission

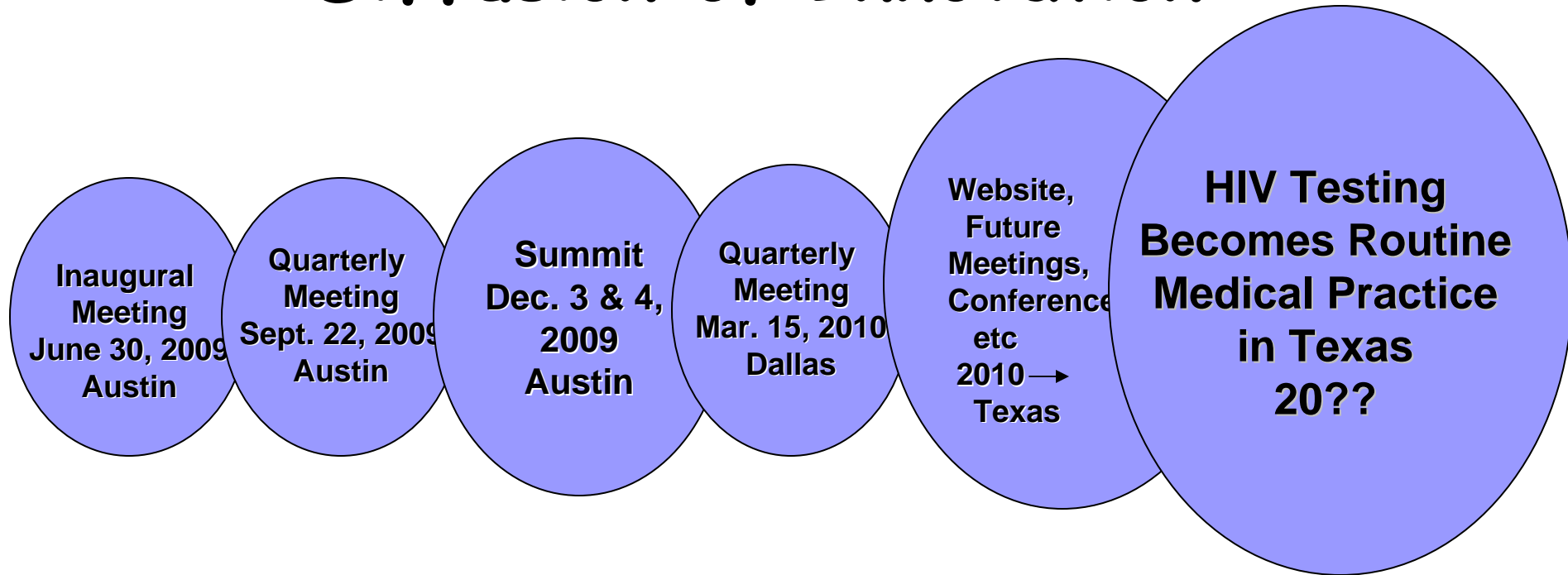


Test Texas HIV Coalition



TEST TEXAS HIV COALITION

"Diffusion of Innovation"

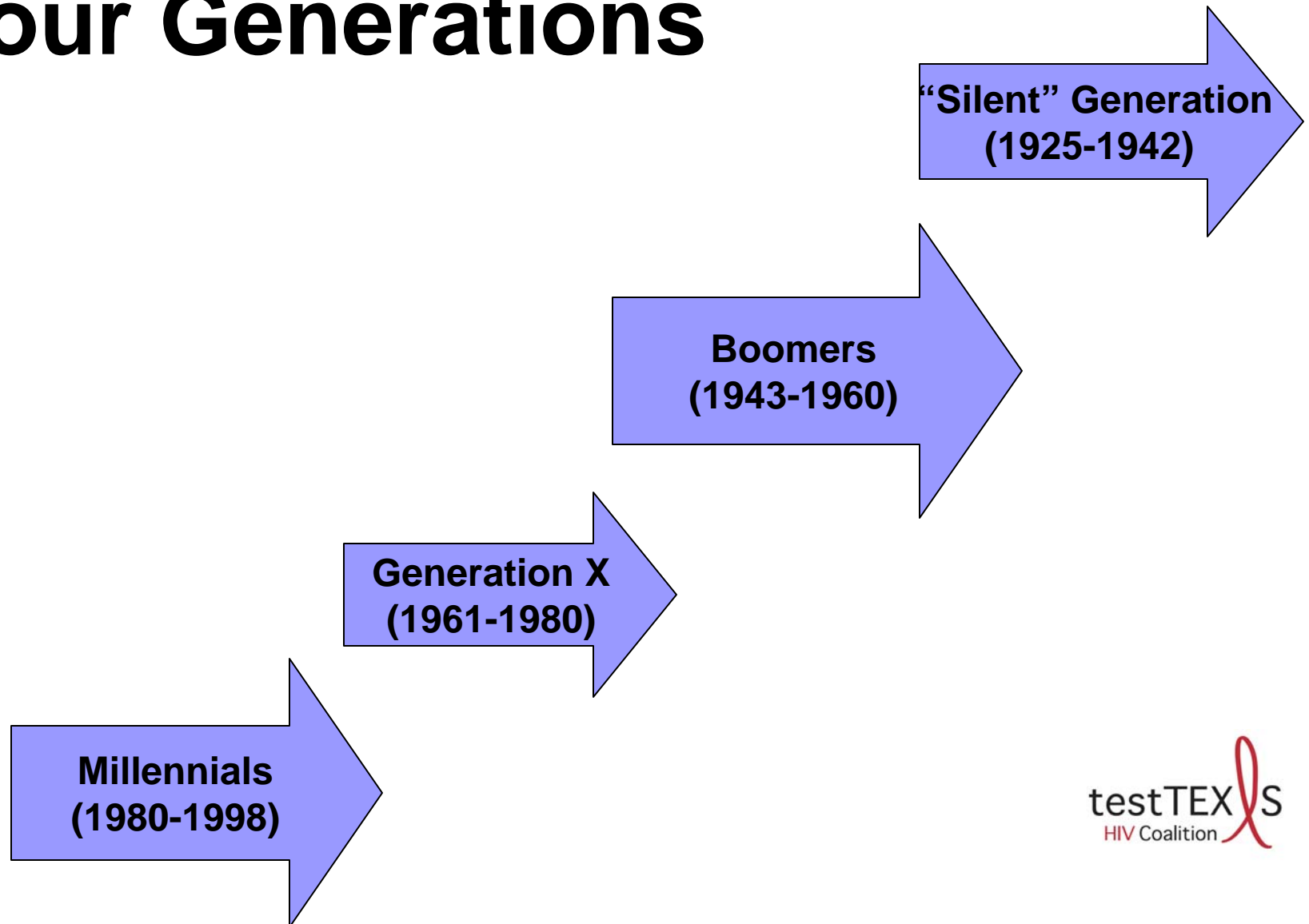


Innovators → Early Adopters → Early Majority → Late Majority → Laggards





Four Generations





Generations and technology

THE

21st CENTURY

PROJECT



	Boomers	Gen-X	Millennials
E-mail	A pain	Best way to communicate	Too slow
Instant messaging	Distraction	Good and quick	Like breathing
Text messaging	For kids	Good for short message	All day long
Mobile image messaging	What?	Novelty	Commonplace
PowerPoint	Useful, professional	Essential	Boring, not useful
Meetings	Essential	Important	Too formal, too slow
Search engines	Useful, but not trustworthy	Couldn't live without	Is there anything else?
Conference calls	Next best to a meeting	Routine	Doing something else while "listening"

Informed consent

Purpose of informed consent is to inform the patient of the risks and benefits of the procedure to be performed.

I) Capacity

The patient should have the cognitive ability to understand the risks and benefits of the procedure. This is always true no matter what other law applies. If the patient lacks the ability to understand, informed consent will not be effective. Capacity may be impaired for any number of reasons:

- A) Alcohol or Drug use
- B) Mental illness
- C) Age

II) Informed consent in special circumstances

A) Procedures required by the Health and Safety Code

- i. §81.050 “Mandatory Testing of Persons Suspected of Exposing Certain Other Persons to Reportable Diseases, Including HIV Infection”
- ii. §81.090 “Serologic Testing During Pregnancy”
- iii. §81.091 “Ophthalmia Neonatorum Prevention”
- iv. §§81.151 Court Ordered Treatment for Communicable Disease.

B) Minors. Note the general rule: Parents must consent for minors (Family Code §151.001(a)(6): “Rights and Duties of Parent”). A minor is defined as a person under 18 who has never been married. Minors may consent to their own treatment in certain circumstances:

- i. When they are on active military duty (Family Code §32.003(a)(1))
- ii. When they are “emancipated” (Family Code §32.003(a)(2))
 - 1. 16 or older
 - 2. living apart from parents
 - 3. managing their own financial affairs
- iii. unmarried and pregnant (Family Code §32.003(a)(4))
- iv. unmarried and consenting to treatment of own child (Family Code §32.003(a)(6))
- v. Diagnosis and Treatment of “reportable” diseases (Family Code §32.003(a)(3)). HIV and AIDS are reportable. They are uniquely so because they are made reportable by the legislature (all others are made reportable by rule.
- vi. Check Family Code for other situations where minor may consent.

C) Consent by Minors: Special Considerations.

- i. “Conflicting” consents. Parent vs Minor
- ii. Medical Records.
- iii. Written consent (Family Code §32.002) vs. documented consent (Health and Safety Code §81.105). Family Code provision requires “written consent” but this really applies to taking consent from another family member.