HIV Testing & Linkage to Care Services
Provider Guidance Webinar

March 10, 2014
Division of HIV/STD/HCV Prevention Presenters:
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Ron Massaroni, Director Data Management Unit
Objectives

1. Review goals for High Impact HIV Prevention (HIHP) and Targeted HIV Testing & Linkage to Care Services
2. Review CDC and DOH priorities and expectations for funded targeted HIV testing programs
3. Review HIV testing process and documentation requirements
4. Address questions regarding DOH priorities & expectations and the completion & submission of AIRS data
Vision for the National HIV/AIDS Strategy

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination”

http://www.whitehouse.gov/administration/eop/onap/nhas
High Impact Prevention

• CDC funds state, territorial, community based organizations and local health departments

• Focus of funding for States PS12-1201
  – 4 priorities: HIV testing, Condom distribution, Prevention with Positives, Policy initiatives
  – **Targeted testing:** Performing an HIV test for subpopulations of persons at higher risk, typically defined on the basis of behavior, or demographic characteristics

## What is High Risk?

<table>
<thead>
<tr>
<th>High Risk</th>
<th>Not Considered High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDU</td>
<td>Other risk</td>
</tr>
<tr>
<td>MSM</td>
<td>With person HIV unknown</td>
</tr>
<tr>
<td>Sex with Transgender</td>
<td>With anonymous partner</td>
</tr>
<tr>
<td>Sex with person who is IDU</td>
<td>With hemophiliac or blood trans</td>
</tr>
<tr>
<td>Sex in exchange for drugs/money</td>
<td>No risk ID</td>
</tr>
<tr>
<td>Sex while high or intoxicated</td>
<td>Not asked</td>
</tr>
<tr>
<td>Sex with person who is HIV positive</td>
<td></td>
</tr>
<tr>
<td>Sex with person who exchanges sex for drugs/money *</td>
<td></td>
</tr>
<tr>
<td>Sex with known MSM</td>
<td></td>
</tr>
</tbody>
</table>

*In AIRS as sex with person Exchange sex/money – Change will be reflected in a future AIRS update*
DOH Performance Indicators: Targeted HIV Testing & Linkage to Care Services

Minimum performance standards for CTR Programs:

• 75% of clients tested will be from high risk populations.

• 1.0% rate of newly identified HIV-positive tests at each funded site.

• 85% of persons who test positive for HIV receive their test results.

• 80% of persons who receive their HIV positive test results are linked to medical care and attend their first appointment within 90 days.

• 75% of persons who receive their HIV positive results are referred and linked to Partner Services within 30 days.

• 70% of HIV-positive clients who receive their test results are referred and linked to HIV prevention counseling within 30 days.
Key Components

• Individuals with a rapid reactive/preliminary positive HIV test result must have a confirmatory sample collected at the time of the preliminary result.

• Agencies must conduct activities to **actively** follow up with Clients to ensure they receive the confirmed test results (whether or not the client is referred to care for test delivery) and must document the outcome in AIRS.

• Confirmed HIV positive individuals must be:
  – Successfully linked to HIV Care/Evaluation/Treatment,
  – Referred to **HIV Prevention Counseling**, and,
  – **Active referral** and linkage to Partner Services.
Definitions

- **HIV Prevention Counseling:** Risk reduction conversation; Post test counseling with a risk reduction plan; Evidence Based Intervention
- **Active Referral:** The agency staff member has a discussion with the client about the referral services/agency and assists to set up the appointment by making the call for the client (HIPAA release required) or providing the client with detailed information on how they can independently make their own appointment

**Key Indicator Definitions:**
- **HIV Medical Care/ Evaluation/Treatment** - client attended a medical appointment within 90 days of receiving + result
- **Partner Services** - client met with partner services staff within 30 days of receiving + result
- **HIV Prevention Counseling** - client received prevention counseling within 30 days of receiving + result
Key Components (continued)

• The agency must complete and submit the Medical Provider Report Form DOH 4189 for confirmed positive clients.

• Agencies must collect all relevant program client level data in an accurate, complete and timely manner and submit to AIDS Institute as per data submission protocols (e.g., AIRS extract, monthly narrative report to contract manager);
AIRS DATA ENTRY FOR HIV TESTING & LINKAGE TO CARE
Test # 1- Rapid Reactive
(Preliminary Positive Test Result)

- HIV Confirmatory Test is the **required** referral for "rapid reactive" results in Test #1 - shaded in blue on the drop-down.
  - [950 – 020]

✓ Agencies making a HIV ‘Medical Care/ Evaluation/ Treatment’ referral after the "rapid reactive" result is provided can be recorded in Test Panel #1 OR #2. [950 – 100]
Test #2 Confirmatory Testing

- A confirmed HIV Positive record must show:
  - Results provided to the client (no matter who provided the test results) [Yes/no & Date]

- Required Referrals
  - HIV Medical Care/ Evaluation/ Treatment [950 – 100]
  - Partner Services [950 – 140]
  - HIV Prevention Counseling [950 – 030]

✓ Required referrals for confirmed HIV Positive results are shaded in green on the referrals drop-down list
Clients who are Confirmed HIV Positive

• An encounter record is required when a client is confirmed positive and results were provided to the client.

• The HIV positive test encounter record should indicate the following service was provided:

  1. Condoms provided to the client in this session also need to be recorded in the encounter record.
Clients who are Confirmed HIV Positive (continued)

- The HIV positive test encounter record should also indicate the following service was provided:

  2. “Completed and Submitted Provider Report PRF”. Service Code 122 (This refers to DOH form 4189.)
Referrals for Rapid Reactive and Confirmed HIV Positive

Referral verification is required for:
- HIV Medical Care/Evaluation/Treatment
- Partner Services
- HIV Prevention Counseling

To add Referral Verification:
1. Highlight the appropriate referral and Edit.
2. Enter the Date Service Verified and Status.

Valid Referral Verification 'Status' entries:
1. +01 Client Received Service
2. -01 Client Refused Service
3. -07 Lost to Follow-up *

Most users enter referrals when the positive results are entered in the Test #2 record and later update it through the Referral Tracking screen to add Referral Verification.
ERA CTR Positives Report

1. Login window with fields for User name and Password.
2. Report Library window showing options such as Agency Setup, Assessments, CAPC, Client Info, Client Services, Counseling and Testing, CTR Positive Tests, CTR Summary, Historical Information, and Session.
## ERA CTR Positives Report

### AIDS Institute Test Agency

**CTR Testing and Results Summary**

06/01/11 - 03/06/14

### Table: All Tests

<table>
<thead>
<tr>
<th>Program/Test Tech</th>
<th>Clients Tested</th>
<th>Total Tests</th>
<th>Total Positives</th>
<th>Confirmed Positives</th>
<th>Positives</th>
<th>Results Positives</th>
<th>New Positives</th>
<th>MC Referral Provided</th>
<th>MC Referral Completed</th>
<th>PS Referral Provided</th>
<th>Prev Referral Provided</th>
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</thead>
<tbody>
<tr>
<td>Everything Prog Svcs Forms</td>
<td>11</td>
<td>20</td>
<td>17</td>
<td>13</td>
<td>13</td>
<td>13</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Rapid</td>
<td>10</td>
<td>17</td>
<td>14</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>7</td>
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</tr>
<tr>
<td>Conventional</td>
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<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

[Click here to view positive tests](#)

### Positive Client Listing

**Everything Prog Svcs Forms**

| Client ID | Name               | Test Type | Test Date   | Confirmed Positive | New Positive | Got Results | MC Referral | MC Complete | PS Referral | Prev Referral |
|-----------|--------------------|-----------|-------------|--------------------|--------------|-------------|-------------|-------------|-------------|--------------|---------------|
| 1         | APPLE, EVE         | Rapid     | 9/26/11     | Confirmed          | Yes          | Yes         | No          | No          | No          | No           |
| 87446598756986 | Atlantic, Ocean | Rapid     | 10/17/11    | Confirmed          | Yes          | Yes         | No          | No          | No          | No           |
| 123456789 | Adams, Gomez      | Rapid     | 1/10/12     | Negative           | No           | Yes         | N/A         | N/A         | No          | N/A          |
| 16425     | Grant, Ginger     | Rapid     | 2/8/12      | Confirmed          | Yes          | Yes         | Yes         | Received Service | No          | No           |
| 123456789 | Adams, Gomez      | Rapid     | 2/9/12      | Confirmed          | Yes          | Yes         | No          | No          | No          | No           |
| 123456789 | Adams, Gomez      | Rapid     | 3/22/12     | Confirmed          | Yes          | Yes         | Yes         | Refused Service | Yes         | Yes          |
| 857467    | Austen, Jane      | Rapid     | 4/18/12     | No Test            | No           | No          | No          | No          | No          | No           |
| 123456789 | Adams, Gomez      | Conventional | 4/18/12 | Confirmed          | Yes          | Yes         | Yes         | No          | No          | No           |
Summary of Key Components for Targeted HIV Testing & Linkage to Care Programs

- Targeted Testing is a strategy – Agencies **must** tailor programs and have a plan to reach population at high risk as per funding expectations (e.g., MSM, high risk heterosexual, IDU)
  - Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Setting

- A client's individual HIV risk can only be determined from a risk screen via a one-on-one conversation with the client

- Individuals who test **negative**:
  1. Must be informed of the meaning of the test result
  2. That engage in high risk behaviors (regardless of status) are connected to prevention interventions and STD/HCV screening/education, as appropriate
  3. Provided appropriate retesting messages
Testing is only the entry point

- People with HIV are living longer and this can lead to an increase in new HIV infections if not in care
- Make sure people know their HIV status to reduce further transmission
- Increase agency efforts to keep individuals in care for treatment adherence with the ultimate goal of viral suppression
- Prevention Counseling and Partner Services (initial and ongoing) are essential interventions for HIV infected individuals
Next Steps: Quality Improvement

• Use data to plan and inform HIV testing program activities (e.g., ERA Reports)
• Assess current program outcomes; trends overtime
• Review policies and systems that support program activities to ensure they are current and accurate
• Review and conduct staff training
• Monitor and communicate frequently (e.g., agency and AI level)
• Request capacity building and technical assistance
  – Contract Managers
  – AIDS Institute Data Management Unit
Questions regarding the content of this webinar?

**Question and Answer Team:**
Mara San Antonio-Gaddy, AIDS Program Manager
Ron Massaroni, Director, Data Management Unit
April Richardson-Moore, AIDS Program Manager
Megan Johnson, AIDS Program Representative

Thank You!

Please email Ron Massaroni at rjm13@health.state.ny.us with additional webinar related questions.