

# **Update on State Health Department Recommendations and Promotion of Routine HIV Testing**

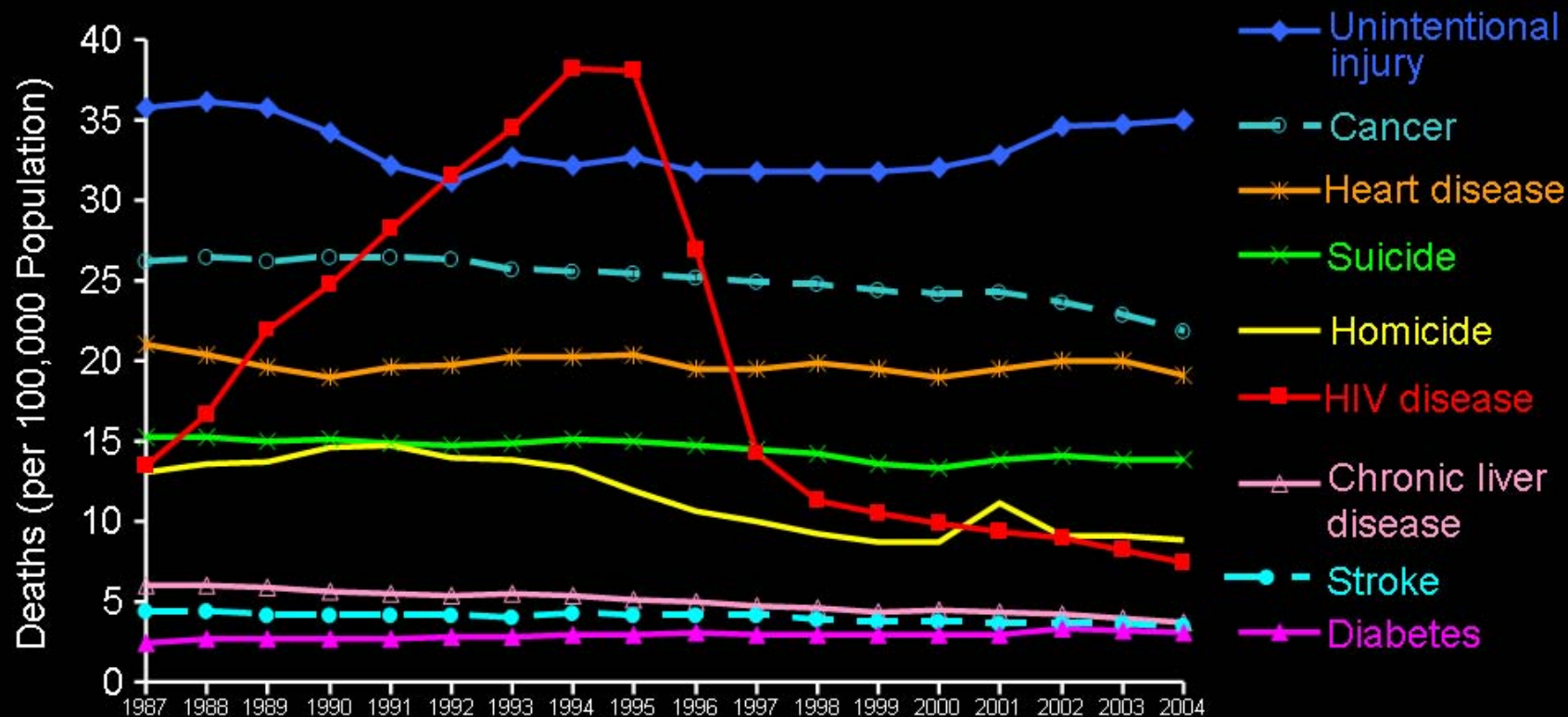
## **Putting the Pieces Together: Routinizing HIV Testing in New York City**

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New York State Department of Health  
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# Objectives

- Brief update on the current status of the HIV/AIDS epidemic in New York State
- Overview NYSDOH guidance and steps taken to promote HIV testing in all settings
- Highlight success of routine testing in medical settings

## Trends in Annual Rates of Death due to the 9 Leading Causes among Persons 25–44 Years Old, United States, 1987–2004



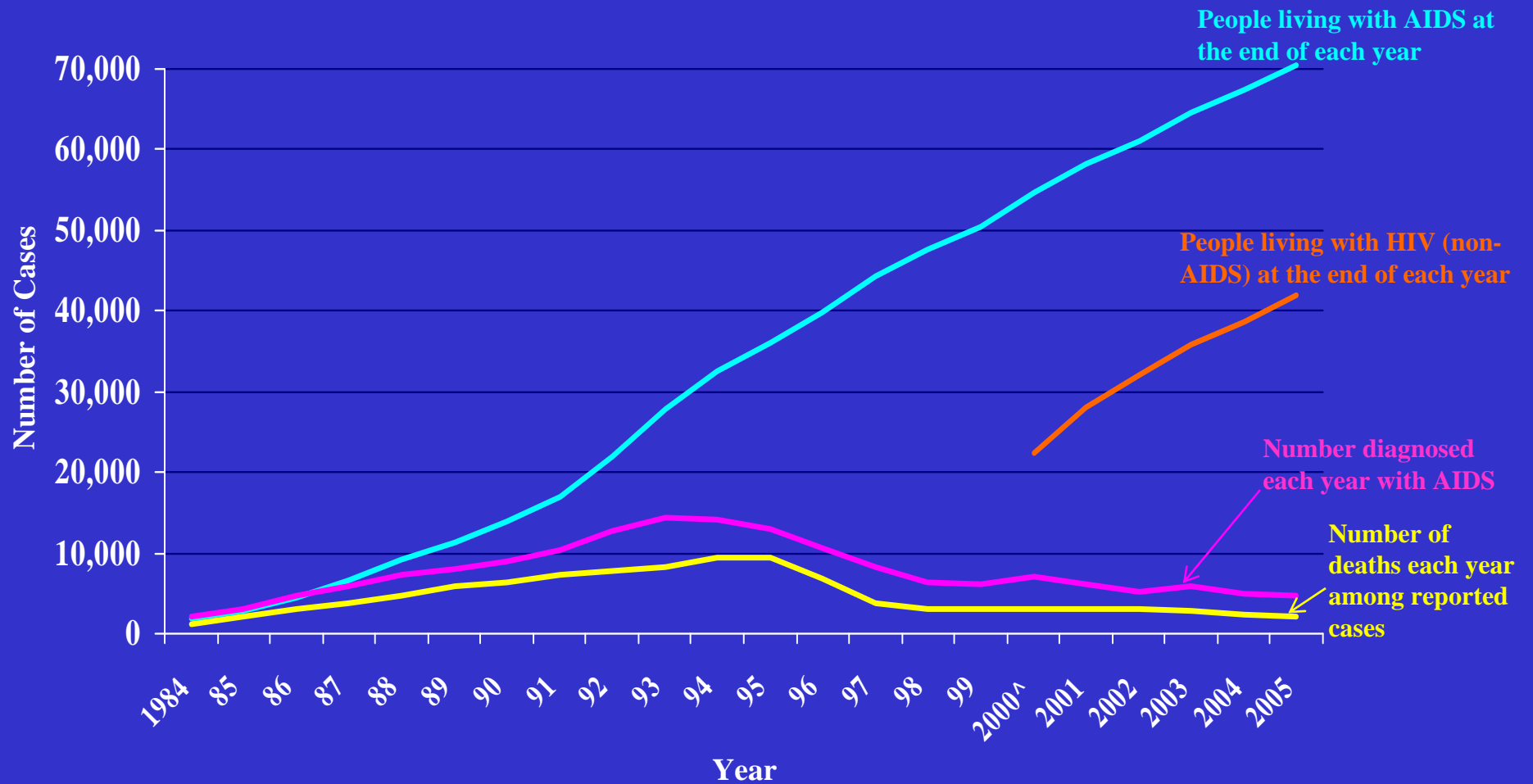
Note: For comparison with data for 1999 and later years, data for 1987–1998 were modified to account for ICD-10 rules instead of ICD-9 rules.



# Trends in HIV and AIDS Cases\*

## 1984 – 2005

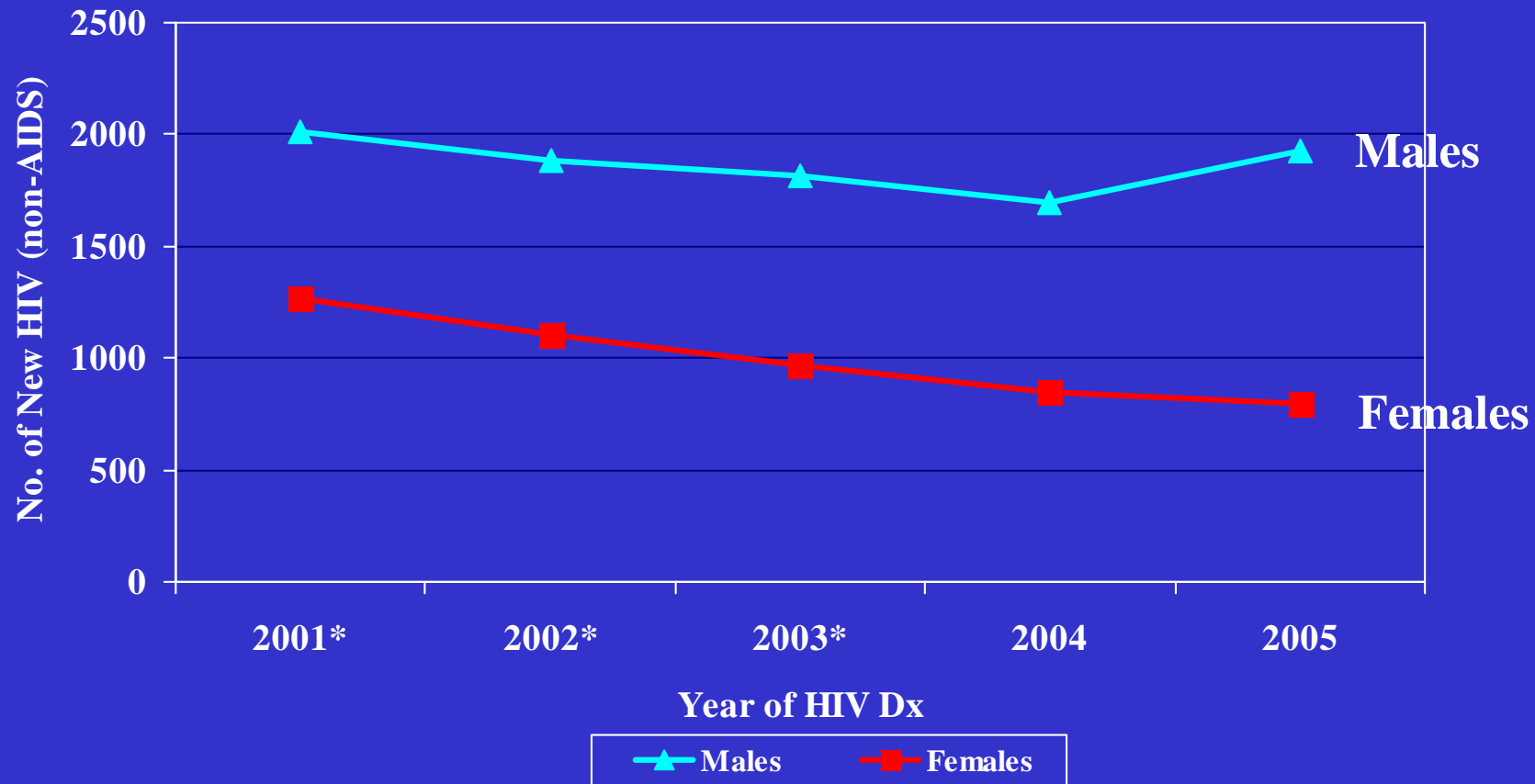
### New York State



\*Data as of February 2007

^ HIV named reporting began in NYS in 2000

# Trends in New HIV (non-AIDS) Diagnoses<sup>†</sup> by Gender and Year of Diagnosis New York State

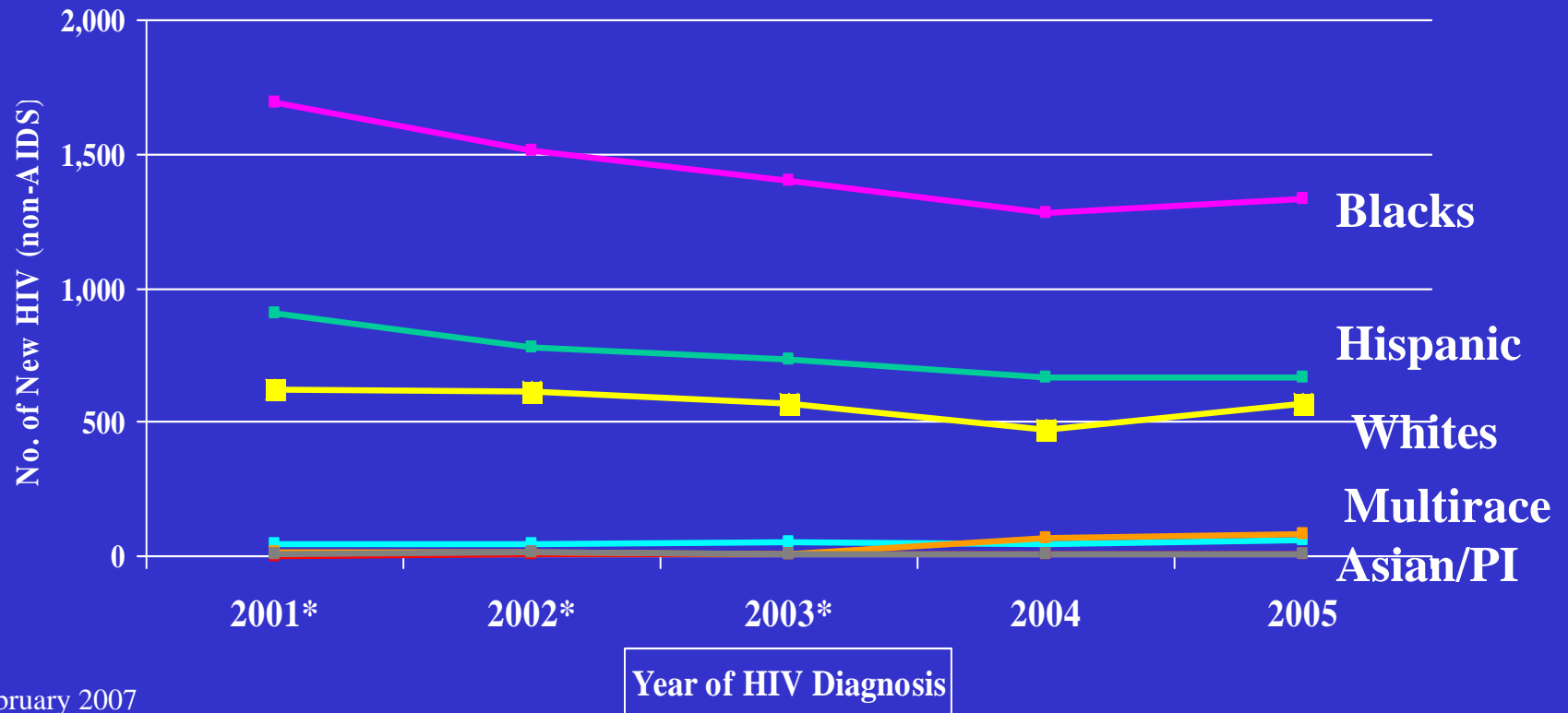


<sup>†</sup> Excludes Persons with HIV who Developed AIDS within 12 months after HIV diagnosis. Data as of February 2007

\* HIV reporting began in June, 2000; counts may be less reliable because the surveillance system was immature

# Trends in New HIV (non-AIDS) Diagnoses<sup>†</sup> by Race/Ethnicity and Year of Diagnosis

## New York State

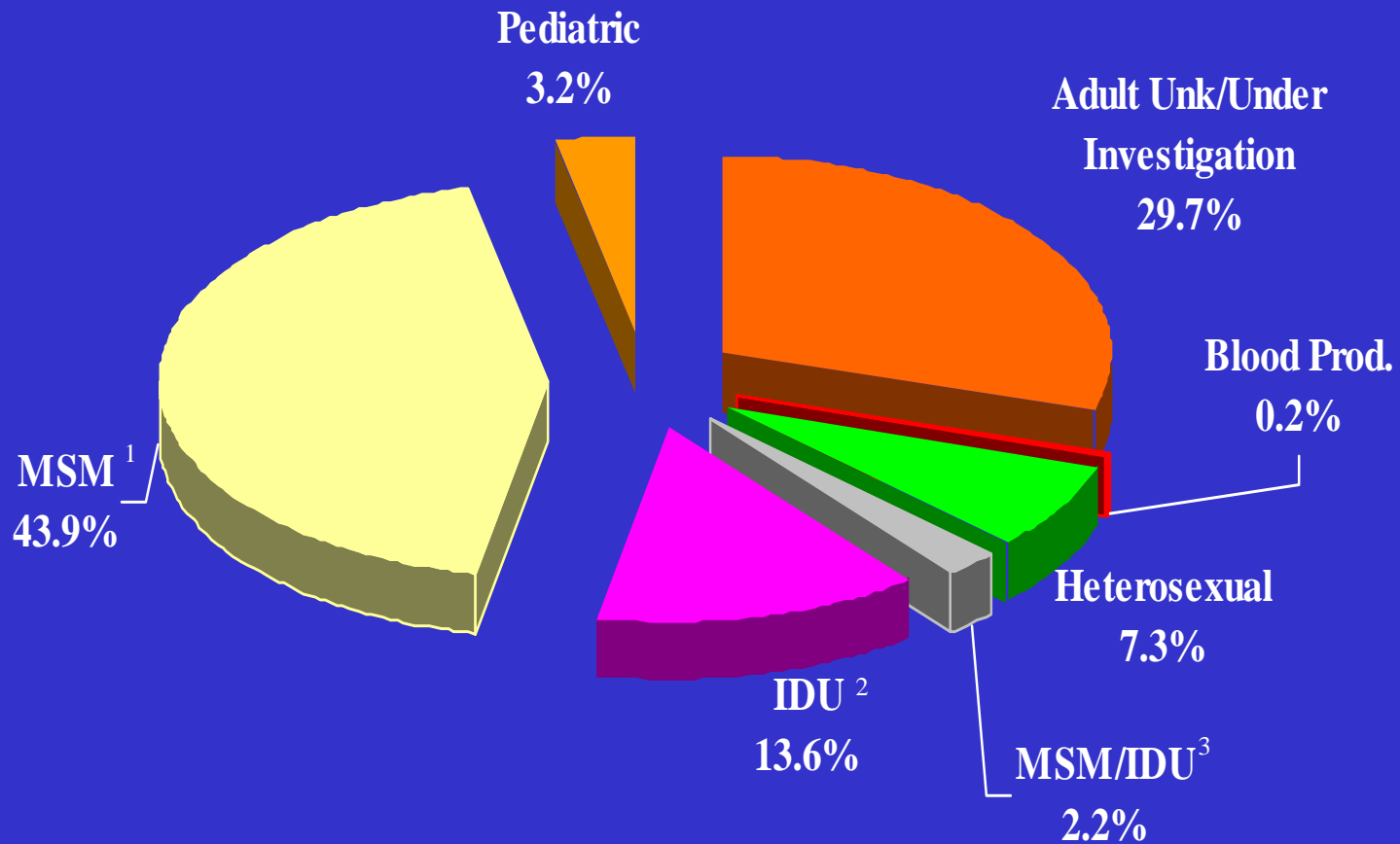


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# Living Male HIV Cases by Risk Diagnosed through December 2005\* New York State

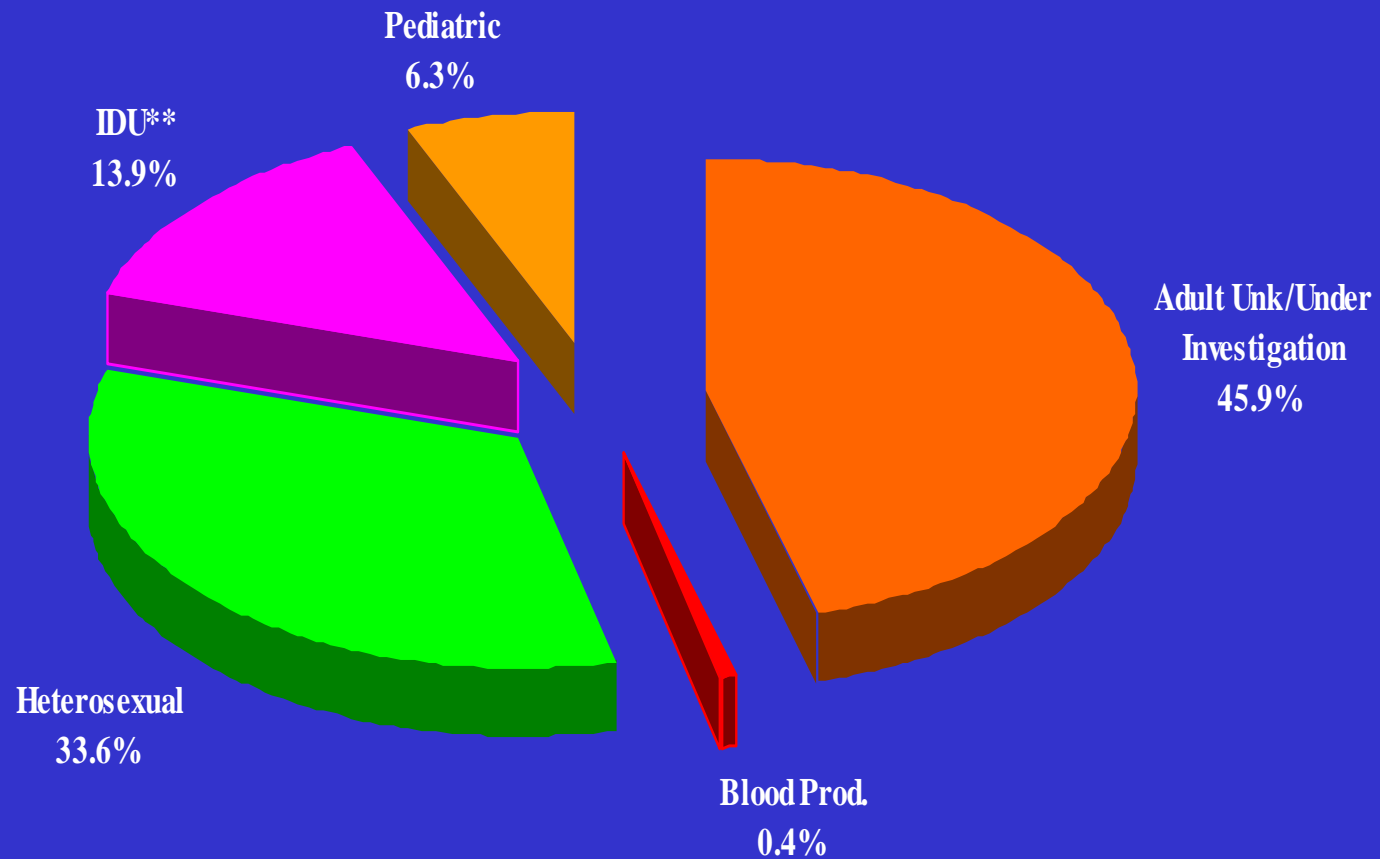


\*Data as of February 2007

1. MSM = men who have sex with men (this includes bisexual men) 2. IDU = injection drug users

3. MSM/IDU = men who have sex with men and inject drugs

# Living Female HIV Cases by Risk Diagnosed through December 2005\* New York State

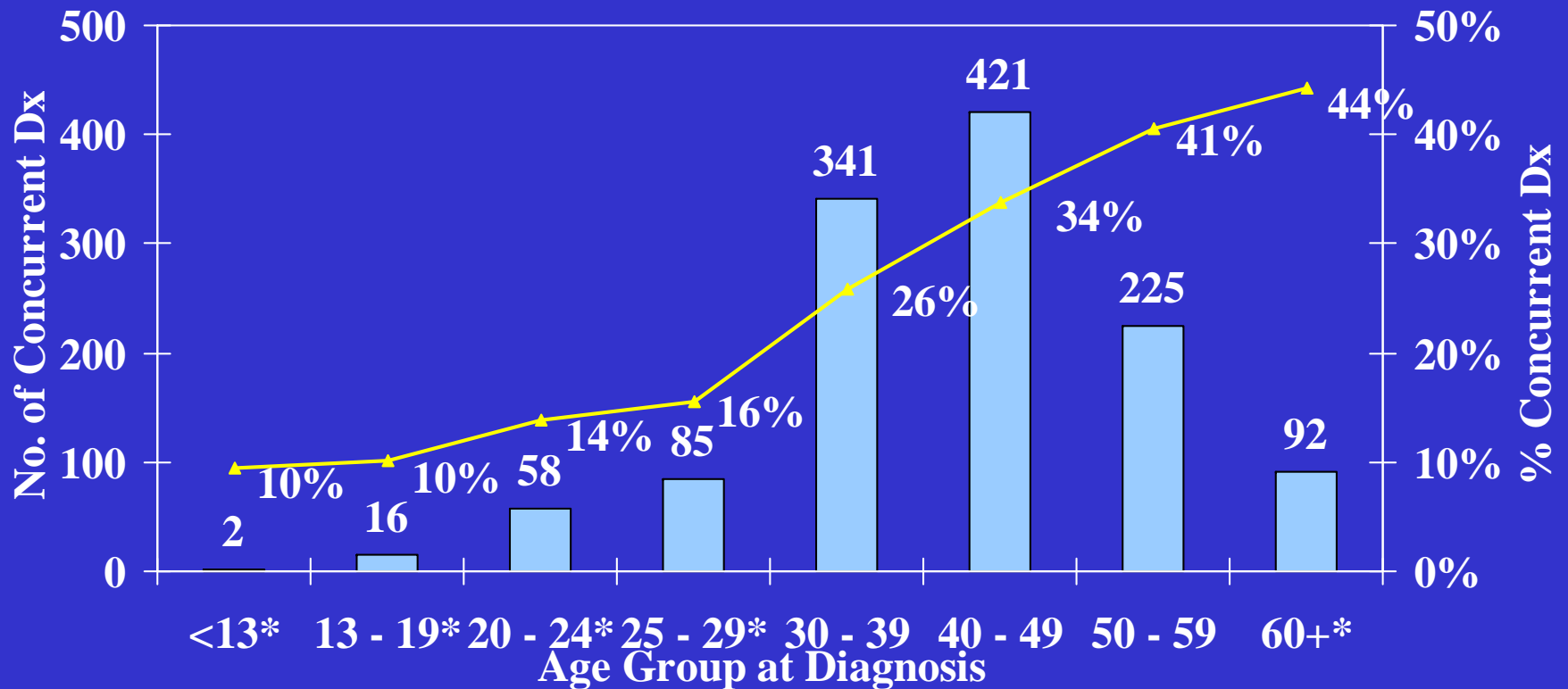


\*Data as of February 2007

\*\*IDU = Injection drug users

NYSDOH/BHAE

# New York State 2005: Number and Percent of Concurrent Diagnoses by Age Group\*



# Concurrent Dx    % Concurrent Dx

# Summary: Recent Trends in Gender/ Age

- Gender
  - Adult HIV diagnoses and living cases remain 70%/30% male/female
- Age
  - Continuing slow increase in the number of older cases among diagnoses and living cases
  - Most (60%) new HIV diagnoses are spread out evenly across the 30-49 age range.
  - A substantial proportion (17%) of new diagnoses and living cases (31%) are age 50 and over

# Recent Trends: Race/Ethnicity

- New diagnoses and living cases continue to be disproportionately Black (50%, 45%) and Hispanic (26%, 30%)
- The disparity is greater among females – Black women comprise around 60% of new female diagnoses and living cases
- The disparity may be growing
  - The proportion Black among recently diagnosed cases is higher than in the past.

# Recent Trends: Risk

- Males:
  - Decreasing number and proportion of IDU and MSM/IDU HIV diagnoses, but these risk groups remain a significant proportion of living cases
  - MSM – steady number of new HIV diagnoses, but increasing proportion because of decline in other risk groups
    - Evidence of *increase* in diagnoses among MSM 19-30
- Females:
  - As with males, number and proportion of new HIV diagnoses with IDU risk continue to fall.

# Recent Trends Supporting Routine HIV Screening: Disease Stage at Diagnosis

- 28% of new HIV diagnoses have concurrent AIDS
- an additional 10% have an AIDS dx within 12 months of HIV dx

# Cost-Effectiveness of HIV Screening

In the era of HAART:

- Recent study compared costs, quality of life and survival with an HIV-screening program compared with current practice
- Estimated that routine one-time screening would reduce annual rate of HIV transmission by ~20%

Source: Sanders, G., et al., *N Engl J Med*, 2/10/05

# NYSDOH 2005 Revised HIV Counseling and Testing Recommendations

- NYSDOH 2005 Guidance on HIV Counseling, Testing and Laboratory Reporting Requirements
- CDC Recommendations Issued September 2006
  - Routine, voluntary HIV screening for all persons 13-64 in health care settings, not based on risk or prevalence
  - Repeat HIV screening of persons with known risk at least annually
  - Intended for all health care settings, including inpatient services, EDs, urgent care clinics, STD clinics, TB clinics, public health clinics, community clinics

# NYSDOH 2005 Guidance

## Routine HIV Testing in Medical Settings

- Routinely discuss and offer HIV testing with patients, regardless of perceived risk
- Adopt a “low threshold” for recommending an HIV test
  - Not all infected persons are aware of or willing to disclose their risk(s)
- Routinely recommend HIV testing to:
  - All sexually active persons
  - Persons with a history of substance abuse
  - Persons in areas of high seroprevalence (i.e.,  $\geq 1\%$ ), including major urban areas
- Recommend in all/most medical settings including ERs

# NYSDOH 2005 Guidance

## HIV Testing in Medical Settings

- Lengthy face-to-face counseling not required by PHL 27-F; flexibility depending on the setting and client needs. HIV testing should be recommendation as a part of care; not risk based.
- Updated forms and other print and/or audio visual materials may be used to provide information
- Face-to-face discussions for those with questions or those who need further explanation can be referred to a “Counselor-on-call”
- Written informed consent and full post-test counseling still required

# **NYSDOH 2005 Guidance**

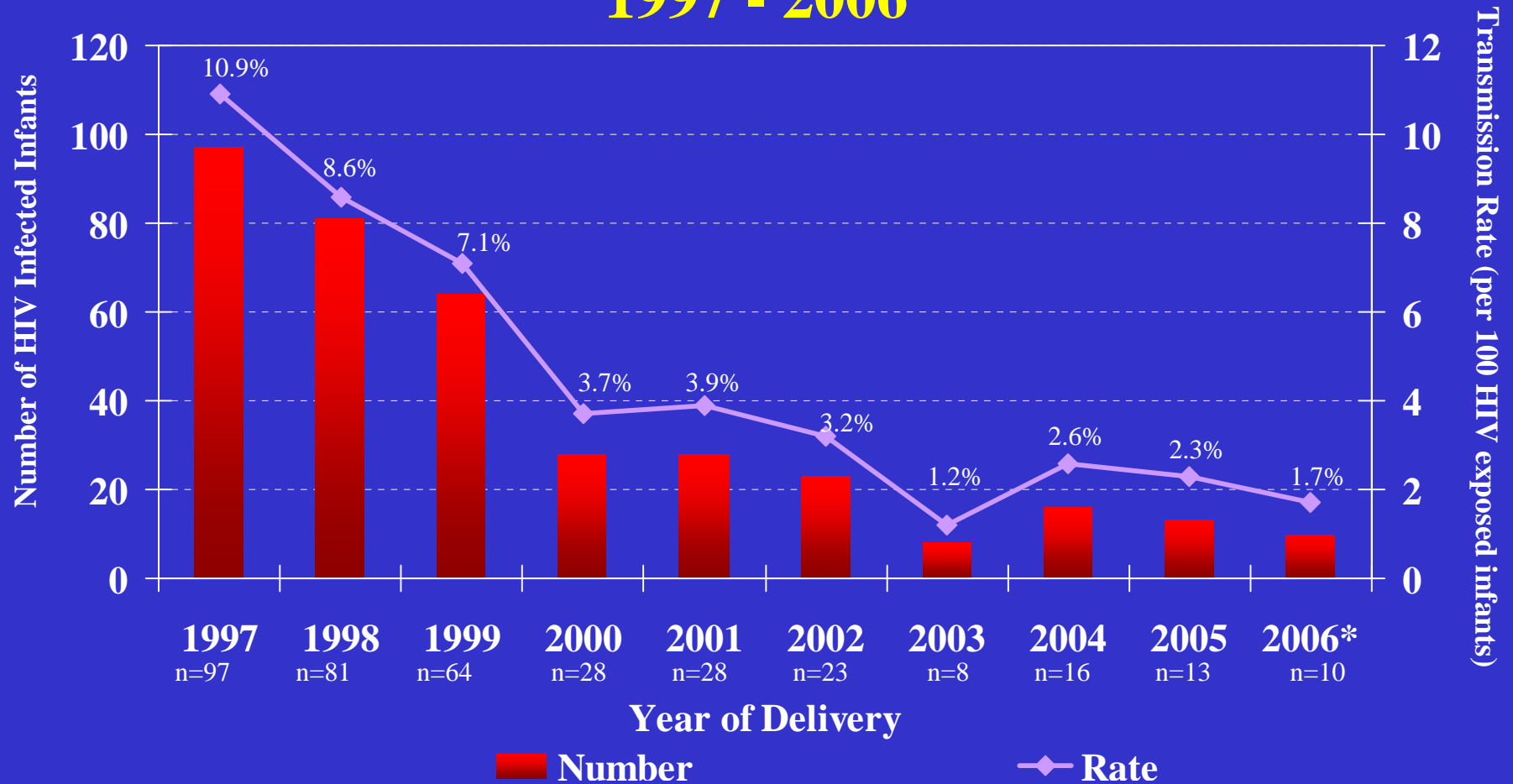
## **Adopt Rapid HIV Testing Technologies**

- Allows individuals to receive HIV test result in single visit; everyone gets a result.
- Rapid HIV tests are simple to use and require little or no specialized equipment.
- Confirmatory testing only required when a rapid test result is reactive.

# Routine HIV Screening Success

Implementing Strategies

# New York State Perinatal HIV Transmission Number and Rate of HIV Infected Infants by Year of Delivery 1997 - 2006



\* 2006 data is preliminary

1997 data is February - December

n=number of infected infants identified

# Rapid HIV Testing in the Emergency Department

NYS AIDS Institute Pilot Project: March 04 - February 05

	Months Testing	# Pats. Tested	# Pats. Tested +	% Seroposit.
Hosp A	8	223	4	1.79 %
Hosp B	7	764	6	0.79 %
Hosp C	6	980	12	1.22 %
Hosp D	5	371	3	0.81 %
Hosp E	12	969	20	2.06 %
Hosp F	7	578	4	0.69 %
Total		3885	49	1.26 %

# 2006 Revisions: HIV Primary Care Medicaid

- Increase HIV testing in health care settings, consistent with the Department's 2005 Guidance
- Extend reimbursement for HIV testing to emergency departments
- Promote linkage to care, risk reduction interventions and partner counseling and assistance for those who test positive
- Promote the integration of prevention interventions, including partner counseling, into medical care for persons with HIV

# Changes to Reimbursement Structure:2006

- HIV Primary Care Medicaid Program Same day billing is allowed when a rapid testing is used
- Expansion of Counseling and Testing rates to Part-Time clinics and ED
  - Hospital EDs may bill for HIV testing visit and the HIV Counseling (Positive) Visit as appropriate
  - EDs may bill the HIV Testing Visit only when using rapid HIV tests

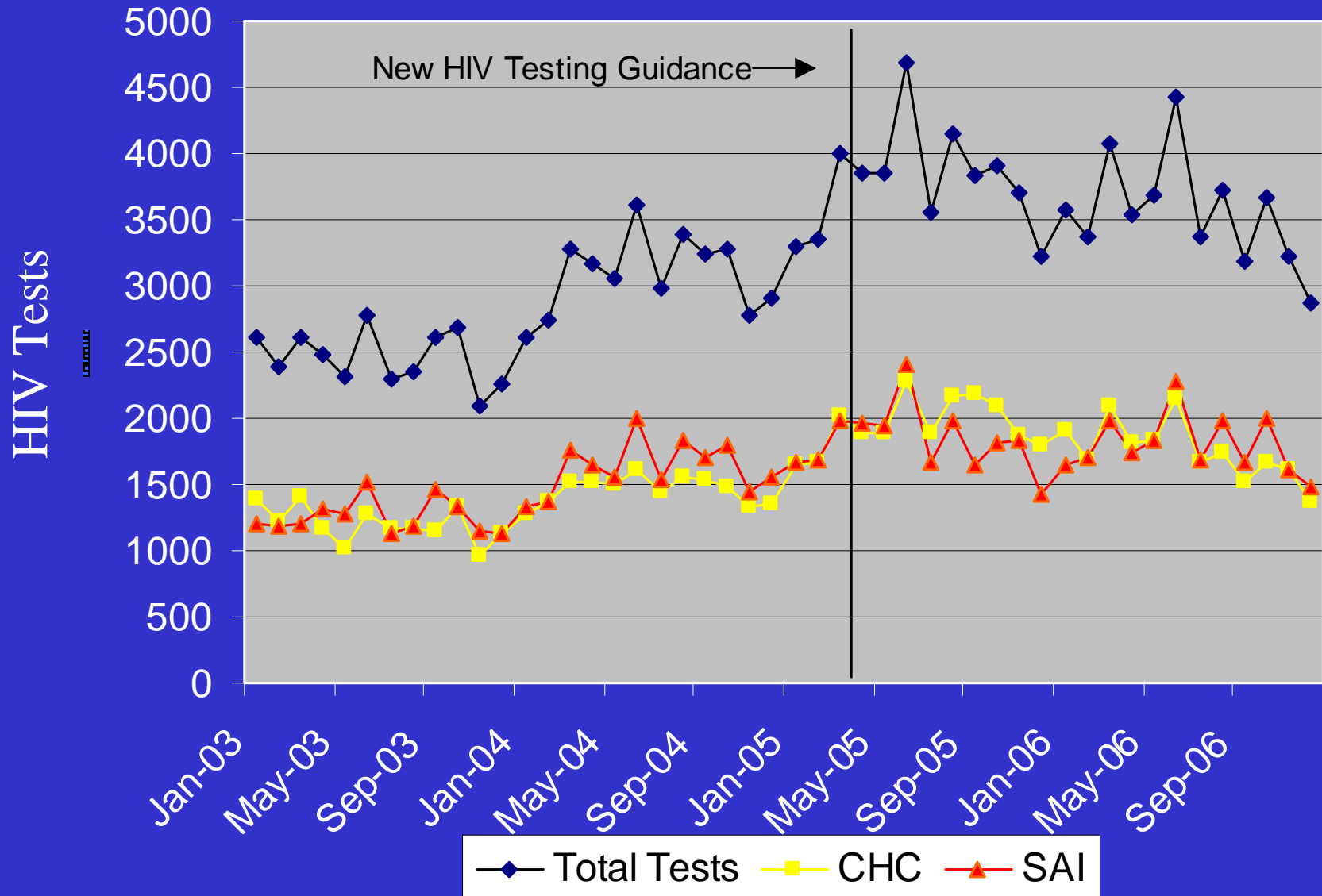
# Impact of NYS 2005 HIV Testing Guidance: Methods

- HIV testing levels in CTS and Medicaid databases were examined before and after New York's April 2005 HIV Testing Guidance.
- CTS data were limited to those providers most likely to be impacted by the Guidance:
  - Community Health Centers (CHC) providers;
  - Substance Abuse Initiative (SAI) providers.
- Additional CTS data analyses were limited to only those CHC and SAI sites in operation throughout the study time period.

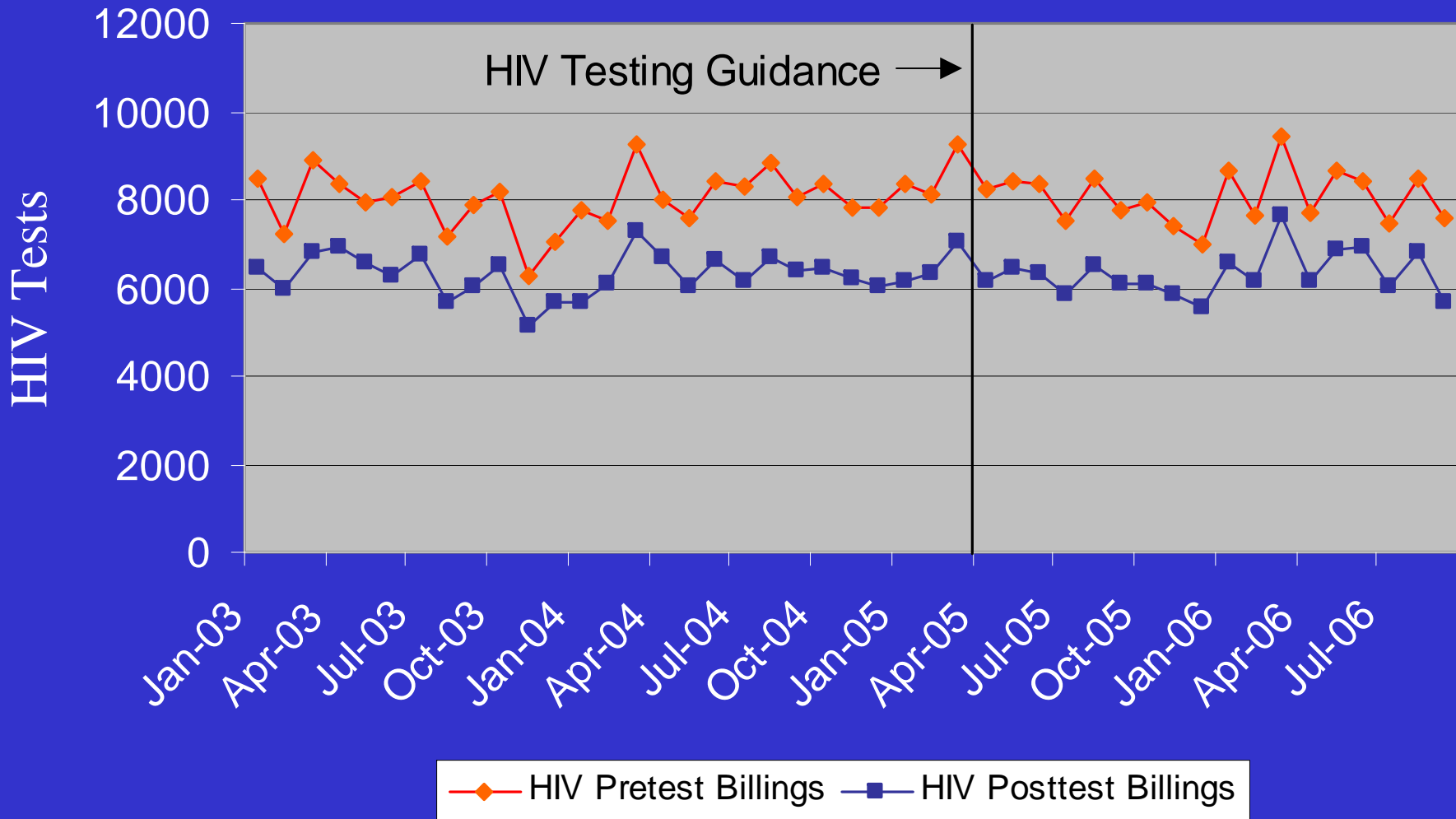
# Impact of NYS 2005 HIV Testing Guidance: Methods

- HIV testing data examined two ways:
  - Number of HIV tests/month in 1 year period before and after Guidance
    - CTS data: 4/2004-3/2005 versus 4/2005-3/2006
    - Medicaid data: 4/2004-3/2005 versus 4/2005-3/2006
  - Monthly HIV testing levels with 4/2005 HIV Guidance as intervention point:
    - CTS data: January 2003 – December 2006
    - Medicaid data: January 2003 – October 2006

# HIV Testing in Primary Care Sites New York State, 2003-2006



# Medicaid Billings for HIV Testing New York State, 2003-2006



# Next Steps for Routine HIV Testing in Medical Settings

- Continue to promote HIV testing as a standard of care
- Promote use of Rapid HIV tests
- Re-examine barriers to routine HIV testing
- Utilize reimbursement, pay-for-performance and other tools to incentivize routine testing

