

Ideas for Closing Performance Gaps

Key Activity: Perform HIV Screening and Follow-up

Rationale: Many young people in the United States remain at risk for HIV infection. In 2010, 26% (about 1 in 4) of the estimated 47,500 new HIV infections were among youth aged 13–24 years. Youth aged 13–24 years accounted for 7% of the estimated 1.1 million persons living with HIV infection. Estimates suggest that 20% to 25% of Americans with HIV are unaware of their status, while 60% of youth 13–24 years with HIV do not know they are infected.

A general rule is for those with risk factors for HIV should get tested at least annually for HIV. Additionally, CDC has recently reported that men who have sex with men (MSM) may benefit from getting an HIV test more often, perhaps every 3–6 months.

Early diagnosis of HIV infection is essential to ensuring that patients with positive tests are referred promptly for evaluation, provided treatment as indicated, and linked into counseling and related support services to help them reduce their risk for transmitting HIV to others. Early diagnosis and appropriate treatment decreases the risk of progression of disease and AIDS-associated illnesses. For people with HIV, early diagnosis and access to treatment can lead to viral suppression, increase life expectancy, and reduce the chance of transmitting the virus to others.

CDC References:

Bayer R, Oppenheimer GM. Routine HIV testing, public health, and the USPSTF—an end to the debate. *N Engl J Med.* 2013;368(10):881–886. Available at <http://www.nejm.org/toc/nejm/368/10/>. Accessed November 21, 2016

HIV testing in clinical settings. CDC Web site. <http://www.cdc.gov/hiv/testing/clinical/>. Accessed November 21, 2016

National HIV/AIDS Strategy. CDC Web site. <https://www.cdc.gov/vitalsigns/HIVAmongYouth/>. Accessed November 21, 2016

Vital Signs: HIV infection, testing, and risk behaviors among youths in the United States. *MMWR.* 2012;61(47):971–976.

Potential Barriers	Suggested Ideas for Change
	<p>Gap: HIV screening is not routinely offered for all adolescents between the ages of 15 and 18 years in communities with HIV prevalence $\geq 0.1\%$, and for patients aged 13–21 years with identified risk factors, including being sexually active.</p>
<p>The practice is not familiar with the revised HIV testing guidelines.</p>	<ul style="list-style-type: none"> • Provide staff members with knowledge about HIV and the associated risks. <ul style="list-style-type: none"> ○ See the AAP policy statement, Adolescents and HIV Infection: The Pediatrician's Role in Promoting Routine Testing. ○ See the CDC page, HIV Among Youth in the US. • Provide all physicians, nurses, and social workers with training about the AAP HIV testing guidelines. <ul style="list-style-type: none"> ○ See the Northwest AIDS Education and Training Center's educational resources. ○ See the CDC HIV/AIDS Web site. <p>See the State HIV Testing Laws resources to review a summary of legal guidelines related to HIV testing for your state.</p>

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<p>Staff and health care professionals are uncomfortable with offering HIV screening.</p>	<ul style="list-style-type: none"> • Provide a script/talking points for staff to discuss routine screening for adolescents (provided unless the patient opts out). Patients should be informed that HIV testing will be performed unless they decline. <ul style="list-style-type: none"> ○ See the Sample Script for Using the 6 R's for Routine Testing. ○ Review the Adolescent Health Working Group's Sexual Health Module. ○ The California Department of Public Health also provides some guidelines for offering the tests and delivering the results through the Office of AIDS resources. • Designate a member of your team (eg, LPN, BSN, RN, NP, MA) who is comfortable with and willing to become more educated on this topic. This go-to person will be able to explain importance of screening to adolescents and young adults and provide education and counseling on risk reduction when the test is negative. For those adolescents with preliminary positive rapid tests, the go-to person will provide supportive counseling with the focus on HIV as a manageable disease; this counseling should include risk reduction behaviors including partner notification. For follow-up on positive confirmatory tests or a positive conventional test, results should be done in person and appropriate subspecialty referrals made for positive tests. Indeterminate tests need to be followed up with either a test more sensitive for HIV (eg, p24 antigen tests or repeat routine confirmatory test) in 6 weeks to 3 months. • Anticipate that some adolescents have accessed home test kits; engage them in conversation to question them why the test was done and what results were obtained, then continue the discussion based on questions presented and the need to verify with more specific testing. • Understand the availability of tests that can identify HIV infection sooner (7–10 days after exposure) than more standard tests (3 months after exposure), for example, Western blot, rapid tests, and antibody tests. • Work with the local community resources (Public Health Department, local STD public health clinic, etc) to: <ul style="list-style-type: none"> ○ Refer patients and/or partners for screening if it is not conducted in the office; specific HIV testing sites may be found on one of the CDC Web sites. ○ Assist in determining what to do when an in-office screen and confirmatory test is positive ○ Schedule in-office testing and education, using other public health agencies and resources for funding to maintain confidentiality. ○ Assist in advocating for out-of-office testing (eg, in schools for health fairs, detention centers, community programs, churches),

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Staff and health care providers do not offer opt-out HIV screening to qualifying patients.	<ul style="list-style-type: none"> Include posters in the exam rooms to coach patients/guardians to ask about HIV screening. <ul style="list-style-type: none"> As an example, staff can use some of the posters from the NY State Department of Health: http://www.health.ny.gov/diseases/aids/general/publications/#testing. See the CDC campaign, Act Against Aids, for education resources and materials. Include stickers on computer monitors as reminders for staff. Add a computerized prompt in the electronic medical record for adolescent patients. Include reminders during monthly staff meetings. Reinforce the importance of HIV screening for all adolescents, based on CDC recommendations.
Staff and health care providers do not have training to conduct HIV screening.	<ul style="list-style-type: none"> Provide all physicians and nurses with training protocol for rapid HIV screening. <ul style="list-style-type: none"> To understand the types of tests and how they work, review the Rapid Oral HIV Test Introduction. Advantages of the oral test include that 20% of those with HIV do not know they are positive and nearly one third of those who test positive do not return for their results. Test results in 20 minutes using either saliva or with 99.3% sensitivity (for those that are positive) and 99.8% specificity (for those that are negative). Only positives have to be confirmed with more specific test as Western blot. The AIDS.gov Web site provides a description of the types of HIV screening tests and testing sites through the Department of Public Health. Partner with the local Public Health Department to: <ul style="list-style-type: none"> Provide education and training to practice staff. Provide education and materials for patients (Note: some agencies have funding to provide these services). Provide consultation with testing results. Refer the patient to a local resource (Public Health Department or health clinic). <ul style="list-style-type: none"> The CDC provides a listing of national HIV, STD and hepatitis testing resources by zip code. The AIDS.gov site also provides a listing of HIV testing sites.
Patients and/or guardians regard HIV screening as a health/social stigma.	<ul style="list-style-type: none"> Provide patients/caregivers with an informational handout about HIV and its screening. <ul style="list-style-type: none"> Download the Tips for Teens brochure by SAMHSA. Approach HIV screening as routine, similar to other tests to reduce the stigma, but still while offering patients the opportunity to opt out. Modify for adolescents and young adults offered in scripting for HIV.

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Patients fear compromises in privacy/confidentiality.	<ul style="list-style-type: none"> • Place posters in rooms and have the patient's information about consent and confidentiality of care related to STI and HIV screening, diagnosis, and treatment in the adolescent's record. <ul style="list-style-type: none"> ◦ See the HIV/AIDS Alliance for Region Two, Inc. (HAART) and CDC sites for examples of free, printable posters. • See recommendations and provider modules on consent and confidentiality from the Adolescent Health Working Group. • You can also review resources related to minor consent and confidentiality regarding various state policies for adolescent STI screening and treatment at the National District Attorney's Association. • Train staff and providers about adolescent confidentiality and consent for care, including issues related to EHRs at: <ul style="list-style-type: none"> • AAP policy on Standards for Health Information Technology to Ensure Adolescent Privacy • Society for Adolescent Health and Medicine (SAHM) Statement
Cost of screening is prohibitive. The practice is not reimbursed appropriately for testing and counseling services.	<ul style="list-style-type: none"> • Contact local HIV clinics and Public Health Departments that often offer free HIV screening, so that you can refer patients without insurance coverage. • Code correctly. <ul style="list-style-type: none"> ◦ Refer to the AAP Bright Futures and Preventive Medicine Coding Fact Sheet that contains a comprehensive list of codes for the related services ◦ Review the AAP Practice Transformation Web site for additional resources. ◦ Contact the AAP Private Payer Advocacy Advisory Committee.

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Gap: A follow-up plan is not established for patients with a positive HIV screen.	
The practice does not have an organized process for follow-up of positive screens.	<ul style="list-style-type: none"> Partner with the local Public Health Department, who may be able to provide patient resources for testing and training activities and staff. Access hospital-based clinics or large health care organizations with subspecialty services for testing and treating adult patients with positive tests, which may provide an organized menu of services/processes that can be adapted for pediatric practice. Refer the patient to a local resource (Public Health Department or health clinic) for screening and follow-up. <ul style="list-style-type: none"> The CDC provides a listing of National HIV, STD and Hepatitis Testing resources by zip code. The Aids.gov site also provides a listing of HIV testing sites. Review information in “Staff and providers are uncomfortable with offering HIV screening.”
Staff and health care providers are unsure about what information to communicate when the HIV screen is positive.	<ul style="list-style-type: none"> Develop a handout with basic information about the implications of the test results, next steps, and where further care is available. Note: Be sure that materials are appropriate for the age of the patient. The California Department of Health's Office of AIDS can be helpful. Develop a plan to link care and counseling for HIV-positive patients. Determine who should be informed, while maintaining confidentiality (ie, foster care; public health agencies, etc).
The practice does not have a seamless approach for referrals for specialized services as indicated and close follow-up care.	<ul style="list-style-type: none"> Review the AAP statements, Pediatrician's Role in Community Pediatrics and Adolescents and HIV Infection: The Pediatrician's Role in Promoting Routine Testing Contact your local health department, HIV subspecialty clinics, school district, and community organizations to determine what services are available to your patients for additional counseling and support (eg, LGBTQ). The health care provider can coordinate the specialty services and provide integrated oversight of the patient's progress. Coordinate the subspecialty services and provide integrated oversight of the patient's progress and needs for services, especially retention in care and mental health services.

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The practice does not have linkages to local community resources or specialists.	<ul style="list-style-type: none">• Implement the use of Bright Futures Community Resources Tip Sheet• Use the AAP Community Pediatrics Self-Assessment tool to determine where your practice is in relation to community pediatrics activities.• Tap into existing list of community resources, for example, The United Way.• Create a regularly updated list of community-based referral programs with contact numbers.<ul style="list-style-type: none">◦ Community resources fall into 2 categories:<ul style="list-style-type: none">• Agencies• Providers/Practitioners• Assign an office champion to keep lists updated on an ongoing basis and to systematically call each number on the list (possibly during slow times) to make sure they are still operational.• Link to the AAP Community Pediatrics Web site for additional education and resources.

Questions to help your practice understand its approach to adolescent confidentiality

Adolescents tend to underutilize existing health care resources. *The issue of confidentiality has been identified by providers and adolescents as a significant access barrier to health care.* Thus, Bright Futures encourages providing confidential care to adolescents. This approach helps adolescents build a trusting relationship that promotes full disclosure of health information.

Consider the following questions to understand your practice's approach to adolescent confidentiality:

- Do you have an office policy about confidential issues pertaining to adolescents and their families?
- Do you mail a copy of your confidentiality policy to parents of adolescents as they reach a certain age (11 or 12 years)?
- Do you post your confidentiality policy for parents and adolescents to see in your waiting room or exam rooms?
- Do you have a system to handle confidential information in medical records?
- Is it customary in your practice to allow adolescents and parents to talk separately with health care providers about their concerns?
- Do you educate your partners and staff regarding laws that specifically pertain to adolescents and their right to receive care without parent or guardian's consent?
 - In fact, "all 50 states and the District of Columbia explicitly allow minors to consent to STI services, although 11 states require that a minor be of a certain age (generally 12 or 14 years) before being allowed to consent." (Guttmacher Institute, Minors' Access to STI Services: State Policies in Brief, as of May 1, 2009). A listing of [state policies](#) is available for review.
- Does the atmosphere (eg, pictures, wallpaper) create a safe and comfortable environment for adolescents to discuss private concerns regarding their health?
- Do you display and/or offer educational materials about confidentiality to adolescent patients and/or patients?
- Are you and your staff careful not to discuss patient information in open environments (eg, elevators, hallways, waiting rooms)?
- Do you make sure all the doors to the examination room are closed when getting an adolescent patient's medical history or discussing anything sensitive?
- How would you like to receive confidential communications?
- Do you discuss the situations in which you may need to breach confidentiality?
- Do you review with staff their knowledge and feelings regarding confidentiality for adolescents?

Source: [Adolescent Health Working Group](#)