

HIV and Primary Care

About PCDC

Founded in 1993, PCDC is a nonprofit organization dedicated to expanding and transforming primary care in underserved communities to improve health outcomes, lower health costs and reduce disparities.

Our Programs:

Performance

Improvement:

We provide consulting, training and coaching services to help practices deliver a patient-centered model of care that maximizes patient access, meaningful use of health IT, care coordination and patient experience.

Capital Investment:

We provide the capital and know-how to build, renovate and expand community based health facilities, so that providers can deliver the best care to their patients.

Policy & Advocacy:

We lead and support successful policy initiatives that increase access to quality primary care, improve the health of communities, and lower health system costs.

Building Routine HIV Testing into the Primary Care Visit

When you go to the doctor to get a routine check-up, you're tested for numerous potential health conditions, including cholesterol, diabetes, heart disease, and even cancer. What about HIV? Fewer than 50% of U.S. adults have ever been tested, and about 20% of the 1.1 million people in the U.S. infected with HIV do not know their status. Not only does this put their own health at risk, it increases the likelihood that HIV will spread.

Under the Affordable Care Act, HIV screening for all individuals between 18 and 65 is now an essential health benefit that new health plans must cover without charge to the patient, and most state Medicaid programs cover routine testing as well. However, many of those who are in high risk groups are still uninsured or live in one of the 16 states where routine HIV testing is not a covered Medicaid service (including six Southern states where HIV prevalence is high).

But even when routine testing is covered, it is often not integrated into the primary care visit. Only 20% of primary care providers routinely screen for HIV. U.S. Centers for Disease Control (CDC) Guidelines recommend screening of all patients ages 15-65, with repeated HIV, STD and Hepatitis testing for persons at increased risk of HIV, as well as routine, early HIV screening for all pregnant women. HIV testing should be integrated into existing services, and providers who test for HIV should have the ability to also provide or refer patients to care and prevention services.

That's a tall order for many primary care providers who struggle to see patients in 10 or 15 minute visits and keep up with growing demand. Some are adopting a "Patient-

Centered Medical Home (PCMH)" model where the primary care provider plays a more central role in the patient's health, coordinates care among providers, and promises greater access to high quality care. The PCMH can and should be the home of HIV prevention, where high-quality, coordinated and culturally competent care to patients with chronic diseases is paramount.

Free Training for Primary Care Providers

Even for advanced primary care practices, providing routine testing in this model can be a challenge. That's why the CDC is funding free capacity building assistance for providers to adopt a **High Impact Prevention (HIP)** approach to reduce and prevent HIV. HIP includes combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas including HIV testing, linkage to HIV care and retention in HIV care.

The Primary Care Development Corporation (PCDC) HIP in Healthcare program provides free assistance to primary care providers with the goal of integrating HIV prevention as part of patient-centered primary care. Our HIP in Healthcare team works with healthcare organizations to build their service capacity along the HIV Continuum of Care, including:

- Routine HIV Screening
- Linkage to HIV Care
- HIV Patient Navigation/Care Coordination
- Retention in HIV Care
- Adherence to Treatment
- Maximizing 3rd Party Billing for HIV Testing and/or Treatment

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PCDC will assess practices' current HIV prevention service capacity and provide a package of training and technical assistance based on your needs, including one-on-one coaching, in-person training, webinars, tools & resources and distance-based group learning for healthcare teams.

Integrating HIV testing into primary care is not always easy, but it is critical to reducing the prevalence of HIV in communities. Learn more and sign up for PCDC's free HIP in Healthcare services by visiting our website at www.pcdc.org/HIP, or contact PCDC's HIP in Healthcare team at (212) 437-3970 or email: hip@pcdc.org

New CDC HIV Testing Recommendations

The "gold standard" HIV diagnostic algorithm recommended for over two decades included a preliminary HIV screening test that detects HIV antibodies, followed by a Western Blot or, less commonly, indirect immunofluorescence assay (IFA). Many healthcare settings in the United States currently use this algorithm.

However, as of June 2014, CDC released recommendations that update the HIV diagnostic algorithm. According to CDC, these updated recommendations for HIV testing are necessary because of:

- FDA approval of improved HIV assays that allow detection of HIV sooner after infection than previous immunoassays;
- evidence that relying on Western blot or indirect immunofluorescence assay (IFA) for confirmation of reactive initial immunoassay results can produce false-negative or indeterminate results early in the course of HIV infection;
- recognition that risk of HIV transmission from persons with acute and early infection is much higher than that from persons with established infection;
- recent indications for the clinical benefits from antiretroviral treatment (ART) of all persons with HIV infection, including those with acute infection; and
- demonstration that the majority of HIV-2 infections detected by available HIV antibody immunoassays are misclassified as HIV-1 by the HIV-1 Western blot.

Complete updated recommendations are available at: <http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf>.

Health providers are encouraged to review these new recommendations to understand how they can be used to conduct more effective routine screening in their own practice and diagnose patients when they are most infectious.