Primary Care Development Corporation

A Playbook on Best Practices for HIV Testing and Linkage to Care

CPN
BUILDING THE CAPACITY OF THE NATION'S HIV PREVENTION WORKFORCE

Funded by Centers for Disease Control and Prevention

Purpose

This playbook was designed by Primary Care Development Corporation (PCDC) (QR code 1) in collaboration with an expert in linkage to care models, Dr. Erick Eiting, as a quick and easy guide to increase the readers' knowledge and self-efficacy in implementing routine HIV testing protocols in clinical settings, delivering positive HIV test results, and effectively linking persons with HIV to medical care and supportive services.

Audience

Primary care clinicians, case managers, patient navigators, social workers, and any other prevention and/or care providers interested in engaging or re-engaging persons with HIV. This playbook is also intended for decision-makers and leadership at healthcare organizations, including settings that are in the beginning stages of implementation or are considering implementing routine HIV testing.

How to Use

This playbook can be read from start to finish to follow along with promising practices, from a patient taking an HIV test to receiving a positive result and being linked to care and supportive services. Readers can also choose what section they need support with for their patient population and skip ahead to that section. This playbook is best used in electronic form since hyperlinks to other resources are embedded throughout the document.

There are four sections of this playbook:

1. Routine HIV Testing (page 3)
2. Delivering Positive Results (page 5)
3. Linkage to Care (page 7)
4. Linkage to Supportive Services (page 9)

Every setting and practice has different resources, policies, and/or local/state laws by which they operate. These sections provide resources to support each implementation step to support practices based on the services available at the respective site.

**Disclaimer*: There are outside resources hyperlinked/embedded throughout this document. If you are using a print version there is a resource page at end of playbook with QR links to access those websites. We apologize in advance if hyperlinks are broken due to the host website changing their pages. Please reach out to our team at hip@pcdc.org to let us know if you encounter a broken link.*

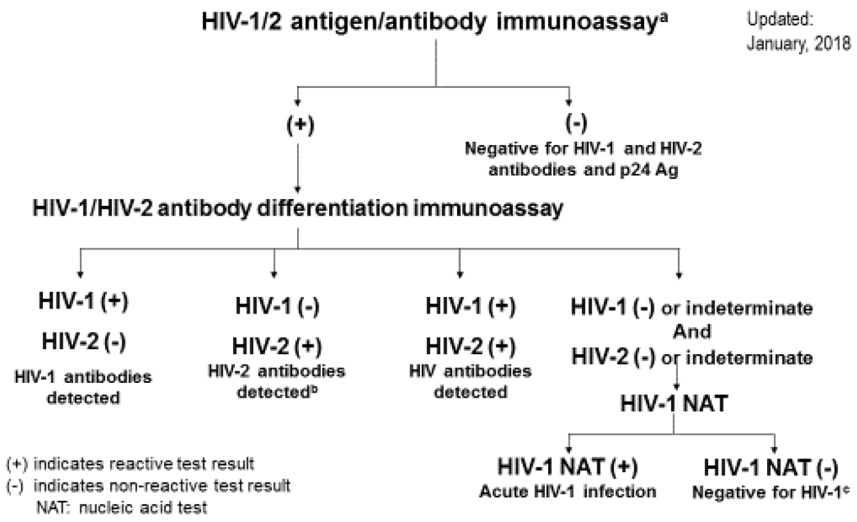
1. Routine HIV Testing

It is recommended by the Centers for Disease Control and Prevention (CDC) that all individuals between the ages of 13 and 64 get tested for HIV at least once as part of their routine health care. Persons who engage in behaviors that increase the chance of HIV acquisition should be screened annually.[1] Importantly, although the following recommended laboratory HIV testing algorithm is optimal, it may not always be possible based on the availability of resources in your facility. Screening individuals to the best of your facility's capability and referring persons for further testing and care when appropriate is an essential step in ensuring that all patients can benefit from quality HIV prevention and care.

We suggest you consult this online resource (*State Laws that address High Impact HIV Prevention Efforts*) (QR code 2) for the most up-to-date information on your state's HIV testing laws and policies. All 50 states and DC do require confirmed positive HIV diagnoses to be reported to the local health department, which can also assist with partner notification.[2]

The following graphic illustrates the CDC-recommended laboratory HIV testing algorithm. You can find more information about this recommendation by consulting the 2018 Quick Reference Guide (QR code 3). Detailed HIV screening information for clinicians, as well as materials for your practice, can be found on the CDC website (QR code 4). Additionally, the CDC provides a resource about the types of HIV tests available and how they work, which can be accessed here (QR code 5).

Recommended Laboratory HIV Testing Algorithm for Serum or Plasma Specimens



Although not in the algorithm above, note that in certain circumstances, such as symptoms coinciding with a known or suspected recent exposure, an alternative testing sequence in which NAT with a diagnostic claim is applied in the second step may be ordered by a health care provider. This may accelerate the detection of acute HIV infection and be beneficial to timely clinical decision-making.

For more information on integrating routine HIV testing into primary care settings, visit this resource (QR code 6) from the CDC (*A Guide for Healthcare Providers: Integrating Routine HIV Testing Into Your Practice*). For information on how to routinize HIV testing in your clinical settings, you may access this resource (QR code 7) (*Routine HIV Testing in Emergency Departments*) or request technical assistance from PCDC.

Laboratory Testing Algorithm

Conduct laboratory-based antigen/antibody immunoassay HIV testing

- An HIV-1/HIV-2 antibody differentiation immunoassay should be performed when the initial antigen/antibody immunoassay is reactive, per the testing algorithm
  - Note that nucleic acid testing (NAT) is only needed as part of the algorithm if the results of the antigen/antibody and HIV-1/HIV-2 antibody differentiation immunoassays are conflicting (see algorithm above)
  - If there is a possibility of very early infection leading to a non-reactive initial antigen/antibody immunoassay, such as when recent HIV exposure is suspected or reported, then conduct an HIV-1 nucleic acid test (NAT), or request a new specimen and repeat the algorithm according to CDC guidance.[3]
- If test results indicate that a person is HIV positive[4], draw labs for initial assessment (CD4 count, viral load, etc.) at the time of the positive test according to the Department of Health and Human Services treatment guidelines (QR code 8).

When performing alternative diagnostic HIV tests, not limited to lab-based

- If your site does not conduct the preferred CDC recommended laboratory HIV testing algorithm, conduct another HIV test, such as a point of care HIV test from this FDA approved list (QR code 9).
- If that immunoassay is reactive, ensure supplemental HIV testing is conducted
  - If your site cannot collect specimens for supplemental testing, refer the patient the same day to another clinic that can do so
    - It is key to have these agreements stated in Memorandum of Understandings (MOUs) and to have the contact information up to date to conduct a warm handoff.

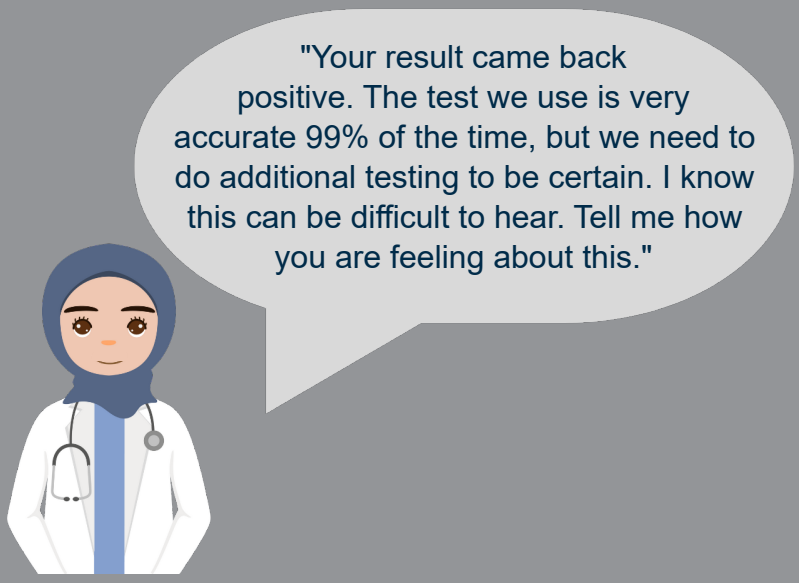
2. Delivering Positive Test Results

Use clear, plain language in a private area where no one can overhear the conversation. Giving a positive test result can be stressful for you and the patient. If you have additional support staff available (e.g., a social worker or other support staff), ask the patient if they would like to speak with them for additional support. Though rare, some patients may express thoughts or intent to hurt themselves or others after getting this result. These patients should be referred for emergency evaluation, likely in an emergency department.

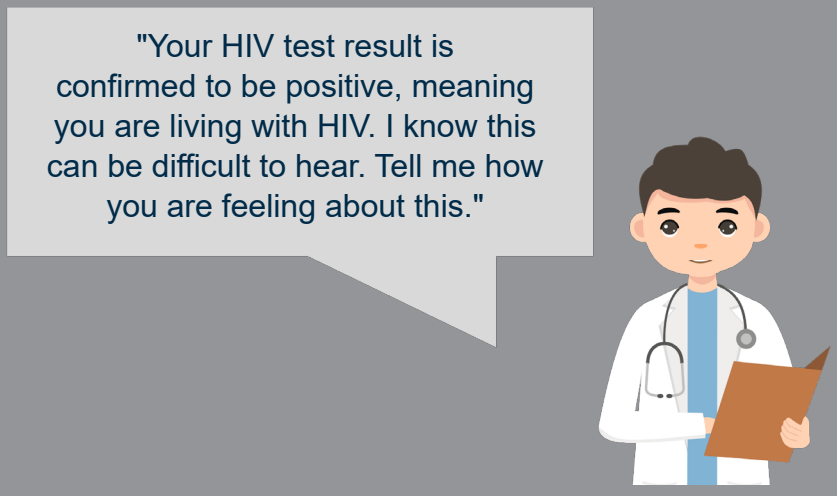
Your discussion will depend on the type of HIV test and screening algorithm used.

Consider using the following language:

Example 1: Screening immunoassay was a CLIA-waived rapid HIV test with reactive initial results, supplemental testing not conducted yet.



Example 2: HIV positive results using the CDC recommended laboratory HIV testing algorithm.



For more support on delivering positive results, watch this video (QR code 10) from the Reproductive Health National Training Center.

These next two sections have a spectrum of suggested practices/workflows.

This playbook defines each tier as follows:

Optimal

Patients can get all or most needed services within the same clinic walls. While the clinic may have outside partnerships, the clinic contains most of the needed services.

Next Best

Patients can get a substantial number of (not all) needed services within the same clinic walls. Service hours and resources may be limited, and patients may need to be referred out for additional testing and supportive services.

At a Minimum

The clinic offers HIV testing and relies more often on outside partners. Patients often need to be referred to service partners for additional testing and supportive services.

3. Linkage to Care

Linkage to HIV medical care is one of the six Ending the Epidemic (QR code 11) indicators. The metric is defined as receiving medical care for an HIV infection within one month of diagnosis.[5]

After diagnosis, the goal is to link the patient to care and start an antiretroviral therapy (ART) regimen. Entering and staying in HIV medical care with access and adherence to antiretroviral therapy will lead to viral load suppression, which promotes the health of the person with HIV and prevents transmission of HIV to sex partners.[6]

One option to link the patient to ART is rapid ART, sometimes also referred to as immediate ART, which means starting HIV treatment as soon as possible after the diagnosis of HIV.

Rapid ART is appropriate for:

- Individuals with an HIV positive test result
- Persons with suspected acute HIV

It is not appropriate for:

- Individuals who have certain untreated opportunistic infections
- Persons with a reactive screening immunoassay that have a low pretest probability of an HIV infection.[7]

For more information on Rapid Start of ART and how to implement it in different settings, check out the Rapid Start Toolkit (QR code 12) from the CDC or the Rapid Start Quick Guide (QR code 13) from the AIDS Education and Training Center Program.

Optimal — Rapid ART initiation with an HIV specialist

Following an HIV positive result, a patient is linked to an HIV specialist in the same setting. The HIV specialist would then immediately prescribe ART.

Next Best — Rapid ART initiation with an alternative provider

If an HIV specialist isn't available in your setting, then another provider, could prescribe ART following a positive result and patient should be linked to care with an HIV specialist as soon as possible.

Consider:

- Having ongoing professional development or medical updates on HIV-specific care including ART for all or some providers
- Obtaining capacity-building assistance (QR code 14)
- Identifying a champion provider that feels comfortable providing HIV treatment.

At a Minimum — Identify the appropriate person to directly provide or ensure patient is connected to care. Navigation services could be provided by a social worker, case manager, or patient navigator.

Many factors affect patients' successful linkage to care and initiation of ART, including navigating complex healthcare systems, health insurance status, transportation, and many other barriers to care. Having dedicated staff that can tailor health education and work side by side with patients to identify and reduce barriers to care is vital.

Consider:

- Dedicating a support staff member or team, depending on patient volume and your practice's resources, to assist persons with a positive HIV test in linking to HIV care.
- Establishing partnerships and referral systems with community-based organizations (CBO), health departments, and HIV medical care clinics.
- Creating workflows for your staff to link patients to HIV medical care and supportive services.

For more information on CDC's HIV Navigation Services (HNS), check out their HNS-STEPS to Care Training (QR code 15).

Telehealth can be utilized in any tier (optimal, next best, at a minimum).

Consider:

- Employing the use of a telemedicine platform that works best for your patients and organization
- Identifying provider partners that are trained in prescribing ART
- Creating workflows to ensure timely access to prescribing providers so patients do not have to wait long for telemedicine appointments to begin
- Providing medication on-site, sending to a local pharmacy, or mailing to a patient's preferred location
- Connecting the patients via telehealth with a provider who will provide their HIV care increases the patients' continued engagement.[8]

For more information on telemedicine as a delivery model for Rapid ART, check out CDC's Telehealth Practitioners Guide for HIV Prevention and Care (QR code 16).

4. Linkage to Supportive Services

Linking patients to supportive services allows providers to care for the whole person and address social determinants of health that may impact patients' achieving their optimal health. Supportive services for patients are complimentary to their medical care. Consider connecting the patients with case managers or care coordinators, in any of the tiers, to assist patients in navigating the various services available and ensuring they receive comprehensive care.

A list of supportive services that patients may need help linking to include, but are not limited to:

You could implement the following options to link your patients to supportive services.

Optimal — Rapid ART initiation with an HIV specialist

Co-locating medical, mental health, substance use treatment, and social services is a way to have supportive services available to patients in the same building where they receive their primary care.

Benefits include:

- Enhanced access[9]
- Reduced stigma[10]
- Improved patient experience[11]

Consider:

- Collaborative Planning: Engage various stakeholders, including healthcare providers, social service agencies, and community organizations, in the planning process to ensure alignment of services and goals.
- Physical Layout: Design building layout to promote interaction and collaboration. Consider shared waiting areas, meeting spaces, and centralized reception.
- Integrated Electronic Health Records (EHR): Implement an EHR system that allows seamless sharing of information among different service providers while ensuring patient privacy.

For more information on how to integrate behavioral health services into primary care, check out the Center of Excellence on Integrated Health Solutions (QR code 17) or contact us (PCDC) for more information and resources.

Next Best — Establish Memorandum of Understandings (MOUs) with agencies

Formal MOUs, or agreements with agencies providing social services (or mental health and substance abuse treatment) that are not co-located, is a crucial document that outlines the terms and expectations between the healthcare provider and outside agencies.

More on why formal agreements are important:

- Patient safety/Quality of care: Promote patient safety and quality of care by vetting and collaborating with external agencies that meet specific quality and safety standards.
- Coordination of care: Facilitate seamless communication and coordination of care between the healthcare organization and external agencies, ensuring patient information is shared appropriately.
- Legal and Regulatory Compliance: Comply with healthcare laws and regulations, including privacy and data protection laws (e.g., HIPAA in the United States), by outlining how patient information is handled
- Liability and Accountability: Clarify liability and accountability responsibilities, reducing legal risks and ensuring all parties understand their obligations.

Consider:

- Workflows for referrals between healthcare organizations and agencies, including, ideally, how to conduct warm handoffs.

At a Minimum — Make an inventory of services to refer patients to

Build a database of external agencies to refer patients to for supportive services. Ensure this database is easy to use, accessible to everyone at the clinic, and updated regularly.

Consider:

- Including specific contacts at the external agencies for your clinic staff to use after vetting these agencies' referral processes
- Checking in with patients about their experiences at external agencies to make sure you are referring your patients to agencies providing high-quality care/services.

For more information on PCDC's resources or technical assistance services, please contact us at:

E: hip@pcdc.org I P:212- 437-3970

PCDC's High Impact Prevention (HIP) provides technical assistance (TA for the Northeast Region of US. PCDC Capacity Building Assistance's (CBA) program materials and activities are supported by Funding Opportunity Announcement PS19-1904, component 2A (Clinical HIV Testing and Prevention for Persons with HIV) Number 6 NU65PS923669 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of PCDC and do not necessarily represent the official view of the Centers for Disease Control and Prevention.

References

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Resources Page

QR Code 1

Primary Care Development Corporation - Ending the Epidemic
https://www.pcdc.org/consulting/integration-and-teams/hiv/

QR Code 2

State Laws that Address High-Impact Prevention Efforts
https://www.cdc.gov/hiv/policies/law/states/index.html

QR Code 3

2018 Quick Reference Guide
https://stacks.cdc.gov/view/cdc/50872

QR Code 4

Screening for HIV
https://www.cdc.gov/hiv/clinicians/screening/index.html

QR Code 5

Types of HIV Tests
https://www.cdc.gov/hiv/basics/hiv-testing/test-types.html

QR Code 6

A Guide for Healthcare Providers: Integrating Routine HIV Testing Into Your Practice
https://www.cdc.gov/stophivtogether/library/topics/testing/brochures/cdc-lsht-testing-brochure-integrating-routine-screening-provider.pdf

QR Code 7

HIV Testing in the Emergency Department

https://pcdc.course.tc/catalog/hiv-testing-in-the-emergency-department

QR Code 8

DHHS Guidelines

https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/tests-initial-assessment-and-follow-full

QR Code 9

FDA approved lists

https://www.cdc.gov/hiv/testing/laboratorytests.html

QR Code 10

Delivering HIV Rapid Test Results: Experiences from the Field Video

https://rhntc.org/resources/delivering-hiv-rapid-test-results-experiences-field-video

QR Code 11

Ending the Epidemic Overview

https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview/

QR Code 12

Rapid Antiretroviral Therapy Toolkit

https://www.cdc.gov/hiv/effective-interventions/library/rapid-antiretroviral-therapy-toolkit/toolkit-rapid-art-toolkit.pdf

QR Code 13

Rapid Start Quick Guide

https://aidsetc.org/resource/rapid-immediate-art-initiation-restart-guide-clinicians

QR Code 14

Capacity Building Assistance – CDC

https://www.cdc.gov/hiv/capacity-building-assistance/index.html

QR Code 15

HIV Navigation Services-STEPS to Care

https://www.cdc.gov/hiv/effective-interventions/treat/hiv-navigation-services/index.html?Intervention%20Name=HIV%20Navigation%20Services

QR Code 16

Teleheatlh Practitioner's Guide for HIV Prevention and Care

https://www.cdc.gov/hiv/effective-interventions/library/telehealth/implementation-materials/cdc-hiv-ei-telehealth-practitioners-guide.pdf

QR Code 17

Center of Excellence for Integrated Health Solutions

https://www.thenationalcouncil.org/program/center-of-excellence/