

**2017 Comprehensive Plan for HIV Prevention and Care Services**

**Prevention and Early Identification Workgroup**

1:30 p.m., Tuesday, July 19, 2016

Meeting Location: 2223 W. Loop South, Room #416

**AGENDA**

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Goal of Today's Meeting: Approve the 2017 Comprehensive Plan

Prevention and Early Identification Strategy Benchmarks; Complete Logic Model 2; Complete Logic Model 3

- |  |   |
|--|---|
| I. Call to Order   | Amy Leonard and<br>Ken Malone, Co-Chairs            |
| A. Welcome   |   |
| B. Moment of Reflection                                      |   |
| C. Adoption of the Agenda                                    |   |
| D. Approval of the Minutes                                   |   |
| II. Approve PEI Benchmarks                                   | Amber Harbolt, Health<br>Planner, Office of Support |
| III. Complete Logic Model 2 (Foci and Activities)            |   |
| IV. Complete Logic Model 3 (Activity Details)                |   |
| V. Next Meeting – Contingent on Completion of Logic Model 3  | Amy Leonard and<br>Ken Malone, Co-Chairs            |
| A. <b>All Workgroups must complete Logic Model 3 by 7/29</b> |   |
| II. Announcements  |   |
| III. Adjourn   |   |

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*The 2017 Comprehensive Plan for HIV Prevention and Care Services is a collaborative project of the*

♦ Houston Health Department      ♦ HIV Prevention Community Planning Group      ♦ Ryan White Planning Council  
♦ Harris County Public Health & Environmental Services      ♦ Ryan White Grant Administration      ♦ The Resource Group

♦ Meetings hosted by the Ryan White Planning Council 2223 W. Loop South, #240; Houston, TX 77027 ♦  
Ph: 713 572-3724 Fax: 713 572-3740 TTY: 713 572-2614 Web: [www.rwpcHouston.org](http://www.rwpcHouston.org)

**2017 Comprehensive Plan for HIV Prevention and Care Services**  
**PREVENTION AND EARLY IDENTIFICATION WORKGROUP**

**3:00 p.m., Monday, June 29, 2016**

Meeting Location: 2223 West Loop South, Room 416; Houston, TX 77027

**Minutes**

<b>MEMBERS PRESENT</b>	<b>MEMBERS ABSENT</b>	<b>OTHERS PRESENT</b>
Ken Malone, Co-Chair	Alex C. Moses	Amber Harbolt, Office of Support
Amy Leonard, Co-Chair	Arlene Johnson	Diane Beck, Office of Support
Amber Wright	Cecilia Ross	Sha'Terra Johnson-Fairley, TRG
Denis Kelly	Curtis Bellard	
Ella Collins-Nelson	Florida Kweekeh	
John Lazo	Isis Torrente, excused	
Lorena Arista	Jeff Meyer	
Michael Kennedy	Kevon Strange	
Mike Wilkerson	Nancy Miertschin, excused	
Nettie Johnson	Robert Noble	
Teresa Pruitt	Rodney Mills	
Tracy Gorden	Rose Haggarty, excused	
	Tana Pradia	
	Yvonne Lu	
	W. Jeffrey Campbell	

**Call to order:** Ken Malone, Co-Chair, called the meeting to order at 3:07 p.m.; he welcomed everyone and asked for a moment of reflection.

**Adoption of the Agenda: Motion #1:** *It was moved and seconded (Pruitt, Kelly) to adopt the agenda with two changes: under item II. Change Approve to Review. Motion Carried.*

**Approval of the Minutes: Motion #2:** *It was moved and seconded (Kelly, Pruitt) to approve the June 6, 2016 meeting minutes. Motion Carried.* Abstentions: Arista, Collins-Nelson, Gorden.

**Review Prevention and Early Identification Benchmarks:** See attached. Benchmark #17 was deleted. We are still waiting on information from the Houston Health Department for Benchmarks 2 and 3.

**Prevention and Early Identification Activities for 2017 Plan (Logic Model 2):** See attached. Activities for Solution 1 were discussed as follows: 1. Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area; 2. Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools; 3. Adopt PrEP uptake marketing models designed to remove stigma. Items to be developed include focus areas and governmental policy change activities (align with END campaign where possible]. Activities for Solution 2 were discussed as follows: 1. Expand HIV testing and education activities into new and non-traditional community events (e.g. Houston Livestock Show and Rodeo); 2. Disseminate routine testing implementation toolkit to private

and non-Ryan White funded providers and FQHCs; 3. Distribute HIV testing and PrEP information and resources to walk-in clinics throughout the Houston Area, particularly those in high-incidence areas; 4. Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability and use of the Mobile Testing Unit. Items to be developed include targeted testing activities. Activities for Solution 4 were discussed as follows: Adopt PrEP uptake marketing models designed to remove stigma.

**Next Meeting:** July 13, 2016 at 3:00 p.m.; Agenda items include: completion of Logic Model 2 and Logic Model 3. Harbolt will distribute copies of the routine testing toolkit.

**Announcements:** None.

**Adjourn:** The meeting was adjourned at 5:02 p.m.

## 2017 Comprehensive Plan Prevention and Early Identification (PEI) Benchmark Selection Chart

2017 PEI Benchmarks should measure progress toward 2017 PEI goals via the 2017 PEI solutions.

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	Notes	Recommended Updates to 2017 Benchmark	Status	2017 Revision (if applicable)
❖ BENCHMARK 1: Number of new HIV infections diagnosed in the Houston Area	DSHS eHARS	1,386 (2014)	↓25% =1040 (NHAS target)		Region is EMA	---	<b>Updated 5-2-16</b>	
❖ BENCHMARK 2: Number of HIV/STD brochures distributed	HDHHS	86,389 (2011)	Maintain =86,389 (local target)	88,700	Target based on current resources and planning *Decrease due to under-reporting	<ul style="list-style-type: none"> <li>• <b>Recommendation from HHD:</b> Keep, as printed PrEP material distribution anticipated to continue in addition to social media PrEP education</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove  <b>Revisit 7-19-16</b>	
❖ BENCHMARK 3: Mean number of calls per day to local HIV prevention hotline	HDHHS	4.1 (2012)	Maintain =4.1 (local target)	Data point not captured in 2014*	Target based on current resources and planning Adjusted baseline and targets in response to data cleaning; mean calculated from COH business days * Not captured due to technology system changes	<ul style="list-style-type: none"> <li>• <b>Recommendation from HHD:</b></li> <li>• Remove, no longer measured</li> </ul>	<input type="checkbox"/> Keep as Written <input type="checkbox"/> Revise <input type="checkbox"/> Remove  <b>Revisit 7-19-16</b>	
<del>❖ BENCHMARK 4: Number of persons reached with an HIV awareness message specific to mass testing events</del>	<del>Radio One (97.9) Hip-Hop for HIV Awareness</del>	<del>1,231,400 (2011)</del>	<del>↑3.2% =1,353,438 (local target)</del>	<del>1,106,300*</del>	<del>Radio-campaign only Targets based on available historical data (2009=1,156,700; 2010=1,166,300) *New radio partner for 2014- Cumulus 104.1 KRBE</del>	<del>---</del>	<del><b>Removed 5-2-16</b></del>	
<del>❖ BENCHMARK 5: Percentage of individuals at annual mass testing event that agrees "HIV/AIDS is a major health problem for my peers"</del>	<del>HDHHS Hip-Hop for HIV Awareness</del>	<del>55.9% (2011)</del>	<del>Maintain =55.9% (local target)</del>	<del>Pending from HDHHS</del>	<del>Among attendees completing both pre and post test (N=2,362). Baseline is percent of respondents who marked Yes when asked if they agree with the statement.</del>	<del>---</del>	<del><b>Removed 5-2-16</b></del>	

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	Notes	Recommended Updates to 2017 Benchmark	Status	2017 Revision (if applicable)
<del>❖ BENCHMARK 6: Mean score on HIV/STD knowledge test among annual mass testing event participants</del>	HDHHS Hip Hop for HIV Awareness	10.9 (2011) [95% CI: 10.87 - 11.02]	Maintain =10.9 (local target)	Pending from HDHHS	Among attendees completing both pre/post test (N=2,362). Measure is mean score on pre-test that includes 14 knowledge questions scored equally with no weighting. Mean score positively correlated with correctly answered questions.	---	Removed 5-2-16	
❖ BENCHMARK 7: Number of publicly-funded HIV tests	HHD, DSHS HIV Testing & Awareness Data	127,719 (2015) Include DSHS data when available	Maintain = (local target) Include DSHS data when available		Region is EMA Targeted and routine testing	---	Updated 6-6-16	
❖ BENCHMARK 8: Positivity rate for publicly-funded targeted HIV testing	HHD, DSHS HIV Testing & Awareness Data	3.01% (2015) Include DSHS data when available	Maintain = (local target) Include DSHS data when available		Region is EMA	---	Updated 6-6-16	
❖ BENCHMARK 9: Positivity rate for publicly-funded routine HIV testing	HHD, DSHS HIV Testing & Awareness Data	1.04% (2015) Include DSHS data when available	Maintain = (local target) Include DSHS data when available		Region is EMA	---	Updated 6-6-16	
❖ BENCHMARK 10: Percentage of individuals with a positive HIV test result identified through targeted HIV testing who are informed of their HIV+ status	HHD, DSHS HIV Testing & Awareness Data	93.8% (2015) Include DSHS data when available	Maintain = (local target) Include DSHS data when available		Region is EMA	---	Updated 6-6-16	

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	Notes	Recommended Updates to 2017 Benchmark	Status	2017 Revision (if applicable)	
❖ BENCHMARK 11: Percentage of new HIV diagnoses with an HIV stage 3 diagnosis within one year	DSHS Late Diagnoses Data	25.9% (2014)	↓25% =19.4% (DHAP target)		Region is EMA	---	Updated 6-6-16		
❖ BENCHMARK 12: Proportion of newly-diagnosed individuals linked to clinical care within one months of their HIV diagnosis	DSHS Linkage to Care Data	Pending from DSHS	85% (NHAS Updated target)		Region is EMA	---	Updated 6-6-16		
❖ BENCHMARK 13: Proportion of Ryan White HIV/AIDS Program clients with suppressed viral load	CPCDMS Report	80.4%* (2014)	Maintain =80.4% (local target)		Part A clients only	---	Updated 6-6-16		
❖ NEW BENCHMARK: Percentage of individuals with diagnosed HIV infection in the Houston Area who are virally suppressed	DSHS Viral Suppression Data	55.5%* (2014)	80% (NHAS Updated target)		Region is EMA	---	Updated 6-6-16		
❖ BENCHMARK 14: Number of new HIV infections in high HIV/STD morbidity zip codes targeted for intervention						<ul style="list-style-type: none"> <li>• Recommendation from HHD: Monitor the following high morbidity zip codes</li> </ul>	Revisit 7-19-16		
Sharpstown (77036 and 77074)	HHD, eHARS	= 56 (2014)	↓25% =42 (NHAS target)						
Sunnyside/South Park (77033 and 77051)	HHD, eHARS	=34 (2014)	↓25% =26 (NHAS target)						
Greater 5th Ward (77020 and 77026)	HHD, eHARS	=28 (2014)	↓25% =21 (NHAS target)						
Acres Home (77088 and 77091)	HHD, eHARS	=32 (2014)	↓25% =24 (NHAS target)						
Montrose (77006)	HHD, eHARS	=26 (2014)	↓25% =20 (NHAS target)						

Benchmark to Be Measured	Recommended Data Source (Reference)	Baseline (year)	2014 Target	2014 Actual (time period)	Notes	Recommended Updates to 2017 Benchmark	Status	2017 Revision (if applicable)
❖ BENCHMARK 15: Rate of STD infection per 100,000 population (Chlamydia, gonorrhea, and primary and secondary syphilis)	HHD, STD MIS	CT: 563.7 GC: 162.5 P&S: 8.2 (2014)  Update with 2015 when available	CT: Maintain =510.3 (local target) GC: ↓0.6%/year =157.0 (local target) P&S: 6.7 (HP 2020 males target)		Region is Houston/Harris County CT/GC targets based on available historical data	---	Updated 6-6-16	
❖ BENCHMARK 16: Number of condoms distributed	HHD	450,000 (2014)	Maintain =450,000 (local target)		Includes mass and targeted condom distribution efforts	---	Updated 6-6-16	
<del>❖ BENCHMARK 17: Number of high-risk individuals receiving information on HIV risk reduction through community outreach</del>	<del>HHD</del>	<del>10,612 (2014)</del>	<del>Maintain =10,612 (local target)</del>		<del>Data reflects all CTR activities.</del>	---	Removed 6-29-16	
❖ BENCHMARK 18: Number of high-risk individuals that completes an evidence-based behavioral intervention to reduce risk for HIV	HHD	4,944 (2015)	Maintain =4,944 (local target)		Includes completion of ILI or GLI intervention only (not CLI)	---	Updated 6-6-16	
❖ NEW BENCHMARK: Percentage of prevention and care staff receiving standardized pre-exposure prophylaxis (PrEP) training	HHD, RWGA, TRG	Baseline to be developed	100% (local target)			---	Updated 6-6-16	
❖ NEW BENCHMARK: Number of gay and bisexual men of color and women of color receiving pre-exposure prophylaxis (PrEP) education	HHD	Baseline to be developed	2,000 annually (local target)			<ul style="list-style-type: none"> <li>• <b>Recommendation from HHD:</b> Revise to read: "MSM and transgender persons of color receiving pre-exposure prophylaxis (PrEP) education" per grant focus; update source to "HHD (Source: Project PrIDE)"</li> </ul>	Revisit 7-19-16	
❖ NEW BENCHMARK: Percentage of HIV-negative clients screened for PrEP eligibility	HHD (Source: Project PrIDE, ECLIPS, Maven)	Baseline to be developed	10% increase		Among HIV-negative clients seen by HHD frontline staff (i.e., DIS and SLWs) and HHD-funded contractors	<ul style="list-style-type: none"> <li>• <b>Recommendation from HHD:</b> Add</li> </ul>	Review 7-19-16	

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – PEI Solution 1

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<ol style="list-style-type: none"> <li>1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that destigmatize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools</li> </ol>



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Population-Based	Governmental Policies		
<ol style="list-style-type: none"> <li>1. Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area.</li> <li>2. Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.</li> <li>3. Adopt PrEP uptake marketing models designed to remove stigma.</li> </ol> <p>[To be developed: focus areas; governmental policy change activities (align with END campaign where possible)]</p>			



# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – PEI Solution 2

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<ol style="list-style-type: none"> <li>Expand opportunities for HIV testing for the general public and in high-incidence populations and communities.</li> </ol>



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
Routine Testing	Targeted Testing		
<ol style="list-style-type: none"> <li>Expand HIV testing and education activities into new and non-traditional community events (e.g. Houston Livestock Show and Rodeo).</li> <li>Disseminate routine testing implementation toolkit to private and non-Ryan White funded providers and FQHCs.</li> <li>Distribute HIV testing and PrEP information and resources to walk-in clinics throughout the Houston Area, particularly those in high-incidence areas.</li> <li>Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability and use of the Mobile Testing Unit.</li> </ol> <p>[To be developed: targeted testing activities]</p>			

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – PEI Solution 3

<b>Solution</b> {Recommended approach to achieve stated goals and targets}
3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals



<b>Activities</b> {Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>

# 2017 Houston Area Comprehensive HIV Services Plan

## Logic Model 2: Solution, Focus & Activities – PEI Solution 4

<b>Solution</b>
{Recommended approach to achieve stated goals and targets}
<p>4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners</p>



<b>Activities</b>			
{Specific tasks to be performed that will achieve the solution}			
{Any specific focus for the proposed activities. A focus can be geographic, population-based, program-specific, or another type of segmentation}			
<b>Focus</b>	<b>Focus</b>	<b>Focus</b>	<b>Focus</b>
<p>1. Adopt PrEP uptake marketing models designed to remove stigma.</p>			





## 2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: PEI Solution 1

### Solution

{Recommended approach to achieve stated goals and targets}

1. Adopt high-impact structural interventions such as governmental policy change and population-based efforts that destigmatize HIV risk reduction and help create unfettered access to HIV information and proven prevention tools

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Explore opportunities for cross-representation between the Houston HIV community and School Health Advisory Councils (SHAC) for all school districts within the Houston area.						
2. Educate Houston Area faith community leadership on HIV information, risk reduction, and prevention tools.						
3. Adopt PrEP uptake marketing models designed to remove stigma.						

## 2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

### Logic Model 3: Action Planning Matrix: PEI Solution 2

#### Solution

{Recommended approach to achieve stated goals and targets}

- Expand opportunities for HIV testing for the general public and in high-incidence populations and communities.

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Expand HIV testing and education activities into new and non-traditional community events (e.g. Houston Livestock Show and Rodeo).						
2. Disseminate routine testing implementation toolkit to private and non-Ryan White funded providers and FQHCs.						
3. Distribute HIV testing and PrEP information and resources to walk-in clinics throughout the Houston Area, particularly those in high-incidence areas.						
4. Educate Task Forces, community groups, funded agencies, and non-HHD funded agencies on availability and use of the Mobile Testing Unit.						

**2017 Houston Area Comprehensive HIV Prevention & Care Services Plan**

Logic Model 3: Action Planning Matrix: PEI Solution 3

**Solution**  
 {Recommended approach to achieve stated goals and targets}

3. Increase the timeliness of the linkage to care system for newly-diagnosed HIV+ individuals

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)



# 2017 Houston Area Comprehensive HIV Prevention & Care Services Plan

Logic Model 3: Action Planning Matrix: PEI Solution 4

**Solution**  
{Recommended approach to achieve stated goals and targets}

4. Expand prevention with positives including treatment adherence and Treatment as Prevention (TasP), HIV prophylaxis including Pre-Exposure Prophylaxis (PrEP), and behavior change interventions for HIV+ individuals and their partners.

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)
1. Adopt PrEP uptake marketing models designed to remove stigma.						

**2017 Houston Area Comprehensive HIV Prevention & Care Services Plan**

Logic Model 3: Action Planning Matrix: PEI Solution 5

**Solution**  
 {Recommended approach to achieve stated goals and targets}

5. Expand HIV prevention data collection to include behavioral surveillance and measures of community-wide sexual health

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)

**2017 Houston Area Comprehensive HIV Prevention & Care Services Plan**

Logic Model 3: Action Planning Matrix: PEI Solution 6

**Solution**  
 {Recommended approach to achieve stated goals and targets}

6. Expand opportunities for HIV and sexual health education for the general public and high-incidence populations and communities.

Activity	Responsible Parties (Name of entity)	Timeframe (By when)	Resources (Funding, staff, etc.)	Target Population	Data Indicator	Priority (rank by #)

UPDATED:  
07/07/16

All meetings subject to  
change. Please call in  
advance to confirm:  
713 572-3724.

*Unless otherwise noted,  
meetings are held at:*

2223 W. Loop South,  
Suite 240  
Houston, TX 77027

# July 2016

	<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						<b>1</b>	<b>2</b>
	<b>3</b>	<b>4</b> Independence Day OFFICE CLOSED	<b>5</b>	<b>6</b>	<b>7</b> 12 noon Steering Committee Room #240  3:00 pm Gaps in Care Wg Room #240	<b>8</b> 9:00 am Special Pops Wg Rm #416	<b>9</b>
	<b>10</b>	<b>11</b> 12:00 pm Project LEAP Advisory Committee Room #240	<b>12</b>	<b>13</b>	<b>14</b> 12 noon Planning Council Room #532  2:00 pm Comp HIV Planning Room #532	<b>15</b> 9:00 am Coordination of Effort Wg Room #TBD	<b>16</b>
	<b>17</b>	<b>18</b>	<b>19</b> 11:00 am Operations Room #240  1:30 pm Prevention and Early Identification Wg Room #416	<b>20</b>	<b>21</b> CANCELLED Quality Improvement	<b>22</b>	<b>23</b>
	<b>24</b>	<b>25</b> 3:00 pm Leadership Team Room #TBD	<b>26</b> 12:00 pm Affected Community Bee Busy Wellness Ctr 8785 W. Bellfort Ave. 77031	<b>27</b> SIRR	<b>28</b> 11:00 am Priority & Allocations Room #532	<b>29</b>	<b>30</b>
	<b>31</b>						



# Routine HIV Screening



## Your Toolkit for Routine HIV Screening

### Routine HIV Screening in Texas

Routine HIV screening in all healthcare settings is recommended by the CDC (ages 13 to 64) and the United States Preventive Services Task Force (Grade A) (ages 15 to 65).

Routine HIV screening is a basic public health strategy that identifies unrecognized HIV infection so treatment can be offered to reduce the likelihood of continued transmission.

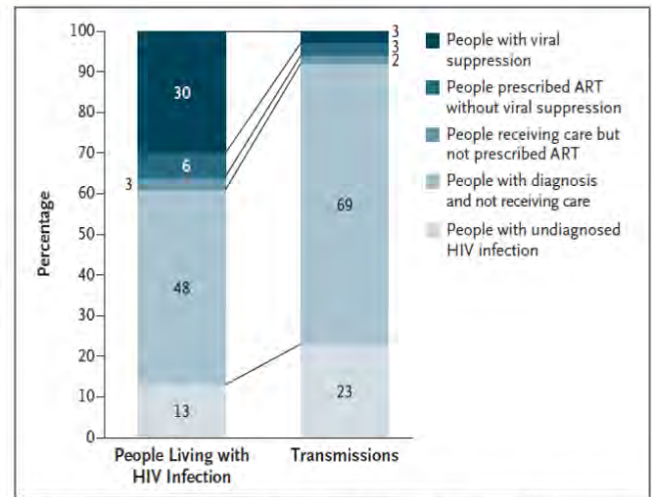
This toolkit provides information to healthcare providers to overcome potential obstacles when implementing routine HIV screening as a standard of care. Public health benefits and provider considerations such as informed consent, delivering test results, linkage to medical care, and billing are included.



### The Rationale

#### HIV Prevalence is Rising in Texas

- ▶ In the last five years, the number of Texans reported to be living with HIV increased by almost 19%.
- ▶ In 2014, about 80,073 people were known to be living with HIV.
- ▶ Disease surveillance data indicate more than 1 in 4 Texans with HIV received a late diagnosis of their infection, meaning they were diagnosed with AIDS within 3 months of their HIV diagnosis. In other words, many Texans are infected with HIV for years without the knowledge that triggers behavior change and without the treatment that could lower viral load and reduce transmission.
- ▶ More than 90% of HIV transmissions are attributed to persons with undiagnosed HIV infection and out-of-care persons living with HIV. In theory, new HIV infections could be reduced by more than 30% per year if all infected persons knew their HIV status and behaviors that can transmit HIV to others.



Frieden et al. Applying public health principals to the HIV epidemic. N Engl J Med 2015; 373: 2281-2287.

### The Benefits

#### Early Diagnosis and Treatment

##### Enhanced Health Outcomes

Greater response to therapy such as Anti-retroviral Therapy (ART)

Slower clinical progressions

Reduced Mortality



##### Reduced HIV Transmission

Prevalence of unprotected sex with uninfected partners is on average lower for HIV-infected persons who were aware of their status compared to persons unaware of their status.



Persons in care & receiving ART experience reduced viral loads & may decrease the risk of transmission by 96%

##### Decreased Co-morbidities

↓ **Cardiovascular Disease**  
Myocardial infarction & early carotid atherosclerosis

↓ **Renal Disease**  
Nephropathy, especially among Black/African Americans & older patients, & those with diabetes, hypertension, or a low CD4 count

↓ **Hepatic Disease**  
Cirrhosis, end stage liver disease, & hepatocellular cancer in patients with hepatitis B or C co-infection

↓ **Non-AIDS Cancer**  
From direct inflammatory effects of HIV infection

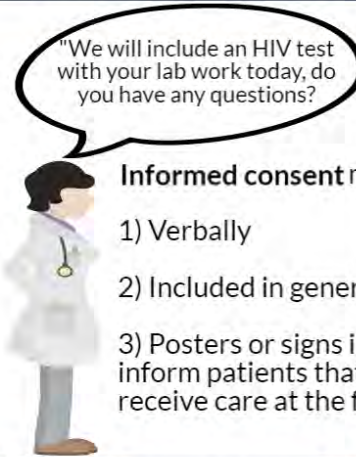
# Provider Considerations

## Consent

### The Texas Health and Safety Code (Section 81.105 & 81.106)

- ▶ A separate signed consent for HIV testing is **NOT** required by Texas Law.
- ▶ **Consent for HIV testing** is covered in the general consent if the client is informed they will be tested as part of the standard labs completed during their visit. Unless the patient declines (opts-out), the HIV screen will be performed.

Parental consent is **NOT** required for patients ages 13 to 18 years old.



**Informed consent** may be provided in one of three ways:

- 1) Verbally
- 2) Included in general consent
- 3) Posters or signs in waiting rooms & clinic rooms to inform patients that they will be tested for HIV if they receive care at the facility

## Results Delivery, Billing Concerns, CPT Codes

### The Texas Health & Safety Code (81.109)

#### Requires

- Reactive test results be provided in-person
- Results be provided confidentially

#### Recommends

- Positive test results be provided by a
  - Clinician,
  - Local health department Disease Intervention Specialist (DIS) if unable to locate the patient

#### No Requirements

- Negative, non-reactive test results may be delivered like any other lab result:

"No News is Good News"

### The United States Preventive Services Task Force

#### HIV Screening is:

- A preventative service
- A provision of the Affordable Care Act (Section 2713)
- Covered **without patient cost-sharing**
- Covered by **all private insurance companies**
- Covered by Medicaid & Medicare in Texas



CPT Code	Description
87389	<b>4<sup>th</sup> Generation Combo</b> <i>Detects HIV p24 Ag &amp; HIV 1/2 Ab</i>
86703	<b>Supplemental Test</b> <i>Detects/differentiates HIV-1 &amp; HIV-2 Ab</i>
87535	<b>HIV-1 RNA Qualitative</b> <i>Detects/confirms acute HIV infection</i>
87534	<b>HIV-1: DNA or RNA, direct probe</b> <i>Viral load</i>
87536	<b>Quantitative HIV-1: DNA or RNA reverse transcription</b> <i>Viral load</i>

## Linkage to Care

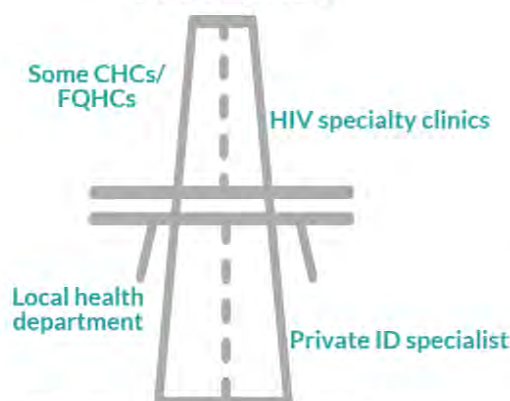
Linkage to Care is a **KEY** Component of Both HIV Screening & Prevention of Further HIV Transmission

### WHAT?



A client is considered **linked to care** once they attend their first HIV medical appointment with a physician who performs an assessment and may prescribe ART.

### WHERE?



### WHO?

